

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 26 November 2015

**BY:** Chief Officer

**SUBJECT:** Risk Management Approach

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## **1 PURPOSE**

- 1.1 This report seeks the agreement of the East Lothian Integration Joint Board (IJB) to the proposed approach to risk management.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is recommended to:
- i. Agree its risk management approach.
  - ii. Agree that the Audit and Risk Committee should oversee the development of the risk register and related work and report this to the IJB.

## **3 BACKGROUND**

- 3.1 The Scheme of Integration for East Lothian IJB sets in section 14 (Appendix 1) that the IJB will develop a shared risk management strategy with the NHS Board and Council.
- 3.2 This will require a review of the risk management arrangements relating to the delegated functions that currently apply in the NHS Board and Council.
- 3.3 It will also require the development of a risk management procedure for the IJB in relation to the IJB's role in the delegated functions i.e. in relation to developing and implementing a strategic plan, performance managing delivery of the plan delivering improved outcomes.
- 3.4 This will be materially different from the focus that the NHS Board and Council have in managing risk in these services. However it is likely

that some operational risks in the current risk registers will also apply as strategic risks for the IJB.

- 3.5 It is proposed that this work be carried out by the Chief Officer and Chief Finance Officer and is overseen by the Audit and Risk Committee of the IJB which will then report to the IJB on the basis of the requirements set out in the Scheme of Integration. This will require to be done in the first year of operation of the IJB, i.e. before July 2016.
- 3.6 Attached at Appendices 2 and 3 are the current risk registers for information.
- 3.7 It is proposed there should be a review of the arrangements before the end of the first year.

#### **4 POLICY IMPLICATIONS**

- 4.1 The recommendations in this paper implement national legislation and regulations on the establishment of IJBs.

#### **5 EQUALITIES IMPLICATIONS**

- 5.1 None.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 There are no immediate resource implications of this paper. The work required will be undertaken by existing staff.

#### **7 BACKGROUND PAPERS**

- 7.1 Appendix 1 – Extract from East Lothian Scheme of Integration.
- 7.2 Appendix 2 - Current East Lothian NHS Risk Register.
- 7.3 Appendix 3 – Adult Wellbeing Risk Register (report to East Lothian Council's Audit & Governance Committee on 15 September 2015).

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## Extract from Scheme of Integration

### 14 Risk Management

#### 14.1 Integration Joint Board

14.1.1 A shared risk management strategy which will include risk monitoring and a reporting process for the Parties and IJB will be established in the first year of the IJB. In developing this shared risk management strategy the Parties and the IJB will review the shared risk management arrangements currently in operation. This in turn will provide a list of risks to be reported on.

14.1.2 The Parties will provide to the IJB sufficient support to enable it to fully discharge its duties in relation to risk management. This will be determined through the process describe in section 5.3.

14.1.3 The Parties anticipate that the IJB will also develop and agree its own risk management procedure in relation to carrying out of integration functions including reports by 31<sup>st</sup> March 2016, which will cover all of its activities.

14.1.4 The risk management procedure will include:-

(a) A statement of the IJB's risk appetite and associated tolerance measures;

(b) A description of how the system of risk management will work in practice, including procedures for the identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian and the Council will inform the IJB's system of risk management;

(c) A description of how the IJB system of risk management is informed by other related systems of NHS Lothian and the Council, such as complaints management, health & safety, adverse events management, emergency planning and business resilience;

(d) an agreement between NHS Lothian and the Council on the resources to be made available to support risk management;

14.1.5 The IJB risk register will not duplicate the detail of risk registers within NHS Lothian and the Council. However, the IJB will update its risk register should there be any emerging themes/risks which have a bearing on its activities.

#### 14.2 NHS Lothian and the Council

14.2.1 Both Parties will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.

14.2.2 NHS Lothian covers four local authority areas, and there will be some 'hosted services' (as detailed in Annex 3) which one operational director manages on a Lothian-wide basis. The identification and management of risk for those hosted services will reflect the differing directions of the four IJB's.

CURRENT EAST LoTHIAN NHS RiSk REGISTER

Appendix 2

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1763	2: Improve Patient and Staff Experience	Delayed discharge of patients	There is a risk that patients may experience a delay in discharge from hospital for a variety of reasons e.g. care package availability, community support etc. This could lead to the service being unable to admit patients to those beds therefore waiting times could increase.	1. Delayed Discharge Facilitators in core CHP hospital sites liaise daily with Councils on current delays. 2. Action plans are in place for all patients experiencing a delay in discharge. Discussed at weekly Delayed Discharge Taskforce. Ward based MDT meetings take place on a weekly basis to discuss individual cases. (Note: Check with Gillian Armstrong re telecommms with acute)	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	[25/05/2015 11:25:56 Stuart Cameron] Reviewed by Chief Nurse: Controls in East Lothian remain as "Inadequate" while the integration process continues. 20 Step-down beds now opened at Crookston in Tranent [10/03/2014 14:35:49 Stuart Cameron] Controls in Midlothian are 'Adequate' while in East Lothian are still graded as 'Inadequate' while integration continues East Lothian Council & East Lothian CHP opening circa 20 step-down beds in Eskgreen/new Tranent care home (estimated April 2014 & Sept 2014 respectively) 09/04/2013: Risk reviewed by SMT - Additional control included	High	Medium	Yes	David A Small	Allison X Macdonald	25/05/2015
1810	8: Ensure the Delivery of a Sustainable Workforce Framework	Risk identified with some projects and schemes to deliver on the Lothian Re-investment Programme	There is a risk that the CHP will not achieve its financial targets because LRP is not delivered and unexpected financial pressures may arise, leading to a detrimental effect on the organisation, services and patient care.	1. Regular monitoring of performance against LRP at all levels. 2. Regular monitoring of expenditure (non-capital budget) 3. Monthly Health Management meetings includes attendance of Finance Business Partner to discuss and progress plans. 4. Adherence to budget setting and LRP planning process. 5. Financial objectives embedded in budget manager's annual objectives and PDP.	Satisfactory; controls adequately designed to manage risk and working as intended	[25/05/2015 11:38:11 Stuart Cameron] Risk reviewed and re-graded by Chief Nurse [10/03/2014 16:02:02 Stuart Cameron] Monthly efficiency & productivity meetings held to consider progress against plans [02/07/2013 10:38:37 Stuart Cameron] 01/07/2013: Risk reviewed - no action plan required at this time as controls are satisfactory and budget demands remain manageable and on target 09/04/2013: Risk reviewed by SMT - No changes at this time	High	Medium	No	David A Small	Allison X Macdonald	25/05/2015
3775	6: Protect and Improve Health in Lothian for All	Recruitment to Health Visiting posts	There is a risk that the delivery of Health Visiting services may be compromised due to inability to recruit to vacant posts because there is currently a national difficulty recruiting to these posts leading to an inability to fully implement the "named person" legislation, and deliver a less than optimum service to families in East Lothian. There is an additional risk that a child at risk of harm may not be identified timeously.	Team and individual risk assessments of workloads Equitable redistribution of workload based on risk assessments Existing staff working additional hours plus use of Nurse Bank wherever possible	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	[25/05/2015 12:05:52 Stuart Cameron] New risk in process of being added	High	Medium	Yes	David A Small	Allison X Macdonald	

CURRENT EAST LoTHIAN NHS RiSk REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1756	6: Protect and Improve Health in Lothian for All	Medication Errors	There is a risk of serious injury to patients because of errors in prescribing and/or administration of drugs leading to potential or actual harm	<ol style="list-style-type: none"> <li>1. There is a process for recording and learning lessons from medication errors in place via Quality Improvement Team local investigation processes</li> <li>2. Medication errors reported in Datix are noted and action taken locally by CSMs and Clinical Directors to minimise risk of repetition.</li> <li>3. The NHS Lothian Accountable Officer for Controlled Drugs is notified via Datix of all incidents and concerns involving CDs and the report is forwarded automatically to the Controlled Drug Governance Team.</li> <li>4. Staff are trained in medicines management at induction, throughout their service and additionally as required following an incident.</li> <li>5. Yellow tabards are worn by ward staff dispensing medications at drug rounds as a means of raising awareness of the activity, reducing interruptions and generally protecting drug rounds to support accuracy.</li> </ol>	Satisfactory; controls adequately designed to manage risk and working as intended	[25/05/2015 11:50:48 Stuart Cameron] Risk reviewed by Chief Nurse [11/03/2014 10:43:33 Stuart Cameron] 10/03/14: Controls updated 09/04/2013: Risk reviewed by SMT - Controls amended and new action added	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015
2884	9: Develop a co-production and Innovation plan	HEI issues at Roodlands and Associated Hospitals	Non compliance of the physical environment in all East Lothian hospitals e.g. no en-suite shower accommodation, inadequate bed spacing, poor flooring and ventilation etc	<ol style="list-style-type: none"> <li>1. Programme of training in place to improve hand hygiene and control of infection compliance</li> <li>2. Monthly hand hygiene audits in place</li> <li>3. Unannounced audit visits by Infection Control Team. □</li> <li>4. Monthly meetings in place with Control of Infection Team &amp; Facilities Dept to monitor compliance and agree actions □ □</li> <li>5. Mock HEI and a range of other audits take place at all sites with action plans agreed and implemented.</li> <li>6. Programme of physical environmental improvements agreed with Estates Dept and approved by the Capital Steering Group. (Work has been completed in some areas with action plans in place to address the remainder of the programme).</li> <li>7. HEI work completed at Roodlands Hospital. Reprovision plans will be required for Herdmanflat, Edington &amp; Belhaven to address unresolvable issues due to age &amp; condition of current buildings</li> </ol>	Adequate but partially effective; control is properly designed but not being implemented properly	[25/05/2015 11:41:05 Stuart Cameron] Risk reviewed and updated by Chief Nurse [11/03/2014 10:27:25 Stuart Cameron] 10/03/14: Controls updated 09/04/2013: Risk reviewed by SMT - No changes required at this time	Medium	Medium	Yes	David A Small	Alison X Macdonald	25/05/2015

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# CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
3265	2:Improve Patient and Staff Experience	Waiting Times / Access Issues	There is a risk that the service will not meet the current standards for waiting times in NHS Scotland. This may be due to a shortage of appropriate grades of staff in some specialities in the job market along with delays in the recruitment process leading to vacancies remaining unfilled for longer. Additionally, the introduction of revised referral to treatment targets along with unfilled vacancies may lead to reduced quality of patient experience, potential for adverse publicity, negative inspection outcomes and complaints	1. The SMT has developed a standard performance monitoring template including the above access targets. Those that are HEAT targets are also included in the NHS Lothian Standard Performance Report. 2. For mental health, a programme of re-design has been implemented to meet the target. 3. The CHP ensures that administrative staff comply with waiting time standards and definitions however, East Lothian CHP waiting times at Roodlands Hospital are the responsibility of UHS. (Note - an update on current status has been requested)	Satisfactory, controls adequately designed to manage risk and working as intended	[11/03/2014 10:31:08 Stuart Cameron] 10/03/14: Controls reviewed but require further update on 21/03/14 09/04/2013: Risk reviewed by SMT - Risk description and controls updated	Medium	Medium	Yes	David A Small	David A Small	25/05/2015
3584	10:Deliver the agreed strategic plan 2014-2024	Integration Process	There is a risk that: 1. The focus on integration may in the short term divert staff and resources from other priorities 2. Development of integration processes and structures may disrupt current structure and staffing arrangements 3. The development of a strategic direction for the partnership may diverge from existing strategies - Leading to problems with delivery of current services and threat to achievement of integration timelines	1. Key milestones will be built into joint plans based on local needs and benefits not policy change evidenced by draft Strategic Plan and workplan for Integration Scheme 2. The milestones will be closely monitored by the HSCP Board and Officers of East Lothian Partnership on a monthly basis and effective action will be agreed to ensure any misalignment from the agreed milestone is addressed. This will be evidenced by the minutes of meetings which will include an action plan that identifies who is responsible, a timeframe for completion and details of remedial actions 4. There will be regular consultation and engagement with staff and stakeholders throughout this process, evidenced by discussion at CHP Sub Committee, Shadow Board and Staff Engagement sessions 5. Joint management structure agreed by Council and Health Board	Adequate but partially effective; control is properly designed but not being implemented properly	[25/05/2015 11:47:35 Stuart Cameron] Risk reviewed and updated by Chief Nurse [21/03/2014 13:14:13 Stuart Cameron] Risk combined with 3585 & 3586 and re-written	Medium	Medium	Yes	David A Small	David A Small	25/05/2015

# CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1776	5.Develop whole system capacity to deliver care closer to home	Care Home closure or restriction on admissions: potential increase in number of delayed discharges	There is a risk that closure and/or suspension of admissions to Care Homes will impact on bed capacity across NHS Lothian because we would have to accommodate the residents from those care homes into NHS beds leading to an inability to admit to those NHS beds and not being able to discharge patients to the affected care homes.	<p>If a care home is suspended from admissions / closed:</p> <ol style="list-style-type: none"> <li>1. There is an NHS Lothian escalation policy that would be invoked</li> <li>2. CHP Business Continuity Plan details the processes to be followed if NHS beds are required to support care home residents in the event of care home closure.</li> <li>3. Care Home Liaison Adviser develops close links with all Care Homes in area to support and identify issues which may arise before escalation</li> <li>4. Joint contingency planning between East &amp; Midlothian Councils and East &amp; Midlothian CHP in place to manage capacity and plan for additional support to care homes to prevent closure.</li> <li>5. NHS Lothian Site &amp; Capacity Management Team would have knowledge of pan-Lothian bed availability</li> <li>6. Roodlands Hospital Management Team may assist with any areas requiring additional input (lead consultant geriatrician)</li> <li>7. Multi-agency strategy meetings convene when special circumstances arise e.g. suspension of admissions to a care home where actions will be agreed to safely manage closure or provide additional support to prevent closure</li> </ol>	Satisfactory; controls adequately designed to manage risk and working as intended	<p>[25/05/2015 11:31:03 Stuart Cameron] Risk reviewed by Chief Nurse</p> <p>[11/03/2014 10:08:13 Stuart Cameron] 10/03/14: Controls updated</p> <p>[02/07/2013 10:33:03 Stuart Cameron] No actions required at this time. The integration process with local councils should afford additional opportunities to review business continuity and organisational resilience in the event of a care home closure</p> <p>09/04/2013: Risk reviewed by SMT. Controls updated</p>	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015
1803	6.Protect and Improve Health in Lothian for All	Public Protection	There is a risk that an individual may come to harm because public protection policy and procedures etc are not embedded leading to harm to an individual	<ol style="list-style-type: none"> <li>1. Mandatory systems are in place to ensure all staff complete training which is monitored through PDPs</li> <li>2. Training records are kept on the electronic staff records ("Empower") and are used to review training needs.</li> <li>3. Retrospective PVG checks are made on all staff including independent contractors</li> <li>4. A Joint East &amp; Midlothian Public Protection Unit is opened in April 2014 with a dedicated Team Manager</li> </ol>	Satisfactory; controls adequately designed to manage risk and working as intended	<p>[25/05/2015 11:33:30 Stuart Cameron] Risk reviewed by Chief Nurse</p> <p>[21/03/2014 13:02:06 Stuart Cameron] 21/03/14: Risk description changed and controls updated</p> <p>[11/03/2014 10:14:29 Stuart Cameron] 10/03/14: Controls updated</p> <p>[10/03/2014 15:00:58 Stuart Cameron] Risk analysis to be reviewed after 6 months to determine impact of Public Protection Unit</p> <p>[15/07/2013 15:23:03 Stuart Cameron] 15/07/2013: Risk #1803 (Child Protection Procedures) and #1804 (Support and protection of vulnerable adults) combined into one risk (#1803) Risk ID 1804 closed off.</p> <p>09/04/2013: Reviewed by SMT: Additional control included</p>	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015



# CURRENT EAST LoTHIAN NHS RISK REGISTER

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Adequacy of controls	Notes	Risk level (current)	Risk level (Target)	Action Plan in Place	Risk Owner	Handler	Opened
1806	6:Protect and Improve Health in Lothian for All	Lone working, violence, aggression and abuse toward staff	There is a risk that staff working in any public facing situation may be subjected to verbal and/or physical abuse as the result of an uncontrolled environment or other unforeseen situation leading to serious emotional and/or physical harm, sickness absence and possible HSE investigation.	<ol style="list-style-type: none"> <li>All staff undertaking home visits must complete the higher level (level 2) violence and aggression training in addition to NHS Lothian mandatory training.</li> <li>All staff who work in the community are supported by their local "Safe &amp; Well" procedures in addition to the NHS Lothian Lone Working Policy.</li> <li>Out of hours staff in East &amp; Midlothian are provided with with the "Identicom Personal Safety System" and are trained in its use</li> <li>Ward / day hospital / department based staff complete the required level of V&amp;A training and maintain their level of competency</li> <li>Reports of incidents involving violence and/or aggression are reported on Datix and investigated according to their level of harm</li> <li>Significant Adverse Event Procedure for death, major harm and RIDDOR incidents is in place to identify cause, effect &amp; learning.</li> </ol>	Satisfactory, controls adequately designed to manage risk and working as intended	[25/05/2015 11:35:43 Stuart Cameron] Risk reviewed by Chief Nurse [11/03/2014 10:19:45 Stuart Cameron] 10/03/14: Controls updated 09/04/2013: Risk reviewed by SMT - change to risk description and wording in 'controls' amended	Medium	Medium	No	David A Small	Alison X Macdonald	25/05/2015



**REPORT TO:** Audit and Governance Committee

**MEETING DATE:** 15 September 2015

**BY:** Chief Executive

**SUBJECT:** Adult Wellbeing Risk Register

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## **1 PURPOSE**

- 1.1 To present to the Audit and Governance Committee the Adult Wellbeing Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Adult Wellbeing Risk Register has been developed in keeping with the Council's Risk Management Strategy and is a live document which is reviewed and refreshed on a regular basis, led by the Adult Wellbeing Local Risk Working Group (LRWG).

## **2 RECOMMENDATIONS**

- 2.1 It is recommended that the Audit and Governance Committee notes the Adult Wellbeing Risk Register and in doing so, the Committee is asked to note that:
  - the relevant risks have been identified and that the significance of each risk is appropriate to the current nature of the risk
  - the total profile of the Adult Wellbeing risk can be borne by the Council at this time in relation to the Council's appetite for risk
  - although the risks presented are those requiring close monitoring and scrutiny over the next year, many are in fact longer term risks for Adult Wellbeing and are likely to be a feature of the risk register over a number of years

## **3 BACKGROUND**

- 3.1 The Risk Register has been compiled by the Adult Wellbeing LRWG. All risks have been evaluated using the standard (5x5) risk matrix which involves multiplying the likelihood of occurrence of a risk (scored 1-5) by its potential impact (scored 1-5). This produces an evaluation of risk as either 'low (1-4)', 'medium' (5-9), 'high' (10-19) or 'very high' (20-25).

- 3.2 The Council's response in relation to adverse risk or its risk appetite is such that:
- Very High risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position;
  - High risk may be tolerable providing the Council is assured that adequate and effective control measures are in place;
  - Medium risk is tolerable with control measures that are cost effective;
  - Low risk is broadly acceptable without any further action to prevent or mitigate risk.
- 3.3 The current Adult Wellbeing Risk Register includes 1 Very High risk, 6 High risks and 6 Medium risks.
- 3.4 A copy of the risk matrix used to calculate the level of risk is attached as Appendix 2 for information.

#### **4 POLICY IMPLICATIONS**

- 4.1 In noting this report the Council will be ensuring that risk management principles, as detailed in the Corporate Risk Management Strategy are embedded across the Council.

#### **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 This report is not applicable to the well being of equalities groups and an Equalities Impact Assessment is not required.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – It is the consideration of the Adult Wellbeing Local Risk Working Group that the recurring costs associated with the measures in place for each risk are proportionate to the level of risk. The financial requirements to support the Risk Register for the year ahead should be met within the proposed budget allocations. Any unplanned and unbudgeted costs that arise in relation to any of the corporate risks identified will be subject to review by the Corporate Management Team.
- 6.2 Personnel – There are no immediate implications.
- 6.3 Other – Effective implementation of this register will require the support and commitment of the Risk Owners identified within the register.

#### **7 BACKGROUND PAPERS**

- 7.1 Appendix 1 – Adult Wellbeing Risk Register

## 7.2 Appendix 2 – Risk Matrix

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<b>DATE</b>	3 September 2015



**Adult Wellbeing Risk Register v9**

Date reviewed: 03 September 2015

Risk ID No.& Status S/C/N (same, changed, new)	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
			Likelihood	Impact	Risk Rating		Likelihood	Impact	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
AW 1	<p>New national targets on delayed discharge of “no delays over two weeks” from 1 April 2015 will create additional pressures, increased demand whilst having limited capacity.</p> <p>These new targets will have wide ranging implications across the whole care system and put pressure on assessment staff, business systems and financial resources.</p>	<p>Increased surveillance of care homes to identify spare capacity.</p> <p>Pilot new initiatives to assess potential new models in the delivery of care including frailty project, help to live at home, hospital to home and step up/step down beds.</p> <p>Close working with NHS to commence discharge planning at the earliest opportunity.</p> <p>Re-tendered Help to Live at Home framework to increase capacity.</p> <p>20 step down beds now available at Crookston Home.</p>	4	5	20	<p>Closer working and good co-operation with care at home providers to consolidate runs and release additional capacity which has seen significant improvements in delays over 4 weeks over the past year.</p> <p>Introduce tiered bed management across the sector.</p> <p>A delayed discharge action plan is in place and a weekly task force is chaired by the Health &amp; Social Care Partnership (HSCP) Director. Plans are also being developed to invest £1.7m Scottish Government funds over the next 3yrs.</p> <p>New emergency care and hospital to home services implemented and dedicated team approach to reducing delays is working.</p>	2	4	8	<p>Director of Health &amp; Social Care</p> <p>Chief Nurse /Head of Health</p> <p>Interim Senior Manager Operations and Chief Social Worker</p>	April 2016	9	Risk reviewed and refreshed September 2015 with Current Risk increased from 12 to 20 and Residual from 16 to 8 due to impact of control measures.
AW 2	<p>A service user suffers harm or detriment and becomes subject to Adult Protection measures due to a lack of appropriate operational processes and resources. This would result in reputational damage to and increased scrutiny of the Social Work service.</p>	<p>Sound operational procedures and trained staff with supervisory support.</p> <p>Continuous monitoring and review.</p> <p>Adult protection arrangements are designed to protect the most vulnerable.</p> <p>Feedback from Care Inspectorate reports is followed up and recommendations implemented.</p> <p>Feedback from service users helps to identify problems with service delivery that may expose service users to risk.</p> <p>Three new Senior Practitioners appointed with responsibilities refined and clarified.</p> <p>The East and Midlothian Public Protection Committee (EMPPC) has been established ensuring robust links with East and Midlothian Drug and Alcohol Partnership (MELDAP).</p>	3	5	15	<p>Review service delivery in line with integration agenda.</p> <p>The allocation of resources will be monitored and assessed and redirected to manage risk in a pro-active way.</p> <p>Review of practices associated with the administration of medication in all Adult Wellbeing services and associated NHS Lothian services is underway with further work required. Ensure appropriate training for relevant social care and health staff is in place.</p>	2	5	10	<p>Interim Senior Manager Operations and Chief Social Worker</p>	April 2016	5	Risk reviewed and refreshed September 2015 with no change .
AW 3	<p>Lack of a skilled and experienced workforce results in an inability to provide high quality assessment and support and increased pressure on existing staff. This results in poor operational performance leading to higher cost of care services.</p>	<p>Offer support to staff recruitment and training.</p> <p>Mandatory training compliance. Compliance levels improving following audit which has resulted in an action plan being put in place.</p> <p>Inclusion of Training needs analysis within Supervision and PRD.</p>	4	3	12	<p>Increase staff learning opportunities, sustain high levels of supervision.</p>	3	3	9	<p>Senior Manager Resources</p>	April 2016	6, 9 & 10	Risk reviewed in September 2015.

Risk ID No. & Status S/C/N (same, changed, new)	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
			Likelihood	Impact	Risk Rating		Likelihood	Impact	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
AW 4	Failure of the Council to provide employees with an effective Lone Working Policy & Practice and the appropriate training could result in injury or death to those employees resulting in H&S prosecution, civil insurance liability, reputational risk, increased sickness absence, pressures on service delivery and also potential claims against the Council.	Information on Lone Working Policy and Procedures is embedded within Adult Wellbeing and is part of the Service Level Induction process. All employees have received training on the use of the ELC lone working system. Specific procedures are in place including risk assessments and electronic diaries and signing in/out books.  The use of work mobiles and use of the Lone Working system through the Contact Centre is promoted by the managers.	3	4	12	The Council is working towards creating a Potentially Violent Clients Register which will enable the sharing of information relating to potentially violent clients across customer facing teams which in turn allows managers to identify and implement appropriate control measures protecting employees from harm.	2	4	8	Interim Senior Manager Operations and Chief Social Worker	December 2015	N/A	Risk reviewed and refreshed April 2015 with Current Risk reduced from 15 to 12 and Residual from 10 to 8 thanks to implementation of new measures.  Risk reviewed September 2015, no change.
AW 5	Unfavourable Joint Inspection of Older Persons report resulting in loss of reputation and additional workload to prepare and deliver improvement plan.	Use of HGIOC to identify service improvements is evolving and provides the evidence base for forthcoming joint inspection. Self evaluation programme using SWIA Performance Improvement Model (PIM).  Maintenance of professional dialogue with Care Inspectorate.  Inspection arrangements are being managed via a senior management project group which has planned comms, engagement events with staff and the practical support /engagement with the Inspectors. A small but dedicated staff team has been created to support this work.  A comprehensive joint position statement produced by Health and Adult Wellbeing in preparation for the Inspection has been passed to the Inspectors on time and of good quality.  Inspectors are now on site for 3 weeks of inspection, w/c 24 <sup>th</sup> August, 15 <sup>th</sup> of September and 4 <sup>th</sup> October.  Indications are that the first week has been very effectively managed.	3	4	12	Extend involvement in HGIOC/Public Service Improvement Framework process to include wider range of staff and external partners including third sector and health  Public Service Improvement Framework is currently being rolled out across the Health side of the HSCP.  Structured pre-active preparation is taking place for the 2015 inspection.  Service transformation agenda is being developed to ensure that and learning /actions points from the Inspection are responded to appropriately and in a timely manner.	2	3	6	Director of Health & Social Care  Chief Nurse /Head of Health  Head of Service Children's Wellbeing  Interim Senior Manager Operations and Chief Social Worker  Service Managers	November 2015	9	Risk reviewed and refreshed September 2015. Residual risk reduced to 6, as preparedness and ability to respond to inspection findings is being strengthened and effectively managed.



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			L	I	L x I		L	I	L x I				
AW 6	Demographic pressure increases the cost of service delivery which cannot be dealt with due to budget constraints resulting in an impact on service delivery and the inability to cope with demand further resulting in political scrutiny.	<p>Best value purchasing of external services.</p> <p>Service transformation and strategic commissioning to ensure services are targeted to achieve best value and meet the needs of the vulnerable.</p> <p>Resource allocation system (RAS) established and additional short term capacity to accelerate pace of reviews is being sought.</p> <p>Self Directed Support (SDS) implemented and audited with action plan in place.</p> <p>Working in partnership with Health, third sector and independent sector to shift the balance of care and support more people to stay at home longer.</p> <p>Good progress being made in partnership working with third sector including Day Centres Association.</p> <p>Keeping CMT and Council apprised of the demographic pressures facing the Council.</p>	3	4	12	<p>Review of resource allocation and to ensure resources are allocated to those with greatest need.</p> <p>Revisions to existing charges now agreed with Short Life Working Group being implemented in line with 2015/16 Council budget. Further preparation to take place with stakeholder re-budget setting and charge increases in 2016/17.</p> <p>Refresh of Older People's Strategy.</p> <p>Establishment of joint budgets to deliver IJB Strategic Plan.</p>	2	3	6	<p>Director of Health &amp; Social Care</p> <p>Chief Nurse /Head of Health</p> <p>Interim Senior Manager Operations and Chief Social Worker</p> <p>Senior Manager Resources</p>	April 2016	4 5	<p>Risk reviewed and refreshed April 2015 with Current Risk reduced from 16 to 12 and Residual from 9 to 6 thanks to implementation of new measures and further planned measures.</p> <p>Risk reviewed September 2015, no change.</p>
AW 7	The failure of a major Care Home or Domiciliary Care provider e.g. Southern Cross resulting in a loss of capacity and the risk of service users being put at risk as a result of their service withdrawn at short notice.	<p>Close monitoring with care providers helps to identify potential service failures while close working with all providers helps gain advance information of any potential failure.</p> <p>Continued involvement with COSLA and Social Work Scotland working groups.</p> <p>Retendered Help to Live at Home puts emphasis on outcomes for service users and service quality.</p> <p>Quarterly Multi-Agency quality of care meetings for both Residential and Homecare.</p> <p>Participation in national working groups to maintain national market intelligence.</p> <p>Continuing to work closely with providers to provide support with improvement planning. Ongoing standard practice working with providers.</p> <p>Continue to develop step-in arrangements for care homes.</p>	3	4	12	<p>Develop of contingency arrangements to deal with failure of a major care provider.</p> <p>Working with other Councils to allow information sharing mutual support and contingency planning.</p> <p>Establishing short and longer term approaches to maximising capacity within the current contract arrangements and identifying what can be done to alter those arrangements either by amending the current or retendering.</p>	3	2	6	<p>Director of Health and Social Care</p> <p>Chief Nurse/Head of Health</p> <p>Interim Senior Manager Operations and Chief Social Worker</p> <p>Senior Manager Resources</p>	December 2015	9	<p>Risk reviewed and refreshed April 2015.</p> <p>Risk reviewed and refreshed September 2015 actions updated.</p>

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			L	I	L x I		L	I	L x I				
AW 8	Restructuring of Community Justice will result in significant changes to Criminal Justice Services, including: <ul style="list-style-type: none"> <li>Abolition of CJAs by April 2017</li> <li>Delivering community justice via CPPs</li> </ul> This could result in key services not being provided to an appropriate standard as well as non-compliance with legislation.	Regular discussion with all staff and stakeholders  Effective consultation with all stakeholders will allow early identification of risks and identify mitigating actions.	3	3	9	Communication with staff to allow risk areas to be identified and reduce uncertainty.  National funding to support preparation for reporting/audit channels for 2015/16 agreed.	3	3	9	Criminal Justice Service Manager	April 2016	6, 9 & 10	New risk created May 2015. Reviewed September 2015. No change.
AW 9	A reduced level of service is available as a result of a system failure causing a loss of access to Frameworki Social Work management information system.	Contingency arrangements are in place to provide a back up service if required.  Contingency back arrangements are tested.  Staff would deal with emergencies based on information available in the short term.  Staff can relocate to other offices to deal with a local outage.	3	3	9	Move to latest version of Frameworki (Mosaic) is currently delayed at supplier side. Date for introduction now October 2015	3	3	9	Senior Manager Resources	April 2016	6, 9 & 10	Risk reviewed and refreshed April 2015 with delay increasing score from 6 to 9.  Reviewed September 2015. No change
AW 10	Self-Directed Support Legislation.  Failure to comply with new legislation could result in reputational damage associated with failure and there is also a financial risk associated with implementing SDS.	Extensive training of staff to ensure awareness of SDS and any changes to practice required to support implementation  Changes to infrastructure to better support SDS approach (e.g. Re-provision of service at Fisherrow Hub)	3	3	9	Continuing programme of staff training and communication with service users  Further work required to review support for adults with a learning disability including arrangements for transport and day sessions and additional options for community based activities.  Review of financial support systems and processes to ensure SDS compliance and best practice.  Review underway and improvement plan in place via development of SDS Support Team.	2	3	6	Interim Senior Manager Operations and Chief Social Worker  Service Manager: Resources	November 2015	6, 9 & 10	Risk reviewed and refreshed April 2015.  Reviewed September 2015. No change pending completion of the review. Review date revised to November 2015.
AW 11	Health and Social Care and Adult Wellbeing Integration  There is a risk that: <ul style="list-style-type: none"> <li>The focus on integration may in the short term divert staff and resources from other priorities.</li> <li>Development of integration processes and structures may disrupt current structure and staffing arrangements.</li> <li>The development of a strategic direction for the partnership may</li> </ul>	Key milestones will be built into joint plans based on local needs and benefits not policy change evidenced by draft Strategic Plan and work plan for Integration Scheme.  There will be regular consultation and engagement with staff and stakeholders throughout this process. Evidenced by discussion at CHP Sub Committee, Shadow Board and Staff Engagement sessions.  Integrated governance model in place	3	3	9	Organisational Development and project management support will be provided to ensure controls are adequate, effective and implemented properly.  Work underway to overcome barriers to operational integration including IT systems, financial management, HR systems, etc. Development of integration strategy.  National funding to support local integration available from April 2015.	2	3	6	Director of East Lothian Health and Social Care Partnership	Risk to be reviewed regularly during 2015/16.	6, 9 & 10	Risk created April 2014 in Corporate Risk Register then moved to Service Risk Register at the request of CMT.  Refreshed May 2015.  Reviewed September 2015. No change.

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	diverge from existing strategies - leading to problems with delivery of current services and threat to achievement of integration timelines. <ul style="list-style-type: none"> <li>Risk of barriers to integration constraining business objectives.</li> </ul>	and joint management team in place.				IJB development of the strategic plan will provide clear strategy and direction  The change Strategy is predicated on extensive staff engagement..							
AW 12	Major elements of public sector reform are either taking place or being proposed in addition to integration of health and social care including: <ul style="list-style-type: none"> <li>Welfare Reform and the replacement of Disability Living Allowance with Personal Independence Payment</li> <li>The replacement of Council Tax benefit with a cash limited locally administered scheme.</li> </ul> <p>These reforms create uncertainty, additional workload for senior and frontline staff, requirement to restructure services and create new accountability, governance and partnership arrangements.</p> <p>These reforms impact on Adult Wellbeing (AW) clients, many of whom live on limited income and face uncertainty about their future levels on income.</p> <p>As service users see their incomes reduced, this impacts on the level of income received by AW through client contributions, imposing additional pressures on the AW budget.</p>	Regular discussion with all staff and stakeholders.  Effective consultation with all stakeholders will allow early identification of risks and identify mitigating actions.  Revised charging policy.	3	3	9	Joint working across the whole Council will allow resources to be directed to the key vulnerabilities and allow a cross council approach to be taken to managing this risk  Communication with staff to allow risk areas to be identified and reduce uncertainty.  Communication with service users to advise the potential impact of welfare reform and the support available.  Income levels will be monitored to detect any fall off in client contributions.  Consolidated review process for charges in preparation to report in time for the 2016/17 Budget setting process.  Rationalised approach to charging for telecare to be reported after consultation in October 2015.	2	2	4	Interim Senior Manager Operations and Chief Social Worker  Senior Management Team.	December 2015	6, 9 & 10	Risk reviewed and refreshed April 2015.  Risk reviewed and refreshed September 2015.
AW 13	Residential homes are forced to close because the standard of the buildings of the care homes and other services do not meet the necessary standards and are no longer fit for purpose.	Adequate ongoing maintenance.  Strategic planning for new homes by the Asset Management Group – Crookston Care Home opened in Tranent, September 2014.  Regular building condition surveys to identify potential deterioration in building quality.	3	2	6	Feedback Care Inspectorate, service users and carers and staff. Constant diligence and responses feedback underway. Any Capital requirements will be fed into the 2016/17 Budget setting round.  Refresh Older People strategy to determine bed numbers acquired over 3/5/10 year periods. Bed modelling exercise utilising the Capita currently underway and will be finalised as part of the IJB Strategic Plan	2	2	4	Senior Manager Resources	April 2016	6	Risk reviewed and refreshed April 2015.  Risk refreshed September 2015 Older Persons Strategy review deadline revised to April 2016

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<b>Original date produced (Version 1)</b>	1st March 2012												
<b>File Name</b>	Adult Wellbeing Risk Register										<b>Risk Score</b>	<b>Overall Rating</b>	
<b>Original Author(s)</b>	S Kennedy										<b>20-25</b>	<b>Very High</b>	
<b>Current Revision Author(s)</b>	S Kennedy										<b>10-19</b>	<b>High</b>	
<b>Version</b>	<b>Date</b>	<b>Author(s)</b>	<b>Notes on Revisions</b>									<b>5-9</b>	<b>Medium</b>
Original	1st March 2012	S Kennedy										<b>1-4</b>	<b>Low</b>
2	19 <sup>th</sup> November 2012	S Kennedy	Updated following revision of Risk Strategy										
3	30 <sup>th</sup> January 2013	S Kennedy	Revisions made following Adult Wellbeing Management Team meeting.										
4	11th April 2013	S Kennedy	Updates received from Linda Young and John Finn. Updates and one risk removed by Murray Leys.										
5	April 2014	S Kennedy	All risks reviewed and refreshed following review by Murray Leys while Community Disposals risk updated by Fiona Duncan.										
6	May 2014	S Kennedy	Former Corporate Risk on Integration added to Service RR at request of CMT.										
7	June 2014	S Kennedy	Lone Working, Re-structuring, Care Inspection Report and SDS Legislation Risks added and amendments made by M O'Connor.										
8	May 2015	S Kennedy	All risks reviewed and refreshed by Adult Wellbeing Management.										
9	September 2015	M Murphy	All risks reviewed and refreshed by Adult Wellbeing Management.										

**Appendix 2**  
**East Lothian Council**  
**Risk Matrix**

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	Will undoubtedly happen, possibly frequently >90% chance
Likely	4	Will probably happen, but not a persistent issue >70%
Possible	3	May happen occasionally 30-70%
Unlikely	2	Not expected to happen but is possible <30%
Remote	1	Very unlikely this will ever happen <10%

Impact Description

Impact of Occurrence	Score	Description						
		Impact on Service Objectives	Financial Impact	Impact on People	Impact on Time	Impact on Reputation	Impact on Property	Business Continuity
Catastrophic	5	Unable to function, inability to fulfil obligations.	Severe financial loss (>5% budget)	Single or Multiple fatality within council control, fatal accident enquiry.	Serious - in excess of 2 years to recover pre-event position.	Highly damaging, severe loss of public confidence, Scottish Government or Audit Scotland involved.	Loss of building, rebuilding required, temporary accommodation required.	Complete inability to provide service/system, prolonged downtime with no back-up in place.
Major	4	Significant impact on service provision.	Major financial loss (3-5% budget)	Number of extensive injuries (major permanent harm) to employees, service users or public.	Major - between 1 & 2 years to recover pre-event position.	Major adverse publicity (regional/national), major loss of confidence.	Significant part of building unusable for prolonged period of time, alternative accommodation required.	Significant impact on service provision or loss of service.
Moderate	3	Service objectives partially achievable.	Significant financial loss (2-3% budget)	Serious injury requiring medical treatment to employee, service user or public (semi-permanent harm up to 1yr), council liable.	Considerable - between 6 months and 1 year to recover pre-event position.	Some adverse local publicity, limited damage with legal implications, elected members become involved.	Loss of use of building for medium period, no alternative in place.	Security support and performance of service/system borderline.
Minor	2	Minor impact on service objectives.	Moderate financial loss (0.5-2% budget)	Lost time due to employee injury or small compensation claim from service user or public (First aid treatment required).	Some - between 2 and 6 months to recover.	Some public embarrassment, no damage to reputation or service users.	Marginal damage covered by insurance.	Reasonable back-up arrangements, minor downtime of service/system.
None	1	Minimal impact, no service disruption.	Minimal loss (0.5% budget)	Minor injury to employee, service user or public.	Minimal - Up to 2 months to recover.	Minor impact to council reputation of no interest to the press (Internal).	Minor disruption to building, alternative arrangements in place.	No operational difficulties, back-up support in place and security level acceptable.

Risk	Impact				
	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (1)	1	2	3	4	5

Key

Risk	Low	Medium	High	Very High
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