East Lothian Council

REPORT TO:	Audit and Governance Committee
MEETING DATE:	28 November 2017
BY:	Chief Executive
SUBJECT:	Health and Social Care Partnership Risk Register

1   PURPOSE

1.1   To present to the Audit and Governance Committee the Health and Social Care Partnership Risk Register (Appendix 1) for discussion, comment and noting.

1.2   The Health and Social Care Partnership 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 Health and Social Care Partnership Local Risk Working Group (LRWG).

2   RECOMMENDATIONS

2.1   It is recommended that the Audit and Governance Committee notes the Health and Social Care Partnership 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 Health and Social Care Partnership 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 Health and Social Care Partnership 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 Health and Social Care Partnership 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 Health and Social Care Partnership Risk Register includes 6 High risks, 14 Medium risks and 1 Low Risk. As per the Council's Risk Strategy, only the Very High and High risks are being reported to the Committee.

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   INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6   RESOURCE IMPLICATIONS

6.1 Financial - It is the consideration of the Health and Social Care Partnership 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 – Health and Social Care Partnership Risk Register

7.2   Appendix 2 – Risk Matrix

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DATE	16 November 2017

Health and Social Care Service Risk Register v6

Risk ID	Risk Title and Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures In Place	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures] Target Risk Score			Risk Owner	Timescale for Completion / Review Frequency	SOA 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				
H&SC 1	Demographic Pressures Demographic pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to client safety and independence, potentially generating reputational risk for the Council.	Service transformation and strategic commissioning to ensure services are targeted to achieve best value and meet the needs of the population, particularly those who are vulnerable. Resource Allocation System (RAS) established with additional short term practitioner capacity to accelerate pace of reviews to ensure resources are allocated according to need within financial constraints. Self Directed Support (SDS) implemented and audited with action plan in place. Effective partnership working to shift the balance of care and support more people to stay at home longer. IJB Strategic Plan directs a number of preventative and early intervention health and wellbeing work programmes and service transformation objectives which should aid reduction in levels of service demand i.e. "Community Wellbeing Programs" e.g. Befriending Services. Good progress being made in partnership working with third sector including Day Centres Association. Ensure Integrated Care and Social Care Funds are utilised to address demographic pressures and fund additional capacity. Budget efficiency plans developed for implementation in 2017/18.	4	4	16	Review the Resource allocation system (RAS), to improve process, eligibility criteria and delegated authority to commit resources. Refresh Self Directed Support (SDS) implementation plan. Collaboration between Corporate Finance service and operational teams to develop new systems and processes to support new management team structure and deliver efficiencies and income recovery. Review investment in Community Partners' contributions to capacity and resilience building within communities, intent on reducing demand on core services.	4	3	12	Director of Health & Social Care Head of Older People Services and Access Head of Children and Adult Services Chief Social Work Officer Group Service Manager – Policy & Performance Service Managers	March 2018 March 2018 March 2018 March 2018	4 5	Risk further reviewed August 2017 with no change to assessment of current score. Risk refreshed by H&SC management June 2017 with current risk score increased from 15 to 16. Risk refreshed March 2017 with no change to assessment of current score. Risk reviewed June 2016 with current score reduced from 20 to 15 due to implemented measures and residual score reduced from 16 to 12 due to new planned measures. Risk reviewed January 2016 and both current (12 to 20) and residual risk (6 to 16) altered to high as a result of the current overspend position.

Risk ID	Risk <u>Title</u> and Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures In Place	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures] Target Risk Score			Risk Owner	Timescale for Completion / Review Frequency	SOA Outcome Number Link	Evidence held of Regular Review
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H&SC 2	Access to Primary Medical Services There is a risk that East Lothian Health and Social Care Partnership will be unable to provide a satisfactory level of access to primary medical services for its population. This is due to increasing demand/capacity issues and workloads within GP practices as a result of difficulties in recruiting and retaining general practitioners leading to an increased number of closed and/or restricted lists and resulting impact on other practices with patients unable to register with a practice of their choice, inability to successfully fill practice vacancies and increased pressure on other parts of the healthcare system. Should a GP Practice "fail", this would generate significant financial and resource pressures for the Health & Social Care Partnership who would be required to put "recovery measures" in place to sustain the Practice.	NHS Lothian investment of five million pounds has been prioritised by the IJB and will fund care home team capacity, LEGUP funding, additional nurse practitioner training and I.T. improvement.. Development of premises improvement plans at Haddington, Cockenzie and North Berwick. Regular reports at Joint Management Team on Primary Care Capacity. Cluster working has been established in both localities to provide mutual support and risk sharing. Introduction of additional non-GP capacity e.g. nurse practitioners, extended scope physiotherapists, pharmacists, link workers and 'Care Home Team'. Work with other IJBs and NHS Lothian to influence Scottish Government to work towards solutions to improving professional supply chain through academia. Primary Care Transformation Fund is being used to deliver Primary Care Access Hub in Musselburgh. Four Lothian IJBs working together to prioritise investment for 2017 and beyond. Ensuring the directly managed practice at Eskbridge is supported to sustain services during transition. Primary Care practice and Quality Improvement Leads developing service improvements within Primary Care.	4	4	16	The development and appointment to a Primary Care Manager post. The establishment of multi-disciplinary and enhanced skill mix staffing resources within GP Practices e.g. further roll-out of Advanced Nurse Practitioner / Prescribers / GP Link Workers. Using Scottish Government and NHS Lothian Primary Care Investments 18/19 and onwards. IJB development of the general population health improvement agenda to achieve reduced ill health and reducing demand on GP Practices e.g. Start Well/Live Well/Age Well.	3	3	9	Director of Health & Social Care Head of Older People Services and Access Clinical Director	March 2018 November 2018 March 2018		Risk introduced from H&SCP RR August 2017.

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H&SC 3	Delayed Discharge National targets on delayed discharge of "no delays over two weeks" have created additional pressures and increased demand. These targets could impact on the health and wellbeing of individual residents and on the reputation of the Health and Social Care Partnership (HSCP) and put pressure on assessment staff and resources. Limited service capacity could result in increased waiting lists for access to local health and social care services e.g. delayed discharge; waiting times, OT response to assessments, Mental Health Officer and capacity for home care leading to poor outcomes for the population and the inability to access the right services timeously.	A weekly delayed discharge taskforce is chaired by the Head of Older People & Access. New emergency care and hospital to home and hospital at home services implemented and dedicated team approach to reducing delays is supporting an improvement position. East Lothian Service for Integrated Care of the Elderly (ELSIE), discharge to assess, help to live at home, collaborative allocations, hospital to home and step up/step down beds all in place. Increased surveillance of care homes and care at home providers to identify spare capacity. Closer working and good co-operation "Collaborative Allocation" with care at home providers to consolidate care support runs and release additional capacity, which has seen significant improvements in delays over 4 weeks over the past year. Weekly performance information is available for service managers. Utilisation of recurrent delayed discharge fund to maximise NHS capacity. Using Integrated Care Fund to extend scope of ELSIE. Re-tendered Help to Live at Home framework, implemented new provider contracts to increase capacity for Care at Home. Establish fortnightly collaborative allocation meetings with providers. 20 step down beds available at Liberton wards 9 & 10 as a temporary measure to facilitate the building of the new East Lothian Community Hospital (ELCH). Implementation of living wage and fair work funding for providers. Regular Performance Management Meeting - prioritising KPIs. Review of Mental Health Officer capacity to meet demand for statutory duties and the Adults with Incapacity Act.	4	4	16	Further development of a rehabilitative approach and review of client pathway to assist in streamlining process, releasing capacity and reducing delays. Introduction of 2018/19 increase in Living Wage in Homecare if funded by Scottish Government.	3	3	9	Director of Health & Social Care Head of Older People Services and Access Chief Social Work Officer	December 2017 April 2018	9	Risk further reviewed August 2017 with no change to assessment of current score. Risk reviewed June 2016 with current score reduced from 20 to 16 due to implementation of measures while residual score reduced from 16 to 9 due to new planned measure. Risk reviewed and refreshed January 2016 with Residual impact increased from 8 back to 16 due to ongoing capacity issues and the potential implementation of the proposed 72 hour target.

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H&SC 4	Failure of Provider The failure of a major Older Peoples or Specialist Provider e.g. Care Home or Domiciliary Care Service, could result in a loss of capacity and service users being put at risk as a result of their service being withdrawn at short notice. Additional challenges could impact on capacity and service continuity for vulnerable clients such as care home acquisition, poor quality of care or a lack of capacity to deliver care, potentially generating reputational and/or financial risk to the Partnership.	Monitoring of care providers to help to identify potential service failures while working with all providers to gain advance information of any potential failure. Quarterly Multi-Agency quality of care meetings for both Residential and Homecare to provide support with improvement planning. Participation in national working groups to maintain national market intelligence. Contingency protocol established to deal with failure of a major care provider. Joint work with NHS Care Home Team and GP Practices to maintain standards and address concerns. Regulated services regularly inspected by the Care Inspectorate and effective collaborative working over performance of Regulated services. Working with other Partnerships to allow information sharing mutual support and contingency planning. Engagement with carers aids monitoring of performance within care settings and gives an early alert of risks. Retendered Help to Live at Home and specialist support to put an emphasis on outcomes for service users and service quality- for Children, Adult and Older People Services. A transitions plan (up to 6 months with effect from 1st April 2017) and Risk Register is available for this project.	4	3	12	Workforce planning & skill mix being developed within Council Care Homes and Home Care Service. Role re-definition e.g. generic support worker being developed in new rehabilitative team. Workforce of the future H&SC Academy/increasing care workforce in EL.	3	3	9	Director of Health & Social Care Head of Older People Services and Access Head of Children and Adult Services Chief Social Work Officer Group / Service Managers	March 2018 March 2018 March 2018	9	Risk further reviewed August 2017 with no change to assessment of current score. Risk refreshed June 2017 by H&SC management with current score reduced from 16 to 12 and Residual from 12 to 9 due to control measures now in place. Risk refreshed March 2017 with no change to assessment of current score. Risk reviewed June 2016 and current score Increased from 12 to 16 due to current situation while residual score increased from 6 to 12.
H&SC 5	Duty of Care Failure to fulfil our duty of care could result in the death, serious harm or detriment to a person. This could in turn result in prosecution, having to pay compensation and a negative impact on the reputation of the Council. This failure could be due to a lack of resources (financial, services or staffing), poor practice, a failure to prioritise or non-compliance with procedures/guidance.	Prioritise maintenance of adequate staffing levels for Adult/Child Protection and other work with vulnerable children and adults. Briefing sessions, specialist training and support are in place. Learning from Significant and Initial Case Reviews and embed learning in practice. Regular formal supervision in place for all staff including completion of PRD's and ESKF, focusing on specific and agreed development needs.	3	4	12	Chief Social Work Officer/Chief Nurse/Clinical Director/AHP Lead oversight and review of practice to assess workload allocation and risk management. Care and Clinical Governance Group to be established which will provide strategic oversight within the partnership. Mosaic is being developed to improve the ways cases are recorded and risks identified. Plans for reprovision of Abbey and Eskgreen Care Homes and Edington and Belhaven hospitals under development by IJB.	3	3	9	Chief Social Work Officer Critical Services Oversight Group Director of East Lothian Health and Social Care Partnership Head of Older People Access Head of Children and Adults Service	November 2017 November 2017 March 2018 December 2017	4, 5, 6, 7	Risk further reviewed August 2017 with no change to assessment of current score. Risk refreshed by H&SC management June 2017 with current risk score increased from 8 to 12 and residual from 4 to 9. Risk refreshed March 2017 with current score reduced from 12 to 8. Risk refreshed in June 2015 with Residual Risk score reduced from 8 to 4.

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		Services comply with required professional registration standards for all staff e.g. SSSC, HCPC, NMC etc. "Safer Recruitment" practices and PVG Checks embedded. Mosaic and TRAK are used to identify/record risk. Follow up of service user feedback. Public Protection Office and Committee oversee all aspects of Child Protection and Adult Support and Protection performance and improvement. Regular monitoring and learning from incidents including through Significant Adverse Event investigation outcomes Regular environmental inspections e.g. Patient Quality Indicators (PQI) in Health and Social Care e.g. Care Inspectorate All Regulated Services inspected, improvement plans produced with regular quality assurance review meetings. H&SCP Asset Management overview and review assures all our facilities are fit for purpose. Reprovision plans being implemented for Roodlands and Herdmanflat Hospitals.											Risk refreshed in March 2015 with Residual Risk score reduced from 12 to 8. Risk reviewed and refreshed by SMG in April 2014. Risk score reduced from 16 to 12 thanks to measures in place.
H&SC 6	**Substance Misuse** Risk to the delivery of National Standards and potential impact on drug related deaths in East Lothian following a national 23% reduction on funding for drugs and alcohol. This Introduces vulnerability into delivery of treatment support and recovery pathways and to delivery of performance against the HEAT A11 Standard [90% of people seen within 3 week referral to treatment] and the "Take Home Naloxone" [THN] programme requirements. Emerging performance data indicates that there is an increased likelihood of Drug Related Deaths associated with certain client groups particularly in the older population [over 35] of drug users.	MELDAP is accountable to and reports to the HSCP and to the East Lothian Partnership through the Resilient People Partnership. Key MELDAP outcomes from the MELDAP 2015-18 Delivery Plan are included in the East Lothian Local Outcome Improvement Plan; progress against performance measures are reported on a quarterly or annual basis. The MELDAP Commissioning and Performance Group and MELDAP Strategic Group monitor performance against standards and identify actions to minimise risks as they are identified. Continue regular meetings between MELDAP, SMS Manager and Head of Service to improve performance against HEAT A11 and delivery of THN programme requirements.	3	4	12	Develop an assertive outreach response to "seek, keep and treat" individuals who are at higher risk of DRD and not currently in contact with services. The development, implementation and delivery of a Recovery Hub response into the East and West sectors of East Lothian. This will bring together NHSL, Council and 3rd Sector staff to work together to deliver national and local priorities and mitigate the identified risks. In a further phase of service development, synergies will be identified between substance misuse service and mental health services. Improving the reach of Take Home Naloxone to higher risk groups, including Intravenous opiate users, and opiate users who are at risk of opiate overdose.	2	3	6	Head of Children and Adult Services/ Joint Chair of MELDAP MELDAP Strategic Group MELDAP Support Team Manager Substance Misuse and Mental Health Group Service Manager Group service Manager Adult	March 2018 April 2018 June 2018 March 2018		

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	Staffing pressures within the Substance Misuse Service affect effective service delivery and compliance with standards and impact on the service's ability to implement an effective Recovery Orientated System of Care for all substance misusers in EL.

Failure to mitigate these risks could see an increase in the number of substance misusers, with higher levels of risk and increased death rate related to substance misuse. In turn, this could affect the reputation of the East Lothian area as a safe place to live and may also impact particularly on local drug-related crime as demand for, supply of and usage of drugs permeate community wellbeing across the county. | Provide time limited MELDAP support resource to support the delivery of HEAT A11 in the SMS.

The MELDAP Delivery Plan identifies priorities for the partnership with progress reported to the Scottish Government in an Annual Report. The MELDAP Strategic Group also reports on national standards, ministerial priorities and ADP outcomes as required.

Programme of Quality Improvement visits to all commissioned services monitor performance and compliance with national standards and delivery of service improvement plans following the ADP Care Inspection 2016 process.

Annual programme of service presentations to the MELDAP Commissioning and Performance Group; a key theme is always 'service impact'.

Following the successful re–negotiation of the NHSL PCNRAC funding formula for drugs and alcohol, East Lothian has secured a 1% increase [from 10 to 11%] in the share of funding to East Lothian for 2017/18 (to increase to 12% in 18/19). As a consequence, MELDAP have been able to suspend the planned local savings identified following the 23% reduction in national funding.

Partnership collaboration, particularly with Police Scotland, to disrupt and prosecute the suppliers and providers of drugs within East Lothian.

Increased focus on substance misuse within the Education's Health and Wellbeing PSE Curriculum.

The MELDAP local Drug Related Death (DRD) Review group considers DRD's currently on a monthly basis, identifying learning to be implemented by practice teams and MELDAP. | | | 🟧 | Opiate users may not be involved with specialist services, so there is a need to provide Take Home Naloxone as part of an assertive outreach approach and to maximise opportunities to focus on carers of opiate misusers to be trained and prescribed a Take Home Naloxone kit.

MELDAP is considering options for developing a young people's SMS support service in East Lothian, to provide support, advice and assistance to young people in relation to their own substance misuse and work in partnership with Health Services and Education to maximise opportunities.

To discuss with Police Scotland and its intelligence branches disruption activities to the sale of drugs from the internet.
To continue to seek opportunities to work with Education and ELC e.g. to Increase Public Awareness and Information Campaigns highlighting the risks and impacts of substance misuse, particularly targeting Parent, Community Councils and Area Partnerships.

DRD Group members to review current process of analysis of case reviews. | | | 🟨 | Community services

Managers of Service Delivery within and out with the Health and Social Care Partnership

Small Sub group of the MELDAP Children, Young People and Families [CYPF] Group will take this work forward.

MELDAP Support Team

MELDAP Support Team and MELDAP CYPF Group

MELDAP local DRD Group/Chair - Nicki Cochrane | March 2018

Onoging, Project by Project

March 2018 | | |

Original date produced (Version 1)		1st March 2012					
File Name		Health and Social Care Partnership Risk Register				**Risk Score**	**Overall Rating**
Original Author(s)		S Kennedy				20-25	Very High
Current Revision Author(s)		S Kennedy				10-19	High

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Version	Date	Author(s)		Notes on Revisions	SOA: 5-9	Medium
Original	July 2016	S Kennedy		Full Adult Wellbeing and Children's Wellbeing Risk Registers reviewed by Managers and then brought together to form the new Health and Social Care Partnership Service Risk Register.	1-4	Low
2	March 2017	S Kennedy		Refreshed with Head of Children and Adults		
3	June 2017	S Kennedy		Refreshed at H&SC meeting with D Small, A McDonald, Lesley, G Neill, M Drew, S Cameron		
4	July 2017	S Kennedy		Further amalgamated with NHS Register and new risks added		
5	August 2017	S Kennedy		Updated Version 4 reviewed by D Small, S Saunders & A McDonald		
6	August 30 2017	S Kennedy		New risk added on Substance Misuse followed by full register reviewed by S Saunders 31/10/17		

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	Legal
Catastrophic	5	Unable to function, inability to fulfil obligations.	Severe impacts on budgets (emergency Corporate measures to be taken to stabilise Council Finances)	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.	Significant disruption to building, facilities or equipment (Loss of building, rebuilding required, temporary accommodation required).	Complete inability to provide service/system, prolonged downtime with no back-up in place.	Catastrophic legal, regulatory, or contractual breach likely to result in substantial fines or other sanctions.
Major	4	Significant impact on service provision.	Major impact on budgets (need for Corporate solution to be identified to resolve funding difficulty)	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.	Major disruption to building, facilities or equipment (Significant part of building unusable for prolonged period of time, alternative accommodation required).	Significant impact on service provision or loss of service.	Legal, regulatory, or contractual breach, severe impact to Council.
Moderate	3	Service objectives partially achievable.	Significant impact on budgets (can be contained within overall directorate 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.	Moderate disruption to building, facilities or equipment (loss of use of building for medium period).	Security support and performance of service/system borderline.	Legal, regulatory, or contractual breach, moderate impact to Council.
Minor	2	Minor impact on service objectives.	Moderate impact on budgets (can be contained within service head's 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.	Minor disruption to building, facilities or equipment (alternative arrangements in place and covered by insurance).	Reasonable back-up arrangements, minor downtime of service/system.	Legal, regulatory, or contractual breach, minor impact to Council.
Minimal	1	Minimal impact, no service disruption.	Minimal impact on budgets (can be contained within unit's 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 media (Internal).	Minimal disruption to building, facilities or equipment (alternative arrangements in place).	No operational difficulties, back-up support in place and security level acceptable.	Legal, regulatory, or contractual breach, negligible impact to Council

Risk	Impact				
Likelihood	Minimal (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