



REPORT TO: East Lothian IJB – Audit and Risk Committee

MEETING DATE: 27 September 2018

BY: Chief Finance Officer

SUBJECT: Risk – Partners’ key risks and any potential impact on the IJB

1 PURPOSE

- 1.1 This paper provides the Committee with an update of the operational risks held within the partners’ risks registers of both East Lothian Council and NHS Lothian, as they relate to the East Lothian Health & Social Care Partnership, and therefore allowing information on key risks held and their mitigation.

2 RECOMMENDATIONS

- 2.1 The Committee is asked to:
- i. Note the operational risks; and
 - ii. Consider if any further risks should be added to the risk register.

3. BACKGROUND

- 3.1 At its March 2018 meeting the Audit and Risk Committee had agreed its risk management policy and there is no requirement to change this extant policy.
- 3.2 As part of this it was agreed that a report would be brought back to provide an update of the risks held by the partner organisations - NHS Lothian and East Lothian Council.
- 3.3 The risk register for East Lothian Council (Social Care) and NHS Lothian (The East Lothian Partnership) is attached in appendix 1.
- 3.4 The key high level risks identified are:

- Overall Partnership performance in relation to access to services - There is a risk that problems with capacity could compromise the Partnerships' ability to achieve key targets e.g. national targets for delayed discharge (nil >2 weeks), increased waiting times, impacting OT response to assessments, MHO and capacity for home care leading to poor outcomes for the population and the inability to access the right services timeously.
- Primary Care Sustainability (Health) - 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 because of increasing 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. Satisfaction with access to GP services varies considerably across East Lothian and there is a risk in some areas of significant difficulty in people accessing service when needed.
- Risk identified with some projects and schemes to deliver on the Health and Social Care Partnership efficiency programme - There is a risk that the Partnership will not achieve its financial balance because of demographic pressures, acute demand, cost inflation unachieved efficiencies and budget constraints leading to unsustainable services and reputational risks for the Partnership.

3.5 The above three key risks have a score above risk score 15 and the full risk register is attached for information.

4 ENGAGEMENT

4.1 The IJB's Audit and Risk Committee is held in public and the papers are openly available online.

5 POLICY IMPLICATIONS

5.1 There are no further policy implications arising from any decisions made on this report.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

7 RESOURCE IMPLICATIONS

- 7.1 Financial – there are none.
7.2 Personnel – there are none.

8 BACKGROUND PAPERS

- 8.1 None

Appendices

1. ELHSCP Risk Register Sept 2018

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DATE	20 September 2018

East Lothian HSCP Risk Register (With actions)

ID	Risk level	Title	Description	Controls in place	Adequacy of controls	Risk level (current)	Rating (current)	Date Opened	Date last reviewed
3912	Health & Social Care Partnership	Adult and Child Protection and Offender Management	There is a risk that a service user suffers death, harm or detriment and becomes subject to Public Protection (Child Protection or Adult Support and Protection) measures because of a lack of appropriate operational processes and resources leading to potential human tragedy and reputational damage to and increased scrutiny of the Health & Social Care Partnership.	<ol style="list-style-type: none"> 1. Mandatory systems are in place to ensure all staff complete training which is monitored through supervision and PDPs 2. Electronic or paper staff training records are maintained and used to review individual training needs 3. Robust operational procedures and trained staff with supervisory support 4. Public protection arrangements are designed to protect the most vulnerable. 5. The East and Midlothian Public Protection Committee (EMPPC) has been established ensuring robust links with East and Midlothian Drug and Alcohol Partnership (MELDAP). 6. A Joint Public Protection Committee Critical Services Oversight Group is in place 7. A Public Protection Quality and Performance Sub Group is in place 8. East Lothian Child Protection and Adult Protection Improvement Plans in place. 9. Promotion and publication of the Public Protection Agenda within and across East Lothian communities and through Local Area Partnerships 10. Through H&SCP Risk Management Information Systems (RiVO for Council and Datix for NHS), all significant adverse events affecting a client/patient are reviewed and reported upon and corrective action taken to address service delivery issues 	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	8	02/02/2016	30/08/2017
3904	Health & Social Care Partnership	Incident Response and Business Continuity	There is a risk that service provision may be disrupted by a major event such as fire, flood, pandemic leading to loss of buildings and /or reductions in staffing levels etc	<ol style="list-style-type: none"> 1. Business Continuity Plans in place which include alternative service locations and priority service operations that may be utilised in response to an emergency 2. Business Continuity Plans are tested and reviewed annually 3. Contingency plans are in place throughout the Council & NHS to deal with a variety of emergencies 	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	6	02/02/2016	30/08/2017
3902	Health & Social Care Partnership	Information Governance and Management	There is a risk that ineffective shared information systems and processes could impede effective service delivery Additionally, there may also be a risk that information governance standards are not fully followed in joint services leading to a breach of Data Protection legislation with possible penalties imposed by the Information Commissioner's Office with commensurate media coverage and reputational damage.	<ol style="list-style-type: none"> 1. Signed Data Sharing Protocols covering operating and performance information 2. Membership of Data Governance bodies in both NHS and Council 3. The Inter-agency Information Exchange (IIE) will allow sharing of specific client based confidential information 4. Staff from the NHS Scotland Information Services Division (ISD) are working in the Partnership analysing shared data using the Data Sharing Protocol 5. Staff undertake Data Protection and records management training for staff 6. Regular refresh of Data Protection Standards at staff meetings with promotion of safe data management practices via workplace posters, guidance etc 	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	6	02/02/2016	30/08/2017

East Lothian HSCP Risk Register (With actions)

ID	Risk level	Title	Description	Controls in place	Adequacy of controls	Risk level (current)	Rating (current)	Date Opened	Date last reviewed
3913	Health & Social Care Partnership	Lone Working	There is a risk that failure of the Partnership to provide employees with effective Lone Working arrangements and the appropriate training could result in injury or death to those employees resulting in HSE investigation/prosecution, civil insurance liability, reputational risk, increased sickness absence and pressures on service delivery.	<ol style="list-style-type: none"> All staff follow their respective organisational lone working policy and procedures covering the 24 hour period All staff and new recruits undertake training as required by their organisation's policy and job role Significant Adverse Event Procedure is in place to identify cause, effect & learning. Shared systems (separately within each organisation) are in place that identify where there is a potential risk presented by a client or their family Operating arrangements e.g. systems & alarms etc are reviewed regularly in team meetings and as a whole service. Information on the lone working policy is part of the service level induction process 	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	8	02/02/2016	30/08/2017
3916	Health & Social Care Partnership	Overall Partnership performance in relation to access to services	There is a risk that problems with capacity could compromise the Partnerships' ability to achieve key targets e.g. national targets for delayed discharge (nil >2 weeks), increased waiting times, impacting OT response to assessments, MHO and capacity for home care leading to poor outcomes for the population and the inability to access the right services timeously.	<ol style="list-style-type: none"> A weekly Delayed Discharge Taskforce is chaired by Head of Older People and Access 'Emergency Care' and 'Hospital to Home' / 'Hospital at Home' services have been implemented and a dedicated team approach is reducing delays '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 Co-location of staff involved with discharge planning and implementation of 'Discharge to Assess Plus' Weekly performance information is available for service managers Utilisation of recurrent delayed discharge fund to maximise NHS capacity Increased surveillance of care homes and care at home providers to identify spare capacity Part of the A12 Pan-Lothian Access Group (access to psychological therapies) Regular Performance Management Meeting - prioritising KPIs Continue working with NHS Lothian to achieve MSK 4 week target Implementation of new contracts for Care at Home Review of Mental Health Officer capacity to meet demand for statutory duties and the Adults with Incapacity Act The Core Delivery Group and MELDAP Team will discuss and negotiate planned ongoing funding with Partner Services The Strategic Group will agree a communications Strategy to share the results of the process with service users/carers, partner agencies, service providers, staff and other stake holders 	Adequate but partially effective; control is properly designed but not being implemented properly	High	16	02/02/2016	30/08/2017
			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	<ol style="list-style-type: none"> NHS Lothian investment of five million pounds has been prioritised and will fund care home team capacity, advance wide discussion and prioritisation of use of 					

East Lothian HSCP Risk Register (With actions)

ID	Risk level	Title	Description	Controls in place	Adequacy of controls	Risk level (current)	Rating (current)	Date Opened	Date last reviewed
3928	Health & Social Care Partnership	Primary Care Sustainability (Health)	services for its population because of increasing 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. Satisfaction with access to GP services varies considerably across East Lothian and there is a risk in some areas of significant difficulty in people accessing service when needed.	funding to support practice e.g. LEGUP funding 2. Development of premises improvement plans at Haddington, Cockenzie and North Berwick 3. Regular reports at Joint Management Team on Primary Care Capacity 4. Cluster working has been established in both localities to provide mutual support and risk sharing 5. Introduction of non-GP capacity e.g. nurse practitioners, extended scope physiotherapists, pharmacists, link workers and 'Care Home Team' 6. Work with other IJBs and NHS Lothian to influence Scottish Government to work towards solutions to improving professional supply chain through academia 7. Primary Care Transformation Fund is being used to deliver Primary Care Access Hub in Musselburgh 8. Four Lothian IJBs working together to prioritise investment for 2017 & beyond 10. Ensuring the directly managed practice at Eskbridge is supported to sustain services during transition	Adequate but partially effective; control is properly designed but not being implemented properly	High	16	01/03/2016	30/08/2017
3914	Health & Social Care Partnership	Risk identified with some projects and schemes to deliver on the Health and Social Care Partnership efficiency programme	There is a risk that the Partnership will not achieve its financial balance because of demographic pressures, acute demand, cost inflation unachieved efficiencies and budget constraints leading to unsustainable services and reputational risks for the Partnership.	1. Adherence to budget setting and efficiency planning process which has been developed for 2017/18 2. Regular monitoring of performance against budget at all levels 3. Regular monitoring of expenditure (non-capital budget) 4. Monthly Management meetings includes attendance of Finance colleagues to discuss and progress plans 5. Financial objectives embedded in budgets of all service managers' annual objectives and PDP 6. IJB Strategic Plan directs a number of preventative and early intervention health and well being work programmes and service transformation objectives which should aid reduction in levels of service demand, shift the balance of care and support more people to stay at home longer i.e. well being programmes 7. Service transformation and strategic commissioning to ensure services are targeted to achieve best value and meet the needs of the vulnerable	Adequate but partially effective; control is properly designed but not being implemented properly	High	16	02/02/2016	30/08/2017
			There is a risk that failure to fulfil the Partnership's duty of care could result in the death, serious harm or detriment of a patient or service user	1. A programme of mandatory training is in place for all staff 2. Completion of Personal Development Plans, focusing on specific and agreed					

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ID	Risk level	Title	Description	Controls in place	Adequacy of controls	Risk level (current)	Rating (current)	Date Opened	Date last reviewed
3915	Health & Social Care Partnership	Safety of Patients and Service Users: Clinical and Care Risks	because of a lack of resources (financial, services or staffing), poor practice, a failure to prioritise or non-compliance with procedures/guidance leading to a potential for prosecution, having to pay compensation and a negative impact on the reputation of the Partnership.	development needs. 3. Regular formal supervision in place for all staff. 4. Regular monitoring and learning from incidents including through Significant Adverse Event investigation outcomes 5. Regular environmental inspections e.g. Patient Quality Indicators (PQI) in Health and Social Care e.g. Care Inspectorate 6. Regular quality assurance meetings with independent providers which includes feedback from Inspectors 7.H&SCP Asset Management overview and review assures all our facilities are fit for purpose 8. Reprovision plans being implemented for Roodlands and Herdmanflat Hospitals. 9. All Council internal inspections are reported together with an action plan 10. The Partnership acts on negative inspection findings in external providers where specific intervention is required 11. Regular monitoring and learning from incidents including through Significant Adverse Event investigation outcome	Adequate but partially effective; control is properly designed but not being implemented properly	High	12	02/02/2016	30/08/2017
3918	Health & Social Care Partnership	Strategic Inspection and Review	There is a risk that external regulatory inspections identify significant weaknesses in our services leading to reputational damage and sustainability of the Partnership e.g. external audit, Joint Strategic Inspections, Best Value Review.	1. Systematic approach to preparation for inspections 2. Ensuring a proactive approach to regulatory requirements 3. Joint Improvement Planning in response to inspection findings 4. Regular Self Evaluation and improvement Planning e.g. PSIF and HGIOC 5. Preparation for inspection used as a learning tool 6. Review and adoption of any post inspection improvement plan requirements and any external national audit report requirements	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	9	02/02/2016	30/08/2017
3911	Health & Social Care Partnership	Supply chain management and or failure of providers to deliver quality care at home or in a residential setting	There is a risk that the failure of a major Care Home or Domiciliary Care provider would result in a loss of capacity leading to service users being put at risk due to their service being withdrawn at short notice. There are other challenges linked to Care at Home providers such as a provider acquisitioning poor quality care or a lack of capacity to deliver care.	1. Monitoring of care providers to help to identify potential service failures while working with all providers to gain advance information of any potential failure. If monitoring doesn't result in improvement then close monitoring would take place followed by a large scale investigation. 2. Quarterly multi-agency quality of care meetings for both Residential and Homecare. 3. Contingency protocol established to deal with failure of a major care provider 4. Joint work with NHS Care Home Team and GP practices to maintain standards and address concerns. 5. Continuing to work closely with providers to provide support with improvement planning. Ongoing standard practice working with providers. 6. Effective collaborative working with the Care Inspectorate over performance of regulated services. 8. Working with other Partnerships to allow information sharing, mutual support and contingency planning. 9. Continued involvement with COSLA and Social Work Scotland working groups 10. Engagement with carers aids the monitoring of performance within care settings (early alert of risk). 11. Implemented living wage & national care home contract	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	High	12	02/02/2016	30/08/2017
			There is a risk that the lack of a skilled, sufficiently qualified and	1. Competitive salaries and working conditions in place in some areas, recruitment					

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ID	Risk level	Title	Description	Controls in place	Adequacy of controls	Risk level (current)	Rating (current)	Date Opened	Date last reviewed
3910	Health & Social Care Partnership	Workforce Planning & Development	<p>experienced staff resource or the unexpected loss of a key employee or employees would result in an inability to provide high quality assessment and support with increased pressure on existing staff as well as reducing the quality and scope of the service resulting in lives and safety being put at risk. Additionally, this could result in poor operational performance leading to a higher cost of care services.</p> <p>Competing with private sector and adjacent local authorities to recruit Foster Carers.</p> <p>Application of Council pay and grading structures to Social Work services staff may lead to difficulty in recruiting and retaining suitably qualified and experienced staff, in a nationally competitive market place.</p>	<p>and selection procedures adhered to.</p> <p>2. High professional standards, reputation and innovation are maintained while the service has an excellent record among professional workers which all helps attract high calibre staff.</p> <p>3. Professional Development Programme and commitment to ongoing Health & Social Care Partnership practice of "Development of Growing our Own" (promoting staff from within).</p> <p>4. Inclusion of a training needs analysis within Supervision and PRD.</p> <p>5. Mandatory training compliance. Compliance levels improving following audit which has resulted in an action plan being put in place.</p> <p>6. Development of an overall learning culture, use of Action Learning Sets and promotion and development of skills such as "Giving and Receiving Feedback" and "Coaching".</p> <p>7. The Council regularly publicise the need for Foster Carers and celebrate Foster Carers Community achievements annually.</p> <p>8. Feedback from Employee Engagement Survey, iMatter, Investors in People and Inspection Regimes see development of annual HGIOC improvement plan and service workforce development plan.</p> <p>9. Promote and embed PRD, staff learning opportunities and high levels of supervision.</p> <p>10. It is a National Requirement to development a Workforce Development Plan to identify and plan the necessary staffing resources and development opportunities to meet service demands, responding to employee engagement survey feedback.</p> <p>11. Service developments and redesign leading to opportunities to review current job families and redesign roles and responsibilities.</p> <p>12. Integrated Education Framework being developed in conjunctions with regulatory bodies e.g. Social Work Scotland, Care Inspectorate and Health Improvement Scotland initially for Care Home, Mental Health, Resource Centre and Homecare Staff (both Health & Council).</p>	Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk	Medium	9	02/02/2016	30/08/2017