

REPORT TO: Audit and Governance Committee

MEETING DATE: 18 February 2020

BY: Chief Executive

SUBJECT: Health & 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 is 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 (Appendix 2) producing 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 7 High risks and 12 Medium risks. As per the Council's Risk Strategy only the Very High and High risks are being reported to the Committee.

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 LRWG 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 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 None

Appendix 1 – Health and Social Care Partnership Risk Register 2020

Appendix 2 – Risk Matrix 2019

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DATE	6 February 2020

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Lead	Description	Progress	Start date	Due date
4946	NHSL Recovery Plan	There is a risk that the EL IJB will not provide satisfactory services due to acute waiting times, delayed discharges and mental health. There is a risk that we will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care due to volume and complexity of patients, staffing, lack and availability of beds, lack of flow leading to a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation. Scottish Government has escalated these risks to Level 3 & 4.	<ol style="list-style-type: none"> Extra capacity available in ELCH. Winter Plan Chief Officer is part of the Unscheduled Care board comprising of all four Lothian IJBs and Lothian Acute Services and NHS Lothian. This board leads the collaborative approach to the recovery programme. Head of Operations attends weekly operational group which includes all 4 HSCPs. Chief Officer confirmed that additional beds have been opened in ELCH. These have been fully funded by NHSL. 	High 16	High 12	Macdonald, Alison X	Macdonald, Alison X	19/12/2019	23/12/2019	10673	Alison Macdonald	Extra Capacity	Chief Officer confirmed that additional beds have been opened in ELCH. These have been fully funded by NHSL.	06/01/2020	This action was closed on 21/01/2020 - kept on list as risk is ongoing.

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Lead	Description	Progress	Start date	Due date
3911	Failure of Provider	<p>There is a risk that failure of a major Older Peoples or Specialist Provider, eg, 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.</p> <p>Additional challenges could impact on capacity and service continuity for vulnerable clients such as care home acquisition, poor quality of care of a lack of capacity to delivery care, potentially generating reputational and/or financial risk to the Partnership.</p>	<ol style="list-style-type: none"> 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. Effective collaborative working with the Care Inspectorate 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. Provider performance is monitored using a balanced scorecard approach which rewards good performance through incentives and the use of penalties for material breaches of the contract. A dedicated Planning & Performance manager and officer (CJ and LK) will deal with high risk occurrences where a provider ceases to operate or fulfil their contractual obligations. Contingency protocol established to deal with failure of a major care provider. Workforce planning & skill mix is being developed within Council Care Homes and Home Care service. Contingency arrangements developed for transition period to new providers. Care at Home contracts have been re-tendered. IJB Workforce plan in place. 	High 16	Medium 9	Macdonald, Alison X	Macdonald, Alison X	02/02/2016	09/01/2020	8660	Lorraine Cowan	Care at Home / Hospital to Home Service Review	<p>9/1/20: New model for care homes implemented in September 2019.</p> <p>01/07/19: Work has commenced - new model in process of being developed.</p>	01/03/2017	06/02/2020
										8661	Lorraine Cowan	Workforce Planning Council Care Homes and HomeCare Service	<p>Risk further reviewed August 2017 with no change to assessment of current score.</p> <p>01/07/19: New model of care developed in care home by introducing a nursing auxiliary post. Currently work going on with Home care to form a new service with Hospital to Home. 16/01/20 New structure implemented within care homes to include nursing auxiliary post. Project group set up to take the home care project forward new model going to CMT in February.</p>	01/03/2017	06/02/2020
										8662	Lesley Berry	Development of Generic Support Worker	<p>31/07/19: Lesley Berry will raise at AHPD. 16/1/20: AHPD has not gone ahead since Lynn Douglas has left. Unable to recruit to this position but have recruited 2 professional specific roles.</p>	02/01/2017	24/07/2020
										8663	Lorraine Cowan	Increasing care workforce in EL	<p>01/07/19: Modern apprentices being employed, commence August 2019.</p> <p>9/1/20: Modern apprentices in post within some areas. These are being expanded across all areas.</p>	03/01/2017	06/02/2020
										8664	Paul Currie	EU Settlement Scheme	<p>26/06/19: Note that first local Brexit meeting took place on 20th February 2019.</p> <p>8/1/20: Local Brexit meeting will be resumed. 16/1/20: information received that NHSL Brexit meetings have been suspended at this moment in time.</p>	20/02/2019	31/12/2020

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Lead	Description	Progress	Start date	Due date
3928	Access to Primary Medical Services	There is a risk that ELHSCP will be unable to provide satisfactory access to primary medical services for its population due to increasing demands/capacity issues and difficulties in GP recruitment/retainment. This could lead to practices with closed and/or restricted lists which could impact on other practices. Increased pressures could lead to possible failure of GP practices which would generate significant financial and resource pressures for ELHSCP.	<ol style="list-style-type: none"> The 2018 Primary Care Improvement Plan (PCIP) for East Lothian has been implemented with an update being reviewed by the IJB and the GP Sub-committee. the plan includes expansion of multi-disciplinary models; the role out of link workers and other services as well as plans to improve infrastructure, ie, premises, data sharing, engagement. This is a 4 year implementation process. Cluster working has been established in both localities to provide mutual support and risk sharing. Four IJB's are working together to prioritise investment. Work with other IJB's and NHS Lothian to influence Scottish Government to work towards solutions to improving professional supply chain through academia. Primary Care Development Manager is in post. Investment in training to deliver workforce, as required. 	High 12	Medium 9	Macdonald, Alison X	Turvill, Jon	01/03/2016	16/01/2020						
										7287	Jon Turvill	Development of East Lothian Primary Care Strategic Plan	2019 - 2020 was submitted on schedule. 25/7/19: 2019-2020 is currently being implemented with extension of the Musselburgh Model to Tranent, The Harbours and Inveresk practices and AHP led services to support patients with MSK and mental health issues. A CTACS pilot will be starting at ELCH, as well as a nurse practitioner led pilot of home visiting in a number of practices. Phase 1 ends 31/3/21.	06/02/2017	31/03/2021
										7535	Jon Turvill	Skill mix and staffing resources	The Primary Care Development Manager is currently overseeing CWIC including the establishment of a educational framework to offer training and development for staff locally. Phase 1 ends 31/3/21.	30/08/2017	31/03/2021
										9611	Aleisha Hunter	Establish multi-disciplinary and enhanced skill mix staffing resources within GP practices	21/10/19: we have no restricted or closed GP lists in East Lothian and no practices in real danger of failing at present. We are still working towards development of MDT support to all practices and recruitment is a significant issue. 16/1/20: Establishment of MDT and skill mix /staffing resource is directly addressing GP practice sustainability.	14/08/2019	31/03/2020

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Lead	Description	Progress	Start date	Due date
4710	Delayed Discharge	There is a risk that national targets on delayed discharge on "no delays over two weeks" have created additional pressures and increased demand because these impacts could impact on the health and wellbeing of individual residents and on the reputation of the Health & Social Care Partnership (HSCP) and put pressure on assessment staff and resources leading to limited capacity resulting in increased waiting lists for access to local health and social care services, eg, delayed discharge, waiting times, OT Social Work and Mental Health Officer response to requests for assessments 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"> Weekly delayed discharge taskforce is chaired by the Interim Chief Nurse. New emergency care, Hospital 2 Home and Hospital @ Home services have been 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 2 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. Established fortnightly meetings with providers. Unmet care hours once totalling 1500 per week have now been reduced to around 600 as a result of a number of measures including collaborative allocations which involves ELHSCP teams working with providers to organise care runs across the county. 20 step down beds plus 12 contingency beds opened as part of the ELHSCP Winter Plan. Living Wage and fair working was implemented in EL in 2017 following a Scottish Government investment which was passed onto providers. A balance scorecard approach is used to monitor £20 million worth of care at home provision. A data group has been established to monitor performance of operational service delivery, delivery of Directions and SG target and indicators. Recruitment of Mental Health Officer underway to enhance capacity and meet demand for statutory duties and the Adults with Incapacity Act. Early intervention clinic approach has been implemented across East Lothian. A Hub based at ELCH handles all Patient Flow from the acute and community hospitals as well as GP enquiries. Working with Care Brokers at Randall House, Hospital @ Home, Hospital 2 Home and OT/PT teams. Morning multi-disciplinary huddle. The Hub and OT/PT service actively pull patients from the acute sector. Discharge to Access is well established and Home First is an approach embedded in all our systems and methodology. 	High 12	Medium 9	Macdonald, Alison X	Cowan, Lorraine	03/12/2018	09/01/2020	8846	Lorraine Cowan	Development of a Rehabilitative Approach and Review of Client Pathway	01/07/19: This is underway with the Homecare and Hospital to Home review. 07/01/20: Still ongoing 09/01/20: New model of care has been developed. Hospital to Home will concentrate on clients that will continue to need rehabilitation. Teams are being split into three geographical areas.	03/12/2018	31/03/2020
3914	Service Activity Pressures	There is a risk that 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 East Lothian Council. Service Activity pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to clients safety and independence, potentially generating reputational risk for the Council as well as failing to meet statutory responsibilities.	<ol style="list-style-type: none"> New planning structure established which will support an overall programme of change and include a number of change boards to which all projects will report. Changes boards reflect agreed priorities of the IJB and include Primary Care, Shifting the Balance of Care, Adults with Complex Needs, Mental Health, Carers and Reprovisioning. New planning structure includes Reference Groups as well as Change Boards. Reference groups are multi-stakeholder and include service users, carers, voluntary sector organisations, practitioners, community planning partners, housing colleagues and other groups. 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. Application of the Eligibility criteria has been reviewed and delegated authority implemented. Scrutiny of budget authorisations and analysis of trends through delegated authority. Self Directed Support (SDS) implemented and audited with action plan in place. Currently commission a range of services which fulfil an early intervention and prevention role. As part of continual planning and service redesign. Mandatory "Golden Threads" have been established which all change programmes and projects must evidence as having achieved as part of the proposed change. These include early intervention and prevention. Good progress being made in partnership working with third sector including Day Centres Association. A three year increased investment plan was agreed at the IJB in early 2017. April 2019 will see the third year of this agreement start where day centres will be operating to a new Service Level Agreement. All funding of commissioned provision has undergone a Strategic Fit and Best Value review. This includes integrated Care Fund funding and services. Three year budget efficiency plans developed for implementation from 2019 - 2022. Work is underway to accurately forecast trajectory of need across all Care Groups to inform service development and financial planning. Recovery Plan is in place. Financial process has been reviewed. Resource allocation system - delegated authority is in place. 	High 12	Medium 9	Macdonald, Alison X	Macdonald, Alison X	02/02/2016	09/01/2020	8850	Lesley Berry	Embed technology enabled care approach as preventative measure	31/07/19: Lesley Berry currently looking into Attend Anywhere. 16/1/20: NHSL has agreed to this and have started pilot sites. There is a virtual clinic and projects started in RIE and LCTC. IT are not allowing access to this system until pilot is complete.	03/12/2018	24/07/2020
										8655	Trish Carlyle	SDS Action Plan	02/07/19: Report feedback 4/7/19. Action plan implemented and to be reviewed 6 monthly. 8/1/20: Will be reviewed by end January 20 and updates communicated.	03/09/2018	31/01/2020
										8656	Claire Flanagan	Deliver Efficiencies and Income Recovery	7/1/20: To be reviewed in March 2020 in alignment with budget announcement.	01/08/2016	31/03/2020
										8658	Gillian Neil	Community Transformation Programme	Options Appraisal to be taken to IJB on 26th September 2019. 9/1/20: Options Appraisal is now going to SPG on 19/2/20 and then IJB on 27/2/20.	03/01/2019	31/03/2020
										10224	Claire Flanagan	Continue to refine medium term financial plan	14/11/19: This action supercedes action 8657 which has now been closed. 7/1/20: Ongoing development of longer term financial plan. Ongoing collaboration with Partners around budget allocations.	14/11/2019	31/03/2020

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3915	Duty of Care	<p>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.</p> <p>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.</p> <p>Patient Service User safety.</p>	<ol style="list-style-type: none"> Prioritise maintenance of adequate staffing levels for Adult/Child Protection and other work with vulnerable children and adults. Briefing sessions, specialist training and supports are in place. Regular formal supervision in place for all staff including completion of PRD's and e-KSF, focusing on specific and agreed development needs. Clinical & Care Governance Committee established which is to provide strategic oversight within the Partnership. Chief Social Work Officer, Chief Nurse, Clinical Director, AHP Lead oversight and review of practice to assess workload allocation and risk management. Services comply with required professional registration standards for all staff, eg, SSSC, HCPC, NMC etc. "Safer Recruitment" practices and PVG checks embedded. 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, eg, Patient Quality Indicators (PQI) in Health & Social Care, eg Care Inspectorate. All Regulated Services inspected, improvement plans produced with regular quality assurance review meetings. Implementation of EIRD (Electronic Inter-agency Referral Discussion) across Child Protection and Adult Protection partners, eg, NHS and Police Scotland. 	High 12	Medium 8	Macdonald, Alison X	Macdonald, Alison X	02/02/2016	10/01/2020	8667	Bryan Davies	Development of Mosaic	<p>Re-allocated to Bryan Davies to take forward.</p> <p>9/1/20: No specific developments planned but we don't get all we could from system. Meeting scheduled for 16/1/20 with Servelec account manager which will inform us about the road map for Mosaic and any new features.</p> <p>Development of the product is dependent on two things: 1. we continue to use this software but it is out of contract in June 2020. Decision required whether we take out a new contract. 2. Do we go to the market and invite tenders from other providers? If we retain Mosaic, any development of the product will require a budget for new functionality.</p>	03/01/2019	30/06/2020
										10489	Alison Macdonald	Complaints, Comments, Inspections, CWIC Report		23/12/2019	31/12/2020

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Lead	Description	Progress	Start date	Due date	
4695	Substance Misuse	<p>There is a 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.</p> <p>Staffing pressures within SMS could impact service delivery and compliance with standards and the implementation of an effective Recovery Orientated System of Care for all substance misusers in EL.</p> <p>These risks could lead to an increase in the number of substance misusers with higher levels of risks and increased death rate related to substance misuse, and an increase in related physical and mental health issues. This could also affect the reputation of EL area as a safe place to live and impact on drug related crime as demand for, supply or and usage of drugs permeate community wellbeing across the county.</p>	<p>1. MELDAP is accountable to and reports to ELHSCP and EL Partnership through the Resilient People Partnership. Key MELDAP outcomes from the MELDAP 2020 – 2023 Delivery Plan, due to be published by early April 2020, will be included in the EL Local Outcome Improvement Plan ; progress against performance measures are reported on a quarterly or annual basis.</p> <p>2. MELDAP commissioning and performance group and MELDAP strategic group monitor performance against standards and identify actions to minimise risks as they are identified.</p> <p>3. Regular meetings between MELDAP, SMS Manager and Head of Service to improve performance against HEAT A11 and delivery of THN programme requirements.</p> <p>4. Provide time limited MELDAP resource to support the delivery of HEAT A11 in the SMS.</p> <p>5. The MELDAP delivery plan identifies priorities for the partnership with progress reported to Scottish Government in an annual report. The MELDAP strategic group also reports on national standards, ministerial priorities and ADP outcomes as required.</p> <p>6. Programme of quality improvement visits to all commissioned services to monitor performance and compliance with national standards and delivery of service improvement plans following the ADP care inspection 2016 process.</p> <p>7. Annual programme of service presentations to the MELDAP commissioning and performance group, highlighting service impact.</p> <p>8. MELDAP now has stable funding through Scottish Government for the provision of drug and alcohol services.</p> <p>9. Partnership collaboration particularly with Police Scotland to disrupt and prosecute the suppliers and providers of drugs within EL.</p> <p>10. Increase focus on substance misuse within the Education's Health and Wellbeing PSE curriculum.</p> <p>11. The MELDP 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.</p> <p>12. Pathway in place between IHTT and SMS. Respective team managers will review regularly and fine tune, as required.</p>	High 12	Medium 6	Macdonald, Alison X	Laskowski, Rona	01/03/2018	10/01/2020		8649	Nicola Cochrane	Improve the reach of Take Home Naloxone to higher risk groups	26/06/19: Most vulnerable people accessing drop-in clinic at HUB. Naloxone accessible at Primary Care. Looking to introduce within IHTT and also current proposal for EL to spread the offer of accessibility of Naloxone to all pharmacies within EL - in discussion. 24/10/19: The offer of Naloxone continues within the drop in clinic and within the core service offer. Following a recent presentation to the IJB MELDAP and Nicola Cochrane are arranging a meeting with Fiona O'Donnell, Jon Turvill and others to agree on further spread of Naloxone distribution.	01/03/2018	28/02/2020
										8650	Rona Laskowski (Martin Bonnar)	Develop a Young People's SMS support service in EL	24/10/19: A preferred provider (MYPAS) has been identified and the service delivery is being planned for implementation in mid-December. 10/1/20: The induction and orientation process has begun for the two post holders in MYPAS with service delivery beginning shortly.	01/03/2018	31/03/2020	
										8651	Rona Laskowski	To discuss disruption activities to the sale of drugs from the internet with Police Scotland and its intelligence branches.	24/10/19: This has been discussed with Police colleagues. Services are alerted to current drug trends and ensure that information is shared with staff and service users appropriately. There is training planned with MELDAP partners in relation to the Police Scotland "County Lines" Initiative. This is continuous but there is training on 05/12/19.	01/03/2018	31/03/2020	
										8652	Rona Laskowski	Continue to seek opportunities to work with Education and ELC.	24/10/19: There are a number of initiatives underway including developing a policy on Managing Substance Use Incidents Involving Children and Young People and Core Risk taking Message for young people.	01/03/2018	31/03/2020	

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Lead	Description	Progress	Start date	Due date
										8653	Nicola Cochrane	DRD group members to review current process of analysis of case reviews	26/06/19: MELDAP and NHS have looked at current process and are in discussion with Naomi Honhold (Drug Related Death Co-ordinator) to look at a more efficient and seamless process of reviewing DRD. 24/10/19: DRD are now being reviewed locally. The first date for 2018 reviews is 22nd November where all DRDs in 2018 will be reviewed that day. A follow-up session will be agreed and MELDAP are leading on the development of a DRD group with EL and ML.	01/03/2018	28/02/2020

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 fulfill 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
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