



REPORT TO: East Lothian IJB Audit & Risk Committee

MEETING DATE: 5 December 2023

BY: Chief Officer

SUBJECT: Operational Health & Social Care Partnership (HSCP)
Risk Register

1 PURPOSE

1.1 This paper presents the HSCP's operational risk register.

2 RECOMMENDATIONS

2.1 The Committee is asked to:

- i. Consider the HSCP register to satisfy themselves that there are no operational risks on this register that may become strategic risks to the IJB.

3 BACKGROUND

3.1 Both partners maintain and manage their own risk registers as is best practice. Although the HSCP is jointly managed by East Lothian Council and NHS Lothian, it uses the NHS Lothian risk management system to maintain and manage its risks. These risks are operational in the sense that they impact on the running of the services that are managed directly by the HSCP. Obviously the IJB has other functions delegated to it by NHS Lothian which are not managed by the HSCP and any of these operational risks will not appear on this register.

3.2 At its last meeting the committee asked for sight of the HSCP risk register, an extract (having removed some columns to all printing) this is now attached for information.

4 ENGAGEMENT

4.1 The IJB makes its papers and reports available on the Council's website.

5 POLICY IMPLICATIONS

5.1 This paper is covered within the policies already agreed by the IJB.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

7.1 The subject of this report does not affect the IJBs directions or require a new direction to be issued.

8 RESOURCE IMPLICATIONS

8.1 Financial – None

8.2 Personnel – None

8.3 Other – None

9 BACKGROUND PAPERS

9.1 None

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DATE	November 2023

Appendices

1. Risk Rating Matrix
2. HSCP Risk Register

Appendix 1- Risk Rating Matrix (DATIX)

Likelihood	Consequences / Impact				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium 5	High 10	High 15	V High 20	V High 25
Likely	Medium 4	Medium 8	High 12	High 16	V High 20
Possible	Low 3	Medium 6	Medium 9	High 12	High 15
Unlikely	Low 2	Medium 4	Medium 6	Medium 8	High 10
Rare	Low 1	Low 2	Low 3	Medium 4	Medium 5

ID	Title	Description	Controls in place	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Risk Owner	Progress	Due date
5715	Adaptations	<p>Private Sector Housing Grant 2023 and risks associated with the delivery of private sector adaptations carried out by Care and Repair.</p> <p>Increased demand as well as increased cost of materials have resulted in the Private Sector Housing Grant being fully committed for this financial year as at the end of Period 4.</p> <p>Should no major adaptations be carried out between July 2023 and March 2024, East Lothian Council and IHB will be failing to meet their statutory duties under Housing (Scotland) Act 2006 and the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>If adaptations were to wait until the new financial year in 2024/25, a significant backlog would cause increased delayed discharge times, a potential rise in the housing list as people can no longer live safely at home.</p>	<p>Revision of OT criteria on life and limb basis.</p> <p>RAG system in place for individuals who have been assessed by an OT but are waiting on grant funding being confirmed.</p> <p>Ongoing review / discussions between Housing, C&R and HSCP.</p> <p>Interim review of Care & Repair currently in process.</p> <p>Report being drafted for EMT setting out proposed recommendations.</p> <p>Briefing being drafted for members.</p> <p>Communication drafted to ensure all applicants are aware with ongoing support and advice in place from C&R.</p> <p>Frequent meetings with finance to monitor the budget.</p>	High	15	High	12	Wilson, Fiona M		
5623	Autumn 2023 EL Vaccination Programme	<p>The risk is that ELHSCP will not have sufficient resources to be able to delivery 'Scenario B' described by SG. This is because Scenario B involves the provision of a variant vaccination to high risk groups and will not be available till mid-October.</p> <p>To delivery this requires higher volume of vaccinations over a four week period than the HSCP has planned for and is receiving resources for. This may lead to the HSCP not delivering the vaccination programme at the pace required by SG, to avoidable clinical risk in the programme and reduced uptake of the vaccination by higher risk groups</p> <p>The higher risk is associated with having enough staff to manage the main vaccination clinics, the care home residents programme and the housebound patient programme and completing these by 11th December 2023, which is the requirement by the Scottish Government.</p>	<p>Vaccination team in place with management structure</p> <p>Staff Bank for additional capacity required</p> <p>Capacity in HSCP to provide vaccination provision at 4,000 per week but not at same time as care home and housebound programmes</p> <p>Additional capacity to support inclusive programme</p> <p>Staff training available to increase pool of vaccinators to assist with programme</p>	High	12	Medium	6	Wilson, Fiona M		
5514	Communicable Disease Outbreaks of Public Health Significance	<p>East Lothian Council continue to have the appropriate business continuity plans/contingency in place to ensure continued delivery of business critical services during the COVID19 outbreak.</p> <p>The Council will continue to carry out close ongoing monitoring of COVID and continues to be prepared for any future waves of the virus or alternate long term health issues.</p> <p>While as the situation continues to improve the Council will make itself ready to come out of Response and Business Continuity mode and to move towards Recovery.</p> <p>The risk will remain at the current level until the end of the 22/23 winter period.</p>	<p>Processes in place to establish proactive communicating, and encouraging compliance with all government and public health authorities' advice and reducing the impact/spread of misinformation by relying on information from trusted sources.</p> <p>Established mechanism to stand up the Council Management Team (Critical Incident Response Team) to oversee and direct the Council's response.</p> <p>COVID19 Recovery and Renewal Coordination Group is deployed overseeing planning for recovery and renewal across East Lothian.</p> <p>The Council has had to adapt is delivery of services beyond the COVID pandemic and now subsequent concurrent challenges including the cost of living crisis and ensuing economic volatility. The Recovery & Renewal Plan interventions remain valid and under constant review. ELC will continue to lead recovery supported by our partner agencies context of the Civil Contingencies Act 2004.</p> <p>Resilience Direct continues to be available for use to share information on a multi-agency basis.</p> <p>Business Continuity Plans in place in all services leading to staff continuing to work from home unless it is essential for them to be in their place of work.</p> <p>Public Health Scotland has published (September 2022) National Respiratory Surveillance Plan and also Plan for Monitoring and Responding to New SARS-Cov-2 Variants and Mutations. These plans detail how an effective and efficient surveillance service will be delivered in Scotland and sets out how the identification, investigation, risk assessment and response in relation to COVID19 variants and mutations will be carried out.</p> <p>The document recommends local authorities to stand ready to support any operational roll out of a VAM response.</p> <p>Protective Services continue to have regular engagement with NHS Lothian Health Protection Team and are ready to work in partnership with NHS Lothian in relation to standing up a response where required.</p> <p>HSCP continues to support delivery of the COVID19 vaccination programme.</p> <p>Resilient Communities Groups exist in each Community Council area and Groups are ready to stand-up when required.</p> <p>Volunteer Centre East Lothian collaboration over support for local Third and Voluntary sector organisations able to respond to consequences across communities.</p> <p>The Council provides a prime source of local EL public information, constantly updated, in the Council Website as well as regular updates on Social Media platforms.</p>	Medium	9	Medium	6	Wilson, Fiona M	<p>Fully imbedded and will continue, also have a vaccination program in response to communicable diseases - IG 4/5/23</p> <p>the operational budget for the HSCP has not been confirmed by NHS Lothian and SG has asked that a different scenario for the autumn vaccination delivery is planned for – one that is different to the scenario the HSCP was previously asked to planned for and which informed the operational budget required. The final workforce and management structure has also not been formally agreed through either HSCP of the Lothian WOKG. -IMegaw 26/7/23</p>	30/06/2023
									<p>HSCP are following NHS and ELC guidance on staffing. Using IPF to monitor the situation - IG January 2023</p> <p>There is sufficient staffing capacity planned between 4th September and 16th October and risk for this period has reduced. 26/7/23 IM</p>	30/06/2023
3912	DUTY OF CARE	<p>The Council has a responsibility to provide care and support for the people of East Lothian and East Lothian's environment. Any breach of this duty of care may compromise legislative duties, health, safety and wellbeing, impacting on, for example, the protection of children and adults.</p> <p>Failure to fulfil the duty of care could also result in serious harm/death to an individual/s, prosecution, having to pay compensation and have a negative impact on the reputation of the Council.</p> <p>Additional pressure within this area caused by external providers struggling to deliver through staffing issues.</p>	<p>Prioritise maintenance of safe staffing levels for all statutory services the partnership delivers.</p> <p>Briefing sessions, specialist training and supports are in place.</p> <p>Regular formal supervision in place for all staff including completion of PRD's and e-KSF, focusing on specific and agreed development needs.</p> <p>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.</p> <p>Specific oversight groups established for example Care Home, Health & Safety and Risk Management.</p> <p>Services comply with required professional registration standards for all staff, e.g. SSSC, HCPC, NMC etc.</p> <p>"Safer Recruitment" practices and PVG checks embedded.</p> <p>LSI mechanism in place with reporting structure through PPC.</p> <p>Regular engagement with the Care Inspectorate reviewing services in place</p> <p>Risk assessment documentation shared with providers with client RAG in place to ensure services are prioritised for those most at risk.</p> <p>Review of oversight and governance arrangements for assessment completed.</p>	High	12	Medium	8	Wilson, Fiona M	<p>Review ongoing through bi-weekly Care at home meetings chaired by GMs - IG January 2023</p> <p>Continue to end of the financial year - IG 4/5/23</p> <p>Risk remains the same however out to recruitment to increase internal CAH. Workforce may be the limiting factor however, already high interest in the post.</p> <p>There remains uncertainty of sufficient staffing from 16th October (when care home and housebound programmes will run concurrently with the over 75 and higher risk cohorts). During this period the care home and house bound services will be maintained which may reduce staff capacity of vaccination clinics whilst activity will remain at same level. FW 12/7/23</p>	31/03/2024
5356	ELHSCP Workforce Risk	<p>There is a risk that we will not have sufficient workforce to deliver services.</p> <p>Recruitment & Retention.</p> <ul style="list-style-type: none"> - Challenges in recruiting staff. - Failure to retain current staff within ELHSCP. - Lack of resource to deliver mandatory training. <p>Difficulty attracting nursing staff from acute services to community services.</p> <p>Failure to deliver safe, effective & sustainable health & social care services.</p> <p>Accommodation.</p> <ul style="list-style-type: none"> - Challenge of moving to home working and the closing of office space doesnt support a reactive service or peer support. - Consolidation of building space to increase overall service delivery. <p>Resulting in staff becoming disengaged with the Partnership and services it delivers.</p> <p>IT</p> <ul style="list-style-type: none"> - Continued divide between employers IT systems. <p>Resulting in:</p> <ul style="list-style-type: none"> - Potential for unsafe practice. - Inefficient use of time / duplicate workload. 	<p>Development of the workforce & action plan.</p> <ul style="list-style-type: none"> -Workforce Steering group have regular meetings to monitor workforce challenges. -Rolling recruitment processes for some posts i.e home care / nursing. -Recruitment initiatives being developed. -Accommodation home working asset review. -Continued work with IT partners. -Further development of the ELHSCP organisation workforce development team. -AHP recruitment issue improving. <ul style="list-style-type: none"> -Nursing service developed and attracting new staff and aiding to recruitment. <ul style="list-style-type: none"> -Adult SW operating hybrid 50% office based approach model - limited to accommodation. <ul style="list-style-type: none"> -Implementation of workforce action plan (3 yr plan) reliant on fair working practices. <ul style="list-style-type: none"> - all staff are instructed to complete mandatory learn pro training and this is monitored. 	High	12	Medium	6	Wilson, Fiona M	<p>update from IG 15/8/22 - huddles in place for each service and recruitment programs ongoing</p> <p>IPF used to monitor recruitment with feedback from partner agencies.</p> <p>Sites continue to be closed to support workforce issues. IG - January 2023</p> <p>No change to situation - IG 1/11/22</p> <p>Recruitment in psychiatry across adult and older age is challenging - GN 14/2/23</p> <p>No change as recruitment remains challenging and workforce plan now in place. GN 10/5/23</p> <p>Threat of actual industrial action causing some disruption.</p> <p>Continued dispute over pay in sectors increasing poor recruitment and retention. LX3/8/23</p> <p>Whilst recruitment remains challenging, we are interviewing for an old age consultant w/c 7/8/23. We are still unable to fill the speciality doctor in old age. We have an increased risk to general adult psychiatry due to resignation and general adult psychiatry to recruit. There is a 3 days per week locum starting on 21st August and a sociality doctor started this week but still holding quite a lot of clinical risk GN 4/8/23</p>	01/10/2023

3911	Failure of Provider	<p>There is a risk that failure of a Care at Home provider or Care Home could result in a loss of capacity and service users being out at risk as a result of their service being withdrawn at short notice. A significant proportion of Care at Home is externally provided and therefore difficulty in controlling provision of support and ensure most at risk are receiving care.</p> <p>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 and putting extra strain on other partnership services - especially the Hospitals.</p> <p>COVID impacting on Care Home and Care at Home providers both in terms of patient risk and staffing challenges.</p> <p>update 13/06 post covid Care Homes and Care at Home providers continue to struggle to ensure staffing and skill mix. - remains the same November 2022</p> <p>Capacity in partnership and purchased services. In particular, there are risks in relation to staffing shortages and capacity challenges of care at home providers in East Lothian, which potentially leave vulnerable adults at risk of not receiving their care at home support.</p> <p>No providers imminently about to collapse - 16/06</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 Care at Home to provide support with improvement planning. Establishment of daily Care at Home Huddles. 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 at 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 (CI 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. 118 Workforce plan in place. Direct financial support to providers through SG sustainability payments. Increase in review of individual services to ensure only care required is being delivered. Workforce planning - another review in line with care inspectorate. Block contract funding arrangements to improve recruitment / clustering of providers & cluster packages to sustain care. Lone working arrangement / resilience devices are being actively managed and risk assessed. Policy and procedures are being taken into account for post covid working arrangements. Regular updates from provider of care monitored through Care at Home and Oversight Groups. Continuing to recruit to H2H and homecare. Increased hours and will continue to recruit and maintain equilibrium increasing capacity of internal home care service. 	Medium 8	Medium 6	<p>Wilson, Fiona M</p> <p>Project team in place and a Care at Home Change Board in place to oversee the governance of the procurement - LK 16/8/22</p> <p>Another provider McSense has stopped delivering CAH and services transferred to internal service. Continued monitoring with move to pro active removal of failing provider. Only 3 older people providers left with one causing concern. LK 26/4/23</p> <p>Procurement of care @ home project in place to move services for failed provider - LK 3/11/22</p> <p>Providers continued to be monitored and transfers of services supported.</p> <p>Increased quality monitoring in place with external provision. LK 9/2/23</p>	01/03/2024
3913	Lone Working	<p>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.</p>	<ol style="list-style-type: none"> Lone working procedures and safe working practices are in place within NHS in line with the NHS Lone Worker policies. Social Work procedures are being developed and devices are being issued across teams where a need has been identified. Operating arrangements are reviewed regularly in team meetings and as a whole partnership. Information on Lone Working Policy is part of the Service Level Induction process. All staff and new recruits undertake training, as required. Respite Carers/Share the Carers have a robust support network and intensive support from their Supervising Social Worker. Alarms installed in work premises used by staff to interview/meet with clients. Significant Adverse Event Procedure is in place to identify cause, effect and learning. A Potentially Violent Clients Register has been set up which enables the sharing of information relating to potentially violent clients across customer facing teams allowing managers to identify and implement control measures to protect employees from potential harm. Mosaic client database reviewed to refresh (red flat clients). 	Medium 8	Low 3	<p>Wilson, Fiona M</p> <p>20/7/19: Algorithms shared between Health & Social Care. Joint Health & Safety meeting held monthly, issue of lone working discussed regularly.</p> <p>19/12/19: Trish Carlyle is leading on this for social care. Carol Jenner confirmed that they are working to having the same approach as health. Joint Commissioning Group have given approval to go ahead with draft policy procedure and planned sign-off will be in Quarter 1 2020. Lesley Berry/Lorraine Cowan discussing health policy and are in discussion re agreeing one process for ELCH.</p> <p>10/2/20: ELC plan to roll out training of Reliance devices in February 2020 and will ask company for delivery of devices soon. Staff training needs are being collated and will be rolled out either via e-learning or paper based training. Additional training (Personal Safety and Conflict Management Training) would be given to all staff. This needs to be looked at again in light of Covid (i.e. the lack of training resources / unable to deliver classroom based training). Can we source an on-line training module?</p> <p>Managers and Team Leaders will need to be trained in using the Sphera Cloud system for risk assessment, recording and reporting incidents.</p> <p>We anticipate each team will have a "Champion" who will assist with the roll-out of policy and procedures (not yet finalised or signed off) and devices.</p> <p>Once the policy and procedures have been implemented, each team manager will be responsible for their team's adherence to lone working policy and procedures.</p> <p>Important note: the LW Policy and Procedure has not yet been signed off. Amendments are being made to the draft document, to take account of changes to the way we work in the light of Covid.</p> <p>Carol Jenner in process of completing the ELC policy and sign off by end of fiscal year and roll out progressing well (Care @ Home ELC staff full roll out completed and administration of devices handed over to Druherford October 2022 - Cat Cockburn 8/11/22)</p> <p>NHS lone worker upgraded devices being rolled out across ELHSCP - Gordon Gray supporting the administration of planned training and device issue</p> <p>Draft policy for Social Work and Social Care tabled at JCO/PP - comments sought and costs for Lone Working alarms have been sourced. Update requested from Carol Jenner. 12/07/19: Carol Jenner provided update that draft policy & procedure has been shared with managers and consultation process is now closed. Her next actions are to 1. Make changes to Policy & Procedures in line with comments received (by 19th July) 2. Communicate roll-out of Policy & Procedures and training (by mid-August - tbc). 19/11/19: Devices procured and training is being rolled out</p> <p>23/11/20: lone working policy rewritten and requires sign-off (check if CMT) - devices all purchased and currently rolling out to Duty and MHO teams. Phase 2 will be generic adult social work teams. Daily 10.30 workforce check-in with supervisors in place for monitoring of direct teams. Next stage is approval of policy and final roll out.</p> <p>Carol Jenner in process of completing the ELC policy and sign off by end of fiscal year and roll out progressing well (Care @ Home ELC staff full roll out completed and administration of devices handed over to Druherford October 2022 - Cat Cockburn 8/11/22)</p> <p>NHS lone worker upgraded devices being rolled out across ELHSCP - Gordon Gray supporting the administration of planned training and device issue</p> <p>the AW Lone Working Policy draft doc will be completed by end March 2023, anticipate sign off by end April 2023; Next phase of roll out across remaining teams (Review Team; brokers; strategy; admin, etc) to commence March 2023. - Carol Jenner 15/2/23</p> <p>C Jenner expected to ELC Lone Worker policy completed by end April 2023.</p> <p>Home Care & ECS ELC devices roll out complete and Admin maintenance now with this service. ELC devices for ASW in progress and OT Teams roll out in progress.</p> <p>NHS Device replacement scheme for NHS ELHSCP staff is now in progress 187 devices issued, 17% completed issue & NHS Training. NHS Lone worker policy & training in place. As per Q4 ELHSCP H&S Committee meeting update 19/04/2023 - Cat Cockburn</p> <p>Roll out of lone working devices is progressing; focus is currently on roll out to Adult Social Work teams, i.e. teams managed by Graeme McLean and Rod McKenzie.</p> <p>The draft LW Policy, draft LW Procedure and draft Safe and Well procedure are almost complete and will be shared with managers for feedback by end May. - Carol Jenner 11/5/23</p> <p>The draft Operational Procedure and Handbook is almost complete. Carol in final stages and will have this signed off by GMS. Date tbc. It has been 'approved' by Reliance, the organisation which supplies our LW devices and provides our LW Service. We are waiting for feedback from Health and Safety colleagues.</p> <p>Carol Jenner 15/8/23</p> <p>12/07/19: Carol Jenner provided update that draft policy & procedure has been shared with managers and consultation process is now closed. Her next actions are to 1. Make changes to Policy & Procedures in line with comments received (by 19th July) 2. Communicate roll-out of Policy & Procedures and training (by mid-August - tbc). 3. Confirm number of Reliance devices required and place order via ELC procurement procedures (by 19th July) 4. Contact Reliance and discuss / schedule the arrangements for them train our staff on use of devices (by 19th July).</p> <p>23/12/19: Training to be rolled out February 2020.</p> <p>060622 - data gathered by Michelle Williams for AHP staff requiring Reliance devices</p> <p>Carol Jenner in process of completing the policy and sign off by end of fiscal year and roll out progressing well (Care @ Home ELC staff full roll out completed and administration of devices handed over to Druherford October 2022 - Cat Cockburn 8/11/22)</p> <p>the AW Lone Working Policy draft doc will be completed by end March 2023, anticipate sign off by end April 2023; Next phase of roll out across remaining teams (Review Team; brokers; strategy; admin, etc) to commence March 2023. - Carol Jenner 15/2/23</p> <p>C Jenner expected to ELC Lone Worker policy completed by end April 2023.</p> <p>Home Care & ECS ELC devices roll out complete and Admin maintenance now with this service. 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4695	Mental Health and Substance Use Services	<p>East Lothian requires to apply for a home office license for the storage of controlled drugs within the Esk Centre, Musselburgh</p>	<p>The East Lothian Substance Use Service who are required to store Controlled prescribed drugs within the Esk Centre, Musselburgh will adhere to Medicated assisted Treat Standard Operating procedure 2 and ensure that the following is applied:</p> <ul style="list-style-type: none"> All controlled drugs will be appropriately stored in the recommended and approved medication locked storage cupboards All staff will order, monitor and dispense controlled drugs in adherence with NHS Lothian Controlled drugs policy and procedures East Lothian HSCP is progressing with application through the Home Office to obtain a home office license for No 11 	High 12	Medium 6	<p>Wilson, Fiona M</p> <p>East Lothian HSCP to apply for a home license and this will be progressed once responsible person has had an enhanced disclosure updated. To discuss with HR</p> <p>No update - progressing well - GN 2/5/23</p> <p>Met with the lead substance use pharmacist and before we can apply for the licence we had to ensure PVGs update to date. Service liaising with PVG and then East and Mid will apply at the same time. Hopefully be completed by end of October 2023. GN 4/8/23</p>	31/03/2024
5481	NCS	<p>Draft bill has been proposed by SG with limited details which is leading to uncertainty in future delivery of services both commissioned and internal services.</p> <p>NCS lacks clarity in impact on staffing which is causing anxiety in an already fractured staffing cohort.</p> <p>NCS also risks:</p> <ul style="list-style-type: none"> Fragmentation of health services Poorer outcomes for people using health and social care services Unclear leadership and accountability arrangements Poorer professional and clinical care governance arrangement Loss of local and democratically accountable delivered services. 	<p>Significant engagement in from ELHSCP and IJB into SG consultations and engagements events.</p> <p>Increased communication to staff re the feedback being given to SG on draft bill.</p> <p>Engaged with LA, NHS, Cosla and other partners to ensure ELHSCP are informed of developments of NCS and prepare accordingly.</p>	High 12	High 12	<p>Wilson, Fiona M</p> <p>CD engaging with the Scottish Government and inputting to the consultation - 16/8/22</p> <p>CD meeting Scottish Government Officials again on 31st July - FW 12/7/23</p> <p>National announcement confirmed in July 2023 that local authorities and NHS boards would share accountability for social care and social work support. Under this proposal, local authorities keep service delivery functions, staff and assets. LK 22/8/23</p>	31/12/2023

5478	Partner agency delivery challenges	<p>Each Partner agency has arrangements in place, with challenges with resources subject to ongoing operational issues.</p> <p>East Lothian Council has a range of back office departments which support the HSCP; a number of these departments are declaring business continuity status.</p> <p>NHS Lothian is escalating significant risk regarding hospital flow and occupancy. The HSCP is required to ensure an ongoing response to the crisis. This is diverting resources.</p>	<p>NHS is managing through quarterly performance meetings, CMT bi-weekly meetings and CMT system pressures</p> <p>ELC is managing through CMT and the discussions of of risk registers</p>	High	12	Medium	4	<p>Wilson, Fiona M</p> <p>ELC finance back in business continuity - Chief Financial Officer is working with the Director of Finance for East Lothian Council on agreeing financial reporting processes, to support the HSCP during workforce issues within ELC finance team - IG 4/5/23</p> <p>ELC principal accountant recruited to Q1 financial forecast received from ELC in July 23. Additional recruitment within the HSCP for HSCP local finance manager. - UK 22/08/2023</p>	31/03/2024
5479	PCIA	<p>Risk that the primary care infrastructure and real estate wont be developed because of the lack of funding.</p> <p>It impacts on the partnership in 3 ways</p> <ol style="list-style-type: none"> 1- It presents a risk that patients will not receive GMS care 2- It may limit the HSCP to implement the PCIP or provide services accessible across East Lothian 3- It may limit the opportunities to provide primary and community care to respond to a growing and ageing population 	<p>HSCP highlight risks to NHS as capital funding is not delegated to the HSCP.</p> <p>Strategic assessments reviewed and updated annually to inform prioritisation process.</p> <p>We can argue that the risk has fallen slightly because NHS Lothian has now competed the prioritisation exercise for all primary care developments identified across Lothian but the risk still remains because of the significant uncertainty over the capital funding from Scottish Government</p>	High	12	Medium	9	<p>Wilson, Fiona M</p> <p>Demographic growth now features on UB risk register - SO July 2023</p> <p>The East Lothian Council Housing Land Audit is reviewed by the HSCP. The current published audit is from 2022 and housebuilding impact on General Practice premises has been reviewed. The 2020 UB Primary Care Premises strategy remains relevant based. This action will be reviewed following publication of the 2023 HLA. Jamie Megaw 15/8/23</p> <p>Some services in the PCIP have been developed to provide direct access for patients with an initial telephone consultation or access to a service out with a practice building. The HSCP continues to use the Edingburgh hospital as a primary care hub and space in the Belhaven has been identified to provide a vaccination clinic from. Work is also underway to provide a Medicines Reconciliation hub in the pharmacotherapy team which will offer a remote service to augment the practice-based model for the current pharmacotherapy team. Jamie Megaw 15/8/23</p> <p>Use of MPCC to change to provide weekend vaccination service for the winter 2023 programme. Further opportunity to develop evening and weekend services are limited due to funding. Accommodation review commissioned in HSCP and will consider opportunities to use specific clinical rooms more effectively during Monday to Friday by increasing the length of clinic days that can be booked. Jamie Megaw 15/8/23</p>	31/03/2024
3915	Public Protection - Risk of Harm	<p>The Council has a legal responsibility to address concerns that may require a Child or Adult protection response. The Council also has an obligation to manage offenders through the Justice Social Work service and contribute to MAPPA arrangements.</p> <p>It should be noted that by the very nature of the work involved in Child Protection, Adult Protection, management of offenders and people experiencing domestic abuse this is a high risk business even with all the controls and measures in place.</p> <p>Any failure to adequately respond to concerns may negatively impact on children and adults, who may be at risk of harm. This could also result in serious harm/death to an individual/s, prosecution, having to pay compensation and have a negative impact on the reputation of the Council.</p> <p>A failure to secure efficient and effective Public Protection arrangements, covering Child Protection, Adult Support and Protection, local MAPPA arrangements, Violence against Women and Girls (VAWG) and Substance Misuse services, may see the Council being unable to fulfil its statutory duties/duty of care which could contribute to a service user suffering harm/death or detriment. This would in turn result in reputational damage to and increased scrutiny of the Social Work services.</p> <p>There are continuing issues with the delivery of Social Care Services within the Care Home and Care at Home sector. There is the potential for a service failure which could place vulnerable adults at risk of harm.</p> <p>There has been a long standing waiting list for an Outreach Service from Women's Aid Mid and East Lothian which is the specialist service provider for Women experiencing or having experienced domestic abuse. There is a funding gap created by non-recurring revenue streams and increased demand.</p> <p>In the context of rising demand for domestic abuse supports in the county, the council's arrangements for delivering Equally Safe, the national strategy to eradicate violence against women and girls requires a stronger strategic and partnership focus. Without this, East Lothian will not reduce the numbers of people experiencing harm through domestic abuse.</p> <p>Police Scotland had proposed unilateral changes to information sharing arrangements within MAPPA that would have had serious repercussions for the safe operation of MAPPA and the council's ability to deliver its duties as a responsible authority. Whilst the imminence of this risk has been reduced by extending the deadline for the change, the underlying barriers have not been resolved and some uncertainties remain around operational joint working between ELC and Police Scotland. East Lothian has no access to VISOR.</p>	<p>Strategic Structure</p> <p>The East and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of policy and practice in relation to Adult Protection, Child Protection, Offender Management and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups which meet quarterly:</p> <ul style="list-style-type: none"> • Performance and Quality Improvement sub-group maintains overview of work through the door and performance in relation to CP and ASP work • Learning and Practice Development sub-group takes forward our 2021-23 strategy for Multi-agency training, and oversees our training programme. Training needs on aspects of Public Protection are considered by this group and are informed by Training Needs Analyses undertaken by the East Lothian Workforce Development Officers in Children's Services and the HSCP. • VAWG delivery group keeps oversight of services for gender based violence • East and Midlothian MAPPA Group (EMMG) oversees MAPPA arrangements. <p>Critical Services Oversight Group (CSOG), Provides governance and leadership of EMPPC on a quarterly basis</p> <p>Marac (Multi-agency risk assessment conferences) continues to operate on a four weekly basis, by Microsoft Teams, with additional meetings scheduled to respond to increase in demand, ensuring that the needs of and supports to highest risk victims of domestic abuse are planned for on a multi-agency basis.</p> <p>East Lothian S&T implementation group will continue to meet to review and maintain oversight of training and embedding S&T in practice in East Lothian. This will also be monitored via EMPPC Learning and Development Sub-group.</p> <p>A Joint Strategic Needs Assessment for Public Protection has been developed and is being reviewed by CSOG. This projects increased demand for services and makes a number of recommendations for the future delivery of Public Protection services.</p> <p>ELC H&SCP Management attend NHS Gold meetings where the capacity gap is detailed and set in the context of the wider system risk caused by challenges facing NHS Lothian acute sites</p> <p>ELC H&SCP have monthly Care at Home Oversight Group Meetings to monitor the levels of provision of essential care at home. The council's CSWO attends this meeting to ensure discharge of assuring the quality of care. This will remain in place until there is assurance of stability.</p> <p>Care at Home service provision continues to be monitored via East Lothian and Midlothian Public Protection Committee and Critical Services Oversight Group which both meet quarterly.</p> <p>A risk management tool has been developed in relation to Care at Home to provide consistency in how the providers are assessing their capacity to respond and deliver their required level of service.</p> <p>Policies, Protocols, Procedures and Guidance are in place, subject to ongoing review and update and available on Public Protection website: www.emppc.org.uk.</p> <p>Chief Social Work Officer (CSWO) fulfils statutory role and responsibilities, overseeing and reporting on Public Protection issues to Chief Executive and Elected Members, reporting annually to Council giving oversight of Public Protection performance including assessment of risks and pressures.</p> <p>The Council continues to work towards delivering the UK Government's Counter Terrorism strategy, known as CONTEST, of which Prevent is a key element. EMPPC has a Prevent referral pathway which has been reviewed.</p> <p>The Lead Officer for Adult Protection leads the Council Officer forum, to support learning and practice and process consistency in Adult Protection.</p> <p>All Regulated Services e.g. Care homes for older people, residential units for young people, Schools are inspected by Care Inspectorate and Education Scotland. Improvement plans are implemented following all Regulated Services inspections. A weekly Care at Home Oversight Group has been established to oversee and manage risks in relation to staffing</p> <p>Both the Lead Officer for Child Protection and Adult Protection participate in the Inter-agency Referral Discussion Overview Group, which reviews and provides quality assurance of the decisions taken to manage vulnerable children and adults risks.</p> <p>The CSWO is chair of the local Strategic Oversight Group for MAPPA and actively involved in national and local discussions around MAPPA information sharing, supported by ELC legal and justice services. The East and Midlothian MAPPA Group provides oversight and assurance of local MAPPA performance and practice.</p> <p>The CSWO remains actively engaged in national meetings aimed at achieving a long-term solution to the MAPPA information sharing / VISOR issue ahead of the implementation of the replacement system MAPPS. The CSWO will continue to provide regular assurance of the safety of MAPPA practice to the CEO.</p> <p>The CSWO and Chief Executive are fully sighted on the current situation regarding VISOR. Access to VISOR requires Non-Police Personnel Vetting L2 or L3 and this is a highly intrusive process and colleagues in legal, Information Governance and HR have advised that JSW staff cannot be instructed to undertake this vetting and have confirmed that JSW need access to the information that VISOR holds only, not the system itself, to fulfil their duties under the Management of Offenders (Scotland) Act 2005 on which MAPPA is based.</p>	High	12	Medium	8	<p>Wilson, Fiona M</p> <p>Awaiting outcome through PPC - IG January 2023</p> <p>No update for FW to own - awaiting output (June) - IG 4/5/23</p> <p>CSOG has completed a strategic needs assessment and are now reviewing the role and function of CSOG with a view to improving local public protection strategic processes. This work is being supported by the Care Inspectorate who have facilitated development workshops with members. This work is ongoing. Review in 3 months - FW 20/7/23</p> <p>HSCP leads linking in with work through PPC - IG January 2023</p> <p>Ongoing to September 2023 - IG 4/5/23</p> <p>Update sought re: training - FW 12/7/23</p> <p>Review of CP function underway - IG January 2023</p> <p>This is continuing to September 2023 - IG 4/5/23</p> <p>The East Lothian Partnership's establishment of the new Community Safety and Justice Partnership, and creation of its 3 supporting groups - Community Safety Group, Community Justice Group and Equally Safe Group - will see a renewed focus on community safety and justice priorities during 2023/24. - Risk reviewed by Director of ELHSCP and CSW - September 2023</p>	30/06/2023
3918	Regulatory Inspections	<p>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.</p> <p>Anticipate joint inspection of adult support and protection within the financial year.</p> <p>Partnership plans are progressing in anticipation of joint inspection of ASP currently reviewing available evidence and preparation of draft position statement</p>	<ol style="list-style-type: none"> 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. 7. H&SCP Clinical & Care Governance Committee has been established to monitor effective implementation of all improvement plans ensuring practice improvement is embedded. 8. Quality and Service Improvement Manager now in post and progressing evidence based record on continuous improvement. <p>Preparatory activity for inspection is underway.</p>	Medium	6	Medium	6	<p>Wilson, Fiona M</p> <p>Eskgreen and Abbey site reviews completed. Works completed to meet requirements.</p> <p>Eskgreen site medium term plan being taken to council for approval to progress - IG 1/11/22</p> <p>Inspections and action plans have been developed on all sites to address any shortfalls - LC 1/11/22</p> <p>A Care Inspectorate visit was carried out on 30 May 2022 and highlighted significant concerns regarding the condition of the building at Eskgreen. And asked that an action plan be developed to outline the long term provision of refurbishment upgrades across the home.</p> <p>This was actioned and a thorough assessment of the building took place.</p> <p>As well as looking at refurbishment plans, options were also considered to identify relocation proposals for Eskgreen residents within other care home facilities on either a temporary or permanent basis.</p> <p>Options were submitted to Elected Members on Tuesday 12 December 2022 where it was agreed that the option that would provide the best level of long-term care would be to permanently relocate residents to existing care home facilities, and decommission Eskgreen as a Care Home facility.</p> <p>This work is ongoing and will be completed by April 2023.</p> <p>To date The Abbey has had alterations and upgrades as described below but the long term future of The Abbey will have to be reviewed as part of the ongoing re-design programme. Margaret Drew 22/2/23</p> <p>The Abbey was recently inspected and no environmental improvements have been identified by the Care Inspectorate. LC 2/5/23</p> <p>Eskgreen due to the environmental issues has now closed. The abbey has completed the work outlined at the last inspection in terms of all the environmental issues highlighted at the last inspection. LC 3/8/23</p>	01/10/2023
E412	Safe nursing staff levels	<p>There is a risk of insufficient nurse staffing levels caused by high level of sickness/absence: High</p>	<p>7.30am daily staff safety huddle, attend by ward and day services charge nurses, AHP, Nurse Practitioners, Site and Capacity and 2.45pm</p>	High	16	Medium	8	<p>Wilson, Fiona M</p> <p>Weekly operational meetings and oversight group set up to ensure assurance and governance MK Feb 2023</p> <p>ASP inspections progressing positively, report expected 29/5 subsequent action plan to be developed - MK 2/5/23</p> <p>ASP inspections completed. Post inspection - there requires to be an operational meeting to ensure completion of the ASP improvement plan and oversight of associated actions/ planning.</p> <p>This meeting now sits with the Public Protection office as the lead agency for the improvement plan. Graeme Mclean 25/7/23</p>	01/10/2023
E412	Safe nursing staff levels	<p>There is a risk of insufficient nurse staffing levels caused by high level of sickness/absence: High</p>	<p>7.30am daily staff safety huddle, attend by ward and day services charge nurses, AHP, Nurse Practitioners, Site and Capacity and 2.45pm</p>	High	16	Medium	8	<p>Wilson, Fiona M</p>	31/03/2024

412	Care nursing staff levels of inpatient ward areas	Vacancies, insufficient supply of registered staff. This could result in compromised patient safety, prolonged length, and unsatisfactory patient experience							31/03/2024
3914	Service Activity Pressures	<p>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 clients safety and independence, potentially generating reputational risk for East Lothian Council.</p> <p>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.</p> <p>COVID impacting service capacity by causing significant ongoing staffing pressures.</p> <p>This risk is managed by the IIB</p> <p>Care at home external provision remain static at significantly lower levels which impacts on risks and hospital discharges.</p>	<p>1. 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 IIB and include Primary Care, Shifting the Balance of Care, Adults with Complex Needs, Mental Health, Carers and Reprovisioning.</p> <p>2. 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.</p> <p>3. 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.</p> <p>4. Application of the Eligibility criteria has been reviewed and delegated authority implemented. Scrutiny of budget authorisations and analysis of trends through delegated authority.</p> <p>5. Self Directed Support (SDS) implemented and audited with action plan in place.</p> <p>6. 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.</p> <p>7. Strong relations with third sector organisations etc.</p> <p>8. A three year increased investment plan was agreed at the IIB 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.</p> <p>9. All funding of commissioned provision has undergone a Strategic Fit and Best Value review. This includes Integrated Care Fund funding and services.</p> <p>10. Three year budget efficiency plans developed for implementation from 2019 - 2022.</p> <p>11. Services forecast trajectory of need across all Care Groups to inform service development and financial planning.</p> <p>12. Recovery Plan is in place.</p> <p>13. Financial overview regularly considered short, medium and long term measures for resourcing.</p> <p>14. Resource allocation system - delegated authority is in place.</p> <p>15. Community transformation approved at IIB summer 2021 - adults of carers change board overseeing.</p> <p>16. ICAT forum continues to ensure resources are deployed effectively as possible.</p> <p>Care home placements for older people restricted by this sector recruitment and retention.</p>	High	12	Medium	9	<p>Wilson, Fiona M</p> <p>02/07/19: Report feedback 4/7/19. Action plan implemented and to be reviewed 6 monthly.</p> <p>8/7/20: Will be reviewed by end January 20 and updates communicated.</p> <p>22/09/21: Review of SDS - met some level of need. Progress of SDS put on hold to mitigate risk - not completed due to Covid & agreement of realistic resources.</p> <p>10/8/22 - SDS Action plan requires re-visiting to identify outstanding and new actions. MK</p> <p>Christine Johnson to scope out what o/s actions there are - MK 11/5/23</p> <p>Operational staff met with planning and performance staff to see what had been progressed and what is outstanding regarding the SDS action plan. Requirement for GM of P&P and ASW GM to look at the resources required to who will take forward - LK 22/8/23</p> <p>August 2022 - papers presented to IIB in June 2021 and a set of principles were agreed. Update on progress to be presented to SPG in August 2022 and then to IIB.</p> <p>Update on progress presented to SPG in September 2022 - IG 1/11/22</p> <p>A Care Inspectorate visit was carried out on 30 May 2022 and highlighted significant concerns regarding the condition of the building at Eskgreen. And asked that an action plan be developed to outline the long term provision of refurbishment upgrades across the home.</p> <p>This was actioned and a thorough assessment of the building took place.</p> <p>As well as looking at refurbishment plans, options were also considered to identify relocation proposals for Eskgreen residents within other care home facilities on either a temporary or permanent basis. Options were submitted to Elected Members on Tuesday 12 December 2022 where it was agreed that the option that would provide the best level of long-term care would be to permanently relocate residents to existing care home facilities, and decommission Eskgreen as a Care Home facility.</p> <p>This work is ongoing and will be completed by April 2023.</p> <p>To date The Abbey has had alterations and upgrades as described below but the long term future of The Abbey will have to be reviewed as part of the ongoing re-design programme. Gillian Neil 27/2/23</p> <p>No further update IG 4/5/23</p> <p>10/8/22 - IRISS will provide report covering summary of activity with the service over past 12 months. Revisions to process and paperwork are at an advanced stage. The intention is that a 'test' phase will commence in October 2022. MK</p> <p>Test phase commence in line with new MOSAIC developments - IG 1/11/22</p> <p>IRIS project coming to and end and due to be completed 31/3/23. final report will be prepared and made available specific changed to MOSAIC processes will go live with upgraded system - MK February 2023</p> <p>Concluded as of 31/3/23 await final report MK 2/5/23</p>	31/12/2023
5696	Sustainability of General Practice in East Lothian	<p>There is an increased risk that General Practice in East Lothian is unsustainable because of increasing demands (population growth, demographic growth and more failure management due to constraints in the wider health system) and restricted resources (partial delivery of 2018 GMS Contract) available to respond to these demands.</p> <p>This will lead to reduced access for patients, reduced provision of service and may lead to the return of one or more contracts to NHS Lothian by General Practices. It may also lead to NHS Lothian and the IIB failing to provide access to GMS services for all residents in East Lothian.</p>	<p>GMS contact, associated national and local enhanced services commit funding to General Practices to provide service</p> <p>PCP funding to provide services to transfer work from general practice teams (impact of control is limited due to national funding and workforce so has not fully supported the ambitions of the 2018 GMS contract)</p> <p>Regular contact with General Practices and representatives (Informal GP Reps meeting, Practice Reps meeting, Practice Managers' meeting Primary Care Change Board, communication channels with practices (e.g generic mailbox, direct contact with HSCP staff)</p> <p>GPAS report (organised by LMC for practice teams to self report on pressure and workload)</p>	High	12	Medium	8	<p>Hood, David - SHOULD BE FIONA?</p>	
5413	Water Quality	<p>Belhaven Community Hospital not in use and services within the Edington have stopped using and water.</p>	<p>Lorraine Cowan working with NHS infection prevention control team to progress the the media works required for Belhaven Hospital and Edington Hospital.</p>	Medium	8	Medium	4	<p>Wilson, Fiona M</p> <p>Work commenced across site to improve plumbing to address the issues. General upgrade has been agreed and will commence from January 2023.</p> <p>All patients decanted to Ward 6 within the ELCH and a plan has been developed to return to the base hospital unit from Mid January 2023. LC 1/11/22. A programme of work was developed to address the water quality and asbestos found. Work will be concluded by the middle of January and staff and patients scheduled to move back on the 16th of January 2023.</p> <p>Edington issues have been resolved and all services have been reinstated. LC 22/12/22</p> <p>Estates have developed a schedule of works that has addressed the water quality issues at Belhaven. The work within ward one has been completed and the residents moved back to Blossom house on the 19th of January. Work on ward 3 has commenced and will be completed by the end of February to allow ward 3 to re-open. LC 23/01/23</p> <p>Issues in the Hub being rectified and set to open in 6 weeks time. LC 2/5/23</p> <p>The only area in the hospital left to have work completed is the HUB. Work has commenced within the hub which should be completed by the end of October 2023. LC 3/8/23</p> <p>Work on ward 3 is completed</p> <p>Work on the Hub (what was Ward 2) has commenced. Due to the need to order parts this will add circa 6 weeks to the lead-in time for it to be ready for occupation. Current expected date for the Hub to be functional is the end of October 2023 - Gordon Gray 22/8/23</p>	31/11/2023
								<p>Communication with staff, relatives and clients ongoing - IG 1/11/22. Communication with patients and relatives continued throughout the work, meetings were held with patient and relatives throughout the process. A newsletter was developed to continue ensuring that information was being given throughout the process, especially regarding the festive period. LC 22/12/22</p> <p>Staff, resident and relatives engagement continued throughout the festive period and in to January, this was well received by everyone involved, feedback has been very positive and encouraging. A Video of residents moving back into blossom house has been developed and readily available for everyone to view, highlighting the many positive changes that have been made to the ward. LC 23/01/23</p> <p>Senior Communications Adviser continues to issue and update newsletter every 4 weeks to staff, residents and relatives to keep all well involved and updated. LC 2/5/23</p> <p>as above LC 3/8/23</p>	31/10/2023

Orthopaedic Rehab Pathway Ability to delivery orthopaedic rehab program for Lothian

Workforce
30 day length of stay

Drug-related deaths in EL Use of illicit drugs continues to put the lives and safety of young people and adults at risk, which may result in debt related violence or death.

Substance Use Services have successfully implemented Medication Assisted Treatment Standards 1- 5 offering:

- Dedicated contact service
- same day assessment and treatment,
- Robust non-fatal overdose pathway where assertive outreach nurses offer harm reduction and support
- Development of low threshold cafes

Effective multi agency working with Police Scotland, MELDAP, Substance Use, SW and other partners.

Effective communication shared with local communities and partners re recent risk of illicit substances available within East Lothain and risks associated with this

Clinical Care Governance