

**REPORT TO:** AUDIT AND GOVERNANCE COMMITTEE

**MEETING DATE:** 26 March 2024

**BY:** Chief Executive

**SUBJECT:** Health & Social Care Partnership Risk Register

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## **1 PURPOSE**

- 1.1 To present to the Audit and Governance Committee the Health & Social Care Partnership Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Health & 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 & Social Care Partnership Local Risk Working Group (LRWG).

## **2 RECOMMENDATIONS**

- 2.1 It is recommended that the Audit and Governance Committee notes the Health & 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 & Social Care Partnership risks 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 & 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 & 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 & Social Care Partnership Risk Register includes 15 High and 7 Medium risks. As per the Council’s Risk Strategy, only the 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 & 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 Appendix 1 – Health & Social Care Partnership Risk Register 2024

7.2 Appendix 2 – Risk Matrix

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<b>DATE</b>	14 March 2024	

ID	Title	Risk Description	Controls in place	Rating (current)	Rating (Target)	Risk Owner	Handler	Planned Control Description	Progress	Due date
5743	Drug-related deaths in EL	<p>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.</p> <p>Consumption of illicit drugs not only undermines physical health but also heightens the risk of encountering dangerous situations. Individuals involved in drug use can face spiralling debt that can escalate into violence. Desperation for funds to sustain a habit may drive individuals into criminal activities, increasing the likelihood of encounters with violence and even death.</p>	<p>Substance Use Services have successfully implemented Medication Assisted Treatment Standards 1-5 offering:</p> <ul style="list-style-type: none"> <li>•Dedicated contact service</li> <li>•Same day assessment and treatment,</li> <li>•Robust non-fatal overdose pathway where assertive outreach nurses offer harm reduction and support</li> <li>•Development of low threshold cafes</li> </ul> <p>Effective multi agency working with Police Scotland, MELDAP, Substance Use, SW and other partners.</p> <p>Effective communication shared with local communities and partners re recent risk of illicit substances available within East Lothian and risks associated with this</p>	16	12	Wilson, Fiona M	Whitehead, Guy	<p>Protocols - Protocols to be updated to ensure that local intelligence re local dealers and illicit substances is shared with the Police and other partners.</p>	<p>Police now able to share VPD directly with SUS, so health can provide early response and intervention. Helps SUS to meet the needs of more difficult to access patients.</p> <p>New B6 nurse based in criminal justice. A new post to support Social Work with their management of drug and alcohol issues, whether court mandated or otherwise. - GW February 2024</p>	31/03/2024
								<p>VPD Pathway - Implementation of VPD pathway where vulnerable persons identified by the police where there is use of alcohol or drugs, will be followed up directly with SUS offering harm reduction and assertive outreach.</p>	<p>Police now able to share VPD directly with SUS, so health can provide early response and intervention. Helps SUS to meet the needs of more difficult to access patients.</p>	31/03/2024
								<p>Implementation of MAT Standards 6-10</p>	<p>MAT standards 6-8 progress RAG rated green, 9-10 Rated rated amber. However all MAT standards progressing to delivery on schedule.</p>	31/03/2024
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 &amp; 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 &amp; 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> <p>Completed the review of CAH packages January 2024</p>	12	8	Wilson, Fiona M	Hood, David	<p>Alteration of the workforce model for delivery of care at home services including expansion of internal delivery.</p>	<p>Update from 15/2/24 (DH) - continual recruitment underway for care at home, recruitment events designed and held including media, open days etc to encourage applications.</p>	31/03/2024
								<p>SDS model - utilisation of SDS option 3 to support delivery of care at home.</p> <p>Social Work staff reviewing delivery of SDS option 1 and 2 to ensure there are robust processes in place to ensure safe guarding of individuals who choose to manage their own care. Refresh of guidance and training materials, review of existing option 1 clients.</p>	<p>Updated guidance issued to staff</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 &amp; Retention.</p> <ul style="list-style-type: none"> <li>- Challenges in recruiting staff.</li> <li>- Difficulty in retaining current staff within some departments in ELHSCP.</li> </ul> <p>Difficulty attracting nursing staff from acute services to community services.</p> <p>Failure to deliver safe, effective &amp; sustainable health &amp; social care services.</p> <p>Accommodation.</p> <ul style="list-style-type: none"> <li>- Challenge of moving to home working and the closing of office space doesnt support a reactive service or peer support.</li> <li>- Consolidation of building space to increase overall service delivery.</li> </ul> <p>Resulting in staff becoming disengaged with the Partnership and services it delivers.</p> <p>IT</p> <ul style="list-style-type: none"> <li>- Continued divide between employers IT systems.</li> </ul> <p>Resulting in:</p> <ul style="list-style-type: none"> <li>- Potential for unsafe practice.</li> <li>- Inefficient use of time / duplicate workload.</li> </ul> <p>Evidence of incorrect or late advice received from HR partners has delayed recruitment especially around legality of overseas candidates. Then within the controls put Improved relations and communication with HR partners and clearer processes and scrutiny to improve recruitment process in place.</p>	<p>-Development of the workforce &amp; action plan.</p> <p>-Workforce Steering group have regular meetings to monitor workforce challenges.</p> <p>-Rolling recruitment processes for some posts i.e home care / nursing.</p> <p>-Recruitment initiatives being developed.</p> <p>-Accommodation home working asset review.</p> <p>-Continued work with IT partners.</p> <p>-Further development of the ELHSCP organisation workforce development team.</p> <p>- AHP recruitment issue improving.</p> <p>- Nursing service developed and attracting new staff and aiding to recruitment.</p> <p>-Adult SW operating hybrid 50% office based approach model - limited to accommodation.</p> <p>- Implementation of workforce action plan ( 3 yr plan ) reliant on fair working practices.</p> <p>- all staff are instructed to complete mandatory learn pro training and this is monitored.</p> <p>A number of careers fairs have been hosted or attended.</p> <p>Increase in school leavers approaching ELHSCP for vacancies moving to ELHSCP being seen as Young Person Guarantee destination</p> <p>Links with QMU, schools and Universities.</p>	12	6	Wilson, Fiona M	Kerr, Laura K	<p>Recruitment &amp; Retention - Issues across recruitment and retention of staff across all services, HSCP, CAH, care homes, business support, provider and external issues.</p> <p>Close monitoring of workforce plans, individual workplans developed for each service area, Workforce steering group supporting workforce development.</p>	<p>Recruitment Campaign for CAH started October 2023 and due to be completed March 2024</p> <p>Training venues - Accommodation to be identified for the specific purposes of training/recruitment activities. Identify standalone facilities for training of all HSCP staff.</p> <p>Review of the iMatter returns with due date December 2023, training needs analysis completed and inductions now in place for new staff</p>	31/03/2024
5760	Lone Working Devices	<p>East Lothian Council and NHS Lothian respectively have legal duties under the Health and Safety at Work etc Act 1974; and Management of Health and Safety at Work Regulations 1999 to ensure the safety and welfare of anyone working within the East Lothian Health and Social Care Partnership as far as reasonably practicable. The law requires employers to consider carefully, and then deal with, any health and safety risks for people working alone. On this basis we need to ensure that consistent procedures are established and applied</p>	<p>East Lothian Council Lone Worker Policy for ELC employees</p> <p>NHS Lothian staff members are governed by NHS Lone Working Policy and Safe and Well Procedures</p> <p>The policies are very similar between NHS and FIC which will mean improved staff use</p>	16	8	Wilson, Fiona M	Kerr, Laura K	<p>Reporting/Compliance - Reporting of use and training compliance to be reported to H&amp;S committee for HSCP.</p>	<p>Report signed off and GM's at workforce steering group meeting</p>	31/07/2024

		across the Partnership teams to enable confirmation of lone worker locations and maintain ongoing contact; emergency escalation contact details are accurately maintained and can be used in the event of an incident; and that adequate lone working devices, and equipment, as well as training are provided to all lone workers, especially in case of high risk assessment outcomes						Implementation - General Managers to support implementation of lone working devices by July 2024.	In progress	31/07/2024
5715	Major Housing Adaptations	Private Sector Housing Grant 2023 and risks associated with the delivery of private sector adaptations carried out by Care and Repair.  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.  Should no major adaptations be carried out between July 2023 and March 2024, East Lothian Council and IJB will be failing to meet their statutory duties under Housing (Scotland) Act 2006 and the Public Bodies (Joint Working) (Scotland) Act 2014.  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.	Revision of OT criteria on life and limb basis.  26.10.23 Updated Occupational Therapy practice guidance, adapted Eligibility Criteria and other mitigating actions taken by OT service (including regular review of those awaiting adaptation and setting up an Adaptations Panel to ensure appropriate governance) presented to and agreed at IJB.  Monthly meetings in place between OT Service, Housing and Care & Repair service. Regular updates provided to all relevant agencies should RAG rating change)  Communication issued to ensure all applicants are aware with ongoing support and advice in place from C&R.  Monthly meetings with Housing, Care & Repair and OT service now in place.	15	12	Wilson, Fiona M	Berry, Lesley	Interim review of Care & Repair - currently in process - planned for 2024.  <b>Care &amp; Repair, Housing Managers and Occupational Therapy Team Managers meeting every two weeks to risk manage the waiting list for adaptations.</b>	Work ongoing to review those waiting for adaptations.  Regular meetings in place with Care & Repair, Housing and Finance colleagues to monitor the budget and adaptations in progress.  Adaptations panel meeting on a regular basis to discuss those with a critical need requiring an adaptation.  Interim Review of Care & Repair planned for 2024-25. Housing Strategy team are co-ordinating this work.	31/03/2024
								EMT Report - presented and recommended actions from this meeting informed revision of OT Practice guidance and other actions noted above being presented to IJB.  Members Library Report drafted and to be presented to IJB in December by Head of Housing.	Members Library report was presented to the IJB in December 2023 by Head of Housing noting mitigating actions taken by Housing and OT.  OT Practice Guidance has been reviewed.	31/03/2024
4695	Mental Health and Substance Use Services	East Lothian requires to apply for a home office license for the storage of controlled drugs within the Esk Centre, Musselburgh.  <b>A home office license for controlled drug storage is imperative to ensure public safety. Regulating the storage of such substances within community environments is essential to prevent unauthorised access, misuse, or potential criminal activities. This licensing system establishes clear guidelines, safeguards, and accountability, mitigating the risks around access.</b>	The East Lothian Occupation 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:  •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	12	6	Wilson, Fiona M	Whitehead, Guy	Home license - 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  Audit - East and Mid to liaise with controlled drug team to undertake an audit to ensure fully compliant as it is likely that once application is made, we will be inspected.	HR person allocated to support service through the process. <b>To be noted this is a lengthy process ultimately dependent on the Home Office.</b>  In progress and Lindsay Callander taking forward due to be completed by 31/3/24.  Update 9/2/24 – SUS have audits ongoing underpinned by MAT standards and targets. <b>No further update.</b>	31/03/2024
5481	NCS	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.  NCS lacks clarity in impact on staffing which is causing anxiety in an already fractured staffing cohort.  NCS also risks: •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.	Significant engagement in from ELHSCP and IJB into SG consultations and engagements events. Increased communication to staff re the feedback being given to SG on draft bill. Engaged with LA, NHSL, Cosla and other partners to ensure ELHSCP are informed of developments of NCS and prepare accordingly.	12	12	Wilson, Fiona M	Hood, David	Scottish Government - communication between SG and HSCP's/Chief Officers.	CO engaging with the Scottish Government and inputting to the consultation - 16/8/22 CO meeting Scottish Government Officials again on 31st July - FW 12/7/23  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.	31/03/2024
5744	Orthopaedic Rehab Pathway	Ability to delivery orthopaedic rehab program for Lothian  As part of the Elective Recovery Programme to expand unscheduled ortho rehab capacity and ring fence elective orthopaedic capacity, funding was allocated to ELHSCP to provide an orthopaedic rehab ward within ELCH to support flow across Lothian in collaboration with all 4 HSCP's.  Due to the current recruitment and retention challenges, a phased approach to the opening of beds has been required to ensure safe staffing levels. The number of beds we were able to open took longer than planned. 8 beds 14 beds 18/12/23 16 beds 15/01/24 20 beds 29/01/24  Risk/Impact: reduced elective capacity, unable to reduce waiting times/list, reallocation of funding, reputation and increased health and social care needs.	Phased approach to increase in bed base and as of Jan-2024, bed base has increased to 20. Working closely with orthopaedic trauma at RIE to streamline pathway to ensure those suitable for intensive rehab are identified and agree to the transfer to ELCH. There have been a number of patients from Edin and Mid refusing to 1/1 but this has improved in Q4 and is being monitored. LOS - standard set at 30 days and currently average LOS is 26. RIE project Team to analyse data tounderstand impact ward 5 is having on additional elective capacity. Ongoing recruitment underway and it is anticipated that ward 5 will increase beds to 24 within Q4.	12	9	Wilson, Fiona M	Neil, Gillian	Recruitment - Looking at opportunities to improve recruitment  Skill mix - Looking at opportunities to develop skill mix with existing staff  Managing sickness - Looking at ways to improve/manage sickness  Length of stay - Ensuring the length of stay report is accurate.	Recruitment improved, recruitment fair in February went well which has allowed increase of bed base to 20. February 2024 update  Review of ward establishments being completed and working with Chief Nurse to consider skill mix, which supports further trianing and career progression.  Panel has been established within inpatients and has seen a reduction in sickness absence rate. Work being progressed with Senior Charge Nurses so robust sickness mgt process in place  The overall length of stay is 26 but those that go into the ward that go home is 24 days. Work ongoing to make sure the report for length of stay is accurate. February 2024 update	31/03/2024
5777	Out of hours and weekend decision making	Out of hours and over the weekends the clinical decision making sits with the nurse practitioners with support from hospital at night and medicine of elderly on call. We are concerned about the level of clinical decision making and risk assessments that we are asking them to make do due to the acuity of patients.	Work in progress to understand and analyse the acuity of patients on site and clinical decision making taken by NP OOH and over weekend. This includes audit of clinical weekend handover sheets, HAN activity to support ELCH and acuity of patients. Lead ANP shadowing NP staff. Meetings in place with medical staff and nursing staff. Chief Nurse supporting Lead ANP to ensure training and ongoing learning and development plan in place.	15	9	Wilson, Fiona M	Neil, Gillian	Communication - liaising with Chief Nurse and Clinical Director. Data and case examples are being gathered and paper will be written to support further discussion and to inform options.	Medical staff ensuring clear plans and escalation plans are written up to support OOH and weekend cover. In discussion with medical staff and Lead ANP to consider affordable and safe options.	31/03/2024

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>	12	4	Wilson, Fiona M	Hood, David	<p>Influence of risk - Unfortunately we cannot influence this risk as its reliant on other services however we do continually work with the services for feedback/updates.</p>	<p>Update 16/2/24 (DH) - A number of services within East Lothian Council remain under business continuity measures and reviewed regularly through CMT (Corporate management team) and mitigation in place to ensure essential services continue. Essential support continues.</p>	31/03/2024
								<p>Pressures - Pressures on hospital capacity</p>	<p>Daily measures and monitoring measures in place including daily activity huddle and teams responding to daily challenges and prioritising capacity and resource accordingly.</p>	31/07/2024
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"> <li>1- It presents a risk that patients will not receive GMS care</li> <li>2- It may limit the HSCP to implement the PCIP or provide services accessible across East Lothian</li> <li>3- It may limit the opportunities to provide primary and community care to respond to a growing and ageing population</li> </ol>	<p>HSCP highlight risks to NHSL as capital funding is not delegated to the HSCP.</p> <p>Strategic assessments reviewed and updated annually to inform prioritisation process.</p> <p>NHS Lothian has now completed the prioritisation exercise for all primary care developments identified across Lothian</p> <p>Significnat increase in uncertaining due to communication from Scottish Government there is no capital funding available for two years. HSCP has no assurance there will be funding availbe implement the 2021 Primary Care Premises Strategy</p>	12	9	Wilson, Fiona M	Megaw, Jamie	<p>Annual assessment of future population growth by HSCP to re-evaluate impact on General Practice premises</p>	<p>Demographic growth now features on IJB risk register</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 IJB Primary Care Premises strategy remains relevant based. This action will be reviewed following publication of the 2023 HLA.</p> <p>The audit regarding population growth is still to be received. Key risk is Musselburgh, patients need to register with Inveresk but cannot accommodate population growth. JM continuing to meet quarterly to monitor registrations. Other risk is re: capital funding and uncertainty.</p>	31/03/2024
								<p>Reduce demand for clinical space within practice buildings through development of remote service provision (digital and by telephone) for some elements of PCIP services.</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 Edington 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.</p> <p>Review of accommodation ongoing and has highlighted some challenges.</p>	31/03/2024
								<p>Review health centre usage and prioritise use of buildigns for service delivery</p>	<p>MPCC review completed leading improvements in use of space in building and at Esk Centre. Implementation of review now underway</p>	01/06/2024



			<p>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>					<p>Under the new East Lothian Safety and Justice Strategic Partnership, the national strategy Equally Safe will be progressed through its own dedicated sub-group.</p>	<p>Review of CJP function underway.</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.</p> <p>Update 15/2/24 (IN) - Community Justice Group self-assessment against appropriate standards completed and action plan to be taken forward.</p>	31/03/2024
5412	Safe nursing staff levels of inpatient ward areas	<p>There is a risk of insufficient nurse staffing levels caused by high level of sickness/absence: High Vacancies, insufficient supply of registered staff. This could result in compromised patient safety, prolonged length, and unsatisfactory patient experience</p>	<p>7.30am daily staff safety huddle (Nursing Resource Team out of hours being highlighted at this huddle), attend by ward and day services charge nurses, AHP, Nurse Practitioners, Site and Capacity and 2.45pm, workforce plan in place</p>	16	8	Wilson, Fiona M	Neil, Gillian	Absence Management Activities - HR/CNM arranging absence drop in sessions for staff	Absence drop in sessions arranged for April 2024	31/03/2024
								Agency reduction - Reducing the use of agency staff and utilising bank staff.	Reduction in agency spend has been highlighted in financial grip and control plans. Chief Nurse and GM are also reviewing inpatient staffing establishment in line with safe staffing levels to reduce reliance of staff bank.	31/03/2024
								Recruitment - Looking at ways to increase recruitment campaign exposure and applicants	WG open day - have a table at this event to promote - November 2023 Recruitment improved, ongoing work but recruitment fair in February went well.	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 client 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 IJB</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 IJB and include Primary Care, Shifting the Balance of Care, Adults with Complex Needs, Mental Health, Carers and Reprovisioning and a Digital Change board.</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 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. - REMOVE</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 IJB summer 2023 - adults of carers change board overseeing.</p> <p>16. ICAT forum continues to ensure resources are deployed effectively as possible.</p>	12	9	Wilson, Fiona M	Hood, David	SDS Action Plan - SDS Action Plan to encourage adults to achieve their own outcomes without relying on H&SCP provision.	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	31/03/2024
								Older people's provisioning strategy work - East Lothian's population is changing, and people are living longer. We know many older people want to stay at home for as long as possible. We need to develop high quality, sustainable services that will make this possible. As part of our Planning Older People's Services project, ELHSCP wants to identify, design and develop services that will benefit each of East Lothian communities for generations to come.	ongoing - communications and engagement begin August 2023 and feedback report shared. In February 2024 a hurdle criteria exercise took place to discuss suggestions with various stakeholders.	31/12/2024

			Care home placements for older people restricted by third sector recruitment and retention.				IRIS programme is developing a new assessment document and process which should be implemented by August 2022 and will factor in SDS as an immediate option.	Update 15/2/24 (IN) ongoing work to develop a new assessment process through Mosaic	31/03/2023	
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 IJB failing to provide access to GMS services for all residents in East Lothian.</p> <p>The Financial Recovery Process may increase the unsustainability of individual and all General Practice in East Lothian through reduction in direct funding to practices, increased costs to practices and reduction of service provision</p>	<p>GMS contract, associated national and local enhanced services commit funding to General Practices to provide service</p> <p>PCIP 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> <p>There has been a Lothian Wise group established to monitor financial pressure on general practice as a result of the financial situation and that's to ensure that there's not cumulative impact of multiple decisions being taken and that's chaired by Jenny Long.</p>	12	8	Wilson, Fiona M	Megaw, Jamie	<p>Reports and information available to HSCP used to assess sustainability of General Practice</p> <p>HSCP develop service models to maintain and improve resilience to provide stability to General Practice</p> <p>Lothian Primary Care Financial Challenges Group established to monitor financial risk to General Practice across Lothian. HSCP in Group</p>	LPCFC Group established	31/07/2024