East Lothian Council

REPORT TO: Audit and Governance Committee

MEETING DATE: 16 February 2021

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 risk can be borne by the Council at this time in relation to the Council's appetite for risk.
- although the risks presented are those requiring close monitoring and scrutiny over the next year, many are in fact longer term risks for Health & 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 3 High risks, 9 Medium risks and 4 Low Risk. As the Register only has 3 High Risks I am also reporting all risks scoring eight to the Committee in addition to the High Risks.

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 Register should be met within the proposed budget allocations. Any unplanned and unbudgeted costs that arise in relation to any of the 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 2021

7.2 Appendix 2 – Risk Matrix 2020

AUTHOR'S NAME	Scott Kennedy
DESIGNATION	Emergency Planning, Risk and Resilience Officer
CONTACT INFO	skennedy@eastlothian.gov.uk 01620 827900
DATE	04 February 2021

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Assigned To	Description	Progress	Start date	Due date	Done date
3915	Duty of Care	Failure to fulfil our Duty of Care could result in the death, serious harm or detriment to a person. This could in turn result in prosecution, having to pay compensation and a negative impact on the reputation of the Council. This failure could be due to a lack of resources (financial, services or staffing), poor practice, a failure to prioritise or non-compliance with procedures/guidance. Patient Service User safety.	1. Prioritise maintenance of adequate staffing levels for Adult/Child Protection and other work with vulnerable children and adults. 2. Briefing sessions, specialist training and supports are in place. 3. Regular formal supervision in place for all staff including completion of PRD's and e-KSF, focusing on specific and agreed development needs. 4. 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. 5. Services comply with required professional registration standards for all staff, eg, SSSC, HCPC, NMC etc. 6. "Safer Recruitment" practices and PVG checks embedded. 7. Public Protection Office and Committee oversee all aspects of Child Protection and Adult Support and Protection performance and improvement. 8. Regular monitoring and learning from incidents including through Significant Adverse Event investigation outcomes. 9. Regular environmental inspections, eg, Patient Quality Indicators (PQI) in Health & Social Care, eg Care Inspectorate. 10. All Regulated Services inspected, improvement plans produced with regular quality assurance review meetings. 11. Implementation of EIRD (Electronic Inter-agency Referral Discussion) across Child Protection and Adult Protection partners, eg, NHS and Police Scotland.	Medium 8	Medium 8	Macdonald, Alison X	Macdonald, Alison X								
3911	Failure of Provider	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 put at risk as a result of their service being withdrawn at short notice. Additional challenges could impact on capacity and service continuity for vulnerable clients such as care home acquisition, poor quality of care of a lack of capacity to delivery dare, potentially generating reputational and/or financial risk to the Partnership. COVID impacting on care home providers both in terms of patient risk and staffing challenges	1. Monitoring of care providers to help to identify potential service failures while working with all providers to gain advance information of any potential failure. 2. Quarterly multi-agency quality of care meetings for both Residential and Homecare to provide support with improvement planning. 3. Participation in national working groups to maintain national market intelligence. 4. Contingency protocol established to deal with failure of a major care provider. 5. Joint work with NHS Care Home Team and GP Practices to maintain standards and address concerns. 6. Effective collaborative working with the Care Inspectorate over performance of regulated services. 7. Working with other Partnerships to allow information sharing mutual support and contingency planning. 8. Engagement with carers aids monitoring of performance within care settings and gives an early alert of risks. 9. Provider performance is monitored using a balanced scorecard approach which rewards good performance through incentives and the use of penalties for material breaches of the contract. A dedicated Planning & Performance manager and officer (CJ and LK)will deal with high risk occurrences where a provider ceases to operate of fulfil their contractual obligations. Contingency protocol established to deal with failure of a major care provider. 10. Workforce planning & skill mix is being developed within Council Care Homes and Home Care service. 11. Contingency arrangements developed for transition period to new providers. 12. Care at Home contracts have been re-tendered. 13. IJB Workforce plan in place. 14. Closer support with Care Home and Care at Home providers. 15. Direct financial suppport to providers through SG sustainability payments	High 12	Medium 8	Macdonald, Alison X	Macdonald, Alison X	02/02/2016	29/12/2020	8660	Lorraine Cowan	Care at Home / Hospital to Home Service Review	9/1/20: New model for care homes implemented in September 2019. 01/07/19: Work has commenced - new model in process of being developed. 17/06/20: Project progressing as per project plan. New structure established and job descriptions being written.	01/03/2017	31/03/2021	
										8661	Lorraine Cowan	Workforce Planning Council Care Homes and HomeCare Service	01/07/19: New model of care developed in care home by introducing a nursing auxiliary post. Currently work going on with Home care to form a new service with Hospital to Home. 16/01/20: New structure implemented within care homes to include nursing auxillary post. Project group set up to take the home care project forward new model going to CMT in February. 17/06/20: Workforce planning completed within the council care homes, new model established for home care and job descriptions are being developed.	01/03/2017	31/03/2021	
										12596	Lorraine Cowan	COVID support	Care Home huddle meeting regularly Sustainability payments going to Care Homes Regular testing in place Ongoing close working with providers	01/04/2020	31/03/2021	
										8663	Lorraine Cowan	Increasing care workforce in EL	01/07/19: Modern apprentices being employed, commence August 2019. 9/1/20: Modern apprentices in post within some areas. These are being expanded across all areas. 23/11/20: Increase in Homecare contracts to increase capacity internally.	03/01/2017	31/03/2021	
										8664	Paul Currie	EU Settlement Scheme	26/06/19: Note that first local Brexit meeting took place on 20th February 2019. 8/1/20: Local Brexit meeting will be resumed. 16/1/20: Information received that NHSL Brexit meetings have been suspended at this moment in time. 08/06/20: Brexit discussions halted at present due to COVID pressures. 23/11/20: NHS Lothian EU Exit Strategic Management Group meetings recommenced on 6th October having been suspended in January 2020. This next meets 1st December. The East Lothian HSCP Brexit Impact Assessment Group will recommence meetings on the 25th November.	20/02/2019	31/03/2021	
4711	Lack of Appropriate Information Sharing	There is a risk that children and adult's lives and safety are put at because of a failure by staff to record or access salient information or a lack of understanding of the functions of Mosaic or TRAK that Failure to share appropriate chronologies and risk information with partner agencies. Risk to case transfers from other Local Authorities failing to provide the appropriate information on the child/family.	* Ongoing updates made to Mosaic while back-up database available within a few hours. * Ongoing system development of Mosaic to improve case recording and ensure best use of information in risk areas. * Senior managers to continue to review a sample of these cases annually, reporting any improvements required for general team awareness. * East Lothian recording guidelines require that all Child/Adult Protection and other files are reviewed by the line manager every six months. * Control measures re inter-authority transfers in relation to Child Protection Protocol are in place. * Children's Services practice guideline standards have been refreshed and rolled out. *MOSAIC has been updated.	Medium 8	Medium 6	Macdonald, Alison X	Macdonald, Alison X	05/03/2018	29/12/2020	8851	Alison Macdonald / Trish Carlyle	File Audit System	Adult Support & Protection audit in place. Review Health records process. To be discussed at ELHSCP CMT. DID CAROLYN WYLLIE TAKE THIS FORWARD - SITS UNDER TC QUARTERLY REPORT ON ASP	05/03/2018	03/02/2020	31/03/2020
										8853	Laura Kerr	Capital Investment Bid for IT	02/07/19: Action moved to Bryan Davies 10/1/20: Capital bid submitted to Corporate Finance on 28/10/19. No response yet but this is being chased up. 23/11/20: Capital bid rejected. Likely costings will be revenue costings. Budget risk for Lack of Appropriate Information Sharing. Speak to Laura separately	05/03/2018	31/03/2020	23/11/2020
										11357	Laura Kerr	Development of Mosaic	Re-allocated to Bryan Davies to take forward. 9/1/20: No specific developments planned but we don't get all we could from system. Meeting scheduled for 16/1/20 with Servelec account manager which will inform us about the road map for Mosaic and any new features. Development of the product is dependent on two things: 1. we continue to use this software but it is out of contract in June 2020. Decision required whether we take out a new contract. 2. Do we go to the market and invite tenders from other providers? If we retain Mosaic, any development of the product will require a budget for new functionality. 08/06/20: Decision by Paul Currie and Laura Kerr to close this action but re-open under Lack of Appropriate Information Sharing (Risk 4711. Responsibility will move to Laura Kerr once she has access to Datix. DG to do 07/20 - 2 year contract extension agreed. Spec being developed for full system procurement.	02/02/2016	31/03/2021	

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Assigned To	Description	Progress	Start date	Due date	Done date
3913	Lone Working	There is a risk that failure of the Partnership to provide employees with effective Lone Working arrangements and the appropriate training could result in injury or death to those employees resulting in HSE investigation/prosecution, civil insurance liability, reputational risk, increased sickness absence and pressures on service delivery.	1. Lone working procedures and safe working practices are in place within NHSL. Social Work procedures are in hand. 2. Operating arrangements are reviewed regularly in team meetings and as a whole partnership. 3. Information on Lone Working Policy is part of the Service Level Induction process. All staff and new recruits undertake training, as required. 4. Respite Carers/Share the Carers have a robust support network and intensive support from their Supervising Social Worker. 5. Alarms installed in work premises used by staff to interview/meet with clients. 6. Significant Adverse Event Procedure is in place to identify cause, effect and learning. 7. 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. 8. Mosaic client database reviewed to refresh (red flat clients). 9. East Lothian Council and NHS lone working systems are being implemented and are applying with relevant staff groups consistently.	Medium 8	Low 3	Macdonald, Alison X	Berry, Lesley	02/02/2016	29/12/2020	7238	**Lesley Berry / Carol Jenner**	Develop a consistent approach to lone working procedures across the Partnership	30/7/19: Algorithms shared between Health & Social Care. Joint Health & Safety meeting held monthly, issue of lone working discussed regularly. 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. 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 on-site training. Additional training will be given in Personal Safety and Conflict Management Training. Managers and Team Leaders will need to be trained in using the Sphera Cloud system for risk assessment, recording and reporting incidents. Currently have use of a device from Housing which is allowing us to test communication and escalation procedures. Anticipate teams will have a "Champion" who will assist in the early phase of training and with the roll-out of policy and procedures and devices. 05/08/20: SLWG initiated to progress this for ELIRS. Plan to create a single operational policy for all AHP rehab staff taking into account variation in type of work, environment and risk. Rebecca McConnell co-ordinating SLWG to involve senior clinicians. Cat Cockburn to be invited. Carol Jenner taking forward the role out of Relience. 30/7/19: Algorithms shared between Health & Social Care. Joint Health & Safety meeting held monthly, issue of lone working discussed regularly. The original plans for sign off of the LW policy and procedures, and the roll out, were significantly delayed due to Covid-19. LB: if we use Reliance, we could use across H&SCP. Discussions ongoing. 12/11/20: The roll out of Reliance LW devices to ELC Homecare team, using paper-based training (i.e. not e-learning) commenced February 2020, with training completed in March. However, individual use of lone working devices was significantly delayed until July 2020, due to impact of Covid and lack of IPhones for ELC Homecare workers. As of November 2020 most, though not all, ELC Homecare staff have picked up their IPhones from IT department. Since August 2020 the roll-out is progressing, to include ECS, MHO Team, Duty SW Team and, latterly, the Community Justice Unpaid Work Team. With the exception of ELC Homecare, all teams/workers have access to a computer/log-on and training will be delivered via Reliance e-learning module. The impact of Covid has meant that many more workers will be assessed as requiring a lone working device for their 'dedicated' use, as opposed to access to a Pool of devices. (Use of a dedicated or pool device is determined by the team leader/manager, following risk assessment.) More lone working devices will be procured from Reliance. We had originally planned that additional training (Personal Safety and Conflict Management Training) would be given to all staff. This	13/12/2016	**31/03/2021**	
										8681	Rona Laskowski	Update Adult Services Policy and Guidance documents	Draft policy for Social Work and Social Care tabled at JCG/PF - 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. 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 staff on-line training before xmas.	03/12/2018	**31/03/2021**	
										8682	**Alison Macdonald / Carol Jenner**	Develop Implementation Plan for Team specific arrangements	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). 23/12/19: Training to be rolled out February 2020. 12/11/20: 12/11/20: CJ has not developed an Implementation Plan for Team-specific arrangements. The approach is that individuals and teams are prioritised for roll out, on the basis of risk, as advised by operational managers. Each team in Adult Wellbeing will be considered for roll out of lone working devices (i.e. use of a dedicated device or access to a pool device, on the basis of risk). I hope that roll out will be complete by end Q2 2021, but this is dependent on resources (people/time).	03/12/2018	**30/06/2021**	
3912	Public Protection	There is a risk that a service user suffers death, harm or detriment and becomes subject to Public Protection (Child Protection or Adult Support and Protection) measures because of a lack of appropriate operational processes and resources leading to potential human tragedy and reputational damage to and increased scrutiny of the Health & Social Care Partnership. This may be due to processes not being followed, risk-taking	1. Maintained East and Mid shared public protections committee to support learning, consistency and best practice. 2. Regular interface with operational teams and PPU 3. HSCP clinical care Governance committee established to monitor services and ensure best practice. 4. Policy documents updated to include COVID 19 policies.	Medium 8	Medium 6	Macdonald, Alison X	Macdonald, Alison X	02/02/2016	29/12/2020	7540	Iain Gorman - Change to Trish Carlyle	Raise Public awareness	16/07/19: The Public Protection Communications sub-group sits under the Public Protection Committee and meets on a quarterly basis. A communications strategy and timeline has been drafted. A targetted approach is being taken to prioritise emerging threats and local areas of priority, such as financial harm, self-neglect and hoarding. 23/11/20: This approach has been significantly adjusted due to COVID-19.	06/06/2016	31/03/2021	
3918	Regulatory Inspections	There is a risk that external regulatory inspections identify significant weaknesses in our services leading to reputational damage and sustainability of the Partnership e.g. external audit, Joint Strategic Inspections, Best Value Review.	1. Systematic approach to preparation for inspections 2. Ensuring a proactive approach to regulatory requirements 3. Joint Improvement Planning in response to inspection findings 4. Regular Self Evaluation and improvement Planning e.g. PSIF and HGIOC 5. Preparation for inspection used as a learning tool 6. Review and adoption of any post inspection improvement plan requirements and any external national audit report requirements. 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.	Medium 8	Medium 8	Macdonald, Alison X	Macdonald, Alison X	02/02/2016	29/12/2020	8673	Lorraine Cowan					
3914	Service Activity Pressures	There is a risk that demographic pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to client safety and independence, potentially generating reputational risk for East Lothian Council.	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. 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.	High 12	Medium 9					8656	Claire Flanagan	Deliver Efficiencies and Income Recovery	7/1/20: To be reviewed in March 2020 in alignment with budget announcement. 05/08/20: still objective to do financial overview, still need to reconcile impact of COVID.23/11/20: Ongoing through financial overview.	01/08/2016	31/03/2021	

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Assigned To	Description	Progress	Start date	Due date	Done date
		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. COVID impacting servic capacity. This risk is managed by the IJB	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. 4. Application of the Eligibility criteria has been reviewed and delegated authority implemented. Scrutiny of budget authorisations and analysis of trends through delegated authority. 5. Self Directed Support (SDS) implemented and audited with action plan in place. 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. 7. Good progress being made in partnership working with third sector including Day Centres Association. 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. 9. All funding of commissioned provision has undergone a Strategic Fit and Best Value review. This includes integrated Care Fund funding and services. 10. Three year budget efficiency plans developed for implementation from 2019 - 2022. 11. Work is underway to accurately forecast trajectory of need across all Care Groups to inform service development and financial planning. 12. Recovery Plan is in place. 13. Financial process has been reviewed. 14. Resource allocation system - delegated authority is in place.			Macdonald, Alison X	Macdonald, Alison X	02/02/2016	29/12/2020	8658	Gillian Neil	Community Transformation Programme	Options Appraisal to be taken to IJB on 26th September 2019. 9/1/20: Options Appraisal is now going to SPG on 19/2/20 and then IJB on 27/2/20. 28/05 - Option appraisal did not get presented to SPG/IJB in Feb and due to COVID-19 there is now a financial risk as we are not going to be able to implement this model. Social distancing rules imposed now means we need to reconsider the model. 05/08/20: meetings to be reinstated as a lot based on SG and doing things differently. 23/11/20: Ongoing planning. Model signed off by SPG - the scope has been expanded to include over 65. Reference group about to be re-established and presentation going to IJB in December to provide an update. Being directly informed by COVID remobilisation government guidelines.	03/01/2019	31/03/2021	
										10224	Claire Flanagan	Continue to refine medium term financial plan	14/11/19: This action supercedes action 8657 which has now been closed. 7/1/20: Ongoing development of longer term financial plan. Ongoing collaboration with Partners around budget allocations. 23/11/0: financial plan covering 20/21 to 24/25 has been developed and shared with IJB in October 2020. This will be refined once clarity on service provision post-COVID.	14/11/2019	31/03/2021	
4695	Substance Misuse	There is a risk to the delivery of national standards and potential impact on drug related deaths in East Lothian following a national 23% reduction on funding for drugs and alcohol. This introduces vulnerability into delivery of treatment support and recovery pathways and to delivery of performance against the HEAT A11 Standard [90% of people seen within 3 week referral to treatment] and the "Take Home Naloxone" THN programme requirements. Staffing pressures within SMS could impact service delivery and compliance with standards and the implementation of an effective Recovery Orientated System of Care for all substance misusers in EL. These risks could lead to an increase in the number of substance misusers with higher levels of risks and increased death rate related to substance misuse, and an increase in related physical and mental health issues. This could also affect the reputation of EL area as a safe place to live and impact on drug related crime as demand for, supply or and usage of drugs permeate community wellbeing across the county.	1. MELDAP is accountable to and reports to ELHSCP and EL Partnership through the Resilient People Partnership. Key MELDAP outcomes from the MELDAP 2020 – 2023 Delivery Plan, due to be published by early April 2020, will be included in the EL Local Outcome Improvement Plan ; progress against performance measures are reported on a quarterly or annual basis. 2. MELDAP commissioning and performance group and MELDAP strategic group monitor performance against standards and identify actions to minimise risks as they are identified. 3. Regular meetings between MELDAP, SMS Manager and Head of Service to improve performance against HEAT A11 and delivery of THN programme requirements. 4. Provide time limited MELDAP resource to support the delivery of HEAT A11 in the SMS. 5. The MELDAP delivery plan identifies priorities for the partnership with progress reported to Scottish Government in an annual report. The MELDAP strategic group also reports on national standards, ministerial priorities and ADP outcomes as required. 6. Programme of quality improvement visits to all commissioned services to monitor performance and compliance with national standards and delivery of service improvement plans following the ADP care inspection 2016 process. 7. Annual programme of service presentations to the MELDAP commissioning and performance group, highlighting service impact. 8.MELDAP now has stable funding through Scottish Government for the provision of drug and alcohol services. 9. Partnership collaboration particularly with Police Scotland to disrupt and prosecute the suppliers and providers of drugs within EL. 10. Increase focus on substance misuse within the Education's Health and Wellbeing PSE curriculum. 11. The MELDP local Drug Related Death [DRD] review group considers DRD's currently on a monthly basis, identifying learning to be implemented by practice teams and MELDAP. 12. Pathway in place between IHTT and SMS. Respective team managers will review regularly and fine tune, as required.	High 12	Medium 6	Macdonald, Alison X	Neil, Gillian	01/03/2018	29/12/2020	8649	Nicola Cochrane	Improve the reach of Take Home Naloxone to higher risk groups	26/06/19: Most vulnerable people accessing drop-in clinic at HUB. Naloxone accessible at Primary Care. Looking to introduce within IHTT and also current proposal for EL to spread the offer of accessibility of Naloxone to all pharmacies within EL - in discussion. 24/10/19: The offer of Naloxone continues within the drop in clinic and within the core service offer. Following a recent presentation to the IJB MELDAP and Nicola Cochrane are arranging a meeting with Fiona O'Donnell, Jon Turvill and others to agree on further spread of Naloxone distribution. 26/02/20: discussion are ongoing regarding the use of community pharmacies and plans are underway for the issue of THN via IHTT (contact Jamie Morris). It is also available at Gateway clinics when people make first contact with SMS and partnership services and through the assertice outreach service follow up post Non-Fatal Overdoes (NFO). 27/05/20: THN continues to be encouraged and provided as part of one to one work with people in East Lothian. Following temporary Lord Advocate guidance [during the COVID 19 crisis], MELDAP have encouraged non treatment/support services to consider registering with the NHSL THN Lead to engage in training to deliver THN as a response to the impacts of COVID 19. THN is supplied in Safe Storage boxes. Each box is designed to hold an individual's methadone (bottle), other prescribed drugs and also contains a THN kit, measuring cups, methadone leaflet and key messages around methadone consumption. MELDAP is also further increasing levels of expenditure as planned to maximise training and provision of THN Kits. 23/11/20: The outreach model is now within prestonpans and Harbours practice is due to have access to this service within the next weeks. All patients within these practices will have access to harm reduction, peer support, opiate replacement therapy, Naloxone, recovery focus interventions including SMART. 01/01/21: East Lothian Treatment and Support Services are currently performing in excess of 90% against the Access to service standard – 90% of people to be seen within 3 weeks – referral to treatment. The outreach model is now within 5 Primary care practices. All patients within these practices will have access to harm reduction, peer support, opiate replacement therapy, Naloxone, recovery focus interventions including SMART. MELDAP have funded five peer support workers to support those who use alcohol and drugs into treatment and recovery. This includes Peer Workers working within Primary Care settings alongside funded specialist Substance Misuse Nurses. ELSMS provide rapid access to OST and for some high risk clients this is on the same or next day access and commenced the trialling of Buvidal [a Buprenorphine prolonged-release injection]. ELSMS/MELD have developed a rapid response pathway for people involved in a Non-Fatal Overdose. For the period January 5th -December 2020 there were 80 recorded NFO involving in East Lothian residents. As part of the response to Covid 19 pandemic, services [within Scottish Government restrictions and when it was safe to do so] provide face to face engagement/support. When this is not posssible, all patients/clients are provided with support using video conferencing platforms and telephone calls/ texting. In response to Drug Deaths Task Force recommendations East Lothian was awarded additional funding which will be used to appoint additional staff, peer worker and part-time nurse based at the Esk Centre. As part of the MELDAP Benzodiazepine Action Plan, ELSMS is to become involved in a national pilot in relation to the devlopment of treatment options for those using "street benzodiazepines" Specifcally through the pandemic, MELD provide outreach support to clients which includes the home delivery of OST and IEP. Across the MELDAP area, we provided digital support to help people get or stay connected through the purchase of more than 160 basic smart phones/tablets and 260 digital 'top ups'. The MELDAP Recovery College secured funding and has provided equipment in the form of	01/03/2018	31/03/2021	
										8650	Gillian Neil	Develop a Young People's SMS support service in EL	24/10/19: A preferred provider (MYPAS) has been identified and the service delivery is being planned for implementation in mid-December. 10/1/20: The induction and orientation process has begun for the two post holders in MYPAS with service delivery beginning shortly. 03/08/2020 - This service is providing support to young people within Covid 19 restrictions. 05/08/20: MELDAP have ML young people's advisory service in place since January 2020.	01/03/2018	31/03/2021	
										8651	Gillian Neil	To discuss disruption activities to the sale of drugs from the internet with Police Scotland and its intelligence branches.	24/10/19: This has been discussed with Police colleagues. Services are alerted to current drug trends and ensure that information is shared with staff and service users appropriately. There is training planned with MELDAP partners in relation to the Police Scotland "County Lines" Initiative. This is continuous but there is training on 05/12/19. 03/08/2020 - Services and Police are alerted to current drug trends by MELDAP. Work is underway to review practice and treatment in light of the increase in availability of "street benzo's" such at etizolam. 01/01/21: In October 2020, ELHSCP/MELDAP were invoved in supporting a Police Scotland operation to disrupt drug avavlability within communites in East Lothian. This included an agreed pathway between Police and NHS services.and the production of printed inforamtion about available EL services that was distributed to those impacted by the Police operation. Services and Police are alerted to current drug trends by MELDAP. Work is underway to review practice and treatment in light of the increase in availability of "street benzo's" such at etizolam. Debreif from operation to tke place in January 21 and new local strategies to be developed	01/03/2018	31/03/2021	

ID	Title	Description	Controls in place	Risk level (current)	Risk level (Target)	Risk Owner	Handler	Date Opened	Date Risk Reviewed	Action No	Assigned To	Description	Progress	Start date	Due date	Done date
										8652	Gillian Neil	Continue to seek opportunities to work with Education and ELC.	24/10/19: There are a number of initiatives underway including developing a policy on Managing Substance Use Incidents Involving Children and Young People and Core Risk taking Message for young people.	01/03/2018	31/03/2021	
										8653	Nicola Cochrane	DRD group members to review current process of analysis of case reviews	26/06/19: MELDAP and NHS have looked at current process and are in discussion with Naomi Honhold (Drug Related Death Co-ordinator) to look at a more efficient and seamless process of reviewing DRD. 24/10/19: DRD are now being reviewed locally. The first date for 2018 reviews is 22nd November where all DRDs in 2018 will be reviewed that day. A follow-up session will be agreed and MELDAP are leading on the development of a DRD group with EL and ML. 27/05/20 MELDAP and NHS have looked at current process and are in still in discussions with Naomi Honhold (Drug Related Death Co-ordinator) to look at a more efficient and seamless process of reviewing DRD. DRD's are now being reviewed and allocated locally by our SAE group which meets on a fortnightly basis and is chaired by Lorraine Cowan. Please note this group is continuing to meet during the current time as we are committed as a partnership to ensure all SAE's including DRD's are reviewed by the appropriate professionals, in a timeous way. Currently post mortem's and toxicology can be taking up to 10/12 weeks to be reported upon. 23/11/20: ELHSCP have now implemented an SAE group this group meets fortnightly and is chaired by Lorraine Cowan and Jon Turvill. All SAE's / unexpected deaths are presented to this meeting and decisions are agreed at this group on what level of review is required to be commissioned. The ELHSCP are due to map out the DRD process with REAS in January 2021 to ensure this process is followed for all ELHSCP cases, ELHSCP have regular communications with REAS DRD coordinator and all cases are discussed fortnightly to ensure timescales are adhered to however where this is not the case rationale for this is documented within DATIX. It is important to note that post mortems are taking up to 9 months from date of death to be reported upon.	01/03/2018	31/03/2021	

East Lothian Council Risk Matrix

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	Will undoubtedly happen, possibly frequently >90% chance
Likely	4	Will probably happen, but not a persistent issue >70%
Possible	3	May happen occasionally 30-70%
Unlikely	2	Not expected to happen but is possible <30%
Remote	1	Very unlikely this will ever happen <10%

Impact Description

Impact of Occurrence	Score	Description							
		Impact on Service Objectives	Financial Impact	Impact on People	Impact on Time	Impact on Reputation	Impact on Property	Business Continuity	Legal
Catastrophic	5	Unable to function, inability to fulfil obligations.	Severe impacts on budgets (emergency Corporate measures to be taken to stabilise Council Finances)	Single or Multiple fatality within council control, fatal accident enquiry.	Serious - in excess of 2 years to recover pre-event position.	Highly damaging, severe loss of public confidence, Scottish Government or Audit Scotland involved.	Significant disruption to building, facilities or equipment (Loss of building, rebuilding required, temporary accommodation required).	Complete inability to provide service/system, prolonged downtime with no back-up in place.	Catastrophic legal, regulatory, or contractual breach likely to result in substantial fines or other sanctions.
Major	4	Significant impact on service provision.	Major impact on budgets (need for Corporate solution to be identified to resolve funding difficulty)	Number of extensive injuries (major permanent harm) to employees, service users or public.	Major - between 1 & 2 years to recover pre-event position.	Major adverse publicity (regional/national), major loss of confidence.	Major disruption to building, facilities or equipment (Significant part of building unusable for prolonged period of time, alternative accommodation required).	Significant impact on service provision or loss of service.	Legal, regulatory, or contractual breach, severe impact to Council.
Moderate	3	Service objectives partially achievable.	Significant impact on budgets (can be contained within overall directorate budget)	Serious injury requiring medical treatment to employee, service user or public (semi-permanent harm up to 1yr), council liable.	Considerable - between 6 months and 1 year to recover pre-event position.	Some adverse local publicity, limited damage with legal implications, elected members become involved.	Moderate disruption to building, facilities or equipment (loss of use of building for medium period).	Security support and performance of service/system borderline.	Legal, regulatory, or contractual breach, moderate impact to Council.
Minor	2	Minor impact on service objectives.	Moderate impact on budgets (can be contained within service head's budget)	Lost time due to employee injury or small compensation claim from service user or public (First aid treatment required).	Some - between 2 and 6 months to recover.	Some public embarrassment, no damage to reputation or service users.	Minor disruption to building, facilities or equipment (alternative arrangements in place and covered by insurance).	Reasonable back-up arrangements, minor downtime of service/system.	Legal, regulatory, or contractual breach, minor impact to Council.
Minimal	1	Minimal impact, no service disruption.	Minimal impact on budgets (can be contained within unit's budget)	Minor injury to employee, service user or public.	Minimal - Up to 2 months to recover.	Minor impact to council reputation of no interest to the media (Internal).	Minimal disruption to building, facilities or equipment (alternative arrangements in place).	No operational difficulties, back-up support in place and security level acceptable.	Legal, regulatory, or contractual breach, negligible impact to Council

Risk	Impact				
Likelihood	Minimal (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (1)	1	2	3	4	5

Key

Risk	Low	Medium	High	Very High