



SOUTH LANARKSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT SUB-COMMITTEE

Minutes of meeting held in Committee Room 2, Council Offices, Almada Street, Hamilton on 28 June 2016

Chair:

Philip Campbell, Non Executive Director, NHS Lanarkshire Board

Present:

NHS Lanarkshire Board

Tom Steele, Non Executive Director

South Lanarkshire Council

Councillor Jackie Burns (Depute)

Attending:

NHS Lanarkshire

C Cunningham, Head of Performance and Commissioning; M Docherty, Associate Director of Nursing; C MacKintosh, Associate Medical Director

South Lanarkshire Council

H Stevenson, Executive Director (Social Work Resources) and Chief Officer, Health and Social Care Partnership; B Hutchinson, Head of Adult and Older People Services; M Kane, Planning and Performance Manager; J McDonald, Administration Adviser

Apologies:

South Lanarkshire Council

Councillor Allan Falconer; L Purdie, Chief Social Work Officer

Introduction and Welcome

The Chair welcomed all those present to the first meeting of the Performance and Audit Sub-Committee and the appropriate introductions were made.

1 Declaration of Interests

No interests were declared.

2 Performance and Audit Sub-Committee - Terms of Reference

A report dated 3 June 2016 by the Executive Director (Social Work Resources) and Chief Officer, Health and Social Care Partnership was submitted on the approved Terms of Reference for the Performance and Audit Sub-Committee.

The Public Bodies (Joint Working) (Scotland) Act 2014 required Health and Social Care Partnerships to establish Integration Schemes detailing the governance arrangements within that Partnership area. The South Lanarkshire Integration Scheme made provision for the Integration Joint Board (IJB) to establish Sub-Committees for the purpose of undertaking its functions.

In order that the business of the IJB could be managed effectively, the IJB, at its meeting on 19 April 2016, had approved the establishment of a Performance and Audit Sub-Committee with the powers and responsibilities detailed in the Terms of Reference, attached as an appendix to the report.

The Sub-Committee decided: that the Terms of Reference for the Performance and Audit Sub-Committee, as detailed in the appendix to the report, be noted.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 19 April 2016 (Paragraph 9)]

3 Draft Performance Reporting Framework 2016/2017

A report dated 3 June 2016 by the Executive Director (Social Work Resources) and Chief Officer, Health and Social Care Partnership was submitted on the draft Performance Reporting Framework (PRF) for the South Lanarkshire Health and Social Care Partnership.

In terms of the Public Bodies (Joint Working) (Scotland) Act 2014, Health and Social Care Partnerships were required to prepare annual performance reports. Following approval of the Strategic Commissioning Plan, a draft PRF had been prepared as the basis of a monitoring tool for the Integration Joint Board.

The performance measures contained in the PRF were aligned to the national health and wellbeing outcomes and were detailed in the Action Plan attached as an appendix to the report.

It was proposed that:-

- ◆ the PRF be submitted to the Sub-Committee for scrutiny prior to final approval by the Integration Joint Board
- ◆ 6-monthly monitoring reports be submitted to the Sub-Committee

The Sub-Committee decided:

- (1) that the Performance Reporting Framework be submitted to the Sub-Committee for scrutiny prior to final approval by the Integration Joint Board; and
- (2) that 6-monthly monitoring reports on the Performance Reporting Framework be submitted to the Sub-Committee.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 29 March 2016 (Paragraph 11)]

4 Risk Register for the Integration Joint Board

A report dated 3 June 2016 by the Executive Director (Social Work Resources) and Chief Officer, Health and Social Care Partnership was submitted on the Risk Register for the South Lanarkshire Integration Joint Board (IJB).

At its meeting on 19 April 2016, the IJB had approved the full Risk Register for the South Lanarkshire Integration Joint Board and had agreed that arrangements be established for the reporting of the IJB's Risk Register to the Performance and Audit Sub-Committee.

It was proposed that the Risk Register, attached as an appendix to the report, together with the respective Social Work and NHS related risks, be submitted to the Sub-Committee on a regular basis for monitoring.

The Sub-Committee decided: that the Risk Register be submitted to the Sub-Committee on a regular basis for monitoring.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 19 April 2016 (Paragraph 5)]

5 Schedule of Meetings

The Sub-Committee agreed that future meetings of the Performance and Audit Sub-Committee be held in the Council Offices, Hamilton as follows:-

- ◆ Tuesday 30 August 2016 at 11.00am
- ◆ Tuesday 29 November 2016 at 3.00pm
- ◆ Tuesday 28 February 2017 at 3.00pm
- ◆ Tuesday 23 May 2017 at 3.00pm
- ◆ Tuesday 29 August 2017 at 3.00pm
- ◆ Tuesday 28 November 2017 at 3.00pm

6 Any Other Competent Business

There were no other items of competent business.

Report

3

Report to:	Performance and Audit Sub-Committee
Date of Meeting:	30 August 2016
Report by:	Executive Director, Social Work Resources, and Chief Officer, Health and Social Care Partnership

Subject:	Strategic Commissioning Plan 2016 to 2019 - Draft Implementation Plan
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present to the Performance and Audit Sub-Committee a copy of the draft Strategic Commissioning Plan Implementation Plan for consideration and approval
- ◆ to seek comments from the group membership on the proposed content and format of the 'Implementation Plan.

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee is asked to approve the following recommendation(s):-

- (1) that the Health and Social Care Strategic Commissioning Plan Draft Implementation Plan is accepted and refined to take account of comments received
- (2) that the updated 'Implementation Plan be considered at the next meeting of the Sub-Committee.

3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Bill passed through the Scottish Parliament on 25 February 2014 and received Royal Assent on 1 April 2014. This Act supports and directs the Scottish Government's vision of integrated adult health and social care.
- 3.2. As part of finalising the Regulations and Orders to support the Act, the Government also issued guidance to partnerships on Strategic Commissioning Plans (SCP).
- 3.3. Similar to other areas of service delivery, for example Children's Services whereby a Children's Services Plan is a statutory requirement under the Children (Scotland) Act 1995, the Public Bodies (Joint Working) (Scotland) Act places a similar duty on Integration Joint Boards, from April 2016 onwards.

3.4. Implementation of the approved SCP is the next critical milestone for the Partnership. The SCP sets the strategic decisions with regards to the delegated functions will be taken forwards over a three year planning period.

4. Development of the South Lanarkshire SCP Draft Implementation Plan

4.1. This SCP Draft Implementation Plan has been developed to enable the 63 commissioning intentions contained within the SCP to be implemented by the Partnership. The Implementation Plan also takes cognisance of key areas of national and local work which the Partnership will also need to be implementing during this period.

4.2. A Strategic Needs Assessment (SNA) at both a Partnership and locality level will support decision making and inform the implementation of the commissioning intentions and the Partnership has developed detailed SNA profiles to support this work.

4.3. In addition, to support decision making the Partnership will agree and utilise a prioritisation methodology to be used for commissioning. Programme Budgeting and Marginal Analysis (PBMA) is one such approach. PBMA is considered to be an analytical approach to assess the costs and benefits of alternative courses of action. It can enable Health and Social Care Partnerships to identify the potential effect of shifting patterns of investment, and disinvestment, within and between programmes of activity – in terms of outcomes for patients and service users, and effective resource use. It is a method that lists relevant activities and resource requirements with the evaluation of effectiveness according to a set of explicit criteria and the application of the evaluation to available budget. The Scottish Government commissioned work in pilot sites to investigate the use of PBMA in integrated care settings which is presented in a report published by ScotPHN (2015). The report highlighted the need for a prioritisation process to be based on a combination of economic and ethical principles

4.4. The Partnership will use improvement methodology to support implementation of the actions within the Plan.

5. Delivering the SCP Draft Implementation Plan

5.1. The diagram in Appendix 1 describes the landscape in which the SCP Implementation Plan will sit.

5.2. It is proposed that three groups for

- ◆ Early Intervention, Prevention and Health Improvement
- ◆ Intermediate Care and Reduced Reliance on Hospital and Residential care
- ◆ Mental Health and Wellbeing

be established to take forward the implementation of some of the commissioning intentions and that they will populate the ‘middle’ section of the template outlined in Appendix 2 with regards to implementing the high level ambitions and, in turn, to verify the performance, targets and trajectories.

5.3. These groups will be chaired by Heads of Service level personnel and will be asked to deliver the actions contained within the Implementation Plan. They will work to agreed principles of including all ages where appropriate, addressing all aspects along the continuum from self care through supported self management, condition management, rehabilitation, complex needs and end of life supports. The groups will also deliver these actions through the lens of health inequalities.

- 5.4. Existing groups will also be tasked with the implementation of some of the commissioning intentions. These groups include:
- ◆ Support, Care and Clinical Governance Group
 - ◆ NHSL Pathway Group for Universal Health Visiting Pathway
 - ◆ Older Peoples Inspection Group
 - ◆ Local Housing Strategy Group
 - ◆ Health and Social Care Operational Management Group
 - ◆ Carers Strategy Group
 - ◆ Children's Strategy Group
 - ◆ Primary Care Transformation Group.
- 5.5. The four established Locality Planning Groups (LPGs) will have a key role in delivering the Implementation Plan in each of their communities. These LPGs will be able to influence how these actions should be implemented to meet the local needs of their locality as identified in the SNA and also as agreed by the prioritisation methodology. Additionally, representatives of the respective LPGs will be included on the groups identified to take forward the three main areas of work.
- 5.6. A Partnership Performance Reporting Framework (PPRF) has also been developed to enable monitoring of progress of the SCP Implementation Plan. This PPRF will support the Partnership to report against measures contained within the NHS Lanarkshire Local Delivery Plan, South Lanarkshire Council Resource Plan as well as the measures identified against the nine National Health and Wellbeing Outcomes. This will allow quarterly progress reporting to assess our success in working towards the achievement of the nine National Health and Wellbeing Outcomes. Further information and detail on this is outlined as part of a separate paper on this Committee agenda.
- 5.7. Appendix 2 details the SCP Draft Implementation Plan.

6. Next Steps

- 6.1. The SCP Draft Implementation Plan will continue to be refined and progressed over the next few months and will also be informed by the NHS Lanarkshire Healthcare Strategy consultation and a final SCP Implementation Plan will be submitted to the November 2016 meeting of the Sub-Committee.

7. Employee Implications

- 7.1. There are no employee implications associated with this report.

8. Financial Implications

- 8.1. There are no financial implications associated with this report.

9. Other Implications

- 9.1. There are no additional risks associated with this report.
- 9.2. There are no sustainable development issues associated with this report.
- 9.3. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. Full Equality Impact Assessment has been undertaken as part of the SCP development.

Harry Stevenson
Executive Director, Social Work Resources, and Chief Officer, Health and Social Care Partnership

Date created: 29 July 2016

Previous References

- ◆ none

List of Background Papers

- ◆ none

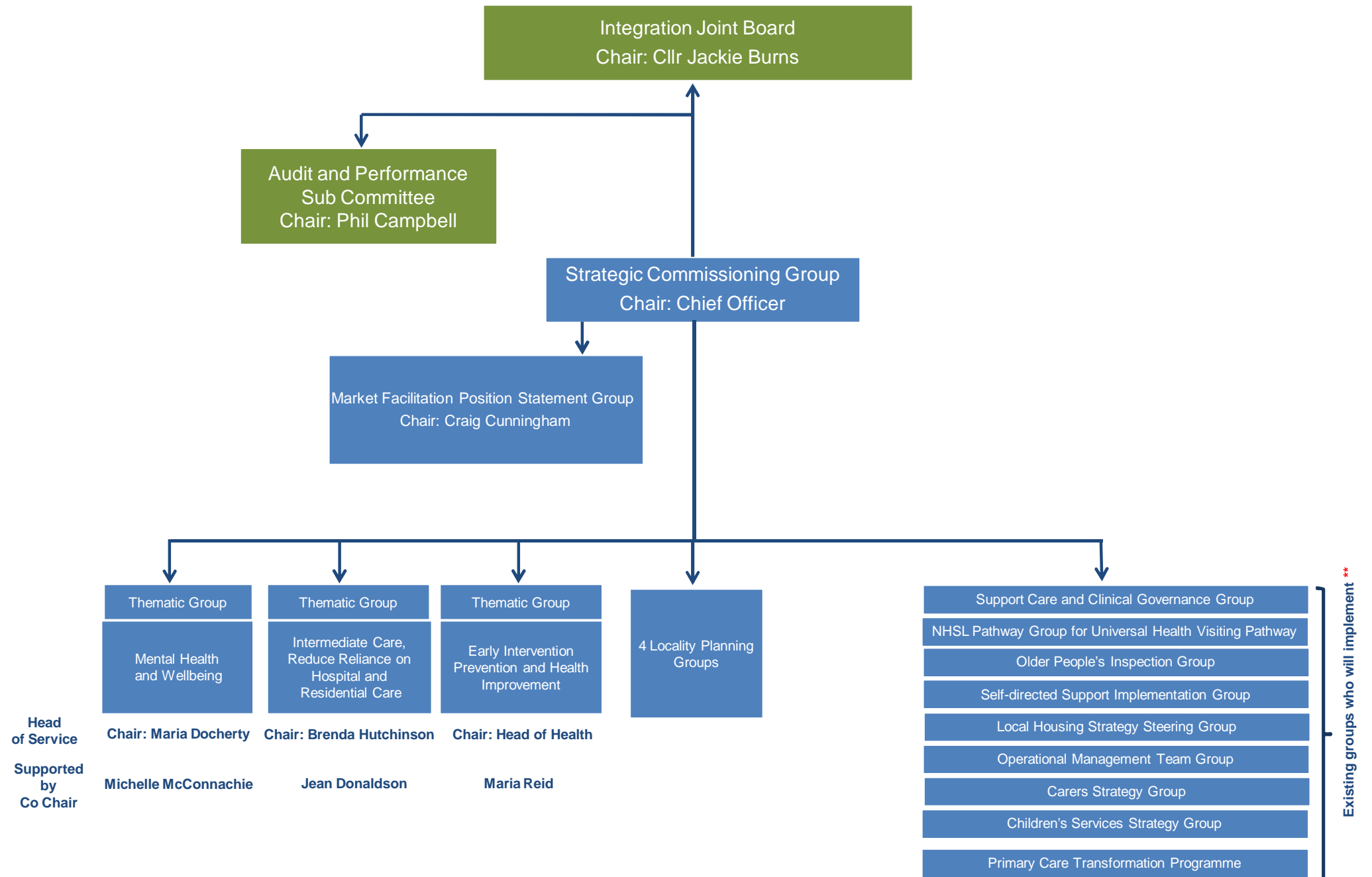
Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham, Head of Commissioning and Performance

Ext: 3704 (Phone: 01698 453704)

Email: craig.cunningham@southlanarkshire.gcsx.gov.uk



**** See notes on reverse**

Diagram Notes

- Implementation of the commissioning intentions contained within the Strategic Commissioning Plan will be undertaken by establishing 3 Thematic Groups for Intermediate Care, Early Intervention and Mental Health and Wellbeing.
- In addition existing groups and forums will be tasked with the implementation of some of the commissioning intentions including SDS Implementation Group, Local Housing Strategy Steering Group, Carers Strategy Group, Health and Social Care Operational Management Group, NHSL Pathway Group for Universal Health Visiting Pathway.
- A group will also be established to scope and develop the Market Facilitation Position Statement. The content of this will emanate from the thematic groups.
- Areas of planning and commissioning relating to children's services from a health perspective will be progressed via the Children's Services Strategy Group.



SOUTH LANARKSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Strategic Commissioning Plan Draft Implementation Plan

Strategic Commissioning Plan - Implementation Plan

Early Intervention, Prevention and Health Promotion Group Chair: Head of Health Supported By: Maria Reid

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
We will develop Telecare and Telehealth approaches in partnership with Housing which will support people in live <u>safely and independently in their own homes</u>	Morag Hearty	What we would expect to see in here is information on Milestones/data/financial implications		Integrated Care Fund 2016/17 and TEC funding until March 2018
Utilise Telehealth and Telecare to enable more people to self-manage their health and wellbeing;	Morag Hearty			Integrated Care Fund 2016/17 and TEC funding until March 2018
Deliver a programme of activity to mitigate the negative health consequences of financial insecurity due to poverty <u>and welfare reform</u>	Gillian Lindsay			
Develop an anticipatory care programme to provide health <u>checks for vulnerable people</u>	Jill Madden			Short term funding until March 2017
Continue development of the Community Falls Pathway to <u>include Level 1 screening in voluntary sector</u>	Janie Thomson			Integrated Care Fund 2016/18
Increase service capacity by building on AHP technology <u>enabled self management programmes</u>	Peter McCrossan			
Continue to deliver the care homes teleconferencing project	Morag Hearty			Integrated Care Fund 2016/18
Invest additional funding for early intervention and <u>prevention, across life span</u>	Maria Reid & Gillian Lindsay			
Scope out and test a model for integrated locality health and wellbeing interventions based on existing partnerships and programmes with South Lanarkshire Leisure and Culture	Maria Reid Patrick Murphy			
Working with VASLan we will support the continued <u>development of the Locator Tool</u>	Charlie Duffin			Short term funding until March 2017
Continue to deliver evidence based robust partnership health intervention initiatives in line with population need ensuring <u>access for all</u>	Maria Reid & Gillian Lindsay			
AHPs to co-create, promote and increase uptake of leisure <u>based physical activity resources</u>	Peter McCrossan			
Support expansion of the Get Walking Lanarkshire <u>programme</u>	Gillian Lindsay			Short term funding until March 2017
Deliver a range of programmes in line with the ambitions of the Lanarkshire Healthy Weight Strategy to be published in <u>the spring of 2016</u>	Karen McGuigan			Short term funding until March 2017
Pilot primary care physical activity prescription intervention	Maria Reid Patrick Murphy			Short term funding until March 2017
Grow capacity in the Third sector to ensure that people are supported to achieve the nine national outcomes of health <u>and social care integration</u>	Charlie Duffin			Integrated Care Fund 2016/18
Continue to deliver locality based physical activity intervention programmes which are inclusive and accessible	Maria Reid Patrick Murphy		Short term funding until March 2017	

Strategic Commissioning Plan - Implementation Plan

Intermediate Care, Reducing Reliance on Hospital and Residential Care Group Chair: Brenda Hutchinson Supported By: Jean Donaldson

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
Support people to maximise their independence through the delivery of a re-ablement approach across all localities	Deborah Mackle	What we would expect to see in here is information on Milestones/data/financial implications		Existing Partnership Budget 2016/19
Increase the use of Anticipatory Plans for priority groups whilst maintaining their use in community settings such as <u>care homes and Care at Home clients</u> We will aim to deliver Care at Home services to existing levels	Jean Donaldson			Integrated care Fund 2016/17
Continue to invest at existing levels in aids and adaptation to support to people to remain in their own home and <u>community</u>	Deborah Mackle			Existing Partnership Budget 2016/17
Continue delivery of the Care at Home Medicines Management Project to include all Care at Home providers	Nadia Ait Hocine			Existing Partnership Budget 2016/18
Investigate alternative, innovative models of care and housing with support, to meet particular needs, including step-up and step-down accommodation, which will inform joint work around Market Facilitation Planning, as set out in Part Four (4.10) of SCP	Deborah Mackle/George Lindsay			Integrated Care Fund 2016/17
Continue to develop and implement Self-directed Support (SDS) service arrangements that creates real choice and control for service users and carers to manage and/or commission social care supports. The four funding options within SDS will provide service users and carers with an opportunity to become direct commissioners of service.	Pat McCormack			Existing Partnership Budget 2016/20
Review and enhance current Hospital at Home model, linking to ICSTs	Maria Docherty/Jean Donaldson			Integrated Care Fund 2016/18
Expand the role of Advanced Practice at locality levels	Jean Donaldson			
Create unified AHP teams by aligning acute staff with ICSTs	Jean Donaldson			
Facilitate earlier discharge and prevention of admission to hospital by developing AHP rehabilitation/re-ablement <u>services in the community</u>	Janie Thomson/Janice McClymont			
Further develop community and residential care services including supporting hospices to reduce bed numbers to <u>support more people to die at home</u>	Michelle McConnachie/Jean Donaldson			Existing Partnership Budget 2016/19
Provide specialist residential adult care places to existing <u>levels of 68 for people with complex needs</u>	Michelle McConnachie			Existing Partnership Budget 2016/19
We will maintain residential and nursing places at existing levels	Michelle McConnachie			Existing Partnership Budget 2016/19
Further develop joint working via the Discharge Hub to ensure timely home returns for people ready to leave hospital	Jean Donaldson			

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
Build on current successful services by developing and commissioning flexible models of intermediate care across all partners				
Invest in the Care at Home market to achieve zero delays in non-complex home care delays of three days and over	Deborah Mackle/Hilary Stevenson			
Utilise existing capital assets to co-locate staff within multi-disciplinary teams				

Strategic Commissioning Plan - Implementation Plan

Mental Health and Wellbeing Group

Chair: Maria Docherty

Supported By Michelle McConnachie

(South Mental Health Programme Group)

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
Work collaboratively with partners to reduce distress and A&E attendances for people in distress	Maria Docherty/Michelle McConnachie	What we would expect to see in here is information on Milestones/data/financial implications		
Work with Third sector to develop a Dementia Hub	Maria Docherty/Michelle McConnachie			
Continue work rolling out Dementia Strategy across the Partnership'	Maria Docherty/Michelle McConnachie			
Develop a population mental health improvement action plan for South Lanarkshire	Maria Docherty/Michelle McConnachie			
We will continue to provide multi agency support to people with a learning disability.	Maria Docherty/Michelle McConnachie			
implement a fully integrated model for substance misuse service based on a single service management and delivery	Maria Docherty/Michelle McConnachie			
Develop arrangements for hosted mental health services for the Partnership	C. Cunningham			

Strategic Commissioning Plan - Implementation Plan

Implemented by Existing Carers Groups - Carers Strategy Group and Carers Information Strategy Group

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
review and expand existing carers' services, including those funded via Carers Information Strategy Group	Michelle McConnachie	What we would expect to see in here is information on Milestones/data/financial implications		
fully develop and roll-out an outcomes support planning approach that delivers personalised services to support carers in their caring role	Nadia Ait-Hocine			
we will aim to deliver respite to existing levels in supporting carers with their caring role.	Nadia Ait-Hocine			Existing Partnership Budget 2016/17
Review existing contractual arrangements with carer organisations	Michelle McConnachie			

Strategic Commissioning Plan - Implementation Plan

Implemented by Existing Local Housing Strategy Group Chair:

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
Increase supply of new housing for purchase and rent, which meets higher accessibility standards and includes specialist provision for particular needs	Annette Finnan	What we would expect to see in here is information on Milestones/data/financial implications		Existing Partnership Budget 2016/17
Extend Housing options services to enable a wider range of people to make informed decisions in planning for their future housing requirements	Annette Finnan			Existing Partnership Budget 2016/18
Consult with partners and stakeholders and prepare for the next LHS 2017 – 2022	Annette Finnan			Existing Partnership Budget 2016/19
Housing, Health and Social Care partners to undertake a joint assessment of the particular health needs of people that experience, or are at risk of, homelessness, to develop shared understanding and planning for appropriate joint responses and services to alleviate and prevent homelessness and tackle the identified health issues	Annette Finnan			Existing Partnership Budget 2016/20

Strategic Commissioning Plan - Implementation Plan

Implemented by the Existing H&SC Operational Management Group

Chair: Craig Cunningham/Brenda Hutchinson

Objectives	Lead Responsible	How will we know progress is being made?	Timescale	Financial Implications
Develop dedicated Quality Improvement infrastructure, <u>capacity and capability within the Partnership</u>	Craig Cunningham	What we would expect to see in here is information on Milestones/data/financial implications		Existing Partnership Budget 2016/17
Develop and implement a performance reporting <u>tool/dashboard for the Partnership</u>	Craig Cunningham		Sep-16	Existing Partnership Budget 2016/17
Develop and implement a health and social care I.T. plan	Craig Cunningham			Existing Partnership Budget 2016/18
Complete the electronic needs assessment profiling tool and roll-out to localities to support the locality planning agenda	Craig Cunningham		Sep-16	Existing Partnership Budget 2016/19
Future engagement with PPFs and other bodies to be agreed	Chief Officer			Existing Partnership Budget 2016/20
Implement governance and management structure to support the delivery of better integrated services	Brenda Hutchinson/Craig Cunningham/Head of Health			Existing Partnership Budget 2016/21
Scope our potential models of integration where partners can share resources and infrastructure building capacity within <u>communities</u>	Craig Cunningham			Existing Partnership Budget 2016/22
Implement Organisational Development Plan to create <u>leadership capacity across the Partnership</u>	Yvonne Cannon?			Existing Partnership Budget 2016/23
Develop an Improvement plan arising from Multi-agency Inspection of Adult Services	Brenda Hutchinson/Maria Docherty			Existing Partnership Budget 2016/24
Implement the identified improvements following the inspection.	Brenda Hutchinson/Maria Docherty			Existing Partnership Budget 2016/25
maintain existing commitments to ensure that all statutory and legal duties are delivered, for example adult support and protection, child health surveillance, immunisation and mental health requirements, safeguarding the interests of the most vulnerable within our society	Brenda Hutchinson/Head of Health			Existing Partnership Budget 2016/26
Implement the new Universal Health Visiting Pathway for Scotland.	Maria Docherty - Childrens Strategy Group			Existing Partnership Budget 2016/27
Work with NHS Lanarkshire to implement the local <u>Healthcare Strategy</u>	Maria Docherty/Chris Mackinstosh			
Implement the National Clinical Strategy	Maria Docherty/Chris Mackinstosh			
Develop locally the aims of the national realistic medicine work	Maria Docherty/Chris Mackinstosh			
Agree a prioritisation methodology for use by the Partnership <u>for the commissioning work</u>	Chief Officer			
Implement the outcomes of the current Home Care Service Review	Brenda Hutchinson			
Work with NHS Lanarkshire to develop bed modelling for future service requirements	Craig Cunningham			

Report

4

Report to:	Performance and Audit Sub-Committee
Date of Meeting:	30 August 2016
Report by:	Executive Director, Social Work Resources, and Chief Officer, Health and Care Partnership

Subject:	Partnership Performance Reporting Framework
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present a copy of the draft Strategic Commissioning Plan (SCP) Performance Reporting Framework (PRF) for consideration
- ◆ seek approval from the Sub-Committee that the PRF is presented to the Integration Joint Board (IJB) for approval.

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee is asked to approve the following recommendation(s):-

- (1) that the Health and Social Care Draft Performance Reporting Framework is approved and presented to the IJB for approval.

3. Background

- 3.1. The SCP which was approved by the Integration Joint Board on 29 March 2016 sets out the commissioning intentions to be implemented by the South Lanarkshire Partnership across the financial period 2016-2019.
- 3.2. The Plan follows an agreed structure and style and is a key element of the Partnership's performance management arrangements. It provides details of the context within which the Partnership operates and establishes actions and measures for the next three years based on the objectives set out in the SCP.
- 3.3. Performance management is a keystone of Best Value, and ensures that we can demonstrate sound governance arrangements. The PRF is one part of the Partnership's SCP which has been developed to enable the 63 commissioning intentions contained within the Plan to be monitored along with the 45 Key Performance Indicators (KPIs) and local measures from the Social Work Resource Plan, Single Outcome Agreement (SOA), Health and Care Partnership Improvement Plan (PIP) and the NHS Lanarkshire Local Delivery Plan (LDP). These actions and measures will be identified against the nine National Health and Wellbeing Outcomes within the Plan and will allow us to monitor our success in delivering these outcomes.

3.4. As part of this framework the PRF will monitor the performance and progress of the Partnership. Nested alongside this and complimenting the PRF will be the Strategic Commissioning Implementation Plan (SCIP) to support how progress is monitored against the 63 commissioning intentions. The detail with regards to this will be the subject of a separate report.

4. Quarterly Progress Reports

4.1. It is the intention that progress against all 2016-2017 Partnership Performance Framework actions and measures will be contained in the Quarterly Progress Report, a sample of which is attached in Appendix 1.

4.2. The PRF has been built using the Council’s IMPROVe performance management reporting system. This will allow the report to be presented in various formats to different audiences. For example, reporting functionality will allow for progress to be measured against:

- ◆ nine health and wellbeing outcomes
- ◆ the 10 overarching commissioning themes
- ◆ the 63 commissioning intentions
- ◆ the three thematic implementation groups of Early Intervention, Prevention and Health Improvement; Intermediate Care and Reduced Reliance on Hospital and Residential Care and Mental Health and Wellbeing.

4.3. A traffic light format will be utilised with the following definitions to give a status report on each measure:

Green	Timescale or target has been met as per expectations
Amber	Minor slippage against timescale or minor shortfall against target
Red	Major slippage against timescale or major shortfall against target
To be reported later	The information is not yet available to allow us to say whether the target has been reached or not. These will be reported when available.
Contextual	These are included for “information only”, to set performance information in an appropriate context

4.4. Measures which are classified as ‘red’ are considered in detail in the covering report which will accompany Appendix 1. To ensure adequate scrutiny of performance across the Partnership, the Audit and Performance Sub-Committee may consider ‘red’ or ‘amber’ measures at future meetings through exceptions reporting.

5. Next Steps

5.1. The SCP Draft PRF will continue to be refined and progressed over the next few months and will be submitted to the November 2016 meeting of the Sub-Committee.

6. Employee Implications

6.1. There are no employee implications associated with this report.

7. Financial Implications

7.1. There are no financial implications associated with this report.

8. Other Implications

- 8.1. There are no additional risks associated with this report.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no other implications associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. A full Equality Impact Assessment has been undertaken as part of the SCP development.
- 9.2. There was no requirement to undertake any consultation in terms of the information contained in this report.

Harry Stevenson

Executive Director, Social Work Resources, and Chief Officer, Health and Care Partnership

Date created: 28 July 2016

Previous References

- ◆ Previous Board Meeting

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham, Head of Commissioning and Performance

Ext: 3704 (Phone: 01698 453704)

Email: craig.cunningham@southlanarkshire.gcsx.gov.uk



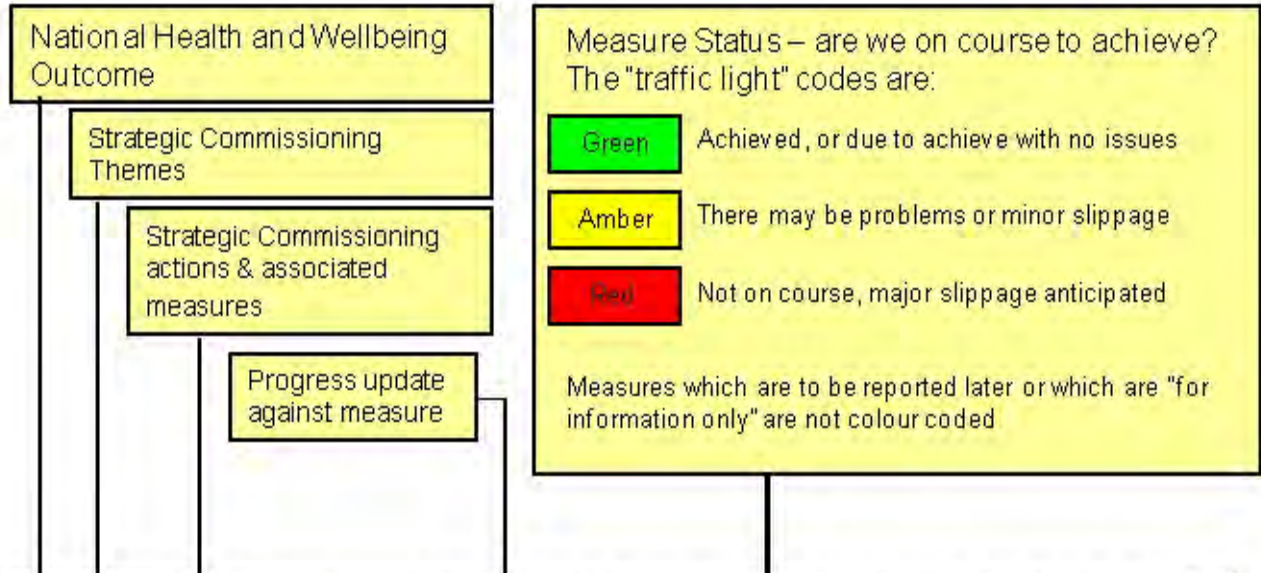
South Lanarkshire Health and Social Care Partnership

Partnership Performance Reporting Framework (all)

Performance Report Quarter 1 : 2016/17 - April to June

How to use this performance report

This performance report is intended to be both informative and easy to use. The guide below is designed to help you get the most out of the report and to answer the most common questions you might have.



OUTCOME 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Theme	Measures (not statistical measures shaded grey)	Comment/Progress	Status	This Year						2015/16	
				Target	To Date	Q1	Q2	Q3	Q4		
Single Point of Contact	Utilise existing capital assets to co-locate staff within multi-disciplinary teams		Unassigned	—	—	—	—	—	—	8.1	—
	Create unified AHP teams by aligning acute staff with ICSTs		Unassigned	—	—	—	—	—	—	8.2	—
Statutory/Core Work	Develop an Improvement Plan arising from Multi-Agency Inspection of Adult Services	An improvement Plan has been drafted and is now in its final stages of development prior to be signed off by the Care Inspectorate and the Partnership. The plan has been designed around the 9 improvement themes and assigns timescales and leads to each action	Green	—	—	—	—	—	—	8.3	—
	Implement the identified improvements following the inspection		Unassigned	—	—	—	—	—	—	8.4	—
	Percentage of staff who say they would recommend their workplace as a good place to work		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
	Sickness absence (IHS - 4%)		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
	Sickness absence (SLC - 4.5%)	In this quarter the average monthly figure for absence was 5.6%. This is a slight increase from the previous quarter's average monthly figure for absence which was 4.6%	Red	4.5%	—	5.6%	—	—	0.0%		4.4%
Suitable and Sustainable Housing	Consult with partners and stakeholders and prepare for the next Local Housing Strategy (LHS) 2017-2022		Unassigned	—	—	—	—	—	—	8.5	—

Statistics for the current year. The **Target** shows what we want to achieve by the end of the year. The **To Date** column shows how much we have achieved so far.

Quarterly statistics showing how we are progressing over the current year

Summary - number of measures green, amber and red under each Outcome

Outcomes	Green	Amber	Red	To be reported later / Contextual	Total
OUTCOME 1: People are able to look after and improve their own health and wellbeing and live in good health for longer	0	0	0	24	24
OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	2	2	1	38	43
OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected	1	0	0	23	24
OUTCOME 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	0	0	0	8	8
OUTCOME 5: Health and social care services contribute to reducing health inequalities	0	0	0	8	8
OUTCOME 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	3	0	0	6	9
OUTCOME 7: People who use health and social care services are safe from harm	0	0	0	9	9
OUTCOME 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	1	0	1	6	8
OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services	2	0	0	22	24
Total	9	2	2	144	157

OUTCOME 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Early Intervention/Prevention and Health Improvement	Deliver a range of programmes in line with the ambitions of the Lanarkshire Healthy Weight Strategy to be published in the spring of 2016		Unassigned	---	---	---	---	---	---	---
	Support Expansion of the Get Walking Lanarkshire programme		Unassigned	---	---	---	---	---	---	---
	Grow capacity in the Third Sector to ensure that people are supported to achieve the 9 national outcomes of health and social care integration		Unassigned	---	---	---	---	---	---	---
	AHPs to co-create, promote and increase uptake of leisure based physical activity resources		Unassigned	---	---	---	---	---	---	---
	Pilot primary care physical activity prescription intervention		Unassigned	---	---	---	---	---	---	---
	Monitor and establish a baseline for the number of people accessing preventative services, for example Weigh to Go and Stop Smoking		Unassigned	---	---	---	---	---	---	---
	Percentage of adults able to look after their health very well or quite well		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	NHS Scotland to achieve a 25% increase based on 2010/11 data in the percentage of breast, colorectal and lung cancer cases that were diagnosed at stage 1		Unassigned	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Proportion of patients beginning cancer treatment within 31 days of decision being taken to treat		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Proportion of patients beginning cancer treatment within 62 days from urgent referral with suspicion of cancer		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sustain and embed alcohol brief interventions (ABIs) in 3 priority settings (primary care, A&E and antenatal) and broaden delivery to wider settings		Unassigned	0	0	0	0	0	0	0
	Percentage of children meeting all developmental milestones at 27-30 month review		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OUTCOME 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
	Monitor the Number of people accessing South Lanarkshire Leisure Services		Unassigned	0	0	0	0	0	0	0
	Life expectancy levels in South Lanarkshire are comparable with the Scottish average (Male)		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Life expectancy levels in South Lanarkshire are comparable with the Scottish average (Female)		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Reduce the percentage of the adult population who smoke		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate care to reduce reliance on hospital and residential care	Facilitate earlier discharge and prevention of admission to hospital by developing AHP rehabilitation / reablement services in the community		Unassigned	---	---	---	---	---	---	---
	Number of days people spent in hospital when they are ready to be discharged		Unassigned	0	0	0	0	0	0	0
	Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Single Point of Contact	Working with VASLan we will support the continued development of the Locator Tool		Unassigned	---	---	---	---	---	---	---
Statutory/Core Work	Percentage of new born children exclusively breastfed at 6-8 weeks		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Percentage of 2 year olds who have received childhood immunisations		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Percentage of 5 year olds who have received childhood immunisations		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Percentage of 6-8 week review completed within 10 weeks		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home in their community

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Early Intervention/Prevention and Health Improvement	Support people to maximise their independence through the delivery of a reablement approach across all localities		Unassigned	---	---	---	---	---	---	---
	Monitor and report on the outcomes after completion of SYI	A total of 517 episodes of Supporting Your Independence (SYI) were successfully completed in the period April to June 2016. In total a reduction of 32% in home care hours was achieved when comparing hours at the start of SYI and hours at the end of the intervention. This is an increase of 3% from Quarter 4 of 2015-16, which was 29%.	Green	---	---	---	---	---	---	---
	Percentage of referrals for home care that go through SYI	In Quarter 1 (April to June) a total of 82.4% of new referrals to homecare were suitable for a Supporting Your Independence (SYI) intervention. This is an increase of 2.9% on the previous quarter figure of 79.5%. The year to date figure for 2015-16 was 81.8% this means a 0.6% increase overall.	Red	90.0%	82.4%	82.4%	-----	-----	0.0%	81.8%
	Number of people completing a reablement (SYI) intervention		Unassigned	0	0	0	0	0	0	0
	Home Care - as a proportion of home care clients aged 65+, the number receiving personal care	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0.0%	97.1%
	Home Care - as a proportion of home care clients aged 65+, the number receiving a service during evening/weekends	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0.0%	52.4%
	Home Care - as a proportion of home care clients aged 65+, the number receiving a service during weekends	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0.0%	83.2%
	Older Persons (over 65) home care costs per hour	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0	20
	Home Care - number of home care hours per 1,000 population aged 65+	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0	393
Reduction in home care hours resulting from SYI intervention		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home in a homely setting in their community

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Intermediate care to reduce reliance on hospital and residential care	We will aim to deliver care at home services to existing levels		Unassigned	---	---	---	---	---	---	---
	Rate of emergency admissions for adults		Unassigned	0	0	0	0	0	0	0
	Rate of emergency bed days for adults		Unassigned	0	0	0	0	0	0	0
	Re-admissions to hospital within 28 days of discharge		Unassigned	0	0	0	0	0	0	0
	Percentage of people 65+ with intensive needs receiving care at home		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Percentage of people admitted from home to hospital during the year, who are discharged to a care home		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mental health and wellbeing	Work with third sector to develop a Dementia Hub		Unassigned	---	---	---	---	---	---	---
	We will continue to provide multi agency support to people with a learning disability		Unassigned	---	---	---	---	---	---	---
	Develop a population mental health improvement action plan for South Lanarkshire		Unassigned	---	---	---	---	---	---	---

OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home in their community

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Models of self-care and self-management	Utilise telehealth and telecare to enable more people to self-manage their health and wellbeing		Unassigned	---	---	---	---	---	---	---
	Increase the use of Anticipatory Care Plans for priority groups whilst maintaining their use in community settings such as Care Homes and Care at Home clients		Unassigned	---	---	---	---	---	---	---
	Review and enhance current Hospital at Home model, linking to ICSTs		Unassigned	---	---	---	---	---	---	---
	Expand the role of Advanced Practice at locality levels		Unassigned	---	---	---	---	---	---	---
	Increase service capacity by building on AHP technology enabled self management programmes		Unassigned	---	---	---	---	---	---	---
	Continue to deliver the care home teleconferencing project		Unassigned	---	---	---	---	---	---	---
	Continue delivery of the Care at Home Medicines Management Project to include all care at home providers		Unassigned	---	---	---	---	---	---	---
	Continue to develop and implement Self-directed Support service arrangements that creates real choice and control for service users and carers to manage and/or commission social care supports. The four funding options within SDS will provide service users and carers with an opportunity to become direct commissioners of service		Unassigned	---	---	---	---	---	---	---
	Percentage of adults supported at home who agree that they are supported to live as independently as possible		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Percentage of those newly diagnosed with Dementia will have a minimum of one year's post diagnostic support		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of people with assistive technology / Telecare or Telehealth		Unassigned	0	0	0	0	0	0	0	

OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home in their community

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
	Monitor the number of people self directing their own support and the number funding choices selected		Unassigned	0	0	0	0	0	0	0
	Monitor the number of people who have one or more long term condition being supported in the community		Unassigned	0	0	0	0	0	0	0
	Self-directed Support (Direct Payments) spend on adult 18+ as a % of total social work spend on adults 18+	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0.0%	-----

OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home in their community

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year					2015/16
						Q1	Q2	Q3	Q4		
Statutory/Core Work	Ensure an efficient transition for delegated housing functions so that existing adaptations services and care of gardens continue to operate to meet assessed needs		Unassigned	---	---	---	---	---	---	---	
	Percentage of statutory supervising officer visits completed within timescale for local authority welfare guardianship orders	In Quarter 1, there were a total of 56 local authority welfare guardianship visits undertaken, with 89% (50) being completed on time. This compares with performance of 84% (27 seen out of 32) in quarter 4 of 2015-16 which means the percentage has increased by 5% between quarters. For the year to date 2015-16 we completed 89% of visits within timescale. This means an increase of 1% overall.	Amber	90.0%	89.0%	89.0%	-----	-----	0.0%	88.0%	
	Percentage of statutory supervising officer visits completed within timescale for private welfare guardianship orders	In Quarter 1, there were a total of 478 Private Welfare Guardianship visits to be undertaken with 88% (422) completed on time. This compares with performance of 85% (220 seen out of 258) in the previous quarter which is an increase of 3% between quarters. For the year to date 2015-16 we completed 83% of visits within timescale. This means an increase of 5% overall.	Amber	90.0%	88.0%	88.0%	-----	-----	0.0%	83.0%	

OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home in their community

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Suitable and Sustainable Housing	Increase supply of new housing for purchase and for rent, which meets higher accessibility standards and includes specialist provision for particular needs		Unassigned	---	---	---	---	---	---	---
	We will maintain residential and nursing home places at existing levels		Unassigned	---	---	---	---	---	---	---
	Continue to invest at existing levels in aids and adaptation to support people to remain in their own home and community		Unassigned	---	---	---	---	---	---	---
	Number of adaptations completed in Council homes		Contextual	-----	314.0	-----	0.0	0.0	0.0	1,058.0
	Number of approvals given for adaptations in private homes	This is demand led	Green	900.0	153.0	-----	0.0	0.0	0.0	685.0
	Percentage of approved medical applications for adaptations completed in year (SSHC)		Contextual	-----	98.6%	-----	0.0%	0.0%	0.0%	99.2%
	Number of households receiving Care of Gardens Services		Unassigned	0.0	0.0	0.0	0.0	0.0	0.0	0.0

OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Early Intervention/Prevention and Health Improvement	Clients wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	48 hour access to a GP		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	48 hour advance booking to an appropriate member of the GP team		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Intermediate care to reduce reliance on hospital and residential care	Further develop community and residential palliative care services including supporting hospices to reduce bed numbers to support more people to die at home		Unassigned	---	---	---	---	---	---	---
	Take forward the actions of the 'Living with and Beyond Cancer' workstream and the two year (2015-2017) Transforming Care after Treatment (TCAT) Project	<p>Lanarkshire's Cancer Strategy (2013-2016) programme of work came to an end in June 2016 though Phase Two will be extended until June 2017.</p> <p>However, on-going work will be incorporated into NHS Lanarkshire's Healthcare Strategy workstreams and the work of the Integrated Joint Boards ensuring that the partnership working that has evolved over the three years is maintained and built upon.</p> <p>The 'Living with and Beyond Cancer' workstream (which Social Work Resources is part of) will continue to meet. This group oversees the development of information packs at the point of diagnosis, health and wellbeing events and work in relation to libraries and leisure services.</p> <p>North Lanarkshire Council and South Lanarkshire Council are about to begin the two year individual budgets project. Further details will be provided in Quarter 2 as the project progresses.</p>	Green	---	---	---	---	---	---	
	Percentage of people who are discharged from hospital within 72 hours of being ready		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	No one will wait more than 14 days to be discharged from hospital into a more appropriate care setting once treatment is complete		Unassigned	0	0	0	0	0	0	0

OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Mental health and wellbeing	Continue to implement the Dementia Strategy across the Partnership		Unassigned	---	---	---	---	---	---	---
	Reduce the proportion of the population being prescribed drugs for anxiety, depression or psychosis		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	18 weeks referral to treatment for specialist child and adolescent mental health services		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	18 weeks referral to treatment for Psychological Therapies		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Seven day Services	Working collaboratively with partners to reduce distress and A & E attendances for people in distress		Unassigned	---	---	---	---	---	---	---
	Proportion of last 6 months of life spent at home or in community setting		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year					2015/16
						Q1	Q2	Q3	Q4		
Statutory/Core Work	Percentage of adults supported at home who agree that they have a say in how their help, care or support was provided		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Percentage of adults receiving any care or support who rate it as excellent or good		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Percentage of people with positive experience of care at their GP practice		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Proportion of patients that were seen within the 12 week Treatment Time Guarantee, 100% compliance required		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	90% of patients seen and treated within 18 weeks from initial referral		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	12 weeks first outpatient appointment		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Eligible patients will commence IVF treatment within 12 months		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	4 hours from arrival to admission or discharge or transfer for A&E treatment		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Percentage of adults satisfied with Social Care or Social Work Services	To be reported in quarter 4	Report Later	-----	-----	-----	-----	-----	0.0%	44.0%	
Models of self-care and self-management	Falls rate per 1,000 population in over 65s		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

OUTCOME 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Intermediate care to reduce reliance on hospital and residential care	Investigate alternative innovative models of care and housing with support to meet particular needs, including step-up and step-down accommodation, which will inform joint work around Market Facilitation Planning		Unassigned	---	---	---	---	---	---	---
Single Point of Contact	Implement a fully integrated model for substance misuse service based on single service management and delivery		Unassigned	---	---	---	---	---	---	---
Suitable and Sustainable Housing	Further develop joint working via the Discharge Hub to ensure timely home returns for people ready to leave hospital		Unassigned	---	---	---	---	---	---	---
	Provide specialist residential adult care places to existing levels of 68 for people with complex needs		Unassigned	---	---	---	---	---	---	---
Statutory/Core Work	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Percentage of service user/patient/carer personal outcomes being achieved at annual review		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Implement the outcomes of the current Home Care Service Review		Unassigned	---	---	---	---	---	---	---
Models of self-care and self-management	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OUTCOME 5: Health and social care services contribute to reducing health inequalities

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Early Intervention/Prevention and Health Improvement	Implement the new Universal Health Visiting Pathway for Scotland		Unassigned	---	---	---	---	---	---	---
	Deliver a programme of activity to mitigate the negative health consequences of financial insecurity due to poverty and welfare reform		Unassigned	---	---	---	---	---	---	---
	Develop an anticipatory care programme to provide health checks for vulnerable people		Unassigned	---	---	---	---	---	---	---
	Continue to deliver locality based physical activity intervention programmes which are inclusive and accessible to all		Unassigned	---	---	---	---	---	---	---
	80% of pregnant women in each SIMD quintile will have booked for antenatal care by 12th week of gestation		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sustain and embed successful smoking quits at 12 weeks post quit, in 40% of SIMD areas		Unassigned	0	0	0	0	0	0	0
Suitable and Sustainable Housing	Extend Housing Options services to enable a wider range of people to make informed decisions in planning for their future housing requirements		Unassigned	---	---	---	---	---	---	---
Statutory/Core Work	Premature mortality rate		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OUTCOME 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their health and wellbeing

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year					2015/16
						Q1	Q2	Q3	Q4		
Carers Support	Fully develop and roll-out an outcomes support planning approach that delivers personalised services to support carers in their caring role		Unassigned	---	---	---	---	---	---	---	
	We will aim to deliver respite to existing levels in supporting carers with their caring role		Unassigned	---	---	---	---	---	---	---	
	Review and expand existing carers services, including those funded via Carers Information Strategy Group		Unassigned	---	---	---	---	---	---	---	
	Review existing contractual arrangements with carer organisations		Unassigned	---	---	---	---	---	---	---	
	Quarterly progress on the impact of the Carers Strategy for South Lanarkshire 2012-17	<p>The Carers' Strategy Group for South Lanarkshire meets four times a year and is currently being reviewed in terms of membership and remit.</p> <p>It is envisaged that the Strategy Group will update the Integrated Joint Board (IJB) at specific meetings with relevant reports on carers' issues, activity and developments.</p> <p>New methods of recording and reporting are being piloted by the group and feedback is awaited.</p> <p>Partnership working in relation to supporting carers across South Lanarkshire remains very strong with a range of innovative projects continuing to be taken forward.</p>	Green	---	---	---	---	---	---		

OUTCOME 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their health and wellbeing

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
	Develop an action plan through the carers strategy group to take forward the duties contained within the act	The Carers (Scotland) Act 2016 has been passed leading to full implementation in April 2018. South Lanarkshire Council is now awaiting statutory guidance and the regulations to develop the new duties in relation to assessments, eligibility criteria, the short-breaks statement etc. A briefing will be given to the Carers' Strategy Group in July with a view to working towards an action plan.	Green	---	---	---	---	---	---	---
	Percentage of carers who feel supported to continue in their caring role		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Number of new carers identified and supported each year through the third sector (Quarterly reporting)		Unassigned	0	0	0	0	0	0	0

OUTCOME 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their health and wellbeing

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
	Report on the number of carers supported by dedicated Welfare Rights Officers and amount of benefits awarded	Benefit awards recorded during the period were: £188,545 backdated awards; £20,789.66 weekly benefit awards; Total annual benefit awards £1,269,606.64. This activity relates to the outcomes achieved by the four Welfare Rights Officers employed as part of the Reshaping Care for Older People strategy. In total, during quarter 1, the Money Matters Advice Service achieved the following: 1) £106,613.62 in weekly benefit awards 2) £966,895.03 in backdated benefits awarded to clients 3) £6,510,803.27 total annual benefits for clients accessing the service 4) £3,161,748 worth of new debt 5) £128,642 debt written off for clients 6) 1673 new cases were opened 7) 1196 people were provided with advice that resolved the issue at the initial contact.	Green	-----	238	238	-----	-----	0	271

OUTCOME 7: People who use health and social care services are safe from harm

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Early Intervention/Prevention and Health Improvement	Continue development of the Community Falls Pathway to include Level 1 screening in voluntary sector		Unassigned	---	---	---	---	---	---	---
	Statutory/Core Work	Maintain existing commitments to ensure that all statutory and legal duties are delivered, for example adult support and protection, child health surveillance, immunisation and mental health requirements, safeguarding the interests of the most vulnerable within our society	Unassigned	---	---	---	---	---	---	---
	Develop locally the aims of the national realistic medicine work		Unassigned	---	---	---	---	---	---	---
	Monitor and report on the level of adult support and protection inquiries, investigations and protection plans (under 65 and 65+)		Unassigned	---	---	---	---	---	---	---
	Percentage of adults supported at home who agree they felt safe		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	The Standard is for a maximum rate of 0.32 of Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days		Unassigned	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	The Standard is for a maximum rate of 0.24 of staphylococcus aureus bacteraemia (including MRSA) per 1,000 total occupied bed days		Unassigned	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

OUTCOME 7: People who use health and social care services are safe from harm

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Suitable and Sustainable Housing	Housing, health and social care partners to undertake a joint assessment of the particular health needs of people that experience, or are at risk of homelessness, to develop shared understanding and planning for appropriate joint responses and services to alleviate and prevent homelessness and tackle the identified health issues		Unassigned	---	---	---	---	---	---	---
	We will develop telecare and telehealth approaches in partnership with Housing which will support people to live safely and independently in their own homes		Unassigned	---	---	---	---	---	---	---

OUTCOME 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support treatment they provide

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Single Point of Contact	Utilise existing capital assets to co-locate staff within multi-disciplinary teams		Unassigned	---	---	---	---	---	---	---
	Create unified AHP teams by aligning acute staff with ICSTs		Unassigned	---	---	---	---	---	---	---

OUTCOME 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support treatment they provide

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Statutory/Core Work	Develop an Improvement Plan arising from Multi-Agency Inspection of Adult Services	An Improvement Plan has been drafted and is now in its final stages of development prior to be signed off by the Care Inspectorate and the Partnership. The plan has been designed around the 9 improvement themes and assigns timescales and leads to each action.	Green	---	---	---	---	---	---	---
	Implement the identified improvements following the Inspection		Unassigned	---	---	---	---	---	---	---
	Percentage of staff who say they would recommend their workplace as a good place to work		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sickness absence (NHS - 4%)		Unassigned	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sickness absence (SLC - 4.5%)	In this quarter the average monthly figure for absence was 5.6%. This is an increase from the previous quarter's average monthly figure for absence which was 4.6%.	Red	4.5%	5.6%	5.6%	-----	-----	0.0%	4.4%
Suitable and Sustainable Housing	Consult with partners and stakeholders and prepare for the next Local Housing Strategy (LHS) 2017-2022		Unassigned	---	---	---	---	---	---	---

OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Intermediate care to reduce reliance on hospital and residential care	Invest in the care at home market to achieve zero days in non-complex home care delays of 3 days and over		Unassigned	---	---	---	---	---	---	---
	Build on the current successful services by developing and commissioning flexible models of intermediate care across all partners		Unassigned	---	---	---	---	---	---	---

OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
Mental health and wellbeing	Invest additional funding for early intervention and prevention, across life span		Unassigned	---	---	---	---	---	---	---
	Develop arrangement for hosted mental health services for the Partnership		Unassigned	---	---	---	---	---	---	---
Seven day Services	Consider the findings of the Sir Lewis Ritchie National Out of Hours review and work in collaboration with the NHS Boards to agree future service direction with regards to this		Unassigned	---	---	---	---	---	---	---

OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year					2015/16
						Q1	Q2	Q3	Q4		
Statutory/Core Work	Implement Organisational Development Plan to create leadership capacity across the Partnership		Unassigned	---	---	---	---	---	---	---	---
	Develop and implement a performance reporting tool / dashboard for the Partnership		Unassigned	---	---	---	---	---	---	---	---
	Complete the electronic needs assessment profiling tool and roll out to localities to support the locality planning agenda		Unassigned	---	---	---	---	---	---	---	---
	Implement governance and management structures to support the delivery of better integrated services		Unassigned	---	---	---	---	---	---	---	---
	Develop and implement a health and social care IT plan		Unassigned	---	---	---	---	---	---	---	---
	Scope out and test a model for integrated locality health and wellbeing interventions based on existing partnerships and programmes with South Lanarkshire Leisure and Culture		Unassigned	---	---	---	---	---	---	---	---
	Future engagement with PPFs and other bodies to be agreed		Unassigned	---	---	---	---	---	---	---	---
	Scope out potential models of integration where partners can share resources and infrastructure building capacity within communities		Unassigned	---	---	---	---	---	---	---	---
	Continue to deliver evidence based robust partnership health intervention initiatives in line with population need ensuring access for all		Unassigned	---	---	---	---	---	---	---	---
	Develop dedicated Quality Improvement infrastructure, capacity and capability within the Partnership		Unassigned	---	---	---	---	---	---	---	---
	Work with NHS Lanarkshire to develop bed modelling for future service requirements		Unassigned	---	---	---	---	---	---	---	---
	Implement the National Clinical Strategy		Unassigned	---	---	---	---	---	---	---	---

OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year					2015/16
						Q1	Q2	Q3	Q4		
	Agree a prioritisation methodology for use by the Partnership for the commissioning work		Unassigned	---	---	---	---	---	---	---	---
	Work with NHS Lanarkshire to implement the local Healthcare Strategy		Unassigned	---	---	---	---	---	---	---	---
	NHS Boards to operate within their agreed revenue resource limit, capital resource limit, and meet their cash requirement		Unassigned	---	---	---	---	---	---	---	---
	Develop and implement a workforce development strategy to support the implementation of health and social care	Social Work Resources require to take forward 2 actions from the Climate Change Duties Compliance Improvement Plan. One of these actions is to carry out an exercise looking to re-designate residual waste bins to recycle bins for Council properties. This work is in the early stages, meetings have been set up to look at the Social Work properties with a view to carrying this forward.	Green	---	---	---	---	---	---	---	---
	Develop and implement a locality planning approach to support the implementation of the Strategic Commissioning Plan	All four Locality Planning Groups have now been established and have now met on several occasions. Each of the four groups is chaired by a voting member of the Integration Joint Board and led from a planning and development perspective by an identified locality lead. Work will now be undertaken to develop full locality strategic needs profiles, which will, in tandem with the Strategic Commissioning Plan, set the agenda for each of the localities.	Green	---	---	---	---	---	---	---	---

OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services

Themes	Measures (non statistical measures shaded grey)	Comments/ Progress	Status	Target	To Date	----- This Year				
						Q1	Q2	Q3	Q4	2015/16
	Develop and roll out a communication strategy for Health and Social Care Integration using a range of methods including: newsletter, web page, stakeholder engagement events, practitioner interest groups and frequently asked questions and answers		Unassigned	---	---	---	---	---	---	---
	Expenditure on end of life care		Unassigned	0	0	0	0	0	0	0

Report

5

Report to:	Performance and Audit Sub-Committee
Date of Meeting:	30 August 2016
Report by:	Executive Director, Social Work Resources, and Chief Officer, Health and Social Care Partnership

Subject:	Risk Management and Risk Registers
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present for noting to the Performance and Audit Sub-Committee, the respective Risk Registers for the Integration Joint Board (IJB), NHS Lanarkshire (including Community Health Services) and South Lanarkshire Council, Social Work Resources.

2. Recommendation(s)

2.1. The Performance and Audit Sub-Committee is asked to approve the following recommendation(s):-

- (1) that the content and breath of risk outlined in each report and the actions to mitigate against the impact of such risks and;
- (2) agree that a workshop is facilitated to further develop the read across between the respective risk registers for the IJB, NHS Lanarkshire and South Lanarkshire Council.

3. Background

3.1. As part of the preparatory work to establish a fully functioning Integration Joint Board (IJB) in South Lanarkshire, work was undertaken to prepare a Risk Register to ensure that IJB members were apprised of the current risks facing and how these would be managed.

3.2. An extensive piece of work was commissioned to develop the IJB Risk Register which included a Risk Workshop in September 2015 and the development of a Risk Management Strategy. This output of this work was presented for consideration by the IJB in December 2015. A further update of this was then presented to the IJB in April 2016 which requested IJB approval to the final Risk Register and confirmation that the IJB would sign up to the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

3.3. Alongside and underpinning this piece of work, are the historic risk management arrangements and registers prepared by the parties (NHS Lanarkshire and South Lanarkshire Council). It is recognised that the Risk Registers of both parties is extremely important to the health and social care integration agenda, given that both NHS Lanarkshire and South Lanarkshire Council Social Work Resources will continue to operationally deliver the vast majority of the strategic intentions outlined in the Strategic Commissioning Plan 2016-2019.

4. Current Position

4.1. In view of the above, attached in Appendices 1-4 are the following Risk Registers:

- ◆ the IJB Risk Register
- ◆ NHS Lanarkshire's Corporate Risk Register
- ◆ Social Work Resources Risk Register
- ◆ risk associated with the delivery of Community Health Services (now subsumed as part of the delegated functions of the IJB).

4.2. In reading across each of the above Risk Registers, it is apparent that there are a number of common and interrelated themes including meeting statutory requirements, risk management, performance and savings targets.

5. Next Steps

5.1. Given that the IJB has a locus to direct (through the Strategic Commissioning Plan), the operational delivery of the delegated functions, further work will be undertaken to further strengthen the linkage between the strategic and operational risk evident in each of the above registers, particularly where there is strong overlap of themes.

5.2. In view of the above, a further workshop will be held to further develop the risk management approach for the Partnership. On completion of this a revised risk register will be presented to the IJB for approval.

6. Employee Implications

6.1. There are no employee implications associated with this report

7. Financial Implications

7.1. There are no financial implications associated with this report.

8. Other Implications

8.1. There are no additional risks associated with this report.

8.2. There are no sustainable development issues associated with this report.

8.3. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. An Equality Impact Assessment is not required as this does not introduce a new policy or strategy.

Harry Stevenson

Executive Director, Social Work Resources, and Chief Officer, Health and Social Care Partnership

Date created: 29 July 2016

Previous References

◆ none

List of Background Papers

◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Craig Cunningham, Head of Commissioning and Performance

Ext: 3704 (Phone: 01698 453704)

Email: craig.cunningham@southlanarkshire.gcsx.gov.uk



Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	19 April 2016
Report by:	Executive Director (Social Work Resources) and Chief Officer, Health and Social Care Partnership

Subject:	Risk Register for the Integration Joint Board
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present the up to date version of the risk register detailing strategic risks to the Integration Joint Board
- ◆ provide an update on the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)

2. Recommendation(s)

2.1. The Integration Joint Board (IJB) is asked to approve the following recommendation(s):-

- (1) that the process for developing the risk register is noted; and that the risk register for the IJB is approved;
- (2) that the Scottish Government's acceptance of the IJB's application to join CNORIS is noted;
- (3) that the next steps for the ongoing ownership and upkeep of the IJB risk register and future reporting arrangements are noted.

3. Background

3.1. Following a risk workshop held on 8 September 2015, an initial risk register for the IJB was prepared with details of the very high graded risks reported and approved by the IJB on 1 December 2015. At that time, the IJB requested that a full up to date risk register be reported to the Board.

3.2. At the meeting on 1 December 2015, the IJB also approved their Risk Management Strategy and agreed to an application being submitted to the Scottish Government for them to become members of CNORIS.

4. Development of a Strategic Risk Register

4.1. The Risk Managers of both partner organisations carried out a review of the initial risk register to refine the content.

4.2. The initial risk register was subsequently issued to all those who attended the September 2015 risk workshop for review and comment. This is essentially a cross section of staff working in health and social care. The risk register has been updated to reflect comments and requested amendments received. A number of transitional

risks have now been removed from the original risk register and the remaining risks rescored. At the same time, a suite of risk control actions to mitigate risks was refined.

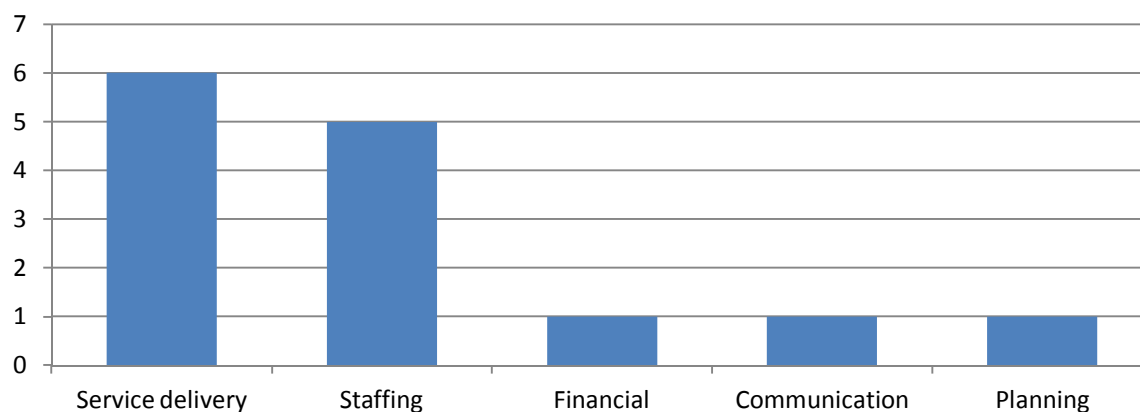
- 4.3. The IJB risk register was also reviewed against the existing risk registers for NHS Lanarkshire and South Lanarkshire Council Social Work Resources.
- 4.4. This provided assurance that the three registers had a consistency of approach, with all three capturing similar types of risk. All three risk registers are comprehensive and complement each other, with the appropriate ownership of the captured risks.
- 4.5. The IJB is asked to note the process undertaken to develop the risk register and to approve the full finalised risk register, attached at Appendix one.

5. IJB Initial Risk Profile and Key Risks

- 5.1. The table below shows the IJB risk profile, for the 14 risks identified. The profile sets out the likelihood and impact of each risk, giving an overall assessed level of residual risk.

			Impact				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
Likelihood	Almost Certain	5					
	Likely	4					
	Possible	3			4	1	
	Unlikely	2					
	Rare	1			9		

- 5.2. The profile shows that 64.3 per cent of risks identified have a residual risk rating of low; 28.6 per cent are rated medium and 7.1 per cent are rated high.
- 5.3. At this time, the attached risk register reflects the nature of risk proportionate with the maturity of the IJB. In line with the IJB risk strategy, where required, actions have been identified to mitigate risks, particularly for the higher rated risks.
- 5.4. The 14 risks identified have been classified within five risk classifications. The split per classification is shown below:



6. CNORIS Update

- 6.1. An application was submitted to the Scottish Government for the IJB to join CNORIS in December 2015. The Scottish Government confirmed in January 2016 that the application had been accepted and the IJB is now a member of CNORIS.
- 6.2. The key cover provided by this arrangement is in respect of Officers/Officials indemnity. This protects against claims which may arise from the decisions and actions taken by Board members within the scope of their normal duties.
- 6.3. The IJB is asked to note the Scottish Government's acceptance of the IJB's application to join CNORIS.

7. Next Steps

- 7.1. In November 2014, at the outset of the discussions around the work required to be undertaken by the Risk Managers of both partner organisations in respect of insurance and risk management arrangements for the Integration of Health and Social Care, a scope of reference was agreed, namely:
 - ◆ to provide ongoing input to insurance liability, indemnity and risk management clauses within the integration scheme document;
 - ◆ to explore insurance/risk financing options;
 - ◆ to develop and implement a risk management strategy and framework; and
 - ◆ to prepare risk registers and risk control plans.
- 7.2. Given that these areas of work have now been completed, the Health and Social Care Management Team will now take ownership of the IJB risk register, which will require to be reviewed and updated on a quarterly basis.
- 7.3. The Health and Social Care Management Team will also require to ensure that actions detailed within the risk register are progressed.
- 7.4. Future reviews and updates to the IJB risk register should give consideration to the partner organisation's risks and where a number of operational risks impact across multiple service areas or because of interdependencies, require more strategic leadership, then these can be proposed for escalation to strategic risk status for the IJB.
- 7.5. A review of risks against the strategic objectives within the IJB Strategic Commissioning Plan will require to be undertaken.
- 7.6. Subject to approval of an Audit and Performance Committee being established, it is recommended that quarterly risk update reports should be reported to the Committee during the first year of integration. The frequency of reporting should be considered thereafter.
- 7.7. As a minimum, as per the Risk Management Strategy, an annual report should be provided to the IJB.
- 7.8. The IJB is asked to note the next steps for the ongoing upkeep of the IJB risk register and future reporting arrangements.

8. Employee Implications

- 8.1. The Health and Social Care Management team will require to provide relevant support to the IJB in the further development and upkeep of the IJB risk register.

8.2. Where required, advice and support will be available from the Risk Managers of both partner organisations in the implementation of the IJB's risk management arrangements.

9. Financial Implications

9.1. There are no financial implications associated with the risk work being undertaken.

10. Other Implications

10.1. There are no additional risks associated with this report.

10.2. There are no sustainable development issues associated with this report.

10.3. There are no other implications at this stage.

11. Equality Impact Assessment and Consultation Arrangements

11.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

11.2. Consultation has taken place with appropriate personnel within the partner organisations.

Harry Stevenson

Executive Director (Social Work Resources), Chief Officer, Health and Social Care Partnership

7 March 2016

Previous References

- ◆ Report to South Lanarkshire Integration Joint Board - Development of a Risk Management Strategy and Register for the Integrated Joint Board, 1 December 2015
- ◆ Report to South Lanarkshire Integration Joint Board – Clinical Negligence and Other Risks Indemnity Scheme (CNORIS), 1 December 2015

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Scott Dunsmore, Insurance and Risk Manager
Ext: 5844 (Phone: 01698 455844)
Email: scott.dunsmore@southlanarkshire.gcsx.gov.uk

Carol McGhee, Corporate Risk Manager
NHS Lanarkshire
Kirklands
Phone : 01698 858099
Email: carol.mcgee@lanarkshire.scot.nhs.uk

Appendix One – IJB Risk Register

Key Risk	Classification	Inherent Risk Level	Controls	Adequacy of controls	Risk Treatment	Residual Risk Level	Further Action Required	Responsible Person	Target date
Strategic planning arrangements between Children's Services and Adult and Older People Services not clearly defined.	Service Delivery	Medium	<ol style="list-style-type: none"> 1. Community plan / SOA 2. Corporate Parenting Roles and Responsibilities 3. Clarity of Roles of IJB / Children Partnership Board 4. GIRFEC well embedded 	Adequate	Mitigate	Low	<ol style="list-style-type: none"> 1. Clarity of approval arrangements for plans for Joint Working 2. Develop robust arrangements for transitions 3. Council managed children's services - planning and delivery options to be agreed 	Head of Children & Justice	April 2016
Failure to effectively communicate key information to staff	Communications	Very High	<ol style="list-style-type: none"> 1. Communication strategy in place 2. Key messages delivered in a consistent way 3. Heads of Service Integrated 4. Locality Seminars 5. Locality Leads & links 6. Locality Planning Groups 7. Newsletter 	Adequate	Mitigate	Low	<ol style="list-style-type: none"> 1. Managers to implement and support the communication strategy in a consistent manner. 	Heads of Service	Ongoing
Reduction in Public Sector finances as a consequence of austerity measures	Financial	Very High	<ol style="list-style-type: none"> 1. Existing budgetary Management Procedures 2. Existing efficiency regimes 3. Budget monitoring monthly 	Good	Mitigate	Medium	<ol style="list-style-type: none"> 1. Joint Financial Procedures to be agreed 2. Due diligence to be completed 3. Completion of Strategic Commissioning Plan 	Directors of Finance	April 2016
Equal Pay	Staffing	Very High	<ol style="list-style-type: none"> 1. Both NHSL and SLC have well established job families, pay scales and evaluation schemes. 2. Established trade union and employee relations 3. Conciliation and arbitration processes in place 	Adequate	Mitigate	Low	<ol style="list-style-type: none"> 1. Joint communication to reassure staff 2. Personnel in local authority and NHS to identify potential areas of challenge and develop business case to justify / amend the current position 	HR / Personnel and Organisational Development Lead	September 2015 onwards
Lack of common approach to staff engagement NHS/SLC	Staffing	Very High	<ol style="list-style-type: none"> 1. Existing systems in place to look at employee engagement 	Adequate	Mitigate	Low	<ol style="list-style-type: none"> 1. Agree rules of staff engagement for IJB 	HR Leads	Ongoing

Lack of clarity around management roles and responsibilities/silo operational working	Staffing	Very High	<ol style="list-style-type: none"> 1. Heads of Service Integrated meetings 2. Locality Seminars 3. locality Leads / Links 	Adequate	Mitigate	Medium	1. Move to fully integrated management arrangements	Heads of Service	Ongoing
Potential restructures/ displaced employees	Staffing	Medium	<ol style="list-style-type: none"> 1. Joint organisational development 2. Redeployment sits with constituent organisation 3. Fit with finance risk re 'severance pay' 	Adequate	Mitigate	Low	1. Develop workforce planning strategy and Organisation Development Plan	HR Leads	Ongoing
Lack of joint training approach	Staffing	High	<ol style="list-style-type: none"> 1. Joint OD / training post. 2. Training / Leadership in place 3. Joint OD Strategy c/o joint Management Strategy 4. National training around integration 	Adequate	Mitigate	Low	1. Identify and define joint training opportunities	HR Leads	Ongoing
A lack of shared understanding of service context and priorities	Service Delivery	High	<ol style="list-style-type: none"> 1. Integration schemes agreed 2. JSC group in place with framework 3. Locality leads identified dates for initial LPG's and development sessions with stakeholders 	Adequate	Mitigate	Medium	<ol style="list-style-type: none"> 1. Locality Planning Groups to be established, with clear terms of reference 2. IJB member to chair Locality Planning Groups 	Heads of Service & Locality Leads	April 2016 onwards
Ineffective Change Management	Service Delivery	Very High	<ol style="list-style-type: none"> 1. Organisational Development programme developed 			Low	<ol style="list-style-type: none"> 1. further develop core leadership/management skills to drive change 2. identify skills gap 3. address culture differences 4. HR support for Managers 	Organisational Development Lead	Ongoing

Lack of IT/Data Sharing Strategies	Service Delivery	Very High	<ol style="list-style-type: none"> 1. LDSP in place ISP in place, Community Core Sub Group in place. 2. Information Sharing Protocol in place 3. Multi-agency store c/o assessments with electronic sharing between wards OP Team/ A&E / Locality SW 4. Alerts for Child and Adult Protection 5. Electronic key information share in place (OOH, SAS) 6. Integration has been identified as an I.T priority within the Council 	Adequate	Mitigate	Medium	<ol style="list-style-type: none"> 1. Anticipatory Care Plan to be shared with Social Work 2. Access to View, assessments, support plans and reviews across Health and Social Care workforce 	I.T Leads	April 2016 onwards
IJB have limited influence on Acute Services planning and delivery (shifting the balance of care)	Service Delivery	Very High	<ol style="list-style-type: none"> 1. Healthcare strategy development and Joint Strategic Commissioning Plan developments will agree the approach to capacity planning in acute services. 2. Tripartite meetings between both NHS and Local Authority Chief Executives and the Chief Officer. 3. The National Strategy, "A route map to a 20/20 Vision for Health and Social Care which specifically requires local partnerships to consider this within planning and delivery of services. 	Adequate	Accept	High	<ol style="list-style-type: none"> 1. Regular liaison meetings with acute services regarding priorities and service demand in relation to emergency admissions, A&E attendances and discharge planning. 	Chief Officer	September 2015 onwards
Maintaining broad and representative service user/patient and carer engagement	Planning	Medium	<ol style="list-style-type: none"> 1. Appreciative inquiry approach to develop and expand existing engagement forums. 2. The development of locality planning provides a real opportunity to enhance participation and engagement closer to service delivery. 3. Support planning and reviews. 4. Existing planning forums already have a foundation on which to build and enhance service user/patient and carer engagement. 	Adequate	Accept	Low	<ol style="list-style-type: none"> 1. Further develop existing infrastructure - planning forums and stakeholder events 	Chief Officer	September 2015 onwards

Potential conflict between neighbouring IJBs in relation to hosted services	Service Delivery	High	<ol style="list-style-type: none"> 1. There are current management arrangements already in place, which existed under Community Health Partnerships. These continue to operate presently. 2. Both North and South IJBs are working together to look at how hosted services should work in the context of Strategic Commissioning. 3. Performance reports continue to be presented in relation to each service on a quarterly basis 4. Financial and budgetary controls 	Adequate	Accept	Low	Final agreement to be reached in respect of the 21 hosted services and signed up within the Strategic Commissioning Plans for North and South IJBs and the Healthcare Strategy for Lanarkshire	Chief Officer	September 2016
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Corporate Management
Team
Meeting: 11th July 2016

Lanarkshire NHS Board:
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.org.uk



SUBJECT: CORPORATE RISK REGISTER

1. PURPOSE

This paper is coming to the Corporate Management Team:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE CORPORATE MANAGEMENT TEAM

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the Corporate Risk Manager on behalf of the Risk Owners, and

Is a standing item	<input checked="" type="checkbox"/>
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On the CMT agenda once per month.

3. SUMMARY OF KEY ISSUES

This report will focus on:

- i. New, closed or emerging risks, and material changes to existing risks, since the last reporting period, with the current corporate risk profile
- ii. Very high graded risks
- iii. High graded risks, risks exceeding tolerance, and review of key actions
- iv. Identification of new / emerging risk

i) NHSL Corporate Risk Register, New, Closed, Emerging Risk and Risk Profile

The NHSL Corporate Risk profile is set out in a heatmap, plotted against likelihood x impact = assessed level of risk. There are 34 live corporate risks identified and quantified within this matrix. One (1) risk has been closed, and there are no new risks identified within this reporting period. The full NHSL Corporate Risk Register, accurate as at 1st July 2016, is embedded for reference.



Corporate Risk
Register as at 1st Jul

Summary of the Material Changes within the NHSL Corporate Risk Register:

New Corporate Risks Identified		
No new risks have been identified since the last reporting period.		
Closed Risks		
<p><u>Risk ID 1390</u> There is a risk that by undertaking an essential Patient Notification exercise for a cohort of patients who were treated in NHSL, there is the potential that the reputation of NHSL will be adversely impacted on, as will the potential for an increase in claims and complaints.</p> <p>Dr Kohli.</p>		
Material Changes of Note for Specific Risks		
Risk ID	Description of the Risk and Note of Change	Risk Owner
572	<p>There is a risk that HAI will not be adequately prevented and subsequently controlled, within NHSL, resulting from inconsistency in compliance with guidelines, Policies & Procedures. This has the potential to adversely affect patients, staff, the public and the Corporate Objectives.</p> <p><u>Note of Change</u> The assessed level of tolerance has been reviewed and reduced from Medium to Low</p>	Mrs Irene Barkby
1295	<p>There is a risk that NMC registrants fail to meet the enhanced requirements of revalidation as set out in the provisional NMC Guidance (2015). This could result due to a lack of individual awareness and failure to take appropriate actions in preparation to meet the new requirements, resulting in the inability to revalidate successfully on time. Risk to sustainability of clinical services due to potential shortages of key clinical staff.</p> <p><u>Note of Change</u> The assessed level of tolerance has been reviewed and reduced from Medium to Low</p>	Mrs Irene Barkby
980	<p>There is the risk that with the implementation of the new national eEES (electronic employee support system) to replace the SWISS system, there will be a loss of reliable information with a potential impact on recruitment, payroll, workforce monitoring.</p> <p><u>Note of Change</u> The current assessed level of risk has increased from Low to Medium, (recognising national project, this is based on the impact for NHSL)</p>	Mr Kenny Small

NHSL Corporate Risk Profile as at 1st July 2016

From the 34 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heatmap below:

			IMPACT				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
LIKELIHOOD	Almost Certain	5				1 ↔	
	Likely	4				1 ↔	
	Possible	3		4 ↑	9 ↓	7 ↑	
	Unlikely	2		2 ↓	1 ↔	7 ↑	
	Rare	1		1 ↔	1 ↔		

Directional Arrows denote change in level of assessment for the overall risk profile from the previous report.

Corporate Objectives

All corporate risks are aligned to the 3 primary corporate objectives agreed as Effective, Person – Centred and Safe :

	Low	Medium	High	Very High	Totals
Effective	2	12	2	2	18
Person - Centred	0	1	0	0	1
Safe	0	10	5	0	15
Totals	2	23	7	2	34

Risk Types

The 34 risks have been further described and set out as risk types below:

	Low	Medium	High	Very High	Totals
Business	1	11	5	2	19
Clinical	1	10	2	0	13
Reputation	0	1	0	0	1
Staff	0	1	0	0	1
Totals	2	23	7	2	34

ii) Very High Graded Risks

The 2 very high business risks within this period will potentially have the highest impact on effectiveness for NHSL:

ID	Title	Risk Type	Corporate Objectives	Risk Owner
1385	NHSL Ability to realise the required savings within year 2016/17	Business	Effective	Mrs Laura Ace
643	Cost Effective Prescribing	Business	Effective	Dr Iain Wallace

These 2 risks were reviewed in June 2016 by the responsible Directors with teams/ programme board as appropriate, CMT, and will be subject to continuous review on at least a monthly basis until the risk level is reduced.

(iii) High Graded Risks, Risks Exceeding Tolerance, and Review of Key Actions

From the 34 risks, there are now 20 risks (58%) where the **current** assessed level of risk is higher than the **tolerance** set. The discussion for this section will focus on the key actions, expected completion dates, timelines, identifying what other actions can be taken, and / or the acceptance of the current level of risk, and consideration for consensus change to tolerance. CMT members are asked to focus on the **2 Very High** and the **7 High** graded risks, the 10 risks with **Low** graded tolerance for and the key actions to mitigate to tolerance level for:

ID	Opened Date	Title	Risk Owner	Risk level (current)	Risk level (Tolerance)	Key Actions
1385	25/01/2016	NHSL Ability to realise the required savings within year 2016/17	Mrs Laura Ace	Very High	Medium	<ul style="list-style-type: none"> • CRES schemes to be set out by all Directors with oversight and agreement at CMT and NHSL Board development event • CRES schemes to be subject to risk assessment for impact on service delivery • Consideration for nationally mandated initiatives and policy changes that facilitate the realisation of the balance of the total efficiency savings requirement
643	22/02/2010	Cost Effective Prescribing	Dr Iain Wallace	Very High	Medium	<ul style="list-style-type: none"> • prescribing management software system to monitor prescribing • Prescribing Action Plan 15/16, monitored through the Prescribing Management Board • Investment in Pharmacy Staff
1025	18/02/2013	Reconfiguration of beds for Older Peoples Services	Mr C Campbell, Mr H Stevenson, Ms J Hewitt	High	Medium	<ul style="list-style-type: none"> • Bed Modelling Plan developing • Detailed Investment Plans for Integrated Care Fund • Review of continuing care eligibility and associated bed requirements NHSL wide
1128	10/03/2014	Sustainability of Safe and Effective Medical Input to Clinical Services	Dr Iain Wallace	High	Medium	<ul style="list-style-type: none"> • Action plan from the Deanery review focussed on improving the trainee experience
1405	09/05/2016	Delivery of the Local Delivery Plan (LDP)	Mr C Campbell, Mr C Sloey	High	Medium	<ul style="list-style-type: none"> • Board discussion • Review of LDP targets and NHSL targets for highest achievement and least impact
1412	13/06/2016	GP ability to sustain current GP medical model of care to community hospital and, overtime, sustain delivery of GP Services.	Mr Calum Campbell	High	Medium	<ul style="list-style-type: none"> • Transforming Primary Care Programme Board • Scope non-medical led clinical service model

1323	27/07/2015	Provision of Clinical Services Required	Mr Calum Campbell	High	Medium	<ul style="list-style-type: none"> NHSL Healthcare Strategy
1363	09/11/2015	Increasing Reliance on IM&T	Mr Colin Sloey	High	Medium	<ul style="list-style-type: none"> Undertake planned workbench exercise to test disaster recovery plans for core systems
1413	13/06/2016	Unscheduled Care Performance	Mrs Heather Knox	High	Low	<ul style="list-style-type: none"> Continuous review of performance WGH Action Plan
1280	02/03/2015	Maintaining quality of care and prevention of harm and injury to patients	Dr Iain Wallace	Medium	Low	<ul style="list-style-type: none"> Harm overseen through the Patient Safety Strategic Group Category 1 Adverse Events overseen by Cat 1 Review Group and CMT
1401	06/05/2016	Implementing the Children and Young Peoples (Scotland) Act 2014 : Named Persons	Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Children and Young People Act Implementation Group Health Visitor Pathway Implementation Group
1349	01/10/2015	Child Protection	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Review of all Child Protection Policies To set-up a CP Cat 1 Group
572	28/10/2009	Minimising the risk of HAI across NHSL	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Infection Control and Prevention Team (ICPT) Annual Workplan 16/17
847	24/02/2010	Adult Support and Protection	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Strategic Enhancement Plan through Public Protection Group
1295	09/06/2015	NMC Revalidation of Nurses and Midwives	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Revalidation Steering Group overseeing implementation and monitoring progress, with reporting to HQAIC
1310	24/06/2015	Nursing - Availability of Specialist Practitioners	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Workforce and workload planning process underway
982	31/08/2012	Insufficient number of trained NES Appraisers for Medical Staff	Dr Iain Wallace	Medium	Low	<ul style="list-style-type: none"> Additional trainee session from NES effective from January 2016 Database to track completed appraisals and job plans in secondary care Flexible approach to providing additional appraisals in primary care
1404	09/05/2016	Engagement and consultation for the NHSL Healthcare Strategy	Mr C Campbell, Mrs K Hamilton	Medium	Low	<ul style="list-style-type: none"> Communication Plan in place to coincide with timelines for Healthcare Strategy
1364	09/11/2015	Risk of cyber attack in respect of stored NHSL data	Mr Colin Sloey	Medium	Low	<ul style="list-style-type: none"> Undertake assessment through the new National Information Governance Improvement Measurement Framework : gap analysis of security systems.

980	04/09/2012	National Change of HR / Workforce electronic Systems from SWISS to EEES	Mr Kenny Small	Medium	Low	• Negotiation with Scottish Government to release expected funding to deliver national programme, and NHSL as the exemplar site
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(iv) Identification of New / Emerging Risk

New risks should be considered that reflect any impact from, for example:

- Changes to legislation
- New CEL’s or other notification
- Adverse incidents, clinical outcomes
- Adverse publicity affecting reputation
- Political changes impacting on health board business
- Changes by professional bodies
- Reviews / outcomes /findings from external scrutiny and review reports
- Findings from internal and/or external audit
- Case law

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	X	LDP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	X		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	X	Effective	X	Person Centred	X
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6. MEASURES FOR IMPROVEMENT

Quarterly risk management process compliance reporting through CMT and the Audit Committee has commenced. Specific risks have identified improvement programmes and all risks are overseen by an assurance committee.

7. FINANCIAL IMPLICATIONS

Any financial implications identified will be individual risk specific.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

No further risk analysis is required

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	X	Effective partnerships	<input type="checkbox"/>	Governance and accountability	X
Use of resources	X	Performance management	X	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes
No X

An equality and diversity impact assessment is not required for this report, as the risks apply equally.

11. CONSULTATION AND ENGAGEMENT

The risks expressed and quantified within the register have been subject to discussion and review regularly in a number of forums and will be overseen through an identified relevant Governance Committee.

12. ACTIONS FOR THE CORPORATE MANAGEMENT TEAM

The CMT members are asked to:

Approve	X	Endorse		Identify further actions	X
Note		Accept the risk identified	X	Ask for a further report	X

Through corporate discussion, decision – making and ownership of the corporate risk register, the CMT members are also asked to:

- Note the current corporate risk profile and material changes to the risk register
- Discuss the 2 very high graded risks
- Discuss the 7 high graded risks
- Advise on any further actions that can be taken to work within the agreed tolerance levels for the relevant risks identified
- Seek assurance on any aspect of the full NHSL Corporate Risk Register, embedded
- Agree that the overall changes incorporated into the full Corporate Risk Register reflect the business of NHSL at this reporting period

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Mrs Carol McGhee
Corporate Risk Manager

Dr Iain Wallace
Executive Medical Director

Telephone: 01698 858099

01698 858192

Report

Report to:	Social Work Resources Committee
Date of Meeting:	3 February 2016
Report by:	Executive Director (Social Work Resources)

Subject:	Resource Risk Register and Risk Control Plan
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present an update on the Risk Register and Risk Control actions for Social Work Resources

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the contents of the Resource Risk Register be noted; and
- (2) that the Risk Control Actions be noted.

3. Background

- 3.1. The Council's Risk Management Strategy promotes consideration of risk in service delivery, planning and decision making processes. The Strategy requires Resources to record and review risks and control actions regularly. Social Work Resources follows the Council guidance in developing, monitoring and updating the Resource Risk Register on an ongoing basis.
- 3.2. The purpose of the register is to ensure that the Resource is fully aware of the main risks that it has, prioritise these risks and has controls in place to eliminate or minimise the impact of the risk.
- 3.3. The Resource scores the risks in accordance with the Council scoring mechanism which scores risk based on likelihood and impact of risk. This results in risks being scored between one and nine (low - high).
- 3.4. Risks are first scored on their inherent risk with no mitigations in place (that is risk if we do nothing) and then on their residual risk (risk after applying controls).
- 3.5. The last update to the Social Work Resources Risk Register was reported to the Social Work Resources Committee on 21 January 2015.
- 3.6. The Council's top Risk Register and Risk Control Plan have been fully reviewed. This was completed in October 2015.
- 3.7. A separate Risk Register and Risk Management Strategy for Health and Care Integration has been developed and reported to the Integration Joint Board.

4. Resource Risk Management

- 4.1. The risk reporting agenda within the Resource is co-ordinated through the Resource Management Team and supported by the Service Development Manager who attends the Risk Sponsors Group. The Resource Risk Register is monitored and updated on an ongoing basis, linked to the planning cycle, to ensure that risks remain relevant and that control measures are adequate. It also allows scores of existing risks to be reviewed in light of new information.
- 4.2. Other risks related to the work of the Resource are monitored by the Planning and Performance Team and updated through the work of the client based Performance and Continuous Improvement Groups.
- 4.3. Risks can result from internal or external influences, with examples being the impact of projected funding, legislative changes or the impact of internal or partnership service changes.

5. Risk Register

- 5.1. The Resource Risk Register will be monitored on an ongoing basis to allow new risks to be added and for the control measures and scores of the existing risks to be reviewed in light of new information. The Risk Register is maintained within the Corporate Risk Management System, Figtree.
- 5.2. Risks scored seven to nine are considered to be high risks and these are monitored closely. There are 13 top risks identified for the Resource and these are detailed in Appendix 1.
- 5.3. Three of the top risks are considered to be high/medium in the Resource Risk Register and are also contained within the Council's top Risk Register. These risks were identified as part of the review of the top risk register. This is noted against the relevant risk in Appendix 1.
- 5.4. The development process for the Resource Plan requires a risk assessment process to be undertaken as appropriate resulting in some actions within the Resource Plan having a corresponding risk identified within the Risk Register.
- 5.5. The Central Risk Management team provides regular reports on the number and cost of insurance claims made to the Council. A review of insurance hotspots is underway and risk sponsors will discuss hotspots identified and mitigating actions to be implemented.

6. Scope and appetite for risk

- 6.1. South Lanarkshire Council aims to be risk embracing, that is it will accept a tolerable level of risk in seeking service efficiencies and in agreeing control measures.
- 6.2. The level of risk facing the Council is measured both before (inherent risk) and after (residual risk) consideration of controls. The Council should never carry a high residual risk exposure as this would indicate instability but a low residual risk exposure should also be avoided as this indicates lack of innovation.
- 6.3. South Lanarkshire Council's ideal risk exposure should be consistent with an acceptable tolerance of:
 - ◆ no more than 20 per cent of residual risks at a high level;
 - ◆ around 40 per cent to 50 per cent of residual risks at a medium level; and
 - ◆ around 30 per cent to 40 per cent of residual risks at a low level.

6.4. Social Work Resources' risk exposure is detailed in table 1 below:

6.4.1. Table 1 Social Work Resources Risk Exposure

Residual risk score	Number of risks	Percentage of risks
High (7, 8 or 9)	3	23.1%
Medium (4, 5, or 6)	6	46.1%
Low (1, 2, or 3)	4	30.8%
	13	100%

6.5. The table above shows that Social Work Resources risk exposure is marginally above the acceptable tolerable level for risks rated as high.

6.6. Social Work Resources has ensured that all inherent risks scored at a high level have cost effective control measures in place. Where further control measures are required, these are included within the Resources' Risk Control Plan.

7. Risk Control Actions

7.1. The Resource identified eleven risk control actions, eight of which are completed with the remaining three control actions due by 31 March 2016.

7.2. The risk to which each control action relates is noted in Appendix 2.

7.3. Progress with completion of the Resources' Risk Actions is monitored on a monthly basis by the Central Risk Management team. This is also reviewed by the Resources' Performance and Continuous Improvement groups and also the Social Work Risk and Audit Scrutiny Group on a quarterly basis.

8. Major Projects, Partnerships or Change

8.1. A Partnership Assurance Statement has been drawn up for Social Work Resources to evidence that all partnerships are recorded on a register, that the partnerships have been scored as high or low risk and that high risk partnerships have a risk register in place.

Residual risk score	Number of Partnerships	Percentage of risks
High (7, 8 or 9)	1	7%
Medium (4, 5, or 6)	7	54%
Low (1, 2, or 3)	5	39%
	13	100%

8.2. Within Social Work Resources, thirteen partnerships have been identified. The table above shows the risk exposure of these Partnerships is within acceptable levels and a Risk Control Plan is in place for the one high risk partnership of integration of adult health and social care.

8.3. For partnerships where Social Work Resources lead, the terms of reference for the partnership arrangements will be reviewed.

9. Next Steps

9.1. The risk reporting agenda within the Resource is co-ordinated through the Resource Management Team and supported by the Planning and Performance Manager who attends the Risk Sponsors Group.

- 9.2. Current and future Resource and Service Planning will be developed taking full account of the need to manage the top 13 risks.
- 9.3. The Social Work Resources' policy document "Effective Risk Management" is currently being updated.

10. Employee Implications

- 10.1. There are no employee implications associated with this report.

11. Financial Implications

- 11.1. There are no financial implications associated with this report.
- 11.2. During the year, if any new initiatives are identified which would help mitigate any particular risk faced by the Resource, some financial assistance may be available from the Risk Management Fund.

12. Other Implications

- 12.1. Failure to demonstrate that risk is actively considered and managed can not only lead to avoidable financial loss but could also affect delivery of services and could affect the Resource's reputation.
- 12.2. South Lanarkshire Integration Joint Board's application to become a member of CNORIS was approved by the Scottish Government on 6 January 2016. This application was submitted in line with the requirements of the National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2015.
- 12.3. There are no implications for sustainability in terms of this report.

13. Equality Impact Assessment and Consultation Arrangements

- 13.1. This report does not introduce a new policy, function or strategy, nor does it recommend a change to existing policy, function or strategy, therefore, no impact assessment is required.
- 13.2. There was no requirement to undertake any consultation in terms of the information contained within this report.

Harry Stevenson

Executive Director (Social Work Resources) and Chief Officer, Health and Social Care Partnership

18 January 2016

Link(s) to Council Values/Objectives

- ◆ protect vulnerable children, young people and adults
- ◆ improve services for older people
- ◆ accountable, effective and efficient

Previous References

- ◆ Social Work Resources Committee 21 January 2015

List of Background Papers

- ◆ Figtree extracts (Risk Control Actions)

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Pat McCormack, Service Development Manager

Ext: 3708 (Phone: 01698 453708)

Email: pat.mccormack@southlanarkshire.gcsx.gov.uk

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
1.	Social Work Resources continues to face significant challenges due to increasing demand arising from demographic growth and reduction in funding. As a consequence the scope for budgetary savings diminishes over time and may impact on frontline services.	9	<ol style="list-style-type: none"> 1. The Resource Management Team adopts a systematic approach to savings identification and prioritisation. 2. Service reviews and service redesign options are fully explored and evaluated. 3. Impact on service users and carers managed through robust assessment and review processes. 4. Annual budget meetings with Executive Directors and Head of Finance/Support to identify budget pressures including changes in demand for services and impacts on income streams. 5. Resource provides input to the Council's overall Financial Strategy 6. Management information and accountability. 	8	All
2.	Integration of Health and Social Care	9	<ol style="list-style-type: none"> 1. Chief Officer has been appointed 2. Integration Working Group in place within the Council 3. Reports presented to relevant groups eg, CMT and Executive Committee 4. Integration Board links with Community Planning Partnership. SLC representation on the Integration Board 5. Shadow Board established 6. Model agreed for South Lanarkshire partnership (body corporate) 7. Workplan in place with key milestones noted 8. South Lanarkshire representation on National Group 9. Compliance with National Service Delivery standards, policies and strategies 10. External regulators frequently review Service delivery levels to ensure that these meet national standards 11. Service delivery is linked to Council priorities – and is also evidenced through Resource and Service Plans 12. Organisational Development Manager appointed at South Lanarkshire Council 13. Monitor implication of Services not currently identified as part of integrated services. 14. Risk Management Strategy and Risk Register approved by Integration Joint Board. 	7	Adult and Older People

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
3.	Self-directed Support (SDS)	9	<ol style="list-style-type: none"> 1. A Self-directed Support Implementation Board has been established to oversee the development of SDS. 2. A dedicated post has been created to take forward SDS developments in relation to children and families. 3. A Project Plan is in place to steer SDS implementation. 4. Staff training has been delivered across all client groups in relation to SDS and the new electronic assessment. 5. A framework of preferred providers is being established to assist service-users to utilise registered service providers. 6. Direct payments agreement amended and re-drafted. 7. A range of public information is being developed across all client groups. 8. Resource Allocation system currently being developed. 9. Support planning module nearing completion 10. Work is underway in developing a new carers' module 11. Equality Impact Assessment to be completed in respect of SDS 12. Carers and service-users actively involved in shaping SDS through the Service-user and Carer Sub-group 13. Independent Advice and Support organisation established for South Lanarkshire (Take Control South Lanarkshire) 	7	All
4.	A lack of intervention or action by the council fails to prevent the death, neglect or injury to service users	9	<ol style="list-style-type: none"> 1. Child Protection and Adult support and Protection, policy and procedure and Governance arrangements are in place to guide all staff 2. PVG checks are carried out for all individuals who have contact with service users. This includes staff, foster carers, and paid carers 3. Staff working with service users have appropriate levels of training and professional accreditation, under which they are bound by core professional standards 4. Independent significant case reviews on death, injury and near misses (e.g. by the Mental Health Commission) are carried out and reported to management and staff to ensure that the Resource learns from mistakes and communicates all lessons learnt. 5. Statutory visits related to Adults With Incapacity (AWI) are carried out within set timescales; these are monitored closely and reported to the 	4	All

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
			<p>RMT</p> <ol style="list-style-type: none"> 6. A range of telecare and assistive technology provides a means of monitoring children, adults and young people who may be at risk of a range of different types of harm. 7. Case recording procedures and Assessment and Review Procedures detail the timescales and process for carrying out reviews. 8. Front line managers can access daily management information reports from the online system (SWIS) and IMPROVe in relation to service delivery 9. Annual programme of quality improvement activity includes case file audits, and service specific self evaluation activity 10. External Regulation, based on a set of national standards, provides an additional layer of self evaluation activity 11. care staff being trained to administer medication being piloted in one locality with a view to further roll out when successfully completed. 12. Well established partnerships support multi-agency activity to protect and support children, adults and older people is in place. 13. Working towards all homecare staff being trained to SVQ Level 2 14. Arrangements are in place to ensure that all external providers meet with core standards as set out in contracts 15. Substance Misuse Services provide a range of treatment and personal development opportunities to support people with substance misuse problems to recover from addiction and any associated high risk behaviours 16. Risk Assessments and Safe Systems of Work developed and implemented 17. Resource and Service Health and Safety representatives meet on a regular basis within all Resources 18. ASIST training offered to specific Social Work Resources staff 19. Advocacy Services are provided is support of Adults, Older People and Children. 20. Carer Support is provided to assist carers continue in their caring role, voluntary organisations are funded to provide training and support to carers. 21. Take on board the requirements of The Tobacco and Nicotine Bill in 		

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
			relation to Willfull neglect-duty of Candor		
5.	Failure to meet legislative requirements	7	<ol style="list-style-type: none"> 1. The Resource meets the requirements of the Social Work (Scotland) Act 1968. 2. The Resource has to ensure that it will be compliant with the Mental Health (Care and Treatment) (Scotland) Act 3. The Resource has taken action to ensure that it is compliant with the Equality Act (2010). 4. The Resource meets Supervising Officer requirements under the Adult With Incapacity Act (2000) 5. The Resource meets the requirements of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, with all its registered services 6. Adult Support and Protection (Scotland) Act 2007. The Resource is compliant with public protection requirements. 7. The Children's Act 1995, The Children's Hearing (Scotland) Act 2011 and the introduction of the Children and Young Persons (Scotland) Act 2014 reaffirms our commitment to Getting it right (GIRFEC) for every child 8. The Resource is compliant with legislation relating to Justice Services, including the return of the Community Payback Annual Report 9. The Resource carries out environmental scanning to ensure that officers are kept up to date on new or emerging policy and legislation which will have an impact on services such as Carers Legislation. 10. Training is in place to ensure that staff are kept up to date on legislative requirements through various learn on line training, staff circulars, briefings, Personnel circulars, core briefs and the Social Work Bulletin. 	3	All
6.	Reputation is damaged following poor external evaluation	8	<ol style="list-style-type: none"> 1. Our Services are regulated by the Care Inspectorate and we ensure they adhere to National Care Standards. Through weekly monitoring, we quickly respond to requirements or recommendations. 2. All staff receive regular supervision and have an annual PDR which includes a discussion on training needs 3. Annual Health and Safety audits are carried out to ensure that all premises are compliant. 	5	All

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
			<ol style="list-style-type: none"> 4. In line with The Fire (Scotland) Act 2005, annual Fire Safety Risk Assessments are undertaken 5. Quarterly contract monitoring ensures compliance and control of externally purchased services 6. Ensure High Standards of service are delivered with the retention of Customer Service Excellence Award 7. Dementia Care Standards have been introduced as part of the Dementia Strategy. Dementia Champions (South Lanarkshire Council employees) have been trained. 8. Link officer with all Care Homes within South Lanarkshire 9. Deficiency in Care issues reported to relevant teams and action plans put in place to resolve 10. Take forward recommendations from scrutiny bodies with action plans put in place to resolve any outstanding issues. 		
7.	Partnership arrangements are not effective	8	<ol style="list-style-type: none"> 1. Social Work Resources are involved in a number of partnerships across all areas of service delivery. Many of these are linked through the Health and Social Care Partnership that inform the SOA (Single Outcome Agreement). 2. Reshaping care for older people and the Change Fund in South Lanarkshire. 3. The Partners in Practice Group (Learning Disability) is currently working on an action plan which links to the Learning Disability Strategy, The Keys to Life. 4. The resource is also linked into NHS led partnership groups such as the Cancer Strategy, the Palliative Care Strategy and work on health inequalities. 5. Getting it Right for South Lanarkshire's Children (formerly Integrated Children's Services) group. This group has recently been recognised as a full programme board of the Community Planning Partnership. The Early Years Collaborative will form a part of this wider partnership group. 6. Public Protection Arrangements Partnerships are in place for Child Protection ; Adult Support and Protection; MAPPA ; Doorway 7. Choose Life Partnership centres on suicide prevention and is a well 	3	All

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
			<p>established partnership group linked to a defined national programme</p> <p>8. Social Work Resources is involved in partnership with carer organisations.</p> <p>9. The Resource values the views of service users, carers and staff and has adapted the corporate Participation and Involvement Strategy to ensure it is fit for purpose for Social Work services.</p> <p>10. A review of partnership arrangements has been undertaken and a partnership Risk Register developed.</p>		
8.	Change management and strategic direction	9	<p>1. Resource Plan reviewed annually</p> <p>2. Dementia Strategy implementation training plan in place.</p> <p>3. Integrated Community Support Team are further rolled out across the authority by a further 2 localities by end of financial year.</p> <p>4. Staff seminars re integration in place for all localities</p> <p>5. Reshaping Care for Older People projects funded by “Change Fund “ are monitored</p> <p>6. SDS Project Board meets regularly</p> <p>7. Implement changes in Case recording system and guidance across the Resource</p> <p>8. Key Performance Measure for Children’s services currently being reviewed. Updates reported to Strategy Group and Partnership Board.</p> <p>9. Monitor implications of National review of Social Work Criminal Justice Services.</p> <p>10. Plan for the changes to Children’s Services with the introduction of new legislation parts of which extends the age range to support young people in care.</p>	3	All
9.	Information management	7	<p>1. The Resource has a well established case file audit process in place</p> <p>2. Information Governance continues to feature as a priority in the Resource Plan.</p> <p>3. Data Sharing Protocols are in place with partners to ensure the appropriate sharing of information about service users</p> <p>4. Monitor contracts in place with providers to ensure compliance with data protection requirements</p> <p>5. Data information audit across the resource being undertaken</p>	4	All

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
			6. EDRMS (Electronic Documents Records Management System)being rolled out across localities		
10.	Business continuity arrangements are not complete or robust	7	<ol style="list-style-type: none"> 1. Social Work IT business continuity plans are in place and have been upgraded as per IT Workplan. 2. Social Work Resources have identified a lead officer for contingency Planning. 3. Our registered Care Services are required to have a service contingency plan in place to ensure service user safety and continuity of service. 4. Severe weather protocols have been developed for all our services specifically home care attending to service users in isolated communities 5. Safe winter driving guidance is available to all staff. 6. Workforce planning – social work resources employs 3,128 staff and provides a broad range of services to the most vulnerable people in South Lanarkshire 7. Contract monitoring and compliance conducts audits with our external service providers and has sampled their continuity plans. 8. SWISplus Software and Hardware Upgrade 9. Council wide PREVENT Strategy in place to meet legislation and training available for staff 	2	All
11.	There are not enough trained, competent and qualified staff to lead and deliver quality, person centred services	9	<ol style="list-style-type: none"> 1. Learning and Development Board identifies and monitors training and support required 2. The Dementia Strategy has highlighted a range of areas for staff training and development which is currently underway. 3. Changes to service design are accompanied by support and training for staff 4. The Resource operates an approach to staff supervision which incorporates a number of key corporate policies as well as professional supervisory functions 5. There are a range of training courses provided in relation to public protection 6. Core Briefs, prepared to update staff on significant issues 	4	All

Rank	Risk description or area of work	Inherent risk score	Control measures	Residual risk score	Service
			<ul style="list-style-type: none"> 7. The Resource has identified a number of staff who act as practice teachers and link workers for social work students 8. Severe Weather protocols in place to ensure the impact on service delivery is minimised 9. A number of staff undertake post graduate qualifications to further enhance respective areas of work 		
12.	Reduced funding and savings difficulty	7	<ul style="list-style-type: none"> 1. There are a number of routine practices in place to monitor budgets 2. Service reviews and redesign takes place to identify where services might be more efficient ways of working within the Resource and in partnership with others 3. Contract Monitoring and commissioning of the purchase of external services had led to financial controls being placed on providers. 4. Social Work Resources has developed a Resource Allocation System 5. Frontline Services are protected 6. Equality Impact Assessments are carried out 7. Personal Outcomes for service users may not be service lead, but found in innovative use of universal services within local communities. 	5	All
13.	Effects of implementation of Welfare Reform legislation	6	<ul style="list-style-type: none"> 1. Information sessions have been held with adult service users and carers, particularly among client groups which will be affected by the move to Personal Independence Payment. 2. Social Work Resources includes the Money Matters Advice Service which provides information, support and advice to residents of South Lanarkshire in relation to benefits, debt and general financial advice 3. Additional resource has been invested in the Money Matters Advice Service specifically designed to support carers to maximise their income and to manage their finances. 4. Liaison Meetings with housing colleagues, to ensure any service users in a vulnerable position can seek assistance 5. Corporate Welfare group, which social work has a representative on, were significant concerns are raised. 6. Local office budgets monitored more closely, as additional demands placed on the Resource by those struggling to cope financially 	4	All

Rank	Risk description or area of work	Inherent risk score	Control measures			Residual risk score	Service
	Inherent risk score	Number of risks	Residual risk score	Number of risks	Percentage of risks		
	High	12	High	3	23.1%		
	Medium	1	Medium	6	46.1%		
	Low	0	Low	4	30.8%		
		13		13	100%		
	High (7, 8 or 9)						
	Medium (4, 5, or 6)						
	Low (1, 2, or 3)						

Risk Control Actions 2015/16

Appendix 2

	Risk		Due date
1	Death, neglect or injury to vulnerable client	Arrange for existing employees, foster carers, paid carers to go through Protecting Vulnerable Group (PVG) checks and be registered for people working with vulnerable groups.	COMPLETED
2	Insurance Hotspots 2015	Ensure that the lessons learned process is being completed within Social Work Resources	COMPLETED
3	Insurance Hotspots 2015	Ensure that the training noted within the Health and Safety training matrix has been completed	COMPLETED
4	Insurance Hotspots 2015	Ensure that the employee Health and Safety Handbooks have been rolled out across the Resource	COMPLETED
5	Insurance Hotspots 2015	Reissue guidance to Homecare staff on what is considered to be suitable footwear whilst at work	COMPLETED
6	Insurance Hotspots 2015	Reiterate the procedure for dealing with spillages within establishments	COMPLETED
7	Insurance Hotspots 2015	Motor 1) Identify all staff within the Resource who drive on Council business 2) Compile a list of authorised drivers 3) Ensure that all driving licence checks are undertaken 4) Identify who has been trained/what training received 5) Ensure that the Drivers Handbook has been rolled out to all employees who drive on Council business 6) Ensure that the LOL module completed - Light Goods Vehicles 7) Ensure that any new driver undertakes appropriate assessment prior to driving 8) Ensure correct reporting procedures carried out 9) Ensure that the points system is implemented effectively across the Resource	COMPLETED
8	Insurance Hotspots 2015	Theft of mobiles/SIM cards - Ensure correct reporting procedures carried out	COMPLETED
9	Insurance Hotspots 2015	Motor - Community Payback 1) Identify authorised drivers 2) Establish when drivers of minibuses last attended MiDAS training course 3) Drivers to attend MiDAS refresher training course if not attended within the last 5 years.	29/02/2016

10	Implementation of self directed support	Audit plan for 2015-16 includes review of SDS systems and processes	31/03/2016
11	Reputation is damaged	MCH: Inventory records for cleaning materials should record additions, deletions and year end totals.	31/03/2016

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ID	Title	CHP Unit	Clinical Division/ CHP Locality/ Service	Description of Risk	Controls in place	Risk level (initial)	Risk level (current)	Risk level (Target)	Opened Date	Review Date	Risk Owner	Risk Register Lead
1078	Sustainability of the Out of Hours (OOH) Service within NHS Lanarkshire		CHPS Wide	There is a risk that NHSL cannot deliver an adequate OOH service to meet the demand because of the national and local disengagement of salaried and sessional GMP's, resulting in the potential to adversely impact on patient care, and other partner services : A&E, Scottish Ambulance Service (SAS). Furthermore, the national performance targets cannot be met and adversely impacts on the reputation of NHSL and the full operational service function.	1. Business Continuity Plan level 2 invoked 2. Strategic & Operational Meetings 3. Monitoring of KPI's 4. Internal workarounds 5. Viring resources 6. Closure of Centres 7. HUB report review from each shift and immediate management of any operational / clinical issues 8. Escalation process to Corporate Management Team 9. Temporary change to sessional pay for weekend until 19th August 2013 10. Feedback to NHS 24. 11. Implementation of a NHSL agreed interim model of service delivery effective from 1st July 2015.	4VHIGH	2MED	2MED	12/08/2013	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
452	Child/Adult Protection		CHPS Wide	There is a risk that within NHSL, despite organisational and support systems, there is a potential for failure to protect vulnerable children and adults. Currently NHS Lanarkshire are not able to provide core and fundamental aspects of child protection support services due to insufficient staffing.	1. There are policy and guidelines in place for both Adult and Child Protection. 2. GIRFEC guidance and documentation to support notification of child protection concerns. Reporting templates available to support submission of CP reports for CP meetings. 3. E-care child and adult protection messaging system in place. 4. Compulsor learn-pro module for both child and adult protection. 5. General Child Protection guidance in place for all health professionals. 6. Documentation used with emergency departments prompt staff to consider child and adult protection. 7. Information sharing protocol in place.	3HIGH	3HIGH	3HIGH	30/12/2008	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
846	Difficult and Violent Patients		CHPS Wide	General Medical cover to the Difficult and Violent patients clinic is provided by one GP with the potential disruption to the service in the event of sickness/unexpected absence. Failure to provide these patients with GMS services may lead to risk of injury to other patients, staff or the public. This would also present a reputational risk to NHSL in relation to public safety, confidence and failure to be able to provide services for patients as set out via a court order.	Administration system in place to manage referrals and alert to any unexpected staff shortage. GP has identified cover for holidays and planned absence. Potential to utilise specialist agency cover for unexpected absence.	3HIGH	2MED	2MED	03/03/2011	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
920	Achievement of Reshaping Care for Older People (The Change Fund) Aspirations		CHPS Wide	£7.8m has been made available to NHSL to be used in conjunction with North and South Lanarkshire Partnerships to assist in reshaping care for older people. This will see the shift from a previous traditionally bed-based model to one which is predominantly community based. It involves close work with North and South Lanarkshire Councils as well as the Independent and Voluntary sectors. It also requires a major cultural change for staff and the public and could be subject to potential public criticism related to the closure of hospitals, increased expectations on families and carers as well as transferring work traditionally undertaken by the public sector to other care providers/voluntary services.	Robust Governance arrangements exist at all levels. Evaluation of the various initiatives funded via RCOP has been completed, with a view to refreshing overall investment as part of the integration arrangements 1/4/15. This will be linked to proposed disinvestment in instutional beds to fund the community based services. Budget has been reviewed based on evaluation information of the various projects and a peper with recommendations will go to the CMT December 2014. While most projects appear to be achieving the outcomes set this is not resulted in a reduction in in patient beds and therefore represents an ongoing risk if this budget allocation period is not extended beyond April 2015.	3HIGH	3HIGH	3HIGH	23/12/2011	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham

ID	Title	CHP Unit	Clinical Division/ CHP Locality/ Service	Description of Risk	Controls in place	Risk level (initial)	Risk level (current)	Risk level (Target)	Opened Date	Review Date	Risk Owner	Risk Register Lead
453	Loss of facilities		CHPS Wide	Loss of facilities due to Fire/Flood/Weather damage, Industrial Action/ pandemic illness	1. Business Continuity Planning process in place to ensure regular review of plans 2. Local BCPs for each premise 3. Emergency Resilience Group monitors arrangements within NHSL 4. SEHD Influenza Pandemic Contingency Plan translated into local plans	2MED	2MED	2MED	30/12/2008	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
454	Medication Errors		CHPS Wide	There is a risk of that medication error(s) will occur due to human or systemic error, with the potential to result in harm to patients.	1. Policies and procedures around administration of medication. 2. Nursing staff comply with Professional regulatory framework around the administration of medication 3. Community pharmacists in place working with GP practices 4. Patient Group Directives (PGD's) in place for specific patient requirements. 5. Datix incidents monitored and learning shared across teams	2MED	2MED	2MED	30/12/2008	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
1392	Nurse Consultant for Child, Adult Protection & Vulnerable Families	South East Unit	CHPS Wide	Following refreshed processes around CEL 16 Notification South Lanarkshire Local Authority have in addition of current notifications raised a significant amount of historical notifications. These block referrals have created a significant impact on the workforce (Looked After Children's Nurse & Universal Services) and this has also highlighted that a considerable number looked after children have not had a CEL 16 Health Assessment.	Revised processes and promoting awareness with the local authority should mitigate this happening again. Intervention in place to undertake historical health needs assessment as quickly as possible, prioritising new notifications.	2MED	2MED	1LOW	14/03/2016	29/07/2016	Wendy Mitchell	Irene Barkby
660	Information Governance		CHPS Wide	Risk of loss of patient identifiable information resulting in loss of public confidence and/or litigation as well as Corporate risk associated with the Information Commissioner.	1. Staff training for every member of staff available via Learnpro. 2. IT solutions introduced where possible, e.g. 'fire-walls', withdrawal of portable memory sticks (USBs), etc. 3. Encryption of all lap tops and remote access. 4. Introduction of policies associated with walk rounds, closure of wards/buildings, disposal of furniture and equipment. 5. Information Governance Committee established and regular reports are made to this committee and a further report on any breaches/incidents/system-wide risk made to both the Risk Management Steering Group and Clinical Governance Committee. 6. Further mitigating tools have been applied via electronic reminder and subsequent acceptance of IG issues as part of regular updates. 7. Introduction of Fair Warning for all staff within NHSL. 8. Management walkrounds being undertaken within Localities.	2MED	2MED	2MED	30/04/2010	01/09/2016	Mr Craig Cunningham	Mr Craig Cunningham

ID	Title	CHP Unit	Clinical Division/ CHP Locality/ Service	Description of Risk	Controls in place	Risk level (initial)	Risk level (current)	Risk level (Target)	Opened Date	Review Date	Risk Owner	Risk Register Lead
498	Risk of not achieving prescribing financial balance		CHPS Wide	Risk of not achieving financial balance due to formulary compliance, high cost of drugs, use of controlled drugs and practice of Drug industry pricing, potential to adversely affect the NHSL CRES target.	1. Monitored by Prescribing Management Board 2. Locality Community Pharmacists in place. 3. Prescribing Action Plan 4. Monitoring by Locality Clinical Forums 5. systems in place to manage the entry of new high cost drugs 6. Action plans developed and will be the responsibility of the CQL. 7. Produced a CRES plan which has been submitted to CLT. 8. Further discussion sought on further potential savings with practices. 9. Introduced a prescribing board and a GP prescribing incentive scheme.	2MED	2MED	2MED	29/05/2009	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
446	Effective Clinical Governance Framework		CHPS Wide	There is a risk that the SHSCP may not capture data that allows full understanding of any clinical or other risks which may adversely impact on patient care and /or organisational performance.	1. Formal clinical governance structure in place 2. complaints review process which delivers an action plan to implement lessons learned. complaints training for staff now being rolled out and reported at quarterly reviews. CHP head meets with chief executive and GM's to review complaint profile on a quarterly basis. 3. Critical incident and ombudsman reviews which also deliver action plans. 4. DATIX incident trend reports 5. Reporting of all risks, including the risk register, at regular Management Meetings, that would include eg Health & Safety Committee, Partnership Committee, SHSC Management Team, Joint North and South Care Governance meetings.	2MED	2MED	2MED	30/12/2008	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
449	Meeting all HEAT Targets		CHPS Wide	There is a risk that the HSCP will not meet all HEAT targets as a result of financial pressures which may mean that full staffing complements cannot be maintained with the subsequent reduction in activity with the potential to result in adverse public and political reputation of NHSL.	1. Established performance management framework and subsequent reporting and monitoring against same. 2. Locality Clinical Forum to discuss and agree priorities for action 3. Through full implementation of Community Nursing review ensure sufficient capacity to embed Keep Well and Care Management Principles across the Community Nursing Workforce. 4. Training for managers in dealing with sickness absence 5. Joint working with Acute colleagues to achieve shared targets eg T6.	2MED	3HIGH	1LOW	30/12/2008	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham
450	Compliance with Statutory Requirements		CHPS Wide	There is a risk that due to staff availability, not all staff are trained in mandatory training i.e. Health and Safety Policies, Moving and Handling, Working Alone, Fire Training resulting in an inability to fully comply with statutory requirements and obligations.	1. formal training in place 2. ratified HR policies 3. Health and Safety control books 4. NHSL wide monitoring group to look at mandatory requirements 5. Regular performance reporting at standing management committees, especially Health & Safety Committee. 6. Review of all mandatory training within CHP is ongoing.	1LOW	3HIGH	1LOW	30/12/2008	01/08/2016	Mr Craig Cunningham	Mr Craig Cunningham