

ID	Risk level	Division	Management Team	Service Area	Risk Owner	Handler	Title	Description	Controls in place	Adequacy of controls	Risk level (current)	Rating (current)	Date Opened	Last Reviewed
3612	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Risk identified with some projects and schemes to deliver on the Lothian Reinvestment Programme	Midlothian H&SCP will not achieve its financial targets because efficiencies are not delivered and unexpected financial pressures, particularly in relation to Prescribing, may arise, leading to a detrimental effect on the organisation, services and patient care.	1. Regular monitoring of performance against efficiencies at all levels and regular monitoring of expenditure (non-capital budget), evidenced by monthly finance reports 2. Monthly Health Management Team meetings includes attendance of Finance Business Partner to discuss and progress plans, evidenced by minutes and agreed actions 3. Adherence to budget setting and financial planning process, evidenced by appraisals and monthly budget reports 4. Financial objectives embedded in each budget manager's annual objectives and PDP, evidenced through eKSF process 5. Focused work on Prescribing planned to better understand variances and overspends during Q3 & Q4. 6. Fortnightly finance meetings to ensure effective monitoring of spend is in place. 7. Planned programme of work to identify efficiency programmes across health and social care, with identified lead roles and agreed monitoring processes. 8. Transformation Board established with key senior leadership involvement. 9. Appointment of Transformation Manager to support delivery of service delivery programmes.	Satisfactory; controls adequately designed to manage risk and working as intended	High	12	3/21/2014	7/11/2018
3888	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Primary Care Sustainability	There is a risk that Midlothian Health & Social Care Partnership fails to provide primary medical services to the population due to increasing capacity pressures within GP Practices as a result of recruitment difficulties and additional workload within primary care. This may lead to: - increased number of closed and/or restricted lists and resulting impact on other practices - patients not being able to register with their local practice - additional workload for existing GPs due to inability to fill vacancies - increased pressure on other parts of the health & social care system - increased demands during Winter may impact on unscheduled care within the acute setting	1. Individual meetings with Practices to discuss key issues and pressures. 2. Additional investment and capacity through LEGUP, pharmacy input, extension of premises and provision of equipment by the HSCP. 3. Monthly GP Reps meeting to review pressures and explore collective approaches. 4. Development & ongoing review of vulnerability register for all Practices in Midlothian. 5. Establishment of new Practice within Midlothian to create additional capacity within the area. 6. Funding for refurbishment work for new Practice now agreed 7. Procurement process due to start and 3 notes of interest in taking on new Practice 8. A Practice which previously had a restricted list is now fully open 9. Additional Winter investment for Hospital at Home and Homecare to provide more capacity and relieve pressures on primary care 10. Additional therapy input (OT & PT) through Winter funding to support rehabilitation services due to possible increased falls risk 11. Recruitment of further 'House of Care' wellbeing workers across 5 Practices in Midlothian to reduce demands on GP time (funded by PCTF) 12. Procurement process now complete for new Practice in Newtongrange to support increased capacity 13. Newbattle MP awarded tender to deliver medical services at Newtongrange and create additional capacity for 4,800 patient 14. Additional investment from NHS Lothian to support new models of delivery within primary care 15. Introduction of the new GMS contract to support GP sustainability	Adequate but partially effective; control is properly designed but not being implemented properly	High	12	11/30/2015	7/11/2018
4420	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Skey, Kaye	Illy Prescribing System within Substance Misuse Service	There is a risk that patients could be harmed because of recurring issues with the electronic prescribing system and the termination of the current licence leading to potential errors and delays due to manual completion of a significant number of prescriptions.	1. The risks are being escalated within the management structures of each H&SCP and also REAS through this document. 2. eHealth are aware of the recent losses of the system and have suggested that Illy Support obtain access to the Lothian IT Account through Secure Global Desktop. This is being progressed. 3. A business case has been submitted to Lothian eHealth in April 2017, identifying a replacement prescribing system which does not require yearly license fees and addresses the stated issues around security and functionality.	Adequate but partially effective; control is properly designed but not being implemented properly	High	16	7/11/2018	7/11/2018
3613	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Waiting Times / Access Issues	There is a risk that the service will not meet the current standards for waiting times in NHS Scotland because of (for example) a shortage of appropriate grades of staff in some specialties in the job market along with delays in the recruitment process leading to vacancies remaining unfilled for longer. Additionally, the introduction of revised referral to treatment targets along with unfilled vacancies leading to reduced quality of patient experience, potential for adverse publicity, negative inspection outcomes and	1. A standard performance monitoring template including the access targets is in place. Those that are HEAT targets are also included in the NHS Lothian Standard Performance Report, evidenced through reports to the Midlothian JMT 2. For mental health, a programme of re-design has been implemented to meet the target, evidenced through service plans and establishment of Mental Wellbeing Access Point 3. The organisation ensures that administrative staff comply with waiting time standards and definitions evidenced through monthly SOP compliance reports 4. Further work instigated with the Outpatients Service to explore use of MCH OPD to create additional outpatient capacity 5. Further investment made within Psychological Therapies, SMS and OT to reduce waiting times	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	9	3/21/2014	7/11/2018
3617	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Integration Process	There is a risk that because the focus on integration may in the short term divert staff resources from other priorities and also the development of integration processes and structures may disrupt current structure and staffing arrangements, the development of a strategic direction for the Partnership may diverge from existing strategies, leading to problems with delivery of current services and threats to the achievement of integration timelines	1. Key milestones will be built into joint plans based on local needs and benefits, not policy change evidenced by the Strategic Plan and workplan for the Integration scheme 2. The milestones will be closely monitored by the H&SCP Board and Officers of the Midlothian Partnership on a monthly basis and effective action will be agreed to ensure any misalignment from the agreed milestones is addressed. This will be evidenced by the minutes of meetings which will include an action plan that identified who is responsible, a timeframe for completion and details of remedial actions 3. There will be regular consultation and engagement with staff and stakeholders throughout this process, evidenced by discussion at Staff Engagement Sessions 4. Strategic Commissioning Plan has now been signed off and the full powers of the IJB came in to effect from 1 April 2016 5. New management arrangements agreed and implemented on 1 June to reflect integrated structures across health and social care 6. Review of Strategic Commissioning Plan and Directions now underway for 2017/18 7. Next stage in the management review process is due to commence with a completion date of January 2017, which will further embed the integrated teams 8. Ongoing engagement with Staff Partnership and Trade Unions to agree paper for consultation 9. Revised paper and new structure will be presented to Partnership Forum on 16 August following further engagement with staff 10. New integrated management structure now in place	Adequate but partially effective; control is properly designed but not being implemented properly	Medium	9	5/29/2014	7/11/2018
3830	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Myles, Caroline	Health Visitor Staffing	There is a risk that health visiting service delivery may be significantly affected due to inability to recruit to vacant posts because of a shortage of HVs leading to a sub-optimal service for children and families in Midlothian and an unsustainable workload for existing staff.	1. Risk assessment of workloads and redistribution of workload across teams 2. Existing and recently retired staff being offered additional hours 3. Review of workload and identification of other agencies who could undertake aspects of work 4. Recruitment of additional staff nurse within CVT 5. Arrangements underway with Midlothian Council senior management to review options for supporting families in need 6. Pan-Lothian group established and strategic approach now in place across health visiting teams in Lothian 7. Management of clusters within Midlothian being taken on by Edinburgh and West Lothian 8. Staff movement across East Lothian to support activity in Midlothian 9. 4 HVs from the newly qualified intake to NHS Lothian now employed in Midlothian in September 10. 1 qualified Health Visitor and Band 7 Team Leader have joined the Midlothian HV Service in October 11. Extension of Family Support Worker post until June 2017 12. Successful recruitment of newly qualified HVs and further recruitment of the service	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	8	10/20/2015	7/11/2018
3607	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Reid, Hamish	Medication Errors	There is a risk of serious injury to patients because of errors in prescribing and/or administration of drugs leading to potential or actual harm	1. There is a process for recording and learning lessons from medication errors in place via Quality Improvement Team and the Chief Nurse's "Medicines Management Group", evidenced through the above groups 2. Medication errors reported in Datix are noted and action taken locally by CSMs and Clinical Directors to minimise risk of repetition, evidenced through local actions. 3. The NHS Lothian Accountable Officer for Controlled Drugs is notified via Datix of all incidents and concerns involving CDs and the report is forwarded automatically to the Controlled Drug Governance Team, evidenced through reports 4. Staff are trained in medicines management at induction, throughout their service and additionally as required following an incident, evidenced through staff training record and CPD 5. Yellow tabards are worn by ward staff dispensing medications at drug rounds as a means of raising awareness of the activity, reducing interruptions and generally protecting drug rounds to support accuracy, evidenced by tabards being available in all clinical areas	Satisfactory; controls adequately designed to manage risk and working as intended	Medium	9	3/21/2014	7/11/2018

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3608	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Emergency admissions / bed days	There is a risk that patients may be readmitted to hospital in an emergency because of inappropriate availability of community services and/or poor anticipatory care planning, leading primarily to a sub-optimal experience for patients and also patient flow blockages in acute hospitals	1. MERRIT (Midlothian Enhanced Rapid Response & Intervention Team) responds to emergency calls and referrals from the community teams, GPs, ambulance service, intermediate care and the Falls Prevention Team. This is evidenced by activity data and interventions from across the MERRIT service. 2. Funding now in place to increase capacity within the MERRIT Service, which will include additional nursing and carers. 3. Introduction of new service to support patients with COPD to remain at home 4. Additional nursing and medical input within MERRIT 5. Expansion of MERRIT beds within the 'virtual ward' from 10 up to 15 beds	Satisfactory, controls adequately designed to manage risk and working as intended	Medium	9	3/6/2014	7/11/2018
3609	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Impact of Care Home closure or restriction on admissions	There is a risk that closure and/or suspension of admissions to Care Homes will impact on bed capacity across NHS Lothian because we would have to accommodate the residents from these Care Homes into NHS beds leading to (a) an inability to admit to these NHS beds and (b) not being able to discharge patients from hospital to these Care Homes.	If a care home is suspended from admissions / closed: 1. There is an NHS Lothian escalation policy that would be invoked 2. Midlothian H&SCP Business Continuity Plan contains details of the processes to be followed if NHS beds are required to support Care Home residents in the event of Care Home closure. 3. Care Home Nurse Adviser develops close links with all Care Homes in area to support and identify issues which may arise before escalation 4. Joint contingency planning between East & Midlothian Councils and East & Midlothian CHP in place to manage capacity and plan for additional support to care homes to prevent closure. 5. NHS Lothian Site & Capacity Management Team would have knowledge of pan-Lothian bed availability 6. Midlothian Community Hospital Management Team may assist with any areas requiring additional input (lead consultant geriatrician) 7. Multi-agency strategy meetings convene when special circumstances arise e.g. suspension of admissions to a care home where actions will be agreed to safely manage closure or provide additional support to prevent closure. 8. Close liaison with Care Home Nurse Advisor to support early identification of possible issues.	Satisfactory, controls adequately designed to manage risk and working as intended	Medium	9	3/21/2014	7/11/2018
3610	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Myles, Caroline	Public Protection (PVG)	There is a risk that an individual may come to harm because Public Protection Policy and Procedures etc are not adequately embedded in clinical practice leading to harm to an individual.	1. Mandatory systems are in place to ensure all staff complete Public Protection training, evidenced through P.D.P's 2. Training records are kept on the NHS electronic staff records ("Empower") and are used to review training needs, evidenced by review of records 3. Retrospective Protection of Vulnerable Groups (PVG) checks are made on all staff including independent contractors, evidenced through pre-employment checks and contract arrangements 4. A Joint East & Midlothian Public Protection Unit opened in April 2014 with a dedicated Team Manager, evidenced by Unit being operational 5. Full engagement by senior managers in key strategic groups to ensure compliance with PPU policies and procedures 6. New role of Chief Nurse will carry designated lead for public protection to ensure leadership across the Partnership 7. Adult Support & Protection inspection carried out and rated the service good and very	Satisfactory, controls adequately designed to manage risk and working as intended	Medium	9	3/21/2014	7/11/2018
3611	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Lone working, violence, aggression and abuse toward staff	There is a risk that staff working in any public facing situation may be subjected to verbal and/or physical abuse because of an uncontrolled environment or other situation leading to serious physical and/or emotional harm, sickness absence and HSE investigation.	1. All staff who work in the community are supported by their local "Safe & Well" procedures in addition to the NHS Lothian Lone Working Policy, evidenced by induction and training record 2. Out of hours staff are provided with the "Identicom Personal Safety System" and are trained in its use, evidenced by local managers 3. Ward / day hospital / department based staff complete the required level of V&A training and maintain their level of competency, evidenced by local training record 4. Reports of incidents involving violence and/or aggression are reported on Datix and investigated according to their level of harm, evidenced through Datix reports 5. Significant Adverse Event Procedure for death, major harm and RIDDOR incidents is in place to identify cause, effect & learning, evidenced by SAE and relevant report feedback 6. Reminder of purple pack training sent out to all staff 7. Training of local trainers to delivery V&A sessions within local sites 8. Review of safety devices to ensure they are linked to the right service and member of staff	Satisfactory, controls adequately designed to manage risk and working as intended	Medium	9	3/21/2014	7/11/2018
4197	Health & Social Care Partnership	Midlothian Health & Social Care Partnership			Short, Allister	Barrow, Morag	Delayed Discharge	There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.	1. Implementation of a 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital 2. Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites 3. Review of in-house service provision to increase capacity within Reablement through more effective use of the Complex Care service 4. Additional management support being provided to external Care at Home provider to address concerns over service delivery 5. Work underway to transfer care at home service that is now due to end on 31 March 2017 to ensure continuity of care for clients 6. Management support being provided to external Care at Home service to bring stability and improvements in service delivery 7. Recruitment campaign for additional staff over the summer months is underway, targeting local universities and colleges 8. Overall review of care at home services now nearing completion – this will create blueprint for future planning and delivery of services 9. Tender published on Procurement website for new Framework Agreement in Midlothian to deliver care at home 10. Temporary appointment of senior manager to take on discharge co-ordination role across Midlothian	Adequate but partially effective; control is properly designed but not being implemented properly	Very High	20	7/11/2017	7/11/2018
4142	Health & Social Care Partnership	Midlothian Health & Social Care Partnership	Midlothian Community Nursing	District Nursing	Short, Allister	Myles, Caroline	District Nursing	There is a risk that staffing issues within District Nursing are not maintained because of recruitment and retention issues leading to a deterioration in the care that can be provided to patients.	1. Band 5 appointed instead of Band 6 to ensure Evening Service covered 2. 4 bases working closely together to manage absence cover and vacancies 3. Daily Team Manager input to ensure equity of staffing levels across Midlothian – eRostering supporting this by ensuring annual leave is allocated efficiently 4. Staff movement regularly to meet workload demands. 5. Posts advertised – locally and nationally 6. Advertising campaign – including social media 7. More DNs in training 8. Supporting our Band 5 on to successful application to DN course 9. Involvement in national review of DN role – government led agenda 10. Fortnightly DN Huddle meeting on a pan-Lothian basis led by Nurse Director	Adequate but partially effective; control is properly designed but not being implemented properly	High	12	3/3/2017	7/11/2018