Adult Health and Social Care Performance Report 2024/25 – Quarter 1

01. Progress in delivery of strategic outcomes

Q1 24/25:
Progress in delivery of strategic outcomes

The Midlothian Integration Joint Board (IJB) plan and direct delegated health and social care services for the people of Midlothian. Midlothian Health and Social Care Partnership (HSCP) oversees the delivery of all the services delegated to Midlothian IJB. The aim of integrated health and social care is for the people to experience more joined up treatment and care.

No.11, is where all community Substance Use and Mental Health staff, both NHS and Local Authority are co-located with Justice Social Work and Voluntary Sector partners. One of the many significant benefits and impact of the multi-agency recovery hub has been the ability to improve peoples' care and experience, through the interlink of the teams. It continues to embed health and social care integration through providing seamless shared care and teams coming together to provide the right care at the right time to vulnerable people who have varying degrees of complex care needs. Delivering integrated health and social care, within No 11, has allowed for resources to be used effectively and efficiently.

We continue to review our outcomes to ensure the continued relevance of support and services we provide by listening, reflecting from the people who use our services, as well as staff engagement, to enables us to continue to grow to meet the needs of Midlothian's population.

The Health Inclusion Team (HIT) continued to provide outreach and have carried out health assessments and interventions around healthcare and lifestyle advice and/or referral to partner agencies. The team links with services within No.11 to help join up care in the community. The team continue to monitor and review the service to ensure it's meeting the needs of the community. This quarter the team have been working on improving access to the service to help reduce inequalities.

Public Health continued to contribute to working groups this quarter to promote a public health approach, working collaboratively with partners. Members of various groups including theTrauma Training Steering Group, Midlothian and East Lothian Drug and Alcohol Partnership Group, Midlothian Suicide Prevention Group, Equally Safe Strategy Leadership Group, Midlothian Will Be Healthier Thematic Group, Lothian Green Health Network and the Third Sector Summit.

Public Health has funded projects over the next two years as part of a whole systems approach to type 2 diabetes to help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active and have more money in their pockets. We have increased strategic partners working both locally and regionally to ensure work fits within NHS Lothian's public health priorities and HSCP objectives. The impact of this work is currently being evaluated in partnership; however, we hope that the investment in prevention will contribute to the decline in type two diabetes within Mayfield and Easthouses.

Learning Disability Services work is progressing to establish supported living services at Primrose Lodge and Bonnyrigg High Street with services expected to be operational in late 2025. These services will offer two different models of support with Primrose Lodge designed to support more complex people with learning disabilities through a commissioned provider model and the Bonnyrigg development designed around individual tenancies with varying degrees of support.

Work is ongoing to effect a 3% reduction in costs of commissioned services. This includes work with commissioned services to understand cost base of service provision, identifying individual services that could be reviewed and exploring opportunities for transformational change.

Further work is currently underway to understand demand, both current and future and how this links to demographic pressures. We know that there are complexities in relation to transitions of young people with learning disabilities across to adults.

Physical Disabilities and Long-Term Conditions adaptation guidelines were updated in June 2024. Whilst these changes were minor, they will help ensure clarity in what adaptations can be provided by the HSCP.

Waiting List letters for adult and children with physical disabilities has been updated to provide information, advice on self-management and to manage expectations of what support might be available.

The feedback questionnaire established in 2023 continues to be used to seek service user feedback. The reports gathered will support activities to improve practice through our quality improvement structures.

02. Challenges and Risks

Q1 24/25:
There remain financial challenges within the HSCP and there are plans in relation to these challenges. There are clear plans in place in relation to Newbyres Village care home, use of transport for people with disabilities, and care at home.

Workforce pressures in some aspects of social care remain a constant and these issues are not restricted to Midlothian. This is particularly the case in high volume areas of social care but there are also challenges in some areas of professional Social Work as well.

Competing demands due to financial cuts to frontline services. Limited capacity for early intervention and prevention work.

Learning Disability Services Budget pressure remains the most significant risk and while work to progress reviews is ongoing this impacts capacity related to ongoing assessment and care management. A few transitions to adult services are being progressed for individual with complex needs. Such transitions can be challenging however staff are working hard to ensure the transitions are successful. Several practical steps have been taken, for example creating outdoor space in Cherry Road to replicate environments that were available at school.

PD / LTC Service staffing remains challenging, and an OT vacancy has resulted in increased waiting lists for both children as well as adults. This risk is managed by triaging referrals, managing the waiting lists and utilising OT Duty and MART more frequently, although this adds to the pressures out

with the team. There is an increased pressure on the waiting list due to in increased number of complex cases leading to workers needing to spend more time with client's and more joint working with heath and other partners.

Adult Health and Social Care PI summary

01. Manage budget effectively

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
01. Manage budget effectively	Performance against revenue budget		£56.580m	£63.534m	**Q1 24/25:** On target			

02. Manage stress and absence

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	24.26	5.60	5.21	**Q1 24/25:** On target	10.53	Number of days lost	5,005
							Number of FTE in service	475.65

03. Complete all service priorities

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
03. Complete all service priorities	% of service priority actions on target / completed, of the total number	93.75%	100%	94.12%	**Q1 24/25:** On target	90%	NUMBER of service priority actions in total	17
							NUMBER of service priority actions on target / completed	15

04. Process invoices efficiently

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	99%	98%	98%	**Q1 24/25:** On target	97%		

05. Improve PI performance

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	77%	80%	83.33%	**Q1 24/25:** Off target 3 Performance Indicators 'off target' at time of reporting. Commentary contained within the report.	90%	Number on tgt/complete or Data Only	15
							Number of PI's in total	18

06. Control Risk

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
06. Control Risk	% of high risks that have been reviewed in the last quarter	0%	100%	0%	**Q1 24/25:** ASC Risk registers under review. SOP for escalation arrangements to be agreed.	100%	Number of high risks reviewed in the last quarter	0

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
							Number of risks that are graded as high	0

07. Implement Improvement Plans

Priorities	Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	73%	100%	89.47%	**Q1 24/25:** Off target 2 internal audit actions off target. Details held within report.	90%	Number of internal/external audit actions on target or complete	12
							Total number of internal/external audit actions	13

Adult Health and Social Care Complaints Indicator Summary

Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note
Number of complaints received (quarterly)	85	20	9	**Q1 24/25:** Data only
Number of complaints closed in the year	73	19	6	**Q1 24/25:** Data only
Number of complaints upheld (quarterly)	15	4	1	**Q1 24/25:** Data only
Number of complaints partially upheld (quarterly)	17	3	1	**Q1 24/25:** Data only
Number of complaints not upheld (quarterly)	28	7	3	**Q1 24/25:** Data only
Number of complaints Resolved (quarterly)	13	5	1	**Q1 24/25:** Data only
Average time in working days to respond to complaints at stage 1	3.33	2.85	7	**Q1 24/25:** Off target 3 complaints in total. 1 complaint resolved within 5 days, 1 complaint partially upheld in 7 days, and 1 complaint upheld in 9 days.
Average time in working days to respond to complaints at stage 2	14.22	15.75	7.33	**Q1 24/25:** On target
Average time in working days for a full response for escalated complaints	13.31	11.5	0	**Q1 24/25:** On target
Percentage of complaints at stage 1 complete within 5 working days	89.58%	100%	33.33%	**Q1 24/25:** Off target 1 out of 3 complaints received responded to within 5 days. 1 complaint partially upheld in 7 days and 1 complaint upheld in day 9 days.
Percentage of complaints at stage 2 complete within 20 working days	77.78%	75%	100%	**Q1 24/25:** On target
Percentage of complaints escalated and complete within 20 working days	87.5%	100%	100%	**Q1 24/25:** *Not applicable for this quarter as there were no escalated complaints.*
Number of complaints where an extension to the	8	0	2	**Q1 24/25:** Data only

Indicator	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note
5 or 20 day target has been authorised (quarterly)				
Number of Compliments	6	1	1	**Q1 24/25:** Data only

Adult Social Care Performance

01. Hospital Inreach

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25.AHSC1.1a	Hospital InReach team referrals screened within 2 working days of allocation.	**Q1 24/25: On target** The holiday period has been challenging due to staffing levels. There are 2 workers on secondment and another social worker allocated to the review team. A student social worker recently left and the link worker had a reduced caseload. These staffing reductions were mitigated for in part but has been challenging.	% of referrals screened within 2 working day of allocation.			98%	**Q1 24/25: On target**	95%

02. Older People

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25. AHSC2 .1a	60% of all initial care home reviews completed within 12 weeks of admission.	**Q1 24/25: On target** Initial reviews are being completed promptly within the timescales. CCA allocation is key in this area. A review of the care home review policy is overdue to be progressed in next 12 weeks. Team leader being recruited for Older People Team which will allow for robust management of reviews required.	Initial care home reviews completed within 12 weeks of admission.			95%	**Q1 24/25: On target**	60%
24/25. AHSC2 .2a	Maximise the occupancy rate at Newbyres Village Care Home to achieve 95% occupancy by 31st March 2025.	**Q1 24/25: On target** Currently 40 beds occupied. There will be 43 residents by the end of the week beginning 23/7/24 and a 'pause' will be implemented to allow for review, completion of care planning and communication with clients, proxies. Any escalations from ongoing needs	Newbyres Village Care Home occupancy rate			72.92%	**Q1 24/25: On target**	60%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
		assessment will also require to be actioned. HR support for consultation on Rota's to be completed with a view to implementing to allow for continued management of agency spend.						

03. Care at Home

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25. AHSC3 .1a	Achieve a 90% qualification rate for care at home staff appropriate to their post (SVQ 2)	**Q1 24/25: Off target** New SVQ 2 programmes commencing in September and prioritising staff with longest wait.	% of care at home staff qualified for their post			74.5%	**Q1 24/25: Off target** **New SVQ 2 programmes commencing in September and prioritising staff with longest wait.**	90%
24/25. AHSC3 .2a	Reduce the number of hours waiting each week on the community waiting list from 950 to 500 hours by 1st April 2025.	**Q1 24/25: On target** Dedicated care team supervisor reviewing the community waiting list from August to reduce the list. Action is on target to be achieved by 1st April 2025,	Number of hours waiting each week on the community waiting list.			1,009	**Q1 24/25: Off target** Community waiting list increased for quarter. Remediation plan in place to review and address the waiting list.	950

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
		despite quarterly data for Q1.						

04. Learning Disabilities / Physical Disabilities and Long Term Conditions

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25.A HSC4.1a	Monitor and maintain quality assurance of care providers in relation to hours delivered, number and type of incident reports, Care Inspectorate grades, complaints, and quality assurance activities.	**Q1 24/25: On target** Ongoing quality assurance activity ongoing with care providers. Recruitment remains challenging with one provider not able to deliver full number of hours due to staffing constraints. A number of providers have had recent inspections by the care inspectorate, with services generally maintaining existing grades.	Percentage of Care Providers with risk status rated as low.			91%	**Q1 24/25: On target**	90%
24/25.A HSC4.2a	Ensure regular monitoring of service development	**Q1 24/25: On target** Projects to establish supported living	Percentage of key projects rated with a			100%	**Q1 24/25: On target**	100%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
	projects to ensure projects remain on track, with a rated RAG status of Green.	services at Primrose Lodge and Bonnyrigg High Street remain on track.	RAG status of green.					
24/25.A HSC4. 3a	PD/LTC referral screening episode concluded within 3 working days.	**Q1 24/25: On target** Delays are due to the requirement for more information, which can result in the request being sent to duty OT for actions. We will continue to work towards efficiencies. Duty OT send a summary each day of tasks completed and anything outstanding. This provides full oversight.	PD/LTC referral screening episode concluded within 3 working days			97%	**Q1 24/25: On target**	90%
24/25.A HSC4. 4a	Monitor and maintain the percentage of PD/LTC interventions recorded as outcome achieved.	**Q1 24/25: On target** We continue to monitor this area. We are able to get narrative, so therefore able to see why an outcome hasn't been achieved. At times the client has not met our substantial critical guidelines and	PD/LTC interventions recorded as outcome achieved.			93%	**Q1 24/25: On target**	85%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
		therefore we have not been able to provide the client with the desired outcome. We are however robust with risk assessment processes and ensure risks are reduced so far as reasonably practicable by seeking alternative solutions where possible.						

05. Mental Health

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25. AHSC5 .1a	Achieve the legislative target that 80% of Adults with Incapacity reports (AWI) will be allocated to MHO within 12 weeks.	**Q1 24/25:** On target Medium for Q1 - 6 out of 8 individuals allocated within 6.13 working days. Longest wait this quarter to be allocated 5 weeks. 100% of individuals allocated within 12 weeks.	Percentage of all Adults with Incapacity reports (AWI) allocated to MHO within 12 weeks.			100%	**Q1 24/25: On target**	80%
24/25. AHSC5 .2a	Midlothian Adult Mental health bed occupancy rate (8 beds - 7 acute and 1 IPCU) to be maintained at/or below 100%.	**Q1 24/25: On target** Medium overall for Q1 6, keeping Midlothian maintained and below 100%	Midlothian Adult Mental health bed occupancy rate (8 beds - 7 acute and 1 IPCU) maintained at/or below 100%			Yes	**Q1 24/25: On target**	Yes

06. Welfare Rights Generation

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25. AHSC6 .1a	Measure the effectiveness of welfare rights services in generating additional income for clients through welfare rights support.	**Q1 24/25: On target** £1,169,218.59 benefit income generated for Q1 24/25 compared to £1,225,683.09 for Q1 23/24 down £56,464.50. This needs to be seen in the context of reduced staffing within the team.	Total amount of additional income generated for individuals through welfare rights service.			£1,169,218.00	**Q1 24/25:** Data only	

07. Midlothian Substance Use Service

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25. AHSC7 .1a	Achieve the Scottish Government HEAT target (A11) - 90% of all individuals will wait no longer that 3 weeks (21 days) from point of referral	**Q1 24/25: On target** Midlothian performance for quarter achieved.	Percentage of all individuals who did not wait longer that 3 weeks (21 days) from point of			100%	**Q1 24/25: On target**	90%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
	to drug and /or alcohol triage.		referral to drug and /or alcohol triage.					

08. Adult Protection

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
24/25.A HSC8. 1a	Council Officers undertake inquiries within the locally agreed timescale.	**Q1 24/25: On target** Council Officers undertake an Inquiry, with or without the use of powers, to determine if an adult is at risk of harm and to ensure that appropriate action is taken. The local timescale for completing inquiries is 21 days. Ensuring that there is sufficiency of information to inform assessment and take account of the adult's views, can mean that	Percentage of adult protection inquiries completed within 21 calendar days from referral.			80%	**Q1 24/25:** Data only	

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
		there is a delay in completing the inquiry within this timescale. The Adult Support and Protection Team Leader has oversight of delayed Investigations and ensures that the adult is not at detriment or increased risk whilst assessment is ongoing.						

09. Justice

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
23/24. AHSC1 .1a	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	**Q1 24/25: On target** To ensure individuals are able to engage meaningfully with offence focused work Justice Social Work staff use a trauma informed and person centred approach to develop effective working relationships with clients. In the	% of people subject to a Community Payback Order and effectively participate.	92%	91%	95%	**Q1 24/25:** Data only	

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
		interests of justice, and to maintain the public confidence in community sentences, all missed appointments, or failure to comply, must be responded to robustly using disciplinary procedures which can result in the order being returned to court in breach. During the breach process we continue to seek to engage individuals to re-engage with interventions to reduce and manage the risk of re-offending. During this quarter the Justice Service were supervising 251 individuals on a total of 294 Community						
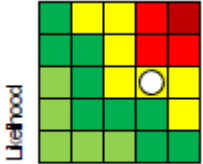
PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
		Payback Orders. 95% of people were engaging with social work staff; 12 individuals are in breach and not engaging.						
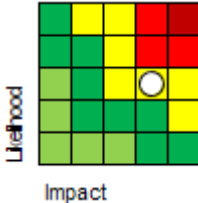
11. Learning Development
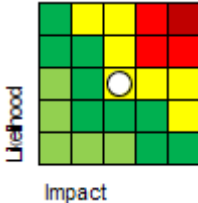
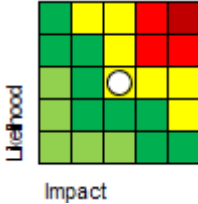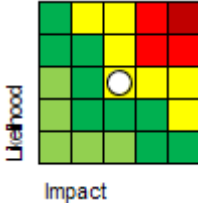| PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
23/24. AHSC2.4a	Maximise and maintain the delivery of mandatory training across Health and Social Care.	**Q1 24/25: On target** Training matrix in place for all services and Learning and Development practitioners regular meeting with team leads to review mandatory training requirements.	Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	100%	100%	100%	**Q1 24/25: On target**	100%

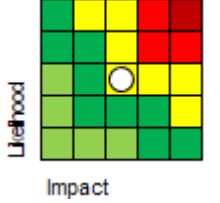| PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q1 2023/24 Value	Q1 2024/25 Value	Note	Target
23/24. AHSC2.4b	Maximise and maintain the delivery of mandatory training across Health and Social Care.	**Q1 24/25: On target** Training matrix in place for all services and Learning and Development practitioners regular meeting with team leads to review mandatory training requirements.	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	Yes	No	Yes	**Q1 24/25: On target**	Yes
24/25. AHSC11.1a	Maximise and maintain the delivery of mandatory training across Health and Social Care.	**Q1 24/25: On target** Training matrix in place for all services and Learning and Development practitioners regular meeting with team leads to review mandatory training requirements.	Percentage of compliant/completed mandatory LearnPro modules that relate to registered professional practice.			50%	**Q1 24/25: Off target** Training matrix in place.	80%

Adult Health and Social Care Service Risks

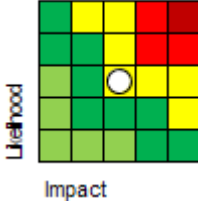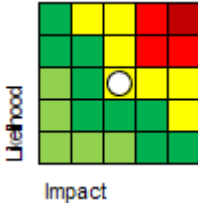| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	01 - Service level agreements and contracts 02 - Quality assurance officers monitoring of care homes and home care provision 03 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning. 04 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports. 05 - Quarterly care home, care at home and day care providers forum to ensure good communication and	**Risk Cause:** **P**roviders have a lack of capacity to deliver contracted service **Risk Event:** Shortfall in service volume and or quality **Risk Effect:** **D**elivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.	⚠️	A review of the continuing difficulties in the provision of services by one of the Care at Home providers is being undertaken to determine whether a new Provider should be commissioned			12
				Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.			

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	partnership working with commissioned services 06 - Service Managers role with responsibility for monitoring of commissioned services 07 - Ensuring regular review of cases in accordance with level of risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.						
ASC.RR.01–05 Meeting growing demands with constrained /reduced budgets, especially	01 - Eligibility criteria; fair access to care policy etc, 02 - Performance reporting 03 - Service transformation programme 04 - Capacity planning and commissioning LD and complex needs	**Risk Cause:** Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget **Risk Event:** Change programme does not	⚠️	In preparation for the 72 hour Delayed Discharge target the expansion of key services including Merrit intermediate care and re-ablement will be undertaken through the new Social Care Monies			12

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
from external funders.	05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring	meet future years projected budget gaps **Risk Effect:** Inability to deliver against strategic priorities					
ASC.RR.01– 06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	01 - Role of MVA in supporting the voluntary sector 02 - Voluntary Sector Compact agreement 03 - Day Opportunities Review for Older people 04 - Day Service Modernisation Programme LD 05 - Change fund programme 06 - FSF Programme 07 - Developing capacity of Community Councils	In the current financial climate service users and family carers will become increasing dependent on support from local communities to ensure that their needs for meaningful activities and social interaction are met. Significant investment of resources and skills will be required to ensure that communities are able to respond to these needs. **Risk Cause:**	⚠️				9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	08 - Neighbourhood planning 09 - Community planning processes	**Risk Event:** **Risk Effect:**					
ASC.RR.01–07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	01 - Regular dialogue with Asset Management re needs of service. 02 - Divisional Business Continuity Plan advises on crises management situations. 03 - Development of community assets through regeneration 04- Strategic Capital Programme Board 05- Development of IJB Property Strategy	**Risk Cause:** Insufficient Capital Resources. **Risk Event:** Failure to maintain and modernise existing building stock **Risk Effect:** People are supported in environments of poor quality	⚠️				9
ASC.RR.01–08 Harm by offenders to members of the public	01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance. 02 - Various risk assessment tools	This is the risk of despite having comprehensive procedures and systems in place but one offender may commit a serious crime, causing harm to a member of the public and the council	⚠️				9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	and associated training mandatory for relevant Criminal Justice staff. 03 - Partnership working with other agencies around the management of risk in individual cases well established. 04 - Standards forms and procedures for staff to follow with relevant training. 05 - Multi-agency Risk Panels (MARP) meet monthly 06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work programme with probation supervision 08 - Monitoring of staff compliance with National Outcomes and Standards through client review system.	reputation damage. Risk Score likely to remain medium (low likelihood but high impact = medium). **Risk Cause:** Offender committing a serious crime **Risk Event:** Offence incident occurs. **Risk Effect:** Harm to member of the public Reputational damage to the Council					

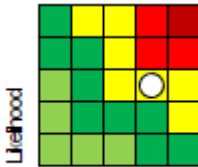| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established						
ASC.RR.01–09 Adult Protection	01 - Public Protection Committee 02 - Adult Protection Procedures 03 - Large scale investigation protocol 04 - IRD Review Group established (and links with the Police) 05 - Adult protection training programme 06 - Case file governance arrangements 07 - Adult Protection Lead Officer 08 - Training Programme 09 - Development of Adult Protection	**Risk Cause: F**ailure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk. **Risk Event:** Adult at risk of harm. **Risk Effect:** Reputational Damage to the Council. Harm to vulnerable service user.	⚠️				9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	Team within Fieldwork						
ASC.RR.01–10 Capacity to manage scale of transformational change	01 - Project management approach adhered to 02 - Business Transformation Board and reporting arrangements. 03 - New posts to support implementation of IRF, Dementia Demonstrator site and Change Fund 04 - Support for service review from Business Transformation Section. 05 - Project Plans agreed. 06 - 2 new Project Officers	A major programme of service review and transformation is currently underway. Failure to manage this programme will lead to risks in not achieving coherent arrangements for the continuing delivery of sustainable public services in the new financial climate. **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️	Business Transformation is supporting the transformation of Learning Disability services . Additional capacity is also being put in place to support the redesign of Highbank and the relocation of services from Liberton Hospital.			9
ASC.RR.01–13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	**Risk Cause:** Employees not suitably trained/development for the roles required of them.	⚠️	In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.			9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
		Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce **Risk Event:** Inadequate staffing levels/skills. **Risk Effect:** Low morale. Inability to deliver services.					
ASC.RR.01–14 Information Management and Data Protection	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.	All Heads of Service are mandated to monitor compliance with the Data Protection Act. **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️	Data sharing The frameworki system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01– 16 Legislative requirement for health and community care to integrate	01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian 02 - NHS Lothian and Midlothian Council have both conducted Internal Audit reviews 03- The Joint Management Team chaired by the Joint Director maintains an overview of the implementation of the new arrangements	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠				9
ASC.RR.01– 17 COVID 19	1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information	There is a risk that due to the ongoing pandemic, Midlothian Health and Social Care Partnership may suffer from continued disruption in providing services: This may lead to: -shortages of staff due to contraction of COVID or being	⚠				12

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	through Directors to all Midlothian staff. 5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms. 6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place. 7. In reception areas staff have been provided with masks and alcohol gel. 8. Staff updated regularly on NHS Lothian and National Guidelines. 9. Resilience plans in place across the Partnership. 10. Staff briefings to discuss responses to COVID-19 have	identified as a close contact -additional workload for those staff still able to attend work -increased pressure on other parts of the health and social care system -reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only					

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	been actioned with a focus on personal resilience plans to ensure attendance at work. 11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact. 12. Homeworking in place where appropriate. 13. Absence reporting and monitoring in place highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.						

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
SRP.RR.07 Care at Home	1. Care at Home winter assurance plan and business continuity plan complete 2. Development of Care at Home Service Improvement action plan near completion 3. External commissioning complete and ongoing contract monitoring in place 4. External provider audits complete 5. Re-established Multi-Agency Quality in Care at Home quarterly review meetings jointly with East Lothian 6. Weekly provider meetings in place 7. Additional locum team members and contracts with agency staff in place 8. Daily discharge meeting with Multidisciplinary and Multi-agency team	**Risk cause** Internal and External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity. **Risk event** Capacity of Community Support outstripped by demand. **Risk effect** 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.	⚠️	Independent review of adult and social care	**Q1 23/24:** Pause remains in place.		12

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	planning to plan and coordinate discharge to ensure care at hone support in place						

Published Local Government Benchmarking Framework - Adult Social Care

Adult, Social Care

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£31.38	£28.65	£43.01	£39.85	£21.78	£27.75	£29.75	£56.96	22/23 Rank 29 (Bottom Quartile) 21/22 Rank 14 (Second Quartile) 20/21 Rank 11 (Second Quartile) 19/20 Rank 6 (Top Quartile) 18/19 Rank 27 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 21 (Third Quartile).
SW2	Corporate Indicator -Self Directed Support	4%	6.1%	4.8%	4.5%	5.1%	4.3%	4.4%	3.6%	22/23 Rank 27 (Bottom Quartile) 21/22 Rank 22 (Third Quartile) 20/21 Rank 21 (Third Quartile) 19/20 Rank 16 (Second Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 13 (Second Quartile).

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
										16/17 Rank 8 (Top Quartile).
SW3	Percentage of people aged 65 and over with long-term care needs receiving personal care at home (LGBF)	66.67%	66.98%	68.04%	50.4%	52.54%	53.6%	58.93%	58%	22/23 Rank 26 (Bottom Quartile) 21/22 Rank 22 (Third Quartile) 20/21 Rank 29 (Bottom Quartile) 19/20 Rank 32 (Bottom Quartile) 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top Quartile).
SW4 b	New - Percentage of adult supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (data based on respondents whose care was funded by the council or health board) (LGBF)	85.7%		73.05%		67.57%	67.57%	80.57%		21/22 Rank 10 (Second Quartile) 19/20 Rank 32 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 15 (Second Quartile). 14/15 Rank 28 (Bottom Quartile)
SW4c	New - Percentage of adults supported at home who agree that they are supported to live as	77.96%		86.28%		80.05%	80.05%	73.44%		21/22 Rank 25 (Bottom Quartile) 19/20 Rank 20 (Third Quartile). 17/18 Rank

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
	independently as possible (data based on respondents whose care was funded by the council or health board) (LGBF)									3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile).
SW4d	New - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (data based on respondents whose care was funded by the council or health board) (LGBF)	84.44%		79.68%		66.95%	66.95%	70.46%		21/22 Rank 19 (Third Quartile) 19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (TOP Quartile). 15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)
SW4e	New - Percentage of carers who feel supported to continue in their caring role (data based on respondents whose care was funded by the council or health board) (LGBF)	39.43%		32.1%		31.54%	31.54%	27.36%		21/22 Rank 26 (Bottom Quartile) 19/20 Rank 27 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 21 (Third Quartile). 13/14 Rank 11 (Second Quartile).
SW5	Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	£601.00	£593.00	£659.00	£648.00	£628.00	£642.00	£699.00	£627.00	22/23 Rank 11 (Second Quartile) 21/22 Rank 19 (Third Quartile) 20/21 Rank 13 (Third Quartile)

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
										19/20 Rank 19 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 19 (Third Quartile). 16/17 Rank 12 (Second Quartile).
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges (LGBF)	104.49	109.36	114.45	110.47	108.77	125.7	105	99.05	22/23 Rank 17 (Third Quartile) 21/22 Rank 16 (Second Quartile) 20/21 Rank 22 (Third Quartile) 19/20 Rank 17 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 26 (Bottom Quartile). 16/17 Rank 24 (Third Quartile).
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (LGBF)	84.96%	75.68%	89%	87.04%	83.33%	81.5%	78%	72%	22/23 Rank 25 (Bottom Quartile) 21/22 Rank 20 (Third Quartile) 20/21 Rank 24 (Third Quartile) 19/20 Rank 18 (Third Quartile) 18/19 Rank 7 (Top Quartile). 17/18 Rank 7 (Top Quartile). 16/17 Rank 29 (Bottom Quartile).

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (LGBF)	834.91	750.00	1422.02	1323.32	965.62	665.47	504.01	784.11	22/23 Rank 15 (Second Quartile) 21/22 Rank 13 (Second Quartile) 20/21 Rank 25 (Bottom Quartile) 19/20 Rank 24 (Third Quartile) 18/19 Rank 29 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).
SW11	Number of days people spend in hospital when they are ready to be discharged		750	1,422	1,323	966	665	504	784	