

Agenda Item	6
Report No	JMC/13/23

THE HIGHLAND COUNCIL

Committee: Joint Monitoring Committee

Date: 21 June 2023

Report Title: Adult Social Care Assurance Report

Report By: Chief Officer, Highland Health and Social Care Partnership

1.0 Purpose/Executive Summary

- 1.1 This paper is an assurance report setting out the detail of the delivery of Adult Social Care by NHS Highland and is for noting.
- 1.2 Detailed Adult Social Care performance and the associated management narrative are contained within an Information, Performance and Quality Report, that has previously been brought to the Committee.

2.0 Recommendations

- 2.1 Members are asked to:
- i. **Note** the contents of this report;
 - ii. **Note** the continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing operational pressures arising from independent care home sector instability, workforce challenges, and the absence of an agreed national care home contract for 2023-2024; and
 - iii. **Note** the associated risk to delivery of statutory duties and functions

3.0 Implications

3.1 Resource

There are significant resource issues arising out of the delivery of Adult Social Care by NHS Highland. The allocation, review and revision of resources is governed by the Integration Scheme currently in place (as signed off by the Council and Board respectively in March 2021) and financial risks arising as a result of pressures in the system are as set out in NHS Highland and The Highland Council's risk registers.

Recent activity around the sustainability of the independent care home sector has created financial pressures for both organisations in terms of acquisition and lease, Care Inspectorate registration, anticipated estates work to be undertaken / compliance, workforce agency costs; and the impact that these issues have on the current cost avoidance plan for 2023-2024.

3.2 Legal

There are no direct issues arising, however attention is drawn to the risks to discharge of statutory duties.

3.3 Community (Equality, Poverty, Rural and Island)

The sustainability of small and remote / rural care homes and the delivery of care at home areas across the area remains a challenge in terms of workforce recruitment and sustainability.

A Joint Strategic Plan is currently being developed to address the issue of safe and sustainable provision in remote, rural and sparse areas, however the Committee should note that current closures and service withdrawals are creating or amplifying disparities in provision.

3.4 Climate Change / Carbon Clever

No arising issues.

3.5 Risk

NHS Highland and The Highland Council continue to work collaboratively to address the risks represented in terms of the funding available for the provision of Adult Social Care. The activity in relation to care homes is described below.

3.6 Gaelic

No arising issues.

4.0 Overview and Key Issues Across the Adult Social Care Sector

4.1 By way of an overview, this report is intended to supplement the performance information provided in relation to the delivery of adult social care Services.

4.2 As noted, detail is also provided in the Integrated Performance and Quality and Report in relation to the specifics of service delivery which is a set of performance indicators used to monitor progress and evidence the effectiveness of the services provided by NHS Highland and is linked to the Together We Care strategy which has been adopted by NHS Highland and also takes into account the National Health and Wellbeing outcomes. Within this context, the Partnership's Joint Strategic Plan has become increasingly important.

4.3 The current draft Joint Strategic Plan provides that the following imperatives ought be considered as being a priority:

- We will co produce and co deliver services in partnership with communities and individuals to reduce inequality and to prevent ill health and reduce dependence
- We will enable more care and support to be delivered closer to or at home
- We will ensure we put the person at the centre
- We will value the workforce that deliver care to our population.

5.0 Service Delivery and Associated Challenges

5.1 Those key service areas reported upon within the Integrated Quality and Performance Report (IPQR) are as follows and which are all referenced within the draft Strategic Plan which, as referenced, is in preparation :

- Care-at-Home
- Care Homes
- Delayed Hospital Discharges
- Carers
- Direct Payments
- Individual Service Funds
- Adult Protection

5.2 Given those challenges and in terms of delivering services going forward, it is recognised that the following imperatives will be fundamental:

- Does the service represent effective, efficient, equitable and best practice to meet need based on current evidence and considering practice elsewhere where appropriate?
- Is the proposal affordable?
- Can the proposal be safely and sustainably staffed?

5.3 These elements are important in terms of future delivery of service. In terms of the assurance of service which is being delivered at present it is important that the Committee is aware of current challenges being faced, which are summarised as follows:

- There continue to be very significant staffing pressures and fragility across commissioned care home, care at home and support services in Highland, which continue to compromise service capacity and whole system flow from hospital.
- These pressures are due to ongoing recruitment and retention challenges; staff stress, wellbeing and turnover; recruitment by NHH (NHH itself is struggling to recruit); competing seasonal and tourism employment; Covid absence); and accrued annual leave. Accordingly, there are unmet mutual aid requests, and unmet in-house service demands. These staffing pressures have an impact on service delivery including both care homes and care at home and across sectors.
- In addition, there are significant sustainability and financial fragility issues across commissioned care home services. These pressures are considered due to:

- the higher number of smaller size and scale of operator in Highland;
- the National Care Home Contract fee being based on an average size of 50 beds (only 8 of 63 care homes in Highland are >50 beds);
- the age, condition and lack investment in care home stock; and
- the trend of larger providers divesting from Highland.

- These issues have contributed to the viability issues as outlined in the risk analysis, which is referred to within **Appendix 1** to this report.
- These factors have now contributed to six care home closures since January 2022: Shoremill (Cromarty), Grandview (Grantown) Budhmoir (Portree), Mo Dhachaidh (Ullapool), Castle Gardens (Invergordon) and also the NCHS operated care home Caladh Sona (Sutherland).
- In addition to the noted closures, there has been one care home acquisition, this being Main's House in Newtonmore. This care home had been in Administration since March 2022, and was acquired by The Highland Council on 1 April 2023 and has been operated by NHS Highland as registered provider from this date.
- There has been a total loss of 141 care home beds over 14 months across Highland. These closures have been well managed to date but this has become increasingly challenging to manage in terms of identifying available capacity and alternatives. The latest closure has been particularly challenging and there are significant concerns around capacity in the event of any further arising closures.
- In terms of assurance and mitigations, there is close oversight of sector risk and also ongoing representations at Scottish Government and Ministerial level to both reach a resolution to the NCHC rates for 2023-2024 and to also recognise the disadvantage to Highland of a national care home contract predicated on a 50 bed care home (operating at 100%), of which there are only 8 such care homes in Highland, which operate on this scale.

5.3 In terms of care at home, there continues to be significant volumes of unmet need. Care at home delivery is a complex area and which needs to take account of multiple changing factors such as visit locations, durations, staff inputs (eg if double up), timings (eg if time sensitive) and proximity of the preceding and next calls.

5.4 In ensuring all available capacity is fully utilised, it remains necessary to encourage flexibility with service users and their families for whom timed visits such as medication dispensing, is not critical. Previous communications around this area have been agreed with the Chief Officer and Chief Social Work Officer. The workforce challenges being experienced by the sector are also very significant which has contributed to impact on flow from hospital. Those challenges have also resulted in "hand backs" of particular contracts to NHS Highland (124 over the last 2 years), which has led to service delivery by circumstance, not design as NCHS becomes service provider of last resort.

5.5 It is clear that further and bolder actions are required to stabilise and grow capacity and work is progressing to develop a 5 year direction plan, with a focus on in year priorities of:

- Delivered provision efficiency and affordability;
- Independent sector workforce pay arrangements for 2023-2024; and
- In year plan for workforce availability and flexibility for improved resilience and winter planning.

- 5.6 NHS Highland continue to have significant numbers of delayed discharges, which are reported upon within the IPQR. At the time of writing this report, the number of people delayed in hospital and being fit for discharge amounts to 141.
- 5.7 Delayed discharge patterns remain a concern both nationally and within NHS Highland. There is a close relationship between unmet need across the system in terms of the availability of care at home and care home placements and the level of delayed discharges alongside the competing challenges within acute and community services.
- 5.8 Work is in progress with a number of key developments underway in line with the Urgent and Unscheduled Care work stream with specific actions around:
- Planned date of discharge and discharge without delay for people in acute, community and mental health settings;
 - Discharge to assess and delivering care from people and place based perspective;
 - Development of frailty services in the community to prevent hospital admission;
 - Development of multidisciplinary community teams including sector partners;
 - Collaborative commissioning and test of change for care at home services;
 - Development of a Care Academy to recruit and develop workforce;
 - Ambulatory Care, Hospital at Home and Remote monitoring.

The focus is on whole system integration and collaboration. It is recognised that people who experience delayed hospital discharge have poorer outcomes and a negative impact on a person's health and wellbeing. There is also an impact on hospitals flow and as well as a knock on effect on the need for hospital admissions. A key observation is that whilst practice and efficiency of process are improving, the sheer unavailability of placements and care hours is maintaining delay levels.

6.0 Mental Health Officer Service

- 6.1 The Committee will be aware that the Mental Health Officer Service sits within the Highland Council as legislation is such that it could not be delegated to NHS Highland.
- 6.2 Accordingly, whilst the service remains a direct function of The Highland Council it is a service which has an important role to play in terms of assuring the delivery of adult social care functions insofar as those relate to the support of those individuals with a mental illness, learning disability and personality disorders.
- 6.3 The team also has a significant role to play in terms of those who lack capacity and consequently a need for guardianship such that there is a clear interface with those who may be delayed in hospital. As such the importance of partnership working with NHS Highland in terms of mental health and adult social care is clear.
- 6.4 The MHO team is a small team comprising 23 professional staff with the MHO qualification. There are 2 support staff who play a key role in service delivery. The team is split into 3 parts which includes Adults with Incapacity, Forensic Mental Health, and Adult Mental Health. Each team is crucial in terms of supporting the most vulnerable members of our society with considered focus on upholding their human rights.
- 6.5 On a daily basis, the team are required to consider the interface between public protection and a person's right to liberty and associated fundamental rights. All MHOs have a key role in protecting and promoting the wellbeing of individuals with mental illness, learning disability, and personality disorder. An in-house programme

recently received national recognition by winning the SASW MHO Practice Award 2023. This award, developed and implemented in-house by the team, is ground-breaking in national terms and looks to “grow our own” MHOs. It has attracted the attention of other authorities and has contributed to the qualification of 4 MHOs with another 3 trainees in post.

- 6.6 In 2022 the team dealt with 1460 contacts, which are all significant.
- 6.7 In terms of rights-based practice, the mental health team ensure persons with a mental disorder are treated with dignity when receiving appropriate care and treatment. The current challenge of supporting our communities with mental disorder is well documented. The staff have a responsibility to support and advocate for individuals in need. The advocacy role is important and, although one which can be delivered by colleagues in the third sector, is increasingly a role which is being safeguarded by the team. In 2022, the team were involved in 272 new Orders under the Mental Health Act, in addition to managing a service caseload of 352 individuals.
- 6.8 In terms of the Adults with Incapacity team, 227 new Guardianship Orders were considered in 2022. The need for guardianships is crucial in terms of the challenges being faced locally – and throughout Scotland – regarding delayed hospital discharge as already referred to. The team, for the first year in some time, were able to reduce the substantial waiting list for such court applications to nil. This was only possible by working over and above the terms of their contracts by working overtime and expanding their traineeship programme. In terms of the information provided in relation to delayed hospital discharge, it ought to be noted that although there is reference to adults with incapacity and legal delays, such delays are not as a result of input by the MHO team but rather in relation to the process more generally in terms of getting court orders in place to ensure a move from hospital can legitimately be made. The process is a complex one but at the time of writing and for a period of at least a year there has been no cases on the “MHO waiting list” which relates to a person who is delayed in hospital.
- 6.9 The MHO team, in partnership with NHS Highland, also work to renew guardianship orders where necessary – generally every 3 – 5 years. To provide some indication as to the volume of this work at the time of writing there are 272 local authority guardianships in Highland and 654 private guardianships. The work is significant and is worth referencing within the narrative of this report as the performance management framework which is based on the National Health and Wellbeing outcomes does not expressly reference this detail.
- 6.10 By way of completeness, it is appropriate to mention the third element of the MHO service which is made up by the Forensic Mental Health Team. Staff play a key role in supporting the public protection agenda without compromising individual rights to confidentiality. This work is challenging and involves supporting a doubly stigmatised group with complex needs. The team work hard to support individuals amongst the competing priorities of individual rights and public protection.
- 7.0 Promoting Choice, Control and Flexibility in Social Work and Social Care**
- 7.1 Adopting the ethos of Self-directed support (SDS) across Social Care is the key to putting the principles of independent living into practice to enable people to be active citizens in their communities and there has been a recent key focus on this important area of activity.

- 7.2 As part of this recent activity, NHSH is committed to working to bring people affected by services (service users, unpaid carers and professionals) 'around the table' to explore how we can make improvements together. Forming relationships, building trust, sharing intelligence and co-producing new ideas and solutions will be required if we are to truly refresh our approach to implementing Social Care in Highland. In particular, the participation of people affected by service design and delivery has been pivotal in shaping our SDS and Carers Strategies.
- 7.3 A programme has been identified to seek to bring together five key areas where the need for significant system change and/or development requires systemic support. It covers work to: support improved professional core processes; increase flexibility in care planning; increase the levels of independent support available across the Options; and to use collaborative commissioning approaches to realise the aspirations of our unpaid carers and local communities.
- 7.4 The identified programme areas are as follows:
1. Self-evaluation and Improvement: employ facilitated self-evaluation methodology to co-produce improved social work core processes.
 2. Restructure the operation of Option 2.
 3. Explore and undertake a collaborative commissioning exercise with Urram in respect of the delivery of social care services in West Lochaber.
 4. Explore and undertake a collaborative commissioning exercise with the Carers Services sector in respect of the delivery of carer services in Highland.
 5. Commission Independent Support for SDS.
- 7.5 A recent worked example of building trust, sharing intelligence and co-producing new ideas and solutions is the significant progress towards establishing a co-produced new reference hourly rate for Options 1's in partnership with the SDS Peer Support Group by establishing a fair, transparent, and mutually understood personal assistant hourly rate for Option 1s.
- 7.6 Costing care and identifying budgets was identified as a key component and it is the aim of NHSH, in partnership with others, to describe a fair, equitable and sustainable framework for the calculation of individual budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of valued Personal Assistants is a realistic and sustainable option.
- 7.7 Following a number of equal partner conversations involving NHSH, Community Contacts and the SDS Highland Peer Support Group, we have co-produced and agreed for consideration and recommendation by NHSH, a three tier bespoke model of the Highland Pricing Model.
- 7.8 This significant investment is an underpinning core element of the overall SDS Programme and additional investment to independent support organisations also requires to be put in place to support those who choose an Option 1 to ensure they are fully supported in this role.
- 7.9 These proposals are anticipated to be considered at the next meeting of the Health and Social Care Committee.

8. Risk Register

- 8.1 Work is currently being undertaken to establish a joint risk register to be overseen via the Joint Officer Group. The intention is that the joint risk register be presented to the JMC in due course.
- 8.2 A risk register is held by NHS Highland for the delegated Adult Social Care service and is attached to this report at **Appendix 1**. These risks also have regular review dates and monitored by quality and safety systems within the NHS Board.

Designation: Chief Officer, Highland Health and Social Care Partnership

Date: 14 June 2023

Adult Social Care Risk Register

Risk Category	Risk	Description (in the format of <i>There is a risk of x because of y resulting in z</i>)	Current Mitigation	Risk Category	Current Likelihood	Risk level (current)	Risk level (Target)	Further Action Required	Risk Register
Innovation and Transformation	Outdated IT system with poor manual recording tools for managing and recording a wide range of activities across ASC. Service requirement to have a data recording system which is fit for purpose.	<p>Current IT system outdated and at the end of its development life and there is a risk that the limited Care First functionality will continue to result in an increase in additional manual recording datasets which could result in poor operational and professional decisions due to imprecise data recording across ASC.</p> <p>Current IT system is not intuitive, it is time consuming for staff and does not enable standard work or support evolving reporting requirements.</p> <p>As of 02/11/22, Highland Council are progressing with a project to procure an updated replacement childrens services system in isolation from NHSH unless NHSH commit to £0.5m over the next 24 months. Therefore a risk</p>	<p>Longer term transformational aspiration programme regarding Care First replacement and where necessary, improvements to local systems where possible will be progressed within T&I</p> <p>Manual extraction from system used when required, paper and electronic files used as a back up</p>	5,6 & 7	4	Major x Likely - High (16)	Minor x Possible - Medium (6)	<p>Programme of work to be initiated to oversee implementation of replacement system and to manage overall service risk</p> <p>Acceptance at Senior Management level that replacement is required as business critical. JOG to be approached to identify necessary funding.</p>	NHS Highland Community Services recorded on DATIX System

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		of ongoing system support to CareFirst being discontinued for ASC.							
Strategic/reputational	Lack of competency assessment for CAH Managers and CAH Officers in the delivery of medication training leading to the risk of medication errors.	There is no mechanism for assuring the quality of the training, as there is no requirement placed on CAH Officers and CAH Managers to have been assessed as competent to deliver training on an annual basis. The lack of a competency assessment and framework presents a risk of maladministration	Workshops are being arranged and delivered to enable C@HO/C@HM to have their own competency assessed by a Registered Nurse. Staff undertaking a medical competency assessment will be assessed by a clinical professional annually, this will be mandatory assessment.	4	3	Moderate x Possible - Medium (9)	Minor x Unlikely - Medium (4)	Evaluation of training workshops/review of medication errors via datix to measure improvement	NHS Highland Community Services recorded on DATIX System

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		of medication to the supported person.							
Strategic/reputational	Care at home workers will not achieve necessary SVQ Level 3 accreditation by deadline of September 2025	CAH workers must have achieved the SVQ level 3 by September 2025 to have fully met the SSSC conditions of registration which is a legal requirement, unable to achieve target due to a lack of SVQ assessment capacity. This in turn will lead to staff employability challenges and shortfalls in service provision.	Ensure the waiting list for those eligible for SVQ is up-to-date, prioritise current resources by date of registration and improve supporting processes. Progress additional SVQ L&D Facilitator post.	4 & 10	5	Major x Almost Certain - Very High (20)	Moderate x Unlikely - Medium (6)	SMT to discuss additional resources with HC and review Service Agreement – is there an opening for using MA to meet some of the gaps identified.	NHS Highland Community Services recorded on DATIX System
Strategic/reputational	Lack of a comprehensive Self-evaluation means our service users are not benefitting from improvement actions	There is a risk of us not completing/implementing a robust Self-Evaluation process because of not giving this area of activity sufficient priority/capacity. This will result in ASC being poorly equipped to identify necessary	There are Improvement Objectives being worked on across the ASC Leadership team	1,4 & 5	4	Moderate x Possible - Medium (9)	Moderate x Unlikely - Medium (6)	Planning now in situ to advance the Self-Evaluation with support of Social Work Scotland and iHub. This work is now a defined project within the PCC&F Programme.	NHS Highland Community Services recorded on DATIX System

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		Improvement Objectives – and to demonstrate to Inspectorate that we understand the continuous improvement measures necessary to improve outcomes for service users and carers							
Strategic/reputational	Insufficient engagement by the range of Adult Protection partners meaning poor adult protection outcomes for individuals across service settings	There is a risk of insufficient engagement of the range of Adult Protection partners in the work of the Adult Protection Committee because of not giving this area of activity sufficient priority. This will result in the Continuous Improvement Framework not being fully realised and robust adult protection processes not being fully realised across partners' activity	There are Improvement Objectives being worked on across the Sub-group structure by groups that are insufficiently resourced by staff across agencies/sectors	1,4 & 5	4	Moderate x Likely - High (12)	Minor x Possible - Medium (6)	Much greater focus on a vibrant CIF with improvement objectives being clearly and actively worked on	NHS Highland Community Services recorded on DATIX System
Strategic/reputational	Absence of clear governance structures, policies, procedures and learning and	There is a risk of adverse events because of a lack of frameworks resulting in harm to staff, services and the public. There is a risk that we are not compliant	Social work representation at clinical and care governance. Stronger links with teams via PO's to gather info and actions re	4,5, 6 & 7	3	Moderate x Possible - Medium (9)	Moderate x Rare - Low (3)	Agreed and functioning governance structure for social work . A handbook of	NHS Highland Community Services recorded on DATIX System

Adult Social Care Risk Register

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	development plan for Social Work leading to vulnerable staff, services and public.	with SSSC or CI. This results in unintended consequences of risk to the service user, professionals and NHS	governance until alternative identified pathways are agreed					current policies and procedures with clear review dates. A robust learning and development plan.	
Finance and Sustainability	Financial instability across care home commissioned services	There is a risk of financial instability across care home commissioned services because of significantly increased operating costs and capital investment requirements, potentially resulting in multiple service care home closures and the need for service steps in or resident relocation.	In place: Senior THC/NHS/SG visibility JMC Sighted on issues Care Home RAG Assessment Care Home closure SOP In progress: Buildings self assessment in preparation Care Home strategy Prioritised locality needs assessment	4 & 9	5	Major x Almost Certain - Very High (20)	Moderate x Likely - High (12)	Developed care home strategy Strategy considered and agreed by JMC Care home decision making framework SG oversight and market intervention	NHS Highland Community Services recorded on DATIX System
Strategic/reputational	ASC Contracts are not fully in place and being monitored	There is a risk that ASC contracts are not fully in place and being monitored because of reduced available resources and those resource being diverted to other organisational priorities, resulting in organisational	In place: CCCM oversight and reporting of contractual gaps Weekly escalation of contract/commissioning gaps/risks to Head of Commissioning Forward planning of team resources for peak	4 & 9	4	Moderate x Likely - High (12)	Moderate x Unlikely - Medium (6)	Contractual gap reporting to Fees Group Agreed revised contract monitoring approach to be implemented Agreed prioritised	NHS Highland Community Services recorded on DATIX System

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		contractual, liability and financial risk.	contract dates Fee group meeting fortnightly to address arising contractual issues In progress: Proactive steps being take to avoid contractual gaps due to reporting schedule Contract monitoring restarting programme					annual work plan implemented	
Finance and Sustainability	Commissioned service interruption due to staffing levels	There is a risk of commissioned service interruption because providers have insufficient staffing levels potentially resulting in needs not met, reduced service capacity and whole system impact.	In place: Care Home Group Oversight Revised locality business continuity plans CRT and Nursing liaison resource Essentials of safe care SOP Staffing escalation protocol (needs review) Regular sector communications to identify issues, address and resolve Availability of business continuity supports In progress: CAH leaflet to encourage flexibility	3,4, 9 & 10	5	Major x Almost Certain - Very High (20)	Moderate x Likely - High (12)	Framework required for situations where provider has exhausted staffing availability and NHSH has no resource to provide.	NHS Highland Community Services recorded on DATIX System

Adult Social Care Risk Register

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			Wider communications on keeping well and helping others						

Adult Social Care Risk Register

Risk Category	Risk	Description (in the format of <i>There is a risk of x because of y resulting in z</i>)	Current Mitigation	Risk Category	Current Likelihood	Risk level (current)	Risk level (Target)	Further Action Required	Risk Register
People	Risk that people do not receive their planned care because of errors in the CM2000 set-up	There is a risk that people do not receive their planned care due to errors in the CM2000 setup as the initial training rollout was based on inaccurate information with a wide variation in use with local workarounds and a lack of ongoing resourced training. The system is also not being used to its full capacity and in some areas, the system is being used inappropriately, resulting in gaps in service delivery and missed care visits.	A member of staff with knowledge of CM2000 has been working with the service supplier to obtain more in depth information about the correct functionality and setup of the system. Refresher training has started and an action plan will outline current issues and identify any further mitigating actions required.	4,5 & 6	4	Major x Likely - High (16)	Moderate x Unlikely - Medium (6)	Identify a Project Manager to work alongside CM2000, tem, E Health and operational colleagues to continue to support the efficient and correct use of the system	NHS Highland Community Services recorded on DATIX System