

Agenda Item	9
Report No	JMC-28-23

Committee: Joint Monitoring Committee

Date: 15 December 2023

Report Title: Risk Register Update

Report By: Fiona Duncan and Pam Cremin

1. Purpose/Executive Summary

- 1.1 This report contains a proposal in relation to the management of risk by the Partnership such that the Joint Monitoring Committee is able to appropriately manage risk. Such risk management will have a natural interface with future strategic planning by the Partnership and will also be a useful tool in terms of the ability to monitor performance and quality assurance of all integrated services in terms of both adults services and children's services. The Partnership requires a risk management approach and an associated risk register setting out that approach which will contribute to ongoing quality improvement, self-evaluation and audit.

The report acknowledges and builds upon the previous report to the Committee on the 21 June in relation to Performance Management.

2. Recommendations

- 2.1 Members are asked to:
- i. **Note** the report and
 - ii. **Approve** the draft Risk Register as appended to the report as **Appendix 1**.

3. Implications

- 3.1 **Resource** – There are specific resource issues arising out of the delivery of Adult Social Care (ASC) by NHS Highland and the delivery of the delegated Child Health Services by the Highland Council. Those resource issues are governed by the Integration Scheme currently in place, as signed off by The Highland Council and NHS Highland Board in March 2021 and which received Ministerial sign off in February 2022.
- 3.2 **Legal** – The legal arrangements covering the delivery of integrated service, are provided for within the above referenced Integration Scheme. There are no further or additional arising legal issues to be brought to the attention of the JMC, which are not as noted within this report.
- 3.3 **Community (Equality, Poverty, Rural and Island)** – No arising issues although it ought be noted that in terms of other reports before this Committee, that ongoing

locality planning work will commence which will require to take into account the Risk Register proposed. It ought also be noted that the proposed risk register references the need for an equitable approach to service delivery which will require to consider the need for a community impact assessment.

- 3.4 **Climate Change / Carbon Clever** – No arising issues.
- 3.5 **Risk** – The Section of this report detailing an approach to managing risk outlines how risk and mitigation will be reported through this committee.
- 3.6 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – No arising issues
- 3.7 **Gaelic** – No arising issues.

4. Background

- 4.1 This report builds on the report to this committee on the 21st June 2023 in relation to Performance Management and Quality Assurance which also considered the Partnership's approach to risk.
- 4.2 The Partnership understands the importance of recognising and dealing effectively with the many risks that surround the services being delivered on behalf of the Partnership. It is acknowledged that risk cannot be eliminated and requires to be managed.
- 4.3 Within both The Highland Council and NHS Highland it is a mandatory requirement that each organisation have systems and processes in place to manage risk. Each organisation systematically identifies, analyses, evaluates, controls, and monitors those risks that potentially endanger or have a detrimental effect upon its stakeholders, property, workforce, reputation and financial stability. Those risks are in the public domain and in terms of both organisations are corporate/board risks or, on occasion, are more service specific.
- 4.4 Across our partnership, and in terms of the Integration Authority being the Highland Health & Social Care Partnership as managed by this Committee, there are a range of risks which are jointly owned. The draft risk register appended at **Appendix 1** seeks to set those out. It is a responsibility of the Partnership to ensure that appropriate risk management activities and mitigation take place. This approach needs to be monitored by this Committee. Risk management requires a clear escalation route for risks that are pertinent to the integration scheme including a set of risk topics and the risk appetite in relation to each of those topics. Mitigating actions are also set out and require to be monitored.
- 4.5 The topics for this risk management framework are built upon the key risk themes of stakeholders, property, workforce, reputation and financial stability.

5. Risk management framework for integrated services.

- 5.1 The draft risk register details an approach to risk management outlining a number of risks identified by partners to date, their risk rating, and the mitigation that is in place to manage them. It is intended that this detail will provide the Committee with oversight on the identified risks in terms of the delivery of integrated functions by the Partnership.
- 5.2 It is intended that the mitigating actions be managed by the Partnership in terms of

lessening exposure to risk which will have the effect of driving service improvement. The intention is that the Joint Officers Group will review the register and the progress in terms of mitigating actions on a monthly basis and that there be update reports to this Committee annually. There is a close link between risk management and performance such that work to manage risk will have a natural interface with performance management so that actions taken as identified in the register to mitigate risk will drive improved performance.

- 5.3 As such, previous reports to this Committee in terms of the Partnership approach to quality improvement and performance management are relevant and will interface with the partnerships approach to Audit.

6. Audit and risk management

- 6.1 The Partnership shares a common aim that the people in Highland should experience the best quality health and social care. The challenges to that delivery are set out in the risk register. In working together, we aim, by way of this Committee, to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. The approach to risk management will inform this work.

- 6.2 The report of 21st June set out a proposal in terms of an audit cycle and in terms of identifying those areas of work which are to be considered the risk register will inform the self-evaluation exercise which will consider which areas of work might require to be considered. This will enable the Partnership to have assurance on areas where there are challenges as well as those areas where we are performing well and will enable us to identify where improvement is needed.

Designation:

Date: November 2023

Authors / Report Contributors: Fiona Malcolm/Rhiannon Boydell

The Highland Council / NHS Highland Partnership Risk Register

RISK LOG

Version: V0.26

Date Updated: 17/11/2023

	Lead	Likelihood	Consequence	Risk level	Mitigating Actions
1		Likely	Major	High	Strategy development and plan to support service redesign in terms of the presenting financial context Level of funding to be agreed in terms of the Integration Scheme in terms of recurrent and non-recurrent costs. Development of agreed and achievable savings targets and cost reduction Programme approach to achieve transformation and reporting to the JMC
2		Almost certain	Major	Very High	Workforce planning across the partnership to support recruitment and retention Actions taken to reduce agency spend where possible by both partner agencies Embed a social work relief pool to cover all areas of Highland expanding upon the NHS CRT Scheme Engage with UHI in terms of Social Work Course and apprenticeships for social care roles Consider SSSC data base with a view to considering return to the profession by qualified staff
3		Likely	Moderate	High	Partnership Working group established re Carefirst replacement and where necessary and other improvements to local systems In NHS, there is a lack of standardised electronic systems across Teams meaning that reports are pulled via manual extraction, with both paper and electronic files used as back up.
4		Possible	Moderate	Medium	Improved Working of JMC and JOG to support and deliver change Ensure implementation of Strategic Plans for both children and adults are implemented to deliver integrated outcomes.
5		Likely	Moderate	High	Work with local communities to deliver place based care noting that this may be an issue in terms of existing service provision.
6		Likely	Moderate	High	Closer liaison across the partnership to deliver improved outcomes for young people transitioning from TYC (including education) to NISH Development of a Shared protocol to include consideration of a joint commissioning strategy Development of a pathway and guidance for practitioners in relation to roles and remits
7		Possible	Moderate	Medium	Ensure adequate and safe staffing levels (particularly in terms of outcome of Children at Risk of Harm inspection) Escalate any presenting risk to JMC in terms of registered services Commissioning frameworks to be developed to address any identified gaps in service across integrated functions Liaise with the Care Inspectorate in terms of monitoring progress and report to JMC for scrutiny and assurance
8		Likely	Major	High	Negotiating with providers to manage closures over longer time periods and to delay closures so as to minimise overlaps. Partnership discussions to take place at early stages to consider any purchase of homes in terms of agreed framework and consideration of finding alternative providers to take over running of the homes. Workforce planning work in terms of identified workforce risk Engagement with Scottish Government at senior level to reflect unique Highland challenges Transformational work to be identified to consider care solutions which are not predicated on admission to a care home Transformational work with a focus on early intervention to keep people in their homes and in communities longer
9		Almost certain	Major	Very High	Work across the Partnership to develop robust contingencies particularly in relation to North & West Areas which are not reliant on the Emergency Social Work Team seeking to manage contingencies Engagement with HR and TUs as appropriate in terms of job descriptions and need to support care at home outwith office hours
10		Almost certain	Major	Very High	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.
11		Possible	Moderate	Medium	Revision of the clinical and care governance arrangements within the Partnership to include practice and staffing matters Social work representation at clinical and care governance to be agreed across the Partnership Stronger links with teams via PO's to gather info and actions re governance until alternative identified pathways are agreed WHAT ARE Pos?
12		Likely	Major	High	Improve processes to ensure the availability of a s22 doctor where and when required Ensure all consultants and agency consultants are s22 trained Facilitate training where appropriate
13		Possible	Major	High	Ensure timeous responses to all asks made by the Enquiry - such responses reflecting the position of the Partnership Continue to ensure that all correspondence is kept and can be accessed as required.

Almost certain
Likely
Possible
Unlikely
Rare

Insignificant
Minor
Moderate
Major
Extreme

