

The Highland Council

Agenda Item	8
Report No	JMC/09/24

Committee:	Joint Monitoring Committee
Date:	19 June 2024
Report Title:	Risk Register Update
Report By:	Executive Chief Officer Health and Social Care & Chief Social Work Officer, The Highland Council and the Chief Officer, Highland Health and Social Care Partnership

1.	Purpose/Executive Summary
1.1	This report contains an update 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. The risk register is a tool to enable the committee to monitor performance and quality assurance of all integrated services, both adult services and children's services.
2.	Recommendations
2.1	Members are asked to: <ul style="list-style-type: none"> i. Note the report;
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 should 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 should 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	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.
4.2	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.
4.3	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. It is a responsibility of the Partnership to ensure that appropriate risk management activities and mitigation take place.
4.4	There have been no risks added to the register or closed since the previous report to committee in December 2023.
5.	Overview of Partnership Risks
5.1	Very High Risks
5.1.1	<p>Risk number 2</p> <p>The challenges in recruiting to vacant posts across the Partnership in terms of all health, social work and social care and support posts may result in a failure to deliver all services to at least statutory minimum levels thereby creating risk to service users which could have significant impact on their health safety and wellbeing.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • 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.

5.1.2	<p>Risk number 9</p> <p>Out of Hours Care at Home delivery. There is a risk that services will not be delivered to people who require care at home services 7 days a week as there is inadequate/no contingency in parts of NHS Highland to adequately provide cover outside normal business hours.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • Work across the Partnership to develop robust contingencies particularly in relation to North & West Areas is required. The Emergency Social Work Team cannot be included as a contingency. • Engagement with HR and TUs as appropriate in terms of job descriptions and need, to support care at home outwith office hours.
5.2	<p>High Risks</p>
5.2.1	<p>Risk number 1</p> <p>If transformation is not delivered across the partnership there is a risk to safe service delivery given the resources- both financial and staff - available.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • Strategy development and planning to support service redesign in terms of the presenting financial context and the proposed investment of reserves from THC. • 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.
5.2.2	<p>Risk number 3</p> <p>Information Technology. The risk regarding the availability of IT is twofold:</p> <ol style="list-style-type: none"> 1. There is a risk of clinical services providing inconsistent care because there are no integrated electronic records across the partnership resulting in potential harm to adults and children. 2. CareFirst: The lack of software updates and development will not be met as the system is at the end of its life. If the system is not replaced timeously this is likely to lead to loss of data, practice, technology, data, reporting, capability maturity developments and associated benefits across the partnership if the system if not updated. <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • Partnership Working group established regarding Carefirst replacement and where necessary, other improvements to local systems. • In NHSH, 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.
5.2.3	<p>Risk number 5</p> <p>Equality of Provision - There is a risk that there may not be parity of access to service across all geographical areas in Highland and across all demographics.</p> <p>Mitigating actions being taken:</p>

	<ul style="list-style-type: none"> • Work with local communities to deliver place-based care through District Planning Groups.
5.2.4	<p>Risk number 6</p> <p>Young People’s Transitions. There is a risk that young people transitioning from children’s services to adult services do not receive the support they need at this time meaning their needs are not being met.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • Closer liaison across the partnership to deliver improved outcomes for young people transitioning from THC (including education) to NHSH. • Development of a Shared protocol to include consideration of a joint commissioning strategy in terms of accommodation solutions. • Development of a pathway and guidance for practitioners in relation to roles and remits has been prepared.
5.2.5	<p>Risk number 8</p> <p>Care Home Viability. Any lack of care home - or other - care provision across Highland arising from financial and resource pressures faced by providers results in care home closures and a reduction in capacity to provide care services which leads to a risk that service users health and social care needs are not being met.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • Negotiating with providers to manage closures over longer time periods and to delay closures. • 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.
5.2.6	<p>Risk number 12</p> <p>The Partnership are not currently in a position to provide the required s22 psychiatrist reports to support necessary applications for guardianships for adults who lack capacity which means that such adults may be at risk because the appropriate legal framework is not in place to support them to live safely.</p> <p>Mitigating actions being taken are:</p> <ul style="list-style-type: none"> • 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.

5.2.7	<p>Risk number 13</p> <p>Covid 19 Enquiry - There is a risk to the Partnership of reputational damage as a result of the public enquiry into the pandemic. The enquiry commissioned to examine the handling of the pandemic could potentially criticise actions taken by the Partnership which might be critical and damaging.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • 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.
5.3	<p>Medium Risks</p>
5.3.1	<p>Risk number 4</p> <p>There is a risk that as a partnership we are not realising the benefits of integrated working in terms of the Integration Scheme. By not delivering upon the intent set out within the Integration Scheme in place between NHS Highland and The Highland Council the Partnership may not be providing the associated benefits to service users.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • 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.
5.3.2	<p>Risk number 7</p> <p>Inspections. Failures to deliver registered services in terms of standards as expected by the Care Inspectorate results in a risk to children and adults and a consequential reputational risk for the partnership.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • 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.
5.3.3	<p>Risk number 11</p> <p>There is an absence of clear governance structures, policies, procedures and learning and development plans in relation to all professions across the partnership.</p> <p>Mitigating actions being taken:</p> <ul style="list-style-type: none"> • 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 Principal Officers to gather information and actions regarding governance until alternative identified pathways are agreed.

6.	Future Reporting
6.1	Changes to the risk register will be reported including additions, closures and actions completed, as well as the summary of the risks and mitigating actions.
	<p>Designation: Chief Officer, Highland Health and Social Care Partnership and Executive Chief Officer Health and Social Care and CSWO – Highland Council</p> <p>Date: 3 June 2024</p> <p>Author: Rhiannon Boydell, Head of Integration, Strategy and Transformation HHSCP</p> <p>Appendix: The Highland Council/NHS Highland Partnership Risk Register</p>

The Highland Council / NHS Highland Partnership Risk Register

High

RISK LOG

Version: V0.26

Date Updated: 17/11/2023

		Lead	Likelihood	Consequence	Risk level	Mitigating Actions
1	If transformation is not delivered across the partnership there is a risk to safe service delivery given the resources- both financial and staff - available.	CSWO/CO	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. Opportunities to deliver in terms of proposed investment from reserves Development of agreed and achievable savings targets and cost reduction Programme approach to achieve transformation and reporting to the JMC
2	Workforce. The challenges in recruiting to vacant posts across the Partnership in terms of all health, social work and social care and support posts may result in a failure to deliver all services to at least statutory minimum levels thereby creating risk to service users which could have significant impact on their health safety and wellbeing. There is a risk that extensive use of agency staff may not consistently deliver required service outcomes	CSWO/CO	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. Work with partners to develop a single care model 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	Information Technology. The risk re the availability of IT is two fold:- 1. There is a risk of clinical services providing inconsistent care because there are no integrated electronic records across the partnership resulting in potential harm to adults and children. 2. CareFirst: The lack of software updates and development will not be met as the system is at the end of its life. If the system is not replaced timeously this is likely to lead to loss of data, practice, technology, data, reporting, capability maturity developments and associated benefits across the partnership if the system is not updated.	CSWO/CO And delegated to Director of Adult Social Care/ Lead Officer Strategy, Performance & Quality Assurance re carefirst re provisioning	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	There is a risk that as a partnership we are not realising the benefits of integrated working in terms of the Integration Scheme. By not delivering upon the intent set out within the Integration Scheme in place between NHS Highland and The Highland Council the Partnership may not be providing the associated benefits to service users.	CSWO/CO	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. Appointment of dedicated resource - Head of Integration, HHSCP

5	Equality of Provision - There is a risk that there may not be parity of access to service across all geographical areas in Highland and across all demographics	CSWO/CO And delegated to Director of Adult Social Care/Head of Integration Adult Social Care in terms of policy planning	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. District plans being identified though District Planning Groups.
6	Young People's Transitions. There is a risk that young people transitioning from children's services to adult services do not receive the support they need at this time so that they may not receive the appropriate support for that transition and that as such their needs are not met.	CSWO/CO And delegated to (Depute) Director of Adult Social Care and Head of Integration Adult Social Care	Likely	Moderate	High	Closer liaison across the partnership to deliver improved outcomes for young people transitioning from THC (including education) to NHHSH A Shared protocol has been developed and THC delivery plan includes consideration of a joint commissioning strategy Development of a pathway and guidance for practitioners in relation to roles and remits. Engagement established with housing colleagues to progress further
7	Inspections. Failures to deliver registered services in terms of standards as expected by the Care Inspectorate results in a risk to children and adults and a consequential reputational risk for the partnership. .	CSWO/CO and delegated to Head of Registered Services (NHHSH) and Head of Social Work Services (THC)	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. Note recent positive inspections in terms of adult protection and adoption and fostering
8	Care Home Viability. Any lack of care home - or other - care provision across Highland arising from financial and resource pressures faced by providers results in care home closures and a reduction in capacity to provide care services which leads to a risk that service users health and social care needs are not being met.	CSWO/CO And delegated to Director of Adult Social Care	Likely	Major		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	Out of Hours Care At Home delivery . There is a risk that services will not be delivered to people who require care at home services 7 days a week as there is inadequate/no contingency in parts of NHS Highland to adequately provide cover outside normal business hours.	CSWO/CO And delegated to Director of Adult Social Care/Head of Integration Adult Social Care	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 - Involvement of Head of Registered Services with a view to taking this forward as a priority

11	There is an absence of clear governance structures, policies, procedures and learning and development plans in relation to all professions across the partnership	CSWO/CO	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 Professional Officers to gather info and actions re governance until alternative identified pathways are agreed
12	The Partnership are not currently in a position to provide the required s22 psychiatrist reports to support necessary applications for guardianships for adults who lack capacity which means that such adults may be at risk because the appropriate legal framework is not in place to support them to live safely.	CSWO/CO And delegated to Head of Mental Health and Deputy Medical Director	Likely	Major	High	Improve processes to ensure the availability of a s22 doctor where and when required a triage process has been developed meantime which seeks to prioritise those cases on the basis of urgency Ensure all consultants and agency consultants are s22 trained Facilitate training where appropriate
13	Covid 19 Enquiry - There is a risk to the Partnership of reputational damage as a result of the public enquiry into the pandemic. The enquiry commissioned to examine the handling of the pandemic could potentially criticise actions taken by the Partnership which might be critical and damaging.	CSWO/CO	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

