Agenda Item	13.
Report No	CLH 44/18

HIGHLAND COUNCIL

Committee: Care, Learning and Housing

Date: 18 October 2018

Report Title: **NHS Highland Assurance Report**

Report By: Director of Care and Learning

1. Purpose/Executive Summary

1.1 The purpose of the report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. The content of each assurance report is informed by discussion with the Child Health Commissioner.

2. Recommendations

2.1 Members are asked to scrutinise the data and issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the agreed governance arrangements.

3. Performance Data

3.1 NHS Highland has advised that the technical issues for the Child Health Surveillance data have not yet been resolved. This matter is reported to be out of NHS Highland's control, as the next steps sit with NHS National Services Scotland. NHS Highland is seeking for the issues to be resolved, and states that this risk forms part of the wider work that is in progress, as the 'Child Public Health and Wellbeing Transformational Change system' is developed nationally. This new system will replace the current system.

4. Schools based vaccination service

4.1 In June 2017, Highland Council agreed to test the use of an immunisation team in the delivery of school based vaccinations. This was to alleviate school nursing capacity issues and to undertake some testing in light of the Scottish Vaccine Transformation Programme. This test was limited to the Mid & South areas of Highland which include 83 primary schools, 14 secondary schools and 3 special schools. The immunisation team was made up of 4 part-time nurses, working term-time, annualised hours contracts led by a full-time team leader. The initial plan was to run the test from September 2017 until the end of May 2018.

4.2 During the period of planning for this immunisation team test, the Scottish Government announced the Vaccine Transformation Programme in response to the new GP contract. GPs will no longer be expected to provide any vaccines to their patients, and Health Boards across Scotland began establishing immunisation teams to undertake all immunisation programmes from early childhood to those provided to older adults. Discussions within Highland are ongoing and the initial proposal was that an immunisation service should be set up to cover all of those vaccine programmes. This would involve a larger team that could cover all of the Highland Council area. This would be a service for both adults and children and the proposal was that it would be hosted in NHS Highland. It was expected that the current schools-based team would transfer over to NHS Highland management. As reported to this Committee in March, Highland Council was asked to extend the period of the current schools-based team test until a transfer could be organised in June 2019.

4.3 The NHS Highland plan for the proposed new vaccination service however is still not clear because many GP Practices are expressing a desire to continue to provide their current level of vaccines, and negotiations between them and the Health Board are ongoing. This has led to a degree of uncertainty within the schools-based Immunisation Team and during the summer two members of the team, both on fixed term contracts, resigned and have secured other employment. Recruitment to the team has been unsuccessful, most likely due to the part-time and fixed term nature of the contracts.

4.4 The annual flu-vaccine programme commences on 2nd October 2018, and a different model of delivery is to be tested, using the remaining 3 team members stepping up to working full-time during each immunisation programme and returning to part-time at other times where their role is to promote and prepare for the next vaccine programme. During the periods of vaccinating in schools, they will be supported by staff nurses from the NHS Highland Integrated Staff Bank. While this change in model was not intentional, the situation will give the opportunity to test a system using a step-up and step-down approach to accommodate the variation in workload throughout the academic year rather than relying on a system of annualised hours contracts - which many of the team have found difficult to manage alongside other work and family commitments. Initial calculations suggest that this may be a more cost effective method

of service provision. Meantime, the Principal Officer (Nursing) and Immunisation Team Lead are continuing to work with the Immunisation Co-ordinator of NHS Highland to plan for the future vaccination service as part of the NHS Highland Vaccine Transformation Programme Working Group. Further reports will update on the progress of the wider transformation programme as this emerges.

5. Family Nurse Partnership

5.1 The Highland Family Nurse Partnership (FNP) programme began in 2014 as a three year pilot to see if the model could be successfully provided in Highland. The service provides specialist support to young first-time parents. The pilot was limited to an area approximately within a 40 mile radius of Inverness, covering both the Mid and the South areas of Highland Council. This area covers 67% of the under-25 year old population in Highland. The initial team consisted of one supervisor, 4 Family Nurses and a Data Manager.

5.2 The Scottish Government remain committed to ensuring that all eligible women in Scotland have access to the programme so after the successful pilot it was agreed to undertake a stepped expansion of the programme in Highland. It should be noted that the programme is fully funded by the Scottish Government.

5.3 The first stage was to move from fixed cohort recruitment to a continuous recruitment process. In January 2016 recruitment to this rolling programme within the existing area began. In 2017, in order to enable caseloads to remain at or below the requirement of 25 per nurse, two additional Family Nurses have been recruited. This rolling programme is continuing and the current team staffing level is able to maintain the levels of recruitment and include a level of targeting to ensure that the most vulnerable clients agree to become part of the programme.

5.4 The second stage is to consider expanding into other parts of Highland. Aggregating the number of births to first time mothers under the age of 20 years over the past 6 years suggests that the area which would benefit most from geographical programme expansion is the Caithness. If parts of Sutherland were also included there would be the potential for a full-time Family Nurse supervised from Inverness.

Area	**Average annual count (2011-2017)**
Caithness	16
South East Sutherland	3
North & West Sutherland	1
Lochaber	9
Skye, Lochalsh & West Ross	4
Mid & South areas	108

5.5 Learning from areas that have tried this model before (e.g.. Borders and Dumfries & Galloway), this hub and spoke model can be effective. However, it is a risk to have only one trained FN in the event of staff absence, and accordingly a more secure service might be provided by having two part-time nurses based in Caithness. Further learning from the other two sites suggests that additional part-time supervisor provision is required to support the existing Supervisor as the geographical area expands and the need to supervise the new nurses from a distance. This could be a development opportunity for one of the existing team, providing the necessary additional support and cover should the Supervisor be on leave and also provide a level of succession

planning within the team.

5.6 The Scottish Government is keen to support this expansion and has already agreed additional funding to enable expansion in this financial year and beyond.

5.7 There are some potential risks with the proposed model for expansion, namely that recruitment to the specialist posts in Caithness could further deplete the existing Health Visitor and midwife staff groups in the area, and that the geography of Caithness and Sutherland could increase delivery issues if the number of cases in remote areas increased.

6. Family Team management restructure

6.1 This reorganisation is covered in more detail in a separate update to the Care, Learning & Housing Committee.

6.2 Health Visitors are employed within the Early Years element of the Family Teams. The first line managers of these staff will be provided with revised job descriptions in October, following a lengthy period of discussion with relevant Trade Unions, including the Royal College of Nursing. The Principal Officer for Nursing was fully involved throughout the review process. The job descriptions were evaluated through the agreed NHS Agenda for Change process and this resulted in no change to the pay grade. The title of the posts will change from Practice Lead to Family Team Manager. There is no change to the responsibility for a staff group but there are some additional duties to reflect the deletion of another layer of management across the Family Teams - i.e. the District Managers.

6.3 The School Nurses will continue to be managed within the Family Teams, in the School Years element of the teams. During the review, concerns were raised about the quality of professional support provided to School Nurses, given the specialist nature of their role. Consideration was given to whether their line management could be transferred to the Early Year element of the Family Teams, but this was not decided on, as it would have led to the Early Years Family Team managers holding a disproportionate level of responsibility compared to peers. To mitigate any concerns, the job description of the School Years Family Team Managers now includes a more specific description of their role in relation to School Nurses. Support to School Nurses has also been enhanced, as previously reported, by the Lead Nurse for Looked After Children taking the role of providing additional clinical support to this group. A framework for clinical support around child protection responsibilities has also been agreed with the Lead Paediatrician for Looked After Children and Child Protection, which includes School Nurses, and support has been provided for additional training recommended by the Lead Paediatrician.

7. Allied Health Professionals

7.1 Allied Health Professionals (AHP) waiting times continue to be on target for Physiotherapy (PT), but outwith the target for Occupational Therapy (OT), Speech and Language Therapy (SLT), and Dietetics (DT).

7.2 Vacancies for qualified AHPs and business support staff are the main issue which affects length of waits. Dietetics are now fully staffed, and we expect waiting times to decrease over the next few months. OT still have a part time vacancy for an experienced practitioner, which we have been unable to recruit to - so consideration is

being given to the skill mix to evaluate whether care could be provided by a Support practitioner.

7.3 SLT have one vacancy in Lochaber, which we have been unable to fill for 9 months, but a temporary arrangement with a previous staff member and a support practitioner is providing cover. Another three permanent post vacancies are being advertised, and we hope to recruit to these successfully with new graduates. SLT have 5 staff on maternity leave and while we have not been able to recruit to all these posts, we have recruited to some hours temporarily, and all staff that are able to offer additional hours are doing so. It is still difficult to recruit experienced staff, and the recruitment process of at least 3-4 months means there are gaps in service which impacts on waiting times. Recent challenges with IT have also impacted on the time taken for clinical tasks.

7.4 Initiatives to improve services for users continue to be developed, trialled and evaluated. These include a new advice line for OT, PT, and SLT which it is hoped may reduce the number of requests for service, as guidance can be given immediately. Regular supervision of staff is monitored and we have almost all staff now having at least 3 monthly formal meetings, along with regular peer supervision sessions.

7.5 The Sept 2018 figures are as follows (with June 2018 figures bracketed):-

Profession	**Total number waiting**		**Number waiting <18 wks**		**% <18 wks**	
Dietetics	227	(205)	128	(138)	56%	(67%)
Occupational Therapy	50	(69)	33	(54)	66%	(78%)
Physiotherapy	20	(11)	20	(11)	100%	(100%)
Speech and Language Therapy	155	(206)	118	(151)	76%	(73%)
Total	452	(491)	299	(354)	66%	(72%)

8. Primary Mental Health Workers

8.1 The Primary Mental Health Worker service has held a vacancy in the Caithness region since September 2017. The post has recently been re advertised and we are confident that we will recruit to this position. All other posts in the team are currently filled, although one member of the team is on maternity leave and so cover has been put in place to support schools in Nairn and Millburn Associated School Groups in the meantime.

9. Scottish Government: Appreciative Inquiry

9.1 The Scottish Government has initiated an 'appreciative inquiry' of all Integrated Children's Services Plans. This involves an analysis of the local plan, which is a statutory requirement within the Children & Young People (Scotland) Act 2104, and a half day session with the partnership and senior officers from across Scottish Government.

9.2 Highland was the first partnership to be visited, and this took place on 5 October, involving:

- Michael Chalmers, Director of Children and Families
- Iona Colvin, Chief Social Work Adviser
- Hannah Keates, Children and Families Department
- Bill Scott-Watson, Learning Department
- Paul Leak, Health Department

9.3 The analysis of the plan confirmed many strengths in the comprehensive and thorough, integrated approach set out in *For Highland's Children 4*. The visit enabled a helpful and positive discussion, supported by the Child Health Commissioner and Lead Pediatrician, as well as colleagues from Care & Learning, Police Scotland and the 3rd sector.

10. Balanced scorecard

10.1 The Balanced scorecard is attached at **Appendix 1.**

11. Implications

11.1 Resource
The latest finance monitoring report is attached at **Appendix 2.**
It is planned that the Family Nurse Partnership funding moves to be part of the general allocation to Health Boards and loses its ring fenced nature. This may have implications for future years.

11.2 Legal
No issues have been identified.

11.3 Community (Equality, Poverty and Rural)
No issues have been identified

11.4 Climate Change/Carbon Clever
No issues have been identified

11.5 Risk
Risks are routinely reported to the NHS Highland Risk Governance Group. A full copy of the current risk register is attached at **Appendix 3** for information.

11.6 Gaelic
No issues have been identified.

Designation: Director of Care and Learning

Date: 4 October 2018

Author: Sandra Campbell

Appendix 1

For Highlands Children 4 Performance management Framework

Key
Performance improving **Performance declining** **Performance is stable**

HEALTHY
Outcome 4. Children and young people experience healthy growth and development

Indicator 15	Target	Baseline	Status	Imp Group	Current
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	➲	Early Years	65.6%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013 and quarterly variations have been within the 55 – 70% range during that time.

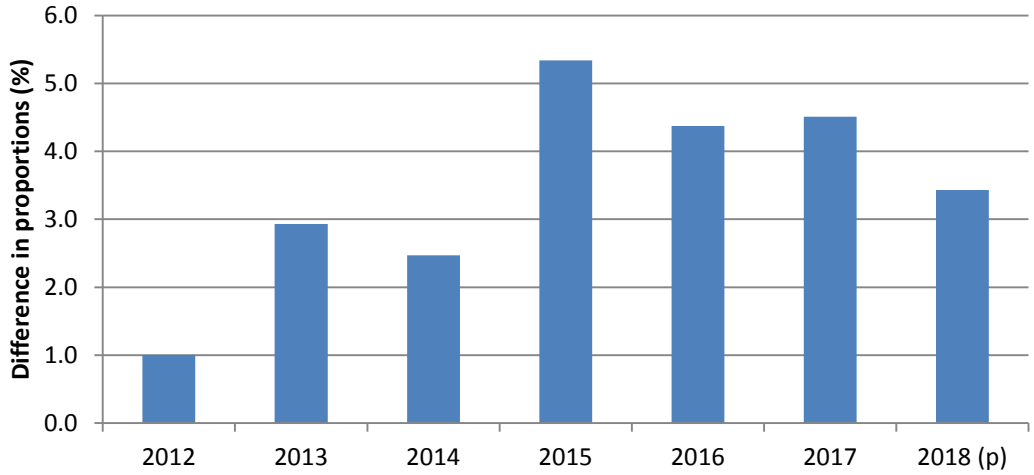
Indicator 16	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%	⇧	Additional support Needs	86%

Analysis
This data has been collected annually since 2015. The data shows little variance over that time.

Indicator 17	Target	Baseline	Status	Imp Group	Current
There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	1%	⇩	Early Years	3.4%

Analysis
This data is collected annually from NHSH. The latest provisional data is from 2018.The baseline was established in 2012. The data is shown in the table.

Difference in proportions (%) between most and least deprived qunitiles



Indicator 18	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 27-30 month surveillance contact	95%	52%	↑	Early Years	87.8%

Analysis
This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.

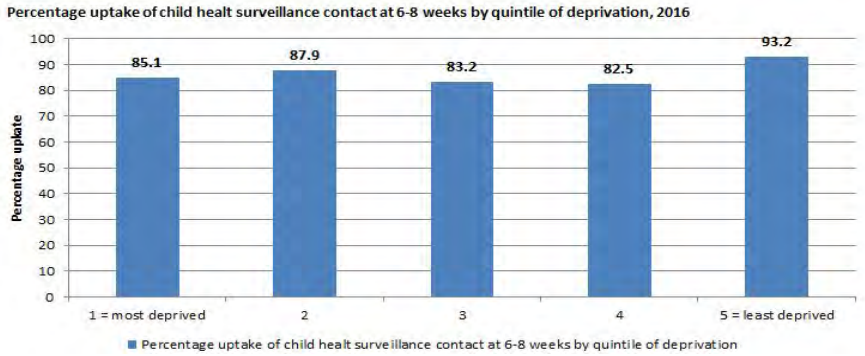
Indicator 19	Target	Baseline	Status	Imp Group	Current
95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%	↑	Early years	87.8%

Analysis
This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2012 and only small quarterly variations have been observed over time showing no real pattern of improvement.

Indicator 20	Target	Baseline	Status	Imp Group	Current
6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%	No new data	Early years	0.2%

Analysis

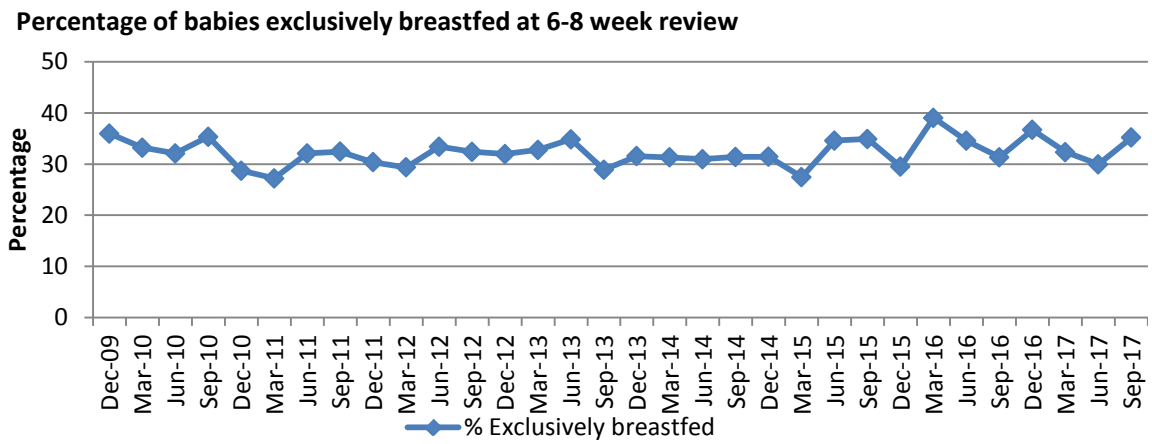
The baseline was established in 2013. The 2016 data is showing the percentage uptake of child health surveillance contact by quintile of deprivation is shown in the table below.



Indicator 21	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	35.2%

Analysis

The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.



Indicator 22	Target	Baseline	Status	Imp Group	Current
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%	No new data	Maternal infant nutrition	100%

Analysis
Children are allocated a Health Plan indicator showing whether their status is either 'core' or 'additional'. This data is collected quarterly from NHSH. The last reporting period was from December 2016. The baseline was established in 2012.

Indicator 23	Target	Baseline	Status	Imp Group	Current
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%	↑	Early Years	96.2%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2012.

Indicator 24	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%	No new data	Early Years	82.4%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2012.

Indicator 25	Target	Baseline	Status	Imp Group	Current
The number of 2 year olds registered at 24 months with a dentist will increase year on year	Improve from baseline	73.9%		Public Health and Wellbeing	53%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013.

Indicator 26	Target	Baseline	Status	Imp Group	Current
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase.	Improve from baseline	80.6%		Public Health and Wellbeing	90.3%

Analysis
This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013. This indicator is the percentage based upon the children registered with a Dentist at their 27-30 month review as above

Indicator 27	Target	Baseline	Status	Imp Group	Current
95% of children will have their P1 Body Mass index measured every year	95%	88.8%	No new data	Early Years	82.4%

Analysis
This data is collected annually from NHSH. The latest data is from 2016 /17. The baseline was established in 2009. The table below shows the improvement over time.

Height and weight recording for Primary 1 School Children in Highland Local Authority

Estimated Data Completeness for school years 2005/06 - 2016/17

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Population of 5 year olds (NRS Estimate)	2,371	2,431	2,495	2,497	2,537	2,636	2,631	2,442	2,538
Total number of children reviewed	2,127	2,256	2,180	2,296	2,390	2,419	2,300	2,336	2,091
Number of children with valid height & weight recor	***2,105***	***2,240***	***2,170***	***2,276***	***2,369***	***2,385***	***2,289***	***2,307***	***2,091***
As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	**87.0**	**94.5**	**82.4**

Source: ISD Scotland, CHSP School December 2017

Indicator 28	Target	Baseline	Status	Imp Group	Current
90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	100%

Analysis
This data is reported quarterly for the Primary mental health service. The baseline was established in 2013 and the latest data shows that all the children and young people referred to the service were seen within the 18 week target. The target is a national NHS HEAT target. The current data is from September 2018.

Indicator 29	Target	Baseline	Status	Imp Group	Current
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		Looked after children	92.1%

Analysis
This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over the last year.

LAC Health Assessments within 4 weeks of notification				
Quarter	**Target (95%)**	**Eligible New LAC**	**SHAs Undertaken**	**(PMF Outcome Measure 46)**
Jul-Sep 17	95%	48	35	72.9%
Oct-Dec 17	95%	48	41	85.4%
Jan-Mar 18	95%	40	34	85.0%
Apr-Jun 18	95%	38	35	92.1%

Indicator 30	Target	Baseline	Status	Imp Group	Current
95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks	Improve from baseline	66.7%		Looked after children	86.7%

Analysis
This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation during the last year.

LAAC Health Assessments available for CPM at 6 weeks				
Month	**Target (95%)**	**Eligible New LAC**	**SHAs Available**	**(PMF Outcome Measure)**
Jul-Sep 17	95%	30	21	70.0%
Oct-Dec 17	95%	17	15	88.2%
Jan-Mar 18	95%	25	19	76.0%
Apr-Jun 18	95%	15	13	86.7%

Indicator 31	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	66%

Analysis
The baseline was established in 2014. The latest quarterly data is from August 2018. Further detail of this data is within section 4 of this report.

Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles

Indicator 32	Target	Baseline	Status	Imp Group	Current
The number of hits on pages relating to children and young people on the Substance Misuse Website increases	Improve from baseline	422		Public Health and Wellbeing	538

Analysis
The baseline was established in 2014 and is collected annually. The trend data shows incremental increase over this period.

Indicator 33 (P7)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	1%		Public Health and Wellbeing	1%

Analysis
This data is taken from the 2017 lifestyle survey. The survey will be undertaken again in 2019. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Indicator 33(S2)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	5.3%		Public Health and Wellbeing	5.3%

Analysis
This data is taken from the 2017 lifestyle survey. The survey will be undertaken again in 2019. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Indicator 33 (S4)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	13.2%		Public Health and Wellbeing	13.2%

Analysis
This data is taken from the 2017 lifestyle survey. The survey will be undertaken again in 2019. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

March 2018 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Variance
Allied Health Professionals	3,057,506	2,818,126	-239,380
Service Support and Management	1,119,492	1,056,906	-62,586
Child Protection	447,948	407,324	-40,624
Health and Health Improvement	508,667	494,159	-14,508
Family Teams	16,632,296	15,906,760	-725,536
The Orchard	1,194,384	1,150,744	-43,640
Youth Action Services	1,505,690	1,355,006	-150,684
Primary Mental Health Workers	565,435	490,263	-75,172
Payments to Voluntary Organisations	953,774	942,782	-10,992
Total	**25,985,192**	**24,622,070**	**-1,363,122**

Commissioned Children's Services income from NHSH	**-9,585,150**	**-9,585,150**	**0**

Commissioned Child Health (Integrated Services)

Risk Register – <u>October 2018</u>

The following matrix will be used for risk prioritisation, further information can be found in the Risk Management Policy.

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

Date	Description Of Risk	Risk Owner(s)	RISK EXPOSURE-			RISK CONTROL		RISK EXPOSURE –		
			Likelihood (L)	Severity (S)	Risk rating	Existing Control Measures	Actions	Likelihood (L)	Severity (S)	Risk Rating
Revised September 2018	Risk of missing unmet need due to an inability to deliver new Universal HV pathway. Risk continues despite increased funded establishment. Some teams more affected than others by vacancies & sick leave. Level of client need is also increasing as new pathway is introduced. Increasing stress levels for HVs.	Principal Officer Nursing & Children's Services manager	Almost certain	Moderate	High	Practice Leads (Early Years) to ensure robust supervision. CSMs to support CSMs with recruitment and attendance management	Action planning template developed and circulated to capture the measure taken to prioritise the need. Continue to make efforts to attract qualified HVs to Highland. Robust preceptorship arrangements in place for newly qualified HVs. Continue to look for opportunities to recruit qualified HVs. Robust procedures when work is delegated to CEYPs.	Possible	Moderate	Medium
Revised September 2018	Risk of inequity of provision and variation in quality of School Nursing service. Lack of central vision and leadership for school nursing. School nursing review creating new expectations of the service which is challenging to current workforce	Lead Nurse for Looked after Children & School Years/ Children's Services manager	Possible	Moderate	Medium	Practice Leads(Schools) have management and Principal Officer Nursing has professional accountability	Lead Nurse post in place. School nurse Implementation Group convened and final Government document has been released Implementation work has begun. Currently 8 school nurse trainees in post. One trainee has started the course the remainder start in September 2018. National school nurse development group proposed to provide direction and learning across all boards	Possible		Medium

Revised September 2018	Risk of insecure records storage Lack of archiving processes for inactive child health cases.	Principal Officer Nursing & Principal Officer Allied Health Professionals	Possible	Moderate	Medium	Escalated to Principal Officers	Records archiving protocol developed and & tested. Protocol in place **RISK NOW REDUCED REMOVE FROM RISK REGISTER**	Rare	Moderate	Low
Ref 7 Added April 2016	Risk of lack of focus on health issues within Highland Council Senior Manager for Health vacancy leading to lack of focus on health issues	Head of Children's Services	Possible	Major	High	Agreed Job Description	Work with NHSH to ensure agreement of Job Description & authority to recruit Principal Officer roles providing some health focus however this is affecting their professional roles. **RISK TO BE REVISED AFTER FORTHCOMING TALKS BETWEEN NHSH & HC**	Possible	Major	Medium
Revised September 2018	Risk of health records and information being delayed or lost Lack of robust cross agency transport system	Principal Officer Nursing & Principal Officer Allied Health Professionals	Possible	Major	High	Recommendation re using Royal Mail for health records unless previously agreed between sender and recipient.	Work with NHSH to create formal guidelines re transportation of health records. Transportation of records within Inverness area achieved. **RISK NOW REDUCED REMOVE FROM RISK REGISTER**	Rare	Moderater	Low
Revised September 2018	Risk of health staff not being able to access NHSH systems Lack of easy access to NHSH intranet for policies etc plus cost implications	Principal Officer Nursing & Principal Officer Allied Health Professionals	Likely	Moderate	High	Ordering VPN fobs as budget will allow	Nov 2017 :Solutions close to being in place for Datix reporting Agreement re Highland Council intranet page for Health information	Possible	Moderate	Medium

		& IT personnel								
Revised September 2018	Risk of school nurses not receiving robust clinical/professional supervision Lack of robust mechanism for the clinical/professional supervision of School Nurses to ensure supported and professional service	Principal Officer Nursing	Possible	Moderate	Medium	Discussions with Practice Leads (Early Years) to share supervision with Practice Lead (Schools)	Lead nurse for School Years post working with Practice Leads (Schools) to develop clinical supervision arrangements. **MONITOR EFFECT OF CHANGES TO FAMILY TEAM STRUCTURES TO ENSURE THAT SUPERVISION REMAINS ROBUST**	Unlikely	Moderate	Low
Revised September 2018	Risk of insufficient capacity to deliver required health services. Workforce planning and recruitment issues	Principal Officer Nursing & Principal Officer Allied Health Professionals	Likely	Moderate	High	Teams submit an action plan identifying additional measures to mitigate risks	Regular management review of action plans and resources targeted to areas of highest risk Establishment of supplementary staff qualified for Highland Council on NHSH Integrated Staff Bank Investigate use of innovative recruitment measures including social media Implementation of the new Government Safer Staffing Bill.	Possible	Moderate	Medium
Added Aug 2017	Risk of delay in obtaining/transferring important health information about school pupils. School nurse records regularly not available due to problems in identifying when children transfer in or out of schools	Principal Officer Nursing & IT	Likely	Minor	Medium	School nurses continue to work with schools to obtain timely notifications	Regular monthly reports from SEEMiS (education database) to identify transfers In and out of Highland schools	Possible	Minor	Medium

Added Jan 2018	Risk of being unable to deliver full range of school nursing services in the Mid Ross area	Mid Area Management/ Principal Officer Nursing	Almost certain	Moderate	High	Use of bank staff to supplement the Staff Nurse (Schools). Input from qualified school nurse from outwith area. Prioritisation of current workload Immunisations undertaken by Immunisation Team	Recruitment to school nurse posts, will be school nurse trainees. Regular monitoring and support to Practice Leads (Schools) from Lead Nurse for LAC and School Years 2 days a week overview of service by qualified school nurses from other teams. Workforce planning exercise in progress	Likely	Moderate	High
September 2018	Risk of School nurse trainees unable to receive appropriate practice supervision and failing to meet requirements to complete Shortage of Practice Teachers and experienced school nurses to act as mentors could affect the success of the school nurse trainee programme	Principal Officer (Nursing)	Possible	Major	High	Develop additional Practice Teachers and stagger practice placements around existing qualified staff.	Select 3 additional staff to undertake the PT module and undertake a 2 year secondment. Ensure all existing PTs are up to date and available Support existing qualified school nurses to act as mentors	Possible	Moderate	Medium
September 2018	Communications risk Health staff in NHSH premises and NHSH staff having difficulty sending emails to those on HC systems. Issues re some NHS staff encrypting emails before sending to HC.	IT services	Almost certain	Moderate	High	IT services aware	Solutions being sought	Unlikely	Moderate	Medium