

Agenda Item	5.
Report No	CLH 57/18

## HIGHLAND COUNCIL

**Committee:** Care, Learning and Housing

**Date:** 6 December 2018

**Report Title:** NHS Highland Assurance Report

**Report By:** Interim 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. Allied Health Professionals

#### 4.1 Waiting times

Allied Health Professionals (AHP) waiting times continue to be on target for Physiotherapy (PT), but out with the target for Occupational Therapy (OT), Speech and Language Therapy (SLT), and Dietetics (DT). Vacancies for qualified AHPs and business support staff are the main issue which affects length of waits. Further details can be found at **Appendix 2**

- 4.2 Dietetics is now fully staffed. Their waiting times have decreased and we expect that to continue over the next few months. OT have been unable to recruit to a part time vacancy for an experienced practitioner and are now to propose a change of skill mix to a Support practitioner post. SLT have now recruited to the vacancy in Lochaber, and the SLT will be in post in the new year. Another three permanent new graduate post vacancies have been advertised, but we have only had one application. We now intend to advertise across the UK. SLT have 4 staff on maternity leave and we have recruited to some hours temporarily.
- 4.3 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.

Initiatives to improve services for users continue to be developed, trialled and evaluated. Work is ongoing with all initiatives such as managing caseloads, developing plans for recruitment and retention, workforce planning, increasing the use of technology, supporting early help and self-care, ensuring effective request management and developing collaborative relationships with children, young people, parents and professionals.

- 4.4 The Oct 2018 figures are as follows (with Sept 2018 figures bracketed):-

<b>Profession</b>	<b>Total waiting</b>	<b>number</b>	<b>Number &lt;18 wks</b>	<b>waiting</b>	<b>% &lt;18 wks</b>	
Dietetics	119	(227)	96	(128)	81%	(56%)
Occupational Therapy	36	(50)	24	(33)	67%	(66%)
Physiotherapy	20	(20)	20	(20)	100%	(100%)
Speech and Language Therapy	211	(155)	131	(118)	62%	(76%)
Total	386	(452)	271	(299)	70%	(66%)

#### 4.5 Speech and Language Therapy (SLT)

SLT are involved in universal, targeted and specialist work.

Universal SLT Support: SLT aims to ensure that all key people know how to support language and communication development and have access to the service through a variety of means. Universal work is delivered through awareness raising sessions with a wide range of people in Highland. This includes staff in schools and early years centres, parents, 3rd sector organisations, UHI, Health staff and other children's services colleagues.

Scottish Attainment Challenge work is ongoing in 3 schools in Highland (Merkinch, Coulhill and Newton park) and Pupil Equity Fund work in Hilton Primary School. SLT are involved in the planning and delivery of Highland Literacy (Emerging Literacy) in local areas and centrally.

Collaborative resource development includes Words Up video and many other resources for language development which are now on the Bumps to Bairns and Highland Literacy websites. These are now being used by staff to support and coach other people in developing their skills. Other work includes development of a matrix to support supervisors in education to embed good quality interactions with their staff in collaboration with EYESO, and input and discussion around the resources for the Developing Effective Relationships group.

Targeted and Specialist SLT Support: SLT service delivery follows an ASG model – SLTs are working towards a good skill mix in each of the localities to provide a service around Speech, Language and Communication. Small teams of staff, or individuals who have specialist knowledge and advanced practice skills, provide a service to the Special Schools, and support around Eating, Drinking and Swallowing, Hearing Impairment, Alternative and Augmentative Communication (AAC), Fluency, Voice, Cleft Lip and Palate, etc.

SLTs are a key part of the Neuro Developmental Assessment Service (NDAS) and work with OT, Community Paediatricians and CAMHS to triage requests, provide consultation for professionals, carry out assessment and diagnosis, and do strategic planning to improve service for CYP and families. They also carry out post diagnostic work, including awareness raising, training and coaching for parents and professionals, and practical strategies and interventions to support CYP across all environments.

### 5. **Balanced scorecard**

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

### 6. **Implications**

6.1 Resource

The latest finance monitoring report is attached at **Appendix 3**.

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.

6.2 Legal

No issues have been identified.

- 6.3 Community (Equality, Poverty and Rural)  
No issues have been identified
- 6.4 Climate Change/Carbon Clever  
No issues have been identified
- 6.5 Risk  
Risks are routinely reported to the NHS Highland Risk Governance Group. A full copy of the current risk register is attached at **Appendix 4** for information.
- 6.6 Gaelic  
No issues have been identified.

Designation: Interim Director of Care and Learning

Date: 9 November 2018

Author: Karen Ralston, Interim Head of Children's Services

## 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 NHS. 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

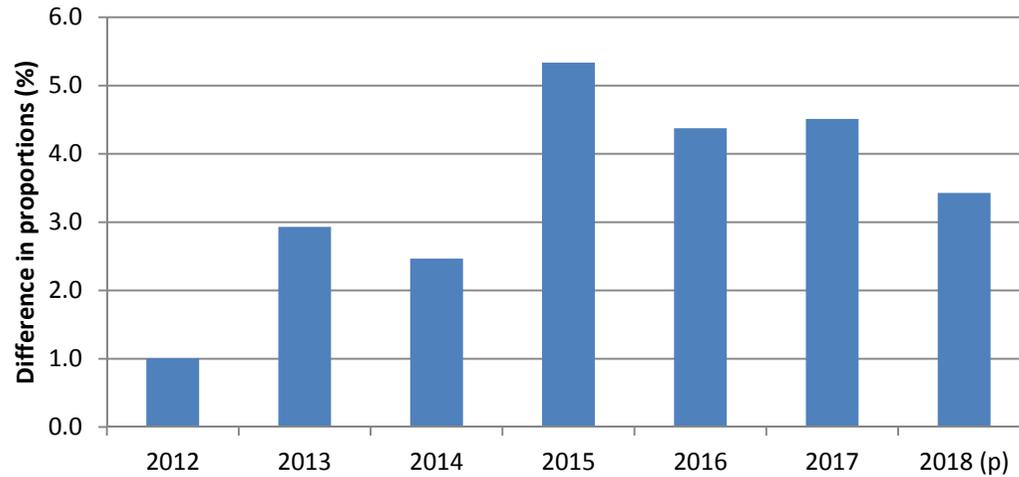
This data has been collected annually since 2015. The data shows little variance over that time.

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 NHS. 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 quintiles**



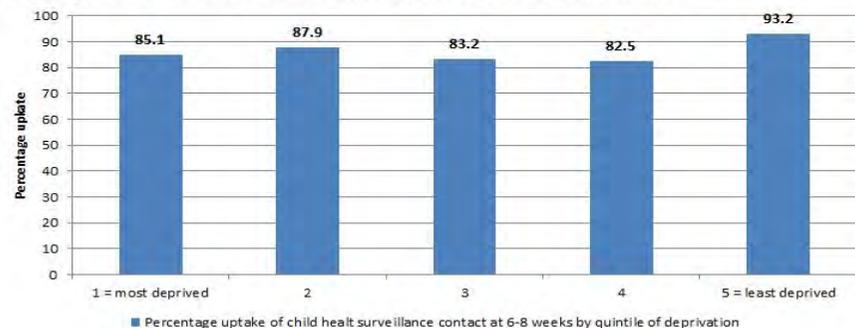
Indicator 18	Target	Baseline	Status	Imp Group	Current
<b>Improve the uptake of 27-30 month surveillance contact</b>	95%	52%		Early Years	87.8%
<b>Analysis</b> This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.					
Indicator 19	Target	Baseline	Status	Imp Group	Current
<b>95% uptake of 6-8 week Child Health Surveillance contact</b>	95%	85.1%		Early years	87.8%
<b>Analysis</b> 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

<b>6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation</b>	No variance	-8.4%	No new data	Early years	0.2%
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### 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.

Percentage uptake of child health surveillance contact at 6-8 weeks by quintile of deprivation, 2016

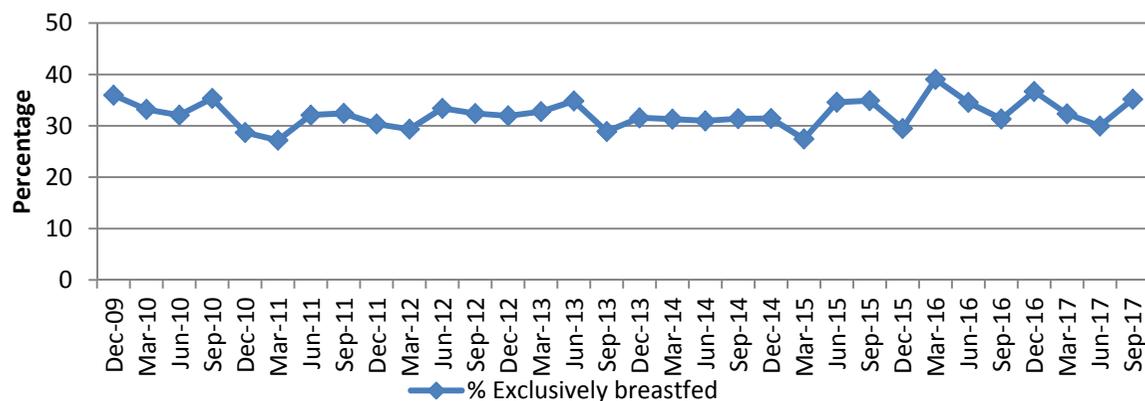


Indicator 21	Target	Baseline	Status	Imp Group	Current
<b>Achieve 36% of new born babies exclusively breastfed at 6-8 week review</b>	36%	30.3%		Maternal infant nutrition	35.2%

### Analysis

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

Percentage of babies exclusively breastfed at 6-8 week review



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%
<b>Analysis</b> 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%
<b>Analysis</b> 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
<b>Number of children with valid height &amp; weight records</b>	<b>2,105</b>	<b>2,240</b>	<b>2,170</b>	<b>2,276</b>	<b>2,369</b>	<b>2,385</b>	<b>2,289</b>	<b>2,307</b>	<b>2,091</b>
As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	<b>87.0</b>	<b>94.5</b>	<b>82.4</b>
Source: ISD Scotland, CHSP School December 2017									

Indicator 28	Target	Baseline	Status	Imp Group	Current
<b>90% CAMHS referrals are seen within 18 weeks</b>	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
<b>Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%</b>	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.

<b>LAC Health Assessments within 4 weeks of notification</b>
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<u>Quarter</u>	<u>Target (95%)</u>	<u>Eligible New LAC</u>	<u>SHAs Undertaken</u>	<u>(PMF Outcome Measure 46)</u>
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
<b>95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks</b>	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.

<b>LAAC Health Assessments available for CPM at 6 weeks</b>				
<u>Month</u>	<u>Target (95%)</u>	<u>Eligible New LAC</u>	<u>SHAs Available</u>	<u>(PMF Outcome Measure )</u>
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
<b>Waiting times for AHP services to be within 18 weeks from referral to treatment</b>				95%	85%		Additional support Needs	66%
<b>Analysis</b> The baseline was established in 2014. The latest quarterly data is from August 2018.								
Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles								
Indicator 32				Target	Baseline	Status	Imp Group	Current
<b>The number of hits on pages relating to children and young people on the Substance Misuse Website increases</b>				Improve from baseline	422		Public Health and Wellbeing	538
<b>Analysis</b> 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
<b>Self-reported incidence of smoking will decrease</b>				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%

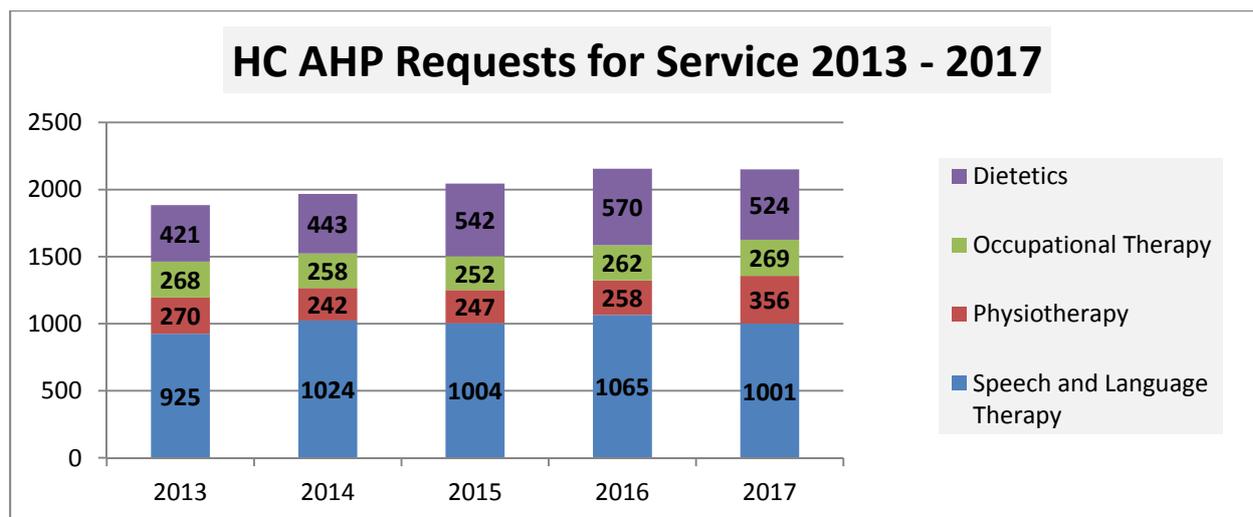
**Analysis**

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.

Nov 2018: Assurance Report

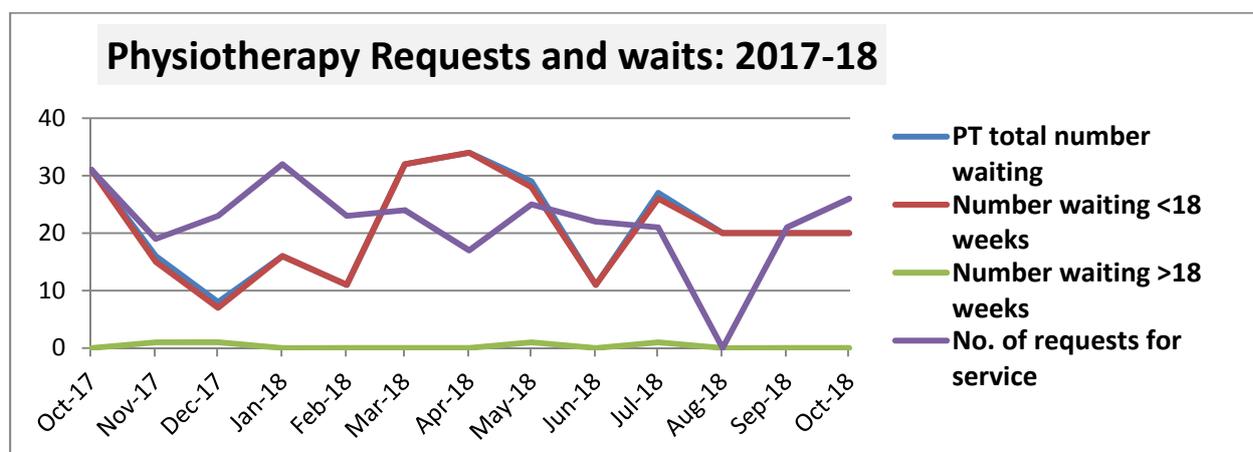
Allied Health Professionals: Waiting times

Compliance with the target of 90% of clients receiving support within 18 weeks of a request for service being made has not been achieved consistently for all AHP teams. For Occupational Therapy, Dietetics, and Speech and Language Therapy NHS Highland reported numbers of requests for service seem to be beginning to steady, with Physiotherapy showing marked increases this year. Overall AHP reported complexity continues to increase.

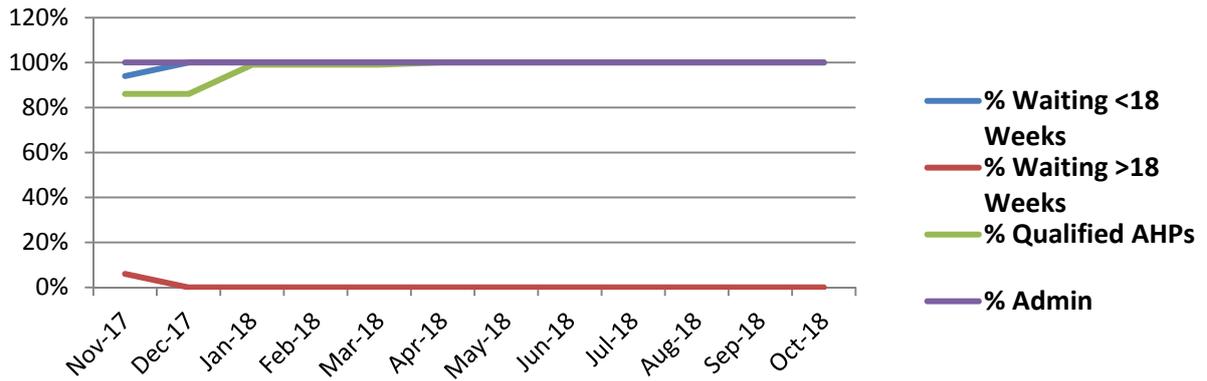


**Physiotherapy**

Physiotherapy has mostly been compliant with the target. Numbers waiting and numbers waiting <18 weeks often track each other. Previous difficulties have been due to the time taken to recruit replacement staff and demand. The team is small with 7.55 WTE Physiotherapists and 0.2 WTE Support practitioners.



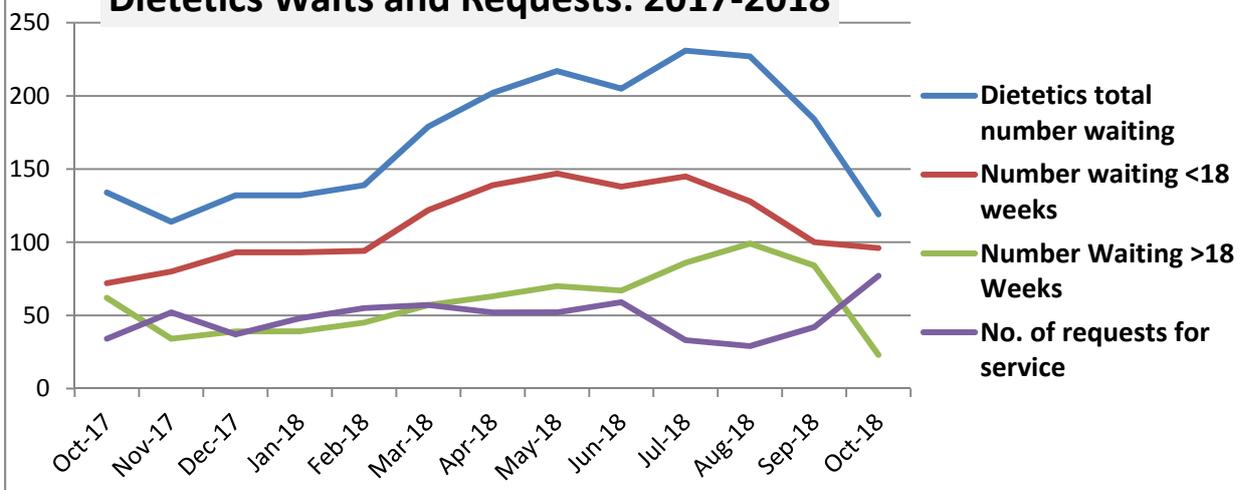
## Physiotherapy - Percentage of Waiting & Staffing Levels



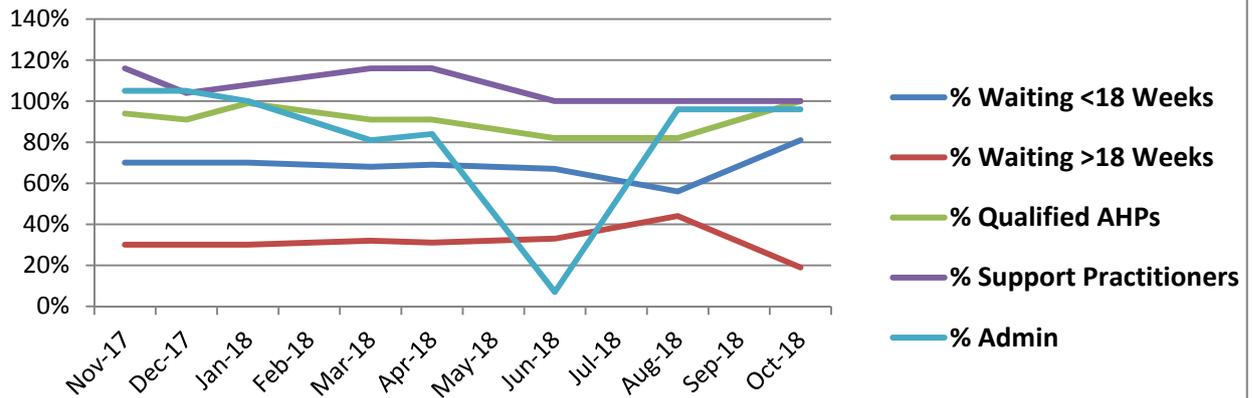
## Dietetics

Dietetics has some CYP who require weekly and sometimes even daily review because of the complex nature of their medical condition and at times acute illness. Some CYP are seen urgently on the day the request is made. This is a small service of 5.42 WTE Dieticians, and 0.5 WTE support practitioner (SP), so any changes to demand or reduction in staff have a significant effect. The team has recently been expanded to include a full time post funded from within AHP budgets, and numbers waiting are now decreasing.

## Dietetics Waits and Requests: 2017-2018



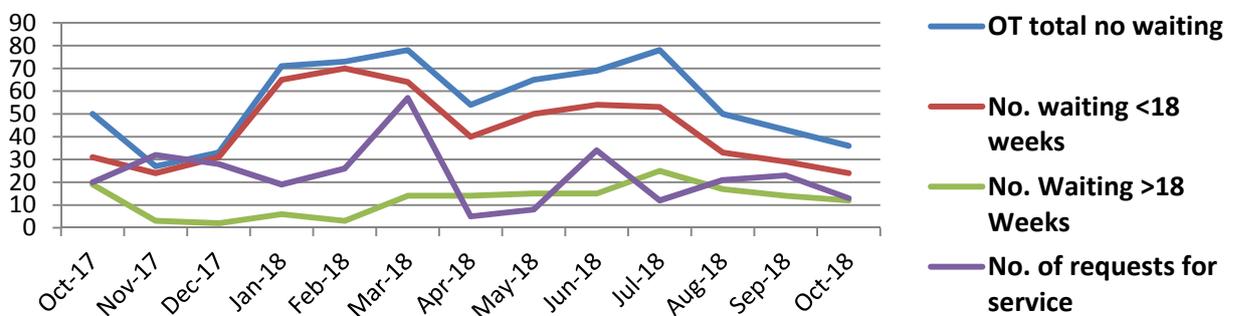
## Dietetics - Percentage of Waiting & Staffing Levels

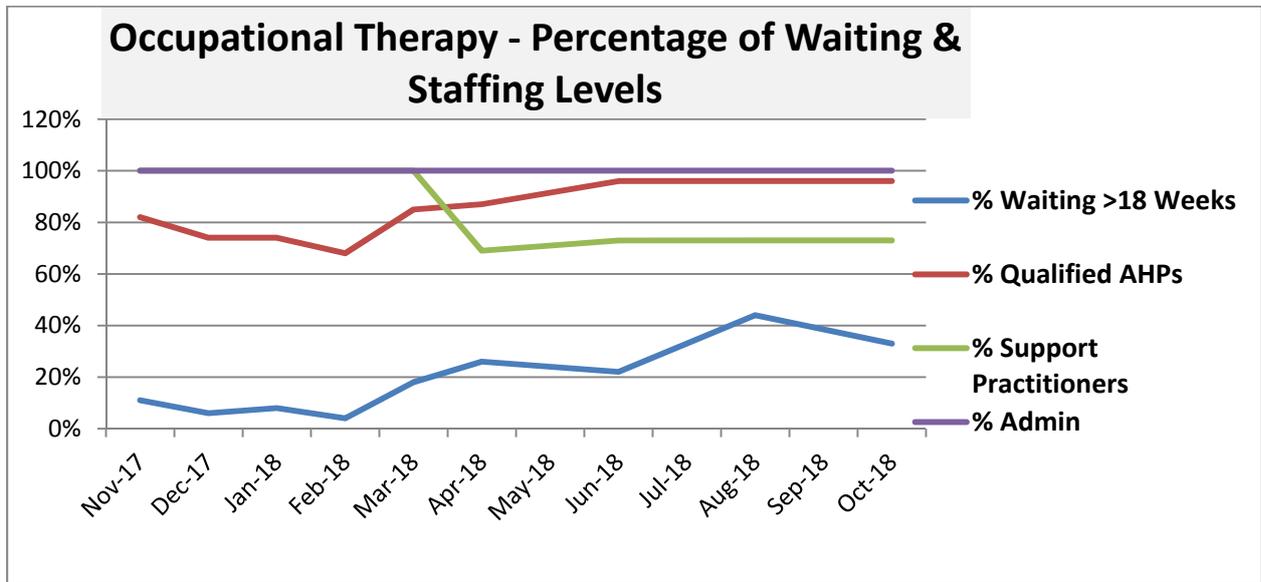


## Occupational Therapy

Increased waits within Occupational Therapy have mainly related to staffing difficulties with increased waits following vacancies, some of which have been difficult to fill. The team has 11.2 WTE OTs and 1.01 WTE Support Practitioners. When staffing is stable numbers waiting mostly track numbers of requests, often with a delay of 1-2 months from numbers of requests increasing to a corresponding increase in wait times.

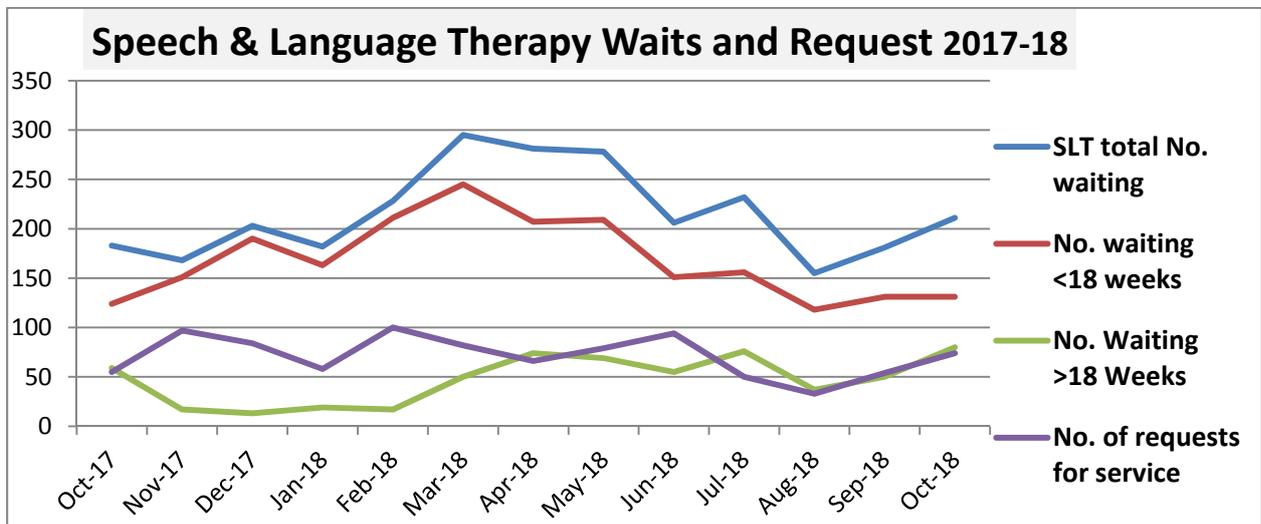
## Occupational Therapy Waits and Requests: 2017 - 2018

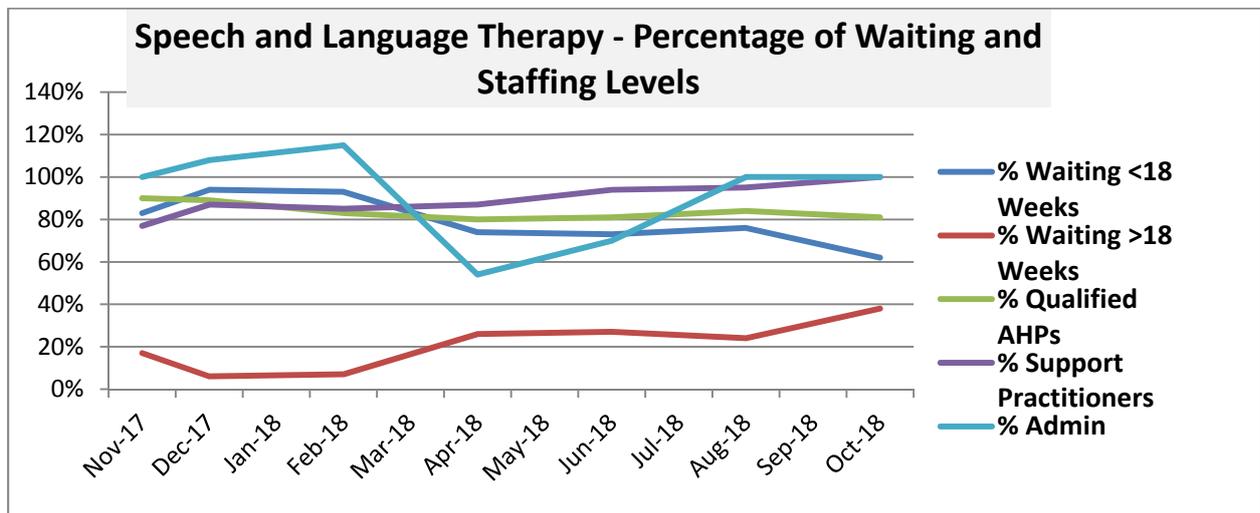




### Speech and Language Therapy

Staffing is an issue with constant vacancies which we have sometimes been unable to fill. We have been unable to recruit staff, including agency staff, to cover short term or part time posts. All staff who are able and willing to do extra hours are doing this. The team, if fully staffed, would have 32.07 WTE SLTs and 7.37 WTE Support Practitioners. As with other AHP teams numbers of requests show a corresponding increase in wait times. Staffing levels of qualified staff have stayed around the 80% mark all year, suggesting that expectations may need to be altered.





### Initiatives to reduce waiting times

Various initiatives have aimed to improve the waiting times, reduce demand on the service while maintaining satisfaction for all clients. These include those common to all AHPs and those specific to each service (e.g. Dietetics have group appointments for milk free weaning and milk ladder). This plan is multi-faceted and will take some time to implement fully.

This plan includes:-

**Universal and targeted work-** This is a focus nationally and locally as the importance of CYP experience in early stages in particular is acknowledged to affect later life outcomes. Work is ongoing, particularly in SLT with 'Words up', around developing training, materials, and support-and evaluating the usefulness of these. SLT and OT are involved with Highland literacy and Northern Alliance work. Dietetics is involved in Healthy weight and health gain programmes (e.g. 'High 5' and 'Eat well') which contribute to the health and wellbeing of CYP. It is expected that all these initiatives will reduce the need for specialist AHP services in future.

**Self management-** An advice line is now open for all parents, carers and professionals in Highland area to access. OT, SLT, PT are available and Dietetics will be part of this in early 2019. Written self help information has been and continues to be developed and is available on [www.bumps2bairns.com](http://www.bumps2bairns.com) and [www.highlandliteracy.com](http://www.highlandliteracy.com). Teams have developed information on which websites and apps may be useful. SLT are now trialling giving universal access to online booking via the bumps2bairns site for training courses for professionals, parents, carers and young people.

**Recruitment-** This is an issue nationally, and with many AHP vacancies across NHS Highland area. A national and local focus on early intervention, prevention and self management while welcome and predicted to have a long term effect of reducing requests has put added pressures on teams, particularly SLT. NHSH/ HC Employment services along with Lead AHPs are working on raising the profile of AHP careers in schools; developing a microsite for recruitment; improving the candidate information pack; having a perpetual advert for AHPs; attending careers fairs; and possibly developing apprenticeships. The recruitment process is often slow,

particularly when it is necessary to make changes to hours or grading in order to fill posts, and can contribute to lengthy vacancies.

**Workforce planning-** Mapping of current and future workforce need continues, including succession planning, and looking at use of admin and support practitioners. Recruitment is likely to be an ongoing issue in the future so looking at skill mix is essential.

**Retention-** Initiatives include providing flexible working ; improving staff wellbeing through wellness training and illness management; mentorship, supervision and team working ; and ensuring opportunities for staff development and innovation.

**Staff Development-** Training in 'Effective Referral Conversations', which will improve triage decisions and caseload management, has taken place. A supervision policy and structure has been agreed, and training for supervisors is to be sought. Training in improvement, change and leadership is ongoing- and projects around this are linked to the FHC4 (CYP) AHP Plan, formally supported and monitored.

**Caseload management-** Regular supervision is beginning to be monitored and caseload management tools are used to ensure appropriate case management and timely discharge.

**Increased use of technology-** Phone conversations are often used as a first point of contact following a request for service being made. Advice and onward referral can then be offered if necessary.

'Attend Anywhere' (a secure Skype like system)use is being spread throughout Highland Council area and will reduce travel time for staff and clients. The use of NHS Highland 'Near me' has been agreed.

AHPs are evaluating their use of 'Florence' , which is a simple, interactive service which uses mobile phone text messages. Users may receive text messages which offer reminders, health tips, advice and support; ask questions related to health and wellbeing and respond to the answers given.

**Services-** We plan to agree core services with service users, and are developing and updating clinical pathways. The development of NDAS (Neuro developmental assessment service) has been complex and is adding pressures for OT and SLT, with no additional resource for this.

These measures when taken together should make a positive difference. They are tracked through the CYP AHP service plan which links with national and local guidance and requirements.

<b>September 2018 Integrated Health Monitoring Statement</b>
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<b>Activity</b>	<b>Budget</b>	<b>Actual to Date</b>	<b>Projection</b>	<b>Variance</b>
Allied Health Professionals	3,273,363	1,453,110	3,273,363	0
Service Support and Management	660,212	235,300	660,212	0
Child Protection	448,785	188,387	476,564	27,779
Health and Health Improvement	524,314	424,715	533,790	9,476
Family Teams	16,956,102	8,277,700	16,651,637	-304,465
The Orchard	1,242,604	574,458	1,242,604	0
Youth Action Services	1,533,539	580,422	1,480,915	-52,624
Primary Mental Health Workers	565,069	215,348	565,069	0
Payments to Voluntary Organisations	915,027	515,877	915,027	0
<b>Total</b>	<b>26,119,015</b>	<b>12,465,317</b>	<b>25,799,181</b>	<b>-319,834</b>

<b>Commissioned Children's Services income from NHSH</b>	<b>-9,672,451</b>	<b>-2,418,768</b>	<b>-9,672,451</b>	<b>0</b>
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**Commissioned Child Health (Integrated Services)  
Risk Register – November 2018**

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

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

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	<p><u>Risk of missing unmet need due to an inability to deliver new Universal HV pathway.</u></p> <p>Risk continues despite increased funded establishment. Some teams more affected than others by vacancies &amp; sick leave. Level of client need is also increasing as new pathway is introduced. Increasing stress levels for HVs.</p>	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	<p>Action planning template developed and circulated to capture the measure taken to prioritise the need.</p> <p>Continue to make efforts to attract qualified HVs to Highland.</p> <p>Robust preceptorship arrangements in place for newly qualified HVs.</p> <p>Continue to look for opportunities to recruit qualified HVs.</p> <p>Robust procedures when work is delegated to CEYPs.</p>	Possible	Moderate	Medium
Revised October 2018	<p><u>Risk of inequity of provision and variation in quality of School Nursing service.</u></p>	Lead Nurse for Looked after	Possible	Moderate	Medium	Practice Leads (Schools) have management and Principal	<p>Lead Nurse post in place.</p> <p>School nurse Implementation Group convened and final Government document has</p>	Possible		Medium

	Lack of central vision and leadership for school nursing. School nursing review creating new expectations of the service which is challenging to current workforce	Children & School Years/ Children's Services manager				Officer Nursing has professional accountability	<p>been released</p> <p>Implementation work has begun.</p> <p>Currently 8 school nurse trainees are undertaking a 2 year training programme. While trainees are on placement local pressures will be greater</p> <p>National school nurse development group proposed to provide direction and learning across all boards</p>			
Ref 7 Added April 2016	<p><u>Risk of lack of focus on health issues within Highland Council</u></p> <p>Senior Manager for Health vacancy leading to lack of focus on health issues</p>	Head of Children's Services	Possible	Major	High	Agreed Job Description	<p>Work with NHSH to ensure agreement of Job Description &amp; authority to recruit Principal Officer roles providing some health focus however this is affecting their professional roles.</p> <p><b>RISK TO BE REVISED AFTER FORTHCOMING TALKS BETWEEN NHSH &amp; HC</b></p>	Possible	Major	Medium
Revised September 2018	<u>Risk of health staff not being able to</u>	Principal Officer	Likely	Mode rate	High	Ordering VPN fobs as budget	Nov 2017 :Solutions close to being in place for Datix	Possible	Mode rate	Medium

	<p><u>access NHS systems</u> Lack of easy access to NHS intranet for policies etc plus cost implications</p>	<p>Nursing &amp; Principal Officer Allied Health Professionals &amp; IT personnel</p>				will allow	reporting			
Revised September 2018	<p><u>Risk of school nurses not receiving robust clinical/professional supervision</u></p> <p>Lack of robust mechanism for the clinical/professional supervision of School Nurses to ensure supported and professional service</p>	<p>Principal Officer Nursing</p>	Possible	Moderate	Medium	Discussions with Practice Leads (Early Years) to share supervision with Practice Lead (Schools)	<p>Lead nurse for School Years post working with Practice Leads (Schools) to develop clinical supervision arrangements.</p> <p><b>MONITOR EFFECT OF CHANGES TO FAMILY TEAM STRUCTURES TO ENSURE THAT SUPERVISION REMAINS ROBUST</b></p>	Unlikely	Moderate	Low
Revised September 2018	<p><u>Risk of insufficient capacity to deliver required health services.</u></p> <p>Workforce planning and recruitment issues</p>	<p>Principal Officer Nursing &amp; Principal Officer Allied Health</p>	Likely	Moderate	High	Teams submit an action plan identifying additional measures to mitigate risks	<p>Regular management review of action plans and resources targeted to areas of highest risk</p> <p>Establishment of supplementary staff qualified for Highland Council on</p>	Possible	Moderate	Medium

		Professionals					NHSH Integrated Staff Bank  Investigate use of innovative recruitment measures including social media  Implementation of the new Government Safer Staffing Bill.			
Added Aug 2017	<u>Risk of delay in obtaining/transferring important health information about school pupils.</u> 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	<u>Risk of being unable to deliver full range of school nursing services in the Mid Ross area</u>	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	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	Likely	Moderate	High

						area. Prioritisation of current workload Immunisations undertaken by Immunisation Team	2 days a week overview of service by qualified school nurses from other teams.  Workforce planning exercise in progress			
September 2018	<p><u>Numerous IT issues affecting communication and access to NHS Highland systems</u></p> <p>Health staff in NHSH premises and NHSH staff having difficulty sending emails to those on HC systems.</p> <p>Issues re some NHS staff encrypting emails before sending to HC.</p> <p>Many staff having difficulty accessing previously accessible NHSH links</p>	IT services	Almost certain	Moderate	High	IT services aware	Solutions being sought but progress slow	Unlikely	Moderate	Medium