

Agenda Item	9
Report No	JMC-22-24

**Committee:** Joint Monitoring Committee

**Date:** 13 December 2024

**Report Title:** Risk Register Update

**Report By:** Chief Social Work Officer and Chief Officer Health & Social Care, The Highland Council and the Chief Officer, NHS Highland

## 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 adults' services and children's services.

## 2. Recommendations

- 2.1 Members are asked to:

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 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 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 The Joint Monitoring Committee requested that the Risk report update should identify the movement and changes of risks. The risk register has been redeveloped to include current risks with an indication as to whether they have changed since the last report; risks which have been removed and archived; and those placed on a “Watching Brief” - as the situation has changed and the risks are not active, however, as the situation has not concluded, this may change and the risk return.
- 4.5 The future requirements of the Partnership Risk Register were the subject of a Joint Monitoring Committee development session on 15<sup>th</sup> November 2024. A number of aspects of risk were discussed and will inform future versions of the Partnership Risk Register.

#### **5. Overview of Partnership Risks and movements.**

There have been no risks added to the register.

There has been 1 risk lowered.

There has been 1 risk increased.

There have been 2 risks moved to a watching brief.

##### **5.1 Very High Risks**

###### **Risk number 2. No change**

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.

Mitigating actions being taken:

- 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

### **Risk Number 11. Increased.**

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.

Mitigating actions being taken:

- 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

## **5.2 High Risks**

### **Risk number 1. Reduced.**

If transformation is not delivered across the partnership there is a risk to safe service delivery given the resources- both financial and staff - available.

Mitigating actions being taken:

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

### **Risk number 3. No change.**

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.

Mitigating actions being taken:

- 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.

**Risk number 5. No change.**

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

Mitigating actions being taken:

- Work with local communities to deliver place based care through District Planning Groups

**Risk number 7. No change.**

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.

Mitigating actions being taken:

- Closer liaison across the partnership to deliver improved outcomes for young people transitioning from THC (including education) to NHH
- 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
- 

**Risk Number 13. Reduced.**

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.

Mitigating actions being taken:

- 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 out with office hours

**Risk number 16. No change**

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.

Mitigating actions being taken are:

- 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

### 5.3 Medium Risks

#### **Risk number 4. No Change**

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.

Mitigating actions being taken:

- 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.

#### **Risk number 9. No Change**

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.

Mitigating actions being taken:

- 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

#### **Risk number 10. No change.**

Need to achieve service redesign within financial parameters across the Division and working in partnership with the Highland Council.

Mitigating actions being taken:

- Strategy development and plan to support service redesign
- Agreed level of funding - recurrent and non-recurrent with clear efficiency targets
- Divisional structure and leadership responsibilities
- Programme boards and Finance recovery board in place  
Transformation Programme in development and Transformation Managers in Place. Transformation Fund available.

### **Risk number 15. No Change.**

There is an absence of clear governance structures, policies, procedures and learning and development plans in relation to all professions across the partnership.

Mitigating actions being taken:

- 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. Removed risks**

### **Risk number 14**

Care at Home workers must have achieved the SVQ level 3 by September 2025 to have fully met the SSSC conditions of registration which is a legal requirement, and there is a risk that they will be unable to achieve target due to a lack of SVQ assessment capacity. This in turn will lead to staff employability challenges and shortfalls in service provision.

Mitigating actions being taken:

- 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.

## **6.1 Risks moved to a watching brief**

### **Risk Number 6**

The Scottish Child Abuse Inquiry. Set by the Scottish Government and has power in statute to investigate the abuse of children in care in Scotland at any time from 1930 until December 2014. The Inquiry will look at what happened, why and where abuse took place, the effects of abuse on children and their families and whether the organisations responsible for children in care failed in their duties. The Inquiry will look at whether any failures have been corrected and if changes to the law, policies or procedures are needed. Part of the Inquiry is focused on financial redress for which all local authorities, including Highland Council bear a financial responsibility. It is estimated there may be 11,000 applicants with an average award of £30,000 across Scotland (£330M). In addition the cost of administering the scheme to the Scottish Government and others has been calculated as £408.32M. There is therefore a financial risk to the Highland Council which has yet to be fully quantified but will be significant. There is also a potential reputational risk associated with this given the nature of the subject, the uncertainty of the number of claims in Highland and neighbouring local authorities.

### **Risk Number 17**

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.

Mitigating actions being taken:

- 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.

Designation: Chief Officer HHSCP, and Chief Social Work Officer and Chief Officer Health & Social Care

Date: 19 November 2024

Author/Report Contributor: Rhiannon Boydell, Head of Integration, Strategy and Transformation HHSCP

Appendix1: Partnership Risk Register



Almost certain  
Likely  
Possible  
Unlikely  
Rare

Insignificant  
Minor  
Moderate  
Major  
Extreme

**LOW 1**  
**LOW 2**  
**LOW 3**  
**MED 4**  
**MED 5**  
**MED 6**  
**MED 6**  
**MED 8**  
**MED 9**  
**HIGH 10**  
**HIGH 12**  
**HIGH 15**  
**HIGH 16**  
**VERY HIGH 20**  
**VERY HIGH 25**

Reduced  
Increased  
No change

The Highland Council / NHS Highland Partnership Risk Register										
RISK LOG										
Version: V0.27										
		DATE risk identified	Lead	Likelihood	Consequence	Risk level	TARGET risk level	DATE target level to be achived	Movement since last JMC	Mitigating Actions / Updates
Date Updated: 18/06/2024										
8	<b>Inspections. In 2021/22 Highland Registered Services (residential care) and Family Based Care (fostering, adoption and continuing care)</b> inspections by the Care Inspectorate (apart from one notable exception) these services have been evaluated from adequate to weak. Furthermore, Strategic Inspection of Children’s Services in Highland by the Care Inspectorate in 2022 was evaluated as adequate. These evaluations are not acceptable given the risk to children and young people and the reputational harm to the Highland Council. An improvement plan has been implemented to address the areas of risk and improvement identified in the 2022 inspection report. However, ongoing staffing problems and budget cuts pose a high risk of impeding the successful implementation of the plan. Failure to fully execute the improvement plan may result in future inspections yielding even worse results, leading to poor outcomes for children and families, severe reputational damage, senior leadership instability, and low morale across the workforce. This risk item requires urgent attention and mitigation measures to prevent any adverse outcomes.	12/10/2023								Closed on development of next risk - REF 7 ACTIVE LOG
12	<b>There is a risk that NHSH cannot deliver on the Scottish National Child Protection Improvement Priorities</b> because there is no lead nurse for child protection (as per Scottish Government 2014 National Guidance) that covers the entire Board area, including Argyll & Bute, resulting in a lack of clear strategic approach in the delivery of child protection services and standards.	12/10/2023		Unlikely	Moderate	MED 6			No change	The Lead Nurse for Child Protection and Child Protection Advisers sit within the commissioned health service.The Lead Nurse in Northern NHSH and the Nurse Consultant for Children & Families in A&B have regular communication and contact locally and via national groups. Ongoing work on join policies to cover the entirety of NHS Highland. Well established multi-agency child protection training programme covering Northern NHSH which is supplemented with targeted training aimed at health professionals, similar system in place in A&B
14	<b>Workforce competency.</b> Care at Home workers must have achieved the SVQ level 3 by September 2025 to have fully met the SSSC conditions of registration which is a legal requirement, and there is a risk that they will be unable to achieve target due to a lack of SVQ assessment capacity. This in turn will lead to staff employability challenges and shortfalls in service provision.	12/10/2023	CSWO/CO And delegated to Depute Director of Adult Social Care	Almost certain	Major	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. <b>17/05/24 - Fiona Malcolm confirmed that this has moved forward and can be downgraded, and that she is happy for this to be assigned to her.</b> <b>08/11/24 Risk removed as target achieved.</b>

The Highland Council / NHS Highland Partnership Risk Register										
RISK LOG										
Version: V0.27										
Date Updated: 08/11/2024										
		DATE risk identified	Lead	Likelihood	Consequence	Risk level	TARGET risk level	DATE target level to be achieved	Movement since last JMC	Mitigating Actions / Updates
1	<b>If transformation is not delivered across the partnership</b> there is a risk to safe service delivery given the resources- both financial and staff - available.		CSWO/CO	Possible	Major	HIGH 12			Reduced	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. <b>08/11/24 - Appointment of Programme Manager and transformation manager reduce risk of not delivering transformation by changing Likelihood from likely to possible and the score from High 16 to High 12.</b>
2	<b>Workforce.</b> 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	12/10/2023	CSWO/CO	Almost certain	Major	VERY HIGH 20			No change	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	<b>Information Technology.</b> 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.	12/10/2023	CSWO/CO And delegated to Director of Adult Social Care/ Lead Officer Strategy, Performance & Quality Assurance re carefirst re provisioning	Likely	Moderate	HIGH 12			No change	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.J7
4	There is a risk that as a partnership we are not <b>realising the benefits of integrated working</b> 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.	12/10/2023	CSWO/CO	Possible	Moderate	MED 9			No change	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 rededicated resource - Head of Integration, HHSCP
5	<b>Equality of Provision</b> - There is a risk that there may not be parity of access to service across all geographical areas in Highland and across all demographics	May-24	CSWO/CO And delegated to Director of Adult Social Care/Head of Integration Adult Social Care in terms of policy planning	Likely	Moderate	HIGH 12			No change	Work with local communities to deliver place based care noting that this may be an issue in terms of existing service provision.

7	<b>Young People’s Transitions.</b> 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 thier needs are not met.	12/10/2023	CSWO/CO And delegated to(Depute) Director of Adult Social Care and Head of Integration Adult Social Care	Likely	Moderate	HIGH 12			No change	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  Development of a pathway and guidance for practitioners in relation to roles and remits  Engagement established with housing colleagues to progress further
9	<b>Inspections.</b> 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.	12/10/2023	CSWO/CO and delegated to Head of Registered Services (NHS) and Head of Social Work Services (THC)	Possible	Moderate	MED 9			No change	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 developped 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
10	<b>Need to achieve service redesign</b> within financial parameters across the Division and working in partnership with the Highland Council.	12/10/2023		Possible	Moderate	MED 9			No change	Strategy development and plan to support service redesign Agreed level of funding - recurrent and non-recurrent with clear efficiency targets Divisional structure and leadership responsibilities Programme boards and Finance recovery board in place <b>08/11/2024</b> <b>update Transformation Programme in development and Transformatio Managers in Place. Transformation Fund available.</b>
11	<b>Care Home Viability.</b> 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.	12/10/2023	CSWO/CO And delegated to Director of Adult Social Care	Almost certain	Major	VERY HIGH 20			Increased	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. <b>08/11/24 Likelihood increased to almost certain with notice of closure by a further care home. Risk raised from High to Very High</b>
13	<b>Out of Hours Care At Home delivery</b> . 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 cotingency in parts of NHS Highland to adequately provide cover outside normal business hours.	12/10/2023	CSWO/CO And delegated to Director of Adult Social Care/Head of Integration Adult Social Care	Almost certain	Major	VERY HIGH 20			No change	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

15	There is an absence of clear governance structures, policies, procedures and learning and development plans in relation to all professions across the partnership	12/10/2023	CSWO/CO	Possible	Moderate	MED 9			No change	
16	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.	12/10/2023	CSWO/CO And delegated to Head of Mental Health and Deputy Medical Director	Likely	Major	HIGH 16			No change	Improve processes to ensure the availabilty of a s22 doctor where and when required - a triage process has been developped 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

The Highland Council / NHS Highland Partnership Risk Register									
RISK LOG									
Version: V0.27									
Date Updated: 18/06/2024									
	DATE risk identified	Lead	Likelihood	Consequence	Risk level	TARGET risk level	DATE target level to be achived	Movement since last JMC	Mitigating Actions / Updates
6	The Scottish Child Abuse Inquiry. Set by the Scottish Government and has power in statute to investigate the abuse of children in care in Scotland at any time from 1930 until December 2014. The Inquiry will look at what happened, why and where abuse took place, the effects of abuse on children and their families and whether the organisations responsible for children in care failed in their duties. The Inquiry will look at whether any failures have been corrected and if changes to the law, policies or procedures are needed. Part of the Inquiry is focused on financial redress for which all local authorities, including Highland Council bear a financial responsibility. It is estimated there may be 11,000 applicants with and average award of£30,000 across Scotland (£330M). In addition the cost of administering the scheme to the Scottish Government and others has been calculated as £408.32M. There is therefore a financial risk to the Highland Council which has yet to be fully quantified but will be significant. There is also a potential reputational risk associated with this given the nature of the subject, the uncertainty of the number of claims in Highland and neighbouring local authorities.	12/10/2023							Moved to watching brief 08/11/2024
17	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.	Feb-24	CSWO/CO	Possible	Major	HIGH 12			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.