

Agenda Item	10
Report No	JMC-16-25

Committee:	Joint Monitoring Committee
Date:	25 September 2025
Report Title:	Highland Partnership Risk Register
Report By:	Chief Officer HSCP and Chief Social Work Officer

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 content and movement of risks in the Partnership Risk Register,
 - ii. Consider issues raised by committee member Campbell Mair for inclusion in the risk register

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 **Risk** - The Section of this report detailing an approach to managing risk outlines how risk and mitigation will be reported through this committee.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people) - No arising issues**

3.5 **Gaelic - No arising issues**

4 Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is an update report and therefore an impact assessment is not required.

5 Background

5.1 Within The Highland Council and NHS Highland, it is a mandatory requirement that each organisation have systems in place to manage risk.

Across the partnership there are a range of risks which are jointly owned. It is the responsibility of the partnership to ensure that appropriate mitigation is taking place.

6 Overview of Risks on the active Risk Register and Summary of Movements to the Risk Register

6.1 There have been 2 risks added to the register:
Risk numbers 18 and 19.

There have been 3 risks archived:
Risk numbers 1 and 10. These risks have been replaced by risk number 19
Risk number 5

There have been no risks placed on a watching brief.

6.2 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.

Risk Number 11. No change

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.

Risk Number 13. Increased

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.

6.3 High Risks

Risk number 3. No change.

Information Technology. The risk re the availability of IT is twofold:

1. There is a risk of clinical services providing inconsistent care because there are no integrated electronic records across the partnership resulting in potential harm to adults and children.
2. CareFirst: The lack of software updates and development will not be met as the system is at the end of its life. If the system is not replaced timeously this is likely to lead to loss of data, practice, technology, data, reporting, capability maturity developments and associated benefits across the partnership if the system if not updated.

Risk number 7. Increased

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

Risk number 17. New

Impact of National Policy on Care Provision - Concerns were raised about the impact of national policies, including National Insurance changes and visa restrictions for overseas care staff, on the stability of care provision. These policies are contributing to financial and staffing pressures, with over 50% of providers expressing concerns about their viability.

Risk number 18. New

Sutherland Care at Home - While short-term mitigations are in place, concerns remain about the sustainability and quality of in-house provision, especially given that Sutherland has only one provider. If improvements are not sustained, the consequences could be severe, including potential deregistration

Risk number 19. New

There is a risk that transformation is not achieved within financial and workforce resource available resulting in a risk to safe delivery of services

6.4 Medium Risks

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.

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.

7 Issues Raised for Consideration as Risks

7.1 Issues Raised for Consideration as Risks

The Committee is requested to consider the following issues raised by committee member Campbell Mair by email following circulation of the papers for the June 2025 meeting. The issues as described by Mr Mair are:

- **Employers National Insurance (ENiC):** The recent increases in percentage, and threshold reduction, impact most strongly across our sector, where staffing costs are usually between 80-90% of overall costs. National data confirms that nearly half (48%) of Providers note the very real possibility of service closure as a result of this increase. The failure to recognise and account for the impacts of these changes on social care organisations raises further concerns about the lack of value placed on social care and awareness of the perilous sustainability of the sector.
The changes to National Insurance rates and thresholds announced in the UK Budget will create additional financial burdens on independent care providers and further strain already tight operating margins. It is no exaggeration to say that we will lose swathes of social care provision in Highland unless urgent, practical, and resource-based solutions are progressed for the sector. If not, the impact on individuals, communities and public services will be catastrophic. The Committee (JMC) are asked to recognise and understand this very real risk to sector stability, its likelihood, and consequences. The Committee are asked to consider how best to respond, including consideration of financial investment to support the sector in meeting these added costs.
- **UK Government Visas & Immigration:** As a sector, we have expressed deep concern over the UK Government's consideration of ending overseas recruitment for social care workers entirely. Such a move would be profoundly damaging to Highland's social care sector and fails to recognise our distinct demographic and workforce challenges. Our social care sector is already under immense strain, and international recruitment is no longer a luxury but a necessity. There is a dangerous assumption that the skilled work of care can be undertaken by anyone – this is not true. Care work requires people who want to care and, who have the compassionate skills, and right attitudes to do so. The biggest impact of these immigration changes will be felt by people who depend on care and support every day. In effect, these

proposed changes are a direct risk and threat on the many hundreds of vulnerable adults who rely on care and support to live their lives. I appreciate that solutions lie beyond the scope of our HSCP, however the Committee are asked to recognise and understand the risks faced.

Designation: Chief Officer HSCP & Chief Social Work Officer

Date: 25 August 2025

Author: Rhiannon Boydell – Head of Service Integration, Planning & Performance HHSCP
Fiona Malcolm – Chief Officer Integrated People Services, HC

Background Papers: N/A

Appendices: Appendix 1 – Highland Partnership Risk Register

The Highland Council / NHS Highland Partnership Risk Register									
RISK LOG									
Version: V3									
	DATE risk identified	Lead	Likelihood	Consequence	Risk level	TARGET risk level	DATE target level to be achieved	Movement since last JMC	Mitigating Actions / Updates
Date Updated: 26/08/2025									
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.	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 To be archived after Board Decision 17/01 06/06/2025 - agreed to archive
Inspections. In 2021/22 Highland Registered Services (residential care) and Family Based Care (fostering, adoption and continuing care) 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
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 populations.	May-24	CSWO/CO And delegated to HOS Integration, Strategy and Transformation	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. 13/06/2025 Supporting Strategy Development included in Transformation Programme 22/08/25 Archive risk as risk is unspecific and addressed through the strategic plan and local planning structure.
There is a risk that NHSH cannot deliver on the Scottish National Child Protection Improvement Priorities 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 joint 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

Need to achieve service redesign within financial parameters across the Division and working in partnership with the Highland Council.	12/10/2023	CSWO/CO delegated to programme managers within Transformation Programme.	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 08/11/2024 update Transformation Programme in development and Transformation Managers in Place. Transformation Fund available. 13/06/2025 - risk remains unchanged; savings yet to be identified in Transformation Programme 22/08/2025 ARCHIVE to be replaced by Risk number 19.
Workforce competency. 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. 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. 08/11/24 Risk removed as target achieved.
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 availability of a s22 doctor where and when required - a triage process has been developed meantime which seeks to prioritise those cases on the basis of urgency Ensure all consultants and agency consultants are s22 trained Facilitate training where appropriate 03/06/2025 - agreed by JOG to archive as situation resolved

LIKELIHOOD	CONSEQUENCES/IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM: 5	HIGH: 10	HIGH: 15	VERY HIGH: 20	VERY HIGH: 25
Likely	MEDIUM: 4	MEDIUM: 8	HIGH: 12	HIGH: 16	VERY HIGH: 20
Possible	LOW: 3	MEDIUM: 6	MEDIUM: 9	HIGH: 12	HIGH: 15
Unlikely	LOW: 2	MEDIUM: 4	MEDIUM: 6	MEDIUM: 8	HIGH: 10
Rare	LOW: 1	LOW: 2	LOW: 3	MEDIUM: 4	MEDIUM: 5

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient	Reduced quality of	Unsatisfactory	Unsatisfactory	Unsatisfactory	Unsatisfactory

LIKELIHOOD
Almost Certain – This is expected to frequently happen again, more likely to re-occur than not.
Likely – Strong possibility that this could happen again.
Possible – Has happened before on occasions, reasonable chance of re-occurring
Unlikely – Not expected to happen again but definite potential exists
Rare – Cannot believe that this will ever happen again, will only happen in exceptional circumstances

Experience	patient experience / clinical outcome not directly related to delivery of clinical care.	patient experience / clinical outcome directly related to care provision – readily resolvable.	patient experience / clinical outcome, short term effects – expected recovery < 1 week	patient experience / clinical outcome: long term effects – expect recovery > 1 wk	patient experience / clinical outcome: continued ongoing long term effects
Objectives / Project	Barely noticeable reduced in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project, project objectives or schedule	Significant project over-run	Inability to meet the project objectives; reputation of the organisation seriously damaged.
Injury (physical / psychological)	Minor injury not requiring first aid	Minor injury or illness, first aid treatment	Agency reportable, eg. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling	Major injuries / long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling	Incident leading to death or major permanent incapacity
Complaints / Claims	Locally resolve verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim. Complex justified complaint.
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core services or facility. Disruption to facility leading to significant "knock on" effect.
Staffing and competence	Short term low staffing level temporarily reducing quality (<1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial	Negligible organisational / personal financial loss (<£1k) (NB please adjust for context)	Minor organisational / personal financial loss (£1-£10k)	Significant organisational / personal financial loss (£10 - £100K)	Major organisational / personal financial loss (£100k - £1m)	Severe organisational / personal financial loss (>£1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations which can be addressed by low level of management.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity <3 days. Public confidence in the organisation undermined. Use of services affected.	National / international media / adverse publicity >3 days. MSP/MP concerns (Questions in Parliament) Court Enforcement Public Enquiry / FAI

The Highland Council / NHS Highland Partnership Risk Register							
RISK LOG							
Version: 3							
	DATE risk identified	Lead	Likelihood	Consequence	Risk level	Movement since last JMC	Mitigating Actions / Updates
Date Updated: 26/08/2025 - for ratification by JOG							
Workforce. The challenges in recruiting to vacant posts across the Partnership in terms of all health, social work and social care and support posts may result in a failure to deliver all services to at least statutory minimum levels thereby creating risk to service users which could have significant impact on their health safety and wellbeing. There is a risk that extensive use of agency staff may not consistently deliver required service outcomes.	12/10/2023	CSWO/CO HSCP Delegated to HOS Community Directorate	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 13/06/2025 Risk remains unchanged. Focused professional support to some areas in place and dedicated recruitment campaigns.
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.	12/10/2023	CSWO/CO HSCP CareFirst replacement delegated to Head of Income and Transactions.	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. 13/06/2025 - risk remains unchanged; work ongoing to replace CareFirst replacement 22/08/25 - tendering of CareFirst replacement progressing. MORSE roll out progressing in NHS health teams.
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.	12/10/2023	CSWO/CO And delegated to HOS Mental Health and Learning Disability	Likely	Moderate	HIGH 12	Increased	Closer liaison across the partnership to deliver improved outcomes for young people transitioning from THC (including education) to NHS 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 13/06/2025 Transitions is a key workstream in the Transformation Programme
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.	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 developed to address any identified gaps in service across integrated functions Liaise with the Care Inspectorate in terms of monitoring progress and report to JMC for scrutiny and assurance Note recent positive inspections in terms of adult protection and adoption and fostering 13/06/2025 - risk unchanged
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.	12/10/2023	CSWO/CO And delegated to Director of Adult Social Care	Almost certain	Major	VERY HIGH 20	No change	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. 08/11/24 Likelihood increased to almost certain with notice of closure by a further care home. Risk raised from High to Very High 13/06/2025 - risk remains very high
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.	12/10/2023	CSWO/CO And delegated to HOS Community Directorate	Almost certain	Major	VERY HIGH 20	Increased	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 13/06/2025 - work remains ongoing; cross cover between North, West, South & Mid Areas being explored 22/08/2025 Update: A solution is in the process of being agreed in readiness for winter.

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	13/06/2025 Governance structures being clarified and paper to JMC June 2025
Impact of National Policy on Care Provision - Concerns were raised about the impact of national policies, including National Insurance changes and visa restrictions for overseas care staff, on the stability of care provision. These policies are contributing to financial and staffing pressures, with over 50% of providers expressing concerns about their viability. (JOG meeting 13/06/2025)	13/06/2025	Director of Adult Social Care, NHS	Possible	Extreme	HIGH 15		Update 26/06/25 (Gillian Grant & Simon Steer) - Raise profile of sector impact within SLT, senior NHS leadership and JOG Intent to prepare joint THC / NHS CEO letter, with sector support, to go to First Minister / Depute First Minister regarding changes to UK national policy
Sutherland Care at Home - While short-term mitigations are in place, concerns remain about the sustainability and quality of in-house provision, especially given that Sutherland has only one provider. If improvements are not sustained, the consequences could be severe, including potential deregistration. (JOG meeting 13/06/2025)	13/06/2025	Head of Service, Communities NHS	Possible	Extreme	HIGH 15		Update 26/06/25 - recorded on NHS register Datix ref: 1364. The service is subject to an improvement notice from the Care Inspectorate. Interim leadership arrangements are in place with a view to meeting the terms of the improvement notice. Medium term arrangements are being worked up. 22/08/25 Update: Improvement work continues with consistent leadership
There is a risk that transformation is not achieved within financial and workforce resource available resulting in a risk to safe delivery of services	22/08/2025	Chief Officer HSCP and delegated to HOS Communities and mental Health	Possible	Major	HIGH 12		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. Cost containment plans in development.

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Rare	LOW: 1	LOW: 2	LOW: 3	MEDIUM: 4	MEDIUM: 5

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Objectives / Project	Barely noticeable reduced in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project, project objectives or schedule	Significant project over-run	Inability to meet the project objectives; reputation of the organisation seriously damaged.
Injury (physical / psychological)	Minor injury not requiring first aid	Minor injury or illness, first aid treatment	Agency reportable, eg. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling	Major injuries / long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling	Incident leading to death or major permanent incapacity
Complaints / Claims	Locally resolve verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim. Complex justified complaint.
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core services or facility. Disruption to facility leading to significant "knock on" effect.
Staffing and competence	Short term low staffing level temporarily reducing quality (<1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial	Negligible organisational / personal financial loss (<£1k) (NB please adjust for context)	Minor organisational / personal financial loss (£1-£10k)	Significant organisational / personal financial loss (£10 - £100K)	Major organisational / personal financial loss (£100k - £1m)	Severe organisational / personal financial loss (>£1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations which can be addressed by low level of management.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution Zero rating. Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage.	Local media coverage – short term	Local media – long term adverse	National media / adverse publicity	National / international media / adverse publicity

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Reputation	Little effect on staff morale.	term. Some public embarrassment. Minor effect on staff morale / public attitudes.	publicity. Significant effect on staff morale and public perception of the organisation.	<3 days. Public confidence in the organisation undermined. Use of services affected.	adverse publicity >3 days. MSP/MP concerns (Questions in Parliament) Court Enforcement Public Enquiry / FA
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The Highland Council / NHS Highland Partnership Risk Register

RISK LOG

Version: V3

	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: 26/08/2025									
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
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.