### The Highland Council / NHS Highland

Agenda Item	4
Report No	JMC/17/25

Committee:	Joint Monitoring Committee
Date:	04 December 2025
Report Title:	Highland Partnership Risk Register Update
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. The current Partnership Risk Register is **Appendix 1** for information.

#### 2 Recommendations

- 2.1 Members are asked to:
  - i. **Note** the update and proposal following the Joint Monitoring Committee workshop held on Friday 14 November 2025.

#### 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** Joint Monitoring Committee Workshop 14 November 2024.
- 6.1 Following a review of the management of risk at the workshop on 14 November 2025, a gap was recognised regarding how the 3<sup>rd</sup> sector raise risks/concerns at the Joint Monitoring Committee.
- Further, it was felt that whilst the Joint Monitoring Committee had a role in highlighting risks to the partnership, ownership of these risks is an area that requires clarity.

#### 7 Proposal

7.1 Following discussion at the workshop it is proposed that, a paper is brought to the next Joint Monitoring Committee that articulates potential risks, how these will be dealt with and managed by whom.

Designation: Chief Officer HSCP & Chief Social Work Officer

Date: 19 November 2025

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Performance HHSCP

Fiona Malcolm - Chief Officer Integrated People Services, HC

Background Papers: N/A

Appendices: Appendix 1 – Highland Partnership Risk Register

# Appendix 1 - Active

	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
2	Workforce. The challenges in recruiting to vacant posts across the Partnership in terms of all health, social work and social care and support posts may result in a failure to deliver all services to at least statutory mininum 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.
3	Information Technology. The risk re the availability of IT is two fold:- 1. There is a risk of clinical services providing inconsistent care because there are no integrated electronic records across the partnership resulting in potential harm to adults and children. 2. CareFirst: The lack of software updates and development will not be met as the system is at the end of its life. If the systm 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.	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 remians unchanged; work ongoing to replace CareFirst replacement 22/08/25 - tendering of CareFirst replacement progressing. MORSE roll out progressing in NHS health teams.
7	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 Learniing Disability	Likely	Moderate	HIGH 12	Increased	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  13/06/2025 Transitions is a key workstream in the Transformation Programme
9	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 (NHSH) 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  13/06/2025 - risk unchanged
111	Care Home Viability. Any lack of care home - or other - care provision across Highland arirsing 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 remians very high
13	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 cotingency 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 remians 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.
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	13/06/2025 Governance structures being clarified and paper to JMC June 2025

#### Archive

#### The Highland Council / NHS Highland Partnership Risk Register **RISK LOG - ARCHIVE** Version: V3 DATE target DATE risk TARGET Movement since last JMC Mitigating Actions / Updates Likelihood Consequence Risk level level to be Date Updated: 26/08/2025 1 There is a risk that as a partnership we are not realising the benefits of integrated working in 12/10/2023 cswo/co Moderate mproved Working of JMC and JOG to support and deliver change terms of the Integration Scheme. By not delivering upon the intent set out within the insure implementation of Strategic Plans for both childen and adults are implemented to deliver Integration Scheme in place between NHS Highland and The Highland Council the Partnership ntegrated outcomes. may not be providing the associated benefits to service users. Appointment of rededicated resource - Head of Integration, HHSCP To be archived after Board Decision 17/01 06/06/2025 - agreed to archive 4 Inspections. In 2021/22 Highland Registered Services (residential care) and Family Based Care Closed on development of next risk - REF 7 ACTIVE LOG (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 12/10/2023 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. No change Work with local communities to deliver place based care noting that thismay be be an issue in 5 Equality of Provision - There is a risk that there may not be parity of access to service across all May-24 CSWO/CO And Likely Moderate geographical delegated to terms of existing service provision. areas in Highland and across all populations. HOS 13/06/2025 Supporting Strategy Development included in Transformation Programme 22/08/25 Integration Archive risk as risk is unspecific and adressed through the strategic plan and local planning Strategy and Transformatio 8 There is a risk that NHSH cannot deliver on the Scottish National Child Protection 12/10/2023 Unlikely Moderate The Lead Nurse for Child Protection and Child Protection Advisers sit within the commissioned Improvement Priorities because there is no lead nurse for child protection (as per Scottish nealth service. The Lead Nurse in Northern NHSH and the Nurse Consultant for Children & Families overnment 2014 National Guidance) that covers the entire Board area, including Argyll & Bute, in A&B have regular communication and contact locally and via national groups. resulting in a lack of clear strategic approach in the delivery of child protection services and 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 10 Need to achieve service redesign within financial parameters across the Division and working 12/10/2023 CSWO/CO Possible MED 9 No change Strategy development and plan to support service redesign Agreed level of funding - recurrent and non-recurrent with clear efficiency targets delegated to Divisional structure and leadership responsibilities programme Programme boards and Finance recovery board in place managers 08/11/2024 update Transformation Programme in development and Transformation Managers in within Transformatio Place. Transformation Fund available 13/06/2025 - risk remians unchanged; savings yet to be identified in Transformation Programm Programme 22/08/2025 ARCHIVE to be replaced by Risk number 19. 12 Workforce competency. Care at Home workers must have achieved the SVQ level 3 by 12/10/2023 CSWO/CO And Almost Major High Ensure the waiting list for those eligible for SVQ is up-to-date September 2025 to have fully met the SSSC conditions of registration which is a legal delegated to Prioritise current resources by date of registration and improve supporting processes. requirement, and there is a risk that they will be unable to achieve target due to a lack of SVQ Depute Progress additional SVO L&D Facilitator post. assessment capacity. This in turn will lead to staff employability challenges and shortfalls in Director of 17/05/24 - Fiona Malcolm confirmed that this has moved forward and can be downgraded, and service provision Adult Socia that she is happy for this to be assigned to her. Care 08/11/24 Risk removed as target achieved.

# **Watching Brief**

The Highland Council / NHS Highland Partnership Risk Register RISK LOG									
Version: V3  Date Updated: 26/08/2025	DATE risk identified	Lead	Likelihood	Consequence	Risk level	TARGET risk level	DATE target level to be achived	Movement since last JMC	Mitigating Actions / Updates
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
16 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.

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

		CONSEQUENC				
LIKELIHOOD	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 Experience	Reduced quality of patient experience / clinical outcome not directly related to	Unsatisfactory patient experience / clinical outcome directly related to	Unsatisfactory patient experience / clinical outcome, short term effects –	Unsatisfactory patient experience / clinical outcome: long term effects –	Unsatisfactory patient experience / clinical outcome: continued ongoing
		delivery of clinical care.	care provision – readily resolvable.	expected recovery < 1 week	expect recovery > 1 wk	long term effects
Almost Certain –	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.
This is expected to frequently happen again, more likely to re-occur than not.	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 tack of appropriate care	Claim above excess level.  Multiple justified complaints.	Multiple claims or single major claim. Complex justified complaint.
<b>Likely –</b> Strong possibility that this could happen again.	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.
Possible – Has happened before on occasions, reasonable chance of re- occurring	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.
Unlikely – Not expected to happen again but definite	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)
potential exists  Rare – Cannot believe that	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	Enforcement action. Low rating. Critical report.	Prosecution Zero rating Severely critical report.
this will ever happen again, will only happen in exceptional circumstances	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.	plan.  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. MSPAIP concerns (Questions in Parliament) Court Enforcement Public Engulry / FAI