Agenda Item 3.2

NHS Highland

Meeting:	**Health and Social Care Committee**
Meeting date:	**14 January 2026**
Title:	**HSCP Risk Register**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation HSCP**

Report Recommendation:

The Committee is asked to consider the report, take **moderate** assurance, and identify any matters that require further assurance or escalation to NHS Highland Board.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy and Legislation
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

A summary of risks held on the level 2 Health and Social Care Partnership (HSCP) risk register across adult health and care services, and of movement of risks on this register, is brought to the committee for assurance of action and mitigation being taken.

2.2 Background

The HSCP holds risk registers (level 3) across the following operational areas:

- Community services
- Primary care services (including independent health contractors - Optometry, Community Pharmacy, Dentistry)
- Out of Hours primary care services
- Mental health and learning disabilities services
- Adult care services

The level 2 HSCP Risk Register is reviewed by the HSCP Senior Leadership Team. The Risk Register is a standing item on the agenda and risks are reviewed in line with their review dates.

Exception reporting is part of the governance of the meeting with escalation from level 3 registers as necessary to HSCP Senior Leadership Team Meeting, and escalation of level 2 risks as necessary to Clinical & Care Governance Committee, Health and Safety Committee and this Committee.

Highland Health and Social Care Committee is asked to consider the report and identify any matters that require further assurance or escalation to NHS Highland Board. A full report of Board Level 1 risks are articulated for various Board Committees.

2.3 Assessment

Overview of the movement of risks on the HSCP level2 Risk Register during the year 2025:

Risk Register 2025	Total Risks on Risk Register	Risks added 2025	Risk decreased	No movement	Risks Increased	Total risks mitigated and closed in 2025
HHSCP	12	1	3	7	2	3

Description of Risks on the HSCP Level 2 Risk Register (December 2026)

Two Very High Risks:

1 There is a risk of commissioned service interruption because providers have insufficient staffing levels potentially resulting in needs not met, reduced service capacity and whole system impact.

2 There is a risk of people unable to access routine dental care resulting in increased harm to dental health

Nine High Risks:

1 There is a risk to service delivery due to the ongoing challenges with recruiting the right workforce, particularly in remote and rural areas in relation to health and social care professions, resulting in unsustainable services and potential patient harm.

2. There is a risk to achieving good levels of statutory and mandatory training due to difficulties in releasing staff and availability of training, resulting in harm or injury to staff and patients

3 There is a risk of clinical services providing inconsistent care because there are no electronic patient records across some community services, resulting in patient harm.

4 There is a risk of not achieving service redesign within financial parameters.

5 There is a risk of noncompliance with local and national standards and evidence consistency across practices in the 17 GP practices operating under a 2C arrangement due to a lack of staff resource to develop a resource structure.

6 There is a risk that ASC contracts are not fully in place and being monitored because of reduced available resources and those resource being diverted to other organisational priorities, resulting in organisational contractual, liability and financial risks

7 Potential multiple care home closures occurring at the same time creates a risk of significant loss of care home beds and a large number of residents needing to be relocated at the same time leading to risk of harm to residents, reputational risk and financial risk.

8 There is a risk of failure of dental equipment in the Outreach and Clinical Skills areas because of the age of current equipment and failure to source replacement parts for equipment, resulting in reduced activity in the Student Outreach Clinic or Clinical Skills area

9 There is a risk to patient safety due to a sustained supply chain issue with Nutricia UK enteral feeding and ancillary products.

One Medium Risk
2 There is a risk of harm to staff, services and public due to a lack of clear governance structures, policies and procedures for social work

A summary of the main risk themes and mitigating actions being taken include:

Workforce availability
There are a series of mitigation plans in place to address this risk. Local recruitment initiatives and role redesign are linking with organisational initiatives in recruitment, careers, equality and health and wellbeing of staff.

Financial risks
HSCP SLT has oversight of all initiatives involving a financial impact and has implemented grip and control measures which link with organisational grip and control initiatives. An Adult Social Care Cost Containment Plan is in place and numerous transformational plans across the HSCP.

Sustainability of care homes
A commissioning Strategy is nearing completion and commissioning plans being developed which will aim to improve long term sustainability of care homes within Highland.

Information Technology
Electronic record initiatives have progressed and are continuing through the year. The implementation of MORSE is progressing with roll out. CareFirst replacement, being led by the Highland Council is well underway with a contract award to a new provider. Ongoing business design processes, including connectivity to other systems, are being overseen by a programme board.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Moderate assurance is provided in line with the actions being taken to record, review and escalate risks to care and service delivery.

3 Impact Analysis

3.1 Quality/ Patient Care

The risks identify an inconsistent workforce and potential gaps in service delivery. Some skills are not available in the workforce and some professions are difficult to recruit to leading to longer waiting times for specialist services or access to specialists.

3.2 Workforce

Difficulties sustaining the workforce means staff in post are more likely to experience stress and overload and have a poor experience of work.

3.3 Financial

The risks identify that it will be difficult to achieve financial targets.

3.4 Risk Assessment/Management

As outlined above at 2.3.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

An impact assessment is not required to report on risk registers.

3.7 Other impacts

Describe other relevant impacts.

3.8.1 Communication, involvement, engagement and consultation

HSCP risk monitoring group meetings held monthly.

3.9 Route to the Meeting

4 Recommendation

Health and Social Care Committee is asked to consider the report and identify any matters that require further assurance or escalation to NHS Highland Board.