NHS Highland

Meeting:	Health and Social Care Committee
Meeting date:	15 January 2024
Title:	HSCP Risk Register
Responsible Executive/Non-Executive:	Pamela Cremin, Chief Officer
Report Author:	Rhiannon Boydell, Head of Integration, Strategy and Transformation HSCP

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 is brought to the committee for assurance of action and mitigation being taken.

2.2 Background

The HSCP holds risk registers 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

A HSCP Risk Register Monitoring Meeting is held monthly to monitor all risks and ensure mitigation action is recorded and that risks are reviewed and updated.

A summary of Community Directorate Risks is brought to the committee for assurance of action and mitigation being taken.

Exception reporting is part of the governance of the meeting with escalation as necessary to HSCP Senior Leadership Team Meeting, 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

There are 9 Level 3 Risk Registers at Directorate level relating to Primary Care, Mental Health and Community Services which inform the Level 2 HSCP Risk register. This risk register identifies risks across the HSCP and consists of:

Two Very High Risks related to:

1 Workforce - Potential interruption to commissioned services related to staffing challenges in salaried general practice services

2 Workforce - Access to NHS dental care

Eight High Risks related to:

1 Workforce
Risk to service delivery due to challenges in recruitment

2 Workforce

Risk to achieving required levels of Statutory and Mandatory training due to difficulties in releasing staff and availability of some training.

3 Information Technology
Risk of inconsistent care due to the lack of electronic records.

4 Compliance
Risk of non-compliance of 2C practices with local and national standards due to insufficient support capacity.

5 Service delivery
Risk of not being able to achieve redesign within financial parameters.

6 Reputational
Risk of Adult Social Care contracts not being fully in place and monitored due to insufficient resource.

7 Service Delivery
Risk of multiple care home closures occurring at the same time leading to loss of overall capacity, moves for residents, additional workload for community staff.

8 Equipment
Risk of dental equipment failure resulting in reduced activity.

Two Medium Risks related to:

1 Engagement
Risk to service redesign due to lack of standardised community engagement

2 Reputational
Risk of vulnerability/harm to staff, services and public due to lack of clear governance arrangements in Social Work.

One low risk related to:

1 Risk of medical clinical leadership associated with long absences and delays in recruitment.

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. The risks highlight an impact on support capacity too, in ASC contracts as an example, where work is prioritised and the SLT agree the measures taken.

Financial risks HSCP SLT has oversight of all initiatives involving a financial impact. The HSCP has worked to improve it's financial governance structure and hierarchy with formalised Chief Officer overseen budget meetings and reviews

and finance taking a regular place on the performance agenda for SLT meetings.

Sustainability of care homes – Regular assessment of care home sustainability is overseen via the care home oversight group and escalation of emerging issues to Joint Officer Group. The Care Programme Board continues to report to the Joint Officer Group. A collaborative approach to commissioning and sustainability is being taken with an initial meeting with sector representatives in the autumn.

Information Technology

An HSCP Digital group has been established to identify and agree priorities across the HSCP for technological and digital solutions and work with eHealth to implement them. This provides oversight and governance to the decision making process and utilises risk as a factor in decision making.

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.