



Meeting: Health and Social Care Committee
Meeting date: 17 January 2024
Title: Community Risk Registers
Responsible Executive/Non-Executive: Pamela Cremin, Chief Officer
Report Author: Pamela Cremin, Chief Officer

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 Community Services Risks across adult health and care services is brought to the committee for assurance of action and mitigation being taken.

2.2 Background

The Community Directorate hold 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; and
- Adult care services.

A Community 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 Community 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, the most recent update being provided to the Finance, Performance and Resources Committee on 5th January 2024.

In addition to this report, a number of risks have been developed by the Joint Officer Group in relation to the Partnership joint risks. These presented to the Joint Monitoring Committee at its meeting on 15th December 2023. These are attached for the Highland Health and Social Care Committee to note accordingly, at Appendix 1.

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
 - 2 Workforce - Access to NHS dental care

- Nine High Risks related to:
- 1 Workforce - Risk to service delivery due to challenges in recruitment

2 Workforce - Risk to workforce recruitment, retention and performance related to the risk of the impact of the Sturrock Report actions not being fully implemented.

3 Workforce – risk to achieving required levels of Statutory and Mandatory training due to difficulties in releasing staff and availability of some training.

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

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

6 Protection – Risk of error, missed diagnosis and complaints due to demands on Sonography workforce.

7 Engagement – Risk of insufficient engagement of the range of Adult Protection partners and therefore poor adult protection outcomes.

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

9 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.

Five Medium Risks related to:

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

2 Service Delivery – Risk to achieving service redesign within financial parameters.

3 Service Delivery – Risk of not being sufficiently able to respond to the outcome of the National Care Service consultation.

4 Compliance – Risk of low morale in health due to perceived inequalities in pay banding between health and social work professions.

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

The Level 3 risk registers include a further seven Very High risks:

Dental:

1 Compliance – reduced dental capacity due to inadequate ventilation

2 Information technology – clinical risk associated with poor connectivity.

Community Directorate

1 Workforce - risk of reduced capacity due to large number of vacancies and inability to sustain development posts following discontinuation of temporary funding.

2 Workforce – risk that not all C@H workers will have achieved SVQ qualification in required timescale.

3 Service Delivery – risk to delivery of in-house C@H services due to recruitment challenges.

4 Health and Safety – risk to unwell people attending Hospital in B and S due to potential of them arriving unannounced and not being expected.

5 Workforce – Clinical risk due to staff shortages in Dietetics.

Level 3 risk registers in the HSCP also include further High, Medium and Low risks. A summary of the main risk themes and mitigating actions being taken include:

Workforce availability - and the impact this has on the sustainability of services especially in remote and rural areas. There are a series of mitigation plans in place to address this risk, albeit this is a national workforce availability aspect that is impacting across many sectors. We are working hard on recruitment and role redesign as well as working with communities to attract people into health and care careers.

Statutory and Mandatory Training compliance is an ongoing risk in that not all staff achieve compliance. There are robust plans in place to address this including targeted intervention to support teams and individuals who are facing challenges to complete online training. A short life working group is being set up to have more focus on positive outcomes in this area and information for service managers is being made more available.

Financial risks are associated with reduced budget allocations from the centre and increasing demand across all services. A number of action plans and mitigation are in place and being regularly reviewed across a number of fora.

Sustainability of smaller care homes – an emerging risk due to staffing and other pressures such as compliance with accommodation and environmental standards. 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 has been established, reporting to the Joint Officer Group.

Premises and accommodation risks – there are a number of risks that affect people’s access to services. This is mainly due to a backlog of maintenance required and/or buildings outgrowing their service. These issues are escalated and action taken to improve via the community accommodation group which is led jointly by community and estates and facilities staff working together to achieve joint accommodation solutions. The asset management group has a key role and is an escalation route for all accommodation risks.

Ligature risks at New Craigs Hospital - a steering group has been set up and via a validated assessment tool, 8,000 ligature points have been identified in New Craigs Hospital. A plan and a programme of work to remove ligature points are being undertaken and overseen by the mental health programme board and the ligature audit group.

Lack of low or medium secure beds in Scotland – there is a current issue at New Craigs which is currently being mitigated by the use of supplementary staff. A trigger plan has been agreed with Police Scotland to support the management of people who require medium security but are placed in mental health acute units. This issue has been escalated to Scottish Government via regular set meetings and communication structures that are in place.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

Moderate
None

X

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 where services are delivered by locum and agency staffing.. 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

High use of locum and supplementary staffing to address staff shortages introduce some risks of inconsistent care, poor experience of care and reduced job satisfaction. Some risks may impact on the delivery of the culture programme and positive staff experience. Labour market and workforce availability is affected across all staff groups. Staff are tired and working excess hours

3.3 Financial

Funding required to mitigate against some risks for example, investment in IT solutions. Some difficult decisions need to be taken about some service delivery that needs to be temporarily suspended due to cost (unfunded posts and associated cost pressures).

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

Community 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.

4.1 List of appendices

The following appendices are included with this report: For information – joint risks considered by the Joint Officer Group and presented to Joint Monitoring Committee at its meeting on 15th December 2023.