



Meeting: NHS HIGHLAND BOARD MEETING

Meeting date: 25 July 2023

Title: NHS Highland Board Risk Register

Responsible Executive/Non-Executive: Dr Boyd Peters, Board Medical Director

Report Author: Grace Barron, Programme Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(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		Progress Well		All Well Themes	X		

2 Report summary

This report is to provide the Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered closure or additional risks to be added.

2.1 Situation

This paper is to provide the Board with assurance that the risks currently held on the NHS Highland Board risk register are being actively managed through the

appropriate Executive Leads and Governance Committees within NHS Highland and to give an overview of the current status of the individual risks.

The NHS Highland risk register continues to be refreshed in line with “Together We Care, with you, for you” to ensure we are aligned to the direction it sets out for us as an organisation.

The NHS Highland Executive Directors’ Group (EDG) maintains the NHS Highland Risk Register and reviews on a monthly basis. The content of the NHS Highland Risk Register will be informed by the input from the EDG, Programme Boards, Senior Leadership Teams, Governance Committees and NHS Highland Board.

All risks in the NHS Highland Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this Board meeting this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

2.2 Background

Risk Management is a key element of the Board’s internal controls for Corporate Governance and was highlighted in the 2022 publication of the “Blueprint for Good Governance.” The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

Each of the Governance Committees is asked to review their risks and to identify any additional risks that should be on their own governance committee risk register. Review of these risks registers will be undertaken on a bi-monthly basis or as determined by the individual committees.

It has been agreed that the Head of Strategy & Transformation will manage the NHS Highland risk register along with the Board Medical Director to ensure alignment across the strategy and operational areas across the organisation.

2.3 Assessment

Risks no. 1103 (Financial Efficiencies) and no. 1102 (Financial Balance) were approved as being closed from the NHS Highland Board risk register, as these 2 risks pertinent to financial year 22/23. These risks were therefore replaced by risk no. 1181 (Financial Position). The closure and addition of risks onto the NHS Highland board risk register were approved by the appropriate board

governance committee. In this case, Finance, Resources and Performance committee provided approval of these risk updates prior to Board submission.

The following section is presented to the Board for consideration of the updates to the risks contained within the NHS Highland Risk Register. The following risks are aligned to the governance committees in which they fall within and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

Current Risk Level: Very High

Risk no. 706 – Workforce – Score 20

There is an increased risk of failure to deliver essential services of the required capacity and quality, because of a shortage of available and affordable workforce, resulting in reduced services, lowered standards of care and increased waiting times as well as a negative impact on colleague wellbeing and morale and increased turnover levels.

A Workforce Board will be established in the Autumn to oversee development and delivery of an integrated and co-ordinated workforce plan which achieves our vision of a sustainable, skilled workforce with attractive career choices including career pathways, apprenticeships, recruitment campaigns and compliance of the Health & Care (Staffing) Act

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 1056 – Statutory and Mandatory Training Compliance – Score 20

There is a risk of harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.

The Board Nurse Director has current responsibility for Executive Leadership for Statutory and Mandatory training. The next step entailed with mitigating this risk will be to progress an agreed improvement plan with an agreed level of oversight to ensure the delivery on the remaining audit actions. This will be considered by EDG in July.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 1101 – Impact of Current Socio-Economic Situation – Score 20

There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures. This could impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce

availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home. Demand for services will also increase creating further pressure on resources.

The Health and Wellbeing Strategy is being progressed and initiatives such as the Wingman Bus taken into consideration when planning additional support for colleagues. Our Employee Assistance Programme is also available for confidential support over a range of topics for all of our colleagues.

Planning for industrial action for Junior Doctors has been underway for the last few weeks. The preparation regarding information, rotas and emergency planning will be useful in considering how we plan for any potential action and business continuity.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Current Risk Level: High

Risk no. 666 – Cyber Security – Score 16

Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business as usual arrangements entailed with resilience.

Strategic Objective: Progress Well
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 712 – Fire Compartmentation – Score 16

Works continuing to improve the compartmentation within Raigmore Hospital. Raigmore SMT currently working to provide decant facilities to allow for a full programme moving forward.

Strategic Objective: Progress Well
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 959 – COVID and Influenza Vaccinations – Score 12

The spring/summer COVID vaccination programme has as of 11 June 2023 given uptake rates of above 91% for adult care home residents and 76% for people in the community aged 75 and over in NHS Highland. For care homes this is slightly higher than the Scottish average and for the community it is lower. Uptake rates for people with a weakened immune system are similar to the national average. The influenza immunisation programme finished several months ago and will resume in the autumn. Vaccinations in general are now almost all delivered through the board rather than by general practice following the Vaccination Transformation Programme. Delivery risks remain for the

programme, including finance, workforce and ensuring the most appropriate service design. These risks are most pronounced in the Highland HSCP area. Therefore, it is proposed that the risk level remains as high.

Strategic Objective: Stay Well
Governance Committee: Clinical and Care Governance Committee.

Risk no. 1097 – Transformation – Score 16

NHS Highland will need to re-design to systematically and robustly respond to this challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.

Strategic Objective: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk no. 1181 – Financial Position – Score 16

There is a risk that NHS Highland will not achieve its planned financial position for 2023/24 due to Additional cost pressures presenting during the year and inability to realise reduction in spend in line with efficiency and transformation plans which will result in the Board failing against its financial plan and recovery plan with Scottish Government.

Strategic Objective: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk no. 632 – Culture – Score 15

There remains a risk of negative colleague and patient experience, poor performance and retention issues within NHS Highland as a result of a poor culture in some areas, resulting in some people still not feeling valued, respected or listened to, despite ongoing improvements and recent de-escalation to Level 2 on the SG framework. This is a long term and ongoing piece of work.

Colleague engagement and co-production is key to progressing the Culture improvements required. The local partnership forums, the Argyll & Bute Culture and Wellbeing group and our listening and learning panel are already in place to support specific areas. The Culture Oversight group's remit and membership will be refreshed and an Organisational Development framework established to capture all areas of development to support the improvements. The proposal will be shared with Staff Governance Committee and Board during September.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 714 – Backlog Maintenance – Score 15

There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.

Strategic Objective: Progress Well
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 877 – Engagement and Service Design – Score 15

There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland.

Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3- year strategic plan.

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Strategic Objective: Anchor Well
Governance Committee: TBC

Current Risk Level: Medium

Risk no. 715 – Impact of COVID and Influenza on Health Outcomes – Score 8

COVID levels have reduced over recent months. However, population surveys of COVID have ceased and widespread testing has also stopped, so it is less easy to get an accurate picture of disease prevalence. Monitoring of virus levels in sewage shows continued presence at relatively low levels and cases are still being reported from health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. The seasonal influenza season has finished, and influenza cases are close to baseline levels. Therefore, it is proposed that the risk level is reduced from high to medium.

Strategic Objective: Stay Well
Governance Committee: Clinical and Care Governance Committee.

Risk no. 1182 – New Craigs PFI Transfer – Score 9

There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.

Strategic Objective: Enable Well
Governance Committee: Finance, Resources and Performance Committee.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

3 Impact Analysis

3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

3.2 Workforce

A robust risk management process will enable risks to relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in line with our strategic objectives and outcomes once strategy is approved.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives. The risk management process with alignment to the strategy will be presented to the next Board meeting
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed or added

4.1 List of appendices

None as summary has been provided for ease of reading