



Meeting: NHS Highland Board Meeting

Meeting date: 31 May 2022

Title: Draft Compliance Strategic Risk

Responsible Executive: Fiona Hogg, Director of People & Culture

Report Author: Fiona Hogg, Director of People & Culture

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objectives:

<p>Clinical and Care Excellence</p> <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	<p>Partners in Care</p> <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	
<p>A Great Place to Work</p> <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 	X	<p>Safe and Sustainable</p> <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X X

2 Report summary

2.1 Situation

In line with a recommendation in the recent Internal Audit, the Audit Committee and Staff Governance Committee have requested that a specific risk is added to the Board Strategic Risk Register to reflect the impact of the significant gaps in compliance with Statutory and Mandatory training across NHS Highland.

The Board is asked to consider the attached risk and approve for inclusion in the Strategic Risk Register.

2.2 Background

Low rates of compliance with both online and face to face Statutory and Mandatory training have been a longstanding issue for NHS Highland. This includes both induction and refresher training, across a range of topics for all colleagues including fire safety, information handling, equalities and diversity, infection prevention and control and moving and handling, as well as role specific practical training for patient facing roles in moving and handling, prevention of violence and aggression and restraint.

Repeated focus and efforts have been made in this area, but little progress has been made and following the impact of the pandemic and pressures on the system, the situation has worsened. An audit and root cause analysis was commissioned in early 2022 and reported to the Audit Committee on 2nd May with a series of recommendations and our management actions to address this.

2.3 Assessment

NHS Highland have accepted all the recommendations of the Audit and committed to a long-term action plan which will have appropriate levels of oversight, dedicated project management and reporting to governance and management committees and this will be overseen by the Accountable Officer for the Board, our Chief Executive Pam Dudek.

It is important for the Board, as well as the governance committees to have visibility of this risk and to monitor the progress being made against it. The purpose of this paper is to agree the Strategic Risk and regular reports on our progress against it will be made.

Actions have already been taken around communication of individual and management responsibilities and the project structure and terms of reference are being established.

As set out in the attached form, NHS Highland must substantially improve our performance in this area over the coming months. The current level of risk to colleague and patient safety, standards of quality and care and the risk of prosecution or enforcement action are outside our risk appetite and tolerance.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Given the current position, only limited assurance can be given, however, escalation of the risk to the strategic risk register is a key step in making progress. We would hope that with the project in place and some of the key actions completed, we can move to moderate levels of assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

Poor compliance with training impacts on both quality and patient care.

3.2 Workforce

Poor compliance with training also impacts on the safety and competence of the workforce. In addition, colleagues who do not complete their required training are in breach of their contracts and where applicable, professional registration.

3.3 Financial

There will be a

3.4 Risk Assessment/Management

As per attached form.

3.5 Data Protection

Not applicable.

3.6 Equality and Diversity, including health inequalities

Statutory and Mandatory training includes our Equality and Diversity module, it is essential all colleagues are fully aware of their responsibilities in this regard.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

Regular discussion about our performance with Statutory and Mandatory training takes place at management meetings, Systems Leadership Team, Executive Directors Group, as well as at key governance meetings and committees

3.9 Route to the Meeting

The request for a standalone Strategic Risk around Statutory and Mandatory Training compliance has been discussed and supported at the following meetings:

- Audit Committee, 3 May 2022
- Risk Management Steering Group, 10 May 2022
- Staff Governance Committee, 11 May 2022

4 Recommendation

- Decision – The Board is asked to approve the addition of the attached Risk to the Strategic Risk register.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1, Risk Register Inclusion Form

Risk Register Inclusion Form

Descriptor	Information to be submitted
Operational Area/Directorate	Strategic Risk Register
Risk Owner (Executive Lead or appropriate senior manager)	Pam Dudek
Risk Description Must be in the format of: There is a risk of 'x', because of 'y', resulting in 'z'.	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.
Risk Category (See Note 1)	Strategic / Reputational
Current Mitigation These are the control systems and processes that are already in place to address this risk	An internal audit presented in May 2022 identifies the action plan to mitigate this risk, requiring colleague, manager, professional and organisational activity over a sustained time period to effect a change. This action plan is being implemented and tracked using project management methodology and dashboard reporting, with regular updates to relevant leadership teams, governance committees and oversight groups. Ongoing communication and leadership cascades to drive up performance are in place and our People Partners are working with their senior leadership teams to enable this.
Current Likelihood (See Note 2, Table 1)	Almost Certain
Current Consequence/Impact (See Note 2, Table 2)	Major

<p>Current Risk Score</p> <p>Likelihood x Impact = Risk Rating (see Note 2, Table 3)</p>	<p>Very High - 20</p>
<p>Further Action Required</p> <p>Also state: Action Owner and expected implementation date</p>	<p>The action plan is expected to take until 2024 to fully implement, but elements of this will be delivered over the coming months. Role and responsibilities and a terms of reference for the project will be in place by 30 June 2022. A project team and structured plan and dashboard will be in place and operational by 31 August 2022. Action owner is currently Fiona Hogg, pending confirmation of project team resource.</p>
<p>Target Likelihood</p> <p>(See Note 2, Table 1)</p>	<p>Possible</p>
<p>Target Consequence/Impact</p> <p>(See Note 2, Table 2)</p>	<p>Major</p>
<p>Target Risk Score</p> <p>Likelihood x Impact = Risk Rating</p> <p>(See Note 2, Table 3)</p>	<p>12</p>

Completed Forms are to be returned to Mirian Morrison, Clinical Governance Support Team
email: mirian.morrison@nhs.scot

Note 1

Table 1 - Categories

Risk Category	Quality Objectives
Strategic/Reputational	(1) Implementing our vision and strategy (2) Improving population health and reducing inequalities (10) Delivering our targets
Clinical	(3) Creating a caring, person-centred experience (4) Providing safe and effective care
People	(7) Engaging our people
Innovation and Transformation	(5) Transforming our services (6) Designing integrated care (8) Promoting creativity, innovation and research
Finance and Sustainability	(9) Ensuring value and sustainability

Note 2

Table 1 - Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

Note 2 Continued

Table 2 - Impact descriptions

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Table 3 – Risk Score

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM