Agenda Item 15

NHS Highland

Meeting:

Meeting date: 31 May 2022

Title: **Corporate Risk Register**

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

Report Author: Lorraine Cowie, Head of Strategy & Transformation

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		Partners in Care	
• Improving health	X	• Working in partnership	X
• Keeping you safe	X	• Listening and responding	X
• Innovating our care		• Communicating well	
A Great Place to Work		**Safe and Sustainable**	
• Growing talent	X	• Protecting our environment	X
• Leading by example	X	• In control	X
• Being inclusive	X	• Well run	X
• Learning from experience	X		
• Improving wellbeing			
Other (please explain below)			

2   Report summary

2.1   Situation

This paper is to provide the Board with assurance that the risks currently held on the corporate 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.

We are currently advertising for the post of Corporate Risk Manager and it is hoped that an appointment will be made in the near future to this pivotal post.

Moving forward we will be reviewing our risk register in line with our emerging strategic objectives from Together We Care; with you, for you to ensure we are aligned to the direction it sets for us as an organisation.

There are currently 11 open risks on the risk register. Eight are a medium risk and 3 at high risk.

2.2   Background

Risk Management is a key element of the Board's internal controls for Corporate Governance. The Audit Committee's 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 quarterly basis or as determined by the individual committees.

2.3   Assessment

The Board is asked to review the risks on the strategic risk register and be assured that action is being taken where possible to mitigate the risks.

A summary of the risks and the mitigations is below.

No	Directorate/ Committee	Risk Title	Initial	Current	Mitigations
662	Strategy	Lack of coherent strategy	Medium	Medium	The development of the strategy has been completed in partnership with our population and people. Progress is on time and will be delivered to the Board in July.
715	Public Health	Impact of COVID on health	Very High	High	COVID infection rates have dropped but risks of an increase in infections remain. Measures continue to be undertaken to reduce transmission and reduce the impact of infections.
959	Public Health	Vaccinations	High	Medium	Plans have been developed and are being implemented for continuation of COVID vaccination and delivery of VTP in line with SG requirement.
632	People	Organisational Culture	High	Medium	Good progress made with Sturrock and IRP recommendations although some delays due to recent systems pressures, next phase plan is being developed alongside the strategy
666	Ehealth	Cyber Security	High	High	We are always going to carry a risk with cyber security and the lowest level of risk will always be high risk. All mitigating actions are being taken and are constantly under review linking in with National Cyber Centre of Excellence.
706	People	Workforce Capacity	High	Medium	Work ongoing on attraction, recruitment and retention strategy. 3 year workforce plans in development for submission in July 2022, to inform next stage plans
712	Estates	Fire compartmentation	High	Medium	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.
714	Estates	Backlog maintenance	High	Medium	Continuing to work with SG in them providing extra capital funding to remove all high risk backlog maintenance.
830	Finance	Sustainability of funding	Medium	High	£42.272m is the current amount we have to reduce by in 22/23 to achieve financial balance. There is a review of the financial and performance scrutiny in train at present with a workshop on the 2nd of June to embed messaging and gain agreement of actions to achieve this.
877	Comms	Engagement with population	High	Medium	Draft engagement framework is completed and is awaiting approval. Together We Care strategy has been written with our population with extensive consultation and engagement.
123	Performance	Monitoring across system	Very High	Medium	Dashboards have been developed to give a whole system overview for acute and social care. They are in discovery for unscheduled care and mental health. PRB continues to meet weekly, and wider reviews monthly to monitor progress. Annual delivery plan will provide future focus.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

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 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 terms of achievement of strategic objectives 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.
- **Discussion** – Examine and consider the implications of a matter.

4.1 List of appendices

None as summary has been provided for ease of reading.