

**NHS Highland**



**Meeting:** NHS HIGHLAND BOARD MEETING  
**Meeting date:** 29 NOVEMBER 2022  
**Title:** Strategic 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:

- Government policy/directive

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		Progress well		All Strategic Outcomes	X		

## 2 Report summary

This report is to provide the Board with an overview extract from the strategic risk register, awareness of risks that are being considered closure or additional risks to be added and the processes being developed for Corporate Risk moving forward.

## 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.

The strategic risk register is presented as a summary within this paper to give a succinct overview.

The strategic risk register is still currently being refreshed in line with “Together We Care, with you, for you” (TWC) to ensure we are aligned to the direction it sets for us as an organisation.

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

All strategic risks will be mapped to the Governance Committees of NHS Highland and they will be responsible for oversight and scrutiny of the risks. An overview will then be presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate processes in place. A refreshed risk management approach will be presented to the next Audit Committee that addresses outstanding areas from the previous internal audit. Assurance on this will be given at the January board meeting.

For this Board meeting there are a number of recommendations for either removals or changes to the risk register.

## 2.2 Background

Risk Management is a key element of the Board’s internal controls for Corporate 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 Together We Care risk register along with the Board Medical Director to ensure alignment across the strategy and operational areas across the organisation.

We have not been successful in recruiting a Corporate Risk Manager however have put in place supportive capacity across the system. We are actively exploring the process for risk to be embedded within the organisation as a core component of business as usual.

## 2.3 Assessment

### **Risk No 662 – Strategy – *The Board is asked to accept closure of this risk***

The Board is recommended to remove this risk from the strategic risk register given the strategy is now approved. The development of the strategy has been concluded in full collaboration with our population, people and partners.

### **Risk No 123 – Performance of the System – *This was agreed to be closed at Finance, Resources and Performance Committee therefore the Board is asked to formally approve removal from the risk register***

This risk was focused on the performance of health and care during COVID. The mitigating areas defined were data drives process and managing performance during this time. The NHS Highland Performance Framework is now approved and a number of the areas defined are being addressed specifically by the individual programme boards, through the strategy and annual delivery plan approach. It is recommended this risk is closed and a new risk is added in terms of transformation.

### **Risk No 830 – Sustainability of Funding – *This was agreed to be closed at Finance, Resources and Performance Committee therefore the Board is asked to formally approve removal from the risk register***

This risk is recommended to be removed from the risk register to allow 2 new risks to be added given the current financial challenge. The new risks will focus on overall financial position and the ability to achieve savings. This will allow the mitigations, gaps and controls to be better defined moving forward. These new risks are described below.

### **Risk No NEW - Financial Balance – *This was agreed to be opened at Finance, Resources and Performance Committee therefore the Board is asked to formally approve the addition to the risk register***

NHS Highland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges which may also impact. The current financial forecast is a £33.6m overspend. There is a significant risk that NHS Highland will not meet financial targets set by Scottish Government this year. Strong operational leadership will be required along with all of our workforce ensuring accountability and responsibility for the resources they use and empowering clinical leaders with the intelligence to become partners in this.

Strategic Outcome: Perform Well

Governance Committee: Finance, Resources & Performance Committee

**Risk No NEW – Financial Efficiencies – *This was agreed to be opened at Finance, Resources and Performance Committee therefore the Board is asked to formally approve the addition to the risk register***

Significant under-achievement of planned financial efficiency savings for the current year which affects delivery of the financial balance. All savings plans are being aligned with the ADP and will not hinder the ability of programme to deliver their objectives. Targeted intervention has commenced to deliver further savings throughout the year in addition to measures to contain increasing costs.

Strategic Outcome: Perform Well

Governance Committee: Finance, Resources & Performance Committee

**Risk No NEW – Transformation – *This was agreed to be opened at Finance, Resources and Performance Committee therefore the Board is asked to formally approve the addition the risk register***

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 Outcome: Perform Well

Governance Committee: Finance, Resources & Performance Committee

### **Updates on Current Risks**

The following section is presented to the Board for consideration of the updates to the risks in which the risk level has not been changed. The following risks are aligned to the governance committees in which they fall within and also consideration given to the strategic objective and outcome for future mapping.

#### Clinical and Care Governance Committee Aligned Risks

**Risk No 715 – Impact of COVID and Influenza on Health Outcomes – *Risk to remain high***

Whilst the rate of COVID-19 infections has reduced recently, we are concerned that the rate of infections may increase again in coming months. The impacts on our most vulnerable settings, such as care homes and hospitalisations could increase, with knock-on effect on service delivery at large. Planning is also underway for the investigation of a potential COVID-19 variants or mutations of concern.

Strategic Outcome: Anchor Well  
Governance Committee: Clinical and Care Governance Committee.

**Risk No 959 – COVID and Influenza Vaccinations – *Risk to remain high***

The Autumn/Winter programme has commenced for COVID and influenza vaccination. Considerable work is underway to ensure high uptake and achievement of the expedited timetable. However, significant challenges remain including staffing, scheduling and delivery within budget.

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

Finance, Resources & Performance Committee Aligned Risks

**Risk No 666 – Cyber Security – *Risk to remain high***

Due to the continual threats from cyber attacks this risk will always remain on the risk register. A fuller understanding of gaps, control and mitigations will be part of the refresh of the corporate risk register.

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

**Risk No 712 – Fire Compartmentation Works – *Risk to remain medium***

No change from previous report. 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  
Strategic Outcome: Environment and Climate  
Governance Committee: Finance, Resources & Performance Committee.

**Risk No 714 – Backlog maintenance – *Risk to remain medium***

No change to previous report. Continuing to work with SG in them providing extra capital funding to remove all high risk backlog maintenance.

Strategic Objective: Progress Well  
Strategic Outcome: Environment and Climate  
Governance Committee: Finance, Resources & Performance Committee.

## **Staff Governance Committee Aligned Risks**

These have been removed as there is a separate paper on this being put forward to this Board meeting.

### **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
- **Decision** – Examine and consider the evidence provided for the current risks and refer any further work the Board wishes to see to the aligned Governance Committees

### **4.1 List of appendices**

None as summary has been provided for ease of reading