NHS Highland

Meeting: NHS HIGHLAND BOARD MEETING

Meeting date: 28 November 2023

Title: NHS Highland 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:

• 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 for 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.

At this time all Executive Leads have developed mitigating actions to give assurance. The scoring and approach will be refreshed in line with the risk appetite statement which is presented to the Board for approval at this meeting alongside this paper.

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, 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, transformation and operational areas across the organisation.

2.3 Assessment

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.

<u>Staff Governance Risks</u>

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative
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. Work has been completed to establish international recruitment and although an important element of our overall approach this will not supply the large volumes of registered staff we require. We have tested innovative ways of reaching the wider UK job marker through the national treatment centre campaigns. There is more we can do this area but this will not address the underlying UK and Scottish wide shortage of workforce, particularly registered professional staff. Our planned actions which will be overseen by a new workforce oversight.

Mitigating Action	Due Date
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled	Recruitment improvement project plan developed and project team in place –**Next update March 2024**
Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc	Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes. Recruitment improvement project plan developed and project team in place – **Next update January 2024**
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships	January 2023
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – **Next update January 2024**
Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce	Workforce optimisation programme proposal developed and plans agreed to establish a programme board to oversee 18-24 month programme – **Next update January 2024**
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce,	March 2024

clinical and care risk management as well as support workforce planning within integrated annual planning cycle

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

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 focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers	Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes– **next update March 2024**

Risk Number	632	Theme	Culture
Risk Level	High	Score	12
Strategic Objectives		Our People	
Governance Committee		Staff Governance	

Risk Narrative
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. A wide range of work has been undertaken over the last few years and the outputs have been captured as controls in this update to the risk. Further work is also underway way to consider our approach to staff engagement building on previous work noted in the update. The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group will oversee the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress. The committee and the board will receive a further update of this progress and future plans for our leadership and culture programme

Mitigating Action	Due Date
Development and launch of refreshed leadership and management development programme	The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress. Refreshed leadership and management development framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training – **next update March 2024**
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching	
Further development of staff engagement approach including board wide 'living our values' project	December 2023
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers	Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes– **next update March 2024**

Risk Number	1101	Theme	Impact of current socio-economic situation
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative
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.

Mitigating Action	Due Date
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.	2024

Risk Number	877	Theme	Engagement & Service Design
Risk Level	High	Score	12
Strategic Objectives		Our Population – Anchor Well	
Governance Committee		Board Level Risk	

Risk Narrative
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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Mitigating Action	Due Date
The engagement framework is approved and this risk will be submitted to next Staff Governance Committee to recommend closure	January 2024

Finance, Resources and Performance Risks

Risk Number	666	**Theme**	Cyber Security
Risk Level	High	**Score**	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
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.			
Mitigating Action		**Due Date**	
The Scottish Government appointed the Scottish Health Competent Authority to act as the regulatory body with responsibility for ensuring all NHS Scotland health boards are operating in a manner that provides adequate levels of cyber security. NHS Highland is currently undergoing a SHCA commissioned cyber security audit to assess its level of compliance with the Scottish Public Sector Cyber Resilience Framework. The finalised audit report is scheduled to be delivered to NHSH senior leadership by 31 December 2023. The report will identify any areas of concern and opportunities to improve NHS Highlands cyber security posture.		December 2023	

Risk Number	712	**Theme**	Fire Compartmentation
Risk Level	High	**Score**	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			
Mitigating Action		**Due Date**	
Issue again been raised as incomplete during SFRS audit of Raigmore Hospital on 9th November. Escalated by Director of Estates, Facilities & Capital Planning to COO Acute Services for agreement of program. Letter of intent to be drafted with program for sign off by CEO/Duty Holder.		November 2023	

Risk Number	1097	Theme	Transformation
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative
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.

Mitigating Action	Due Date
Strategic commissioning framework launched focusing on 5 pillars of transformation	November 2023
Transformation assurance structure implemented to monitor progress against deliverables and aims identified across 5 pillars of transformation.	March 2024

Risk Number	1181	Theme	Financial Position
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
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.	

Mitigating Action	Due Date
Intervention in place with SG to support NHS Highland to identify areas to target for reduced spend/ cost control, with an intention to deliver at minimum the finance pan, but at best to reduce the overspend further. Agreed recovery plan to be in place by end September 2023	Complete
Bi-weekly Efficiency & Transformation meeting to focus on targeted areas, savings plans and future service plans to enable future sustainability.	Complete and in place
Accountability is clear with budget holders	Ongoing: due to the nature of this risk, these mitigating actions will help ensure this risk is controlled through BAU practices.
Regular reporting and recording of financial risks to The Highland Council around Adult Social Care performance	
Regular reporting from A&B IJB monitoring financial position	
Monthly monitoring, feedback and dialogue with services on financial position.	
FRP committee meeting increased regularity to monthly meetings to provide greater scrutiny	Complete and in place

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
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.	

Mitigating Action	Due Date
Ongoing hospital developments in Skye and Aviemore. Planning ongoing regarding redesign for Belford and North Coast	November 2023
Ongoing with annual plan being submitted to the SG	November 2023

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
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.	

Mitigating Action	Due Date
PFI handback Programme Board in place	Established and meeting bi-monthly
Development sessions being progressed to model the future estate utilisation and service delivery model	In progress through the Programme and will be ongoing until hand-back date
Working with Scottish Futures Trust	Ongoing
Programme Management commissioned from independent intelligence and programme structure in place.	

Clinical and Care Governance Risks

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	**Score**	16
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
The spring vaccination campaign for COVID had uptake slightly below the national average but higher in care homes. The autumn and winter campaign has started and uptake has been reasonable with higher rates in Argyll and Bute compared with Highland HSCP. However, quality, access and workforce remain challenging and there is a need to improve performance. Governance and the Highland HSCP delivery model need to be improved.			
Mitigating Action			**Due Date**
Improve system of performance management and governance arrangements.			November 2023
Develop model for district delivery of vaccination in Highland HSCP with options appraisal where indicated.			March 2024

Risk Number	715	Theme	Impact of COVID on Health Outcomes
Risk Level	Medium	**Score**	9
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
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.			
Mitigating Action			**Due Date**
This risk is now medium and is recommended for removal. This will be confirmed at the next Clinical Governance Committee.			January 2024

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 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 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.
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risk levels and next steps

4.1   List of appendices

None as summary has been provided for ease of reading