NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**24 September 2024**
Title:	**NHS Highland Board Risk Register**
Responsible Executive/Non-Executive:	**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 and/or additional risks to be added. This report covers board risks that are reported through Finances, Resources and Performance Committee (FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight.

2.1   Situation

This paper is to provide 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 structures within NHS Highland and to give an overview of the current status of the individual risks.

All risks in the NHS Highland Board 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.

2.3   Assessment

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

Summary of Changes/Proposed Changes

Risk 715 - Impact of COVID on health outcomes
This is proposed to be moved from the Board risk register to the Directorate risk register for public health. The rationale for this is that the mitigations in place to control the risk are being progressed within the directorate and in collaboration with directorate stakeholders. This proposal was approved at CCGC and is proposed to Board to comply with the Blueprint for Good Governance risk management reporting mechanisms.

Risk 712 – Fire Compartmentation
This was discussed at the July 2024 FRPC and the Director of Estates, Facilities and Capital Planning has written to Scottish Fire Service to request de-escalation. This will then be proposed to Health and Safety Committee before potentially being removed from level 1 Risk Register at the October FRPC and will therefore be proposed to the November Board.

Risk 1279 – Financial Balance Adult Social Care
A change will be proposed to the next FRPC committee on this risk and the associated mitigations/exec lead. The Director of Finance will lead this and will be updated at the November Board meeting.

Risk 714 – Backlog Maintenance
FRPC asked for a review of this for potential removal from the level 1 risk register. This risk has been reviewed and due to the significant risk for NHS Highland this will remain on the risk register until we have mitigations/capital funding to the accommodate the backlog maintenance challenge.

All others risks have been updated by Executive Leads with timelines and mitigations and taken through the appropriate governance committees.

Finance, Resources and Performance Risks

Risk Number	1254	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 deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:

1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care

2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise

3. Inability to realise 3% reduction in spend in line with value & efficiency plans.

NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set |

Mitigating Action	Due Date
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.	Ongoing
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs	Ongoing
Limited assurance regarding the delivery of the Adult Social Care financial position	Ongoing
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance	
Monthly monitoring, feedback and dialogue with services on financial position.	
Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
Finance plan needed to identify the actions required to deliver financial balance for ASC and agreed position with THC - HHSCP team have been tasked with setting out a detailed plan to progress towards financial balance.	Ongoing
Discussion ongoing with SG around a plan that can be agreed from a perspective of deliverability and	Ongoing

monitoring, which will minimise the impact of not delivering a break-even position through brokerage.			

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	
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the course of the audit.		October 2024	

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	
Contracts in place awaiting Raigmore to facilitate decant to allow work to commence – decant plan submitted and approved, works underway with estimated completion due end of December 2024.		December 2024	
Further fire compartmentation work project plan for the remainder of the building to be developed as part of this work.		March 2025	

Risk Number	1097	Theme	Strategic Transformation
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future regarding what it can and cannot do for our population. The ability to achieve financial balance and the focus on the current operational challenges 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 health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.			
Mitigating Action		Due Date	

Implementation of NHS Highland's Decision-Making Framework.	Complete
Refresh and implementation of Performance Management Framework to monitor implementation of strategic design and change programmes.	Being redrafted at present for future consideration – Next update September 2024
Set-up of monitoring and assurance structure for strategic design and transformation of services, including reporting of portfolio progress against deliverables, key risks and improvement trajectories.	Was complete however opened to reflect refreshed ADP trajectories being included in IPQR. ADP.MTP now accepted and being mapped to governance committees. Report to FRP August 2024
Governance of strategic design programmes through a portfolio approach is embedded within the NHS Highland governance structure	Complete
Agreement of strategic design priorities within the current portfolio approach	Being revisited in line with basics, build, better, best. Reporting to FRPC August 2024
Appointment of Senior Responsible Officers and embedding programme management approach to document, mitigate and escalate risk to achievement of strategic transformation.	Complete
Integration of financial planning into strategic change programmes to ensure any financial benefits can be achieved.	Ongoing and will be reviewed in line with transformation programmes quarterly.
Strategic change priorities will be assessed by a Professional Reference Group to ensure appropriate involvement to ensure change is clinically led.	Ongoing
Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete

Risk Number	1255	Theme	ADP 24-25 Delivery
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to fragility of services and reliance on additional / unfunded resource to cope with current levels of demand and activity, there is a risk that ADP 24-25 will fail to deliver the outcomes being pursued to improve patient quality, care delivery and efficiency.			
Mitigating Action		Due Date	
Value & Efficiency Accountability Group (VEAG) established to monitor efficiency opportunities across system against agree priorities		Meeting fortnightly	
Integrated service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.		Annual planning cycle governance to be established Autumn 2024.	
Review associated governance of ADP deliverables		September 2024	

across SLTs, STAG and VEAG underway.	

Risk Number	1279	Theme	Financial Balance – Adult Social Care
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 deliver its planned position of financial balance within the Adult Social Care delegated budget for 2024/25 due to: 1. Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £16.252m 2. Further reduction in Quantum of £7m 3. Inability to realise 3% reduction in spend in line with value & efficiency plans of £5.71m

Mitigating Action	Due Date
ASC team to establish a cost reduction plan that delivers a 3% efficiency saving and highlights deliverable options to reduce the remaining gap.	July 2024

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
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.	March 2025
Preparing a Whole System plan (Business Continuity Plan) collating and prioritising all backlog maintenance for submission to Scottish Government to inform future funding levels - Planned Submission Date January 2025	January 2025

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 hand-back 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	
Programme structure in place	
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register	Ad-hoc

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	**Score**	20
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.

Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'

New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs

International recruitment team and processes developed in partnership with North of Scotland Boards

Mitigating Action	Due Date
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled **September 2023**	Recruitment improvement project plan developed and project team in place Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. It has been agreed that further work is required to review the service model as ongoing work to improve performance is having little impact. Further data analysis will be completed to review where delays are occurring and if this is related to capacity of managers to use the self-service model. Work ongoing **Next update November 2024**
Further proposals to be developed for	Work ongoing to agree programme

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 **November 2023**	of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place – Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied into the proposal to review the models for recruitment we currently use - Next **update November 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 2024**	Employability working group being established and project charter agreed Work ongoing and will be reported through people and culture portfolio board. Workshops planned to progress these discussions. Work progressing well with initial workshops complete, work ongoing **Next update November 2024**
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 **November 2023**	Initial discussions complete on establishing a workforce diversification programme, but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024 Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week. **Next update January 2025**
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 **November 2023**	Integrated service planning approach agreed and first cycle to be completed by end of March 2024 e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme Work is underway to complete our first cycle of integrated service

	planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out
	Effective rostering programme agreed by Health and Care Staffing Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs.
	First cycle of integrated service planning complete and proposal agreed for second cycle of integrated service planning for 2024-2025. We are gaining better insights from this process into workforce challenges and potential solutions and it is anticipated this will improve further through the second cycle with a more robust and detailed workforce plan developed during 2024-2025.
	Next update November 2024
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle **March 2024**	Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024.
	HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self-assessment
	1st Quarterly report produced for staff governance committee and board
	Next update September 2024

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	Score	20
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative
There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to 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 to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
I Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **September 2024**	Short life working group now established and 6-month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to the area partnership forum and will be considered by staff governance committee in July 2024 Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee **next update November 2024**

Risk Number	632	Theme	Culture
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Our People	
Governance Committee		Staff Governance	

Risk Narrative
There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.

Mitigating Action	**Due Date**
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 – **October 2023**	Refreshed leadership and management development programme now in place. Phase two of the culture and leadership framework and programme underway with a focus on development of the learning system and consideration of cohort training for key groups of managers. **next update September 2024**
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting COG and APF approved the staff engagement approach which will be delivered during 2023/2024 **next update November 2024**
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 **– September 2023**	Short life working group now established and 6-month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to

	the area partnership forum and will be considered by staff governance committee in July 2024.
	Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee
	next update November 2024
Appraisal (personal development review - PDR) and PDP improvement plan approved in March 2024 to ensure all managers have PDR and PDP completed in 2024-2025	Short life working group in place to finalise details of PDR and PDP improvement plan including supporting materials, actions required and timelines.
	Plan launched with reports issued to managers and requirements to agree plans and trajectories for their areas. 1st two levels of management below director to be completed by December 2024
	next update January 2025

Clinical and Care Governance Risks

Vaccination uptake and delivery remain risks for NHS Highland. Adult vaccination uptake is close to national levels, but childhood uptake has fallen within Highland HSCP. Considerable work continues to be undertaken to improve the service and uptake including that relating to SG escalation and implementation of the recommendations of the PHS peer review. Action plan implementation is overseen by the Vaccination Improvement Group

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	**Score**	12
Target Risk Level	Medium	**Target Score**	6
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.			
Mitigating Action		**Due Date**	
Actions to increase uptake rate and other measures of performance and quality improvement are in place		October 2024	
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place		October 2024	
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model		January 2025	

Risk Number	715: Proposed shift to Public Health Directorate Risk Register	Theme	Impact of COVID on Health Outcomes
Risk Level	High	**Score**	8
Target Risk Level	High	**Target Score**	8
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			

COVID remains present within the community and fluctuates in prevalence. Cases are still being reported within 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. Influenza and other viruses continue to be a risk.	
Mitigating Action	**Due Date**
Co-ordination and delivery of the next phase of flu and covid immunisation	January 2025
Implementation of the Social Mitigation Strategy action plan	March 2025

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 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 FRPC, SGC and CGC.

4   Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- Decision – To downgrade risk 715 (impact of COVID on health outcomes) from the Board risk register to the public health directorate risk register.

4.1   List of appendices

None as summary has been provided for ease of reading