NHS Highland

Meeting: NHS HIGHLAND BOARD MEETING

Meeting date: 26 March 2024

Title: NHS Highland Board Risk Register

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

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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" to ensure we are aligned to the direction it sets out for us as an organisation.

For May 2024 Board this risk paper will be refreshed in line with our risk appetite approach and alignment to Strategic Transformation Programmes now that the approach and way forward has been agreed by Finance, Resources and Performance Committee.

We will also include the original score and the score with mitigations now we have processes for decision making and reviews now agreed.

The NHS Highland Executive Directors' Group (EDG) maintains the NHS Highland Risk Register and reviews regularly. 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.

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.

A further risk is actively under consideration by Clinical Governance Committee. It is anticipated this risk will be recommended by the next Clinical Governance Committee and therefore will require approval by Board at the May 2024 meeting.

Risk 1181 has been downgraded to "Low" to reflect the forecasted position that is improved from plan. A new risk will be proposed to FRPC in May 2024 in relation to the FY 24/25 cost improvement plan.

Staff Governance Risks

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.

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. However, further review of the self-service model may be required with options such as recruitment centre approaches to be considered as alternatives to improve the service model - **Next update July 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 **November 2023**	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 – Formal update will be provided to EDG in January 2024 – This work has been dealyed and will be tied into the proposal to review the models for recruitment we currently use - **Next update July 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 **Next update May 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 **Next update March 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 **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 **Next update May 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 **Next update May 2024**

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 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 back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
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. **next update July 2024**

Risk Number	632	Theme	Culture
Risk Level	High	Score	12
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 and launch of refreshed leadership and management development programme **– October 2023** 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**	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 We are nearing the end of the first phase and the COG received an update in February providing assurance that we are on track to launch the framework in April 2024 – **next update July 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 – **next update May 2024**
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training	Short life working group now established and 6 month action plan agreed to review statutory

and governance including reporting and tracking available to managers **– September 2023**	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. **next update July 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.	Mid 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**	
An action plan is being created to manage the improvements needed to bring the subcategories identified in the NIS audit report as 'areas for development' to a standard that meets the Scottish Government KPI level of 60%.		October 2024	
Cyber Security is being incorporated into the NHSH internal audit program with specific subcategories from the NIS audit report being assessed to a deeper level or reassessed to evidence the progress towards control compliance.		August 2024	
Continuous investments and upgrades in the NHSH digital estate mitigates individual NIS control deficiencies and their associated risks.		Ongoing	

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**	
Escalated by Director of Estates, Facilities & Capital Planning to COO Acute Services for agreement of programme – programme under development with works scheduled to commence FY 24/25.		After April 2024	
Programme development underway with works anticipated to start May 2024.		May 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	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 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
Decision Making Framework underpinning transformational opportunities agreed	Complete
Change Impact Assessment screening to support areas of high-level decision	Complete
STAG and VEAG reporting and assurance structures in place and improvement/efficiency/transformation areas identified to enable and create redesign opportunities	Complete
Integrated service planning launched to ensure each specialty/area across Acute, HHSCP and Corporate have a future-focused service plan that integrates workforce, finance and performance.	Ongoing January 2024 – May 2024

Risk Number	1181	Theme	Financial Position
Risk Level	Low	**Score**	8
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
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. Risks are reduced throughout a year as they either materialised and mitigated against or likelihood becomes reduced. Additional allocations received to offset the financial risks.
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

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
All NHS Highland capital allocation now being prioritised in terms of risk through Asset Management Governance Group.	April 2024

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 – reviewed March 2024
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 - reviewed March 2024
Working with Scottish Futures Trust	Ongoing - reviewed March 2024
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 – no high risks to highlight at this time - reviewed March 2024

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	
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
Work is being undertaken to improve effectiveness and efficiency of vaccine delivery in Highland HSCP with options for configuration being considered.	Spring 2024
Work with Scottish Government is under way to improve performance, quality and experience within Highland HSCP	End 2024
Public Health Scotland is acting as a critical friend to help improve performance and delivery.	End 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 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
Infection and prevention controls remain with account taken of COVID risks	End 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 risks that are recommended to be closed or added

4.1   List of appendices

None as summary has been provided for ease of reading