



**Meeting:** NHS Highland Board  
**Meeting date:** 29 September 2022  
**Title:** People & Culture Strategic Risk Review  
**Responsible Executive:** Fiona Hogg, Director of People & Culture  
**Report Author:** Fiona Hogg, Director of People & Culture

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- 5 Year Strategy, Together We Care, with you, for you.

**This report will align to the following NHS Scotland quality ambition(s):**

- Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well		Thrive Well		Stay Well	X	Anchor Well	X
Grow Well	x	Listen Well	x	Nurture Well	x	Plan Well	x
Care Well	X	Live Well	X	Respond Well		Treat Well	x
Journey Well		Age Well	x	End Well		Value Well	x
Perform well	x	Progress well	x				

## 2 Report summary

### 2.1 Situation

NHS Highland regularly reviews and updates its Strategic Risk Register. Each committee is responsible for reviewing the relevant risks and agreeing what level of assurance has been received and providing an update to the Board.

At a recent meeting of the Staff Governance Committee, it was proposed that updates are made to the existing 4 Strategic Risks and that an additional risk be proposed for inclusion relating to the risks which the ongoing Socio-Economic climate presents to our workforce and therefore our service delivery.

The proposed revisions to these risks, their ratings and their mitigating actions are being presented to the Board for review and approval to be updated within the Board Strategic Risk register.

### 2.2 Background

The Staff Governance Committee reviews the Strategic Risks linked to People and Culture at each meeting, along with regular reviews of the related Level 2 risk registers, to gain assurance that the risks are being managed and mitigated and are appropriately rated.

Given time constraints in the main Committee meeting, a development session was held on 2 November 2022 to review our risks and discuss possible amendments as well as discussing how we review the risks going forward.

Following the discussion, the attached updates to each of the risks along with an additional risk for inclusion were made and they were approved for submission to the Board at the Staff Governance Committee of 9 November 2022.

### 2.3 Assessment

#### **Strategic Risks**

The proposed revisions to the existing four strategic risks are attached in Appendices 1 to 4 for review and approval. Details of the actions reflect where these are being managed or delivered as part of the Annual Delivery Plan (ADP) and Workforce Plans where relevant to avoid duplication.

Risk 632 - Culture - Updating of wording to reflect progress made and the areas of ongoing focus as well as link to the Strategy and ADP.

Risk 706 - Workforce - Increase in risk rating to Very High - 200 and updating of wording to reflect increased challenges of workforce availability as well as link to the Strategy, ADP and workforce plans.

Risk 877 - Engagement and Service Delivery - Reduction to risk rating to 120 - High from 160 - High and proposal that this risk is not a Staff Governance Risk and needs to move owner, committee and restate the description of the risk to reflect the launch of the strategy.

Risk 1056 - Statutory and Mandatory Training Compliance - updating of risk mitigation and oversight to reflect this being delivered as part of the ADP and Strategy as well as noting some progress made.

### **New Strategic Risk Proposed**

It was noted that Argyll & Bute HSCP have a strategic risk relating to the current socio- economic situation and it was felt that a risk of this nature should be added to the NHS Highland Strategic Risk Register specifically in relation to the impact on our workforce, with appropriate mitigating actions in place and monitored.

Appendix 5 sets out the proposed risk wording and rating of Very High for this risk. If approved, this will be cascaded to the Executive Directors for consideration in their Level 2 registers going forward.

### **Staff Governance Committee approach**

The Staff Governance Committee also has a regular review of the associated Level 2 Risks which are held by the directorates across NHS Highland and by the Argyll and Bute IJB.

The Committee is clear that these risks are owned and managed by the Executive Directors and their teams, but the Committee must be able to be assured that the organisational Strategic Risks are translated into appropriately rated operational risks and there are plans in place to mitigate these as well as to see that progress is made on these action plans. The Committee would provide feedback on any areas of concern as a Committee to the relevant Director, or in the case of Argyll & Bute, to the IJB.

It was agreed at Staff Governance Committee on 9 November 2022 that all Level 2 risks along with the Argyll & Bute IJB Strategic Risks which relate to People and Culture are reviewed on an annual cycle, including each of the Corporate Directorate Level 2 registers. A schedule is proposed for this and will be shared with the Executive Directors

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### Comment on the level of assurance

It is proposed that **Moderate assurance** be taken in regard of our People and Culture Strategic Risks and how they are being managed. This reflects our review and update our Strategic Risks in line with the Strategy and associated workplans and governance but that the detailed action plans for some of the risks are not fully underway.

It is also clear that further focus is needed on the review, mitigation and updating of the Level 2 Operational Risks is required, to ensure they reflect the current situation and that there is some consistency in risk ratings or explanation of why they are different. Particular attention is needed to regularly reviewing and updating the risks, mitigations and actions and ensuring these are specific, measurable and timed and the Executive Directors will work on this and provide further updates to the Staff Governance Committee and the Board.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

Managing our workforce risks will help us to deliver enhanced patient care and services.

### 3.2 Workforce

Having good risk management in place will ensure our workforce are supported to deliver our priorities.

**3.3 Financial**

A well managed risk profile contributes towards delivering efficient, value for money services and support

**3.4 Risk Assessment/Management**

We continue to review these risks on a ongoing basis, through management forums as well as the committee oversight

**3.5 Data Protection**

There is no personally identifiable data involved.

**3.6 Equality and Diversity, including health inequalities**

Effectively managing our risks will support and foster a culture of diversity and inclusion.

**3.7 Other impacts**

None

**3.8 Communication, involvement, engagement and consultation**

Our Strategic People & Culture Risks have been regularly discussed at Risk Management Steering Group, Executive Directors Group as well as the Staff Governance Committee as well as with the People & Culture Leadership Team and those working to deliver the mitigation actions, which includes staffside engagement.

**3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee Development Session, 2 November 2022
- Staff Governance Committee, 9 November 2022

## 4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

The Board is asked to take moderate assurance from the review of the People & Culture related Risks and the approach by Executive Directors and the Staff Governance Committee to the ongoing oversight of these risks, as set out in the SBAR and Appendices.

- **Decision** – Reaching a conclusion after the consideration of options.

The Board is also asked to make a decision to approve the updates to risks 632, 706 and 1056, as set out in Appendices 1,2 and 4 and to approve the new risk related to the impact of the ongoing Socio Economic situation as set out in Appendix 5 for inclusion to the Strategic Risk Register.

In respect of Risk 877, the Board is asked to approve the interim updates to the this risk as set out in Appendix 3 and to agree which Committee is best placed to have oversight moving forward. It is recognised that the nominated Committee and relevant Executive Lead will then wish to review and update the risk appropriately.

### 4.1 List of appendices

The following appendices are included with this report:

- Appendix No.1 , Updated Risk 632
- Appendix No.2 Update Risk 706
- Appendix No.3 Updated Risk 877
- Appendix No.4 Update Risk 1056
- Appendix No.5 Proposed New Socio Economic Risk

## Risk Register Update Form

<b>Descriptor</b>	<b>Culture - Risk 632</b>
<b>Operational Area/Directorate</b>	Strategic Risk Register - Board
<b>Oversight Committee</b>	Staff Governance Committee
<b>Risk Owner</b> (Executive Lead or appropriate senior manager)	Fiona Hogg, Director of People and Culture
<b>Risk Description</b>  Must be in the format of:  There is a risk of 'x', because of 'y', resulting in 'z'.	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.
<b>Risk Category</b>  (See Note 1)	Strategic / Reputational
<b>Current Mitigation</b>  These are the control systems and processes that are already in place to address this risk	Long term, sustained and wide reaching Culture change is at the heart of our People Objective to Be a Great Place to Work in the 5-year NHSH strategic plan Together We Care and also as an enabler of the 3 year A&B HSCP strategic plan. This is embedded across the outcomes of Plan Well, Nurture Well, Listen Well and Grow Well and will be delivered and monitored as part of our Annual Delivery Programme (ADP) and will be overseen by the People and Culture Programme Board, as well as by our Staff Governance Committee and Area Partnership Forum.
<b>Current Likelihood</b>  (See Note 2, Table 1)	3 - Possible

<p><b>Current Consequence/Impact</b> (See Note 2, Table 2)</p>	4 - Major
<p><b>Current Risk Score</b> Likelihood x Impact = Risk Rating (see Note 2, Table 3)</p>	120 - High
<p><b>Further Action Required</b> Also state: Action Owner and expected implementation date</p>	<p>Establish the People and Culture Programme Board and it's enabling structures to continue to oversee the progress against these outcomes of the Annual Delivery Plan.</p> <p>Action Owner: Fiona Hogg Implementation Date 31 December 2022</p> <p>Provide further ADP update to the Staff Governance Committee setting out progress to date and status of the key deliverables.</p> <p>Action Owner: Fiona Hogg Implementation Date: 11 January 2023, 10 May 2023</p> <p>Carry out follow up Listening and Learning Survey and wider culture metrics dashboard to monitor progress made in changing culture in key areas.</p> <p>Action Owner: Fiona Hogg Implementation Date: 31 March 2023</p>
<p><b>Target Likelihood</b> (See Note 2, Table 1)</p>	3 - Possible
<p><b>Target Consequence/Impact</b> (See Note 2, Table 2)</p>	3 - Moderate
<p><b>Target Risk Score</b> Likelihood x Impact = Risk Rating (See Note 2, Table 3)</p>	90 - Medium



**Note 1****Table 1 - Categories**

<b>Risk Category</b>	<b>Quality Objectives</b>
Strategic/Reputational	(1) Implementing our vision and strategy (2) Improving population health and reducing inequalities (10) Delivering our targets
Clinical	(3) Creating a caring, person-centred experience (4) Providing safe and effective care
People	(7) Engaging our people
Innovation and Transformation	(5) Transforming our services (6) Designing integrated care (8) Promoting creativity, innovation and research
Finance and Sustainability	(9) Ensuring value and sustainability

**Note 2****Table 1 - Likelihood definitions**

<b>Score</b>	<b>Description</b>	<b>Chance of occurrence</b>
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

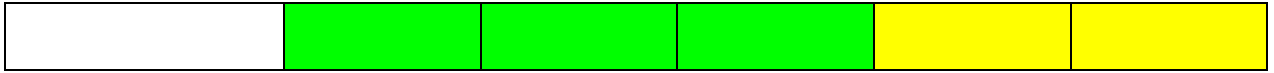
**Note 2 Continued****Table 2 - Impact descriptions**

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

**Table 3 – Risk Score**

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM



## Risk Register Update Form

<b>Descriptor</b>	<b>Workforce Capacity - Risk 706</b>
<b>Operational Area/Directorate</b>	Strategic Risk Register - Board
<b>Oversight Committee</b>	Staff Governance Committee
<b>Risk Owner</b> (Executive Lead or appropriate senior manager)	Fiona Hogg, Director of People and Culture
<b>Risk Description</b>  Must be in the format of:  There is a risk of 'x', because of 'y', resulting in 'z'.	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.
<b>Risk Category</b> (See Note 1)	Strategic / Reputational
<b>Current Mitigation</b>  These are the control systems and processes that are already in place to address this risk	<p>Ensuring we have a sustainable pipeline of talent which is effectively and efficiently deployed to areas of most needed, and a positive colleague experience are core elements of our Together We Care Strategy and are also set out in our Workforce Plans and Annual Delivery plans for 2022-5 for NHSH and A&amp;B HSCP</p> <p>Progress on these elements will be overseen by the People and Culture Programme Board, as well as by our Staff Governance Committee and Area Partnership Forum.</p> <p>We are utilising international and newly qualified recruitment, wide reaching recruitment advertising campaigns and the support offered by regional and national collaborations already and will build on this moving forward, but the increasing age of the workforce, national shortages in trained colleagues and local housing challenges all contribute to make this a very difficult position.</p>

<b>Current Likelihood</b> (See Note 2, Table 1)	5 - Almost certain (to be increased from 4 - Likely)
<b>Current Consequence/Impact</b> (See Note 2, Table 2)	4 - Major
<b>Current Risk Score</b> Likelihood x Impact = Risk Rating (see Note 2, Table 3)	200 - Very High, increased from 160 - High
<b>Further Action Required</b>  Also state: Action Owner and expected implementation date	<p>Establish the People and Culture Programme Board and it's enabling structures to continue to oversee the progress against these outcomes of the Annual Delivery Plan and also the 2022 - 2025 Workforce Plans for NHSH and A&amp;B HSCP.</p> <p>Action Owner: Fiona Hogg Implementation Date 31 December 2022</p> <p>Provide further ADP update to the Staff Governance Committee setting out progress to date and status of the key deliverables in workforce capacity and capability.</p> <p>Action Owner: Fiona Hogg Implementation Date: 11 January 2023, 10 May 2023</p> <p>Structured reviews by each Executive of their workforce risks, opportunities and challenges and create their own SLT action plan to mitigate key risks, maximise existing workforce and deliver long term financial targets.</p> <p>Action Owner: Fiona Hogg Implementation Date: 31 December 2022</p>
<b>Target Likelihood</b> (See Note 2, Table 1)	3 - Possible
<b>Target Consequence/Impact</b> (See Note 2, Table 2)	3 - Moderate
<b>Target Risk Score</b> Likelihood x Impact = Risk Rating (See Note 2, Table 3)	90 - Medium

**Note 1****Table 1 - Categories**

<b>Risk Category</b>	<b>Quality Objectives</b>
Strategic/Reputational	(1) Implementing our vision and strategy (2) Improving population health and reducing inequalities (10) Delivering our targets
Clinical	(3) Creating a caring, person-centred experience (4) Providing safe and effective care
People	(7) Engaging our people
Innovation and Transformation	(5) Transforming our services (6) Designing integrated care (8) Promoting creativity, innovation and research
Finance and Sustainability	(9) Ensuring value and sustainability

**Note 2****Table 1 - Likelihood definitions**

<b>Score</b>	<b>Description</b>	<b>Chance of occurrence</b>
1	Rare	Very little evidence to assume this event would happen – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen, but definite potential exists – unlikely to occur.
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

**Note 2 Continued****Table 2 - Impact descriptions**

Score	Description
1	Negligible
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**Table 3 – Risk Score**

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LIKELIHOOD	CONSEQUENCES / IMPACT				
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Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

## Risk Register Update Form

<b>Descriptor</b>	<b>877 - Engagement and Service Design</b>
<b>Operational Area/Directorate</b>	Strategic Risk Register - Board
<b>Oversight Committee</b>	Currently Staff Governance Committee  Should move to Clinical Governance Committee or Highland HSC Committee
<b>Risk Owner</b> (Executive Lead or appropriate senior manager)	Currently Fiona Hogg, Director of People and Culture  Should be Tim Allison, Director of Public Health OR Chief Officer, Highland HSCP
<b>Risk Description</b>  Must be in the format of:  There is a risk of 'x', because of 'y', resulting in 'z'.	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.
<b>Risk Category</b>  (See Note 1)	Strategic / Reputational
<b>Current Mitigation</b>  These are the control systems and processes that are already in place to address this risk	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.  It is proposed that this is not actually a staff governance risk, and that the risk should be revised and updated and adopted by the relevant committee, to include the approval and rollout of the Engagement Framework and also the relevant outcomes for people as the strategy and ADPs are delivered and the effectiveness of our ongoing partnership working with our communities and stakeholders.



<p><b>Current Likelihood</b> (See Note 2, Table 1)</p>	<p>3 - Possible (to be reduced from 4 - Likely)</p>
<p><b>Current Consequence/Impact</b> (See Note 2, Table 2)</p>	<p>4 - Major</p>
<p><b>Current Risk Score</b> Likelihood x Impact = Risk Rating (see Note 2, Table 3)</p>	<p>120 - High reduced from 160 - High</p>
<p><b>Further Action Required</b> Also state: Action Owner and expected implementation date</p>	<p>Agree ownership of risk going forward. Action: Fiona Hogg Implementation date: 30 November 2022</p>
<p><b>Target Likelihood</b> (See Note 2, Table 1)</p>	<p>3 - Possible</p>
<p><b>Target Consequence/Impact</b> (See Note 2, Table 2)</p>	<p>3 - Moderate</p>
<p><b>Target Risk Score</b> Likelihood x Impact = Risk Rating (See Note 2, Table 3)</p>	<p>90 - Medium</p>

**Note 1****Table 1 - Categories**

<b>Risk Category</b>	<b>Quality Objectives</b>
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Finance and Sustainability	(9) Ensuring value and sustainability

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**Note 2 Continued****Table 2 - Impact descriptions**

Score	Description
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

**Table 3 – Risk Score**

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LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM



## Risk Register Update Form

<b>Descriptor</b>	<b>1056 - Statutory and Mandatory Training Compliance</b>
<b>Operational Area/Directorate</b>	Strategic Risk Register
<b>Oversight Committee</b>	Staff Governance Committee
<b>Risk Owner</b> (Executive Lead or appropriate senior manager)	Pam Dudek - Chief Executive
<b>Risk Description</b>  Must be in the format of:  There is a risk of 'x', because of 'y', resulting in 'z'.	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.
<b>Risk Category</b>  (See Note 1)	Strategic / Reputational
<b>Current Mitigation</b>  These are the control systems and processes that are already in place to address this risk	An internal audit presented in May 2022 identified an initial action plan to mitigate this risk, requiring colleague, manager, professional and organisational activity over a sustained time period to effect a change. A progress update was shared with a board development session in September 2022.  This element has been pulled into the Together We Care Strategy and ADP, under Grow Well, 5c to improve our safety culture, and the key deliverables address poor statutory and mandatory training compliance through structured improvement programme, as well as ongoing H&S management and leadership training and will be tracked under the ADP reporting process.

	Ongoing communication and leadership cascades to drive up performance are in place and our People Partners are working with their senior leadership teams to enable immediate local focus and improvement actions. A video was created and shared with all colleagues to help them understand why training was needed and how to do this, and regular sessions to train colleagues and managers on the system continue to be held.
<b>Current Likelihood</b> (See Note 2, Table 1)	5 - Almost Certain
<b>Current Consequence/Impact</b> (See Note 2, Table 2)	4 - Major
<b>Current Risk Score</b>  Likelihood x Impact = Risk Rating (see Note 2, Table 3)	Very High - 200
<b>Further Action Required</b>  Also state: Action Owner and expected implementation date	<p>Establish the People and Culture Programme Board and it's enabling structures to continue to oversee the progress against this outcome of the Annual Delivery Plan including the creation and delivery of a structure improvement plan.</p> <p>Action Owner: Fiona Hogg Implementation Date 31 December 2022</p> <p>Provide further ADP updates on this specific risk to the Staff Governance Committee, Health and Safety Committee and Area Partnership Forum setting out progress to date and status of the key deliverables across safety culture.</p> <p>Action Owner: Fiona Hogg Implementation Date: 11 January 2023, 10 May 2023</p> <p>Ensure Statutory and Mandatory training compliance and improvement is an ongoing focus for the local partnership and health and safety forums, as well as the SLTs and individuals and improvements are demonstrated.</p> <p>Action Owner: Pam Dudek Implementation Date: 31 March 2023.</p>

<b>Target Likelihood</b> (See Note 2, Table 1)	Possible
<b>Target Consequence/Impact</b> (See Note 2, Table 2)	Major
<b>Target Risk Score</b> Likelihood x Impact = Risk Rating (See Note 2, Table 3)	120

**Note 1****Table 1 - Categories**

<b>Risk Category</b>	<b>Quality Objectives</b>
Strategic/Reputational	(1) Implementing our vision and strategy (2) Improving population health and reducing inequalities (10) Delivering our targets
Clinical	(3) Creating a caring, person-centred experience (4) Providing safe and effective care
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Innovation and Transformation	(5) Transforming our services (6) Designing integrated care (8) Promoting creativity, innovation and research
Finance and Sustainability	(9) Ensuring value and sustainability

**Note 2****Table 1 - Likelihood definitions**

<b>Score</b>	<b>Description</b>	<b>Chance of occurrence</b>
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**Note 2 Continued****Table 2 - Impact descriptions**

Score	Description
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**Table 3 – Risk Score**

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

## Risk Register Update Form

<b>Descriptor</b>	<b>TBC - Impact of current Socio-Economic Situation</b>
<b>Operational Area/Directorate</b>	Strategic Risk Register
<b>Oversight Committee</b>	Staff Governance Committee
<b>Risk Owner</b> (Executive Lead or appropriate senior manager)	Pam Dudek - Chief Executive
<b>Risk Description</b>  Must be in the format of:  There is a risk of 'x', because of 'y', resulting in 'z'.	There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures of pay uplifts, 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 over winter. Demand for services will also increase creating further pressure on resources.
<b>Risk Category</b>  (See Note 1)	Strategic / Reputational
<b>Current Mitigation</b>  These are the control systems and processes that are already in place to address this risk	Ongoing national, regional and local discussions to support winter pressures and emergency planning.  Resilience and contingency planning efforts, , involvement in discussions in respect of strike exemptions and consideration of prioritisation of services and resources more widely.  Support for colleagues provided via Employee Assistance Programme (including financial advice), Guardian Service, Occupational health and our Wellbeing and support services

<p><b>Current Likelihood</b> (See Note 2, Table 1)</p>	5 - Almost Certain
<p><b>Current Consequence/Impact</b> (See Note 2, Table 2)</p>	4 - Major
<p><b>Current Risk Score</b> Likelihood x Impact = Risk Rating (see Note 2, Table 3)</p>	Very High - 200
<p><b>Further Action Required</b> Also state: Action Owner and expected implementation date</p>	<p>Submission of Winter Plans and checklists Action Owner: Pam Dudek Implementation Date 30 November 2022</p> <p>Contingency workforce planning for strike action Action Owner: Gaye Boyd / Kate Cochrane Implementation date: 30 November 2022</p>
<p><b>Target Likelihood</b> (See Note 2, Table 1)</p>	Possible
<p><b>Target Consequence/Impact</b> (See Note 2, Table 2)</p>	Moderate
<p><b>Target Risk Score</b> Likelihood x Impact = Risk Rating (See Note 2, Table 3)</p>	90

**Note 1****Table 1 - Categories**

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3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility that this could occur – likely to occur
5	Almost certain	This is expected to occur frequently / in most circumstances

**Note 2 Continued****Table 2 - Impact descriptions**

<b>Score</b>	<b>Description</b>
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1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

**Table 3 – Risk Score**

Each adverse event should be assessed and scored for likelihood and severity and the results plotted on the risk matrix:

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM