



Meeting: NHS HIGHLAND BOARD MEETING
Meeting date: 27 SEPTEMBER 2022
Title: 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:

- Annual Operation Plan
- Government policy/directive
- 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)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 	X	Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X
Other (please explain below)			

2 Report summary

This report is to provide the Board with an overview extract from the corporate risk register, awareness of risks that are being considered closure or additional risks to be added and the processes being developed for corporate risk moving forward. We are transitioning and refreshing the corporate risk register to align with “Together We Care, with you, for you” at present and this will be fully complete by the November NHS Highland Board meeting.

2.1 Situation

This paper is to provide the Board with assurance that the risks currently held on the corporate risk register are being actively managed through the appropriate Executive Leads and Governance Committees within NHS Highland and to give an overview of the current status of the individual risks.

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

Moving forward the NHS Highland Executive Directors’ Group (EDG) will maintain the NHS Highland Corporate Risk Register and review this on a monthly basis. The content of the Corporate Risk Register will be informed by the input from the EDG, Programme Boards, Governance Committees and NHS Highland Board.

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

The Audit Committee is responsible for ensuring we have appropriate processes in place. A refreshed risk management framework will be presented to the next Audit Committee that addresses outstanding areas from the previous internal audit. Templates have been developed to allow for a more in depth management process at the EDG and Governance Committees.

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

2.2 Background

Risk Management is a key element of the Board’s internal controls for Corporate Governance. The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

Each of the Governance Committees is asked to review their risks and to identify any additional risks that should be on their own governance committee risk

register. Review of these risks registers will be undertaken on a bi-monthly basis or as determined by the individual committees.

It has been agreed that the Head of Strategy & Transformation will manage the corporate risk register along with the Board Medical Director to ensure alignment across the strategy and operational areas across the organisation. We have not been successful in recruiting a Corporate Risk Manager and are now actively exploring the process for risk to be embedded within the organisation as a core component of business as usual.

2.3 Assessment

Closure and New - Please note the following section is presented to the Board for awareness only at this stage. Due to the timescale these have not been discussed at the relevant governance committees or through EDG therefore presented for awareness that these risks are under consideration at present.

Risk No 662 – Strategy – *Consideration of closure at November Board*

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

Risk No 877 – Engagement Framework – *Consideration of closure at November Board. Currently rated high with target of medium*

The Engagement Framework has been developed, in consultation with our communities. Training, support and procedures to support its roll out are well under way and are resourced. Going forward, this work will be mainstreamed under the 'Anchor Well' outcome of the Together We Care strategy and implementation monitored through the Annual Delivery Plan. There are 4 completed actions and 1 outstanding action relating to finalising the Engagement framework which is in its final stages.

This strategic risk now requires a review, to understand whether it needs to be closed or updated. The risk rating seems high now, in comparison to the culture and staffing risks.

Risk No 123 – Performance of the System – *Consideration of closure at November Board*

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

Risk No 830 – Sustainability of Funding – *Consideration of closure at November Board*

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

Risk No XXX - Financial Balance – *Recommendation for new risk to be approved through FRPC and EDG*

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

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No XXX – Financial Efficiencies – *Recommendation for new risk to be approved through FRPC and EDG*

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

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No XXX – Capacity for Transformation – *Recommendation for new risk to be approved through FRPC and EDG*

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 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 health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.

Strategic Outcome: Perform Well

Governance Committee: Finance, Resources & Performance Committee
Updates on Current Risks

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

Clinical and Care Governance Committee Aligned Risks

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

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

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

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

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

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

Finance, Resources & Performance Committee Aligned Risks

Risk No 666 – Cyber Security – Risk to remain high

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

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

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

No change from previous report. Works continuing to improve the compartmentation within Raigmore Hospital. Raigmore SMT currently working to provide decant facilities to allow for a full programme moving forward.

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

Risk No 714 – Backlog maintenance – Risk to remain medium

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

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

Staff Governance Committee Aligned Risks

Risk No 632 – Organisation Culture – Risk to remain high with target level of medium

There are 5 completed actions and 3 outstanding actions for this risk. The 3 outstanding actions include the future structure of the programme, which is currently being worked on, as we finalise the strategy and should be in place by end October 2022. The second outstanding action relates to the local Culture groups of which 2 were set up and 2 had not, however, we will be reviewing this as this may be more appropriate for the Local Partnership Forums to take on as they have now been established and this would reflect our integration of Culture into the wider strategy programme. The third action relates to the ongoing development of the Culture programme and it's KPI's, which is now locked into the Annual Delivery Plan and the People Objective of the Strategy and again will be completed as part of the set up of the People and Culture Programme Board. The action relating to Statutory and Mandatory training compliance is closed, as this is now a standalone risk.

This risk and it's action plan will now be fully reviewed and updated in line with our Strategy, ADP and Workforce plan.

Risk No 705 – Workforce Recruitment and Retention – Risk to remain high with target level of medium

There are 4 completed actions and 3 outstanding actions for this risk. The ongoing actions relate to the ongoing innovation work in recruitment and workforce planning, the evaluation of the nursing recruitment campaign and to the further work of the Workforce Board.

This risk, it's rating and it's action plan requires a full review in light of our current staffing challenges, our Workforce Plan, Strategy and ADP and revised governance structures and also to reflect the implementation of the Health and Care Staffing Act.

Strategic Objective: Our People
Strategic Outcome: Plan Well
Governance Committee: Staff Governance Committee.

Risk No 1056 – Compliance with Stat Man Training – Risk to remain very high (200) with target level of high

The detailed long term action plan for this risk is being developed, as it is now an intention within our Together We Care strategy and forms a key part of our Annual Delivery Plan.

Significant focus is being placed on this by local teams, and we've also invested in additional training resources for the Moving and Handling teams to support this. We've not yet seen sustained increases across the board at a divisional level but are seeing strong increases in some key teams, like Estates and Mental Health, due to target actions and support from the People Partners. We are also seeing a good increase in the compliance levels in the Induction modules which is essential for sustained recovery.

We're about to launch a video for colleagues outlining the importance of the training and how to access the system and check status, following up on the ongoing all colleague training session and information published in the weekly roundup.

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 line with our strategic objectives and outcomes once strategy is approved.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives. The risk management process with alignment to the strategy will be presented to the next Board meeting
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed or added
- **Decision** – Examine and consider the evidence provided for the current risks and refer any further work the Board wishes to see to the aligned Governance Committees

4.1 List of appendices

None as summary has been provided for ease of reading