NHS Highland

Meeting: **NHS HIGHLAND BOARD MEETING**

Meeting date: **30 May 2023**

Title: **NHS Highland Board Risk Register**

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

Report Author: **Grace Barron, Programme Manager**

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 closure or additional risks to be added.

2.1   Situation

This paper is to provide the Board with assurance that the risks currently held on the NHS Highland Board risk register are being actively managed through the

appropriate Executive Leads and Governance Committees within NHS Highland and to give an overview of the current status of the individual risks.

The NHS Highland risk register continues to be refreshed in line with "Together We Care, with you, for you" to ensure we are aligned to the direction it sets out for us as an organisation.

The NHS Highland Executive Directors' Group (EDG) maintains the NHS Highland Risk Register and reviews on a monthly basis. The content of the NHS Highland Risk Register will be informed by the input from the EDG, Programme Boards, Senior Leadership Teams, Governance Committees and NHS Highland Board.

All risks in the NHS Highland Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this Board meeting this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

2.2   Background

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

Each of the Governance Committees is asked to review their risks and to identify any additional risks that should be on their own governance committee risk register. Review of these risks registers will be undertaken on a bi-monthly basis or as determined by the individual committees.

It has been agreed that the Head of Strategy & Transformation will manage the NHS Highland risk register along with the Board Medical Director to ensure alignment across the strategy and operational areas across the organisation.

2.3   Assessment

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

An action from the March 2023 Board meeting was to provide clearer representation of trajectory on risk register, such as colour coding of risk levels and risks being organised in this report based on scoring. Therefore, this report has been modified from previous returns to reflect this suggestion.

Current Risk Level: Very High

Risk no. 706 – Workforce – Score 20

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.

A commission for a NHS Highland-wide workforce group will be considered by EDG May 2023 and is being led by the Deputy Director of People and Culture and the Deputy Nurse Director.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 1056 – Statutory and Mandatory Training Compliance – Score 20

There is a risk of harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.

The Board Nurse Director has taken on Executive Leadership for Statutory and Mandatory training as of 2 May. The next step entailed with mitigating this risk will be to progress with a commission for a Statutory and Mandatory Training Short life working group to oversee delivery on the remaining audit actions. This will be considered by EDG in the coming weeks.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 1101 – Impact of Current Socio-Economic Situation – Score 20

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. Demand for services will also increase creating further pressure on resources.

This risk may cause peripheral risks within parts of the Highland workforce due to strike action with junior doctors. Contingency planning is underway in partnership with People and Culture, Resilience colleagues and Senior Medical Leadership.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Current Risk Level: High

Risk no. 666 – Cyber Security – Score 16

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.

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

Risk no. 712 – Fire Compartmentation – Score 16

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
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 959 – COVID and Influenza Vaccinations – Score 16

COVID and influenza winter vaccination programmes have delivered population coverage slightly higher than the Scotland average and for care homes the rates have been considerably higher. The spring/summer COVID programme has started. These programmes are now part of the overall board delivered vaccination programme. There are risks concerning the delivery of the whole programme including resources and staffing. Upon review in June, it is likely that the risk will be modified to include all vaccinations.

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

Risk no. 1097 – Transformation – Score 16

NHS Highland will need to re -design to systematically and robustly respond to this challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required

transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.

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

Risk no. 1102 – Financial Balance – Score 16

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. 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.

This risk is in the process of being reviewed in line with FY 23/24 and will be updated with FY 23/24 challenges and controls.

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

Risk no. 1103 – Financial Efficiencies – Score 16

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.

This risk is in the process of being reviewed in line with FY 23/24 and will be updated with FY 23/24 challenges and controls.

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

Risk no. 715 – Impact of COVID and Influenza on Health Outcomes – Score 15

There is a risk that there will be poor health outcomes from resurgence of COVID-19 and the effects of seasonal influenza. There is also a risk of significant disruption to services resulting from both disease occurence and the impact of control measures.

The mitigation of this risk will be considered in winter programme of work for 23/24.

Strategic Objective: Anchor Well
Governance Committee: Clinical and Care Governance Committee

<u>Risk no. 632 – Culture – Score 15</u>

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.

Colleague engagement and co-production will be key to progressing improvements within Culture, but this should take place locally, using existing and improved local partnership arrangements, as well as the Argyll & Bute Culture and Wellbeing group and our listening and learning panel. Scoping the next phases of priorities within Culture is actively taking place with a focus on compassion, values and behaviours and an action plan will be developed and managed through 23/24 ADP with oversight from EDG, APF and Staff Governance Committee.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

<u>Risk no. 714 – Backlog Maintenance – Score 15</u>

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.

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

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. 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

4.1   List of appendices

None as summary has been provided for ease of reading