# NHS Highland

**NHS Highland**

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| **Meeting:** | **NHS HIGHLAND BOARD MEETING** |
| **Meeting date:** | **28 March 2023** |
| **Title:** | **NHSH Risk Register** |
| **Responsible Executive/Non-Executive:** | **Dr Boyd Peters, Board Medical Director** |
| **Report Author:** | **Rhiannon Boydell, Head of Strategy & Transformation (Interim)** |

## 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 will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(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

## 2.1    Situation

This paper is to provide the Board with assurance that the risks currently held on the NHSH 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 NHSH 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 NHSH Risk Register will be informed by the input from the EDG, Programme Boards, Senior Leadership Teams, Governance Committees and NHS Highland Board.

All NHSH 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 approach will be presented to the next Audit Committee that addresses outstanding areas from the previous internal audit.  Assurance on this will be given at the May board meeting.

For this Board meeting this summary paper presents a summary of the strategic risks identified as belonging to the strategic 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 recent 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 NHSH 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 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.

**Risk No 1102 – Financial Balance –** *Please note this risk will be refreshed in line with 23/24 challenges and taken to the next FRP Committee for approval therefore score will be refreshed also.*

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 1103 – Financial Efficiencies –** *Please note this risk will be refreshed in line with 23/24 challenges and taken to the next FRP Committee for approval therefore score will be refreshed also.*

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 1097 – Transformation –** *Risk remains High with a target score of Medium.*

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 Outcome:        Perform Well

Governance Committee:     Finance, Resources & Performance Committee

**Risk No 666 – Cyber Security –** *Risk remains 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 remains High*

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 remains High*

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.

**Risk No 715 – Impact of COVID and Influenza on Health Outcomes –** *Risk remains High*

Population COVID levels have reduced over recent months as judged by population surveys. The current prevalence of infection in the population is around 2%. In addition, the effects of COVID have reduced owing to vaccination and from the impact of immunity from prior infection. Influenza rates have fallen very considerably from peak levels. There are still risks from COVID both for individuals and from potential variants and mutations.

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

**Risk No 959 – COVID and Influenza Vaccinations –** *Risk remains High*

COVID and influenza vaccination programmes have delivered population coverage slightly higher than the Scotland average and for care homes the rates have been considerably higher. 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. It is proposed that the risk is modified to include all vaccinations.

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

### Risk No 632– Culture – *Risk remains High*

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.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

### Risk No 706 – Workforce – *Risk remains Very High.*

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: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

### Risk No 1056 – Statutory and Mandatory Training Compliance – *Risk remains Very High*

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.

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.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

**Risk No 1101 – Impact of current socio-economic situation –** *Risk remains Very High*

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.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Strategic Outcome: People and Culture
Governance Committee: Staff Governance Committee

**Risk No 877 – Engagement and Service Design –** *Risk remains High*

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.

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.

Strategic Objective: Anchor Well
Strategic Outcome: Our Population
Governance Committee: TBC

## 2.4    Proposed level of Assurance

This report proposes the following level of assurance:

| | | | |
|---|---|---|---|
| Substantial | X | Moderate | |
| Limited | | None | |

**Comment on the level of assurance**

Authors **must** provide an outline of what actions are necessary to increase the proposed level of assurance to 'Substantial'

# 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 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