







Risk Response	Risk ID (System)	Risk Title	If (the cause of the risk)	THEN (the event/incident) - Previously Risk Description	Resulting in (the consequence)	Controls	Gaps in controls	Adequacy of controls	Update from Governance Groups or Committees	Action Description	Action Due date	Action Completed Date	Assurance	Gaps in assurance	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Rating Rationale	Risk level (Target)	Risk Appetite	Risk Appetite Rationale	Theme	Standing Committee	Last Reviewed	Principal objectives	Risk Owner (Overall Responsible Sign)	Risk Lead (Day to Day)	Approval status
Tolerate	1001	NMC registration checks	lapse of name registration	Risk of nurse undertaking tasks which require NMC registration when NMC registration has lapsed.	harm injury to patient reputational damage to organisation		Nursing admin. unable to access val eese the registrants details this can be accessed via HR	Adequacy							Possible - May occur occasionally, has happened before on occasions.	Moderate	Medium Risk	9		Medium Risk	Moderate (2 - Cautious)		Workforce		05/07/2022	1. To continue to improve and protect the health of the people of Shetland, 2. To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	Carolyn, Kathleen	Carolyn, Kathleen	Not approved
Tolerate	654	Meeting TTG during remobilisation	Risk that NHS Shetland may not be able to deliver the legally binding Treatment Time Guarantee	The Treatment Time Guarantee (part of the Patient Rights Act 2011) comes into force on the 1st October 2022. It states that all patients will be treated within 12 weeks of agreeing treatment for inpatient or daycase procedures, with some agreed exceptions. This is the first time that waiting times have had a legal framework and NHS Shetland must comply with this Guarantee. The legislation is complex and will require training and process review for a wide range of staff.	There is the potential for legal action against the Board. There is significant potential for loss of reputation if the Board is not able to deliver this guarantee. There is a risk that complying with this legislation will take resources that have not been allocated to such a programme of work within the current financial and workforce plans eg increased postage costs or increased staff time. There is a risk that this legislation may be perceived as low priority by clinical staff and so required changes and developments do not progress to timescale. There is a risk that implementing this legislation may expose existing areas of practice that need to be reviewed and changed requiring a share of limited resources	Senior Waiting Times staff have been involved in reviewing guidance so there is a level of local knowledge about the scope of this work. Action planning has already started around the TTG, and work has already started in specific areas eg unavailability recording (see Risk 574) National Waiting Times Guidance has been produced. National Access Policy has been produced TTG MMR weekly reporting has already started Local Access Policy in place and agreed with SG Suite of letters in place in helix to support TTG Medical Secretaries training complete TTG Guidance in place for admin staff National list of unavailability codes in place and incorporated into local Policy TTG Communication Plan completed FAQ sheets written and shared for Nursing, and Primary and Secondary care medical staff Guidance for repeat procedures in place	Need to ensure capacity monitored and available to meet TTG	Adequacy	01/01/2023 08:47:17 Kathleen Carolyn There is a report on waiting times performance submitted to each of the Finance and Performance Committees. This risk should be included in the register for this Committee going forward. It is a new Committee.	Review and update NHS Shetland Access Policy Estimate additional cost of postage for TTG letters, Agree resource for this with line manager Complete suite of letters in helix for TTG Write training plan for all staff for TTG Communicate TTG guidance with lay staff Get next draft of Unavailability Codes Estimate staff resources needed to comply with TTG and agree plan for this with line manager Write TTG FAQ sheet Await clarification on repeat pain procedures for TTG Review Risk 654 Review Risk 654 Create scenarios to test understanding of repeat procedure Review Risk 654 Ensure capacity monitoring effective to identify risks to delivery of TTG	All Actions completed			Possible - May occur occasionally, has happened before on occasions.	Moderate	Medium Risk	9	08/10/20 21 09:17:28 Dawn Smith Ongoing governance or around reporting including weekly waiting times meeting. New national dashboard is available for monitoring give waiting times across DR, IP and Discharge.	Medium Risk	Moderate (2 - Cautious)		Planning / Contingency	Finance Performance Group	01/01/2022	1. To continue to improve and protect the health of the people of Shetland, 2. To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	Carolyn, Kathleen	Smith, Dawn	Not approved	

Directorate - Risk Rating Score 15 and above and Extreme Consequence

Risk ID (system)	Directorate	Department	Risk Subtype	Risk Title	If (the cause of the risk)	Risk Description	Resulting in (the consequence)	Controls in place	Controls (Assurance)	Rating (current)	Risk level (current)	Risk level (Target)	Review date	Risk Lead	Risk Owner
1251	Community Health and Social Care incl Primary Care			Access OOHs	If we are unable to provide high quality, sustainable Out of Hours care	then we are unable to respond to needs in the community	resulting in increased acute hospital admissions or delayed access to community services		Working with GPs who do OOHs work and understanding preferences and availability to set rotas in advance. Implementation of Primary Care Redesign Local Medical staffing review Engaged in development of national work on OOHs Complete review of OOH services across community and acute Complete work by Professional alliance on sustainable out of hours service Linked in with Redesigning Urgent Care programme Test of change with GP working remotely to support urgent care System wide review of Urgent care and OOHs supported by PMO Full engagement with the national urgent care collaborative programme	16	High risk	Medium Risk	30/12/2023	Chittick, Brian	Chittick, Brian
1259	Medical Directorate			Medical Staffing	If we fail to support the senior medical team (Consultants, GP) to manage the demand	Then there is a risk of continual reliance on a temporary workforce	resulting in financial sustainability and inability to progress education and learning and service development.		Engagement with national strategies to enhance recruitment in remote and rural settings. Primary Care strategy will ensure as robust a model as possible. Regular meetings with Scottish Government medical workforce advisers July 2018 Recruitment of Consultant Anaesthetist complete. New substantive Consultant should start in Feb 19. ANPs undertaking triaged primary care clinics at weekends commenced February 2017 Clinical development fellow was created and recruited to from December 2017. Consultant physician – Consultant currently on fixed term locum contract until August 2018 with possible extension. National Recruitment process used for recruitment of Consultant gynaecologist NHS Shetland becoming host Board for new GP hub Using the lessons from the success of the GP Hub and transposing the project into acute sector Engagement with the Global Health Academy to work in collaboration in exploiting global citizenship opportunities to recruit Collaborating with NES on fellowship posts	16	High risk	Medium Risk	28/02/2023	Brightwell, Kirsty	Brightwell, Kirsty
1510	Nursing and Acute Services (Montfield)		Information - Availability	Poor discharge documentation process	Medical inpatient discharge documentation: Frequent delays, legibility issues, and duplicates causing confusion in primary care	Medical inpatient discharge documentation: Frequent delays, legibility issues, and duplicates causing confusion in primary care and patient safety risk.		Awareness amongst medical staff. Current Immediate Discharge Letter (IDL) is paper based and handwritten. In many cases this is followed up by a typed discharge letter. There is potential for error at multiple stages: •Difficulties reading what is transcribed leading to errors •If a long list of medications people will sometimes squeeze them onto 1 sheet •Where more than one sheet is used there is a risk that not all copies are sent to the GP Practice •There is a risk that where the IDL is started some days before the discharge that medicines and other clinical information is not checked and updated at the point of discharge •Poor quality information is stored in the patient record •Manual transfer of data at point of discharge. •Risk of losing paper and sending to the wrong place within GBH (needs to go to Pharmacy and to switchboard to be sent and filed in the medical records). •Once at the practice these then have to be scanned and attached to the patients' records with further risk of error as further manual transfer of data. •Risk that the typed discharge letter differs from the paper discharge both intentionally and unintentionally. Public Health Scotland's recent Data Quality Assurance Assessment of SMR01 (Acute Inpatient and DayCase) Data Scotland 2019-2020 shows GBH performance is below average for Scotland, for recording non-clinical information on discharge summaries such as admission type and where patients have been admitted or discharged from and to. The system is inefficient and difficult to manage proactively during a patient's admission. There is no ability to create a discharge letter within Trackcare	Awareness amongst medical staff	15	High risk	Low risk	26/09/2022	Wilson, Pauline	Wilson, Pauline
1477	Medical Directorate	Physician(s) - Consultant/Junior Doctors	Information - Availability	No system to share discharge letters	sharing of discharge information does improve.	Medical inpatient discharge documentation: Frequent delays, legibility issues, and duplicates causing confusion in primary care.	Potential patient harms		Awareness amongst medical staff.	15	High risk	Low risk	27/09/2022	Wilson, Pauline	Wilson, Pauline
1357	Chief Executive Directorate	Estates	Organisational	Compliance Assurance (SCART)		The risk of non compliance in estates related issues because of a lack of technical, financial and manpower resources and failing to meet statutory and NHS guidance	POTENTIAL IMPACT OF RISK IS REPUTATIONAL DAMAGE, FINANCIAL PENALTIES, SERVICE DELIVERY IMPACT, FAILURE TO ACHIEVE AND MAINTAIN STANDARDS FOR PATIENTS /STAFF/ VISITORS AND LEGAL ACTION.	SCART TOOL MANDATED WITHIN NHS SCOTLAND FOR EVIDENCING COMPLIANCE ASSURANCE IDENTIFIES RISKS AND ACTION PLANS AT CORPORATE LEVEL WHICH REQUIRE RESOURCES. SCART STEERING GROUP FORMED TO ADDRESS NON COMPLIANCE ISSUES, MEETING QUARTERLY	SCART tool mandated within NHS Scotland for evidencing compliance assurance identifies risks and action plans at corporate level which require resources. SCART steering group formed to address non compliance issues, meeting quarterly	10	High risk	Low risk	31/12/2021	Bisset, Lawson	Bisset, Lawson

**Strategic Risks by Highest Rank**

Risk ID	Risk Owner (Overall Responsibility)	Theme	Risk Title	Risk level (current)	IF (the cause of the risk)	THEN (the event/incident) - Previously Risk Description	Risk - Resulting in (the consequence)	Update from Governance Groups or Committees	Risk Response	Mar-22	Jun-22	Sep-22	Nov-22	Mar-23	Trend	Target	Movement in Last Year
SR02 (500)	Marsland, Mr Colin	Finance	Finance	Very High Risk	If NHS Shetland fails to recruit key posts	Then failure to maintain financial balance	Resulting in significant overspend which will result in need for delivery of additional efficiency savings above the £3.1m currently in the plan. Current estimate is an additional £4m for non-permanent staff in 2022/2023.		Treat - plan to reduce level of risk	12	12	16	16	20	↑	8	8
SR13 (36)	Chittick, Brian	Planning / Contingency	Access to Services	High risk	If there are significant gaps due to recruitment, retention or funding	Then there will be access problems for those living in more remote areas	0		Treat - plan to reduce level of risk	9	9	12	12	16	↑	4	7
SR08 (1471)	Hall, Lorraine	Workforce	Workforce	High risk	If we fail to attract and recruit to vacancies or retain essential skills and knowledge within the organisation	Then there will be a negative impact on the service delivery, existing staff and patients care	Resulting in : reduction in services delivered increase workload of existing staff negative impact on staff well being, increased absence increased risk of poor patient experience and outcomes increased reliance on agency or temporary staff increased cost - financially unsustainable		Treat - plan to reduce level of risk	12	12	16	16	16	↑	6	4
SR16 (1507)	Laidlaw, Dr Susan	Public Health	Covid Outbreak	High risk	If there is a large outbreak of covid in Shetland and / or a new variant	then it could overwhelm current services through both significant increase in morbidity and demand for services and /or impact on services due to isolation of staff	resulting in significant adverse outcomes for patients and damage to NHS Shetland's reputation		Treat - plan to reduce level of risk	12	12	12	12	16	↑	6	4
SR17 (1515)	Chapman, Craig	Information Technology / Digital	IT Failure Due to Cyber Attack	High risk	If a sole actor or orchestrated cyber attack occurs	Then NHS Shetland could experience system downtime and/or loss of data and/or data disclosure	Resulting in disruption to services caused by system downtime, risk of delays in treatment, risk to public reputation and significant financial costs for a full system recovery		Treat - plan to reduce level of risk	16	16	16	16	16	↔	8	0
SR04 (1307)	Dickson, Michael	Logistics / Estates	External Factors eg. Brexit/Supply Chain	High risk	If external factors such as Brexit, changes to regulations or political instability	Then impacts on the Board's ability to sustain services, the Board's level of mitigations including - Business continuity planning, disaster recovery plans may be limited due to the external nature of these threats	Resulting in directly impacted factors such as energy costs, food costs and medical supply constraints which would impact on patient care, performance of budgets		Treat - plan to reduce level of risk	15	15	15	15	15	↔	4	0
SR01 (19)	Carolan, Kathleen	Operational	National Standards	High risk	Negative publicity, loss of confidence in the organisation from breaches of key ACCESS targets	Negative publicity, loss of confidence in the organisation from breaches of key ACCESS targets and the potential of poorer patient outcomes as a result in delays in assessment of treatment			Treat - plan to reduce level of risk	12	12	12	12	12	↔	6	0
SR06 (1444)	Marsland, Mr Colin	Information Technology / Digital	IG Training NHS Staff	High risk	If there are low levels of compliance with mandatory IG training	Then there is a risk of a greater number of data incidents as a consequence of low levels of information governance awareness and knowledge.  This will also be of concern to regulators (such as the ICO).	Resulting in harm to patients and/or regulatory action and/or financial penalty and/or reputational damage to the Board		Treat - plan to reduce level of risk	12	12	12	12	12	↔	2	0
SR19 (702)	Laidlaw, Dr Susan	Contingency planning	Flu Pandemic	High risk	If there are high levels of staff sickness and increased clinical demand due to Flu pandemic	then there is a risk of loss of continuity of service	Reduced or loss of services due to flu pandemic and resultant risk of adverse clinical events Economic and legislative impact to the organisation		Tolerate	5	5	10	10	10	↑	10	5
SR12 (1354)	Dickson, Michael	Planning / Contingency	Capacity for Sustainable Change	Medium Risk	If the Board's limited capacity to oversee change could mean that changes occur in an uncontrolled manner.	Then uncontrolled change could increase risks to patient care as new processes, technology, workforce, or change is implemented without adequate consideration of its impact	Resulting in disruption to processes, unwarranted variation and untoward or unforeseen events leading to patient harm.		Treat - plan to reduce level of risk	9	9	9	9	9	↔	6	0
SR09 (1482)	Brightwell, Kirsty	Operational	Clinical Governance and Assurance	Medium Risk	If we continue with current clinical governance process	There is risk of patient harm because of incomplete governance and assurance processes	which results in a poor learning system, repeat safety events and a lack of quality improvement and there is no culture of learning.		Tolerate	9	9	9	9	9	↔	9	0

SR10 (1489)	Laidlaw, Dr Susan	Planning / Contingency	Business Continuity Plans	Medium Risk	If services /departments do not have business continuity plans in place	Then there is a risk that we will not meet the Board's statutory obligations and in the event of a significant disruptive event, we will fail to deliver essential care to the population of Shetland and the recovery of services after the event will be delayed or extended unnecessarily.	Resulting in potentially harm to patients, staff, public; additional costs to the Board; reputational harm. And the post incident scrutiny by Government and regulatory/investigative bodies could lead to adverse impact on reputation of individuals and of the organisation.		Treat - plan to reduce level of risk	8	8	8	8	8	↔	8	0
SR18 (1540)	Laidlaw, Dr Susan	Planning / Contingency	Risk of CBRN contamination	Medium Risk	If there is an inadequate response to a Chemical Biological Radiological and Nuclear (explosives) CBRNe incident	Then there is a risk of patients, staff, public and premises being contaminated. There is a potential loss of the entire hospital premises if contaminated.	Resulting in potential morbidity and mortality, loss of services, financial and reputational loss.  A knock-on effect to other Shetland services		Treat - plan to reduce level of risk					8	↔	6	0
SR15 (1044)	Brightwell, Kirsty	Operational	Urgent/Emergency/Unscheduled Care	Medium Risk	Risk that patients will experience delays in transfer from the outer islands of Shetland	There is a risk that patients will experience delays in transfer from the outer islands of Shetland for emergency or urgent care, resulting potentially in poorer clinical outcome. There also a risk that this reduction in flexibility and capacity with respect to inter-island transfer will cause remote and rural staff to feel unsupported in their location. This is likely to have a negative impact on recruitment and retention.	0		Treat - plan to reduce level of risk	8	8	8	8	8	↔	4	0
SR03 (1045)	Brightwell, Kirsty	Operational	Paediatrics	Medium Risk	we lack a specialist workforce for very sick children or children who are deteriorating	we are reliant on generalists working with remote support	the risk of an avoidable adverse event or adverse clinical outcome and leading to difficulties in recruitment and retention of generalist staff		Tolerate	8	8	8	8	8	↔	8	0
SR05 (1427)	Chittick, Brian	Public Health	Covid During Recovery Period	Medium Risk	IF patients and staff contract Covid Infection	Then this could affect service delivery within health and care services due to staff absences and management Covid and in health and care facilities	resulting in potential harm to staff/patients/clients and or staff access to services.		Tolerate	6	6	6	6	6	↔	8	0
SR11 (1451)	Marsland, Mr Colin	Training	IG Training Non NHS Staff	Medium Risk	If there are low levels of appropriate IG training for staff not employed by NHS Shetland	Then inadequately trained people will have access to NHS Shetland systems and this could increase the number and severity of personal data breaches.	Resulting in a risk of harm to patients and/or staff, reputational damage, legal action and financial penalty.		Treat - plan to reduce level of risk	6	6	6	6	6	↔	3	0
SR14 (961)	Dickson, Michael	Logistics / Estates	Estate	Medium Risk	If NHS Shetland fails to achieve modern standards and key environmental targets	Then it can expect actions taken against it, potential sanctions and increased costs. This is made harder by an aged estate and inherited properties.	NHS Scotland has set a clear framework for Boards to achieve net zero. NHS Shetland would be subject to increased costs, potential sanctions and contribute to the climate emergency should it fail to act		Tolerate	4	4	4	4	4	↔	4	0