

Meeting:	Shetland NHS Board
Date:	27 th April 2021
Report Title:	Corporate Risk Register (CRR)
Reference Number:	Board Paper 2021/22/07
Author / Job Title:	Clinical Governance and Risk Team

Decisions / Action required:

The Board is asked to review and approve the new set of corporate risks which have been agreed by the Executive Management Team (EMT). The EMT have reviewed the wording, themes and appropriate level, for all existing corporate risks, draft recovery corporate risks and new corporate risks.

High Level Summary:

Since the Board last saw the corporate risks in December 2019 there has been ongoing work to define the corporate risks. A review of the corporate risks was also a risk management objective and priority for 2020/21.

A number of the risks were put forward for inclusion on the corporate risk register and these have been reviewed with the Clinical Governance and Risk team, relevant managers, relevant director and EMT. The risks are either included in the corporate risk register report which is attached or have been reassigned as a directorate or departmental risk. These reassigned risks will be reviewed and monitored by the appropriate groups. Several risks were closed and the new set of corporate risks were agreed by EMT. This paper provides the Corporate Risk Register (CRR) report for this new set of corporate risks.

If a Board member would like any more detail of the historical risks then this can be provided out of the meeting.

Corporate Priorities and Strategic Aims:

The corporate risk register is linked to all of the NHS Shetland corporate objectives.

Key Issues:

The risks have been managed and mitigated during the fluid and proactive time since the risks were last presented to the Board in December 2019. Can assure the Board that the relevant conversations and decisions have been made.

Implications : <i>Identify any issues or aspects of the report that have implications under the following headings</i>	
Service Users, Patients and Communities:	Effective risk management is a key component of ensuring patient safety by contributing to improving the reliability and safety of everyday health care systems and processes.
Human Resources and Organisational Development:	The risk assessments recorded on Datix have universal application across NHS Shetland, other NHS Boards including Joint Working and, as a consequence, affect all groups.
Equality, Diversity and Human Rights:	The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone - whatever their race, gender, disability, age, work pattern, sexual orientation, transgender, religion or beliefs - who provides or receives a service to/from NHS Shetland.
Partnership Working	Contribution to high-level aim of Shetland being a safe place to live and work.
Legal:	Compliance with statutory duties, contract obligations and policy requirements.
Finance:	Mitigating actions – as described in the investigations etc. narrative accompanying each report – may have financial and resource implications as indicated.
Assets and Property:	Mitigating actions – as described in the investigations etc. narrative accompanying each report – may have implications as indicated.
Environmental:	Implications on the local environment are dependent on the adverse events recorded and subsequent actions required after investigations.
Risk Management:	Health Improvements Scotland Risk Management Framework 5x5 Risk Assessment Matrix. NHS Shetland’s Risk Management Strategy.
Policy and Delegated Authority:	Executive Management Team (EMT)
Previously considered by:	Executive Management Team (EMT)
“Exempt / private” item	N/A

The main report is to be attached together with a list of the appendices and references to any background documents or material e.g. include web links.

Corporate Risks - as of 20 April 2021

Risk ID	Risk Description	Controls	Gaps in controls	Adequacy of controls	Assurance	Gaps in assurance	Risk - Rating Rationale	Risk level (Target)	Review date	Risk Appetite	Risk - Risk Appetite Rationale	Risk - Theme	Standing Committee	Principal objectives	Risk Owner
Risk Response - Treat															
Risk Rating - High															
1045	Within the scope of treating paediatric patient, there is risk of an adverse event or adverse clinical outcome due the generalist nature of the workforce sometimes being responsible for very sick children or children who are deteriorating in clinical status. This risk also affects potential recruitment of consultant physicians as they are not keen to have paediatric care within their scope of practice especially when some of it could be in the emergency scenario.	Decision support from Paediatric Team in Aberdeen (as required). National Referral Team model for critically ill patients. Paediatric care review (joint discussion of cases) by Local Consultants, Junior doctors and Paediatricians) Training in place for clinicians (doctors and nurses) in paediatric resuscitation. Enduring Paediatric Group established with a network with NHSG Establishment of an i-Hub to ease access to paediatric care resources for all staff Induction in place for Locum and new Senior medical staff Targeted training on the management of children in place for new and locum staff Scoping project to look at how a paediatrician could be subsumed into the workforce profile in NHS Shetland (recruitment taking place from Jan 2021 onwards). Model to revise the acute medical workforce also includes the potential to increase the number of emergency care physicians with paediatric experience	OOHs arrangements includes GP on call model - but the majority of children are seen in A&E by Consultants or junior doctors, we need to review the OOHs arrangements for assessing children to ensure that we have the right skill mix in A&E to provide emergency care to children (particularly those who have minor illness/injury typically managed in a primary care setting).	Adequate	Feedback on service Review of local cases by visiting Consultant / Retrieval services Review of cases through Departmental Clinical Governance systems	Likelihood increased as a result of current issues with Senior medical staff. Increased vacancies meaning use of Locum consultants who may be less aware of local arrangements and have lower levels of confidence in managing children We have had very few adverse events relating to the clinical decision making and management of children in Shetland over the last 10-15 years that the Consultant delivered model has been in place. There are mechanisms in place to support clinical decision making (e.g. via NHS Grampian paediatricians) for Consultants and junior doctors. A national retrieval team is in place to support the emergency transfer of critically ill children.	Medium	30/09/2021	1 - Minimal	Low risk appetite due to the nature of the patients and the risk to reputational damage. Need to ensure strict risk boundaries and safety netting required.	Operational	Clinical Care and Professional Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. 3- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service. 5- To ensure sufficient organisational capacity and resilience.	Brightwell, Kirsty	
1307	External factors such as Brexit, changes to regulations or political instability could impact on the Board's ability to sustain services and the level of mitigation may be limited due to the external nature of these threats. Risk mitigations including - Business continuity planning, disaster recovery plans, local risk mitigation	BREXIT group established BREXIT action plan developed assessment of BREXIT Readiness drafted Liaise with Scottish Government on required actions / national work Maintaining links with National & local resilience teams to update plans	Current controls appear to have mitigated the initial phase of the end of the transition period. However controls must be maintained to ensure further developments do not place NHS Shetland at risk of disrupting care	Adequate	SG Readiness checklist / assessment	Much remains unknown in relation to the emerging threat of the end of the transition period, it is prudent this continues to be considered a high risk Likelihood remains High because of risk of No Deal still a real possibility. Likelihood increased as "No Deal" becomes more likely Impact still difficult to quantify with level of information available / uncertainty around impact on supply lines Impact of Brexit on workforce and supply chain unknown. Timescale possible from late 2018 onwards	Medium	30/06/2021	1 - Minimal	Risk links to core service provision; Therefore tolerate minimal risk appetite / flexibility	Logistics / Estates	Clinical Care and Professional Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. 4- To provide best value for resources and deliver financial balance. 5- To ensure sufficient organisational capacity and resilience.	Dickson, Michael	
1482	There is risk of patient harm because of incomplete governance and assurance processes which results in poor system learning and an inability to provide reassurance that we support a learning culture to prevent repeat patient safety events or promote a quality improvement ethos.	Review of the role of JSG to provide a forum for system wide learning (linking to review and manage performance. Reporting to each Board meeting. Close scrutiny by SGHD) Board wide support for SIF programme for QI work Implementation of Performance Monitoring Group for IIB delegated services		Adequate		There is currently a gap in the links from clinical services (JSG) to the Board	There are gaps in closing off learning cycles and disseminating the learning so there is currently risk around the frequency/possibility of the risk being realised.	Medium	30/06/2021	3 - Open	We would be keen to take some risk to change the culture regarding the embedding of good end to end governance and assurance processes.	Training	Clinical Care and Professional Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	Brightwell, Kirsty
19	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	Performance management strategy in place. Active management of lists and clinics. Weekly waiting times meeting to review and manage performance. Reporting to each Board meeting. Close scrutiny by SGHD and monthly ISO reporting on performance to organisation. Ongoing discussions with off island providers. Annual commissioning discussions with NHSG take place and monthly meetings with NHSG, partners and SG are now in place. Frequency has been reduced during the pandemic but robust links in place through NHSG Clinical Board to discuss the level of elective care activity that can be delivered to Shetland around COVID peaks. Clinical prioritisation tools are being used to understand the clinical risks. Discussion about changes and challenges in relation to elective service provision is taking place with the public through PPF and clinicians via AMC (focus on activity and implementing telehealth models) Waiting times performance is monitored on an ongoing basis and where there are longer waiting times then recovery plans are put in place. Access targets and trajectories set for the Operational Plan in April 2020-21. Access target performance and achievement of trajectories submitted to SG weekly. Remobilisation plan trajectories submitted in July 2020 with revised targets in light of the pandemic. Modernising outpatient programme and elective care programme improvement ideas are being rolled out locally e.g. patient initiated follow up and opt in services (in line with realistic medicine principles). Staff developing skills from the Flow Coach Academy to build QI capacity. Repatriation programme moved to phase 2 - identifying opportunities to streamline pathways and reduce unnecessary demand for services AUP aligned to the Waiting Times Improvement Plan targets. Activity identifying ways to shift to tele-health solutions to increase equityability of access	Service Level Agreement (SLA) annual review with NHS Grampian is incomplete (mutual sign off, completion of the quality framework and KPIs to monitor the effectiveness of the commissioning process). Internal audit programme - reviewing the waiting times governance framework (e.g. production of patient letters) and service performance and delivery Audit Scotland Reports ISO Publications Risk assessment completed to ensure funding is targeted to make the greatest impact on patient outcomes e.g. funding aligned to surgical procedures and services with no core provision Update at Board Development Session on 20/11 about access performance	Inadequate	Performance scorecard shows the performance (internal and external) are not consistently in place to manage the agenda locally and with NHS partner providers Early warning of TTTG breaches identified through the waiting times group and rescue plans agreed accordingly Internal audit programme - reviewing the waiting times governance framework (e.g. production of patient letters) and service performance and delivery Audit Scotland Reports ISO Publications Risk assessment completed to ensure funding is targeted to make the greatest impact on patient outcomes e.g. funding aligned to surgical procedures and services with no core provision Update at Board Development Session on 20/11 about access performance	Commissioning team meetings (internal and external) are not consistently in place to manage the agenda locally and with NHS partner providers	Continued pressures as a result of increased need e.g. guidelines and demographic pressures as well as workforce shortages in specific specialities. Delays in treatment for patients. Reputational damage; Failure to secure standard of service for residents; inability to retrieve situation quickly.	Medium	30/06/2021	3 - Open	We need to consider safe, innovative ways of developing services to ensure that we can deliver both access targets and evidence based practice. There are various ways in which we can do this if we take a longer term view on the workforce and creating sustainable service options. Hence, accepting there needs to be some tolerance of this risk in the short term.	Operational	Clinical Care and Professional Governance Committee	5- To ensure sufficient organisational capacity and resilience.	Carolan, Kathleen
500	NHS Shetland is faced with a significant financial risk as NHS Scotland Health and Social Care medium term financial framework outlines the continued need for delivery of recurrent savings whilst redesigning services to shift the balance of care closer to home	Draft revised financial plan covering 2021-22 to 2025-26 is currently being completed which will revise the Board's plans including revised savings targets over this period. Project Management Office (PMO) to assist Heads of Service with redesign of services is now in place. Staff Development run locally Scottish Foundation Skills Programme for developing staff skills in service redesign. 11 Waves completed and further waves are scheduled for 2021-22. Quality Improvement Learning Session's are also run through staff development to share best practice and provide a network that includes all IIB's services. In 2020-21 decision made to establish a Project Management Office (PMO) to assist Heads of Service with redesigning outpatient programme and elective care programme improvement ideas are being rolled out locally e.g. patient initiated follow up and opt in services (in line with realistic medicine principles). Staff developing skills from the Flow Coach Academy to build QI capacity. Repatriation programme moved to phase 2 - identifying opportunities to streamline pathways and reduce unnecessary demand for services AUP aligned to the Waiting Times Improvement Plan targets. Activity identifying ways to shift to tele-health solutions to increase equityability of access	Project Management Office has established standard procedures and documentation proportionate to project size which was developed. At end of 2019-20 the gap in recurring savings was down to £784k. The overall total of savings set in 2019-20 was more than the original plan however that was necessary to offset against additional costs in temporary staff to fill essential vacancies The financial plan for 2020-21 set a savings target of £2,012k to be achieved for the financial plan out-turn to achieve statutory break even position.	Adequate	EMT will monitor performance and assist in advice in respect of remedial action to correct adverse movements. - Monthly Progress reported regularly to Board - Bi Monthly External audit annually review the financial performance of the Board and overall guidance which are reported to the Board annually in June. The Board in 2020-21 will achieve financial balance per statutory obligation. The gap in recurring savings at the start of 2020-21 was £784k and new savings required to be achieved in 2020-21 was £1,228k giving an overall savings target of £2,012k. At the end of 2020-21 the savings gap unachieved on a recurring basis is at similar value to the back log value at the start of 2020-21. The Project Management Office has been recruited to and started in January 2021. As part of the initial discussions with relevant staff established baseline of projects. Standard procedures and documentation proportionate to project size have been developed.	Internal capacity to support E&R Board for effective reporting The Project Management Office has been recruited to and started in January 2021. Scottish Foundation Skills Programme for developing staff skills in service redesign.	Forecast out-turn for 2019-20 meets statutory compliance target to break even. Currently in budget setting for 2020-21 that will identify possible new efficiency target on top of existing financial gap. Outcome of both the budget setting process and annual accounts for 2019-20 should be complete by 30 June 2020 so can re-evaluate at that date. Due to permanent medical staff vacancies in Hospital and Community Locums are required essential to ensure safe staffing levels. The cost of the locums are in excess of funds available. At June 2018 Board reporting £1.2m over spend and a forecast of at least £3m over spent at year end. Reputational Damage; Loss of confidence in Board by SGHD; Impact on future delivery of clinical services.	Medium	30/09/2021	0 - Avoid	The Board has to achieve financial balance at the year end to meet its statutory financial obligation under section 85 of the National Health Services (Scotland) 1978. Failure to do so would result in the Auditor General under Section 22 of the Public Finance and Accountability (Scotland) Act 2000 producing an exemption audit. This audit allows the Auditor General to bring to the Parliament and the public's attention matters of public interest related to the financial statements of public bodies. This is currently a mandatory report The Auditor General produces when NHS Boards fail to achieve year end financial balance. Statutory NHS Shetland has a legal duty to break even and evidence delivery of best value for public funds. In 2018/19 current forecast projection is breakeven.	Finance	Clinical Care and Professional Governance Committee	1- To continue to improve and protect the health of the people of Shetland. 3- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service. 4- To provide best value for resources and deliver financial balance. 5- To ensure sufficient organisational capacity and resilience.	Marshall, Mr Colin

Corporate Risks - as of 20 April 2021

Risk ID	Risk Description	Controls	Gaps in controls	Adequacy of controls	Assurance	Gaps in assurance	Risk - Rating Rationale	Risk level (Target)	Review date	Risk Appetite	Risk - Risk Appetite Rationale	Risk - Theme	Standing Committee	Principal objectives	Risk Owner
1427	There is a risk of patients accessing care in NHS Shetland health and care facilities during the pandemic recovery period transmitting or acquiring Covid-19 which would result in potential harm to staff/patients/clients in these settings.	Robust protocols for patients entering elective pathways including testing and shielding Primary care adoption of telephone and digital triage to decrease footfall in health centres Establishment of quality assurance group for Care Homes Alignment with national guidance regarding the wearing of masks in health and care settings Weekly testing of care home staff Testing of patients over 70 admitted into GBH Establishment of "clean green" pathway for elective patients using Ronas Ward Frequent involvement of Consultant Microbiologist in clinical decision making	Constraints of Covid testing	Responsible	Daily reporting to SG on carehome and hospital status		No vaccination There is still an infrequent number of positive cases which acts to remind us that the virus may still be prevalent in communities from which patients are coming to our facilities.	Low	31/12/2021	1 - Minimal	We do not have the resources in Shetland to avoid the risk completely by, for example, running specific red and green sites. Even within GBH we have to run a green and red pathways which de facto means we have to accept some risk within our risk profile but we would aim to mitigate as much as possible this risk profile aligned with a minimal risk appetite.	Public Health	Clinical Care and Professional Governance Committee	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, 3- To redesign services where appropriate, in partnership, to ensure a modern, sustainable local health service.	Chittick, Brian
1444	There is a risk of regulatory action and/or financial penalty and/or reputational damage to the Board as a consequence of the low level of compliance with the mandatory information governance training. There is a risk of a greater number of data incidents as a consequence of low levels of information governance awareness and knowledge due to low levels of compliance with the mandatory information governance training.	Information Governance is part of the Board mandatory training courses that staff should complete at commencement of employment and re-take in-line with agreed refresher period in Board's plan. In the annual staff review process line managers should be ensuring that staff that directly report to them are compliant with their statutory and mandatory training. Information Governance team are producing reports for Directors and line managers that highlight staff compliance against this mandatory training course.	The Board's performance on staff training on information governance is actively being managed with reports produced for Board Governance Committee and EMT. TURAS Learn also has line management reports that can be used as a routine tool to check staff progress in this mandatory course and all the other courses	Inadequate	Information Governance team are now sending out pro-actively managed information reports to the Executive Directors and designate line managers that allow them to identify staff compliance with completing necessary training. This will allow line managers to ensure all direct reports are compliant with training in information governance and also completed 1 of the mandatory training modules. In respect of the Board's Governance structure performance on this is being reported to IGSG and eISG along with EMT. These reports indicated only 51.2% of staff completed on-line course at 3 March 2021. At 31 March 2021 highest current pass rate in any directorate was 96%.	Information Governance team was established that will support training and compliance monitoring.	The level of compliance has remained below 40% for a number of years. This has been highlighted in audit on several occasions. In addition, the ICO has commented on the importance of up-to-date IG training in a number of recently reported incidents.	Low	30/09/2021	1 - Minimal	The low level of compliance has been raised by internal and external audit as a priority action. In addition, the ICO has emphasised the need to evidence the delivery of adequate and effective information governance training as requirement of data protection legislation (GDPR/DPA 2018).	Information Technology / Digital	Staff Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, 4- To provide best value for resources and deliver financial balance.	Marsland, Mr Colin
1449	There is a risk of reputational damage and of service quality failure because of lack of the appropriate recovery plan execution from the findings of internal and external audit reports which could result in poor governance leading to a decrease in patient safety and an inability to meet both national and local service targets.	Board oversight of the lack of compliance to audit reports means there is a level of accountability at all levels of the risk. Psychological Therapies Recovery plan formulated Audit Action recovery plan for CMHT formulated External OD work taken place in MH Service to support improvement plans Clear oversight from NHS Audit Committee regarding the audit findings with updates given to committee regularly Good liaison between auditors and responsible officer/audit committee External OD work taken place in MH Service to support improvement plans Clear oversight from NHS Audit Committee regarding the audit findings with updates given to committee regularly Good liaison between auditors and responsible officer/audit committee	External commentary on the performance of services which undermines patient confidence in NHS services	Inadequate	Presentation of updates to Audit Committee Inclusion of MH Ps in Performance reporting to UB		Due to the high profile nature of Mental Health Services especially coming out of the current pandemic, there is high visibility and sensitivity surrounding the risk in its current form	Medium	30/09/2021	3 - Open	There has already been some degree of the risk having been realised by reporting in local media as well as two different audits reports which have highlighted two different perspectives of the risk being carried by the CMHT at present with respect to waiting times and governance within the Service. Therefore with respect to recover I think we have to broaden the risk appetite profile to find ways to mitigate the risk which is acute at present and an open risk appetite represents the tempo at which the risk needs to be mitigated.	Operational	Clinical Care and Professional Governance Committee Audit Committee	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, 3- To redesign services where appropriate, in partnership, to ensure a modern, sustainable local health service, 4- To provide best value for resources and deliver financial balance, 5- To ensure sufficient organisational capacity and resilience.	Chittick, Brian
<p>Risk Response - Treat Risk Rating - Medium</p>															
1451	There is a risk of harm to patients and/or staff, reputational damage, legal action and financial penalty because NHS Shetland does not have a robust mechanism to assure itself that non-NHS Shetland staff (e.g. contractors and agency locums) with access to NHS Shetland systems have adequate information governance training. This could increase the number and severity of personal data breaches.	Line manager engaging external individuals should ensure locums and other temporary have adequate training in information governance before commencement and ensure that local induction for these individuals highlight roles and responsibility for information governance. If not adequately assured then should ensure during induction the board's mandatory information governance course is undertaken and appropriate policies brought to their attention. External parties engaged through a procurement process prior to a contract being awarded should ensure the information governance standards are built in to the contract and during the procurement process evidence of bidders knowledge and compliance on GDPR is established.		Adequate	Policy outlines responsibility for managers.	A mechanism is needed to audit and report the number of non-NHS Shetland staff who have an acceptable level of IG training	If an incident occurred and that an untrained external employee was responsible, this could increase the potential for increased financial penalties from the regulator.	Low	01/07/2021	0 - Avoid	Because of a) the legal obligation to protect personal data and maintain public trust in the security of the highly sensitive information managed by NHS Shetland, b) the adverse media consequences of a data breach as a result of inadequately screening/enforcement of IG training for non-NHS Shetland staff and c) the potential for enforcement action by the regulator, the Data Protection Officer considers 'Avoid' to be the most appropriate response to this risk, i.e. No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Training	Staff Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	Colin
36	Lack of access to services for those living in more remote areas of Shetland because of service configuration leading to worse outcomes for individuals	Use of Ask My GP is being scaled up across the Health Centres to provide remote access Review of Urgent Care Pathways to decrease footfall in A&E involves use of NHS Inform/Flow Navigation Hub to allow remote access to care Merging of databases in certain localities (Walls/Bixter) allowing patients access to two teams for treatment /care to improve access Use of Attend Anywhere Video conferencing facility is providing improved access Ambulance Liaison Group well established to ensure risks identified and acted on for all ambulance issues across Shetland. Joint work in progress with Scottish Ambulance Service using the Strategic Options Framework implementation plan, with priority given to actions for remote areas. For appointments in Lerwick, there is good understanding of the need to be flexible with appointment times. Outreach for care at home provided through existing care centres. Models for health and social integration focus on ensuring locality resilience and sustainability. Primary healthcare continues to be provided in existing localities.	Level of influence on infrastructure planning. Understanding unmet need- where someone does not access a service /care to improve access	Adequate	DNA rates are monitored, and work in the past has not identified specific access issues for a locality - Monthly Complaints monitoring also captures access issues - Monthly DNA rates for some services are part of the Board performance report Escalation of issues from Citizens Advice Bureau and Advocacy Shetland Use of Patient Opinion	There may be individuals who have difficulties accessing services who have not sought help or flagged this to services	Lack of detailed information on personal experience of access to services from all areas Lack of detailed information on personal experience of access to services from all areas	Low	31/12/2021	2 - Cautious	Reluctant to disrupt traditional access points. New GP contract has different expectations.	Planning / Contingency	Clinical Care and Professional Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	Chittick, Brian

Corporate Risks - as of 20 April 2021

Risk ID	Risk Description	Controls	Gaps in controls	Adequacy of controls	Assurance	Gaps in assurance	Risk - Rating Rationale	Risk level (Target)	Review date	Risk Appetite	Risk - Risk Appetite Rationale	Risk - Theme	Standing Committee	Principal objectives	Risk Owner
1489	There is a risk that, if services do not have business continuity plans in place and exercised, we will not meet the statutory obligations and, in the event of a significant disruptive event, we will fail to deliver essential care to the population of Shetland, the recovery of services after the event is delayed or extended unnecessarily, and the post incident scrutiny by Government and regulatory/investigative bodies leads to adverse impact on reputation of individuals and of the organisation.	Appointment of dedicated Resilience manager for NHS Shetland from 1st February 2021 to support services to develop and maintain plans. Governance structure established to provide assurance to EMT. Service business continuity and recovery plans in place with an update and review process. Membership of Highlands and Islands Emergency Planning Group/Forum. Fully engaged with interagency response. Reciprocal arrangement for mutual aid across North of Scotland. Participation in national and local training and exercising programme. Live activation of Major Infectious Disease Plan in response to COVID. Self-assessment against national Standards for Organisational Resilience and Development of prioritised action plan to be repeated in 21/22.	Gaps in service business continuity plans. Limited capacity to complete the updating of plans, to train staff in business continuity planning and lack of a formal training needs assessment. A number of NHS Shetland plans not exercised and out with their planned review date. Electronic BCM system to facilitate the development, management and performance management of BIAS and BCPs in NHS Shetland.	Inadequate	Quarterly reporting to EMT for the delivery of workplan Production and presentation of annual report to NHS Shetland Board Exercising and review of events / incidents test responses and produce learning and action plans that are monitored via Executive Management Team. Continual updating of Procedures and Business Continuity Plans leads to learning embedded into practice. Self assessment against Standards for organisational Resilience and appropriate plan is in place Scrutiny through Internal Audit programme	Documentation of NHS Shetland critical services. Variation in Business continuity plans. Limited resources to support business continuity planning. Limited assurance that exercising being planned and undertaken across the health and social care system.	Response to COVID 19 has activated many business continuity plans which require updating in light of lessons learned. Response to COVID 19 has reduced capacity to keep plans up to date. EU Exit risks are actively monitored drawing capacity from the wider agenda.	Medium	18/01/2022	2 - Cautious	Emergency planning / business continuity based on clear processes to minimise risk & reputational damage	Planning / Contingency	Clinical Care and Professional Governance Committee	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 , 5- To ensure sufficient organisational capacity and resilience.	Webb, Susan
1384	The Board has limited capacity to oversee sustainable change which means that change could occur in an uncontrolled manner which could increase risks to patient care as new processes, technology, workforce or change is implemented without adequate consideration of its impact	Establishment of the Project Management Support Office to support controls and transformation of change processes Provision of Service Improvement training available Management bundles developed and in place Service Improvement resource available to support change programme Executive lead for SI identified	Clear statement of the Board and management teams commitment to and support for CSI not clearly articulated across organisation	Adequate	Output of Self assessment action Progress with Service redesign monitored through TCB & Board Board Self assessment processes		SIFs meets monthly SIF 6 week course fully booked up over a number of month Brexay Project out to Consultation Ambulatory Care business case approved for next level Primary Care Steering group to progress action plan for EMT - September Interim CE agreed additional £20k funding into QJ Service can be cautious and risk averse in relation to change. While opportunities are available for learning / development the ethos and approach of Continuous Improvement needs to be embedded in the organisation and leadership culture across and down the organisation. Service can be cautious and risk averse in relation to change. While opportunities are available for learning / development the ethos and approach of Continuous Improvement is not embedded in the organisation and leadership culture across and down the organisation	Medium	30/06/2021	4 - Seek	Bold changes may be required to address limitations that may occur that may include but not limited to: 1. Staff 2. Technology 3. Remote and Rural location 4. Government Policies and targets 5. Financial resources need to be innovative and willing to take risks in implementing change;	Planning / Contingency	Clinical Care and Professional Governance Committee	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 , 3- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, 4- To provide best value for resources and deliver financial balance, 5- To ensure sufficient organisational capacity and resilience.	Dickson, Michael
Risk Response - Tolerate															
Risk Rating - High															
1471	The risk to current and future service delivery because of: - current method to source, supply and retain - redesign of current workforce model looking at alternative delivery models - cost of status quo is not sustainable - the ongoing mobilisation of services - looking at methods of attraction/sourcing (social media)	Having a remobilisation strategy and direction of travel that looks at individuals services and needs Revisiting and updating a clinical strategy for the next 5-10 years Having a robust Board attraction strategy that includes succession planning and retention	Time of individuals to focus on service and workforce plans due to the impact of day-to-day service delivery	Adequate	The winter plan has been submitted Recovery plan completed with workforce elements Engagement on the clinical strategy Work progressing on NDI's and rediscover the Joy The process for the 3 year integrated plan going through APP SCC.		Gaps have been fulfilled with locums or agency staff which is not effective or cost efficient. Need to understand the effects of Brexit and how that will impact on long term locums.	Medium	30/04/2021	3 - Open	Currently implementing the winter workplan and phased recovery of service.	Workforce	Staff Governance Committee	3- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, 4- To provide best value for resources and deliver financial balance, 5- To ensure sufficient organisational capacity and resilience.	Hall, Lorraine
Risk Response - Tolerate															
Risk Rating - Medium															
961	NHS Shetland has extensive risks surrounding it aged estate and inherited properties. The risk of non compliance against modern standards and environmental targets is increasing	Board reviews NHS Scotland SAFR report on an Annual basis; NHS Shetland produces an Annual Property and Asset Management Strategy (PAMS)Action plans for Estates & Facilities agreed Board ensuring ongoing discussion takes place with Health Facilities Scotland and support provided Board supports visits from HFS to discuss local position NHS Shetland is developing a net zero plan to reflect the targets set by Scottish Government (Net Zero 2040) Board supports the development of SCART tool within available resources Board supports input into EAMS tool within available resources	Regular reporting to Board on key environmental targets could be improved	Adequate	Performance Scorecard (HEAT targets) - Bi monthly Scrutiny of HEAT targets / SAFR		Relevant activity progressing where practical; Limited resources available to further accelerate Limited opportunity to progress (or control) further improvements Low level impact around target compliance NHS Shetland's environmental targets are clear; Approach to improvement being developed although recognised opportunity for further progress	Medium	31/03/2022	3 - Open	Willing to invest for return and look at creative/ flexible solutions	Logistics / Estates	Clinical Care and Professional Governance Committee	1- To continue to improve and protect the health of the people of Shetland, 4- To provide best value for resources and deliver financial balance.	Dickson, Michael
1044	There is a risk that patients will experience delays in transfers from the outer islands of Shetland for emergency or urgent care, resulting potentially in poorer clinical outcome. There is 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.	Liaison with local SAS reps to develop remote access to urgent care provided by SAS via NearMe for non-doctor islands Liaison between SAS and DCHC and MD to review first responder models in the outer isle's Adverse events and collective learning takes place via the Ambulance Liaison Group There is now appropriate representation at Ambulance Liaison Group meeting with a balance between SHB and SAS with regional managers from SAS now involved The controls which are in place are owned by the SAS and include: •Provision of emergency and urgent retrieval by MCA •Revised protocol circulated (clarity that Jigsaw not available) •Supporting SAS air cover from Helimed helicopters •Inter-island flights (during business hours)	Gaps in NDI nursing capability whilst remodelling of island nursing capability takes place and this will affect first responder capability	Adequate	Recent review of Ambulance Liaison group membership and quorum Ensure effective brief of each transfer to understand impact and timing of transfer – Report to Ambulance Liaison group and CCG. Ensure effective provision of information from SAS		The number of times that patients have required urgent retrieval is small (approximately 12-15 transfers per year). However when it is needed it has to happen so this small number is irrelevant. If a patient requires urgent transfer and the timeframe of 3 hours+ does not fit with the patients clinical condition or other factors such as the weather mean that immediate transfer is necessary, then the clinician (GP or Non Doctor Island Nurse) can ask SAS to upgrade the response to an emergency and the Maritime Coastguard Agency (MCA) will provide air retrieval instead. The majority of urgent transfers in 2014 were completed by MCA in any case because the Jigsaw helicopter was unavailable. Based on historical experience and the data available, the likelihood of the MCA or SAS air ambulance resources being unavailable or out of range at the same time in low. In noting this, we don't have any data on the H145 (or previous helicopter Airbus models) as they very rarely come to Shetland. In light of the fact that activity levels will always be low it is difficult to quantify the probability of air ambulance or MCA resources being unavailable at the same time and the risk that creates in service provision. This aircraft is now being shared with the Western Isles, Orkney and the North of Scotland so what with weather distance, icing and the possibility of simultaneous missions the likelihood of the H145 being available is not well quantified.	Medium	31/03/2022	2 - Cautious	We need to accept a certain amount of risk due to the nature of location in an island environment. There may scope to be in some ways innovative in how we mitigate this risk but we may be curtailed by the dependency on external agencies who may not accept the same risk appetite.	Operational	Clinical Care and Professional Governance Committee	2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, 3- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, 5- To ensure sufficient organisational capacity and resilience.	Chittick, Brian