

<b>Meeting:</b>	Shetland NHS Board
<b>Date:</b>	14 December 2021
<b>Report Title:</b>	Strategic Risk Register (SRR) Report
<b>Reference Number:</b>	Board Paper 2021/22/49
<b>Author / Job Title:</b>	Clinical Governance and Risk Team

#### Decisions / Action required:

The Board is asked to review and manage:-

- the 2 new strategic risks which were agreed by the RMG in September 2021
- the changes to a number of strategic risks
- note the strategic risks in order of highest rank table which includes all strategic risks agreed by the Board in April 2021 and any updates made to the risk ratings since April 2021. It also includes the 2 new strategic risks agreed by RMG in September 2021
- note the actions which previously were presented in a separate report are now included in the Strategic Risk Report
- identify if there are any strategic risks missing

#### High Level Summary:

The strategic risks were reviewed at the Risk Management Group (RMG) meetings (September and November 2021) which recommenced in September 2021 and additional updates have been made and are documented in this paper. The new strategic risk dashboards have been developed for the Executive Directors.

We have been working with Directors to review all old risks, reassigned risks and actions as a result of the work undertaken to review all the corporate risks earlier this year.

The strategic risks relevant to the Staff Governance Committee were presented at the meetings in May and November 2021 in line with the requirements to report twice yearly. The Clinical Governance Committee (CGC) will receive their risks at the March 2022 meeting as it is a new committee. The full SRR is now presented to the Audit Committee for formal approval for onward reporting to the Board.

Further to the request by the Chair at the Board meeting in April 2021 for more scrutiny around the strategic risks it was agreed at the Audit Committee meeting in September 2021 they will review a number of strategic risks at each meeting presented by the relevant Executive Directors.

As part of the review and update to the risk management strategy we have made the following changes as agreed by RMG at the September 2021 meeting:-

- renamed corporate risks to strategic risks
- renumbered strategic risks
- adopted new risk description format in line with the orange book and to help ensure we have clear and consistent risk descriptions – 2 new strategic risks used this format and a number of current strategic risks have been updated (see summary of changes):-
  - If.... (the cause of the risk)
  - Then.... (the event/incident)
  - Resulting in.... (the consequence)
- added 'reason for change' field and 'date risk reviewed' onto risk form and this will be used in SRR reports to identify why changes have been made to the relevant groups, committees and Board
- risk title to be used in reports and for communicating the strategic risks within the organisation

### Corporate Priorities and Strategic Aims:

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

### Key Issues:

Summary of changes (see SRR report for detail):-

- **2 new risks:**
  - SR17 (1515): Cyber
  - SR16 (1507): COVID Outbreak
- **5 risks decreased in score:**
  - SR08 (1471): Workforce – from 16 (high) to 12 (high)
  - SR16 (1507): COVID Outbreak - from 15 (high) to 12 (high)
  - SR07 (1449): Mental Health – from 16 (high) to 9 (medium)
  - SR09 (1482): Clinical Governance Assurance - from 12 (high) to 9 (medium)
  - SR03 (1045): Paediatrics - from 12 (high) to 8 (medium)
- **2 risk responses changed:**
  - SR08 (1471): Workforce - from 'tolerate' to 'treat'
  - SR09 (1482): Clinical Governance Assurance – from 'treat' to 'tolerate'
- **3 risk descriptions updated using new format (If, then, resulting in):**
  - SR09 (1482): Clinical Governance and Assurance
  - SR04 (1307): External Factors e.g. Brexit/Supply Chain
  - SR12 (1354): Urgent/Emergency/Unscheduled Care

The SRR report was presented to the Audit Committee meeting in November 2021. Further to the discussion that took place around the workforce strategic risk it was agreed RMG would review at the next meeting.

**Implications :** *Identify any issues or aspects of the report that have implications under the following headings*

**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.

<b>Human Resources and Organisational Development:</b>	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.
<b>Equality, Diversity and Human Rights:</b>	The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone who provides or receives a service to/from NHS Shetland.
<b>Partnership Working</b>	Contribution to high-level aim of Shetland being a safe place to live and work.
<b>Legal:</b>	Compliance with statutory duties, contract obligations and policy requirements.
<b>Finance:</b>	The strategy includes clinical risks involving patients, families, staff and carers (including health and safety, accidents or incidents) and non-clinical risks (including information governance and finance).
<b>Assets and Property:</b>	The strategy includes clinical risks involving patients, families, staff and carers (including health and safety, accidents or incidents) and non-clinical risks (including information governance and finance).
<b>Environmental:</b>	Implications on the local environment are dependent on the adverse events recorded and subsequent actions required after investigations.
<b>Risk Management:</b>	Health Improvement Scotland Risk Management Framework 5x5 Risk Assessment Matrix. NHS Shetland's Risk Management Strategy.

<b>Policy and Delegated Authority:</b>	Risk Management Group (RMG)	
<b>Previously considered by:</b>	Audit Committee	30 <sup>th</sup> November 2021
	Risk Management Group (RMG)	8 <sup>th</sup> September 2021 3 <sup>rd</sup> November 2021

<b>“Exempt / private” item</b>	N/A
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*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.*

## Strategic Risk Register in Order of Highest Rank 2021/22

Lead	Theme	Risk Description (ID)	Apr 21	Sept 21	Nov 21	Mar 21	Trend	Target	Movement in last year
<b>Risk Response – Treat</b>									
DHRSS	Information Technology/Digital	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 (SR17 was 1515)	N/A	16	16		-	8	-
CE	Logistics/Estates	If external factors such as Brexit, changes to regulations or political instability impact on the Board's ability to sustain services, then 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 (SR04 was 1307)	15	15	15		↔	4	0
DHRSS	Workforce	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) (SR08 was 1471)	16	12	12		↓	6	-4
DNAS	Operational	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 (SR01 was 19)	12	12	12		↔	6	0
DoF	Finance	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 (SR02 was 500)	12	12	12		↔	8	0
DCHSC	Public Health	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 (SR05 was 1427)	12	12	12		↔	2	0
DoF	Information Technology/Digital	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 (SR06 was 1444)	12	12	12		↔	2	0

Lead	Theme	Risk Description (ID)	Apr 21	Sept 21	Nov 21	Mar 21	Trend	Target	Movement in last year
<b>Risk Response – Treat</b>									
DCHSC	Operational	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 (SR07 was 1449)	16	12	9		↓	9	-7
CE	Planning/Contingency	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 (SR12 was 1354)	9	9	9		↔	3	0
DCHSC	Planning/Contingency	Lack of access to services for those living in more remote areas of Shetland because of service configuration leading to worse outcomes for individuals (SR13 was 36)	9	9	9		↔	2	0
MD	Operational	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 (SR03 was 1045)	12	8	8		↓	4	-4
DPH	Planning/Contingency	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 (SR10 was 1489)	8	8	8		↔	8	0
DoF	Training	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 (SR11 was 1451)	6	6	6		↔	3	0

## Risk Response – Tolerate

DPH	Public Health	If there is a large covid outbreak in Shetland, then it will overwhelm current services, resulting in significant adverse outcomes for patients and damage to NHS Shetland's reputation (SR16 was 1507)	N/A	15	12		↓	6	-3
MD	Training	If we continue with current clinical governance process via CGC, there is risk of patient harm because of incomplete governance and assurance processes which results in a poor learning system, resulting in repeat safety events and a lack of quality improvement and there is no culture of learning (SR09 was 1482)	12	9	9		↓	9	-3
DCHSC	Operational	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 interisland 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 (SR15 was 1044)	8	8	8		↔	4	0
CE	Logistics/ Estates	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 (SR14 was 961)	4	4	4		↔	4	0