

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>12 December 2023</b>
<b>Agenda reference:</b>	<b>Board Paper 2023/24/45</b>
<b>Title:</b>	<b>Strategic Risk Register (SRR) Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Brian Chittick, Chief Executive</b>
<b>Report Author:</b>	<b>Edna Mary Watson, Chief Nurse (Corporate)</b>

## 1 Purpose

The Strategic Risk Register is formally reported to the NHS Board for

- Awareness; and
- Discussion.

to provide assurance that the strategic risks are being managed and to provide an opportunity to identify if there are any new/additional risks which should be added to the Strategic Risk Register at this time.

### **This report relates to:**

- NHS Board Governance Procedures

### **This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The strategic risks have been reviewed at the Risk Management Group (RMG) meetings on 5 June, 11 September and 13 November 2023, taking account of any feedback received from Directors and/ or governance Committees.

The risks which the standing committees are responsible for have been presented at each of the meetings as follows: Clinical Governance Committee in June and September 2023, Staff Governance Committee in May, August and November 2023 and the Finance and Performance Committee meetings in May, September and November 2023.

In addition the entire Strategic Risk Register (SRR) was presented to the Audit and Risk Committee at their meetings in June, September and November 2023.

Changes made to the Strategic Risk Register in terms of new and closed risks, and changes in risk scores and risk responses are outlined in this paper. Sections on Procedures developed, Proposals presented and Horizon Scanning have also been added to assist with the sharing of key information from RMG to the Audit and Risk Committee and subsequently to the NHS Board.

As part of the annual review of the RMG Terms of Reference, RMG proposed to increase their development sessions to two per annum, one of which would be externally facilitated. RMG also proposed to remove the requirement to present an annual risk management report to the Joint Committee Chairs meeting in May of each year, due to the Annual Report being presented at the full NHS Board in April. Both of these points were supported by the Audit Committee.

An Overview of the Strategic Risks by Highest Rank 2023/2024 is presented in Appendix 1. The current risk scores, as at 7 November 2023, are provided for information under the Quarter 3 23/24 position.

The details of each of the Strategic risks is provided in Appendix 2.

## 2.2 Background

The Board of NHS Shetland is corporately responsible for the Risk Management Strategy and for ensuring that significant risks are adequately controlled.

To support the Board a number of formal committees have been established and are responsible for various aspects of risk management, principally these are the Audit and Risk Committee, Clinical Governance Committee, Finance and Performance Committee and Staff Governance Committee. All Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility. In addition, the Audit and Risk Committee has a responsibility for overseeing the implementation of the Risk Management Strategy, taking assurance from the Risk Management Group (RMG).

As part of the development of the new risk management strategy in 2021/22 the following changes were made:

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

Executive Directors have been supported to review the risks they are responsible for in line with the above format and work continues to support line managers throughout the organisation to review their risks and implement this format.

A standardised approach to having all risk review dates set for the end of the calendar month was implemented earlier this year and appears to be working well, providing a more consistent approach to the effective monitoring and timely review of the risks.

However, it has been noted that some of the mitigations and controls on some risks are now out of date. In line with the actions outlined in the Risk Management Workplan, from January 2024 the Clinical Governance and Risk Team will have a focus on supporting Directors and Managers across the Board to review in entirety the content of all risks held on their Risk Register to ensure that these are updated and remain current going forward.

The Datix Support Officer and other members of the Clinical Governance and Risk Team continue to support staff as needed with the identification, recording and management of risks across the organisation.

## 2.3 Assessment

In terms of process, the following changes have been made to the Strategic Risk Register Process in the last 8 months:

- The Clinical Governance and Risk Team worked with the Chair of the Audit and Risk Committee, to agree a new Strategic Risk Register reporting template with the aim of making the information more accessible to members. This new report format has now been used at RMG and all the standing committees. All have feedback that the report is more user friendly and an improvement on the previous report format.
- A standardised approach has now been taken to having all risk review dates set for the end of the calendar month. This has enabled a more consistent approach to be implemented across the organisation and is supporting more effective monitoring of the timely review of the risks.
- In April, following discussions at RMG a section was also added to the Risk Register to check whether or not the control measures in place have been tested in practice and if so what was the outcome of the testing. Of the 17 Strategic Risks presented in this report 4 risks have reported testing of all controls to have taken place, a further 4 risks with testing of some controls and the remaining 9 with no testing having been carried out to date. As this is a relatively new section this is just becoming embedded in practice, and therefore this will be formally considered at the time of the next review of each individual Strategic risk.
- To enhance governance processes a new field entitled “updates from governance committees” has been added to the SRR enabling the easy recording of when governance groups reviewed their strategic risks and any changes made / proposed.
- The Risk owners noted on the Risk Register have been updated to reflect recent changes in staff positions, namely Brian Chittick to Chief Executive and Jo Robinson, Interim Director of Community Health and Social Care for the Risks within the Community Health and Social Care Partnership.

## Summary of Strategic Risk Register changes:-

The following changes have been noted in relation to the Strategic Risk Register:

### ➤ **Rating score overall upward trend:**

**SR08: Workforce** risk rating score has continued to be 20 (very high) reflective of the increasing challenge faced in recruitment and retention of staff across the organisation.

The Finance & Performance Committee tasked the management of the recruitment and retention risk to the Staff Governance Committee. Reviewing the wording and scope of this risk was discussed at the Risk Management Group meetings in June and September 2023. It has been agreed that this risk will be redrafted in a dedicated risk management session on the 6 December 2023 by members of the Executive Management Team and Clinical Governance and Risk Team.

At the Staff Governance Committee meeting on 16 November 2023 a request was made for an update on the new Risk to be provided to the Committee following the development session.

**SR13: Access to Services** rating score remains at 16 (high) from being increased to this level in Q4 of 22/23. This is due predominantly to the CHSCP operating under business continuity arrangements and the increasing difficulty in providing access to all services across both the NHS Board and CHSCP. The main challenge to service provision remains recruitment and retention issues in particular in the more remote areas of Shetland where active service redesign is being progressed to try and address this.

**SR14: Estate** risk rating is maintained at 12 (high) from its initial escalation to this level in Q1 23/24. It is noted that there are a number of issues impacting on the Estates risk and that the Head of Service plans to host a session to review all of the risks pertaining to their service area.

Chief Nurse (Corporate) and Clinical Governance and Risk Team will participate in this process with a view to presenting to RMG and NHS Board potentially a new structured approach for services to review their risks.

### ➤ **Rating score increased:**

**SR06: IG Training for NHS Staff:** The risk score has been increased from 12 (high) to 16 (high) on 12 September 2023, Q2 and continues, to date, at this level.

The increase in risk score is to reflect that despite previous efforts to increase the number of staff completing Mandatory training, the uptake rate has remained low and thus there is an increased potential of an error being made in relation to Information Governance.

The Clinical Governance and Risk Team are currently reviewing the Datix system for any Adverse Events recorded which would highlight training needs for staff in relation to Information Governance.

Whilst no formal testing of the Adequacy of Controls has been undertaken on this risk, following discussion at the Staff Governance Committee, it was felt that the controls should be considered to be Inadequate due to their failure to resolve this position. Director of Finance to review the controls in place on this risk.

➤ **Rating score decreased:**

**SR02 Finance:** The risk score had been increasing over the last financial year but was reviewed in Quarter 1 23/24 and reduced from being very high risk (20) in the last quarter of 22/23 to high risk (12) in Q1, it has maintained this position throughout Q2 and to date in Q3.

Discussion at RMG in November has started the process of reviewing this risk, with agreement reached to write a new Finance risk but that this one would remain on the Strategic Register until the new Risk is drafted and formally approved. It is anticipated that this process will be completed over the coming weeks, and once approved the risk, as presented currently, will be closed.

**SR16 Covid outbreak** had a sustained increase in rating score from 12 (high) to 16 (high) over Q3 and Q4 in 2022/23, which continued into Q1 of 2023/24 due to an increase in the severity rating as although there are many controls in place, they individually are fragile (staffing, capacity issues). Director of Public Health has recently reviewed this risk in Q2 and has reduced the current score back to 12(high) risk to be in line with the current relatively low levels of Covid in the community and the return to more pre-Pandemic behaviours.

➤ **New Risks**

No new Strategic risks have been added to date.

➤ **No changes in Risk Rating Scores** for the following Strategic risks – SR01, SR03, SR04, SR09, SR10, SR11, SR12, SR15, SR17, SR18 and SR19.

However it is noted that SR11 IG Training non-NHS staff is overdue for review and this has been brought to the Executive Director's attention.

➤ **No risk responses changed.**

➤ **No Strategic Risks Closed**

➤ **Organisational Risks**

- Risk 1001 – NMC registration checks - RMG supported that this risk should be considered for all professional groups and the Director of Nursing and Acute offered to redraft the risk with the other Professional Leads with due consideration being given to this then being placed within the overall workforce risk. The risk as it currently is written is now Closed with consideration to be given to the importance of maintaining current active professional status to be considered as part of the overall new Workforce risk. See Appendix 3
- Risk 654 – Meeting Treatment Time Guarantee during remobilisation – At the RMG meetings in September and November the need to review any remaining risks pertaining to the Pandemic, remobilisation and/or recovery was highlighted as these are no longer fit for purpose. Risk 654 – Meeting Treatment Time Guarantee during remobilisation is included in this report but should be noted that this is one of the risks now for review.

➤ **Directorate Level Risks**

In addition to the Strategic and Organisational Level risks, there are 2 Directorate Level Risks which should be noted. These are Medical Staffing (1259) and a new risk Audiology – Single Handed Practitioner (1571). Medical staffing has a risk score of 16 (high risk) and has remained at this level over the last 12 month period. The Audiology Risk is new and has a risk score of 15. The current details of these risks are noted in Appendix 2.

➤ **Adequacy of Controls**

The following Strategic risks have their Adequacy of Controls noted to be inadequate. The reasons for this rating are provided beside each risk.

**SR01 National Standards**

Gaps in controls were identified in relation to the Service Level Agreement (SLA) annual review with NHS Grampian being incomplete, some risks associated with NHS Grampian capacity to deliver visiting services due to gaps in their workforce were also noted as were some risks being identified with the review of shared pathways and development of alternative models of care.

**SR06 IG Training for NHS Staff**

As noted above despite previous efforts to increase the number of staff completing Mandatory training, the uptake rate for IG training has remained low and therefore the controls in place are deemed inadequate.

**SR08 Workforce**

The current controls for SR08 are considered to be inadequate. This will be addressed as part of the review of this risk on 6 December 2024.

**SR16 Covid Outbreak**

The Director of Public Health has recently reviewed this risk and whilst reducing the overall risk rating from 16 to 12 this risk remains high risk. The risk rating has been reduced at this time due to the relatively low prevalence of COVID infection in the Community and in response to the recent national clinical review which recognises that Scotland continues to adapt to the Covid-19 Pandemic and has entered a calmer phase of the Pandemic with a return to standard infection control procedures and a relaxation on testing apart from in specific circumstances eg pre-care home admission and in outbreak management.

However it is noted that there are still gaps in controls arising as a result of Health and social care services remaining fragile and under considerable pressure, potential for significant pressures this winter, and staffing and resourcing issues are impacting on the Vaccination Team and other key posts within the Health Protection Team due to reduced funding.

It is noted that all the controls in place have been tested throughout the Pandemic and a national table top exercise has also been held for responding to any new variant/ mutation.

**SR17 IT Failure due to Cyber Attack**

There are multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching to reduce the risk of a cyber attack. It is noted that the cyber landscape means that mitigation against the likelihood of an attack is essential

but not possible, however, through enhancing security controls, monitoring and recovery testing it is possible to mitigate against some of the consequences of any cyber attack.

Concerns are noted about limited active deployment, development and operational use of some tools due to a lack of staff resource. A business case is being submitted to the Executive Management Team for consideration to increase the staffing establishment.

Concerns are also noted about Information Governance policies being out of date and limited staff compliance with mandatory training in this area, as is noted above. These issues were raised at the last F&P Committee by the Head of Information Governance.

➤ **Risk Appetite and Controls**

Work to review all of the risks in relation to the organisational Risk Appetite and to review actions to close any gaps in controls, where these have been identified, is planned as part of the overall review of Risks commencing in January 2024.

➤ **Proposals**

Concerns raised by the Audit and Risk Committee regarding the proposal to change the system by which Community Health and Social Care Directorate risks are recorded, from being recorded on both the Datix system (NHS) and the JCAD system (SIC), to using the JCAD system only was previously fed back to the Director of Community Health and Social Care (DCHSC). The DCHSC advised that the Directorate would trial the Risk Register on JCAD, putting changes on to the Register and present this to the Audit Committee along with a paper outlining the oversight and assurance arrangements that are in place.

The scheduled upgrade to the JCAD system has not yet taken place and therefore the Clinical Governance and Risk Team are liaising with the Risk lead in the Local Authority regarding training and access permissions for the current system as, whilst risk management reports have been received from the CHSCP for RMG, there has not yet been any reconciliation of the health risks between the 2 systems both of which have different scoring systems and a different schedule for frequency of reviews based on the risk scores.

➤ **Procedures**

No new procedures were brought forward for consideration.

➤ **Clinical Risk Advisory Team (CRAT) Reviews**

An updated CRAT summary paper was presented at RMG in November. It was noted that there were still a number of CRAT reviews/ subsequent investigations in progress.

Previous concerns highlighted by the Chief Nurse (Corporate) regarding the limited number of staff with the skills required to undertake an investigation were discussed. It was noted in feedback from the recent Speak Up Speak Out week activities that there had been a subsequent increase in issues being raised through the Whistleblowing route which also requires to have staff with skills to manage this process as 'business as usual' as well as to be able to undertake investigations. Through these discussions it was agreed to set up a meeting between clinical services and organisational development to give further consideration to the level of training and skills development necessary for staff working at Band 7 and Band 8 level going forward.

## ➤ **Horizon Scanning Discussions**

Two emerging issues were discussed at RMG meetings:

### **What's App**

In response to the Information Commissioner's Office placing sanctions on NHS Lanarkshire for inappropriate use of the 'What's App' messaging system, NHS Shetland's Information Governance Team conducted an organisation wide survey of the use of this messaging platform across local services. The results indicated that there were a few areas across the services who were using What's App.

Risk Management Group agreed that the Chief Executive, along with Director of Finance (SIRO), Head of Digital Health and Head of Information Governance would form a short life working group to issue guidance to the organisation of what is acceptable use of the messaging system, develop an employee charter and create an overarching risk which covers the use of What's App and other forms of instant messaging. This short-life working group has recently held it's first meeting.

### **Reinforced Autoclaved Aerated Concrete (RAAC)**

Following the issues discovered with the use of Reinforced Autoclaved Aerated Concrete (RAAC) in buildings in England, the CE advised that within NHS Scotland, Board areas were also reviewing their property assets. It was noted that following initial discussions with the Head of Estates and Facilities this was not considered to be a significant area of concern for NHS Shetland.

#### **2.3.1 Quality/ Patient Care**

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.

#### **2.3.2 Workforce**

Effective management of risk is key to ensuring staff work in a safe environment. The risk assessments recorded on Datix have universal application across NHS Shetland, other NHS Boards as well as including staff working within the Community Health and Social Care Partnership, and as a consequence, affect all groups.

#### **2.3.3 Financial**

There are no direct financial consequences of this paper. However, where improvements in practice, or to address gaps in controls, are required there may be associated financial costs. These are managed through the department/area either where the issue arose or by those responding to the issue eg health and safety, estates dept or would be escalated if it was a significant cost.

#### **2.3.4 Risk Assessment/Management**

The Executive Director reviews their strategic risks prior to each RMG and the full strategic risk register is presented at each RMG meeting. If new strategic risks are identified these are also included at RMG for review and agreement to be included on the risk register.

The aligned SRR is now presented at each meeting of the standing governance committees. Dates at which the SRR has been considered by the standing committees is noted above.



Risk Assessment and Management is undertaken in line with Healthcare Improvement Scotland (HIS) Risk Management Framework which incorporates the NHS Scotland 5x5 Risk Assessment Matrix.

### **2.3.5 Equality and Diversity, including health inequalities**

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.

The Equality and Diversity Impact Assessment Tool has been completed for the Risk Management Strategy.

### **2.3.6 Other impacts**

There are no other impacts to note.

### **2.3.7 Communication, involvement, engagement and consultation**

The SRR is an internal document therefore no engagement with external stakeholders has been undertaken. There has been regular communication and involvement in the development and review of the risks with Heads of Departments, relevant topic specialists eg Health and Safety, and with the Executive Directors both on an individual level and corporately when formally meeting as RMG. Dates of RMG meetings are noted in the section below.

### **2.3.8 Route to the Meeting**

The SRR has been considered by RMG at its meetings held on 5 June, 11 September and 13 November 2023. The risks which the standing committees are responsible for have been presented at each of the meetings as follows:

- Clinical Governance Committee in June and September 2023,
- Staff Governance Committee in May, August and November 2023, and
- Finance and Performance Committee meetings in May, September and November 2023.

In addition the entire Strategic Risk Register (SRR) was presented to the Audit and Risk Committee at their meetings in June, September and November 2023.

Any amendments or actions proposed at each meeting has been followed up either by the respective Director or by the Chief Nurse (Corporate) and / or Clinical Governance and Risk team, as appropriate.

## **2.4 Recommendation**

The Strategic Risk Register is formally reported to the NHS Board for

- Awareness; and
- Discussion

to provide assurance that the strategic risks are being managed and to provide an opportunity to identify if there are any new/additional risks which should be added to the Strategic Risk Register at this time.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No1, An Overview of the Strategic Risk Register by Highest Rank 2023/2024
- Appendix No 2, Strategic Risk Register
- Appendix No 3, Closed Risk

## NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating >14) Risks 2023/2024 - December 23

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q3 Score 22/23	Q4 Score 22/23	Q1 Score 23/24	Q2 Score 23/24	Q3 Score 23/24 At 7 Nov 23	Annual Movement
Level 4 - Strategic Risk	<b>SR08 (1471) Workforce</b>	Hall, Lorraine	Medium Risk 6	Very High Risk 20	Treat - plan to reduce level of risk	16	16	16	20	20	↑
Level 4 - Strategic Risk	<b>SR13 (1263) Access to Services</b>	Robinson, Jo	Medium Risk 4	High risk 16	Treat - plan to reduce level of risk	12	16	16	16	16	↑
Level 4 - Strategic Risk	<b>SR06 (1444) IG Training NHS Staff</b>	Marsland, Colin	Low Risk 2	High Risk 16	Treat - plan to reduce level of risk	12	12	12	12	16	↑
Level 4 - Strategic Risk	<b>SR14 (961) Estate</b>	Chittick, Brian	Medium Risk 4	Medium Risk 12	Tolerate	4	4	12	12	12	↑
Level 4 - Strategic Risk	<b>SR17 (1515) IT Failure due to Cyber Attack</b>	Hall, Lorraine	Medium Risk 8	High Risk 16	Treat - plan to reduce level of risk	16	16	16	16	16	↔
Level 4 - Strategic Risk	<b>SR04 (1307) External Factors eg. Brexit/Supply Chain</b>	Chittick, Brian	Medium Risk 4	High risk 15	Treat - plan to reduce level of risk	15	15	15	15	15	↔
Level 4 - Strategic Risk	<b>SR01 (19) National Standards</b>	Carolan, Kathleen	Medium Risk 6	High risk 12	Treat - plan to reduce level of risk	12	12	12	12	12	↔

## NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating >14) Risks 2023/2024 - December 23

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q3 Score 22/23	Q4 Score 22/23	Q1 Score 23/24	Q2 Score 23/24	Q3 Score 23/24 At 7 Nov 23	Annual Movement
Level 4 - Strategic Risk	<b>SR02 (500) Finance</b>	Marsland, Mr Colin	Medium Risk 8	High risk 12	Treat - plan to reduce level of risk	16	20	12	12	12	↓
Level 4 - Strategic Risk	<b>SR16 (1507) Covid Outbreak</b>	Laidlaw, Dr Susan	Medium Risk 6	High risk 12	Treat - plan to reduce level of risk	16	16	16	12	12	↓
Level 4 - Strategic Risk	<b>SR19 (702) Flu Pandemic</b>	Laidlaw, Susan	Medium Risk 10	High Risk 10	Tolerate	10	10	10	10	10	↔
Level 4 - Strategic Risk	<b>SR09 (1482) Clinical Governance and Assurance</b>	Brightwell, Kirsty	Medium Risk 9	Medium Risk 9	Tolerate	9	9	9	9	9	↔
Level 4 - Strategic Risk	<b>SR12 (1354) Capacity for Sustainable Change</b>	Chittick, Brian	Medium Risk 6	Medium Risk 9	Treat - plan to reduce level of risk	9	9	9	9	9	↔
Level 4 - Strategic Risk	<b>SR03 (1045) Paediatrics</b>	Brightwell, Kirsty	Medium Risk 8	Medium Risk 8	Tolerate	8	8	8	8	8	↔
Level 4 - Strategic Risk	<b>SR10 (1489) Business Continuity Plans</b>	Laidlaw, Susan	Medium Risk 8	Medium Risk 8	Treat - plan to reduce level of risk	8	8	8	8	8	↔

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Level 4 - Strategic Risk	<b>SR15 (1044) Urgent/Emergency/Unscheduled Care</b>	Brightwell, Kirsty	Medium Risk 4	Medium Risk 8	Tolerate	8	8	8	8	8	↔
Level 4 - Strategic Risk	<b>SR18 (1540) Risk of CBRN contamination</b>	Laidlaw, Susan	Medium Risk 6	Medium Risk 6	Treat - plan to reduce level of risk	n/a	8	8	8	8	↔
Level 4 - Strategic Risk	<b>SR11(1451) IG Training Non NHS Staff</b>	Marsland, Colin	Low Risk 3	Medium Risk 6	Treat - plan to reduce level of risk	6	6	6	6	6	↔
Level 3 - Organisational	<b>(654) Meeting TTG during remobilisation</b>	Carolan, Kathleen	Medium Risk 9	Medium Risk 9	Tolerate	9	9	9	9	9	↔
Level 2 - Directorate Risk	<b>(1259) Medical Staffing</b>	Brightwell, Kirsty	Medium Risk 6	High Risk 16	Treat - plan to reduce level of risk	16	16	16	16	16	↔
Level 2 - Directorate Risk	<b>(1571) Audiology – Single Handed Practitioner</b>	Carolan, Kathleen	Medium Risk 8	High Risk 16	Tolerate					15	New

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status:</b> Final approval	
<b>Risk ID: 1471 Workforce</b>		<b>Strategic ID: SR08 (1471)</b>	
<p><b>Risk Description:</b>  <b>IF:</b> If we fail to attract and recruit to vacancies or retain essential skills and knowledge within the organisation <b>THEN:</b> Then there will be a negative impact on the service delivery, existing staff and patients care  <b>RESULTING IN:</b> 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</p>			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Staff Governance Committee (SG)	
<b>Likelihood:</b> Almost certain - Expected to occur frequently, more likely to occur than not	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> Very High Risk 20	<b>Risk Owner &amp; Review Date:</b> Hall, Lorraine 30 Jun 2023 (Agreed at RMG 13 November to hold EMT/CGRT Review session for this Risk on 6 December 2023)
<p><b>Controls</b></p> <ul style="list-style-type: none"> <li>• Having a remobilisation strategy and direction of travel that looks at individuals services and needs</li> <li>• Revisiting and updating a clinical strategy for the next 5-10 years</li> <li>• Having a robust Board attraction strategy that includes succession planning and retention</li> <li>• National Health and Social Care Integrated Workforce Strategy</li> <li>• Review sources for advertising and supply - GP Hub, social media, international recruitment</li> <li>• wrap around service planning sessions</li> </ul>			
<p><b>Gaps in Controls</b>  Time of individuals to focus on service and workforce plans due to the impact of day-to-day service delivery  Challenges to aligning service plan, workforce plan, and finance plan</p>			
<p><b>Robustness of testing the controls recorded:</b> (added 26<sup>th</sup> April 2023)  <b>Have the Controls Been Tested</b>      <b>Analysis and Findings of Control Testing</b></p>			
<p><b>Adequacy of Controls:</b> <b>Inadequate</b></p>			
<p><b>Risk Rationale/Comments:</b> Hall, Lorraine reviewed this risk in 29 May 2023. [29/05/2023 10:30:04 Lorraine Allinson] Difficulty retaining essential skills and knowledge within the organisation on a substantive basis. Vacancies taking longer to fill. Ongoing reliance on supplementary staffing to backfill vacancies, which attract additional costs that are not sustainable long term  [16/08/2022 15:53:59 Lorraine Allinson] Ongoing use of agency / temporary staff is not financially sustainable  International recruitment is more complex for preemployment and onboarding, induction and orientation, and registration with increased costs</p>			

[16/08/2022 15:50:52 Lorraine Allinson] ongoing reliance on agency / temporary staff  
[23/08/2021 16:38:05 Andrew Humphrey] For Nursing: Yeovil Nursing Review and link with NHS  
Grampian via New Zealand and Australia  
Primary Care looking at transformation. GP Joy looking at next recruitment campaign.  
Recovery Plan 4 currently underway.  
Integrated workforce plan to be in place by March 2022.  
[07/12/2020 09:39:14 Andrew Humphrey] 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.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1263 Access to Services</b>		<b>Strategic ID: SR13 (1263)</b>	
<b>Risk Description:</b> IF: If there are significant gaps due to recruitment, retention or funding THEN: Then there will be access problems for those living in more remote areas RESULTING IN: .			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC), Finance and Performance Committee (FPC), Risk Management Group, CHP Management Team,	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> High risk <b>16</b>	<b>Risk Owner &amp; Review Date:</b> Robinson, Ms Jo <b>12 Jan 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Exploration of Health Hubs in remote areas to aid access</li> <li>• MDT workstream to allow individuals to see right professional earlier</li> <li>• Exploration of automation of AskMyGP referral project with NSS</li> <li>• Better anticipatory care planning especially for high resource individuals</li> <li>• Use of Network enabled care to provide pt access to the appropriate professional rather than everything being channelled through the GP</li> <li>• Primary CARE escalation plan to move to urgent/emergency appts so those who need to see a GP will be prioritised</li> <li>• Use of Ask My GP is being scaled up across the Health Centres to provide remote access</li> <li>• Review of Urgent Care Pathways to decrease footfall in A&amp;E involves use of NHS Inform/Flow</li> <li>• Navigation Hubs to allow remote access to care</li> <li>• Use of Attend Anywhere Video conferencing facility is providing improved access</li> <li>• 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.</li> <li>• Outreach for care at home provided through existing care centres.</li> <li>• Models for health and social integration focus on ensuring locality resilience and sustainability. Primary healthcare continues to be provided in existing localities.</li> </ul>			
<b>Gaps in Controls</b> Level of influence on infrastructure planning. Understanding unmet need- where someone does not access a service			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023)			
<b>Have the Controls Been Tested</b>		<b>Analysis and Findings of Control Testing</b>	
No - No controls have been tested			
<b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b> Robinson, Ms Jo reviewed this risk in 12 Oct 2023. [12/10/2023 16:22:43 Jo Robinson] Recruitment and retention continues to be difficult in remote areas of Shetland including islands with small populations. service redesign is underway to mitigate this. [13/02/2023 15:13:45 Brian Chittick] Change of risk away from access just in remote areas to access across the organisation which would cover Acute access as well as community health services. [16/08/2022 12:29:27 Andrew Humphrey] Some services are already demonstrating access problems. [13/06/2019 14:58:43 Jo Robinson] Lack of detailed information on personal experience of access to services from all areas			



[22/08/2017 17:09:50 Andrew Humphrey] Lack of detailed information on personal experience of access to services from all areas

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1444 IG Training NHS Staff</b>		<b>Strategic ID: SR06 (1444)</b>	
<b>Risk Description:</b> IF: If there are low levels of compliance with mandatory IG training THEN: 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). <b>RESULTING IN:</b> Resulting in harm to patients and/or regulatory action and/or financial penalty and/or reputational damage to the Board			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Finance and Performance Committee (FPC), Staff Governance Committee (SG), Information Governance Group (IGG), Digital Governance Group (DGG),	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> High risk <b>16</b>	<b>Risk Owner &amp; Review Date:</b> Marsland, Mr Colin <b>29 Dec 2023</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>Information Governance is part of the Board mandatory training courses that staff should complete at commencement of employment and retake in-line with agreed refresher period in Board's plan.</li> <li>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.</li> <li>Information Governance team are producing reports for Directors and line managers that highlight staff compliance against this mandatory training course.</li> <li>NHS Shetland has introduced an escalation procedure that can result in non-compliant staff being barred from accessing the network.</li> </ul>			
<b>Gaps in Controls</b> 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			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> No - No controls have been tested <b>Adequacy of Controls:</b> <b>Inadequate</b>			
<b>Risk Rationale/Comments:</b> Marsland, Mr Colin reviewed this risk in 12 Sep 2023. [12/09/2023 15:12:02 Michelle Hankin] Discussed at IGG meeting on 12/09/2023. Risk score increased to 16 as there have been no significant improvement in mandatory training uptake. To escalate to SMELT/EMT. [21/07/2023 07:47:38 David Morgan] The overall compliance rate has improved slightly (54.8% as of 30 June 2023). Failure to address this low level of compliance places the organisation at increased risk of regulatory action/reputational damage. The regulator has issued improvement notices to other Boards for similarly low scores. The regulator always seeks information on the IG training status of any staff who may have contributed to an incident. [03/05/2023 12:48:19 David Morgan] Compliance rate is declining (51.5% as of 31 March 2023). Failure to address this places the organisation at increased risk of regulatory action/reputational damage in the event that an incident was caused by the action of a member of staff whose IG training has lapsed. [01/11/2022 15:17:17 Sam Collier-Sewell] Compliance has not improved significantly (66.5% as of 30 September 2022). The upcoming ICO audit in November/December 2022 will likely highlight the low level of compliance and the lack of recent improvement .			

[30/08/2021 17:32:30 Colin Marsland] Compliance with training would appear to have stalled as current rate at 1 July 2021 was still 62% so no change in compliance rate over last 2 months in staff completing training. May have reached another plateau that further concerted effort required to boost training compliance to reach threshold of 75%.

[14/05/2021 14:42:40 David Morgan] Whilst the level of compliance is improving (as of 30th April it has risen to 62%) a compliance level of less than 75% would be likely to attract criticism from the ICO in the event of a significant incident or an ICO audit.

[14/08/2020 14:11:34 David Morgan] 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.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1273 Estate</b>		<b>Strategic ID: SR14 (961)</b>	
<b>Risk Description:</b> <b>IF:</b> If NHS Shetland fails to achieve modern standards and key environmental targets <b>THEN:</b> Then it can expect actions taken against it, potential sanctions and increased costs. This is made harder by an aged estate and inherited properties. <b>RESULTING IN:</b> NHS Shetland would be subject to increased costs, potential sanctions and contribute to the climate emergency should it fail to act. NHS Shetland have a duty to ensure full compliance throughout its estate and if not there will likely be liable to risk to patient, staff and the public.			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> High risk <b>12</b>	<b>Risk Owner &amp; Review Date:</b> Chittick, Brian <b>31 January 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• 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 &amp; Facilities agreed</li> <li>• Board ensuring ongoing discussion takes place with Health Facilities Scotland and support provided</li> <li>• Board supports visits from HFS to discuss local position</li> <li>• NHS Shetland has developed a net zero plan to reflect the targets set by Scottish Government (Net Zero 2040)</li> <li>• Board supports the development of SCART tool within available resources</li> <li>• Board supports input into EAMS tool within available resources</li> <li>• Board supports input EMS tool within available resources</li> <li>• Board supports the reporting schedule as set out by SG</li> <li>• Regular reporting to Board on key environmental targets and compliance issues</li> </ul>			
<b>Gaps in Controls</b>			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - All controls have been tested      Controls are on-going <b>Adequacy of Controls:</b> <b>Adequate</b>			
<b>Risk Rationale/Comments:</b> Chittick, Brian reviewed this risk in 19 May 2023. [19/05/2023 12:04:26 Andrew Humphrey] NHS Shetland recognises the risks in terms of compliance and have a number of mitigations in place however there is insufficient capital and revenue availability and staff resources availability to ensure full compliance in respect of NHS Scotland standards and achieving net-zero by 2040 [05/03/2019 10:09:09 Ralph Roberts] Relevant activity progressing where practical; Limited resources available to further accelerate [29/12/2017 11:55:34 Ralph Roberts] Limited opportunity to progress (or control) further improvements  Low level impact around target compliance [05/09/2017 10:53:05 Andrew Humphrey] NHS Shetland's environmental targets are clear; Approach to improvement being developed although recognised opportunity for further progress			

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1515 IT Failure Due to Cyber Attack</b>		<b>Strategic ID: SR17 (1515)</b>	
<b>Risk Description:</b> <b>IF:</b> If a sole actor or orchestrated cyber attack occurs <b>THEN:</b> Then NHS Shetland could experience system downtime and/or loss of data and/or data disclosure <b>RESULTING IN:</b> 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			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> <b>Finance and Performance Committee,</b> <b>Audit Committee</b> Information Governance Group (IGG)	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> High risk <b>16</b>	<b>Risk Owner &amp; Review Date:</b> Hall, Lorraine <b>16 February 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>Multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching.</li> <li>Information Governance and Information Security policies are in place and available to staff.</li> <li>New Information Governance and Digital Security Framework being developed to bring together all IG and Digital Security strategies, policies and procedures.</li> <li>New suite of 10 digital security policies are complete and will go through approval process by end August 2021.</li> <li>Cyber awareness training for staff, regular communications on cyber awareness</li> <li>NHS Shetland regularly audited against cyber security by internal audit, external audit and Scottish Government. These audits are against the Network and Information Systems Regulations 2018.</li> <li>Full NIS Audit (Year 4) conducted in 2023 (awaiting outcome)</li> </ul>			
<b>Gaps in Controls</b> <ul style="list-style-type: none"> <li>Cybersecurity protection opportunities and assets are not being fully utilised due limitations of staff resource</li> <li>Staff compliance with mandatory training is low (and trending down)</li> </ul>			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - Some controls have been tested <b>Adequacy of Controls: Inadequate</b>			
<b>Risk Rationale/Comments:</b> Chapman, Craig reviewed this risk 20 November 2023. Use of digital technology is inherently high risk due to (1) geopolitical desire to cause disruption (2) potential high economic opportunity as seen by state and criminal actors.  Services cannot be delivered without digital technology so the only viable risk management approach is robust mitigation resourcing.  Hall, Lorraine reviewed this risk in 01 Mar 2023.  The cyber landscape means that mitigation against likelihood is essential not possible.  By further developing security controls, monitoring and recovery testing we can mitigate against Consequence			

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1307 External Factors eg. Brexit/Supply Chain</b>		<b>Strategic ID: SR04 (1307)</b>	
<b>Risk Description:</b> <b>IF:</b> If external factors such as Brexit, changes to regulations or political instability <b>THEN:</b> 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 <b>RESULTING IN:</b> Resulting in directly impacted factors such as energy costs, food costs and medical supply constraints which would impact on patient care, performance of budgets			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Almost certain - Expected to occur frequently, more likely to occur than not	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> High risk <b>15</b>	<b>Risk Owner &amp; Review Date:</b> Chittick, Brian <b>31 Jan 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Accelerating progress to net zero</li> <li>• BREXIT group established</li> <li>• BREXIT action plan developed</li> <li>• Assessment of BREXIT Readiness drafted</li> <li>• Liaise with Scottish Government on required actions / national work</li> <li>• Maintaining links with National &amp; local resilience teams to update plans</li> </ul>			
<b>Gaps in Controls</b> 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 Increased costs due to the impact of leaving the single market and global supply chain are evident and increasing and these cannot be mitigated			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - Some controls have been tested <b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b> Chittick, Brian reviewed this risk in 08 November 2023. [08/11/2023 18:36:16 Brian Chittick] Cost of living crisis is sustained which has impacted on accommodation and recruitment. Also impacted by external recruitment environment regarding 1.2 jobs per working adult in Shetland due to decreased influx of workers into Shetland. [31/08/2022 12:03:29 Andrew Humphrey] Cost of living crisis linked with Brexit creates a situation where we are simply unable to mitigate against the primary risks, an extended review period has been adopted due to the limited scope to address these challenges [11/03/2021 09:38:17 Andrew Humphrey] 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 [03/06/2019 14:17:35 Simon Bokor-Ingram] Likelihood remains High because of risk of No Deal still a real possibility. [05/03/2019 10:03:26 Ralph Roberts] Likelihood remains High because of risk of No Deal still real possibility [10/01/2019 12:34:22 Ralph Roberts] Likelihood increased as "No Deal" becomes more likely Impact still difficult to quantify with level of information available / uncertainty around impact on supply lines			

[19/07/2018 16:27:57 Ralph Roberts] Impact of Brexit on workforce and supply chain unknown.

Timescale possible from late 2018 onwards

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1252 National Standards</b>		<b>Strategic ID: SR01 (19)</b>	
<b>Risk Description:</b> <b>IF:</b> We have excessively long waiting times and/or poor access to services <b>THEN:</b> This could lead to the potential of poorer patient outcomes as a result in delays in assessment of treatment <b>RESULTING IN:</b> Loss of confidence in the organisation as a provider of safe health and care (including negative publicity)			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> High risk <b>12</b>	<b>Risk Owner &amp; Review Date:</b> Carolán, Kathleen <b>01 October 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>As a result of undertaking an enhanced elective care programme January to June 2022, the number of patients in a backlog for treatments in some key specialities is reduced (compared with the national average) for 2023-24.</li> <li>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 and a deeper dive discussion at the Finance and Performance Committee. Close scrutiny by SGHD and monthly ISD reporting on performance to organisation. Ongoing discussions with off island providers.</li> <li>Annual commissioning discussions with NHSG take place and monthly meetings with the Access Support Team (AST) at SG are now in place to discuss planned capacity, risks and joint pathways with the SG team, NHS Shetland and other partners eg NHSG or GJNH where applicable.</li> <li>Discussion about changes and challenges in relation to elective service provision is taking place with the public through various listening exercises included those aligned to the programme initial agreement engagement activities.</li> <li>Waiting times performance is monitored on an ongoing basis and where there are longer waiting times then recovery plans are put in place (it funding is made available to support them).</li> <li>Target breach analysis for cancer care (which is high priority) is undertaken whenever a patient waits longer than 31 days or 62 days for cancer access targets. This is undertaken in conjunction with NHSG and other partners as needed.</li> <li>Access targets and trajectories set for the Annual Delivery Plan 2023-24. Access target performance and achievement of trajectories submitted to SG weekly and monthly.</li> <li>CsFD 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). Identifying ways to shift to tele-health solutions to increase equitability of access</li> <li>Repatriation programme moved to phase 2 - identifying opportunities to streamline pathways and reduce unnecessary demand for services e.g. via the NECU programme and reviewing patients referred to NHSG for surveillance.</li> <li>Audits of patient outcomes are shared within the clinical governance framework eg via the Cancer Lead Team to understand the quality of services and outcomes for patients.</li> </ul>			
<b>Gaps in Controls</b> <ul style="list-style-type: none"> <li>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).</li> </ul>			



- There are some risks associated with the review of shared pathways and consideration of alternative models e.g. resilience, logistics, person centred care and affordability.
- There are some risks associated with capacity at NHS Grampian to deliver visiting services due to gaps in the workforce e.g. OOHs medical imaging, dermatology, oral surgery etc. This is a worsening picture with TTG breaches starting to be identified in some surgical specialities i.e. ophthalmology, ENT, Oral Surgery

**Robustness of testing the controls recorded:** (added 26<sup>th</sup> April 2023)

**Have the Controls Been Tested**                      **Analysis and Findings of Control Testing**

**Adequacy of Controls:** **Inadequate**

**Risk Rationale/Comments:** Carolan, Kathleen reviewed this risk in 01 Mar 2023.  
 [24/07/2018 12:11:26 Kathleen Carolan] Continued pressures as a result of increased need e.g guidelines and demographic pressures as well as workforce shortages in specific specialities.  
 [14/08/2017 16:47:15 Andrew Humphrey] Delays in treatment for patients;  
 Reputational damage;  
 Failure to secure standard of service for residents;  
 Inability to retrieve situation quickly.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1255 Finance</b>		<b>Strategic ID: SR02 (500)</b>	
<b>Risk Description:</b> <b>IF:</b> If NHS Shetland fails to recruit key posts <b>THEN:</b> Then failure to maintain financial balance <b>RESULTING IN:</b> Resulting in significant overspend which will result in need for delivery of additional efficiency savings above the Â£3.1m currently in the plan. Current estimate is an additional Â£4m for non-permanent staff in 2022/2023.			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> High risk <b>12</b>	<b>Risk Owner &amp; Review Date:</b> Marsland, Mr Colin <b>31 Jul 2023</b> <b>(RMG discussion on 13 November 23 – new risk in drafting)</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Finance Monitoring report to every Finance Performance Committee meeting</li> <li>• Financial plan covering 2022-23 to 2025-26 has been approved by the Board in June 2022</li> <li>• Project Management Office (PMO) to assist Heads of Service with redesign of services is now in place. Project Management Office (PMO) to assist Heads of Service with redesign of services.</li> <li>• Staff Development run locally Scottish Foundation Skills Programme for developing staff skills in service redesign. Further waves are scheduled for 2022/2023</li> <li>• Quality Improvement Learning Session's are also run through staff development to share best practice and provide a network that includes all IJB's services.</li> <li>• Recruitment of substantive staff to vacancies, in addition to standard recruitment process using recruitment agencies to head hunt staff</li> <li>• Monthly budget statements, variance analysis and discussions with budget holders to ascertain issues and risks they are individually managing.</li> <li>• Monthly review of savings made to date and future plans with the strategy on savings led by Efficiency and Redesign committee.</li> <li>• Finance Monitoring report to SGHD now monthly from June.</li> <li>• Finance Monitoring report to every Board meeting.</li> <li>• Detailed audit of financial control and budgetary control systems on a regular basis and external audit review of annual financial position.</li> <li>• Annual budget setting process reviews the risks, pressure, developments and delivery of plans over a rolling 5 year period with primary focus on year 1 and 2.</li> <li>• Establish a meeting of EMT plus the IJB Chief Financial Officer, PMO Office Lead and Planning Officer to review on a quarterly basis delivery efficiency savings for future years</li> <li>• Recovery plan was in place &amp; delivered in 2018/19, 2019-20 202-21.. Plan for 2021-22 has been impacted by Covid-19 pandemic which has impacted on plans for 2022-23. The Board however agreed efficiency savings for 70% of the target at the June 2022 Board and tasked EMT to deliver the remainder in year.</li> <li>• Scottish Government quarterly updates and review meetings on progress against the Board's statutory obligation to achieve financial balance</li> </ul>			
<b>Gaps in Controls</b> The majority of plans identified are non-recurrent which are helpful for year. However that will lead to the increase in recurrent savings required to be delivered in future years. Project Management Office has established standard procedures and documentation proportionate to project size have been developed.			

At end of 2021-22 the gap in recurring savings was down to Â£1,774k.  
The financial plan for 2022-23 set a savings target of Â£3.072k to be achieved for the financial plan out-turn to achieve statutory break even position.

**Robustness of testing the controls recorded:** (added 26<sup>th</sup> April 2023)

**Have the Controls Been Tested      Analysis and Findings of Control Testing**

**Adequacy of Controls:** Adequate

**Risk Rationale/Comments:** Marsland, Mr Colin reviewed this risk in 21 Apr 2023. [21/04/2023 14:19:57 Michelle Hankin] 21/04/2023 Email correspondence between risk owner and Clinical Governance Team, to review risk score. The risk score has reduced from 20 to 12. The rationale provided "The risk in 2022-23 is no longer 20 and would be 12 to reflect the on-going issues as expected to break even in 2022-23."

[16/02/2023 14:23:54 Michelle Hankin] Mr Marsland increased this risk to reflect the continual use of supplementary staff and the continual overspend.

[15/08/2022 11:26:36 Andrew Humphrey] The continued use of non permanent staff at costs above budget to fill vacant posts especially in respect of consultants and GP's.

[24/02/2020 10:24:18 Colin Marsland] 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.

Out-come 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.

[24/07/2018 14:27:22 Colin Marsland] 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 Â£1.2m over spend and a forecast of at least Â£3m over spent at year end.

[22/08/2017 14:53:49 Andrew Humphrey] Reputational Damage;

Loss of confidence in Board by SGHD;

Impact on future delivery of clinical services.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1507 Covid Outbreaks</b>		<b>Strategic ID: SR16 (1507)</b>	
<b>Risk Description:</b> <b>IF:</b> If there is a large outbreak of covid in Shetland of a new variant <b>THEN:</b> 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 <b>RESULTING IN:</b> resulting in significant adverse outcomes for patients, adverse impacts on staff & services still recovering from pandemic and damage to NHS Shetland's reputation			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC), Risk Management Group	
<b>Likelihood:</b> Possible - May occur occasionally, has happened before on occasions	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> High risk <b>12</b>	<b>Risk Owner &amp; Review Date:</b> Laidlaw, Dr Susan <b>09 Nov 2023</b> <b>(Being reviewed)</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Process for sending all positive PCR samples for genome sequencing /national surveillance</li> <li>• Capacity to implement national 'Variants and Mutations' plan if required - small amount of non -recurring SG funding for additional HPT input if required</li> <li>• Continuing IPC activities in healthcare settings, including access to suitable isolation beds (respiratory unit); appropriate PPE (including ongoing FFP3 face fit testing) ; cleaning; outbreak management; symptomatic staff not in work etc</li> <li>• Increase in HPT capacity through creation of additional 0.6 HP Nurse specialist, post vacant for 6 months but now recruited to</li> <li>• Surveillance -including recruitment of substantive PH analyst</li> <li>• Timely &amp; accurate symptomatic testing in high risk settings according to national policy - currently -LFT for staff and PCR for patients / care home residents Updated July 23 - testing is now for clinical and public health (outbreak management) purposes only</li> <li>• Scope to reintroduce LFD /PCR testing if required for outbreaks or surge</li> <li>• Public communications and messaging “ regular and consistent</li> <li>• Early identification and management of outbreaks by health protection team</li> <li>• Vaccination programme currently in progress locally (fourth round of boosters) and achieving required uptake Updated July 23 - due to start autumn/winter booster programme</li> <li>• Promotion of PH preventative activities - in line with current national guidance</li> <li>• Public health input to high risk settings “ specifically care homes, including regular meeting of care home assurance group and support for care home staff. With IPC guidance from the IPC team. PH advice also given to clinical services in conjunction with IPC advice from IPC team.</li> <li>• Public health advice and interpretation of guidance for partners, other organisations and members of the public</li> </ul>			
<b>Gaps in Controls</b> Health and social care services remain fragile and under considerable pressure , even with current relatively low levels of covid (and flu). Likely to be significant pressures next winter Lack of resilience on HPT wrt consultant / competent person capacity -reliant on DPH for this.Updated July 2024 -will continue until March 24, but plans in progress to create consultant post From April 2023 funding for vaccination programme greatly reduced - only able to fund a small permanent team (covering all adult vaccination programmes) with no funding for increased staffing for seasonal programmes and currently no non-pay or training budget.Updated July 2024 -20%cut in budget and now has to include non-pay. We will not keep in budget this year. Reduced vaccine uptake rate with each round of boosters Uncertainty over requirements for future vaccine boosters - July 2023-this remains			

Outwith our control - impact of new variants and potential for vaccines to be less effective  
Fragile HPT with insufficient funding from April 2023 for PH analyst, business manager and sufficient consultant / competent person capacity Updated July 24 - progress being made towards sustainable HPT- not yet in place

**Robustness of testing the controls recorded:** (added 26<sup>th</sup> April 2023)

**Have the Controls Been Tested**

Yes - All controls have been tested

**Analysis and Findings of Control Testing**

Controls have been tested throughout pandemic

National table top exercise held for new variant / mutation

There isn't one specific BCP

**Adequacy of Controls:** **Inadequate**

**Risk Rationale/Comments:** Laidlaw, Dr Susan reviewed this risk in 09 Aug 2023. [30/05/2023 04:46:08 Susan Laidlaw] Still possible that there will be a new variant or mutation

Target risk rating reflects controls and also decreasing likelihood of a VAM as time goes on

[04/11/2022 15:00:23 Susan Laidlaw] Severity increased, because although many controls are in place, they are fragile and this is not likely to improve in near future

[01/11/2021 09:48:27 Susan Laidlaw] Success of vaccination programme means that that the consequences of covid infection are much reduced - people now far less likely to have severe illness, require hospitalisation or die. Main disruption to health services is due to the continuing requirements for isolation.

[26/05/2021 01:29:34 Susan Laidlaw] There are a number of mitigating actions in place. Full impact of these will not be realised until vaccination programme complete (including boosters), health protection team is fully staffed and asymptomatic testing more embedded.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 702 Flu Pandemic</b>		<b>Strategic ID: SR19 (702)</b>	
<b>Risk Description:</b> <b>IF:</b> If there are high levels of staff sickness and increased clinical demand due to Flu pandemic <b>THEN:</b> then there is a risk of loss of continuity of service <b>RESULTING IN:</b> Reduced or loss of services due to flu pandemic and resultant risk of adverse clinical events Economic and legislative impact to the organisation			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b> Control of Infection Committee (COIC)	
<b>Likelihood:</b> Unlikely - Not expected to happen, but definite potential exists	<b>Consequence:</b> Extreme	<b>Current Risk Level &amp; Rating:</b> High risk <b>10</b>	<b>Risk Owner &amp; Review Date:</b> Laidlaw, Dr Susan <b>09 Nov 2023</b> <b>(Being reviewed)</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Pandemic flu plan remains under review based on national guidance and lessons learnt from covid pandemic</li> <li>• Business continuity plans in place for clinical areas - but many out of date- new BIA process and training being developed (BC&amp;R officer now in post)</li> <li>• Local implementation of seasonal flu immunisation programme -adults at risk and children, Increased uptake in seasons 2020-21; 2021-22 and 2022-23. Planning underway for 2023-24 New vaccination team now in place</li> <li>• Flu vaccination programme run for both NHS and social care staff by Occupational Health (with increasing uptake year on year.) But 2023 season was slow - processes being reviewed,</li> <li>• Extended flu vaccination programme still in place - including all NHS staff; client facing social care workers; pupil facing school staff; secondary school pupils; over 50s.</li> <li>• National &amp; local surveillance of flu cases and outbreaks</li> <li>• FFP3 mask fitting process in place (Health &amp; Safety remit).</li> <li>• Increased IPCT capacity to support health and care settings, especially care homes with a remit for training and support visits</li> <li>• Assurance process in place for care homes covering IPC</li> <li>• Increased capacity in HPT since 2021, additional HP nurse specialist /HP nurse capacity , bringing total to 1.4</li> <li>• Experience of reconfiguration of services to manage covid cases in hospital is applicable in event of flu pandemic</li> <li>• Increased public awareness of respiratory hygiene and hand hygiene due to covid pandemic</li> <li>• Experience of comms during covid pandemic (esp public messaging) applicable to flu pandemic</li> <li>• Experience of mass vaccination clinics during covid pandemic applicable to pandemic flu vaccination</li> <li>• H&amp;I Flu pandemic plan revised.</li> <li>• Local mass fatality plan in place</li> </ul>			
<b>Gaps in Controls</b> VTP - need to secure a sustainable model and funding to ensure can maintain high levels of flu vaccination every year and manage changes to the programme .Update July 23 - although there havebeen significant chnages to vaccination delivery since the covid pandemic, funding and capacity remain fragile and BC& R officer - now a substantive post, but is single handed and therfeore fragile. . Need to ensure that there is ongoing capacity to maintain business continuity & pandemic planning processes Gap in HPT at consultant level - required to provide leadership, expertise and management of HPT. Reamins -but work is underway to create a new post			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023)			

**Have the Controls Been Tested**

Yes - Some controls have been tested

**Analysis and Findings of Control Testing**

Generic controls through the covid pandemic.

**Adequacy of Controls: Adequate**

**Risk Rationale/Comments:** Laidlaw, Dr Susan reviewed this risk in 09 Aug 2023. [16/02/2023 17:31:14 Michelle Hankin] Update provided on 09/11/2022 to Risk management group following update of risk.

Asymptomatic testing of Covid-19 is no longer in place; and some fixed-term posts related to the pandemic are now substantive, but vacant.

These factors mean the Health Protection response could be considered fragile and so the risk is still rated high.

Surveillance around possible new Covid-19 variants will remain in place until at least the end March 2023, and after that time it may be wise to shape this risk to cover pandemics more broadly.

The vaccination programme has been included as a control against this risk.

However, the vaccination programme itself has a number of risks within it and is fragile in terms of staffing, so some of the controls against this risk are themselves fragile.

[26/05/2021 02:13:54 Susan Laidlaw] In light of current covid pandemic, the likelihood of a flu pandemic occurring has been increased for initial, current and target scores.

[05/11/2019 19:51:42 Susan Laidlaw] The last flu pandemic was in 2009. There is likely to be another one at some point.

Even with very high levels of planning, a severe flu pandemic will cause significant clinical activity and demand for services, morbidity and deaths.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1482 Clinical Governance and Assurance</b>		<b>Strategic ID: SR09 (1482)</b>	
<b>Risk Description:</b> <b>IF:</b> If we continue with current clinical governance process <b>THEN:</b> There is risk of patient harm because of incomplete governance and assurance processes <b>RESULTING IN:</b> which results in a poor learning system, repeat safety events and a lack of quality improvement and there is no culture of learning.			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Possible - May occur occasionally, has happened before on occasions	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>9</b>	<b>Risk Owner &amp; Review Date:</b> Brightwell, Kirsty <b>31 Dec 2023</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Establishment of the Clinical Governance Committee</li> <li>• Visibility of a senior clinical post in clinical governance</li> <li>• Re-introduction of the Clinical Governance afternoons</li> <li>• Operational Clinical Governance Group established</li> <li>• Completed the review of the role of JGG to provide a forum for system wide learning</li> <li>• Linking of CG Team into clinical operational CG activity</li> <li>• Board wide support for SIF programme for QI work</li> <li>• Implementation of Performance Monitoring Group for IJB delegated services</li> </ul>			
<b>Gaps in Controls</b>			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> No - No controls have been tested <b>Adequacy of Controls:</b> <b>Adequate</b>			
<b>Risk Rationale/Comments:</b> Brightwell, Kirsty reviewed this risk in 04 Sep 2023. [16/08/2022 10:23:46 Andrew Humphrey] Operational clinical governance committee established. Clinical Governance action plan compiled. [25/08/2021 16:29:37 Dashboard] Re-instated NHS Shetland's Clinical Governance Committee and in the process of re-establishing an organisation clinical governance meeting. [15/12/2020 16:04:54 Brian Chittick] 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.			



<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1354 Capacity for Sustainable Change</b>		<b>Strategic ID: SR12 (1354)</b>	
<b>Risk Description:</b> <b>IF:</b> If the Board's limited capacity to oversee change could mean that changes occur in an uncontrolled manner. <b>THEN:</b> Then uncontrolled change could increase risks to patient care as new processes, technology, workforce, or change is implemented without adequate consideration of its impact <b>RESULTING IN:</b> Resulting in disruption to processes, unwarranted variation and untoward or unforeseen events leading to patient harm.			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Possible - May occur occasionally, has happened before on occasions	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>9</b>	<b>Risk Owner &amp; Review Date:</b> Chittick, Brian <b>31 March 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Establishment of the Project Management Support Office to support controls and transformation of change processes</li> <li>• Provision of Service Improvement training available</li> <li>• Management bundles developed and in place</li> <li>• Service Improvement resource available to support change programme</li> <li>• Executive lead for SI identified</li> </ul>			
<b>Gaps in Controls</b> The pandemic has placed a significant burden on NHS Shetland and the impact on our ability to recover successfully will be tested for sometime to come.			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b>			
<b>Adequacy of Controls:</b> <b>Adequate</b>			
<b>Risk Rationale/Comments:</b> Chittick, Brian reviewed this risk in 13 Feb 2023. [30/08/2021 17:44:24 Colin Marsland] Project management office now in place to provide a source of support to pace of service changes in the organisation. Thirteen waves of the local service improvement course have been completed. The number of staff members who have completed the nation training courses on service improvement has increased. Central support on sharing best practise and case studies service change adds support. [22/07/2019 15:35:25 Lorraine Hall] SIFs meets monthly SIF 6 week course fully booked up over a number of month Bressay 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 Â£20K funding into QI [03/06/2019 14:15:29 Simon Bokor-Ingram] 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. [06/03/2019 15:19:42 Ralph Roberts] 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			

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1275 Paediatrics</b>		<b>Strategic ID: SR03 (1045)</b>	
<b>Risk Description:</b> IF: we lack a specialist workforce for very sick children or children who are deteriorating THEN: we are reliant on generalists working with remote support <b>RESULTING IN:</b> the risk of an avoidable adverse event or adverse clinical outcome and leading to difficulties in recruitment and retention of generalist staff			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Unlikely - Not expected to happen, but definite potential exists	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>8</b>	<b>Risk Owner &amp; Review Date:</b> Brightwell, Kirsty <b>28 Feb 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Paediatrician and emergency medical physicians recruited to support generalists</li> <li>• Enduring Paediatric Group established with a network with NHSG</li> <li>• Establishment of an i-hub to ease access to paediatric care resources for all staff</li> <li>• Induction in place for Locum and new Senior medical staff</li> <li>• Targeted training on the management of children in place for new and locum staff</li> <li>• Decision support from Paediatric Team in Aberdeen (as required).</li> <li>• National Retrieval Team model (for critically ill patients).</li> <li>• Paediatric care review (joint discussion of cases by local Consultants, junior doctors and Paediatricians)</li> <li>• Training in place for clinicians (doctors and nurses) in paediatric resuscitation.</li> <li>• New obs and gynae workforce model provides dedicated time for training specifically for neonatal care</li> <li>• A&amp;E consultant rotational post provides expertise and experience in managing sick children</li> </ul>			
<b>Gaps in Controls</b>			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - All controls have been tested <b>Adequacy of Controls:</b> <b>Adequate</b>			
<b>Risk Rationale/Comments:</b> Brightwell, Kirsty reviewed this risk in 15 Jun 2023. [25/08/2021 16:53:33 Dashboard] Previous rationale still applies. Recent adverse events involving generalist local services. [27/05/2021 09:22:00 Andrew Humphrey] Not fully recruited to emergency medicine currently. Paediatrician recently recruited, yet to see full impact on service. [29/03/2018 10:13:22 Ralph Roberts] 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 [05/09/2017 11:09:57 Andrew Humphrey] 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.			

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1489 Business Continuity Plans</b>		<b>Strategic ID: SR10 (1489)</b>	
<b>Risk Description:</b> <b>IF:</b> If services /departments do not have business continuity plans in place <b>THEN:</b> 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. <b>RESULTING IN:</b> 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.			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Other Committee (Contact Clinical Governance to add)	
<b>Likelihood:</b> Unlikely - Not expected to happen, but definite potential exists	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>8</b>	<b>Risk Owner &amp; Review Date:</b> Laidlaw, Dr Susan <b>09 Feb 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• BC policy approved</li> <li>• Sourcing of relevant training for BCP officer</li> <li>• Appointment of dedicated Business Continuity and Resilience Officer for NHS Shetland on a substantive basis in 2021</li> <li>• Governance structure reviewed and new processes in place to provide assurance to EMT and Board</li> <li>• Review and development of service business continuity and recovery plans with an update and review process.</li> <li>• Membership of Highlands and Islands Emergency Planning Group/Forum.</li> <li>• Fully engaged with interagency response through Shetland Emergency Planning Forum.</li> <li>• Reciprocal arrangement for mutual aid across North of Scotland.</li> <li>• Participation in national and local training and exercising programme.</li> <li>• Self-assessment against national Standards for Organisational Resilience and Development of prioritised action plan updated in 2022.</li> </ul>			
<b>Gaps in Controls</b> BC&R Officer is single handed -fragile service Gaps in service business continuity plans. Limited capacity within depts 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. Lack of surge capacity to cover all roles in a major incident. Electronic BCM system to facilitate the development, management and performance management of BIAs and BCPs in NHS Shetland.			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - Some controls have been tested <b>Adequacy of Controls: Adequate</b>			
<b>Risk Rationale/Comments:</b> Laidlaw, Dr Susan reviewed this risk in 09 Aug 2023. [20/01/2021 11:34:43 Andrew Humphrey] 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.

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1274 Urgent/Emergency/Unscheduled Care</b>		<b>Strategic ID: SR15 (1044)</b>	
<b>Risk Description:</b> <b>IF:</b> If there is a patient requiring emergency care on an outer islands of Shetland <b>THEN:</b> There is a risk that patients will experience delays in transfer <b>RESULTING IN:</b> resulting potentially in poorer clinical outcomes and a negative impact on the small teams/individual providing care to outer islands			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Unlikely - Not expected to happen, but definite potential exists	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>8</b>	<b>Risk Owner &amp; Review Date:</b> Brightwell, Kirsty <b>28 Feb 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Test of change regarding use of health hubs being explored</li> <li>• First responder training being rolled out in collaboration with SFRS and SAS</li> <li>• Liaison with local SAS reps to develop remote access to urgent care provided by SAS via NearMe for non-doctor islands</li> <li>• Liaison between SAS and DCHSC and MD to review first responder models in the outer isle's</li> <li>• The controls which are in place are owned by the SAS and include: <ul style="list-style-type: none"> <li>• Provision of emergency and urgent retrieval by MCA</li> <li>• Revised protocol circulated (clarity that Jigsaw not available)</li> <li>• Supporting SAS air cover from Helimed helicopters</li> <li>• Inter-island flights (during business hours)</li> </ul> </li> <li>• Adverse events and collective learning takes place via the Ambulance Operational Group</li> <li>• There is now appropriate representation at Ambulance Liaison Group meeting with a balance between SHB and SAS with regional managers from SAS now involved</li> </ul>			
<b>Gaps in Controls</b> Gaps in NDI nursing capability whilst remodelling of island nursing capability takes place and this will affect first responder capability			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - All controls have been tested <b>Adequacy of Controls:</b> <b>Adequate</b>			
<b>Risk Rationale/Comments:</b> Brightwell, Kirsty reviewed this risk in 15 Jun 2023. [05/09/2017 11:01:37 Andrew Humphrey] 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.			

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1540 Risk of CBRN contamination</b>		<b>Strategic ID: SR18 (1540)</b>	
<p><b>Risk Description:</b>  <b>IF:</b> If there is an inadequate response to a Chemical Biological Radiological and Nuclear (explosives) CBRNe incident <b>THEN:</b> 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.  <b>RESULTING IN:</b> Resulting in potential morbidity and mortality, loss of services, financial and reputational loss.</p> <p>A knock-on effect to other Shetland services</p>			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Department (Own), Executive Management Team, Other Committee (Contact Clinical Governance to add)	
<b>Likelihood:</b> Unlikely - Not expected to happen, but definite potential exists	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>8</b>	<b>Risk Owner &amp; Review Date:</b> Laidlaw, Dr Susan <b>09 Feb 2024</b>
<p><b>Controls</b></p> <ul style="list-style-type: none"> <li>• Decon response part of Major Incident Plan</li> <li>• 12 PRPS (Powered Respirator Protective Suits) provided by SG</li> <li>• 'Dry decontamination' on-line training module available to all staff</li> <li>• BC&amp;R Officer has attended PRPS Instructor training</li> <li>• 8 staff are trained in the operation of the suits</li> <li>• Estates test decontamination tent intermittently &amp; make repairs etc</li> <li>• BC&amp;R Officer trained in managing a CBRN incident</li> </ul>			
<p><b>Gaps in Controls</b></p> <p>Work ongoing to identify site for decon tent and portable outreach equipment -previous site taken by MRI scanner</p> <p>No budget for training and equipment</p> <p>No training for incident managers / team leaders at any level as yet</p> <p>CBRN plan not yet tested</p>			
<p><b>Robustness of testing the controls recorded:</b> (added 26<sup>th</sup> April 2023)</p> <p><b>Have the Controls Been Tested</b>      <b>Analysis and Findings of Control Testing</b></p> <p>No - No controls have been tested</p> <p><b>Adequacy of Controls:</b> <b>Inadequate</b></p>			
<p><b>Risk Rationale/Comments:</b> Laidlaw, Dr Susan reviewed this risk in 09 Aug 2023. [25/10/2022 11:51:38 James McConnachie] The current consequence is slightly reduced due to the above controls. It will not achieve moderate consequence until the gaps are addressed.</p>			

<b>NHS Shetland Level 4 - Strategic Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1451 IG Training Non NHS Staff</b>		<b>Strategic ID: SR11 (1451)</b>	
<b>Risk Description:</b> <b>IF:</b> If there are low levels of appropriate IG training for staff not employed by NHS Shetland <b>THEN:</b> Then inadequately trained people will have access to NHS Shetland systems and this could increase the number and severity of personal data breaches. <b>RESULTING IN:</b> Resulting in a risk of harm to patients and/or staff, reputational damage, legal action and financial penalty.			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Digital Governance Group (DGG), Finance and Performance Committee (FPC), Information Governance Group (IGG), Staff Governance Committee (SG)	
<b>Likelihood:</b> Unlikely - Not expected to happen, but definite potential exists	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>6</b>	<b>Risk Owner &amp; Review Date:</b> Marsland, Mr Colin <b>31 Oct 2023</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>Line manager engaging external individuals is responsible for ensuring locums and other temporary staff have adequate, equivalent training in information governance before commencement and ensuring that local induction for these individuals highlights roles and responsibilities for information governance. If the appointing manager is not adequately assured of this training, they should ensure, during induction, that the Board's mandatory information governance course is undertaken and appropriate policies brought to their attention.</li> <li>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.</li> </ul>			
<b>Gaps in Controls</b> No Gaps in Controls			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b>			
<b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b> Marsland, Mr Colin reviewed this risk in 21 Jul 2023. [11/09/2020 14:03:47 David Morgan] If an incident occurred and that an untrained external employee was responsible, this could increase the potential for increased financial penalties from the regulator.			

<b>NHS Shetland Level 3 - Organisational – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 654 Meeting TTG during remobilisation</b>		<b>Strategic ID:</b>	
<b>Risk Description:</b>			
<p><b>IF:</b> Risk that NHS Shetland may not be able to deliver the legally binding Treatment Time Guarantee <b>THEN:</b> The Treatment Time Guarantee (part of the Patient Rights Act 2011) comes into force on the 1st October 2012.</p> <p>It states that all patients will be treated within 12 weeks of agreeing treatment for inpatient or daycase procedures, with some agreed exception <b>RESULTING IN:</b> There is the potential for legal action against the Board.</p> <p>There is significant potential for loss of reputation if the Board is not able to deliver this guarantee.</p> <p>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.</p> <p>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.</p> <p>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</p>			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b> Finance and Performance Committee (FPC)	
<b>Likelihood:</b> Possible - May occur occasionally, has happened before on occasions	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>9</b>	<b>Risk Owner &amp; Review Date:</b> Carolan, Kathleen <b>21 Feb 2024</b>
<b>Controls</b>			
<ul style="list-style-type: none"> <li>• Senior Waiting Times staff have been involved in reviewing guidance so there is a level of local knowledge about the scope of this work.</li> <li>• Action planning has already started around the TTG, and work has already started in specific areas eg unavailability recording (see Risk 574)</li> <li>• National Waiting Times Guidance has been produced.</li> <li>• National Access Policy has been produced</li> <li>• TTG MMI weekly reporting has already started</li> <li>• Local Access Policy in place and agreed with SG</li> <li>• Suite of letters in place in helix to support TTG</li> <li>• Medical Secretaries training complete</li> <li>• TTG Guidance in place for admin staff</li> <li>• National List of unavailability codes in place and incorporated into local Policy</li> <li>• TTG Communication Plan completed</li> <li>• FAQ sheets written and shared for Nursing, and Primary and Secondary care medical Staff</li> <li>• Guidance for repeat procedures in place</li> </ul>			
<b>Gaps in Controls</b>			
Need to ensure capacity monitored and available to meet TTG			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023)			
<b>Have the Controls Been Tested</b>		<b>Analysis and Findings of Control Testing</b>	
Yes - All controls have been tested			
<b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b> Carolan, Kathleen reviewed this risk in 21 Aug 2023. [08/10/2021 09:17:28 Dawn Smith] Ongoing governance around reporting including weekly waiting times meeting.			



New national dashboards available for monitoring live waiting times across OP, IP and Diagnostics allows contemporary actions to be taken if waiting times are increasing in one area.

<b>NHS Shetland Level 2 - Directorate Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1259 Medical Staffing</b>		<b>Strategic ID:</b>	
<b>Risk Description:</b> IF: If we fail to support the senior medical team (Consultants, GP) to manage the demand THEN: Then there is a risk of continual reliance on a temporary workforce RESULTING IN: resulting in financial sustainability and inability to progress education and learning and service development.			
<b>Risk Response:</b> Treat - plan to reduce level of risk		<b>Standing Committee:</b> Clinical Governance Committee (CGC)	
<b>Likelihood:</b> Likely - Strong possibility that this could occur, likely to occur	<b>Consequence:</b> Major	<b>Current Risk Level &amp; Rating:</b> High risk <b>16</b>	<b>Risk Owner &amp; Review Date:</b> Brightwell, Kirsty <b>31 Mar 2024</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>Engagement with national strategies to enhance recruitment in remote and rural settings.</li> <li>Primary Care strategy will ensure as robust a model as possible.</li> <li>Regular meetings with Scottish Government medical workforce advisers</li> <li>ANPs undertaking triaged primary care clinics at weekends commenced February 2017</li> <li>Clinical development fellow was created and recruited to from December 2017.</li> <li>Consultant physician “ Consultants currently on fixed term locum contracts</li> <li>Engagement with the Global Health Academy to work in collaboration in exploiting global citizenship opportunities to recruit</li> <li>Using the lessons from the success of the GP Hub and transposing the project into acute sector</li> <li>NHS SHetland becoming host Board for new GP hub</li> <li>National Recruitment process used for recruitment of Consultant psychiatrist</li> <li>Collaborating with NES on fellowship posts</li> </ul>			
<b>Gaps in Controls</b> Failure of the national recruiting process to fill all junior doctor posts Inability to influence the national picture of consultant shortages across many specialities Difficulty in training other professionals to fill gaps in workforce			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> No - No controls have been tested, Yes - All controls have been tested <b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b> Brightwell, Kirsty reviewed this risk in 04 Sep 2023. [15/06/2023 09:54:51 Andrew Humphrey] Offering flexible contracts for anaesthetics has failed to attract interest. There has been success with surgical fellowship resulting in substantive post holder.  The flexible post for A&E consultant working in the Medical rotation is now fully recruited. The medical team are now reviewing their model of care.  General practice is affected by several retirements this year. There have been a rural fellow with another one to follow and the Unst rotational model continues to be fully staffed despite some turnover. The West Side model is being reviewed. [29/03/2018 10:01:22 Ralph Roberts] Continue to have significant pressures as a result of gaps in medical cover; some progress made with Junior Dr cover and potential GP recruitment but continuing challenges with Consultant recruitment [22/08/2017 16:30:18 Andrew Humphrey] Service gaps; Loss of local services; Reduced quality of service;			

Increased service costs

<b>NHS Shetland Level 2 - Directorate Risk – December 23</b>		<b>Approval Status: Final approval</b>	
<b>Risk ID: 1571 Audiology- single handed practioner</b>		<b>Strategic ID:</b>	
<b>Risk Description:</b> <b>IF:</b> If the Audiology service is run by a single-handed Audiologist <b>THEN:</b> Then this means there is no resilience to the service and a lack on internal peer audit and clinical support. <b>RESULTING IN:</b> Resulting in professional isolation, reduced opportunity to challenge and improve practice and a reliance on self-inspection audit only.			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b>	
<b>Likelihood:</b> Almost certain - Expected to occur frequently, more likely to occur than not	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> High risk <b>15</b>	<b>Risk Owner &amp; Review Date:</b> Carolan, Kathleen <b>21 Nov 2023</b> <b>(being reviewed)</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• Urgent patients can go to NHS Grampian if required</li> <li>• Chief Audiologist part of Audiology HoS national group and can seek clinical and operational advice and support through this group</li> <li>• Chief Audiologist to have work reviewed annually onsite</li> <li>• Prioritisation of workload- ongoing review of waiting times.</li> <li>• Triage to most appropriate appointment type to make most effective use of face to face clinic</li> <li>• Reintroduction of peer review</li> </ul>			
<b>Gaps in Controls</b> NHS Grampian Audiology department are under considerable pressure with long waiting lists			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested</b> <b>Analysis and Findings of Control Testing</b> Yes - Some controls have been tested <b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b>			

**Closed Strategic, Organisational and Directorate Risks Since Last RMG Meeting**

**November 2023**

<b>NHS Shetland Level 3 - Organisational – December 23</b>		<b>CLOSED DATE: 30 Oct 2023</b>	
<b>Risk ID: 1001 NMC registration checks</b>		<b>Strategic ID:</b>	
<b>Risk Description:</b> IF: lapse of nurse registration <b>THEN:</b> Risk of nurse underaking tasks which require NMC registration when NMC registration has lapsed. <b>RESULTING IN:</b> harm, injury to patient and reputational damage to organsiation			
<b>Risk Response:</b> Tolerate		<b>Standing Committee:</b>	
<b>Likelihood:</b> Possible - May occur occasionally, has happened before on occasions	<b>Consequence:</b> Moderate	<b>Current Risk Level &amp; Rating:</b> Medium Risk <b>9</b>	<b>Risk Owner &amp; Review Date:</b> Carolan, Kathleen <b>03 Oct 2023</b>
<b>Controls</b> <ul style="list-style-type: none"> <li>• NMC informs nurse when registration is due for fee and NOP</li> <li>• Registrants responsibility to ensure nmc registration is in place</li> <li>• HR / nursing admin check at end of each month to highlight any registrants which have lapsed</li> <li>• HR / nursing admin inform chief nurse</li> <li>• Chief nurse informs line manager and speaks to individual nurse.</li> <li>• Discussion and decision is taken if appropriate for nurse to work as an HCSW in area or out with area</li> <li>• Discussion with nurse with regard to their responsibilities and why registration lapse has occurred.</li> <li>• Risk assessment completed and file note made.</li> <li>• Area informed by Chief Nurse following information from HR /Nursing admin when registration has become current.</li> </ul>			
<b>Gaps in Controls</b> Nurisng admin unable to access vai eese the registrants details this can be accessed vai HR			
<b>Robustness of testing the controls recorded:</b> (added 26 <sup>th</sup> April 2023) <b>Have the Controls Been Tested      Analysis and Findings of Control Testing</b>			
<b>Adequacy of Controls:</b> Adequate			
<b>Risk Rationale/Comments:</b> Carolan, Kathleen reviewed this risk in 30 Oct 2023.  Risk closed. Will need to agree with the other professional leads to completely re-write it, and agree where it should sit in risk terms.			