

NHS Shetland

Meeting:	NHS Board
Meeting date:	30 April 2024
Agenda reference:	Board Paper 2024/25/04
Title:	Strategic Risk Register Report
Responsible Executive/Non-Executive:	Kirsty Brightwell, Medical Director / Brian Chittick, Chief Executive
Report Author:	Edna Mary Watson, Chief Nurse (Corporate)

1 Purpose

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

- Awareness and
- Decision

having been formally considered at the Risk Management Group on 18 March and Audit and Risk Committee on 26 March 2024.

The NHS Board is asked to note the status of the Strategic Risk Register, reviewing, amending or, confirming that the strategic risks are being managed.

The NHS Board are also asked to consider if there are any new strategic risks that should be added to the 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 were reviewed at the Risk Management Group (RMG) meetings in June, September, November 2023 and March 2024, taking account of any feedback received from Directors and/ or governance Committees.

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 the paper.

In addition during the last year new sections on Procedures developed, Proposals presented and Horizon Scanning have been added to assist with the sharing of key information from RMG to the Audit Committee and subsequently to the NHS Board.

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 Committee (formally renamed Audit and Risk Committee during 2023/24), 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).

The Audit and Risk Committee will report any exceptions to the Board as and when required via the Committee update.

As part of the review of the 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.

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

2.3 Assessment

This report gives an overview of the current strategic risks and a summary of the strategic actions which are currently in place to mitigate those risks.

The Strategic Risk Register is managed and updated via the Datix risk management module by RMG members. Datix Dashboard (Strategic Risk Register) shows a number of generic charts and tables. These consist of :-

- current active risks
- current outstanding actions
- risk response
- adequacy of controls
- risk rating

Changes made to the risks within Datix are visible via the inbuilt audit function.

The strategic risks are reviewed by the relevant Executive Director before presentation at a RMG meeting.

The standardised approach to having all risk review dates set for the end of the calendar month 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 are focusing on supporting Managers 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.

Following discussions at RMG a section was added to the Risk Register in April 2023 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. To date there has been limited reporting of testing of controls and therefore this area will also be targeted as part of the overall review of a risk.

An Overview of the Strategic Risks by Highest Rank 2023/2024 is presented in Appendix 1. Appendix 2, provides the detail of the Strategic risks.

Summary of changes:-

The following changes have been made in the last quarter.

➤ **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 (RMG) in November and a dedicated risk management session with members of the Executive Management Team and Clinical Governance and Risk Team was held on the 6 December 2023.

The revised draft risk was circulated to all Executive Management Team members for review and was also shared at the Staff Governance Committee in February. Following this the risk was considered at the RMG meeting on 18 March 2024, where some further amendments were proposed. The revised risk has now been circulated to RMG members for final review and subsequent approval.

SR13: Access to Services rating score increased from 12 (high) to 16 (high) in Q4 of 22/23 due to the CHSCP operating under business continuity arrangements and the increasing difficulty in providing access to all services across the organisation. This risk has continued to have a high risk (16) rating throughout 23/24.

In terms of controls some additional measures have been put in place over the last 6 months through service redesign eg development of locality hubs as a local point of access for services, introduction of a wider multi-disciplinary team in Primary Care settings and the review of the use of Ask my Gp, however, recruitment and retention continues to be a significant issue with a dependence on supplementary staff to fill workforce gaps across the organisation which represents a major financial risk to the organisation's overall sustainability.

SR14: Estate risk rating score is maintained at 12 (high) from its initial escalation to this level in Q1 23/24. NHS Shetland has previously noted that there are a number of issues impacting on the Estates risk. Despite the number of mitigations in place, it is recognised that potential compliance risks exist as there is insufficient capital and revenue budgets available, combined with a shortage of staff resources to enable full compliance with NHS Scotland standards.

Following the recent guidance issued by the Scottish Government regarding Whole System Infrastructure Planning, David Wagstaff, PIA Project Director attended the RMG meeting in March to discuss the potential impact that this would have on the Estates Risk. It was noted that the guidance would see a refocus of activity over the next 2 years on to maintenance of the current estate, with a longer timespan indicated for completion of new infrastructure plans and their subsequent development. Mr Wagstaff noted that this would have an impact upon the overall Estates Risk due to the need to focus on maintaining the current infrastructure over a longer time period. He noted that whilst there was work to be undertaken to further understand the potential impact on the Estates risk that this would also potentially impact upon other risks across the organisation, strategically, operationally and financially and therefore further discussions would be required in due course at Executive Level.

➤ **Rating score increased:**

SR06: IG Training for NHS Staff risk rating was increased in Q3 from 12 (high) to 16 (high) 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. Whilst no formal testing of the Adequacy of Controls has been undertaken on this risk, following discussion at the Staff Governance Committee in November 2023, it was felt that the controls should be considered to be Inadequate due to their failure to resolve this position.

The Clinical Governance Team Leader has been tasked by the Chief Executive to undertake a review of all adverse event reports for patterns of reporting which could help to identify potential areas and themes of concern regarding information governance practice. This work will be completed in April 2024 and will be shared with the Chief Executive, Information Governance Manager and the Learning and Development Manager in order to support further targeted training for staff.

➤ **Rating score decreased:**

No risk rating scores have decreased in the last quarter.

➤ **Rating score unchanged:**

SR02: Finance Strategic Risk rating score had been increasing over the period 22/23 but was reviewed by the Director of Finance and reduced from being very high risk (20) in the last quarter of 22/23 to high risk (12) in Q1 of 23/24.

Over the last year, concerns have been raised in all standing committees about the similarity of the wording of the Workforce risk (SR08) and the current Finance risk. Non-Executive Directors have requested that the wording of the Financial risk be reviewed and that the actual level of the financial risk should be added for clarity.

The revision of this risk was discussed at the Risk Management Group meeting in November 2023. The Director of Finance has now reviewed the Finance Risk and separated the risk into 2 risks – Strategic Financial Planning and Strategic Financial Management Operational Delivery.

The Strategic Financial Planning risk outlines the risk to the NHS Board if there is inadequate financial planning and performance management, whilst the Strategic Financial Management Operational Delivery risk outlines the potential risk that through the in-year management of resources that the organisation fails to optimise the effectiveness and efficiency of its resource allocation in a sustainable long-term basis. This risk highlights that this can be influenced by unexpected issues beyond the NHS Board's control eg increasing cost pressures in external markets.

These risks have been circulated to the RMG members for review and subsequent approval.

➤ **Risk descriptions updated**

SR01 National Standards has undergone a comprehensive review in this last quarter, details of which can be seen in Appendix 2. Issues remain in relation to the adequacy of controls for this risk, further detail of which can be found in the Adequacy of Controls section of the report.

➤ **New Risks**

No new Strategic risks have been added to date.

However, at the RMG meeting in November discussion was held regarding Mental Health services, outlining a number of concerns in relation to management capacity within the service and the need for effective clinical and professional leadership to be established. It was also noted that there was a need to establish effective governance systems within, and around, the service.

Whilst the measures taken to date to address the clinical, management and leadership issues were noted, RMG agreed that a risk needed to be put on the NHS Risk Register in order to improve oversight and management of the risk. Interim Director of Community Health and Social Care (DCHSC), Mental Health Team and Chief Nurse (Corporate) to progress development of the risk. An initial meeting has now been held to draft this risk with a further meeting scheduled for early May, with an aim to have the Risk approved at the RMG meeting on 5 June 2024.

- **No changes in Risk Rating Scores** for the following Strategic risks – SR01, SR03, SR04, SR09, SR10, SR11, SR12, SR13, SR15, SR17, SR18 and SR19.
- **No risk responses changed.**
- **No Strategic or Organisational Risks Closed**
Whilst there were no Strategic risks closed in the last quarter, discussion at RMG in November noted the need to review any remaining risks pertaining to the Pandemic, remobilisation and/or recovery as these are no longer fit for purpose.

Risk 654 – Meeting Treatment Time Guarantee during remobilisation is included in the report but it is noted that this is one of the risks now for review and potential closure.

Director of Public Health also noted at RMG her intention to review both SR16 Covid Outbreak and SR19 Flu Pandemic, with due consideration being given to the creation of a single risk that covered both Flu and Pandemic risks as the management controls for both were similar. This review is currently in progress and a revised risk will be presented to RMG in June for approval. It was agreed that the individual risks would remain extant on the Strategic Risk Register until the new risk was ready for discussion and agreement. SR16 and SR19 are included in this report.

➤ **Directorate Level Risks**

There are 2 Directorate Level Risks which should be noted. These are Medical Staffing (1259) and 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 – Single handed practitioner Risk has a risk score of 16. The current details of both of these risks are noted in Appendix 2.

In addition, Directorate Level risk 1251 Access to Out of Hours services has been reviewed by the Director of Community Health and Social Care and the risk level decreased from 16 (high risk) to 9 (medium risk) due to the additional involvement of Advanced Nurse Practitioners in the Out of Hours rota, as well as General Practitioners, thus creating greater resilience. A risk level of 9 now removes this risk from the Highest Rank table.

➤ **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.

This risk has undergone a comprehensive review and additional actions have been identified to improve control measures eg increasing the use of telehealth to support patient pathways, increased mechanisms by which assurance on this risk can be given have also been outlined along with identification of issues causing gaps in assurance, such as the inconsistency in having commissioning team meetings in place with NHS partner providers.

SR16 Covid Outbreak

The Director of Public Health reviewed this risk in Q2 23/24 and reduced it from high risk (16) to high risk (12), whilst this reduced the overall risk rating from 16 to 12 this risk remains high risk.

Gaps in controls are noted as arising as a result of Health and social care services remaining fragile and under considerable pressure, potential for significant pressures to arise over winter, and staffing and resourcing issues impacting on the Vaccination Team and other key posts within the Health Protection Team due to reduced funding.

However, 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. This risk is currently under review as noted earlier in the paper.

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.

However, some concerns are noted about limited active deployment, development and operational use of some tools due to a lack of staff resource.

Discussion at Audit and Risk Committee on 26 March 2024 recommended that this risk be formally reviewed and that the actions from the recent internal audit on cyber security be incorporated at the time of the risk review.

SR 18 Risk of CBRN Contamination

Whilst progress has been made in relation to establishing a decontamination response for use as part of the Major Incident plan, a number of gaps remain in the controls eg site for decontamination tent, no budget for training and equipment, no training for Incident managers and the CBRN plan as yet remains untested. Not having an effective CBRN decontamination facility with appropriately trained staff has the potential to impact on a Shetland wide response to a CBRN incident.

➤ **Procedures**

No new procedures were considered this quarter.

➤ **Proposals**

Following previous discussions with the then Director of Community Health and Social Care (DCHSC) the Directorate have implemented the trial of putting the Directorate Risk Register on JCAD.

Delays were experienced in the planned upgrade to the JCAD system and therefore the Clinical Governance and Risk Team liaised with the Risk lead in the Local Authority and received training and access permissions for the current system, as of January 2024.

Having received access to the system, the Clinical Governance and Risk Team note that there will now require to be a piece of work undertaken to reconcile the health risks that were transferred from the NHS Risk Register to JCAD in order to track movement of the risk, and to agree with relevant Exec Managers and/or DCHSC the current position on these risks or whether they are now recommended for closure, having been superseded by an entry on JCAD. The NHS Risk Register will then be annotated to reflect this position.

A number of areas were previously identified that would require further consideration once the NHS risks were hosted on a single system, which is reflective of Local Authority process and practice. These areas remain extant and are as noted below:

- Differences in Risk Rating Scale – potentially leading to different Risk Ratings for the risk whether assessing using NHS or JCAD Risk Matrix;
- Risk Description format is not as per the NHS Risk Management Strategy which promotes the use of the IF (cause of risk)... THEN (event/incident)... RESULTING IN (Consequence);
- Review Timescales – clarification needed as to whether there is a consistent approach to review timescales based on level of risk;
- Visibility of risks – how to ensure that there is visibility and linkages between the Directorate risks held on JCAD and the Departmental, Organisational and Strategic Risk Registers held on the NHS Datix Risk system;
- Requirement to develop a Risk Escalation and De-escalation structure that can work effectively across both systems.

A paper will be presented to RMG providing an overview of the current position with regards to the Directorate NHS Risks and outlining potential solutions to the issues listed above.

The Clinical Governance and Risk Team have now been advised that the JCAD system upgrade, and move to a cloud based system, will take place the week of 15-19 April 2024.

➤ **Horizon Scanning Risk Discussions**

No new risks were identified but the changes to the whole system infrastructure planning process has the potential to change the level of risk in a number of areas, as previously noted.

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.

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.

It is evident that the risk environment is becoming more challenging with external issues impacting upon the organisation's ability to continue to manage these risks effectively eg in relation to managing access to services and maintaining our estate in increasingly difficult financial and workforce conditions.

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. RMG meetings have been held quarterly as per business schedule.

2.3.8 Route to the Meeting

The Strategic Risk Register has been considered by RMG at its meeting held on 5 June, 11 September, 13 November 2023 and 18 March 2024. The A&RC has also reviewed the Risk Register at its scheduled meetings on 15 June, 26 September, 28 November 2023 and 26 March 2024. 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.

As noted the Clinical Governance and Risk Team will be supporting Managers to review in entirety the content of all risks held on their Risk Registers to ensure that these are updated and remain current going forward.

2.4 Recommendation

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

- Awareness and
- Decision

having been considered at the RMG on 18 March and A&RC on 26 March 2024.

The NHS Board are also asked to consider if there are any new strategic risks that should be added to the Register.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Overview of Strategic Risks by Highest Ranked 2023/2024
- Appendix No 2, Strategic Risk Register

NHS Shetland Highest Ranked Strategic, Organisation and Directorate (Rating >15) Risks 2023/2024 - April 24

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q4 Score 22/23	Q1 Score 23/24	Q2 Score 23/24	Q3 Score 23/24	Q4 Score 23/24 As at 31 March 24	Annual Movement
Level 4 - Strategic Risk	SR08 (1471) Workforce	Hall, Lorraine	Medium Risk 6	Very High Risk 20	Treat - plan to reduce level of risk	16	16	20	20	20	↑
Level 4 - Strategic Risk	SR13 (1263) Access to Services	Robinson, Jo	Medium Risk 4	High Risk 16	Treat - plan to reduce level of risk	16	16	16	16	16	↔
Level 4 - Strategic Risk	SR17 (1515) IT Failure due to Cyber Attack	Hall, Lorraine	Medium Risk 8	High Risk 16	Treat - plan to reduce level of risk	16	16	16	16	16	↔
Level 4 - Strategic Risk	SR06 (1444) IG Training NHS Staff	Marsland, Colin	Low Risk 2	High Risk 16	Treat - plan to reduce level of risk	12	12	12	16	16	↑
Level 4 - Strategic Risk	SR04 (1307) External Factors eg. Brexit/Supply Chain	Chittick, Brian	Medium Risk 4	High Risk 15	Treat - plan to reduce level of risk	15	15	15	15	15	↔
Level 4 - Strategic Risk	SR01 (19) National Standards	Carolan, Kathleen	Medium Risk 6	High Risk 12	Treat - plan to reduce level of risk	12	12	12	12	12	↔
Level 4 - Strategic Risk	SR14 (961) Estate	Chittick, Brian	Medium Risk 4	High Risk 12	Tolerate	4	12	12	12	12	↑

NHS Shetland Highest Ranked Strategic, Organisation and Directorate (Rating >15) Risks 2023/2024 - April 24

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q4 Score 22/23	Q1 Score 23/24	Q2 Score 23/24	Q3 Score 23/24	Q4 Score 23/24 As at 31 March 24	Annual Movement
Level 4 - Strategic Risk	SR02 (1255) Finance	Marsland, Mr Colin	Medium Risk 8	High Risk 12	Treat - plan to reduce level of risk	20	12	12	12	12	↓
Level 4 - Strategic Risk	SR16 (1507) Covid Outbreak	Laidlaw, Dr Susan	Medium Risk 6	High Risk 12	Treat - plan to reduce level of risk	16	16	12	12	12	↓
Level 4 - Strategic Risk	SR19 (702) Flu Pandemic	Laidlaw, Susan	Medium Risk 10	High Risk 10	Tolerate	10	10	10	10	10	↔
Level 4 - Strategic Risk	SR09 (1482) Clinical Governance and Assurance	Brightwell, Kirsty	Medium Risk 9	Medium Risk 9	Tolerate	9	9	9	9	9	↔
Level 4 - Strategic Risk	SR12 (1354) Capacity for Sustainable Change	Chittick, Brian	Medium Risk 6	Medium Risk 9	Treat - plan to reduce level of risk	9	9	9	9	9	↔
Level 4 - Strategic Risk	SR03 (1045) Paediatrics	Brightwell, Kirsty	Medium Risk 8	Medium Risk 8	Tolerate	8	8	8	8	8	↔
Level 4 - Strategic Risk	SR10 (1489) Business Continuity Plans	Laidlaw, Susan	Medium Risk 8	Medium Risk 8	Treat - plan to reduce level of risk	8	8	8	8	8	↔

NHS Shetland Highest Ranked Strategic, Organisation and Directorate (Rating >15) Risks 2023/2024 - April 24

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q4 Score 22/23	Q1 Score 23/24	Q2 Score 23/24	Q3 Score 23/24	Q4 Score 23/24 As at 31 March 24	Annual Movement
Level 4 - Strategic Risk	SR15 (1275) Urgent/Emergency/Unscheduled Care	Brightwell, Kirsty	Medium Risk 4	Medium Risk 8	Tolerate	8	8	8	8	8	↔
Level 4 - Strategic Risk	SR18 (1540) Risk of CBRN contamination	Laidlaw, Susan	Medium Risk 6	Medium Risk 8	Treat - plan to reduce level of risk	8	8	8	8	8	↔
Level 4 - Strategic Risk	SR11 (1451) IG Training Non NHS Staff	Marsland, Colin	Low Risk 3	Medium Risk 6	Treat - plan to reduce level of risk	6	6	6	6	6	↔
NEW Level 3 - Organisational	1535 Inadequate Reviews of IG Documentation	Marsland, Colin	6	High Risk 15	Treat - plan to reduce level of risk	15	15	15	15	15	↔
NEW Level 3 - Organisational	1378 Outdated Policies & Official Documents	Marsland, Colin	9	High Risk 15	Treat - plan to reduce level of risk	15	15	15	15	15	↔
Level 3 - Organisational	(654) Meeting TTG during remobilisation	Carolan, Kathleen	Medium Risk 9	Medium Risk 9	Tolerate	9	9	9	9	9	↔

NHS Shetland Highest Ranked Strategic, Organisation and Directorate (Rating >15) Risks 2023/2024 - April 24

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q4 Score 22/23	Q1 Score 23/24	Q2 Score 23/24	Q3 Score 23/24	Q4 Score 23/24 As at 31 March 24	Annual Movement
Level 2 - Directorate Risk	(1259) Medical Staffing	Brightwell, Kirsty	Medium Risk 6	High Risk 16	Treat - plan to reduce level of risk	16	16	16	16	16	↔
Level 2 - Directorate Risk	(1571) Audiology – Single Handed Practitioner	Carolan, Kathleen	Medium Risk 8	High Risk 16	Tolerate				16	16	↔

Removed from Table this Quarter

Level 2 - Directorate Risk	(1251) Access OOHs	Robinson, Jo	Medium Risk 6	Medium Risk 9	Treat - plan to reduce level of risk	16	16	16	9	9	↓
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**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1471 Workforce		Strategic ID: SR08 (1471)	
Risk Description: IF: If we fail to attract and recruit to vacancies or retain essential skills and knowledge within the organisation THEN: Then there will be a negative impact on the service delivery, existing staff and patients care RESULTING IN: <ul style="list-style-type: none"> 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 			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Staff Governance Committee (SG)	
Likelihood: Almost certain - Expected to occur frequently, more likely to occur than not	Consequence: Major	Current Risk Level & Rating: Very High Risk 20	Risk Owner & Review Date: Hall, Lorraine *30 June 2023* Being Reviewed – Draft Revised Risk at RMG 18 March 2024 & now recirculated for final comment
Controls <ul style="list-style-type: none"> Having a remobilisation strategy and direction of travel that looks at individuals services and needs Revisiting and updating a clinical strategy for the next 5-10 years Having a robust Board attraction strategy that includes succession planning and retention National Health and Social Care Integrated Workforce Strategy Review sources for advertising and supply - GP Hub, social media, international recruitment wrap around service planning sessions 			
Gaps in Controls 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			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing			
Adequacy of Controls: Inadequate			
Risk Rationale/Comments: 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 [16/08/2022 15:50:52 Lorraine Allinson] ongoing reliance on agency / temporary staff			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

[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.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1263 Access to Services		Strategic ID: SR13 (1263)	
Risk Description: 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 and/ or to specific specialities.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: CHP Management Team, Clinical Governance Committee (CGC), Finance and Performance Committee (FPC), Risk Management Group	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Major	Current Risk Level & Rating: High risk 16	Risk Owner & Review Date: Robinson, Ms Jo 31 August 2024
Controls <ul style="list-style-type: none"> • Exploration of Health Hubs in remote areas to aid access • MDT workstream to allow individuals to see right professional earlier, including First point of contact physiotherapists and Advanced Nurse practitioners • Exploration of automation of AskMyGP referral project with NSS • Better anticipatory care planning especially for high resource individuals • Use of Network enabled care to provide pt access to the appropriate professional rather than everything being channelled through the GP • Primary CAre escalation plan to move to urgent/emergency appts so those who need to see a GP will be prioritised • Use of Ask My GP is being scaled up across the Health Centres to provide remote access • Review of Urgent Care Pathways to decrease footfall in A&E involves use of NHS Inform/Flow • Navigation Hubs to allow remote access to care • Use of Attend Anywhere Video conferencing facility is providing improved access • Ambulance Liaison Group well established to ensure risks identified and acted on for all ambulance issues across Shetland. Joint work in progress with Scottish Ambulance Service using the Strategic Options Framework implementation plan, with priority given to actions for remote areas. For appointments in Lerwick, there is good understanding of the need to be flexible with appointment times. • Outreach for care at home provided through existing care centres. • Models for health and social integration focus on ensuring locality resilience and sustainability. Primary healthcare continues to be provided in existing localities. 			
Gaps in Controls Level of influence on infrastructure planning. Understanding unmet need- where someone does not access a service			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing No - No controls have been tested			
Adequacy of Controls: Adequate			
Risk Rationale/Comments: Robinson, Ms Jo reviewed this risk in 01 Feb 2024. [01/02/2024 12:45:23 Jo Robinson] Dependence on supplementary staff to fill workforce gaps continues to present a major financial risk to the organisation. Service redesign continues and this is mitigating some of the risk. [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.			

Strategic, Organisational and Directorate Risks (Greater than 15 Rating) February 2024

[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

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1515 IT Failure Due to Cyber Attack		Strategic ID: SR17 (1515)	
Risk Description: IF: If a sole actor or orchestrated cyber attack occurs THEN: Then NHS Shetland could experience system downtime and/or loss of data and/or data disclosure RESULTING IN: 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			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Audit Committee (AC), Finance and Performance Committee (FPC), Information Governance Group (IGG)	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Major	Current Risk Level & Rating: High risk 16	Risk Owner & Review Date: Hall, Lorraine 29 February 2024 Currently under review
Controls <ul style="list-style-type: none"> Multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching. Information Governance and Information Security policies are in place and available to staff. New Information Governance and Digital Security Framework being developed to bring together all IG and Digital Security strategies, policies and procedures. New suite of 10 digital security policies are complete and will go through approval process by end August 2021. Cyber awareness training for staff, regular communications on cyber awareness 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. Full NIS Audit (Year 4) conducted in 2023 (awaiting outcome) 			
Gaps in Controls Cybersecurity protection opportunities and assets are not being fully utilised due limitations of staff resource Staff compliance with mandatory training is low (and trending down)			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - Some controls have been tested Adequacy of Controls: Inadequate			
Risk Rationale/Comments: Hall, Lorraine reviewed this risk in 20 Nov 2023. [29/06/2021 16:43:07 Andrew Humphrey] 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			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1444 IG Training NHS Staff		Strategic ID: SR06 (1444)	
Risk Description: 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). RESULTING IN: Resulting in harm to patients and/or regulatory action and/or financial penalty and/or reputational damage to the Board			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Digital Governance Group (DGG), Finance and Performance Committee (FPC), Information Governance Group (IGG), Staff Governance Committee (SG)	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Major	Current Risk Level & Rating: High risk 16	Risk Owner & Review Date: Marsland, Mr Colin 30 April 2024
Controls <ul style="list-style-type: none"> 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. In the annual staff review process line managers should be ensuring that staff that directly report to them are compliant with their statutory and mandatory training. Information Governance team are producing reports for Directors and line managers that highlight staff compliance against this mandatory training course. NHS Shetland has introduced an escalation procedure that can result in non-compliant staff being barred from accessing the network. 			
Gaps in Controls 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			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing No - No controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: Marsland, Mr Colin reviewed this risk in 09 Jan 2024. [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.			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
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[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.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1307 External Factors eg. Brexit/Supply Chain		Strategic ID: SR04 (1307)	
Risk Description: IF: If external factors such as Brexit, changes to regulations or political instability THEN: Then impacts on the Board's ability to sustain services, the Board's level of mitigations including - Business continuity planning, disaster recovery plans may be limited due to the external nature of these threats RESULTING IN: Resulting in directly impacted factors such as energy costs, food costs and medical supply constraints which would impact on patient care, performance of budgets			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Almost certain - Expected to occur frequently, more likely to occur than not	Consequence: Moderate	Current Risk Level & Rating: High risk 15	Risk Owner & Review Date: Chittick, Brian 31 March 2024 Currently under review
Controls <ul style="list-style-type: none"> • Accelerating progress to net zero • BREXIT group established • BREXIT action plan developed • Assessment of BREXIT Readiness drafted • Liaise with Scottish Government on required actions / national work • Maintaining links with National & local resilience teams to update plans 			
Gaps in Controls 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			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - Some controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: Chittick, Brian reviewed this risk in 07 Nov 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			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1252 National Standards		Strategic ID: SR01 (19)	
Risk Description: IF: We have excessively long waiting times and/or poor access to services THEN: This could lead to the potential of poorer patient outcomes as a result in delays in assessment of treatment RESULTING IN: Loss of confidence in the organisation as a provider of safe health and care (including negative publicity)			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Moderate	Current Risk Level & Rating: High risk 12	Risk Owner & Review Date: Carolyn, Kathleen 31 October 2024
Controls <ul style="list-style-type: none"> 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. 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. 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. 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. 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). 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. 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. 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 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. 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. 			
Gaps in Controls <ul style="list-style-type: none"> 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). 			

Strategic, Organisational and Directorate Risks (Greater than 15 Rating) February 2024

- 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 26th April 2023)

Have the Controls Been Tested Analysis and Findings of Control Testing

Adequacy of Controls: Inadequate

Rationale for Current Score

[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 ie access performance across Scotland is challenging

Risk Appetite

HIGH - [30/10/23 Kathleen Carolan] We need to consider safe, innovative ways of developing services to ensure that we can deliver both access targets and evidence based practice. There are various ways in which we can do this if we take a longer term view on the workforce and creating sustainable service options. Hence, accepting there needs to be some tolerance of this risk in the medium term, but ensuring we mitigate harmful long waits for treatment wherever possible.

Actions to Improve Control

Review shared pathways with NHS Grampian and agree the redesign areas for service repatriation - including those appropriate for a focus on delivery via tele-health	Kathleen Carolan	01/04/2024	[Reviews are continuous.
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- **How this risk is to assured:-**
- Performance scorecard shows the performance individual services (reported to Board and Finance and Performance Committee)
- Speciality level performance is shared with clinical teams – to note achievements and pressures
- Early warning of TTG breaches identified through the waiting times group and rescue plans agreed accordingly
- Internal audit programme – reviewing the waiting times governance framework (e.g. production of patient letters) and service performance and delivery
- Audit Scotland Reports
- ISD Publications
- Risk assessment completed to ensure funding is targeted to make the greatest impact on patient outcomes e.g. funding aligned to surgical procedures and services with no core provision
- Update the Board at each meeting, with a more detailed report to each Finance and Performance Committee

Gaps in Assurance

Commissioning team meetings (internal and external) are not consistently in place to manage the agenda locally and with NHS partner providers

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.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

[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.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1273 Estate		Strategic ID: SR14 (961)	
Risk Description: IF: If NHS Shetland fails to achieve modern standards and key environmental targets THEN: Then it can expect actions taken against it, potential sanctions and increased costs. This is made harder by an aged estate and inherited properties. RESULTING IN: 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.			
Risk Response: Tolerate		Standing Committee: Finance & Performance Committee (F&PC) Clinical Governance Committee (CGC)	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Moderate	Current Risk Level & Rating: High risk 12	Risk Owner & Review Date: Chittick, Brian 29 February 2024 Currently under review – discussion held at RMG 18 March 2024
Controls <ul style="list-style-type: none"> • Board reviews NHS Scotland SAFR report on an Annual basis; NHS Shetland produces an Annual Property and Asset Management Strategy (PAMS) Action plans for Estates & Facilities agreed • Board ensuring ongoing discussion takes place with Health Facilities Scotland and support provided • Board supports visits from HFS to discuss local position • NHS Shetland has developed a net zero plan to reflect the targets set by Scottish Government (Net Zero 2040) • Board supports the development of SCART tool within available resources • Board supports input into EAMS tool within available resources • Board supports input EMS tool within available resources • Board supports the reporting schedule as set out by SG • Regular reporting to Board on key environmental targets and compliance issues 			
Gaps in Controls			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - All controls have been tested Controls are on-going Adequacy of Controls: Adequate			
Risk Rationale/Comments: Chittick, Brian reviewed this risk in 07 Nov 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			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
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[05/09/2017 10:53:05 Andrew Humphrey] NHS Shetlands environmental targets are clear; Approach to improvement being developed although recognised opportunity for further progress

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1255 Finance		Strategic ID: SR02 (500)	
Risk Description: IF: If NHS Shetland fails to recruit key posts THEN: Then failure to maintain financial balance RESULTING IN: Resulting in significant overspend which will result in need for delivery of additional efficiency savings above the £3.1m currently in the plan. Current estimate is an additional £4m for non-permanent staff in 2022/2023.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Moderate	Current Risk Level & Rating: High risk 12	Risk Owner & Review Date: Marsland, Mr Colin 31 July 2023 Being Reviewed – Draft Revised Risk at RMG 18 March 2024 & now circulated for comment
Controls <ul style="list-style-type: none"> • Finance Monitoring report to every Finance Performance Committee meeting • Financial plan covering 2022-23 to 2025-26 has been approved by the Board in June 2022 • 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. • Staff Development run locally Scottish Foundation Skills Programme for developing staff skills in service redesign. Further waves are scheduled for 2022/2023 • 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. • Recruitment of substantive staff to vacancies, in addition to standard recruitment process using recruitment agencies to head hunt staff • Monthly budget statements, variance analysis and discussions with budget holders to ascertain issues and risks they are individually managing. • Monthly review of savings made to date and future plans with the strategy on savings led by Efficiency and Redesign committee. • Finance Monitoring report to SGHD now monthly from June. • Finance Monitoring report to every Board meeting. • Detailed audit of financial control and budgetary control systems on a regular basis and external audit review of annual financial position. • 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. • 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 • Recovery plan was in place & 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. • Scottish Government quarterly updates and review meetings on progress against the Board's statutory obligation to achieve financial balance 			
Gaps in Controls			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
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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 £1,774k.
The financial plan for 2022-23 set a savings target of £3.072k to be achieved for the financial plan out-turn to achieve statutory break even position.

Robustness of testing the controls recorded: (added 26th 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'.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1507 Covid Outbreaks		Strategic ID: SR16 (1507)	
Risk Description: IF: If there is a large outbreak of covid in Shetland of a new variant THEN: then it could overwhelm current services through both significant increase in morbidity and demand for services and /or impact on services due to isolation of staff RESULTING IN: resulting in significant adverse outcomes for patients, adverse impacts on staff & services still recovering from pandemic and damage to NHS Shetland's reputation			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC), Risk Management Group	
Likelihood: Possible - May occur occasionally, has happened before on occasions	Consequence: Major	Current Risk Level & Rating: High risk 12	Risk Owner & Review Date: Laidlaw, Dr Susan 30 November 2023 (currently under review - new combined risk with SR19 for RMG 5 June 2024)
Controls <ul style="list-style-type: none"> • Process for sending all positive PCR samples for genome sequencing /national surveillance • Capacity to implement national 'Variants and Mutations' plan if required - small amount of non -recurring SG funding for additional HPT input if required • 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 • Increase in HPT capacity through creation of additional 0.6 HP Nurse specialist, post vacant for 6 months but now recruited to • Surveillance -including recruitment of substantive PH analyst • Timely & 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 • Scope to reintroduce LFD /PCR testing if required for outbreaks or surge • Public communications and messaging “ regular and consistent • Early identification and management of outbreaks by health protection team • Vaccination programme currently in progress locally (fourth round of boosters) and achieving required uptake Updated July 23 - due to start autumn/winter booster programme • Promotion of PH preventative activities - in line with current national guidance • 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. • Public health advice and interpretation of guidance for partners, other organisations and members of the public 			
Gaps in Controls 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			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

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 26th 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.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 702 Flu Pandemic		Strategic ID: SR19 (702)	
Risk Description: IF: If there are high levels of staff sickness and increased clinical demand due to Flu pandemic THEN: then there is a risk of loss of continuity of service RESULTING IN: Reduced or loss of services due to flu pandemic and resultant risk of adverse clinical events. Economic and legislative impact to the organisation			
Risk Response: Tolerate		Standing Committee: Control of Infection Committee (COIC)	
Likelihood: Unlikely - Not expected to happen, but definite potential exists	Consequence: Extreme	Current Risk Level & Rating: High risk 10	Risk Owner & Review Date: Laidlaw, Dr Susan 30 November 2023 (currently under review - new combined risk with SR16 for RMG 5 June 2024)
Controls <ul style="list-style-type: none"> • Pandemic flu plan remains under review based on national guidance and lessons learnt from covid pandemic • Business continuity plans in place for clinical areas - but many out of date- new BIA process and training being developed (BC&R officer now in post) • 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 • 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, • 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. • National & local surveillance of flu cases and outbreaks • FFP3 mask fitting process in place (Health & Safety remit). • Increased IPCT capacity to support health and care settings, especially care homes with a remit for training and support visits • Assurance process in place for care homes covering IPC • Increased capacity in HPT since 2021, additional HP nurse specialist /HP nurse capacity , bringing total to 1.4 • Experience of reconfiguration of services to manage covid cases in hospital is applicable in event of flu pandemic • Increased public awareness of respiratory hygiene and hand hygiene due to covid pandemic • Experience of comms during covid pandemic (esp public messaging) applicable to flu pandemic • Experience of mass vaccination clinics during covid pandemic applicable to pandemic flu vaccination • H&I Flu pandemic plan revised. • Local mass fatality plan in place 			
Gaps in Controls 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			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

BC& R officer - now a substantive post, but is single handed and therefore 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

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	Analysis and Findings of Control Testing
Yes - Some controls have been tested	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.

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
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NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1482 Clinical Governance and Assurance		Strategic ID: SR09 (1482)	
Risk Description: IF: If we continue with current clinical governance process THEN: There is risk of patient harm because of incomplete governance and assurance processes RESULTING IN: which results in a poor learning system, repeat safety events and a lack of quality improvement and there is no culture of learning.			
Risk Response: Tolerate		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Possible - May occur occasionally, has happened before on occasions	Consequence: Moderate	Current Risk Level & Rating: Medium Risk 9	Risk Owner & Review Date: Brightwell, Kirsty 30 September 2024
Controls <ul style="list-style-type: none"> • Establishment of the Clinical Governance Committee • Visibility of a senior clinical post in clinical governance • Re-introduction of the Clinical Governance afternoons • Operational Clinical Governance Group established • Completed the review of the role of JGG to provide a forum for system wide learning • Linking of CG Team into clinical operational CG activity • Board wide support for SIF programme for QI work • Implementation of Performance Monitoring Group for IJB delegated services 			
Gaps in Controls			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing No - No controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk on 16 April 2024. Next review September 2024. 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.			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1354 Capacity for Sustainable Change		Strategic ID: SR12 (1354)	
Risk Description: IF: If the Board's limited capacity to oversee change could mean that changes occur in an uncontrolled manner. THEN: Then uncontrolled change could increase risks to patient care as new processes, technology, workforce, or change is implemented without adequate consideration of its impact RESULTING IN: Resulting in disruption to processes, unwarranted variation and untoward or unforeseen events leading to patient harm.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Possible - May occur occasionally, has happened before on occasions	Consequence: Moderate	Current Risk Level & Rating: Medium Risk 9	Risk Owner & Review Date: Chittick, Brian 31 March 2024 Currently under review
Controls <ul style="list-style-type: none"> • Evolution of PMO into a more focused planning function Jul 23 • Provision of Service Improvement training available • Management bundles developed and in place • Service Improvement resource available to support change programme • Executive lead for SI identified • Digital Strategy Framework being drafted to outline areas of change required to embrace technology to accelerate change • Strategic Delivery Plan being drafted to map the change required • Flow of NHSS personnel on to national leadership courses like Leading for Change and Systems Leadership courses 			
Gaps in Controls Capacity to create and sustain change space both strategically and operationally			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - All controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: Chittick, Brian reviewed this risk in 08 Nov 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 £20K funding into Q1			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
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NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1275 Paediatrics		Strategic ID: SR03 (1045)	
Risk Description: 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 RESULTING IN: the risk of an avoidable adverse event or adverse clinical outcome and leading to difficulties in recruitment and retention of generalist staff			
Risk Response: Tolerate		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Unlikely - Not expected to happen, but definite potential exists	Consequence: Major	Current Risk Level & Rating: Medium Risk 8	Risk Owner & Review Date: Brightwell, Kirsty 31 August 2024
Controls <ul style="list-style-type: none"> • Paediatrician and emergency medical physicians recruited to support generalists • Enduring Paediatric Group established with a network with NHSG • Establishment of an i-hub to ease access to paediatric care resources for all staff • Induction in place for Locum and new Senior medical staff • Targeted training on the management of children in place for new and locum staff • Decision support from Paediatric Team in Aberdeen (as required). • National Retrieval Team model (for critically ill patients). • Paediatric care review (joint discussion of cases by local Consultants, junior doctors and Paediatricians) • Training in place for clinicians (doctors and nurses) in paediatric resuscitation. • New obs and gynae workforce model provides dedicated time for training specifically for neonatal care • A&E consultant rotational post provides expertise and experience in managing sick children • Program of resuscitation/critical care scenario training established to include children's care 			
Gaps in Controls			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - All controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: 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			

**Strategic, Organisational and Directorate Risks (Greater than 15 Rating)
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NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1489 Business Continuity Plans		Strategic ID: SR10 (1489)	
Risk Description: IF: If services /departments do not have business continuity plans in place THEN: Then there is a risk that we will not meet the Board's statutory obligations and in the event of a significant disruptive event, we will fail to deliver essential care to the population of Shetland and the recovery of services after the event will be delayed or extended unnecessarily. RESULTING IN: 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.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Finance and Performance Committee (FPC)	
Likelihood: Unlikely - Not expected to happen, but definite potential exists	Consequence: Major	Current Risk Level & Rating: Medium Risk 8	Risk Owner & Review Date: Laidlaw, Dr Susan 15 October 2024
Controls <ul style="list-style-type: none"> • BC policy approved • Governance structure reviewed and nw processes in place to provide assurance to EMT and Board • Review and development of service business continuity and recovery plans with an update and review process. • Membership of Highlands and Islands Emergency Planning Group/Forum. • Fully engaged with interagency response through Shetland Emergency Planning Forum. • Reciprocal arrangement for mutual aid across North of Scotland. • Participation in national and local training and exercising programme. • Self-assessment against national Standards for Organisational Resilience and Development of prioritised action plan updated in 2022. 			
Gaps in Controls 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.			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - Some controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: Laidlaw, Dr Susan reviewed this risk in 15 Apr 2024. [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.			

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EU Exit risks are actively monitored drawing capacity from the wider agenda.

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February 2024**

NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1274 Urgent/Emergency/Unscheduled Care		Strategic ID: SR15 (1044)	
Risk Description: IF: If there is a patient requiring emergency care on an outer islands of Shetland THEN: There is a risk that patients will experience delays in transfer			
Risk Response: Tolerate		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Unlikely - Not expected to happen, but definite potential exists	Consequence: Major	Current Risk Level & Rating: Medium Risk 8	Risk Owner & Review Date: Brightwell, Kirsty 31 August 2024
Controls <ul style="list-style-type: none"> • Test of change regarding use of health hubs being explored • First responder training being rolled out in collaboration with SFRS and SAS • Liaison with local SAS reps to develop remote access to urgent care provided by SAS via NearMe for non-doctor islands • Liaison between SAS and DCHSC and MD to review first responder models in the outer isle's • The controls which are in place are owned by the SAS and include: <ul style="list-style-type: none"> ○ Provision of emergency and urgent retrieval by MCA. ○ Revised protocol circulated (clarity that Jigsaw not available) ○ Supporting SAS air cover from Helimed helicopters ○ Inter-island flights (during business hours) • Adverse events and collective learning takes place via the Ambulance Operational Group • There is now appropriate representation at Ambulance Liaison Group meeting with a balance between SHB and SAS with regional managers from SAS now involved 			
Gaps in Controls Gaps in NDI nursing capability whilst remodelling of island nursing capability takes place and this will affect first responder capability			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - All controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: 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			

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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.

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NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1540 Risk of CBRN contamination		Strategic ID: SR18 (1540)	
Risk Description: IF: If there is an inadequate response to a Chemical Biological Radiological and Nuclear (explosives) CBRNe incident THEN: 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. This could have a knock-on effect to the rest of Shetland and an inability to deal with other incidents. RESULTING IN: Resulting in potential morbidity and mortality, loss of services, financial and reputational loss. A knock-on effect to other Shetland services			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Unlikely - Not expected to happen, but definite potential exists	Consequence: Major	Current Risk Level & Rating: Medium Risk 8	Risk Owner & Review Date: Laidlaw, Dr Susan 15 October 2024
Controls <ul style="list-style-type: none"> • Decon response part of Major Incident Plan • 12 PRPS (Powered Respirator Protective Suits) provided by SG • 'Dry decontamination' on-line training module available to all staff • BC&R Officer has attended PRPS Instructor training • 8 staff are trained in the operation of the suits • Estates test decontamination tent intermittently & make repairs etc • BC&R Officer trained in managing a CBRN incident 			
Gaps in Controls Work ongoing to identify site for decon tent and portable outreach equipment -previous site taken by MRI scanner No budget for training and equipment No training for incident managers / team leaders at any level as yet CBRN plan not yet tested			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing No - No controls have been tested Adequacy of Controls: Inadequate			
Risk Rationale/Comments: Laidlaw, Dr Susan reviewed this risk in 15 Apr 2024. [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.			

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NHS Shetland Level 4 - Strategic Risk – April 24		Approval Status: Final approval	
Risk ID: 1451 IG Training Non NHS Staff		Strategic ID: SR11 (1451)	
Risk Description: IF: If there are low levels of appropriate IG training for staff not employed by NHS Shetland THEN: Then inadequately trained people will have access to NHS Shetland systems and this could increase the number and severity of personal data breaches. RESULTING IN: Resulting in a risk of harm to patients and/or staff, reputational damage, legal action and financial penalty.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Digital Governance Group (DGG), Finance and Performance Committee (FPC), Information Governance Group (IGG), Staff Governance Committee (SG)	
Likelihood: Unlikely - Not expected to happen, but definite potential exists	Consequence: Moderate	Current Risk Level & Rating: Medium Risk 6	Risk Owner & Review Date: Marsland, Mr Colin 31 July 2024
Controls <ul style="list-style-type: none"> 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. 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. 			
Gaps in Controls No Gaps in Controls			
Robustness of testing the controls recorded: (added 26 th 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 09 Jan 2024. [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.			

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NHS Shetland Level 3 - Organisational – April 24		Approval Status: Final approval	
Risk ID: 1535 Inadequate Reviews of IG Documentation		Strategic ID:	
Risk Description: IF: If there is insufficient time to conduct effective reviews of DPIAs/DSAs/DPAs. THEN: Then the security of patient and staff data, and/or the contractual obligations of NHS Shetland will not be adequately assessed. RESULTING IN: Resulting in NHS Shetland being legally and/or contractually exposed, and/or experiencing reputational damage, and/or projects/services to improve patient care being delayed.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Finance and Performance Committee (FPC), Information Governance Group (IGG)	
Likelihood: Almost certain - Expected to occur frequently, more likely to occur than not	Consequence: Moderate	Current Risk Level & Rating: High risk 15	Risk Owner & Review Date: Marsland, Mr Colin 30 April 2024
Controls <ul style="list-style-type: none"> The IG Team tracks all DPIA/DSA/DPA requests and attempts to prioritise them. The IT support the DPIA/DSA/DPA process by completing SSPs and providing information about technical controls 			
Gaps in Controls Insufficient time for DPO and IG staff to review all the required IG documentation. IT staff have insufficient capacity to complete the SSP work in a timely manner. This can create DPIA bottlenecks and delays to projects/improvements being implemented.			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - Some controls have been tested Adequacy of Controls: Inadequate			
Risk Rationale/Comments: Marsland, Mr Colin reviewed this risk in 09 Jan 2024. [05/02/2024 10:41:17 David Morgan] No change to staffing levels. Workload still exceeds capacity. [27/08/2023 18:00:23 David Morgan] The need for a Records Management Lead remains unchanged and this continues to impact on the functioning of the IG Department. The risks associated with this position were considered at IGG on 08/08/2023, where it was agreed that this risk should be escalated to the next meeting of FPC in September. [27/06/2023 15:16:53 David Morgan] The IG Department has been given a 'stand still' budget for 23/24. Consequently it is unable to implement Phase 2 of the IG Business Case, which agreed the recruitment of a Records Management Lead (RML) in the 23/24 financial year (the plan to recruit a RML in 23/24 was confirmed to the Keeper of the Records of Scotland in the 2022 PUR as part of NHS Shetland's commitment to delivering PRSA/RMP obligations). Without the RML post, IG staff will have to continue diverting their resources to cover the gap in the Board's statutory records management responsibilities at a time when there is also an increase in the IG workload. This situation is reducing the time the IG staff have available to focus on their IG responsibilities (e.g. completion of DPIAs, audits etc). [29/08/2022 21:19:41 David Morgan] The approval of Phase 1 of the IG Business Case has maintained the IG staffing capacity developed during the COVID-19 pandemic and reduced the risk of staff leaving due to excessive workload. The substantive posts are supporting improved service planning and progress in the management of DPIAs. This development is reducing the level of risk the Board is carrying in this areas. However, because the volume of Information Governance and Information Security work continues to outstrip capacity, progress on completing/reviewing DPIAs etc is insufficient to reduce the risk to the			

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Target Rating. Because NHS Shetland will undergo ICO audit in November 2022, the risk is currently assessed as Moderate/Likely.

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February 2024**

NHS Shetland Level 3 - Organisational – April 24		Approval Status: Final approval	
Risk ID: 1378 Outdated Policies & Official Documents		Strategic ID:	
Risk Description: IF: If policies and official documents and official documents are not regularly reviewed and, where necessary, updated THEN: Then NHS Shetland may be directing staff to undertake their duties on the basis of inaccurate information which may also be unlawful. RESULTING IN: Resulting in harm to patients/staff and/or regulatory action and/or financial penalty and/or reputation damage.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Finance and Performance Committee (FPC), Information Governance Group (IGG)	
Likelihood: Almost certain - Expected to occur frequently, more likely to occur than not	Consequence: Moderate	Current Risk Level & Rating: High risk 15	Risk Owner & Review Date: Marsland, Mr Colin 30 April 2024
Controls <ul style="list-style-type: none"> NHS Shetland has implemented a 'Framework for Document Development' . NHS Shetland maintains and regularly reviews the Document Register at IGSG Staff guidance on document management has been published on the intranet. 			
Gaps in Controls The 'Document Register' is an 'in house' tool that lacks the functionality to properly manage NHS Shetland's official document library. NHS Shetland needs an electronic document management system			
Robustness of testing the controls recorded: (added 26 th 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 09 Jan 2024. [05/02/2024 10:50:33 David Morgan] Continuing difficulty developing and establishing an accurate document register without an appropriate software solution. [27/08/2023 17:47:07 David Morgan] Following discussions with the Board's external auditor it was agreed that a quarterly update on policies will be presented to FPC. The lack of a policy management system, current workforce pressures (e.g. eRostering) and the continuing vacancies (e.g. Records Management Lead continue to inhibit progress in this area. [03/05/2023 12:58:04 David Morgan] Register still not complete. Only 40% of registered documents are 'Current'. The need to address outdated IG policies was raised by the ICO in the December 2022 audit. An action plan is in place to update these by April 2024. [01/11/2022 17:19:07 David Morgan] NHS Shetland has a document registration process and maintains a 'Document Register' of the organisation's official documents. The Register is incomplete. Of those documents that are registered, less than half are current. Of those overdue review, 46% are policies. Due to the disruption caused by COVID, progress in this area stalled. [10/09/2019 17:23:26 David Morgan] A significant number of NHS Shetland policy documents are beyond their review dates and reference out dated legislation/standards/practices. Work on reviewing and updating these documents is underway, however it may take up to 12 months to complete the process.			

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NHS Shetland Level 3 - Organisational – April 24		Approval Status: Final approval	
Risk ID: 654 Meeting TTG during remobilisation		Strategic ID:	
<p>Risk Description: IF: Risk that NHS Shetland may not be able to deliver the legally binding Treatment Time Guarantee THEN: The Treatment Time Guarantee (part of the Patient Rights Act 2011) comes into force on the 1st October 2012. It states that all patients will be treated within 12 weeks of agreeing treatment for inpatient or daycase procedures, with some agreed exception RESULTING IN: There is the potential for legal action against the Board. There is significant potential for loss of reputation if the Board is not able to deliver this guarantee. There is a risk that complying with this legislation will take resources that have not been allocated to such a programme of work within the current financial and workforce plans eg increased postage costs or increased staff time. There is a risk that this legislation may be perceived as low priority by clinical staff and so required changes and developments do not progress to timescale. There is a risk that implementing this legislation may expose existing areas of practice that need to be reviewed and changed requiring a share of limited resources</p>			
Risk Response: Tolerate		Standing Committee: Finance and Performance Committee (FPC)	
<p>Likelihood: Possible - May occur occasionally, has happened before on occasions</p>	<p>Consequence: Moderate</p>	<p>Current Risk Level & Rating: Medium Risk 9</p>	<p>Risk Owner & Review Date: Carolann, Kathleen 29 February 2024 (currently subject to review/ move to generic organisational risk)</p>
<p>Controls</p> <ul style="list-style-type: none"> • Senior Waiting Times staff have been involved in reviewing guidance so there is a level of local knowledge about the scope of this work. • Action planning has already started around the TTG, and work has already started in specific areas eg unavailability recording (see Risk 574) • National Waiting Times Guidance has been produced. • National Access Policy has been produced • TTG MMI weekly reporting has already started • Local Access Policy in place and agreed with SG • Suite of letters in place in helix to support TTG • Medical Secretaries training complete • TTG Guidance in place for admin staff • National List of unavailability codes in place and incorporated into local Policy • TTG Communication Plan completed • FAQ sheets written and shared for Nursing, and Primary and Secondary care medical Staff • Guidance for repeat procedures in place 			
<p>Gaps in Controls Need to ensure capacity monitored and available to meet TTG</p>			
<p>Robustness of testing the controls recorded: (added 26th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - All controls have been tested Adequacy of Controls: Adequate</p>			

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Risk Rationale/Comments: 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.

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NHS Shetland Level 2 - Directorate Risk – April 24		Approval Status: Final approval	
Risk ID: 1259 Medical Staffing		Strategic ID:	
Risk Description: 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.			
Risk Response: Treat - plan to reduce level of risk		Standing Committee: Clinical Governance Committee (CGC)	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	Consequence: Major	Current Risk Level & Rating: High risk 16	Risk Owner & Review Date: Brightwell, Kirsty 31 July 2024
Controls <ul style="list-style-type: none"> • Engagement with national strategies to enhance recruitment in remote and rural settings. • Primary Care strategy will ensure as robust a model as possible. • Regular meetings with Scottish Government medical workforce advisers • ANPs undertaking triaged primary care clinics at weekends commenced February 2017 • Clinical development fellow was created and recruited to from December 2017. • Consultant physician “ Consultants currently on fixed term locum contracts • Engagement with the Global Health Academy to work in collaboration in exploiting global citizenship opportunities to recruit • Using the lessons from the success of the GP Hub and transposing the project into acute sector • NHS SHetland becoming host Board for new GP hub • National Recruitment process used for recruitment of Consultant psychiatrist • Collaborating with NES on fellowship posts 			
Gaps in Controls 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			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing No - No controls have been tested, Yes - All controls have been tested Adequacy of Controls: Adequate			
Risk Rationale/Comments: 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.			

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NHS Shetland Level 2 - Directorate Risk – April 24		Approval Status: Final approval	
Risk ID: 1571 Audiology- single handed practioner		Strategic ID:	
Risk Description: IF: If the Audiology service is run by a single-handed Audiologist THEN: Then this means there is no resilience to the service and a lack on internal peer audit and clinical support. RESULTING IN: Resulting in professional isolation, reduced opportunity to challenge and improve practice and a reliance on self-inspection audit only.			
Risk Response: Tolerate		Standing Committee: Clinical Governance Committee	
Likelihood: Almost certain - Expected to occur frequently, more likely to occur than not	Consequence: Moderate	Current Risk Level & Rating: High risk 16	Risk Owner & Review Date: Carolan, Kathleen 30 November 2023 Currently under review
Controls <ul style="list-style-type: none"> • Urgent patients can go to NHS Grampian if required • Chief Audiologist part of Audiology HoS national group and can seek clinical and operational advice and support through this group • Chief Audiologist to have work reviewed annually onsite • Prioritisation of workload- ongoing review of waiting times. • Triage to most appropriate appointment type to make most effective use of face to face clinic • Reintroduction of peer review 			
Gaps in Controls NHS Grampian Audiology department are under considerable pressure with long waiting lists			
Robustness of testing the controls recorded: (added 26 th April 2023) Have the Controls Been Tested Analysis and Findings of Control Testing Yes - Some controls have been tested			
Adequacy of Controls: Adequate			
Risk Rationale/Comments:			