NHS Shetland

Meeting: **Shetland NHS Board**

Meeting date: **10 December 2024**

Agenda reference: **Board Paper 2024/25/50**

Title: **Strategic Risk Register (SRR) Report**

Responsible Executive/Non-Executive: **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
- Discussion.

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

This report relates to:
- NHS Board Governance Procedures

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The strategic risks have been reviewed at the Risk Management Group (RMG) meetings on 5 June, 18 September and 13 November 2024, taking account of any feedback received from Directors and/ or governance Committees.

The risks which the standing committees are responsible for have been presented at each of the meetings as follows: Clinical Governance Committee in June, September and November 2024, Staff Governance Committee in May and November 2024 and the Finance and Performance Committee meetings in May, October and December 2024.

In addition the entire Strategic Risk Register (SRR) was presented to the Audit and Risk Committee at their meetings in June, September and November 2024.
Changes made to the Strategic Risk Register in terms of new and closed risks, and changes in risk scores and risk responses are outlined in this paper.   Sections on Procedures developed, Proposals presented and Horizon Scanning have also been added to assist with the sharing of key information from RMG to the Audit and Risk Committee and subsequently to the NHS Board.

As part of the annual review of the RMG Terms of Reference, RMG proposed to introduce a standardised agenda for RMG going forward as well as to consider either an increase in meeting frequency or an extended meeting time period in order to support having time to discuss emergent issues as well as standard risk management activity.   It was also proposed to link the training sessions with the Board development sessions, where appropriate, to ensure consistency in training and overall development in relation to Risk Management.   Both of these proposals were supported by the Audit and Risk Committee.

An Overview of the Strategic Risks by Highest Rank 2024/2025 is presented in Appendix 1.   The current risk scores, as at 12 November 2024, are provided for information under the Quarter 3 24/25 position.

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

The revised Finance Risks and Workforce Risk are provided in Appendix 3 for ease of reference, having now been Approved these will be included in the Strategic Risk information pack from the next report.

2.2   Background

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

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

Risks contained in the Strategic Risk Register are the high level risks that could impact the delivery of longer term strategic objectives of the organisation. Risks can be escalated/de-escalated to and from lower level risk registers to the Strategic Risk Register.

Executive Directors have been supported to review the risks they are responsible for and work continues to support line managers throughout the organisation to review their risks and implement the risk format (if…then….resulting in) as outlined in the current Risk Management Strategy.

A 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, the Clinical Governance and Risk Team are focusing on supporting Directors and Managers across the Board to review in entirety the content of all risks held on their Risk Register to ensure that these are updated and remain current going forward.

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

2.3 Assessment

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

- The Clinical Governance Committee (CGC) has commenced undertaking a deep dive into one of their aligned Strategic Risks at each Committee meeting.   The first Strategic risk considered was SR03 Paediatrics and following a Committee development session in November in relation to CBRN Contamination, the Strategic Risk, SR18 Risk of CBRN Contamination will be explored in full at the next CGC meeting in February 2025.   This has helped increase members understanding of the specific risks as well as provide an opportunity to undertake a wider review.

- Progress continues to be made with redrafting all of the risks into the new organisational format (if…then….resulting in) with 65% of the Departmental and Directorate risks being in the correct format at the end of September 2024, in comparison with 62% in July and 56% at the end of May 2024.

- Following the introduction of a section on the Risk Register to check whether or not the control measures in place have been tested in practice, the recent Internal Audit report on Risk Management has provided a recommendation that we add narrative to the control measures to indicate whether these are already in place or are being implemented. The Audit has also recommended that we provide detail of the Testing carried out, the outcome of testing and any subsequent actions.   These points will be discussed with the risk owners and addressed at the time of the next review of each risk.

- The Internal Audit report also noted that it was a requirement for all of the risks to be aligned to at least one of NHS Shetland's Corporate Objectives, whilst this is in place in practice, this had not been reflected on the new Risk Register template presented to Committees.   This action has been implemented with immediate effect.

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

➢ **Rating score increased**:
SR02 Finance Risk

Following concerns raised previously, 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 it's 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.

Whilst SR02 was undergoing review, the rating score has been increased from 12 (high risk) to 16 (high risk) in October 2024. This is to reflect that a Financial plan covering 2024-25 and 2026-27 was approved by the Board in June 2024, with efficiency savings agreed for 80% of the target and EMT tasked to deliver the remainder in year.

Whilst there are a number of controls in place, and a Finance and Sustainability Group has been established in year, at month 6 the Board was £2.8m over spent against its resource budget. There is no detailed plan in place to tackle or rectify this position through a recovery plan.

Throughout 2024-25 attempts to recruit to the posts that are causing significant cost pressures have to date been unsuccessful. Recruitment of substantive staff to these posts with a start date in 2024-25 is unlikely and therefore the financial challenge will continue to increase.

Regular Financial Monitoring is in place with reports being made to every Finance and Performance Committee and to every full meeting of the NHS Board. Quarterly meetings are also held with the Scottish Government to review progress against the Board's statutory obligation to achieve financial balance.

The inability to address the recruitment challenges combined with the lack of a detailed recovery plan is increasing the risk to the Board's sustainability, both financially and clinically.

The revised finance risks have now been approved and this was confirmed to the Audit and Risk Committee and to the Finance and Perfomance Committee at their respective meetings held on 26 November and 3 December 2024. The revised risks are presented in Appendix 3.

➢ **Rating score decreased**:
SR08: Workforce risk rating score has continued to be 20 (very high) since being increased to this level in Q2 of 23/24. This level was initially agreed to be reflective of the increasing challenge faced in recruitment and retention of staff across the organisation.

Following being tasked by the Finance & Performance Committee to review the Workforce risk a number of discussions have been held with the aim of trying to better clarify the workforce risk and the actual impact to the organisation. It was noted that

whilst we have challenges in recruitment and retention, we are able to continue to provide most services, operating various models of service provision that comprise a range of substantive and supplementary staff.

It was acknowledged that the actual risk to service provision was relatively low as we are able to secure staff through Locum/Agency provision but this can have a significant financial impact on the organisation.

It was agreed that the financial cost of our workforce models should be reflected in the Financial Risks and that the Workforce risk be refocussed on activities being taken to secure and retain an appropriately skilled workforce to deliver services locally.   As part of the process it was also acknowledged that a lot of factors at regional and national levels impact upon our ability to effectively manage this risk.

This includes student numbers being recruited across the professions, as well as exposure to remote and rural placements which have been shown to be effective in promoting remote, rural and island healthcare careers.

The risk rating has been reduced to 9, medium risk, as there are many controls in place and in the main these are addressing the risk which is within our control, with only short term impacts on service delivery and patient care noted as having occurred, but not sustained over a period of time. The mitigating actions allow the recruitment of personnel as required without the negative impact of the risk being realised.

This risk has now been approved and this was confirmed to the Staff Governance Committee at it's meeting on the 21 November 2024.

➢ **New Risks**
The only new Strategic risk added to the Risk Register has been SR20 Risk of flu, coronovirus, other pandemic, which is the single Pandemic risk to replace SR 16 and SR19 which have now been formally closed and removed from the risk register.

Following previous concerns raised around the Mental Health Services, the Clinical Governance team have been working with the Director of Community Health and Social Care (DCHSC) and Head of Mental Health Services to draft a departmental risk.

In addition, a commissioned external review of the Mental Health service has recommended that a Risk be developed and placed on the Strategic Risk Register until such time as there are effective governance systems in place within, and around, the service. The Chief Nurse (Corporate) and wider Clinical Governance Team will support the DCHSC and Social Care and Head of Service to finalise both of these risks, with an aim to have the Strategic risk approved and added to the Strategic Risk Register via RMG at the next meeting in February 2025.

➢ **No changes in Risk Rating Scores** for the following Strategic risks – SR01, SR03, SR04, SR06, SR09, SR10, SR11, SR12, SR13,SR14, SR15, SR17, and SR18.

However it is noted that SR01, SR04 and SR13 are overdue for review and this has been brought to the relevant Executive Director's attention.

➢ **No risk responses changed**.

- ➢ **Strategic and Organisational Risks Closed**

  As noted above SR20 Risk of Flu, Coronavirus, other Pandemic was created as a single risk by the Director of Public Health. This was approved at the RMG meeting in September 2024 and has now replaced SR16: Covid Outbreak and SR19: Flu Pandemic which have now been formally closed and removed from the Risk Register.

  Organisational Risk 654 Meeting TTG during remobilisation has also now been formally closed and removed from the Risk Register.

- ➢ **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 15. Whilst this risk has not been updated in the system we are aware that work is in progress to revise the model of service provision and hence reduce the current risk level. The current details of both of these risks are noted in Appendix 2.

- ➢ **Adequacy of Controls**
- ➢ The following Strategic risks have their Adequacy of Controls noted to be inadequate. The reasons for this rating are provided beside each risk. It should be noted that a number of these risks are also currently subject to review.

  SR01 National Standards

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

  This risk was comprehensively refreshed within the last 12 months with additional actions 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.

  Work to increase access to services for Shetland patients, utilising resources via other NHS Boards, is being progressed to try and optimise access to care in a timely way for the local population. Work is also being taken forward at a regional and national level across Scotland to review and maximise access to services as a result of the workforce challenges experienced and the overall sustainability of services.

  SR06 IG Training for NHS Staff

SR06 IG Training for NHS Staff risk rating was increased to 16 (high risk) in Q3 of 23/24 to reflect that despite previous efforts to increase the uptake rate of staff completing Mandatory training, the rate has remained low and thus there is an increased potential of an error being made in relation to Information Governance. The controls on this risk are considered to be Inadequate due to their failure to resolve this position.

The overall organisational position with regards to completion rates for Mandatory training remains low and therefore whilst the rating score is static at 16, this risk still presents a high risk to the organisation of an IG incident occurring as a result of staff working without adequate knowledge and understanding of IG principles and practice. However, the compliance rate for the mandatory IG training module at 5 November 2024 is reported to have increased from 57.2% to 70% thus progress is now being made in terms of ensuring staff have a current, baseline knowledge in this key area of practice. Progress will continue to be monitored closely.

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.

Following the Cyber Attack on NHS Dumfries and Galloway, discussions were held at Audit Committee and the NHS Board to understand the potential for a similar incident to occur in NHS Shetland. The Head of IM&T confirmed that a similar incident was unlikely to happen in NHS Shetland and that the action plan in response to a recent Internal Audit would prioritise addressing the immediate cyber risks within the next 6 months.

Concerns had remained about the limited active deployment, development and operational use of some IT tools due to a lack of capacity within the staff team, which it is hoped will be addressed in the near future subject to successful recruitment into the overall team. An additional post has been approved for the IT team and is currently being advertised.

The Network and Information Systems Regulations 2018 (NIS Regulations) seek to ensure that organisations providing essential services that we all rely on have the right measures in place to manage risks and protect the network and information systems which support those services. Following an earlier audit, the NIS report management meeting is scheduled to be held on Tuesday 26th November with the final report issued in the week commencing 2nd December 2024.
Following receipt of the report, a cyber security report will be taken to the NHS Board, the outcome of which will be considered as part of the review of this risk.

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.

A development session for CGC Members was held in November in relation to CBRN contamination. This was useful preparation for the Committee reviewing this risk at it's next meeting in February 2025.

SR20 Risk of Flu, Coronavirus, other Pandemic
This risk was created by the Director of Public Health to replace SR16: Covid Outbreak and SR19: Flu Pandemic, whilst this is a new risk, and has a number of controls in place, it is noted that there are either gaps in the controls and/ or areas where further work is required and therefore overall the controls are considered to be inadequate.

Where controls are in place, the effectiveness of these are only maintained if appropriate action is taken eg Business Continuity Plans are in place across services but there is a need to ensure that these are reviewed at least on an annual basis and any learning from exercises or responding to real events is then built into the plan for the future, resources are in place to support face fit testing for FFP3 masks and modules for Infection Prevention and Control training (IPC) but there is a need to ensure all relevant staff have undergone face fit testing as appropriate for their role and have completed the mandatory training modules.   The impact of reduced funding upon both the Vaccination and Health Protection Team is also noted.

Further work is noted to be required to ensure that:
- lessons learnt from covid pandemic are incorporated into planning;
- Business Continuity planning is consistent, maintained and sustainable;
- current vaccination programme for flu & covid uptake is maximised;
- sufficient health protection capacity to respond, as required;
- IPC knowledge and skills throughout the health and care workforce are maintained.

Organisational Risk 1535 – Inadequate Reviews of IG Documentation
This organisational risk also has the controls noted as Inadequate due to the limit of the overall staff team capacity to review all Information Governance documentation and to cover the Records Management duties of the NHS Board in a timely way.

An appointment has been made to the Records Manager position and it is anticipated that this will have a positive effect upon the management of this risk.

➢ **Risk Appetite and Controls**
An externally facilitated workshop was held earlier in 2024 for NHS Board members on Risk Appetite. A follow up session is scheduled for the Board development session on 21 January 2025.

It is anticipated that further work will be progressed in this area throughout 2025/26 to support the NHS Board in clarifying it's Risk Appetite. All risks will then be reviewed and the current risk appetite for each risk confirmed.

➢ **Proposals**
Following migration of the Community Health and Social Care Partnership Directorate Risk Register on to JCAD in 2022, a number of issues were experienced with access to the system.

With access issues being resolved early in 2024, the Clinical Governance and Risk Team noted that there would 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 would now be recommended for closure, having been superseded by an entry on JCAD.

This work was undertaken and proposals were made to close all of the risks transferred from the NHS Risk Register as these have either been subsumed into, or superseded by, a Risk on the JCAD Risk Register.   Due to time constraints this proposal was not discussed as initially intended at the RMG meeting on 18 September.

At the recent RMG meeting in November, a request was raised to revisit the proposed closure of a couple of the risks.   The Internal Audit report also raises concerns regarding the inability of the Clinical Governance and Risk Team to access the system and therefore our inability to maintain oversight of all of the NHS risks. The Internal Audit report recommends that a date by which access needs to be gained to the system be set and if not achieved by this date that all the risks should be reinstated on Datix.

The access issues have been escalated to the Director of Community Health and Social Care with the Planning, Performance and Projects Officer, IT support services and JCAD representatives nationally attempting to resolve this issue. As the Risk Management Strategy needs to be refreshed by 1 April 2025 we propose that by that date, the Clinical Governance and Risk Team either need to have achieved access to the system or have to revert to the use of Datix in order that the refreshed Strategy can be reflective of the processes in place. In the meantime the Planning, Performance and Projects Officer is providing the quarterly reports for RMG.

InPhase
Earlier this year, work was undertaken nationally to establish a preferred provider for an Adverse Event Incident and Risk Management System for NHS Scotland. InPhase was identified as that preferred provider and NHS Shetland have commenced discussions with them regarding a move to the new system in 2025**.**

InPhase have a well established customer base in NHS England and 7 out of the Scottish Health Boards have implementation plans in place with them since the Framework agreement was confirmed in July 2024.
Further general information on this system is available at [Integrated Incidents, Audits, CQC and Quality Assurance | Ideagen InPhase](#)

A demonstration of the system has been held at the RMG meeting on 13 November 2024. Other key stakeholders were also invited as the system has the potential to provide a single Corporate solution to oversight of health assurance, safety and improvement. Apps on Adverse Event Incident and Risk Management, Complaints handling, Patient Feedback and FOI management are all core functions of the product, additional functionality can also be purchased.

> **Procedures**
> No new procedures have been considered.

An Audit of Risk Management policy and practice was conducted in May 2024 by Internal Audit. Unfortunately due to absence within the Internal Audit team the outcome of this audit was delayed. Feedback has now been provided and management actions agreed. The Internal Audit Report was considered at the Audit and Risk Committee meeting on 26 November 2024.

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

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

A dedicated CRAT meeting slot has now been implemented weekly and provides an opportunity to review a range of adverse events arising across health and care services as needed.

➢ **Horizon Scanning Discussions**

Discussions have been held in relation to the following emerging issues and consideration given to their potential future impact:

Estates Risk - Following the guidance issued by the Scottish Government earlier this year regarding Whole System Infrastructure Planning, with a refocus of activity over the next 2 years on to maintenance of the current estate, the Head of Estates is now developing a 5year Infrastructure and Asset Business Continuity Plan.

The current Estates risk will be reviewed as part of this work, and it is noted that this risk will potentially also impact upon other risks across the organisation, strategically, operationally and financially and therefore further discussions will be required at Executive and Board Level.

Recent challenges and the overall risk to the Board Estate, as a result of prolonged water ingress within the Gilbert Bain Hospital site, was noted. Survey work has been commissioned which was scheduled to report in mid October, the results of which will determine the scale of the problem, remedial actions necessary and the overall nature and timescale of those. Further discussion of the risk and future planning discussions will take place once the survey report is available.

Electric Cars – Concerns were raised regarding the number of adverse event reports being submitted in relation to the use of electric vehicles across the services. Issues were noted in relation to charging, access to charging points and battery life of vehicles. It was noted that with winter approaching that it was important that there were appropriate contingency measures put in place to ensure that the delivery of community services could continue, whilst also addressing staff safety concerns. It was noted that this was an area of concern also being highlighted through the Transport group.

2.3.1 Quality/ Patient Care

Effective risk management is a key component of ensuring patient safety by contributing to improving the reliability and safety of everyday health care systems and processes.

2.3.2 Workforce

Effective management of risk is key to ensuring staff work in a safe environment. The risk assessments recorded on Datix have universal application across NHS Shetland, other

NHS Boards as well as including staff working within the Community Health and Social Care Partnership, and as a consequence, affect all groups.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

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

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.   Dates of RMG meetings are noted in the section below.

2.3.8   Route to the Meeting

The SRR has been considered by RMG at it's meetings held on 5 June, 18 September and 13 November 2024. The risks which the standing committees are responsible for have been presented at each of the meetings as follows:

- Clinical Governance Committee in June, September and November 2024,
- Staff Governance Committee in May and November 2024, and
- Finance and Performance Committee meetings in May, October and December 2024.

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

2.4 Recommendation

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

- Awareness; and
- Discussion

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

3   List of appendices

The following appendices are included with this report:

- Appendix No1, An Overview of the Strategic Risk Register by Highest Rank 2024/2025
- Appendix No 2, Strategic Risk Register
- Appendix No 3, Revised Workforce and Finance Risks

NHS Shetland Highest Ranked Strategic, Organisation and Directorate (Rating >15) Risks 2024/2025 - December 24

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q3 Score 23/24	Q4 Score 23/24	Q1 Score 24/25	Q2 Score 24/25	Q Score 24/25 (as of 12/11/2024)	Annual Movement
Level 4 - Strategic Risk	*SR02 (1255) Finance	Marsland, Mr Colin	Medium Risk 8	High Risk 16	Treat - plan to reduce level of risk	12	12	12	12	16	↑
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	SR06 (1444) IG Training NHS Staff	Marsland, Colin	Low Risk 2	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	High Risk 12	High Risk 16	Treat - plan to reduce level of risk	16	16	16	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	SR14 (1273) Estate	Chittick, Brian	Medium Risk 4	High Risk 12	Tolerate	12	12	12	12	12	↔
Level 4 - Strategic Risk	SR01 (1252) National Standards	Carolan, Kathleen	Medium Risk 6	High Risk 12	Treat - plan to reduce level of risk	12	12	12	12	12	↔

*Detail of new APPROVED Risks are displayed in Appendix 3

NHS Shetland Highest Ranked Strategic, Organisation and Directorate (Rating >15) Risks 2024/2025 - December 24

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q3 Score 23/24	Q4 Score 23/24	Q1 Score 24/25	Q2 Score 24/25	Q Score 24/25 (as of 12/11/2024)	Annual Movement
Level 4 - Strategic Risk	SR20 (1252) Risk of flu, coronovirus, other pandemic	Laidlaw, Susan	Medium Risk 9	High Risk 12	Treat - plan to reduce level of risk					12	
Level 4 - Strategic Risk	SR11 (1451) IG Training Non NHS Staff	Marsland, Colin	Low Risk 3	Medium Risk 9	Treat - plan to reduce level of risk	6	6	6	6	9	↑
Level 4 - Strategic Risk	*SR08 (1471) Workforce	Hall, Lorraine	Low Risk 3	Medium 9	Treat - plan to reduce level of risk	20	20	20	20	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	SR09 (1482) Clinical Governance and Assurance	Brightwell, Kirsty	Medium Risk 9	Medium Risk 9	Tolerate	9	9	9	9	9	↔
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	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	↔
Level 4 - Strategic Risk	SR15 (1274) Urgent/Emergency/ Unscheduled Care	Brightwell, Kirsty	Medium Risk 4	Medium Risk 8	Tolerate	8	8	8	8	8	↔

Risk Register	Risk ID & Title	Risk Owner (Overall Responsibility)	Target	Current Risk Level & Rating	Risk Response	Q3 Score 23/24	Q4 Score 23/24	Q1 Score 24/25	Q2 Score 24/25	Q Score 24/25 (as of 12/11/ 2024)	Annual Movement
Level 4 - Strategic Risk	SR03 (1275) Paediatrics	Brightwell, Kirsty	Medium Risk 8	Medium Risk 8	Tolerate	8	8	8	8	8	↔
Level 3 – Organisational	1535 Inadequate Reviews of IG Documentation	Marsland, Colin	Medium Risk 6	High Risk 15	Treat - plan to reduce level of risk	15	15	15	15	15	↔
Level 3 - Organisational	1378 Outdated Policies & Official Documents	Marsland, Colin	Medium Risk 9	High Risk 15	Treat - plan to reduce level of risk	15	15	15	15	15	↔
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 15	Tolerate	15	15	15	15	15	↔

Risks Closed this Quarter

Risks SR16 – Covid Outbreak and SR19 – Flu pandemic are superseded by SR20 (1252) - Risk of flu, coronovirus, other pandemic

Risk 654 - Meeting TTG during remobilisation

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1255 Finance – original risk – revised Approved financial risks in Apendix 3	**Strategic ID: SR02** (1255)**

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.

At month 6 in 2024-25 the Board is £2.8m over spent against its resource budget. There is not a detailed plan in place yet to tackle and rectify this through a recovery plan. In 2024-25 attempts to recruit to the posts that are causing significant cost pressures has to date being unsuccessful. Recruitment of substantive staff to these posts with a start in 2024-25 in unlikely.

Organisation Objectives	Risk Appetite - None (0 - Avoid)
- To continue to improve and protect the health of the people of Shetland, - To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, - To provide best value for resources and deliver financial balance	The Board has to achieve financial balance at the yearend to meet its statutory financial obligation under section 85 of the National Health Services (Scotland) 1978. Failure to do so would result in The Auditor General under Section 22 of the Public Finance and Accountability (Scotland) Act 2000 producing an exemption audit. This audit allows the Auditor General to bring to the Parliament and the public's attention matters of public interest related to the financial statements of public bodies. This is currently a mandatory report the Auditor General produces when NHS Boards fail to achieve yearend financial balance.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Likely - Strong possibility that this could occur, likely to occur	Major	High risk **16**	Marsland, Mr Colin **31 Jan 2025**

Controls

- Finance Monitoring report to every Finance Performance Committee meeting
- Financial plan covering 2024-25 to 2026-27 has been approved by the Board in June 2024
- Finance and Sustainability Group has been established in 2024-25 that reports to EMT and Finance and Performance Committee. It replaced the role of the PMO office and based upon sustainable planning
- 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 agenciies 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.
- Recovery plan was in place & delivered in 2018/19, 2019-20 202-21 and 2023-24. Plan for 2024-25 has been impacted by recruitment and retention issues which has impacted on plans for 2024-25. The Board however agreed efficiency savings for 80% of the target at the June 2024 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
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 28 Oct 2024

At month 6 in 2024-25 the Board is £2.8m over spent against its resource budget. There is not a detailed plan in place yet to tackle and rectify this through a recovery plan. In 2024-25 attempts to recruit to the posts that are causing significant cost pressures have to date been unsuccessful. Recruitment of substantive staff to these posts with a start in 2024-25 in unlikely.

NHS Shetland Level 4 - Strategic Risk – December 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 **RESULTING IN:** resulting in delays in treatment and associated mortality and morbidity and a widening in the inequality gap.

Organisation Objectives	Risk Appetite - High (3 - Open)
- To continue to improve and protect the health of the people of Shetland, - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To redesign services where appropriate, in partnership, to ensure a modern, sustainable health service	Entered BC and open to changes to deliver effective services

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Clinical Governance Committee (CGC), Finance and Performance Committee (FPC) CHP Management Team

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Likely - Strong possibility that this could occur, likely to occur	Major	High risk **16**	Robinson, Ms Jo **31 Aug 2024**

Controls

- 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
- 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
- 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 26th 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

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.
Recruitment and retention continues to be difficult in remote areas of Shetland including islands with small populations. service redesign is underway to mitigate this.

NHS Shetland Level 4 - Strategic Risk – December 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

Organisation Objectives	Risk Appetite - Low (1 - Minimal)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To provide best value for resources and deliver financial balance.	The low level of compliance has been raised by internal and external audit as a priority action. In addition, the ICO has emphasised the need to evidence the delivery of adequate and effective information governance training as requirement of data protection legislation (GDPR/DPA 2018).

Risk Response: Treat - plan to reduce level of risk	Standing Committee: Finance and Performance Committee (FPC), Staff Governance Committee (SGC), Digital Governance Group (DGG), 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: Marsland, Mr Colin **31 Jan 2025**

Controls
- 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 26th 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: Marsland, Mr Colin reviewed this risk in 5 Nov 2024

Risk score unchanged. As of 5 November 2024, the compliance rate for the mandatory IG training module was 70% from 57.2%.

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1515 IT Failure Due to Cyber Attack	**Strategic ID: SR17 (1515)**

Risk Description:

IF: If a malicious 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

Organisation Objectives	Risk Appetite - None (0 - Avoid)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, - To provide best value for resources and deliver financial balance	Use of digital technology is inherently high risk due to (1) geopolitical desire to cause disruption (2) potential high economic opportunity as seen by state and criminal actors. Services cannot be delivered without digital technology so the only viable risk management approach is robust mitigation resourcing.

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 **31 Dec 2024**

Controls

- 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 26th 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 09 Sep 2024

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

NHS Shetland Level 4 - Strategic Risk – December 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

Organisation Objectives	Risk Appetite - Low (1 - Minimal)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To provide best value for resources and deliver financial balance, - To ensure sufficient organisational capacity and resilience.	Risk links to core service provision; Therefore tolerate minimal risk appetite / flexibility

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Almost certain - Expected to occur frequently, more likely to occur than not	Moderate	High risk **15**	Chittick, Brian **31 July 2024**

Controls
- Establishment of a financial Recovery and Sustainability Group to keep a watching brief on external influences on NHS Shetland sustainability
- Establishment of a financial Recovery and Sustainability Group to keep a watching brief on external influences on NHS Shetland sustainability
- 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 tranisition 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 26th 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 29 Apr 2024

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

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1273 Estate	**Strategic ID: SR14 (1273)**

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.

Organisation Objectives	Risk Appetite - High (3 - Open)
- To continue to improve and protect the health of the people of Shetland, - To provide best value for resources and deliver financial balance.	Willing to invest for return and look at creative / flexible solutions

Risk Response:	Standing Committee:
Tolerate	Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Likely - Strong possibility that this could occur, likely to occur	Moderate	High risk **12**	Chittick, Brian **30 June 2025**

Controls

- 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 26th 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 28 Jun 2024

NHS Shetland recognises the risks in terms of compliance and have a number of mitigations in place however there is insufficiant captital and revenue availability and staff recourses availability to ensure full complaince in respect of NHS Scotland standards and achieving net-zero by 2040

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1252 National Standards	**Strategic ID: SR01 (1252)**

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)

Organisation Objectives	Risk Appetite - High (3 - Open)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To continue to improve and protect the health of the people of Shetland.	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.

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: Carolan, Kathleen **31 Oct 2024**

Controls

- 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).
- 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 surviellance.
- 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

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).

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, max fax etc. This is a worsening picture with TTG breaches starting to be identified in some surgical specialities i.e. ophthalmology, ENT, Max fax

Robustness of testing the controls recorded: (added 26th 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: Carolan, Kathleen reviewed this risk in 30 Oct 2023

Continued pressures as a result of increased need e.g guidelines and demographic pressures as well as workforce shortages in specific specialities.
Delays in treatment for patients;
Reputational damage;
Failure to secure standard of service for residents;
Inability to retrieve situation quickly ie access performance across Scotland is challenging

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1594 Risk of flu, coronavirus, other pandemic	**Strategic ID: SR20 (1594)**

Risk Description:

IF: there is a pandemic due to a new or mutated virus **THEN:** health services will be significantly impacted and could be overwhelmed due to increased demand directly due to the pandemic causing excess morbidity and mortality; reduced staffing capacity due to sickness and absence; reduced capacity in other services **RESULTING IN:** poorer outcomes for patients and families; impacts on staff health and wellbeing; financial cost; and reputational impact if not managed well.

Organisation Objectives	Risk Appetite - Low (1 - Minimal)
- To continue to improve and protect the health of the people of Shetland, - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To ensure sufficient organisational capacity and resilience.	Very difficult to eliminate all risk because of unpredictable nature of risk and external factors.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Control of Infection Committee (COIC)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Possible - May occur occasionally, has happened before on occasions	Major	High risk **12**	Laidlaw, Dr Susan **31 Dec 2024**

Controls

- National and local surveillance systems including lab reporting, use of HPzone.
- Business Continuity Plans in place for most depts but need reviewing and exercising
- FFP3 mask fitting programme
- Mandatory IPC training
- Increased IPCT capacity including a remit for care homes
- Dedicated vaccination team and centre, with systems in place to try and maximise uptake.
- Increased HPT capacity with some surge capacity in public health
- Assurance process in place for care homes
- Increased public awareness of hand and respiratory hygiene and what to do if have respiratory systems
- Experience of public comms during a pandemic
- Experience of reconfiguration of services and redeployment of staff for pandemic response
- Experience of rapid deployment of mass vaccination centres; and mass testing during last pandemic
- Experience of standing up a Pandemic response team and associated reporting and structures
- Mass fatalities plan
- H & I pandemic plan revised

- Engagement with national bodies including Public Health Scotland and ARHAI (for example three meetings a week with PHS and Board HPT colleagues)
- Experience of holding local PAGS and IMTs
- Higher uptake rates for flu and covid vaccination than Scottish average for all cohorts.

Gaps in Controls

Business continuity plans - need to ensure these are reviewed on an annual basis and exercised , and reviewed in light of lessons learnt from exercises / testing and real scenarios.

FFP3 face fit testing - need assurance that everyone staff member who may need to use a FFP3 is tested, and retested at 3 yearly intervals.

Mandatory IPC training - need assurance that everyone is completing the relevent IPC training for their role, and renewing at the required intervals

Uptake of flu and covid vaccination should be increased - especially amongst staff -where it has been dropping off

Health protection team capacity although increased, is still limited, eg with having part time nurses we do not have HP nurse cover every day when one is on leave., Currently we have a vacancy for a full time Consultant in Public Health and long term sickness amongst the admin team and vaccination team.,

Lessons learnt from covid pandemic need to be incorporated into local pandemic planning process.

Inadequate funding for vaccination team - there is dedicated national funding but this has been reduced and does not cover all the bank / seasonal staffing that we need

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	Eg - HPT response to care home outbreaks. Although efficient in dealing with small outbreaks, HPT , IPCT and testing capacity could be overwhelmed with a large outbreak. Organisation of testing and prophylaxis / treatment, especially out of hours can be

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Laidlaw, Dr Susan reviewed this risk in 18 Sep 2024

Further work required to ensure :
- lessons learnt from covid pandemic are incorporated into planning
- BC planning is consistent, maintained and sustainable
- current vaccination programme (flu, covid) uptake is maximised
- sufficient health protection capacity to respond
- IPC knowledge and skills are maintained

NHS Shetland Level 4 - Strategic Risk – December 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.

Organisation Objectives	Risk Appetite - None (0 - Avoid)
- To provide best value for resources and deliver financial balance; - To ensure sufficient organisational capacity and resilience.	Statutory obligations in respect of information governance and confidentiality to uphold for organisation reputation. In determining organisations corporate response to meeting statutory obligation the Information Commissioner Office place a high emphasis on effective staff training and regular refreshers in their reviews. With reference to the 'Reputation' domain: Because of a) the legal obligation to protect personal data and maintain public trust in the security of the highly sensitive information managed by NHS Shetland, b) the adverse media consequences of a data breach as a result of inadequately screening/enforcement of IG training for non-NHS Shetland staff and c) the potential for enforcement action by the regulator, the Data Protection Officer considers 'Avoid' to be the most appropriate response to this risk, i.e. 'No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Finance and Performance Committee (FPC), Staff Governance Committee (SGC), Digital Governance Group (DGG), nformation Governance Group (IGG),

Likelihood: Possible - May occur occasionally, has happened before on occasions	Consequence: Moderate	Current Risk Level & Rating: Medium Risk 9	Risk Owner & Review Date: Marsland, Mr Colin **31 Jan 2025**

Controls

- 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 26th 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 31 Jul 2024

The recent increase in cyberattacks has highlighted the risk of non-NHS staff with insufficient IG training/understanding accessing NHS Shetland systems.

[11/09/2020 14:03:47 David Morgan] If an incident occured and that an untrained external employee was responsible, this could increase the potential for increased financial penalties from the regulator.

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1471 Workforce *(see Approved Revised Risk in Appendix 3)	Strategic ID: SR08** (1471)

Risk Description:

If NHS Shetland is unable to have sufficient qualified, competent staff to meet existing service delivery plans **Then** there is a risk that service provision and the quality of care provided, including existing staff will be negatively impacted **Resulting in**

- poorer clinical outcomes for patients
- increased waiting times
- impact on the continuity of care
- increase in off-island service delivery
- increase in complaints and claims
- negatively impacting on the health and wellbeing of existing staff, potentially increasing sickness/absence rates
- higher financial costs due to increased used of agency staff to maintain services
- higher recruitment costs due to increased frequency of staff turn over
- reputation

Organisation Objectives	Risk Appetite – Very High (4 – Seek/Mature)
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, - To provide best value for resources and deliver financial balance, - To ensure sufficient organisational capacity and resilience.	Work is ongoing at a national level with relevant Deaneries. It is hoped that the work undertaken in Scotland around pay reform will support individuals seeking to work in Scotland and the work on remote and rural facilitated by Medical Education and the Viking conference will show the benefit of working in remote, rural and island and delivering generic services.

Risk Response: Treat - plan to reduce level of risk		Standing Committee: Staff Governance Committee (SG)	
Likelihood: Possible - May occur occasionally, has happened before on occasions	**Consequence:** Moderate	**Current Risk Level & Rating:** Medium 9	**Risk Owner & Review Date:** Hall, Lorraine **31 January 2025**

Controls

- Good use of on contract Agency Locums and supplementary staffing as evidenced by Finance and the Liaison Performance Report
- Recruitment of international nurses - positive integration into services. Further recruitment planned for 2024/25
- Increase in the young workforce and apprentices working within the Board
- Positive feedback from career fairs locally that has supported staff in facilities and 2 going to train as AHPs
- Integration of service and financial plans for the workforce plan – being clear around the 3 elements – what is the level of service currently provided benchmarked nationally and at what cost with what levels of staff/ what would

the service look like if staffing numbers were in budget and what would a future skilled workforce look like – plan being developed – Jan25 for draft
- Good outcomes on iMatter around staff understanding their role, support from their teams, recognising their contribution and recommending NHS Shetland as a good place to work – therefore motivation for working with NHS Shetland positive and link to retention
- Best in class for territorial boards at promoting attendance with good practice being shared with other Boards as part of national 15box grid – supports NHS Shetland as a good place to work (retention)
- Reduction by 4% of turnover and work being undertaken on exit process
- Board reports on quality, performance or complaints from a service perspective highlight no issues
- Senior leadership team supporting direction so that staff feel engaged in the organisation
- Varied leadership national portfolio and readiness activities for next level of careers that we are linking in with locally
- Outputs from 'speak up' week showing positive movement on culture
- Work by HR and communications on social media advertising to support attraction
- Workforce reports to APF and Staff Governance Committee providing input and narrative around workforce areas
- Wellbeing group
- Locum / agency provision processes well established with reduced costs and increased quality of personnel

Gaps in Controls
None

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: Hall, Lorraine reviewed this risk in 5 November 2024.

Short term impacts on service delivery and patient care have occurred but not sustained over a period of time. The mitigating actions allow the recruitment of personnel as required without the negative impact of the risk being realised

NHS Shetland Level 4 - Strategic Risk – December 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.

Organisation Objectives	Risk Appetite - Very High (4 - Seek or 5 Mature)
- To continue to improve and protect the health of the people of Shetland, - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To redesign services where appropriate, in partnership, to ensure Modern, local sustainable health service	With the greater degree of uncertainty facing the NHS and the historical lack of change we need to take a greater degree of risk than was previously accepted, however this risk appetite is off set by the increased resilience provided by the PMO

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 **30 Apr 2025**

Controls

- 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 Startegy Framework being drafted tro 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 26th 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 29 Oct 2024

[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.

NHS Shetland Level 4 - Strategic Risk – December 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.

Organisation Objectives	Risk Appetite - High (3 - Open)
-To continue to improve and protect the health of the people of Shetland, - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient	We would be keen to take some risk to change the culture regarding the embedding of good end to end governance and assurance processes.

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 **28 Feb 2025**

Controls

- 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 26th 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 in 10 Apr 2024

[16/08/2022 10:23:46 Andrew Humphrey] Operational clinical governance committee established. Clinical Governance action plan compiled.

NHS Shetland Level 4 - Strategic Risk – December 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 incid **RESULTING IN:** Resulting in potential morbidity and mortality, loss of services, financial and reputational loss. A knock-on effect to other Shetland services

Organisation Objectives	Risk Appetite - Low (1 - Minimal)
- To continue to improve and protect the health of the people of Shetland, - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To ensure sufficient organisational capacity and resilience.	The inability to successfully deal with a CBRN incident at GBH will potentially halt acute services - this may not be a short term disruption depending on the contaminant.

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 **30 Nov 2024** (currently under review)

Controls

- Decon response part of Major Incident Plan
- 12 PRPS (Powered Respirator Protective Suits) provided by SG
- 'Dry decontamination' IOR on-line training module available to all staff
- RBCO has attended PRPS Instructor training
- Some staff are trained in the operation of the suits
- Estates test decontamination tent intermittently & make repairs etc
- RBCO Officer trained in managing a CBRN incident
- New training suits have been made available
- Some SG support is being provided to improve overall capacity
- RBCO is developing an Island Model of CBRN response involving partners

Gaps in Controls

IOR kits not deployed

No budget for training and equipment

No training for incident managers / team leaders at any level as yet

CBRN plan not yet tested since relocation of wet decon kit

No on-island SOR trainers - provided by SAS

No Islands Model that will protect the hospital from decontamination

Robustness of testing the controls recorded: (added 26th 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 29 Nov 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.

NHS Shetland Level 4 - Strategic Risk – December 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 dela **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.

Organisation Objectives	Risk Appetite - Moderate (2 - Cautious)
- To continue to improve and protect the health of the people of Shetland, - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To ensure sufficient organisational capacity and resilience.	Emergency planning / business continuity based on clear processes to minimise risk & reputational damage

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 **30 Nov 2024**

Controls

- 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 26th 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 29 Nov 2024

Response to COVID 19 has activated many business continuity plans which require updating in light of lessons learned.

Response to COVID 19 has reduced capacity to keep plans up to date.

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

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1274 Urgent/Emergency/Unscheduled Care	**Strategic ID: SR15 (1274)**

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 **RESULTING IN:** .

Organisation Objectives	Risk Appetite - Moderate (2 - Cautious)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, - To ensure sufficient organisational capacity and resilience	Risk appetite is being supported by a quality improvement project We need to accept a certain amount of risk due to the nature of location in an island environment. There may scope to be in some ways innovative in how we mitigate this risk but we may be curtailed by the dependenncy on external agencies who may not accept the same risk appetite.

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 28 Feb 2025

Controls

- 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:
  - 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 placve 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 26th 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 10 Jul 2024

The number of times that patients have required urgent retrieval is small (approximately 12-15 transfers per year). However when it is needed it has to happen so this small number is irrelevant. If a patient requires urgent transfer and the timeframe of 3 hours+ does not fit with the patients clinical condition or other factors such as the weather mean that immediate transfer is necessary, then the clinician (GP or Non Doctor Island Nurse) can ask SAS to upgrade the response to an emergency and the Maritime Coastguard Agency (MCA) will provide air retrieval instead. The majority of urgent transfers in 2014 were completed by MCA in any case because the Jigsaw helicopter was unavailable. Based on historical experience and the data available, the likelihood of the MCA or SAS air ambulance resources being unavailable or out of range at the same time in low. In noting this, we don't have any data on the H145 (or previous helicopter airbus models) as they very rarely come to Shetland. In light of the fact that activity levels will always be low it is difficult to quantify the probability of air ambulance or MCA resources being unavailable at the same time and the risk that creates in service provision.
This aircraft is now being shared with the Western isles, Orkney and the North of Scotland so what with weather distance, icing and the possibility of simultaneous missions the likelihood of the H145 being available is not well quantified.

NHS Shetland Level 4 - Strategic Risk – December 24	Approval Status: Final approval
Risk ID: 1275 Paediatrics	**Strategic ID: SR03 (1275)**

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

Organisation Objectives	Risk Appetite - Low (1 - Minimal)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, - To ensure sufficient organisat	Low risk appetite due to the nature of the patients and the risk to reputational damage. Need to ensure strict risk boundaries and safety netting required.

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 **28 Feb 2025**

Controls

- 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 26th 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 10 Jul 2024

Previous rationale still applies. Recent adverse events involving generalist local services.

Not fully recruited to emergency medicine currently. Paediatrician recruited.

Likelihood increased as a result of current issues with Senior medical staff; Increased vacancies meaning use of Locum consultants who may be less aware of local arrangements and have lower levels of confidence in managing children

We have had very few adverse events relating to the clinical decision making and management of children in Shetland over the last 10-15 years that the Consultant delivered model has been in place. There are mechanisms in place to support clinical decision making (e.g. via NHS Grampian paediatricians) for Consultants and junior doctors. A national retrieval team is in place to support the emergency transfer of critically ill children.

NHS Shetland Level 3 - Organisational Risk – December 24	Approval Status: Final approval
Risk ID: 1535 Incompete 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.

Organisation Objectives	Risk Appetite - Moderate (2 - Cautious)
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient, - To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service,	Breaches in the security of patient or staff data can have a significant impact on the organisation's reputation, the trust of patients and staff and can result in financial penalty. Anything higher than 'Cautious' is not compatible with the legal obligations placed on NHS Shetland by legislation and NHS Scotland standards.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Finance and Performance Committee (FPC), Information Governance Group (IGG)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Almost certain - Expected to occur frequently, more likely to occur than not	Moderate	High risk **15**	Marsland, Mr Colin **31 Jan 2025**

Controls
- 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 26th 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 05 Nov 2024

Risk Score expected to reduce in March 2025. A Corporate Records Manager was successfully recruited in October 2024 with an anticipated start date in February 2025.

NHS Shetland Level 4 – Organisational Risk – December 24	Approval Status: Awaiting 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.

Organisation Objectives	Risk Appetite - Moderate (2 - Cautious)
- To continue to improve and protect the health of the people of Shetland., - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	The maintenance of an up-to-date policy environment is a foundational component of good governance. A more open/mature approach to risk is reasonable where a robust and well defined policy framework is in place. A well defined policy framework guides and determines the boundaries of acceptable risk. In the absence of such an environment NHS Shetland will require a more cautious approach to risk.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Finance and Performance Committee (FPC), Information Governance Group (IGG)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Almost certain - Expected to occur frequently, more likely to occur than not	Moderate	High risk **15**	Marsland, Mr Colin **31 Jan 2025**

Controls
- 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 26th April 2023)

Have the Controls Been Tested	Analysis and Findings of Control Testing
Yes - Some controls have been tested	Repeated requests for documents to be reviewed and updated have not led to significant improvements.

Adequacy of Controls: Adequate

Risk Rationale/Comments: Marsland, Mr Colin reviewed this risk in 05 Nov 2024

No significant change to the identified risk. Potential software solutions have been

evaluated and a preferred provider identified. A business case will be presented to EMT by 30 November 2024.

As of 01/04/24 74% of registered documents are overdue review. The current Document Register (an Excel spreadsheet) does not actively review dates and many review dates are missing from the register. It is likely that a significant number of documents marked as â€˜Currentâ€™ are overdue for review. A significant number of official documents are known to be missing from the Register. Improvements to the Register, the registration process, together with a manual check of all 350+ documents currently registered would be required to provide more accurate numbers.

To remedy this situation, NHS Shetland needs to purchase policy management software that will enable it to identify, manage and report on the status of its official documents. As of 01/04/2024 no budget has been identified for this.

NHS Shetland Level 2 - Directorate Risk – December 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.

Organisation Objectives	Risk Appetite - High (3 - Open)
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service, - To provide best value for resources and deliver financial balance, - To ensure sufficient organisational capacity and resilience.	Due to dependency on locum and related financial pressure, we need to be more innovative in recruiting and retaining the medical workforce. Need to provide core workforce for Consultant led services as well as within the Junior Doctor cadre for OOHs coverage. However also need to acknowledge the difficulty in recruiting to an R&R location and hence the need to be innovative/resourceful in workforce planning and recruitment/retention. This increases the risk appetite as we push the boundaries as to the art of the possible with regard to workforce planning.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	Clinical Governance Committee (CGC)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Likely - Strong possibility that this could occur, likely to occur	Major	High risk **16**	Brightwell, Kirsty **28 Feb 2025**

Controls
- 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 â€" Consultants currently on fixed term locum contracts
- National Recruitment process used for recruitment of Consultant psychiatrist
- 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
- Engagement with the Global Health Academy to work in collaboration in exploiting global citizenship opportunities to recruit
- 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 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
Yes - Some controls have been tested	We can work safely with non-consultant grades providing 1st on cover with consultants available as required.

Adequacy of Controls: Adequate

Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk in 16 Apr 2024

Offering flexible contracts for anaesthethics 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.

NHS Shetland Level 2 - Directorate Risk – December 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.

Organisation Objectives	Risk Appetite - Moderate (2 - Cautious)
- To continue to improve and protect the health of the people of Shetland., - To provide quality, effective and safe services, delivered in the most appropriate setting for the patient., - To ensure sufficient organisational capacity and resilience.	

Risk Response: Tolerate	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: Carolan, Kathleen **30 Nov 2023**

Controls

- 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 26th 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:

APPROVED Revised Strategic Finance Planning Risk 1597

([Link to Risk Management Strategy](#))

NHS Shetland

Risk Title:	Strategic Financial Planning

Risk Register

Assigned to risk register …			Risk Theme		Link to what Objectives…		This risk relates to the following Strategic Risks		This risk is linked to a total of… other risks
	Departmental		Corporate Communications	X	To continue to improve and protect the health of the people of Shetland.		(See Strategic / Organisational / Directorate Risk Dashboard on Datix for a list of all risks)		1 – SR02 (1255) - Finance
	Directorate	X	Finance				**RISK ID**	**Risk Title**	
	Organisational		Information technology / Digital	X	To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.		SR13	Access to Services	
X	Strategic		Logistics / Estates				SR10	Business Continuity Plans	
			Operational	X	To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.		SR12	Capacity for Sustainable Change	
		X	Planning / Contingency				SR02	Finance	
			Public Health	X	To provide best value for resources and deliver financial balance.		SR08	Workforce	
			Training						
			Workforce	X	To ensure sufficient organisational capacity and resilience.				

Date last Reviewed	18/07/2024	Strategic Risk ID (if applicable)	New	System Risk ID	1597

Risk Background / Context

Because of inadequate financial planning and performance management integrated through the annual delivery plan and medium term financial plans, there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation in a sustainable long-term basis in-line with our statutory obligations under section 85 of the National Health Services (Scotland) 1978 as amended.

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Risk Description

IF... (the cause of the risk)	THEN... (the event/incident)	Resulting in... (the consequence)
inadequate financial planning and performance management integrated through the annual delivery plan and medium term financial plans,	There is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation in a sustainable long-term basis in-line with section 85. 1) Failure to achieve our organisational objectives and deliver our outcome targets; 2) Failure to meet our financial and efficiency savings targets with a detrimental impact on resources available in following years; 3) The board's actual expenditure will be greater than resource limits; 4) Adverse reputational impact as may be subject to detailed external scrutiny and intervention.	1) If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan 2) Failure to deliver financial targets would result in development of a recovery plan to tackle financial gap. 3) Likely impact of recovery plan on our services will cause deterioration in our performance outcome targets. 4) Recovery plan is likely to impact on some operational delivery. Non-clinical vacant posts would likely be held, reviews of process and services would be undertaken to resize within the available resource limits. 5) Recovery plan is likely to impact on vacancies in clinical posts and possible skill mix reviews of our clinical services to reduce cost to resize within the available resource limits. . 6) Would damage the Board's reputation as an effective healthcare provider with SGHD and with the public. This may lead to direct intervention in the day-to-day operations of the Board.

Controls to Mitigate the Risk

Controls (use bullet points for each control)	Weaknesses or Gaps in controls	Adequacy of controls	How is the risk to be managed
• Creation of an annual delivery plan to set out the goals, targets and outcomes. • Financial plan setting out investments and the gap to address via efficiency savings plans	• Plans not being in place prior to start of year may cause uncertainty and delay the implementation of plans to deliver the annual delivery plan.	Adequate Inadequate No controls	Treat

Controls (use bullet points for each control)	Weaknesses or Gaps in controls	Adequacy of controls	How is the risk to be managed
• Standing Financial Instructions set out the parameters to guide budget holders in their delegated management authority • Finance and Performance committee seeking assurance on behalf of the Board through relevant reports to the committee on a quarterly basis • Finance and Performance committee scrutiny and review of the development of the Annual Delivery Plan and Financial Plan on behalf of the full Board • Board review and approval of the Annual Delivery Plan and Financial Plan • Monitoring reports to each Board meeting and public scrutiny of these reports • External Audit annual review and report to the Directors on the Boards financial and non-financial out comes that includes a management action plan to address areas of weakness	• Accountability for managing the resources delegated to budget holders		

Actions to Mitigate the Risk

Action Description	Action Responsibility (who will carry out and complete this action)	Date Action to be completed by	Action Completed on
• Annual business cycle process to complete budget setting prior to 31 March • Annual business cycle process to complete Annual Delivery Plan in-line with Scottish Government target	• Director of Finance • Chief Executive	• 31/12/2024 • 31/03/2025	

Risk Levels (Circle the rating you think is appropriate… [See Risk Matrix Definitions Document for Help](#))

	Initial Risk level						Current Risk level					Current Risk Rating Rationale
	Impact/Consequences						Impact/Consequences					
Likelihood	Negligible	Minor	Moderate	Major	Extreme	Likelihood	Negligible	Minor	Moderate	Major	Extreme	
Almost Certain	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	**Almost Certain**	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	
Likely	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)	**Likely**	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)	
Possible	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	**Possible**	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	
Unlikely	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)	**Unlikely**	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)	
Rare	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	**Rare**	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	

(Assurances (Strategic Risks Only)

How is the risk to be Assured	What gaps in assurance have been identified
- Finance and Performance committee to seek assurances from Executive Management Team at each meeting through review and scrutiny - External Audit Annual Report - Internal Audit Assignment reports - Scottish Government quarterly management financial review meetings	Process robust but does not mitigate financial gap

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Committees and Risk Owners / Lead

Risk to be presented to department, groups and / or Committees	Risk Owner (overall responsibility for the risk Usually a Director)	Risk Lead (Person responsible for managing the risk on a day-to-day basis)	The risk is due to be reviewed on (Date) (Dependent on Risk Rating/Score)
Finance and Performance Committee	Chief Executive, as accountable officer	Director of Finance	Monthly 31/01/2025

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APPROVED Revised Strategic Financial Management Operation Risk 1598

NHS Shetland

([Link to Risk Management Strategy](#))

Risk Title:	Strategic Financial Management Operational Delivery

Risk Register

Assigned to risk register …		Risk Theme		Link to what Objectives…		This risk relates to the following Strategic Risks		This risk is linked to a total of… other risks
	Departmental		Corporate Communications		To continue to improve and protect the health of the people of Shetland.	(See Strategic / Organisational / Directorate Risk Dashboard on Datix for a list of all risks)		1 – SR02 (1255) - Finance
	Directorate	X	Finance					
	Organisational		Information technology / Digital	X	To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	**RISK ID**	**Risk Title**	
X	Strategic		Logistics / Estates			SR13	Access to Services	
						SR10	Business Continuity Plans	
		X	Operational	X	To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.	SR12	Capacity for Sustainable Change	
			Planning / Contingency					
			Public Health		To provide best value for resources and deliver financial balance.			
			Training					
		X	Workforce		To ensure sufficient organisational capacity and resilience.			

Date last Reviewed	18/07/2024	Strategic Risk ID (if applicable)	New	System Risk ID	**1598**

Risk Background / Context
Because of in-year management of resources, there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation in a sustainable basis in-line with our statutory obligations under section 85 of the National Health Services (Scotland) 1978 as amended. The cause can be by unexpected issues beyond the Boards control e.g. shortage of supply cost pressures in external markets or by failing to manage know risks within our resource funding effectively.

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Risk Description

IF… (the cause of the risk)	THEN… (the event/incident)	Resulting in… (the consequence)
operational management issues, which are not in alignment with the Board's financial planning and performance limits to at least breakeven,	There is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation in a sustainable long-term basis in-line with our statutory obligations. 1) Failure to achieve our organisational objectives and deliver our outcome targets; 2) The board's actual expenditure will be greater than resource limits; 3) Implementation of a recovery plan with a likely negative impact on services through cost reduction and voidance; 4) Adverse reputational impact as may be subject to detailed external scrutiny and intervention; and 5) Scottish Government performance risk rating matrix score increases to reflect deterioration in the effective management of resources.	1) If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan 2) Failure to deliver financial targets would result in development of a recovery plan to tackle financial gap. 3) Likely impact of recovery plan on our services will cause deterioration in our performance outcome targets. 4) Recovery plan is likely to impact on some operational delivery. Non-clinical vacant posts would likely be held, reviews of process and services would be undertaken to resize within the available resource limits. 5) Recovery plan is likely to impact on vacancies in clinical posts and possible skill mix reviews of our clinical services to reduce cost to resize within the available resource limits. 6) Would damage the Board's reputation as an effective healthcare provider with SGHD and with the public. 7) Can lead to Scottish Government direct intervention in the day-to-day operations of the Health Board.

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Controls to Mitigate the Risk

Controls (use bullet points for each control)	Weaknesses or Gaps in controls	Adequacy of controls		How is the risk to be managed
- Standing Financial Instructions set out the parameters to guide budget holders in their delegated management authority - Monthly budget management statement to budget holders to aid their role in management of delegated budget - Management accountants holding meetings with budget holders to aid their role in management of delegated budget - Directorate team meetings that discuss the directorates financial performance and agree corrective team actions - Internal audit assignments to identify opportunities for improved governance - Discussion of the Boards financial performance at Area Partnership Forum so we are transparent with staff - Executive Management Team discussions on the Board's financial performance and agreeing collective actions - Financial reports to both the Board and Finance and Performance Committee - Finance and sustainability group working upon and monitoring delivery of cost reduction programmes and service redesign to deliver savings targets. - External audit annual review and report to the Directors on the Boards financial and non-financial out comes that includes	- Lack of available training on effective budget management; - Need to secure training for budget holders to support overall financial governance; - Effective training on use of systems the board uses such as PECOS, Stores Ordering, SSTS, Optima, eEEs or process for submitting staff termination or change forms; - Historic inability to manage services within the resources delegated to budget holders for various external reasons; - Ability to recruit and/or retain key staff to ensure safe and effective services creates gaps in workforce that can cause the use of staff at premium rates above NHS terms and conditions that will result in costs that are higher than the budget allows leading to unfunded cost pressures.	X Adequate Inadequate No controls		Treat

- a management action plan to address areas of weakness - PECOS User group meetings - Scottish Government scrutiny via standard financial returns and ad-hoc returns on specific services or through bench-marking performance statistics			

Actions to Mitigate the Risk

Action Description	Action Responsibility (who will carry out and complete this action)	Date Action to be completed by	Action Completed on
- Annual business cycle process with monthly review of the Board's performance - Management accountants holding meetings with budget holders to aid them in their role in management of delegated budget to address cost pressure and agree action plans to reduce costs	Director of Finance Budget holders and management accountants	31/03/2025	

Risk Levels (Circle the rating you think is appropriate… See Risk Matrix Definitions Document for Help)

Initial Risk level					Current Risk level						Current Risk Rating Rationale
Impact/Consequences					Impact/Consequences						
Likelihood	Negligible	Minor	Moderate	Major	Extreme	Likelihood	Negligible	Minor	Moderate	Major	Extreme	At month 6 in 2024-25 the Board is £2.8m over spent against its resource budget. There
Almost Certain	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	Almost Certain	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	
Likely	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)	Likely	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)	

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												is not a detailed plan in place yet to tackle and rectify this through a recovery plan. In 2024-25 attempts to recruit to the posts that are causing significant cost pressures has to date been unsuccessful. Recruitment of substantive staff to these posts with a start in 2024-25 in unlikely.
Possible	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	**Possible**	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	
Unlikely	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)	**Unlikely**	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)	
Rare	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	**Rare**	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	

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Assurances (Strategic Risks Only)

How is the risk to be Assured	What gaps in assurance have been identified
- Finance and Performance committee to seek assurances from Executive Management Team at each meeting through review and scrutiny - External Audit Annual Report - Internal Audit Assignment reports - Scottish Government quarterly management financial review meetings	Process robust but does not mitigate financial gap

Committees and Risk Owners / Lead

Risk to be presented to department, groups and / or Committees	Risk Owner (overall responsibility for the risk Usually a Director)	Risk Lead (Person responsible for managing the risk on a day-to-day basis)	The risk is due to be reviewed on (Date) (Dependent on Risk Rating/Score)
Finance and Performance Committee	Chief Executive, as accountable officer	Director of Finance	Monthly **28/02/2025**

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APPROVED Workforce Risk Assessment
(Revised November 2024)

NHS Shetland

Risk Title:	Workforce (revised)

Risk Register

Assigned to risk register …			Risk Theme		Link to what Objectives…		This risk relates to the following Strategic Risks		This risk is linked to a total of… other risks
	Departmental		Corporate Communications	X	To continue to improve and protect the health of the people of Shetland.		(See Strategic / Organisational / Directorate Risk Dashboard on Datix for a list of all risks)		1259 Medical Staffing
	Directorate		Finance						
	Organisational		Information technology / Digital	X	To provide quality, effective and safe services, delivered in the most appropriate setting for the patient .		**RISK ID**	**Risk Title**	
X	Strategic		Logistics / Estates				SR08 (1471)	Workforce	
			Operational				1597	Finance Planning	
			Planning / Contingency	X	To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.		1598	Financial Management Operation	
							SR12 (1354)	Capacity for Sustainable Change	
			Public Health	X	To provide best value for resources and deliver financial balance.				
			Training						
		X	Workforce	X	To ensure sufficient organisational capacity and resilience.				

Date last Reviewed		Strategic Risk ID (if applicable)	SR08 (revised)	System Risk ID	To be assigned Developed from SR08 Workforce

Risk Background / Context

Workforce risks have been identified through a number of channels both internally and externally with supply, recruitment and retention. It has been recognised nationally that there is a shortage of personnel and that posts are not being recruited to. Reasons include the impact of BREXIT on overseas personnel, the size of the recruitment pool and an ageing workforce. It is noted that there are not sufficient levels of individuals going into medical and clinical careers to meet current demand vacancies.

Risk Description

IF… (the cause of the risk)	THEN… (the event/incident)	Resulting in… (the consequence)
If NHS Shetland is unable to have sufficient qualified, competent staff to meet existing service delivery plans	Then there is a risk that service provision and the quality of care provided, including existing staff will be negatively impacted	Resulting in • poorer clinical outcomes for patients • increased waiting times • impact on the continuity of care • increase in off-island service delivery • increase in complaints and claims

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		• negatively impacting on the health and wellbeing of existing staff, potentially increasing sickness/absence rates • higher financial costs due to increased used of agency staff to maintain services • higher recruitment costs due to increased frequency of staff turn over • reputation

Controls to Mitigate the Risk

Controls (use bullet points for each control)	Weaknesses or Gaps in controls	Adequacy of controls		How is the risk to be managed	
• Good use of on contract Agency Locums and supplementary staffing as evidenced by Finance and the Liaison Performance Report • Recruitment of international nurses - positive integration into services. Further recruitment planned for 2024/25 • Increase in the young workforce and apprentices working within the Board • Positive feedback from career fairs locally that has supported staff in facilities and 2 going to train as AHPs • Integration of service and financial plans for the workforce plan – being clear around the 3 elements – what is the level of service currently provided benchmarked nationally and at what cost with what levels of staff/ what would the service look like if staffing numbers were in budget and what would a future skilled workforce look	• National Reduction in Student Intake in nursing with consequent reduction in numbers of students experiencing a remote, rural or island healthcare experience, as a Board we seek to influence • Need to absorb the impact of external factors outwith the NHS Board control eg decisions made at national or regional level which have a local impact – review of NMAHP bursaries – we seek to influence	X	Adequate		Terminate
			Inadequate		Tolerate
			No controls		Transfer
				X	Treat (must have Actions added below)

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like – plan being developed – Jan25 for draft			

- Good outcomes on iMatter around staff understanding their role, support from their teams, recognising their contribution and recommending NHS Shetland as a good place to work – therefore motivation for working with NHS Shetland positive and link to retention
- Best in class for territorial boards at promoting attendance with good practice being shared with other Boards as part of national 15box grid – supports NHS Shetland as a good place to work (retention)
- Reduction by 4% of turnover and work being undertaken on exit process
- Board reports on quality, performance or complaints from a service perspective highlight no issues
- Senior leadership team supporting direction so that staff feel engaged in the organisation
- Varied leadership national portfolio and readiness activities for next level of careers that we are linking in with locally
- Outputs from 'speak up' week showing positive movement on culture
- Work by HR and communications on social media advertising to support attraction
- Workforce reports to APF and Staff Governance Committee providing input and narrative around workforce areas

• Wellbeing group • Locum / agency provision processes well established with reduced costs and increased quality of personnel	

Actions to Mitigate the Risk

Action Description	Action Responsibility (who will carry out and complete this action)	Date Action to be completed by	Action Completed on
Short Life group on raising concerns to look at what can be done to support an organisation where psychological safety is felt and evidenced	DHR/MD/Chief Nurse Corporate	March 2025	
Service transformation and redesign to support clinical service delivery and transformation of the wider system	All Exec Directors		
Review of contracts for high cost locum/agencies	Contracts Manager		
KPI Dashboard being developed for Job Train	National work/HRSM		
Workforce Plan linked to service and financial planning	HRSM/ Head of Planning/ Head of Finance and Procurement		

Risk Levels (Circle the rating you think is appropriate… See Risk Matrix Definitions Document for Help)

Initial Risk level						Current Risk level						Current Risk Rating Rationale
Impact/Consequences						Impact/Consequences						
Likelihood	Negligible	Minor	Moderate	Major	Extreme	Likelihood	Negligible	Minor	Moderate	Major	Extreme	Short term impacts on service delivery and patient care have occurred but not sustained over a period of time. The mitigating actions allow the recruitment of personnel as required without the negative impact of the risk being realised
Almost Certain	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	Almost Certain	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	
Likely	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)	Likely	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)	
Possible	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	Possible	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	
Unlikely	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)	Unlikely	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)	
Rare	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	Rare	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	

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Reason for changes

Target Risk level						Risk Appetite (Only for Strategic Risks)		Risk Appetite Rationale
Impact/Consequences					Tick		Risk Level	Work is ongoing at a national level with relevant Deaneries. It is hoped that the work undertaken in Scotland around pay reform will support individuals seeking to work in Scotland and the work on remote and rural facilitated by Medical Education and the Viking conference will show the benefit of working in remote, rural and island and delivering generic services.
Likelihood	Negligible	Minor	Moderate	Major	Extreme		None	Avoidance of risk and uncertainty is a key organisational objective	
Almost Certain	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)		Low	As little as reasonably possible. Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have potential for limited reward	
Likely	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)		Moderate	Preference for safe delivery option that have a low degree of inherent risk and only have limited potential reward	
Possible	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)		High	Willing to consider all options and choose the one that is most likely to result in success, whilst also providing an acceptable level of reward	
Unlikely	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)		Very High	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust. Eager to be innovative and to choose options offering potentially bigger rewards despite greater inherent risk	
Rare	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)				

Assurances (Strategic Risks Only)

How is the risk to be Assured	What gaps in assurance have been identified
• Reporting to EMT, RMG, Finance & Performance Committee, Staff Governance, Audit and Risk Committee and the Board • The winter plan has been submitted • Recovery plan completed with workforce elements • Work progressing in Primary Care shape and rediscover the JoyGPs to support where possible GP gaps prior to bank or agency • Work on Exit strategies and service awards – to support feeling valued and motivation • Continued support for International Recruitment and the Young Workforce • Looking at support for managers and leaders	• None

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How is the risk to be Assured	What gaps in assurance have been identified
• Culture work led from the CEO Priorities • KPI Dashboard being developed for Job Train, when complete will be shared with APF / SGC annually	

Committees and Risk Owners / Lead

Risk to be presented to department, groups and / or Committees	Risk Owner (overall responsibility for the risk Usually a Director)	Risk Lead (Person responsible for managing the risk on a day-to-day basis)	The risk is due to be reviewed on (Date) (Dependent on Risk Rating/Score)
• Risk Management Group • Staff Governance • Finance & Performance Committee • Audit and Risk Committee • NHS Shetland Board • Area Partnership Forum	DHRSS	Human Resources Senior Manager	31/01/2025

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