# NHS Shetland

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| **Meeting:** | **NHS Board Meeting** |
| **Meeting date:** | **23 September 2025** |
| **Title:** | **Strategic Risk Register Report** |
| **Agenda reference:** | **Board Paper 2025/26/36** |
| **Responsible Executive/Non-Executive:** | **Kirsty Brightwell, Medical Director / Brian Chittick, Chief Executive** |
| **Report Author:** | **Edna Mary Watson, Chief Nurse (Corporate)** |

## 1 Purpose

The Strategic Risk Register is formally reported to the NHS Board on a 6 monthly basis for

- Awareness and
- Decision

to provide assurance that the strategic risks are being managed.

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

The NHS Board are also asked to consider if there are any new strategic risks that should be added to the 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 were reviewed at the Risk Management Group (RMG) meeting on 11 June 2025 taking account of any feedback received from Directors and/ or governance Committees.
The risks which the Standing Committees are responsible for were presented to each meeting of the respective Committee, over the time period of May and June 2025.

Changes made to the Strategic Risk Register in terms of new and closed risks, and changes in risk scores and risk responses are outlined in the paper.

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

A new structured approach to the RMG agenda, combined with an extended meeting time has been introduced, in order to support having time to discuss emergent issues as well as the standard risk management activity. Although only 2 meetings in the new format have taken place to date, it has proven to be conducive to the sharing of current challenges and risks across the organisation.

There has been very little movement in the highest rating Risks on the Strategic or Organisational Risk Register in Quarter 1, however, it is noted that a number of the risks are now out of date and are subject to review.

In addition, it should also be noted that there are 5 Strategic Risks, 2 Organisational Risks and 2 Directorate level risks where the Adequacy of Controls are described as Inadequate, a summary of the factors causing this is provided.

Unfortunately, following the resignation of the Datix and Systems Support Officer we have had 2 unsuccessful rounds of recruitment and therefore have had a vacancy in the team since 5 March 2025. We are looking at alternative ways of recruiting to this post but it is anticipated that the team will continue with this vacancy for the next 3-6months.

The Clinical Governance and Risk Team Leader will also be commencing a period of secondment to NHS Grampian on a part time basis from September 2025 to May 2026. Whilst we hope to be able to backfill this role the vacancies in both these positions will have an impact on the overall capacity of the team and the work which can be supported over the coming months.

## 2.2 Background

The Risk Management Strategy sets out the principles and approaches to risk management which are to be followed throughout NHS Shetland. These are aligned to The Orange Book: Management of Risk – Principles and Concepts (23 August 2021), HM Government and the Scottish Public Finance Manual (SPFM) 'Risk Management – Good Practice in the Scottish Public Sector' 2018. Scottish Government.

The purpose of the Risk Management Strategy is to achieve a consistent and effective application of risk management and enable it to be embedded into all core processes, forming part of the day-to-day management activity of the organisation.

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

The Risk Management Strategy is currently under review and the current Risk Management Strategy will remain extant until the new version has been through the appropriate governance groups and presented to the NHS Board for final approval.

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).

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

Effective risk management will be achieved by:

- Clearly defining roles, responsibilities and governance arrangements for individuals, teams and committees within NHS Shetland
- Incorporating risk management in all Executive Management Team (EMT), Board, and Committee reports and when taking decisions
- Demonstrating and reinforcing the importance of effective risk management principles in our everyday activities
- Maintaining risk registers at all levels that are linked to the organisation's strategic objectives
- Monitoring and reviewing arrangements on a regular basis
- Seeking assurance that controls put in place to mitigate risks are effective.

**Strategic Risk Register**

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.

The Chief Nurse (Corporate) and Clinical Governance and Risk Team will continue to support staff with the identification, recording and management of risks across the organisation, as capacity permits, with a focus on the updating of risks over the coming year as part of an overall data cleanse to prepare the risk register for its subsequent transfer to the InPhase system during 2025/early 2026.

## 2.3 Assessment

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

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

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

Changes made to the risks within Datix are visible via the inbuilt audit function.
The strategic risks are reviewed by the relevant Executive Director before presentation at a RMG meeting.

The standardised approach to having all risk review dates set for the end of the calendar month has enabled 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 Work plan 2025/26, the Clinical Governance and Risk Team are focusing on supporting Managers to review in entirety the content of all risks held on their Risk Register to ensure that these are updated and remain current going forward.

Following previous discussions at RMG a section had been added to the Risk Register to check whether or not the control measures in place have been tested in practice and if so what was the outcome from the testing. As noted previously this is still a relatively new section on the Risk Register with variable levels of testing being noted. The Clinical Governance and Risk Team will support discussion on testing from the time of the next review of each individual Strategic risk.

Following the Board development session on 21 January 2025 to consider the Board's overall Risk Appetite, the current Risk Appetite has been added to each of the Risks. A further development session is necessary in order to discuss and agree the NHS Board's current agreed level of Risk Appetite for each of the risks. Reviewing each risks', Risk Appetite will also provide an opportunity to ensure that both the target and current risk ratings are congruent with the Appetite and that appropriate action is being taken towards achieving the target risk. Discussions have been held with the Chief Executive in order to progress this action and it is anticipated that a further Board development session will be held before the end of the year.

An Overview of the Strategic Risks by Highest Rank 2025/2026 is presented in Appendix 1. Appendix 2, provides the detail of the full Strategic Risk Register.

Appendix 3, provides details of the Community Health and Social Care Directorate Risks as recorded on the JCAD system. Risks relating to health services delivered through the CHSCP are noted on here. An overview (heatmap) of the level of these risks along with the Risk Matrix scoring template is also provided to support interpretation of these risks.

**Summary of changes:-**

Overall there has been very little movement in any of the risks on the Strategic Risk Register in Quarter 1. Where there have been changes or there are any particular points of note these are outlined below.

- **Rating score increased or overall upward trend**

  There are no risks showing an increase or an upward trend in risk score in Quarter 1.

- **Rating score decreased**

  The only risk to show a decrease in risk rating is the Organisational Risk 1616 Lack of Emergency Lone Worker system which was a new risk added to the Risk Register in Q4 2024/25, following issues of concern being raised in relation to staff safety when lone working. The Health and Safety Lead drafted this risk, highlighting the current risk to staff safety and the potential for a Health and Safety Executive Enforcement Action should a lone worker be harmed.

  Following discussion and agreement by EMT, the Health and Safety Lead is now progressing the implementation of a new Lone Worker Fob system. All relevant staff have been issued with registration forms to complete, and 9 out of 19 teams, almost 50%, have returned the forms and are registered onto the PeopleSafe system. Training has been provided to these Teams as fobs are issued to staff. The Health and Safety lead has reviewed the risk and downgraded the risk rating to reflect the fact that a safer system of working is now in active roll out across relevant teams.

  Usage of the Fobs will be monitored by the Health & Safety Team, and further support provided to staff as required until the system is fully embedded. The Health and Safety lead is attending the RMG in September to provide an update on implementation and to seek support from Executive Directors for any area where implementation has slowed.

  This risk is next due for review in November 2025, by which time it is anticipated that the PeopleSafe system will be fully implemented and the risk can either be reduced further or closed.

- **Rating score overall downward trend**

  SR08: Following the reduction of the overall rating score from 20 (very high) to 9 (medium risk) in Q3 of 2024/25 the risk rating has continued to be held at this level. As part of the review, a number of discussions were held with the aim of better clarifying 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, through operating various models of service provision that comprise a range of substantive and supplementary staff.
  The mitigating actions allow the recruitment of personnel as required without the negative impact of the risk being realised.

  As part of the review process it was 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.

However we anticipate that some of the measures being taken forward at a national level eg the work around pay reform will also support individuals to seek employment within NHS Scotland overall and within that to consider remote, rural and island healthcare careers.

The revised workforce risk was agreed in December 2024, since then additional control measures have been added with the development of the 2025 Workforce Plan, progressing work on staffing projections for the next 3 years, undertaking staffing level tool runs (in line with the Health and Care Staffing (Scotland) Act, and helping to fill workforce gaps by increasing our rounds of recruitment for international nurses.

- **Risk Rating Scores**
  - No changes in Risk Rating Scores for any of the Strategic risks.
  - Only Organisational Risk 1616 Lack of Emergency Lone Worker system has had a change in it's risk rating score.
  - No changes in risk rating scores for any of the Directorate Level risks.

- **No risk responses changed**.

- **Risk descriptions updated**

No Risk Descriptions have been updated in this quarter. However, there are 6 Strategic risks, and 1 Directorate level risk which, at time of writing, are now out of date and currently subject to review.

These are:

- SR04: External Factors
- SR06: IG Training for NHS Staff
- SR11: IG training for non-NHS staff
- SR17: IT Failure due to Cyber Attack
- SR09: Clinical Governance
- SR12: Capacity for Sustainable Change
- Directorate Level Risk 1609: Incorrect storage of medical records (historical issue)

Concerns have been raised both via Governance Committees and the NHS Board regarding the wording and overall risk rating of both SR11 and SR06 IG Training for NHS and non-NHS staff and therefore both of these risks are now subject to a comprehensive review. It is anticipated that revised or new risk(s) will be presented to the Risk Management Group in November for Approval.

The Clinical Governance and Assurance risk, SR09, also requires comprehensive review as the current risk description is reflective of previous concerns prior to the Clinical Governance and Risk Team being placed under the clinical leadership of a senior nurse. Due to the current staffing challenges facing the team, the risk requires to be refocussed to reflect the overall sustainability of the team and the

reduced level of support able to be given to ensuring that the organisation can be assured regarding the quality and safety of local service provision.
This will be taken through the next cycle of risk management meetings in order to ensure this is revised in a timely way.

As noted in previous papers, the current Estates Strategic Risk needs to be reviewed. Discussion at the Risk Management Group meeting in June 2025 noted that the Head of Estates will undertake the following work to differentiate the current risks to the NHS Board estate.

The risks will be categorised as follows:

- SR14 Estates – will be reviewed to ensure that the title of this risk is reflective of the focus of the risk, which is on achieving net zero targets;
- Structural Integrity of the Gilbert Bain Hospital (GBH) - a new draft risk reflecting the concerns with regards to the GBH structural issues was discussed, and following minor amendments will be added to the risk register; and
- Ageing Estate risk – a new risk will be developed to highlight the ageing conditions of NHS Shetland buildings and the lack of available Capital investment to make significant improvements.

It is anticipated that these risks will be progressed through RMG for approval in September.

Review of any of these risks may lead to changes in the Risk Description.

- **Strategic Risks Closed**
  No Strategic Risks closed in this last quarter.

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

**SR01 National Standards**
Gaps in controls were identified in relation to the Service Level Agreement (SLA) annual review with NHS Grampian being incomplete, and the risks associated with NHS Grampian capacity to deliver visiting services due to gaps in their workforce continue. Some risks were also identified with the review of shared pathways and with the development of alternative models of care.

This risk was comprehensively refreshed 12 months ago. Additional measures have been added over the last 2 quarters to improve the control measures eg through introducing tests of change with other Boards involved in NECU, to reduce the number of people waiting over 12 weeks for Treatment Time Guarantees, and with the implmentation of initiatives from the Centre for Sustainable Delivery and elective care programme improvement ideas being rolled out locally eg patient initiaited follow up and ‘opt in’ services to support delivery against national standards this has enhanced patients access to care.

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. However there are risks associated with the capacity in the tertiary centres to deliver visiting services due to gaps in their workforce, as well as growing concerns around available funding to support visiting servcies going forward

as allocations will be top sliced to support the National Treatment Centres and thus reduce funding previously aligned to support local service delivery.

The continued pressures across all services as a result of increased need, demographic pressures, as well as workforce shortages in specific specialities are highlighted. All of these factors are leading to delays in treatment for patients and challenges with securing an acceptable standard of service for residents with the consequent potential for organisational reputational damage as well as patient harm. There is an inability to retrieve this situation quickly due to the challenges in access to services across Scotland. This risk is currently under review.

**SR06 IG Training NHS Staff**
The current controls for SR06 are considered to be inadequate, this will be considered during the review of SR06 and SR11.

**SR17 IT Failure due to Cyber Attack**
There are multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching to reduce the risk of a cyber attack.

It is noted that the cyber landscape means that mitigation against the likelihood of an attack is essential but not possible, however, through enhancing security controls, monitoring and recovery testing it is possible to mitigate against some of the consequences of any cyber attack.

Concerns have 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 following successful recruitment into the overall team.

Following operational management changes the digital team are now managed directly by the Chief Executive. It is proposed that responsibilty for this Risk will be reassigned to the Chief Executive, approval for this will be sought via the Finance and Performance Committee at it's next meeting on 7 October 2025. The risk will then also be subject to further formal review.

**SR 18 Risk of CBRN Contamination**
Whilst progress has been made in relation to establishing a decontamination response for use as part of the Major Incident plan, a number of gaps remain in the controls eg site for decontamination tent, no budget for training and equipment, no training for Incident managers and the CBRN plan as yet remains untested. Not having an effective CBRN decontamination facility with appropriately trained staff has the potential to impact on a Shetland wide response to a CBRN incident.

The Resilience and Business Continuity Officer is in process of working with partner agencies to develop an Island model of CBRN response. Some progress has been made with addressing the challenges of having a purpose built site available for decontamination purposes.

**SR20 Risk of Flu, Coronavirus, other Pandemic**
The Director of Public Health has recently reviewed this risk and whilst it 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. Measures to publicise and highlight the status of BCPs across services are currently being implemented to raise the profile of where there are gaps in the system. Resources are in place to support face fit testing for FFP3 masks and modules for Infection Prevention and Control training (IPC) but there is also a need to ensure all relevant staff have undergone face fit testing as appropriate for their role and have completed the mandatory training modules. Whilst the Health Protection Team capacity has increased with the appointment of a Consultant in Public Health Medicine, a vaccinator and an admin assistant, the impact of reduced funding upon the Team is still noted.

Further work is 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 1616 - Lack of Emergency Lone Worker system**
This risk highlights a current area of concern regarding a lack of safe systems of working for staff who are lone working. Due to this being an inherent risk for some parts of the workforce, with previously only limited informal controls in place, the adequacy of controls have been deemed to be inadequate. The controls will improve as the PeopleSafe system is implemented across the relevant areas.

**Organisational Risk 1535 – Inadequate Reviews of IG Documentation**
The volume of Information Governance and Information Security work continues to outstrip capacity, thus impacting on progress with completing/reviewing Data Privacy Impact Assessments and creating insufficient time available to review all the required IG documentation. Insufficient staff capacity has the potential to cause bottlenecks and delay projects/ improvements from being progressed across the organisation.

It is acknowledged that this risk will remain until the planned restructure of the Information Governance team has been completed later in 2025/26.

**Directorate Risk 1609 - Incorrect Storage of Medical Records**
This risk relates to the historic incorrect storage of medical records, and whilst the controls on this risk are inadequate, it has been confirmed that this relates only to some historic records caused by working practices at the time and that this activity is no longer being carried out, with the adoption of correct filing practice now in place.

**Directorate Risk 1612 - Medicine Cost Instability**

The detail of the Directorate level risk 1612 Medicine Cost Instability has now been populated by the Director of Pharmacy. This risk highlights the challenges to the organisation of external factors such as cost instability, over which we have no control, but which has the potential to impact significantly on medicines budgets with a

consequent impact on displacing resources from other planned services to meet these costs.

NB System issues has prevented the Director of Nursing and Acute Services from being able to update risks in Datix and hence there is no update on the review of 1571. However, although work has been progressed to develop a new model of Audiology service provision and the post of Clinical Audiologist/Head of Audiology has been out to advert, this is one of the fields of practice where we are impacted by the national shortage of postholders.

- **New Risks**

  There are no new risks which have been added to the Strategic or Organisational Risk Registers in Quarter 1.

  Following a commissioned external review of Mental Health Services, which 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 Clinical Governance team have been working with the Director of Community Health and Social Care (DCHSC) and Head of Mental Health Services to draft this risk.

- **Strategic or Organisational Risks Closed**

  No Strategic or Organisational Risks have been closed in Q1 of 25/26.

- **Risk Appetite**

  Following the Board development session held on 21 January 2025 to consider the Board's overall Risk Appetite, the current Risk Appetite was added to each of the Risks. A further development session is necessary in order to discuss and agree the NHS Board's current agreed level of Risk Appetite for each of the risks. Discussions have been held with the Chief Executive in order to progress this action and it is anticipated that a further Board development session will be held before the end of the calendar year.

- **Procedures**

  No new procedures were considered this quarter.

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

  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.

- **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. Access to the JCAD system has continued to be an issue for the Clinical Governance and Risk Team.

  Despite escalation of these access issues to the Director of Community Health and Social Care, with additional support provided from the Planning, Performance and Projects Officer, IT support services and JCAD nationally, no resolution to date has been found. This issue will now be discussed at the RMG meeting in September and a formal decision on the way forward made.

A copy of the current JCAD Risk Register is included for information, see Appendix 3.

**InPhase**

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

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

Following a demonstration of the system at RMG meeting a business case has been finalised and will be considered by the RMG at it's meeting in September 2025. Other key stakeholders were also invited to the demonstration of this system as it has the potential to provide a single Corporate solution to oversight of healthcare governance covering 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.

A number of NHS Boards across Scotland are currently migrating to InPhase, this includes NHS Borders, NHS Lanarkshire, NHS Lothian and the Scottish Ambulance Service. As there have been some challenges experienced with the pace at which roll out has been achieved, due to service pressures and InPhase capacity to support implementation, National Services Scotland (NSS) are now supporting a more co-ordinated roll out of InPhase to Boards across Scotland.

Boards who are migrating to the InPhase system have identified that a sufficient buffer (of approximately three months) needs to be built into the project implementation plan. This is to create resilience between the planned go-live date of InPhase and the termination of the existing software provider. NHS Shetland are now exploring a "go live" date with InPhase to be from April 2026 to enable embedding of this system prior to the end of the RL Datix contract at the end of July 2026.

The Boards who have implemented InPhase report positively on the dashboards, mobile reporting for staff and general feedback which is very positive.

- **Horizon Scanning Risk Discussions**

The following areas have been given due consideration as to their potential future impact on the organisation:

Estates Risk – As previously noted, discussions were held at the RMG meeting in June which agreed to create 3 separate risks relating to the organisation's estate. The Head of Estates is in the process of revising the existing Estates risk (SR14) and drafting new risks to reflect the issues of concern in relation to the Structural Integrity of the Gilbert Bain Hospital (GBH) and the overall Ageing estate.

Emergency Helicopter Landing Sites - Following publication of Safety Action Notice Reference: SAN2404 Issued: 13 September 2024, relating to NHS Helipad / hospital helicopter landing sites: safeguarding advice, with reference to incidents, relevant

guidance, information & training resources, Head of Estates advised members that NHS Assure were leading on this for NHS Scotland and that himself and the Business Continuity and Resilience Officer were engaged in the discussions. It was also noted that positive local discussions amongst the relevant partner agencies were progressing and it was anticipated that a robust local plan would soon be in place. A further update is expected at the RMG meeting in September.

Lone working – Following previous concerns raised by the Health and Safety Lead, an Organisational Risk was added to the Risk Register and funding identified to provide safety fobs for all staff lone working in remote areas. The roll out of safety fobs to staff continues at this time.

### 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.

Due to changes in the Clinical Governance and Risk Team, creating a period of time where there will be vacancies in the team, the work to review all of the risks in relation to the organisational Risk Appetite and to review actions to close any gaps in controls will be delayed but will be progressed as time and capacity allows.

### 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 Standing Committee's aligned Risk Registers are presented at each meeting of the respective Committee.

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 current 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. This is unlikely to improve in the short to medium term.

Following the Board development session on 21 January 2025 to consider the Board's overall Risk Appetite, the current Risk Appetite has been added to each of the Risks. A further development session is being planned in order to discuss and agree the NHS Board's current agreed level of Risk Appetite for each of the Risks.

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

The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone - whatever their race, gender, disability, age, work pattern, sexual orientation, transgender, religion or beliefs - who provides or receives a service to/from NHS Shetland.

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

**2.3.6 Other impacts**

There are no other impacts to note.

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

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

**2.3.8 Route to the Meeting**

The Strategic Risk Register has been considered by RMG at it's meeting in June 2025. The A&RC has also reviewed the Risk Register at it's scheduled meeting in June. 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.

This report provides details of the Strategic Risks and illustrates that the Strategic Risk Register is now being kept under regular review. As noted the Clinical Governance and Risk Team will be supporting Managers to review in entirety the content of all risks held on their Risk Registers to ensure that these are updated and remain current going forward.

This report comprises information that has been reviewed and updated by the Executive Directors and Risk Leads/Action Owners. The RMG receive the Strategic Risk Register report at each meeting.

Challenges have been noted, however, in that the mitigations and controls on some risks are overdue for review. Clinical Governance and Risk Team members will continue to focus on supporting Managers to review in entirety the content of all risks held on their Risk Register.

It is also noted that the current 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. This is unlikely to improve in the short to medium term.

## 2.4 Recommendation

The Strategic Risk Register is formally reported to the NHS Board on a 6 monthly basis for

- Awareness and
- Decision

to provide assurance that the strategic risks are being managed.

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

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

## 3 List of appendices

The following appendices are included with this report:

- Appendix No1, Overview of Strategic Risks by Highest Ranked 2025/2026
- Appendix No 2, Strategic Risk Register
- Appendix No 3, JCAD Directorate Risk Register, Heatmap and Risk Matrix

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10 /09/ 25) | Trend |
| Level 4 - Strategic Risk | **SR04 (1307) External Factors eg. Brexit/Supply Chain** | Brian Chittick | 12 | Very High Risk 20 | Treat - plan to reduce level of risk | Moderate (2 - Cautious) | NHS Shetland is willing to accept a level of risk to innovate and adapt, but priority remains on ensuring patient safety and meeting regulatory standards. | 15 | 15 | 20 | 20 | **20** | ↔ |
| Level 4 - Strategic Risk | **SR06 (1444) IG Training NHS Staff (currently under review)** | Colin Marsland | 2 | High risk 16 | Treat - plan to reduce level of risk | Low (1 - Minimal) | The low level of compliance has been raised by internal and external audit as a priority action. In addition, the ICO has emphasised the need to evidence the delivery of adequate and effective information governance training as requirement of data protection legislation (GDPR/DPA 2018). | 16 | 16 | 16 | 16 | **16** | ↔ |
| Level 4 - Strategic Risk | **SR17 (1515) IT Failure Due to Cyber Attack** | Lorraine Hall | 9 | High risk 16 | Treat - plan to reduce level of risk | None (0 - Avoid) | 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.<br><br>Services cannot be delivered without digital technology so the only viable risk management approach is robust mitigation resourcing. | 16 | 16 | 16 | 16 | **16** | ↔ |
| Level 4 - Strategic Risk | **SR20 (1594) Risk of flu,** | Dr Susan Laidlaw | 9 | High risk 12 | Treat - plan to reduce | Low (1 - Minimal) | Very difficult to eliminate all risk because of unpredictable | | 12 | 12 | 12 | **12** | ↔ |

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10/09/25) | Trend |
| | **coronaviruses, other pandemic** | | | | level of risk | | nature of risk and external factors. | | | | | | |
| Level 4 - Strategic Risk | **SR01 (1252) National Standards** | Kathleen Carolan | 6 | High risk 12 | Treat - plan to reduce level of risk | High (3 - Open) | We need to consider safe, innovative ways of developing services to ensure that we can deliver both access targets and evidence based practice. There are various ways in which we can do this if we take a longer term view on the workforce and creating sustainable service options. Hence, accepting there needs to be some tolerance of this risk in the medium term, but ensuring we mitigate harmful long waits for treatment wherever possible. | 12 | 12 | 12 | 12 | **12** | ↔ |
| Level 4 - Strategic Risk | **SR14 (1273) Estate (currently under review)** | Brian Chittick | 4 | High risk 12 | Tolerate | High (3 - Open) | Willing to invest for return and look at creative / flexible solutions | 12 | 12 | 12 | 12 | **12** | ↔ |
| Level 4 - Strategic Risk | **SR13 (1263) Access to Services** | Jo Robinson | 4 | High risk 12 | Treat - plan to reduce level of risk | High (3 - Open) | Entered BC and open to changes to deliver effective services | 16 | 16 | 12 | 12 | **12** | ↔ |

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10 /09/ 25) | Trend |
| Level 4 - Strategic Risk | **SR11 (1451) IG Training Non NHS Staff (currently under review)** | Colin Marsland | 3 | High Risk 12 | Treat - plan to reduce level of risk | None (0 - Avoid) | Statutory obligations in respect of information governance and confidentiality to uphold for organisation reputation.<br><br>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. | 6 | 9 | 9 | 12 | **12** | ↔ |
| Level 4 - Strategic Risk | **SR09 (1482) Clinical Governance and Assurance (currently under review)** | Kirsty Brightwell | 9 | Medium Risk 9 | Tolerate | High (3 - Open) | We would be keen to take some risk to change the culture regarding the embedding of good end to end governance and assurance processes. | 9 | 9 | 9 | 9 | **9** | ↔ |
| Level 4 - Strategic Risk | **SR12 (1354) Capacity for Sustainable Change** | Brian Chittick | 6 | Medium Risk 9 | Treat - plan to reduce level of risk | Very High (4 - Seek or 5 Mature) | 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 | 9 | 9 | 9 | 9 | **9** | ↔ |

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10 /09/ 25) | Trend |
| Level 4 - Strategic Risk | **SR08 (1471) Workforce** | Hall, Lorraine | 3 | Medium Risk 9 | Treat - plan to reduce level of risk | Very High (4 - Seek or 5 Mature) | 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. | 20 | 9 | 9 | 9 | **9** | ↔ |
| Level 4 - Strategic Risk | **SR21 (1597) Strategic Financial Planning** | Brian Chittick X30/9 | 4 | Medium Risk 8 | Treat - plan to reduce level of risk | None (0 - Avoid) | | | 12 | 12 | 8 | **8** | ↔ |
| Level 4 - Strategic Risk | **SR10 (1489) Business Continuity Plans** | Dr Susan Laidlaw X31/12 | 8 | Medium Risk 8 | Treat - plan to reduce level of risk | Moderate (2 - Cautious) | Emergency planning / business continuity based on clear processes to minimise risk & reputational damage | 8 | 8 | 8 | 8 | **8** | ↔ |
| Level 4 - Strategic Risk | **SR15 (1274) Urgent/Emergency/Unscheduled Care** | Dr Kirsty Brightwell | 4 | Medium Risk 8 | Tolerate | Moderate (2 - Cautious) | Risk appetite is being supported by a quality improvement project | 8 | 8 | 8 | 8 | **8** | ↔ |
| Level 4 - Strategic Risk | **SR03 (1275) Paediatrics** | Dr Kirsty Brightwell X2/26 | 8 | Medium Risk 8 | Tolerate | Low (1 - Minimal) | Low risk appetite due to the nature of the patients and the risk to reputational damage. | 8 | 8 | 8 | 8 | **8** | ↔ |

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10 /09/ 25) | Trend |
| | | | | | | | Need to ensure strict risk boundaries and safety netting required. | | | | | | |
| Level 4 - Strategic Risk | **SR18 (1540) Risk of CBRN contamination** | Dr Susan Laidlaw | 6 | Medium Risk 8 | Treat - plan to reduce level of risk | Low (1 - Minimal) | 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. | 8 | 8 | 8 | 8 | **8** | ↔ |
| Level 4 - Strategic Risk | **SR22 (1598) Strategic Financial Management Operation** | Brian Chittick | 4 | Medium risk 6 | Treat - plan to reduce level of risk | None (0 - Avoid) | | - | 16 | 16 | 6 | **6** | ↔ |
| Level 3 - Organisational Risk | **(1616) Lack of Lone Worker system** | Lorraine Hall | 10 | High Risk 10 | Treat - plan to reduce level of risk | High (3 - Open) | Chances of HSE enforcement action following a lone worker related incident resulting in serious harm are real & consequences would be significant. Introduction of a lone worker emergency alert system would mitigate against potential HSE prosecution. | | | | 15 | **10** | ↓ |
| Level 3 - Organisational Risk | **(1378) Outdated Policies & Official Documents** | Colin Marsland | 9 | High Risk 15 | Treat - plan to reduce level of risk | Moderate (2 - Cautious) | 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 | 15 | 15 | 15 | 15 | **15** | ↔ |

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10 /09/ 25) | Trend |
| | | | | | | | 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. | | | | | | |
| Level 3 - Organisational Risk | **(1535) Incompete Reviews of IG Documentation** | Colin Marsland | 6 | High risk 12 | Treat - plan to reduce level of risk | Moderate (2 - Cautious) | 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. | 15 | 15 | 15 | 12 | **12** | ↔ |
| Level 2 - Directorate Risk | **(1259) Medical Staffing** | Dr Kirsty Brightwell | 6 | High risk 16 | Treat - plan to reduce level of risk | High (3 - Open) | Due to dependency on locum and related financial pressure, we need to be more innovative in recruiting and retaining the medical workforce. | 16 | 16 | 16 | 16 | **16** | ↔ |
| Level 2 - Directorate Risk (New 05/11/2024) | **(1609) Incorrect storage of medical records** | Kathleen Carolan | 4 | High risk 16 | Treat - plan to reduce level of risk | None (0 - Avoid) | The storage of these document in folders labelled "no notes" is not in keeping with guidelines for medical records management. The historical practice needs to be corrected by either filing in appropriate medical records or | | 16 | 16 | 16 | **16** | ↔ |

| NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2024/2025 - September 25 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk Register | Risk ID & Title | Risk Owner | Target | Current Risk Level & Rating | Risk Response | Risk Appetite | RA Rationale | Q2 Score 24/25 | Q3 Score 24/25 | Q4 Score 24/25 | Q1 Score 25/26 | Q2 Score 25/26 (as of 10 /09/ 25) | Trend |
| | | | | | | | scanning these document into the patients SCI Store records. | | | | | | |
| Level 2 - Directorate Risk | **(1571) Audiology- single handed practioner** | Kathleen Carolan X30/11 | 8 | High risk 15 | Tolerate | Moderate (2 - Cautious) | | 15 | 15 | 15 | 15 | **15** | ↔ |
| Level 2 - Directorate Risk | **(1612) Medicine Cost Instability** | Tony McDavitt | 10 | High risk 15 | | Low (1 - Minimal) | | | 15 | 15 | 15 | **15** | ↔ |

| NHS Shetland Level 4 - Strategic Risk – September 25 | 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 political instability, global conflict, digital revolution (AI) or national policy changes impact **THEN:** across the wider global/UK/local economy THEN there could be resource implications like increased energy/food costs, medical supply constraints, inadequate housing stock and decreased appropriately trained workforce availability **RESULTING IN:** Impact on the Boards ability to sustain services particularly in the areas of patient care, workforce planning and performance of budgets.

**Organisation Objectives**

- 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.
- To ensure sufficient organisational capacity and resilience.

**Risk Appetite -** Moderate (2 - Cautious)

NHS Shetland is willing to accept a level of risk to innovate and adapt, but priority remains on ensuring patient safety and meeting regulatory standards.

**Risk Response:**
Treat - plan to reduce level of risk

**Standing Committee:**
**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 | Major | Very High Risk **20** | Chittick, Brian **31 Mar 2025** |

**Controls**

- Establishment of a financial Recovery and Sustainability Group to keep a watching brief on external influences on NHS Shetland sustainability
- Liaise with Scottish Government on required actions / national work and regional work
- Maintaining links with National & local resilience teams to update plans
- Strong links to fora like Scottish Resilience Partnership and Regional Resilience Partnership to help identify and mitigate risk
- Accommodation and Capital Assets Review complete to ascertain housing requirements moving forward
- Workforce Planning underway
- Innovation in recruitment and retention to mitigate post Brexit workforce challenges especially in grow you own
- Board prioritisation to mitigate Cyber security risk and impact of rogue actors with additional IT resource and training and learning for staff (eg cyber tests)
- Sustainment of Medicines Procurement Manager post

**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

<table>
<tr><td colspan="2">

- Increased costs due to the impact of leaving the single market and global supply chain are evident and increasing and these cannot be mitigated

</td></tr>
<tr><td colspan="2">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td>Have the Controls Been Tested<br>Yes - Some controls have been tested</td><td>Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="2">Adequacy of Controls: Adequate</td></tr>
<tr><td colspan="2">Risk Rationale/Comments: Chittick,  Brian reviewed this risk in 31 Dec 2024<br><br>Likelihood is being realised at present especially in a post-Brexit operating environment where things like medicines availability are current challenges being navigated at present times.<br><br>The impact are major primarily due to financial and workforce impacts on sustainability, working within a resource allocation and sustaining services.</td></tr>
</table>

<table>
<tr><th colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</th><th colspan="2">Approval Status: Final approval</th></tr>
<tr><td colspan="2">Risk ID: 1444 IG Training NHS Staff</td><td colspan="2">Strategic ID: SR06 (1444)</td></tr>
<tr><td colspan="4">Risk Description:<br>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</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To provide best value for resources and deliver financial balance.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)<br><br>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).</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Finance and Performance Committee (FPC),<br>Staff Governance Committee (SGC),<br>Digital Governance Group (DGG),<br>Information Governance Group (IGG),</td></tr>
<tr><td>Likelihood:<br>Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>High risk<br>16</td><td>Risk Owner & Review Date:<br>Marsland, Colin<br>30 Apr 2025 (currently under review)</td></tr>
<tr><td colspan="4">Controls<br>• 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.<br>• 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.<br>• Information Governance team are producing reports for Directors and line managers that highlight staff compliance against this mandatory training course.<br>• NHS Shetland has introduced an escalation procedure that can result in non-compliant staff being barred from accessing the network.</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• The Board's performance on staff training on information governance is actively being managed with reports produced for Board Governance Committee and EMT.<br>• 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</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
</table>

| **Have the Controls Been Tested**<br>No - No controls have been tested | **Analysis and Findings of Control Testing** |
|---|---|
| **Adequacy of Controls:** Inadequate | |
| **Risk Rationale/Comments:** Marsland, Mr Colin reviewed this risk in 11 Feb 2025<br><br>Risk score unchanged. As of 31 January 2025, the compliance rate is 81%. This rate (and the November compliance rate of 70%) is the Turas reported rate for the NHS Shetland mandatory IG training module. The previously reported lower compliance rates factored in the training status of bank and contractor staff. Overall organisational compliance with 'IG training' is likely to be less than the reported Turas rate. | |

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1515 IT Failure Due to Cyber Attack</td><td colspan="2">Strategic ID: SR17 (1515)</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: If a malicious actor or orchestrated cyber attack occurs THEN: Then NHS Shetland could experience system downtime, theft, modification or loss of data and/or data disclosure. RESULTING IN: Resulting in disruption to clinical services and patient information integrity that could compromise patient care and confidentiality through data theft, system downtime, delays in treatment, risk to public reputation and significant financial costs.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.<br>• To provide best value for resources and deliver financial balance.</td><td colspan="2">Risk Appetite - None (0 - Avoid)<br><br>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.<br><br>Services cannot be delivered without digital technology so the only viable risk management approach is robust mitigation resourcing.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Audit and Risk Committee (ARC), Finance and Performance Committee (FPC), Information Governance Group (IGG)</td></tr>
<tr><td>Likelihood:<br>Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>High risk<br>16</td><td>Risk Owner & Review Date:<br>Hall, Lorraine / Chittick, Brian<br>29 Mar 2024</td></tr>
<tr><td colspan="4">Controls<br>• Multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching.<br>• Information Governance and Information Security policies are in place and available to staff.<br>• New Information Governance and Digital Security Framework being developed to bring together all IG and Digital Security strategies, policies and procedures.<br>• New suite of 10 digital security policies are complete and will go through approval process by end August 2021.<br>• Cyber awareness training for staff, regular communications on cyber awareness<br>• 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.<br>• Full NIS Audit (Year 4) conducted in 2023 (awaiting outcome)</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• Cybersecurity protection opportunities and assets are not being fully utilised due limitations of staff resource<br>• Staff compliance with mandatory training is low (and trending down)</td></tr>
</table>

| **Robustness of testing the controls recorded:** (added 26th April 2023) | |
|---|---|
| **Have the Controls Been Tested**<br>Yes - Some controls have been tested | **Analysis and Findings of Control Testing** |
| **Adequacy of Controls:** Inadequate | |
| **Risk Rationale/Comments:** Hall, Lorraine reviewed this risk in 16 Dec 2024<br><br>The cyber landscape means that mitigation against likelihood is essential not possible.<br><br>By further developing security controls, monitoring and recovery testing we can mitigate against Consequence | |

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1594 Risk of flu, coronavirus, other pandemic</td><td colspan="2">Strategic ID: SR20 (1594)</td></tr>
<tr><td colspan="4">Risk Description:<br>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.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)<br><br>Very difficult to eliminate all risk because of unpredictable nature of risk and external factors.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)<br>Control of Infection Committee (COIC)</td></tr>
<tr><td>Likelihood:<br>Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>High risk<br>12</td><td>Risk Owner & Review Date:<br>Laidlaw, Dr Susan<br>31 Jul 2025</td></tr>
<tr><td colspan="4">Controls<br>• National and local surveillance systems including lab reporting, use of HPzone.<br>• Business Continuity Plans in place for most depts but need reviewing and exercising<br>• FFP3 mask fitting programme<br>• Mandatory IPC training<br>• Increased IPCT capacity including a remit for care homes<br>• Dedicated vaccination team and centre, with systems in place to try and maximise uptake.<br>• Increased HPT capacity with some surge capacity in public health<br>• Assurance process in place for care homes<br>• Increased public awareness of hand and respiratory hygiene and what to do if have respiratory systems<br>• Experience of public comms during a pandemic<br>• Experience of reconfiguration of services and redeployment of staff for pandemic response<br>• Experience of rapid deployment of mass vaccination centres; and mass testing during last pandemic<br>• Experience of standing up a Pandemic response team and associated reporting and structures<br>• Mass fatalities plan<br>• H & I pandemic plan revised</td></tr>
</table>

- 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 problematic. |

**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

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1252 National Standards</td><td colspan="2">Strategic ID: SR01 (1252)</td></tr>
<tr><td colspan="4">Risk Description:<br>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)</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</td><td colspan="2">Risk Appetite - High (3 - Open)<br><br>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.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:<br>Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>High risk<br>12</td><td>Risk Owner & Review Date:<br>Carolan, Kathleen<br>30 Jun 2025</td></tr>
<tr><td colspan="4">Controls<br>• As a result of introducing tests of change with Boards who are involved in NECU, we reduced the number of patients waiting for NOPs and TTGs in 2024-25. The number of people waiting over 12 weeks for TTG in 2024-25 reduced from 47% to 40%.<br>• 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.<br>• 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.<br>• 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.<br>• 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).</td></tr>
</table>

- 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 2025-26 and draft submitted in January 2025 to SG. 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.
- Growing concerns around funding to support visiting services as SG allocations will be top sliced to support national treatment centres which will reduce funding previously aligned to local service delivery.
- There are some risks associated with capacity in the tertiary centres 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, rheumatology.

**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 14 Feb 2025

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 – September 25 | 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.<br>• To provide best value for resources and deliver financial balance. | Willing to invest for return and look at creative / flexible solutions |
| **Risk Response:** Tolerate | **Standing Committee:** **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 Jun 2025 (currently under review)** |

**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**

- None

**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

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1263 Access to Services</td><td colspan="2">Strategic ID: SR13 (1263)</td></tr>
<tr><td colspan="4">Risk Description:<br>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</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.</td><td colspan="2">Risk Appetite - High (3 - Open)<br><br>Entered BC and open to changes to deliver effective services</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Finance and Performance Committee (FPC)<br>Clinical Governance Committee (CGC),<br>CHP Management Team,</td></tr>
<tr><td>Likelihood:<br>Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>High risk<br>12</td><td>Risk Owner & Review Date:<br>Robinson, Ms Jo<br>31 Aug 2025</td></tr>
<tr><td colspan="4">Controls<br>• Detailed monitoring of Long Term Condition checks now possible through SHIP<br>• Better anticipatory care planning especially for high resource individuals<br>• Use of Network enabled care to provide pt access to the appropriate professional rather than everything being channelled through the GP<br>• Primary Care escalation plan to move to urgent/emergency appts so those who need to see a GP will be prioritised<br>• Exploration of Health Hubs in remote areas to aid access<br>• MDT workstream to allow individuals to see right professional earlier, including First point of contact physiotherapists and Advanced Nurse practitioners<br>• Use of Ask My GP is being scaled up across the Health Centres to provide remote access<br>• Review of Urgent Care Pathways to decrease footfall in A&E involves use of NHS Inform/Flow<br>• Navigation Hubs to allow remote access to care<br>• Use of Attend Anywhere Video conferencing facility is providing improved access<br>• 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.</td></tr>
</table>

- 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 27 Dec 2024

The workforce in remote areas is significantly more stable than it has been previously, with successful recruitment to Yell GP pool and a variety of models of provision to non doctor islands.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1451 IG Training Non NHS Staff</td><td colspan="2">Strategic ID: SR11 (1451)</td></tr>
<tr><td colspan="4">Risk Description:<br>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.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide best value for resources and deliver financial balance.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - None (0 - Avoid)<br><br>Statutory obligations in respect of information governance and confidentiality to uphold for organisation reputation.<br>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.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Finance and Performance Committee (FPC),<br>Staff Governance Committee (SGC)<br>Digital Governance Group (DGG), Information Governance Group (IGG),</td></tr>
<tr><td>Likelihood:<br>Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>High risk<br>12</td><td>Risk Owner & Review Date:<br>Marsland, Mr Colin<br>30 Jun 2025 (currently under review)</td></tr>
<tr><td colspan="4">Controls<br>• 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.<br>• 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.</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• No Gaps in Controls</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested<br>No - No controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
</table>

**Risk Rationale/Comments:** Marsland, Mr Colin reviewed this risk in 07 Mar 2025

The current risk score for IG training compliance by non-NHS staff has been revised upwards following a query at IGG regarding the mismatch in the risk scores between NHS Shetland staff and non-NHS staff. A review of these scores identified that the 'Consequence' rating for non-NHS staff had been set too low (i.e. at Moderate rather than Major). Correction of this issue has raised the overall risk score. The overall risk score is lower for non-NHS staff than it is for NHS Shetland staff because the 'Likelihood' rating for non-NHS staff is set at 'Possible'. It is 'Likely' for NHS Shetland staff. The reduction in 'Likelihood' for non-NHS staff is due to there being fewer non-NHS staff and therefore fewer opportunities for the risk to materialise.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1482 Clinical Governance and Assurance</td><td colspan="2">Strategic ID: SR09 (1482)</td></tr>
<tr><td colspan="4">Risk Description:<br>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.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</td><td colspan="2">Risk Appetite - High (3 - Open)<br><br>We would be keen to take some risk to change the culture regarding the embedding of good end to end governance and assurance processes.</td></tr>
<tr><td colspan="2">Risk Response:<br>Tolerate</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:<br>Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>Medium Risk<br>9</td><td>Risk Owner & Review Date:<br>Brightwell, Kirsty<br>28 Feb 2025</td></tr>
<tr><td colspan="4">Controls<br>• Establishment of the Clinical Governance Committee<br>• Visibility of a senior clinical post in clinical governance<br>• Re-introduction of the Clinical Governance afternoons<br>• Operational Clinical Governance Group established<br>• Completed the review of the role of JGG to provide a forum for system wide learning<br>• Linking of CG Team into clinical operational CG activity<br>• Board wide support for SIF programme for QI work<br>• Implementation of Performance Monitoring Group for IJB delegated services</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• None</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested<br>No - No controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk in 05 Nov 2024<br><br>Operational clinical governance committee established. Clinical Governance action plan compiled.</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1354 Capacity for Sustainable Change</td><td colspan="2">Strategic ID: SR12 (1354)</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: If the Boards 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.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.</td><td colspan="2">Risk Appetite - Very High (4 - Seek or 5 Mature)<br><br>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</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:<br>Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>Medium Risk<br>9</td><td>Risk Owner & Review Date:<br>Chittick, Brian<br>30 Apr 2025</td></tr>
<tr><td colspan="4">Controls<br>• Evolution of PMO into a more focused planning function Jul 23<br>• Provision of Service Improvement training available<br>• Management bundles developed and in place<br>• Service Improvement resource available to support change programme<br>• Executive lead for SI identified<br>• Digital Startegy Framework being drafted tro outline areas of change required to embrace technology to accelerate change<br>• Strategic Delivery Plan being drafted to map the change required<br>• Flow of NHSS personnel on to national leadership courses like Leading for Change and Systems Leadership courses</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• Capacity to create and sustain change space both strategically and operationally</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested<br>Yes - All controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Chittick, Brian reviewed this risk in 29 Oct 2024</td></tr>
</table>

| |
|---|
| Project management office now in place to provide a source of support to pace of service changes in the organisation.<br>Thirteen waves of the local service improvement course have been completed.<br>The number of staff members who have completed the nation training courses on service improvement has increased.<br>Central support on sharing best practise and case studies service change adds support. |

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1471 Workforce</td><td colspan="2">Strategic ID: SR08 (1471)</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: If NHS Shetland is unable to have sufficient qualified, competent staff to meet existing service delivery plans THEN: Then there is a risk that service provision and the quality of care provided, including existing staff will be negatively impacted RESULTING IN:<br>Resulting in<br>- poorer clinical outcomes for patients<br>- increased waiting times<br>- impact on the continuity of care<br>- increase in off-island service delivery<br>- increase in complaints and claims<br>- negatively impacting on the health and wellbeing of existing staff, potentially increasing sickness/absence rates<br>- higher financial costs due to increased used of agency staff to maintain services<br>- higher recruitment costs due to increased frequency of staff turn over<br>- reputational damage</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.<br>• To provide best value for resources and deliver financial balance.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Very High (4 - Seek or 5 Mature)<br>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. The Board is also undertaking a further 2 rounds in 2025 of International Nurse Recruitment to recruit 2 nurses in each cohort to support staffing requirements and maintain service delivery</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Audit & Risk Committee (ARC), Finance and Performance Committee (FPC), Staff Governance Committee (SGC)</td></tr>
<tr><td>Likelihood:<br>Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:<br>Moderate</td><td>Current Risk Level & Rating:<br>Medium Risk<br>9</td><td>Risk Owner & Review Date:<br>Hall, Lorraine<br>31 Aug 2025</td></tr>
<tr><td colspan="4">Controls<br>• 2025 Workforce plan being developed by managers and Directorates for 2025 with further work progressing to look at 3 year staffing needs<br>• Good use of on contract Agency Locums and supplementary staffing as evidenced by Finance and the Liaison Performance Report<br>• Recruitment of international nurses - positive integration into services. Further two rounds scheduled in 2025<br>• Increase in the young workforce and apprentices working within the Board</td></tr>
</table>

- 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
- Look to continue 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
- The Board remains best in class for territorial boards at promoting attendance with good practice being shared with other Boards as part of national 15box grid and supports NHS Shetland as a good place to work (retention) with the recruitment of the new Snr Occupational Health Nurse we will reinfoce wellbeing and look to understand what further activities can be undertaken around mental good health and resilliance
- 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
- Appraisal system in place to aid in the development of succession planning and retention of staff
- Risk highlighted to NHS Shetland Board and Scottish Government

**Gaps in Controls**

- External factors outwith our control including reduction in student nurse enrolments
- Increase in the number of resident doctors impacting on existing supporting staff
- Reduction in bursary for all NMAP in Scotland. Changes to university funding
- Low numbers of appraisals impacting on succession planning and retention

**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 07 Feb 2025
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

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1597 Strategic Financial Planning</td><td colspan="2">Strategic ID: SR21 (1597)</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: inadequate financial planning and performance management integrated through the annual delivery and medium term financial plans THEN: 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<br>1) Failure to achieve our organisational objectives and deliver our outcome targets;<br>2) Failu RESULTING IN: 1) If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan<br>2) Failure to deliver financial targets would result in development of a recovery plan to tackle financial gap<br>3) Likely impact of recovery plan on our services will cause deterioration in our performance outcome targets<br>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.<br>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<br>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.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.<br>• To provide best value for resources and deliver financial balance.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - None (0 - Avoid)</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:<br>Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:<br>Major</td><td>Current Risk Level & Rating:<br>Medium Risk<br>8</td><td>Risk Owner & Review Date:<br>Chittick, Brian<br>30 Sep 2025</td></tr>
<tr><td colspan="4">Controls<br>• Creation of an annual delivery plan to set out the goals, targets and outcomes.<br>• Financial plan setting out investments and the gap to address via efficiency savings plans</td></tr>
</table>

- 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

**Gaps in Controls**

- 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.
- Accountability for managing the resources delegated to budget holders

**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:** Chittick, Brian reviewed this risk in 11 Mar 2025

In respect of the 2025-26 to 2027-28 the Board is submitting a balanced financial plan that has a breakeven out-come in all three years.
The Scottish Government recurring funding for £1.3m to address the historic gap in the Boards funding for Distant Island Allowance (DIA) will reduce the Board's underlying gap between income and expenditure down to £1.6m at the end of 2024-25.
Scottish Government has set a challenge for Boards to achieve 3% efficiency savings over the next three years that is roughly £6.9m for Shetland Health Board. The Boards own plans are inline with requiring to achieve this target.
Achieving efficiency savings and ability to recruit a sustainable workforce on NHS Terms and Conditions remains a challenge for the Board to address.

| NHS Shetland Level 4 - Strategic Risk – September 25 | 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.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To ensure sufficient organisational capacity and resilience. | Emergency planning / business continuity based on clear processes to minimise risk & reputational damage |
| **Risk Response:**<br>Treat - plan to reduce level of risk | **Standing Committee:**<br>**Finance and Performance Committee (FPC)** |

| **Likelihood:** | **Consequence:** | **Current Risk Level & Rating:** | **Risk Owner & Review Date:** |
|---|---|---|---|
| Unlikely - Not expected to happen, but definite potential exists | Major | Medium Risk<br>**8** | Laidlaw, Dr Susan<br>**31 Jul 2025** |

**Controls**

- BC policy approved
- Governance structure reviewed and new 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**<br>Yes - Some controls have been tested | **Analysis and Findings of Control Testing** |
| **Adequacy of Controls:** Adequate | |
| **Risk Rationale/Comments:** Laidlaw, Dr Susan reviewed this risk in 24 Apr 2025<br><br>Response to COVID 19 has activated many business continuity plans which require updating in light of lessons learned.<br><br>Response to COVID 19 has reduced capacity to keep plans up to date.<br><br>EU Exit risks are actively monitored drawing capacity from the wider agenda. | |

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1274 Urgent/Emergency/Unscheduled Care</td><td colspan="2">Strategic ID: SR15 (1274)</td></tr>
<tr><td colspan="4">Risk Description:<br>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: resulting potentially in poorer clinical outcomes and a negative impact on the small teams/individual providing care to outer islands</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)<br><br>Risk appetite is being supported by a quality improvement project</td></tr>
<tr><td colspan="2">Risk Response:<br>Tolerate</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:<br>Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>Medium Risk<br>8</td><td>Risk Owner & Review Date:<br>Brightwell, Kirsty<br>31 Aug 2025</td></tr>
<tr><td colspan="4">Controls<br>• Test of change regarding use of health hubs being explored<br>• First responder training being rolled out in collaboration with SFRS and SAS<br>• Liaison with local SAS reps to develop remote access to urgent care provided by SAS via NearMe for non-doctor islands<br>• Liaison between SAS and DCHSC and MD to review first responder models in the outer isle's<br>• The controls which are in place are owned by the SAS and include:<br>• - Provision of emergency and urgent retrieval by MCA<br>• - Revised protocol circulated (clarity that Jigsaw not available)<br>• - Supporting SAS air cover from Helimed helicopters<br>• - Inter-island flights (during business hours)<br>• Adverse events and collective learning takes placve via the Ambulance Operational Group<br>• There is now appropriate representation at Ambulance Liaison Group meeting with a balance between SHB and SAS with regional managers from SAS now involved</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• Gaps in NDI nursing capability whilst remodelling of island nursing capability takes place and this will affect first responder capability</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td></tr>
</table>

| **Have the Controls Been Tested**<br>Yes - All controls have been tested | **Analysis and Findings of Control Testing** |
|---|---|
| **Adequacy of Controls:** Adequate | |
| **Risk Rationale/Comments:** Brightwell, Kirsty reviewed this risk in 10 Feb 2025<br><br>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.<br>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 – September 25 | | Approval Status: Final approval | |
|---|---|---|---|
| **Risk ID: 1275 Paediatrics** | | **Strategic ID: SR03 (1275)** | |
| **Risk Description:**<br>**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**<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.<br>• To ensure sufficient organisational capacity and resilience. | | **Risk Appetite -** Low (1 - Minimal)<br><br>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:**<br>Tolerate | | **Standing Committee:**<br>**Clinical Governance Committee (CGC)** | |
| **Likelihood:**<br>Unlikely - Not expected to happen, but definite potential exists | **Consequence:**<br>Major | **Current Risk Level & Rating:**<br>Medium Risk<br>**8** | **Risk Owner & Review Date:**<br>Brightwell, Kirsty<br>**28 Feb 2026** |
| **Controls**<br>• Incorporation of the Rural Emergency Physician role and credentialing to support the management of sick children<br>• Paediatrician and emergency medical physicians recruited to support generalists<br>• Enduring Paediatric Group established with a network with NHSG<br>• Establishment of an i-hub to ease access to paediatric care resources for all staff<br>• Induction in place for Locum and new Senior medical staff<br>• Targeted training on the management of children in place for new and locum staff<br>• Decision support from Paediatric Team in Aberdeen (as required).<br>• National Retrieval Team model (for critically ill patients).<br>• Paediatric care review (joint discussion of cases by local Consultants, junior doctors and Paediatricians)<br>• Training in place for clinicians (doctors and nurses) in paediatric resuscitation.<br>• New obs and gynae workforce model provides dedicated time for training specifically for neonatal care<br>• A&E consultant rotational post provides expertise and experience in managing sick children<br>• Program of resuscitation/critical care scenario training established to include children's care | | | |
| **Gaps in Controls**<br>• None | | | |

| **Robustness of testing the controls recorded:** (added 26th April 2023) | |
|---|---|
| **Have the Controls Been Tested**<br>Yes - All controls have been tested | **Analysis and Findings of Control Testing** |
| **Adequacy of Controls:** Adequate | |
| **Risk Rationale/Comments:** Brightwell, Kirsty reviewed this risk in 10 Feb 2025<br><br>Not fully recruited to emergency medicine currently. Paediatrician recently recruited, yet to see full impact on service. | |

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1540 Risk of CBRN contamination</td><td colspan="2">Strategic ID: SR18 (1540)</td></tr>
<tr><td colspan="4">Risk Description:<br>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</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)<br><br>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.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:<br>Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>Medium Risk<br>8</td><td>Risk Owner & Review Date:<br>Laidlaw, Dr Susan<br>31 Oct 2025</td></tr>
<tr><td colspan="4">Controls<br>• Decon response part of Major Incident Plan<br>• 12 PRPS (Powered Respirator Protective Suits) provided by SG<br>• 'Dry decontamination' IOR on-line training module available to all staff<br>• RBCO has attended PRPS Instructor training<br>• Some staff are trained in the operation of the suits<br>• Estates test decontamination tent intermittently & make repairs etc<br>• RBCO Officer trained in managing a CBRN incident<br>• New training suits have been made available<br>• Some SG support is being provided to improve overall capacity<br>• RBCO is developing an Island Model of CBRN response involving partners</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• IOR kits not deployed<br>• No budget for training and equipment<br>• No training for incident managers / team leaders at any level as yet<br>• CBRN plan not yet tested since relocation of wet decon kit<br>• No on-island SOR trainers - provided by SAS<br>• No Islands Model that will protect the hospital from decontamination</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
</table>

| **Have the Controls Been Tested** | **Analysis and Findings of Control Testing** |
|---|---|
| Yes - Some controls have been tested | This risk does not has a BCP plan as this is part of other BCP plans in place.<br><br>Tent has been erected, however time taken to assemble the tent took over 1 hour with full staffing and favourable weather conditions. Subsequently out of hour reponses will be challenging and weather could affect assembly time significantly.<br><br>Recommendation from testing:<br>a) Develop Islands Model where the tent deployed by HMCB. Update by end January 2025<br><br>b) Examine the possibility of a fixed structure solution (re-use of existing infrastructure). Discussion to be progress by the end of January 2025. This would mitigate the need to strip individuals in a public space during decontamination which increases the risk of embarrassments and physical harm (hypothermia) as well as reputational damage to the organisation.<br><br>Currently this is not a viable option until the scoping exercise relating to fixed sites is completed. IOR is the only viable option at this moment in time and progression by January 2025. |
| **Adequacy of Controls:** Inadequate | |
| **Risk Rationale/Comments:** Laidlaw, Dr Susan reviewed this risk in 24 Apr 2025<br><br>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 – September 25 | Approval Status: Final approval |
|---|---|
| **Risk ID: 1598 Strategic Financial Management Operation** | **Strategic ID: SR22 (1598)** |

**Risk Description:**

**IF:** operational management issues, which are not in alignment with the Board's financial planning and performance limits **THEN:** 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 **RESULTING IN:** 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.

| **Organisation Objectives** | **Risk Appetite -** None (0 - Avoid) |
|---|---|
| • To provide best value for resources and deliver financial balance.<br>• To ensure sufficient organisational capacity and resilience. | |
| **Risk Response:**<br>Treat - plan to reduce level of risk | **Standing Committee:**<br>**Finance and Performance Committee (FPC)** |

| **Likelihood:** | **Consequence:** | **Current Risk Level & Rating:** | **Risk Owner & Review Date:** |
|---|---|---|---|
| Unlikely - Not expected to happen, but definite potential exists | Moderate | Medium Risk<br>**6** | Chittick, Brian<br>**30 Sep 2025** |

**Controls**

- 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 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

**Gaps in Controls**

- 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.

**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:** Chittick, Brian reviewed this risk in 11 Mar 2025

As the Board has not previously recorded a position that was a yearend overspend then as possible includes the narrative happened before that narrative is not correct.
The draft month 11 expenditure is such that it confirms that it is unlikely to cause a level of expenditure that is greater than our anticipated funding from Scottish Government.

<table>
<tr><td colspan="2">NHS Shetland Level 3 - Organisational Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1616 Lack of Emergency Lone Worker System</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: If a lone worker is rendered unconscious or otherwise unable to raise the alarm themselves, THEN: Then there is a high risk a lone worker related emergency goes undetected for a protracted period of time. RESULTING IN: Resulting in serious harm, which will be exacerbated the longer it takes to raise the alarm.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</td><td colspan="2">Risk Appetite - High (3 - Open)<br><br>Chances of HSE enforcement action following a lone worker related incident resulting in serious harm are real & consequences would be significant. Introduction of a lone worker emergency alert system would mitigate against potential HSE prosecution.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Staff Governance Committee (SGC)<br>Health, Safety and Wellbeing Committee<br>Digital Governance Group (DGG),</td></tr>
<tr><td>Likelihood:<br>Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:<br><br>Extreme</td><td>Current Risk Level & Rating:<br>High risk<br>10</td><td>Risk Owner & Review Date:<br>Hall, Lorraine<br>30 Nov 2025</td></tr>
<tr><td colspan="4">Controls<br>• Current controls are informal in nature and individual to community based services</td></tr>
<tr><td colspan="4">Gaps in Controls</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td>Have the Controls Been Tested<br>Yes - Some controls have been tested</td><td colspan="3">Analysis and Findings of Control Testing<br><br>PeopleSafe Lone Worker Fobs are tested as they are issued to staff as part of their training in how to use the fobs. The testing of the Fobs will continue over the coming weeks as more devices are issued to registered staff/teams. Usage of the Fobs can be monitored by the H&S Team, and further support provided to staff as required until the system is fully embedded.</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Hall, Lorraine reviewed this risk in 10 Jul 2025<br><br>The implementation of the new Lone Worker Fob system is now around 50% completed. All relevant staff have been issued with registration forms to complete and 9 out of 19 Teams have returned these forms and are registered onto the PeopleSafe system. Training has been provided to these Teams as the fobs are issued to staff.<br>Possible, but with a potential for high consequence should the risk be realised. Extreme acts of violence / aggression / kidnap / health condition or accident rendering the worker unconscious are rare, but the potential consequences can also be extreme.</td></tr>
</table>

| NHS Shetland Level 3 - Organisational Risk – September 25 | Approval Status: Final approval |
|---|---|
| **Risk ID: 1378 Outdated Policies & Official Documents** | **Strategic ID:** |

**Risk Description:**
**IF:** If policies and official documents and official documents are not regularly reviewed and, where necessary, updated **THEN:** Then NHS Shetland may be directing staff to undertake their duties on the basis of inaccurate information which may also be unlawful. **RESULTING IN:** Resulting in harm to patients/staff and/or regulatory action and/or financial penalty and/or reputation damage.

| Organisation Objectives | Risk Appetite - Moderate (2 - Cautious) |
|---|---|
| • To continue to improve and protect the health of the people of Shetland.<br>• 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:** Treat - plan to reduce level of risk | **Standing Committee:** **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 **30 Jun 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 12 Mar 2025

No change to the current score. Score expected to reduce during 25/26 because EMT approved funding for the purchase of a policy management software on 26/02/2025. The software will improve the ease and efficiency of policy development and management. Phased implementation of the product will begin in April 2025.

<table>
<tr><td colspan="2">NHS Shetland Level 3 - Organisational Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1535 Incompete Reviews of IG Documentation</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:<br>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.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)<br><br>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.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Finance and Performance Committee (FPC), Information Governance Group (IGG)</td></tr>
<tr><td>Likelihood:<br>Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>High risk<br>12</td><td>Risk Owner & Review Date:<br>Marsland, Mr Colin<br>30 Jun 2025</td></tr>
<tr><td colspan="4">Controls<br>• The IG Team tracks all DPIA/DSA/DPA requests and attempts to prioritise them.<br>• The IT support the DPIA/DSA/DPA process by completing SSPs and providing information about technical controls</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• Insufficient time for DPO and IG staff to review all the required IG documentation.<br>• 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.</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested<br>Yes - Some controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Inadequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Marsland, Mr Colin reviewed this risk in 12 Mar 2025<br>Risk reduced slightly because the new CRM started in post on 03/02/202. However, this coincides with the retirement of the current Head of IG. The IG function is likely to remain under pressure until the proposed departmental restructuring in 25/26 is completed.</td></tr>
</table>

| NHS Shetland Level 2 - Directorate Risk – September 25 | | | Approval Status: Final approval |
|---|---|---|---|
| **Risk ID: 1259 Medical Staffing** | | | **Strategic ID:** |
| **Risk Description:**<br>**IF:** If we fail to successfully recruit to and support the senior medical team (Consultants, GP) to manage the complexity of 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**<br>• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.<br>• To provide best value for resources and deliver financial balance.<br>• To ensure sufficient organisational capacity and resilience. | | **Risk Appetite -** High (3 - Open)<br><br>Due to dependency on locum and related financial pressure, we need to be more innovative in recruiting and retaining the medical workforce. | |
| **Risk Response:**<br>Treat - plan to reduce level of risk | | **Standing Committee:**<br>**Clinical Governance Committee (CGC)** | |
| **Likelihood:**<br>Likely - Strong possibility that this could occur, likely to occur | **Consequence:**<br>Major | **Current Risk Level & Rating:**<br>High risk<br>**16** | **Risk Owner & Review Date:**<br>Brightwell, Kirsty<br>**31 Aug 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 - Consultants currently on fixed term locum contracts
- 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
- Using the lessons from the success of the GP Hub and transposing the project into acute sector
- National Recruitment process used for recruitment of Consultant psychiatrist
- Collaborating with NES on fellowship posts
- Utilising Rural Credential route for engagement of General Medical workforce

**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 10 Feb 2025<br><br>Review of current workforce skills and needs suggests recruiting to traditional consultant full time posts is unlikely to result in a sustainable team. |

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1609 incorrect storage of medical records</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: If the records which are currently stored in these folders labelled - no notes - are not correctly stored THEN: Then it posses a risk to patients that clinical decisions will be made without access to full records and information.<br><br>There is also risk that the board will be unable to produce a full copy of the records held for a patient if requested.<br>RESULTING IN: This could result in patients experiencing disjointed care, having to repeat diagnostic test such as ECG because the previous result is not within the medical record.<br><br>Decisions about clinical care/treatments made be made based on partial information.<br><br>The organisation cannot be assured that medical records are complete and held in accordance with best practice principals.</td></tr>
<tr><td colspan="2">Organisation Objectives<ul><li>To continue to improve and protect the health of the people of Shetland.</li><li>To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</li><li>To ensure sufficient organisational capacity and resilience.</li></ul></td><td colspan="2">Risk Appetite - None (0 - Avoid)<br><br>The storage of these document in folders labelled "no notes" is not in keeping with guidelines for medical records management. The historical practice needs to be corrected by either filing in appropriate medical records or scanning these document into the patients SCI Store records.</td></tr>
<tr><td colspan="2">Risk Response:<br>Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:<br>Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:<br><br>Major</td><td>Current Risk Level & Rating:<br>High risk<br>16</td><td>Risk Owner & Review Date:<br>Carolan, Kathleen<br>31 Jan 2025</td></tr>
<tr><td colspan="4">Controls<ul><li>ED records will be held for some patients digitally on ED Trak</li></ul></td></tr>
<tr><td colspan="4">Gaps in Controls<ul><li>No capacity within the medical records team refile the documents already held in these folders due to the volume of documents.</li></ul></td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Inadequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in 05 Nov 2024<br><br>The issues is current - no further records are being added to these folders however there</td></tr>
</table>

| |
|---|
| is no capacity within the medical records team refile the documents already held in these folders due to the volume of documents. |

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1571 Audiology- single handed practioner</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:<br>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.<br>RESULTING IN: Resulting in professional isolation, reduced opportunity to challenge and improve practice and a reliance on self-inspection audit only.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To continue to improve and protect the health of the people of Shetland.<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)</td></tr>
<tr><td colspan="2">Risk Response:<br>Tolerate</td><td colspan="2">Standing Committee:<br>Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:<br>Almost certain - Expected to occur frequently, more likely to occur than not</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>High risk<br>15</td><td>Risk Owner & Review Date:<br>Carolan, Kathleen<br>30 Nov 2025</td></tr>
<tr><td colspan="4">Controls<br>• Urgent patients can go to NHS Grampian if required<br>• Chief Audiologist part of Audiology HoS national group and can seek clinical and operational advice and support through this group<br>• Chief Audiologist to have work reviewed annually onsite<br>• Prioritisation of workload- ongoing review of waiting times.<br>• Triage to most appropriate appointment type to make most effective use of face to face clinic<br>• Reintroduction of peer review</td></tr>
<tr><td colspan="4">Gaps in Controls<br>• NHS Grampian Audiology department are under considerable pressure with long waiting lists.</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested<br>Yes - Some controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 25</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1612 Medicine Cost Instability</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:<br>IF: External to system factors influencing the cost of medicines continue to exist and vary THEN: NHS Shetland will find increasing pressure on limited resource for medicines, and will need to revise planning assumptions for budgeting for medicines costs RESULTING IN: Displacement of resource for use in other areas, increasing pressure on savings targets and compounding financial risk.</td></tr>
<tr><td colspan="2">Organisation Objectives<br>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.<br>• To provide best value for resources and deliver financial balance.<br>• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)<br><br>Preference for ultra-safe delivery options that have a low degree inherent risk & only for limited reward potential</td></tr>
<tr><td colspan="2">Risk Response:</td><td colspan="2">Standing Committee:<br>Area Drugs and Therapeutics Committee (ADTC), Department (Own)</td></tr>
<tr><td>Likelihood:<br>Almost certain - Expected to occur frequently, more likely to occur than not</td><td>Consequence:<br><br>Moderate</td><td>Current Risk Level & Rating:<br>High risk<br>15</td><td>Risk Owner & Review Date:<br>McDavitt, Tony<br>31 Mar 2026</td></tr>
<tr><td colspan="4">Controls<br>Financial monitoring: regular monitoring of medicine expenditure against the allocated budget is conducted through monthly financial reporting to identify and flag significant variances early<br><br>Formulary management: The Pharmacy Team and Area Drugs and Therapeutics Committee (ADTC) actively influences the local use of medicines and where possible promotes the most cost effective, clinically appropriate prescribing choices.<br><br>National Procurement Adherence: We utilise national procurement frameworks and contracts negotiated by NSS to ensure we benefit from national purchasing power – with assurance internally of acute procurement.<br>Prescribing Efficiency Programmes: Ongoing delivery of prescribing initiatives (eg scriptswitch, targeted switches, generic switching, reducing waste) among clinicians to optimise the use of resources within our control.</td></tr>
<tr><td colspan="4">Gaps in Controls<br><br>The fundamental gap is the inability to influence the market price of medicines. NHS Shetland has no control over national drug tarriff agreeemnets, manufacturer pricing, or international supply chain costs. Our comntrols can only mitigate the local impact, not the root cause of therisk. NHS Shetland also has to work within the existing Scottish Framework for Medicines access as set by Scottish Government and the Ministers.</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
</table>

| Have the Controls Been Tested | Analysis and Findings of Control Testing |
|---|---|

**Adequacy of Controls**: The controls in place are partially effective. They are adequate for monitoring the financial impact and managing local prescribing patterns to maximise efficiency. However, they are entirely unable to prevent the cost instability from occurring, as the drivers are external to the organisation. They manage the consequences, not the cause. Regular meetings and engagement between Pharmacy and finance take place on at least a 6 weekly basis, with ad-hoc engagement between where necessary.

**Risk Rationale/Comments:** McDavitt, Tony reviewed this risk on 11 September 2025
This risk is driven entirely by external factors beyond the control of NHS Shetland. These include but are not limited to:

1 National and International Inflation
2 Fluctuations in the cost of raw materials for drug manufacturing
3 Complex supply chain issues (impacted by Brexit and global events)
4 Changes to national purchasing agreements and drug tariff pricing
5 Introduction of new therapeutics through SMC approval for use in Scotland and broadening the use of existing therapeutics in new indications (GLP1s for example in weightloss)

As NHS Shetland is a price-taker within the national system, we cannot influence the source of this cost instability. The Likelihood remains “almost certain” due to persistent economic volatility. The “moderate” Consequence is also still appropriate, as unbudgeted price increases directly impact our ability to meet savings targets and can displace resources from other planned services. Therefore the risk rating of 15 (high) remains accurate. The Risk should be maintained on the register to ensure a clear and ongoing view of this significant, externally driven financial pressure.

# Directorate Details

## Directorate

| | | | | |
|---|---|---|---|---|
| Profile Totals | 0 | 2 | 12 | Total 16 |
| Changes | | | | 0 0 |

Total Risks including Unassigned **16**

| | | | | |
|---|---|---|---|---|
| 0 | 1 | 3 | 2 | 0 |
| 0 | 0 | 3 | 3 | 0 |
| 0 | 0 | 2 | 2 | 0 |
| 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 |

## Risk Register - Community Health and Social Care Services

Manager Jo Robinson

| | | | | |
|---|---|---|---|---|
| Profile Totals | 0 | 2 | 12 | Total 16 |
| Changes | | | | 0 0 |

Total Risks including Unassigned **16**

| | | | | |
|---|---|---|---|---|
| 0 | 1 | 3 | 2 | 0 |
| 0 | 0 | 3 | 3 | 0 |
| 0 | 0 | 2 | 2 | 0 |
| 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 |

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Failure to meet savings targets and/or Overspend on set budget*<br>NHS Shetland and the SIC are each required to set a balanced budget. Community Health and Social Care Services are provided partly by SIC and partly by NHS following Directions issued by the IJB<br><br>The NHS and SIC face significant challenges in achieving the savings they are required to deliver.<br>Savings plans are only deliverable over a longer time period than that required to meet in year targets<br>Deliverable savings plans fall short of in year and longer term targets<br>We continue to set annual budgets that are difficult to achieve. | Budget control failure | Jo Robinson | EM0058 | 10/10/2024 | 10/10/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Service need, a lack of change to the extent which is required to deliver the savings needed.<br>Government does not fund the gap between budget and actual.<br>Non-recurrent budget allocations | Overspend, NHS has to borrow to cover overspend, SIC has to draw down from reserves, both organisations are in unsustainable financial positions.<br>Reactive funding and non-reoccurring funding makes sustainable change difficult and can mean impact on services, services are cut;<br>People can't access the health or care services they require, poorer health outcomes;<br>Government challenge;<br>Reputational damage; | • **Realistic budget setting is required. Financial recovery and sustainability plan has been developed**<br>Focus is on:<br>- SDS and care packages - review and set threshold;<br>- Primary care redesign<br>- Review of Adult Services<br>- Workforce management including locum and agency;<br>- Allocation of income;<br>- Creation of workforce plans and service plans<br>*Jo Robinson*<br><br>• **Director level approval for agency/locum utility**<br>Approval required for agency locum and to ensure all alternatives exhausted before agency is used as a last resort.<br>*Jo Robinson* | artially Controlle<br><br>Implemented | Very High<br>20<br>Major<br>Almost Certain | |

**Review Comments** Risk remains the same NHS Shetland and the SIC are each required to set a balanced budget. Community Health and Social Care Services are provided partly by SIC and partly by NHS, and instructed by the IJB. The NHS and SIC face significant challenges in achieving the savings they are required to deliver. Savings plans have not been delivered and may not be deliverable following service review. We continue to set annual budgets that are difficult to achieve.
10/10/2024

# Risk Register - Community Health and Social Care Services

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Budget insufficient to provide services required*<br>Query regarding whether the budget is sufficient to provide the level of service required for communities across Shetland. There is growth in size and complexity of need on some service areas.<br><br>The budget could be adequate if the NHS and SIC could employ sufficient numbers of the right staff in the right places to deliver services. However, staff and accommodation shortages, difficulty in recruiting and the ongoing use of agency staff present an almost insurmountable challenge to delivering services within the current budget envelope. | Customers - inadequate assessment of needs | Jo Robinson | EM0060 | 10/10/2024 | 10/10/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Current budgets include pay awards but vary across services. Govt prevents budget cuts while services depend on more expensive staff.<br>Increasing levels of need and complexity<br>Inflation means that funds are worth less, combined with service delivery relying on more expensive staff<br>Service redesign, shifting the balance of care | Budget is not sufficient for services, service redesign is resource-intensive and places additional demands on fragile services<br><br>Service scope and quality may suffer or be sub-optimal | • **A range of measures are required -**<br>Service redesign<br>Continue recruitment campaigns<br>Grow and develop staff in-house<br>*Jo Robinson* | artially Controlle | Very High<br>20<br>Major<br><br>Almost Certain | |

**Review Comments** This risk remains the same Query regarding whether the budget is sufficient to provide the level of service required for communities across Shetland . There is growth in size and complexity of need on some service areas. The budget could be adequate if the NHS and SIC could employ sufficient numbers of the right staff in the right places to deliver services . However, staff and accommodation shortages, difficulty in recruiting and the ongoing use of agency staff present an almost insurmountable challenge to delivering services within the current budget envelope .
10/10/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| MANDATORY TRAINING & MEETING MINIMUM PROFESSIONAL STANDARDS<br>We need to ensure we have an appropriately trained and skilled workforce for service provision .<br>Services require staff to adhere to professional standards and to have the appropriate professional training . Key staff across services are required to hold and maintain , and to adhere to professional standards and registration. Staff are also required to undertake mandatory training for their role (eg manual handling).<br>The benefits from training initiatives - improved outcomes, decreased risk to clients/patients. | Professional - Other | Jo Robinson | EM0052 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Increased locum utility to acquire the skill set for service provision<br>Operational pressure to deliver services means staff cannot be freed up to attend mandatory or professional training leading to skills gap | Adverse events and complaints due to unskilled workforce risk being realised<br>Poor health and care outcomes<br>Staff and service registration risks | • **Training, professional standards supported and monitored. Both NHS and SIC**<br>have Workforce Strategies in place and those are actively considered in partnership with HR service (SIC) and with NHS.<br>Succession planning will be implemented for all small teams. Workforce profiling should be carried out to identify services which may be particularly vulnerable<br>Engagement with training in both SIC/NHS Services.<br>*Jo Robinson* | artially Controlle | High<br>16<br>Major<br><br>Likely | |

**Review Comments** Reviewed and added wording under consequences Services require staff to adhere to professional standards . Key staff across services are required to hold and maintain , and to adhere to professional standards and registration. The benefits from training initiatives - it can take a long time before the organisation starts to benefit from those up- skilled or additionally qualified staff. In many specialist areas, it takes many years of practice to build up experience and competency. There is a risk from an ageing workforce - Services could be left with severe shortages in specialist areas. Some workforce planning takes place but staff succession planning is perhaps not being utilised in many areas .
26/07/2024

## Risk Register - Community Health and Social Care Services

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *OOHs care - service sustainability*<br>Delegated Services are required to provide consistent, high quality, sustainable out of hours care and to respond to the needs of the community.<br><br>Inability to provide consistent, high quality, sustainable Out of Hours Care means there is an inability to respond to need in the community. | Strategic priorities wrong | Jo Robinson | EM0021 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Shortage of staff, shortage of sustainable services - workforce challenges/ unique posts<br>Demands on finite resources. | Shetland community at risk<br>Failure to provide quality, effective and safe services, delivered in the most appropriate setting for the patient/client | • **Opportunities to extend ANP model. National Redesigning Urgent Care Programme**<br>delivery with local project in place. ANPs now undertaking Out of Hours cover along with some GPs. Service much more sustainable. Assurance report to IJB provided.<br>*Jo Robinson*<br><br>• **Local Urgent Care Programme established**<br>UC programme formed for Shetland services in collaboration with NHS Planning and Performance Team. To review service capability to sustain Urgent Care as well as connections with key stakeholders eg SAS/Third Sector. Awaiting feedback on funding bid.<br>*Jo Robinson* | Implemented<br><br>Scheduled | High<br>16<br>Major<br>Likely | |

**Review Comments** Risk remains extant Delegated Services are required to provide consistent, high quality, sustainable out of hours care and to respond to the needs of the community. Inability to provide consistent, high quality, sustainable Out of Hours Care means there is an inability to respond to need in the community.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Service demand pressure increasing risk of professional errors/adverse events*<br>Services operate within a complex legislative, contractual and compliance environment. Clients/ patients are many and varied in age, vulnerabilities often with complex needs. There is risk that due to resource and/or system pressures, a professional error or omission can occur. These will include medication administration errors and the escalation of risk or incident safety reporting. There is risk that a training gap is opening up following the pandemic which will impact on the management of this risk | Professional Errors and Omissions | Jo Robinson | EM0034 | 30/05/2025 | 30/11/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Variety of potential triggers:<br>A lack of, or inappropriate training, communication failure, poor assessment of need.<br>Excessive hours worked by staff, lack of breaks<br>Insufficient leadership/ management capacity | Failure to act appropriately with relation to Adult and Child Protection issues, harm or an adult or child, Duty of Candour activity, complaints, action by professional body/ HSE/ local authority/ govt, reputational damage, staff stress, civil claim | • **Monitoring by professional and service leads re skills,training and capacity.**<br>Staff training plan developed each year for each service and PDPs for each individual NHS member of staff. Review should take place at supervision that individuals have undertaken appropriate and mandated training for role<br>*Jo Robinson* | Scheduled | High<br>16<br>Major<br>Likely | |

| | | | | |
|---|---|---|---|---|
| | | • **System wide learning from adverse events**<br>Wide range of governance fora to take learning from adverse events. This includes DTM, H&S Forum, JGG and HSCP Learning Board<br>CPOG provides opportunity for clinical and operational pressures to be reviewed<br>*Jo Robinson* | Implemented | |

**Review Comments** Control measure remains extant *Service demand pressure increasing risk of professional errors/adverse events* Services operate within a complex legislative, contractual and compliance environment. Clients/ patients are many and varied in age, vulnerabilities often with complex needs. There is risk that due to resource and/or system pressures, a professional error or omission can occur. These will include medication administration errors and the escalation of risk or incident safety reporting. There is risk that a training gap is opening up following the pandemic which will impact on the management of this risk
30/05/2025

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Ineffective use of time due to system and process constraints *<br>Failure of information governance, over-governance - task duplication<br>Systems and procedures of each organisation do not align and connect | Change management failure | Jo Robinson | EM0046 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Integration, change to a more joined- up way of working, need to integrate disparate systems and processes. Digital systems/ software is not aligned - service pressures mean it continues to be challenging to find adequate time to work towards aligning those systems. | Duplication or triplication of tasks to satisfy requirements of the Council, Health Board and IJB. In some instances, current requirements still do not allow for single reporting. | • **Agreement for lead organisation for functions or on use of one template and/or system.**<br>Clinical and care governance review completed in 2022 to align joint/partner's governance meetings to try and duplication of effort. Ongoing work between IT departments to create solutions for better sharing and exchange of information.<br>*Jo Robinson* | Scheduled | High<br>15<br>Significant<br>Almost Certain | |
| | | • **Officers across council and Board are continually looking for more efficient ways of working to eradicate duplication**<br>Early consideration of integrated ways of working in all new project work/procurement processes<br>*Jo Robinson* | Approved | | |
| | | • **Commitment from NHSS and SIC to formulate INformation Sharing Agreement**<br>Information Governance Officers have formulated a joint IG/Info sharing framework to allow easier flow of information across HSCP<br>*Jo Robinson* | Implemented | | |
| | | • **Developing the use of the Shetland Health Intelligence** platform to bring together information from different sources.<br>SWIFT Replacement Project.<br>*Jo Robinson* | Proposed | | |

**Review Comments** Risk remains extant Failure of information governance, over-governance - task duplication Systems and procedures of each organisation do not align and connect
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Dental - inadequate funding for service model to meet demand*<br>The Public Dental Service in Shetland has insufficient staffing resource to provide both PDS and GDS care. | Customer / Citizen - Other | Jo Robinson | EM0055 | 26/07/2024 | 26/07/2025 |

## Risk Register - Community Health and Social Care Services

Dental services funding has not increased in line with inflation and/or costs of providing service. It is difficult to attract candidates to positions in Shetland - there are barriers in terms of cost of getting here and accommodation scarcities. Ongoing staff shortages mean that dental services have a lack of capacity; dental services are operating on an 'urgent-only' footing with no routine check-ups and treatment being scheduled.

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Any resignation or vacancy. Any demand or need.<br><br>Decreasing participation rates | Inability to deliver sustainable, cost effective and affordable dental services;<br>Poor access to treatment and preventative services, a failure to prevent deterioration or harm<br>Increase in complaints<br>Decline in key target areas like National Dental Inspection Programme. | • **Development of Oral Health Strategy**<br>Development and implementation of oral health strategy to define clear direction of travel and define sustainability of both PDS and GDS service provision.<br>*Jo Robinson*<br><br>• **Close liaison with Scottish Government to shape services to national strategy**<br>DoD linked into National Strategy and associated funding streams both via National DoDs group and individual links via CDO's Office<br>*Jo Robinson* | Scheduled<br><br>artially Controlle | High<br>15<br>Significant<br>Almost Certain | |

**Review Comments** Reviewed The Public Dental Service in Shetland has insufficient staffing resource to provide both PDS and GDS care . Dental services funding has not increased in line with inflation and/or costs of providing service. It is difficult to attract candidates to positions in Shetland - there are barriers in terms of cost of getting here and accommodation scarcities. Ongoing staff shortages mean that dental services have a lack of capacity; dental services are operating on an 'urgent-only' footing with no routine check-ups and treatment being scheduled.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Delayed Discharges*<br>Lack of suitable place or appropriate wider care support provision to support identified care need, means patient may be kept in hospital for longer than is required. | Medically/clinically related | Jo Robinson | EM0002 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Patient's hospital medical care has been completed, patient is deemed ready to be moved to a more appropriate care setting. No place available in other care setting, lack of adequate care at home or other services to support patient in move to more appropriate care setting. | Vulnerable and mainly older people face longer stays in hospital, brings risk of deconditioning, functional decline, HAI.<br>Pressure on Social Work and care to find appropriate placement within Community Care Resources.<br>Patient is not in best setting for their needs, relatives potentially distressed, poorer outcomes for patient.<br>Failure to meet key performance indicators.<br>Failure to comply with objectives and targets. | • **Resources in place and working effectively, including an increase in intermediate care provision.**<br>Whole system approach to reducing bottlenecks in pathways. Focus on reablement across services. Daily monitoring of capacity across health and care. The overnight carer service has assisted with managing this risk.<br>*Jo Robinson*<br><br>• **Use of locality meetings to anticipate flow from hospital back into community**<br>Regular locality meetings where discharge information is discussed to help the locality MDTs manage and anticipate needs for individuals being repatriated back into their communities.<br>*Jo Robinson* | Implemented<br><br>Implemented | High<br>15<br>Significant<br>Almost Certain | |

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|---|---|---|---|---|
| | | • **Clinical and Care Professionals Oversight Group established**<br>Weekly meeting of a professional groups to consider locally derived data as an indicator of system pressures/areas of blockage and to discuss potential solutions to help flow within the system<br>*Jo Robinson* | Implemented | |
| | | • **Review of CCR resources required**<br>Including Residential, planned and emergency respite, daycare, domestic care and meals on wheels to ensure balance of service is appropriate to meet current and future challenges<br>*Jo Robinson* | Scheduled | |
| | | • **Review of on call being carried out.**<br>Business case for accommodation review which has IJB oversight/approval.<br>Fixed term funding for hospital at home being looked into.<br>*Jo Robinson* | artially Controlle | |

**Review Comments** Added SW to Consequences Delayed Discharges - Lack of suitable place or appropriate wider care support provision to support identified care need, means patient may be kept in hospital for longer than is required.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *HSCP wide - recruitment and retention*<br>National workforce pool is depleted in some specialities meaning recruitment is more difficult . Inability to recruit to key posts and to retain staff<br>Difficulty in ensuring sustainable provision of services and retention of skills in small and remote communities. Exacerbated by single / unique posts<br>Various steps already taken to address including:<br>• Business Continuity Plans have been updated including primary care escalation plan<br>• Workforce strategy under development<br>• New Directions planning framework introduced which covers all functional areas and which highlights areas of risk to be controlled<br>• Test of change for new models of workforce recruitment have been trialled with success<br>• Review of system wide Urgent Care pathways just underway supported by Project Officer<br>• Regular operational huddles across HSCP and with Acute sector to forecast system stress as required | Staff number/skills shortage | Jo Robinson | EM0014 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Failure to recruit staff with the right skills and in sufficient numbers to meet the health and care needs of the population | Inability to maintain service delivery particularly in some professions and specialisms, Shetland community put at greater risk due to reduced/lack of services,<br>Use of agency/ locum staff with associated costs including travel and accommodation.<br>Gaps in local knowledge<br>Requirement to focus more time and | | | High<br>12<br>Significant<br>Likely | |

| | | | | |
|---|---|---|---|---|
| | resource on induction, training and knowledge of local policies and procedures<br>Lack of continuity or care | • **Work closely with both HR departments on recruitment and retention. Schemes developed to attract people to health and care** work. More joint health and care roles being developed. Specific targeted campaigns<br>SIC and NHS each have workforce strategies and are engaging with Promote Shetland to explore opportunities.<br>Review of and use of innovative recruitment methods ongoing in Social Care.<br>Training your own has been undertaken in Adult Social work around SW and MHOs.<br>Recruitment of MAs to help grow our own talent in social care<br>Wider range of roles developed in Mental Health Service e.g. Band 3 undertaking CPN training.<br>*Jo Robinson*<br><br>• **Various control measures being tested and implemented:**<br>• Develop updated PCIP with associated funding<br>• Review/Refresh MH strategy<br>• Refresh/renew Oral Health Strategy<br>• Shifting the Balance of Care Programme<br>• Develop Workforce strategy<br>• Practice based learning and student placements<br>• Each operational lead has a workforce plan<br>• Learning agreements<br>• SIC values based recruitment<br>• Following SIC workforce planning procedures<br>*Pam Shead* | Approved<br><br>Scheduled | |

**Review Comments** Added wording for context National workforce pool is depleted in some specialities meaning recruitment is more difficult . Inability to recruit to key posts and to retain staff Difficulty in ensuring sustainable provision of services and retention of skills in small and remote communities. Exacerbated by single / unique posts Reluctance of Rediscover Joy GP pool coming to Shetland due to HR/finance issues. Various steps already taken to address including: • Remobilisation planning/Contingency planning • Business Continuity Plans have been updated including primary care escalation plan • Workforce strategy developed as part of the Direction planning • New Directions planning framework introduced which covers all functional areas and which highlights areas of risk to be controlled • Test of change for new models of workforce recruitment have been trialled with success • Implementation of Urgent Care pathways including SDEC and PCEC • Review of system wide Urgent Care pathways just underway supported by PMO • Engagement with PMO to revisit PCIP • Scenario planning in advance of 2021/22 Winter plan across HSCP - being repeated for 22/23 • Regular operational huddles across HSCP and with Acute sector to forecast system stress • Development of redeployment pool to aid workforce resilience • BC mode to make operational changes to improve resilience
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Inadequate staffing levels to meet service and governance requirements *<br>Current staffing establishment inadequate to cover service demand and meet local and national commitments especially in pinch point areas like Consultant Psychiatrists/CPNs/MHOs.<br>Government/external funding at risk for certain posts if not appointed to.<br>Widespread utility of agency staff in Adult Services and CCR to maintain safe service provision . Also agency/locum staff being used in MH services.<br>Professional understanding is that 15% agency staff or above, presents a significant risk.<br>Dietetics is currently a particular area of concern due to number of vacancies. | Staff number/skills shortage | Jo Robinson | EM0056 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Inability to provide safe staffing levels<br>Imbalance of ratio of agency staff v permanent staff esp in smaller units | Service unable to met need/clinical demand<br>Increased adverse events linked to increased utility of agency/locum staff<br>Financial imbalance | • **workforce planning and recruitment/retention**<br>Work ongoing to look at Regrading/relocation/grow your own/use of MAs etc to help bridge workforce plan with current workforce configuration<br>All SCW's job descriptions have been evaluated, with most going up a grade.<br>Weekly reports of agency hours.<br>Review working patterns of relief and agency staff.<br>Training to comply with governance scheduled.<br>*Jo Robinson* | Implemented | High<br>12<br>Significant<br>Likely | |

**Review Comments** Wording updated to reflect current situation Current staffing establishment inadequate to cover service demand and meet local and national commitments especially in pinch point areas like Consultant Dementia Nurse/MHOs. Government/external funding at risk for certain posts if not appointed to. Also widespread utility of agency staff in Adult Services and CCR to maintain safe service provision. Also agency/locum staff being used in MH services. professional understanding is that 15% agency staff or above, presents a significant risk.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Mental Health service model reliant on few critical posts, difficulty adding robustness in small system*<br>The provision of a wide range of mental health services within a small system with current workforce pressures creates resource issues and can impact on service performance, quality, risk profile and financial performance. | Staff number/skills shortage | Jo Robinson | EM0031 | 26/07/2024 | 26/01/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Dependency on locum workforce, unique posts/ small services<br>Lack of capacity to progress governance frameworks<br>Any event which impacts on staff levels, vacancy | Inability to deliver cost-effective, safe Mental Health Service, impact on patients, financial cost, clinical governance gaps/risk, reputational damage | • **Following internal and external audits and Whistleblowing investigations, there are action/improvement plans in place**<br>Audit reports facilitated an opportunity to review governance configuration and to make improvements regarding escalation of risk accountability of senior leadership team around governance. Significant whistleblowing investigation has also indicated significant improvements required. These are now being implemented by the head of Service and are being monitored through Clinical Governance Group<br>*Jo Robinson*<br><br>• **Implementation of CG Framework**<br>New CG framework was approved by MH Exec Management Group in Feb 23. This will be taken to further staff groups for comment and implementation<br>*Jo Robinson* | Implemented<br><br>Scheduled | High<br>12<br>Major<br>Possible | |

**Review Comments** This risk required further review once Whistleblowing report has been recieved The provision of a wide range of mental health services within a small system with current workforce pressures creates resource issues and can impact on service performance, quality, risk profile and financial performance.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Business Continuity Plan inadequate/unable to fulfil high volume of critical services*<br>Significant service failure - CH & SC has a large number of services and functions across the breadth of Shetland. This risk considers the response challenges should there be a catastrophic or sustained service failure, i.e. which meant that services could not be delivered for an extended period of time. | Business continuity plan inadequate | Jo Robinson | EM0023 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| Any event or scenario that meant there was an inability to deliver services.<br>Unmanageable pressure on critical staff and resources.<br>An emergency situation where services are unable to respond adequately. | Failure to provide service, impact on staff, service and communities | • **Business continuity plans in place for community health and social care services. Involvement in planning and exercises.**<br>Caring for People plan is under review following learning from emergency situations in Autumn/winter 2022/23 and 24.<br>*Jo Robinson*<br><br>• **Emergency Response Plan for IJB**<br>As a Category 1 responder, IJB will need to formulate its own emergency response plan to deal with developing business continuity events. Emergency response plans for NHS and SIC are under review to ensure compatibility and following this the IJB one will be reviewed<br>*Jo Robinson*<br><br>• **Annual Review of BCPs**<br>Link annual review of BCPS with service planning cycle so it is undertaken on an annual basis<br>*Jo Robinson* | artially Controlle<br><br>artially Controlle<br><br>artially Controlle | High<br>12<br>Major<br>Possible |

**Review Comments** Risk remains extant, no change to wording required Significant service failure - CH & SC has a large number of services and functions across the breadth of Shetland. This risk considers the response challenges should there be a catastrophic or sustained service failure, i.e. which meant that services could not be delivered for an extended period of time.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Building maintenance limited/restricted due to insufficient resource*<br>Impact of deteriorating material state of property/increasing amount of back log maintenance and ensuring service provision is being provided in context of modern safe provision standards | Physical - People / Property - Other | Jo Robinson | EM0049 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Less money available to spend on buildings at a time of austerity/ changes in regulatory advice regarding safe service provision/audits and inspections of estate/services | This may have a negative effect on business continuity; legislative requirement to invest in provision of safe services; increased risk management regarding provision of services in a deteriorating real estate. | • **Review of all BCPs to ensure that they contain contingency for building or service failure and plans for appropriate**<br>relocation of service. Engagement of Estates during their planning cycle to highlight current risks and priority works required within the Directorate.<br>Continue to review use of buildings and the size of the health and social care estate. Regular engagement with Estates team.<br>*Jo Robinson*<br><br>• **Link with Capital Programme of NHSS and SIC**<br>Linking of priority/high risk areas within audit/inspection findings with capital programmes of both partners<br>*Jo Robinson* | artially Controlle<br><br>artially Controlle | High<br>12<br>Significant<br>Likely | |

**Review Comments** Risk remains extant Impact of deteriorating material state of property.
26/07/2024

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Adult Services - inability to meet demand within existing resource*<br>Adult Services: There is risk regarding the ability of Adult Services to deliver services in accordance with its Directions due to resource and client expectation issues leading to increased levels of unmet need and risk of reputational damage. | Corporate/Community plan - failure to meet | Jo Robinson | EM0059 | 28/01/2025 | 28/07/2025 |

## Risk Register - Community Health and Social Care Services

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Limited flow for clients from services into independent living.<br>Limited community assets to facilitate the Shift of the Balance of Care from being service led in this area<br>Increasing demographic of Adults with LD<br>Integrated service delivery with well defined funding from partners which can't be used in an integrated manner (Links with Corporate risk on Integration)<br>Insufficient resource to deliver services | Increasing levels of unmet need<br>Frustrations in the LD community due to unmet expectation<br>Increased sickness levels in staff due to service pressures<br>Failure to shift the balance of care | • **Review of Market Facilitation framework and growth of community based assets**<br>Review of market facilitation framework<br>Increased funding aligned to growing community assets and third sector activity<br>SDS Improvement Programme completion<br>*Jo Robinson*<br><br>• **Service reviews**<br>Review of day activities, respite and accommodation ensuring whole system approach<br>*Jo Robinson*<br><br>• **Engagement with stakeholders**<br>*Jo Robinson* | artially Controlle<br><br><br><br><br><br>Scheduled<br><br><br><br>Implemented | High<br>10<br>Minor<br><br>Almost Certain | |

**Review Comments** Risk remains extant *Adult Services - inability to meet demand within existing resource* Adult Services: There is risk regarding the ability of Adult Services to deliver services in accordance with its Directions due to resource and client expectation issues leading to increased levels of unmet need and risk of reputational damage.
28/01/2025

| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Governance issues of progressing employment to meet service need while PVG and reference checks underway*<br>Acceptance of an extant PVG/enhanced vetting when people change role or jobs within the HSCP whilst a new PVG check is undertaken. Acceptance of telephone references to speed up recruitment process. | Professional - Other | Jo Robinson | EM0053 | 26/07/2024 | 26/07/2025 |

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Staff undertaking additional work/hours in a different service.<br>Staff changing jobs within the HSCP<br>New joiners arriving from elsewhere in UK when rapid integration into the workforce is required. | Potential governance issues | • **Review of all references prior to employing staff member**<br>All references should be checked and any information that may indicate a compromise/PVG issue should be followed up prior to employing the staff member. This can be via telephone in the first instance with a follow up written reference to speed up recruitment<br>*Jo Robinson*<br><br>• **Evidence of an extant PVG or enhanced vetting appropriate for the role the individual is being employed for**<br>The applicant/potential staff member should provide evidence of an extant PVG. The PVG reference number should be check with the issuing authority as being extant.<br>*Jo Robinson* | Scheduled<br><br><br><br><br><br>Scheduled | Medium<br>9<br>Significant<br><br>Possible | |

**Review Comments** Risk remains extant Acceptance of an extant PVG/enhanced vetting when people change role or jobs within the HSCP whilst a new PVG check is undertaken.
26/07/2024

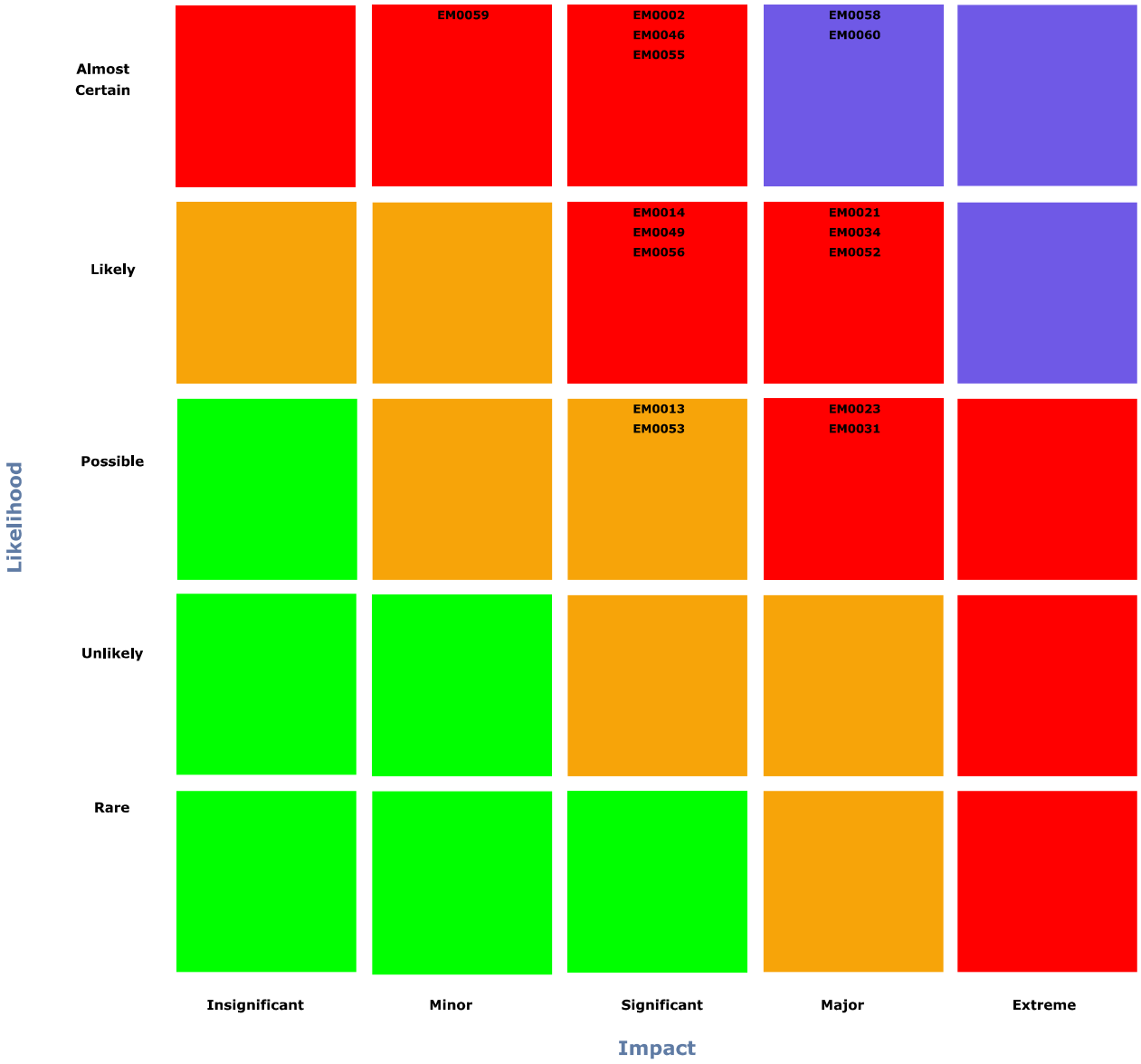
| Details | Risk type | Assigned To | Risk Ref | Last Review date | Next Review Date |
|---|---|---|---|---|---|
| *Adult Protection Issues* | Professional Errors and Omissions | Jo Robinson | EM0013 | 26/07/2024 | 26/07/2025 |

Risk Register - Community Health and Social Care Services

| Triggers | Consequences | Control Measures | Control Status | Current Rating | Previous Current Rating |
|---|---|---|---|---|---|
| Failure to act appropriately with relation to Adult Protection Issues across health and social care. Current challenges in releasing staff to attend training due to overall capacity issues | Leading to reputational risk and harm to individuals. | • **The professional leads are tasked with ensuring that there are adequate levels of skill and capacity to manage protection issues** Training is a key requirement for staff working in services so they have the knowledge to raise issues. Training on Adult Protection being prioritised. Adult Protection included in the clinical and care governance framework. Adult Protection is also a standing item at directorate management team meeting. *Jo Robinson*<br><br>• **ASP Inspection Preparation and learning** Shetland had its ASP inspection in Jan-Mar 23. The report gave good assurance regarding ASP procedures. There has been an improvement plan drawn up which will be implemented to make procedures more robust *Jo Robinson* | Approved<br><br>Approved | Medium 9 Significant Possible | |

**Review Comments** Risk remains extant Adult Protection Issues
26/07/2024

# HeatMap Current Profile




## Detailed Risk Information

| Current Rating | Risk Ref | Details | Assigned To | Review Date |
|---|---|---|---|---|
| 20 | EM0058 | *Failure to meet savings targets and/or Overspend on set budget*<br>NHS Shetland and the SIC are each required to set a balanced budget. Community Health and Social Care Services are provided partly by SIC and partly by NHS following Directions issued by the IJB<br><br>The NHS and SIC face significant challenges in achieving the savings they are required to deliver. Savings plans are only deliverable over a longer time period than that required to meet in year targets<br>Deliverable savings plans fall short of in year and longer term targets<br>We continue to set annual budgets that are difficult to achieve. | Jo Robinson | 10/10/2025 |

## Detailed Risk Information

| Current Rating | Risk Ref | Details | Assigned To | Review Date |
|---|---|---|---|---|
| 20 | EM0060 | *Budget insufficient to provide services required*<br>Query regarding whether the budget is sufficient to provide the level of service required for communities across Shetland. There is growth in size and complexity of need on some service areas.<br><br>The budget could be adequate if the NHS and SIC could employ sufficient numbers of the right staff in the right places to deliver services. However, staff and accommodation shortages, difficulty in recruiting and the ongoing use of agency staff present an almost insurmountable challenge to delivering services within the current budget envelope. | Jo Robinson | 10/10/2025 |
| 16 | EM0021 | *OOHs care - service sustainability*<br>Delegated Services are required to provide consistent, high quality, sustainable out of hours care and to respond to the needs of the community.<br><br>Inability to provide consistent, high quality, sustainable Out of Hours Care means there is an inability to respond to need in the community. | Jo Robinson | 26/07/2025 |
| 16 | EM0034 | *Service demand pressure increasing risk of professional errors/adverse events*<br>Services operate within a complex legislative, contractual and compliance environment. Clients/ patients are many and varied in age, vulnerabilities often with complex needs. There is risk that due to resource and/or system pressures, a professional error or omission can occur. These will include medication administration errors and the escalation of risk or incident safety reporting. There is risk that a training gap is opening up following the pandemic which will impact on the management of this risk | Jo Robinson | 26/01/2025 |
| 16 | EM0052 | MANDATORY TRAINING & MEETING MINIMUM PROFESSIONAL STANDARDS<br>We need to ensure we have an appropriately trained and skilled workforce for service provision.<br>Services require staff to adhere to professional standards and to have the appropriate professional training . Key staff across services are required to hold and maintain, and to adhere to professional standards and registration. Staff are also required to undertake mandatory training for their role (eg manual handling).<br>The benefits from training initiatives - improved outcomes, decreased risk to clients/patients. | Jo Robinson | 26/07/2025 |
| 15 | EM0002 | *Delayed Discharges*<br>Lack of suitable place or appropriate wider care support provision to support identified care need, means patient may be kept in hospital for longer than is required. | Jo Robinson | 26/07/2025 |
| 15 | EM0046 | *Ineffective use of time due to system and process constraints*<br>Failure of information governance, over-governance - task duplication<br>Systems and procedures of each organisation do not align and connect | Jo Robinson | 26/07/2025 |
| 15 | EM0055 | *Dental - inadequate funding for service model to meet demand*<br>The Public Dental Service in Shetland has insufficient staffing resource to provide both PDS and GDS care.<br>Dental services funding has not increased in line with inflation and/or costs of providing service. It is difficult to attract candidates to positions in Shetland - there are barriers in terms of cost of getting here and accommodation scarcities.<br>Ongoing staff shortages mean that dental services have a lack of capacity; dental services are operating on an 'urgent-only' footing with no routine check-ups and treatment being scheduled. | Jo Robinson | 26/07/2025 |

## Detailed Risk Information

| Current Rating | Risk Ref | Details | Assigned To | Review Date |
|---|---|---|---|---|
| 12 | EM0014 | *HSCP wide - recruitment and retention*<br>National workforce pool is depleted in some specialities meaning recruitment is more difficult. Inability to recruit to key posts and to retain staff<br>Difficulty in ensuring sustainable provision of services and retention of skills in small and remote communities.<br>Exacerbated by single / unique posts<br>Reluctance of Rediscover Joy GP pool coming to Shetland due to HR/finance issues.<br>Various steps already taken to address including:<br>• Business Continuity Plans have been updated including primary care escalation plan<br>• Workforce strategy developed as part of the Direction planning<br>• New Directions planning framework introduced which covers all functional areas and which highlights areas of risk to be controlled<br>• Test of change for new models of workforce recruitment have been trialled with success<br>• Implementation of Urgent Care pathways including SDEC and PCEC<br>• Review of system wide Urgent Care pathways just underway supported by PMO<br>• Engagement with PMO to revisit PCIP<br>• Regular operational huddles across HSCP and with Acute sector to forecast system stress as required | Jo Robinson | 26/07/2025 |
| 12 | EM0023 | *Business Continuity Plan inadequate/unable to fulfil high volume of critical services*<br>Significant service failure - CH & SC has a large number of services and functions across the breadth of Shetland. This risk considers the response challenges should there be a catastrophic or sustained service failure, i.e. which meant that services could not be delivered for an extended period of time. | Jo Robinson | 26/07/2025 |
| 12 | EM0031 | *Mental Health service model reliant on few critical posts, difficulty adding robustness in small system*<br>The provision of a wide range of mental health services within a small system with current workforce pressures creates resource issues and can impact on service performance, quality, risk profile and financial performance. | Jo Robinson | 26/01/2025 |
| 12 | EM0049 | *Building maintenance limited/restricted due to insufficient resource*<br>Impact of deteriorating material state of property/increasing amount of back log maintenance and ensuring service provision is being provided in context of modern safe provision standards | Jo Robinson | 26/07/2025 |
| 12 | EM0056 | *Inadequate staffing levels to meet service and governance requirements*<br>Current staffing establishment inadequate to cover service demand and meet local and national commitments especially in pinch point areas like Consultant Psychiatrists/CPNs/MHOs. Government/external funding at risk for certain posts if not appointed to.<br>Widespread utility of agency staff in Adult Services and CCR to maintain safe service provision. Also agency/locum staff being used in MH services.<br>Professional understanding is that 15% agency staff or above, presents a significant risk. | Jo Robinson | 26/07/2025 |
| 10 | EM0059 | *Adult Services - inability to meet demand within existing resource*<br>Adult Services: There is risk regarding the ability of Adult Services to deliver services in accordance with its Directions due to resource and client expectation issues leading to increased levels of unmet need and risk of reputational damage. | Jo Robinson | 28/07/2025 |
| 9 | EM0013 | *Adult Protection Issues* | Jo Robinson | 26/07/2025 |

## Detailed Risk Information

| Current Rating | Risk Ref | Details | Assigned To | Review Date |
|---|---|---|---|---|
| 9 | EM0053 | *Governance issues of progressing employment to meet service need while PVG and reference checks underway* Acceptance of an extant PVG/enhanced vetting when people change role or jobs within the HSCP whilst a new PVG check is undertaken. Acceptance of telephone references to speed up recruitment process. | Jo Robinson | 26/07/2025 |
| 0 | EM0061 | Please refer to the Information Governance Risk entry (ORG0030) on the SIC Corporate Risk Register - reference may need to be made to the triggers and control measures identified.<br><br>Information Governance - within the Council's Risk Register are details of the overarching risks for the whole Council relating to Information Governance. It is the responsibility of all Directors, as owners of Information Management Risks, for ensuring that risks are managed in accordance with Council policy and practice. Information Governance risks may be similar or linked to Business Continuity Plans, so both should be considered together and any interdependencies should be referenced - e.g. vital records.<br><br>Specific Information Governance risks for Community Health & Social Care Are:<br>1. Records Management Risks (provide details of individual risks or refer to individual entries within Service Risk Registers)<br>2. Information Security Risks (provide details of individual risks or refer to individual entries within Services Risk Registers)<br>3. Data Protection Risks (provide details of individual risks or refer to individual entries within Services Risk Registers) | Jo Robinson | 27/08/2025 |

Report Selection Criteria

Business Unit Code=EM and (isnull(Project Code) or Project Code = ) and Status Flag<>WITHDRAWN and Record Type=1

**Estimating risk likelihood and severity**: **Step One -** Look at the text in the box below and decide which descriptor of likelihood best matches your estimation of this particular risk/event.

| Descriptor | Description |
|---|---|
| Almost certain | I would not be at all surprised if this happened within the next twelve months; I would expect this to happen |
| Likely | It is probable that this will occur sometime in the coming year |
| Possible | I think this could maybe occur in the next year |
| Unlikely | I would be mildly surprised if this occurred in the next year; it is unlikely to happen |
| Rare | I would be very surprised to see this happen in the next twelve months; it is very unlikely to happen |

**Step Two -** Find the most realistic outcome for the risk you have identified and move down the left hand column to establish its value. Most risks will have potential impacts under more than one column.

| HAZARD<br><br>IMPACT | Personal Safety | Property loss or damage | Failure to provide Statutory Service or breach of legal requirements | Financial Loss or Increased cost of Working | Personal Privacy Infringement | Environmental | Community/ stakeholders / organisation | Reputation |
|---|---|---|---|---|---|---|---|---|
| Insignificant | Minor injury or discomfort to an individual | Negligible property damage | Reported to HSE, Stage 2 complaint | <£50k | Isolated personal detail revealed | Licensable activity occurring without authorisation but not causing pollution | Inconvenience to an individual or small group | Contained within Service Unit |
| Minor | Minor injury or discomfort to several people | Minor damage to one property | HSE investigation<br>Complaint requiring investigation | £50k<br>to<br>£500k | Isolated sensitive data revealed | Death of invertebrates/ >10 fish, minor visible pollution, minor damage to commercial activity | Impact on an individual or small group | Contained within Service |
| Significant | Major injury to an individual/ range of moderate injuries to more than one person | Significant damage to small building or minor damage to several properties from one source | Litigation, claim or fine to £250k<br>HSE Improvement Notice served<br>Complaint referred to Ombudsman | £500k<br>to<br>£1m | Several persons details revealed | Environmental damage to > 1km$^2$<br>Death of 10-100 fish, long term localised harm/ widespread short-term harm to environment, Significant visible pollution/ damage to commercial activity | Impact on a local community.<br>Impact on Council Service | Local public or press interested |
| Major | Major injury to several people or death of an individual | Major damage to critical building or serious damage to several properties from one source | Litigation, claim or fine £250k to £1m imposed<br>HSE Prohibition Notice served<br>Adverse report from External Advisor | £1m<br>to<br>£5m | Several persons' sensitive /personal details revealed | Death of animals, substantial harm to human health, wide-spread/ long-term harm, loss/ closure of shellfish/drinking// bathing water, extensive damage/ closure of agriculture/ commercial activities | Impact on several communities.<br>Impact on whole organisation | National public or press interest, |
| Extreme | Death of several people | Total loss of critical building(s) | Multiple civil or criminal actions.<br>Litigation, claim or fine above £1m or custodial sentence | >£5m | All personal details revealed for many | Permanent damage to a nationally significant population/ to site of special interest | Impact on the whole of Shetland | Senior officer(s) and/or members dismissed/ disqualified. Central takeover of authority |

| | | | | | |
|---|---|---|---|---|---|
| Extreme | 5 | 10 | 15 | 20 | 25 |
| Major | 4 | 8 | 12 | 16 | 20 |
| Significant | 3 | 6 | 9 | 12 | 15 |
| Minor | 2 | 4 | 6 | 8 | 10 |
| Insignificant | 1 | 2 | 3 | 4 | 5 |
| Impact / Likelihood | Rare | Unlikely | Possible | Likely | Almost certain |

Risk profiles: Green = Low, Amber = Medium, Red = high, Purple = Very high