

NHS Shetland

Meeting:	NHS Board
Meeting date:	13 December 2022
Agenda reference:	Board Paper 2022/23/48
Title:	Strategic Risk Register (SRR) Report
Responsible Executive/Non-Executive:	Kirsty Brightwell, Medical Director
Report Author:	Edna Mary Watson, Chief Nurse (Corporate)

1 Purpose

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

- Awareness; and
- Discussion.

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

This report relates to:

- NHS Board Governance Procedures

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The strategic risks were reviewed at the Risk Management Group (RMG) meetings in June, September and November 2022.

The risks which the standing committees are responsible for were presented at the Clinical Governance Committee in September 2022 and Staff Governance Committee in October 2022. The entire Strategic Risk Register (SRR) was presented to the Audit Committee in November 2022.

A schedule for presenting the relevant risks to the Finance and Performance Committee is in development.

Changes made to the SRR in terms of new and closed risks, and changes in risk scores and risk responses are outlined in the paper. In addition new sections on procedures developed, proposals presented and horizon scanning have been added to assist with the sharing of key information from RMG to the Audit Committee and subsequently to the NHS Board.

As part of the annual review of the RMG Terms of Reference, RMG proposed that going forward the Chief Executive will replace the Medical Director as the Chair of the RMG. This will enhance the governance process by creating a clear distinction between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Risk Management. This has been supported by the Audit Committee.

2.2 Background

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

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

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

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

2.3 Assessment

Key changes made to the Strategic Risk Register includes:

- For ease of reference the Strategic, Organisational, Directorate and Highest Rank table are now all displayed on one spreadsheet, see Appendix 1;
- To enhance governance processes a new field entitled "updates from governance committees" has been added to the SRR enabling the easy recording of when governance groups reviewed their strategic risks and any changes made / proposed;
- A draft, read-only version of a new dashboard has been added to Datix which contains all the strategic, directorate, and organisational risks. This dashboard

can be viewed by anyone with a Datix account and should address the concerns of risks not being visible across the organisation;

- Two risk descriptions have been updated into the new format;
- New controls were added to the Finance risk;
- Two strategic risks are due for review: risk 1, relating to national standards, and risk 16, relating to Covid-19. DPH has updated this risk to note that Asymptomatic testing of Covid-19 is no longer in place; and some fixed-term posts related to the pandemic are now substantive, but unfortunately currently vacant. These factors mean the Health Protection response could be considered fragile and so the risk is still rated high;
- Two organisational risks have been added to the register, both medium, the risk of professional registrations being out of date is marked as “tolerate” and the risk of slips, trips and falls at the mass vaccination clinic venue is marked as “treat”;
- There are two directorate-approved “high” risks, one about access to out-hours-services, and one about challenges in medical staffing;
- The new risk form, now live across the organisation, includes a “feedback section”, so users can make suggestions directly to Clinical Governance; and
- Chief Nurse (Corporate) and Datix Systems Officer will work on the process of linking all departmental risks to organisational or directorate risks over the coming months.

New Risks

One new risk has been considered and added to the SRR, SRR(18) Risk of CBRN Contamination (see Appendix 2). It was noted that although work had been progressed on the controls for this risk over the last year, that this risk has been considered to remain at strategic level due to the severity of potential consequences and that any incident of this nature would require a multi-agency response.

Closed Risks

Covid during recovery phase (SR05), RMG decided this risk could now be closed.

Changes in Risk Scores

The following changes were made in relation to risk scores:

Workforce (SR08), Finance (SR02) and Flu-Pandemic (SR19) were all reviewed and risk level increased by 4 points, from 8 to 12, indicating either an increase in likelihood or higher consequences associated with the risk.

Strategic Risk, mental health (SR07) had been de-escalated to a directorate risk at the RMG meeting in March 2022. DNAAS, as NMAHP Director, shared an update on departmental weaknesses around clinical governance, related to unfit IT systems which will be replaced over the next 12 months. The current implications of unfit IT systems being a lack of a clear suite of clinical documentation, which would include care plans, risk assessments, and robust patient chronologies; and lack of care plans for patients with severe and enduring mental illness. It was noted that short-term measures were being put in place while the IT systems are being replaced.

RMG agreed that risk (SR07), which referred specifically to mental health and delays in response to audit findings, should remain at the directorate level.

RMG also agreed DCHSC should work with Mental Health management to establish a new departmental risk, outlining the interplay between workforce pressures and clinical governance concerns.

Changes in Risk Responses

The following change was made in relation to risk responses:

Planning / Contingency (SR13) the appetite on this risk owned by DCHSC has changed to “moderate”, to reflect Shetland Islands Council services moving to business continuity plans for the provision of services within the Integration Joint Board.

Procedures

A procedure for the Escalation and De-escalation of Risks has been developed and implemented in practice. This was added to “How to add and manage Risks on Datix”, a quick reference guide which has been developed to support managers in practice.

Proposals

DCHSC proposed changing the system by which CHSC Directorate risks are recorded. Currently these risks are recorded on both the Datix system (NHS) and the JCAD system (SIC), resulting in a duplication of work. RMG agreed to the switch to using the JCAD system only for CHSC Directorate risks, offering training and access to NHS staff and managers as required.

The Clinical Governance team will request access to the JCAD system and meet with SIC counterparts to discuss how they manage risk using the JCAD system. It was noted that changes would need to be made to the Risk Management Strategy to reflect a recording-system change; and that the risks, impacts, and reasoning behind any decision to switch risk recording systems should be properly documented. It is anticipated that these changes will be unlikely to be in place before the new financial year, 2023–24.

Training

Audit Committee members have identified that it would be beneficial for some training to be provided in relation to Risk Management. The Clinical Governance and Risk Team, in liaison with the Executive Lead and Committee Chair, will aim to provide an appropriate training session for members before the end of this financial year.

Horizon Scanning Risk Discussions

Discussions were held in relation to the need to consider risks for the following upcoming areas which may have an impact organisationally:

- National Care Services;
- Cost of Living Crisis – potential impact of the current cost-of-living crisis on the NHS workforce, and how it may affect service delivery;
- Strategic Winter 2022 risk about the particular pressures facing NHS Shetland, incorporating the potential for illness-related staff shortages; consequences of the cost of living crisis, power cuts/outages;
- Programme Risks, how to best record various risks associated with a single programme – eg vaccination or screening; and
- NHS ownership of tenant-occupied buildings.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

The SRR is then presented at each of the standing governance committees twice per annum. Dates at which the SRR has been considered by the standing committees is noted above.

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

2.3.5 Equality and Diversity, including health inequalities

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

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

2.3.6 Other impacts

There are no other impacts to note.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

The SRR has been considered by RMG at its meetings held on 29 June, 7 September and 9 November 2022. The SRR was considered at CGC on 12 September, SGC on 6 October and Audit Committee on 29 November 2022. Any amendments or actions proposed at each meeting has been followed up either by the respective Director or by the Chief Nurse (Corporate) and / or Clinical Governance and Risk team, as appropriate.

2.4 Recommendation

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

- Awareness; and
- Discussion

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

3 List of appendices

The following appendices are included with this report:

- Appendix No1, Strategic Risk Register
- Appendix No 2, New Strategic Risk, Risk of Chemical, Biological, Radiological, Nuclear (CBRN) Contamination

Risk Assessment from Datix

Risk Title:	Risk of CBRN contamination
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Risk Register

Assigned to risk register ...	Risk Theme	Link to what Objectives...	This risk relates to the following Strategic Risks	This risk is linked to a total of... other risks
Level 4 - Strategic Risk	Planning / Contingency	1- To continue to improve and protect the health of the people of Shetland., 2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient ., 5- To ensure sufficient organisational capacity and resilience.	Access to Services, Business Continuity Plans	2

Date last Reviewed	25/10/2022	Strategic Risk ID (if applicable)	SR18	System Risk ID	1540
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Risk Background / Context
<p>Any CBRN or Hazmat incident is a low likelihood event but will result in a Major Incident if it occurs. The Scottish Government have previously supplied a Decontamination Tent and PRPS equipment to successfully undertake dry decontamination. The suits require ongoing maintenance (supplied by SG) but the supply and maintenance of training suits to facilitate exercising is a THB responsibility.</p> <p>The requirement for a CBRN capability is enshrined in the NHS Organisational Standards. However, SG is developing a set of CBRN standards which will encompass levels of training, exercising and 24 hr CBRN capability.</p> <p>What local risks could result in this type of incident? There are 5 Comah sites including: Sullom Voe Oil Terminal Laggan Tormore Project Lerwick Power Station Certas Energy UK Peterson (UK)</p> <p>As well as: The entire North Sea Oil and Gas industry. Maritime industry, including fishing and transportation of hazardous cargos. A highly developed salmon farming industry. Crofting.</p>

Risk Description

IF... (the cause of the risk)	THEN... (the event/incident)	Resulting in... (the consequence)
If there is an inadequate response to a Chemical Biological Radiological and Nuclear (explosives) CBRNe incident	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.	Resulting in potential morbidity and mortality, loss of services, financial and reputational loss. A knock-on effect to other Shetland services

Controls to Mitigate the Risk

Controls (use bullet points for each control)	Weaknesses or Gaps in controls	Adequacy of controls	How is the risk to be managed
<ul style="list-style-type: none"> Decon response part of Major Incident Plan 12 PRPS (Powered Respirator Protective Suits) provided by SG 'Dry decontamination' on-line training module available to all staff BC&R Officer has attended PRPS Instructor training 8 staff are trained in the operation of the suits Estates test decontamination tent intermittently & make repairs etc BC&R Officer trained in managing a CBRN incident 	<ul style="list-style-type: none"> No training for incident managers / team leaders at any level as yet CBRN plan not yet tested No budget for training and equipment 	Inadequate	Treat - plan to reduce level of risk

Actions to Mitigate the Risk

Action Description	Action Responsibility (who will carry out and complete this action)	Date Action to be completed by	Action Completed on

Risk Levels

Initial Risk level				Current Risk level				Current Risk Rating Rationale
Likelihood	Consequence	Rating (score)	Level	Likelihood	Consequence	Rating (score)	Level	

Unlikely - Not expected to happen, but definite potential exists	Extreme	10	High risk	Unlikely - Not expected to happen, but definite potential exists	Major	8	Medium Risk	[25/10/2022 11:51:38 James McConnachie] The current consequence is slightly reduced due to the above controls. It will not achieve moderate consequence until the gaps are addressed.
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Reason for changes

Target Risk level				Risk Appetite	Risk Appetite Rationale
Likelihood	Consequence	Rating (score)	Level		
Unlikely - Not expected to happen, but definite potential exists	Moderate	6	Medium Risk	Low (1 - Minimal)	[25/10/2022 11:43:18 James McConnachie] 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.

Assurances for Strategic Risks Only

How is the risk to be Assured	What gaps in assurance have been identified
<ul style="list-style-type: none"> 6 monthly BC&R report to EMT annual BC&R report to Finance and Performance Committee Departmental workplan monitoring BC&R Working Group monitoring 	<ul style="list-style-type: none"> A full Decon exercise has not been carried out. The batteries for the training suits are defunct - replacements cost £150 Deployment of the Decon Tent depends on Porter Staff having sufficient numbers available

Committees and Risk Owners / Lead

Risk to be presented to department, groups and / or Committees	Risk Owner (overall responsibility for the risk)	Risk Lead (Person responsible for managing the risk on a day-to-day basis)	The risk is due to be reviewed on...
Department (Own), Executive Management Team, Other Committee	Dr Susan Laidlaw	James McConnachie	11 May 2022

Risk Response	Risk ID	Title	If (the cause of the risk)	TREN (The Actual/Desired/ Potential Risk Description)	Resulting or likely consequence	Controls (Assurance)	Key risks in controls	Advances or risks	Update from Governance Group to Committee	Action Description	Action Plan	Action Date due	Assurance	Capex in assurance	Likelihood (current)	Consequence (current)	Risk level (current)	Risk Rating (Target)	Risk level (Target)	Risk Appetite (Target)	Theme	Stranding Committee	Last Reviewed	Principal objectives	Risk level (Target)	Risk Appetite (Target)	Response	New Risk
Other Risk than plan to reduce level of risk	15463	IT Risk of data contamination	There is an immediate response to a Cyber Incident (malware, ransomware, data breach, etc.)	There is a risk of potential, staff public and program being compromised. There is a potential for the entire program of services to be impacted.	Resulting in reduced productivity and recovery of services. A breach of sensitive data or other critical systems could have a negative impact on staff well-being, increased absence, increased costs, and a loss of trust in the organization.	Review response plan for Major Incident Plan. 12 PIRPs (Personal Responder / Protection Units) provided by the Government. On the training module available to all staff. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training.	No training in incident management. No training in incident management. No training in incident management. No training in incident management. No training in incident management. No training in incident management.	Medium		Review response plan for Major Incident Plan. 12 PIRPs (Personal Responder / Protection Units) provided by the Government. On the training module available to all staff. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training. BSA Officer has attended PIRP Instructor training.	15/01/2023	15/01/2023	Low	Medium	Minor	High risk	16	15/01/2023	15/01/2023	Low (1-Minor)	2	Information Technology, Digital	16/02/2023	1. To continue to improve and protect the health of the people of Shetland. 2. To provide quality services, delivered in the most appropriate setting for the patient. 3. To ensure sufficient organizational capacity and resilience.	Low	Medium	Medium	Medium
Other Risk than plan to reduce level of risk	15473	Workforce	IT Fail due to attract and retain or retention of staff	There is a risk of a negative impact on the retention of staff, which could have a negative impact on the organization.	Resulting in: reduction in services delivered and retention of staff. A negative impact on staff well-being, increased absence, increased costs, and a loss of trust in the organization.	Having a remuneration strategy and direction of travel that is ambitious, sustainable and aligned with the market. Having a robust attraction strategy. Having a robust retention strategy. Having a robust exit strategy. Having a robust exit strategy. Having a robust exit strategy. Having a robust exit strategy.	Time of individuals to focus on services and workload. Having a remuneration strategy and direction of travel that is ambitious, sustainable and aligned with the market. Having a robust attraction strategy. Having a robust retention strategy. Having a robust exit strategy. Having a robust exit strategy.	Medium		Having a remuneration strategy and direction of travel that is ambitious, sustainable and aligned with the market. Having a robust attraction strategy. Having a robust retention strategy. Having a robust exit strategy. Having a robust exit strategy. Having a robust exit strategy. Having a robust exit strategy.	30/09/2022	30/09/2022	Low	Major	High risk	16	15/07/2022	15/07/2022	High (1- Major)	2	Workforce	16/02/2023	1. To redesign services where appropriate, in partnership with the patient. 2. To ensure sufficient organizational capacity and resilience.	Low	Major	High	High	
Other Risk than plan to reduce level of risk	15475	IT Failure due to Cyber Attack	If a data vector or cyber-attack occurs	There is a risk of data breach, which could have a negative impact on the organization.	Resulting in: disruption to services, loss of data, loss of revenue, loss of trust in the organization, and a negative impact on the organization's reputation.	Multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching, and secure configuration. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan.	Limited access to data. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan.	Medium		Multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching, and secure configuration. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan. Having a robust incident response plan.	29/06/2022	29/06/2022	Low	Major	High risk	16	15/07/2022	15/07/2022	None (2- Avoid)	2	Information Technology, Digital	16/02/2023	1. To provide quality services, delivered in the most appropriate setting for the patient. 2. To ensure sufficient organizational capacity and resilience.	Low	Major	High	High	
Other Risk than plan to reduce level of risk	15483	Finance	TREN: Shetland fails to meet its financial obligations	There is a risk of financial failure, which could have a negative impact on the organization.	Resulting in: financial failure, loss of trust in the organization, and a negative impact on the organization's reputation.	Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022.	The majority of plans identified no financial issues when an audit was conducted. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future.	Medium		Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022. Financial Monitoring report to every Finance Performance Committee meeting. Financial plan covering 2023-24 to 2025-26 has been approved by the Board in June 2022.	15/06/2022	15/06/2022	Low	Major	High risk	16	15/06/2022	15/06/2022	None (2- Avoid)	2	Finance	15/06/2022	1. To continue to improve and protect the health of the people of Shetland. 2. To provide quality services, delivered in the most appropriate setting for the patient. 3. To ensure sufficient organizational capacity and resilience.	Low	Major	High	High	
Other Risk than plan to reduce level of risk	15484	External Factors	External factors such as Brexit, changes to regulations or political instability	There is a risk of external factors, which could have a negative impact on the organization.	Resulting in: external factors, loss of trust in the organization, and a negative impact on the organization's reputation.	Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization.	Current controls appear to have mitigated the risk of external factors. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future. However, it will need to be reviewed in more detail in the future.	Medium		Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization. Assessing the impact of external factors on the organization.	15/02/2019	15/02/2019	Low	Medium	High risk	15	15/02/2019	15/02/2019	Low (1- Minor)	2	Legislation / External	16/02/2023	1. To provide quality services, delivered in the most appropriate setting for the patient. 2. To ensure sufficient organizational capacity and resilience.	Low	Medium	High	High	
Other Risk than plan to reduce level of risk	15485	IT/Finance Staff	There are the levels of compliance with regulatory IT training	There is a risk of a greater number of data incidents as a consequence of the levels of compliance with regulatory IT training.	Resulting in: a greater number of data incidents, loss of trust in the organization, and a negative impact on the organization's reputation.	Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves.	The Board's performance on IT compliance is generally good. However, there are some areas where improvement is needed. However, there are some areas where improvement is needed. However, there are some areas where improvement is needed. However, there are some areas where improvement is needed. However, there are some areas where improvement is needed. However, there are some areas where improvement is needed.	Medium		Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves. Information Governance plan for the Board of Members is a living document that will be updated as the Board of Members evolves.	15/12/2022	15/12/2022	Low	Major	High risk	12	15/12/2022	15/12/2022	Low (1- Minor)	2	Information Technology, Digital	16/02/2023	1. To provide quality services, delivered in the most appropriate setting for the patient. 2. To ensure sufficient organizational capacity and resilience.	Low	Major	High	High	

Risk - Risk Response	Risk - Risk Title	IF (the cause of the risk)	THEN (the event/incident) - Previously Risk Description	Risk - Resulting in (the consequence)	Controls (Assurance)	Gaps in controls	Adequacy of controls	Assurance	Gaps in assurance	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk - Rating Rationale	Risk level (Target)	Risk Appetite	Risk - Risk Appetite Rationale	Risk - Theme	Risk - Standing Committee	Risk - Last Reviewed	Date to be reviewed by	Principal objectives	Risk Lead
Treat - plan to reduce level of risk	Risk of slips, trips and falls	slips, trips, falls Gilbertson Park Mass Vaccination Centre	There is a risk that people attending the Gilbertson Park MVC, slip and injure themselves on the entry steps/ramp- particularly when the weather is not fine and dry- There have been several "near misses" as there are no longer regular volunteers at the front entrance to help people (especially those with mobility issues).				Adequate			Likely - Strong possibility that this could occur, likely to occur	Minor	Medium Risk	8	[05/08/2022 12:57:10 Elaine Maguire] New external flooring has been laid, it is more adherent (less slippery) but when wet can still pose a risk though this much less than previously	Medium Risk	Moderate (2 - Cautious)	[05/08/2022 12:57:10 Elaine Maguire] Cautious risk to safeguard people from injury	Operational	Department (Own)	05/08/2022	09/01/2023	1- To continue to improve and protect the health of the people of Shetland, 2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient .	Maguire, Elaine
Tolerate	NMC registration checks	lapse of nurse registration	Risk of nurse undertaking tasks which require NMC registration when NMC registration has lapsed.	harm injury to patient reputational damage to organisation		Nursing admin unable to access va ese the registrants details this can be accessed vai HR	Adequate			Possible - May occur occasionally, has happened before on occasions	Moderate	Medium Risk	9		Medium Risk	Moderate (2 - Cautious)		Workforce		05/07/2022	03/10/2023	1- To continue to improve and protect the health of the people of Shetland, 2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient .	Carolan, Kathleen

Directorate - Risk Rating Score 15 and above and Extreme Consequence

Status	Risk ID (system)	Directorate	Department	Risk Title	If (the cause of the risk)	Risk Description	Risk - Resulting in (the consequence)	Controls in place	Controls (Assurance)	Rating (current)	Risk level (current)	Risk level (Target)	Risk Lead	Risk Owner
Finally Approved	1251	Community Health and Social Care incl Primary Care		Access OOHs	If we are unable to provide high quality, sustainable Out of Hours care	then we are unable to respond to needs in the community	Resulting in increased acute hospital admissions or delayed access to community services		Working with GPs who do OOHs work and understanding preferences and availability to set rotas in advance. Implementation of Primary Care Redesign Local Medical staffing review Engaged in development of national work on OOHs Complete review of OOH services across community and acute Complete work by Professional alliance on sustainable out of hours service Linked in with Redesigning Urgent Care programme Test of change with GP working remotely to support urgent care System wide review of Urgent care and OOHs supported by PMO Full engagement with the national urgent care collaborative programme	16	High risk	Medium Risk	Chittick, Brian	Chittick, Brian
Finally Approved	1259	Medical Directorate		Medical Staffing	If we fail to support the senior medical team (Consultants, GP) to manage the demand	Then there is a risk of continual reliance on a temporary workforce	resulting in financial sustainability and inability to progress education and learning and service development.		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 July 2018 Recruitment of Consultant Anaesthetist complete. New substantive Consultant should start in Feb 19. ANPs undertaking triaged primary care clinics at weekends commenced February 2017 Clinical development fellow was created and recruited to from December 2017. Consultant physician – Consultant currently on fixed term locum contract until August 2018 with possible extension. National Recruitment process used for recruitment of Consultant psychiatrist NHS Shetland becoming host Board for new GP hub Using the lessons from the success of the GP Hub and transposing the project into acute sector Engagement with the Global Health Academy to work in collaboration in exploiting global citizenship opportunities to recruit Collaborating with NES on fellowship posts	16	High risk	Medium Risk	Brightwell, Kirsty	Brightwell, Kirsty

Awaiting Final Approval	1510		Nursing and Acute Services (Montfield)	Poor discharge documentation process	Medical inpatient discharge documentation: Frequent delays, legibility issues, and duplicates causing confusion in primary care	Medical inpatient discharge documentation: Frequent delays, legibility issues, and duplicates causing confusion in primary care and patient safety risk.		Awareness amongst medical staff. Current Immediate Discharge Letter (IDL) is paper based and handwritten. In many cases this is followed up by a typed discharge letter. There is potential for error at multiple stages: <ul style="list-style-type: none"> •Difficulties reading what is transcribed leading to errors •If a long list of medications people will sometimes squeeze them onto 1 sheet •Where more than one sheet is used there is a risk that not all copies are sent to the GP Practice •There is a risk that where the IDL is started some days before the discharge that medicines and other clinical information is not checked and updated at the point of discharge •Poor quality information is stored in the patient record •Manual transfer of data at point of discharge. •Risk of losing paper and sending 	Awareness among medical staff	15	High risk	Low risk	Wilson, Pauline	Wilson, Pauline
Awaiting Final Approval	1477	Medical Directorate	Physician(s) - Consultant/Junior Doctors	No system to share discharge letters	sharing of discharge information does improve.	Medical inpatient discharge documentation: Frequent delays, legibility issues, and duplicates causing confusion in primary care.	Potential patient harms		Awareness amongst medical staff.	15	High risk	Low risk	Wilson, Pauline	Wilson, Pauline
Being Reviewed	1357	Chief Executive Directorate	Estates	Compliance Assurance (SCART)		The risk of non compliance in estates related issues because of a lack of technical, financial and manpower resources and failing to meet statutory and NHS guidance	Potential Impact Of Risk Is Reputational Damage ,Financial Penalties,Service Delivery Impact ,Failure To Achieve And Maintain Standards For Patients /Staff/ Visitors And Legal Action.	Scart Tool Mandated Within Nhs Scotland For Evidencing Compliance Assurance Identifies Risks And Action Plans At Corporate Level Which Require Resources. Scart Steering Group Formed To Address Non Compliance Issues, Meeting Quarterly	Scart Tool Mandated Within Nhs Scotland For Evidencing Compliance Assurance Identifies Risks And Action Plans At Corporate Level Which Require Resources. Scart Steering Group Formed To Address Non Compliance Issues, Meeting Quarterly	10	High risk	Low risk	Bisset, Lawson	Bisset, Lawson

Strategic Risks by Highest Rank

Risk ID	Risk Owner (Overall Responsibility)	RTheme	Risk Title	Risk level (current)	IF (the cause of the risk)	THEN (the event/incident) - Previously Risk Description	Resulting in (the consequence)	*NEW - Update from Governance Groups or Committees	Risk Response	Nov-21	Mar-22	Jun-22	Sep-22	Nov-22	Trend	Target	Movement in Last Year
SR02 (500)	Marsland, Mr Colin	Finance	Finance	High risk	If NHS Shetland fails to recruit key posts	Then failure to maintain financial balance	Resulting in significant overspend which will result in need for delivery of additional efficiency savings above the £3.1m currently in the plan. Current estimate is an additional £4m for non-permanent staff in 2022/2023.		Treat - plan to reduce level of risk	12	12	12	16	16	↑	8	4
SR08 (1471)	Hall, Lorraine	Workforce	Workforce	High risk	If we fail to attract and recruit to vacancies or retain essential skills and knowledge within the organisation	Then there will be a negative impact on the service delivery, existing staff and patients care	Resulting in : reduction in services delivered increase workload of existing staff negative impact on staff well being, increased absence increased risk of poor patient experience and outcomes increased reliance on agency or temporary staff increased cost - financially unsustainable		Treat - plan to reduce level of risk	12	12	12	16	16	↑	6	4
SR17 (1515)	Hall, Lorraine	Information Technology / Digital	IT Failure Due to Cyber Attack	High risk	If a sole actor or orchestrated cyber attack occurs	Then NHS Shetland could experience system downtime and/or loss of data and/or data disclosure	Resulting in disruption to services caused by system downtime, risk of delays in treatment, risk to public reputation and significant financial costs for a full system recovery		Treat - plan to reduce level of risk	16	16	16	16	16	↔	8	0
SR04 (1307)	Dickson, Michael	Logistics / Estates	External Factors eg. Brexit/Supply Chain	High risk	If external factors such as Brexit, changes to regulations or political instability	Then impacts on the Board's ability to sustain services, the Board's level of mitigations including - Business continuity planning, disaster recovery plans may be limited due to the external nature of these threats	Resulting in directly impacted factors such as energy costs, food costs and medical supply constraints which would impact on patient care, performance of budgets		Treat - plan to reduce level of risk	15	15	15	15	15	↔	4	0
SR01 (19)	Carolan, Kathleen	Operational	National Standards	High risk	Negative publicity, loss of confidence in the organisation from breaches of key ACCESS targets	Negative publicity, loss of confidence in the organisation from breaches of key ACCESS targets and the potential of poorer patient outcomes as a result in delays in assessment of treatment			Treat - plan to reduce level of risk	12	12	12	12	12	↔	6	0
SR13 (36)	Chittick, Brian	Planning / Contingency	Access to Services	High risk	If there are significant gaps due to recruitment, retention or funding	Then there will be access problems for those living in more remote areas	0		Treat - plan to reduce level of risk	9	9	9	12	12	↑	4	3
SR16 (1507)	Laidlaw, Dr Susan	Public Health	Covid Outbreak	High risk	If there is a large outbreak of covid in Shetland and / or a new variant	then it could overwhelm current services through both significant increase in morbidity and demand for services and /or impact on services due to isolation of staff	resulting in significant adverse outcomes for patients and damage to NHS Shetland's reputation		Tolerate	12	12	12	12	12	↔	6	0
SR06 (1444)	Marsland, Mr Colin	Information Technology / Digital	IG Training NHS Staff	High risk	If there are low levels of compliance with mandatory IG training	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 harm to patients and/or regulatory action and/or financial penalty and/or reputational damage to the Board		Treat - plan to reduce level of risk	12	12	12	12	12	↔	2	0

SR19	Laidlaw, Dr Susan	Contingency planning	Flu Pandemic	High risk	If there are high levels of staff sickness and increased clinical demand due to Flu pandemic	then there is a risk of loss of continuity of service	Reduced or loss of services due to flu pandemic and resultant risk of adverse clinical events Economic and legislative impact to the organisation		Tolerate	5	5	5	10	10	↑	10	5
SR12 (1354)	Marsland, Mr Colin	Planning / Contingency	Capacity for Sustainable Change	Medium Risk	If the Board's limited capacity to oversee change could mean that changes occur in an uncontrolled manner.	Then uncontrolled change could increase risks to patient care as new processes, technology, workforce, or change is implemented without adequate consideration of its impact	Resulting in disruption to processes, unwarranted variation and untoward or unforeseen events leading to patient harm.		Treat - plan to reduce level of risk	9	9	9	9	9	↔	6	0
SR09 (1482)	Watson, Miss Edna Mary	Operational	Clinical Governance and Assurance	Medium Risk	If we continue with current clinical governance process	There is risk of patient harm because of incomplete governance and assurance processes	which results in a poor learning system, repeat safety events and a lack of quality improvement and there is no culture of learning.		Tolerate	9	9	9	9	9	↔	9	0
SR18 (1540)	Laidlaw, Dr Susan	Planning / Contingency	Risk of CBRN contamination	Medium Risk	If there is an inadequate response to a Chemical Biological Radiological and Nuclear (explosives) CBRNe incident	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.	Resulting in potential morbidity and mortality, loss of services, financial and reputational loss. A knock-on effect to other Shetland services		Treat - plan to reduce level of risk	New Approved Risk				8		6	
SR10 (1489)	Laidlaw, Dr Susan	Planning / Contingency	Business Continuity Plans	Medium Risk	If services /departments do not have business continuity plans in place	Then there is a risk that we will not meet the Board's statutory obligations and in the event of a significant disruptive event, we will fail to deliver essential care to the population of Shetland and the recovery of services after the event will be delayed or extended unnecessarily.	Resulting in 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.		Treat - plan to reduce level of risk	8	8	8	8	8	↔	8	0
SR15 (1044)	Brightwell, Kirsty	Operational	Urgent/Emergency/Unscheduled Care	Medium Risk	Risk that patients will experience delays in transfer from the outer islands of Shetland	There is a risk that patients will experience delays in transfer from the outer islands of Shetland for emergency or urgent care, resulting potentially in poorer clinical outcome. There also a risk that this reduction in flexibility and capacity with respect to inter-island transfer will cause remote and rural staff to feel unsupported in their location. This is likely to have a negative impact on recruitment and retention.		0	Tolerate	8	8	8	8	8	↔	4	0
SR03 (1045)	Brightwell, Kirsty	Operational	Paediatrics	Medium Risk	we lack a specialist workforce for very sick children or children who are deteriorating	we are reliant on generalists working with remote support	the risk of an avoidable adverse event or adverse clinical outcome and leading to difficulties in recruitment and retention of generalist staff		Tolerate	8	8	8	8	8	↔	8	0
SR05 (1427)	Chittick, Brian	Public Health	Covid During Recovery Period	Medium Risk	IF patients and staff contract Covid Infection	Then this could affect service delivery within health and care services due to staff absences and management Covid and in health and care facilities	resulting in potential harm to staff/patients/clients and or staff access to services.	Risk closed at RMG 09/11/2022 as Risk covered by SR10	Tolerate	12	6	6	6	Risk Closed	↓	8	#VALUE!
SR11 (1451)	Marsland, Mr Colin	Training	IG Training Non NHS Staff	Medium Risk	If there are low levels of appropriate IG training for staff not employed by NHS Shetland	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 a risk of harm to patients and/or staff, reputational damage, legal action and financial penalty.		Treat - plan to reduce level of risk	6	6	6	6	6	↔	3	0
SR14 (961)	Bisset, Lawson	Logistics / Estates	Estate	Medium Risk	If NHS Shetland fails to achieve modern standards and key environmental targets	Then it can expect actions taken against it, potential sanctions and increased costs. This is made harder by an aged estate and inherited properties.	NHS Scotland has set a clear framework for Boards to achieve net zero. NHS Shetland would be subject to increased costs, potential sanctions and contribute to the climate emergency should it fail to act		Tolerate	4	4	4	4	4	↔	4	0