Borders NHS Board

STRATEGIC RISK REGISTER 2017/18

Aim

To seek approval of the strategic risk register following recommendation by the Strategy & Performance Committee at its meeting held on 7 September 2017.

Background

Understanding strategic risk forms a component part of ensuring that corporate values and objectives are attained.

Strategic risk is defined as:

"*risk concerned with where the organisation wants to go, how it plans to get there, and how it can ensure survival*" (British Standards Institute Risk Management BS 31100:2011).

Figure 1   **Risk management perspectives**

Key

☐ Set of activities

→ Communication
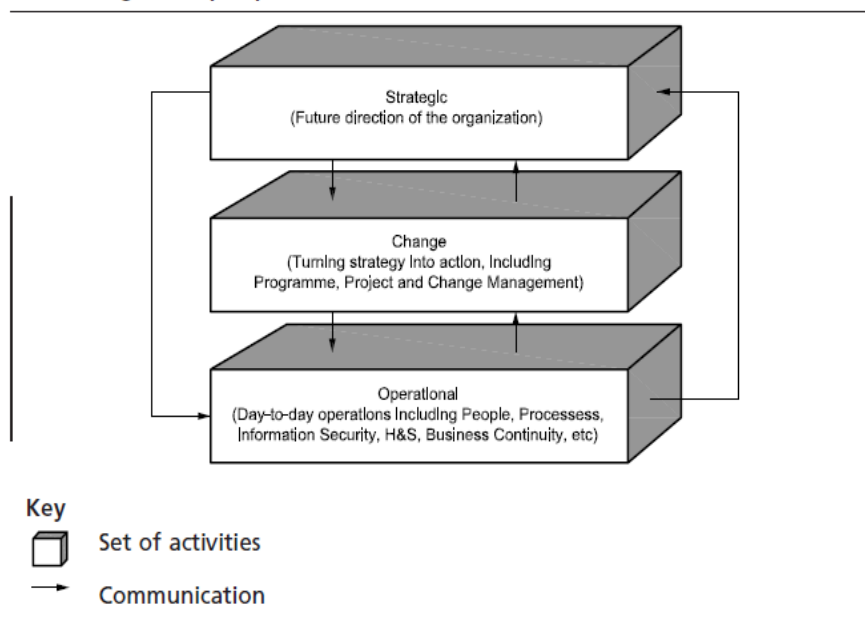
British Standards Institute Risk Management BS 31100:2011

The Strategic Risk Register is reviewed on a biannual basis by the Board Executive Team: the register has been reviewed January 2017 and again in July 2017 and agreed 1st August 2017.

All risk owners undertook to individually review their current strategic risks to ensure they were still relevant, mitigation actions up to date and risk levels correct. During the January review consideration was given to the revised corporate objectives for 2016-19 and adjustments made.

At the most recent Board Executive Team review at the BET meeting 1st August there was a discussion regarding the need to reflect the future financial risks; additional risk controls were identified and risk levels elevated.

Summary of changes in risk levels from previous risk register.

Strategic Risk Register	Previous risk Level V10.4	After review risk level V12	Comment
1. Failure of partner organisation working	Low	Medium	Refresh of all aspects of risk resulting in increase in risk.
2.Financial decision making- in partnership organisations budget impact on NHS Borders	Medium	Medium	Risk controls increased with addition of 3 new controls. Further 2 actions planned.
3.Industrial Action	Medium	Medium	Risk controls maintained
4.Unacceptable clinical performance	Medium	Medium	Risk controls maintained
5.Non achievement of financial targets (RRL and CRL)	High	Very High	Risk source updated by 1 new source. Risk controls increased with addition of 7 new controls. Further 1 action planned. Risk level increased.
6.Destabilisation of BGH as a full district Hospital	Medium	Medium	Risk controls maintained refreshed with additional 2 controls. 1 additional further action planned.
-Medical workforce issues	High	High	Risk controls maintained,
7.Failure of resilience	High	High	Risk controls maintained,
GP cover of community hospitals reduction	Very High	Very High	Risk controls maintained,
8. Failure to meaningfully implement clinical strategy	High	High	Risk controls maintained,
IT Infrastructure not adequate	Very High	Very High	Risk controls maintained,
9.Delivery of statutory/mandatory and professional skills training	High	High	Risk controls maintained,

The strategic risk identification reflects closely the corporate direction of the organisation through implementing Board strategies and upon risks to attaining the Corporate Objectives. The Corporate Objectives 2016-19 and the organisation's strategic position have been considered in the two reviews within 2017.

Summary

The BET have reviewed the current Strategic Risk Register January and July 2017 with an increase in risk associated with non achievement of financial targets to very high. Concern was also noted for partner organisation working and the risk level increased to medium.

Recommendation

The Board is asked to **approve** the Strategic Risk Register as recommended by the Strategy & Performance Committee at its meeting held on 7 September.

Policy/Strategy Implications	To ensure the Board has sight of the risks identified as having an impact on the strategic direction of the Health Board. Implementing of policies/strategies and risks arising would be included in risk management process
Consultation	Process inclusive of senior risk owners
Consultation with Professional Committees	Board Executive Team.
Risk Assessment	Strategic risks may exist that have not been identified.
Compliance with Board Policy requirements on Equality and Diversity	Compliant.
Resource/Staffing Implications	Risk management is included in existing managerial duties.

Approved by

Name	Designation	Name	Designation
Claire Pearce	Director of Nursing, Midwifery & Acute Services		

Author(s)

Name	Designation	Name	Designation
Sheila MacDougall	Risk & Safety Manager		

NHS BORDERS STRATEGIC RISK REGISTER

2016-19
Version 12.0

Board Executive Team

Risk Management Activity

Responsible Group	Date	Updated Version	Risk Register approved	Comments
NHS Borders Health Board				
BET	23.08.2016	V10.4	Agreed by Chief Executive	Agreed by email 23rd Aug 2016
Strategic & Performance Committee	01.09.2016	V10.4	Noted by Committee	On agenda
				Introduction of new Corporate Objectives 2016-19
BET	10th Jan 2017	V10.4 under review	Sent by email to BET 10th Jan 2017	Strategic risk review with a benchmark to refreshed corporate objectives for 2016-19
BET	31st January 2017	V11	Reviewed by BET	Amend: Risk no. 1- updated risk sources and risk arising and increase risk level from low to medium. Risk no. 2- two additional risk controls, one risk control deleted and two further actions required, change review date. Risk no.5-Impact level increased from major to extreme, 2 additions to further actions and 2 additions to risk controls. Annual review timescales updated to current year. Risk no.6- update further actions.
BET	24th July 2017	V11 under review	Sent by email to BET 24th July 2017	Second review
BET	1st Aug 2017	V12	Agreed at BET 1st Aug 2017	Amend: Risk 2- one additional further action-no change to risk level. Risk 5- 1 additional source of risk, 7 additional controls added, 4 further actions have become controls. Risk level changed from high to very high. Risk 6- 1 additional control added.

NHS Borders Strategic Risk Register 2016-19

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk No 1 : Failure of partner organisation working									
Poor interagency communication

Differing organisational cultures

Political interdependence

Strategic aims misaligned and patients do not receive appropriate care.

Disconnect with health and well being leaderships

Decreased preventative services resulting in increased demand for NHS Services

Agencies examples: Community Planning Partnership/IJB/ Child Services/SAS | Long-term negative impact on public health and well-being increases demand on NHS services

Failure to achieve national strategies/initiatives

Closure of some voluntary sector providers

Public Health risks if beds are not available due to hospital closure

Cost shunting | Processes and Structures | 1. Established IJB
2. Joint Chief Officer accountable to NHS Borders Chief Exec and Scottish Borders Council Chief Exec.
3. Joint team meetings at an operational level
4. The creation of the joint Executive Management Team
5. Sharing of information facilitated through the IJB eg audit committee
6. Established Community Planning Partnership
7. Use of the Social Care Fund and Integrated Care Fund to pump prime projects that will deliver integrated working
8. Governance arrangements in place. | Unlikely | Moderate | **Medium** | 1. Implementation of Integrated Joint Board strategic plan
2. Development of locality plans
3. Integrated working of front line services
4. Joint financial planning
5. Consideration of CPP resources application | Chief Executive | 30th July 2018 |

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk No 2 : Financial decision-making in partner organisations' budgets impacts on NHS Borders									
Loss of income or required reduction to service as a result of a decision by a partner organisation • IJB • SBC • Other Healthcare Partners • Voluntary Sector • SG - National funding	Reduction in funding available & NHS Borders continues to incur costs or required to meet the continuing demand Reduced capacity for joint working . Wider impact on partnership working Negative impact on the health of the Borders population Reduction in ring fenced central funding for specific projects	Performance and Delivery Health Improvement and Inequalities	1. Scheme of integration agreed and actioned 2. Issue of directions 3. Integrated working with Chief Officer and Chief Finance Officer 4. The development of health and social care integration & integrated budget. Development sessions for board members 5. Operational integrated working 6. Service redesign opportunities 7. Integrated Reporting 8. Regular meetings between NHS Borders and SBC Finance departments 9. Share information on financial outlook and financial plan to promote better understanding of financial challenges and impact of decisions 10. Agreement of information sharing protocol 11. Alignment of budget timetables 12. Alignment of financial planning 13. Coordination of internal audit plans 14. Quarterly meetings with SG finance 15. Longer term financial planning 16. Clarity of system and process 17. Use of the integrated care fund & social care fund 18. Set up of the Executive Management Teams which meets regularly, develop understanding, communication and relationships and focus on key issues	Possible	Moderate	**Medium**	1. Integrated working/services 2. Service redesign 3. Clarity on how the increased funding to the IJB is supporting service redesign and reducing pressure in the NHS 4. Integrated management structures	Director of Finance	31st March 2018 annually

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk No 3 : Industrial Action									
UK National NHS Policy	Service interruption to clinical and support services Inability to meet waiting times targets Critical services (clinical, payroll, laundry, IM&T, catering) unable to deliver during industrial action Financial impact on organisation Political impacts on SBC/healthcare partners Environmental impacts on premises Adverse impact on organisational culture/ performance/ workforce	Performance and Delivery	1. Staff Governance framework 2. Business Continuity Plans 3. Local guidance re Industrial Action for managers and staff developed in Partnership and issued to managers and staff 4. NHS Borders / TU negotiation group to be re-established as required (reporting through to APF) 5. NHSiS tested process/system to manage industrial action 6. Maintenance of good industrial relations locally	Unlikely	Major	Medium	1. Awareness of any ongoing national / UK wide activities through HRD,ED and CE networks 2. Terms &Conditions Group remit reviewed & strengthened	Director of Work-force and Planning	31st March 2018

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk No 4: Unacceptable Clinical Performance									
Unacceptable performance by: **-Doctors** **-Nursing and midwifery** **-AHP, Dentist, Pharmacy, Optometrists and other supporting clinical professions** **Doctors** Doctors fail to deliver good medical practice as defined in GMC 4 domains: -knowledge, skills & performance -Safety & quality -Communication, partnership & Team working -Trust Internal processes fail to consistently identify Doctors poor performance in the 4 domains Organisational tolerance of basic procedural deficiencies impacts adversely on care outcomes **Nurses & Midwives, AHP, Dentists etc** Fail to adhere to -safe guard patient well being -maintain knowledge, skills -protect & promote health and well being of pts& wider community -provide high standard of practice & care -Open & honest -promote trust	Patient safety compromised Increased financial pressures Overall organisational performance to achieve LDP adversely affected Litigation Increase in: -complaints -compensation Non compliance with relevant legislation Operational impacts on service delivery	Patient Safety	1. Training & Induction, 2. policy for introduction of new procedures and treatments (ADTC, Clinical Gov Committee), GMC/NMC professional standards and so on. 3. HPC 4. Strong focus on SPSP and strict adherence to procedures enforced. 5. HSMR and other clinical outcomes measures are monitored closely eg mortality review, HAI 6. Appraisal & revalidation for all Doctors 7. Clinical Governance framework 8. Healthcare governance systems 9. Significant Adverse Event Review process with Adverse Event Management Policy 10. Value Based Recruitment standard recruitment process for all staff across NHS Borders	Unlikely	Major	**Medium**	1. Investigations process to be developed for claims 2. Learning from complaints/adverse events 3. Developing clinical leadership to support good practice 4. Expand clinical outcomes measures to all NHS Borders locations 5. Review of Doctor recruitment process 6. Introduction of revised Nursing revalidation process 7. Develop systems that provide assurance about the quality of care delivered 8. Commission research in relation to quality of care issues	Medical Director Director of Nursing & Midwifery	17th June 2018 Annually

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk No 5: Non-achievement of Financial Targets (RRL and CRL)									
Reduction in the level of income or increases in the level of expenditure Requirement to achieve non financial targets Organisation unable to identify or implement the changes/service redesign to achieve financial balance Unplanned event	Statutory targets are not achieved. Significant increase in Scottish Government involvement in the organisation Adverse impact on service delivery & workforce Detrimental impact on quality of services and patient safety Increased complexity of patient care needs not met Impact on the health needs of the local population Reputational risk of the organisation and board members	Deliver safe, effective and high quality services Improve the health of the population	1. Local Delivery Plan Process 2. Ongoing review and update of the financial plan. 3. Maintain strong links with SG – quarterly meetings 4. Seek support similar to the boards in special measures. 5. Medium and longer term planning 6. Horizon scanning and networking. 7. Organisational awareness of the financial environment. 8. Financial management systems and controls. 9. Ensure management information and reporting is timely, accurate, understood and acted upon. 10. Monitoring of financial position and delivery of efficiency. 11. Robust project management. 12. Focus on quality 13. Senior Clinical input into decision making 14. Work closely with Hub south east 15. Review/benchmark of all services (Discovery) and identify variation 16. Develop Integrated working with health and social care partners facilitated through the Executive Management Team (SBC and NHS) 17. Increase Focus of the organisation/board onto the financial agenda 18. Creation of a financial resources group as a sub group of the strategy and performance committee 19. Increase in the resources to support the financial	Likely	Extreme	**Very High**	1. Organisational engagement which delivers change releasing cash at pace 2. Wider clinical input to develop and implement plans and strategies 3. Transformational changes to all services required 4. Deliver an Impact of health and social care integration to support service redesign in the acute sector 5. Review demand, protocols and thresholds 6. Realising realistic medicine 7. Increased focus on quality and clinical variation 8. Link with national and regional efficiency work streams and shared services programme	Director of Finance	30th September 2018

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
			agenda – project managers & Finance Professionals 20. Launch of the Better Borders transformation programme led by the Director of Strategic Planning 21. Development of a East Region Delivery Plan 22. Improve the quality of management information provided to the organisaiton						

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk 6 : Destabilisation of BGH as a full District General Hospital									
Key services are unsustainable due to a range of pressures Reduction of medical trainees in key specialities (Paeds/obstetrics/neonates) 24/7 cover not sustainable Reduced volume of patients requiring core clinical activities ***Continues onto next page***	Patients do not all receive appropriate care within NHS Borders Hospital closure Workforce issues Legal issues Reputation adversely affected.	Patient Safety	1. Work ongoing to ensure Borders residents are not referred out of the Borders unless clinically necessary. 2. Catchment population increasing through services to neighbouring Boards being offered / encouraged 3. GP not to refer out of Health Board unless clinical need requires 4. Increased profile of services available to external patient communities 5. Increased de-commissioning /repatriation 6. Increased training/development in advance for Neonate Nurse Practitioner 7. Joint working with Lothian. Joint appointments for sustainability of service. 8. Improved monitoring of Board referrals by GP practice / consultants – monthly via Commissioning Team 9. Role Development Framework agreed and in place 10. Regular contact with Deanery 11. Board approval of the clinical strategy Set up of the Better Borders transformation programme Development of a East Region Delivery Plan	Unlikely	Major	**Medium**	1. New service models,- to be developed 2. Training up skilling non-medical staff, advanced practitioners 3. CE Ops: receiving quarterly reports plus exception reporting 4. Workforce planning to meet service needs continually reviewed. 5. Strategic approach to advanced nurse/midwife/AHP practice 6. Initiative approach to attracting medical trainees-robust support systems	Chief Executive Medical Director Financial Director Director of Nursing, Midwifery & Acute Services	17th January 2018 6 monthly

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk 6 : Destabilisation of BGH as a full District General Hospital cont'd									
National medical workforce issues local impact: failure to recruit to long-term consultant/medical posts leading to increasing number of Vacancies. Increased number of out of programme trainees. Increasing complexities and volume of patients Financial plan does not reflect the capacity and demand issues.	In addition to above: Core services are not sustained Patient safety not at optimal levels Staff morale, sickness absence, engagement deteriorates Increased organisational and professional liabilities Financial pressures on existing plans.		12. Developing non medical models 13. Work across SEAT to look at consultant & trainee gaps	Likely	Major	**High**	7. Widen opportunity to recruit Europe and World wide 8. Workforce plan to address increasing complexities and volumes of patients being treated 9. Financial plans aligned to achieve stability 10. Increase medical job planning Development of the future of BGH business case 11.	Chief Executive Medical Director Financial Director	17th January 2018 6 monthly

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk No 7 : Failure of Resilience									
Failure to have adequate and tested business continuity plans Resilience to have human resource to respond Sufficient capacity to deal with crisis Significant dependence on technology to deliver healthcare	Collapse of critical services. Significant impact on patient safety	Deliver safe, effective & high quality services Patient Safety Improve health of population	1. Training and exercising business continuity plans overseen by Resilience Committee 2. Monitoring that adequate plans exist & are relevant 3. Continue to implement actions coming out of internal audit, including exercise plan, e-learning for selected groups, and awareness raising 4. Process for updating resilience plans agreed	Possible	Extreme	**High**	1. Complete IT disaster recovery plans 2. Action plan in progress following internal audit recommendations 3. Draft Resilience Policy	Director of Public Health Medical Director Director of Work-force and Planning	Quarterly June Sept Dec March
GP Practices resign from contract to provide medical cover to Community Hospitals. Hawick Community Hospital cover ceased 1st February 2014. GPs in the Knoll no longer looking after 5 beds. GPs in other hospitals not keen to look after patients not registered with their practice.	Interruption of medical provision to Community Hospitals- lack of medical cover for patient care , patient flow across system disrupted, potential patient safety issues Financial costs of alternative medical cover unsustainable Adverse publicity	Deliver safe, effective & high quality services Patient Safety Improve health of population	1. Current operational processes 2. Development of alternative models for delivering medical cover	Almost certain	Major	**Very High**	1. Development of an action plan is underway and will be agreed by March 2016	Chief Officer Medical Director	31st August 2018

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk 8 : Failure to meaningfully implement clinical strategy									
Political influence (local & national) not aligned with local strategy

Funding from Government based on % inflation is withdrawn with reduction in funding.

Population increase is greater than anticipated.

Population health has no improvement through lack of "mutuality" and ownership by Borders community.

Under estimate of future disease profile e.g. increasing antibiotic resistance

Capacity of human resources to embed the key strategic principles is not timeously available.

Integration agenda will adversely affect the implementation of the strategic way forward.

The community based clinical & social care infrastructure is not developed to timescales or insufficient volume to meet needs.

Organisational change is too widespread affecting moral and therefore productivity. | Clinical strategy not aligned to change in political direction and therefore undeliverable.

Healthcare Service will not be delivered within available means. Financial budgets exceeded.

Patient safety & quality are adversely affected for short periods during transition periods or for longer term.

Reputation of the Health Board diminishes within Borders community. With consistent poor publicity.

Borders General Hospital does not function at efficient level due to lack of appropriate community care infrastructure for patient flow.

Meaningful public engagement slows impacting on the achievement of person centred care.

Staff morale adversely affected, productivity slows, patient safety, service delivery adversely affected

Demands on healthcare delivery are greater than planned capacity.

Unintended consequences of national clinical strategy on local healthcare systems e.g. impact of treatment centres on recruitment and retention in DGHs | Deliver safe, effective & high quality services

Patient Safety & Quality

Improve health of population

Promote excellence in organisational behaviour | 1. Fiscal Financial control

2. Public engagement process.

3. Public Health strategy and monitoring of population health

4. Staff engagement processes underpinned by principles of partnership working.

5. Scheme of Integration, strategic plan, and commissioning implementation plan.

6. Proactive contact with political and media stakeholders.

7. Board Executives & Non Executives to attend the SBC area forum network.

8. Regular engagement with staff around key strategic issues.

Continues onto next page | Possible | Major | **High** | 1. Further develop community services to support people in their own homes.

2. Further develop public health and community asset approaches to improve health

3. Service reviews

4. Explore future DGH model

5. Proactively engage with SEAT Acute Services programme

6. Proactive partner in Borders CPP

7. Development of Public Involvement Strategy

8. Explore impact and opportunity of Community Empowerment Act

9. Active horizon scanning at Board level | Medical Director

Director of Work-force and Planning | 17th June 2018 Annually |

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk 8 : Failure to meaningfully implement clinical strategy – cont'd									
Public engagement is over stretched by volume of consultations. Public no longer engage. Positive staff engagement not attained. Workforce challenges in terms of recruitment & retention in all disciplines						**High**			
Technology: The current IT infrastructure is aging and becoming hard to support and maintain. Lack of comprehensive IT Strategy identifying business needs and core gaps. Impact of national e-health strategy, Lack of capital & revenue funds to sustain current IT infrastructure & applications Staffing costs are greater than funding levels. Incorrect balance & capacity of some key skills in specialist IM&T sections	Technical solutions are not adopted and clinical strategy not fully implemented. Opportunities for efficiencies missed. Current IT infrastructure fails or does not support normal working. Unable to fulfil national reporting or other delivery commitments	Deliver safe, effective & high quality services Patient Safety & Quality	1. Baseline audit of IT Infrastructure undertaken and gaps identified. 2. Baseline review of applications estate has been undertaken and gaps identified. 3. Roadmaps & investment plans are being developed examining strategic options and choices. 4. An Electronic Patient Record Blueprint has been developed. 5. Options appraisal & business case being developed for Mental Health & Community IT system provision. 6. Options appraisal & business case for Trak upgrade – local or regional model. 7. Where necessary systems are moved to more resilient hardware to prolong life. 8. Where necessary desktops are replaced tactically ***Continues onto next page***	Almost certain	Major	**Very High**	1.Develop IT strategy during 2016/17. 2.Consolidate a business case for submission to Scottish Government in 2017/18 to secure investment to support strategic choices & refresh aging infrastructure. 3.Develop plan to ensure immediate action to improve resilience of key applications by creating a secondary instance of the service cluster and improve recovery times by developing proposals for enhanced backup solution. Refresh desktop estate and operating system and replace aging network equipment as far as funding allows. 4.Utilise national eHealth networks to gain synergies and improvements locally	Director of Planning / Medical Director	31st July 2018

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
			9. Negotiate with suppliers to extend support for hardware and software applications reaching end of life. 10. Engage with services to prioritise investment and resources through IM&T portfolio planning process & capital planning process to develop yearly work plan. 11. Align eHealth strategy funding to the priorities in the workplan and the Clinical Strategy. 12. Continue to work with services to identify where current investment can be leveraged or there are gaps e.g Trakcare and with model of facilitator support to services to ensure that current investment e.g. Trakcare is fully utilised and consistently applied. 13. Bid to national funding streams.						

Source of risk	Risk	Linked to Corporate Objective	Managed by (key systems / processes):	Likeli-hood	Impact	Risk Level after Mitigation	Further Actions Required	Risk Owner Lead Executive	Review Time-scale
Risk 9 : New Risk Delivery of Statutory/Mandatory and Professional Skills Training									
Failure to comply with Statutory and Mandatory Training

Managers and employees not effectively trained. | Quality of healthcare provision not at optimum level, avoidable complaints, poor patient experience

Non compliance with primary legislation or NHSB Policies. Legal action against e.g. HSE enforcement action/prosecution. Avoidable claims.

Avoidable financial pressures – resources diverted to manage complaints/litigation/sickness absence levels/manage adverse events

Adverse affect on staff job satisfaction leading to affect on service delivery outcomes. | Deliver safe, effective & high quality services

Patient Safety & Quality

Promote excellence in organisational behaviour | 1. NHS Borders Statutory and Mandatory training policy
2. Identification of Executive Directors as Statutory/ Mandatory Risk owners and Project Manager
3. Implementation of the Central Booking system to ensure dynamic and robust monitoring and reporting of Statutory and mandatory training compliance
4. Managers and Employees consulted about Statutory and Mandatory training issues through SMWG, APF and reports to NHS Borders Audit Committee, Clinical Executive Operational Group and Staff Governance Committee.
5. Cycle of reporting to HEI's and NES.
6. Internal audit action plan
7. Employers Liability Insurance.
8. Topic specialists keep up to date with current risks and good practice control measures.
9. Quarterly performance reviews | Likely | Major | **High (16)** | 1. Annual review of Statutory and Mandatory training policy.
2. Workforce Planning
3. Accurate identification of statutory and mandatory training requirements
4. Senior managers to ensure staff are released for Statutory and Mandatory training as identified
5. Regular review of SLA's with HEI's and NES
6. Ensure annual compliance position is reported to the Board
7. Support to managers to ensure implementation of effective PDPs | Director of Workforce

Employee Director | 1st August 2018 |