Borders NHS Board

Meeting Date: 4 June 2020

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STRATEGIC RISK REGISTER

Purpose of Report:

The purpose of this report is to update the Health Board of the risks within the strategic risk register

Recommendations:

The Board is asked to **note** the report

Approval Pathways:

This report has been prepared by the Risk Team and reviewed by the Board Executive Team

Executive Summary:

The Health Board is responsible for ensuring that there is a clear and appropriate management structure for ensuring that NHS Borders has effective systems which enable risk to be identified and decisions to be taken at an appropriate level.

As part of the Board's risk management arrangement, the Strategic Risk Register has been reviewed and updated. The strategic risk register is attached as appendix 1. Discussions have taken place with each risk owner to identify the current level of risk, current control measures and action which will be taken to reduce/mitigate these risks.

To support the Board in discharging its responsibilities, it had delegated aspects of risk governance to the Governance Committees. Each committee has a responsibility for providing assurance to the Board in respect of the risks that fall within its specific remit. This requires each Governance Committee to use the Strategic Risk Register to consider risks that may require further scrutiny (for example, risks evaluated as very high) and seek assurance from individual risk owners regarding the management of these risks, including the adequacy of existing control measures and progress against any actions required for improvement. This responsibility sits with Governance Committees as at April 2020.

Impact of item/issues on:

Strategic Context	Holds information on where the strategic risks are held for NHS Borders. This supports the Board make informed decisions.
Patient Safety/Clinical Impact	Key performance risk indicators are not being achieved

	to cover safe, effective and person centred care. The strategic risk register will now be part of the risk management system and feed into the statistical data for the whole organisation
Staffing/Workforce	Risk management is included in existing managerial duties.
Finance/Resources	The risk register is already embedded into corporate systems, moving the strategic risk register to the electronic system requires minimal additional resource.
Risk Implications	Strategic risks being held on electronic system allows more transparency to the risks of the organisation
Equality and Diversity	Electronic risks do not affect any persons/groups adversely
Consultation	Consultation with the Chief Executive and Board Executive Team
Glossary	

Consequence	The outcome of an event being loss, injury, ill health, disadvantage or gain.
Cost	Of activities, both direct and indirect, involving any negative impact, including money, time, labour, disruption, good will, political and intangible losses.
Frequency	The number of occurrences of that outcome over a specified period of time.
Hazard	A source of potential harm or a situation with a potential to cause loss.
Likelihood	Used as a qualitative description of probability or frequency.
Loss	Any negative consequence, financial, clinical, corporate or otherwise.
Residual Risk	The remaining level of risk after the risk has been managed/ treated.
Risk	The chance of something happening (an opportunity or hazard) that will have an impact (good or bad) upon objectives. Risk is measured in terms of its consequences and likelihood.
Risk Analysis	A systematic use of available information to determine how often specified events may occur and the severity of their consequences.
Risk Appetite	Risk appetite is a term used to explain what amount and type of risk the organisation is willing to accept or tolerate.
Risk Assessment	A systematic process of evaluating the potential risks that may involve

	a project activity or undertaking.
Risk Control	That part of risk management, which involves the implementation of policies, standards, procedures and physical changes to minimise adverse risk.
Risk Evaluation	The process used to determine risk management priorities by comparing the level of risk against predetermined standards, target risk levels or other criteria.
Risk Management Framework	Set of elements of an organisations management system concerned with managing risk. Components that provide foundations and arrangements for risk management to be implemented within the organisation i.e. strategy, policy, accountability, escalation process etc
Risk Identification	A process for finding out what outcomes are possible and how they occur.
Risk Level	The level of risk calculated as a function of likelihood and consequence.
Risk Management	A systematic approach to the management of risk, staff and patient/client/user safety, to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation. Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk.
Risk Management Process	The systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risk.
Risk Matrix	A tool used to calculate the level of risk based on likelihood and consequences
Risk Reduction	A selective application of appropriate techniques and management principles to reduce either likelihood of an occurrence

		or its consequences, or both.
	Risk Retention	Intentionally or unintentionally retaining the responsibility for loss or financial burden of loss within the organisation.
	Risk Tolerance	An informed decision to accept the consequences and likelihood of a particular risk.
	Stakeholders	Those people and organisations who may affect, be affected by or perceive themselves to be affected by a decision or activity.
	Strategic risk	Risks associated with the strategic direction of an organisation. Strategic risks are often a function of uncertainties that may be driven by government policy, standards, competition, court decisions or a change in stakeholder requirements

Strategic Risk Register Update – June 2020

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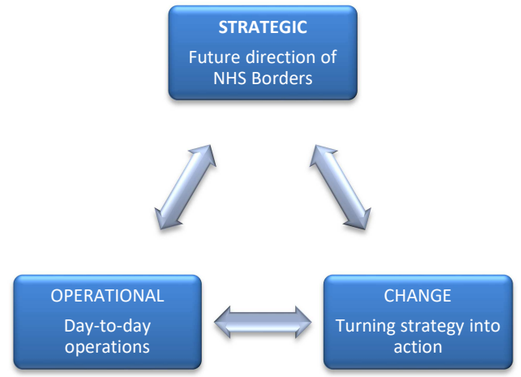
	Risk	Previous Risk Level	Current Risk Level
1	Non-achievement of financial targets (RRL and CRL), (ID1589)	Very High	Very High
2	Destabilisation of BGH as a full District General Hospital. (ID1591)	High	High
3	Effectiveness of partnership working. (ID1585)	High	Medium
4	Sustainability of organisational leadership. (ID1597)	High	High
5	Failure of Resilience. (ID1592)	High	High
6	National and regional agenda for training delivery not fully implemented. (ID 1594)	High	High
7	Impact of Brexit on Health Board. (ID 1595)	High	High
8	Failure to meaningfully implement clinical strategy. (ID1593)	High	Medium
9	Pandemic Flu (ID1596)	High	High
10	Financial decision-making in partner organisations' budgets impacts on NHS Borders. (ID1586)	Medium	Medium
11	Industrial action. (ID1587)	Medium	Medium
12	Unacceptable Clinical Performance. (ID1588)	Medium	High
13 NEW	Cultural Change. (ID1655)		Medium
14 NEW	Coronavirus and COVID19. (ID1682)		Very High
15 NEW	Non-achievement of financial targets during COVID-19 pandemic (ID1767)		Very High

The strategic risk identification reflects closely the corporate direction of the organisation through implementing Board strategies and upon risks to attaining the Corporate Objectives. BET have a watching brief to identify further risks as strategic issues arise.

The strategic risk register is now held within the electronic risk management system. This allows the risk owners to update risks in real time.

Two new strategic risks have been identified: Coronavirus outbreak and Cultural Change. Coronavirus outbreak has been graded as a very high risk reflecting the change in working and reduction in delivering services.

A risk supporting risk 1 (ID1589) has been entered in regards to non achievement of financial targets during the COVID-19 pandemic.



Strategic Risk Register
As at 25.05.2020.

ID	Service	Risk Owner	Title of Risk	Description	Source of Risk (hazard/ problem/ concern)	Risks Arising	Impact and Consequence of Risks Arising	What is the type of risk?	Opened	Consequence (current)	Likelihood (current)	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Expected date of target level achieved or closed	Risk Action Plan	Date Risk Awaiting Final Approval	Date risk finally approved
1682	Strategic Risk Register *Board Executive Team Use Only*	Patterson, Tim	Coronavirus and COVID-19	On 31 December 2019, World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus (SARS coronavirus-2 (SARS-CoV-2)) was subsequently identified from patient samples. In early January 2020, the cause of the outbreak was identified as a new coronavirus. While early cases were likely infected by an animal source in a 'wet market' in Wuhan, ongoing human-to-human transmission is now occurring. There are a number of coronaviruses that are transmitted from human-to-human which are not of public health concern. However COVID-19 can cause respiratory illness of varying everity. Currently, there is no vaccine and no specific treatment for infection with the virus. On the 30 January 2020 the World Health Organization declared that the outbreak constitutes a Public Health Emergency of International Concern. 11 March 2020 WHO declared COVID-19 a pandemic. WHO risk assessment 17 March 2020 is very high. Since early March the UK (including the Borders) has experienced a large outbreak of Covid-19 disease resulting in large number of cases, deaths and pressure on UK health systems.	Highly transmissible novel virus that may also be spread by asymptomatic patients. Limited information on virus characteristics and impacts. High levels of uncertainty on future direction of mitigation/lock down measures and their impact on UK epidemic. Reliance on government to respond to extra financial and resource implications, mortuary capacity, Difficulties in joint planning between all organisations, Hospital treatment capacity may be overwhelmed especially ITU, Additional need for infection control facilities and equipment, Continuing uncertainty over most effective PPE protection for staff and public, National shortage of PPE, National shortage of oxygen/ ventilators, Lack of communications to the public so they know processes to follow/ where to be seen/treated, Public not following advice when given, Capacity of primary care to meet demand, Capacity of inpatent units to meet the demand for beds. Limited ability to staff clinical areas appropriately, Critical support services fail: catering, general services, estates, laundry, Impact of staff restriction of travel, Impact of restriction on staff placements due to social distancing, Work from home initiatives, Staff Testing capacity, Public/ patient/ staff anxiety, Effect on supply chains, Staff members have to look after vulnerable family members/ children, Increase in staff sickness due to covid-19, Decrease in staff wellbeing especially in staff mental illheath, Patients cared for in their own homes putting pressure on GPs/NHS capacity to treat all patients. Increased demand for social and community care services, Depletion of numbers of informal carers to care for family members, Closure of schools/lack of childcare, Increase in hackers/scammers/phishing emails, Logistical problems due to interruption of supplies and utilities, food supplier, energy resources, clinical waste, funeral directors, Pressure on mortality facilities, Adverse effects on public health due to lock down measure, Increase in morbidity and mortality due to members of public not presenting to services for non covid disease, Business as usual affected across NHS Borders, Significant spread within Borders care homes.	Large volume of staff contract disease (anticipated 10% of healthcare staff will contract disease), Nowhere to store deceased patients, Infection spreads more rapidly than can be managed, Inability to effectively resource wards, Demand outstrips capacity leading to poor quality care, Unsustainable workload in community due to increased number of patients being cared for at home and increase in patient acuity, Delays in clinical care, Increased cases of aggression and violence towards staff, Staff with personal caring responsibilities unable to attend work, Incubation period unknown – case count increases, Testing capacity is overstretched due to lack of equipment/staff/resource, Large scale quarantines, Travel restrictions, Social distancing measures, Concentrating on immediate issue with no outlook to long term planning which may also be critical Social distancing may impact on vulnerable groups, patient home visits, community working, Breakdown of established systems with healthcare partners/ emergency services leading to greater demand and capacity, Unacceptable means of managing the deceased with dignity leading to media attention and complaints, Case growth continues potentially overwhelming healthcare systems, Equipment sourced in high risk areas where production has been halted or minimised impacts on delivery of goods, increased inflation, restrictions remain that will prevent resumption of normal activity, Lowered trucking capacity to deliver goods from factories to ports for delivery, delays in delivery Escalation mechanisms understood in theory but not in reality, Working in organisational silos leads to different assumptions being made dependent on specialities without necessarily looking organisational wide, Increased financial pressure, Increased corporate liabilities, Increased anxiety throughout the community resulting in poor and sustained media coverage, Working from home for non front line staff may impact on needs of NHS Borders, No tabletop simulation undertaken so this has not been experienced before. Manager's may find this difficult to respond to correctly. Unable to treat sick patients as not got correct medication/equipment available, Cybersecurity breach, Business as usual services impacted which will affect the long term health of the population.	Staff absence/ Staffing issues, Staff exhaustion, Unable to make required savings, Costs to NHS Borders increase to deal with demand, Increased avoidable morbidity/deaths, Reputational damage at a national level, Organisational reputation/ adverse publicity due to strong public reaction, NHS Borders clinical / support services may be overwhelmed by the pandemic leading to severe disruption for services and serious impact on ability to provide care to patients with virus and patients without virus, Cancellations of routine appointments/ elective and non urgent surgery, Litigation being enforced, Parts/ medication/food shortages, Critical strategies not being implemented at the correct time, Unable to cope with the demand for care, Rapid escalation not reaching correct people, Loss of data	Adverse publicity/ reputation, Business Continuity, Financial/ Economical (including damage, loss, fraud), Inequalities, Legal, OH&S Environment and Equipment, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence, Technological	17/03/2020	Extreme (5)	Almost Certain (5 This is expected to occur frequently)	V High (25)	High (15)	Managed (Treat)	Operational plans in place, Regular update to the Health board, Governance structures in place e.g. COVID-19 Pandemic Committee, Joint working with SBC, BGH Coronavirus hub – weekly meetings and updates, surge resources where needed, work streams redirected where appropriate, emergency planning roles, supply chain monitoring, long term resiliency, focus on output and discipline and does not tolerate meetings that achieve neither, PPE coordination group also meets 3 times a week, Workforce protection – PPE, escalation criteria in place, multichannel communications, staggered work times, health checks for front line staff, home working where available, Public health official engagement both nationally and locally, OH support for staff members, Supply chain stabilisation – order management, critical equipment identification, local optimisation, sourcing plans, resilience planning, Scottish government support, Public/ Patient engagement – communications to the public through national and local means, scenario based risk communications, training, fact based reports on issues, situation communications, Financial – Relevant scenarios based on latest epidemiological and economic outlook	No	Virus mutation unknown, Government initiatives impact on outcome, No community testing to give true figure of public infected, Uncertainty over national modelling and future direction of community infection, Uncertainty over virus characteristics eg. asymptomatic, pre-symptomatic spread; atypical presentation; extent of population infection and subsequently immunity, Lack of available PPE/wrong PPE used/no PPE used, Patients moved to incorrect wards increasing likelihood of infection	01/06/2020	31/03/2022	Recovery plan for NHS Borders created, Monitor government financial packages being put in place to assist in COVID-19 pandemic, Pandemic planning updated to reflect most up to date information from the government, Monitor national effort in producing medical equipment, Communications to all staff regarding alternative roles that can be undertaken to assist in demand on NHS Borders during pandemic, Workforce planning being developed in line with national planning, Digital transformation involved in resilience planning for pandemic situation, Horizon scanning/ forecasting to be undertaken for short, medium and long term planning, Lessons learnt to be monitored continually to ensure learning from all scenarios, Continued cross collaboration with partners e.g. SBC, NHS Scotland, Scottish Government, Ensure access to most up to date information on the progress of the virus communicated to staff, Forecast local potential absenteeism to gain insight on virus being transmitted to staff; tolerance of risk versus health of workers, Operational risks being developed in relation to infection control/PPE	27/04/2020	27/04/2020
1589	Strategic Risk Register *Board Executive Team Use Only*	Bone, Andrew	Non-achievement of financial targets (RRL and CRL)	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	NHS Borders not able to achieve financial targets	Statutory targets are not achieved. Significant increase in Scottish Government involvement in the organisation Adverse impact on service delivery & workforce 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 Reputation risk of the organisation and board members	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence	21/10/2019	Extreme (5)	Likely (4 Strong possibility that this could occur)	V High (20)	High (10)	Managed (Treat)	1.Additional support and expertise in financial turnaround 2.Improved communication and staff engagement to agree how financial sustainability is achieved 3.Put in place a structure to deliver financial turnaround including work streams with executive leaderships and accountability supported by a well resourced PMO 4.Put in place processes and decision making which is clear and supports financial turnaround 5.Annual Operational Plan 6.Ongoing review and update of the financial plan. 7.Maintain strong links with SG – quarterly meetings 8.Seek support similar to the boards in special measures. 9.Medium and longer term planning 10.Horizon scanning and networking. 11.Organisational and public awareness of the financial environment and challenge. 12.Ensuring we have financial grip and control. 13.Ensure management information and reporting is timely, accurate, understood and acted upon. 14.Monitoring of financial position and delivery of efficiency. 15.Robust project management. 16.Focus on quality	No	Impact of these controls are not enough to bridge the gap of estimated 13m	31/03/2021	31/03/2023	Production and implementation of a financial recovery plan for the next 3 financial years which returns the organisation to financial sustainability Creation of a NHS Borders strategic intent which details the road map on how this will be delivered Increase dialogue with the public and communities to address the financial challenge Ensure clinicians are at the centre of financial turnaround Develop an integrated financial plan across IJB, SBC and NHS Ensure financial accountability is accepted at every level of the organisation Organisational engagement which delivers change releasing cash at pace Wider clinical input to develop and implement plans and strategies Transformational changes to all services required Review demand, protocols and thresholds Realising realistic medicine Increased focus on quality and clinical variation Link with national and regional efficiency work streams and shared services programme	23/10/2019	29/11/2019
1767	Strategic Risk Register *Board Executive Team Use Only*	Bone, Andrew	Non-achievement of financial targets (RRL and CRL)	Non achievement of financial targets (RRL and CRL) during Covid19 pandemic. This risk is supplementary to 1589 and is specific to financial operating environment during Covid-19 pandemic.	Available resources may be insufficient to offset additional expenditure on pandemic response Financial Plan may be impacted by future SG decisions on redirection of existing commitments (e.g. WT) Performance against plan may no longer be deliverable within agreed resources due to increased cost of delivering services during pandemic Inability to deliver Financial Turnaround programme due to reprioritisation of service and supporting resources during pandemic	NHS Borders not able to achieve financial targets	Statutory targets are not achieved. Significant increase in Scottish Government involvement in the organisation. Adverse impact on service delivery & workforce. 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.	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence	28/05/2020	Extreme (5)	Likely (4 Strong possibility that this could occur)	V High (20)	High (15)	Managed (Treat)	1.Additional support and expertise in financial turnaround 2.Improved communication and staff engagement to agree how financial sustainability is achieved 3.Put in place a structure to deliver financial turnaround including work streams with executive leaderships and accountability supported by a well resourced PMO 4.Put in place processes and decision making which is clear and supports financial turnaround 5.Annual Operational Plan 6.Ongoing review and update of the financial plan. 7.Maintain strong links with SG – quarterly meetings 8.Seek support similar to the boards in special measures. 9.Medium and longer term planning 10.Horizon scanning and networking. 11.Organisational and public awareness of the financial environment and challenge. 12.Ensuring we have financial grip and control. 13.Ensure management information and reporting is timely, accurate, understood and acted upon. 14.Monitoring of financial position and delivery of efficiency. 15.Robust project management. 16.Focus on quality	No	Impact of these controls is intended to mitigate additional risk arising from Covid-19 pandemic. The continued uncertainty at national level in relation to total resources available to meet pandemic costs means that there is limited scope to reduce this risk.	30/06/2020	31/03/2021	Interim financial governance arrangements implemented to ensure grip & control in relation to Covid-19 related expenditure. Regular reporting of spend against Covid-19 Local Mobilisation Plan (LMP) to Scottish Government colleagues in agreed template. Covid-19 specific financial reporting to BET and NHSB Board as part of routine finance reports (monthly). Increased frequency of national finance networks to ensure consistency in approach with peer systems, including weekly Corporate Finance Networks and Director of Finance meetings chaired by Scottish Government Health Department Interim Finance Lead. Regular (monthly) update to financial forecasts for Covid related expenditure. Review of Financial Plan at Q1 Review (July20) to include specific focus on both Covid-19 and "recovery/renew" workstream. Review of Capital planning assumptions with SG colleagues via National Infrastructure Board (NHSB/NIB meeting mid-July20). Phased reintroduction of Grip & Control actions from May20 including: Vacancy Management process; Grip & Control workstream. Directors of Finance/Strategic Change review of Turnaround Programme to	28/05/2020	29/05/2020
1595	Strategic Risk Register *Board Executive Team Use Only*	Carter, Andy	Impact of Brexit on Health Board	Overall Brexit uncertainties and outcomes	Workforce: retention and recruitment in medical/nursing staff of EU nationals is decreased/ perceptions of EU nationals of the risks of working in UK. Mutual recognition of professional qualifications ceases. Financial: government funding decreases and costs increase for EU supplies. Procurement: restricted access to EU suppliers, loss of negotiated reduced contract costs. Access to technology reduced. Utility supplies-electricity, gas etc interrupted. Pharmacy: loss/disruption of access to supplies of pharmaceutical supplies/medicines from EU. Public Health: collaborative approach/research is restricted, cross EU health initiatives decline. Early warning of communicable diseases declines. Cross border care: EU nationals seeking healthcare whilst in UK. Mechanisms for financial recompense uncertain. Food Supply: food not available/ restrictions to supply of food from outwith the UK. Stockpiling of goods. Fuel Supplies: Panic buying of fuel could exacerbate a localised shortage of fuel.	Staffing gaps within essential services: medical staffing/nursing. Clinical EU qualifications not recognised on either side leading to recruitment issues. Essential medicines/vaccines not available or in poor supply affecting clinical outcomes for patients. Financial pressures increase to unsustainable levels- financial balance not possible. Supply chains from EU lost or radically decreased for medical supplies/equipment affecting operational delivery of healthcare. Also technology advancement reduced affecting future clinical strategies. Increased costs for utilities supplies. Essential equipment originating from EU unavailable/increased costs affecting equipment maintenance/estate/operational delivery. Improvements in public health slowed down. Financial risks of providing EU nationals with care whilst in UK not being recouped. Pricing increases in purchasing food products. Limited capacity for storing additional food products. Fuel required for undertaking clinical duties within the community.	Recruitment issues. Competition for qualified healthcare staff given the lack of freedom of movement. Clinical outcomes for patients should medication not be available Financial balance not possible. Health Board in deficit. Operational delivery of healthcare due to unavailability of equipment. Public Health developments reduced. Unable to offer meals for patients/visitors/staff/public. Reduction in availability of fuel will reduce staff movement between locations and delivering care in the community	Adverse publicity/ reputation, Business Continuity, Financial/ Economical (including damage, loss, fraud), Inequalities, Information Governance, Legal, OH&S Policy - generic, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence	22/10/2019	Extreme (5)	Unlikely (2 Not expected to happen)	High (10)	Medium (5)	Managed (Treat)	1.Current medical staffing, NHS B not overly reliant on EU nationals. 5% as at Sept 2018. GMC reviewing cross EU qualification mechanisms. GMC/NMC following the Mutual Recognition of Professional Qualifications (MRPQ) Directive 2.Local Workforce Plans in place which capture the implications of Brexit. 3.Recruitment and retention strategy aimed initially at consultant medical staff and registered nurses 4.UK government systems to support EU nationals remaining in UK 5.Gov funding remains constant currently with UK contingency planning being undertaken. 6.National procurement dept is identifying the at risk supply chains to/from EU countries and increasing stock holding. 7.East of Scotland Health Boards have added to procurement risk profile as more information becomes available 8.Local procurement staff instigate an escalation process if any supplier raises Brexit as a reason for disruption, 9.UK contingency planning for medicines/medical supplies, alternative supply routes identified for medicines. Once for Scotland response. 10.Triage system set up by National Procurement dept for medicine/ medical supplies.	No	Direction from the Government on Brexit deal implications stifles contingency planning Government planning currently on hold due to general election impacting on guidance being made available through usual, appropriate channels and increasing uncertainty	18/10/2019	01/04/2020	Monitoring and seeking to influence through appropriate channels Scottish and UK Governments Ongoing contingency planning Incorporating variables into workforce and business planning Brexit group to review risk level in light of readiness return	22/10/2019	13/11/2019

Strategic Risk Register
As at 25.05.2020.

ID	Service	Risk Owner	Title of Risk	Description	Source of Risk (hazard/ problem/ concern)	Risks Arising	Impact and Consequence of Risks Arising	What is the type of risk?	Opened	Consequence (current)	Likelihood (current)	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Expected date of target level achieved or closed	Risk Action Plan	Date Risk Awaiting Final Approval	Date risk finally approved
1594	Strategic Risk Register *Board Executive Team Use Only*	Carter, Andy	National and regional agenda for training delivery not fully implemented	Incomplete delivery of statutory/ mandatory and professional skills training	Failure to comply with Statutory and Mandatory Training Failure to comply with national agenda and regional agenda Managers and employees not effectively trained	Quality of healthcare provision not at optimum level Non compliance with primary legislation or NHSB Policies Avoidable financial pressures	Avoidable complaints Poor patient experience Legal action against e.g. HSE enforcement action/prosecution Avoidable claims 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 Staff can potentially lose their CPD/ professional registration	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, OH&S Activity, OH&S Policy - generic, Patient Safety/ Clinical Risk/ Clinical Activity	22/10/2019	Major (4)	Possible (3 May occur occassionally)	High (12)	Medium (8)	Managed (Treat)	NHS Borders Statutory and Mandatory training policy Identification of Executive Directors as Statutory/Mandatory Risk owners and Project Manager Implementation of the Central Booking system to ensure dynamic and robust monitoring and reporting of Statutory and mandatory training compliance 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. Cycle of reporting to HEI's and NES. Internal audit action plan Employers Liability Insurance. Topic specialists keep up to date with current risks and good practice control measures. Quarterly performance reviews LearnPro tools in place to monitor compliance LearnPro process for manager accountability	Yes		01/08/2019	01/11/2020	Annual review of Statutory and Mandatory training policy. Accurate identification of statutory and mandatory training requirements Senior managers to ensure staff are released for Statutory and Mandatory training as identified Regular review of SLA's with third parties Ensure annual compliance position is reported to the governance committees Support to managers to ensure implementation of effective PDPs Inclusion in dashboard report to staff governance committee	22/10/2019	13/11/2019
1597	Strategic Risk Register *Board Executive Team Use Only*	Roberts, Ralph	Sustainability of organisational leadership	Disruption to organisational leadership arising from the anticipated changes to the leadership team as a result of retirals and impact of external context	National Health and Social Care Workforce Plan refers to Health and Social Care Delivery Plan/National Clinical Strategy/Mental Health Strategy: all requiring a change in approach to workforce planning. Part of the uncertainties for the senior managers. High level changes to senior leadership team Senior Managers posts: vacancies, changes in post profile, organisational changes in structures leading to reduced stability in operational direction, number of managers retiring. Senior managers post profiles invariably contain more than one work stream; weakens the ability to deliver on all aspects/work priorities. Minimal skills training for each work stream. Organisational memory is being eroded. Cultural issues identified within OD review of senior management. NHS Borders as a small main land board is seen nationally as an interim step to progression to a larger NHS health board- turn over in key posts.	Quality of healthcare provision not at optimum level. Avoidable financial pressures – resources constantly being redirected, poor financial decisions, advantages lost/delayed, sickness absence levels increase Non compliance with primary legislation or NHS Borders Policies. Adverse affect on staff job satisfaction/staff morale leading to affect on service delivery outcomes. National initiatives adversely affected with deadlines not met/delayed Strategic direction/operational delivery are not consistently applied	Patient safety compromised Organisation not able to sustain services/ disruption to services Unacceptable service delivery outcomes Impact on staff morale Increase in avoidable complaints Disciplinary action Employee violations HSE enforcement Information Governance action Avoidable claims Adverse publicity impacting on the reputation of NHS Borders Government scrutiny Gaps in management control leading to destabilisation of organisation.	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, OH&S Policy - generic, Political, Staffing and Competence	22/10/2019	Major (4)	Possible (3 May occur occassionally)	High (12)	Medium (8)	Managed (Treat)	Project Rise for the development of senior managers' leadership skills Strategic Change Programme PMO- processes giving structure to decision making. Vacancy management system. Limited training programme available for management skills/decision making. Appraisal/PDP undertaken- objective setting. National /Organisational strategies available. Workforce Planning for NHS Borders and Health & Social Care Partnership Recruitment plan for executive team changes - DoF & DoW appointed in March 2020; Interview date for MD post on 25th June BET team development programme Induction programme for new Directors Interim MD arrangements being put in place	No	Staff training and support given to managers Whilst controls have been put in place to reduce this risk to an acceptable level, they will take time to be fully effective	31/07/2020	30/10/2020	Recruitment for gaps in BET to progress as quickly as practical Work with new Director of Workforce to develop ongoing training plans Complete appointment of new MD Complete Induction for new Executive Colleagues	06/12/2019	24/01/2020
1588	Strategic Risk Register *Board Executive Team Use Only*	Berry, Nicky	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 Non compliance with relevant legislation Loss of key staff Critical error made	Operational impacts on service delivery Increase in complaints and compensation National/ international media attention MSP/MP questions in parliament Public Inquiry/FAI depending on the outcome of incompetency Prosecution	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence	21/10/2019	Major (4)	Possible (3 May occur occassionally)	High (12)	Medium (8)	Managed (Treat)	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, Registered Nurses and Midwives 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	Yes		02/12/2020	03/12/2019	Investigations process to be developed for claims Learning from complaints/adverse events Developing clinical leadership to support good practice Review of Doctor recruitment process Introduction of revised Nursing revalidation process Develop systems that provide assurance about the quality of care delivered Implement leadership programmes: SCN programme with NES/QMU, Programme for Person Centered Care with QMU, Back to Basics	23/10/2019	03/12/2019
1592	Strategic Risk Register *Board Executive Team Use Only*	Patterson, Tim	Failure of Resilience	Failure to have adequate and tested resilience in place for NHS Borders	Failure to have adequate and tested business continuity plans Resilience to have human resource to respond Sufficient capacity to deal with crisis Technology not able to function	Patient care cannot be delivered No set plan if crisis occurs Significant dependence on technology to deliver healthcare	Adverse publicity impacting on reputation of NHS Borders Cannot implement continuity plans to reduce risk Significant impact on patient safety	Adverse publicity/ reputation, Business Continuity, Financial/ Economical (including damage, loss, fraud), Inequalities, Legal, OH&S Environment and Equipment, OH&S Policy - generic, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence, Technological	21/10/2019	Extreme (5)	Possible (3 May occur occassionally)	High (15)	Medium (5)	Managed (Treat)	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 5.IT implemented new technology stack including improved recovery and restore solutions to minimise impact and likelihood of failure. 6.Agreed location for a second resilient facility and procurement underway to build 7. Electronic business continuity system implemented to increase and support joint working between departments to highlight key dependencies	No	Internal audit on business continuity highlighted a number of gaps including keeping business continuity plans up to date. The implementation of the business continuity electronic system should assist in addressing this issue. Related to this is the release of staff to complete the business continuity plans. Whilst an agreed location for a second resilient facility is underway, this still remains a risk to the organisation until the project is completed	30/10/2020	30/10/2020	Transfer secondary equipment to the resilient facility when available Action plan in progress following internal audit recommendations Draft Resilience Policy	22/10/2019	08/11/2019
1591	Strategic Risk Register *Board Executive Team Use Only*	Sharp, Dr Cliff	Destabilisation of BGH as a full District General Hospital	Destabilisation of BGH as a full District General Hospital as a result of inability to recruit and retain medical workforce	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	Patients do not all receive appropriate care within NHS Borders Core services are not sustained Patient safety not at optimal levels	Hospital closure Workforce issues Legal issues Reputation adversely affected Staff morale, sickness absence, engagement deteriorates Increased organisational and professional liabilities Financial pressures on existing plans	Adverse publicity/ reputation, Business Continuity, Financial/ Economical (including damage, loss, fraud), Inequalities, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence	21/10/2019	Major (4)	Likely (4 Strong possibility that this could occur)	High (16)	Medium (8)	Managed (Treat)	Developing non medical models Work across SEAT to look at consultant & trainee gaps	No	No overall medical workforce plan. Low quality Job Plans - needs improvement, electronic job planning. Better control of Out-of-Area referrals would stabilise local capacity provision and workforce.	31/03/2020	30/10/2020	Workforce plan to address increasing complexities and volumes of patients being treated Financial plans which returns NHS Borders to financial stability Improve medical job planning Development of the future of BGH business case Improved monitoring of Board out of area referrals Review and manage demand	22/10/2019	03/12/2019
1585	Strategic Risk Register *Board Executive Team Use Only*	Roberts, Ralph	Effectiveness of partnership working	Less effective service delivery as a result of ineffective partnership working with key organisational partners	Poor inter-agency communication Differing organisational cultures Political independence Strategic aims misaligned 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	Patients do not receive appropriate care 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	Unsatisfactory patient experience, unacceptable impact on patient care Long term local adverse publicity Damage to organisational reputation, significant effect on staff morale and public perception of the organisation Challenging recommendations from Audit Disruption to services	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, Political, Staffing and Competence	21/10/2019	Major (4)	Likely (4 Strong possibility that this could occur)	High (16)	Low (3)	Managed (Treat)	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 e.g. audit committee 6.Established Community Planning Partnership 7.Use of the Social Care Fund and Transformation Fund to pump prime projects that will deliver integrated working 8.Governance arrangements in place	No	Whilst controls have been put in place to reduce this risk to an acceptable level, they will take time to be fully effective	30/07/2020	31/03/2021	Agreement of strategic implementation plan, governance and capacity Development of locality plans Develop locality management model and integrate locality teams Create joint financial framework Progress action plan from integration self assessment Review effectiveness of Partnership working in light of COVID response and develop opportunities to further improve, building on COVID success	23/10/2019	24/01/2020

Strategic Risk Register
As at 25.05.2020.

ID	Service	Risk Owner	Title of Risk	Description	Source of Risk (hazard/ problem/ concern)	Risks Arising	Impact and Consequence of Risks Arising	What is the type of risk?	Opened	Consequence (current)	Likelihood (current)	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Expected date of target level achieved or closed	Risk Action Plan	Date Risk Awaiting Final Approval	Date risk finally approved
1596	Strategic Risk Register *Board Executive Team Use Only*	Patterson, Tim	Pandemic Influenza	Pandemic influenza planning not prioritised due to operational priorities and other strategic priorities.	Unprepared for pandemic due to lack of pre-planning Uncertainty of when a new pandemic will emerge Lack of joint planning between all organisations Areas not identified as treatment areas for Pandemic influenza Lack of communications to the public so they know processes to follow/ where to be seen/treated. Public not following advice when given. A pandemic flu i.e. worldwide spread of a new flu virus which means that the population will have little immunity to infection to which a vaccine may not be available. Lack of antiviral medication. Pandemic flu is the highest rated risk in the National Risk Assessment. The H1N1/"swine flu" pandemic in 2009/10 was very mild by historical standards. The threat of a new and far more serious pandemic remains. Reliance of government to respond to extra financial and resource implications. Additional need for high dependency care, infection control facilities and equipment. Increased staff sickness absence. Capacity of inpatient units will not meet the demand for beds, limited ability to staff clinical areas	Infection spreads more rapidly than can be managed. Unsustainable workload in community due to increased number of patient's being cared for at home and increase in patient acuity. Breakdown of established systems with healthcare partners/emergency services leading to demand greater than capacity. Unacceptable means of managing the deceased with dignity leading to media attention and complaints. Increased anxiety throughout community resulting in poor media coverage. Increased financial pressure Increased corporate liabilities	Increased mortality rate and avoidable deaths. NHS Borders clinical/support services may be overwhelmed by the pandemic leading to severe disruption for services and serious impact on ability to provide care to flu patients or other non flu patients needing care. Delays in dealing with other medical conditions and probable cancellation of elective admissions. Adverse publicity affecting the reputation of NHS Borders. Litigation being enforced	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Inequalities, Legal, OH&S Environment and Equipment, OH&S Policy - generic, Patient Safety/ Clinical Risk/ Clinical Activity, Staffing and Competence	22/10/2019	Extreme (5)	Possible (3 May occur occassionally)	High (15)	Medium (5)	Tolerate	1. Operational plans approved 2. Business continuity plans for health services 3. Vaccination program for staff and vulnerable patient groups 4. Response arrangements will be based on strengthening and supplementing normal delivery mechanisms as far as is practicable 5. Plans are developed on an integrated multi-agency basis with risk sharing and cross-cover between all organisations 6. We will work across the organisation seeking to mobilise the capacity and	Yes		31/01/2021	31/01/2021	Ensure plans are up-to-date Excersize plans to ensure they are effective Childhood immunisations are currently being undertaken and lessons learnt from delivering these in relation to COVID19 limitations with social distancing. Plans put in place to manage flu vaccinations taking into consideration these lessons learnt	22/10/2019	01/11/2019
1655	Strategic Risk Register *Board Executive Team Use Only*	McCulloch-Graham, Robert	Cultural Change	If the required cultural change is not achieved then the delivery of the strategic objectives may be delayed or not fully implemented	Staff teams not supportive of the integration agenda due to historical behaviours	joint working is prevented, quality of care reduced, financial targets not met, all three strategic objectives of the IJB would be jeopordised.	Overspent budgets, patients not cared for adequately, waiting times and delays increased, equality of provision not provided. Reputational damage, possible litigation,	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Inequalities, Legal, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Project Risk, Staffing and Competence	28/01/2020	Major (4)	Unlikely (2 Not expected to happen)	Medium (8)	Medium (8)	Managed (Treat)	IJB governance in place, Executive Management Team between NHSB, SBC and the IJB. Strategic plan agreed, regular meetings with staff groups and members of the public through locality working groups. Chief Officer attends the Staff joint Forum. Newsletters published.	No	Needs greater joint working between NHSB and SBC supported through IJB. The IJB requires further resource to support more communication amongst staff teams and across the population. Joint financial planning has started however requires time to bed in. Joint performance reporting in place to report to IJB , this should also report to NHSB Board and Council.	31/07/2020	31/03/2022	Further communications across staff and population, newsletter, locality working groups, roadshows, IJB governance and joint working arrangements agreed.	14/02/2020	14/02/2020
1587	Strategic Risk Register *Board Executive Team Use Only*	Carter, Andy	Industrial action	Industrial action within NHS Borders	Government and/or health board policies and decisions Withdrawal of labour/ disruptive practices in response to industrial action	Service interruption to clinical 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	Unsatisfactory patient experience Sustained loss of service due to lack of staff Impact on patient care resulting in major contingency plans being invoked National media coverage Public confidence in NHS Borders undermined Disruption to services delivering care	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Patient Safety/ Clinical Risk/ Clinical Activity, Staffing and Competence	21/10/2019	Major (4)	Unlikely (2 Not expected to happen)	Medium (8)	Medium (8)	Tolerate	Partnership model for industrial relations Staff Governance framework Business Continuity Plans Local guidance re Industrial Action for managers and staff developed in Partnership and issued to managers and staff NHS Borders / TU negotiation group to be re-established as required (reporting through to APF) NHSiS tested process/system to manage industrial action Maintenance of good industrial relations locally	Yes		30/10/2020	23/10/2019	Awareness of any ongoing national / UK wide activities through HRD,ED and CE networks Terms &Conditions Group remit reviewed & strengthened	23/10/2019	13/11/2019
1593	Strategic Risk Register *Board Executive Team Use Only*	Smyth, June	Failure to meaningfully implement clinical strategy	Ensure the Clinical Strategy is implemented successfully across NHS Borders	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. 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 Technology:Some significant parts of the IT infrastructure are old and out of support e.g. Trakcare Impact of national Digital 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	Clinical strategy not aligned to change in political direction and therefore undeliverable. Unable to stay within budgetary requirements Healthcare Service will not be delivered within available means. Patient safety & quality are adversely affected for short periods during transition periods or for longer term. 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. 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	Financial budgets exceeded Patient safety & quality are adversely affected Reputation of the Health Board diminishes within Borders community. With consistent poor publicity Staff morale adversely affected, productivity slows, patient safety, service delivery adversely affected	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Inequalities, Legal, Political, Staffing and Competence	21/10/2019	Moderate (3)	Possible (3 May occur occassionally)	Medium (9)	Medium (6)	Managed (Treat)	Fiscal Financial control Public engagement process. Public Health strategy and monitoring of population health Staff engagement processes underpinned by principles of partnership working. Scheme of integration, strategic plan, and commissioning implementation plan. Proactive contact with political and media stakeholders. Board Executives & Non Executives to attend the SBC area forum network. Regular engagement with staff around key strategic issues. The establishment of NHS Borders Financial Turnaround Programme has resulted in a number of programmes of work being established across all business units. Each area of work has been cross referenced with the key principles of the clinical strategy to ensure their alignment and to ensure that any changes are consistent with the direction of travel of the organisation.	Yes		30/09/2020	01/12/2021	Developed robust community services to support people in their own homes Service reviews Explore future DGH model Proactively engage with SEAT Acute Services programme Proactive partner in Borders CPP Development of Public Involvement Strategy Explore impact and opportunity of Community Empowerment Act Complete Road to Digital including network refresh, VDI, Trak and applications upgrade Create Target Operating Model to fit the new technologies. Ensure staff have adequate training in new technologies. As part of TOM develop service delivery model and workforce plan Utilise national e-Health networks to gain synergies and improvements locally	03/02/2020	03/02/2020
1586	Strategic Risk Register *Board Executive Team Use Only*	Bone, Andrew	Financial decision-making in partner organisations' budgets impacts on NHS Borders	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 Reduction in ring fenced central funding for specific projects	Wider impact on partnership working Negative impact on the health of the Borders population Local long term adverse publicity having a significant effect on the public perception of NHS Borders Key objectives not delivered Unsatisfactory patient experience	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Inequalities, Political	21/10/2019	Moderate (3)	Possible (3 May occur occassionally)	Medium (9)	Medium (6)	Tolerate	1.Work as part of the NHS Scotland Corporate Finance Network to jointly highlight the impact of the reduction 2.Scheme of integration agreed and actioned 3.Issue of directions 4.Integrated working with Chief Officer and Chief Finance Officer 5.Regular meetings between CFO and NHS DoF/members of NHS Finance team provided an opportunity to share information. 6.The development of health and social care integration & integrated budget. Development sessions for board members 7.Operational integrated working 8.Service redesign opportunities 9.Integrated Reporting 10.Regular meetings between NHS Borders and SBC Finance departments 11.Share information on financial outlook and financial plan to promote better understanding of financial challenges and impact of decisions 12.Agreement of information sharing protocol 13.Alignment of budget timetables 14.Alignment of financial planning 15.Coordination of internal audit plans 16.Quarterly meetings with SG finance 17.Longer term financial planning 18.Clarity of system and process 19.Use of the transformation budget	Yes		31/03/2021	31/10/2020	Improved understanding of their budgets and sources of funding which impact on their services - financial awareness work stream Integrated working/ services Service redesign Clarity on how the increased funding to the IJB is supporting service redesign and reducing pressure in the NHS Integrated management structures IJB financial plan which underpins the IJB strategic plan Review of set aside budgets in line with the letter from NHS Scotland DoF Joint financial planning across the partnership	23/10/2019	29/11/2019