

**NHS Highland**



**Meeting:** NHS Highland Board Meeting  
**Meeting date:** 28 May 2024  
**Title:** NHS Highland Board Risk Register  
**Responsible Executive/Non-Executive:** Dr. Boyd Peters, Board Medical Director  
**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

**This report relates to the following Corporate Objective(s)**

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well		All Well Themes	X		

**2 Report summary**

This report is to provide the Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure and/or additional risks to be added. This report covers board risks that are reported through Finances, Resources and Performance Committee

(FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight.

## **2.1 Situation**

This paper is to provide Board with assurance that the risks currently held on the NHS Highland Board risk register are being actively managed through the appropriate Executive Leads and governance structures within NHS Highland and to give an overview of the current status of the individual risks.

All risks in the NHS Highland Board Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this Board meeting, this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

Furthermore, the target risk levels and target risk numerical scores for each NHS Highland Board risks have been added to allow oversight on the level of risk exposure that the Organisation is prepared to tolerate following completion of all mitigating actions.

## **2.2 Background**

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

## **2.3 Assessment**

The following section is presented to Board for consideration of the updates to the risks contained within the NHS Highland Board Risk Register. The following risks are aligned to the governance committee in which they fall within, and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

## I) Pending Risk Closures:

The closure of risk 1181 is proposed after the annual accounts have been audited and will be recommended thereafter through Finance, Resources and Performance Committee.

<b>Risk Number</b>	1181	<b>Theme</b>	Financial Position
<b>Risk Level</b>	Low	<b>Score</b>	8
<b>Strategic Objectives</b>	Perform Well		
<b>Governance Committee</b>	Finance, Resources & Performance		
<b>Risk Narrative</b>			
There is a risk that NHS Highland will not achieve its planned financial position for 2023/24 due to additional cost pressures presenting during the year and inability to realise reduction in spend in line with efficiency and transformation plans which will result in the Board failing against its financial plan and recovery plan with Scottish Government.			
<b>Mitigating Action</b>		<b>Due Date</b>	
Intervention in place with SG to support NHS Highland to identify areas to target for reduced spend/ cost control, with an intention to deliver at minimum the finance pan, but at best to reduce the overspend further. Agreed recovery plan to be in place by end September 2023		Complete	
Bi-weekly Efficiency & Transformation meeting to focus on targeted areas, savings plans and future service plans to enable future sustainability.		Complete	
Accountability is clear with budget holders		Ongoing: due to the nature of this risk, these mitigating actions will help ensure this risk is controlled through BAU practices. Risks are reduced throughout a year as they either materialised and mitigated against or likelihood becomes reduced. Additional allocations received to offset the financial risks.	
Regular reporting and recording of financial risks to The Highland Council around Adult Social Care performance			
Regular reporting from A&B IJB monitoring financial position			
Monthly monitoring, feedback and dialogue with services on financial position.			
FRP committee meeting increased regularity to monthly meetings to provide greater scrutiny		Complete	

## II) Risk Additions/Changes that received FRPC Approval:

### II.a) Addition of Risk no. 1254 “24-25 Financial Position”

It is proposed to FRPC that risk 1181 (as per conditions above), “23-24 Financial Position,” is replaced with risk 1254 “24-25 Financial Position,” which is summarised in this report for ease of reference and has been added as an additional risk at present. It is further proposed that risk 1254 will henceforth be reported at FRPC.

#### Finance, Resources and Performance Risks

<b>Risk Number</b>	<b>1254</b>	<b>Theme</b>	Financial Position
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	High	<b>Target Score</b>	12
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
<p>There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:</p> <ol style="list-style-type: none"> <li>1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care</li> <li>2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise</li> <li>3. Inability to realise 3% reduction in spend in line with value &amp; efficiency plans.</li> </ol> <p>NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.		Ongoing	
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs		Ongoing	
Limited assurance regarding the delivery of the Adult Social Care financial position		Ongoing	
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance			
Monthly monitoring, feedback and dialogue with services on financial position.			

Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
--	--

<b>Risk Number</b>	<b>666</b>	<b>Theme</b>	Cyber Security
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	High	<b>Target Score</b>	15
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.			
<b>Mitigating Action</b>			<b>Due Date</b>
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the course of the audit.			Ongoing. Will be updated
Scottish Public Sector Cyber Resilience Framework has published new measures which require audit against compliance			May 2024

<b>Risk Number</b>	<b>712</b>	<b>Theme</b>	Fire Compartmentation
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	8
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			
<b>Mitigating Action</b>			<b>Due Date</b>
Escalated by Director of Estates, Facilities & Capital Planning to COO Acute Services for agreement of programme – programme under development with works scheduled to commence FY 24/25.			After April 2024
Contracts in place awaiting Raigmore to facilitate decant to allow work to commence.			May 2024
Further fire compartmentation work project plan for the remainder of the building to be developed as part of this work.			March 2025

Risk 1097 will be reviewed in advance of the next Board meeting through Finance, Resources and Performance Committee to update the narrative in line with financial plan and further mitigating actions. Further consideration will be given to an additional risk that describes our in year challenges with performance.

<b>Risk Number</b>	<b>1097</b>	<b>Theme</b>	Strategic Transformation
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	6
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
<p>NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do for our population. The ability to achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care needs of our population in a safe &amp; sustained manner and the ability to achieve financial balance.</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
Implementation of NHS Highland's Decision-Making Framework.		Complete	
Refresh and implementation of Performance Management Framework to monitor implementation of strategic design and change programmes.		December 2024. This is being revised at present therefore propose an update to June 2024 and revision of date	
Set-up of monitoring and assurance structure for strategic design and transformation of services, including reporting of portfolio progress against deliverables, key risks and improvement trajectories.		Complete	
Governance of strategic design programmes through a portfolio approach is embedded within the NHS Highland governance structure		Complete	
Agreement of strategic design priorities within the current portfolio approach		Complete	
Appointment of Senior Responsible Officers and embedding programme management approach to document, mitigate and escalate risk to achievement of strategic transformation.		Complete	
Integration of financial planning into strategic change programmes to ensure any financial benefits can be achieved.		Ongoing	
Strategic change priorities will be assessed by a Professional Reference Group to ensure appropriate involvement to ensure change is clinically led.		Ongoing	

Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond

Complete

<b>Risk Number</b>	<b>714</b>	<b>Theme</b>	Backlog Maintenance
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	8
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			
<b>Mitigating Action</b>			<b>Due Date</b>
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.			March 2025
All NHS Highland capital allocation now being prioritised in terms of risk through Asset Management Governance Group.  No further update, still applying risk methodology to prioritise investment. Financial situation unlikely to change but will review each financial quarter. The current funding budgets both capital and revenue are not able to reduce the current backlog Maintenance figures. We currently apply a risk-based methodology to prioritise investment			June 2024



<b>Risk Number</b>	<b>1182</b>	<b>Theme</b>	New Craigs PFI Transfer
<b>Risk Level</b>	Medium	<b>Score</b>	9
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	6
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			
<b>Mitigating Action</b>		<b>Due Date</b>	
PFI hand-back Programme Board in place		Established and meeting bi-monthly	
Development sessions being progressed to model the future estate utilisation and service delivery model		In progress through the Programme and will be ongoing until hand-back date - reviewed April 2024	
Working with Scottish Futures Trust		Ongoing - reviewed April 2024, next review May 2024	
Programme Management commissioned from independent intelligence			
Programme structure in place			
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register		Ad-hoc – no high risks to highlight at this time – next review May 2024	

## Staff Governance Risks

<b>Risk Number</b>	<b>706</b>	<b>Theme</b>	Workforce Availability
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	9
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance Committee	
<b>Risk Narrative</b>			
<p>There is an increased risk of failure to deliver essential services of the required capacity and quality, because of a shortage of available and affordable workforce, resulting in reduced services, lowered standards of care and increased waiting times as well as a negative impact on colleague wellbeing and morale and increased turnover levels.</p> <p>Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'</p> <p>New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs</p> <p>International recruitment team and processes developed in partnership with North of Scotland Boards</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
<p>Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled <b>September 2023</b></p>		<p>Recruitment improvement project plan developed and project team in place</p> <p>Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. However, further review of the self-service model may be required with options such as recruitment centre approaches to be considered as alternatives to improve the service model - <b>Next update July 2024</b></p>	
<p>Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc <b>November 2023</b></p>		<p>Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place –</p> <p>Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied</p>	

	<p>into the proposal to review the models for recruitment we currently use - <b>Next update July 2024</b></p>
<p>Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships <b>January 2024</b></p>	<p>Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024</p> <p>Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week.</p> <p><b>Next update July 2024</b></p>
<p>Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care <b>November 2023</b></p>	<p>Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024</p> <p>Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week.</p> <p><b>Next update July 2024</b></p>
<p>Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce <b>November 2023</b></p>	<p>Integrated service planning approach agreed and first cycle to be completed by end of March 2024</p> <p>e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme</p> <p>Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out</p> <p>Effective rostering programme agreed by Health and Care Staffing</p>

	<p>Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs.</p> <p><b>Next update July 2024</b></p>
<p>Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle <b>March 2024</b></p>	<p>Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024.</p> <p>HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self assessment</p> <p><b>Next update July 2024</b></p>

<b>Risk Number</b>	<b>1056</b>	<b>Theme</b>	Statutory & Mandatory Training Compliance
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	8
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance Committee	
<b>Risk Narrative</b>			
<p>There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.</p> <p>The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.</p>			
<b>Mitigating Action</b>			<b>Due Date</b>
<p>Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes.</p> <p><b>September 2024</b></p>			<p>Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes</p> <p>Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation.</p> <p><b>next update July 2024</b></p>

<b>Risk Number</b>	<b>632</b>	<b>Theme</b>	Culture
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	9
<b>Strategic Objectives</b>		Our People	
<b>Governance Committee</b>		Staff Governance	
<b>Risk Narrative</b>			
<p>There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.</p>			
<b>Mitigating Action</b>		<b>Due Date</b>	
<p>Development and launch of refreshed leadership and management development programme – <b>October 2023</b></p>		<p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>Refreshed leadership and management development framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training</p> <p>We are nearing the end of the first phase and the COG received an update in February providing assurance that we are on track to launch the framework in April 2024 – <b>next update July 2024</b></p>	
<p>Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – <b>October 2023</b></p>		<p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>Refreshed leadership and management development</p>	

	<p>framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training</p> <p>We are nearing the end of the first phase and the COG received an update in February providing assurance that we are on track to launch the framework in April 2024 – <b>next update July 2024</b></p>
<p>Further development of staff engagement approach including board wide 'living our values' project – <b>December 2023</b></p>	<p>Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting</p> <p>COG and APF approved the staff engagement approach which will be delivered during 2023/2024</p> <p><b>next update November 2024</b></p>
<p>Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers – <b>September 2023</b></p>	<p>Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes</p> <p>Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation.</p> <p><b>next update July 2024</b></p>

<b>Risk Number</b>	<b>1101</b>	<b>Theme</b>	Impact of socioeconomic situation
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	9
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance	
<b>Risk Narrative</b>			
There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures. This could impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home. Demand for services will also increase creating further pressure on resources.			
<b>Mitigating Action</b>		<b>Due Date</b>	
The Health and Wellbeing Strategy is being progressed and initiatives such as the Wingman Bus taken into consideration when planning additional support for colleagues. Our Employee Assistance Programme is also available for confidential support over a range of topics for all of our colleagues.		Mid 2024	

### **Clinical and Care Governance Risks**

Overall Clinical and Care Governance risks are being considered and developed and will be taken through EDG and proposed formally at the Clinical and Care Governance Committee in advance of the next Board meeting.

Risk 959 is currently being reviewed and a new risk is being proposed that is regarding all vaccination delivery which will be taken through the Clinical and Care Governance Committee in line with the above. Risk 715 will also be reviewed given the current timelines post COVID.

<b>Risk Number</b>	<b>959</b>	<b>Theme</b>	COVID and Influenza Vaccines
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Target Risk Level</b>	Medium	<b>Target Score</b>	6
<b>Strategic Objectives</b>		Stay Well	
<b>Governance Committee</b>		Clinical and Care Governance	
<b>Risk Narrative</b>			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the			



national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.

<b>Mitigating Action</b>	<b>Due Date</b>
Work is being undertaken to improve effectiveness and efficiency of vaccine delivery in Highland HSCP with options for configuration being considered.	Spring 2024
Work with Scottish Government is under way to improve performance, quality and experience within Highland HSCP	End 2024
Public Health Scotland is acting as a critical friend to help improve performance and delivery.	End 2024

<b>Risk Number</b>	<b>715</b>	<b>Theme</b>	Impact of COVID on Health Outcomes
<b>Risk Level</b>	High	<b>Score</b>	15
<b>Target Risk Level</b>	High	<b>Target Score</b>	10
<b>Strategic Objectives</b>		Stay Well	
<b>Governance Committee</b>		Clinical and Care Governance	
<b>Risk Narrative</b>			
COVID remains present within the community and fluctuates in prevalence. Cases are still being reported within health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. Influenza and other viruses continue to be a risk.			
<b>Mitigating Action</b>		<b>Due Date</b>	
Infection and prevention controls remain with account taken of COVID risks		End 2024	

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

### 3.2 Workforce

A robust risk management process will enable risks relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

### 3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

### 3.4 Risk Assessment/Management

This is outlined in this paper.

### 3.5 Data Protection

The risk register does not involve personally identifiable information.

### 3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

### 3.7 Other impacts

No relevant impacts.

### 3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in line with our strategic objectives and outcomes once strategy is approved.

### **3.9 Route to the Meeting**

Through FRPC, SGC and CGC.

## **4 Recommendation**

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed and/or added

### **4.1 List of appendices**

None as summary has been provided for ease of reading