

NHS Grampian

Meeting:	NHS Grampian Board Meeting
Meeting date:	11 April 2024
Item number:	9
Title:	Strategic Risk Management Report
Responsible Executive/Non-Executive:	Professor Nick Fluck, Board Medical Director
Report Author:	Jennifer Matthews, Corporate Risk Advisor

1 Purpose

This is presented to the Board for:

- **Assurance**

Recommendation:

Confirm assurance can be provided that improvements are being made regarding the development and management of Strategic Risk, and evidence of this has been provided to the Board's satisfaction

- **Endorsement**

Recommendation:

Endorse the updates contained within the Strategic Risk Register

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Safe
- Effective

2 Report summary

2.1 Situation

NHS Grampian's (NHSG) Strategic Risk Register aims to identify and articulate significant risk that has the potential to impact the achievement of the organisation's strategic objectives, as outlined in Plan for the Future.

This report aims to ensure that the Board are able to understand and scrutinise NHS Grampian's overall Strategic Risk Profile, conducting a balanced assessment regarding the nature and extent of significant risk exposure the organisation is faced with.

This report provides the Board with information and updates on the Strategic Risk Register, including setting out any changes or developments to existing risks, as well as any proposed new risks.

The Board is asked to review the information provided within this paper and discuss as required.

2.2 Background

Risk Management is a key element of the NHS Grampian Board's internal controls and approach to governance. Effective identification and management of Strategic Risk aids assurance that activities and the prioritisation of resources are aligned with the achievement of operational priorities and strategic objectives.

The active management, scrutiny and oversight of Strategic Risk currently takes place at:

- Chief Executive Team Business/Performance Meetings
- Other Board Committees
- Audit and Risk Committee
- NHS Grampian Board

Board Committee Risk process update

Since the last update to the Board, the new process of oversight, accountability and management of Strategic Risk has commenced. Although this process supports a robust approach to governance, it requires time to become embedded and established into existing practices and processes.

The Chief Executive Team (CET) have accountability for the development and management of Strategic Risk within NHSG. To assist in the management of these risks, regular formal review activities are undertaken during CET Performance or

Business Meetings. The format and cycle of reporting and review supports the robust assessment of Strategic Risk and efficacy of control measures and mitigations, from a system wide perspective. Any gaps in controls or assurances during review are highlighted and actions identified.

These formal review activities under the new process commenced September 2023, with two existing risks awaiting initial review in April 2024.

Other Board Committees conduct an overseeing role, which encompasses scrutiny regarding the management of aligned Strategic Risk(s), including associated controls, mitigations, performance and activities. This process commenced at the Clinical Governance Committee in January 2024 and will continue at the Performance, Assurance, Finance and Infrastructure Committee and the Staff Governance Committee in April 2024, and Population Health Committee in May 2024.

The Audit and Risk Committee have delegated responsibility, on behalf of the Board, for oversight and scrutiny of the Strategic Risk Register and associated management activities. The Committee is provided with the Strategic Risk Register at each meeting and any assurance notes regarding individual Strategic Risk scrutiny at Other Board Committee meetings.

The Committee will also include exception reporting to the Board on any serious risk management issues.

Risk Appetite

The Board's Risk Appetite Statement articulates the level and type of risk that the Board aims and is willing (or unwilling) to accept to achieve its Strategic Objectives. Risk appetite and risk tolerance thresholds are applied to individual Strategic Risks (based on their current risk rating). These thresholds can aid assessment, ensuring that an appropriate and proportionate response is in place to mitigate and control the risks.

Any risks that are determined to be outwith the accepted tolerance thresholds are susceptible to enhanced monitoring for system awareness and oversight, and to ensure meaningful controls are in place (or planned).

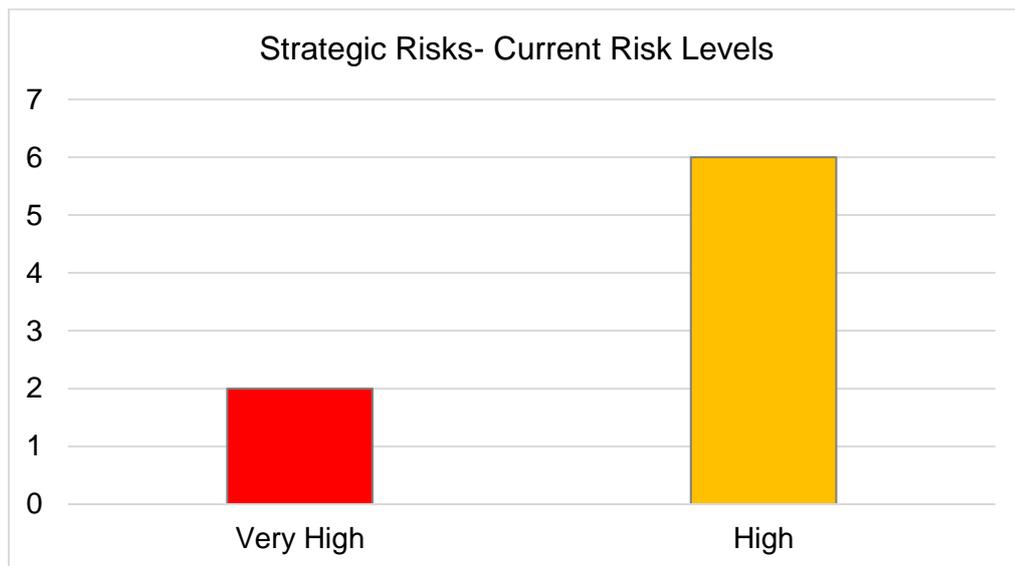
2.3 Assessment

NHS Grampian's Strategic Risk Register Summary can be viewed in Appendix 1.

2.3.1 Strategic Risk Register Analysis

Figure 1:

The Strategic Risk Register reflects 8 risks, which is unchanged from the previous report to the Board. All risks and associated activities are recorded within the Datix Risk Register module (NHS Grampian's risk database and management tool). The risks are currently rated as 2 Very High and 6 High. The NHS Scotland Risk Matrices are used to determine risk ratings.



Since the previous report, the risk relating to Infrastructure (Risk 3127) has increased from High to Very High (reflecting an increase in risk exposure).

Of the 8 Strategic Risks, 5 are currently outwith the organisations risk appetite threshold, but within tolerance. 2 Strategic Risks are currently deemed outwith tolerance thresholds.

2.3.2 Strategic Risk Register Amendments & Proposals

It was previously recognised that the Strategic Risk Register did not fully represent the risks to achieving the organisations strategic objectives, as outlined in Plan for the Future.

After robust discussion and review in the latter half of 2023, led by the Director of Public Health and Population Health Leads, 7 of the existing Strategic Risk descriptions were updated to incorporate themes concerning prevention and health inequalities, providing a more accurate reflection of the situation and the system wide controls required to effectively manage these risks.

During this consultation process, a potential new risk was identified regarding the inability to develop equal relationships with communities through engagement, to

promote a system of health and care that involves local people and meets local needs. This risk was presented to the CET for consideration on 23rd January and 5th March 2024. Rather than an individual risk, it was considered that it perhaps reflects the integrated approach to community engagement that is required across the system. It was commented that there is a clear need to monitor this situation, however. Discussions and development regarding this proposal will continue with key individuals, with a view to return the proposal to CET in April 2024.

A discussion regarding dividing Risk 3065, relating to the inability to fully and effectively deliver planned and unscheduled care, was undertaken by CET 26th March 2024. It was agreed that the two areas warrant focus as separate individual Strategic Risks and would ensure that the right people are present for focused discussions. However, given the interconnected nature of the risks it is important that separation does not result in consideration of them in isolation. A whole system view must be taken, including consideration in the context of how the risks impact services, including Primary Care.

Articulating and developing these individual risks has commenced and they will be brought back to CET for formal consideration at a later date.

2.3.3 Strategic Risk Updates

Assurance Level descriptions can be viewed in Appendix 2.

Risk 3065- The inability to deliver planned and unplanned care may lead to worsening health in the population of Grampian, potentially widening health inequalities

The situation surrounding this risk is moving in a negative direction and can be considered unstable, with existing controls and mitigations unable allow the positive change or control that is required. There are a number of factors that have contributed to this, including Covid-19 impact, financial constraints and failing infrastructure.

As detailed above, the division of this risk will provide the individual focus required to gain enhanced assurance regarding the management of risk within planned and unscheduled care pathways, and ensure that there is appropriate and proportionate Executive oversight.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Limited	Very High (25)	Outwith appetite & outwith tolerance

Risk 3127- Inability to affectively maintain and invest in NHS Grampian’s infrastructure

There is current focus on gaining an understanding of the accumulation of infrastructure related risk across the entire NHSG estate, in order to assess the full scope of current and potential impacts and to aid response and investment prioritisation. This work will help inform the ‘whole system agreement’ that will be submitted to the Scottish Government February 2025.

The current capital funding issues and financial outlook have the potential to increase the likelihood in occurrence of this risk. This is reflected in the recent change in risk rating from High to Very High.

Achieving the required financial savings will be challenging with the current infrastructure risks and issues. To help overcome this, there must be a focus on informed risk based spending and decision making, innovation and change in how services are delivered.

This risk is due for review at the Performance, Assurance, Finance and Infrastructure Committee 17th April 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Limited	Very High (20)	Outwith appetite & outwith tolerance

Risk 3130- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies

Finding balance amidst financial pressures and commitments, clinical governance and patient safety requirements, good governance over our staff, and keeping a focus on prevention activities is key to achieving financial savings whilst still fulfilling NHSG’s strategic objectives.

The effectiveness of internal controls and the achievement of the required cultural shift surrounding financial governance will determine the success of recovering the financial position and mitigating this risk. It is accepted that the necessary approach may have detrimental impacts across the organisation, and it is important that these impacts captured.

There is potential for further movement in the situation surrounding this risk coming into the new financial year. Ongoing assessment and monitoring of this risk will be undertaken, including ensuring that the most appropriate risk rating is assigned, and

that controls in place are effective, which in part will be determined by the level of savings achieved.

This risk is scheduled for review at the Performance, Assurance, Finance and Infrastructure Committee 5th June 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Limited	High (15)	Outwith appetite but within tolerance

Risk 3068- Deviation from recognised service standards of practice and delivery

This risk represents the overarching risk and approach to instances of non-standard clinical practice within NMSG and associated impacts; the use of non-standard patient areas, and deviations from standard nursing and midwifery staffing rostering and resulting nurse to patient ratios.

Although there are pressures and concerns to be noted, the overall approach and control of this risk can give a reasonable level of assurance.

Non-standard patient areas

Monitoring of the implementation of the Capacity Escalation SOP (which provides a consistent and safe approach to how non-standard patient areas are used across ARI, as part of the Safe Transfer of Patients (SToP) work stream) has identified that the 75 additional beds are, on occasion, not fully utilised. Some medical wards are increasing their patient numbers above the agreed maximum numbers, often based on clinical risk assessment. A formal evaluation of the effectiveness of the SToP is being undertaken and will aid addressing these control deficiencies.

Minor deficiencies have been reported by the Fire & Rescue Service Scotland for the Emergency Care Centre and are being actioned.

There are no significant increases noted in related adverse events, with all events reviewed fortnightly at the Non Standard Patient Areas Monitoring Group.

If the next phase of the Bed Based Review progresses, this will be considered closely in the context of this risk and any associated impacts will be addressed.

Nursing and midwifery staffing

Extreme operational pressures continue to impact upon staff health and wellbeing, with targeted wellbeing and support provided.

The NHSG Nursing & Midwifery Workforce Council provide oversight of risk controls that have resulted in a noted reduction in registered nursing spend, maintaining compliance with off framework controls, and a rate reduction negotiated with significant savings expected. The development and progression of international recruitment continues.

This risk is due for review at the Clinical Governance Committee 14th May 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Reasonable	High (15)	Outwith appetite but within tolerance

Risk 3125 - Deteriorating Workforce Engagement

This risk covers both the engagement of our Workforce within the context of (i) their employment with NHS Grampian, and (ii) their involvement in and being equipped to support broader citizen engagement with the changes required by Plan for the Future in the relationship we have with communities and ensuring an appropriate focus on prevention. As a newly developed strategic risk, there is no specific change to report, however the arrangements for motoring the contributing tactical risks (held locally) are felt to provide a reasonable degree of assurance on the current position.

The current financial outlook, demands on the service, and the degree of change required is expected to increase the level of risk. This is because our ability to implement barriers and / or mitigations will be limited by the (i) reduced capacity of services to engage with change initiatives and interventions, and (ii) availability of specialist resources to support the internal development work and change required to enhance workforce engagement. There is also a risk that the degree of savings required and pace at which these must be made undermines the balance we are seeking to maintain between staff, financial and clinical governance, which could adversely impact engagement.

The commitment made by NHS Grampian to investing in culture development, enhanced wellbeing support and our continued and mature commitment to Partnership working provide as strong a platform for navigating workforce engagement risks as could be expected from Health Boards as the current time.

This risk is due for review at the Staff Governance Committee 24th April 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Reasonable	High (10)	Within appetite

Risk 3006- Inability to achieve the required approach to organisation transformation due to system challenges and capacity constraints

This risk is currently under development after initial discussions with CET on 6th February 2024, with an aim to refocus and better reflect the current landscape, system priorities and approach to major organisation change and innovation.

Development work to articulate and frame this risk will help ensure the right controls are in place and that they are effectively applied.

The risk will return to CET for review and discussion on 30th April 2024.

This risk is scheduled for review at the Performance, Assurance, Finance and Infrastructure Committee 5th June 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Limited	High (12)	Outwith appetite but within tolerance

Risk 3132- Cyber Risk

This risk now has aligned Executive responsibility to the Medical Director/Senior Information Risk Owner (SIRO), reflecting the current profile of concern.

Formal review activities will take place at CET 23rd April 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
To be determined	High (12)	Outwith appetite but within tolerance

Risk 3131- Protection and promotion of population health

This risk is currently under development to reflect a move away from the direct/indirect impacts of the Covid-19 Pandemic, to a focus on the potential for NHS Grampian to be unable to prevent, fully plan for and effectively respond to emerging external threats to population health, and maintain and improve population health outcomes, amidst current resource challenges. This risk will also reflect the potential inability to fulfil NHS Grampian’s role as an Anchor organisation.

Enhanced understanding of the changing needs of the population, with a focus on prevention activities is required to manage this risk and comply with Public Health statutory requirements.

Development work to articulate and frame this risk will help ensure the right controls are in place and that they are effectively applied. Formal review by CET will take place April 2024.

This risk is scheduled for review at the Population Health Committee 31st May 2024.

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
To be determined	High (12)	Outwith appetite but within tolerance

2.3.4 Quality/ Patient Care

A robust risk management process will enable risks posed to quality and care to be identified and managed. The Clinical Governance Committee will provide assurance for aligned significant operational and Strategic Risks.

2.3.5 Workforce

A robust risk management process will enable risks relating to the organisations workforce to be identified and managed. The Staff Governance Committee will provide assurance for aligned significant operational and Strategic Risks.

2.3.6 Financial

A robust risk management process will enable financial risks to be identified and managed. The Performance Assurance, Finance & Infrastructure Committee will provide assurance for aligned significant operational and Strategic Risks.

2.3.7 Risk Assessment/Management

Risk management processes are described within this paper.

2.3.8 Equality and Diversity, including health inequalities

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

2.3.9 Other impacts

No other relevant impacts.

2.3.10 Communication, involvement, engagement and consultation

This report has not been shared with any external stakeholders.

2.3.11 Route to the Meeting

Details regarding the Strategic Risk Register contained in this report have previously been considered by the following groups as part of its development:

- NHSG Chief Executive Team Business/Performance Meetings- Various meetings January - March 2024
- NHSG Clinical Governance Committee - 13th February 2024
- NHSG Audit and Risk Committee- 12th March 2023

2.4 Recommendation

The Board is asked to:

Assurance

Review and scrutinise the information provided in this paper and confirm that it provides assurance that:

- Improvements are being made regarding the development and management of Strategic Risk, and evidence of this has been provided to the Boards satisfaction

Endorsement

- Endorse the updates contained within the Strategic Risk Register

3 Appendix/List of appendices

The following appendices are included with this report:

- Appendix 1 – Strategic Risk Register Summary March 2024
- Appendix 2 – Assurance level grades for risk management arrangements

Appendix 1- NHS Grampian's Strategic Risk Register March 2024

Datix Risk ID	Risk Title and Description	Lead Executive/Risk Owner and Aligned Committee(s)	Last Review by CET	Risk Rating	Risk Appetite and current trend
3065	<p>The inability to deliver planned and unplanned care may lead to worsening health in the population of Grampian, potentially widening health inequalities</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Resource limitations including financial, staff, equipment and premises/infrastructure. - Increased population healthcare demands (in part due to worsening health inequalities and complexity of morbidity). - Staff are not sufficiently aware of the opportunities and strategies for prevention in their formal and informal communications with patients. - System constraints; lack of whole system flow and effective patient pathways that incorporate a preventative and realistic medicine approach. - The coordination of systems and resources, with patients not being seen in the right setting, at the right time. <p>There may be an inability to meet the populations' healthcare needs:</p> <ul style="list-style-type: none"> - Increase in demand for specialist clinical care (due to lack of ability to intervene early). - Inability to effectively deliver planned and unplanned care. - Delays in timely care and increased waiting times for critical services. - Non-standard clinical care provision and prolonged use of extreme measures. <p>This may result in:</p> <ul style="list-style-type: none"> - Increase of avoidable adverse clinical outcomes resulting in patient harm; increase in disease complexity and delay in patient assessment and treatment. - Unsafe and unsustainable patient care; normalisation of deviations of practice resulting in patient harm. - Increase in avoidable morbidity and mortality. - Dissipation of finances and resources, and increased financial burden. - Organisational reputation damage and lack of public confidence. - Worsening health inequalities. - Poor staff experience (NHSG and SAS). - Potential Scottish Government intervention, increasing health debt. 	<p>Medical Director, Acute</p> <p>Clinical Governance Committee</p> <p>Staff Governance Committee</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	16/01/24	Very High (25)	<p>Outwith appetite</p> <p>Outwith tolerance</p> <p>Enhanced monitoring</p> <p style="text-align: center;"></p>

Datix Risk ID	Risk Title and Description	Lead Executive/Risk Owner and Aligned Committee(s)	Last Review by CET	Risk Rating	Risk Appetite and current trend
3127	<p>Inability to affectively maintain and invest in NHS Grampian's infrastructure</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - NHS Grampian's estate is aging with an increasing backlog of high-risk maintenance issues and associated problems with critical utilities. - Increased prevalence of adverse weather conditions. - Delays in construction of or lack of capital investment in major estate buildings and facilities. <p>There could be major failings with our infrastructure:</p> <ul style="list-style-type: none"> - Structural building failures and/or damage, for example falling masonry, water ingress ceiling collapse and/or ventilation system failures. - Core budget allocated to these failures/damages; investment in existing infrastructure at the expense of new models of care, hindering of recovery and improvements in organisational productivity and capacity. - Limited availability of temporary accommodation to allow upgrade/refurbishment of existing facilities, or services may be unwilling to relocate temporarily. <p>This may result in:</p> <ul style="list-style-type: none"> - Reduced capacity for clinical care due to potential closure of buildings, due to denial or delay of facilities improvement. - Detriment to quality and safety of patient care. - Impact upon staff safety and experience. - Increased risk of adverse related events. - Little or no progress in tackling climate change and sustainability, for example the environmental performance of buildings. 	<p>Director of Infrastructure, Sustainability and Support Services</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	20/02/24	Very High (20)	<p>Outwith appetite</p> <p>Outwith tolerance</p> <p>Enhanced monitoring</p> <p>↓</p>
3130	<p>Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Operational service pressures and inflation impact directly on funding levels. - Financial resources invested in current service models, difficult to shift into new service models and pathways of care, including investment in prevention/early intervention. - Prioritisation of financial resource towards current healthcare model exacerbates existing health inequalities. <p>The following could occur:</p> <ul style="list-style-type: none"> - There is a high risk of overspending on service budgets. - There is a requirement to recover the financial position by redesigning services and implementing cost control measures to achieve savings. - By being unable to shift financial resources into new service models; we are reliant on additional funding to deliver service change. <p>This may result in:</p> <ul style="list-style-type: none"> - Escalation in the Scottish Government's performance framework. - Inability to financially support current levels of service provision and workforce size. - Inability to meet financial targets and resources prioritised to deal with operational pressures at the expense of delivering the annual delivery programme. - Impact on the delivery of programmes and patient care. - Inability to create the conditions for sustainable change. - Exacerbating health inequalities and population health outcomes. 	<p>Director of Finance</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	13/02/24	High (15)	<p>Outwith appetite</p> <p>Within tolerance, however situation may worsen</p> <p>Enhanced monitoring</p> <p>↓</p>

Datix Risk ID	Risk Title and Description	Lead Executive/Risk Owner and Aligned Committee(s)	Last Review by CET	Risk Rating	Risk Appetite and current trend
3068	<p>Deviation from recognised service standards of practice and delivery</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Resource constraints and system pressures, there are instances when it is necessary to deviate from accepted organisational procedures and expected patient care standards. <p>There could instances of non-standard clinical practice:</p> <ul style="list-style-type: none"> - Due to lack of bed space, it may be necessary to implement deviations allowing the care of patients in corridors within ARI and community hospitals. - Due to insufficient nursing and midwifery staffing there may be an inability to adequately meet required roster/shift establishments. - Insufficient staffing levels could result in an inability to meet the required registered nurse to patient ratio, resulting in priorities of care being undertaken. - There may be insufficient time for staff to undertake development opportunities. <p>This may result in:</p> <ul style="list-style-type: none"> - Impacts upon patient safety and quality of care and staff development. - Normalisation of service deviations resulting in patient harm. - Poor staff experience and impact on staff health and wellbeing. - Organisational reputational damage and lack of public confidence. - <i>Opportunity-</i> May lead to the introduction of opportunity that could help ease pressures upon our healthcare system. 	<p>Executive Nurse Director</p> <p>Clinical Governance Committee</p>	<p>23/01/24</p>	<p>High (15)</p>	<p>Outwith appetite</p> <p>Within tolerance</p> 
3006	<p>Inability to achieve the required approach to organisation transformation due to system challenges and capacity constraints (under development)</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Due to the complexity of the healthcare landscape and focus on current system pressures and recovery, there is insufficient capacity to carry out transformation activities. - Transformational change is not managed well, caused by multiple change programmes being implemented simultaneously with insufficient time to effectively engage our workforce and wider stakeholders. - Organisational systems lack sufficient focus, agility and responsiveness in discharging our change agenda. - Failure to exploit data to inform action. - Partners make funding decisions affecting the ability of communities to stay well and out of hospital. - NHSG stakeholders hold onto medical model notions of power and miss opportunities for collaborations on more equal footing. <p>There could be an inability to plan, deliver and embed long-term strategic systemic transformation:</p> <ul style="list-style-type: none"> - Harder to reach voices are missed, specific groups receive inappropriate care and resources are wasted. - Reduced trust and confidence in new models of care. Increase in waste – financial and reduced productivity. - Missed opportunities to improve efficiency and effectiveness of our services. <p>This may result in:</p> <ul style="list-style-type: none"> - Failure to improve the health of the Grampian population and reduce the inequality gap. - Failure to understand community needs and align service delivery to best meet these. - The inability to robustly embed the required transformation to meet the populations’ care and support needs will have a direct impact upon safe and sustainable patient care. 	<p>Chief Executive</p> <p>Performance Assurance, Finance & Infrastructure Committee</p> <p>Population Health Committee</p>	<p>06/02/24</p>	<p>High (12)</p>	<p>Outwith appetite</p> <p>Within tolerance</p> 

Datix Risk ID	Risk Title and Description	Lead Executive/Risk Owner and Aligned Committee(s)	Last Review by CET	Risk Rating	Risk Appetite and current trend
	<ul style="list-style-type: none"> - Inability to manage healthcare demand within available resources. - Organisational reputation damage and lack of public confidence. - Increased sickness absence, vacancies, staff turnover and stress. 				
3132	<p>Cyber Risk (under development)</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Criminal or malicious actions/intent. <p>There could be:</p> <ul style="list-style-type: none"> - Partial or full service denial. <p>This may result in:</p> <ul style="list-style-type: none"> - Increased financial demand. - Patient privacy and safety impacts, and permanent loss of data. - Organisational reputational damage and lack of public confidence. - Inability to discharge critical and statutory functions. 	<p>Medical Director</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	23/04/24 (planned)	High (12)	<p>Outwith appetite</p> <p>Within tolerance</p> 
3131	<p>Protection and promotion of population health (under development)</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Failure to deliver effective public health services including vaccination (low immunisation uptake), screening programmes (low uptake), health protection (preparedness for responding to incidents and outbreaks), smoking cessation, weight management, infant feeding programmes etc. - Insufficient capacity to prevent, plan for and respond to emerging external threats to population health; there may be future waves of Covid-19 or other viruses that may lead to a more severe outcome than the Covid-19 pandemic. - Insufficient mobilised workforce capacity and capability. - Lack of support for patient activation. <p>There could be:</p> <ul style="list-style-type: none"> - Lower rates of immunity across the Grampian population. - Increasing number of cancers diagnosed at a later stage and associated poorer outcomes due to missed opportunities for early detection - Patients presenting with preventable complications of diabetes and cardiovascular disease due to missed opportunities for early intervention - Increasing prevalence (and outbreaks) of infectious diseases. - Increased hospitalisation for infectious diseases. <p>This may result in:</p> <ul style="list-style-type: none"> - Inability to protect the population's health and meet the populations' healthcare needs, leading to population harm. - Detriment to quality and safety of patient care, including increased rates of morbidity and mortality. - Impact upon staff safety and experience. - Organisational reputation damage and lack of public confidence. 	<p>Director of Public Health</p> <p>Population Health Committee</p>	09/04/24 (planned)	High (12)	<p>Outwith appetite</p> <p>Within tolerance</p> 

Datix Risk ID	Risk Title and Description	Lead Executive/Risk Owner and Aligned Committee(s)	Last Review by CET	Risk Rating	Risk Appetite and current trend
3125	<p>Deteriorating Workforce Engagement</p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> - Unclear direction, managers who do not engage, lack of employee voice, workforce fatigue and perceived lack of organisational integrity. - Staff do not have prevention strategies embedded in their practice and unwittingly affect patient outcomes/experiences and citizen engagement. <p>This could:</p> <ul style="list-style-type: none"> - Impact negatively on workforce experience, increasing attrition and reducing organisational attractiveness and colleagues participation in activities that support population health. <p>This may result in:</p> <ul style="list-style-type: none"> - Deteriorating performance and inability to deliver required change to achieve our strategic intent, increasing the instability of services, potential for harm to service users and likelihood of reputational damage. 	<p>Director of Workforce</p> <p>Staff Governance Committee</p>	<p>05/03/24</p>	<p>High (10)</p>	<p>Within Appetite</p> 

Appendix 2 - Assurance level grades for risk management arrangements

Assurance Level	Description
Strong	Governance, risk management and control arrangements provide <i>strong</i> assurance that the risk is managed efficiently and effectively, although improvements may be recommended.
Reasonable	Governance, risk management and control arrangements provide <i>reasonable</i> assurance that the risk is managed efficiently and effectively. Remedial action is required to improve the control environment.
Limited	Governance, risk management and control arrangements provide <i>limited</i> assurance that the risk is managed efficiently and effectively. Corrective action is required to resolve control weaknesses.
Weak	Governance, risk management and control arrangements operated provide <i>weak</i> assurance that the risk is managed effectively. Urgent and significant corrective action is required to resolve significant control weaknesses.