

NHS Grampian

Meeting:	NHS Grampian Board Meeting
Meeting date:	12 December 2024
Item number:	11
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

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

- Work is ongoing in the development and management of Strategic Risk, and evidence of this has been provided to the Boards satisfaction.

Decision

- The Board agree to review and update of the Risk Appetite Statement, in light of the revised NHS Scotland Risk Matrices, and the approach to managing a Board risk profile that is outwith risk appetite and tolerance levels at the Board Seminar in January 2025 with an updated Strategic Risk report reflecting agreed changes to come to the Board in February 2025.

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.

NHS Grampian's current Strategic Risk profile coming into winter 2024 demonstrates heightened risk exposure that is evidenced predominantly from assigned risk and assurance levels, and the situation as described in the individual risk updates within this report.

Despite providing assurance that everything that can be done to mitigate or improve the situation is being done, there is an inability to achieve the required level of change and improvement to successfully control these risks, and therefore provide a safe environment for patients and staff, strengthen the Boards position and successfully achieve our strategic objectives and delivery priorities. This position has resulted in many Strategic Risks breaching acceptable risk tolerance levels, with no current ability to bring them back within agreed acceptable levels, primarily due to lack of resources.

Although many of the risks will remain in the state they currently are, unable to move forward with required improvement works, some risks are predicted to worsen due to the current operating environment and resource restrictions influencing our ability to control the risks.

It has become evident that this situation cannot continue without further consideration as to how and if these concerns should be further addressed and potentially escalated.

This report aims to ensure that the Board are able to understand and scrutinise the Strategic Risk profile, conducting a balanced assessment regarding the nature and extent of significant risk exposure the organisation is faced with. Information will be provided in section 2.3, including individual risk updates and details, as well as any specific changes to note across the register.

Although this report primarily covers Strategic Risk, it will also provide information regarding ongoing national work to update the NHS Scotland Core Risk Matrices, and the impact this has upon the Board's Risk Appetite Statement.

The Board is asked to review and note the information provided within this paper, consider the profile of Strategic Risk, and discuss as required.

2.2 Background

Strategic Risk

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 updated processes surrounding the management of Strategic Risk, which commenced in September 2023, are now in place and are deemed to be effective, and continue to become fully embedded as the 'norm'.

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

- Chief Executive Team Strategic Risk Meetings
- Other Board Committees
- Audit and Risk Committee
- NHS Grampian Board

The Chief Executive Team (CET) have accountability for the development and management of Strategic Risk within NHS Grampian.

Other Board Committees conduct an overseeing role, which encompasses scrutiny regarding the management of aligned Strategic Risk(s), including associated controls, mitigations and assurance activities.

The Audit and Risk Committee have delegated responsibility, on behalf of the Board, for oversight and scrutiny of the Strategic Risks Register in its entirety and associated management activities. 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. NHS Grampian has a differential approach to risk management, where categories of risk are considered individually. The risk categories (which describe the direct impact an associated risk may have) used within the current statement are adapted from the NHS Scotland Core Risk Assessment Matrices, which is part of Healthcare Improvement Scotland's (HIS) Adverse Event Framework.

Examples of risk impact categories include Patient Experience, Injury (physical or psychological) and Financial.

2.3 Assessment

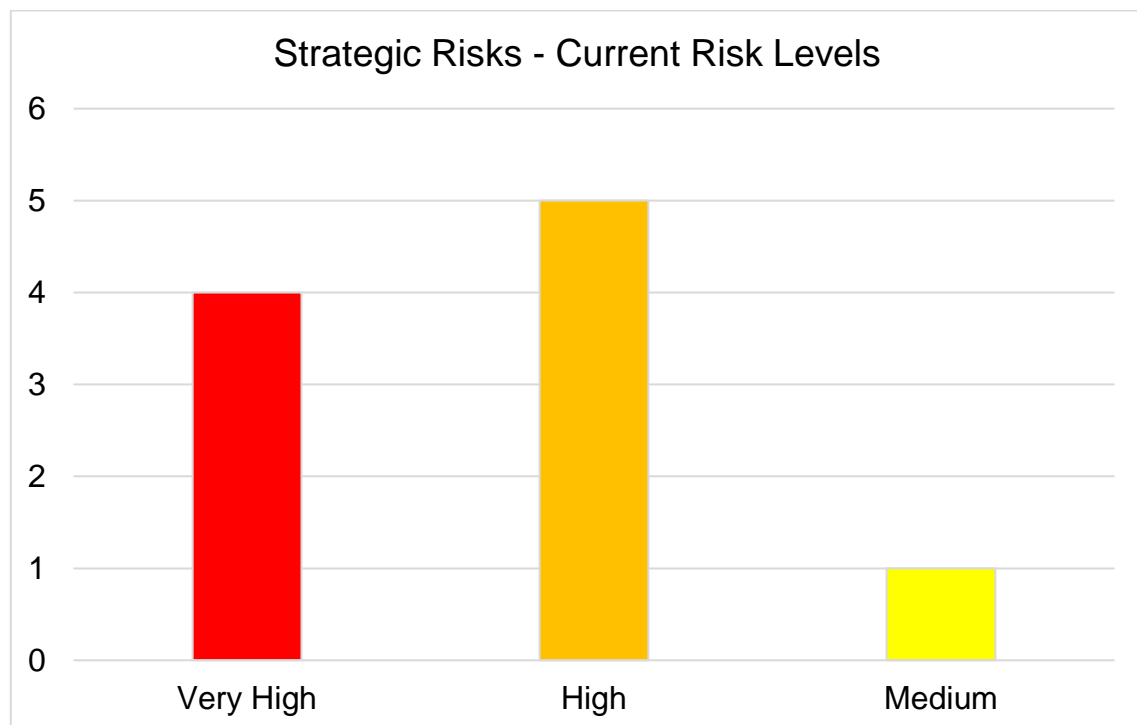
NHS Grampian's Strategic Risk Register Summary can be viewed in Appendix 1.

2.3.1 Strategic Risk Register Analysis

Figure 1:

The Strategic Risk Register reflects 10 risks, which is an increase of 2 risks from the previous report to the Board. The risks are currently rated as 4 Very High, 5 High and 1 Medium. The NHS Scotland Core Risk Matrices are used to determine risk ratings.

All risks and associated activities are recorded within the Datix Risk Register module (NHS Grampian's risk database and management tool).



Since the previous report, other than slight amendments, the only significant change in risk level is an increase of High (15) to Very High (20) for Risk 3068 Deviation from recognised service standards of practice and delivery. The rationale for this is described in Section 2.3.3 below.

Of the 10 Strategic Risks, 4 are currently outwith the organisations risk appetite threshold, but within tolerance. 5 Strategic Risks are currently deemed outwith tolerance thresholds, which is an increase of 3 from the previous report.

2.3.2 Strategic Risk Register Amendments & Proposals

Any updates that have been made or proposals for new risks to be included in the register are based on formal discussions with members of the Chief Executive Team and those in attendance during Strategic Risk Meetings, with all members agreeing the changes, or requests being made for further development work to commence.

These changes are then formally reported to the Audit and Risk Committee for scrutiny and endorsement.

Significant changes or additions to the register since the previous report to the Board are as follows:

There have been 2 new risks added to the register:

- Risk 3639 – Significant delays in the delivery of Unscheduled Care (Very High)
 - o This risk was established as part of development work to divide Risk 3065 into 2 separate areas regarding Planned and Unscheduled Care. 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.
- Risk 3650 – Inability to reduce demand through citizen engagement (High)
 - o This risk has been established as part of ongoing development works with Population Health leads, providing recognition of this significant area of risk.

2.3.3 Strategic Risk Updates

Risk updates have been provided by the aligned Executive Leads / Risk Owners and their teams.

Assurance Level descriptions can be viewed in Appendix 2.

Risk 3065- Inability to meet population demand for Planned Care

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

Due to the limitations in our ability to control the situation around Planned Care provision within the acute care settings, including ARI and Dr Gray's hospitals, this risk is rated as Very High, can be considered unstable and remains outwith our current risk tolerance threshold.

Whilst the Integrated Specialist Care Portfolio continues in its pursuit of agreed strategic objectives associated with this risk and despite delivering activity in excess of our agreed trajectories in the Annual Delivery Plan (ADP), we remain unable to deliver sufficiently to bring the risk profile to a steady or improving trajectory.

This has necessitated the Portfolio to accept an even higher level of Risk Tolerance. The impact of potential opportunities to balance this risk in our risk management process are limited due to a number of increasingly severe restraints on workforce recruitment, financial spend and limited flexibility from our failing built infrastructure and support services.

Clinical patient outcomes and staff experience for those receiving treatment in standard areas and agreed pathways remains positive but for those patients waiting in queues, receiving care in non-standard patient areas or staff managing the increasing level of demand failure, experience is negative and worsening.

There are a number of measures in place to help control and monitor the situation, in addition to improvement activities outlined in the ADP, including: the use of the Elective Surgery Categorisation System (ESCatS) for clinical prioritisation; engagement with the national Centre for Sustainable Delivery (CfSD) and National Elective Coordination Unit (NECU) teams to fully exploit all national examples of best practice, service improvement, or available national capacity; standardised waiting list management activities providing consistency and resilience; and a suite of monitoring and review activities of waiting lists, including any emergency admissions, cancer upstaging or curative to palliative intent conversion, and mortality from individuals who are waiting across the elective and outpatient waiting lists.

Risk 3639 - Significant delays in the delivery of Unscheduled Care

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

It is anticipated that the risk profile is likely to worsen in light of impending winter months, due to an increase in Unscheduled Care demand, combined with financial pressures that are held in the Health and Social Care Partnerships. This potentially could result in decisions to reduce downstream capacity via intermediate care beds and care homes, which will impact on flow from ARI and therefore increase the risk to

patients and staff in the acute hospital. This may be partially offset by the bed capacity contingency plan to stand up additional winter surge beds if agreed and funded.

In addition, the recent termination of the In-Health Cath Lab Contract which provided a 3rd Cardiac Cath Lab, and one of the two substantive NHSG Cardiac Catheter Labs going down, has had a significant impact upon service provision, and therefore alongside seasonal demand has increased risk exposure in this area.

Ongoing staffing concern escalations from teams working in Medicine & Unscheduled Care continue, particularly around the inability to mitigate service demands and pressures internally due to the complexity of whole system flow and the reasons mentioned above. Ongoing concerns about wellbeing of staff are being highlighted.

The recent AMIA / SAS test of change, initiated in October 2024, will aim to reduce ambulance queuing for patients referred to the Acute Medical Initial Assessment Unit by GPs, by creating additional post-assessment bed capacity overnight for patients waiting on speciality ward admission. However, the impact on ambulance stacking is still to be assessed as well as best value of investing in this area.

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

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

NHS Grampian's infrastructure is ageing, accruing an increasing backlog of maintenance and compliance issues across our properties. Much of the Board's current estate is also considered functionally unsuitable for the purpose it is currently used.

Our equipment base, including our digital infrastructure, is utilised on average well beyond recommended replacement timescales.

The current capital funding issues and financial outlook have the potential to increase the likelihood in occurrence of this risk. The current focus therefore is to assess the current and potential impact of infrastructure related risk on continuity of service delivery across the entire NHSG estate and in relation to our equipment and digital assets. This work will inform the Business Continuity and Essential Investment Infrastructure Plan to be submitted to the Scottish Government in early 2025.

Longer term, the focus is on development of a Whole System Service and Infrastructure Change Plan to inform robust risk-based infrastructure plans to support innovation and change in how services are delivered.

This risk is reviewed regularly by the Performance, Assurance, Finance and Infrastructure Committee.

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

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

There is continued significant demand upon inpatient areas, with an increase in the complexity of presentations highlighted. System capacity is lower than what is needed to meet this demand. These service demands mean that there are occasions where it is difficult to maintain safe and appropriate staffing.

The heightened need to balance risk across the system through SafeCare and acuity risk mitigations has the potential to lead to inequity across wards/services, which may impact the delivery of the fundamentals of care, and a requirement to utilise supplementary staffing.

Constant operational pressures and agreed mitigations could also impact on staff wellbeing and lead to staff absence/staff retention difficulties. Staff continue to be signposted to OHS and We Care support. The Non-Standard Patient Areas (NSPA) Monitoring group chairs presented twice to the NHS Grampian Ethics Group in 2024 to consider the ethical impact of continued NSPA usage on patients, staff and visitors, as we continue to work under system wide pressures within the organisation.

Given the above, the additional pressures and constraints that come with winter service provision, the current inability to increase the bed base, and the AMIA / SAS test of change which commenced in October 2024, it was agreed by CET on October 29th 2024 that the risk exposure has increased and that this should be reflected within the risk score. The risk will primarily manifest as an increase in the number of areas which require to utilise non-standard patient areas, and the frequency in which this is likely to occur. This will also have an increased likelihood of impact upon staff working within these areas.

Although there is good oversight and governance of this risk within NHS Grampian, given the increase in risk exposure, potential volatility coming into the winter months, constraints regarding mitigations and the wider impacts of current controls, there is a reduction in the level of assurance that can be aligned to the management of this risk; limited assurance.

The Whole System Clinical Governance Group has been established and will provide a forum for the whole system to discuss, explore and agree potential solutions for clinical governance concerns and will help support and direct implementation of these within portfolios.

Recent conversations have highlighted the need to ensure there is a heightened level of cross-system awareness and management of the situation (given the interdependencies that exist), including with the Health and Social Care Partnerships, and this will be one area of focus moving forward.

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

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

Systems of internal control are in place and well established to manage NHS Grampian's financial resources.

The effectiveness of internal controls and the achievement of the required cultural shift surrounding financial governance will contribute to 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.

The constraints on the availability of revenue funding to support service transformation together with continuing operational pressures for many existing services mean that there is only limited assurance that the revenue financial position of the Board can be managed effectively.

It is apparent that the financial position has become more acute as we plan for 2025/2026. The level of savings required will need to go beyond the current Value & Sustainability Programme (which focuses on efficiency) and will need to make reductions in the range and capacity of services we provide.

The financial position and associated risk status continue to be regularly reported to and discussed with the Chief Executive Team, the Performance, Assurance, Finance and Infrastructure Committee (PAFIC) and the Scottish Government. Discussions focus on the challenge of improving the financial situation whilst at the same time protecting operational performance in key areas.

Risk 3650 – Inability to reduce demand through citizen engagement

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Limited	High (16)	Above appetite but within tolerance

This new Strategic Risk has been agreed because there are insufficient mechanisms and priority given to ongoing engagement with citizens to understand their health and care needs, and use feedback to inform planning in a way which includes citizens as equal partners.

This risk remains High and whilst there is an agreed approach with Putting People First and the Delivery Plan in place, and a funding application submitted, there remains a lack of capacity to make Putting People First a reality. This is becoming more challenging due to the financial position of the Board and is especially concerning at a time where listening to and involving the public in the reform of health care is required.

Risk 3132- Cybersecurity Incident

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

There is acknowledgement of the significant risk this situation carries for the Board, especially in light of recent incidents at other health boards and care providers. Learning from these situations, alongside insights from our internal Ransomware Audit and known gaps in our controls and systems, has underscored the need for a more robust, focused approach to mitigating cybersecurity threats. This requirement has initiated discussions around planning, investment levels, and timelines, particularly emphasising system patching, access controls, network segmentation, and staff awareness. An updated PwC Ransomware Audit, due for completion this month, will further guide our approach.

The Digital Directorate is committed to enhancing governance and reducing risk exposure to minimise the likelihood of a successful cyberattack.

Risk 3006- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Limited	High (12)	Within appetite

This risk has undergone development work to better articulate and frame the risk, which will help ensure the right controls are in place and that they are effectively applied.

Being unable to carry out the necessary strategic change and innovation activities across the organisation means that:

- our ability to effectively engage and collaborate with the citizens of Grampian is reduced;
- change team capacity and resources cannot be maximised in areas where they will have the greatest sustainable impact on models of care/service delivery;
- there are lost opportunities to reduce duplication, waste and improve productivity;
- there is a reduction in the ability to understand and influence changes and funding decisions across the system; and
- we will not fully realise the strategic intent and ambitions for sustainable health and care as set out in the Plan for the Future (PfF).

The Strategic Change Board (SCB), which will have oversight of this risk and of the development and delivery of the Route Map for Strategic Change (a separate item of the Board's agenda for this meeting) on behalf of the CET, is being established and is due to formally meet on 26th November 2024.

There is a requirement for greater clarity on the focus for change and innovation, and this will be provided by the SCB, enabling better prioritisation and resourcing of agreed areas of focus, as set out in the Route Map in alignment with the PfF. The group will provide assurance to the Board via CET and PAFIC. In addition to having oversight, the SCB will also assist with wider system connectivity, including with the Health and Social Care Partnerships.

The Board's recurring financial savings requirements has the potential to further reduce change capacity and service workforce capability, both of which are required to enable and support changes set out in the Route Map. This increases the risk posed to enabling and delivering the redesign of services.

Risk 3125 - Deteriorating Workforce Engagement

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

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.

The Staff Governance Committee were advised in April 2024 that the current financial outlook, demands on the service, and the degree of change required were 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 affect engagement, given the impact an imbalance could have on perceptions of organisational integrity.

Following a review of the risk by the Chief Executive Team in August 2024, and discussion at the Culture and Staff Experience Oversight Group in September 2024, the latter agreed that the overall risk level has increased slightly from 10 to 12 due to an increased likelihood, but remains at High and within the tolerance limit set for this risk.

Additionally, the need to tighten vacancy controls, and the impact this is having both on the capacity of specialist teams leading and supporting work that mitigates the aligned tactical risks, and other areas where posts do not meet the threshold for replacement, adds upward pressure to the risk likelihood. The tension between the need to ensure financial expectations are met, and of providing hope for the future, is recognised in the development of the Route Map for Strategic Change.

Risk 3131- Worsening health in Grampian particularly in those who experience multiple disadvantages

Assigned Assurance Level	Current Risk Rating	Risk Appetite / Risk Tolerance Thresholds
Strong	Medium (8)	Within Appetite

The current controls to mitigate the impacts of this risk include the implementation of NHS Grampian's Health Equity Plan and Screening Equity strategy. These controls, particularly our ability to embed prevention in our health and care pathways, and work to reduce inequalities in screening uptake will be at risk if we are unable to recruit or extend staff contracts to deliver on our health improvement and health inequalities work programmes, due to the current financial position of the Board.

This risk has a strong assurance level aligned, due to the heightened governance and assurance arrangements in place, as well as robust plans to address any gaps in controls. Upcoming formal review activities will scrutinise the risk and assurance levels, and given staffing difficulties described above, may reflect a requirement to amend these levels.

2.3.4 NHS Scotland Risk Matrices & NHS Grampian Risk Appetite

A Short Life Working Group (SLWG) comprised of Risk Managers, Advisors and Leads from NHS Scotland health boards commenced in June 2024, with an aim to update the NHS Scotland Core Risk Matrices, an integral piece of the HIS Adverse Event Framework which is also under review. The aim of the SLWG was to update the Matrices, which are used within NHS Grampian to assess not only risk but also adverse events and complaints, to bring them in line with the current operating environment, as no work to refresh the Matrices had taken place since their conception in 2005.

The SLWG closed their period of work and consultation on 7th November 2024. The updated Matrices will now be considered as part of the Adverse Event Framework consultation, with an expectation for this to be finalised in January 2025. Once the new framework has been accepted nationally, there will be an expectation to adopt the framework by local Boards.

This piece of work has implications for NHS Grampian's Risk Appetite Statement, as the risk categories within the statement are based on those within the Matrices. There is a requirement of the Board to update the Risk Appetite Statement in light of the updated/renewed categories.

2.3.5 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.

2.3.6 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.

2.3.7 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.

2.3.8 Risk Assessment/Management

Risk management processes are described within this paper.

2.3.9 Equality and Diversity, including health inequalities

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

2.3.10 Other impacts

No other relevant impacts.

2.3.11 Communication, involvement, engagement and consultation

This report has not been shared with any external stakeholders.

2.3.12 Route to the Meeting

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

- Chief Executive Team Strategic Risk Meetings - 25th June, 13th August, 29th October 2024
- Clinical Governance Committee - 14th May, 13 August, 12 November 2024
- Staff Governance Committee - 24th April, 22nd August, 31st October 2024
- Performance Assurance, Finance & Infrastructure Committee - 17th April, 5th June, 28th August, 25th September 2024
- Population Health Committee – 31st May, 27th September 2024
- Audit and Risk Committee - 12th March, 25th June, 10th September 2024

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:

- Work is ongoing in the development and management of Strategic Risk, and evidence of this has been provided to the Boards satisfaction.

Decision

- The Board agree to review and update of the Risk Appetite Statement, in light of the revised NHS Scotland Risk Matrices, and the approach to managing a Board risk profile that is outwith risk appetite and tolerance levels at the Board Seminar in January 2025 with an updated Strategic Risk report reflecting agreed changes to come to the Board in February 2025.

3 Appendix/List of appendices



The following appendices are included with this report:



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


Appendix 1- NHS Grampian's Strategic Risk Register November 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>Title: Inability to meet population demand for Planned Care</p> <p>Risk causes: The demand for Planned Care is outstripping NHS Grampian's current ability to effectively respond to this demand through its capacity, in a way that is wholly safe, effective or patient centred.</p> <p>The risk event: Patients are unable to gain timely access to outpatient, diagnostic and inpatient services.</p> <p>Consequences: There may be an increase of avoidable adverse clinical outcomes resulting in patient harm, including an increase in disease complexity and avoidable morbidity and mortality. This may drive excess healthcare consumption and costs in the wider healthcare and social care system including unscheduled care demands.</p> <p>NHS Grampian staff may have poor work experiences and there may be damage to the organisation's reputation with resulting lack of public confidence.</p>	<p>Clinical Director, Acute</p> <p>Clinical Governance Committee</p> <p>Staff Governance Committee</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	13/08/24	Very High (25)	<p>Above Appetite</p> <p>Out with tolerance</p> <p>Enhanced monitoring</p> <p>↓</p>
3639	<p>Title: Significant delays in the delivery of Unscheduled Care</p> <p>Risk Causes: The demand for Unscheduled Care services is greater than NHS Grampian's capacity to respond in a safe and timely manner. This risk manifests system wide for those patients who required care in an unscheduled way.</p> <p>The risk event: Patients presenting to Urgent, Unscheduled and Emergency Care Pathways across our system are delayed in being triaged and assessed, with further delay in appropriate placement for treatment and subsequent discharge as available capabilities and capacity are routinely overwhelmed.</p> <p>Patients are therefore not receiving care in the right place, at the right time. Systems and processes fail under extreme pressure with staffing levels often being unsafe. Financial constraints and an inability to work openly and effectively across departments and across our health and care system lead to an increased risk of patient harm, and present significant challenges to adapting the system in an agile way.</p> <p>Consequences: The consequence is an imbalanced risk profile across the entirety of the system; excessive waits for emergency and acute treatment leading to routine and prolonged ambulance stacking; excessive waits to access follow-on treatment once clinically fit for discharge which necessitates continuous use of non-standard bedspaces, and excessive boarding of patients.</p>	<p>Portfolio Executive Lead Medicine and Unscheduled Care</p> <p>Clinical Governance Committee</p> <p>Staff Governance Committee</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	13/08/24	Very High (20)	<p>Above Appetite</p> <p>Out with tolerance</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
3127	<p>Title: Inability to affectively maintain and invest in NHS Grampian's infrastructure</p> <p>Cause: NHS Grampian's infrastructure is ageing, accruing an increasing backlog of maintenance and compliance issues across our properties. Much of the Board's current estate is also considered functionally unsuitable for the purpose it is currently used.</p> <p>Our equipment base, including our digital infrastructure, is utilised on average well beyond recommended replacement timescales.</p> <p>There is an increasing prevalence of adverse weather conditions adding further pressure to the deteriorating condition of the estate. Current financial constraints restrict the availability of capital investment in lifecycle maintenance and renewing our basic infrastructure.</p> <p>Event: There could be major failings with our infrastructure:</p> <ul style="list-style-type: none"> - Structural building or system failures and/or damage, for example falling masonry, water ingress ceiling collapse, ventilation system failures, water quality issues, temperature control, electrical and other system failures. - Increased incidence of equipment failures, equipment becomes obsolete and/or out of support, image quality issues and other safety issues. - 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 equipment failure or 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>	13/08/24	Very High (20)	<p>Above Appetite</p> <p>Out with Tolerance</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>Title: Deviation from recognised service standards of practice and delivery</p> <p>Cause: Due to resource constraints, insufficient bed base and system pressures, there are instances when it is necessary to deviate from accepted organisational procedures and expected patient care standards.</p> <p>Event: Due to lack of bed space, it has been necessary to implement deviations allowing the care of patients in non-standard patient areas; surge beds, treatment/consultation rooms, multi bay rooms and ward corridors within ARI and community hospitals.</p> <p>Due to insufficient nursing and midwifery staffing there is often an inability to adequately meet required roster/shift establishments requiring supplementary staffing to bridge this gap. Insufficient staffing levels result in the requirement to move and adjust staffing numbers in relation to SafeCare and acuity information in order to mitigate risks.</p> <p>Insufficient staffing levels can result in an inability to meet the required to meet the safe and appropriate staffing levels, resulting in Priorities of Care being undertaken.</p> <p>Consequences: Impact upon patient safety and quality of care. Normalisation of deviations which could result in patient harm. Poor staff experience and impact on staff health, wellbeing, moral injury and potential for ethical implications. Organisational reputational damage and lack of public confidence.</p>	Executive Nurse Director Clinical Governance Committee	29/10/24	Very High (20)	<p>Above Appetite Out with Tolerance</p> <p>Enhanced monitoring</p> 
3650	<p>Title: Inability to reduce demand through citizen engagement</p> <p>Risk Causes: Insufficient mechanisms and priority given to ongoing engagement with citizens to understand their health and care needs and use feedback to inform planning in a way which includes citizens as equal partners.</p> <p>The risk event: As a result of insufficient engagement (informing, involving and collaborating) services are designed and delivered in ways that make them unsuitable or inaccessible to some, and citizens are insufficiently engaged and enabled on action they can take to improve their health and wellbeing.</p> <p>Consequences: Our limited public resources will be used to respond to demand which could have been prevented. The population will spend more time in poor health with the most disadvantaged impacted the greatest.</p> <p>We will be unable to fulfil statutory requirements and meet Planning with People guidance. There will be reputational damage and a lack of public confidence resulting from a failure to work with the public to reform services.</p> <p>There will be poorer staff experience and more complaints, leading to increased sickness absence, vacancies, staff turnover and stress.</p>	Director of Public Health Population Health Committee	13/08/24	High (16)	<p>Above Appetite Outwith 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
3130	<p>Title: 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>	13/08/24	High (15)	<p>Above Appetite</p> <p>Within Tolerance, however situation may worsen</p> <p>Enhanced monitoring</p> 
3006	<p>Title: Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.</p> <p>Cause:</p> <p>Key areas causing/preventing necessary level of change and innovation within NHS Grampian are:</p> <p>Clarity - unable to articulate the model of change which requires to be delivered to achieve the ambitions within the Plan for the Future (PpF).</p> <p>Commitment – unable to seek the level of commitment required locally, regionally or nationally due to the lack of clarity on model of change and ask of change teams. Continued protection of current business as usual approach.</p> <p>Capacity – insufficient capacity and a clear focus to commission, carry out, scale up and fully embed change in a timely manner (linked to clarity and commitment).</p> <p>Constraints – relating to system pressures; current policy and system lags; unknown impacts of future national policy; funding and capacity challenges within the NHS and partner organisations; impacts of decisions made externally may impact on assumptions set out in the PpF and enabling model of change.</p> <p>Event:</p> <ul style="list-style-type: none"> - Engagement, ownership/buy-in and participation of frontline staff in enabling required changes (links to separate workforce risk). - The ability to effectively collaborate with citizens, communities and partners (links to separate citizen engagement risk). - The ability to maximise change team capacity and resources on those activities which enable greatest sustainable impact in line with the PpF. - Lost opportunities to reduce duplication, waste and improve productivity. - Inability to understand and influence changes and funding decisions within NHS Grampian and with Partners. - Stakeholders continue to hold onto medical/ traditional models of care. 	<p>Chief Executive</p> <p>Performance Assurance, Finance & Infrastructure Committee</p> <p>Population Health Committee</p>	13/08/24	High (12)	<p>Within Appetite</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
	<p>Consequences:</p> <p>Failure to make the necessary changes as set out in the PfF (and Delivery Plan), resulting in:</p> <ul style="list-style-type: none"> - Failure to improve the health of the Grampian population and see an increase in the health inequalities gap (links to population health risk). - Failure to move to a more sustainable model of care with a risk of greater instability. - Deteriorating performance (outcomes, service, workforce and financial). - Inability to manage healthcare demand, risk and changing priorities within available resources in an agile way (links to service delivery risk). - Potential for harm to service users. - Failure to deliver objectives set out in the organisation's enabler plans (links to wider risks). - Failure to maximise all available resources to ensure greatest value/impact (people, infrastructure, digital, equipment etc.). - Organisational reputational damage and reduction in public confidence. 				
3132	<p>Title: Cybersecurity Incident</p> <p>NHS Grampian faces potential cybersecurity risks across its estate, spanning People, Process, and Technology domains.</p> <p>People: the organisation faces a concerning proliferation of Domain Admin Accounts, amplifying the risk of unauthorised access and compromises. Additionally, the use of vulnerable web browsers adds another layer of vulnerability, as it increases the likelihood of human error and exploitation due to lack of awareness. This also includes susceptibility to phishing attacks, divulging login details, and falling for clickbait.</p> <p>Process: the absence of routine patching for both servers and workstations signify a gap in cybersecurity procedures, leaving systems exposed to known vulnerabilities. Furthermore, inadequate web filtering exacerbates these risks by allowing access to potentially malicious content.</p> <p>Technology: the presence of servers and desktops running unsupported operating systems poses a significant threat, as these systems lack essential updates and patches, rendering them more susceptible to cyber threats. Moreover, the end-of-life status of the Network monitoring Introspect System further compounds these technological risks, leaving NHS Grampian without necessary support and protection against emerging threats.</p> <p>There could be a Cyber-Attack, where computer systems become inoperable, or unavailable, with data being destroyed, stolen, or encrypted. This could range from a single computer to the entire estate.</p> <p>There is potential for a major security breach or system compromise across its NHSG IT infrastructure. This could involve unauthorised access to sensitive data due to the proliferation of Domain Admin accounts, exploitation of vulnerabilities in systems running unsupported operating systems, and human-enabled security incidents stemming from the use of vulnerable software. Ineffective web filtering, and the end-of-life status of the Introspect system also leave the organisation exposed to emerging cyber threats.</p> <p>This could result in legitimate access to computer systems, medical records, patient data, or medical devices may be compromised, leading to potential disruptions in healthcare delivery. Depending on the nature and duration of the incident, the clinical impact could range from moderate to severe, affecting patient care and safety. Patient data may be compromised, lost, or stolen, posing risks to confidentiality and privacy. The exposure of confidential information could result in public disclosure, leading to reputational damage and loss of trust. Failure to comply with regulatory and compliance requirements may result in legal penalties and reputational repercussions for the organisation.</p> <p>Overall, the organisation's reputation could be significantly impacted, affecting stakeholder trust and confidence in NHS Grampian's ability to safeguard sensitive information and deliver quality healthcare services.</p>	<p>Medical Director</p> <p>Performance Assurance, Finance & Infrastructure Committee</p>	13/08/24	High (12)	<p>Above 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>Title: 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>	13/08/24	High (12)	<p>Above Appetite</p> <p>Within Tolerance</p> 
3131	<p>Title: Worsening health in Grampian particularly in those who experience multiple disadvantages</p> <p>Prior to the pandemic, improvements in mortality rates had stalled with evidence of some inequalities widening. The pandemic disrupted access to preventative health and care services with negative impacts on population mental health and wellbeing, particularly for those who experience multiple disadvantages. Recovery has been further impeded by a higher cost of living. Insufficient investment in prevention (primary, secondary and tertiary) across the system will lead to loss of opportunities to prevent illness and enable wellness.</p> <p>There is a risk to worsening health for the population of Grampian which may further increase demand for health and social care. This may create further issues with sustainability across the whole of the system. Poorer outcomes are more likely for those who already experience multiple disadvantages; we may see inequalities exacerbated in our communities.</p> <p>This may result in an inability to deliver the ambitions set out in Grampian Plan for the Future (2022-2028), deteriorating performance against ADP workplan, funds used to respond to preventable demand, inability to fulfil statutory requirements, reputational damage due to inability to protect population health and ultimately the population will spend more time in poor health with most disadvantaged impacted greatest.</p>	<p>Director of Public Health</p> <p>Population Health Committee</p>	13/08/24	Medium (8)	<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.