NHS Tayside

NHS SCOTLAND

Meeting:	**Audit & Risk Committee**
Meeting date:	**17 August 2021**
Title:	**Internal Audit Planning Process – 2021/22**
Responsible Executive:	**Stuart Lyall – Director of Finance**
Report Author:	**Tony Gaskin – Chief Internal Auditor**

1   Purpose

This is presented to the Audit & Risk Committee for:

- Decision

This report relates to a:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to produce a risk based plan, which takes into account NHS Tayside's risk management framework, strategic objectives and priorities, and the views of Senior Managers and the Audit & Risk Committee Chair and members.

This paper provides an update on the approach, timetable and content of the Internal Audit plan for 2021/22. The Plan has been developed in accordance with PSIAS 2010 and has been assessed against the NHS Board's Strategic Risk Register priorities.

- Appendix 1 sets out the proposed allocation of audit days for 2021/22;
- Appendix 2 maps the strategic risk register to audits for inclusion in the 2021/22 plan.

We wanted to fully engage with key stakeholders to ensure the plan reflects current risks and any other areas where a review would be beneficial and add value for NHS Tayside.

Internal audit provided the Director of Finance with a draft operational annual internal audit plan for 2021/22. This was intended to provide a basis for ELT discussion and included:

- Audits that must be undertaken for management and assurance purposes, or to comply with legislation;
- Suggested areas for review identified from mapping to the strategic risk register, themes from the 2020/21 ICE, audits deferred from 2020/21 and initial discussion with officers.

To ensure that the ELT had the opportunity to input to the annual plan:

- The Chief Executive and Director of Finance agreed the first draft annual internal audit plan for consideration by ELT;
- ELT members were asked to provide comments on the draft plan as well as any suggestions for areas to be considered for inclusion in the plan via e-mail;
- The Chief Executive, Director of Finance and Internal Audit agreed areas for inclusion in the draft annual plan for 2021/22, taking into account ELT suggestions;
- The draft plan was distributed to Audit & Risk Committee members for review and comment prior to formal approval at the 17 August 2021 Audit & Risk Committee meeting.

To ensure the annual internal audit plan continues to meet the needs of the service, reflects the strategic risk profile and incorporates the outputs from ongoing assurance mapping work, we will undertake a further review of the plan again later in the year.

2.2   Background

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes."

Public Sector Internal Audit Standards (PSIAS) – Section 3, Definition of Internal Auditing

The Operational Plan 2021/22 has been developed in accordance with Public Sector Internal Audit Standard 2010 – Planning, to enable the Chief Internal Auditor to meet the following key objectives:

- The need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;
- Provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- Audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- Improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- Effective co-operation with external auditors and other review bodies functioning in the organisation.

The internal audit service will be delivered in accordance with the Internal Audit Charter. The plan is driven by NHS Tayside's organisational objectives and priorities, and maps directly to the strategic risks that may prevent NHS Tayside from meeting those objectives.

Our Strategic Internal Audit Plan is designed to provide NHS Tayside, through the Audit and Risk Committee, with the assurance it needs to prepare an annual Governance Statement that complies with best practice in corporate governance. We also support the

continuous improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively.

2.3 Assessment

Standard process – Previous Years

Our Strategic Internal Audit planning process is normally structured around an audit universe based on a 5 year cycle which links to the Strategic Risk Register and objectives. The process overtly demonstrates cyclical coverage of all strategic risks and is designed to allow Executive Directors and the Audit and Risk Committee to contribute their views on areas for inclusion. The resultant operational plan is again overtly linked to the relevant strategic risk, which will still be the focus of our work, together with any key governance or assurance elements required in order to provide a view on the overall adequacy and effectiveness of internal controls.

Current year process – 2021/22

Due to the significant and emergent impact of Covid-19 on the risk profile of the organisation, a planning process which relied on a relatively static risk environment and change generally occurring in the medium to long term was no longer viable. As such, our view is very much that the plan will need to be flexible, responsive to the requirements of senior management and non executive directors and, to a certain extent, emergent as the risk profile changes and new information becomes available.

In order to provide a starting point for discussion, we asked for the views of the ELT with greater emphasis on the organisations current rather than cyclical needs, focusing on emergent risks and those with most immediacy, as the basis for a first draft plan.

However, we know that the organisational risk profile is changing rapidly, as is organisational understanding of those risks and we will present an updated plan later in the audit year.

Environmental and change risks

We actively take into account ongoing projects, forthcoming changes and our wider knowledge of the NHS to ensure we provide an appropriate level of audit coverage across all key areas and risks. This includes consideration of the following key sources of information:

- Corporate Strategy & Plans/ Annual Operational Plans/ local plans
- Themes / risks emerging from our Internal Control Evaluation work
- Previous internal audit reports
- External audit reports and plans
- Board website, internal policies and procedures
- Our NHS knowledge and experience
- Discussions with the ELT and the Audit and Risk Committee
- Changes to the risk profile due to Covid-19

Assurance mapping

Internal Audit are working with the Board to develop a process and timetable for the development of a holistic Assurance Mapping process to identify key sources of

assurance and any gaps in independent assurance, which will then be taken into account in the formation of future Internal Audit plans and audit scopes.

Other stakeholders

There is congruence between Health Board internal audit plan and those of the Integrated Joint Board (IJB) Partners. The NHS Tayside Internal Audit Plan currently includes an allocation for Internal Audit of the IJBs (supplemented by contributions from Local Authority Internal Audit teams), with IJB Plans agreed with the IJB Chief Officers and Chief Finance Officers and approved by the IJB Audit & Risk Committees. The IJB Chief Officers will have the opportunity to influence the Health Board Plan as members of the ELT and there is a sharing protocol that allows for Health Board and Council Internal Audit Plans to be shared with the IJBs and vice-versa.

We will consult on the plan with our External Audit colleagues, take their comments into account and, as in previous years, we will ensure that work which will be relied upon by External Audit and that which provides assurance on the highest risk areas is prioritised.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews. It is likely that the Board's workforce strategy, along with all key strategies will require fundamental review later in the year and this will be reflected in any later revisions to the Internal Audit plan.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

See timetable above.

2.3.8 Route to the Meeting

See timetable above.

2.4 Recommendation

The Audit & Risk Committee are asked to:

- **Approve** the Internal Audit Plan for 2021/22.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1** – Annual Internal Audit Plan 2021/22
- **Appendix 2** – Mapping to Strategic Risks

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Appendix 1

For 2021/22 Internal Audit have 561 days available. The proposed audit allocation is documented in the table below.

Ref		Audit Process	Scope	Days	Strategic Risk
		AUDIT MANAGEMENT		*79*	
T 01	22	Audit Risk Assessment & Planning	Audit Risk Assessment & Operational Planning	12	-
T 02	22	Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and other officers	28	-
T 03	22	Liaison with External Auditors	Liaison and co-ordination with External Audit	5	-
T 04	22	Audit Committee	Briefing, preparation of papers, attendance and action points	24	-
T 05	22	Clearance of Prior Year	Provision for clearance and reporting of 2020/21 audit reports	10	-
		CORPORATE GOVERNANCE			
		Accountability and Assurance		*90*	
T 06	22	Annual Internal Audit Report	CIA annual assurance to Audit Committee	15	-
T 07	22	Governance Statement	Preparation of portfolio of evidence to support	10	-
T 08	22	Interim Control Evaluation	Mid-year assurance for Audit and Risk Committee on specific agreed governance areas	35	-
T 09	22	Audit Follow Up	Undertaking the follow up of audit action points and provision of related reports to the Audit and Risk	30	

Ref		Audit Process	Scope	Days	Strategic Risk
			Committee		
		Control Environment		*25*	
T 10	22	Board, Operational Committees and Accountable Officer	Attendance and input / provision of advice at Standing Committees and other Groups as required, for example the Governance Review Group	10	-
T11	22	Assurance Framework	Continuation of assurance mapping work for Clinical Governance risks	15	Risk 395 – Mental Health Services
		Risk Management		*45*	
T12	22	Risk Management Strategy, Standards and Operations	Review of strategy and supporting structures in order to conclude on risk maturity as required of the Public Sector Internal Audit Standards. Review of revised Risk Register	15	-
T13	22	Health and Safety	Specific follow up review to T13-19 Health and Safety (D Grade Report) including review of compliance, reporting and issue management from ward to Board level	30	Risk 723 – Health and Safety
		Health Planning		*105*	
T14	22	Strategic Planning	Provide advice and input at key stages of the development of Clinical and related Strategies	15	Risk 723 - Long term financial sustainability
T15	22	Primary Care Services	Review of the Sustainability of Primary Care Services including assurances, controls and scoring Review jointly commissioned with Angus IJB	20	Risk 353 – Sustainability of Primary Care Services
T16	22	Organisational Performance	Identification of priorities for improvement and	10	Risk 26 - Waiting Time and

Ref		Audit Process	Scope	Days	Strategic Risk
		Management	effective remedial action		RTT targets
T17	22	Health & Social Care Integration	Working with Tayside Local Authority internal audit services to deliver IJB Internal Audit Plans	60	-
		CLINICAL GOVERNANCE		*70*	
T18	22	Clinical Effectiveness	Mortality and Morbidity - review of guidance, progress with the system to ensure timely completion of outcomes from M&M reviews and to develop shared learning, and an assessment of whether sufficient resources are available to ensure effective M&M reviews	15	Risk 16 – Clinical Governance
T19	22	Clinical Strategy	Prioritisation of clinical care in a post COVID environment	15	Risk 16 – Clinical Governance
T20	22	Infection Control and Prevention	Review of the Infection Control Risk including assurances, controls and scoring	10	Risk 14 – Infection Prevention & Control
T21	22	Clinical Governance	Review of the Public Protection Risk including assurances, controls and scoring	15	Risk 736 – Public Protection
T22	22	Medical Equipment and Devices	Review of the procurement process for medical devices	15	-
		STAFF GOVERNANCE		*40*	-
T23	22	Workforce Planning	Review of specific aspects of the Workforce risks including assurances, controls and scoring. Focus on succession planning	40	Risk 844 - Nursing Workforce Risk 845 – Midwifery workforce Risk 863 – Medical

Ref		Audit Process	Scope	Days	Strategic Risk
					Workforce Risk 58 – Workforce Optimisation
		FINANCIAL GOVERNANCE		*70*	
		Financial Management		**20**	
T24	22	Financial Management	Review of Financial Operating Procedures	10	-
T25	22	Scottish Standard Payroll system	National service review of ePayroll updates	10	-
		Capital Investment		**10**	
T26	22	Property Transaction Monitoring	Post transaction monitoring	10	-
		Transaction Systems		**40**	
T27	22	Patients Funds	Operation of patients' fund processes	15	-
T28	22	Endowment Funds	Annual programme of work agreed with Trustees	25	-
		INFORMATION GOVERNANCE		*30*	
T29	22	Information Assurance	Review of implementation of actions arising from the NIS external review	15	Risk 680 – eHealth Cyberattack

Ref		Audit Process	Scope	Days	Strategic Risk
T30	22	Digital & eHealth	Review of local eHealth strategic plans with the Board's revised strategy and supporting governance processes, ensuring that there is sufficient resource and focus to support accelerated transformation and new ways of working	15	Risk 679 - eHealth technical infrastructure and modernisation programme
Departmental / contingency				*7*	
T31	22	Contingency and discretionary	tbc	7	-
Total Days for 2021/22 Internal Audit Plan				**561**	

Appendix 2
NHS TAYSIDE STRATEGIC RISK PROFILE

		2021/22				CIA comment / for inclusion in 2021/22 plan
DATIX REF NO	STRATEGIC RISK/DESCRIPTION	CURRENT RISK EXPOSURE RATING	PLANNED RISK EXPOSURE RATING	ADEQUACY OF CONTROLS	RECOMMENDATION (Archive/Downgrade/Amalgamate/Carry Forward	
619	EU EXIT: As a result of ongoing transition negotiations, there is a risk of a no deal UK exit from the EU. This may lead to an inability to deliver safe and effective care as a result of disruption to a number of areas determined as critical.	9 (Yellow/ Medium)	9 (Yellow/ Medium)	Adequate	Archive. The UK has now exited the EU and there are no current issues or risks for NHS Tayside being raised through the system. A watching brief will be maintained and if any issues begin to emerge these will be escalated for consideration of a new strategic risk.	Agreed and risk should be mainstreamed. Internal audit should check as part of planning for individual audits. Same principle applies to Covid
680	EHEALTH CYBER ATTACK: As a result of the impact from Cyber Security threats such as malware, ransomware and virus exposure etc, there is a risk that NHS Tayside will be non-compliant in relation to Cyber Security and NISD regulations. Leading to an impact on patient care as a result of the risk to integrity/security of patient/personal /business data and disruption to services. The Cyber Security	16 (Amber/High)	9 (Yellow/ Medium)	Incomplete	Risk to be carried forward into 2021/22.	Considered in Information Assurance work – T28/22

	threat is the same across both our managed network and the medical devices network, known as the QVLAN. However, the vulnerability level is greater on the QVLAN, as we cannot apply the same level of cyber security protection to the devices contained within it.					
679	EHEALTH TECHNICAL INFRASTRUCTURE AND MODERNSATION PROGRAMME: A lack of an overarching application strategy, combined with lack of investment in staffing and technical skills within eHealth, may lead to a lack of lifecycle management of the core applications environment, with an increasing risk of failure of IT services, with the potential of non-recovery. This could result in loss of patient/business data, together with non-compliance with Cyber Security regulations and inability to support future digital transformation/expectations of the organisation.	20 (Red/Very High)	16 (Amber/High)	Inadequate	Risk to be carried forward into 2021/22.	eHealth as key enabler of strategic change to be considered in specific audit of this risk unless other assurances are being sought.
723	LONG TERM FINANCIAL SUSTAINABILITY: As a result of failure to develop and implement the actions	20 (Red/Very High)	12 (Amber/High)	Incomplete	Carry forward. All financial risks recognise risk and uncertainty that	Covered by strategy transformation and those audits will overtly consider whether financial sustainability is embedded

	outlined in the Three Year Financial Plan 2020/21 to 2022/23 NHS Tayside does not return to balance by the end of financial year 2020/21, resulting in NHS Tayside not meeting its statutory financial targets.				Covid-19 has had on financial planning and assumptions. Previously considered amalgamating Annual Plan and Long Term Financial Sustainability Risk, but currently considered better to keep separate due to the uncertainties around levels of Covid/remobilisation funding in future years.	in change plans.
849	FINANCE ANNUAL PLAN 2020/21: As a result of risks and uncertainties the projected outturn for Year 1 (2020/21) of the Strategic Financial Plan 2020/21 to 2022/23 is not achieved resulting in NHS Tayside not meeting the financial targets set by Scottish Government Finance, Corporate Governance and Value Directorate (SGFCGVD).	12 (Amber/High)	9 (Yellow/ Medium)	Adequate	Finance Annual Plan 2020/21 should be archived once annual accounts process has been concluded. This risk will be replaced with a new risk 'Finance Annual Plan 2021/22'.	Not for inclusion. Focus should be on longer –term initiatives. Short-term financial planning has been very good.
636	PRIORITISATION AND MANAGEMENT OF CAPITAL FUNDING: Lack of prioritisation and control around the utilisation of limited capital resources, and staffing resources, available to deliver the Clinical Strategy and the Regional Asset	16 (Amber/High)	12 (Amber/High)	Incomplete	Carry forward. Previously discussed splitting out capital into two as with revenue, ie current year and long term, but think best to leave as is just now and reflect on any changes that may come	Not for inclusion. Audited in T24/21 – Property Management Strategy.

	Management Plan (RAMP) will lead to an inability to deliver safe and effective care in an appropriate healthcare environment which is fit for purpose which will result in damage to organisational reputation. All asset disposal proceeds will be re-invested in the Infrastructure Programme. As such, progress with the asset disposal programme needs to be monitored, with a clear understanding around the timing of receipt of asset disposal proceeds.				about with the Director of Facilities now in post.	
312	NHS TAYSIDE ESTATES INFRASTRUCTURE CONDITION: Failure to upgrade the existing infrastructure and improve the condition, capacity and resilience, considering the entire property portfolio of NHS Tayside will result in a lack of capacity and resilience therefore restricting future site expansion, non compliance with current technical standards and legislation, the inability to deliver the anticipated capital plan resulting in reputational loss and the ability to meet clinical demand.	16 (Amber/High)	6 (Yellow/ Medium)	Adequate	Carry Forward: No change at this time as the risk is worded as reflecting the whole of the estate. However the supporting text should make reference to the estate being of varied age and profile, with some premises specific risks being rated as very high at local level. The premises specific risk profile of each premises is contained within the Board's Property and Asset Management Strategy (PAMS).	Not for inclusion. CIA comment - This risk should be updated for Covid – there is a need to understand the implications of Covid for staff and patients and for clinical interactions.
26	WAITING TIME AND RTT	20	20	Adequate	Carry Forward: The risk	For inclusion in T15/22 -

	TARGETS: Failure to deliver on the key national targets for waiting times and RTT targets	(Red/Very High)	(Red/Very High)		remains red given the pausing of elective services to support COVID-19 pathways. This will be required to be maintained 2021/22. Remobilisation plans for 2021/22 have been submitted to SG however as the NHS remains under an emergency order COVID-19 restrictions will continue leading to demand outstripping the available capacity.	Organisational Performance Management CIA comment - This risk must be revised to reflect the risk of avoidable harm and death (some will be inevitable in the circumstances) due to a failure to prioritise clinical care effectively. Failure to deliver on national targets is both certain and effectively irrelevant in the context of the potential for material clinical harm.
615	EFFECTIVE PRESCRIBING: As a result of changes in market forces, national pricing policy and variation in prescribing practice, these variables may impact upon our ability to deliver financial targets with regards to prescribing (both primary care and secondary care) costs. As new medicines become increasingly complex and their costs continue to grow, it is imperative we have in place effective governance arrangements to ensure the safe, clinically effective and cost effective use of medicines.	12 (Amber/High)	9 (Yellow/ Medium)	Incomplete	Carry forward.	Currently a 12 and therefore not a priority.
807	STATUTORY OBLIGATIONS IN RELATION TO ENVIRONMENTAL	9 (Yellow/ Medium)	4 (Yellow/ Medium)	Incomplete	Carry forward.	Not a priority except insofar as ensuring that Strategies (particularly Estates) reflect the

	MANAGEMENT: Failure to put in place robust environmental management arrangements could result in NHS Tayside being unable to identify all statutory requirements necessary to underpin its obligations in relation to environmental management and to promote the delivery of wider Government policies and strategies for the NHS in Scotland. This agenda is designed to support the reduction of carbon emissions and allow NHS Tayside to fulfil its public duties as defined in the Climate Change (Scotland) Act 2009.					national ambition and incorporate plans to achieve the key target of carbon neutrality. Coverage under strategic planning.
734	HEALTH AND SAFETY: Failure to ensure compliance with the Health and Safety at Work etc. Act 1974 and pertaining regulations as a legal requirement, and to minimise the incidence of all workplace risks for our staff, contractors, visitors and the public at large.

Failure to ensure regular risk assessment to identify hazards, the prioritisation, planning and implementation of associated effective control measures, that financial and physical resources necessary | 20 (Red/Very High) | 12 (Amber/High) | Incomplete | Carry forward. | Yes, for inclusion in T13/22. This is a known issue, and risk should have been updated to reflect the additional hazards posed by Covid. Also management request. |

	are in place to enable staff to work safely and effectively, and that line managers and staff are competent and confident in the discharge of their responsibilities in maintaining healthy and safe working arrangements	<td style="background:red"></td>	<td style="background:orange"></td>			
844	NURSING WORKFORCE: As a result of a national shortage and local workforce demographics there is a risk that we will be unable to recruit and retain sufficient numbers of registered nurses which will result in a failure to maintain safe and effective nursing staffing levels to provide safe effective person centred care .There is a risk that retention of nursing staff is adversely affected by being unable to provide education, research and development opportunities.	16 (Amber/High)	4 (Yellow/ Medium)	Inadequate	Carry forward.	Yes for inclusion. CIA comment - These four risks share many features and should be considered as a whole as they interact considerably. Workforce planning will be essential for all three as well as retention and recruitment strategies and understanding capacity and capability and future need. All of these risks need to be updated substantially post Covid as indeed will the controls. Suggest reviewing consistency of target risk scoring across the four workforce risks.
845	MIDWIFERY WORKFORCE: As a result of a national shortage and local workforce demographics (aging workforce and geographical spread of population) and a lack of the local delivery of Midwifery training, there is a risk there will be an inability to	12 (Amber/High)	8 (Yellow/ Medium)	Inadequate	Carry forward.	

	recruit and retain sufficient numbers of registered Midwives. Which would lead to a failure to maintain safe and effective Midwifery staffing levels and to deliver Scottish Government policy The Best Start; A Five Year Forward plan for Maternity and Neonatal care in Scotland.					
863	MEDICAL WORKFORCE: As a result of national shortages of doctors within specific specialties and the inability to retrain and recruit doctors in training, there is a risk of an insufficient supply of doctors to training and career grade posts within the acute and community sectors. This may lead to a negative impact on the sustainability of service provision.	16 (Amber/High)	12 (Amber/High)	Incomplete	Carry forward - This must be retained as a risk although NHS Tayside has a relatively good track history of recruitment. Vacancies can appear in sensitive areas and due to the nature of NHS Tayside smaller numbers can have a more profound effect. This is therefore in terms of the risk profile unfortunately because of all areas carrying risk the overall risk should probably balance out as Amber (16) however it must be seen as high in certain limited services and low in others.	
58	WORKFORCE OPTIMISATION: As a result of a failure to create an environment that ensures the effective planning, recruitment, deployment and retention of workforce,the risk of insufficient staffing levels	20 (Red/Very High)	12 (Amber/High)	Incomplete	Carry forward but reframe to focus on the Workforce Planning agenda as the main tool to address the overall workforce optimisation across NHS Tayside.	CIA comment - This is key but workforce planning will be the answer to all four workforce risks ultimately as they interconnect so much and there is so much focus on transferability e.g. ANPs for most areas.

	and skill mix may occur, which could lead to a negative impact on the quality of patient care, service delivery and financial balance.				It is felt that this would also fit in with the desire of Audit who have highlighted the importance of workforce plans and planning within their recommendations on the workplan for the Staff Governance Committee.	
16	CLINICAL GOVERNANCE: As a result of not having a robust set of clinical governance and risk management arrangements in place, there may be a failure to deliver reliable, safe, effective and person centred care in all health and care settings and unexpected adverse events may occur which would result in harm or deterioration to people.\n\nEvaluation and learning from adverse event management will reduce the risk of future harm.	12 (Amber/High)	9 (Yellow/ Medium)	Incomplete	Carry forward.\n\nWill be sufficiently downgraded by end of 2021/22 that at that time may not be considered as a risk.	Yes, for inclusion in assurance mapping for 2020/21 also taking in 736,798, and possibly 353.
395	MENTAL HEALTH SERVICES: As a result of workforce challenges, delegation and hosting arrangements across 3 IJBS and NHST for Mental Health & Learning Disability services, sustainable delivery of services are at risk and	16 (Amber/High)	12 (Amber/High)	Inadequate	Existing Strategic Risk for Mental Health remains active on Datix at present and there are no changes to Risk Owner or Risk Manager.\n\nThe new MH Strategic Risk	Not for inclusion. Internal Audit Assurance Mapping work on this risk to be completed in 2020/21.

	fragmentation and variation in service planning and provision may occur. In addition other elements of the risk include: 1.Insufficient substantive consultant medical workforce to safely delivery General Adult Psychiatry Service 2. Inadequate learning environment for Doctors in training with enhanced monitoring in place 3. Insufficient nursing workforce - RMN and RLDN to deliver service 4. Ligature anchor points remain within the inpatient environments of care presenting a risk of patient suicide 5.Challenges in timely roll out and implementation of standard room specification for in patient environments of care including ligature anchor point reduction, privacy and dignity for patients 6.Adverse feedback relating to restrictive care practices within the care environment				- Risk 934 is pending on datix. To be presented at ILG in April 2021 for collective sign off and then will be activated on datix.	
14	INFECTION PREVENTION AND CONTROL: As a result of a failure to comply with consistent infection	20 (Red/Very High)	16 (Amber/High)	Adequate	Carry forward.	Short audit looking at whether systems and assurances have been updated might be appropriate.

	prevention and control measures or evolving microbial risks there will be an outbreak of infection or adverse event which will result in an inability to provide a safe clean environment which could affect patient safety, service delivery and organisational reputation.	<td style="background:red"></td>	<td style="background:orange"></td>			
637	CAMHS: Child and Adolescent Mental Health Services (CAMHS) Outpatient performance in Tayside against the 18 week target has been lower than 90%, the consequences impact on patients and their families and has resulted in adverse publicity for the Board. Although the standard was achieved November 2020 it requires to be seen if this is sustainable.	16 (Amber/ High)	9 (Yellow/ Medium)	Adequate	Carry forward. As the 18 week performance may not be sustainable the risk requires to remain.	Not for inclusion, audited in T17/21
736	PUBLIC PROTECTION: As a result of insufficient infrastructure and resource in Adult Protection, NHS Tayside is unable to progress the development of a Public Protection Framework (encompassing Children and Adults) to provide effective protection of vulnerable people. As a consequence	16 (Amber/ High)	9 (Yellow/ Medium)	Inadequate	Carry forward. Will be sufficiently downgraded by end of 2021/22 that at that time may not be considered as a risk.	Yes, for inclusion. Should be considered for limited/overview audit. Key area where responsibilities and assurances are diffuse.

	ineffective protection of vulnerable people (particularly adults) may occur which would lead to people being at risk of neglect, abuse or harm. This may result in NHS Tayside failing in its duty of care and responsibility to vulnerable people to protect them.					
798	CORPORATE PARENTING: As a result of the Children and Young People (Scotland) Act 2014, there is a risk that NHS Tayside will be unable to discharge and evidence its fulfillment of its responsibilities and duties related to Corporate Parenting (Part 9), resulting in NHS Tayside failing to deliver against its statutory duties and legislative requirements.	16 (Amber/High)	6 (Yellow/ Medium)	Inadequate	Carry forward.\n\nWill be sufficiently downgraded by end of 2021/22 that at that time may not be considered as a risk.	Risk about to be downgraded but relevant principles could be covered tangentially in Adult protection audit.
880	CARE HOME OVERSIGHT: As a result of the requirement for arrangements to be implemented for the enhanced oversight of care homes, failure to do so may result in a lack of provision of clinical and professional oversight, analysis of issues and development and implementation of solutions which would lead to an inability to ensure Tayside's Care Homes remain as safe	20 (Red/Very High)	6 (Yellow/ Medium)	Incomplete	Carry forward.	To be considered under assurance mapping review.

	and as free from Covid-19 as possible and to sustain services during the Covid-19 Pandemic and have access to the best possible expert advice on and the implementation of infection prevention and control and secure clinical support when needed.					
353	SUSTAINABLE PRIMARY CARE SERVICES: As a result of an increase in GP vacancies due to retirement and difficulties in relation to recruitment and retention, there is a risk that NHS Tayside will be unable to provide GP services. This risk recognises that failure to maintain sustainable Primary Care Services both in each locality across Tayside will result in a failure to achieve the 20/20 Vision, the National Clinical Strategy and local Primary Care Strategy. This would result in patients being unable to access Primary Care Services across the geographical location and in a failure to provide continuity of service. This would lead to adverse publicity, reputational damage and unsatisfactory patient	25 (Red/Very High)	9 (Yellow/ Medium)	Incomplete	Carry forward.	Partially covered within review of Strategy.

experience

Furthermore there is a risk to the ability to provide an adequate standard of healthcare to the population and the risk of pressures elsewhere in the healthcare system. | | | | |

SUGGESTED NEW RISKS FOR INCLUSION IN 2021/22 STRATEGIC RISK PROFILE

STRATEGIC RISK/DESCRIPTION	RISK OWNER/MANAGER
Covid-19 Vaccination Programme (Recommendation from Silver Command)

As a result of the requirement to implement a Covid Vaccination Programme for the NHS Tayside region, there is a risk that arrangements may not be sufficient or a number of complications may be experienced. This may result in unavoidable delays leading to associated adverse publicity and reputational damage. | Emma Fletcher/Daniel Chandler |
| Finance Annual Plan 2021/22 | Stuart Lyall/Louise Lyall |