

NHS Highland



Meeting: NHS Highland Board Meeting
Meeting date: 29 July 2025
Title: NHS Highland Board Risk Register
Responsible Executive/Non-Executive: Dr. Boyd Peters, Board Medical Director
Report Author: Dr. Boyd Peters, Board Medical Director

Report Recommendation:

The Board is asked to:

Note the content of the report and take **Substantial Assurance** this report provides confidence of compliance with legislation, policy and Board objectives.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2 Report summary

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

2.1 Situation

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

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

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

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

2.2 Background

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

2.3 Assessment

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

Immediate Updates	
Risk	Update to Board
1254 – Financial Position 24/25	Agreed for closure following FRPC closure approval.
1375 – Financial Position 25/26	Agreed for addition to the Board Risk Register following FRPC approval.
1279 - Financial Balance – Adult Social Care 24/25	Agreed for closure following FRPC closure approval.

1376 - Adult Social Care Financial Risk 25/26	Agreed for addition to the Board Risk Register following FRPC approval.
Pending Updates	
1182 - New Craigs PFI Transfer	Risk deferred to next FRPC to recommend closure as the transfer has now happened, and risk is therefore obsolete.
1255 - ADP 24-25 Delivery	ADP 25/26 has now been approved by Scottish Government. A new risk will be proposed at the next FRPC for FY 25/26.

Finance, Resources and Performance Risks

Risk Number	1254	Theme	Financial Position 24/25 – CLOSED
Risk Level	High	Score	16
Target Risk Level	High	Target Score	12
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
<p>There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:</p> <p>1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care</p> <p>2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise</p> <p>3. Inability to realise 3% reduction in spend in line with value & efficiency plans.</p> <p>NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set</p>			
Mitigating Action		Due Date	
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.		Ongoing	
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs		Ongoing	
Limited assurance regarding the delivery of the Adult Social Care financial position		Ongoing	

Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance	
Monthly monitoring, feedback and dialogue with services on financial position.	
Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
Finance plan needed to identify the actions required to deliver financial balance for ASC and agreed position with THC - HHSCP team have been tasked with setting out a detailed plan to progress towards financial balance.	Ongoing
Discussion with SG around a plan that can be agreed from a perspective of deliverability and monitoring, which will minimise the impact of not delivering a break-even position through brokerage.	Ongoing
Recovery plan in place to offset the reduced Value & Efficiency workstreams delivery to deliver planned opening outturn	January 2025 – update will be via the 12 month report

Risk Number	1375	Theme	25/26 Financial Risk – NEW RISK
Risk Level	High	Score	16
Target Risk Level	High	Target Score	12
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned financial position for 2025/26 and that the maximum deficit of £40m agreed with SG will not be achieved. There is currently no brokerage confirmed for 2025/26 therefore there is a risk of a section 22 report may be issued.			
Mitigating Action		Due Date	
Non-recurrent recovery plan identified, and the majority should be released within the first 6 months of the financial year		End September 2025	
Recurrent savings plans being progressed at pace through VEAG meeting and will incorporate STAG benefits, to avoid double-counting		Ongoing	
STAG financial assessment work to identify potential savings for Year 1 and beyond to evaluate input versus deliverables		End July 2025	
A&B recover plan requested		End June 2025	

Risk Number	666	Theme	Cyber Security
Risk Level	High	Score	16
Target Risk Level	High	Target Score	15
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.			
Mitigating Action		Due Date	
Migrating Varonis data management system from the current internally managed implementation to the new Software as a Service (SaaS)managed cloud version which brings greater functionality, increased automation potential, 24x7 monitoring and enhanced incident response capabilities.		September 2025	
Integrate NHSH eHealth out of hours support capability with the NSS Cyber Security Operations Centre (CSOC) 24x7x365 monitoring, alerting and reporting function.		October 2025	
Refresh the NHSH Information Security Management System documentation set using the national information Security Policy pack.		December 2025	
Microsoft 365 security tools being implemented as part of MS 365 project.		December 2025	
NHS Highland are in the process of rolling out Trend Deep Security Tool. This tool mitigates disclosed vulnerabilities in out of support operating systems.		December 2025	

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

Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete
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Risk Number	1255	Theme	ADP 24-25 Delivery
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to fragility of services and reliance on additional / unfunded resource to cope with current levels of demand and activity, there is a risk that ADP 24-25 will fail to deliver the outcomes being pursued to improve patient quality, care delivery and efficiency.			
Mitigating Action		Due Date	
Value & Efficiency Accountability Group (VEAG) established to monitor efficiency opportunities across system against agree priorities		Meeting fortnightly.	
Annual service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.		In process of being established.	
Review associated governance of ADP deliverables across SLTs, STAG and VEAG underway.		Ongoing through STAG.	

Risk Number	1279	Theme	Financial Balance – Adult Social Care – CLOSED
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2024/25 due to: 1. Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £16.252m 2. Further reduction in Quantum of £7m 3. Inability to realise 3% reduction in spend in line with value & efficiency plans of £5.71m			
Mitigating Action		Due Date	
SLT review of cost reduction action being taken for Q4. Some areas still to quantify cost in relation to ASC plan against younger adult / complexity care packages		Complete	
£2.3.9m achieved of VEAG schemes for ASC.		Complete	
Further remedy required in Q4 and financial plan for in development for 2025/26. Finance Clinic held with CEX and DoF 06/01/2025. Monthly monitoring and review and progress against action identified in place		February 2025 - ongoing	

Risk Number	1376	Theme	Adult Social Care Financial Risk 25/26 – NEW RISK
Risk Level	High	Score	16
Target Risk Level	High	Target Score	12
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2025/26.			
Mitigating Action		Due Date	
Expectation of a contribution towards eNIC for directly employed staff as a minimum		End August 2025	
Recurrent savings plans being progressed at pace through VEAG meeting and will incorporate STAG benefits, to avoid double-counting		Ongoing	

STAG financial assessment work to identify potential savings for Year 1 and beyond to evaluate input versus deliverables	End July 2025
ASC recovery plan and long term sustainable financial plan needed, supported by pump priming from the Transformation Fund available from THC	End September 2025

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			
Mitigating Action		Due Date	
Following successful approval of the BCIP, Scottish Government have now allocated backlog capital maintenance funding based on the risk priorities identified in the plan. As a result of the risks identified in the BCIP, it has been indicated that additional funding of £2.3m is to be received by the Board for additional fire compartmentalisation works to take place this financial year.		Ongoing	
Discussions continue with Scottish Government and NHSH Estates on managing the existing risks and the ability to highlight emerging risks that may require funding.		Ongoing	
As a result of the BCIP submission and anticipated subsequent funding allocation, this risk is to be reviewed as we move forward.		Ongoing	

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	6
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2025/26.			
Mitigating Action		Due Date	
PFI hand-back Programme Board in place and actions are progressing in line with anticipated due dates. Meeting frequency increased to monthly as handover date is approached.		Established and meeting monthly.	
Development sessions being progressed to model the future estate utilisation and service delivery model.		In progress through the Programme and will be ongoing until hand-back date	
Working with Scottish Futures Trust.		Ongoing	
Programme Management commissioned from independent intelligence.			
Programme structure in place.			
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register.		Ad-hoc	

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	Score	20
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			
There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.			
Strategic objective ‘to be a Great Place to Work’ included in board strategy ‘Together We Care’ and range of activities included in annual delivery plan aligned with strategic outcome of ‘plan well’			
New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment			

campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs

International recruitment team and processes developed in partnership with North of Scotland Boards

Mitigating Action	Due Date
<p>Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc November 2023</p>	<p>Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place –</p> <p>Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied into the proposal to review the models for recruitment we currently use.</p> <p>Further work will now be completed on strengthening existing self-service model and offering bulk recruitment where there are clear workforce plans developed and in place for services and/or job families.</p> <p>Work has been completed to test new approaches to recruitment including on the day interviews in social care settings.</p> <p>Feedback has been positive on new ways of undertaking recruitment.</p> <p>Action Complete July 2025</p>
<p>Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care November 2023</p>	<p>Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024</p> <p>Delays in this area due to competing demands including agenda for change non-pay</p>

	<p>elements of 23/24 pay deal including reducing working week.</p> <p>This will be picked up through establishing workforce planning groups in each operational area to feed into strategic workforce planning group.</p> <p>Workforce planning groups due to meet in coming months to review strategic programmes and discuss priorities for workforce development.</p> <p>Workforce groups now undertaking work to review strategic programmes.</p> <p>Next update November 2025</p>
<p>Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce November 2023</p>	<p>Integrated service planning approach agreed and first cycle to be completed by end of March 2024</p> <p>e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme</p> <p>Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out</p> <p>Effective rostering programme agreed by Health and Care Staffing Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs.</p> <p>First cycle of integrated service planning complete and proposal agreed for second cycle of integrated service planning for 2024-2025. We are gaining better insights from this process into workforce challenges and potential solutions and it is anticipated this will improve further through the second cycle with a more robust</p>

	<p>and detailed workforce plan developed during 2024-2025.</p> <p>Next cycle of integrated service planning underway in parallel to annual delivery plan development.</p> <p>Work continuing with integrated service planning.</p> <p>Next update November 2025</p>
<p>Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle March 2024</p>	<p>Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024.</p> <p>HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self assessment</p> <p>1st Quarterly report produced for staff governance committee and board</p> <p>Annual report developed and ready for submission to Scottish Government. Clear work plan in place for 2025/2026.</p> <p>Work continuing as planned.</p> <p>Next update September 2025</p>

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	Score	15
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			
There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.			
The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through			

organisational performance management and governance structures including regular reporting to staff governance.	
Mitigating Action	Due Date
<p>Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes.</p> <p>September 2024</p>	<p>Data has been updated to split reporting into bank staff and substantive staff. Substantive staff compliance at 79% and continuing to steadily improve. Bank staff should not be booked if training is not up to date and the lower compliance of 48% reflects that some bank staff are not actively working. PLT national work continues and is not expected to conclude until autumn 2025.</p> <p>Next Update November 2025</p>

Risk Number	632	Theme	Culture
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Our People	
Governance Committee		Staff Governance	
Risk Narrative			
There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.			
Mitigating Action		Due Date	
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – October 2023		Refreshed leadership and management development programme now in place. Leadership networks will be launched as part of leadership conference planned for May 2025. Cohort training for key groups of managers being explored next update November 2025	
Further development of staff engagement approach including board wide 'living our values' project – December 2023		Results of staff engagement approach reported to APF and due for discussion at SGC. Action plan proposed in relation to the findings of the engagement during 2024. Consideration of embedding annual cycle of staff engagement required. next update November 2025	
Appraisal (personal development review - PDR) and PDP improvement plan approved in March 2024 to ensure all managers have PDR and PDP completed in 2024-2025		Short life working group in place to finalise details of PDR and PDP improvement plan including supporting materials, actions required and timelines. Plan launched with reports issued to managers and requirements to agree plans and trajectories for their areas. 1st two levels of management below director to be completed by December 2024 Further work has identified that there are around 2300 records of circa 11,000 (21%) where appraisals may have been undertaken but not fully signed off within Turas. Further instructions have been issued to managers which may result in an uplift in compliance rates. However, progress is still limited and further work with the executive team and	

	<p>senior management teams is required to ensure this is addressed in 2025.</p> <p>Discussions with staff and managers underway to understand barriers to PDP and appraisal completion. Early indications include:</p> <ul style="list-style-type: none"> • Lack of staff engagement and understanding of purpose • Shortage of time for managers to complete appraisals potentially linked to high number of direct reports • Shortage of time for staff to complete appraisals linked to 'system pressures' <p>next update November 2025</p>
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Clinical and Care Governance Risks

Vaccination uptake and delivery remain risks for NHS Highland. Adult vaccination uptake is close to national levels, but childhood uptake has fallen within Highland HSCP. Considerable work continues to be undertaken to improve the service and uptake including that relating to SG escalation and implementation of the recommendations of the PHS peer review. Action plan implementation is overseen by the Vaccination Improvement Group.

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Staff uptake has tended to be slightly higher than national rates. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Highland HSCP remains in performance escalation with SG. Improving children's vaccination has been a major focus of work including peer review, vaccination improvement group and plans for a new model of delivery.			
Mitigating Action		Due Date	
Actions to increase uptake rate and other measures of performance and quality improvement are in place		Quality improvement work has been undertaken concentrating especially on infant vaccination within Highland HSCP. There has been a considerable quarterly improvement in 6 in 1 vaccination uptake within HHSCP. Next Review April 2025	
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place		Submission made for flexibility in delivery model for Highland HSCP and this was accepted. Implementation details are being set up and timescale submitted to SG by end March 2025. Next Review April 2025	
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model		Programme is now almost closed, and uptake has been similar to national levels. Population uptake is slightly lower, staff uptake tends to be slightly higher. New delivery model is being worked up for Highland HSCP. Next Review April 2025	

Risk Number	1353	Theme	Sustainability
Risk Level	High	Score	16
Target Risk Level	High	Target Score	12
Strategic Objectives		Progress Well	
Governance Committee		Clinical	
Risk Narrative			
Sustainability of Services There is a risk that the Board will be unable to meets its duty to provide access to clinical and care services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining workforce which will impact on patient care and experience. The distribution of this risk is variable with services such as vascular surgery, oncology, general practice, dental being examples of our highest sustainability risks.			
Mitigating Action		Due Date	
Re-configure service delivery, in line with regional or national work eg national task & finish groups for vascular and for oncology		Ongoing	
Assistance/Pathways from other boards via service level agreements and mutual aid arrangements.		Ongoing	
Digital solutions to allow remote/virtual care		Ongoing	
Maintain service through locum cover where not possible to recruit to substantive post and seek mutual aid arrangements where locum cover is not achievable		Ongoing	

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

X

Moderate
None

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

Through EDG, FRPC, SGC, CGC and Board.

4. List of appendices

None as summary has been provided for ease of reading