

**NHS Highland**



**Meeting:** NHS Highland Board Meeting  
**Meeting date:** 26 May 2026  
**Title:** NHS Highland Board Risk Register  
**Responsible Executive/Non-Executive:** David Park, Deputy Chief Executive Officer  
**Report Author:** Gil Paget, Project Manager – Strategy & Transformation

**Report Recommendation:**

NHS Highland Board are asked to take **Substantial** Assurance on NHS Highland’s 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.

The risk management structure is currently undergoing a review ahead of the planned transition from the Datix application to the Healthcare Guardian application.

This review aims to ensure that we have the right people in the right roles; the risk registers contain relevant risk; suitable mitigations are in place; and provide assurance that the appropriate risk management processes are in place.

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. This paper also requests information from the EDG membership as part of the review.

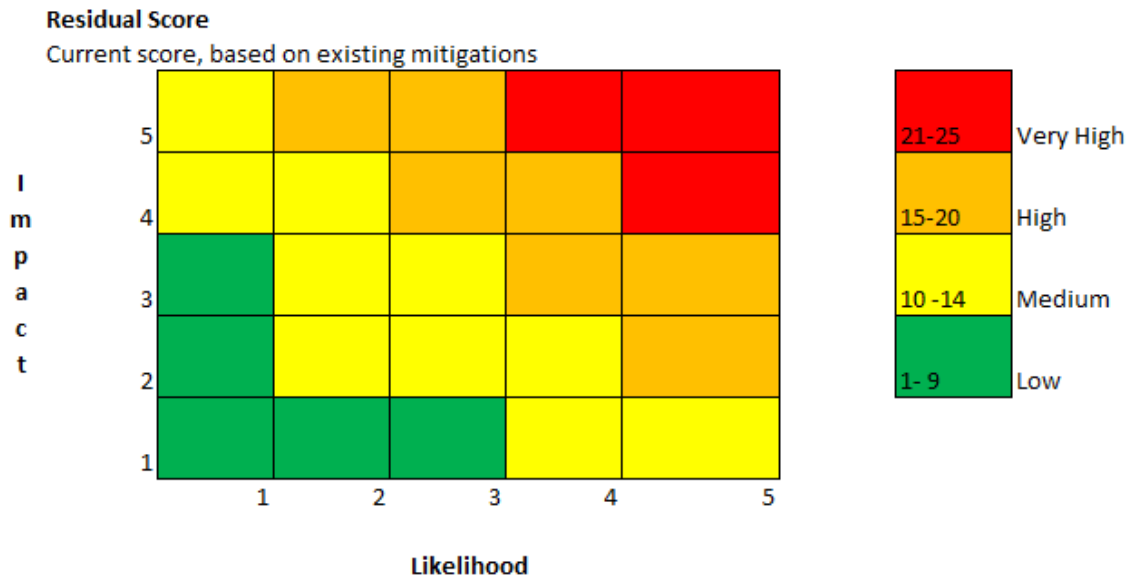
### **2.2 Background**

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.

The current review is part of the ongoing risk management arrangements in place whereby policies and procedures are scheduled for regular review to ensure relevance and accountability.

## 2.3 Assessment

The following section is presented to Board for an overview of the risks contained within the NHS Highland Board Risk Register.



Risk ID	CTTEE	Title	Risk Description	Mitigating Actions	Progress	Initial Gradet	Target	Sept 25	Nov/ Dec 25	Jan 26	Mar 26	May 26	Completed Actions	Live Actions	Executive Lead	Opened	Review Date	Trend	Strategic Objective
632	SGC	Culture across NHS Highland	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.	Cohort training for key groups of managers being explored.  Staff engagement action plan  Appraisal Action	Cohort training discussions regarding a learning and development strategic plan into an overall people strategy. Update due July 2026.  Action plan aim to achieve 60% compliance by April 2026 and 80% by September 2026. Next update September 2026	16	9	16	15	15	15	15	14	3	Gareth Adkins	Oct 19	Sept 26	↔	Listen Well Nurture Well Plan Well
706	SGC	Workforce availability	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	Board Learning and Development group established and has proposed review of approach to appraisals.  Plans in place to refresh 3 year workforce plan.  An integrated service planning framework has been	Currently testing service planning framework with Maternity Services – next update Sept.  Internal audit complete – management response developed and to be reported through Audit Committee –	20	9	20	20	20	20	20	14	3	Gareth Adkins	Aug 20	Sept 26	↔	Plan Well

			standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.	developed which is to be introduced to annual planning process in latter part of the year.	next update Sept. Plans in place to refresh 3 year workforce plan – work to continue 2026-2027														
1056	SGC	Statutory Mandatory Training Compliance	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.	New national statutory and mandatory training modules.	New modules launched (counter fraud) have impacted to show lower compliance rates. Dis-aggregated reporting will be providing in next reporting period to show progress against new model separately from overall average. Next update – Sept.	20	8	15	15	15	12	12	3	1	Gareth Adkins	Jul 22	Sept 26	↔	Nurture Well Perform Well
1375	FRPC	25/26 Financial Risk	There is a risk that NHS Highland will not deliver its	- A&B recovery plan submitted June 25 - STAG financial	The month 12 position will be reporting a	16	12	16	16	12	12	12	4	1	Heledd Cooper	Jul 25	Jun 26	↔	Perform Well

			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.	assessment completed Sept 25 - Non-recurrent recovery plan Q2 report to FRPC to update on actions Nov 25 - Monthly reporting – ongoing	deficit of £40m which will be offset by the deficit support funding to deliver a balanced reported position in the accounts. This position is a draft position and subject to external audit and scrutiny.														
666	FRPC	Cyber Security	There is a risk that: NHS Highland could experience a cyber incident that results in loss of access to all or part of the digital infrastructure, devices, systems or data that makes up its digital estate. Such an incident could occur at a board, regional or national level.	-Varonis Software purchased, initial scoping meeting held National OH support process to be fully implemented - Initial discussions taken place re NHSH early adopter of Horizon3.ai tool - NHSH Security Management System doc set to be drafted - MS365 security features are being implemented - Trend Deep Security Tool network configuration required to extend to A&B	Migration to new SaaS solution is in progress, full migration and bedding period expected to be completed by end of May 2026.  Due to ongoing geopolitical events the UK Threat level remains at substantial	20	15	16	16	16	16	16	26	4	David Park	Oct 19	May 26	↔	Progress Well

1097	FRPC	Strategic Transformation	<p>There is a risk that NHS Highland will not achieve the transformation required to systematically and robustly respond to our key strategic objectives.</p> <p>Failure to deliver transformation of services may limit the Board's options in the future regarding service sustainability.</p> <p>The ability to achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation of services.</p> <p>NHS Highland needs to balance current operational priorities and delivery of financial efficiencies, while planning services for the future. This must be delivered whilst meeting the</p>	<p>Realignment of former STAG programmes underway aligned to development of ADP 26/27 and OIP V2 – future update to FRPC</p> <p>- Focus to be on key strategic transformation aligned to Together We Care for 2026/27, with a planning focus, while programmes that deliver financial savings and efficiencies to be delivered through a refreshed approach</p> <p>- Strategic Reporting of planning programmes to EDG, including risks and escalations, to be re-established in line with realignment of programmes.</p> <p>- Commission of planning programmes for 26/27 to be articulated in ADP 26/27 and include any specific OIP</p>	<p>In Progress – expected to conclude June 2026</p> <p>ADP 26/27 and OIP in development – expected to complete June 2026</p> <p>Reporting will be stood-up from May 2026</p> <p>Programme commissioning in progress</p>	16	6	16	16	16	16	16	0	4	Bryan McKellar	May 23	June 26	↔	Perform Well
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			health and care needs of our population in a safe & sustained manner.	deliverables for the year, to be agreed through NHS Highland board.															
1376	FRPC	Adult Social Care Financial Risk 25/26	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.	-Expectation of a contribution towards eNIC for directly employed staff as a min – initial discussion with CO for Finance, THC - ASC recover plan and long term sustainable financial plan needed and in progress	The ASC M12 position remains at a c£21m deficit and with £5m received from the council and £2.6m savings delivered in the year.	16	12	16	16	16	16	16	4	1	Arlene Johnstone, Heledd Cooper	Jul 25	Jun 26	↔	Perform Well Care Well
1388	FRPC	ADP 25/26 Delivery	There is a risk that the Annual Delivery Plan for 2025/2026 will fail to deliver the outcomes of improving patient quality, care delivery and efficiency due to fragility of services and reliance on additional/unfounded resource to cope with current levels of demand activity resulting in lack of compliance with Scottish Government Objectives.	-Quarterly reporting of ADP deliverables to EDG and monthly reporting of OIP deliverables established  -Review of escalation process for ADP deliverables and documentation  - Reprioritisation of STAG programmes to focus leadership on key transformation programmes	Complete  Review complete – SOP in development  Realignment in progress – expected to conclude June 2026	16	8	16	16	16	16	16	1	2	Bryan McKellar	Sept 25	June 2026	↔	All Well Themes
714	FRPC	Backlog	There is a risk that	Risk methodology in	For continual	16	8	12	12	12	12	12	3	1	Richard	Aug 20	Jul 26	↔	Perform

		Maintenance	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.	place to prioritise investment.	review on a quarterly basis.									MacDonald				Well	
1353	CCGC	Sustainability	This risk articulates that the sustainability of clinical and social care services across the system may be compromised, impacting the ability of professionals to meet their responsibilities and uphold standards of care reflecting a recurring theme raised through the Clinical Governance Committee.	Re-configure service deliver, in line with regional or national work Assistance/pathways from other boards view service level agreements and mutual aid arrangements Digital solutions to allow remote/virtual care Maintain service through locum cover where necessary	No change	16	12	16	16	16	16	16	No individual actions recorded	0	Boyd Peters	May 25	July 26	↔	Progress Well
959	CCGC	COVID and Influenza Vaccines	Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have	Actions to increase uptake rate and other quality improvement in place	Vaccination funding with reduced allocation from last year and significant	16	9	12	12	12	12	12	4	6	Jennifer Davies	Nov 21	May 26	↔	Stay Well

			<p>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.</p>	<p>Implementation of autumn/ winter 2025 COVID and influenza vaccinations</p>	<p>workforce issues remain – peer review complete and implementation group with action plan in place</p> <p>Effective delivery model in place across Highland HSCP</p>														
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## Removed Risks:

No risks have been removed since 1<sup>st</sup> April 2026.

## Assessment – NHS Highland Risk Management Framework

NHS Highland is undergoing an improvement journey and has created a roadmap of areas for improvement, as outlined below.

### 1. Ownership and Accountability

NHSH is currently reviewing risk owners/managers and champions to ensure the right people are in the right roles providing consistent leadership, accountability and compliance assurance. The review will continue to support risk owners and champions with embedding risk processes within operational areas and a risk aware culture.

### 2. Staff Engagement and Capability

Learning materials and resources have been developed and shared via the Risk Champions Teams channel, these are interim measures. With the migration from Datix to Healthcare Guardian System there is an opportunity to reinforce risk management as part of the introduction to the process and structure of the Healthcare Guardian System so that we can maintain consistent standards across the organisation.

### 3. Oversight and Integration

As part of the improvement journey we are looking at streamlining risks by avoiding duplication where possible and linking risks across services by use of the actions function. We are also utilising meetings such as the EDG to cascade information down through the Accountable Owners for each risk area with regards risk management and oversight.

### 4. Link between Risks and Adverse Events

As part of the improvement journey we are looking at opportunities to proactively identify risks and reduce adverse events. It is anticipated that the Healthcare Guardian System will allow data triangulation across the risk and adverse event application.

### 5. Systems and Technology

Variability in the use of the Datix risk management system, alongside delays in implementing the replacement system, Healthcare Guardian (formerly InPhase), continues to present a risk.

A timeline of 17 April to refresh risk was agreed by the Audit Committee. Reviews of risk registers have been taking place and work is still ongoing in this respect so the timeline has been extended.

EDG members were requested to consider and advise of the following for the Strategic Level 1 Risk Register:

- Are the right accountable and risk owners in place?
- Does the detail capture the risk?
- Who reviews the risks?
- Who updates the risks?
- What should be on Strategic Risk Level?
- What should EDG be reviewing?
- Are we mitigating risk?
- What level 2 risks should be on the Strategic Risk Register?

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

While the proposed level of assurance is substantial for level 1 risks, the proposed level of assurance is moderate for the Board's Risk Assurance Framework.

## 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 Recommendation**

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

### **4.1 List of appendices**

N/A