Agenda Item 13

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**28th July 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**

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. 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.

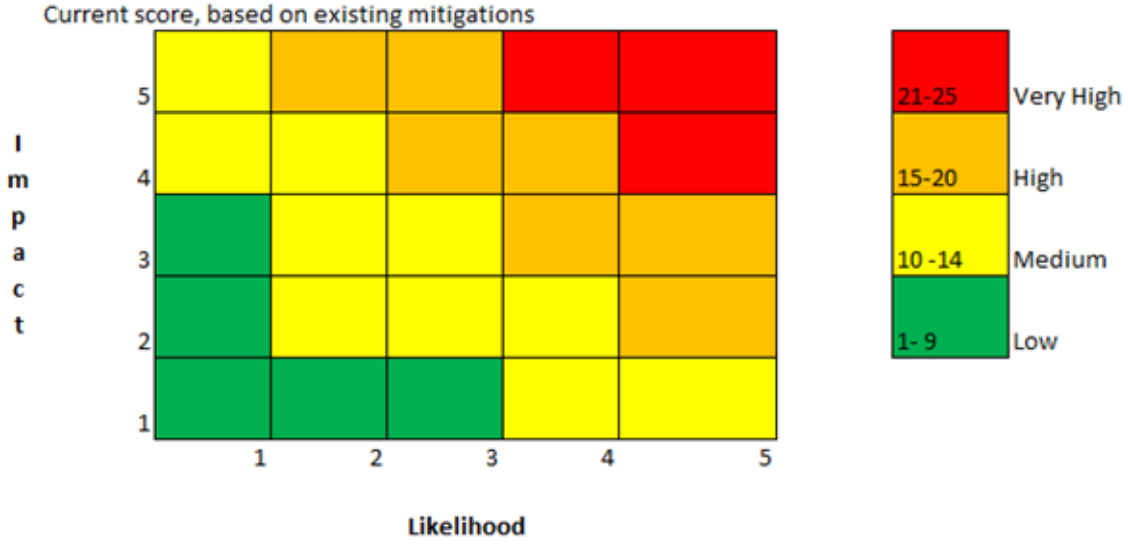
The current review is part of the ongoing risk management arrangements in place whereby policies and procedures are scheduled for regular review to ensure relevance and accountability.

2.3 Assessment

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

Residual Score

Current score, based on existing mitigations



Risk ID	CTTEE	Title	Risk Description	Mitigating Actions	Progress	Initial Grade	Target	Sept 25	Nov/ Dec 25	Jan 26	May 26	July 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	Nov 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 standards of care	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 developed which is	Currently testing service planning framework with Maternity Services – next update Sept. Internal audit complete – management response developed and to be reported through Audit Committee – next update	20	9	20	20	20	20	20	14	3	Gareth Adkins	Aug 20	Sept 26	↔	Plan Well

			and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.	to be introduced to annual planning process in latter part of the year.	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. Regular reporting of compliance through workforce dashboards and governance mechanisms	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	4	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 planned financial position for	- A&B recovery plan submitted June 25 - STAG financial assessment completed Sept 25	The month 12 position will be reporting a deficit of £40m which will be	16	12	16	16	12	12	12	5	0	Heledd Cooper	Jul 25	Jun 26	↔	Perform Well

			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. (This risk is due to be replaced. Awaiting FRPC approval of new risk)	- Non-recurrent recovery plan Q2 report to FRPC to update on actions Nov 25 - Monthly reporting – ongoing	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. As at 5.6.26 – Current UK threat level is set to severe 1.7.26 – reviewed, current actions progressing in line with delivery dates, risk level unchanged	20	15	16	16	16	16	16	27	3	David Park	Oct 19	Sept 26	↔	Progress Well

1097	FRPC	Strategic Transformation	NHS Highland will need to re -design to systematically and robustly respond to the challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation 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 healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.	Realignment of former STAG programmes underway aligned to development of ADP 26/27 and OIP V2 – future update to FRPC NHSH's Decision – Making - Strategic Reporting of planning programmes to EDG, including risks and escalations, to be re-established in line with realignment of programmes. - Commission of planning programmes for 26/27 to be articulated in ADP 26/27 and include any specific OIP deliverables for the year, to be agreed through NHS Highland board.	Realignment of progs between planning and Value & Efficiency focussed to conclude July 26 ADP and OIP reporting rhythm established and escalation SOP agreed. Reg reports to SROs, Exec leads, and EDG Development of new strategy taking population-health based approach is progressing aligned to Scottish Gov policy and NHSH expectations Risk Description to be reviewed in line with approval for ADP 26/27 and OIP 26/27	16	6	16	16	16	16	16	0	4	Bryan McKellar	May 23	July 26	↔	Perform Well
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	Regular reporting of Financial position to monitor and influence risk profile, through the appropriate	The ASC M12 position remains at a c£21m deficit and with £5m received form the council	16	12	16	16	16	16	16	5	0	Arlene Johnstone, Heledd Cooper	Jul 25	Jun 26	↔	Perform Well Care Well

			Social Care delegated budget for 2025/26. (This risk is due to be replaced. Awaiting FRPC approval of new risk)	governance structures.	and £2.6m savings delivered in the year.													
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	ADP 25/26 delivery final report is pending review. Actions not complete will roll into DP 26/27. Escalation SOP has been agreed via EDG. Reg reports provided to SROs, Exec leads and EDG on deliverables. Realignment of former STAG progs will conclude in July 2026 (Propose to close this risk and establish a new risk for 26/27 ADP and OIP activities)	16	8	16	16	16	16	16	1	2	Bryan McKellar	Sept 25	July 2026	↔	All Well Themes
714	FRPC	Backlog Maintenance	There is a risk that the amount of funding available to invest in current	Risk methodology in place to prioritise investment.	For continual review on a quarterly basis.	16	8	12	12	12	12	12	4	1	Richard MacDonald	Aug 20	Jul 26	↔	Perform Well

			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.		Additional risk based funding is being provided by Scottish Government to mitigate our highest risk back log maintenance issues													
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	There is a risk that the vaccination programmes will not be effectively and efficiently delivered because of system complexity and logistical challenges,	New model of delivery for vaccination programme approved but not yet implemented. There is a vaccination oversight group that reports to the	Actions updated and risk reviewed. No change	16	9	12	12	12	12	12	8	2	Jennifer Davies	Nov 21	Nov 26	↔	Stay Well

			resulting in reduced population immunity and reputational damage.	Executive Directors Group. Development of service specification to support the new model. 10/03/26 There is now a Vaccination Hybrid Model Transformation Group the purpose of which is to ensure there is a robust system in place in 2026. This group is maintaining and managing a programme risk log.														

Removed Risks:

No risks have been removed since 1st April 2026.

Risks for closure:

Risks 1375 and 1376 are to be replaced with risks relevant to the 26/27 financial period and are due to be discussed at the next FRPC meeting.

Risk 1388 is proposed to be closed and replaced with a new risk for the 26/27 ADP and OIP activities.

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	X	Moderate	
Limited		None	

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 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