NHS Highland

Meeting:	Board Meeting
Meeting date:	27 January 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:

The Board is asked to **Note** the content of the report and take **Substantial Assurance**

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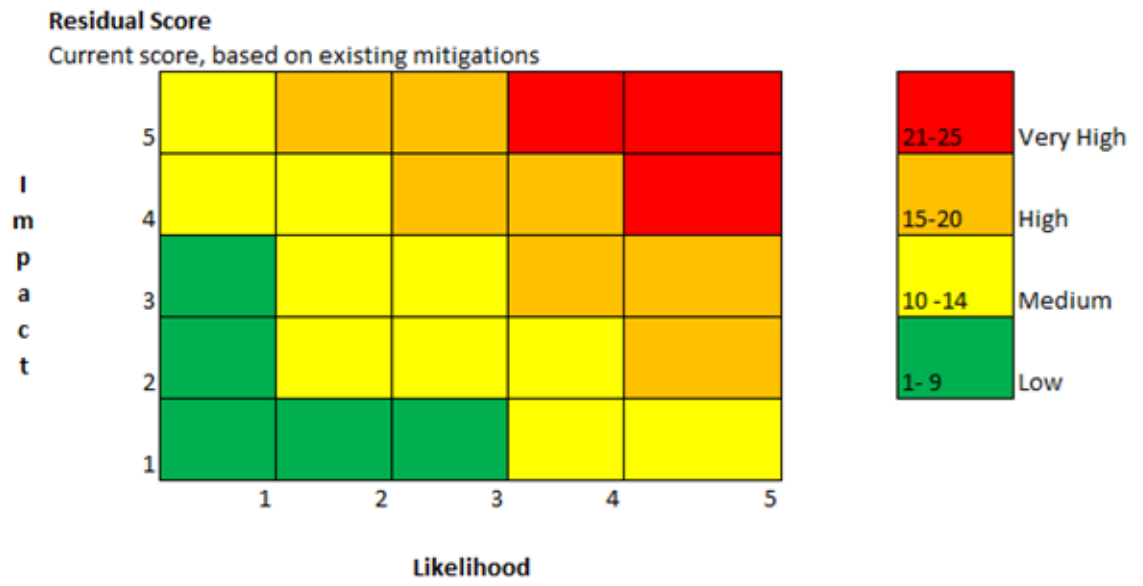
For this meeting, this summary paper presents a summary of the risks identified as belonging to the NHS Highland strategic risk register and recorded on Datix.

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 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	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	Cohort training being presented at next people and culture portfolio board. Action plan will review in Spring 2026 with a view to next steps for imatter and for further staff engagement sessions.	160	90	160	120	120	14	3	Gareth Adkins	Oct 19	Mar 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 and performance	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	Appraisal review is linking to work ongoing to establish career development frameworks as well as refreshing knowledge and skills framework. Intention is to develop a people strategy rather than workforce plan and incorporate all aspects of people and culture strategic objectives including	200	90	200	200	200	14	3	Gareth Adkins	Aug 20	Mar 26	↔	Plan Well

ID	Dir	Risk Title	Risk Description	Controls	Commentary								Owner	Opened	Review	Trend	Strategic Aim
			and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.	been developed which is to be introduced to annual planning process in latter part of the year.	workforce planning and development.												
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.	These will be launched in February 2026	200	80	150	150	150	3	1	Gareth Adkins	Jul 22	Apr 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 2025/26 and that the maximum deficit of £40m agreed with SG will not be achieved.	- A&B recovery plan submitted June 25 - STAG financial assessment completed Sept 25 - Non-recurrent recovery plan Q2 report to FRPC to	Full assessment of financial forecast undertaken in Month 6. There is slippage against the VEAG 3% target but there are opportunities to close	160	120	160	160	160	4	1	Heledd Cooper	Jul 25	Feb 26	↔	Perform Well

ID		Title	Risk	Actions	Update								Owner				
			There is currently no brokerage confirmed for 2025/26 therefore there is a risk of a section 22 report may be issued.	update on actions Nov 25 - Monthly reporting – ongoing	the gap through non-recurrent measures, increasing the risk for 26/27												
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	Risk reviewed and updated, risk level remains unchanged -Interim process for OOHs in place MS Defender for endpoint rolled out to NHSH desktop and laptop devises. Trend Deep Security is operational for North Highland	200	150	160	160	160	24	4	David Park	Oct 19	Feb 26	↔	Progress Well
1097	FRPC	Strategic Transformation	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	-reprioritisation of STAG programmes underway aligned to ADP 25/26 and OIP - Focus of leadership to be on key strategic	Actions in progress – no further update	160	60	160	160	160	0	4	Bryan McKellar	May 23	Feb 26	↔	Perform Well

			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.	transformation aligned to Together We Care - Structure for strategic transformation programme reporting portfolios to be established - Engagement with Exec Leads to define roles and responsibilities of programme management, clinical leadership and SROs																
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	Progress has been made on the ASC recovery plan with identification of in year actions to move towards delivery of 3% savings. There is still outstanding risk relating to the remaining £20m gap with no current mitigation plan agreed.	160	120	160	160	160	2	3	Arlene Johnstone, Heledd Cooper		Jul 25	Mar 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	Fortnightly meetings at VEAG to monitor efficiency opportunities 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 the ADP for 25/26 will fail to deliver the outcomes being pursued.	160	80	160	160	160	1	2	Bryan McKellar	Sept 25	Mar 26	↔	All Well Themes
714	FRPC	Backlog Maintenance	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.	Risk methodology in place to prioritise investment.	All backlog maintenance risks are prioritised through the BCIP risk assessment programme. This is reviewed throughout the financial year.	160	80	120	120	120	3	1	Richard MacDonald	Aug 20	Mar 26	↔	Perform 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	Re-configure service deliver, in line with regional or national work Assistance/pathways from other boards view	Risk description was amended to better define risk. No change	160	120	160	160	160	No individual actions recorded	0	Boyd Peters	May 25	July 26	↔	Progress Well

ID																		
			of professionals to meet their responsibilities and uphold standards of care reflecting a recurring theme raised through the Clinical Governance Committee.	service level agreements and mutual aid arrangements Digital solutions to allow remote/ virtual care Maintain service through locum cover where necessary														
959	CCGC	COVID and Influenza Vaccines	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	Actions to increase uptake rate and other quality improvement in place Implementation of autumn/ winter 2025 COVID and influenza vaccinations	Vaccination funding with reduced allocation from last year and significant workforce issues remain – peer review complete and implementation group with action plan in place Effective delivery model in place across Highland HSCP	160	90	120	120		4	6	Jennifer Davies	Nov 21	Nov 25	↓	Stay Well

			and plans for a new model of delivery.											

Risks Removed 24/25														
Risk ID	CTTEE	Title	Risk Description	Mitigating Actions	Progress	Initial Grade	Target Grade	Final Grade		No of Closed Actions	Executive Lead	Open	Clos ed	Trend	Strategic Objective
877	SGC?	Clinical Strategy and Redesign – Engagement	There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland.	Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3-year strategic plan. It is proposed that this is not actually a staff governance risk, and that the risk should be revised and updated and adopted by the relevant committee, to include the approval and rollout of the Engagement Framework and also the relevant outcomes for people as the strategy and ADPs are delivered and the effectiveness of our ongoing partnership working with our communities and stakeholders.	The engagement framework has been developed and rolled out. This risk is no longer relevant.	160	90	120		5	Gareth Adkins	May 21	Apr 24	↓	Anchor Well

ID		Title	Risk	Controls	Update					Score	Owner	Opened	Review	Trend	Aim
				(previous - Argyll & Bute HSCP engagement framework is already in place. This sets out good practice for engagement. Good progress is being made with the NHSH engagement framework and Communications and Engagement Strategy has been approved.)											
1182	FRPC	New Craigs PFI Transfer	There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.	. PFI handback Programme Board in place 2. Development sessions being progressed to model the future estate utilisation and service delivery model. 3. Working with Scottish Futures Trust 4. Programme Management commissioned from Independent Intelligence 5. Programme structure in place with regular reports and updates being provided.	Removed from Risk Register. PFO Handback has now been concluded.	120	60	10		2	Heledd Cooper	Jun 23	Sept 25	↓	Enable Well
1101	SGC	Workforce	There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures of pay	Ongoing national, regional and local discussions to support winter pressures and emergency planning. Resilience and contingency planning	Risk related mainly to a period of time when strike action was imminent. This risk is no longer relevant.	200	90	200		2	Gareth Adkins	May 21	Apr 24	↓	Nurture Well

ID	FRPC	Title	Description	Controls	Commentary						Owner	Opened	Review	Trend	Status
			uplifts, impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home over winter. Demand for services will also increase creating further pressure on resources.	efforts, involvement in discussions in respect of strike exemptions and consideration of prioritisation of services and resources more widely.		160	120	160							
1254	FRPC	ADP 24/25 Delivery	Failure to Deliver ADP for 2024/2025	Value and efficiency programme is set out and plans being progressed	Although NHSH did not meet the initial brokerage cap set, the amended brokerage cap, which was in line with the proposed budget, was delivered	160	120	160		4	Heledd Cooper	Apr 24	June 25	↔	Perform Well
1352	FRPC	Timely Care and Access to Treatment	Timely Care: There is a risk that access to timely and appropriate	There are many other examples of risk to access in unscheduled	Risk accepted onto risk register at Feb EDG.	160	120	160		No detailed actions	0	Boyd Peters	Feb 25	Aug 25	↔

		Clinical Governance	investigations, care or treatment as required in the ADP will not be achieved or fully available in a timely fashion. Access to Treatment: There is a significant risk that NHS Highland will fail to achieve all waiting time standards for community and hospital services. This will lead to delay in diagnosis and potential progression of disease/symptoms and hence poorer experience and outcomes for our population.	care, in planned care and in access to care or placement out of hospital. Specific risks are held at Level 2 risk registers overseen by each Chief officer and team. Access is part of the Together we Care strategic objectives (well themes) particularly treat well, thrive well and stay well and this high level expression of that overall risk will be held at Clinical Governance Committee as it oversees the safety and quality of care services. TTG – mitigations overseen through monthly reporting from surgical division to ASLT on performance. Meetings in Acute services to overview/scrutinise performance against government bids monies. Acute service reviews SG monitoring and reporting of all territorial boards TTG performance nationally OP - Reporting to ASLT	Responsibility is owned by Chief Officers Risk – rejected as reflected elsewhere and in Performance finance Resource Committee									

				by specialty division										
				Diagnostics - reporting to ASLT including national performance monitoring										
				CfSD input to NHSH to support improvement in key areas.										
				CAMHS programme board reporting to ASLT										
				Cancer Waiting times and other cancer metrics reporting in to ASLT										
				Other ADP targets linked to TwC (Vaccination, etc)										

Assessment – NHS Highland Risk Management Framework

NHS Highland currently faces several key risks in relation to its risk management arrangements, primarily arising from the absence of a designated department, team or manager with formal responsibility for risk management. This has led to vulnerabilities in compliance, oversight, engagement, and systems use, as outlined below.

1. **Ownership and Accountability**
   Without a designated risk management function, there is a risk of poorly managed or unidentified risks, leaving the organisation exposed to non-compliance with the Orange Book requirements. While Strategy & Transformation Project Management has supported risk owners and champions by embedding risk processes within operational divisions, a dedicated risk manager is required to provide consistent leadership, accountability, and compliance assurance.

2. **Staff Engagement and Capability**
   Risk management may be undermined by limited staff engagement, as those required to manage risks often lack the necessary skills, tools or support. Although learning materials and resources have been developed and shared via the Risk Champions Teams channel, these are interim measures. Sustainable improvement requires a central function to coordinate training, build capability, and maintain consistent standards across the organisation.

3. **Oversight and Integration**
   The lack of central oversight across corporate, divisional, and operational risks has created duplication, additional workload, and missed opportunities to align risks across levels. Interim support has been provided by Strategy & Transformation Project Management and risk champions, but formalised oversight must be built into NHS Highland's corporate governance framework to ensure risks are consistently captured, escalated, and monitored.

4. **Link Between Risks and Adverse Events**
   Opportunities to proactively identify risks and reduce adverse events are currently constrained, as risk and adverse event management are managed separately in a closed-loop process. Limited oversight restricts the ability to identify themes and learning across both domains. Incorporating regular review of adverse events into the risk governance system will strengthen proactive risk reduction and patient safety outcomes.

5. **Systems and Technology**
   Sub-optimal use of risk management applications (Datix) and delays in implementing a new software (InPhase) are significant risks.

Overall, the assessment highlights a pressing need for NHS Highland to establish a dedicated risk management function, supported by a commissioned and organisation-owned Risk Improvement Plan. Interim measures have maintained progress, but the recommended actions set out above are essential to embed risk management within

corporate governance and to strengthen the organisation's ability to manage risks proactively and effectively.

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