

Meeting: Board Meeting

Meeting date: 29th September 2026

Title: Corporate 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.

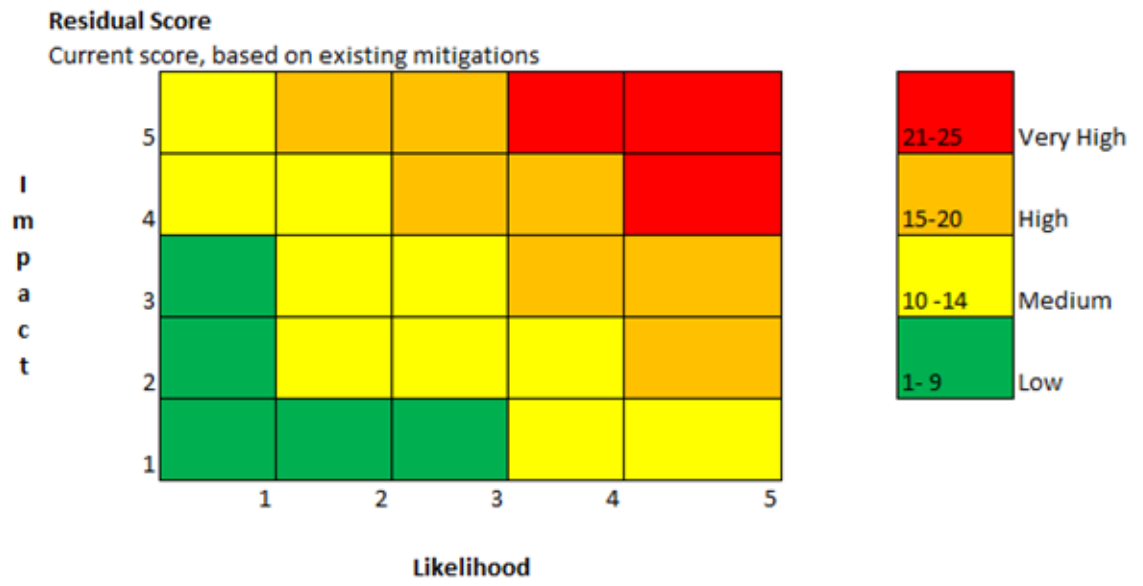
2.2 Background

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.



Risk ID	CTTE	Title	Risk Description	Mitigating Actions	Progress	Initial Grade	Target	Sept 25	Aug 26	Closed Actions	Live Actions	Exec 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.	Controls in place: Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and associated culture programme established Cultural Oversight Group in place to oversee delivery of leadership and culture programme across NHS Highland Leadership and management development programme developed and launched Cultural measurement framework developed and in place including iMatter, listening and learning panel and survey process and staff governance metrics dashboard Confidential contact and support in place for staff and delivered through Guardian Service Limited Whistle-blowing standards implemented with regular reporting to staff governance and the board Whistleblowing champion visits with reports to executive team Board wide training delivered on once for Scotland HR policies with a focus on early resolution	As per mitigating actions	16	9	16	15 ↓ to 15 Nov/ Dec 25	14	3	Gareth Adkins	Oct 19	Nov 26	↔	Listen Well Nurture Well Plan Well

				Partnership working mechanisms refreshed including facilities time reporting Improved wellbeing resources in place including strengthened occupational health service and employee assistance programme Corporate induction programme developed and launched												
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 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	As mitigating actions Plans in place to refresh 3 year workforce plan – work to continue 2026-2027	20	9	20	20	14	3	Gareth Adkins	Aug 20	Nov 26	↔	Plan Well
1056	SGC	Statutory Mandatory Training	There is a risk of poor practice across cyber-security, information	New national statutory and mandatory training modules.	Regular reporting of compliance through workforce dashboards	20	8	15	12 ↓ to 12 May 26	4	1	Gareth Adkins	Jul 22	Mar 27	↔	Nurture Well Perform Well

		Compliance	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.	Regular reporting of compliance through workforce dashboards and governance mechanisms	and governance mechanisms											
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.	-Deploy national anti ransomware tool to the NHSH estate -refresh the NHSH Information Security Management System documentation set using the national information Security Policy pack – collaboration with national SLWG Group chaired by Scot Govt/SHCA to develop draft document templates	As at 5.6.26 – Current UK threat level is set to severe 18.9.26 Risk reviewed and outstanding actions updated. Threat level remains the same	20	15	16 ↓ 16 Sept 25	16	28	2	David Park	Oct 19	Nov 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	Realignment of former STAG programmes underway aligned to development of ADP 26/27 and OIP V2 – future update to FRPC NHSH's Decision – Making	Realignment of progs between planning and Value & Efficiency focussed to conclude July 26 ADP and OIP reporting rhythm established and escalation SOP agreed.	16	6	16	16	0	4	Bryan McKellar	May 23	July 26	↔	Perform Well

			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.	- 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.	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 NHS expectations Risk Description to be reviewed in line with approval for ADP 26/27 and OIP 26/27 23.9.26 papers to go to FRPC											
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	-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	16	8	16	16	1	2	Bryan McKellar	Sept 25	July 2026	↔	All Well Themes

			Government Objectives.		risk for 26/27 ADP and OIP activities)											
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.	No further update, still applying risk methodology to prioritise investment. Financial situation unlikely to change but will review each financial quarter. The current funding budgets both capital and revenue are not able to reduce the current backlog maintenance figures. We currently apply a risk based methodology to prioritise investment.	Ongoing work on reducing risk through the BCIP with the submission of an updated plan requested by Scottish Gov by Nov 26 Work has commenced on the collation of this plan based on risk methodology provided by Scottish Gov Individual risks raised around Building fabric and infrastructure are noted in level 3 and 4 risks and managed locally with mitigation and action plans in place to support service delivery	16	8	12 ↓ 12 Sept 25	12	4	1	Richard MacDonal d	Aug 20	Jul 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 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 – risk to be discussed at Clinical Governance Committee to re-assess risk grading	16	12	16	16	No Individ actions	0	Boyd Peters	May 25	Nov 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, resulting in reduced population immunity and reputational damage.	New model of delivery for vaccination programme approved but not yet implemented. There is a vaccination oversight group that reports to the 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.	Actions updated and risk reviewed. No change	16	9	12 ↓ 12 Sept 25	12	8	2	Jennifer Davies	Nov 21	Nov 26	↔	Stay Well
1563	FRPC	Finance & Performance	There is a risk that NHS Highland will not deliver its planned financial position for 2026/27 and that the maximum deficit of £40m agreed with SG will not be achieved. There is currently no plan in place to reduce the deficit from £67m to £40m, therefore there is a risk of a section 22 report may be issued.	1. NHS GG&C SLWG and expectation of National SLA working group to reduce ongoing SLA disputes and introduce a fair pricing methodology 2. Recurrent savings plans being progressed at pace through VEAG meeting 3. HIVE has now been established, it is not fully formed and launch in August means delay in commencement of work 4. A&B vacancies and reserves should offset the gap	New Risk: 1. Current plan is very ambitious and is dependent on the receipt of all allocations anticipated within the plan 2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise 3. Inability to realise 3% reduction in spend in line with value & efficiency plans. Plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or	16	12		16	1	2	Heledd Cooper	Sept 26	Dec 26	↔	Perform Well

					that circumstances reduced the capacity available to focus on the work required. 4. Limited assurance regarding the delivery of the planned Adult Social Care financial position and no plan to address the deficit in year. 5. A&B IJB was presenting an unbalanced financial position due to a gap in the identification of 3% savings. 6. The finance plan has been agreed at £67m with an expectation that NHS Highland will work with partners to reduce the deficit within the £40m deficit support funding.											
1564	FRPC	Finance & Performance	There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2026/27	1. Recurrent savings plans being progressed through VEAG meeting 2. ASC recovery plan and long term sustainable financial plan in development with confirmed funding for additional programme implementation support	New Risk : Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £27.922m. NHSH, along with THC have not currently identified a financial plan that will safely deliver the full deficit	16	12		16	0	2	Heledd Cooper	Sept 26	Dec 26	↔	Perform Well

Removed Risks:

Risks 1375 and 1376 have been removed and replaced by risks 1563 and 1564.

Risks for closure:

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. An update was provided to the Audit Committee in August.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	☒	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.

3.8.1 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