

Meeting: NHS Highland Board Meeting
Meeting date: 31 March 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.

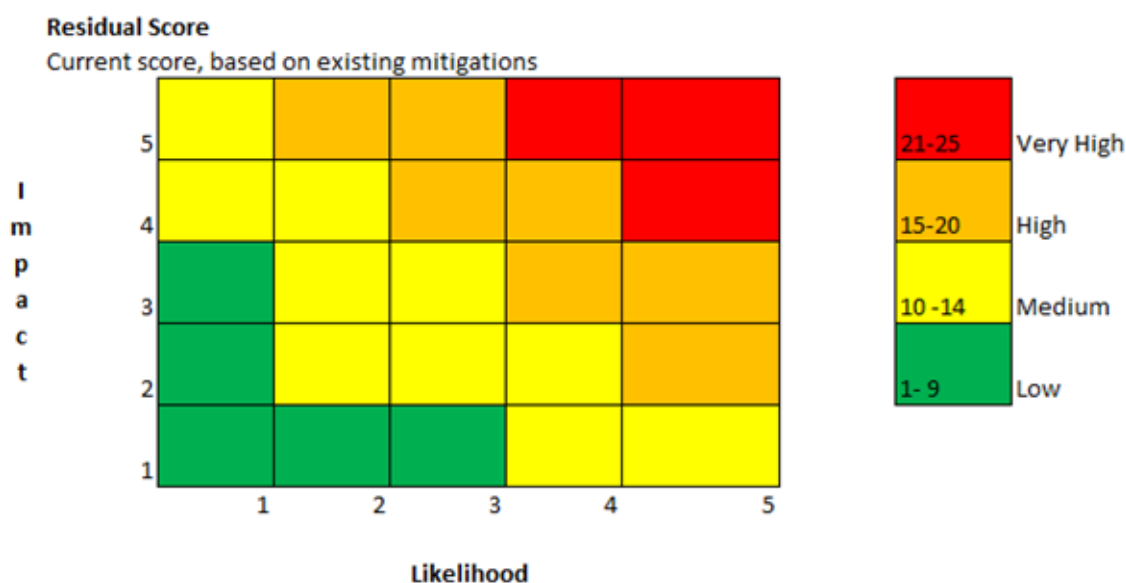
For this meeting, this summary paper presents a summary of the risks identified as belonging to the NHS Highland strategic risk register and recorded on Datix.

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.



Risk ID	CTTEE	Title	Risk Description	Mitigating Actions	Progress	Initial Gradet	Targe	Sept 25	Nov / Dec 25	Jan 26	Mar 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	May 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	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	Appraisal review is linking to work ongoing to establish career development frameworks as well as refreshing knowledge and skills framework. Intention is to	200	90	200	200	200		14	3	Gareth Adkins	Aug 20	May 26	↔	Plan Well

			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.	planning framework has been developed which is to be introduced to annual planning process in latter part of the year.	develop a people strategy rather than workforce plan and incorporate all aspects of people and culture strategic objectives including 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	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

			action.															
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. There is currently no brokerage confirmed for 2025/26 therefore there is a risk of a section 22 report may be issued.	- A&B recovery plan submitted June 25 - STAG financial assessment completed Sept 25 - Non-recurrent recovery plan Q2 report to FRPC to update on actions Nov 25 - Monthly reporting – ongoing	The position is being monitored carefully as we move into the final months of the financial year. At month 10 the forecast is £44.6m deficit and additional £5m funding has been requested from THC towards the ASC gap, which would align the forecast with the £40m deficit funding available. The NHS GGC SLA vale of £8m is not included within the forecast and remains a significant risk	160	120	160	160	120		4	1	Heledd Cooper	Jul 25	Mar 26	↓	Perform Well
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	-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	Risk reviewed and actions updated, risk level remains unchanged The results of the NIS 2025 audit provides assurance that NHSH continues	200	150	160	160	160		24	4	David Park	Oct 19	Mar 26	↔	Progress Well

			<p>makes up its digital estate. Such an incident could occur at a board, regional or national level.</p>	<p>Management System doc set to be drafted</p> <ul style="list-style-type: none"> - MS365 security features are being implemented - Trend Deep Security Tool network configuration required to extend to A&B 	<p>to operate at a level that exceeds the Scottish Governments SLA for cyber security and the SHCA expectations regards NIS compliance.</p> <p>Outstanding actions are on track for completion by delivery dates.</p>													
1097	FRPC	Strategic Transformation	<p>NHS Highland will need to redesign 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</p>	<p>-reprioritisation of STAG programmes underway aligned to ADP 25/26 and OIP</p> <ul style="list-style-type: none"> - Focus of leadership to be on key strategic 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 	<p>While programmes are reporting within a structure of portfolios, this action requires to extend to ensure a replacement for the previous STAG assurance reporting is stood-up.</p> <p>Proposal on the refocussing of strategic transformation programmes between planning priorities and Value & Efficiency</p>	160	60	160	160	160		0	4	Bryan McKellar	May 23	Mar 26	↔	Perform Well

			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.		programmes is progressing. Left-over planning programmes are being reviewed in terms of the deliverables for 26/27 as part of development of our Annual Delivery Plan Left-over planning programmes are being reviewed in terms of the deliverables for 26/27 as part of development of our Annual Delivery Plan													
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 forecast has reduced slightly in month 10 to £25.017m which is fully reflected within the NHSH position. Additional funding of £5m has been requested from The Highland Council to mitigate the overall NHSH position but will	160	120	160	160	160		4	1	Arlene Johnstone, Heledd Cooper	Jul 25	Mar 26	↔	Perform Well Care Well

					not offset the full ASC gap..													
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	Actions in relation to the audit of ADP reporting are on track for completion by 31/3/25. FRPC continue to receive bi-monthly reporting on OIP deliverables. Quarterly ADP progress continues to be reported on EDG with escalation of any At Risk (red) deliverables Development of the 26/27 ADP has begun – this will carry over any incomplete ADP 25/26 actions.	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	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 MacDonal	Aug 20	Mar 26	↔	Perform Well

			funding is provided to remove all high-risk backlog maintenance.															
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	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
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	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	160	90	120	120	120		4	6	Jennifer Davies	Nov 21	Mar 26	↔	Stay Well

Removed Risks:

ID	Title	Risk Description	Reason for removal
877	SGC	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.	The engagement framework has been developed and rolled out. This risk is no longer relevant
1182	FRPC	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.	Removed from Risk Register. PFO Handback has now been concluded
1101	SGC	There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures of pay 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.	Risk related mainly to a period of time when strike action was imminent. This risk is no longer relevant.

1254	FRPC	Failure to Deliver ADP for 2024/2025	Although NHSH did not meet the initial brokerage cap set, the amended brokerage cap, which was in line with the proposed budget, was delivered
1352	FRPC	<p>Timely Care: There is a risk that access to timely and appropriate investigations, care or treatment as required in the ADP will not be achieved or fully available in a timely fashion.</p> <p>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.</p>	Risk – rejected as reflected elsewhere and in Performance finance Resource Committee

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.

A timeline to refresh risk was taken to the Audit Committee on 14 March 2026 who supported the proposed actions. This timeline includes the full review of all risk registers by 17 April 2026 as well as implementing a training programme for the management of risk.

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