

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board Meeting</b>
<b>Meeting date:</b>	<b>28<sup>th</sup> April 2026</b>
<b>Title:</b>	<b>Risk Management Summary Out-turn Report 25/26 &amp; Draft Risk Management Workplan 26/27</b>
<b>Agenda reference:</b>	<b>Board Paper 2026/27/07</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Brian Chittick, Chief Executive</b>
<b>Report Author:</b>	<b>Edna Mary Watson, Chief Nurse (Corporate)</b>

## 1 Purpose

**This is presented to the NHS Board for:**

- Awareness

**This report relates to:**

- NHS Board governance processes

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This summary report provides an overview of the Risk Management activity progressed in the time period April 2025 to March 2026, see Appendix 1. An update on the progress made against the risk management priorities and objectives for 2025/26 is provided via the out-turn risk management workplan which is included at Appendix 1B. A draft risk management workplan for 2026/27 is presented at Appendix 1C.

Throughout 2025/ 2026 the Clinical Governance and Risk Team have had reduced capacity due to a long standing vacancy, turnover within the staff team and the challenge of recruiting to a backfill Clinical Governance Support Manager post to replace the Clinical Governance Team Leader whilst on period of secondment to NHS Grampian since 1 September 2025.

However, I am pleased to report that since November we have had some additional capacity in the team from another senior member of staff on a part-time, 2 day a week, basis and have appointed to the backfill position from the beginning of January 2026. Following some internal team redesign we hope to be able to recruit to our Risk and Systems post on a fulltime basis which we hope will make the post more attractive, recognising that we may need to attract someone to Shetland for this post.

Due to this vacancy and capacity challenges nationally for the roll out of Healthcare Guardian, the new risk management / healthcare governance system, we will be working throughout 2026 to prepare for implementation of this locally to support a revised go live date of towards the end of 2026/2027. We will continue our current contract with RL Datix for a further 12 months to ensure that we can implement and embed the new system prior to the normal annual renewal point of our contract in July 2027.

Despite the challenges with reduced team capacity, good progress has been made overall on the delivery of the planned Risk Management Objectives and Priorities for 2025/26.

## **2.2 Background**

A previous internal audit review on corporate governance made a recommendation that 'Risk reports should be presented to the Audit Committee periodically throughout the year to facilitate the effective review of NHS Shetland's governance, internal control and governance arrangements for risk management systems'.

In order to fulfil this recommendation it was agreed the Audit and Risk Committee would receive the annual risk management summary in March with a further risk update report being presented at the September meeting. The out-turn Risk Management report and draft workplan for the coming year is also presented annually to the NHS Board, at its meeting in April.

## **2.3 Assessment**

Key areas which have been progressed over the last 12 months are as follows:

- The Risk Management Group (RMG) have met in June, September, November 2025 and in March 2026. These meetings are aligned to the Audit and Risk Committee (A&RC) meetings;
- Over the last year decision notes have been implemented for reporting from the RMG to the Audit and Risk Committee (A&RC). This has helped to ensure timely feedback is given to the Audit and Risk Committee, with a verbal update provided from the RMG should the timing between the RMG meeting and A&RC not facilitate the production of the formal decision note;
- Chief Nurse (Corporate) now attends all Governance Committees in order to ensure feedback, oversight and progress of key areas of business relevant to the quality, safety and risk agenda;
- RMG Terms of Reference were reviewed and approved at the Audit and Risk Committee meeting in November 2025, with an extension to the remit of the group to include oversight of internal audit actions. Risk Management Group has been formally renamed Audit and Risk Management Group (ARMG) to reflect the expanded remit;

- The ARMG has been chaired by the Chief Executive since November 2022, a measure put in place to enhance the governance process by creating a clear delineation between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Audit and Risk Management;
- A new approach to the ARMG meeting agenda has been trialled with success which includes space for Executive Directors to provide verbal updates on their Risks, as well as time to consider emerging risks as they arise. This has supported increased awareness of emerging risks across Directorates, as well as sharing potential solutions;
- Promotion and implementation of the Risk Management Strategy, approved by the NHS Board in April 2022, has continued throughout 2025/26 with work being undertaken to align all risks across the organisation to the new Risk format of If (cause).....then(event).... resulting in (consequence). A new Risk Management Strategy is currently being drafted, the current one will remain extant until the new version has gone through relevant governance groups in 2026/2027;
- All Strategic and Organisational Risks are now in the new risk format, a targeted approach to supporting managers to review Directorate and Departmental risks is in progress and will be completed as part of the data cleanse as we move forward with implementation of Healthcare Guardian during 2026/27;
- A quick reference guide to support managers in adding and managing a risk using the Datix system is in place, and has been issued to all Heads of Departments as well as being published on the Intranet;
- The risks were reviewed in detail at ARMG and A&RC before being presented to the NHS Board in September 2025;
- Over the last year, each of the Governance Committees - Clinical Governance, Staff Governance, Finance and Performance and Audit and Risk Committee - have received their risks at each of their meetings, providing regular time for consideration as to whether the Committee feels assured that the risks are being well managed or for any new emerging risk to be raised. No issues of concern have been raised;
- In addition, the Clinical Governance Committee continues it's programme of development sessions. The development sessions have been used to undertake a 'deep dive' into a topic or a risk which can help to inform the members on the subject matter and thus support the overall review of risks;
- Throughout 2025/2026, the Clinical Governance and Risk Team have been reviewing their internal processes to support risk management by reviewing outstanding open Datix reports, providing targeted support to areas with the largest number of open reports and following up with managers who have been appointed as the Investigation Handler but who have not as yet viewed the Datix report. This approach has previously helped to reduce the number of inactive open reports on the system but over the course of this year the overall number of open adverse events has gradually increased from 537 in Q1 to 748 in Q3. This is reflective of an overall increase in reporting which is now in the range of 200-230 per month and the overall pressures in the system impacting on Managers ability to investigate and close off reports in the system in a timely way. Targeted support will continue to be offered to areas with the largest number of open outstanding adverse events on the system;
- Since the Clinical Governance and Risk Team introduced a "Mandatory" field on to the Lessons Learnt section of the Adverse Event report form, this has increased the number of lessons learnt submitted as part of the overall review of the adverse event. The Clinical Governance and Risk Team review these for consideration as to whether the lessons learnt are applicable to other areas/services either locally or

nationally and ensure that these are documented and shared in a timely way, thus helping to avoid any repeat occurrences.

Sharing of lessons learnt locally may be to specific departments or via the Guidance and Learning Bulletin or via the national Community of Practice adverse event site;

- The Risk Management process was subject to internal audit procedures in 2024/2025. The Audit recognised 7 areas of good practice and made 4 recommendations which are in the process of being implemented;
- Challenges have continued in gaining access for the Clinical Governance and Risk Team to the JCAD system, since the implementation of this system for Risk Management within the Community Health and Social Care Partnership. This issue has been referred to the system provider for resolution but, to date, without any success. One of the Internal Audit recommendations related to setting a timeframe by which Clinical Governance staff could either access and use the system, or for the health risks to be reinstated on the NHS system. This was discussed at the RMG meeting in September and the Director of Community Health and Social Care confirmed that she wished for the Directorate risks to remain on JCAD.

A process for a rolling programme of review of these risks, via the CHSC Partnership Strategic meeting, is being put in place to support regular update and oversight of these risks. The Local Authority Risk Manager (responsible for the JCAD system) and the Chief Nurse (Corporate) are core members of this group. Work to review whether better alignment of the Risk Matrices within the 2 systems will be taken forward as part of the review of the Risk Management Strategies for NHS, Local Authority and Integration Joint Board in 2026/2027;

- The new “A national framework for reviewing and learning from adverse events in Scotland” was published in March 2025. Work is in progress to review our local framework in line with the new national framework. The new local Framework is anticipated to be progressed through the Clinical Governance Committee route in Q1 of 2026/2027;
- Moving the review dates for risks to the end of the month, has helped to assist with more timely review of the risks throughout 2025/2026;
- The Clinical Governance and Risk Team have noted that a number of Risks across the organisation now contain mitigations and control measures which are no longer current. Work is being progressed to support Managers to conduct a full review and update of their risks. This data cleanse is also an important activity ahead of the move to Healthcare Guardian implementation;
- Three new risks have been added to the Strategic Risk Register to reflect emerging issues which have arisen in 2025/2026, namely  
SR23 Climate Emergency and Net zero  
SR 24 Structural Integrity of the Gilbert Bain Hospital  
SR 25 Ageing Estate;
- 1 Strategic Risk has been closed over the course of this year (SR14 Estate), having been replaced by revised risks noted above which record the emerging risks related to the condition of the organisational estate;
- Two risks in relation to Information Governance Training for NHS and non-NHS Staff (SR06 and SR11) remain currently under review at this time.

### **2.3.1 Quality/ Patient Care**

Effective risk management is a key component of ensuring patient safety by contributing to improving the reliability and safety of everyday health care systems and processes.

ARMG has the responsibility for retaining oversight of internal audit actions and risk management across the organisation. The Audit and Risk Committee, as part of the governance structure for Risk Management, provides assurance to the NHS Board that the organisation's internal controls with respect to the management of risk are working effectively. Positive comments have been received from the A&R Committee members as to the progress made by the Chief Nurse (Corporate) and Clinical Governance & Risk Team with raising the profile and prominence of Risk Management across the organisation.

### **2.3.2 Workforce**

Effective management of risk is key to ensuring staff work in a safe environment. The risk assessments recorded on Datix have universal application across NHS Shetland, other NHS Boards as well as including staff working within the Community Health and Social Care Partnership, and as a consequence, affect all groups.

### **2.3.3 Financial**

There are no direct financial consequences of this paper. However, where improvements in practice, or to address gaps in controls, are required there may be associated financial costs. These are managed through the department/area either where the issue arose or by those responding to the issue eg health and safety, estates dept or would be escalated if it was a significant cost.

### **2.3.4 Risk Assessment/Management**

The Executive Director reviews their strategic risks prior to each ARMG and the full strategic risk register is presented at each ARMG meeting. If new strategic risks are identified these are also included at ARMG for review and agreement to be included on the risk register.

The Staff Governance Committee, Clinical Governance Committee, Finance and Performance Committee and Audit and Risk Committee now receive and formally review their strategic risks at each meeting.

Risk Assessment and Management is undertaken in line with Healthcare Improvement Scotland (HIS) Risk Management Framework which incorporates the NHS Scotland 5x5 Risk Assessment Matrix. A new Risk Management Matrix will be implemented as part of the local adoption of the 'A national framework for reviewing and learning from adverse events in Scotland' (Healthcare Improvement Scotland, Feb 2025).

### **2.3.5 Equality and Diversity, including health inequalities**

The Board is committed to managing exposure to risk and thereby protecting the health, safety and welfare of everyone - whatever their race, gender, disability, age, work pattern,

sexual orientation, transgender, religion or beliefs - who provides or receives a service to/from NHS Shetland.

The Equality and Diversity Impact Assessment Tool has been completed for the Risk Management Strategy.

### **2.3.6 Other impacts**

There are no other impacts to note.

### **2.3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

As this is an internal update report no external engagement has taken place.

### **2.3.8 Route to the Meeting**

This report comprises a compilation of areas of work that have either been undertaken by the Clinical Governance and Risk Team or have been discussed at RMG/ ARMG meetings over the time period April 2025 to March 2026.

## **2.4 Recommendation**

This summary report provides an overview of the Risk Management activity progressed in the time period April 2025 to March 2026, see Appendix 1.

An update on the progress made against the risk management priorities and objectives for 2025/26 is provided via the out-turn risk management workplan which is included at Appendix 1B.

A draft risk management workplan for 2026/27 is presented at Appendix 1C

**This report is presented to the NHS Board for:**

- Awareness

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Risk Management Summary Report including
- Appendix 1A – Risk Appetite
- Appendix 1B – Out-turn Risk Management Workplan 2025/26
- Appendix 1C – Draft Risk Management Workplan 2026/27

## **Risk Management Summary Report 2025/26**

### **Introduction**

NHS Shetland Health Board is corporately responsible for the management of risk.

To support the NHS Board a number of standing committees have been established who are responsible for various aspects of risk management, principally these are the Audit and Risk Committee, Clinical Governance Committee (CGC), Finance and Performance Committee (F&PC) and Staff Governance Committee (SGC). All Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility.

NHS Shetland manages risk through the Risk Management Group (RMG) which reports to the NHS Board via the Audit Committee. NB RMG renamed Audit and Risk Management Group (ARMG) from November 2025 to take account of new responsibility for oversight of internal audit actions.

In order that risks to which the Board, its staff and service users are exposed to can be actively and systematically managed, a Risk Management Strategy is in place to strengthen the Board's risk management capability. This Strategy is subject to regular review with a formal review undertaken on a 3 yearly basis. A new Strategy is currently in draft and until this has progressed through the governance routes the current Risk Management Strategy remains extant.

This report provides an update on progress against the Board's risk priorities incorporating a summary of how risk management has been implemented over the last 12 months.

### **Risk Management Objectives, Priorities and Progress 2025/26**

The risk management objectives were reviewed as part of the risk management strategy review in April 2022. The RMG and Audit and Risk Committee received an update on the objectives and priorities at the November 2025 meeting in line with the agreed strategy of twice yearly updates. This annual summary report provides the second update.

### **Implementation of the Risk Management Strategy**

The Board approved the strategic risks in April 2024 using the new format of prioritisation against the 4 T's. Work has been undertaken with the Executive Directors to review all old risks, reassign risks and actions as a result of the review of the corporate risks. The risks have also been realigned with the relevant committees.

As part of the review and update to the Risk Management Strategy a number of key changes were agreed and have been implemented, namely:-

- corporate risks renamed to strategic risks, and as strategic risks renumbered;
- agreed that risk title will be used in reports and for communicating the strategic risks within the organisation;
- use of the risk rating score in addition to the risk level;

- adopted new risk description format in line with the orange book to help ensure we have clear and consistent risk descriptions
  - If.... (the cause of the risk)
  - Then.... (the event/incident)
  - Resulting in.... (the consequence)
- added 'reason for change' and 'date risk reviewed' fields onto the risk form thus enabling strategic risk reports to readily highlight why and when changes have been made to the relevant groups, committees and Board risks;
- risk appetite will be used instead of the risk levels. The current definitions of risk appetite can be seen in Appendix 1A.

During 2025 / 2026 1 session was held for NHS Board members in relation to Risk and Risk Appetite. Whilst the current Risk Appetite for each risk has been added to the High Level Risk Report it is acknowledged that further work is required to ensure that the Risk Appetite as specified remains current for the risks, and in the view of the Board members. Further work on this will be progressed in 2026/2027.

Other key activities undertaken in 2025/26 to support implementation of the Risk Management Strategy and strengthen risk management across the organisation are as follows:

- The Risk Management Group (RMG) have met in June, September, November 2025 and in March 2026. These meetings are aligned to the Audit and Risk Committee (A&RC) meetings;
- Over the last year decision notes have been implemented for reporting from the RMG to the Audit and Risk Committee (A&RC). This has helped to ensure timely feedback is given to the Audit and Risk Committee, with a verbal update provided from the RMG should the timing between the RMG meeting and A&RC not facilitate the production of the formal decision note;
- Chief Nurse (Corporate) now attends all Governance Committees in order to ensure feedback, oversight and progress of key areas of business relevant to the quality, safety and risk agenda;
- RMG Terms of Reference were reviewed and approved at the Audit and Risk Committee meeting in November 2025, with an extension to the remit of the group to include oversight of internal audit actions. Risk Management Group has been formally renamed Audit and Risk Management Group (ARMG) to take reflect the expanded remit;
- The RMG has been chaired by the Chief Executive since November 2022, a measure put in place to enhance the governance process by creating a clear delineation between the Director with Lead responsibility for clinical governance, ie Medical Director, and the leadership of the oversight group for Audit and Risk Management;
- A new approach to the RMG meeting agenda has been trialed with success which includes space for Executive Directors to provide verbal updates on their Risks, as well as time to consider emerging risks as they arise. This has supported increased awareness of emerging risks across Directorates, as well as sharing potential solutions;
- Promotion and implementation of the Risk Management Strategy, approved by the NHS Board in April 2022, has continued throughout 2025/26 with work being undertaken to align all risks across the organisation to the new Risk format of If (cause).....then(event).... resulting in (consequence).

- A new Risk Management Strategy is currently being drafted, the current one will remain extant until the new version has gone through relevant governance groups in 2026/2027;
- All Strategic and Organisational Risks are now in the new risk format, a targeted approach to supporting managers to review Directorate and Departmental risks is in progress and will be completed as part of the data cleanse as we move forward with implementation of Healthcare Guardian during 2026/27;
- A quick reference guide to support managers in adding and managing a risk using the Datix system is in place, and has been issued to all Heads of Departments as well as being published on the Intranet;
- The risks were reviewed in detail at RMG and A&RC before being presented to the NHS Board in September 2025;
- Over the last year, each of the Governance Committees - Clinical Governance, Staff Governance, Finance and Performance and Audit and Risk Committee have received their risks at each of their meetings, providing regular time for consideration as to whether the Committee feels assured that the risks are being well managed or for any new emerging risk to be raised;
- In addition, the Clinical Governance Committee continues it's programme of development sessions. The development sessions have been used to undertake a 'deep dive' into a topic or a risk which can help to inform the members on the subject matter and thus support the overall review of risks;
- Throughout 2025/2026, the Clinical Governance and Risk Team have been reviewing their internal processes to support risk management by reviewing outstanding open Datix reports, providing targeted support to areas with the largest number of open reports and following up with managers who have been appointed as the Investigation Handler but who have not as yet viewed the Datix report. This approach has previously helped to reduce the number of inactive open reports on the system but over the course of this year the overall number of open adverse events has gradually increased from 537 in Q1 to 748 in Q3. This is reflective of an overall increase in reporting which is now in the range of 200-230 per month and the overall pressures in the system impacting on Managers ability to investigate and close off reports in the system in a timely way. Targeted support will continue to be offered to areas with the largest number of open outstanding adverse events on the system;
- Since the Clinical Governance and Risk Team introduced a "Mandatory" field on to the Lessons Learnt section of the Adverse Event report form, this has increased the number of lessons learnt submitted as part of the overall review of the adverse event. The Clinical Governance and Risk Team review these for consideration as to whether the lessons learnt are applicable to other areas/services either locally or nationally and ensure that these are documented and shared in a timely way, thus helping to avoid any repeat occurrences. Sharing of lessons learnt may be locally to specific departments or via the Guidance and Learning Bulletin or via the national Community of Practice adverse event site;
- The Risk Management process was subject to internal audit procedures in 2024/2025. The Audit recognised 7 areas of good practice and made 4 recommendations which are in the process of being implemented;
- Challenges have continued in gaining access for the Clinical Governance and Risk Team to the JCAD system, since the implementation of this system for Risk Management within the Community Health and Social Care Partnership.

This issue has been referred to the system provider for resolution but, to date, without any success. One of the Internal Audit recommendations related to setting a timeframe by which Clinical Governance staff could either access and use the system, or for the health risks to be reinstated on the NHS system. This was discussed at the RMG meeting in September and the Director of Community Health and Social Care confirmed that she wished for the Directorate risks to remain on JCAD. A process for a rolling programme of review of these risks, via the CHSC Partnership Strategic meeting, is being put in place to support regular update and oversight of these risks. The Local Authority Risk Manager (responsible for the JCAD system) and the Chief Nurse (Corporate) are core members of this group. Work to review whether better alignment of the Risk Matrices within the 2 systems will be taken forward as part of the review of the Risk Management Strategies for NHS, Local Authority and Integration Joint Board in 2026/2027;

- The new “A national framework for reviewing and learning from adverse events in Scotland” was published in March 2025. Work is in progress to review our local framework in line with the new national framework. The new local Framework is anticipated to be progressed through the Clinical Governance Committee route in Q1 of 2026/2027;
- Moving the review dates for risks to the end of the month, has helped to assist with more timely review of the risks throughout 2025/2026;
- The Clinical Governance and Risk Team have noted that a number of Risks across the organisation now contain mitigations and control measures which are no longer current. Work is being progressed to support Managers to conduct a full review and update of their risks. This data cleanse is also an important activity ahead of the move to Healthcare Guardian implementation;
- Three new risks have been added to the Strategic Risk Register to reflect emerging issues which have arisen in 2025/2026, namely  
SR23 Climate Emergency and Net zero  
SR 24 Structural Integrity of the Gilbert Bain Hospital  
SR 25 Ageing Estate;
- 1 Strategic Risk has been closed over the course of this year (SR14 Estate), having been replaced by revised risks noted above which record the emerging risks related to the condition of the organisational estate;
- Two risks in relation to Information Governance Training for NHS and non-NHS Staff (SR06 and SR11) remains currently under review at this time.

Appendix 1B provides an out-turn report of progress made with the individual priorities over the course of April 2025 to March 2026.

### **Risk Management Objectives and Priorities 2026/27**

In line with the Risk Management Strategy, the Risk Management Objectives and Key Performance Indicators (KPIs) have been reviewed with the Chief Executive. The key objectives of the risk management strategy continue to be:-

- Create a safety culture by embedding risk management throughout the organisation;
- Provide organisational leadership of risk management;
- Provide the tools and training to support risk management in order to promote reporting;
- Ensure lessons are learned and changes in practice are implemented through the identification of risk.

Appendix 1C outlines updated and new risk management objectives for 2026/27 including KPIs which form the basis of the risk management workplan for 2026/27. It should be noted that the majority of the workplan for 2026/2027 will focus on the implementation and embedding of a new Risk Management system into the organisation to enhance our overall healthcare governance systems.

The following priorities have been agreed to strengthen the risk management arrangements:

- Provide ongoing training, development and support for implementation of the new Risk Management System and revised Risk Management strategy;
- Embedding active use of risk registers across directorates and departments;
- Implementation of national standardised data sets to promote accurate reporting and support learning, as these become available.

The main risk to delivery of these objectives and priorities is the impact of reduced capacity either across the organisation or within the Clinical Governance and Risk Team.

The ARMG and Audit and Risk Committee will review progress against these priorities via the risk management workplan through twice yearly updates, with exception reporting inbetween to highlight any additional risks to delivery.

### Appendix 1A– Risk Appetite

Current Risk Appetite is noted below but further work is required in 2026/27 to review the Organisational approach to Risk Appetite

<b>Risk Appetite</b>	<b>Risk Levels (currently in use)</b>
None	Avoid (avoidance of risk and uncertainty is a key organisational objective)
Low	Minimal (as little as reasonably possible - preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward)
Moderate	Cautious (preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward)
High	Open (willing to consider all options and choose the one that is most likely to result in success, while also providing an acceptable level of reward)
Very High	Mature (confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust)
	Seek (eager to be innovative and to choose options offering potentially bigger rewards despite greater inherent risk)

### Risk Management Workplan 2025/2026 - Out-turn report

The table below outlines the Risk Management objectives and the mapping of the risk management objectives against the corporate objectives. This report provides the 6 month update on progress with the Risk Management Action Plan for 2025/2026. Updates are provided in red for ease of reference

Updated Risk Management Objective	Corporate Objective
Create a safety culture by embedding risk management throughout the organisation	<ul style="list-style-type: none"> <li>• To continue to improve and protect the health of the people of Shetland</li> <li>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient</li> <li>• To ensure sufficient organisational capacity and resilience</li> </ul>
Provide organisational leadership of risk management	<ul style="list-style-type: none"> <li>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient</li> <li>• To continue to improve and protect the health of the people of Shetland</li> </ul>
Provide the tools and training to support risk management in order to promote reporting	<ul style="list-style-type: none"> <li>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient</li> <li>• To ensure sufficient organisational capacity and resilience</li> </ul>
Ensure lessons are learned and changes in practice are implemented through the identification of risk	<ul style="list-style-type: none"> <li>• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient</li> <li>• To continue to improve and protect the health of the people of Shetland</li> </ul>

Risk Management Objectives/Priorities		Timescale	Responsible Officers	KPI
<b>1.Create a safety culture by embedding risk management throughout the organisation</b>				
<b>Monitor use of new risk management strategy and associated documents to ensure it is embedded in practice</b>	<p>Strategic risks to be presented to NHS Board in April 2025 for review, update and inclusion of any new risks.</p> <p>Revise Risk Management Strategy and following completion of governance process support implementation in practice.</p> <p>Support managers to review all risks across Strategic, Organisational, Directorate and Departmental risk registers to ensure all risks in new format and refreshed ahead of move to HealthCare Guardian.</p> <p>RMG meetings aligned with Audit Committee meetings and RMG action note presented at each meeting to address internal audit action.</p>	<p>End April 2025 - <b>Completed</b> <b>Strategic Risk Register reported to NHS Board at meeting on 29 April 2025</b></p> <p>End September 2025 <b>Delayed due to capacity issues. Risk Management Strategy currently in process of revision</b></p> <p>End December 2025 <b>In Progress</b> but impacted by capacity in CG&amp;R team as well as clinical teams</p> <p>Ongoing <b>Completed</b> – meeting dates aligned. Decision note format adopted for reporting to A&amp;R Committee.</p>	<p>Chief Nurse (Corporate)/ Clinical Governance &amp; Risk Team Leader &amp; Risk Management Support Officer (post vacant since 5 March 2025)</p> <p>Chief Nurse (Corporate)</p>	<p><b>2025/26</b> Develop audit to include a range of quantitative and qualitative measures across the full scope of the strategy to check for compliance with new strategy requirements <b>Audit yet to be scoped. Delayed until after introduction of the new electronic risk management system (Health Care Guardian)</b></p>

	<p>RMG Terms of Reference to be updated annually for approval by Audit Committee</p> <p>Develop new local Framework in response to “A national framework for reporting and learning from adverse events” published March 2025.</p> <p>Review the ‘Clinical Risk and Advisory Team’ process within the overall management of Significant Adverse Event Review process</p>	<p>End of November 2025 <b>Completed</b> – Terms of Reference reviewed and extended to include Internal Audit Actions, reviewed RMG 12 Nov, Approved at Committee on 25 November 25.</p> <p>End of September 2025 <b>In Progress/ delayed</b> – Local Framework in draft, being finalised for sharing with key groups prior to approval being sought via CG Committee. For approval in Q1 of 2026/27</p> <p>End of December 2025 <b>Workshop session on Adverse Event Framework, CRAT and SAER process held 8 December 2025. Further session scheduled for CHSCP Strategic meeting on 8 April as part of consultation pre approval at Clinical Gov Committee in June</b></p>	<p>Chief Nurse (Corporate)</p> <p>Chief Nurse (Corporate)</p> <p>Chief Nurse (Corporate)</p>	
<b>2. Provide organisational leadership of risk management</b>				
<b>Monitor use of risk assessment form to ensure it is embedded and providing support where gaps are identified</b>	Provide support to all Heads of Departments to update risks on to new format, which includes ‘reason for change’ field to increase Board	<b>Ongoing</b> throughout 2025/26. Support provided by Clinical Gov & Risk Team Leader and Chief Nurse (Corporate)	Risk Management Support Officer (post)	Establish current baseline position

	<p>and Committees knowledge as to why a risk has changed. Revised description format in place to ensure alignment with The Orange Book.</p> <p>Additional field also added to the Strategic Risk Register to record feedback from governance groups/committees thus enhancing governance of risks across organisation</p>	<p>Audit of progress against targets to be undertaken in Sept 2025 <b>In Progress: A departmental risk audit is currently underway (March 2026) which includes the alignment of the risk format to the orange book.</b></p> <p><b>Completed</b></p>	<p><b>vacant since March 2025)</b></p> <p>Clinical Governance &amp; Risk Team Leader</p>	<p>Aim for 75% of all risks on new format by April 2025 100% by Sept 2025</p>
<p><b>Embedding risk registers across directorates and departments</b></p>	<p>Conduct audit of number of departmental and directorate risk registers developed and in active use.</p> <p>Report outcome to RMG</p>	<p>End September 2025 <b>In Progress: A departmental risk audit is currently underway (March 2026). This review will be completed in readiness for the new Health Care Guardian Risk Management System.</b></p>	<p>Risk Management Support Officer &amp; Clinical Governance &amp; Risk Team Leader</p>	<p>Number of directorate and departmental risk registers developed and in active use</p>

<b>3. Provide the tools and training to support risk management in order to promote reporting</b>				
<p><b>Delivery of training on risk management</b></p>	<p>Revised formal training sessions delivered to support implementation of Risk Management Strategy in practice.</p> <p>A rolling programme of delivery will be in place to ensure all individuals new to a management post (Band 7 &amp; Band 8) receive training in Risk Management</p> <p>Datix system access for Managers established once training session attended</p> <p>Continue to provide adhoc support as required</p>	<p>End April 2025</p> <p><b>Completed</b> A new programme of monthly Adverse Event and Risk Management Training in place since May 2025.</p> <p><b>During this year</b> 10 individuals have completed the Risk training and 27 have completed the adverse event training. Monthly Adverse Event training attendance is approximately 2-3 people per month.</p> <p>Datix system access is granted following attendance at a training session or upon appointment if Manager already has working knowledge of system from another NHS Board area.</p>	<p>Chief Nurse Corporate &amp; Clinical Governance &amp; Risk Team Leader</p>	<p>Training programme developed and numbers of staff trained</p> <p>80% of Managers within first 6 months post implementation of training programme</p>
<p><b>Develop &amp; implement risk register reports and dashboards for groups/managers/teams</b></p>	<p>Review CG&amp;R Team access to JCAD system</p> <p>Review how to ensure continuity of the NHS risks across the JCAD system and develop Escalation/ De-escalation structures (as necessary)</p>	<p>End of July 2025</p> <p><b>Ongoing</b> – Technical issues continue to be experienced preventing CG &amp; R Team having direct access to system despite support from ICT teams NHS and SIC.</p>	<p>Exec Leads / Chief Nurse (Corporate)</p>	

	Formal decision on use of JCAD to be made in line with timeframe for Implementation of new Risk Management Strategy	<p>JCAD Directorate reports provided to CG&amp; R Team for sharing at ARMG &amp; Audit Committee.</p> <p>Agreed to review CHSCP Directorate Risks via the CHSCP Strategic Management Team where Chief Nurse (Corporate) will be in attendance and Corporate Services Risk personnel from Local Authority can share the risks with the group</p> <p>By End September 2025 <b>Ongoing</b> Discussion held at RMG in September, DCHSC wishes to continue to use JCAD as Directorate Risk Register. Working group to be established to explore how NHS and SIC Risk Management strategies can align Risk Matrices to encompass this. Working group to be established in 2026/27</p>	Chief Exec/ DCHSC/ Exec Leads	
<b>Implement national standardised data sets to promote reporting and support learning</b>	Clinical Governance & Risk Team Leader to participate in national working groups re standardising data.	National project and steering groups in place <b>Paused nationally</b> CG staff continue to link in to national working groups	Clinical Governance & Risk Team Leader	Number of national data sets added to Datix system – <b>None yet</b>

	<p>Implement new datasets as they are released</p> <p>Data sets developed for:</p> <ul style="list-style-type: none"> <li>• Generic coding eg injuries</li> <li>• Infection Control</li> <li>• Maternity and Neonatal</li> <li>• Medication</li> <li>• Safeguarding</li> <li>• Suicide and Self Harm</li> <li>• Tissue Viability</li> <li>• Violence and Aggression</li> </ul> <p>All in final stages of approval. Other areas of HIS work being prioritised currently, will continue to participate once programme of work resumes</p>	<p>however no progress in this area of practice made over the last year.</p>		<p>agreed nationally</p>
<p><b>4.Ensure lessons are learned and changes in practice are implemented through the identification of risk</b></p>				
<p><b>Analyse &amp; review any themes relating to adverse events &amp; risks to highlight trends &amp; areas requiring further investigation/action</b></p>	<p>Report on formal analysis of themes arising through quarterly adverse events reports</p>	<p><b>Ongoing -</b>  Thematic learning continues to be shared in the Quality Score Card quarterly.  On average approx. 200 adverse events are reported per quarter.  <b>Adverse Events themes include:</b>  <b>Falls:</b> Q3 was a busy period with several delayed discharges, there were 22 falls, including 3 falls with harm during October and November. All falls reported during Q3 were recorded on the Datix electronic</p>	<p>Clinical Governance &amp; Risk Team Leader</p> <p>Chief Nurse (Corporate) &amp; Clinical Governance Team</p>	

		<p>adverse event management system. One patient with complex health needs had multiple falls. Post falls assessments were completed for all of these patients.</p> <p><b>Pressure Ulcers:</b> There was one hospital acquired pressure ulcer reported in Q3 this was reported on the electronic adverse event system and is currently being reviewed by the Senior Charge Nurse (SCN).</p> <p><b>CAUTI:</b> during Q3 there was one CAUTI infection identified, the Infection Control Team and ward Senior Charge Nurse reviewed this case</p> <p>Other themes observed include: Adverse event reporting regarding insulin pens, has triggered a review by the H&amp;S and Occupational Health Team. Unexpected death reporting continues to be reviewed and discussed at the weekly CRAT meeting which the Clinical Governance team and Directors attend, with SAER level 1 reviews commissioned as appropriate.</p>		
--	--	---	--	--

	Support departments to produce appropriate lessons learnt/learning summaries. Process already in place to support sharing of learning.	<b>Ongoing</b>		
<b>Update the functionality of Datix to enable more effective sharing of lessons learnt from Datix within &amp; across departments/ organisation</b>	<p>Clinical Governance Team continue to raise the profile of reporting all untoward/ adverse events including near misses on Datix, to support organisational learning. Will be discussed and promoted via a variety of opportunities eg Clinical Pathways group, Team meetings, Corporate Newsletter, website etc</p> <p>Inphase* Business case to be presented to EMT *product now called <b>Healthcare Guardian</b></p> <p>Work to progress implementation to commence in 2025 with aim of “go live date” being April 2026 – <b>go live delayed until into 2026/27</b></p>	<p><b>Ongoing</b></p> <p>By end of May 2025 <b>In Progress - Business case presented and approved at RMG in September 2025 - Sign off on initial agreement completed (Oct 25).</b> Local working group established. Initial kick off meeting held with Ideagen, Feb 26. Confirmation of proposed implementation timeline and clarification of Ideagen Project resource allocation awaited.</p>	<p>Chief Nurse (Corporate) &amp; Clinical Governance Team</p> <p>Exec Lead / Chief Nurse (Corporate)/ Clinical Gov / EMT</p>	

**Draft Risk Management Workplan 2026/2027**

The table below outlines the Risk Management objectives and the mapping of the risk management objectives against the corporate objectives. The draft workplan for 2026/2027 is attached.

Updated Risk Management Objective	Corporate Objective
Create a safety culture by embedding risk management throughout the organisation	<ul style="list-style-type: none"> <li>• We provide excellent services for people</li> <li>• We create the conditions for a sustainable organisation</li> <li>• We support the building blocks of healthy communities</li> </ul>
Provide organisational leadership of risk management	<ul style="list-style-type: none"> <li>• We provide excellent services for people</li> <li>• We create the conditions for a sustainable organisation</li> </ul>
Provide the tools and training to support risk management in order to promote reporting	<ul style="list-style-type: none"> <li>• We provide excellent services for people</li> <li>• We create the conditions for a sustainable organisation</li> <li>• We support the building blocks of healthy communities</li> </ul>
Ensure lessons are learned and changes in practice are implemented through the identification of risk	<ul style="list-style-type: none"> <li>• We provide excellent services for people</li> <li>• We create the conditions for a sustainable organisation</li> <li>• We support the building blocks of healthy communities</li> </ul>



	<p>Develop new local Framework in response to “A national framework for reporting and learning from adverse events” published March 2025.</p> <p>Review the ‘Clinical Risk and Advisory Team’ process within the overall management of Significant Adverse Event Review process</p>	<p>End June 2026</p> <p>End June 2026</p>	<p>Chief Nurse (Corporate)</p> <p>Chief Nurse (Corporate)</p>	
<b>2. Provide organisational leadership of risk management</b>				
<b>Implement new Risk Management System to support embedding risk registers across directorates and departments</b>	<p>Provide support to Heads of Departments to update all risks on to new format, as part of data cleanse for move to Healthcare Guardian</p>	<p>End June 2026</p>	<p>Clinical Governance &amp; Risk Team Leader</p>	
	<p>Lead organisational implementation of Healthcare Guardian as new adverse event and risk management system, progressing roll out of additional functionality once adverse event reporting and risk management function live</p>	<p>Timescales yet to be finalised <b>?April to October/December 2026</b></p>	<p>Chief Nurse (corporate)/ Digital Team Leader (as Programme Manager)</p>	
	<p>Support implementation of Complaints module within Healthcare Guardian into practice</p>	<p>End December 2026</p>	<p>Chief Nurse (corporate)/ Corporate Services Manager</p>	

			Digital Team Leader (as Programme Manager)	
	Build feedback from Complaints activity into overall organisational risk reporting/oversight mechanisms	End March 2027	Chief Nurse (Corporate)/ Corporate Services Manager	
<b>3. Provide the tools and training to support risk management in order to promote reporting</b>				
<b>Delivery of training on adverse event reporting and risk management</b>	<p>Deliver formal training sessions to support implementation of Risk Management Strategy in practice.</p> <p>A rolling programme of delivery will be in place to ensure all individuals new to a management post (Band 7 &amp; Band 8) receive training in Risk Management</p> <p>Datix system access for Managers established once training session attended</p> <p>Continue to provide adhoc support as required</p> <p>Training sessions will be revised to reflect move to Healthcare Guardian system, at appropriate time during 2026/27</p>	Ongoing	Chief Nurse Corporate & Clinical Governance & Risk Team Leader	<p>Training programme developed and numbers of staff trained</p> <p>80% of Managers within first 6 months post implementation of training programme</p>

<p><b>Develop &amp; implement new Risk Management Strategy</b></p>	<p>Revised Risk Management Strategy to be developed and implemented in practice</p> <p>Risk Management Strategy to include consideration of alignment of JCAD and NHS Scotland Risk Matrices, if possible</p>	<p>By end March 2027</p>	<p>Exec Leads / Chief Nurse (Corporate)</p>	
<p><b>Implement national standardised data sets to promote reporting and support learning</b></p>	<p>Clinical Governance &amp; Risk Team Leader to participate in national working groups re standardising data.</p> <p>Implement new datasets as they are released</p> <p>Data sets developed for:</p> <ul style="list-style-type: none"> <li>• Generic coding eg injuries</li> <li>• Infection Control</li> <li>• Maternity and Neonatal</li> <li>• Medication</li> <li>• Safeguarding</li> <li>• Suicide and Self Harm</li> <li>• Tissue Viability</li> <li>• Violence and Aggression</li> </ul>	<p>National project and steering groups in place</p> <p><b>Paused nationally</b></p> <p>CG staff continue to link in to national working groups however no progress in this area of practice made over the last year.</p>	<p>Clinical Governance &amp; Risk Team Leader</p>	<p>Number of national data sets added to Datix system –</p> <p><b>None yet agreed nationally</b></p>

	<p>All in final stages of approval. Other areas of HIS work being prioritised currently, will continue to participate once programme of work resumes</p> <p>Implement new SAER Level 1 Adverse Event Review categories (once released)</p>	<p>Awaiting confirmation of timeline ?Q3 2026/27</p>		
<b>4.Ensure lessons are learned and changes in practice are implemented through the identification of risk</b>				
<p><b>Analyse &amp; review any themes relating to adverse events &amp; risks to highlight trends &amp; areas requiring further investigation/action</b></p>	<p>Report on formal analysis of themes arising through quarterly adverse events reports</p> <p>Support departments to produce appropriate lessons learnt/learning summaries. Process already in place to support sharing of learning.</p>	<p>Quarterly reporting to Clinical Governance Committee</p> <p>Ongoing</p>	<p>Clinical Governance &amp; Risk Team Leader</p> <p>Chief Nurse (Corporate) &amp; Clinical Governance Team</p>	
<p><b>Sharing of lessons learnt from Adverse Event reports within &amp; across departments/ Organisation and where appropriate with National Community of Practice</b></p>	<p>Clinical Governance Team continue to raise the profile of reporting all untoward/ adverse events including near misses on Adverse Event reporting system, to support organisational learning. Will be discussed and promoted via a variety of opportunities eg Clinical Pathways group, Team meetings, Corporate Newsletter, website etc</p>	<p><b>Ongoing</b></p>	<p>Chief Nurse (Corporate) &amp; Clinical Governance Team</p>	

	<p>Ensure that lessons learnt feature continues to be supported via Healthcare Guardian</p> <p>Aim to build on overall healthcare governance by extending ability to have lessons learnt reports from issues raised as complaints</p>	<p>End of December 2026</p> <p>End of March 2027</p>	<p>Chief Nurse (Corporate)/ Clinical Gov / Team leader</p> <p>Chief Nurse (Corporate) / Corporate Services Manager</p>	
--	---	--	--	--