NHS Shetland

Meeting:	Board
Meeting date:	22 September 2026
Agenda reference:	Board Paper 2026/27/41
Title:	Strategic Risk Register Report
Responsible Executive/Non-Executive:	Kirsty Brightwell, Medical Director / Brian Chittick, Chief Executive
Report Author:	Edna Mary Watson, Chief Nurse (Corporate)

1 Purpose

The Strategic Risk Register is formally reported to the NHS Board on a 6 monthly basis for

- Awareness
- Decision
- To provide assurance that the strategic risks are being managed.

The NHS Board is asked to note the status of the Strategic Risk Register, reviewing, amending or, confirming that the strategic risks are being managed.

The NHS Board are also asked to consider if there are any new strategic risks that should be added to the Strategic Risk Register at this time.

This report relates to:

- NHS Board Governance Procedures

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The strategic risks were reviewed at the Audit and Risk Management Group (ARMG) meeting on 27 May 2026 taking account of any feedback received from Directors and/ or governance Committees.

The risks which the Standing Committees are responsible for were presented to each meeting of the respective Committee, over the time period May to September 2026.

Changes made to the Strategic Risk Register in terms of new and closed risks, and changes in risk scores and risk responses are outlined in the paper.

During the last year new sections on Procedures developed, Proposals presented and Horizon Scanning have been added to assist with the sharing of key information from ARMG to the Audit and Risk Committee and subsequently to the NHS Board.

A new structured approach to the ARMG agenda, combined with an extended meeting time was introduced in 2025/26, in order to support having time to discuss emergent issues as well as the standard risk management activity. Oversight responsibility for Internal Audit Actions has also been added to the ARMG agenda in 2026 and although only a recent responsibility for the group this does appear to be assisting with timely review and updates on outstanding actions.

There has been very little movement in the highest rating Risks on the Strategic or Organisational Risk Register in Quarter 1, however, it is noted that a couple of risks are now out of date and are subject to review and that 4 new risks have been added to the report. These are 1 Strategic, 1 Organisational and 2 Directorate level risks which have a risk score of 15.

In addition, it should also be noted that there are 8 Strategic Risks, 4 Organisational Risks and 2 Directorate level risks where the Adequacy of Controls are described as Inadequate, a summary of the factors causing this is provided.

The Clinical Governance and Risk Team still have a vacancy in the previous Datix and Systems Support Officer position, following 2 previously unsuccessful rounds of recruitment. It is hoped that following redesign of this post, combined with an increase in hours to fulltime that we will be able to recruit to the position in this next quarter.

2.2 Background

The Risk Management Strategy sets out the principles and approaches to risk management which are to be followed throughout NHS Shetland. These are aligned to The Orange Book: Management of Risk – Principles and Concepts (23 August 2021), HM Government and the Scottish Public Finance Manual (SPFM) 'Risk Management – Good Practice in the Scottish Public Sector' 2018. Scottish Government.

The purpose of the Risk Management Strategy is to achieve a consistent and effective application of risk management and enable it to be embedded into all core processes, forming part of the day-to-day management activity of the organisation.

The Board of NHS Shetland is corporately responsible for the Risk Management Strategy and for ensuring that significant risks are adequately controlled.

The Risk Management Strategy is currently under review and the current Risk Management Strategy will remain extant until the new version has been through the appropriate governance groups and presented to the NHS Board for final approval.

To support the Board a number of formal committees have been established and are responsible for various aspects of risk management, principally these are the Audit and Risk Committee, Clinical Governance Committee, Finance and Performance Committee and Staff Governance Committee. All Board Committees are responsible for providing assurance on the effective management of risks relevant to their area of responsibility.

In addition, the Audit and Risk Committee has a responsibility for overseeing the implementation of the Risk Management Strategy, taking assurance from the Audit and Risk Management Group (ARMG).

The Audit and Risk Committee will report any exceptions to the Board as and when required via the Committee update.

Effective risk management will be achieved by:

- Clearly defining roles, responsibilities and governance arrangements for individuals, teams and committees within NHS Shetland
- Incorporating risk management in all Executive Management Team (EMT), Board, and Committee reports and when taking decisions
- Demonstrating and reinforcing the importance of effective risk management principles in our everyday activities
- Maintaining risk registers at all levels that are linked to the organisation's strategic objectives
- Monitoring and reviewing arrangements on a regular basis
- Seeking assurance that controls put in place to mitigate risks are effective.

Strategic Risk Register

Risks contained in the Strategic Risk Register are the high level risks that could impact the delivery of longer term strategic objectives of the organisation. Risks can be escalated/de-escalated to and from lower level risk registers to the Strategic Risk Register.

Executive Directors have been supported to review the risks they are responsible for and work continues to support line managers throughout the organisation to review their risks and implement the risk format (if…then….resulting in) as outlined in the current Risk Management Strategy.

The Chief Nurse (Corporate) and Clinical Governance and Risk Team will continue to support staff with the identification, recording and management of risks across the organisation, as capacity permits, with the focus on updating of risks over the coming year as part of an overall data cleanse to prepare the risk register for its subsequent transfer to the Healthcare Guardian system during 2026/early 2027.

2.3 Assessment

This report gives an overview of the current strategic risks and a summary of the strategic actions which are currently in place to mitigate those risks.

The Strategic Risk Register is managed and updated currently via the Datix risk management module by ARMG members. Datix Dashboard (Strategic Risk Register) shows a number of generic charts and tables.

These consist of:-

- current active risks
- current outstanding actions
- risk response
- adequacy of controls
- risk rating

Changes made to the risks within Datix are visible via the inbuilt audit function.
The strategic risks are reviewed by the relevant Executive Director before presentation at an ARMG meeting.

The standardised approach to having all risk review dates set for the end of the calendar month has enabled a more consistent approach to the effective monitoring and timely review of the risks. However, it has been noted that some of the mitigations and controls on some risks are now out of date and this will be considered as part of the ongoing work in relation to risk.

In line with the actions outlined in the Risk Management Work plan 2026/27, the Clinical Governance and Risk Team are focusing on supporting Managers to review in entirety the content of all risks held on their Risk Register to ensure that these are updated and remain current going forward.

Following previous discussions at ARMG, a section had been added to the Risk Register to check whether or not the control measures in place have been tested in practice and if so what was the outcome from the testing. As noted previously this is still a relatively new section on the Risk Register with variable levels of testing being noted. The Clinical Governance and Risk Team will support discussion on testing from the time of the next comprehensive review of each individual Strategic risk.

A Board Development session was held on the 25 August to support the Board in developing it's Risk Appetite Statement. The outcome of this work is the subject of a separate paper on the Board agenda today.

An Overview of the Strategic Risks by Highest Rank 2026/2027 is presented in Appendix 1. Appendix 2, provides the detail of the full Strategic Risk Register.

Appendix 3, provides details of the Community Health and Social Care Directorate Risks as recorded on the JCAD system. Risks relating to health services delivered through the CHSCP are noted on here. An overview (heatmap) of the level of these risks along with the Risk Matrix scoring template is also provided to support interpretation of these risks.

Summary of changes:-
Overall there has been very little movement in any of the risks on the Strategic Risk Register in Quarter 1. Where there have been changes or there are any particular points of note these are outlined below.

- **Rating score increased or overall upward trend**

SR13 Access to Services is the only Strategic risk to showing an upward trend in risk score in Quarter 1.

After a relatively steady risk rating of 12 (lower end of high risk) over the last year, SR13 Access to Services was reviewed by the Director of Community Health and Social Care at the beginning of April 2026 and the risk rating increased to 16 (high risk).

This increase in risk rating is to reflect the persistent requirement to operate on a Business Continuity footing across a number of services, in particular noting that whilst the GP workforce is now more stable than previously that there has been an increase in vulnerability in the nursing service with a challenge in recruiting to posts where it is difficult to maintain nursing skills due to the low volume of work.

Alternative service models, based on resident healthcare support workers, have been implemented for some of the non-doctor islands where it is easier to recruit a support worker from within the local community and support this individual and the community with the addition of visiting Registered staff on a regular scheduled basis.

Organisational Risk 1616 Lack of Emergency Lone Worker system also shows an upward trend. This risk rating had been decreasing due to the progress being made with roll out of the People Safe fob system across the organisation.

However the risk rating has now been increased from 8 (medium risk) to 12 (high risk) as a result of the continued lack of regular use by Teams. Engagement and use has increased from 1% to 6% average daily usage to date, but this level is still not acceptable.

Work by the Health and Safety Team continues to establish the barriers to use of the system. Ongoing monitoring is in place and reports on usage will be made to the Health, Safety and Wellbeing Committee, Area Partnership Forum and Staff Governance Committee on a quarterly basis until the usage rate reaches an acceptable level.

- **Rating score decreased**

  SR23 Climate Emergency and Net zero has had a decrease in risk rating from 16 (high risk) in Quarter 1 to 12 (high risk) in Quarter 2.

  Whilst this risk has recently been developed from the original Estates risk, SR14, considerable work has been undertaken to conduct a stocktake of the current position against the Scottish Government framework which is driving NHS Boards to achieve net zero by 2040 in order to reduce the risks from the Climate Emergency.

  Following the stocktake, which included a review of the action plan and governance arrangements, resulting in the re-establishment of the Climate Change and Sustainability Group. The risk has been reviewed and the risk score reduced to reflect the management and enhanced governance arrangements put in place and with a draft Policy now being progressed through internal governance routes.

- **New Risks**

  There are 4 new risks that have been added to the Risk Register with a score of 15 or more. These are:

  - SR26 (1676) Information Governance Training;

- Organisational Risk 1664 Unsafe Staffing Levels;
- Directorate Risk 1669 High number of Caesarean Sections;
- Directorate Risk 1665 Low Levels of Mandatory Training.

SR26 (1676) Information Governance Training has been drafted to replace SR06 and SR11 which have now been closed.

Organisational risk 1664 unsafe staffing levels has been added to the Risk Register following the output of the Staffing Level tool runs in 2025/2026 which identified the need for additional staffing resource across a number of teams, for which there is currently no budget to implement the recommendations.

Directorate Risk 1669 High number of Caesarean Sections
This risk has been added to the risk register as there is an increasing number of women having caesarean sections locally. This is having an impact on the level of care which women are requiring. If this trend continues it will be necessary to review how the Consultants and Midwives work together as a team to ensure the ongoing provision of safe, post-natal and post-operative care.

If we do not take action, there will be reduced capacity to undertake gynaecology procedures (including urgent procedures) as these are booked into the same theatre session as that currently being used for Caesarean sections. The risk notes that there is the potential that the service will require to look at how obstetrics and gynaecology pathways can be de-coupled in order to be able to provide both. Clinically, there is also a need to keep the increase in Caesarean Section numbers under review.

Directorate risk 1665 Low levels of Mandatory Training. This risk has been submitted by the Executive Nurse Director on behalf of the services in the Acute & Specialist Directorate but references the fact that the challenges with staff time to undertake mandatory training is also impacting other areas and therefore this risk will be subject to further review at the next scheduled ARMG meeting in September 2026 with due consideration being given to this being raised to be an organisational level risk.

- **Risk Rating Scores**
  Only SR13 access to services and SR23 Climate Emergency and net zero have had any changes to their risk rating scores, with an increase from 12 to 16 (high risk) for SR13 and a decrease from 16 to 12 (high risk) for SR23.

Organisational Risk 1616 Lack of Emergency Lone Worker system is the only organisational risk to have had a change in its risk rating score, with an increase from 8 to 12 (high risk).

There have been no changes in risk rating scores for any of the Directorate Level risks.

- **No risk responses changed**.

- **Risk descriptions updated**
  No Risk Descriptions have been updated in this quarter. However, there are 2 Strategic risks, 2 Organisational and 1 Directorate level risk which, at time of writing, are now out of date and currently subject to review.

These are:

- SR01: National Standards
- SR09: Clinical Governance and Assurance
- Organisational Level Risk 1661: Impact of Lift Failure at GBH
- Organisational Level Risk 1535: Incomplete review of IG Documentation
- Directorate Level Risk 1612: Medicine Cost Instability

Review of any of these risks may lead to changes in the Risk Description.

- **Strategic or Organisational Risks Closed**
  SR 06 and SR11 both risks relating to IG Training for NHS and non-NHS staff have been closed in Q1 of 26/27, being replaced by SR26.

- **Adequacy of Controls**
  The following Strategic risks have their Adequacy of Controls noted to be inadequate. The reasons for this are provided beside each risk.

SR01 National Standards
Long standing gaps in controls were identified in relation to the Service Level Agreement (SLA) through the annual review with NHS Grampian being incomplete, and the risks associated with NHS Grampian capacity to deliver visiting services due to gaps in their workforce have continued. Some risks were also identified with the review of shared pathways and with the development of alternative models of care.

This risk was previously comprehensively refreshed within the last 12 months with additional measures being added to improve the control measures eg through introducing tests of change with other Boards involved in NECU to reduce the number of people waiting over 12 weeks for Treatment Time Guarantees, and with the implmentation of initiatives from the Centre for Sustainable Delivery and elective care programme improvement ideas being rolled out locally eg patient initiaited follow up and ‘opt in’ services to support delivery against national standards, this has enhanced patients access to care.

Work to increase access to services for Shetland patients, utilising resources via other NHS Boards, has been progressed to try and optimise access to care in a timely way for the local population. However there are risks associated with the capacity in the tertiary centres to deliver visiting services due to gaps in their workforce, as well as growing concerns around available funding to support visiting servcies going forward as allocations will be top sliced to support the National Treatment Centres and thus reduce funding previously aligned to support local service delivery.

The continued pressures across all services as a result of increased need, demographic pressures, as well as workforce shortages in specific specialities are highlighted. All of these factors, combined with the move to subnational planning and service delivery may lead to further delays in treatment for patients and challenges with securing an acceptable standard of service for Shetland residents with the consequent potential for both organisational reputational damage as well as patient harm.

Further consideration of the potential impact of subnational planning and the Public Sector Reform in general, as noted in the Programme for Government, will be discussed at the ARMG in September.

SR17 IT Failure due to Cyber Attack
There are multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching to reduce the risk of a cyber attack.

It is noted that the cyber landscape means that mitigation against the likelihood of an attack is essential but not possible, however, through enhancing security controls, monitoring and recovery testing it is possible to mitigate against some of the consequences of any cyber attack.

However, whilst the risk rating remains stable, the controls remain classified as inadequate due to the inherent high risk nature of this risk through the ever emerging geopolitical desire to cause disruption with an associated potentially high economic opportunity seen by state and criminal actors alike.

SR 18 Risk of CBRN Contamination
Whilst progress has been made in relation to establishing a decontamination response for use as part of the Major Incident plan, a number of gaps remain in the controls eg site for decontamination tent, no budget for training and equipment, no training for Incident managers and the CBRN plan as yet remains untested. Not having an effective CBRN decontamination facility with appropriately trained staff has the potential to impact on a Shetland wide response to a CBRN incident.

The Resilience and Business Continuity Officer is in process of working with partner agencies to develop an Island model of CBRN response. Some progress has been made with addressing the challenges of having a purpose built site available for decontamination purposes.

SR20 Risk of Flu, Coronavirus, other Pandemic
The Director of Public Health has recently reviewed this risk and whilst it has a number of controls in place it is noted that there are either gaps in the controls and/ or areas where further work is required and therefore overall the controls are considered to be inadequate.

Where controls are in place, the effectiveness of these are only maintained if appropriate action is taken eg Business Continuity Plans are in place across services but there is a need to ensure that these are reviewed at least on an annual basis and any learning from exercises or responding to real events is then built into the plan for the future. Measures to publicise and highlight the status of BCPs across services are currently being implemented to raise the profile of where there are gaps in the system. Resources are in place to support face fit testing for FFP3 masks and modules for Infection Prevention and Control training (IPC) but there is also a need to ensure all relevant staff have undergone face fit testing as appropriate for their role and have completed the mandatory training modules.
Whilst the Health Protection Team capacity has increased with the appointment of a Consultant in Public Health Medicine, a vaccinator and an admin assistant, the impact of reduced funding upon the Team is still noted.

Further work is required to ensure that:
- lessons learnt from covid pandemic are incorporated into planning;
- Business Continuity planning is consistent, maintained and sustainable;
- current vaccination programme for flu & covid uptake is maximised;
- sufficient health protection capacity to respond, as required;
- IPC knowledge and skills throughout the health and care workforce are maintained.

SR23 Climate Emergency and Net Zero
The Scottish Government has set a clear framework and legislation for NHS Boards to achieve net zero to reduce the risks from the Climate Emergency.

NHS Shetland recognises the risk in terms of compliance and has a number of mitigations in place, however, there is insufficient capital and revenue availability, combined with staffing challenges, to ensure compliance in respect of the NHS Scotland standards and ability to achieve net-zero by 2040.

Non compliance with net zero standards poses significant risks to the organisation, including financial penalties, reputational damage, legal non-compliance, and a direct threat to service delivery and patient outcomes. Following re-establishment of the Climate Change and Sustainability Group, the risk was reviewed at ARMG meeting in March 2026 where some positive progress was noted in terms of developing a workplan and re-establishing a formal governance process around the agenda.

SR24 Structural Integrity of GBH
During investigative work for continued water ingress within multiple areas of GBH, separation of the outer leaf of external blockwork from the inner leaf was noted along with cracking of the external wall faces along the Phase 1 building (Ward 3, Maternity, Renal, Old outpatients, ED and Imaging).

Comprehensive surveying of the wall elevations was undertaken by structural engineers under advice from colleagues at NHS Scotland Assure. This identified that the structural integrity of the outer leaf blockwork had been compromised with the outer walls at risk of partial or complete medium to long-term collapse putting services, staff and public located in, beneath and adjacent to these areas at risk.

A number of controls were put in place and work continues to progress these eg installation of supporting scaffolding and addition of external supporting structural mesh to stabilise the external walls to prevent further weather induced deterioration, whilst a medium to longterm remedial solution can be implemented.

There is a Programme Board in place for this programme of work, with the strategic risk being reviewed at each monthly Programme Board meeting. The temporary repair works are in progress, following which a full review of the risk will be undertaken, and a new risk incorporating the additional risk presented as a result of Scottish Government requesting that a permanent solution to the remedial works now be included in a wider medium-term Gilbert Bain Hospital Site Development Plan, rather than being addressed separately thus impacting on the timescale of the temporary repair.

SR25 Ageing Estate
The age of the NHS Shetland estate is a significant contributor to organisational risk, primarily through potential patient and staff safety concerns, service disruptions, and an increasing maintenance backlog liability. Many facilities are considered outdated

and not fit for modern healthcare delivery, which has the potential to lead to clinical and financial risks.

As time progresses the risk of multiple contiguous infrastructure failures increases. Capital funding in NHS Scotland is restricted and at the current levels of investment would take over 30 years to rectify the issues that are currently known.

Following the Lift Failures within the Gilbert Bain Hospital, requiring the Hospital to operate on a Business Continuity footing, the generic Estate risk was updated and re-presented to the ARMG back in March 2026.

SR26 – IG Training
Whilst there are a number of controls in place on this risk they are effectively inadeaquate due to a number of practice issues, eg the persistent low levels of compliance wih mandatory training, inconsistent onboarding processes across the orgainsation and limited audit /reporting mechanisms in place to support effective monitoring. Consideration needs to be given organisationally as to whether it is possible to improve on any of the issues currently causing gaps in the control mechanisms.

Organisational Risk 1664 – Unsafe Staffing levels
This has been added to the Risk Register following the output of the Staffing Level tool runs in 2025/2026 which identified the need for additional staffing resource across a number of teams, for which there is currently no budget to implement the recommendations.

Organisational Risk 1661 – Impact of Lift Failure at GBH
The controls on this risk are inadequate as whilst a high level BCP is in place, to enable patient triage and decision making based on the predicted timeline for the repair of the failed lift or lifts, we do not have a fully worked through evacuation plan with SAS and local emergency planning partners. In addition, there currently is no business case in place to replace the lifts nor funding to support this project.

Organisational Risk 1535 – Inadequate Reviews of IG Documentation
The volume of Information Governance and Information Security work continues to outstrip capacity, thus impacting on progress with completing/reviewing Data Privacy Impact Assessments and creating insufficient time available to review all the required IG documentation. Insufficient staff capacity has the potential to cause bottlenecks and delay projects/ improvements from being progressed across the organisation.

Organisational Risk 1669 – High number of Caesarean sections
The increase in numbers of Caesarean sections is impacting upon service delivery as additional theatre capacity has had to be gained by utilising general surgery list time, an emergency theatre has had to be opened and scheduled clinic activity cancelled in order to support being able to undertake Caesarean sections in a time critical manner.

If this trend continues unchecked it will be necessary to review how the Consultants and Midwives work together as a team to ensure the ongoing provision of safe, post natal and post-operative care.

If we do not take action, there will be reduced capacity to undertake gynaecology procedures (including urgent procedures) as these are booked into the same theatre

session as that currently being used for Caesarean sections, with the potential that the service will require to look at how obstetric and gynaecology pathways can be de-coupled in order to be able to provide both locally. Clinically, there is also a need to keep the increase in Caesarean Section numbers under review.

Directorate Risk 1665 – Low levels of Mandatory Training

This risk highlights in the Acute sector that the Protected Learning time allocation is insufficient to meet mandatory training requirements. Whilst this is a risk that has been raised within an area that has staffing level tools in place, with an identified percentage allocation for training, it is a risk which will impact across the organisation and therefore this risk and any potential to enhance mitigations will be discussed at the next ARMG in September**.**

Directorate Risk 1612 - Medicine Cost Instability

This risk highlights the challenges to the organisation of external factors such as cost instability, over which we have no control, but which has the potential to impact significantly on medicines budgets with a consequent impact on displacing resources from other planned services to meet these costs. This risk has the potential to be impacted further by the current political situation across the world and thus further price increases are anticipated.

- **Risk Appetite**
  A Board Development session was held on the 25 August 2026 to progress the development of a Risk Appetite statement for the NHS Board. This session was led by the Clinical Governance and Risk Team Leader. A separate paper is on today's agenda outlining the work to date and proposals for going forward.

- **Procedures**
  No new procedures were considered this quarter.

- **Clinical Risk Advisory Team (CRAT) Reviews**
  A dedicated CRAT meeting slot has now been implemented weekly and provides an opportunity to review a range of adverse events arising across health and care services as needed.

- **Proposals**
  Following migration of the Community Health and Social Care Partnership Directorate Risk Register on to JCAD in 2022, a number of issues were experienced with access to the system. Access to the JCAD system has continued to be an issue for the Clinical Governance and Risk Team.

  Despite escalation of these access issues to the Director of Community Health and Social Care, with additional support provided from the Planning, Performance and Projects Officer, IT support services and JCAD nationally, no resolution to date has been found.
  A rolling programme of review of the risks held on JCAD has commenced as of April 2026 via the CHSCP Strategic Meeting where both the Local Authority Risk Manager and Chief Nurse (Corporate) are part of the membership of the group.

  It is proposed that through the upcoming review of both the Local Authority and NHS Risk Management Strategies that there may be an opportunity to harmonise the Risk

Matrices across the 2 systems currently in use. There may also be potential opportunities for better integration when the NHS moves forward with the implementation of Healthcare Guardian (InPhase) in 2026.

A copy of the current JCAD Risk Register is included for information, see Appendix 3.

Healthcare Guardian
The business case for Healthcare Guardian, formerly known as In Phase, was Approved by the ARMG at it's meeting in September 2025. The sign off contract was completed in October and a local Programme Board / Project Team established. An initial 'kick off' meeting with Ideagen was held in February 2026 and an outline implementation plan shared. However, challenges were experienced both with capacity within local services to get the project DPIA completed in order to move forward with data transfer and to build our new system, as well as with changes in personnel at Ideagen, and therefore we have only recently had confirmation of our new Project Manager following a sudden resignation of the Project Manager we had been allocated.

Work is now being progressed to implement the Feedback and Claims modules before the end of the calendar year, with preparatory work for design of the Risk and Incident modules commencing in September 2026.

Project management from NHS Shetland is being provided by the Digital Projects Team Leader with support from Chief Nurse (Corporate).

Healthcare Guardian will provide a single Corporate solution to oversight of healthcare governance covering assurance, safety and improvement. Apps on Adverse Event Incident and Risk Management, Complaints handling, Patient Feedback and FOI management are all core functions of the product, additional functionality can also be purchased.

- **Horizon Scanning Risk Discussions**

  The following areas have been given due consideration as to their potential future impact on the organisation:

  Sub-national Planning/ Public Sector Reform: This has been added as a standing agenda item on to the quarterly ARMG meeting agenda;

  Catastrophic Failure of Infrastructure: Following power outages in May 2026 discussion was held at ARMG highlighting the resultant vulnerabilities in electricity, digital connectivity and communications. Further consideration of the challenges presented to be added to the resilience focused organisational risk.

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.

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.

Due to changes in the Clinical Governance and Risk Team, creating a period of time where there will be vacancies in the team, the work to review all of the risks in relation to the organisational Risk Appetite and to review actions to close any gaps in controls will be delayed but will be progressed as time and capacity allows.

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 Standing Committee's aligned Risk Registers are presented at each meeting of the respective Committee.

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.

It is evident that the current risk environment is becoming more challenging with external issues impacting upon the organisation's ability to continue to manage these risks effectively eg in relation to managing access to services and maintaining our estate in increasingly difficult financial and workforce conditions. This is unlikely to improve in the short to medium term.

A development session to explore, and draft, the NHS Board Risk Appetite statement was held on 25 August 2026.

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 SRR is an internal document therefore no engagement with external stakeholders has been undertaken. There has been regular communication and involvement in the development and review of the risks with Heads of Departments, relevant topic specialists eg Health and Safety, and with the Executive Directors both on an individual level and

corporately when formally meeting as ARMG. ARMG meetings have been held quarterly as per business schedule.

2.3.8 Route to the Meeting

The Strategic Risk Register has been considered by ARMG at it's meeting in May 2026. The A&RC has also reviewed the Risk Register at it's scheduled meeting in June 2026. Any Amendments or actions proposed at each meeting has been followed up either by the respective Director or by the Chief Nurse (Corporate) and/or Clinical Governance and Risk Team as appropriate.

This report provides details of the Strategic Risks and illustrates that the Strategic Risk Register is now being kept under regular review. As noted the Clinical Governance and Risk Team will be supporting Managers to review in entirety the content of all risks held on their Risk Registers to ensure that these are updated and remain current going forward.

This report comprises information that has been reviewed and updated by the Executive Directors and Risk Leads/Action Owners. The ARMG receive the Strategic Risk Register report at each meeting.

Challenges have been noted, however, in that the mitigations and controls on some risks are overdue for review. Clinical Governance and Risk Team members will continue to focus on supporting Managers to review in entirety the content of all risks held on their Risk Register.

It is also noted that the current risk environment is becoming more challenging with external issues impacting upon the organisation's ability to continue to manage these risks effectively eg in relation to managing access to services and maintaining our estate in increasingly difficult financial and workforce conditions. This is unlikely to improve in the short to medium term.

2.4 Recommendation

The Strategic Risk Register is formally reported to the NHS Board on a 6 monthly basis for

- Awareness and
- Decision
- To provide assurance that the strategic risks are being managed.

The NHS Board is asked to note the status of the Strategic Risk Register, reviewing, amending or, confirming that the strategic risks are being managed.

The NHS Board are also asked to consider if there are any new strategic risks that should be added to the Strategic Risk Register at this time.

3 List of appendices

The following appendices are included with this report:

- Appendix No1, Overview of Strategic Risks by Highest Ranked 2026/2027
- Appendix No 2, Strategic Risk Register
- Appendix No 3, JCAD Directorate Risk Register and Risk Matrix

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	Risk Appetite	RA Rationale	Q2 Score 25/26	Q3 Score 25/26	Q4 Score 25/26	Q1 Score 26/27	Q2 Score 26/27 (as of 17 /07/ 26)	Trend
Level 4 - Strategic Risk	**SR24 (1648) Structural Integrity of GBH**	Brian Chittick	12	Very High Risk 20	Treat - plan to reduce level of risk	For discussion in workshop 25 August 26			20	20	20	**20**	↔
Level 4 - Strategic Risk	**SR04 (1307) External Factors eg. Brexit/Supply Chain**	Brian Chittick	12	Very High Risk 20	Treat - plan to reduce level of risk	Moderate (2 - Cautious)	NHS Shetland is willing to accept a level of risk to innovate and adapt, but priority remains on ensuring patient safety and meeting regulatory standards.	20	20	20	20	**20**	↔
Level 4 - Strategic Risk	**SR26 (1676) Information Governance Training (new)**	Colin Marsland		High risk 16	Treat - plan to reduce level of risk	Moderate (2 - Cautious)	NHS Shetland has statutory obligations (e.g. under the Accountability principle of the UK GDPR) to ensure all employees are appropriately trained. Training is a mitigating factor in reducing IG risk and achieving wider compliance and avoiding reputational harm / regulatory action. The Board's risk appetite for IG training compliance should be 'Low' However, current resources and gaps in controls do not support achievement of this appetite. The residual/target risk score of 12 (High) reflects the gap between desired and					**16**	

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	Risk Appetite	RA Rationale	Q2 Score 25/26	Q3 Score 25/26	Q4 Score 25/26	Q1 Score 26/27	Q2 Score 26/27 (as of 17/07/26)	Trend
							achievable risk levels within current constraints.						
Level 4 - Strategic Risk	**SR13 (1263) Access to Services**	Jo Robinson	4	High risk 16	Treat - plan to reduce level of risk	High (3 - Open)	Entered BC and open to changes to deliver effective services	12	12	12	16	**16**	↑
Level 4 - Strategic Risk	**SR25 (1649) NHS Shetland Ageing Estate**	Brian Chittick	12	High risk 16	Treat - plan to reduce level of risk					16	16	**16**	↔
Level 4 - Strategic Risk	**SR17 (1515) IT Failure Due to Cyber Attack**	Brian Chittick	9	High risk 12	Treat - plan to reduce level of risk	None (0 - Avoid)	Use of digital technology is inherently high risk due to (1) geopolitical desire to cause disruption (2) potential high economic opportunity as seen by state and criminal actors. Services cannot be delivered without digital technology so the only viable risk management approach is robust mitigation resourcing.	16	16	16	12	**12**	↔
Level 4 - Strategic Risk	**SR20 (1594) Risk of flu, coronavirus, other pandemic**	Dr Susan Laidlaw	9	High risk 12	Treat - plan to reduce level of risk	Low (1 - Minimal)	Very difficult to eliminate all risk because of unpredictable nature of risk and external factors.	12	12	12	12	**12**	↔

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	**Risk Appetite**	**RA Rationale**	**Q2 Score 25/26**	**Q3 Score 25/26**	**Q4 Score 25/26**	**Q1 Score 26/27**	**Q2 Score 26/27 (as of 17 /07/ 26)**	**Trend**
Level 4 - Strategic Risk	**SR23 (1647) Climate Emergency and Net Zero**	Brian Chittick	8	High risk 12	Treat - plan to reduce level of risk	Moderate (2 - Cautious)				16	**16**	**12**	↓
Level 4 - Strategic Risk	**SR01 (1252) National Standards (curently under review)**	Kathleen Carolan	6	High risk 12	Treat - plan to reduce level of risk	High (3 - Open)	We need to consider safe, innovative ways of developing services to ensure that we can deliver both access targets and evidence based practice. There are various ways in which we can do this if we take a longer term view on the workforce and creating sustainable service options. Hence, accepting there needs to be some tolerance of this risk in the medium term, but ensuring we mitigate harmful long waits for treatment wherever possible.	12	12	12	12	**12**	↔
Level 4 - Strategic Risk	**SR09 (1482) Clinical Governance and Assurance (curently under review)**	Kirsty Brightwell	9	Mediu m Risk 9	Tolerate	High (3 - Open)	We would be keen to take some risk to change the culture regarding the embedding of good end to end governance and assurance processes.	9	9	9	9	**9**	↔

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	Risk Appetite	RA Rationale	Q2 Score 25/26	Q3 Score 25/26	Q4 Score 25/26	Q1 Score 26/27	Q2 Score 26/27 (as of 17/07/26)	Trend
Level 4 - Strategic Risk	**SR12 (1354) Capacity for Sustainable Change**	Brian Chittick	6	Medium Risk 9	Treat - plan to reduce level of risk	Very High (4 - Seek or 5 Mature)	With the greater degree of uncertainty facing the NHS and the historical lack of change we need to take a greater degree of risk than was previously accepted, however this risk appetite is off set by the increased resilience provided by the PMO	9	9	9	9	**9**	↔
Level 4 - Strategic Risk	**SR08 (1471) Workforce**	Hall, Lorraine	3	Medium Risk 9	Treat - plan to reduce level of risk	Very High (4 - Seek or 5 Mature)	Work is ongoing at a national level with relevant Deaneries. It is hoped that the work undertaken in Scotland around pay reform will support individuals seeking to work in Scotland and the work on remote and rural facilitated by Medical Education and the Viking conference will show the benefit of working in remote, rural and island and delivering generic services.	9	9	9	9	**9**	↔
Level 4 - Strategic Risk	**SR10 (1489) Business Continuity Plans**	Dr Susan Laidlaw	8	Medium Risk 8	Treat - plan to reduce level of risk	Moderate (2 - Cautious)	Emergency planning / business continuity based on clear processes to minimise risk & reputational damage	8	8	8	8	**8**	↔
Level 4 - Strategic Risk	**SR15 (1274) Urgent/Emergency/Unscheduled Care**	Dr Kirsty Brightwell	4	Medium Risk 8	Tolerate	Moderate (2 - Cautious)	Risk appetite is being supported by a quality improvement project	8	8	8	8	**8**	↔

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	Risk Appetite	RA Rationale	Q2 Score 25/26	Q3 Score 25/26	Q4 Score 25/26	Q1 Score 26/27	Q2 Score 26/27 (as of 17/07/26)	Trend
Level 4 - Strategic Risk	**SR03 (1275) Paediatrics**	Dr Kirsty Brightwell	8	Medium Risk 8	Tolerate	Low (1 - Minimal)	Low risk appetite due to the nature of the patients and the risk to reputational damage. Need to ensure strict risk boundaries and safety netting required.	8	8	8	8	**8**	↔
Level 4 - Strategic Risk	**SR18 (1540) Risk of CBRN contamination**	Dr Susan Laidlaw	6	Medium Risk 8	Treat - plan to reduce level of risk	Low (1 - Minimal)	The inability to successfully deal with a CBRN incident at GBH will potentially halt acute services - this may not be a short term disruption depending on the contaminant.	8	8	8	8	**8**	↔
Level 4 - Strategic Risk	**SR22 (1598) Strategic Financial Management Operation**	Brian Chittick	4	Medium risk 4	Treat - plan to reduce level of risk	None (0 - Avoid)		6	6	6	4	**4**	↔
Level 4 - Strategic Risk	**SR21 (1597) Strategic Financial Planning**	Colin Marsland	4	Low risk 2	Treat - plan to reduce level of risk	None (0 - Avoid)		8	8	8	**2**	**2**	↔
Level 3 - Organisational Risk	**(1378) Outdated Policies & Official Documents**	Colin Marsland	9	High Risk 15	Treat - plan to reduce level of risk	Moderate (2 - Cautious)	The maintenance of an up-to-date policy environment is a foundational component of good governance. A more open/mature approach to risk is reasonable where a robust and well defined policy framework is in place. A well-defined policy framework guides and determines the	15	15	15	15	**15**	↔

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	Risk Appetite	RA Rationale	Q2 Score 25/26	Q3 Score 25/26	Q4 Score 25/26	Q1 Score 26/27	Q2 Score 26/27 (as of 17 /07/ 26)	Trend
							boundaries of acceptable risk. In the absence of such an environment NHS Shetland will require a more cautious approach to risk.						
Level 3 - Organisational Risk	**(1664) Unsafe staffing levels (new)**	Kathleen Carolan	6	High Risk 15	Treat - plan to reduce level of risk							**15**	
Level 3 - Organisational Risk	**(1661) Impact of lift failure at GBH**	Kathleen Carolan	8	High Risk 15	Treat - plan to reduce level of risk	Low (1 - Minimal)	The failure of the lifts would result in a phased, full evacuation of the hospital				15	**15**	↔
Level 3 - Organisational Risk	**(1535) Incompete Reviews of IG Documentation**	Colin Marsland	6	High risk 12	Treat - plan to reduce level of risk	Moderate (2 - Cautious)	Breaches in the security of patient or staff data can have a significant impact on the organisation's reputation, the trust of patients and staff and can result in financial penalty. Anything higher than 'Cautious' is not compatible with the legal obligations placed on NHS Shetland by legislation and NHS Scotland standards.	12	12	12	12	**12**	↔
Level 3 - Organisational Risk	**(1616) Lack of Emergency Lone Worker System**	Lorraine Hall	8	High Risk 8	Treat - plan to reduce level of risk	High (3 - Open)	Chances of HSE enforcement action following a lone worker related incident resulting in serious harm are real & consequences would be	10	10	10	8	**12**	↑

NHS Shetland Highest Ranked Strategic, Organisational and Directorate (Rating ≥15) Risks 2026/2027 - September 26													
Risk Register	Risk ID & Title	Risk Owner	Target	Current Risk Level & Rating	Risk Response	Risk Appetite	RA Rationale	Q2 Score 25/26	Q3 Score 25/26	Q4 Score 25/26	Q1 Score 26/27	Q2 Score 26/27 (as of 17 /07/ 26)	Trend
							significant. Introduction of a lone worker emergency alert system would mitigate against potential HSE prosecution.						
Level 2 - Directorate Risk	**(1259) Medical Staffing**	Dr Kirsty Brightwell	6	High risk 16	Treat - plan to reduce level of risk	High (3 - Open)	Due to dependency on locum and related financial pressure, we need to be more innovative in recruiting and retaining the medical workforce.	16	16	16	16	16	↔
Level 2 - Directorate Risk	**(1669) High number of Caesarean sections (new)**	Kathleen Carolan	4	High risk 15	Treat - plan to reduce level of risk							**15**	
Level 2 - Directorate Risk	**(1665) Low levels of mandatory training (new)**	Kathleen Carolan		6	Tolerate							**15**	
Level 2 - Directorate Risk	**(1612) Medicine Cost Instability**	Tony McDavitt	10	High risk 15	Treat - plan to reduce level of risk	Low (1 - Minimal)		15	15	15	15	**15**	↔

Risks closed in the last Quarter

SR06 IG Training NHS Staff & SR11 IG Training Non NHS Staff – both closed and replaced by SR26 new Information Governance Training Risk

NHS Shetland Level 4 - Strategic Risk – September 26		Approval Status: Final approval	
Risk ID: 1648 Structural Integrity of GBH		**Strategic ID: SR24**	
Risk Description: **IF:** The external building envelope continues to degrade unchecked. **THEN:** The external walls of the building could further separate from the inner walls and structural columns. **RESULTING IN:** Immediate decanting of affected and adjacent areas leading to loss of over half the capacity and function of the acute hospital site.			
Organisation Objectives • To continue to improve and protect the health of the people of Shetland. • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. • To ensure sufficient organisational capacity and resilience.		**Risk Appetite -** To be confirmed	
Risk Response: Treat - plan to reduce level of risk		**Standing Committee:** **Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)**	
Likelihood: Likely - Strong possibility that this could occur, likely to occur	**Consequence:** Extreme	**Current Risk Level & Rating:** Very High Risk **20**	**Risk Owner & Review Date:** Chittick, Brian **30 Oct 2026**
Controls • Supporting scaffolding and crash deck installed to protect areas below from a catastrophic collapse. • Temporary external supporting structural mesh to be installed to stabilise external walls whilst medium to long-term remedial solution can be implemented and to prevent further weather induced deterioration. • Specialist design team established to design, plan, procure and deliver remedial works. • SG support, both financial and technical agreed to support design solution. • Internal NHS Shetland resource in place to support technical and clinical decision making. • Programme Board and internal governance structure put in place to monitor progress. • External and internal Project Team established to progress the GBH Site Development Plan and Whole System Infrastructure Plan workstreams • Mesh work has started			
Gaps in Controls • On-going delay in installing temporary supporting structure due to difficulty to design/ install leading to funding uncertainty within FY25-26 and 26-27. • Need to develop emergency Business Continuity Plans if areas need to undergo immediate decanting due to any structural shift. • Complex remedial works programme with many co-dependencies. • Extents of technical compliance for decanted accommodation defined by SG/ NHSS Assure/ regulation adding to complexity, timescales and potential cost. • NHS Shetland been asked to include the permanent remedial solutions into a wider Gilbert Bain Site Development Plan for inclusion in the Board's medium to long-term Whole System Infrastructure Plan to be submitted to SG by March 2027 in the form of a Strategic Assessment.			

- Through the above process it could be 2031/2032 at the earliest before a definitive remedial solution to the structural issues is deployed.
- The temporary structural mesh has a requirement for on-going maintenance and inspection and is only certified for up to 5 years. The costs associated with any of this work were to be included as part of the Board's 5-year Business Continuity Plan with funding not guaranteed from SG to Adequate Terminate x Inadequate Tolerate No controls Transfer x Treat (must have Actions added below) support this, thus creating an on-going and escalated risk over time. SG have since requested this isn't included so currently no financial pathway for any on-going liabilities.
- Concurrent building infrastructure risks (known and unknown) which may materialise during intervening period.

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Chittick, Brian reviewed this risk on 3 September 2026. No additional commentary.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1307 External Factors eg. Brexit/Supply Chain</td><td colspan="2">Strategic ID: SR04 (1307)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If external factors such as political instability, global conflict, digital revolution (AI) or national policy changes impact THEN: across the wider global/UK/local economy THEN there could be resource implications like increased energy/food costs, medical supply constraints, inadequate housing stock and decreased appropriately trained workforce availability RESULTING IN: Impact on the Boards ability to sustain services particularly in the areas of patient care, workforce planning and performance of budgets.</td></tr>
<tr><td colspan="2">Organisation Objectives
To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.
To provide best value for resources and deliver financial balance.
To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)

NHS Shetland is willing to accept a level of risk to innovate and adapt, but priority remains on ensuring patient safety and meeting regulatory standards.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:
Almost certain - Expected to occur frequently, more likely to occur than not</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
Very High Risk
20</td><td>Risk Owner & Review Date:
Chittick, Brian
31 Oct 2026</td></tr>
<tr><td colspan="4">Controls
Stakeholder engagement and conversation started regarding Programme for Government and bespoke solutions for Island Board areas
Establishment of contract manager to align contract management with current strategic environment
Establishment of a financial Recovery and Sustainability Group to keep a watching brief on external influences on NHS Shetland sustainability
Liaise with Scottish Government on required actions / national work and regional work
Maintaining links with National & local resilience teams to update plans
Strong links to fora like Scottish Resilience Partnership and Regional Resilience Partnership to help identify and mitigate risk
Accommodation and Capital Assets Review complete to ascertain housing requirements moving forward
Workforce Planning underway
Innovation in recruitment and retention to mitigate post Brexit workforce challenges especially in grow you own
Board prioritisation to mitigate Cyber security risk and impact of rogue actors with additional IT resource and training and learning for staff (eg cyber tests)
Sustainment of Medicines Procurement Manager post</td></tr>
<tr><td colspan="4">Gaps in Controls</td></tr>
</table>

- Current controls appear to have mitigated the initial phase of the end of the tranisition period. However controls must be maintained to ensure further developments do not place NHS Shetland at risk of disrupting care
- Increased costs due to the impact of leaving the single market and global supply chain are evident and increasing and these cannot be mitigated

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
Yes - Some controls have been tested	

Adequacy of Controls: Adequate

Risk Rationale/Comments: Chittick, Brian reviewed this risk in
3 September 2026 - Strategic shock following Programme for Government announcement regarding Public Sector Reform and dissolutioin of NHS Shetland as a legal entity.
31 Oct 2025 - Likelihood is being realised at present especially in a post-Brexit operating environment where things like medicines availability are current challenges being navigated at present times.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1676 Information Governance Training</td><td colspan="2">Strategic ID: SR26</td></tr>
<tr><td colspan="4">Risk Description:
IF: If staff (internal or external) are granted access to NHS Shetland systems/data without having completed appropriate IG training THEN: Then there is a risk of increased data breaches and non-compliance with data protection legislation RESULTING IN: Resulting in harm to patients or staff, regulatory action, financial penalties, and reputational damage to the Board.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient., To provide best value for resources and deliver financial balance.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)

NHS Shetland has statutory obligations (e.g. under the Accountability principle of the UK GDPR) to ensure all employees are appropriately trained. Training is a mitigating factor in reducing IG risk and achieving wider compliance and avoiding reputational harm / regulatory action. The Board's risk appetite for IG training compliance should be ‘Low’ However, current resources and gaps in controls do not support achievement of this appetite. The residual/target risk score of 12 (High) reflects the gap between desired and achievable risk levels within current constraints.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Finance and Performance Committee (FPC)
Staff Governance Committee (SGC)
Information Governance Group (IGG), Digital Governance Group (DGG),</td></tr>
<tr><td>Likelihood:
Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
High risk
16</td><td>Risk Owner & Review Date:
Marsland, Mr Colin
30 Oct 2026</td></tr>
<tr><td colspan="4">Controls
• Mandatory IG training for all staff (internal and external) prior to system access
• Line managers responsible for ensuring compliance during onboarding and annual reviews
• TURAS Learn reporting tools for monitoring compliance
• Escalation procedures for non-compliant staff, including potential network access restrictions
• Regular reporting of compliance via IGG and governance committees
• Procurement processes include IG training compliance checks for external contractors</td></tr>
<tr><td colspan="4">Gaps in Controls
• Persistent low levels of compliance with mandatory training
• Inconsistent onboarding practices for external staff</td></tr>
</table>

- Limited audit/reporting mechanisms for non-NHS staff compliance
- Reliance on manual assurance from line managers
- Limited IG and IT resource capacity to implement technical controls or increased monitoring/reporting
- Competing priorities across multiple functions and BAU activities
- Blanket 'no training = no access' policy could create clinical risk, but management of exceptions to policy would be complex and creates admin burden

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls:

Risk Rationale/Comments: Marsland, Mr Colin reviewed this risk in 17 Jul 2026

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1263 Access to Services</td><td colspan="2">Strategic ID: SR13 (1263)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If there are significant gaps due to recruitment, retention or funding THEN: Then there will be access problems for those living in more remote areas and/ or to specific specialities RESULTING IN: resulting in delays in treatment and associated mortality and morbidity and a widening in the inequality gap</td></tr>
<tr><td colspan="2">Organisation Objectives
To continue to improve and protect the health of the people of Shetland.
To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.
To provide best value for resources and deliver financial balance.
To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - High (3 - Open)

Entered BC and open to changes to deliver effective services</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)
Finance and Performance Committee (FPC)
CHP Management Team</td></tr>
<tr><td>Likelihood:
Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
High risk
16</td><td>Risk Owner & Review Date:
Robinson, Ms Jo
31 Jul 2026</td></tr>
<tr><td colspan="4">Controls
Primary Care escalation plan to move to urgent appts so those who need to see a GP will be prioritised
Better anticipatory care planning especially for high resource individuals
MDT workstream to allow individuals to see right professional earlier, including First point of contact physiotherapists and Advanced Nurse practitioners
Detailed monitoring of Long Term Condition checks now possible through SHIP
Use of Attend Anywhere Video conferencing facility is providing improved access
Models for health and social integration focus on ensuring locality resilience and sustainability. Primary healthcare continues to be provided in existing localities.
Outreach for care at home provided through existing care centres.
Ambulance Liaison Group well established to ensure risks identified and acted on for all ambulance issues across Shetland. Joint work in progress with Scottish Ambulance Service using the Strategic Options Framework implementation plan, with priority given to actions for remote areas. For appointments in Lerwick, there is good understanding of the need to be flexible with appointment times.
Review of Urgent Care Pathways to decrease footfall in A&E involves use of NHS Inform/Flow
Use of Ask My GP available in some health centres pending new technological developments</td></tr>
</table>

Gaps in Controls

- Level of influence on infrastructure planning.
- Understanding unmet need- where someone does not access a service

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
No - No controls have been tested	

Adequacy of Controls: Adequate

Risk Rationale/Comments: Robinson, Ms Jo reviewed this risk in 08 Apr 2026

Although the GP workforce is significantly more stable than it has been, there is a vulnerability in nursing provision to non doctor islands, due to the difficulty in recruiting to posts and maintaining nursing skills in remote settings. Alternative models have been developed in order to sustain input into these communities.

NHS Shetland Level 4 - Strategic Risk – September 26	Approval Status: Final approval
Risk ID: 1649 NHS Shetland Ageing Estate	**Strategic ID: SR25**

Risk Description:

IF: THEN: Critical unplanned facility or infrastructure failure(s) would lead to significant service pressures or reduction; The timescales for remediation would be extended due cost uncertainty, availability of resource and lead-times for design, procurement and execution; Services or whole facilities would end up on a Business Continuity footing for an undetermined period of time; Pressures on other parts of the service to provide mutual aid. **RESULTING IN:** Inability to develop additional treatment pathways and capacity; Patients have fragmented pathways; Inefficiencies in flow; Potential disruption to service delivery by closure of areas or facilities;
Financial risks due to unplanned failures; Reputational Risk;
Harm to patients and staff; IPC issues; Health, Safety and wellbeing issues; Loss of critical services supplies or infrastructure; Unable to acquire regulatory compliance.

Organisation Objectives	**Risk Appetite -**
• To continue to improve and protect the health of the people of Shetland. • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. • To ensure sufficient organisational capacity and resilience.	
Risk Response: Treat - plan to reduce level of risk	**Standing Committee:** **Clinical Governance Committee (CGC)** **Finance and Performance Committee (FPC)**

Likelihood:	**Consequence:**	**Current Risk Level & Rating:**	**Risk Owner & Review Date:**
Likely - Strong possibility that this could occur, likely to occur	Major	High risk **16**	Chittick, Brian **30 Nov 2026**

Controls

- Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.
- Following approval of parts of the Business Continuity Infrastructure Plan (BCIP), Scottish Government have now allocated backlog capital maintenance funding based on the risk priorities identified in the plan. This funding is provided on a year-by-year basis only.
- Discussions continue with Scottish Government and within NHS Shetland on managing the existing risks and the ability to highlight emerging risks that may require funding. Bi annual full submission of BCIP with intervening years by exception.
- Capital and Asset Management Group and individual Estates Safety groups to monitor emerging risks and prioritise and escalate as required.
- Strategic Assessment in final draft for submission September 2026

Gaps in Controls

- Service, building and system Business Continuity Plans will need revision and co-ordination to mitigate potential scenarios.
- Whilst reasonable knowledge and intelligence is held about a significant proportion of the critical infrastructure and services, information gaps around the wider built environment exist across the whole estate.

- Multi-year planning and phased approach to infrastructure works is prohibited by the single year financial funding strategy.
- Lack of capacity within systems and buildings to allow decant of services to alternative locations either in planned way for coordinated remedial works or in emergency situations.
- Negligible BCP backlog funding is being provided by SG for financial year 2026-2027 so full reliance on formula capital to support time-sensitive backlog issues.

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Chittick, Brian reviewed this 3 September 2026

NHS Shetland Level 4 - Strategic Risk – September 26	Approval Status: Final approval
Risk ID: 1515 IT Failure Due to Cyber Attack	**Strategic ID: SR17 (1515)**

Risk Description:
IF: If a malicious actor or orchestrated cyber attack occurs **THEN:** Then NHS Shetland could experience system downtime, theft, modification or loss of data and/or data disclosure. **RESULTING IN:** Resulting in disruption to clinical services and patient information integrity that could compromise patient care and confidentiality through data theft, system downtime, delays in treatment, risk to public reputation and significant financial costs.

Organisation Objectives	Risk Appetite
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. • To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service. • To provide best value for resources and deliver financial balance.	**Risk Appetite -** None (0 - Avoid) Use of digital technology is inherently high risk due to (1) geopolitical desire to cause disruption (2) potential high economic opportunity as seen by state and criminal actors. Services cannot be delivered without digital technology so the only viable risk management approach is robust mitigation resourcing.
Risk Response: Treat - plan to reduce level of risk	**Standing Committee:** **Audit Committee (AC)** **Finance and Performance Committee (FPC)** Information Governance Group (IGG)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Possible - May occur occasionally, has happened before on occasions	Major	High risk **12**	Chittick, Brian **30 Nov 2026**

Controls
- Multiple layers of technical controls in place including anti-malware, firewalls, intrusion detection, access logging, encryption, web filtering, advanced threat protection, software patching.
- Information Governance and Information Security policies are in place and available to staff.
- New Information Governance and Digital Security Framework being developed to bring together all IG and Digital Security strategies, policies and procedures.
- New suite of 10 digital security policies are complete and will go through approval process by end August 2021.
- Cyber awareness training for staff, regular communications on cyber awareness
- NHS Shetland regularly audited against cyber security by internal audit, external audit and Scottish Government. These audits are against the Network and Information Systems Regulations 2018.
- Full NIS Audit (Year 4) conducted in 2023
- Subsequent NIS audit in 2024 showing significant compliance improvement
- Third party cybersecurity register implemented
- Regular sharing of learning from different private and public sector organisations
- Timely Windows 11 updates

Gaps in Controls

- Cybersecurity protection opportunities and assets are not being fully utilised due limitations of staff resource
- Staff compliance with mandatory training is low (and trending down)
- From NIS Audit: Policy documentation/DR testing/BC exercising

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
Yes - Some controls have been tested	

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Chittick, Brian reviewed this risk
20 August 2026 – Ongoing mitigation and controls in situ but risk remains at current rating, albeit stable.

31 Oct 2025 - The cyber landscape means that mitigation against likelihood is essential not possible. By further developing security controls, monitoring and recovery testing we can mitigate against Consequence

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1594 Risk of flu, coronavirus, other pandemic</td><td colspan="2">Strategic ID: SR20 (1594)</td></tr>
<tr><td colspan="4">Risk Description:
IF: there is a pandemic due to a new or mutated virus THEN: health services will be significantly impacted and could be overwhelmed due to increased demand directly due to the pandemic causing excess morbidity and mortality; reduced staffing capacity due to sickness and absence; reduced capacity in other services [pandemic risk] RESULTING IN: poorer outcomes for patients and families; impacts on staff health and wellbeing; financial cost; and reputational impact if not managed well.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To continue to improve and protect the health of the people of Shetland.
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)

Very difficult to eliminate all risk because of unpredictable nature of risk and external factors.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)
Control of Infection Committee (COIC)</td></tr>
<tr><td>Likelihood:
Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
High risk
12</td><td>Risk Owner & Review Date:
Laidlaw, Dr Susan
30 Sep 2026</td></tr>
<tr><td colspan="4">Controls
• National and local surveillance systems including lab reporting, use of HPzone.
• Business Continuity Plans in place for most depts but need reviewing and exercising
• FFP3 mask fitting programme
• Mandatory IPC training
• Increased IPCT capacity including a remit for care homes
• Dedicated vaccination team and centre, with systems in place to try and maximise uptake.
• Increased HPT capacity with some surge capacity in public health
• Assurance process in place for care homes
• Increased public awareness of hand and respiratory hygiene and what to do if have respiratory symptoms
• Experience of public comms during a pandemic
• Experience of reconfiguration of services and redeployment of staff for pandemic response
• Experience of rapid deployment of mass vaccination centres; and mass testing during last pandemic
• Experience of standing up a Pandemic response team and associated reporting and structures
• Mass fatalities plan
• H & I pandemic plan revised
• Engagement with national bodies including Public Health Scotland and ARHAI (for example three meetings a week with PHS and Board HPT colleagues)</td></tr>
</table>

- Experience of holding local PAGS and IMTs
- Higher uptake rates for flu and covid vaccination than Scottish average for all cohorts.

Gaps in Controls

- Business continuity plans- need to ensure these are reviewed on an annual basis and exercised, and reviewed in light of lessons learnt from exercises / testing and real scenarios.
- FFP3 face fit testing - need assurance that everyone staff member who may need to use a FFP3 is tested, and retested at 3 yearly intervals.
- Mandatory IPC training - need assurance that everyone is completing the relevent IPC training for their role, and renewing at the required intervals
- Uptake of flu and covid vaccination should be increased - especially amongst staff - where it has been dropping off
- Health protection team capacity although increased, is still fragile with two part time nurses. We have filled vacncies for consultant, admin and vaccinator , ,
- Lessons learnt from covid pandemic need to be incorporated into local pandemic planning process.
- Await feedback from UK Exercise Pegasus to inform pandemic planning
- 2025 season, issues with timing of flu vaccination programme - programmed later clinics for high risk based on evidence of waning immune response but flu season started earlier. Lack of flexibility in response to changing epidemiology

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
Yes - Some controls have been tested	Eg - HPT response to care home outbreaks. Although efficient in dealing with small outbreaks, HPT , IPCT and testing capacity could be overwhelmed with a large outbreak. Organisation of testing and prophylaxis / treatment, especially out of hours can be problematic.

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Laidlaw, Dr Susan reviewed this risk in 16 Jun 2026

Further work required to ensure :

- Lessons learnt from covid pandemic are incorporated into planning
- BC planning is consistent, maintained and sustainable
- Current vaccination programme (flu, covid) uptake is maximised
- Sufficient health protection capacity to respond
- IPC knowledge and skills are maintained

NHS Shetland Strategic, Organisational and Directorate Risks (Rating ≥ 15)

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1647 Climate Emergency and Net Zero</td><td colspan="2">Strategic ID: SR23</td></tr>
<tr><td colspan="4">Risk Description:
IF: NHS Shetland fails to meet environmental targets, including net zero by 2040 and a 75% GHG reduction by 2030 THEN: Poses significant risks, including financial penalties, reputational damage, legal non-compliance, and a direct threat to service delivery and patient outcome. RESULTING IN: NHS Shetland would be subject to increased costs, potential sanctions and contribute to the wider climate emergency should it fail to act.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To continue to improve and protect the health of the people of Shetland., To provide quality, effective and safe services, delivered in the most appropriate setting for the patient., To provide best value for resources and deliver financial balance.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:
Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:
Moderate</td><td>Current Risk Level & Rating:
High risk
12</td><td>Risk Owner & Review Date:
Chittick, Brian
30 Nov 2026</td></tr>
<tr><td colspan="4">Controls
• Board ensuring ongoing discussion takes place with Scottish Government and NHS Scotland Assure and support provided
• NHS Shetland has developed a net zero plan to reflect the targets set by Scottish Government (Net Zero 2040)
• Board contributes to the Shetland Partnership Climate Change Strategy
• Board supports the development of SCART tool within available resources
• Board supports input into EAMS tool within available resources
• Board supports input EMS tool within available resources
• Board supports the reporting schedule as set out by SG
• Regular reporting to Board on key environmental targets and compliance issues</td></tr>
<tr><td colspan="4">Gaps in Controls
• No clear strategic direction or oversight, workplan and resource allocation to drive compliance and travel towards net zero.
• Failure to meet targets could result in significant fines and legal penalties for non-compliance with environmental laws and the Climate Change (Scotland) Act.
• Missed opportunities for cost savings through energy efficiency measures, leading to higher operational costs, especially given rising energy prices.
• Potential loss of specific funding or grants provided by the government for sustainability initiatives.
• Climate change itself poses a major risk to health infrastructure (hospitals, clinics, etc.) through extreme weather events.
• Without proper adaptation and decarbonisation, the physical healthcare estate may not be able to deliver high-quality, uninterrupted care in a changing climate, making buildings a weak link in the system.</td></tr>
</table>

- Increased pressure on services due to climate-related health issues (e.g., heat-related illnesses, spread of certain diseases).
- Risk of not having the necessary workforce capacity, funding, or technology to implement required changes.
- Failure to integrate sustainability into core strategic planning could limit future options for the Board and prevent the delivery of sustained strategic approaches to meet population health needs.
- The risk of using outdated or inefficient equipment and processes due to a lack of investment in low-carbon alternatives.
- Erosion of public confidence in NHS Shetland's commitment to health and wellbeing if it fails to address the climate crisis, which is a significant health threat.
- Damage to reputation could affect the ability to attract and retain talent, as employees increasingly seek alignment with their values.
- Loss of trust from partners, stakeholders, and the Scottish Government, who have set the national policy direction for net zero.

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Chittick, Brian reviewed this risk on 3 September 2026

NHS Shetland recognises the risks in terms of compliance and have a number of mitigations in place however there is insufficient capital and revenue availability and staff recourses availability to ensure compliance in respect of NHS Scotland standards and achieving net-zero by 2040.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1252 National Standards</td><td colspan="2">Strategic ID: SR01 (1252)</td></tr>
<tr><td colspan="4">Risk Description:
IF: We have excessively long waiting times and/or poor access to services THEN: This could lead to the potential of poorer patient outcomes as a result in delays in assessment of treatment RESULTING IN: Loss of confidence in the organisation as a provider of safe health and care (including negative publicity)</td></tr>
<tr><td colspan="2">Organisation Objectives
• To continue to improve and protect the health of the people of Shetland.
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</td><td colspan="2">Risk Appetite - High (3 - Open)

We need to consider safe, innovative ways of developing services to ensure that we can deliver both access targets and evidence based practice. There are various ways in which we can do this if we take a longer term view on the workforce and creating sustainable service options. Hence, accepting there needs to be some tolerance of this risk in the medium term, but ensuring we mitigate harmful long waits for treatment wherever possible.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC), Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:
Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:

Moderate</td><td>Current Risk Level & Rating:
High risk
12</td><td>Risk Owner & Review Date:
Carolan, Kathleen
28 Feb 2026</td></tr>
<tr><td colspan="4">Controls
• As a result of introducing tests of change with Boards who are providing NECU support we have reduced some of our reliance on the independent sector. Access has improved to some specialities and we have reduced the number of patients with long waits ie over 52 weeks
• Performance management strategy in place. Active management of lists and clinics. Weekly waiting times meeting to review and manage performance. Reporting to each Board meeting and a deeper dive discussion at the Finance and Performance Committee. Close scrutiny by SGHD and monthly ISD reporting on performance to organisation. Ongoing discussions with off island providers.
• Annual commissioning discussions with NHSG take place and monthly meetings with the Access Support Team (AST) at SG are now in place to discuss planned capacity, risks and joint pathways with the SG team, NHS Shetland and other partners eg NHSG or GJNH where applicable.
• Discussion about changes and challenges in relation to elective service provision is taking place with the public through various listening exercises included those aligned to the programme initial agreement engagement activities.
• Waiting times performance is monitored on an ongoing basis and where there are longer waiting times then recovery plans are put in place (it funding is made available to support them).
• Target breach analysis for cancer care (which is high priority) is undertaken whenever a patient waits longer than 31 days or 62 days for cancer access targets. This is undertaken in conjunction with NHSG and other partners as needed.</td></tr>
</table>

- Access targets and trajectories set for the Annual Delivery Plan 2025-26 and draft submitted in January 2025 to SG. Access target performance and achievement of trajectories submitted to SG weekly and monthly.
- CsFD and elective care programme improvement ideas are being rolled out locally e.g. patient initiated follow up and opt in services (in line with realistic medicine principles).
- Repatriation programme moved to phase 2 - identifying opportunities to streamline pathways and reduce unnecessary demand for services e.g. via the NECU programme and reviewing patients referred to NHSG for surviellance.
- Audits of patient outcomes are shared within the clinical governance framework eg via the Cancer Lead Team to understand the quality of services and outcomes for patients.

Gaps in Controls

- Service Level Agreement (SLA) annual review with NHS Grampian is incomplete (mutual sign off, completion of the quality framework and KPIs to monitor the effectiveness of the commissioning process).
- There are some risks associated with the review of shared pathways and consideration of alternative models e.g. resilience, logistics, person centred care.
- Growing concerns around funding to support visiting services as SG allocations will be top sliced to support national treatment centres which will reduce funding previously aligned to local service delivery.
- There are some risks associated with capacity in the tertiary centres to deliver visiting services due to gaps in the workforce e.g. OOHs medical imaging, dermatology, max fax etc. This is a worsening picture with TTG breaches starting to be identified in some surgical specialities i.e. ophthalmology, ENT, Max fax, rheumatology.

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
No - No controls have been tested	

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in 07 Nov 2025

Continued fragility in specialist planned care services, particularly those that are delivered by tertiary providers and/or the independent sector.

NHS Shetland Level 4 - Strategic Risk – September 26		Approval Status: Final approval	
Risk ID: 1482 Clinical Governance and Assurance		**Strategic ID: SR09 (1482)**	
Risk Description: **IF:** If we continue with current clinical governance process **THEN:** There is risk of patient harm because of incomplete governance and assurance processes **RESULTING IN:** which results in a poor learning system, repeat safety events and a lack of quality improvement and there is no culture of learning.			
Organisation Objectives • To continue to improve and protect the health of the people of Shetland. • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.		**Risk Appetite -** High (3 - Open) We would be keen to take some risk to change the culture regarding the embedding of good end to end governance and assurance processes.	
Risk Response: Tolerate		**Standing Committee:** **Clinical Governance Committee (CGC)**	
Likelihood: Possible - May occur occasionally, has happened before on occasions	**Consequence:** Moderate	**Current Risk Level & Rating:** Medium Risk **9**	**Risk Owner & Review Date:** Brightwell, Kirsty **31 Mar 2026**
Controls • Establishment of the Clinical Governance Committee • Visibility of a senior clinical post in clinical governance • Re-introduction of the Clinical Governance afternoons • Operational Clinical Governance Group established • Completed the review of the role of JGG to provide a forum for system wide learning • Linking of CG Team into clinical operational CG activity • Board wide support for SIF programme for QI work • Implementation of Performance Monitoring Group for IJB delegated services			
Gaps in Controls • None			
Robustness of testing the controls recorded: (added 26th April 2023)			
Have the Controls Been Tested No - No controls have been tested	**Analysis and Findings of Control Testing**		
Adequacy of Controls: Adequate			
Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk in 13 Oct 2025 Operational clinical governance committee established. Clinical Governance action plan compiled.			

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1354 Capacity for Sustainable Change</td><td colspan="2">Strategic ID: SR12 (1354)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If the Boards limited capacity to oversee change could mean that changes occur in an uncontrolled manner. THEN: Then uncontrolled change could increase risks to patient care as new processes, technology, workforce, or change is implemented without adequate consideration of its impact RESULTING IN: Resulting in disruption to processes, unwarranted variation and untoward or unforeseen events leading to patient harm.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To continue to improve and protect the health of the people of Shetland.
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.</td><td colspan="2">Risk Appetite - Very High (4 - Seek or 5 Mature)

With the greater degree of uncertainty facing the NHS and the historical lack of change we need to take a greater degree of risk than was previously accepted, however this risk appetite is off set by the increased resilience provided by the PMO</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:
Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:

Moderate</td><td>Current Risk Level & Rating:
Medium Risk
9</td><td>Risk Owner & Review Date:
Chittick, Brian
28 Feb 2027</td></tr>
<tr><td colspan="4">Controls
• Implementation of Digital Mindset development across whole organisation
• Sustainment of LEO training across whole organisation
• Evolution of PMO into a more focused planning function Jul 23
• Provision of Service Improvement training available
• Management bundles developed and in place
• Service Improvement resource available to support change programme
• Executive lead for SI identified
• Digital Startegy Framework being drafted tro outline areas of change required to embrace technology to accelerate change
• Strategic Delivery Plan being drafted to map the change required
• Flow of NHSS personnel on to national leadership courses like Leading for Change and Systems Leadership courses</td></tr>
<tr><td colspan="4">Gaps in Controls
• Capacity to create and sustain change space both strategically and operationally</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested
Yes - All controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
</table>

Risk Rationale/Comments: Chittick, Brian reviewed this risk on 3 September 2026

- Project management office now in place to provide a source of support to pace of service changes in the organisation.
- Thirteen waves of the local service improvement course have been completed.
- The number of staff members who have completed the nation training courses on service improvement has increased.
- Central support on sharing best practise and case studies service change adds support.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1471 Workforce</td><td colspan="2">Strategic ID: SR08 (1471)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If NHS Shetland is unable to have sufficient qualified, competent staff to meet existing service delivery plans THEN: Then there is a risk that service provision and the quality of care provided, including existing staff will be negatively impacted RESULTING IN:
Resulting in
- poorer clinical outcomes for patients
- increased waiting times
- impact on the continuity of care
- increase in off-island service delivery
- increase in complaints and claims
- negatively impacting on the health and wellbeing of existing staff, potentially increasing sickness/absence rates
- higher financial costs due to increased used of agency staff to maintain services
- higher recruitment costs due to increased frequency of staff turn over
- reputational damage
- Lack of CPI Violence and Aggression and/or Moving & Handling Stat/Mand training delivery due to limited resilience within the Health & Safety Team</td></tr>
<tr><td colspan="2">Organisation Objectives
• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.
• To provide best value for resources and deliver financial balance.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Very High (4 - Seek or 5 Mature)

Work is ongoing at a national level with relevant Deaneries. It is hoped that the work undertaken in Scotland around pay reform will support individuals seeking to work in Scotland and the work on remote and rural facilitated by Medical Education and the Viking conference will show the benefit of working in remote, rural and island and delivering generic services. The Board is also undertaking a further 2 rounds in 2025 of International Nurse Recruitment to recruit 2 nurses in each cohort to support staffing requirements and maintain service delivery</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Audit & Risk Committee (A&RC),
Finance and Performance Committee (FPC)
Staff Governance Committee (SGC)</td></tr>
<tr><td>Likelihood:
Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:

Moderate</td><td>Current Risk Level & Rating:
Medium Risk
9</td><td>Risk Owner & Review Date:
Hall, Lorraine
31 Oct 2026</td></tr>
<tr><td colspan="4">Controls
• 2025 Workforce plan being developed by managers and Directorates for 2025 with further work progressing to look at 3 year staffing needs</td></tr>
</table>

- Good use of on contract Agency Locums and supplementary staffing as evidenced by Finance and the Liaison Performance Report
- Recruitment of international nurses - positive integration into services. Further two rounds scheduled in 2025
- Increase in the young workforce and apprentices working within the Board
- Positive feedback from career fairs locally that has supported staff in facilities and 2 going to train as AHPs
- Integration of service and financial plans for the workforce plan, being clear around the 3 elements. What is the level of service currently provided benchmarked nationally and at what cost with what levels of staff/ what would the service look like if staffing numbers were in budget and what would a future skilled workforce look like
- Look to continue good outcomes on iMatter around staff understanding their role, support from their teams, recognising their contribution and recommending NHS Shetland as a good place to work, therefore motivation for working with NHS Shetland positive and link to retention
- The Board remains best in class for territorial boards at promoting attendance with good practice being shared with other Boards as part of national 15box grid and supports NHS Shetland as a good place to work (retention) with the recruitment of the new Snr Occupational Health Nurse we will reinfoce wellbeing and look to understand what further activities can be undertaken around mental good health and resilliance
- Reduction by 4% of turnover and work being undertaken on exit process
- Board reports on quality, performance or complaints from a service perspective highlight no issues
- Senior leadership team supporting direction so that staff feel engaged in the organisation
- Varied leadership national portfolio and readiness activities for next level of careers that we are linking in with locally
- Outputs from Speak Up week showing positive movement on culture
- Work by HR and communications on social media advertising to support attraction
- Workforce reports to APF and Staff Governance Committee providing input and narrative around workforce areas
- Wellbeing group
- Locum / agency provision processes well established with reduced costs and increased quality of personnel
- Appraisal system in place to aid in the development of succession planning and retention of staff
- Risk highlighted to NHS Shetland Board and Scottish Government

Gaps in Controls

- External factors outwith our control including reduction in student nurse enrolments
- Increase in the number of resident doctors impacting on existing supporting staff
- Reduction in bursary for all NMAP in Scotland. Changes to university funding
- Low numbers of appraisals impacting on succession planning and retention

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls: Adequate

Risk Rationale/Comments: Hall, Lorraine reviewed this risk in 08 Apr 2026

This risk will remain at medium risk whilst we continue to rely on high cost supplementary staffing.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1489 Business Continuity Plans</td><td colspan="2">Strategic ID: SR10 (1489)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If services/departments do not have business continuity plans in place THEN: Then there is a risk that we will not meet the Board's statutory obligations and in the event of a significant disruptive event, we will fail to deliver essential care to the population of Shetland and the recovery of services after the event will be delayed [BCP risk]
RESULTING IN: Resulting in potentially harm to patients, staff, public; additional costs to the Board; reputational harm. And the post incident scrutiny by Government and regulatory/investigative bodies could lead to adverse impact on reputation of individuals and of the organisation.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To continue to improve and protect the health of the people of Shetland.
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)

Emergency planning / business continuity based on clear processes to minimise risk & reputational damage</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:
Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
Medium Risk
8</td><td>Risk Owner & Review Date:
Laidlaw, Dr Susan
30 Sep 2026</td></tr>
<tr><td colspan="4">Controls
• Electronic BCM system to facilitate the development, management and performance management of BIAs and BCPs in NHS Shetland.
• BC policy approved
• Governance structure reviewed and new processes in place to provide assurance to EMT and Board
• Review and development of service business continuity and recovery plans with an update and review process.
• Membership of Highlands and Islands Emergency Planning Group/Forum.
• Fully engaged with interagency response through Shetland Emergency Planning Forum.
• Reciprocal arrangement for mutual aid across North of Scotland.
• Participation in national and local training and exercising programme.
• Self-assessment against national Standards for Organisational Resilience and Development of prioritised action plan updated in 2022.</td></tr>
<tr><td colspan="4">Gaps in Controls
• BC&R Officer is single handed-fragile service
• Gaps in service business continuity plans.</td></tr>
</table>

- Limited capacity within depts to complete the updating of plans, to train staff in business continuity planning and lack of a formal training needs assessment.
- A number of NHS Shetland plans not exercised and out with their planned review date.
- Lack of surge capacity to cover all roles in a major incident.

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**
Yes - Some controls have been tested	

Adequacy of Controls: Adequate

Risk Rationale/Comments: Laidlaw, Dr Susan reviewed this risk in 08 Apr 2026

- Response to COVID 19 has activated many business continuity plans which require updating in light of lessons learned.
- Response to COVID 19 has reduced capacity to keep plans up to date.
- EU Exit risks are actively monitored drawing capacity from the wider agenda.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1274 Urgent/Emergency/Unscheduled Care</td><td colspan="2">Strategic ID: SR15 (1274)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If there is a patient requiring emergency care on an outer islands of Shetland THEN: There is a risk that patients will experience delays in transfer RESULTING IN: resulting potentially in poorer clinical outcomes and a negative impact on the small teams/individual providing care to outer islands</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)

Risk appetite is being supported by a quality improvement project</td></tr>
<tr><td colspan="2">Risk Response:
Tolerate</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:
Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
Medium Risk
8</td><td>Risk Owner & Review Date:
Brightwell, Kirsty
31 Aug 2026</td></tr>
<tr><td colspan="4">Controls
• Test of change regarding use of health hubs being explored
• First responder training being rolled out in collaboration with SFRS and SAS
• Liaison with local SAS reps to develop remote access to urgent care provided by SAS via NearMe for non-doctor islands
• Liaison between SAS and DCHSC and MD to review first responder models in the outer isle's
• The controls which are in place are owned by the SAS and include:
• Provision of emergency and urgent retrieval by MCA
• Revised protocol circulated (clarity that Jigsaw not available)
• Supporting SAS air cover from Helimed helicopters
• Inter-island flights (during business hours)
• Adverse events and collective learning takes placve via the Ambulance Operational Group
• There is now appropriate representation at Ambulance Liaison Group meeting with a balance between SHB and SAS with regional managers from SAS now involved</td></tr>
<tr><td colspan="4">Gaps in Controls
• Gaps in NDI nursing capability whilst remodelling of island nursing capability takes place and this will affect first responder capability</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested
Yes - All controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing

Further review during Exercise Pegasus (Sept 2025).</td></tr>
</table>

Adequacy of Controls: Adequate

Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk in 10 Feb 2025

The number of times that patients have required urgent retrieval is small (approximately 12-15 transfers per year). However when it is needed it has to happen so this small number is irrelevant. If a patient requires urgent transfer and the timeframe of 3 hours+ does not fit with the patients clinical condition or other factors such as the weather mean that immediate transfer is necessary, then the clinician (GP or Non Doctor Island Nurse) can ask SAS to upgrade the response to an emergency and the Maritime Coastguard Agency (MCA) will provide air retrieval instead. The majority of urgent transfers in 2014 were completed by MCA in any case because the Jigsaw helicopter was unavailable. Based on historical experience and the data available, the likelihood of the MCA or SAS air ambulance resources being unavailable or out of range at the same time in low. In noting this, we don't have any data on the H145 (or previous helicopter airbus models) as they very rarely come to Shetland. In light of the fact that activity levels will always be low it is difficult to quantify the probability of air ambulance or MCA resources being unavailable at the same time and the risk that creates in service provision.
This aircraft is now being shared with the Western isles, Orkney and the North of Scotland so what with weather distance, icing and the possibility of simultaneous missions the likelihood of the H145 being available is not well quantified.

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1275 Paediatrics</td><td colspan="2">Strategic ID: SR03 (1275)</td></tr>
<tr><td colspan="4">Risk Description:
IF: We lack a specialist workforce for very sick children or children who are deteriorating THEN: we are reliant on generalists working with remote support RESULTING IN: the risk of an avoidable adverse event or adverse clinical outcome and leading to difficulties in recruitment and retention of generalist staff</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)

Low risk appetite due to the nature of the patients and the risk to reputational damage. Need to ensure strict risk boundaries and safety netting required.</td></tr>
<tr><td colspan="2">Risk Response:
Tolerate</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:
Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
Medium Risk
8</td><td>Risk Owner & Review Date:
Brightwell, Kirsty
31 December 2026</td></tr>
<tr><td colspan="4">Controls
• Incorporation of the Rural Emergency Physician role and credentialing to support the management of sick children
• Paediatrician and emergency medical physicians recruited to support generalists
• Enduring Paediatric Group established with a network with NHSG
• Establishment of an i-hub to ease access to paediatric care resources for all staff
• Induction in place for Locum and new Senior medical staff
• Targeted training on the management of children in place for new and locum staff
• Decision support from Paediatric Team in Aberdeen (as required).
• National Retrieval Team model (for critically ill patients).
• Paediatric care review (joint discussion of cases by local Consultants, junior doctors and Paediatricians)
• Training in place for clinicians (doctors and nurses) in paediatric resuscitation.
• New obs and gynae workforce model provides dedicated time for training specifically for neonatal care
• A&E consultant rotational post provides expertise and experience in managing sick children
• Program of resuscitation/critical care scenario training established to include children's care</td></tr>
<tr><td colspan="4">Gaps in Controls
• None</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
</table>

Have the Controls Been Tested Yes - All controls have been tested	**Analysis and Findings of Control Testing**
Adequacy of Controls: Adequate	
Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk in 02 June 2026 Not fully recruited to emergency medicine currently. Paediatrician recently recruited, yet to see full impact on service.	

<table>
<tr><td colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1540 Risk of CBRN contamination</td><td colspan="2">Strategic ID: SR18 (1540)</td></tr>
<tr><td colspan="4">Risk Description:
IF: If there is an inadequate response to a Chemical Biological Radiological and Nuclear (explosives) CBRNe incident THEN: Then there is a risk of patients, staff, public and premises being contaminated. There is a potential loss of the entire hospital premises if contaminated. This could have a knock-on effect to the rest of Shetland and an inability to deal with other incidents. [CBRN risk]
RESULTING IN: Resulting in potential morbidity and mortality, loss of services, financial and reputational loss. A knock-on effect to other Shetland services</td></tr>
<tr><td colspan="2">Organisation Objectives
• To continue to improve and protect the health of the people of Shetland.
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)

The inability to successfully deal with a CBRN incident at GBH will potentially halt acute services - this may not be a short term disruption depending on the contaminant.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:
Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
Medium Risk
8</td><td>Risk Owner & Review Date:
Laidlaw, Dr Susan
30 Sep 2026</td></tr>
<tr><td colspan="4">Controls
• Decon response part of Major Incident Plan
• 12 PRPS (Powered Respirator Protective Suits) provided by SG
• 'Dry decontamination' IOR on-line training module available to all staff
• RBCO has attended PRPS Instructor training
• Some staff are trained in the operation of the suits
• Estates test decontamination tent intermittently & make repairs etc
• RBCO Officer trained in managing a CBRN incident
• New training suits have been made available
• Some SG support is being provided to improve overall capacity
• RBCO is developing an Island Model of CBRN response involving partners
• Decon unit has been sourced - awaiting placement at GBH</td></tr>
<tr><td colspan="4">Gaps in Controls
• IOR kits not deployed
• No budget for training and equipment
• No training for incident managers / team leaders at any level as yet
• CBRN plan not yet tested since relocation of wet decon kit
• No on-island SOR trainers - provided by SAS
• No Islands Model that will protect the hospital from decontamination</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
</table>

Yes - Some controls have been tested	This risk does not has a BCP plan as this is part of other BCP plans in place. Tent has been erected, however time taken to assemble the tent took over 1 hour with full staffing and favourable weather conditions. Subsequently out of hour reponses will be challenging and weather could affect assembly time significantly. Recommendation from testing: a) Develop Islands Model where the tent deployed by HMCB. Update by end January 2025 b) Examine the possibility of a fixed structure solution (re-use of existing infrastructure). Discussion to be progress by the end of January 2025. This would mitigate the need to strip individuals in a public space during decontamination which increases the risk of embarrassments and physical harm (hypothermia) as well as reputational damage to the organisation. Currently this is not a viable option until the scoping exercise relating to fixed sites is completed. IOR is the only viable option at this moment in time and progression by January 2025.
Adequacy of Controls: Inadequate	
Risk Rationale/Comments: Laidlaw, Dr Susan reviewed this risk in 08 Apr 2026 The current consequence is slightly reduced due to the above controls. It will not achieve moderate consequence until the gaps are addressed.	

<table>
<tr><th colspan="2">NHS Shetland Level 4 - Strategic Risk – September 26</th><th colspan="2">Approval Status: Final approval</th></tr>
<tr><td colspan="2">Risk ID: 1598 Strategic Financial Management Operation</td><td colspan="2">Strategic ID: SR22 (1598)</td></tr>
<tr><td colspan="4">Risk Description:
IF: operational management issues, which are not in alignment with the Board’s financial planning and performance limits THEN: There is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation in a sustainable long-term basis in-line with our statutory obligations.

1) Failure to achieve our organisational objectives and deliver our outcome targets;
2) The board’s actual expenditure will be greater than resource limits;
3) Implementation of a recovery plan with a likely negative impact on services through cost reduction and voidance;
4) Adverse reputational impact as may be subject to detailed external scrutiny and intervention; and
5) Scottish Government performance risk rating matrix score increases to reflect deterioration in the effective management of resources.

RESULTING IN:
1) If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan
2) Failure to deliver financial targets would result in development of a recovery plan to tackle financial gap.
3) Likely impact of recovery plan on our services will cause deterioration in our performance outcome targets.
4) Recovery plan is likely to impact on some operational delivery. Non-clinical vacant posts would likely be held, reviews of process and services would be undertaken to resize within the available resource limits.
5) Recovery plan is likely to impact on vacancies in clinical posts and possible skill mix reviews of our clinical services to reduce cost to resize within the available resource limits.
6) Would damage the Board’s reputation as an effective healthcare provider with SGHD and with the public.
7) Can lead to Scottish Government direct intervention in the day-to-day operations of the Health Board.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide best value for resources and deliver financial balance., To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - None (0 - Avoid)</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Finance and Performance Committee (FPC)</td></tr>
<tr><td>Likelihood:
Unlikely - Not expected to happen, but definite potential exists</td><td>Consequence:

Minor</td><td>Current Risk Level & Rating:
Medium Risk
4</td><td>Risk Owner & Review Date:
Chittick, Brian
31 Jan 2027</td></tr>
<tr><td colspan="4">Controls</td></tr>
</table>

- Standing Financial Instructions set out the parameters to guide budget holders in their delegated management authority
- Monthly budget management statement to budget holders to aid their role in management of delegated budget
- Management accountants holding meetings with budget holders to aid their role in management of delegated budget
- Directorate team meetings that discuss the directorates financial performance and agree corrective team actions
- Internal audit assignments to identify opportunities for improved governance
- Discussion of the Boards financial performance at Area Partnership Forum so we are transparent with staff
- Executive Management Team discussions on the Board's financial performance and agreeing collective actions
- Financial reports to both the Board and Finance and Performance Committee
- Finance and sustainability group working upon and monitoring delivery of cost reduction programmes and service redesign to deliver savings targets.
- External audit annual review and report to the Directors on the Boards financial and non-financial out comes that includes a management action plan to address areas of weakness
- PECOS User group meetings
- Scottish Government scrutiny via standard financial returns and ad-hoc returns on specific services or through bench-marking performance statistics

Gaps in Controls

- Lack of available training on effective budget management;
- Need to secure training for budget holders to support overall financial governance;
- Effective training on use of systems the board uses such as PECOS, Stores Ordering, SSTS, Optima, eEEs or process for submitting staff termination or change forms;
- Historic inability to manage services within the resources delegated to budget holders for various external reasons;
- Ability to recruit and/or retain key staff to ensure safe and effective services creates gaps in workforce that can cause the use of staff at premium rates above NHS terms and conditions that will result in costs that are higher than the budget allows leading to unfunded cost pressures.

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls: Adequate

Risk Rationale/Comments: Chittick, Brian reviewed this risk in
3 September 2026 - No additional commentary added

15 Jan 2026 - Board's out-turn projections continue to forecast a breakeven position at month 9. This is based upon current expenditure trajectories and expected in year funding allocations for 2025-26.

NHS Shetland Level 4 - Strategic Risk – September 26	Approval Status: Final approval
Risk ID: 1597 Strategic Financial Planning	**Strategic ID: SR21 (1597)**

Risk Description:

IF: inadequate financial planning and performance management integrated through the annual delivery and medium term financial plans **THEN:** there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation in a sustainable long-term basis in-line with section 85

1) Failure to achieve our organisational objectives and deliver our outcome targets;
2) Failure to meet our financial and efficiency savings targets with a detrimental impact on resources available in following years;
3) The board's actual expenditure will be greater than resource limits;
4) Adverse reputational impact as may be subject to detailed external scrutiny and intervention.

RESULTING IN:

1) If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan
2) Failure to deliver financial targets would result in development of a recovery plan to tackle financial gap
3) Likely impact of recovery plan on our services will cause deterioration in our performance outcome targets
4) Recovery plan is likely to impact on some operational delivery. Non-clinical vacant posts would likely be held, reviews of process and services would be undertaken to resize within the available resource limits.
5) Recovery plan is likely to impact on vacancies in clinical posts and possible skill mix reviews of our clinical services to reduce cost to resize within the available resource limits
6) Would damage the Boardâ€™s reputation as an effective healthcare provider with SGHD and with the public. This may lead to direct intervention in the day-to-day operations of the Board.

Organisation Objectives	**Risk Appetite -** None (0 - Avoid)
• To continue to improve and protect the health of the people of Shetland. • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. • To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service. • To provide best value for resources and deliver financial balance. • To ensure sufficient organisational capacity and resilience.	
Risk Response: Treat - plan to reduce level of risk	**Standing Committee:** Finance and Performance Committee (FPC)

Likelihood:	**Consequence:**	**Current Risk Level & Rating:**	**Risk Owner & Review Date:**
Unlikely - Not expected to happen, but definite potential exists	Negligible	Low risk **2**	Chittick, Brian **30 Sep 2026**

Controls

- Creation of an annual delivery plan to set out the goals, targets and outcomes.
- Financial plan setting out investments and the gap to address via efficiency savings plans
- Standing Financial Instructions set out the parameters to guide budget holders in their delegated management authority
- Finance and Performance committee seeking assurance on behalf of the Board through relevant reports to the committee on a quarterly basis
- Finance and Performance committee scrutiny and review of the development of the Annual Delivery Plan and Financial Plan on behalf of the full Board
- Board review and approval of the Annual Delivery Plan and Financial Plan
- Monitoring reports to each Board meeting and public scrutiny of these reports
- External Audit annual review and report to the Directors on the Boards financial and non-financial out comes that includes a management action plan to address areas of weakness

Gaps in Controls

- Plans not being in place prior to start of year may cause uncertainty and delay the implementation of plans to deliver the annual delivery plan.
- Accountability for managing the resources delegated to budget holders

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	**Analysis and Findings of Control Testing**

Adequacy of Controls: Adequate

Risk Rationale/Comments: Chittick, Brian reviewed this risk in 15 Jan 2026

In the Scottish Budget for 2026-27 the allocations announced includes Â£3.8m in NRAC parity funding for Shetland Health Board. This funding will fully eliminate the structural deficit of the Board. As a result Shetland Health Board may be the only territorial Board in Scotland that does not have an underlying structural deficit. Therefore the Board in planning for 2026-27 is currently in a financial sustainable position. Planning for sustainable investment to achieve the Board's three key organisational objectives is possible whilst still delivering the Scottish Government targets on delivering efficiency for NHS Scotland.

NHS Shetland Level 3 - Organisational Risk – September 26	Approval Status: Final approval
Risk ID: 1378 Outdated Policies & Official Documents	**Strategic ID:**

Risk Description:
IF: If policies and official documents and official documents are not regularly reviewed and, where necessary, updated **THEN:** Then NHS Shetland may be directing staff to undertake their duties on the basis of inaccurate information which may also be unlawful. **RESULTING IN:** Resulting in harm to patients/staff and/or regulatory action and/or financial penalty and/or reputation damage.

Organisation Objectives	Risk Appetite - Moderate (2 - Cautious)
• To continue to improve and protect the health of the people of Shetland. • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.	The maintenance of an up-to-date policy environment is a foundational component of good governance. A more open/mature approach to risk is reasonable where a robust and well defined policy framework is in place. A well defined policy framework guides and determines the boundaries of acceptable risk. In the absence of such an environment NHS Shetland will require a more cautious approach to risk.

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	**Finance and Performance Committee (FPC),** Information Governance Group (IGG)

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Almost certain - Expected to occur frequently, more likely to occur than not	Moderate	High risk **15**	Marsland, Mr Colin **31 Oct 2026**

Controls
- NHS Shetland has implemented a 'Framework for Document Development' .
- NHS Shetland maintains and regularly reviews the Document Register at IGSG
- Staff guidance on document management has been published on the intranet.
- Introduction of PolicyStat - policy management platform

Gaps in Controls
- The 'Document Register' is an 'in house' tool that lacks the functionality to properly manage NHS Shetland's official document library.
- NHS Shetland needs an electronic document management system

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	Analysis and Findings of Control Testing
Yes - Some controls have been tested	Repeated requests for documents to be reviewed and updated have not led to significant improvements.

Adequacy of Controls: Adequate

Risk Rationale/Comments: Sam Collier Sewell reviewed this risk
28 July 2026 – While implementation of PolicyStat represents a significant mitigating action, a substantial programme of work will remain following go-live. Many policies and controlled documents will require review, updating and re-publication by document owners before the full benefits of the system are realised. Until this work is completed and compliance with review requirements improves, the underlying risk remains. The

current risk score therefore should remain unchanged, although a reduction may be appropriate once PolicyStat is fully embedded and evidence of improved compliance is available.

03 Dec 2025 - No change to the current score. Score expected to reduce during 25/26 because EMT approved funding for the purchase of a policy management software on 26/02/2025. The software will improve the ease and efficiency of policy development and management. Phased implementation of the product will begin in April 2025.

NHS Shetland Level 3 - Organisational Risk – September 26	Approval Status: Final approval
Risk ID: 1664 Unsafe staffing levels	**Strategic ID:**

Risk Description:
IF: If unsafe staffing levels in acute and specialist nursing services remain **THEN:** then ability to provide services in a sustainable way are at significant risk. **RESULTING IN:** Resulting in poor quality of services to patients and unsafe working practices for staff. Persistent reliance on bank/agency and overtime to maintain minimum staffing. Increased sickness absence and turnover due to workload pressure. Reduced capacity for supervision, training, appraisal, QI and leadership activity. Higher risk of omissions in care and reduced patient experience

Organisation Objectives	Risk Appetite - Low (1 - Minimal)
• To continue to improve and protect the health of the people of Shetland. • To provide quality, effective and safe services, delivered in the most appropriate setting for the patient. • To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service. • To provide best value for resources and deliver financial balance. • To ensure sufficient organisational capacity and resilience.	

Risk Response:	Standing Committee:
Treat - plan to reduce level of risk	**Clinical Governance Committee (CGC), Staff Governance Committee (SGC)**

Likelihood:	Consequence:	Current Risk Level & Rating:	Risk Owner & Review Date:
Almost certain - Expected to occur frequently, more likely to occur than not	Moderate	High risk **15**	Carolan, Kathleen **24 Sep 2026**

Controls

Gaps in Controls

Robustness of testing the controls recorded: (added 26th April 2023)

Have the Controls Been Tested	Analysis and Findings of Control Testing

Adequacy of Controls: Inadequate

Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in 24 Jun 2026

The establishments for the various departments reflected in this risk area are not aligned to the output of the workload tool reports (which triangulate a wide range of data) to set out safe staffing levels and a model for skill mix.
Please see attached documents

<table>
<tr><td colspan="2">NHS Shetland Level 3 - Organisational Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1661 Impact of lift failure at GBH</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: Both hospital lifts fail THEN: We will need to transfer patients on the upper levels and start a phased hospital evacuation with the support of neighbouring hospitals, local emergency planning partners and SAS. RESULTING IN: An evacuation of acute patients from the hospital site and a local major incident being triggered</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)

The failure of the lifts would result in a phased, full evacuation of the hospital</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Hospital Management Team (HMT)</td></tr>
<tr><td>Likelihood:
Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:

Extreme</td><td>Current Risk Level & Rating:
High risk
15</td><td>Risk Owner & Review Date:
Carolan, Kathleen
01 Jun 2026</td></tr>
<tr><td colspan="4">Controls</td></tr>
<tr><td colspan="4">Gaps in Controls</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested
Yes - Some controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing

We have a high level BCP in place to enable triage and decision making based on the predicted timeline for the repair of the failed lift or lifts. Over 80 members of staff have been trained to use equipment to bring patients down to lower levels if needed. Insitu simulations have been run for managing an obstetric emergency in the event of lift failure. We do not have a fully worked through evacuation plan with SAS and local emergency planning partners.</td></tr>
<tr><td colspan="4">Adequacy of Controls: Inadequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in 16 Mar 2026

Whilst we have a BCP to move patients to the ground floor and triage patients for a suitable place of safety and onward transfer - we do not have a clearly defined BCP in place with SAS or local providers in the event that we had to undertake a controlled evacuation. In addition to this, we do not currently have a business case in place to replace the lifts and funding to support the project.</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 3 - Organisational Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1535 Incompete Reviews of IG Documentation</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: If there is insufficient time to conduct effective reviews of DPIAs/DSAs/DPAs. THEN: Then the security of patient and staff data, and/or the contractual obligations of NHS Shetland will not be adequately assessed. RESULTING IN: Resulting in NHS Shetland being legally and/or contractually exposed, and/or experiencing reputational damage, and/or projects/services to improve patient care being delayed.</td></tr>
<tr><td colspan="2">Organisation Objectives
To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.</td><td colspan="2">Risk Appetite - Moderate (2 - Cautious)

Breaches in the security of patient or staff data can have a significant impact on the organisation's reputation, the trust of patients and staff and can result in financial penalty. Anything higher than 'Cautious' is not compatible with the legal obligations placed on NHS Shetland by legislation and NHS Scotland standards.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Finance and Performance Committee (FPC)
Information Governance Group (IGG)</td></tr>
<tr><td>Likelihood:
Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:

Moderate</td><td>Current Risk Level & Rating:
High risk
12</td><td>Risk Owner & Review Date:
Marsland, Mr Colin
28 Feb 2026</td></tr>
<tr><td colspan="4">Controls
The IG Team tracks all DPIA/DSA/DPA requests and attempts to prioritise them.
The IT support the DPIA/DSA/DPA process by completing SSPs and providing information about technical controls</td></tr>
<tr><td colspan="4">Gaps in Controls
Insufficient time for DPO and IG staff to review all the required IG documentation.
IT staff have insufficient capacity to complete the SSP work in a timely manner. This can create DPIA bottlenecks and delays to projects/improvements being implemented.</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested
Yes - Some controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Inadequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Marsland, Mr Colin reviewed this risk in 03 Dec 2025

Risk reduced slightly because the new CRM started in post on 03/02/202. However, this coincides with the retirement of the current Head of IG. The IG function is likely to remain under pressure until the proposed departmental restructuring in 25/26 is completed.</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 3 - Organisational Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1616 Lack of Emergency Lone Worker System</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: If a lone worker is rendered unconscious or otherwise unable to raise the alarm themselves, THEN: Then there is a high risk a lone worker related emergency goes undetected for a protracted period of time. RESULTING IN: Resulting in serious harm, which will be exacerbated the longer it takes to raise the alarm.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</td><td colspan="2">Risk Appetite - High (3 - Open)

Despite completion of the implementation phase of the project, usage of fobs across all Teams is very poor and therefore this risk will remain until improvements in staff usage and cultural changes are embedded to improve fob use for all Community based Teams.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Digital Governance Group (DGG), Health, Safety and Wellbeing Committee</td></tr>
<tr><td>Likelihood:
Possible - May occur occasionally, has happened before on occasions</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
High Risk
12</td><td>Risk Owner & Review Date:
Hall, Lorraine
30 Oct 2026</td></tr>
<tr><td colspan="4">Controls
• Current controls are informal in nature and individual to community based services</td></tr>
<tr><td colspan="4">Gaps in Controls</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested
Yes - All controls have been tested</td><td colspan="2">Analysis and Findings of Control Testing

PeopleSafe Lone Worker Fobs are tested as they are issued to staff as part of their training in how to use the fobs. Usage of the Fobs can be monitored by the H&S Team, and further support provided to staff as required until the system is fully embedded.</td></tr>
<tr><td colspan="4">Adequacy of Controls: Adequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Hall, Lorraine reviewed this risk in 10 Jul 2026

All Community based Departments with Lone Working staff have completed and returned the majority of their registration forms (95% completed). Remainder of staff (5%) are at higher risk.</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1259 Medical Staffing</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: If we fail to successfully recruit to and support the senior medical team (Consultants, GP) to manage the complexity of demand THEN: Then there is a risk of continual reliance on a temporary workforce RESULTING IN: resulting in financial sustainability and inability to progress education and learning and service development.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service.
• To provide best value for resources and deliver financial balance.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - High (3 - Open)

Due to dependency on locum and related financial pressure, we need to be more innovative in recruiting and retaining the medical workforce.</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC)</td></tr>
<tr><td>Likelihood:
Likely - Strong possibility that this could occur, likely to occur</td><td>Consequence:

Major</td><td>Current Risk Level & Rating:
High risk
16</td><td>Risk Owner & Review Date:
Brightwell, Kirsty
30 October 2026</td></tr>
<tr><td colspan="4">Controls
• Engagement with national strategies to enhance recruitment in remote and rural settings.
• Primary Care strategy will ensure as robust a model as possible.
• Regular meetings with Scottish Government medical workforce advisers
• ANPs undertaking triaged primary care clinics at weekends commenced February 2017
• Clinical development fellow was created and recruited to from December 2017.
• Consultant physician - Consultants currently on fixed term locum contracts
• Using the lessons from the success of the GP Hub and transposing the project into acute sector
• National Recruitment process used for recruitment of Consultant psychiatrist
• NHS Shetland becoming host Board for new GP hub
• Using the lessons from the success of the GP Hub and transposing the project into acute sector
• Engagement with the Global Health Academy to work in collaboration in exploiting global citizenship opportunities to recruit
• Collaborating with NES on fellowship posts
• Utilising Rural Credential route for engagement of General Medical workforce
• Engage with Remte, Rural & Islands Task and Finish work
• Engage with subnational planning</td></tr>
<tr><td colspan="4">Gaps in Controls
• Failure of the national recruiting process to fill all junior doctor posts
• Inability to influence the national picture of consultant shortages across many specialities</td></tr>
</table>

• Difficulty in training other professionals to fill gaps in workforce	
Robustness of testing the controls recorded: (added 26th April 2023)	
Have the Controls Been Tested Yes - Some controls have been tested	**Analysis and Findings of Control Testing** We can work safely with non-consultant grades providing 1st on cover with consultants available as required.
Adequacy of Controls: Adequate	
Risk Rationale/Comments: Brightwell, Kirsty reviewed this risk in 01 June 2026 Review of current workforce skills and needs suggests recruiting to traditional consultant full time posts is unlikely to result in a sustainable team.	

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1669 High number of Caesarean sections</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: If this trend continues THEN: We will need to review how we work as a team (Consultants and Midwives) to ensure that we can provide safe, post natal/post operative care RESULTING IN: If we do not take action, we have reduced capacity to undertake gynaecology procedures (including urgent procedures) as they are booked into the same theatre session. We will need to look at how we can decouple obstetric and gynaecology pathways as well as review the increase in CS numbers.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.</td><td colspan="2">Risk Appetite - High (3 - Open)

CS needs to be performed in a time critical manner. We can, where able schedule procedures in advance, however when demand exceeds capacity, then it is the impact on other services that is of concern, particularly gynaecology.</td></tr>
<tr><td colspan="2">Risk Response:
Tolerate</td><td colspan="2">Standing Committee:
Clinical Governance Committee (CGC),
Department (Own)</td></tr>
<tr><td>Likelihood:
Almost certain - Expected to occur frequently, more likely to occur than not</td><td>Consequence:

Moderate</td><td>Current Risk Level & Rating:
High risk
15</td><td>Risk Owner & Review Date:
Carolan, Kathleen
22 Aug 2026</td></tr>
<tr><td colspan="4">Controls
• Discussed with the elective access team re ensuring we are able to offer timely procedure
• Ensuring adequate staffing in the department to provide care
• Review of activity to forward plan and book procedure when a decision is made</td></tr>
<tr><td colspan="4">Gaps in Controls
• Potential for consultant job plans to need reviewing
• Potential for the need for compensatory rest that compromises other activity
• Risk for deskilling midwives if the number of spontaneous births declines</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Inadequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in 22 May 2026

With the increased numbers of CS we are limited to where and when we are able to safely do the procedures. We have, this week taken slots on surgical lists, opened an emergency theatre and needed to cancel a gynae clinic to accommodate the demand</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1665 Low levels of mandatory training</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: If staff are not adequately training, within their contractual hours THEN: then they cannot deliver safe, high quality care to the patients they serve. RESULTING IN: Resulting in increased risk of clinical incidents related to incomplete training, reduced assurance against statutory/mandatory requirements and internal governance standards, increased likelihood of adverse findings in audit, inspection, internal review, or external assurance, increased pressure on teams and managers responding to non-compliance escalations. The workforce impact is decreased morale and increased turnover due to inability to access development.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient.
• To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)</td></tr>
<tr><td colspan="2">Risk Response:
Treat - plan to reduce level of risk</td><td colspan="2">Standing Committee:</td></tr>
<tr><td>Likelihood:
Almost certain - Expected to occur frequently, more likely to occur than not</td><td>Consequence:
Moderate</td><td>Current Risk Level & Rating:
High risk
15</td><td>Risk Owner & Review Date:
Carolan, Kathleen
24 Sep 2026</td></tr>
<tr><td colspan="4">Controls</td></tr>
<tr><td colspan="4">Gaps in Controls</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td colspan="2">Have the Controls Been Tested</td><td colspan="2">Analysis and Findings of Control Testing</td></tr>
<tr><td colspan="4">Adequacy of Controls: Inadequate</td></tr>
<tr><td colspan="4">Risk Rationale/Comments: Carolan, Kathleen reviewed this risk in 24 Jun 2026

It has been calculated that the protected learning time available does not match the mandatory training requirements staff must undertake
Outputs of workload tools identify insufficient time in acute and specialist rotas for mandatory or role specific training.</td></tr>
</table>

<table>
<tr><td colspan="2">NHS Shetland Level 2 - Directorate Risk – September 26</td><td colspan="2">Approval Status: Final approval</td></tr>
<tr><td colspan="2">Risk ID: 1612 Medicine Cost Instability</td><td colspan="2">Strategic ID:</td></tr>
<tr><td colspan="4">Risk Description:
IF: External to system factors influencing the cost of medicines continue to exist and vary THEN: NHS Shetland will find increasing pressure on limited resource for medicines, and will need to revise planning assumptions for budgeting for medicines costs RESULTING IN: Displacement of resource for use in other areas, increasing pressure on savings targets and compounding financial risk.</td></tr>
<tr><td colspan="2">Organisation Objectives
• To provide quality, effective and safe services, delivered in the most appropriate setting for the patient., To provide best value for resources and deliver financial balance., To ensure sufficient organisational capacity and resilience.</td><td colspan="2">Risk Appetite - Low (1 - Minimal)</td></tr>
<tr><td colspan="2">Risk Response:
Tolerate</td><td colspan="2">Standing Committee:
Area Drugs and Therapeutics Committee (ADTC), Department (Own)</td></tr>
<tr><td>Likelihood:
Almost certain - Expected to occur frequently, more likely to occur than not</td><td>Consequence:
Moderate</td><td>Current Risk Level & Rating:
High risk
15</td><td>Risk Owner & Review Date:
McDavitt, Tony
31 Mar 2026</td></tr>
<tr><td colspan="4">Controls
• Financial Monitoring: Regular monitoring of medicine expenditure against the allocated budget is conducted through monthly financial reporting to identify and flag significant variances early.
• Formulary Management: The Pharmacy Team and Area Drugs and Therapeutics Committee (ADTC) actively influences the local use of medicines and where possible promotes the most cost-effective, clinically-appropriate prescribing choices.
• National Procurement Adherence: We utilise national procurement frameworks and contracts negotiated by National Services Scotland (NSS) to ensure we benefit from national purchasing power - with assurance internally of acute procurement.
• Prescribing Efficiency Programmes: Ongoing delivery of prescribing initiatives (e.g., scriptswitch, targetted switches, generic switching, reducing waste) among clinicians to optimise the use of resources within our control.</td></tr>
<tr><td colspan="4">Gaps in Controls
• Unable to influence the market price of medicines. NHS Shetland has no control over national drug tariff agreements, manufacturer pricing, or international supply chain costs.
• NHS Shetland has to work within the existing Scottish framework for medicines access as set by Scottish Government and ministers.</td></tr>
<tr><td colspan="4">Robustness of testing the controls recorded: (added 26th April 2023)</td></tr>
<tr><td>Have the Controls Been Tested</td><td colspan="3">Analysis and Findings of Control Testing</td></tr>
</table>

NHS Shetland Level 2 - Directorate Risk – September 26	Approval Status: Final approval
Risk ID: 1612 Medicine Cost Instability	**Strategic ID:**
Adequacy of Controls: Inadequate	
Risk Rationale/Comments: McDavitt, Tony reviewed this risk in 11 Sep 2025 This risk is driven entirely by external factors beyond the control of NHS Shetland. These include, but are not limited to: 1-National and international inflation. 2-Fluctuations in the cost of raw materials for drug manufacturing. 3-Complex supply chain issues (impacted by Brexit and global events). 4-Changes to national purchasing agreements and drug tariff pricing. 5-Introduction of new therapeutics through SMC approval for use in Scotland and broadening use of existing therapeutics in new indications (GLP1s for example in weightloss) As NHS Shetland is a price-taker within the national system, we cannot influence the source of this cost instability. The Likelihood remains 'Almost certain' due to persistent economic volatility. The 'Moderate' Consequence is also still appropriate, as unbudgeted price increases directly impact our ability to meet savings targets and can displace resources from other planned services. Therefore, the risk rating of 15 (High) remains accurate. This risk should be maintained on the register to ensure a clear and ongoing view of this significant, externally-driven financial pressure.	

Directorate Details

Directorate

Profile Totals	0	2	14	1	Total 17
Changes					0 0

Total Risks including Unassigned 17

0	1	3	1	0
0	0	3	3	0
0	0	2	4	0
0	0	0	0	0
0	0	0	0	0

Risk Register - Community Health and Social Care Services

Manager Jo Robinson

Profile Totals	0	2	14	1	Total 17
Changes					0 0

Total Risks including Unassigned 17

0	1	3	1	0
0	0	3	3	0
0	0	2	4	0
0	0	0	0	0
0	0	0	0	0

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Budget insufficient to provide services required Query regarding whether the budget is sufficient to provide the level of service required for communities across Shetland. There is growth in size and complexity of need on some service areas. The budget could be adequate if the NHS and SIC could employ sufficient numbers of the right staff in the right places to deliver services. However, staff and accommodation shortages, difficulty in recruiting and the ongoing use of agency staff present an almost insurmountable challenge to delivering services within the current budget envelope.	Professional - Other	Jo Robinson	EM0060	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Current budgets include pay awards but vary across services. Govt prevents budget cuts while services depend on more expensive staff. Increasing levels of need and complexity Inflation means that funds are worth less, combined with service delivery relying on more expensive staff Service redesign, shifting the balance of care Inability to recruit substantive staff	Budget is not sufficient for services, service redesign is resource-intensive and places additional demands on fragile services Service scope and quality may suffer or be sub-optimal	• **A range of measures are required -** Service redesign Continue recruitment campaigns Grow and develop staff in-house *Jo Robinson*	Planned	Very High 20 Major Almost Certain	

Review Comments Risk remains extant *Budget insufficient to provide services required* Query regarding whether the budget is sufficient to provide the level of service required for communities across Shetland . There is growth in size and complexity of need on some service areas. The budget could be adequate if the NHS and SIC could employ sufficient numbers of the right staff in the right places to deliver services. However, staff and accommodation shortages, difficulty in recruiting and the ongoing use of agency staff present an almost insurmountable challenge to delivering services within the current budget envelope.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
MANDATORY TRAINING & MEETING MINIMUM PROFESSIONAL STANDARDS We need to ensure we have an appropriately trained and skilled workforce for service provision . Services require staff to adhere to professional standards and to have the appropriate professional training . Key staff across services are required to hold and maintain , and to adhere to professional standards and registration. Staff are also required to undertake mandatory training for their role (eg manual handling).	Professional - Other	Jo Robinson	EM0052	22/10/2025	22/10/2026

Risk Register - Community Health and Social Care Services

The benefits from training initiatives - improved outcomes, decreased risk to clients/patients.

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Increased locum utility to acquire the skill set for service provision Operational pressure to deliver services means staff cannot be freed up to attend mandatory or professional training leading to skills gap	Adverse events and complaints due to unskilled workforce risk being realised Poor health and care outcomes Staff and service registration risks	• **Training, professional standards supported and monitored. Both NHS and SIC** have Workforce Strategies in place and those are actively considered in partnership with HR service (SIC) and with NHS. Succession planning will be implemented for all small teams. Workforce profiling should be carried out to identify services which may be particularly vulnerable Engagement with training in both SIC/NHS Services. *Jo Robinson* • **Budget setting takes account of training requirements for teams** Budget setting should take account of training requirement for staff so that staff can be safely released from front line duties in order to attend training. *Jo Robinson*	Planned Implemented	High 16 Major Likely	

Review Comments Risk remains extant MANDATORY TRAINING & MEETING MINIMUM PROFESSIONAL STANDARDS We need to ensure we have an appropriately trained and skilled workforce for service provision . Services require staff to adhere to professional standards and to have the appropriate professional training . Key staff across services are required to hold and maintain , and to adhere to professional standards and registration. Staff are also required to undertake mandatory training for their role (eg manual handling). The benefits from training initiatives - improved outcomes, decreased risk to clients/patients.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
OOHs care - service sustainability Delegated Services are required to provide consistent, high quality, sustainable out of hours care and to respond to the needs of the community. Inability to provide consistent, high quality, sustainable Out of Hours Care means there is an inability to respond to need in the community.	Strategic priorities wrong	Jo Robinson	EM0021	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Shortage of staff, shortage of sustainable services - workforce challenges/ unique posts Demands on finite resources.	Shetland community at risk Failure to provide quality, effective and safe services, delivered in the most appropriate setting for the patient/client	• **ANP Out of Hours model is now in place to increase sustainability** ANPs now undertaking Out of Hours cover along with some GPs. Service much more sustainable. Assurance report to IJB provided. *Jo Robinson* • **Local Urgent Care Programme established** UC programme formed for Shetland services in collaboration with NHS Planning and Performance Team. To review service capability to sustain Urgent Care as well as connections with key stakeholders eg SAS/Third Sector. Awaiting feedback on funding bid. *Jo Robinson*	Implemented Planned	High 16 Major Likely	

		• **Mental Health have implemented a Planned Clinic at weekends** This has reduced the amount of out of hours calls to the MH health service meaning that need is met in a more planned way *Jo Robinson*	Implemented
		• **Walk in GP clinic** Walk in clinic to be launched at weekends only initially , to be rolled out to evenings in due course. Ability to seek assistance during the day should relieve pressure on out of hours services *Jo Robinson*	Planned
		• **Hospital at Home and Frailty projects underway** Hospital at Home and the Frailty programme supports people to obtain care in the right place at the right time in a planned way and should therefore reduce the requirement for out of hours services including emergency respite. *Jo Robinson*	Implemented

Review Comments Risk remains extant *OOHs care - service sustainability* Delegated Services are required to provide consistent, high quality, sustainable out of hours care and to respond to the needs of the community. Inability to provide consistent, high quality, sustainable Out of Hours Care means there is an inability to respond to need in the community.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Service demand pressure increasing risk of professional errors/adverse events Services operate within a complex legislative, contractual and compliance environment. Clients/ patients are many and varied in age, vulnerabilities often with complex needs. There is risk that due to resource and/or system pressures, a professional error or omission can occur. These will include medication administration errors and the escalation of risk or incident safety reporting.	Professional Errors and Omissions	Jo Robinson	EM0034	21/08/2026	21/02/2027

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Variety of potential triggers: A lack of, or inappropriate training, communication failure, poor assessment of need. Excessive hours worked by staff, lack of breaks Insufficient leadership/ management capacity	Failure to act appropriately with relation to Adult and Child Protection issues, harm or an adult or child, Duty of Candour activity, complaints, action by professional body/ HSE/ local authority/ govt, reputational damage, staff stress, civil claim	• **Monitoring by professional and service leads re skills,training and capacity.** Staff training plan developed each year for each service and PDPs for each individual NHS member of staff. Review should take place at supervision that individuals have undertaken appropriate and mandated training for role *Jo Robinson*	Planned	High 16 Major Likely	
		• **System wide learning from adverse events** Wide range of governance fora to take learning from adverse events. This includes DTM, H&S Forum, JGG and HSCP Learning Board CPOG provides opportunity for clinical and operational pressures to be reviewed *Jo Robinson*	Implemented		
		• **Clinical and Professional Oversight group is in place** Service pressures and risks are reported to CPOG on a two weekly basis. Issues are discussed and solutions devised where possible. *Jo Robinson*	Planned		

		• **Business Continuity Plans are in place** BCPs are in place and tested via NHS and SIC. *Jo Robinson*	Implemented
		• **Safer staffing tools** Safer staffing tools are used where they exist for appropriate areas of the workforce. *Jo Robinson*	Implemented

Review Comments Reviewed at CHSC Strategic meeting. MG
21/08/2026

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Ineffective use of time due to system and process constraints Failure of information governance, over-governance - task duplication Systems and procedures of each organisation do not align and connect	Change management failure	Jo Robinson	EM0046	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Integration, change to a more joined- up way of working, need to integrate disparate systems and processes. Digital systems/ software is not aligned - service pressures mean it continues to be challenging to find adequate time to work towards aligning those systems.	Duplication or triplication of tasks to satisfy requirements of the Council, Health Board and IJB. In some instances, current requirements still do not allow for single reporting.	• **Agreement for lead organisation for functions or on use of one template and/or system.** Clinical and care governance review completed in 2022 to align joint/partner's governance meetings to try and duplication of effort. Ongoing work between IT departments to create solutions for better sharing and exchange of information. *Jo Robinson*	Planned	High 15 Significant Almost Certain	
		• **Officers across council and Board are continually looking for more efficient ways of working to eradicate duplication** Early consideration of integrated ways of working in all new project work/procurement processes *Jo Robinson*	Implemented		
		• **Commitment from NHSS and SIC to formulate INformation Sharing Agreement** Information Governance Officers have formulated a joint IG/Info sharing framework to allow easier flow of information across HSCP *Jo Robinson*	Implemented		
		• **Shetland Health Intelligence Platform now in place** Platform to bring together information from different NHS sources now in place and delivering information to inform strategy, planning and working practices. Plan that this will include data from Mosaic (new Social Care Information system) in future *Jo Robinson*	Implemented		

Review Comments Risk remains extant - some new developments, e.g. around system security, increase the difficult of joint working *Ineffective use of time due to system and process constraints* Failure of information governance, over-governance - task duplication Systems and procedures of each organisation do not align and connect
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date

Risk Register - Community Health and Social Care Services

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Dental - inadequate funding for service model to meet demand The Public Dental Service in Shetland has insufficient staffing resource to provide both PDS and GDS care. Dental services funding has not increased in line with inflation and/or costs of providing service. It is difficult to attract candidates to positions in Shetland - there are barriers in terms of cost of getting here and accommodation scarcities. Ongoing staff shortages mean that dental services have a lack of capacity; dental services are operating on an 'urgent-only' footing with no routine check-ups and treatment being scheduled.	Customer / Citizen - Other	Jo Robinson	EM0055	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Any resignation or vacancy. Any demand or need. Decreasing participation rates	Inability to deliver sustainable, cost effective and affordable dental services; Poor access to treatment and preventative services, a failure to prevent deterioration or harm Increase in complaints Decline in key target areas like National Dental Inspection Programme.	• **Development of Oral Health Strategy** Development and implementation of oral health strategy to define clear direction of travel and define sustainability of both PDS and GDS service provision. *Jo Robinson* • **Close liaison with Scottish Government to shape services to national strategy** DoD linked into National Strategy and associated funding streams both via National DoDs group and individual links via CDO's Office *Jo Robinson*	Planned Planned	High 15 Significant Almost Certain	

Review Comments Risk remains extant *Dental - inadequate funding for service model to meet demand* The Public Dental Service in Shetland has insufficient staffing resource to provide both PDS and GDS care . Dental services funding has not increased in line with inflation and/or costs of providing service. It is difficult to attract candidates to positions in Shetland - there are barriers in terms of cost of getting here and accommodation scarcities. Ongoing staff shortages mean that dental services have a lack of capacity ; dental services are operating on an 'urgent-only' footing with no routine check-ups and treatment being scheduled.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Delayed Discharges Lack of suitable place or appropriate wider care support provision to support identified care need, means patient may be kept in hospital for longer than is required.	Medically/clinically related	Jo Robinson	EM0002	24/04/2026	01/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Patient's hospital medical care has been completed, patient is deemed ready to be moved to a more appropriate care setting. No place available in other care setting, lack of adequate care at home or other services to support patient in move to more appropriate care setting.	Vulnerable and mainly older people face longer stays in hospital, brings risk of deconditioning, functional decline, HAI. Pressure on Social Work and care to find appropriate placement within Community Care Resources. Patient is not in best setting for their needs, relatives potentially distressed, poorer outcomes for patient. Failure to meet key performance indicators. Failure to comply with objectives and targets.	• **Resources in place and working effectively, including an increase in intermediate care provision.** Whole system approach to reducing bottlenecks in pathways. Focus on reablement across services. Daily monitoring of capacity across health and care. The overnight carer service has assisted with managing this risk. *Jo Robinson* • **Use of locality meetings to anticipate flow from hospital back into community** Regular locality meetings where discharge information is discussed to help the locality MDTs manage and anticipate needs for individuals being repatriated back into their communities. *Jo Robinson*	Implemented Implemented	High 15 Significant Almost Certain	

		• **Clinical and Care Professionals Oversight Group established** Weekly meeting of a professional groups to consider locally derived data as an indicator of system pressures/areas of blockage and to discuss potential solutions to help flow within the system *Jo Robinson*	Implemented	
		• **Review of CCR resources is underway as part of Sustainable Models of Adult Social Care Programme** Including Residential, planned and emergency respite, daycare, domestic care and meals on wheels to ensure balance of service is appropriate to meet current and future challenges. This is being undertaken as part of Sustainable Models of Adult Social Care Programme which is due to present Outline Business case to IJB and Council in September 2026 *Jo Robinson*	Planned	
		• **Hospital at Home now in place and Frailty Programme underway** Shetland Health Intelligence Platform also in place ensuring early identification of frailty and appropriate review/ management of long term conditions. *Jo Robinson*	Planned	

Review Comments Review remains extant. Control measures have been updated
24/04/2026

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Failure to meet savings targets and/or Overspend on set budget NHS Shetland and the SIC are each required to set a balanced budget. Community Health and Social Care Services are provided partly by SIC and partly by NHS following Directions issued by the IJB The NHS and SIC face significant challenges in achieving the savings they are required to deliver. Savings plans are only deliverable over a longer time period than that required to meet in year targets Deliverable savings plans fall short of in year and longer term targets We continue to set annual budgets that are difficult to achieve .	Budget control failure	Jo Robinson	EM0058	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Service need, a lack of change to the extent which is required to deliver the savings needed. Government does not fund the gap between budget and actual. Non-recurrent budget allocations	Overspend, NHS has to borrow to cover overspend, SIC has to draw down from reserves, both organisations are in unsustainable financial positions. Reactive funding and non-reoccurring funding makes sustainable change difficult and can mean impact on services, services are cut; People can't access the health or care services they require, poorer health outcomes; Government challenge; Reputational damage;	• **Realistic budget setting is required.** Good engagement with financial planning and accountancy colleagues to ensure budgets are realistic Directions should be realistic about resources required to deliver Creation of workforce plans and service plans *Jo Robinson* • **Director level approval for agency/locum utility** Approval required for agency locum and to ensure all alternatives exhausted before agency is used as a last resort. *Jo Robinson*	Planned Implemented	High 12 Major Possible	

		• **Service Planning and Future proofing of services** Forecasting of demographics - *Jo Robinson*	Planned	

Review Comments risk remains extant *Failure to meet savings targets and/or Overspend on set budget* NHS Shetland and the SIC are each required to set a balanced budget. Community Health and Social Care Services are provided partly by SIC and partly by NHS following Directions issued by the IJB The NHS and SIC face significant challenges in achieving the savings they are required to deliver . Savings plans are only deliverable over a longer time period than that required to meet in year targets Deliverable savings plans fall short of in year and longer term targets We continue to set annual budgets that are difficult to achieve.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
OpenReach are working on a programme of switching off all analogue telephony services . This will affect phones, but also things like the community alarms which older folk wear, monitoring systems such as fire and intruder, fax machines, some chip and pin machines. It is an issue for the Council, the wider business community, and the public. Work has already started with some areas already completely switched over to digital. Shetland, being at the end of the road, so to speak, it is likely that we will be nearer the end of 2025 cut over date, but we need to start planning. Significantly, although at the moment if there is a power cut, the analogue standard home phone (and anything else such as personal alarms which use this technology) does not require power to continue to operate, this will cease be the case. Ofcom have produced a report recommending that Telecoms providers provide some sort of battery backup/UPS for 'vulnerable customers', but with no guidance as to how vulnerable is defined. Also, the recommendation is for a one hour capability, but as we know if the power goes out in Shetland the duration can be considerably longer than this. Mitigation will be replacing/modifying the systems we have so that they work over the internet; perhaps liaising with the community to ensure that any social care applications are catered for. The risk is that either we miss something critical and don't realise it has stopped working until something bad happens, or that we identify something that cannot work in an alternative fashion and therefore need to spend resources 'fixing' the problem.	Change management failure	Jo Robinson	EM0062	16/01/2026	16/07/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Services identify a critical system which is cannot be switched over to digital. From the point of switch-off: Any system which was previously reliant on analogue telephony, or technology fails, and battery back-up is insufficient for the demand placed upon it.	Staff identify something that cannot work in the alternative fashion - time and resources are required to find alternative solutions which will work and are resilient. Systems are not resilient, are more prone to failure particularly in the face of certain events such as an extended power cut. No recognition that a system has stopped working until something bad happens, situation deteriorates/ harm is exacerbated or continues for a longer period of time because it is not detected. Cost and time implications, impact on services, impact on service users. Vulnerable and remote/ rural service users may be at increased	• **ICT Project in place to review BT lines and address any identified issues** Openreach/BT analogue to digital work extended to January 2027. ICT project underway, to ensure that disruption caused by the removal of the PSTN is minimised. - Health and Social Care directorate are running their own project for Digital Telecare, to ensure continuation of their services following the digital switchover. - Estate Operations are running a separate piece of work that will ensure communications in Lifts is updated to be resilient in the event of a power outage, as analogue lines can no longer be used. This will install 2G/4G enabled mobile comms into SIC managed Lifts. *Jo Robinson*	Implemented	High 12 Major Possible	

	risk should a system fail.	• **Stakeholder engagement with Openreach and Telecom Providers** Regular monthly meetings of the Scottish Stakeholders group to discuss challenges and to share solutions. Following closely with the implementation of the UK charter to protect vulnerable customers throughout the switch off process . Providers will provide to vulnerable customers battery backup solutions lasting at least 8 hours, with emergency communications available for days following an extended power cut. *Jo Robinson*	Planned	

Review Comments Openreach Analogue to Digital switchover move with target completion of January 2027. Ongoing work from services progressing to minimise the impact to the Council from the digital switchover, like the Social Care Telecare Project, and work from Estate Operations on lifts, alarms, etc. Council actively engaging with BT and Openreach with the Digital Switchover Scottish Forum , to discuss challenges for residents and potential solutions for in the event of a power cut.
16/01/2026

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
HSCP wide - recruitment and retention Recruitment difficulties across health and social care . This varies but current areas of concern are Dietetics, Podiatry, Social Care, Psychiatrists, GPs, Dentists, Mental Health Officers and experienced Social Workers. Poor recruitment puts strain on existing staff which can lead to decreased retention . It also challenges the ability to develop services to make them more attractive to applicants.	Staff number/skills shortage	Jo Robinson	EM0014	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Failure to recruit staff with the right skills and in sufficient numbers to meet the health and care needs of the population	Inability to maintain service delivery particularly in some professions and specialisms, Shetland community put at greater risk due to reduced/lack of services, Use of agency/ locum staff with associated costs including travel and accommodation. Gaps in local knowledge Requirement to focus more time and resource on induction, training and knowledge of local policies and procedures Lack of continuity or care Government/ external funding can be at risk if certain posts are not appointed to	• **Work closely with both HR departments on recruitment and retention. Schemes developed to attract people to health and care** work. SIC and NHS each have workforce strategies and are engaging with Promote Shetland to explore opportunities. Review of and use of innovative recruitment methods ongoing in Social Care. Grow your own has been undertaken in Adult Social work around SW and MHOs . Recruitment of MAs to help grow our own talent in social care Wider range of roles developed in Mental Health Service e.g. Band 3 undertaking CPN training. Workforce planning undertaken as required *Jo Robinson*	Implemented	High 12 Significant Likely	
		• **Continued redesign of services to make the best use of existing and projected workforce as well as technological solutions** Individual change plans are detailed in Directions from the IJB to NHS and SIC Hospital at Home, Frailty Programme and Sustainable Models of Adult Social Care are all underway and being implemented to make best use of exiting and projected workforce. Change plans are also aimed at prevention where possible to reduce need for increased workforce in future Technological solutions being implemented where possible *Jo Robinson*	Planned		

		• **Clinical and Professional Oversight group** Group monitors pressures and risks on a two weekly basis, ensuing that protective action is undertaken where possible to relieve strain on particular areas. *Jo Robinson*	Implemented	

Review Comments Risk remains extant. Some success in recruiting to some posts but significant reliance on agency staff *HSCP wide - recruitment and retention* National workforce pool is depleted in some specialities meaning recruitment is more difficult. Inability to recruit to key posts and to retain staff Difficulty in ensuring sustainable provision of services and retention of skills in small and remote communities. Exacerbated by single / unique posts Reluctance of Rediscover Joy GP pool coming to Shetland due to HR /finance issues. Various steps already taken to address including: • Business Continuity Plans have been updated including primary care escalation plan • Workforce strategy developed as part of the Direction planning • New Directions planning framework introduced which covers all functional areas and which highlights areas of risk to be controlled • Test of change for new models of workforce recruitment have been trialled with success • Implementation of Urgent Care pathways including SDEC and PCEC • Review of system wide Urgent Care pathways just underway supported by PMO • Engagement with PMO to revisit PCIP • Regular operational huddles across HSCP and with Acute sector to forecast system stress as required
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
*Inadequate staffing levels to meet service and governance requirements * Current staffing establishment inadequate to cover service demand and meet local and national commitments especially in pinch point areas like Consultant Psychiatrists/CPNs/Speech and Language Therapy.	Staff number/skills shortage	Jo Robinson	EM0056	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
If agreed staffing establishment is inadequate to meet need	Service unable to met need/clinical demand Increased adverse events There may be a need to utilise agency staff which creates financial imbalance and can increase risk of lack of consistent approach/ engagement in service development	• **Workforce planning takes account of level of current and projected need** As above - this should ensure that work is undertaken to assess how need can most efficiently be met, supporting the development of appropriate business cases/ development of evidence. *Jo Robinson* • **Business case/ development of evidence to support need** Services ensure good data collection/ analysis and reporting of pressure areas to ensure that they have appropriate evidence to support need for increased establishment of staff *Jo Robinson*	Planned Planned	High 12 Significant Likely	

Review Comments Risk remains extant *Inadequate staffing levels to meet service and governance requirements * Current staffing establishment inadequate to cover service demand and meet local and national commitments especially in pinch point areas like Consultant Psychiatrists/CPNs/MHOs. Government/external funding at risk for certain posts if not appointed to. Widespread utility of agency staff in Adult Services and CCR to maintain safe service provision. Also agency/ locum staff being used in MH services. Professional understanding is that 15% agency staff or above, presents a significant risk.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
*Mental Health service model reliant on few critical posts, difficulty adding robustness in small system * The provision of a wide range of mental health services within a small system with current workforce pressures creates resource issues and can impact on service performance, quality, risk profile and financial performance.	Staff number/skills shortage	Jo Robinson	EM0031	29/04/2026	29/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating

Risk Register - Community Health and Social Care Services

Dependency on locum workforce, unique posts/ small services Lack of capacity to progress governance frameworks Any event which impacts on staff levels, vacancy	Inability to deliver cost-effective, safe Mental Health Service, impact on patients, financial cost, clinical governance gaps/risk, reputational damage	• **Following internal and external audits and Whistleblowing investigations, there are action/improvement plans in place** Significant whistleblowing investigation has also indicated significant improvements required. These are now being implemented by the head of Service and are being monitored through Clinical Governance Group *Jo Robinson* • **Implementation of CG Framework** New CG framework was approved by MH Exec Management Group in Feb 23. This will be taken to further staff groups for comment and implementation *Jo Robinson*	Implemented Planned	High 12 Major Possible

Review Comments As below, but a separate risk is being developed via Datix, so these needs to be reviewed and merged.
29/04/2026

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Business Continuity Plan inadequate/unable to fulfil high volume of critical services Significant service failure - CH & SC has a large number of services and functions across the breadth of Shetland. This risk considers the response challenges should there be a catastrophic or sustained service failure, i.e. which meant that services could not be delivered for an extended period of time.	Business continuity plan inadequate	Jo Robinson	EM0023	12/02/2026	29/10/2027

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Any event or scenario that meant there was an inability to deliver services. Unmanageable pressure on critical staff and resources. An emergency situation where services are unable to respond adequately.	Failure to provide service, impact on staff, service and communities	• **Business continuity plans in place for community health and social care services. Involvement in planning and exercises.** Caring for People plan is under review following learning from emergency situations in Autumn/winter 2022/23 and 24. *Jo Robinson* • **Emergency Response Plan for IJB** As a Category 1 responder, IJB will need to formulate its own emergency response plan to deal with developing business continuity events. Emergency response plans for NHS and SIC are under review to ensure compatibility and following this the IJB one will be reviewed *Jo Robinson* • **Annual Review of BCPs** Link annual review of BCPS with service planning cycle so it is undertaken on an annual basis *Jo Robinson*	Planned Planned Planned	High 12 Major Possible	

Review Comments Risk remains extant *Business Continuity Plan inadequate/unable to fulfil high volume of critical services* Significant service failure - CH & SC has a large number of services and functions across the breadth of Shetland. This risk considers the response challenges should there be a catastrophic or sustained service failure, i.e. which meant that services could not be delivered for an extended period of time.
12/02/2026

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Building maintenance limited/restricted due to insufficient resource Impact of deteriorating material state of property/increasing amount of back log maintenance and ensuring service provision is being provided in context of modern safe provision standards	Physical - People / Property - Other	Jo Robinson	EM0049	22/10/2025	22/10/2026

Risk Register - Community Health and Social Care Services

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Less money available to spend on buildings at a time of austerity/ changes in regulatory advice regarding safe service provision/audits and inspections of estate/services	This may have a negative effect on business continuity; legislative requirement to invest in provision of safe services; increased risk management regarding provision of services in a deteriorating real estate.	• **Review of all BCPs to ensure that they contain contingency for building or service failure and plans for appropriate** relocation of service. Engagement of Estates during their planning cycle to highlight current risks and priority works required within the Directorate. Continue to review use of buildings and the size of the health and social care estate. Regular engagement with Estates team. *Jo Robinson* • **Link with Capital Programme of NHSS and SIC** Linking of priority/high risk areas within audit/inspection findings with capital programmes of both partners *Jo Robinson*	Planned Planned	High 12 Significant Likely	

Review Comments Risk remains extant *Building maintenance limited/restricted due to insufficient resource* Impact of deteriorating material state of property/increasing amount of back log maintenance and ensuring service provision is being provided in context of modern safe provision standards
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Adult Services - inability to meet demand within existing resource Adult Services: There is risk regarding the ability of Adult Services to deliver services in accordance with its Directions due to resource and client expectation issues leading to increased levels of unmet need and risk of reputational damage.	Corporate/Community plan - failure to meet	Jo Robinson	EM0059	04/08/2026	04/02/2027

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Limited flow for clients from services into independent living. Limited community assets to facilitate the Shift of the Balance of Care from being service led in this area Increasing demographic of Adults with LD Integrated service delivery with well defined funding from partners which can't be used in an integrated manner (Links with Corporate risk on Integration) Insufficient resource to deliver services	Increasing levels of unmet need Frustrations in the LD community due to unmet expectation Increased sickness levels in staff due to service pressures Failure to shift the balance of care	• **Review of Market Facilitation framework and growth of community based assets** Review of market facilitation framework Increased funding aligned to growing community assets and third sector activity SDS Improvement Programme completion *Jo Robinson* • **Service reviews** Review of day activities, respite and accommodation ensuring whole system approach *Jo Robinson* • **Engagement with stakeholders** *Jo Robinson*	Planned Planned Implemented	High 10 Minor Almost Certain	

Review Comments Reviewed
04/08/2026

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Governance issues of progressing employment to meet service need while PVG and reference checks underway Acceptance of an extant PVG/enhanced vetting when people change role or jobs within the HSCP	Professional - Other	Jo Robinson	EM0053	22/10/2025	22/10/2026

whilst a new PVG check is undertaken. Acceptance of telephone references to speed up recruitment process.

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Staff undertaking additional work/hours in a different service. Staff changing jobs within the HSCP New joiners arriving from elsewhere in UK when rapid integration into the workforce is required.	Potential governance issues	• **Review of all references prior to employing staff member** All references should be checked and any information that may indicate a compromise/PVG issue should be followed up prior to employing the staff member. This can be via telephone in the first instance with a follow up written reference to speed up recruitment *Jo Robinson* • **Evidence of an extant PVG or enhanced vetting appropriate for the role the individual is being employed for** The applicant/potential staff member should provide evidence of an extant PVG. The PVG reference number should be check with the issuing authority as being extant. *Jo Robinson*	Planned Planned	Medium 9 Significant Possible	

Review Comments Risk remains extant *Governance issues of progressing employment to meet service need while PVG and reference checks underway* Acceptance of an extant PVG/enhanced vetting when people change role or jobs within the HSCP whilst a new PVG check is undertaken. Acceptance of telephone references to speed up recruitment process.
22/10/2025

Details	Risk type	Assigned To	Risk Ref	Last Review date	Next Review Date
Adult Protection Issues	Professional Errors and Omissions	Jo Robinson	EM0013	22/10/2025	22/10/2026

Triggers	Consequences	Control Measures	Control Status	Current Rating	Previous Current Rating
Failure to act appropriately with relation to Adult Protection Issues across health and social care. Current challenges in releasing staff to attend training due to overall capacity issues	Leading to reputational risk and harm to individuals.	• **The professional leads are tasked with ensuring that there are adequate levels of skill and capacity to manage protection issues** Training is a key requirement for staff working in services so they have the knowledge to raise issues. Training on Adult Protection being prioritised. Adult Protection included in the clinical and care governance framework. *Jo Robinson* • **ASP Inspection Preparation and learning** Shetland had its ASP inspection in Jan-Mar 23. The report gave good assurance regarding ASP procedures. There has been an improvement plan drawn up which will be implemented to make procedures more robust *Jo Robinson*	Implemented Implemented	Medium 9 Significant Possible	

Review Comments Risk remains extant *Adult Protection Issues*
22/10/2025

Estimating risk likelihood and severity: **Step One -** Look at the text in the box below and decide which descriptor of likelihood best matches your estimation of this particular risk/event.

Descriptor	Description
Almost certain	I would not be at all surprised if this happened within the next twelve months; I would expect this to happen
Likely	It is probable that this will occur sometime in the coming year
Possible	I think this could maybe occur in the next year
Unlikely	I would be mildly surprised if this occurred in the next year; it is unlikely to happen
Rare	I would be very surprised to see this happen in the next twelve months; it is very unlikely to happen

Step Two - Find the most realistic outcome for the risk you have identified and move down the left hand column to establish its value. Most risks will have potential impacts under more than one column.

HAZARD IMPACT	Personal Safety	Property loss or damage	Failure to provide Statutory Service or breach of legal requirements	Financial Loss or Increased cost of Working	Personal Privacy Infringement	Environmental	Community/ stakeholders / organisation	Reputation
Insignificant	Minor injury or discomfort to an individual	Negligible property damage	Reported to HSE, Stage 2 complaint	<£50k	Isolated personal detail revealed	Licensable activity occurring without authorisation but not causing pollution	Inconvenience to an individual or small group	Contained within Service Unit
Minor	Minor injury or discomfort to several people	Minor damage to one property	HSE investigation Complaint requiring investigation	£50k to £500k	Isolated sensitive data revealed	Death of invertebrates/ >10 fish, minor visible pollution, minor damage to commercial activity	Impact on an individual or small group	Contained within Service
Significant	Major injury to an individual/ range of moderate injuries to more than one person	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine to £250k HSE Improvement Notice served Complaint referred to Ombudsman	£500k to £1m	Several persons details revealed	Environmental damage to > 1km^2 Death of 10-100 fish, long term localised harm/ widespread short-term harm to environment, Significant visible pollution/ damage to commercial activity	Impact on a local community. Impact on Council Service	Local public or press interested
Major	Major injury to several people or death of an individual	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fine £250k to £1m imposed HSE Prohibition Notice served Adverse report from External Advisor	£1m to £5m	Several persons' sensitive /personal details revealed	Death of animals, substantial harm to human health, wide-spread/ long-term harm, loss/ closure of shellfish/drinking// bathing water, extensive damage/ closure of agriculture/ commercial activities	Impact on several communities. Impact on whole organisation	National public or press interest,
Extreme	Death of several people	Total loss of critical building(s)	Multiple civil or criminal actions. Litigation, claim or fine above £1m or custodial sentence	>£5m	All personal details revealed for many	Permanent damage to a nationally significant population/ to site of special interest	Impact on the whole of Shetland	Senior officer(s) and/or members dismissed/ disqualified. Central takeover of authority

Extreme	5	10	15	20	25
Major	4	8	12	16	20
Significant	3	6	9	12	15
Minor	2	4	6	8	10
Insignificant	1	2	3	4	5
Impact / Likelihood	Rare	Unlikely	Possible	Likely	Almost certain

Risk profiles: Green = Low, Amber = Medium, Red = high, Purple = Very high