

## NHS Grampian

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>11 June 2026</b>
<b>Item number:</b>	9.1
<b>Title:</b>	<b>Strategic Risk Management Report Q3/Q4 2025/2026</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Hugh Bishop, Executive Medical Director</b>
<b>Report Author:</b>	<b>Dr Hugh Farrow Bishop, Executive Medical Director</b> <b>Michelle Hankin, Corporate Risk Management Advisor</b>

### 1 Purpose and Recommendations

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

- Assurance

The Board is asked to

- **Endorse** this report as a comprehensive update on NHS Grampian's management of the organisation's strategic risks, noting that it highlights areas of concern, progress on mitigating actions, and upcoming reviews and provides assurance that the strategic risks are reviewed regularly and are being managed appropriately.
- **Note** that this report will be updated and provided to the Board twice a year, in June and December, with the next report due in December 2026, on the basis that each risk is reported in depth to the appropriate Board committee twice year and this report collates the outputs of those assurance discussions.
- **Agree** that Committee Chairs are responsible for ensuring that a summary of the discussions and agreed assurance levels of each risk discussed at the Committee meeting is shared with the Quality Improvement Assurance Team (QIAT), using the template provided and in a timely fashion to inform this report to the Board.

**This report relates to:**

- Board Annual Delivery Plan – Strategic Risk Management
- Government policy/directive
- Legal requirement

**This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective

**The subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below):**

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Inability to effectively maintain and invest in NHS Grampian's infrastructure
- Deviation from recognised service standards of practice and delivery
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Inability to reduce demand through citizen engagement
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent
- Cybersecurity Incident
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

## **2 Report summary**

### **2.1 Situation**

NHS Grampian's Strategic Risk Register identifies and articulates significant risk that has the potential to impact the achievement of the organisation's strategic objectives, as outlined in Plan for the Future.

This report provides NHS Grampian Board with information and updates on the Strategic Risk Register, including setting out any changes to existing risks and any proposed new risks. When this report was presented to the Audit and Risk Committee on 8<sup>th</sup> April 2026, the committee noted improvement in the timely recording of updates to the risk register, and of communication of the outcomes of Board Committees' consideration of strategic risks to the Quality Improvement Assurance Team (QIAT).

## 2.2 Background

### 2.2.1 Strategic Risk assurance process

Risk Management is a key element of NHS Grampian's internal controls and the process has been further strengthened after the discussions at the Board seminar on risk held in January 2026.

The active management, scrutiny and overview of Strategic Risk currently takes place at:

- Executive Team Business and Performance Meetings
- Audit and Risk Committee
- Other Board Committees
- NHS Grampian Board

The Executive Team (ET) have accountability for the development and management of Strategic Risk within NHS Grampian. Risk holders are responsible for ensuring that risks are regularly updated in the Risk Register held in Datix.

The Board Committees have oversight of aligned Strategic Risks, including associated controls, mitigations and activities. Committees receive detailed assurance reports on the risks assigned to them, set out in the table below, twice a year. Following the discussions at the January 2026 Board seminar, the risk reporting process has been updated, and the updated process is described in section 2.3.1 below.

The Audit and Risk Committee have delegated responsibility, on behalf of the Board, for oversight and scrutiny of the Strategic Risk Register and provide exception reporting to the Board on any serious risk management issues.

### 2.2.2 Assignment of risks to committees

The Executive Team discussed the outputs of the January Risk Seminar (more detail in 2.3.1 below) at its risk meeting on 10 March 2026, and confirmed that in order to provide certainty of responsibility for assurance on strategic risk at Board level, detailed assurance reporting would be to one committee twice a year, rather than multiple committees. The allocation of risks to committees is as follows:

<b>Risk</b>	<b>Aligned Committee</b>
3065: Inability to meet population demand for Planned	Clinical Governance Committee
3639: Significant delays in the delivery of Unscheduled Care	Clinical Governance Committee

3127: Inability to affectively maintain and invest in NHS Grampian's infrastructure	Performance Assurance, Finance and Infrastructure Committee
3068: Deviation from recognised service standards of practice and delivery	Clinical Governance Committee
3130: Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies	Performance Assurance, Finance and Infrastructure Committee
3650: Inability to effectively engage citizens to shape service improvement & transformation	Population Health Committee
3006 Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.	Performance Assurance, Finance and Infrastructure Committee
3132: Cybersecurity Incident	Performance Assurance, Finance and Infrastructure Committee
3125: Deteriorating Workforce Engagement	Staff Governance Committee
3131: Worsening health in Grampian particularly in those who experience multiple disadvantages	Population Health Committee

## 2.3 Assessment

### 2.3.1 Board Risk Seminar Overview:

NHS Grampian outlined its strategic risk appetite and categories during the January 2026 Board Seminar, detailing risk levels and proposed changes for 2026. The proposed 2026 Risk Appetite Statement is presented to NHS Grampian's Board in a separate risk paper on this agenda.

The seminar also focused upon risk review and assurance processes, including the information committees require oversight of when considering risk assurance and committee feedback processes. Key themes included the adoption of standardised risk overview templates, improved alignment between operational and strategic risks, reduction of duplication in reporting, timely updates within the Datix system by designated risk owners, and enhanced communication of committee feedback to QIAT.

Discussion highlighted the involvement of multiple Board Committees in the review of Strategic Risks and the purpose of this approach. Clarification is required regarding the expectations of each Committee in relation to risk review and the provision of

assurance. It was agreed that the report will be presented to the lead Committee for assurance. Concerns were raised about potential duplication of effort in both the review process and the preparation of reports.

Committee Support will collate the Board Feedback Committee template following each risk update and share this with QIAT. The template is made available to Committee members and attendees in advance to prompt discussion and ensure assurance is actively sought. Where assurance is not obtained, the rationale should be clearly documented.

Further clarification has been sought from some committee members to clarify the definitions of governance assurance; the table below reflects NHS Grampian Board Assurance Framework.

Strong Governance	Risk management and control arrangements provide strong assurance that the risk is managed efficiently and effectively, although improvements may be recommended.
Reasonable Governance	Risk management and control arrangements provide reasonable assurance that the risk is managed efficiently and effectively. Remedial action is required to improve the control environment.
Limited Governance	Risk management and control arrangements provide limited assurance that the risk is managed efficiently and effectively. Corrective action is required to resolve control weaknesses.
Weak Governance	Risk management and control arrangements operated provide weak assurance that the risk is managed effectively. Urgent and significant corrective action is required to resolve significant control weaknesses.

**Data presentation:**

Non-executive members highlighted the need for clearer trend information, including longitudinal comparisons and benchmarking across regions, to support understanding and strengthen assurance.

**Reporting and oversight:**

Recommendations included biannual strategic risk reporting to relevant committees, provision of monthly performance reports, and the allocation of lead committees for risks spanning multiple governance groups to ensure streamlined oversight and decision-making.

**Risk management process improvements:**

Proposed actions encompassed maintaining accurate and current Datix records, providing staff training, ensuring timely submission of committee papers, and developing a structured calendar of reporting deadlines to support effective risk governance.

**Roles and timelines:**

Clarification was provided on the responsibilities of risk owners and risk handlers, particularly regarding the requirement to keep risk information and associated action plans up to date. Timelines for the progression of risk reviews—from the Chief Executive Team to Board Committees—were discussed to support appropriate scrutiny and timely discussion.

**Committee coordination:**

The seminar also emphasised the need to prevent duplication of effort across Board Committees reviewing strategic risks. It was suggested that each risk should have a designated lead Committee responsible for decision-making, with other Committees receiving information for oversight and awareness. The Executive Team gave this point further consideration at its risk and performance meeting on 10 March and confirmed that strategic risks will be reported to one committee twice a year.

**2.3.2 New Strategic Risk focusing on Healthcare Experience**

The Chief Executive Team (CET) reached consensus on the organisational risk appetite, on 10th March 2026. It was agreed that a new strategic risk focused on Healthcare Experience, is required particularly in relation to planned and unscheduled care. This approach allows the Planned Care risks to remain within Injury and Illness risk category, and allows the experience-related impacts (e.g. delays, access, patient perception) to be managed transparently through a separate strategic risk. CET agreed this would improve conceptual clarity and strengthen governance alignment with public expectations. There was agreement in principle that the Executive Nurse Director role is the most appropriate locus for ownership of the new Healthcare Experience risk, with recognition that patient experience spans multiple portfolios (acute, community, public health). Support from other Executive Directors will be required.

CET supported increased visibility and transparency of strategic risks. The Strategic Risk Register is now shared internally via the intranet. There was support in principle for publishing strategic risk information externally, aligned with committee assurance and board reporting cycles. It was agreed that each strategic risk should be reported to one lead committee, determined by the risk appetite category, to

reduce duplication and improve oversight. Deep-dive risk reports would sit with committees rather than full Board meetings, with signposting via Board agendas.

Outputs from this session have been collated and further considered by the standing Committees of the Board prior to presentation of the finalised paper to Board in June 2026.

### 2.3.3 Strategic Risk Register

The Strategic Risk Register is presented in Appendix 1.

This was presented and discussed at Executive Team Performance and Risk Meeting on 5<sup>th</sup> May 2026.

#### Analysis of the risk register highlights:

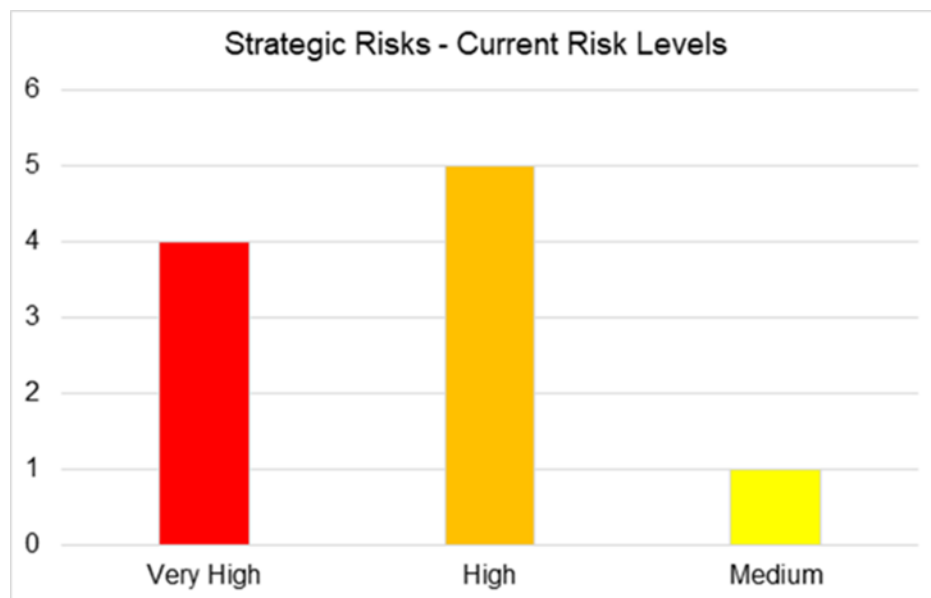


Figure 1 (above): portrays the number of Strategic Risks categorised by their current risk level.

The risks are currently rated as 4 Very High, 5 High and 1 Medium.

All risks and associated activities are recorded within the Datix Risk Register module (NHS Grampian's risk database and management tool). The NHS Scotland Risk Matrices are used to determine risk ratings.

#### Review Date:

On 13th April 2026 all 10 Strategic Risks have been reviewed in line with the national risk review guidelines and are 'in date' on the Datix Risk System.

	May 2025	October 2025	November 2025	January 2026	March 2026	April 2026
<b>Risk Review Date – ‘In Date’</b>	10	3	6	8	8	10
<b>Percentage Compliance</b>	100%	30%	60%	80%	80%	100%

### **Risk Appetite and Tolerance:**

4 out of 10 Strategic Risks, are above their risk appetite and out with tolerance (3065 Inability to meet population demand for Planned Care, 3639 Significant delays in the delivery of Unscheduled Care, 3127 Inability to affectively maintain and invest in NHS Grampian’s infrastructure, and 3068 Deviation from recognised service standards of practice and delivery).

2 of the Strategic Risks, are above appetite and within tolerance (3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies, and 3650 Inability to reduce demand through citizen engagement).

4 of the Strategic Risks, are within risk appetite, and within tolerance (3006 Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent., 3132 Cybersecurity Incident, 3125 Deteriorating Workforce Engagement and 3131 Worsening health in Grampian particularly in those who experience multiple disadvantages).

Each Strategic Risk is reporting incomplete controls - controls are appropriately designed but not consistently applied.

**N.B. Risk 3065** (Inability to meet population demand for Planned Care) has a new Risk Owner - Geraldine Fraser, the risk handler remains the same – Matthew Toms.

**Risk 3639** (Significant delays in the delivery of Unscheduled Care) has a new Risk Owner – Leigh Jolly, the risk handler remains the same – Christopher Middleton.

### **Action Plans:**

In January 2026, there was particular focus upon risk action plans, with the risk summary templates providing the opportunity to discuss risk controls, gaps in controls and action plans at CET meeting. An overview of the strategic risk action plans is provided below:

	January 2025	May 2025	October 2025	November 2025	January 2026
<b>Number of strategic risk registers with an action plan attached</b>	5	5	7	7	8

<b>% of strategic risks with an action plan</b>	<b>50%</b>	<b>50%</b>	<b>70%</b>	<b>70%</b>	<b>80%</b> N.B. some risks only have 1 generic risk assigned, no updates are on the Datix risk management system e.g. operational improvement plan.
<b>Number of strategic risks without an action plan</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>2</b> (3127 & 3131) (Risk 3131 has a list of actions which are currently being added to the Datix system).
<b>% of strategic risks without an action plan</b>	<b>50%</b>	<b>50%</b>	<b>30%</b>	<b>30%</b>	<b>20%</b>
<b>Number of completed strategic risk actions</b>	<b>Illuminate Risk Dashboard in development.</b> Data will be extracted from this platform.			<b>28</b>	<b>30</b>
<b>Number of strategic risk actions in progress</b>				<b>22</b>	<b>30</b>
<b>Number of overdue risk actions</b>				<b>7</b>	<b>8</b>

An overview of the strategic risk actions is provided below:

Strategic Risk Action Plan Overview – January 2026					
Risk ID & Title	Number of actions identified within the Datix system	Number of closed actions	Number of open actions	Number of overdue actions	Comments
3065: Inability to meet population demand for Planned Care	3	2	1	0	1 action open - linked to the operational improvement plan.
3639: Significant delays in the delivery of Unscheduled Care	7	3	4	2 USC Improvement Programme – overdue 31/03/2025. Joint SAS/NHSG improvement plan 30/09/2025	Actions last update November 2025
3127: Inability to affectively maintain and invest in NHS Grampian’s infrastructure	0	0	0	0	Following discussion at November 2025 CET risk meeting potential actions were identified to be added to the Datix system – awaiting update.
3068: Deviation from recognised service standards of practice and delivery	17	12	5	2 1 action is <i>in progress</i> associated with over recruitment of NGNs – 30/09/2025. 1 action aligns to the 2025 implementation of the national framework for adverse event policy implementation (which will	All risk actions were reviewed as part of the monthly risk review in December 2025.

				require a policy amendment/ rewrite) <b>to be commenced</b> . The QIAT team are currently reviewing this – 31/12/2025.	
<b>3130: Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b> Action (open) linked to the financial plan – overdue 28/11/2025	Action out of date. The risk handler has identified new actions and plans to review these actions by the end of January to align the risk review dates to the end of the month.
<b>3650: Inability to reduce demand through citizen engagement</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	Action (open) linked to the putting people first action plan. Risk is being updated and actions being reviewed.
<b>3006: Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.</b>	<b>11</b>	<b>0</b>	<b>11</b>	<b>0</b>	Risk Overview template updated to include these risk actions.
<b>3132: Cybersecurity Incident</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b> Open action – overdue review 30/05/2025	The actions are currently being updated by the risk handler, and a further 6 actions have been identified and are in the process of being added to the Datix system.
<b>3125: Deteriorating Workforce Engagement</b>	<b>10</b>	<b>1</b>	<b>9</b>	<b>0</b>	All actions in date
<b>3131: Worsening</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	New actions have been identified and

<b>health in Grampian particularly in those who experience multiple disadvantages</b>					are being added to the Datix system. These are captured on the risk overview template.
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**Strategic Risk Register Updates and Amendments**

Full details of updates and amendments to the Strategic Risk Register since the previous report to the Committee can be viewed in the updated risk register.

Any updates that have been made are based on formal discussions with risk owners, members of the Chief Executive Team and those in attendance during the Strategic Risk meetings, with all members agreeing the changes, or requests being made for further development work to commence.

There have been no changes to risk scores during Q3 & Q4 2025/2026.

**2.3.4 Strategic Risk Review Focus:**

**2.3.4.1 Executive Team Performance Deeper Dive of the Strategic Risk Register 27<sup>th</sup> January 2026:**

**Review and Risk Deep Dives:** CET reviewed the strategic risk register, focusing on planned care (3065 Inability to meet population demand for Planned Care), finance (3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies), and unscheduled care risks (3639 Significant delays in the delivery of Unscheduled Care), debating scoring methodologies, sustainability, and the adequacy of controls and action plans.

The risk overview templated (created from the Datix risk management system) were shared utilised for these risk deeper dives (appendix 2). A summary of the risk discussions is detailed below:

**3639: Significant delays in the delivery of Unscheduled Care:**

The organisation continues to experience sustained system pressure across unscheduled care, planned care, and financial sustainability, with each area presenting material strategic risk. Unscheduled care performance shows limited early improvement through initiatives such as Hospital at Home, Flow Navigation Centre redirection, and enhanced ambulatory care, but overall flow remains constrained by consistently high occupancy, long ED waits, variable ambulance turnaround, and significant delayed discharges. Structural issues in front-door pathways (AMIA vs ED) and inefficiencies in discharge processes are contributing to avoidable bed-day loss and ongoing patient safety and experience impacts.

**3065: Inability to meet population demand for Planned Care:**

Planned care remains fragile, with substantial backlogs in return outpatients, diagnostics—particularly ultrasound—and surveillance endoscopy. Despite pockets of improvement, performance across cancer pathways and outpatient long waits remains variable and vulnerable to operational disruptors such as CDU closure, independent sector instability, radiology capacity pressures, and locum workforce volatility. The team emphasised the need for clearer articulation of demand, inequalities, and interdependent impacts in assurance reporting, alongside progressing pathway redesign, digital solutions, and regional partnership working.

**3130: Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies:**

Financially, the organisation continues to forecast a £45m overspend but has increasing confidence in the strengthened control environment. Key risks include dependence on non-recurrent savings, volatility linked to AFC non-pay cost pressures, and sustainability of medical additionality spending. Workforce redesign improved medical staffing models, and a shift toward recurrent, multi-year savings remain essential. The Board will need continued oversight of the balance between financial recovery plans, safe service delivery, and system redesign as the organisation works to stabilise planned and unscheduled care performance while addressing underlying structural inefficiencies.

**2.3.4.2 Committee Risk Discussion Feedback:**

An overview of the risks reviewed at each Board Committee in Q2 and Q3 of 2025/26 is provided below:

NB: The Committee Feedback template process has been introduced in the period covered by these reports, and there is variation in the level of detail provided for some risks due to the implementation of this process (see the reports for risks 3006 and 3131). There will be a consistent level of Committee feedback information provided in future reports now that the process has been established.

<b>Committee</b>	<b>Q2 committee meeting dates &amp; risks discussed</b>	<b>Q3 committee meeting dates &amp; risks discussed</b>
<b>Clinical Governance Committee (CGC)</b>	<p><b>25 November 2025</b></p> <p>3065 Inability to meet population demand for Planned Care,</p> <p>3639 Significant delays in the delivery of Unscheduled Care,</p> <p>3068 Deviation from recognised service</p>	<p><b>17 February 2026</b></p> <p>3639 Significant delays in the delivery of Unscheduled Care</p>

	standards of practice and delivery	
<b>Performance, Assurance, Finance and Infrastructure Committee (PAFIC)</b>	<p><b>26 November 2025</b></p> <p>3132 Cybersecurity Incident,</p> <p>3006 Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.,</p> <p>3127 Inability to affectively maintain and invest in NHS Grampian's infrastructure.</p>	<p><b>28 January 2026</b></p> <p>3006 Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.</p> <p>3132 Cybersecurity Incident,</p> <p>3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies.</p>
<b>Population Health Committee</b>	<p><b>21 November 2025</b></p> <p>3650 Inability to reduce demand through citizen engagement</p>	<p><b>27 February 2026</b></p> <p>3131 Worsening health in Grampian particularly in those who experience multiple disadvantages</p>
<b>Staff Governance Committee</b>	<p><b>4 December 2025</b></p> <p>3065 Inability to meet population demand for Planned Care, and 3639 Significant delays in the delivery of Unscheduled Care.</p>	<p><b>18 February 2026</b></p> <p>3125 Deteriorating Workforce Engagement – presented at CET on 3/2/26</p>

The new committee assurance feedback template was implemented in Quarter 2 2025/2026. A summary of the previous Q2 committee meeting updates is provided below for your information. The Committees agreed with the assigned assurance levels, unless stated otherwise.

**Risk 3639 Significant delays in the delivery of unscheduled care, including reference to winter planning** – this risk was presented at the Clinical Governance Committee (CGC) on 25th November 2025. NHS Grampian continues to experience significant system-wide pressures in unscheduled care, driven by sustained high occupancy, ambulance stacking, delayed discharges, and reliance on non-standard patient areas. These pressures result in delays to triage, assessment, admission, and discharge, increasing the risk of patient harm

and adversely affecting staff wellbeing and system performance. The newly refreshed Unscheduled Care Improvement Plan—developed collaboratively across Acute Services and the three HSCPs—sets out a whole-system approach to reducing occupancy, improving flow, shortening length of stay, enhancing community capacity, and delivering Discharge Without Delay, overseen through strengthened governance structures.

<b>Risk ID and Title: 3639 Significant delays in the delivery of unscheduled care, including reference to winter planning</b>	
<b>Risk Level</b> (Very High, High, Medium, Low)	Very High
<b>Risk Score</b>	25
<b>Risk Appetite &amp; Tolerance Level</b>	Above Appetite & Out with Tolerance
<b>Primary Risk Impact Category</b> (Risk Matrices assessment category – taken from the risk overview template/risk report)	Injury (physical and psychological)
<b>Risk Appetite Level</b> - taken from the risk overview template/risk report	1 - Minimalist
<b>Risk Owner</b>	Geraldine Fraser, Chief Officer – Acute Services
<b>Risk Handler</b>	Chris Middleton, Head of Operations and Performance, Medicine and Unscheduled Care
<b>Report Author</b>	Dr Stephen Friar, Portfolio Clinical Director Catriona Robbins, Chief Nurse, MUSC Stuart Stephen, Interim DGM Emergency Pathway
<b>Committee Risk Assurance Level</b>	Limited
<b>Date and Committee Name: 25 November 2025, Clinical Governance Committee</b>	
<b>Committee Risk Discussion – key points to summarise. Consider Risk Assurance and Oversight and not Operational detail.</b>	Nature of risk: persistent pressures in unscheduled care pathways, with performance below target and heightened winter demand. Impact: System stress affecting patient flow, delayed discharges, ambulance turnaround, and staff capacity.
<b>Information provided in the paper (data to support) – highlight the data which the Committee felt was useful. Is anything missing? What do you need to be assured?</b>	ARI Average Ambulance Turnaround Time, DGH Average Ambulance Turnaround Time, Bed occupancy by speciality grouping, Corridor care & non-standard bed use per hour by volume ARI, Number of Boarders, Trend by site (delays and DTOC), Number of delayed discharges for Aberdeenshire patients awaiting social care assessment or care package, Work stream status and Progress KPI Trajectories.
<b>Risk Controls and Actions – Are the Committee Assured by the current controls and actions – Yes/No, Why?</b>	Short-Term/Operational Controls: Enhanced daily grip and control: refreshed System Connect meetings, increased senior presence, and tactical group meetings for escalation. Review and refinement of escalation triggers (aligned with national OPEL model) for ambulance delays and system pressures. Medium/Long-Term Strategic Actions: Scottish Government approved Unscheduled Care Improvement Plan with 18 work streams. Weekly

	<p>programme board oversight; logic model nearing completion to measure cumulative impact.  Recruitment of 114 FTE posts (key dependency for delivery) Ecosystem mapping to identify upstream interventions and reduce default hospital pathways. Engagement with primary care (GP role added to programme team)</p>
<p><b>Gaps in controls/ risk mitigations/ action plans</b> – were any gaps highlighted by the Committee, what are these?</p>	<p>Immediate impact: Despite robust controls, outcomes from improvement plan not yet visible; winter pressures intensify risk.  Root cause vs symptoms: Current controls mainly address symptoms; root cause solutions require system-wide redesign and workforce availability.  Recruitment risk: Delivery of improvement plan targets (e.g. delayed discharge by March 2026) depends heavily on successful recruitment.  Financial Dependency: short term mitigations linked to additional funding (e.g. £20m social care funding request)</p>
<p><b>Assurance conversation</b> – key points from the Committee Assurance Discussion.  <b>Are the Committee Assured by what they see regarding this risk? What level of assurance is assigned to the Risk by the Committee?</b></p>	<p>Committee acknowledged:  Significant work and governance in place. Clinical leadership of improvement initiatives is a strength. Need for clearer evidence of outcomes from actions (impact data still emerging). Importance of escalation triggers and proactive measures to prevent deterioration.  Concerns: Lack of visible improvement yet; scrutiny from Scottish Government remains high. Recruitment and system-wide collaboration critical to success.  Future oversight: Committee agreed on need for regular updates (February and post-March) to track progress and evidence impact. Suggested Programme Board take greater ownership of addressing root causes.  Level of assurance: Limited assurance (controls in place for current symptoms, but long-term risk reduction not yet evidenced).  Reasoning: Robust governance and improvement plan underway. Outcomes and impact data not yet demonstrated; high residual risk persists.  Escalation: No immediate escalation beyond existing governance, but heightened scrutiny and regular reporting agreed.</p>
<p><b>Committee Recommendations/suggestions</b> – please share any Committee recommendations.</p>	<p>The Committee is asked to:  Assurance – Review and scrutinise the information provided in this paper and confirm that it provides assurance about the monitoring and management of the Strategic Risk and provides appropriate information about potential improvements to the mitigation of this risk.  Escalation – Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation.</p>

**Risk 3065 - Inability to meet population demand for planned care** – This risk was presented at the Clinical Governance Committee (CGC) on the 25th of November 2025. NHS Grampian continues to treat the Inability to Meet Population Demand for Planned Care (Strategic Risk 3065) as a significant but improving strategic risk, with the overall profile reduced from Intolerable (previously-used local terminology which was not aligned to the national risk management approach) to Very High following targeted capacity-building actions. Despite substantial historical backlogs—particularly long waits beyond 52 weeks for TTG inpatients, outpatients, diagnostics, and return appointments—recent mitigation measures, including the Operational Improvement Plan and national funding support, have begun to reverse growth in long waits across key pathways. A notable strategic development is the newly approved pilot to redirect positive bowel screening patients to the Golden Jubilee National Hospital, aimed at accelerating diagnosis, improving cancer performance, and safeguarding local capacity for the most urgent patients. While harm reviews show minimal confirmed mortality impact, prolonged waits continue to affect quality of life and place pressure on staff. Current financial exposure remains contained, and risks associated with the Central Decontamination Unit are being actively managed. Overall, the evidence indicates sustained risk reduction, reinforced governance, and clear trajectories toward alignment with organisational risk appetite, with a further update due in Q1 2026/27.

<b>Risk ID and Title: 3065 Inability to meet population demand for planned care</b>	
<b>Risk Level</b> (Very High, High, Medium, Low)	Very High
<b>Risk Score</b>	20
<b>Risk Appetite</b>	Minimalist
<b>Primary Risk Impact Category</b> (Risk Matrices assessment category – taken from the risk overview template/risk report)	Injury (physical or psychological) to patient/client/visitor/staff
<b>Risk Appetite Level &amp; Tolerance-</b> taken from the risk overview template/risk report	Above Appetite (8-14) Out with Tolerance
<b>Risk Owner</b>	Dr Paul Bachoo
<b>Risk Handler</b>	Matthew Toms
<b>Report Author</b>	Planned Care Senior Team
<b>Committee Risk Assurance Level</b>	Governance is strong and scrutiny is ongoing. Action plans are being delivered, and national/regional/local opportunities are maximally utilised.
<b>Date and Committee Name: 25 November 2025, NHSG Clinical Governance Committee</b>	
<b>Committee Risk Discussion – key points to summarise. Consider Risk Assurance and Oversight and not Operational detail.</b>	Strategic Risk 3065 (Planned Care) remains significant but improving. Current risk rating: Very High on the NHS Scotland risk matrix (downgraded from intolerable earlier in the year. Further review and potential downgrading will occur at end of Q4, contingent on full delivery of the operational improvement plan. Challenges impacting improvement plan delivery include workforce recruitment issues, Short Stay Unit delays, Patient flow constraints and CDU

	challenges. Despite these, teams have adapted with agility.
<b>Information provided in the paper (data to support)</b> – <i>highlight the data which the Committee felt was useful. Is anything missing? What do you need to be assured?</i>	TTG Long Waits Trajectory, NOP Long Waits, Diagnostics >52 Weeks, All Outpatient Return Patients by Recall Year. Truncated at 2035, Review of deaths on IPWL – steps and outcomes, Emergency Admissions from IPWL, Emergency Admissions from OPWM, and Unscheduled Care Presentations from WL and Key Observations chart.
<b>Risk Controls and Actions</b> – <i>Are the Committee Assured by the current controls and actions – Yes/No, Why?</i>	<b>Governance and Scrutiny:</b> Robust oversight in place for planned care. <b>Validation and Tracking:</b> Regular waiting list validation, Monitoring of long waits <b>Digital Solutions:</b> MyPreOp, Digital dermatology, Scheduling improvements <b>Template reviews and public health initiatives</b> (e.g., “Waiting Well”). <b>Transformative initiative:</b> Collaboration with Public Health, Golden Jubilee, and National Screening Programme, New pathway for rapid colonoscopy for bowel cancer risk patients identified via screening.
<b>Gaps in controls/ risk mitigations/ action plans</b> – <i>were any gaps highlighted by the Committee, what are these?</i>	<b>Funding:</b> Current plans rely heavily on <b>non-recurring funding streams</b> , creating sustainability concerns. <b>Capacity constraints:</b> Persistent pockets of patients waiting >52 weeks due to allocation challenges. <b>Operational dependencies:</b> Improvement plan success tied to resolving workforce and flow issues.
<b>Assurance conversation</b> – <i>key points from the Committee Assurance Discussion. Are the Committee Assured by what they see regarding this risk? What level of assurance is assigned to the Risk by the Committee?</i>	<b>Assurance provided</b> that: Governance is strong and scrutiny is ongoing. Action plans are being delivered, and national/regional/local opportunities are maximally utilised. However: Risk remains <b>very high</b> ; no decision yet to reduce the level. Future reduction possible but dependent on successful completion of Q4 improvement plan and favourable conditions.
<b>Committee Recommendations/suggestions</b> – <i>please share any Committee recommendations.</i>	The Committee was asked to Review and scrutinise the information provided in the paper and agreed the <b>risk is improving but not being downgraded, remaining at very high</b> . The committee request a further risk update to be provided Quarter 1 2026/7.

**Risk 3006 Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent** – This risk was presented at PAFIC on the 28<sup>th</sup> January 2026, following extensive review and updating, the risk remains at High risk with

Limited assurance, reflecting gaps in capacity, clarity, and governance despite recent progress. The organisation is operating within a significantly shifting national and regional context, including NHS Scotland’s renewal policy, sub-national planning changes, external diagnostic findings, and the Board’s escalation to Level 4. In response, the Chief Executive Team has prioritised system stabilisation (unscheduled care, planned care and financial performance), approved an Improvement Plan, strengthened governance, and initiated actions to realign change capacity, refresh the Plan for the Future, and re-establish the Northeast Transformation Group. Recruitment to the new Director of Strategy, Transformation and Performance aims to restore strategic leadership and oversight. While controls are appropriately designed, they are not yet fully embedded, with key dependencies on cultural change, integrated planning, and strengthened collaboration across partners. Over the next 3–6 months, delivery of the Improvement Plan, renewed strategic focus, and clearer transformation priorities are expected to enhance assurance, with CET maintaining monthly oversight and the Board receiving further updates as part of ongoing governance.

Risk Level	High (Major/Possible)
Risk Score	12
Risk Appetite Score Threshold	13-19 Courageous (within Appetite & Tolerance)
Primary Risk Impact Category	Transformation & Innovation
Aligned NHS Grampian Risk Appetite Level	4- Courageous
Risk Owner	Laura Skaife-Knight
Risk Handler	Lorraine Scott, Head of Planning & Programmes
Assurance level	Limited - Controls are appropriately designed but not yet fully implemented or consistently applied.

**Risk 3650 Inability to effectively engage citizens to shape service improvement & transformation** - This risk was updated and discussed at Population Health Committee on the 21st of November 2025; the risk score remains high (score 16) despite meaningful progress over the past year in embedding the Putting People First (PPF) approach across NHS Grampian. Significant developments include strengthened governance, new training and digital toolkits, expansion of community-led initiatives such as Community Appointment Days, improved public involvement structures, and approval of NHS Grampian Charity funding that will add temporary capacity to test relational engagement approaches. However, activity has not yet reached the scale, consistency, or system-wide adoption required to reduce the risk rating. Persistent challenges—including financial pressures, limited staff capacity, high service demand, long waits, and reduced community and third-sector resilience—continue to impede deeper engagement and public confidence. Sustained leadership support, continued implementation of the delivery plan, and system-level

alignment with GIRFE and other change programmes will be essential to achieving meaningful mitigation over the next 12 months.

<b>Risk ID and Title: Strategic Risk 3650- Inability to reduce demand through citizen engagement</b>	
Risk Level	High
Risk Score	16
Risk Appetite & Tolerance Level	11-15 Above Appetite within Tolerance
Primary Risk Impact Category	Patient Experience
Aligned NHS Grampian Risk Appetite Level	2- Cautious
Risk Owner	Shantini Paranjothy, Director of Public Health
Risk Handler	Luan Grugeon, Strategic Development Manager
Report Authors	Luan Grugeon, Strategic Development Manager, Louise Ballantyne, Head of Engagement
Assurance Level	Partial/Limited Risk management and control arrangements provide limited assurance that the risk is managed efficiently and effectively. Corrective action is required to resolve control weaknesses.
<b>Date and Committee Name: Population Health Committee 21 November 2025</b>	
General Risk Discussion	<p>It was discussed that there was undoubtedly good work happening, both through Putting People First activity and the Public Involvement Team (which reported in July). However, the ability of engagement activity to materially affect demand (which is driven by multiple factors out with our control, such as an aging population) was challenged, although it is recognised that engagement activity will contribute towards reducing that demand.</p> <p>Whilst very supportive of the work underway, the committee also acknowledged resources were subject to charitable funding and were therefore not assured that it would be scaled up/embedded across the organisation in a timely manner to positively reduce demand.</p> <p>It was therefore agreed Putting People First work underway was at too early a stage in its delivery to provide assurance against the risk as described and reduce the risk from high, as per the report recommendation.</p> <p>However, in light of the wider conversation, the Executives were asked to consider if the risk needed reframing and to bring this back to committee.</p>
Information provided in the paper (data to support)	<p>Datix updated template (October 25) was shared which outlines the activities underway and key metrics.</p> <p>PowerPoint presentation a deep dive on Putting People First key activities was presented.</p>
Risk Controls and Actions	<p>There is now an established PPF Core Group and system wide Oversight Group which oversees all Putting People First activity, with a delivery plan with BRAGPP status is in place to track progress. In addition, reporting on progress</p>

	is taking place twice a yearly to the NHS Grampian charity, as well as via the Population Health Committee structure and 6 weekly updates to CET.
Gaps in controls/ risk mitigations/ action plans	<p>Whilst the program of work relating to Putting People First has clear controls, it is not clear how secondary care are building Putting People First into business-as-usual activities.</p> <p>In addition, it is not clear how this will be consistently communicated to the public and wider stakeholders.</p>
Assurance conversation	<p>The committee acknowledged evidence of improvement activities but noted gaps in controls and mitigations.</p> <p>The committee agreed there is not yet sufficient scale or spread of these activities to justify reducing the risk rating.</p> <p>The committee are only <u>partially</u> assured that current actions will achieve the desired impact, particularly regarding demand reduction.</p> <p>It was agreed an escalation is not required but this matter will be referred to the CET to confirm whether this corporate risk is adequately described or if a variation is needed.</p>
Recommendations/ suggestions	<p>It is recommended that the Chief Executive Team evidence how this approach is being 'folded in' to activities in the 3 priority areas (Planned Care, Unscheduled Care and Value &amp; Sustainability).</p> <p>It is recommended that the Population Health Performance framework recommend metrics and timelines that support the monitoring and reporting progress towards becoming a population health organisation (including but not limited to Putting People First metrics).</p> <p>Once this has been clarified, is recommended that the executives consider the supporting communications narrative needed to embed with staff and influence the public and encourage greater community involvement with services.</p> <p>Progress on the above to be reported when the risk is next presented at committee.</p>

**Risk 3131 – Worsening health in Grampian particularly in those who experience multiple disadvantages.** This risk is due to be presented at the Population Health Committee on the 27th of February 2026. The risk report presented to committee identifies persistent and widening health inequalities, stalled healthy life expectancy, and system pressures that limit progress on prevention and early intervention. National policy changes strengthened public health leadership, and a renewed organisational focus on prevention create opportunities, but financial constraints, workforce capacity, and competing operational pressures continue to impair implementation. Over the past six months, NHS Grampian has refreshed governance structures, developed a Population Health Organisation framework, advanced a new performance framework, strengthened integrated impact assessment processes, and

expanded cross-system prevention efforts, though many controls are still maturing and not yet fully embedded. The risk remains assessed at Medium (9) with Reasonable assurance, and core gaps—including inconsistent adoption of prevention, incomplete performance metrics, financial pressures, and limited capacity—are being addressed through a CET-endorsed actions programme with quarterly oversight. The Committee is asked to provide assurance on progress, endorse the proposed next steps, and confirm whether any matters require escalation.

Risk Level	High
Risk Score	9
Risk Appetite and Tolerance Level	8-14 Within Appetite and within Tolerance
Primary Risk Impact Category	Health Inequalities
Aligned NHS Grampian Risk Appetite Level	1 - Minimalist
Risk Owner	Shantini Paranjothy, Interim Director of Public Health
Risk Handler	Kim Penman, Public Health Planning Manager
Assurance Level	Reasonable - Risk management and control arrangements provide reasonable assurance that the risk is managed efficiently and effectively. Remedial action is required to improve the control environment.

**Risk 3127 – Inability to affectively maintain and invest in NHS Grampian’s infrastructure** was discussed at PAFIC on the 26<sup>th</sup> of November 2025.

NHS Grampian’s infrastructure risk (Strategic Risk 3127) remains **Very High**, driven by a significantly aged estate, a £239.5m backlog maintenance burden, widespread equipment and digital asset obsolescence, and ongoing critical failures across key sites. Despite a modest uplift in formula capital and limited additional funding through the new Business Continuity & Essential Investment Infrastructure Maintenance planning process, resources remain insufficient to address the highest-risk issues, resulting in continued pressure on service continuity, patient safety, infection control, and the ability to modernise services. Priority risks include failures within the Central Decontamination Unit, laundry services, ARI ventilation and electrical systems, RACH heating, and multiple RAAC and roof integrity concerns. Governance structures are robust, but controls can only be partially applied due to resource constraints, leading the Executive Lead to provide **Limited Assurance**. While estate rationalisation and targeted investment mitigate some risks, funding gaps and access constraints mean many high-risk issues require ongoing enhanced monitoring and Board oversight. Following the Risk Board Seminar the risk handler is updating the Datix Risk management system and the Risk Overview template; this will include review of the actions and mitigations to controls to mitigate this risk.

<b>Risk ID and Title: 3127: Inability to affectively maintain and invest in NHS Grampian's infrastructure</b>							
Risk Level	Very High						
Risk Score	20						
Risk Appetite & Tolerance Level	11-15 Above Appetite Out with Tolerance						
Primary Risk Impact Category	Service Delivery/ Business Interruption (Impact on our ability to deliver efficient and effective services).						
Aligned NHS Grampian Risk Appetite Level	Cautious						
Risk Owner	Alan Wilson, Director of Infrastructure, Sustainability and Support Services						
Risk Handler	Gavin Payne, General Manager of Facilities and Estates						
Report Author	Garry Kidd, Assistant Director of Infrastructure and Sustainability						
Assurance Level	Limited Assurance in Governance and Controls						
<b>Date and Committee Name:</b>							
<b>Performance, Assurance, Finance and Infrastructure Committee</b>							
<b>PARIF 26<sup>th</sup> November 2025</b>							
General Risk Discussion	This risk has remained stable since the last review in April 2024. Discussions at PAFIC stressed the scale of the infrastructure backlog and the mismatch between required and available capital funding, and how this risk is reliant upon significant future investment.						
Information provided in the paper (data to support)	<ul style="list-style-type: none"> <li>- Overview of the risk (detailed above)</li> <li>- Risk Assessment and Performance</li> <li>- Backlog maintenance</li> <li>- Equipment</li> <li>- Estate Rationalisation</li> <li>- Resource Allocation</li> <li>- Monitoring of High Rated Risks – by location</li> <li>- Central Decontamination Unit CDU</li> <li>- Self-Assessment Compliance and Risk Tool (SCART)</li> <li>- Risk Controls and Gaps</li> <li>- Action Planning and areas of focus</li> </ul>						
Risk Controls and Actions	<table border="1"> <thead> <tr> <th>Control Descriptions</th> <th>Gaps</th> </tr> </thead> <tbody> <tr> <td>Planned Preventative Maintenance (PPM)</td> <td>The level of PPM currently being carried out is not sufficient leading to more building and plant failures.</td> </tr> <tr> <td>Periodic assessment (non-invasive surveys) of asset condition &amp; compliance</td> <td>Survey programme does not meet the once in seven year standard</td> </tr> </tbody> </table>	Control Descriptions	Gaps	Planned Preventative Maintenance (PPM)	The level of PPM currently being carried out is not sufficient leading to more building and plant failures.	Periodic assessment (non-invasive surveys) of asset condition & compliance	Survey programme does not meet the once in seven year standard
Control Descriptions	Gaps						
Planned Preventative Maintenance (PPM)	The level of PPM currently being carried out is not sufficient leading to more building and plant failures.						
Periodic assessment (non-invasive surveys) of asset condition & compliance	Survey programme does not meet the once in seven year standard						

	Statutory safety inspections of selected installations	No gaps identified
	Block-level technical risk assessments/integrated evaluations	Limited number and refresh/review of block-level technical risk assessments
	Risk-targeted investment in higher risk assets (backlog maintenance and new/replacement assets)	There are issues with the completeness and quality of building/asset technical information
Gaps in controls/ risk mitigations/ action plans	Incomplete: Controls are appropriately designed but not consistently applied.	
Assurance conversation	Discussion centred on the wording used to describe assurance, slight adjustment was recommended to identify: <b>There are strong policies and processes are in place to manage the risk within the constraints of the funding available.</b>	
Recommendations/suggestions	To amend the wording regarding the assurance conversation (above).  No escalation required.	

### **Risk 3068 – Deviation from recognised service standards of practice and delivery**

This risk was presented at the Clinical Governance Committee (CGC) on the 25th of November 2025 and remains at a very high rating (score 20) due to persistent system pressures, insufficient bed capacity, and ongoing workforce challenges that continue to drive deviation from recognised standards of care across NHS Grampian. Despite multiple improvement programmes—including alignment of NSPA processes across ARI and DGH, enhanced IPC oversight, targeted staffing initiatives, development of the Unscheduled Care Improvement Plan, and wider Route Map for Strategic Change activity—the use of Non-Standard Patient Areas remains above agreed thresholds, compliance with key controls such as the Patient Placement Tool is inconsistent, and staffing gaps continue to require substantial mitigation. These pressures carry significant implications for patient safety, staff wellbeing, organisational reputation, and compliance with national frameworks, with Level 1 SAER timeliness also affected. Overall assurance remains Limited, reflecting the need for sustained corrective action, strengthened governance application, and demonstrable improvement in unscheduled care flow before risk reduction will be achievable.

<b>Risk ID and Title: 3068 Service Deviations</b>	
<b>Risk Level</b> (Very High, High, Medium, Low)	Very High
<b>Risk Score</b>	20
<b>Risk Appetite &amp; Tolerance Level</b>	Above Appetite and Out with Tolerance
<b>Primary Risk Impact Category</b> (Risk Matrices assessment category – taken from the risk overview template/risk report)	Healthcare Experience
<b>Risk Appetite Level</b> - taken from the risk overview template/risk report	2 - Cautious
<b>Risk Owner</b>	June Brown, Executive Nurse Director
<b>Risk Handler</b>	Grace McKerron, Chief Nurse
<b>Report Author</b>	Grace McKerron, Chief Nurse
<b>Committee Risk Assurance Level</b>	Limited
<b>Date and Committee Name: 25 November 2025, Clinical Governance Committee</b>	
<b>Committee Risk Discussion – key points to summarise. Consider Risk Assurance and Oversight and not Operational detail.</b>	Nature of risk: Deviation from recognised standards of practice due to use of non-standard patient areas. To manage capacity pressures. Impact: Significant implications for patient safety (infection control, placement, screening) and staff well-being (workload, Health & Care Staffing Act compliance)
<b>Information provided in the paper (data to support) – highlight the data which the Committee felt was useful. Is anything missing? What do you need to be assured?</b>	Non-Standard Patient Areas/Corridor Care Use in Wards, Non-Standard Patient Area Complaints Oct 24 to Sep 25 and Adverse events linked to staffing levels (NMW) Oct 24 to Sep 25.
<b>Risk Controls and Actions – Are the Committee Assured by the current controls and actions – Yes/No, Why?</b>	Governance: Non-Standard Patient Area Monitoring Group with monthly reviews and staff/patient feedback. Clinical risk meetings and governance committee receive regular updates. Operational controls: capacity escalation plans, Trakcare for patient location, robust risk assessments. Infection prevention support, staff well-being initiatives, psychological support. Strategic Plans: Route for change, Unscheduled Care Programme, integration of acute pathways. Bed-based review and improvement work on patient flow and discharge processes.
<b>Gaps in controls/ risk mitigations/ action plans – were any gaps highlighted by the Committee, what are these?</b>	Risk Reduction: Current mitigations cannot materially reduce the risk in the short term. Dependency: Reduction relies on long-term strategic changes and system-wide improvements. Staff Impact: Recognised as significant and potentially unsustainable; escalated to ethics group and likely staff governance.
<b>Assurance conversation – key points from the Committee Assurance Discussion. Are the Committee Assured by what they see regarding this risk? What level of assurance is assigned to the Risk by the Committee?</b>	Committee observations: Controls and monitoring are robust and comprehensive. Despite mitigations, risk level remains high and unlikely to change soon. Staff impact highlighted as a critical concern; commendation of staff resilience. Ethical considerations acknowledged (“least harm” approach)

	<p>Forward Plans: Continued monitoring, improvement in patient flow, discharge processes, and capacity planning.</p> <p>Escalation: No further escalation required beyond existing governance routes (Staff Governance involvement confirmed)</p> <p>Level of Assurance: Limited Assurance agreed by the committee.</p> <p>Reasoning: strong governance and monitoring in place. However, inability to reduce risk significantly until strategic programmes deliver.</p> <p>Recommendation: Maintain current assurance level. Continue oversight and linkage with staff governance and ethics group</p>
<p><b>Committee Recommendations/suggestions – please share any Committee recommendations.</b></p>	<p>Assurance – Review and scrutinise the information provided in this paper and confirm that it provides assurance that:</p> <p>Processes regarding the management of Strategic Risk 3068 are in place, and any gaps in controls identified are being addressed</p> <p>Decision – Determine if the Assurance Level assigned to the management of the risk is appropriate - Limited</p>

**Risk 3125 – Deteriorating Workforce Engagement** was reviewed at Staff Governance Committee on the 18<sup>th</sup> of February 2026. The paper was discussed at CET on the 3<sup>rd</sup> of February 2026 prior to it being present to committee, who endorsed the updated workforce-engagement risk as a materially improved and more realistic reflection of pressures on staff experience, asked that Staff Governance perspectives are explicitly captured, and agreed to progress it to the next governance committee in the standard cycle. The Deteriorating Workforce Engagement strategic risk was considered at the Staff Governance Committee meeting on the 18<sup>th</sup> of February 2026, the risk feedback is provided below:

<b>Risk ID and Title: 3125 – Deteriorating Workforce Engagement</b>	
<b>Risk Level</b> (Very High, High, Medium, Low)	High
<b>Risk Score</b>	16
<b>Risk Appetite</b>	Cautious (11–15)
<b>Primary Risk Impact Category</b> (Risk Matrices assessment category – taken from the risk overview template/risk report)	Workforce (impact on wellbeing, competence, levels)
<b>Risk Appetite Level</b> - taken from the risk overview template/risk report	Cautious (11–15)
<b>Risk Owner</b>	Philip Shipman
<b>Risk Handler</b>	Jason Nicol
<b>Report Author</b>	Jason Nicol
<b>Committee Risk Assurance Level</b>	Agree with the High Risk Level

<b>Date and Committee Name:</b> 18 February 2026 – Staff Governance Committee	
<b>Committee Risk Discussion – key points to summarise. Consider Risk Assurance and Oversight and not Operational detail.</b>	Commended the work on the rewording of the risk.
<b>Information provided in the paper (data to support) – highlight the data which the Committee felt was useful. Is anything missing? What do you need to be assured?</b>	Not discussed at the Committee.
<b>Risk Controls and Actions – Are the Committee Assured by the current controls and actions – Yes/No, Why?</b>	Controls and actions summarised.
<b>Gaps in controls/ risk mitigations/ action plans – were any gaps highlighted by the Committee, what are these?</b>	No gaps had been identified and work was underway to improve was noted. There was challenge of how likely the 31 March 2026 target date for completion in the gaps in controls and the action plan be met. It was felt that there was a need for specific targets/tight deadlines that were realistic to achieve. The Head of Wellbeing, Culture and Development would review in light of the comments to plot out a more stepped approach,
<b>Assurance conversation – key points from the Committee Assurance Discussion. Are the Committee Assured by what they see regarding this risk? What level of assurance is assigned to the Risk by the Committee?</b>	Partially assured.
<b>Committee Recommendations/suggestions – please share any Committee recommendations.</b>	None.

**Risk 3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies** was updated and discussed as part of the CET performance deeper dive on the 27<sup>th</sup> of January 2026; this risk is due to be reviewed at PAFIC in June 2026. The risk was previously discussed at PAFIC in September 2025.

**Risk 3125 – Cybersecurity Incident** is due to be reviewed at PAFIC on the 27<sup>th</sup> of May 2026. The risk handler is currently updating the risk overview template and writing the supporting risk paper to reviewed by CET prior to presentation at the committee.

### 2.3.1 Quality/ Patient Care

A robust organisational risk management process will enable risks posed to quality and care to be identified and managed. The Clinical Governance Committee will provide assurance for aligned significant operational and Strategic Risks.

### **2.3.2 Workforce**

A robust risk management process will enable risks relating to the organisations workforce to be identified and managed. The Staff Governance Committee will provide assurance for aligned significant operational and Strategic Risks.

### **2.3.3 Financial**

A robust risk management process will enable financial risks to be identified and managed. The Performance Assurance, Finance & Infrastructure Committee will provide assurance for aligned significant operational and Strategic Risks.

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

Risk management processes are described within this paper.

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

An impact assessment has not been completed because this is a summary report.

### **2.3.6 Other impacts**

N/A

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

This report has not been shared with any external stakeholders.

The Committees carried out its duties to involve and engage external Stakeholders where appropriate.

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

Details regarding the Strategic Risk Register contained in this report have previously been considered by the following groups as part of its development:

- NHSG Chief Executive Team Business and Strategic Risk Meetings
- NHSG Clinical Governance Committee
- NHSG Staff Governance Committee
- NHSG Population Health Committee
- NHSC Performance Risk Assurance, Finance & Infrastructure Committee

## **2.4 Recommendations**

- 3 **Endorse** this report as a comprehensive update on NHS Grampian's management of the organisation's strategic risks, noting that it highlights areas of concern, progress on mitigating actions, and upcoming reviews and provides assurance that the strategic risks are reviewed regularly and are being managed appropriately.
- 4 **Note** that this report will be updated and provided to the Board twice a year, in June and December, with the next report due in December 2026, on the basis that each

risk is reported in depth to the appropriate Board committee twice year and this report collates the outputs of those assurance discussions.

- 5 **Agree** that Committee Chairs are responsible for ensuring that a summary of the discussions and agreed assurance levels of each risk discussed at the Committee meeting is shared with the Quality Improvement Assurance Team (QIAT), using the template provided and in a timely fashion to inform this report to the Board.

## 6 **Appendix/List of appendices**

The following appendices are included with this report:

- Appendix 1 – Strategic Risk Register Summary as of 13<sup>th</sup> of April 2026
- Appendix 2 – Risk Overviews presented at CET to inform risk deeper dives for risks planned care (3065), finance (3130), and unscheduled care risks (3639).

Strategic Risk Score Movement is summarised below: **Updates since the last Executive Team review are highlighted in Yellow:** As of 13<sup>th</sup> April 2026



Risk ID & Title	Risk Owner (O) & Handler (H)	Date last reviewed on the Datix System	Risk target	Current Risk Level & Rating	Risk Response	Risk Appetite	Risk Appetite	Action plans & Assurance	CET Review	2025/26				Quarterly Risk Score Movement
										Q1	Q2	Q3	Q4	
<p><b>3065: Inability to meet population demand for Planned Care</b>  <b>Risk Matrix Category: Injury</b></p> <p><b>Risk causes:</b>                      The demand for Planned Care is outstripping NHS Grampian's current ability to effectively respond to this demand through its capacity, in a way that is safe, effective or patient centred.</p> <p><b>The risk event:</b>                      Patients are unable to gain timely access to outpatient, diagnostic and inpatient services.</p> <p><b>Consequences:</b>                      There may be an increase of avoidable adverse clinical outcomes resulting in patient harm, including an increase in disease complexity and avoidable morbidity and mortality. This may drive excess healthcare consumption and costs in the wider healthcare and social care system including unscheduled care demands.                      NHS Grampian staff may have poor work experiences and there may be damage to the organisation's reputation with resulting lack of public confidence.</p>	<p>O: <b>Geraldine Fraser</b>                      H: Matthew Toms</p>	<p>Monthly review: last reviewed  <b>13/03/2026</b>                      In Date</p>	15	<p>Very High (20)                      (Likely/Extreme)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Aim: Reduce the risk score.</p> <p>↓</p>	Minimalist	<p>Above Appetite: Out with tolerance (8-14)</p> <p>Enhanced motoring</p>	<p><b>Limited</b></p> <p>07/04/2025 Planned care risk statement 18/02/25</p> <p>Presented at CGC 25/11/2025</p>	<p>April 2025</p> <p>Oct 2025</p>	20	20	20	20	<p>No movement</p> <p>↔</p>
<p><b>3639: Significant delays in the delivery of Unscheduled Care</b>  <b>Risk Matrix Category: Injury</b></p> <p><b>Risk Causes:</b>                      The demand for Unscheduled Care services is greater than NHS Grampian's capacity to respond in a safe and timely manner.                      This risk manifests system wide for those patients who required care in an unscheduled way.</p> <p><b>The risk event:</b>                      Patients presenting to Urgent, Unscheduled and Emergency Care Pathways across our system are delayed in being triaged and assessed, with further delay in appropriate placement for treatment and subsequent discharge as available capabilities and capacity are routinely overwhelmed.</p> <p>Patients are therefore not receiving care in the right place, at the right time. Systems and processes fail under extreme pressure with staffing levels often being unsafe. Financial constraints and an inability to work openly and effectively across departments and across our health and care system lead to an increased risk of patient harm, and present significant challenges to adapting the system in an agile way.</p> <p><b>Consequences:</b>                      The consequence is an imbalanced risk profile across the entirety of the system; excessive waits for emergency and acute treatment leading to routine and prolonged ambulance stacking; excessive waits to access follow-on treatment once clinically fit for discharge which necessitates continuous use of non-standard bed-spaces, and excessive boarding of patients.</p>	<p>O: <b>Leigh Jolly</b>                      H: Christopher Middleton</p>	<p>Monthly review: last reviewed  <b>01/04/2026</b>                      In Date</p>	8	<p>Very High (25)                      (Almost Certain/Extreme)</p> <p>October 2025: Risk score increased</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Aim: Reduce the risk score.</p> <p>↓</p>	Cautious	<p>Above Appetite: Out with tolerance</p> <p>Enhanced motoring</p>	<p><b>Limited:</b> current controls incomplete</p> <p>Assurance Report presented at: <b>CGC 19/08/2025 25/11/2025</b></p>	<p>April 2025</p> <p>Oct 2025</p>	20	25	25	25	<p>No movement</p> <p>↔</p>



<p><b>3127: Inability to affectively maintain and invest in NHS Grampian's infrastructure</b>  <b>Risk Matrix Category: Service Delivery</b></p> <p><b>Cause:</b>  NHS Grampian's estate is aging with an increasing backlog of high-risk maintenance issues and associated problems with critical utilities.  Delays in construction of or lack of capital investment in major estate buildings and facilities.</p> <p><b>The risk event:</b>  Structural building failures, for example falling masonry, ceiling collapse and/or ventilation system failures.  Limited availability of temporary accommodation to allow upgrade/refurbishment of existing facilities, or services may be unwilling to relocate temporarily.  Hindering of recovery and improvements in organisational productivity and capacity.</p> <p><b>Consequence:</b>  Potential closure of buildings, due to denial or delay of facilities improvement, will reduce capacity for clinical care.  Detriment to quality and safety of patient care.  Impact upon staff safety and experience.  Increased risk of adverse related events.</p>	<p><b>O:</b> Alan Wilson  <b>H:</b> Gavin Payne</p>	<p>Monthly review: last reviewed  <b>25/03/2026</b>  <b>In Date</b></p>	<p>4</p>	<p>Very High (20)  (Likely/Extreme)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Aim: Reduce the risk score.  ↓</p>	<p>Open</p>	<p>Above Appetite: Out with tolerance  Enhanced motoring</p>	<p><b>Limited</b></p> <p>Assurance Report presented at <b>PAFIC 28/02/2025 26/11/2025 ARC on 29/09/25</b> risk appetite level was updated.</p>	<p>April 2025  Oct 2025</p>	<p>20</p>	<p>20</p>	<p>20</p>	<p>20</p>	<p>No movement  ↔</p>
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<p><b>3068: Deviation from recognised service standards of practice and delivery</b></p> <p><b>Risk Matrix Category: Health Care Experience</b></p> <p><b>Cause:</b> Due to resource constraints, insufficient bed base and system pressures, there are instances when it is necessary to deviate from accepted organisational procedures and expected patient care standards.</p> <p><b>The risk event:</b> Due to lack of bed space, it has been necessary to implement deviations allowing the care of patients in non-standard patient areas; surge beds, treatment/ consultation rooms, multi bay rooms and ward corridors within ARI and community hospitals. Due to insufficient nursing and midwifery staffing there is often an inability to adequately meet required roster/shift establishments requiring a high percentage of supplementary staffing to bridge this gap. There may be insufficient staff in terms of volume and skill mix to deliver safe and appropriate care despite mitigations being applied through real time staffing processes. Recurrent risks as a result of continuously managing real time staffing risks. Due to operational pressures and conflicting priorities, there is an inability to commission and complete Level 1 reviews within the agreed timescales in the national framework.</p> <p><b>Consequences:</b> Impact upon patient safety and quality of care. Normalisation of deviations which could result in patient harm. Poor staff experience and impact on staff health, wellbeing, moral injury and potential for ethical implications. Organisational reputational damage and lack of public confidence. Not meeting legal obligations in terms of HCSA and delivery of safe and appropriate care. Poor external inspection experience by HIS relating to compliance with HCSA. Level 1 - there is a risk to the patient and their families of a poor experience if reviews over run and do not meet the standard expected in terms of quality and content. There is a risk if patients/families are not involved timeously, that unique detail and understanding of the event is not included and therefore learning not gained.</p>	<p>O: June Brown H: Grace McKerron</p>	<p>Monthly review: last reviewed <b>25/03/2026</b> In Date</p>	<p>4</p>	<p>Very High (20) (Almost Certain/Extreme)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Aim: Reduce the risk score.</p> <p>↓</p>	<p>Above Appetite: Out with tolerance</p> <p>Enhanced motoring</p> <p>Cautious</p>	<p><b>Limited</b></p> <p>Action Plan has been in place on the Datix system.</p> <p>Presented at CGC on 01/05/2025 25/11/2025</p>	<p>April 2025</p> <p>Oct 2025</p>	<p>20</p>	<p>20</p>	<p>20</p>	<p>20</p>	<p>No movement</p> <p>↔</p>
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<p><b>3130: Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies</b></p> <p><b>Risk Matrix Category: Finance</b></p> <p><b>Cause:</b> As a result of/due to: - Operational service pressures and inflation impact directly on the gap between funding levels and need. - Financial resources invested in current service models, difficult to shift into new service models and pathways of care, including investment in prevention/early intervention. - Prioritisation of financial resource towards current healthcare model exacerbates existing health inequalities. - There is a requirement to recover the financial position by redesigning services and implementing cost control measures to achieve savings.</p> <p><b>The risk event:</b> By being unable to shift financial resources into new service models; - We are reliant on additional funding to deliver service change. - There is a high risk of overspending on service budgets.</p> <p><b>Consequence:</b> This may result in: - Further escalation on the Scottish Government's performance framework. Inability to financially support current levels of service provision and workforce size. - Inability to financially support current levels of service provision and workforce size. - Inability to meet financial targets and resources prioritised to deal with operational pressures at the expense of delivering the annual delivery programme. - Impact on the delivery of programmes and patient care &amp; inability to create the conditions for sustainable change. - Exacerbating health inequalities and population health outcomes. Exacerbating health inequalities and population health outcomes.</p>	<p>O: Alex Stephen H: Sarah Irvine</p>	<p>3 Monthly Review: Last reviewed <b>23/01/26</b> In Date</p>	<p>4</p>	<p>High (15) (Possible/Extreme)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Aim: Reduce the risk score ↓</p>	<p>Above Appetite: <b>Within tolerance</b></p> <p>Enhanced motoring</p> <p>Cautious</p>	<p><b>Limited</b></p> <p>Risk Controls in the assurance report presented at <b>PAFIC on 02/04/2025</b> <b>03/09/2025</b></p> <p><b>CET 25/08/2025</b></p>	<p>April 2025</p>	<p>15</p>	<p>15</p>	<p>15</p>	<p>15</p>	<p>No movement. ↔</p>
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<p><b>3650: Inability to effectively engage citizens to shape service improvement &amp; transformation</b>  <b>Risk Matrix Category: Health Care Experience</b></p> <p><b>Risk Causes:</b></p> <p>If we lack sufficient systems, resources and organisational commitment to engage meaningfully with citizens.</p> <p><b>The risk event:</b></p> <p>Then we risk failing to understand their insight and priorities resulting in services that are not designed around the needs of the people they serve. We will also miss critical opportunities to build trust and collaborate on early interventions that address diverse community needs.</p> <p><b>Consequences:</b></p> <p>Result: Public funds will be directed toward reactive responses to issues that could have been prevented. Services may fail to meet expectations, leading to poorer health outcomes—particularly among those who are most disadvantaged.</p> <p>There will be reputational damage and a lack of public confidence resulting from a failure to work with the public to reform services.</p> <p>There will be ineffective use of services which could have been prevented through dialogue and consistent engagement</p> <p>We may be unable to fulfil statutory requirements and meet Planning with People guidance.</p> <p>Failure to access services may result in the population spending more time in poor health with the most disadvantaged impacted the greatest.</p> <p>There will be poorer staff experience and more complaints, leading to increased sickness absence, vacancies, staff turnover and stress.</p>	<p>O: Shantini Paranjothy  H: Luan Grugeon</p>	<p>3 Monthly Review: Last reviewed <b>20/02/2026 In Date</b></p>	<p>8</p>	<p>High (16) (Likely/Major)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Within tolerance</p> <p>↔</p>	<p>Above Appetite: <b>Within tolerance</b> (11-15)</p> <p>Cautious</p>	<p><b>Limited</b></p> <p>Assurance Report presented at <b>Population Health on April 2025 21/11/25 &amp; November 2025</b></p>	<p>April 2025  <b>Feb 2026</b></p>	<p>16</p>	<p>16</p>	<p>16</p>	<p>16</p>	<p>No movement</p> <p>↔</p>
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<p><b>3006: Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.</b>  <b>Risk Matrix Category: Transformation &amp; Innovation</b></p> <p><b>Cause:</b>  Key areas causing/preventing necessary level of change and innovation within NHS Grampian are:  <b>Clarity</b> - unable to articulate the model of change which requires to be delivered to achieve the ambitions within the Plan for the Future (PfF).  <b>Commitment</b> – unable to seek the level of commitment required locally, regionally or nationally due to the lack of clarity on model of change and ask of change teams. Continued protection of current business as usual approach.  <b>Capacity</b> – insufficient capacity and a clear focus to commission, carry out, scale up and fully embed change in a timely manner (linked to clarity and commitment).  <b>Constraints</b> – relating to system pressures; current policy and system lags; unknown impacts of future national policy; funding and capacity challenges within the NHS and partner organisations; impacts of decisions made externally may impact on assumptions set out in the PfF and enabling model of change</p> <p><b>The risk event:</b></p> <ul style="list-style-type: none"> <li>- Engagement, ownership/buy-in and participation of frontline staff in enabling required changes (links to separate workforce risk).</li> <li>- The ability to effectively collaborate with citizens, communities and partners (links to separate citizen engagement risk).</li> <li>- The ability to maximise change team capacity and resources on those activities which enable greatest sustainable impact in line with the PfF.</li> <li>- Lost opportunities to reduce duplication, waste and improve productivity.</li> <li>- Inability to understand and influence changes and funding decisions within NHS Grampian and with Partners.</li> <li>- Stakeholders continue to hold onto medical/ traditional models of care.</li> </ul> <p><b>Consequences:</b>  Failure to make the necessary changes as set out in the PfF (and Delivery Plan), resulting in:</p> <ul style="list-style-type: none"> <li>- Failure to improve the health of the Grampian population and see an increase in the health inequalities gap (links to population health risk).</li> <li>- Failure to move to a more sustainable model of care with a risk of greater instability.</li> <li>- Deteriorating performance (outcomes, service, workforce and financial).</li> <li>- Inability to manage healthcare demand, risk and changing priorities within available resources in an agile way (links to service delivery risk).</li> <li>- Potential for harm to service users.</li> <li>- Failure to deliver objectives set out in the organisations enabler plans (links to wider risks).</li> <li>- Failure to maximise all available resources to ensure greatest value/impact (people, infrastructure, digital, equipment etc.).</li> </ul> <p>Organisational reputational damage and reduction in public confidence.</p>	<p><b>O:</b> Laura Skaife-Knight. (N.B. the risk owner will be the new Director of Strategy, Transformation &amp; Performance</p> <p><b>H:</b> Lorraine Smith</p>	<p>3 Monthly Review: Last reviewed <b>06/01/2026</b>  <b>In Date</b></p>	<p>4</p>	<p>High (12) (Possible/Major)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Within appetite</p> 	<p>Courageous</p>	<p><b>Within Appetite &amp; Tolerance</b></p>	<p><b>Limited</b></p> <p>Assurance Report presented at <b>PAFIC on 25/09/2025</b>  <b>ARC on 29/09/25</b> risk appetite level was updated.  <b>PAFIC Jan 2026.</b></p>	<p>April 2025</p>	<p>12</p>	<p>12</p>	<p>12</p>	<p>12</p>	<p>No movement</p> 
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<p><b>3132: Cybersecurity Incident</b></p> <p><b>Risk Matrix Category: Service Delivery</b></p> <p><b>Cause:</b>  NHS Grampian faces potential cybersecurity risks across its estate, spanning People, Process, and Technology domains.  People: the organisation faces a concerning proliferation of Domain Admin Accounts, amplifying the risk of unauthorised access and compromises. Additionally, the use of vulnerable web browsers adds another layer of vulnerability, as it increases the likelihood of human error and exploitation due to lack of awareness. This also includes susceptibility to phishing attacks, divulging login details, and falling for clickbait.  Process: the absence of routine patching for both servers and workstations signifies a gap in cybersecurity procedures, leaving systems exposed to known vulnerabilities. Furthermore, inadequate web filtering exacerbates these risks by allowing access to potentially malicious content.  Technology: the presence of servers and desktops running unsupported operating systems poses a significant threat, as these systems lack essential updates and patches, rendering them more susceptible to cyber threats. Moreover, the end-of-life status of the Network monitoring Introspect System further compounds these technological risks, leaving NHS Grampian without necessary support and protection against emerging threats. Additionally, our PEN testing and vulnerability scanning systems have been retired due to lack funding leaving the organisation more at risk of attack as we no longer have visibility of weaknesses in our systems (Including our public facing websites.)</p> <p><b>The risk event:</b>  A Cyber-Attack could result in computer systems becoming inoperable, or unavailable, with data being destroyed, stolen, or encrypted. This could range from a single computer to the entire estate. Potential for a major security breach or system compromise across its NHSG IT infrastructure. This could involve unauthorised access to sensitive data due to the proliferation of Domain Admin accounts, exploitation of vulnerabilities in systems running unsupported operating systems, and human-enabled security incidents stemming from the use of vulnerable software.</p> <p><b>Consequences:</b>  Legitimate access to computer systems, medical records, patient data, or medical devices may be compromised, leading to potential disruptions in healthcare delivery. Depending on the nature and duration of the incident, the clinical impact could range from moderate to severe, affecting patient care and safety.  Patient data may be compromised, lost, or stolen, posing risks to confidentiality and privacy.  The exposure of confidential information could result in public disclosure, leading to reputational damage and loss of trust.  Failure to comply with regulatory and compliance requirements may result in legal or financial penalties and reputational repercussions for the organisation.  Overall, the organisation's reputation could be significantly impacted, affecting stakeholder trust and confidence in NHS Grampian's ability to safeguard sensitive information and deliver quality healthcare services.</p>	<p><b>O:</b> Hugh Bishop  <b>H:</b> Alex Robertson</p>	<p>3 Monthly Review: Last reviewed <b>20/01/26 In Date</b></p>	<p>8</p>	<p>High (12) (Possible/Major)</p>	<p><b>Treat &amp; Mitigate</b></p> <p>Within appetite</p> 	<p>Open</p>	<p><b>Within Appetite &amp; Tolerance</b> (13-19)</p>	<p><b>Limited</b>  Due to ongoing gaps in resourcing, patch management procedures, and the continued presence of unsupported operating systems.</p> <p>Assurance Report presented at <b>PAFIC on 28/05/2025</b>  <b>ARC on 29/09/25</b> risk appetite level was updated.</p> <p><b>PAFIC 01/04/2026</b></p>	<p>April 2025</p>	<p>12</p>	<p>12</p>	<p>12</p>	<p>12</p>	<p>No movement</p> 
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<p><b>3125: Deteriorating Workforce Engagement</b></p> <p><b>Risk Matrix Category: Workforce</b></p> <p><b>Cause:</b> Lack of employee voice, workforce fatigue and perceived lack of organisational awareness/care about our staff's collective experience, combined with our staff's lived experience of system pressures and non-standard patient areas.</p> <p><b>The risk event:</b> May impact negatively on workforce experience, increasing attrition and reducing organisational attractiveness.</p> <p><b>Consequences:</b> Deteriorating performance and inability to deliver required change to achieve our strategic plan, increasing the instability of services, with the potential for adverse impact on patient and staff experience and likelihood of reputational damage.</p>	<p>O: Philip Shipman H: Jason Nicol</p>	<p>3 Monthly Review: Last reviewed <b>13/04/2026</b> In Date</p>	<p>6</p>	<p>High (16) (Likely/ Major)</p>	<p><b>Treat &amp; Mitigate</b>  Within appetite ↔</p>	<p>Cautious</p>	<p><b>Within Appetite &amp; Tolerance</b> (11-15)</p>	<p><b>Reasonable</b>  Action Plan is in place on the Datix system.  Assurance report presented at <b>Staff Governance 01/05/2025</b>  <b>Staff Gov: 19/02/2026</b></p>	<p>April 2025  CET: March 2026 to review paper</p>	<p>12</p>	<p>12</p>	<p>12</p>	<p>12</p>	<p>Risk score was increased 13/04/26 from 12 to 16.  ↑</p>
<p><b>3131: Worsening health in Grampian particularly in those who experience multiple disadvantages</b></p> <p><b>Risk Matrix Category: Health Care Inequality</b></p> <p><b>Cause:</b> Prior to the pandemic, improvements in mortality rates had stalled with evidence of some inequalities widening. The pandemic disrupted access to preventative health and care services with negative impacts on population mental health and wellbeing, particularly for those who experience multiple disadvantage. Recovery has been further impeded by a higher cost of living. Insufficient investment in prevention (primary, secondary and tertiary) across the system will lead to loss of opportunities to prevent illness and enable wellness.</p> <p><b>The risk event:</b> There is a risk to worsening health for the population of Grampian which may further increase demand for health and social care. This may create further issues with sustainability across the whole of the system. Poorer outcomes are more likely for those who already experience multiple disadvantages; we may see inequalities exacerbated in our communities.</p> <p><b>Consequences:</b> This may result in an inability to deliver the ambitions set out in Grampian Plan for the Future (2022-2028), deteriorating performance against ADP work plan, funds used to respond to preventable demand, inability to fulfil statutory requirements, reputational damage due to inability to protect population health and ultimately the population will spend more time in poor health with most disadvantaged impacted greatest.</p>	<p>O: Shantini Paranjothy H: Kim Penman</p>	<p>6 Monthly Review: Last reviewed <b>19/11/25</b> In Date</p>	<p>8</p>	<p>Medium (9) (Unlikely/ Major)</p>	<p><b>Treat &amp; Mitigate</b>  Within appetite ↔</p>	<p>Minimalist</p>	<p><b>Within Appetite &amp; Tolerance</b> (8-14)</p>	<p><b>Strong</b>  Assurance report presented at Population Health Committee on 27/02/2026</p>	<p>April 2025</p>	<p>9</p>	<p>9</p>	<p>9</p>	<p>9</p>	<p>No movement  ↔</p>

Appendix 2: Risk overviews used to support risk deeper dives at CET on the 27<sup>th</sup> January 2026:

NHS Grampian - Strategic Risk – November 2025		Approval Status: Final approval As of 23/01/2026			
Risk ID & Title: 3065 Inability to meet population demand for Planned Care					
<b>Risk Description:</b> <b>Cause:</b> The demand for Planned Care is outstripping NHS Grampian's current ability to effectively respond to this demand through its capacity, in a way that is safe, effective or patient centred. <b>The risk event:</b> Patients are unable to gain timely access to outpatient, diagnostic and inpatient services. <b>Consequences:</b> There may be an increase of avoidable adverse clinical outcomes resulting in patient harm, including an increase in disease complexity and avoidable morbidity and mortality. This may drive excess healthcare consumption and costs in the wider healthcare and social care system including unscheduled care demands. NHS Grampian staff may have poor work experiences and there may be damage to the organisation's reputation with resulting lack of public confidence.					
<b>Organisation Objectives:</b> Injury (physical or psychological) to patient/ client/visitor/ staff.			<b>Governance Committee:</b> Clinical Governance Committee (CGC) 05/08/2025 Nov 2025 <b>Staff Governance</b> 03/07/2025		
<b>Risk Owner &amp; Review Date:</b> O: Dr Paul Bachoo H: Matthew Tomms Last reviewed: 23/01/2026 In Date	<b>Current Risk Level &amp; Rating:</b> 20 Very High (Monthly review) (Target score 15 Medium Risk)	<b>Likelihood:</b> Likely	<b>Consequence:</b> Extreme	<b>Risk Response:</b> Treat/ Mitigate	<b>Risk Appetite:</b> (8-14) Minimalist
<b>Controls: Being Implemented</b> Operational Improvement Plan 2025/26 Review of all deaths on IPWL Monitoring of emergency admissions and presentations from the waiting list Waiting Well Process Escalation process					
<b>Gaps in Controls:</b> Patients may deteriorate without notification and therefore not be appropriately responded to					
<b>Robustness of testing the controls recorded:</b>					
<b>Have the Controls Been Tested:</b> These are in place and active.		<b>Analysis and Findings of Control Testing:</b>			
<b>Adequacy of Controls: Limited Assurance in Governance and Controls</b>					
<b>Action Plan:</b>					
<b>Action ID</b>	<b>Owner</b>	<b>Due Date</b>	<b>Progress and Description: (In development, Planned, Being Implemented, Consent monitoring, In place.)</b>		
24364	Paul Bachoo	30/06/2022	Plan for the Future <b>(Complete and closed on 27/07/2023)</b>		
24365	MS23	05/07/2022	Bow Tie Analysis <b>(Complete and closed on 07/04/2025)</b>		
40139	Matthew Toms	31/05/2026	<b>Being Implemented</b> Operational Improvement Plan 2025/26		

**Risk Rationale/Comments:**

**This risk is currently being reviewed & updated, with the anticipation that the risk score will be reduced.**

This risk profile is driven by an increasing burden of patients waiting significantly (>52wks) in excess of the design parameters & capacity to control within our clinical risk management system. The main drivers continue to be reduced system capacity across our NHSG network, models of service delivery between our Hub and Spokes & associated legacy governance systems. This limits our ability to surge capacity / performance beyond current increased levels of activity. Without mitigations, based on the 2024/5 trajectories, this position will show a worsening position in 2025/26. This will be compounded by an estimated loss of approximately 1000TTG patients due to planned CDU downturn. This downturn will be against the lowest priority / longest waiters.

In addition to all QiP-CfSD /ANIA/RM-VBHC programmes of work, key steps to improving the position need to include:

- Successful reintroduction of the short stay theatre complex into operational use
- A move to single integrated elective services with unified governance arrangements in places delivering bespoke models of service
- Risk equalisation across the North of Scotland region
- Agreed savings position to enable the planned care impact to be identified and quantified
- A successfully reduction in the unplanned care risk profile to release elective care resources back from mitigating the unplanned capacity gap
- Additional funded capacity to deliver against the >52 week cohort.

This risk was reported to the Staff Governance Committee on 03 July 2025. The Committee reviewed and scrutinise the information provided in this paper and confirmed that it provides assurance that the strategic Risk Planned Care 3065 is being reviewed, the risk is being mitigated using operational actions internally and additional capacity from national funding; and the Committee acknowledged improvements are well placed to positively impact the Strategic Risk Level for Planned Care, 3065. The Committee also reviewed a paper describing the staff governance standards in relation to this risk and was assured that staff governance principles remain a high priority of our focus as we mitigate Strategic Risk 3065. The Committee also recognised and supported the operational and strategic actions that support staff wellbeing and workforce sustainability. 07/04/2025 Risk updated to reflect ongoing work with CET. Risk to be reported 2 x per year to both Clinical Governance Committee and Staff Governance Committee, with review at each CET Strategic Risk Meeting.

<b>NHS Grampian Strategic Risk: As of 18/01/2026</b>		<b>Approval Status: Final approval</b>			
<b>Risk ID &amp; Title: 3639 Significant delays in the delivery of Unscheduled Care</b>					
<b>Risk Description:</b>					
<b>Cause:</b> The demand for Unscheduled Care services is greater than NHS Grampian's capacity to respond in a safe and timely manner.  This risk manifests system wide for those patients who required care in an unscheduled way.					
<b>Risk event:</b> Patients presenting to Urgent, Unscheduled and Emergency Care Pathways across our system are delayed in being triaged and assessed, with further delay in appropriate placement for treatment and subsequent discharge as available capabilities and capacity are routinely overwhelmed.  Patients are therefore not receiving care in the right place, at the right time. Systems and processes fail under extreme pressure with staffing levels often being unsafe. Financial constraints and an inability to work openly and effectively across departments and across our health and care system lead to an increased risk of patient harm, and present significant challenges to adapting the system in an agile way.					
<b>Consequences:</b> The consequence is an imbalanced risk profile across the entirety of the system; excessive waits for emergency and acute treatment leading to routine and prolonged ambulance stacking; excessive waits to access follow-on treatment once clinically fit for discharge which necessitates continuous use of non-standard bed-spaces, and excessive boarding of patients.					
<b>Organisation Objectives:</b> <b>Risk Category: Quality &amp; Safety</b> <b>Primary Impact:</b> Injury (physical or psychological) to patient/ client/ visitor/ staff <b>A significant reduction in the delay of patients being triaged and assessed within the emergency care setting.</b> <b>An improvement in patient flow throughout unscheduled care pathways.</b>			<b>Governance Committee:</b> Clinical Governance Committee - 19/08/2025 25/11/2025		
<b>Risk Owner &amp; Review Date:</b>  O: Geraldine Fraser  H: Christopher Middleton  Last reviewed: 29/10/2025  <b>Overdue Review</b>	<b>Current Risk Level &amp; Rating:</b>  25 <b>Very High</b> <b>(Monthly review)</b>  (Target score 8 Medium Risk)	<b>Likelihood</b>  Likely	<b>Consequence</b>  Extreme	<b>Risk Response:</b>  Treat/Mitigate	<b>Risk Appetite:</b>  Minimalist  (8-14)
<b>Controls: Management of the Risk</b>  G-OPES Daily System Connect Joint Escalation Framework (SAS) Major Incident Plan Business Impact Assessments SAS Management of Risk Access to Bank / Agency / Locum staff Unscheduled Care Programme Board (devising and implementing initiatives to improve short to medium term performance).					
<b>Improvement plans and areas of focus:</b>  To reduce the risk there will be a requirement to reduce acute hospital occupancy and improve flow of patients home or to a community setting. The NHS Grampian USC Improvement Plan has been framed to focus on areas which will give maximum impact for this and is in line with the Scottish Government's Operational Improvement Plan. Anticipated Scottish Government improvement funding (£3M for 2025/26) will be focused on a whole system solution between the acute hospitals and the Health and Social Care Partnerships:  Admission Avoidance: <ul style="list-style-type: none"><li>FNC reinforcement to complete 24/7 coverage and increase capacity at peak times.</li><li>Frailty at the Front Door capacity to redirect patients to community services.</li></ul> Rapid Patient Journey through Acute Settings <ul style="list-style-type: none"><li>Increase out of hours and weekend pharmacy opening times.</li><li>Expand the Frailty Liaison Team and AHP provision.</li><li>Extend opening times of DGH discharge lounge.</li><li>Expand weekend AHP coverage.</li></ul>					

**Risk ID & Title: 3639 Significant delays in the delivery of Unscheduled Care**

Increase Pull-Through capabilities to community

- Establish an Aberdeenshire Frailty Unit.
- Provide 7 day therapy service for Frailty.

Increase downstream capacity

- Support 30 DD/DTOC rapid moves to Aberdeenshire Care Home spaces.
- Establish a Discharge: To Assess capability in Aberdeenshire.
- Consider increases to Aberdeen City H@H and boundary shift to include south Aberdeenshire.

**Gaps in Controls:**

Control Description	Gaps or deficiencies
G-OPES – <b>Partially effective</b>	MUSC G-OPES level regularly sits at the highest level as calculated from bed capacity, staffing, and SAS waits. The Whole System Tactical Group meets weekly and can be stood up with an escalation from the Daily System Connect Meeting. Decision making is however limited due to resource restrictions in the HSCPs.
Daily System Connect- <b>Under review</b>	Whilst the process communicates the capacity constraints within the system, the ability of those present to have significant impact on the system needs is limited by infrastructure, resources and financial constraints. DSC is currently being reviewed to ensure clarity on purpose and function.
Joint Escalation Framework (SAS) - <b>Partially Effective</b>	This system works within working hours, however out of hours this has not been implemented due to concerns from the on-call site management team.
Major Incident Plan - <b>Effective</b>	n/a
Business Impact Assessments - <b>Ineffective</b>	Services and pathways have impact assessments in place, however, whether these are effective and integrated across the whole system is unclear and untested.
SAS Management of Risk – <b>Partially effective</b>	The joint escalation framework seeks to allow 24-hour dynamic capacity management to preserve ambulance availability. The SAS National Control Centre ensures appropriate use of resource for calls and effectively triages to reduce unnecessary ambulance conveyance.
NHSG Cohorting SAS patients in ED - <b>Effective</b>	Test of Change to increase Majors assessment area by 3 x assessment bays and increase Minors assessment area by 4 bays. Positive impact evidenced on ambulance turnaround time averages and 90 <sup>th</sup> percentile since implementation.
Access to Bank / Agency / Locum staff - <b>Effective</b>	The process for Bank/Agency Locum is effective, however, there is a risk that shifts will remain unfilled
Unscheduled Care Programme Board (devising and implementing initiatives to improve short to medium term performance) - <b>Effective</b>	A restructure of the USC Programme Board has taken place in 2025 resulting in more clinically led improvement initiatives and better links between the improvement programme and clinical teams.
Bed Base Review Phase 1 and 2024 Bed Contingency Plan - <b>Effective</b>	Expansion of MUSC/Frailty footprint to include W303/W304, W308 and 20 beds in Rosewell House.
Use of Non-Standard Patient Areas - <b>Effective</b>	75 additional patients hosted in these areas routinely to enable sufficient movement from assessment areas.

**Risk ID & Title: 3639 Significant delays in the delivery of Unscheduled Care**

**Robustness of testing the controls recorded: Governance & assurance**

**Operational oversight**

Enduring responsibility:

- Acute Senior Leadership Team
- Chief Officers, HSCPs
- Portfolio Senior Leadership Team (SLT)

Out of Hours operational management:

- Site Managers
- Duty Managers
- Emergency Director on Call (EDOC)
- Medical Director on Call (MDOC)
- Senior Operational Manager SAS (SOM)

Meetings:

- ED Senior Staff Meeting
- G-OPES at 0830 Safety Brief
- Portfolio Management Board
- Tactical Groups within MUSC
- 0900 Operational Stand Up Meeting
- 0800/1100/1500 Flow Optimisation Huddle
- Delayed Discharge / DTOC Meetings
- SAS Weekly Operational Meeting

**Reports / metrics / overseen by Board/ Governance committee(s)**

- Clinical Governance Committee – last update 14.05.24 via CRM and M&M processes
- Staff Governance Committee – 06.06.24 (held until next meeting)
- Performance, Assurance, Finance & Infrastructure Committee
- Unscheduled Care Programme Board
- Safe Care Audit
- Cross System Clinical Group

**Sources of external oversight / scrutiny**

- Scottish Government – Unscheduled Care Performance Team (Performance & Improvement Meeting, Weekly Performance Report)
- Golden Jubilee – Centre for Sustainable Delivery
- Royal College of Emergency Medicine (RCEM) and other Royal Colleges
- Health Improvement Scotland (HIS)
- Convention of Scottish Local Authorities (COSLA)
- Scottish Public Services Ombudsman (SPSO)
- NHS Education for Scotland (NES)
- SG Level 4 Assurance Board

NHS Grampian Strategic Risk: As of 18/01/2026		Approval Status: Final approval	
<b>Risk ID &amp; Title: 3639 Significant delays in the delivery of Unscheduled Care</b>			
<b>Have the Controls Been Tested:</b>		<b>Analysis and Findings of Control Testing:</b>	
		<b>Sharing Risks:</b> Dr Stephen Friar, Portfolio Clinical Director for Medicine and Unscheduled Care, ARI Christopher Middleton, MUSC Operations and Performance Lead Catriona Robbins, Chief Nurse MUSC ARI Matthew Toms, Lead for Performance Governance Acute Sector	
<b>Adequacy of Controls:</b>			
<b>Limited Assurance.</b> Governance, risk management and control arrangements provide <i>limited</i> assurance that the risk is managed efficiently and effectively. Corrective action is required to resolve control weaknesses.			
<b>Action Plan:</b>			
Action ID	Owner	Due Date	Progress and Description: <i>In development, Planned, Being Implemented, Consent monitoring, In place.</i>
33524	Lucy McLeod	31/03/2025	Progression of Unscheduled Care Improvement Programme Action Plan. The Action Plan focuses on: Community Urgent Care, Flow Navigation, Hospital @ home / Virtual Community Ward, Front Door Flow and Optimising Flow.
38406	Dr Stephen Friar	07/07/2025	Hospital access routes - enhancement of pathways. Enhancement of all pathways into unscheduled care starting with chest pain. <b>(Completed &amp; Closed 07/07/2025)</b>
38407	Christopher Middleton	30/09/2025	Joint SAS/NHSG improvement plan. Actions to reduce ambulance turnaround time.
38408	Catriona Robbins	31/03/2025	PDD Integrated Discharge Hub work stream. Review of PDD process and development of integrated Discharge Hub.
38402	Christopher Middleton	07/07/2026	Unscheduled Care Improvement. The planning of USC upstream and downstream improvement programmes should generate efficiencies, however the timelines remain unclear.
38403	Dr Stephen Friar	07/07/2026	Opening of additional Capacity. Ward 308 and Medical Boarders team to utilise all available capacity to support flow. <b>(Completed &amp; Closed 29/10/2025)</b>
38405	Dr Stephen Friar	07/07/2026	Enhance Flow Navigation Centre. More sustainable staffing model with addition input of additional MDT groups looking at all pathways that feed into Unscheduled Care environments. <b>(Completed &amp; Closed 04/11/2025)</b>
<b>Risk Rationale/Comments:</b>			
<p>October 2025, Risk score increased to 25 Very High Risk. Reflecting the current clinical position, increased ambulance waits and patient delays. Highlighted at CET on 7<sup>th</sup> October 2025.</p> <p>07/10/2025 Risk reassessed this morning. Current performance and metric demonstrate a worsening and increasingly challenging situation. There is an increasing length of stay, deteriorating ambulance turnaround times and our assessment of future outflow from inpatient areas is a likely decrease due to the closure of stepdown beds.</p> <p>The risk detailed in 3639 has not been mitigated to any significant degree in the last 12 months despite significant efforts within the Acute settings. The majority of significant mitigating actions which deliver sustainable performance improvement rest with HSCPs to implement in reducing pressure in Acute, as well as unscheduled care which is delivered in community settings. While the USCPB is coordinating improvement actions across the system, the funding at its disposal is insufficient to make a fundamental change to the current situation. The manner in which this risk is articulated, who it is owned by (given delays across the system to unscheduled care delivery), and how cross system operational activity is prioritised and coordinated to amplify the effects requires further review.</p>			
<b>Recommendation(s) from CGC:</b>			
<b>Assurance-</b> Review and scrutinise the information provided in the August 2025 Clinical Governance Paper and confirm that it provides assurance that:			
Minor improvements are being made regarding the management of Strategic Risk 3639, and appropriate evidence has been provided of these improvement activities, though potential remains for a significant reverse.			
Gaps in the coordination and prioritisation of controls or mitigations across the whole system have been identified need to be addressed.			

**3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies**

**Risk Description:**

**Cause:**  
 As a result of/due to:

- Operational service pressures and inflation impact directly on the gap between funding levels and need.
- Financial resources invested in current service models, difficult to shift into new service models and pathways of care, including investment in prevention/early intervention.
- Prioritisation of financial resource towards current healthcare model exacerbates existing health inequalities.
- There is a requirement to recover the financial position by redesigning services and implementing cost control measures to achieve savings.

**Event:**  
 By being unable to shift financial resources into new service models;

- We are reliant on additional funding to deliver service change.
- There is a high risk of overspending on service budgets.

**Consequence:**  
 This may result in:

- Further escalation on the Scottish Government’s performance framework. Inability to financially support current levels of service provision and workforce size.
- Inability to financially support current levels of service provision and workforce size.
- Inability to meet financial targets and resources prioritised to deal with operational pressures at the expense of delivering the annual delivery programme.
- Impact on the delivery of programmes and patient care & inability to create the conditions for sustainable change.
- Exacerbating health inequalities and population health outcomes.

<p><b>Risk Objective:</b> To have a process/mitigation in place to identify movements from the financial recovery plan to enable prompt corrective action.</p> <p><b>Enduring Risk:</b> Yes</p>	<p><b>Organisation Objectives:</b>          Aligns to the 3 priority areas and externally monitored, impacts all services and Corporate performance:          Finance and Sustainability          Planned Care          Unscheduled Care</p>
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<p><b>Risk Category:</b> Resources (Financial, Infrastructure)  <b>Primary Impact:</b> Financial (Impact through unplanned cost/ reduction of available finances.)</p>	<p><b>Governance Committee:</b>  <b>PAFIC</b> – 3rd September 2025  <b>CET</b> – 25<sup>th</sup> August 2025</p> <p><b>Committee Assurance: Limited</b>          Governance, risk management and control arrangements provide <i>limited</i> assurance that the risk is managed efficiently and effectively.          Corrective action is required to resolve control weaknesses</p>
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<p><b>Risk Owner &amp; Review Date:</b>  <b>O:</b> Alex Stephen, Director of Finance, Westholme, Woodend  <b>H:</b> Sarah Irvine, Deputy Director of Finance, Summerfield House.</p>	<p><b>Current Risk Level &amp; Rating:</b>  <b>15</b>  <b>High</b>          (3 monthly review)  <b>Last reviewed:</b>  <b>23/01/2026</b>  <span style="color: green;">In Date</span>  <b>Target Score 9 (medium)</b></p>	<p><b>Likelihood</b>          Possible</p>	<p><b>Consequence</b>          Extreme</p>	<p><b>Risk Response:</b>          Treat          Mitigate</p>	<p><b>Risk Appetite:</b>          Cautious          11-15          Above Appetite:          Within tolerance</p>
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**3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies**

**Controls:**

Key Controls to manage this risk include:

- Reporting and review of financial position to Chief Executive Team, PAFIC and Scottish Government. *Effective*
- Enhanced budget monitoring report developed, which improves visibility and accountability for budgets at a senior level. Improvement and deteriorations are documented with deep dives into deteriorating positions reported to Chief Executive Team. *Effective*
- Internal control framework in place underpinned by Standing Financial Instructions, Scheme of Delegation and scrutiny by Internal and External Audit. *Effective*
- Wider communications to staff through Daily Brief, Chief Executive video, GAPF, wider Systems Leadership Team, manager forum sessions and “All Staff” briefings. *Effective*
- Training programme in financial management in place for budget holders. *Effective*
- Value and Sustainability Programme- ‘Finding Balance’ efficiency programme, enhanced expenditure controls, external diagnostic review findings adopted and recovery plan in place. *Effective*
- Progressing recommendations made by Internal and External Audit. Enhanced internal audit focus on financial controls reported to Audit and Risk Committee. *Effective*
- Development of Recovery Plans for those Portfolios and Departments which are overspending against budget – *Incomplete*
- Review of Internal Controls with enhanced guidance developed and in place. Healthcare Financial Management Association’s self-assessment tool on “NHS Financial Sustainability – Are You Getting The Basics Right?” completed with action plan developed and reported via the Audit and Risk Committee. *Effective*
- Review of IJB positions. Monthly meetings to discuss IJB financial positions set up with Chief Executive, IJB Chief Officers, IJB Chief Finance Officers and the Director of Finance. *Effective*
- Support & Intervention Self-Assessment Template completed and reported via Audit and Risk Committee. *Effective*
- A challenging savings target has been included in the financial plan for 2025/26. All savings have been considered against the NHS Scotland risk matrix. Savings tracker has been developed to ensure oversight of the savings and support actions where deviations from plan occur. *Effective*
- Arrangements to strengthening the current programme governance framework have been agreed and implemented including the introduction of a formal Value and Sustainability governance structure to align with arrangements in place for the other two key priority programmes. In addition a monthly Financial Recovery Board is now in place, chaired by a non-executive board member to provide system-wide leadership, coordination and assurance for NHS Grampians financial recovery. *Effective*
- The monthly Value and Sustainability Delivery Group has been expanded to all work stream leads to share information, escalate concerns and maintain good communication and effective engagement. *Effective*

The control design is considered appropriate but resource constraints limit the consistent application of the controls as designed. Areas of further work required to improve the effectiveness of the control environment include:

- A challenging savings target has been included in the draft financial plan for 2026/27. A programme has been developed to support the identification of deliverable savings with regular reporting via the Value and Sustainability governance structure. A robust impact assessment process is in place to support the assessment of schemes against the Board’s key strands of governance.
- A performance management framework for financial management will be developed to support ongoing financial recovery. This will be in place for the 2026/27 financial year.

**Gaps in Controls:**

The control design is considered appropriate but resource constraints limit the consistent application of the controls as designed.

**Robustness of testing the controls recorded:**

<p><b>Have the Controls Been Tested:</b></p> <p>Yes/No</p> <p>BCP</p>	<p><b>Analysis and Findings of Control Testing</b></p> <p>Operational oversight:</p> <ul style="list-style-type: none"> <li>- Formal responsibility for achieving financial targets sits with the Chief Executive who is NHS Grampian’s Accountable Officer</li> <li>- Operational oversight sits with the Director of Finance</li> <li>- Monthly financial reporting is completed for budget holders, the Chief Executive Team and the Scottish Government</li> </ul> <p>Board Committee oversight:</p> <ul style="list-style-type: none"> <li>- Performance Assurance, Finance &amp; Infrastructure Committee (PAFIC) Finance Report</li> <li>- Regular updates to the full NHS Grampian Board on financial performance</li> <li>- Audit &amp; Risk Committee oversee the operation of the internal control environment, supported by regular reviews from the Internal Audit function</li> <li>- Performance Assurance, Finance &amp; Infrastructure Committee Strategic Risk Reporting</li> </ul> <p>Sources of external oversight / scrutiny:</p>
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NHS Grampian - Strategic Risk – as of 18/01/2026		Approval Status: Final approval	
<b>3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies</b>			
<ul style="list-style-type: none"> <li>- Scottish Government - monthly financial reporting and quarterly meetings to review financial position together with more regular catch up calls.</li> <li>- External Audit - review of Annual Accounts and wider financial issues.</li> </ul>			
<p><b>Adequacy of Controls:</b> Incomplete: Controls are appropriately designed but not consistently applied.</p> <p>Systems of internal control are in place and well established to manage NHS Grampian's financial resources. Various factors impacting on the cost base and funding levels have led to the Board not being able to submit a balanced Finance Plan for 2025/26 and reporting a significant revenue overspend for the financial year to date. Regular discussions are continuing with the Scottish Government on the management of the Board's financial position and deficit support funding provided in 2025/26 to allow the Board to meet its statutory duty to deliver within its revenue resource limit. Discussions continue to focus on the challenge of improving the financial situation whilst at the same time protecting operational performance in key areas. The Value &amp; Sustainability Programme arrangements have improved the approach to delivery of savings. The constraints on the availability of revenue funding to support service transformation together with continuing operational pressures for many existing services mean that there is only limited assurance that the revenue financial position of the Board can be managed effectively.</p>			
<b>Action Plan:</b>			
Action ID	Owner	Due Date	Progress and Description: In development, Planned, Being Implemented, Consent monitoring, In place.
32551	Alan Sharp	28/11/25	<p><b>In Place:</b> Financial Planning actions include:</p> <ul style="list-style-type: none"> <li>- Progressing recommendations made by Internal and External Audit</li> <li>- Responding to actions requested by Scottish Government on follow up letters from quarterly review meetings</li> <li>- Development of Recovery Plans for those Portfolios and Departments which are overspending against budget</li> <li>- National and local Value &amp; Sustainability Programmes</li> <li>- Upskilling and training of budget holders in dealing with financial management</li> <li>- Wider comms campaign to highlight the financial position and the need for all staff to use resources efficiently.</li> </ul>
41377	Sarah Irvine	31/03/26	<p><b>In Progress:</b> A challenging savings target has been included in the financial plan for 2025/26. All savings have been considered against the NHS Scotland risk matrix. Savings tracker has been developed to ensure oversight of the savings and support actions where deviations from plan occur.</p>
41380	Sarah Irvine	31/03/27	<p><b>Planned:</b> A challenging savings target has been included in the draft financial plan for 2026/27. A programme has been developed to support the identification of deliverable savings with regular reporting via the Value and Sustainability governance structure. A robust impact assessment process is in place to support the assessment of schemes against the Board's key strands of governance.</p>
41378	Sarah Irvine	30/04/26	<p><b>Planned:</b> A performance management framework for financial management will be developed to support ongoing financial recovery. This will be in place for the 2026/27 financial year.</p>
<b>Risk Rationale/Comments:</b>			
<p>Title: <b><i>Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies</i></b></p> <p>As a result of/due to:</p> <ul style="list-style-type: none"> <li>- Operational service pressures and inflation impact directly on the gap between funding levels and need.</li> <li>- Financial resources invested in current service models, difficult to shift into new service models and pathways of care, including investment in prevention/early intervention.</li> <li>- Prioritisation of financial resource towards current healthcare model exacerbates existing health inequalities.</li> <li>- There is a requirement to recover the financial position by redesigning services and implementing cost control measures to achieve savings.</li> </ul> <p>The following could occur:</p> <ul style="list-style-type: none"> <li>- By being unable to shift financial resources into new service models; we are reliant on additional funding to deliver service change.</li> <li>- There is a high risk of overspending on service budgets.</li> </ul> <p>This may result in:</p> <ul style="list-style-type: none"> <li>- Further escalation on the Scottish Government's performance framework. Inability to financially support current levels of service provision and workforce size.</li> <li>- Inability to financially support current levels of service provision and workforce size.</li> <li>- Inability to meet financial targets and resources prioritised to deal with operational pressures at the expense of delivering the annual delivery programme.</li> <li>- Impact on the delivery of programmes and patient care &amp; inability to create the conditions for sustainable change.</li> <li>- Exacerbating health inequalities and population health outcomes.</li> </ul>			