

NHS Health Scotland statement of risk

NHS Health Scotland has set an ambitious vision for a Scotland where all people and communities have a fairer share of the opportunities and resources to live longer, healthier lives. To achieve it, we need to be prepared to act in new ways and try new things, some of them untested, and to be prepared for some of them to be contested. In other words, our general appetite for risk has to be high.

Risk categories and appetite

We define our risks under the following four categories. We do not assign each category with a fixed appetite for risk as we believe this could limit opportunities arising within that activity area. However, we do use the statements below as the starting point to guide the assessments we would make about any risk falling into that category.

1. Business

We encourage innovation and creativity in order to have impact in delivering A Fairer Healthier Scotland. This means we want to be open to exploring opportunities to improve current services, taking on new roles and also being prepared to move away from roles and services that no longer have impact.

2. Finance and governance

We encourage innovation and recognise that resources and decision-making need to support that. However, we also expect the activities to be carried out within the financial and regulatory parameters set.

3. Workforce

Our people are critical to achieving our vision. We therefore encourage initiatives and opportunities which support and empower our staff to be innovative and influential, while ensuring that we retain a safe and well-governed working environment.

4. Reputation and quality

We strive to have profound influence over how our stakeholders think and act to reduce inequalities in health. We therefore encourage messages that are bold, challenging of the status quo and designed to achieve change. However, we know that we can only achieve that level of influence if we have and retain a reputation for high-quality, factual and useful information, and for working well with others.

Managing and governing our risks

Each risk has to be assessed individually for its negative impact. However, there are two general principles which we believe will help mitigate against many of our risks. These are: ensuring that all of our activities are evidence informed, and being committed to be able to demonstrate value for public money in all of our work.

We have well-managed governance arrangements in place to manage our risk exposure at corporate level. The risks are included on the corporate risk register and managed through the appropriate governance committees.

Corporate risk register 2018/19

Each year, as part of the planning process, we identify the greatest risks to our ability to deliver our work. These are risks that we can do something about. Some of the risks are developments of risks we identified last year. Where this is the case we have put the reference numbers of the linked risks in brackets.

This year's corporate risks are:

- 1) As our core funding reduces, there is a risk that we cannot deliver everything we want or our funders expect in 2018/19 (linked to risk 5 in 2017/18)
- 2) As a result of needing more of our resources than anticipated to manage the transition to the new public health body, there is a risk we do not deliver all our commitments for 2018/19 (linked to risks 5 and 6 in 2017/18)
- 3) As a result of the transition of governance to the new public health body or a lack of contingency planning for a delayed start date, there is a risk there are gaps in accountability, resulting in reputational damage (linked to risks 3 and 5 in 2017/18)
- 4) As a result of issues in the process of creating the new public health body, there is a risk that the different cultures and practices of the legacy bodies become an impediment to the effectiveness of the new body (linked to risks 1, 2 and 5 in 2017/18)
- 5) As a result of changes to the new public health body and shared services, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2018/19 (linked to risks 1, 2 and 3 in 2017/18)
- 6) As a result of not engaging local authority and third sectors in creating the new public health body, key perspectives are not heard, reducing its credibility (linked to risks 1, 3 and 4 in 2017/18)