NHS Golden Jubilee

**Meeting: NHS Golden Jubilee Board**

**Meeting date: 27 March 2025**

**Title: Strategic Risk Register (January 2025)**

**Responsible Executive/Non-Executive: Jonny Gamble, Director of Finance**

**Report Author: Hazel Thomson, Risk Manager**

# Purpose

## This is presented to NHS Golden Jubilee Board for:

* Awareness
* Discussion
* Decision

## This report relates to a:

* Legal requirement

## This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

# Report summary

The Strategic Risk Register reports on material changes across each of the portfolio areas within NHS Golden Jubilee. This report provides a summary of any significant changes to risks including scoring, new risks or closed risks since the last period of reporting.

# Situation

The Strategic Risk Register provides an update on the risks identified for NHS Golden Jubilee.

The Board, through the Governance Committees, continues to identify, assess and take action on risks which are managed and monitored via the DATIX risk system. All risks are regularly discussed by the Executive Leadership Team and have been aligned to the agreed Corporate Objectives of NHS Golden Jubilee Board.

Appendix 1 provides a summary of the risks including the Committee alignment based on their Terms of Reference.

The Board and Committees all recognise that there are interdependencies between the Board Strategic Risks and this will form part of the regular review of risks.

# Risk Appetite

Table 1 within this section of the paper provides a summary view of the Risk Appetite of the NHS Golden Jubilee Board across each of the Divisions/ Portfolio areas and assessment against 5 key themes.

The risk appetite has been reviewed and updated based on the version below through an executive development session, and is scheduled to be reviewed at a board seminar in January 2025.

**Table 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Hospital**  **(Clinical)** | **Infrastructure**  **(Facilities & Digital)** | **Hotel** | **RD & I** | **NHSS Academy** | **CfSD & ANIA** |
| **Strategic** | **Open** | **Open** | **Moderate** | **Open** | **Open** | **Open** |
| **Safety/ Experience** | **Cautious** | **Cautious** | **Cautious** | **Cautious** | **Moderate** | **Moderate** |
| **Financial and Performance** | **Moderate** | **Moderate** | **Moderate** | **Moderate** | **Moderate** | **Moderate** |
| **Regulation** | **Cautious** | **Cautious** | **Moderate** | **Cautious** | **Moderate** | **Moderate** |
| **Workforce** | **Moderate** | **Open** | **Open** | **Moderate** | **Open** | **Open** |

# Assessment

## 2.3.1 Risk Descriptions Renamed / Redefined

Risks remain current.

**2.3.2 New Risks**

No new risks have been added to the Strategic Risk Register since last review.

## 2.3.3 Risks Closed

There have been no risks closed since the last review.

**2.3.4 Risks Increased**

There have been no risks increased since the last review.

## Risks Reduced

There have been no risks reduced since the last review.

* + 1. **Escalated Risks**

No escalations during this period.

* + 1. **Emerging Risks**

There is an emerging risk which is currently being developed around Organisational Mandatory Training Compliance and System Access.

## Workforce

## A focused piece of work continues to review the workforce risk given the critically of workforce in achieving overall NHS GJ activity.

## Financial

All risks within the Strategic Risk Register are also assessed for their financial impact.

## Risk Assessment/ Management

There are 21 risks currently included within the Strategic Risk Register.

6 relating to SGPCC

12 relating to FPC

3 relating to CGC, plus the FPC allocated risk; SR-246 – SNAHFS Funding *(for awareness)*

In summary:

* 1 (5%) of risks are rated Very High
* 11 (55%) of risks are rated High
* 8 (40%) of risks are rated Medium
* 0 (0%) of risks are rated Low

Table 2 is a heat matrix shows the scoring distribution of each of the Strategic risks. Each risk is assessed against its probability of occurrence and impact to the organisation with risk grading’s as noted below

* Red = Very High
* Orange = High
* Yellow = Medium
* Green = Low

**Table 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact** | **1** | **2** | **3** | **4** | **5** |
| **Likelihood** | **Negligible** | **Minor** | **Moderate** | **Major** | **Extreme** |
| **5 Will undoubtedly recur, possibly frequently** |  |  | **DR-207** | **DR-128** |  |
| **4 Will probably recur, possible frequently** |  |  | **SR-241: SR-244** | **SR-243: F8: B003/22:**  **DR-034** |  |
| **3 May recur occasionally** |  |  | **SR-242: 230: O23** | **S13: S11: S10: SR-245: B004/22** |  |
| **2 Do not expect to happen again but it is possible** |  |  | **B001/22: S22** | **S6: O9** |  |
| **1 Cannot believe that this will ever happen again** |  |  |  |  | **SR-246** |

## Equality and Diversity, including health inequalities

There are no specific issues that require to be noted.

## Other impacts

No other impacts require to be noted

## Communication, involvement, engagement and consultation

The Strategic Risk Register and those relevant extracts have or will be presented to the following groups within a normal Board cycle:

* Executive Leadership Team
* Staff Governance and Person Centered Committee
* Finance and Performance Committee
* Clinical Governance Committee
* Audit and Risk Committee

## Route to the Meeting

The Strategic Risk Register was approved by Executive Leadership Team.

# Recommendation

* **Awareness** – For Members’ information only.
* **Discussion** – Examine and consider the implications of a matter.
* **Decision** – Reaching a conclusion after the consideration of options.

The Audit and Risk Committee is asked to:

* Discuss and approve the updated Strategic Risk Register subject to any changes or relevant feedback received at this meeting.

# 2 List of appendices

The following appendices are included with this report:

Appendix 1, List of Committees and associated risks linked to corporate objectives

Appendix 2, At a Glance View Strategic Risk Register

Appendix 3, Full details of the Strategic Risk Register

**APPENDIX 1 – List of Committees and associated risks linked to corporate objectives**

|  |  |  |
| --- | --- | --- |
| **Committee** | **Risks** | **\*\*Corporate Objective** |
| Staff Governance & Person Centred Committee | SR-241 - Organisational Change  SR-242 - Recruitment and Retention  230 – Fixed Term Contracts  SR-243 - Staff Wellbeing and Absence  B003/22 - Retention and recruitment to senior positions  DR-034 - Lack of Clinical Perfusionists/ trainees | 2, 3  1, 2, 3, 6, 7  3  7  1  2, 3 |
| Finance & Performance Committee | F8 – Delivery of Financial Plan  SR-244 - Capital Infrastructure  O9 – Waiting Times Management  023 – eHealth Resources  S13 – National and Regional Working  S11 – Expansion Programme  S10 – Cyber Security  S22 – Site Masterplan  B004/22 – Centre for Sustainable Delivery  DR-128 - Infrastructure of CSPD and EDU departments  SR-245 - Health & Safety  SR-246 – SNAHFS Funding | 1  1  1  2  5, 6  4  2  4  1, 5, 6  2, 4  2  1 |
| Clinical Governance Committee | S6 – Healthcare Associated Infections  B001/22 – Ability to provide full Lab Services  DR-207 – Unavailability of Intra-Aortic Balloon Pumps  *SR-246 – SNAHFS Funding (for awareness)* | 2  2, 4  2, 4  1 |

## \*\*Corporate Objectives Key:

* + - 1. Leadership, Strategy & Risk
      2. High Performing Organisation
      3. Optimal Workforce
      4. Facilities Expansion & Use
      5. Centre for Sustainable Delivery
      6. NHS Scotland Academy and Strategic Partnerships
      7. Culture, Wellbeing & Values

## APPENDIX 1 - At a Glance View Strategic Risk Register

| **Risk ID** | **Committee** | **Title** | **Risk Description** | **Target** | **Aug**  **24** | **Sept**  **24** | **Oct**  **24** | **Nov**  **24** | **Trend** | **Exec Lead** | **Opened** | **Last review** | **Next review** | **Corporate Objective** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S6 | CGC | Healthcare Associated Infections | If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events, impacting delivery of corporate objectives. | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | ⬄ | Nursing Director | Nov  2020 | Aug 2024 | Aug  2025 | **2** |
| B001/22 | CGC | Ability to provide full Laboratory Services on site due to system provider withdrawal | The ability to provide full laboratory services on site is at risk due to the IT system provider withdrawing the right to use their software resulting in organisation not being able to provide laboratory services and a requirement to outsource these to other providers. | **6**  **(Med)** | **6**  **(Med)** | **6**  **(Med)** | **6**  **(Med)** | **6**  **(Med)** | ⬄ | Medical Director | Jun  2022 | Sept  2024 | Sept 2025 | **2, 4** |
| DR-207 | CGC | Unavailability of IABP due to inability to deliver mandated safety maintenance | If a patient requires heart function support and there are no available Intra-Aortic Balloon Pump systems, the potential exists that the patients stability / or treatment programme will be adversely affected, which could result in suboptimal treatment and insufficient patient care with an ultimate risk of patient death. | **4**  **(Med)** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | ⬄ | Medical Director | Dec  2022 | Jul  2024 | Jan 2025 | **2, 4** |
| B003/22 | SGPCC | Retention and recruitment to senior positions within NHS GJ. | Retention and recruitment to senior positions within NHS GJ due to gap between AfC grades and Executive Director salary scales resulting in NHS GJ being at a competitive disadvantage relative to other boards in Scotland and further afield. | **3**  **(Med)** | **12**  **(High)** | **12**  **(High)** | **16**  **(High)** | **16**  **(High)** | **⇧** | Director of People & Culture | Jun 2022 | Oct  2024 | Apr  2025 | **1** |
| SR-241 | SGPCC | The cost of organisational change as a result of service re-design | Service re-design means organisational change, with the need to protect (with lifetime protection) the existing terms and conditions of staff members. Although the cost of the existing staff members is already being felt by the organisation (and will need to continue with lifetime protection), there is a financial risk in the need to fund additional resources to ensure each service is resourced in the right way. | **-** | **-** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | ⬄ | Director of People & Culture | Aug  2024 | Aug 2024 | Feb 2025 | **2, 3** |
| SR-242 | SGPCC | Recruitment and Retention of staff across NHSGJ | Should NHSGJ fail to retain staff in key roles (either through natural attrition or retirement), there’s a risk in the recruitment of their replacements, as a result of National challenges in the employment market. This could negatively impact patient care and the ability to meet activity levels. | **-** | **-** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | ⬄ | Director of People & Culture | Nov  2020 | Aug 2024 | Feb 2025 | **1, 2, 3, 6, 7** |
| 230 | SGPCC | Fixed Term Contracts | If NHS GJ fails to ensure robust rigour, from both HR and all managers of Fixed Term contract staff, then there is a risk that Fixed Term contracts can slip further than 24 months (and beyond), which, if not properly thought through and managed, can result in a poor employee experience and/or organisational responsibility/cost. | **4**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | ⬄ | Director of People & Culture | Feb  2024 | Jun 2024 | Jun 2025 | **3** |
| SR-243 | SPGCC | Staff wellbeing and Absence | The increased focus on achieving a balanced system may drive service re-design. That service re-design may result in fewer resources delivering the same level of activity (e.g. if any decisions are made to pause the immediate replacement of vacancies). That, in turn, may result in a negative impact on the Health and Wellbeing of staff across NHSGJ, with an increase in absence levels. | **-** | **-** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | ⬄ | Director of People & Culture | Sept 2024 | Sept 2024 | Mar 2025 | **7** |
| O23 | FPC | e-Health Resources | Due to insufficient resources within e-Health, in relation to the expectation on the service, certain activities i.e. major incident response, project or programme activity may be delayed or de-scoped to operate within available staffing levels and maintain staff wellbeing. | **4**  **(Med)** | **12**  **(High)** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | ⬄ | Director of Finance | Feb 2022 | Sept 2024 | Sept 2025 | **2** |
| F8 | FPC | Delivery of Financial Plan | If we fail to deliver the achieving the balance programme and manage emerging cost pressures, we will not be able to deliver a break even position resulting in us not meeting our financial plan as agreed with Scottish Government. | **8**  **(Med)** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | ⬄ | Director of Finance | Nov  2020 | Sept 2024 | Mar 2025 | **1** |
| SR-244 | FPC | Capital Infrastructure | If adequate funding is not available through Scottish Government allocations, we are unable to invest in capital infrastructure | **-** | **-** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | ⬄ | Director of Finance | Sept 2024 | Sept 2024 | Mar 2025 | **1** |
| S13 | FPC | National and Regional Working and delivery of the GJ Strategy | National and Regional working impacts delivery of the GJ Strategy leading to a potential impact on funding allocation, delivery of the annual delivery plan and GJ Strategy resulting in a negative impact on the reputation and engagement with NHS Boards. | **4**  **(Med)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | ⬄ | Director of Transformation, Strategy, Planning and Performance | Nov  2020 | Oct  2024 | Apr  2025 | **5, 6** |
| O9 | FPC | Waiting Times Management | If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients which could result in poorer patient experience and outcomes and reputational impact for the organisation. | **8**  **(Med)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **8**  **(Med)** | ⇩ | Director of Operations | Nov  2020 | Oct  2024 | Oct  2025 | **1** |

| **Risk ID** | **Committee** | **Title** | **Risk Description** | **Target** | **Aug**  **24** | **Sept 24** | **Oct**  **24** | **Nov**  **24** | **Trend** | **Exec Lead** | **Opened** | **Last review** | **Next review** | **Corporate Objective** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S11 | FPC | Expansion programme | If we fail to deliver the expansion programme we would be unable to deliver our commitment to the Scottish Government Treatment Time Guarantee and Annual Delivery Plan which would result in a negative impact on reputation and credibility of clinical models. | **6**  **(Med)** | **9**  **(Med)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | ⬄ | Director of Operations | Jun 2020 | Sept 2024 | Mar 2025 | **4** |
| S10 | FPC | Cyber Security | A failure to maintain adequate cyber security controls may lead to disruption to digital services resulting in the potential compromise of patient data, damage to equipment and systems, adherence to organisational policies/legislation and reputational damage | **8**  **(Med)** | **8**  **(Med)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | ⬄ | Director of Finance | Nov  2020 | Jul 2024 | Jan 2025 | **2** |
| S22 | FPC | Site Masterplan | If we do not ensure a robust approach to planning site capacity then we will fail to effectively utilise the available space. | **4**  **(Med)** | **9**  **(Med)** | **6**  **(Med)** | **6**  **(Med)** | **6**  **(Med)** | ⬄ | Director of Finance | Jun  2021 | Sept 2024 | Sept 2025 | **4** |
| B004/22 | FPC | Centre for Sustainable Delivery | CfSD identity and funding may be unclear due to not having clear boundaries and demarcation and confirmed baselined (annual) funding from the Scottish Government leading to unclear core CfSD workforce costs and limiting CfSD’s autonomy and shift its perception from a national improvement body to a performance organisation. This would impact on engagement with other NHS Boards, delivery of annual objectives and sustainability of service, staff retention and increased staff turnover, with reputational impact on the organisation. | **4**  **(Med)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | ⬄ | Director of CfSD | Apr 2022 | Oct  2024 | Apr  2025 | **1, 5, 6** |
| DR-128 | FPC | Infrastructure of CSPD and EDU departments | If there are further delays with the service being transferred into the new build, this could lead to further breakdowns within the existing equipment and in our ability to increase our demand to support additional theatre activity, resulting in poorer patient outcomes due to delayed or cancelled procedures | **2**  **(Low)** | **20**  **(Very High)** | **20**  **(Very High)** | **20**  **(Very High)** | **20**  **(Very High)** | ⬄ | Director of Operations | Jan 2020 | Oct  2024 | Jan  2025 | **2, 4** |

| **Risk ID** | **Committee** | **Title** | **Risk Description** | **Target** | **Aug**  **24** | **Sept 24** | **Oct**  **24** | **Nov**  **24** | **Trend** | **Exec Lead** | **Opened** | **Last review** | **Next review** | **Corporate Objective** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SR-245 | FPC | Health & Safety | Failure to provide the agreed standards of protection to employees and others in line with statutory legislation and Health and Safety Executive guidance arising from an ineffective risk assessment framework and suboptimal culture and inappropriate behaviours. This leads to the potential failure to provide employer’s duty of care, resulting in non-compliance with relevant Health & Safety legislation, potential harm to employees/service users, financial claims or fines, prosecution and reputation impact. | **-** | **-** | **-** | **12**  **(High)** | **12**  **(High)** | ⬄ | Director of Finance | Oct  2024 | N/A | Apr  2025 | **3** |
| SR-246 | FPC and CGC for awareness | SNAHFS Funding | The current SNAHFS funding profile is insufficient (as detailed through recent Business Case) to meet service requirements. The service delivers activity across a number of pathways – some non-elective (unplanned) and therefore activity is unpredictable. Without sufficient budget, there may be an in year overspend and a requirement to ‘pause’ service resulting in direct harm to patients and a reputational impact to the organisation. | **-** | **-** | **-** | **-** | **5**  **(Med)** | ⬄ | Director of Operations | Nov  2024 | Nov  2024 | Oct  2025 | **1** |
| DR-034 | SGPCC | Lack of Clinical Perfusionists/ trainees to develop appropriate succession planning | Failure to recruit qualified clinical Perfusionists may result in inability to provide safe staffing levels to deliver the service, resulting in closure of cardiac surgery sessions and risk to the out of hours service including transplant service. | **3**  **(Low)** | **-** | **-** | **12**  **(High)** | **16**  **(High)** | ⇧ | Director of Operations / Director of People & Culture | May  2018 | Dec  2024 | Jun  2025 | **2, 3** |

## APPENDIX 2 – Strategic Risk Register

Risk is the chance of something happening that will cause harm or detriment to NHS Golden Jubilee, its staff or patients.

**Clinical Governance Committee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **MITIGATING ACTIONS** | **Risk Level & Rating (Impact x Likelihood)** | **Executive Lead** | **Corporate Objectives** |
| S6 | **Healthcare Associated Infections**  If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events (i.e. Covid), impacting delivery of corporate objectives  HAI has the potential to negatively impact patient clinical outcomes and also affect operational delivery through events such as ward closures threatening SLA delivery.  Increased incidence of HAI may negatively impact staff both morale and productivity through ward closures and additional scrutiny.  If unable to satisfy HEI inspectorate could lead to intervention from HIS and/or SG with supported improvement plans which could have impact on operational delivery, financial resource to support improvements and public reports of non-compliance would damage confidence in GJNH.  Threat if New and Emerging Pathogens (including Covid) which could impact upon business continuity. | Annual work plan approved and progress monitored quarterly via PICC meeting;  Appropriate clinical risk assessment and patient screening for MRSA and CPE & C Auris;  Monitoring and analysis of HEAT target data for SAB and CDI supported by multidisciplinary reduction interventions;  SCNs fully engaged via weekly visits and monthly peer reviews and IC Annual Reviews.  HAI Scribe process in place that ensures Infection Control built in to all building / refurbishment and estates issues. ICT members of Ventilation Safety Group and Water Safety Group.  Board 2nd Consultant Microbiologist Appointment in Jan 2024; OOH support continues via SLA with NHS GGC and ID sessions commenced February 2024.  AMS Work programme and AMT meetings quarterly reporting to IPCC  Surveillance strategy in place for:   * Monitoring of alert organisms; * Surgical site infection; * Enhanced SAB surveillance; * E-Coli; * CDI; * All patients attending GJ are asked respiratory questions via an infection assessment.   M.Chimera monitoring supported by air and water sampling.  HAIRT reported monthly to all relevant managed governance committees and included within IPR to ELT and Board.  Continue to monitor environmental cleanliness via existing controls and NHS Scotland Cleaning Standards.  HAI Workforce Strategy Reviewed and monitoring ongoing.  Should pandemic escalate to previous levels in terms of impact to core activity then appropriate mitigation and agreements to revisions to plan would be formally agreed with SG in similar way to the construction of current recovery plan.  Vaccination programme for staff and high risk patients. |  | 2 x 4 = 8  (Medium) | Nursing Director | 2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **MITIGATING ACTIONS** | **Risk Level & Rating (Impact x Likelihood)** | **Executive Lead** | **Corporate Objectives** |
| B001/22 | **Ability to provide full Laboratory Services on site due to system provider withdrawal**  The ability to provide full laboratory services on site is at risk due to the IT system provider withdrawing the right to use their software resulting in organisation not being able to provide laboratory services and a requirement to outsource these to other providers.  Golden Jubilee, Borders and Tayside opted to extend their contract with the incumbent supplier to allow upgrades to take place to the existing LIMS system until the national system is available and fit for purpose to allow migration of Jubilee without impacting services. | The Board continues to be an active member of the national LIMS Programme Board monitoring the progress of the development of the national LIMS product.  Process of implementing the upgraded system from the incumbent supplier during this period the current will remain supported by the vendor.  The implementation of the upgraded product is progressing and monitored by a Project Board which reports progress to the Strategic Programmes Board and Finance & Performance Committee. | Go-live of the system is expected in early 2025.  A recommendation paper will be presented to the Board when the product is deemed suitable for use in Jubilee. | 3 x 2 = 6  (Medium) | Medical Director | 2, 4 |
| DR-207 | **Unavailability of Intra-Aortic Balloon Pumps**  If a patient requires heart function support and there are no available Intra-Aortic Balloon Pump systems, the potential exists that the patients stability / or treatment programme will be adversely affected. | IABP status web page used to track and co-ordinate use. Process is in place for MDT agreement before use (other than emergent insertion).  Medical Equipment Off Label Risk Assessment in place to cover potential return to use of additional systems.  Discussions ongoing with supplier to prioritise delivery of parts to GJNH.  Stakeholder Response Group not pursuing possibly of changing to an alternative supplier (quality issues with the product in NHS Lothian and the timing of implementation when compared to projected resolution of the supply issue) | Capital planning funding allocated to replace Intra-Aortic Balloon Pumps in GJNH, evaluation of replacement product underway. | 3 x 5 = 15  (High) | Medical Director | 2, 4 |

**Staff Governance and Person Centred Care Committee**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **MITIGATING ACTIONS** | **Risk Level & Rating (Impact x Likelihood)** | **Executive Lead** | **Corporate Objectives** |
| SR-241 | **The cost of organisational change as a result of service re-design**  Service re-design means organisational change, with the need to protect (with lifetime protection) the existing terms and conditions of staff members. Although the cost of the existing staff members is already being felt by the organisation (and will need to continue with lifetime protection), there is a financial risk in the need to fund additional resources to ensure each service is resourced in the right way.  Organisational change as a result of service re-design is likely, with the risk of resourcing costs (with the need to protect the pay of existing staff).  If staff members are displaced they could remain on redeployment and given a work assignment. Costs still lie with the organisation as there is no compulsory redundancy. | The NHSGJ Organisational Change Policy and Oversight Group is in place to assess and document the impacts of all Organisational Change.  This process ensures that all potential changes that result in the need for additional resources will be presented to ELT for review and decision.  This process also considers the redeployment implications of all change, with the desire to redeploy staff based on their skill set. |  | 3 x 4 = 12  (High) | Director of People & Culture | 2, 3 |
| SR-242 | **Recruitment and Retention of staff across NHS GJ**  Should NHSGJ fail to retain staff in key roles (either through natural attrition or retirement), there’s a risk in the recruitment of their replacements, as a result of National challenges in the employment market. This could negatively impact patient care and the ability to meet activity levels.  Consistency of AFC JE panels may provide challenge, as roles across NHSS can be matched to higher bands than NHSGJ. This can impact on hard to fill roles. | Succession planning and PDP’s to support the organisation’s skill retention and ensure staff see NHSGJ as an attractive option.  SLT sessions to support development of staff.  Job descriptions for ESM staff go through NEC which ensures there is consistency in terms of pay for these roles.  Escalation to SG on consistency and organisational risk at period of significant change and growth.  Workforce risks developed at Divisional level where key roles are identified as hard to fill with contingency plans in place to ensure services are delivered. E.g. Anaesthetists, Radiology, Key Nursing roles, Perfusionists.  Contingency plans in place in form of WLI, Agency and Locum where staffing would impact on services delivery  Details of workforce challenges contained within the service/ department workforce heatmap.  Monitoring staff turnover, iMatter scores which detail ERR scores and recruitment across the entire organisation via Vacancy Management Group which highlights ongoing recruitment. | Culture and Leadership programme being developed to support staff wellbeing across the entire site, and make NHSGJ an attractive place to join and stay. | 3 x 3 = 9  (Medium) | Director of People & Culture | 1, 2, 3, 6, 7 |
| **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **MITIGATING ACTIONS** | **Risk Level & Rating (Impact x Likelihood)** | **Executive Lead** | **Corporate Objectives** |
| 230 | **Fixed Term Contracts**  If NHS GJ fails to ensure robust rigour, from both HR and all managers of Fixed Term contract staff, then there is a risk that Fixed Term contracts can slip further than 24 months (and beyond), which, if not properly thought through and managed, can result in a poor employee experience and/or organisational responsibility/cost.  Failure to effectively manage contracts for employees who are fixed term may result in an impact on adequate staffing levels to support operational delivery of services.  There is a risk to the wellbeing of colleagues on long term fixed term contracts, loss of talent and increased retention.  Missing information within the eESS system could lead to missed opportunity to manage individuals on fixed term contracts resulting in NHS GJ failing to comply with Fixed Term Contract legislation.  Failure to effectively manage fixed term contract could lead to staff being entitled to permanent contracts resulting in financial impact to the organisation and additional risk of Employment Tribunals. | Consistent decision making with the instances in which Fixed Term contracts are used, with scrutiny over the approvals process.  Accurate and timely data, so that we’re clear on the tenure of all Fixed Term contract employees.  Close collaboration between HR and the managers of Fixed Term contract employees to anticipate the end of Fixed Term contracts in good time for rich employee conversations to take place and for appropriate notice to be provided in accordance with Fixed Term Contract policy and Contracts of Employment.  Quality assurance is undertaken on monthly basis on reports from eESS to ensure data is accurate and complete. All fixed term contracts logged in eESS.  Staff support mechanisms are widely available to staff to support psychological safety and wellbeing.  Workforce data is monitored at each Staff Governance Person Centred Committee meeting.  Staff on fixed term contracts have to be given time on redeployment and this is linked to the pay grade of the staff member.  There is a formal query currently logged with National Team to identify if any additional actions could be implemented to further reduce the risk including implementation of more streamlined reporting. | Reviewed current arrangements for management of monthly reports and responsibility of managers and their roles. Monthly reports in place.  HR explored the functionality of eESS with National Team to identify if an auto trigger for managers and this has been implemented. | 3 x 3 = 9  (Medium) | Director of People & Culture | 2, 3 |

|  |  |  |  |  |  |  |  |  |
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| **Ref** | | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **MITIGATING ACTIONS** | **Risk Level & Rating (Impact x Likelihood)** | **Executive Lead** | **Corporate Objectives** | |
| SR-243 | | **Staff wellbeing and Absence**  The increased focus on achieving a balanced system may drive service re-design. That service re-design may result in fewer resources delivering the same level of activity (e.g. if any decisions are made to pause the immediate replacement of vacancies). That, in turn, may result in a negative impact on the Health and Wellbeing of staff across NHSGJ, with an increase in absence levels. | 5 pillars of Wellbeing linked to the Wellbeing plan are in place to support all staff and volunteers across NHSGJ.  EAP in place for all staff.  OH team and Spiritual Care team to support staff and volunteers with counselling, mindfulness and a listening ear.  OD team to support team interventions across NHSGJ.  Vaccination programme for Flu and Covid.  Physiotherapy team to support MSK issues for staff in place.  Staff rostering monitors working hours and this is reported to ELT (over 48hrs working).  Hybrid working in place for staff  Resilience training framework in place to support staff.  SG Culture and wellbeing DL linked to improving staff wellbeing and organisational culture to support staff wellbeing and culture.  Vacancy approval process in place.  Vacancies can still be raised by managers albeit there are financial saving and targets on all divisions and departments across NHS GJ. | Absence Management training in place to support staff with Absence Management process linked to HR support and OH support.  Stress risk assessment linked to Stress risk management policy in place to support staff members prior to OH becoming involved.  Wellbeing Zone being developed for staff use.  Board wide Culture and Leadership programme being developed to support staff health and wellbeing and ensure that NHSGJ has a healthy working culture. | 4 x 4 = 16  (High) | Director of People & Culture | 7 | |
| B003/22 | **Retention and recruitment to senior positions within NHS GJ.**  This is due to differential position across NHS Scotland which may place NHSGJ at a competitive disadvantage relative to other boards in Scotland and further afield.  The recent outcome of job descriptions progressed through the NEC process have resulted in 3 remaining at their current Executive banding level. The recent AfC pay award removes any gap between AfC Grades and Executive salary scales.  The absence of appeal mechanisms for affected staff and the lack of consistency in approach to evaluation and equivalent positions in other NHS Boards may provide a disadvantage to the recruitment and retention of senior/executive posts to NHS GJ. | Succession planning of Aspiring Directors and Aspiring Chief Executives. | Further review of bandings, where applicable.  Escalation to Scottish Government  Culture programme with the intent to make NHS GJ the best place to work | 4 x 4 = 16  (High) | Director of People & Culture | | 1 |

**Finance & Performance Committee**

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| F8 | **Financial Planning**  If we fail to deliver the achieving the balance programme and manage emerging cost pressures, we will not be able to deliver a break even position resulting in us not meeting our financial plan as agreed with Scottish Government.  Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on services.  Would damage the Board’s reputation as an effective healthcare provider with SGHD and with the public. | Financial plan agreed with plans to achieve financial balance. Key alignment to ADP and operational requirements on delivery.  Regular SG Sponsorship meetings to review position and funding assumptions.  A robust governance structure around the achieving the balance programme including a 2 weekly meeting chaired by the Chief Executive  Specific risks highlighted within the financial plan are being closely monitored.  Confirm and Challenge meetings in place  A yearly medium term financial plan produced including high level savings plans.  A monthly forecast of the financial position and quarterly fundamental reviews identifying risks to the position and executive led mitigations.  Finance & Performance Committee providing overview of position and governance with further strands added to workplan including deep dives to key financial areas. Reporting supported via monitoring reports including updated IPR and Financial and Operational Reports.  Monthly financial reviews are in place to identify any variations from the plan.  Financial position and forecasts presented on a monthly basis. Including returns to Scottish Government.  Regular communications with Scottish Government on operations and financial performance where transparency on financial and operational requirements are defined through robust communication and understanding on inputs / outputs. | Executive led financial mitigation plan being developed | 4 x 4 = 16 (High) | Director of Finance | 1 |
| SR-244 | **Capital Infrastructure**  If adequate funding is not available through Scottish Government allocations, we are unable to invest in capital infrastructure.  If we fail to invest adequate funding into our capital programme, we will risk the failure of critical infrastructure resulting in an impact on patient care, waiting time, staff morale and organisational reputation. | Capital programme initiated following agreement on funding allocations and robust prioritisation in place, including forward look at equipment needs across the organisation.  Robust governance in place through Strategic Capital Group and Capital Delivery Group which ensure a robust objective and risk based prioritisation process.  Capital programme is reviewed and scrutinized through the Finance and Performance Committee. | Robust review and completion of the Whole System Infrastructure Planning Directors DL through a risk based approach to understand priorities and the financial impact | 3 x 4 = 12  (High) | Director of Finance | 1 |
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| O9 | **Waiting Times Management**  If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients which could result in poorer patient experience and outcomes and reputational impact for the organisation.  Patients may deteriorate clinically whilst awaiting treatment; need to ensure review and prioritisation of clinically urgent patients.  Patient experience of waiting in excess of TTG; increase in complaints relating to waiting times.  We will be seen as unable to deliver operational targets and impact on the reputation of the organisation.  Inability to meet waiting list may result in loss of income within NES. | Key initiatives agreed with SG; ongoing liaison with NHS Boards to support implementation. Specific work implemented to minimise cancellations.  Monthly SG meeting with access support team on activity and challenges and SLA leads meetings for NES.  Weekly performance review meetings to consider performance against recovery plan. Monthly IPR report with waiting times.  Robust governance mechanisms for waiting time report through confirm & challenge, finance and performance committee with the implementation of recovery plans to support where required.  Opening of Phase 2 to support increase capacity  Working with CfSD and NECU to improve pathways to help reduce waiting times  Adherence to the new national waiting times guidance | Improved communication with patients around waiting times. | 4 x 2 = 8  (Medium) | Director of Operations | 1 |
| O23 | **eHealth Resources**  Due to insufficient resources within e-Health, in relation to the expectation on the service, certain activities i.e. major incident response, project or programme activity may be delayed or de-scoped to operate within available staffing levels and maintain staff wellbeing. | A paper was presented to and supported by the Executive Directors Group and Board and Committees’ outlining an approach to increasing resources to meet current demand.  Recruitment is progressing incrementally in this area.  Recruitment of temporary contract staff in critical service areas; Recruitment will be phased over an 18 month period  Prioritisation, in agreement with service leads, on critical work plan elements; Professional development of existing digital staff to enhance knowledge of new technologies.  Progression of capital and revenue schemes to enhance technical infrastructure |  | 3 x 3 = 9  (Med) | Director of Finance | 2 |

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| S13 | **National and Regional Working**  National and Regional working impacts delivery of the GJ Strategy  Impact on existing and emerging GJ objectives, would jeopardise ability to meet these and impact delivery of the GJ Strategy  Potential impact on funding allocation and delivery of the ADP.  Negative impact on reputation and engagement with NHS Boards.  Potential disruption operationally as planning revisions required.  Potential impact on wider workforce plan in relation to recruitment and education & training. | Executive team representation on national and regional groups – as chair or members.  Board Strategy being revised, which will take into account current and emerging regional and national policy and strategy.  SLA meetings with Board leads. Delivery of Expansion Programme.  Regular interface with access support team and GJ Sponsor Team  Board meetings with performance and financial reports and updates on delivery of key strategic programmes.  Board strategy engagement will involve regional, national and SG stakeholders  National Performance Review meetings, including Bi-Annual meetings with Chief Operating Officer NHSS and team.  Working with Other Health Boards to maximise use of available capacity and resource. |  | 4 x 3 = 12  (High) | Director of Transformation, Strategy, Planning and Performance | 5, 6 |
| S11 | **Expansion Programme**  If we fail to deliver the expansion programme we would be unable to deliver our commitment to the Scottish Government Treatment Time Guarantee and Annual Delivery Plan which would result in a negative impact on reputation and credibility of clinical models.  Failure to achieve key strategic objective, ability to deliver wider commitments of programme and added value at national level.  Impacts on national government strategy of failure to deliver.  Potential for financial impact should a breach occur.  Being unable to have the staffing compliment to deliver services linked to Expansion programme and deliver key services due to lack of staff. | Robust governance structure in place with Senior User Group reporting to the Expansion Programme Board.  High level milestones agreed and an agreed programme in place for remaining works for CSPD and EDU.  Project team, principal supply chain partner, designer and contractors in place.  Agreed finance model in place with Scottish Government.  Reporting mechanisms which outlines posts that have and have not been filled in place. | Risk appetite to be developed for the work task order programme | 4 x 3 = 12  (High) | Director of Operations | 4 |

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| S22 | **Site Masterplan**  If we do not ensure a robust approach to planning site capacity, then we will fail to effectively utilise the available space  Increasing demands on the available space via Expansion and natural growth in service mean conflicting pressures for space.  Short term moves to accommodate risk multiple relocation of services, moves that are not fit for purpose, impact on staff morale, financial and service costs of multiple moves and risk that we do not maximise available opportunities. | Site utilisation and management group in place and initial plans defined  Workplace for the future programme  Phase 2 Expansion programme design  Direct communications with departments to confirm in advance requirements prior to move  All moves require validation and authorisation from Executive Leadership Team.  Direct communication with all groups effected to confirm on requirements and timelines.  Co-ordinated approach with eHealth |  | 3 x 2 = 6  (Medium) | Director of Finance | 4 |
| S10 | **Cybersecurity**  A failure to maintain adequate cyber security controls may lead to disruption to digital services resulting in the potential compromise of patient data, damage to equipment and systems, adherence to organisational policies/legislation and reputational damage  Failure to keep up to date with the latest techniques, approaches, technology  Cyber hygiene completion and compliance with the module may not meet the organisational standard  Content sent via email or accessed over the internet can still be visible on the network  Security patching not fully embedded and any patches not being completed remains a threat to the network  Our 3rd party suppliers/vendors could be compromised and in turn could result in local network being compromised and infected  In the event of a cyber-incident occurring out of hours, there is insufficient cover to respond to reporting requirement in a legislative timely manner  A misconfigured component resulting in a significant outage of services | Client and server anti-virus that provides protection against from malicious software.  Perimeter firewalls that prevents access to the network from unauthorised sources.  Security monitoring capabilities which provide visibility over active or potential security threats.  Email and internet filtering prevents the download of unwanted / inappropriate content.  Policies and processes that ensure we adhere to our legislative requirements, which are reviewed within time periods and where incidents still occur.  Education programme that covers good cyber hygiene across the entire user population.  Multiple external agency support provides expanded capability cyber incident monitoring and response.  System security patching to ensure software in use is adequately protected from cyber threats. | Improved contract management processes, internally and with external vendors  Potential for cyber hygiene training to become mandatory  Cyber security response process developed to ensure clear roles & responsibilities  Maintaining skill sets and introducing robust change control within the team | 4 x 3 = 12  (High) | Director of Finance | 2 |
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| B004/22 | **Centre for Sustainable Delivery**  CfSD identity and funding may be unclear due to not having clear boundaries and demarcation and confirmed baselined (annual) funding from the Scottish Government leading to unclear core CfSD workforce costs and limiting CfSD’s autonomy and shift its perception from a national improvement body to a performance organisation. This would impact on engagement with other NHS Boards, delivery of annual objectives and sustainability of service, staff retention and increased staff turnover, with reputational impact on the organisation  Boards not seeing CfSD as neutral and therefore disengaging with reluctance to share data  Blurred boundaries leading to competing priorities with the Golden Jubilee and Scottish Government, hindering CfSD's ability to deliver on its own objectives with a shift in perception from a national improvement body to a performance management organisation could dilute CfSD's focus on service redesign, innovation and transformation  CfSD's reputation as a change driver and innovator in health and social care could be weakened, reducing its influence and effectiveness at a national level, through loss of confidence from key stakeholders  **I**nability to retain core staff levels, leading to potential disruptions in CfSD programme delivery and programme sustainability  Increased costs due to recruitment and training of staff due to staff turnover  Lack of recurring funding hinders long-term strategic planning and decision-making for workforce development. | Board Engagement Meetings to reinforce the distinction between both organisations in terms of service provision and areas of responsibility.  Regular engagement with SG around budget and funding when meeting with SG sponsorship team.  Continuing Engagement with SG for multi-year funding arrangements to reduce reliance on annual financial cycles  Ongoing monitoring of CfSD workforce costs and funding gaps, allowing early detection of risks and timely mitigation actions.  Evidence-based annual reporting demonstrating the impact and value of CfSD's work  Quarterly reporting on milestones and outcomes to the Scottish Government. | Defined CfSD Roles & Purpose through detailed MoU  Review & Align CfSD Strategic Objectives with service improvement rather than performance monitoring with formal definitions to differentiate activities  Create a comprehensive funding strategy that explores confirmed funding sources from SG to ensure financial sustainability for core CfSD workforce costs. | 4 x 3 = 12  (High) | Director of CfSD | 1, 5, 6 |

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| DR-128 | **Infrastructure of CSPD and EDU departments**  If there are further delays with the service being transferred into the new build, this could lead to further breakdowns within the existing equipment and in our ability to increase our demand to support additional theatre activity, resulting in poorer patient outcomes due to delayed or cancelled procedures  Inability to deliver core service to the organisation.  Inability to support demands resulting in procedures being delayed or cancelled. Running equipment for excessive period of time increases the risk of failure due to the fragility and age of the equipment.  Negative reputational impact due to inability to meet targets, public expectations and staff morale.  The cost to maintain existing equipment until such times as the service can be transferred. Potential cost implications of patients being returned to host health boards due to our inability to undertake procedures. Potential for claims from patients who have had delayed treatment or care. Additional costs should outsourcing be necessary  ISO 13485:2016 Medical Devices Accreditation could be revoked which would result in an inability for the organisation to provide a service. Maintaining a Class 8 Clean room is difficult with the level of trays and equipment waiting in the IAP room | Equipment is subject to routine maintenance and testing.   * Spare parts are still available from the manufacturer - delays to delivery of parts is impacting the speed at which repairs are completed. * Close communication with theatres. * Prioritising of equipment each day to ensure Theatre demands are met. * Reliant on staff goodwill to support overtime at the weekend to clear backlog of instrumentation as and when required.   Procurement contract in place with STERIS to provide equipment as part of contingency planning.  Mutual aid support agreed with NHS Greater Glasgow & Clyde in the event of risk being realised. | Move into the new department with equipment levels to meet demand. | 4 x 5 = 20  (Very High) | Director of Operations |  |

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| SR-245 | **Health & Safety**  Failure to provide the agreed standards of protection to employees and others in line with statutory legislation and Health and Safety Executive guidance arising from an ineffective risk assessment framework and suboptimal culture and inappropriate behaviours. This leads to the potential failure to provide employer’s duty of care, resulting in non-compliance with relevant Health & Safety legislation, potential harm to employees/service users, financial claims or fines, prosecution and reputation impact. | Health and safety policies, procedures and guidance with clearly documented roles and responsibilities outlined are available to all staff and members via share point to ensure we adhere to our legislative requirements.  Robust governance in place through the H&S Clinical Divisions Meetings, H&S Corporate Divisional Forum and H&S Committee to enable sharing, approval and distribution of policies and procedures.  Education resources available covering Risk assessment for Line Managers, DSE Awareness, DSE Assessor, RIDDOR  A-Z guide for managers in place  Online Health and Safety monthly inspection tool for managers to monitor their departments relating to Health and Safety performance and compliance in key areas.  Program of H&S audits of all departments with feedback mechanisms for service leads by Health and Safety Team.  Adverse incidents are recorded and investigated via Datix, with trends and themes highlighted and areas requiring further investigation or action. | To ensure we have an appropriate system to support management of risk relating to Health & Safety at an appropriate level  Review existing tools and training to support managers (competencies). Develop and deliver new resource materials where identified.  Consideration of Health and Safety training module as statutory/mandatory.  Digitisation of risk assessments, i.e. hosted on datix or similar  Review of induction process for new staff to ensure they received the agreed information at the agreed times. | 4 x 3 = 12  (High) | Director of Finance | 1, 7 |
| SR-246 | **SNAHFS Funding**  The current SNAHFS funding profile is insufficient (as detailed through recent Business Case) to meet service requirements. The service delivers activity across a number of pathways – some non-elective (unplanned) and therefore activity is unpredictable. Without sufficient budget, there may be an in year overspend and a requirement to ‘pause’ service resulting in direct harm to patients and a reputational impact to the organisation.  The SNAHFS is a national service working alongside 5 other UK transplant services. If the service were to pause – there would not be capacity across the other centers to support Scottish patients, nor would this be safe, patient centered or financially sensible.  If the service were to ‘pause’ there would be direct harm to patients. | Robust governance and escalation in place through the performance governance framework to ensure robust monitoring.  Monthly financial monitoring in place within service to review spend against budget. | Working with executive and Finance colleagues to seek additional funding for this service from NSD and SG | 5 x 1 = 5  (Medium) | Director of Operations | 1 |

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| DR-034 | **Lack of Clinical Perfusionists/trainees to develop appropriate succession planning**  Failure to recruit qualified clinical Perfusionists may result in inability to provide safe staffing levels to deliver the service, resulting in closure of cardiac surgery sessions and risk to the out of hours service including transplant service  Failure to secure trainee Clinical Perfusionists or recruit successors, Long lead in time for trainees to become qualified.  Age profile of current Clinical Perfusion workforce will result in successive resignation/retirement leading to a gap in service provision if we are unable to recruit trainees within appropriate time frame. | Funding for training has been approved by ELT.  Workforce Group made aware of age profile and potential workforce issues with options presented on potential resolution.  Recent salary grading review was successful therefore GJNH team now in line with the rest of the UK therefore this may help attract future staff as the work is varied, complex and challenging.  Agreement in place for enhanced on call rate for Perfusionists to cover gaps in on call rota  Targeted recruitment campaigns | Exploring recruitment and retention premium to attract qualified Perfusionists  (Application in development)  Reviewing career structure to align with other boards and provide more career development opportunities to be more competitive employer (Mar 2025) | 4 x 4 = 16  (High) | Director of Operations / Director of People & Culture | 2, 3 |