

Ref	Title	Risk level (Current)	Risk level (Target)	Description	Division	Service	Location / Dept	Risk Type	Overall Outset	Impact of Risk	Controls in place	Opened	Review date	Handler
R001/22	Ability to provide full laboratory services on site is at risk due to the IT system provider withdrawing right to use software	Medium	Medium	A new IT system for Labs has been purchased for NHS Scotland. The likely implementation of the new system is beyond the lifetime of the current providers product. If the current vendor withdraws the right of the Hospital to use their software beyond the current end date of 31st March 2023 and no new system is in place then the laboratory service in its current form will be unable to be provided and an alternative arrangement will be required.	Corporate	eHealth	eHealth Offices	Board Risk	Clinical risk	The risks associated with this are operational delivery issues in the provision of labs services for Jubilee Patients, financial impact in having to purchase an interim system, outsource labs to the private sector or "buddy" with a neighbouring health board to provide services, clinical risk in potentially sending samples offsite resulting in the possibility of loss or delay to responses particularly in urgent cases, reputational damage in the event that one of the above scenarios led to patient harm.	The Board are monitoring this risk until the implementation takes place in Oct 2025. User acceptance testing is underway through October 2025. Risk retained until UA complete. A working group between 6 affected board has been formed with representation from CLO, Scottish Government and National Procurement. Scottish Government have been made aware of the risks above by the group Dialogue is ongoing with the incumbent supplier unilaterally and as part of the group The LIMS Programme board are aware and looking at potential contingencies around rollout of the new system in a limited way to affected boards	27/06/2022	03/11/2025	Finley Craig
Capital Spending allocation	Capital Spending	High	Medium	There is a risk that the core capital allocation is not sufficient to meet the infrastructure requirements of the site with the uncertainty of long term capital funding above this level makes planning challenging.	Corporate	Finance	Finance Department	Board Risk	Financial	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.	SG engagement by DoF on recurring core funding allocation. Annually refreshed 3 year capital plan. Ongoing/in year prioritisation. Programme governance to support capital spending.	21/10/2025	28/11/2025	Scott, John
S10	Cyber Security	High	Medium	if there is a cyber incident/attack then this will lead to a failure of digital systems and loss of critical clinical information systems resulting in a significant negative impact on patient care, adverse publicity, loss of public confidence and financial impact.	Corporate	Finance	Finance Department	Board Risk	Strategic	In light of the continuing IT security threats through the development and use of advanced software hacking tools this risk is categorised as high. It is imperative that to minimise the risk to the organisation all software in use is current, patched and fully supported. Due to the dynamic nature of the cyber security threat there is the potential for any organisations security defences to be breached. Cyber security is a Board level responsibility. It is imperative that Board members understand the current level of risk and the associated mitigations that are in place. In addition, cyber security is everyone's responsibility. The purchase and implementation of software, digital services (public/private cloud), hardware or medical devices without the express permission of Digital Services is expressly forbidden. Further cyber security awareness education and training sessions for all staff is required to assist in the lowering the risk of a successful breach.	The latest NIS R audit demonstrates that NHS GJ are in a good position regarding cyber resilience preparations. Work continues in this are with the activities outlined below. •Patch remediation platform applying security patches and updates to desktops, servers and key digital infrastructure. •Security Incident and Event Management (SIEM) platform active. •Primary links to the Scottish Wide Area Network (SWAN) provide additional cyber security protection. •Work filtering in place. •Regular communications are sent to all staff to advise and promote safe use of email. •Inappropriate email attachments are blocked. •Next Generation firewalls are implemented. •Network segregation and segmentation in place for medical devices at core sites. •Bert blocking active. •The Security Incident and Event Management (SIEM) platform continually scans server log files and network traffic to identify anomalous behaviour. •Annual penetration tests (PEN) carried out by external security consultancy. •Threat intelligence received from a number of UK and USA government agencies in Patch remediation platform applying security patches and updates to desktops, servers and key digital infrastructure. •Security Incident and Event Management (SIEM) platform active. •Deployment of Microsoft Advanced Threat Protection (ATP) tools to all client devices. •Deployment of threat protection tools to mitigate risk to servers with an unsupported Operating System. •Segregation of domain administration and user accounts, also segregation of underlying infrastructure accounts. It is imperative that the organisation continues to meet the demands of the following legislation: • Network Information Systems (NIS) (EU) directive; • Scottish Government Cyber Security Action Plan •The Data Protection Act 2018	06/11/2020	31/10/2025	Finley Craig
S11	Expansion Programme	Medium	Medium	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.	Corporate			Board Risk	Strategic	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. Negative impact on brand/ reputation and credibility of clinical models if unable to deliver. Ability to deliver TTG and operational demands if expansion not delivered.	National Programme Board chaired by Chief Executive Project Team in place with project plan and key milestones agreed; supporting governance structure in place for programme. Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place. Eye Centre and Surgical Centre operational. Governance structure revised with Senior User Group meeting reporting to Programme Board for the latest development areas.	06/11/2020	05/11/2025	Divers, Christine
252	Financial risk 2025/26	High	Medium	There is risk that NHS GJ fail to maximise effective use of the Boards resources and assets, then we will not achieve financial balance in 2025/26.	Corporate	Finance	Finance Department	Board Risk	Strategic	This may result in NHS GJ unable to deliver on its operational and strategic objectives that require additional funding. Unforeseen risks with a financial impact may on operational activity and affect KPI's.	Robust financial plan that has been scrutinised and approved through the appropriate governance routes. Close financial monitoring in place to manage financial spend across departments (ongoing). Savings target for the year ahead agreed with financial efficiency programme of activity underway (ongoing).	02/06/2025	07/11/2025	Gamble, Jonny
56	Healthcare Associated Infections	Medium	Medium	If we do not maintain adequate control measures we increase our susceptibility to Healthcare Associated Infection events, resulting in a negative impact on patient care and delivery of clinical and corporate objectives.	Corporate	Infection Control	Infection Control	Board Risk	Health and Safety	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 HHS 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.	The controls in place by the Board and ongoing work mean that this risk is retained. The Annual work plan approved and progress monitored at PCCC meeting. Appropriate clinical risk assessment and patient screening for MSRA and CPE. 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 HEI preparedness committee. HAI Scribe process in place that ensures Infection Control built in to all building/ estate issues. Board Consultation Microbiologist Appointment in May 2020; OOH support continues via SLA with NHS GGC.	04/11/2020	01/08/2025	Cavanagh, Anne Marie
SR-250	Post-operative outcomes	Medium	Medium	If surgical outcomes continue to deteriorate, then SACCs patients undergoing surgery will come to harm, and this may be avoidable. Rising mortality over the last three years, which appears to exceed statistical thresholds (250) compared to risk for both adjusted and unadjusted mortality. All clinical risk indicators are being reviewed, including morbidity.	Heart, Lung and Diagnostic Services	National Services Division	SACCs	Board Risk	Clinical risk	* Clinical risk - If surgical outcomes deteriorate, and these are avoidable then patients will come to harm. Other patients will also lose confidence in the team that look after them lifelong. * Workforce - SACCs staff will be significantly affected by these issues and the associated review. * Operational delivery - the reduced activity will affect operational delivery. * Financial - variable costs will likely be reclaimed by NSD. * Strategic - there is a risk that the service may be de-commissioned if the outcomes cannot be sustainably improved. * Reputation - there is a risk to the organisation's reputation if these issues are not handled well.	Surgical service was paused on 31/3/25. Low risk (< or = 2%) operating re-started 23/4/25. Percutaneous interventions with higher risk of requiring surgical rescue also paused. Higher risk patients deferred or referred to NHS England units. Weekly reports to Executive Triumvirate. Local Quality Improvement Group commissioned to investigate and report by 9th June 2025. Internal review completed and action plan developed, now being implemented (complete 4/7/25) External review by congenital experts from NHS England to be commissioned by NSD in partnership with GJ, due to take place 21-22/8/25.	29/04/2025	29/08/2025	MacGregor, Mark
SR-242	Recruitment and Retention of key staff across NHSGJ	Medium	Medium	Should NHSGJ fail to recruit and 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.	National Elective Services	Workforce	Workforce	Board Risk	Workforce	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 WLU, Agency and Locum where staffing would impact on services delivery Details of workforce challenges contained within the service/ department workforce heatmap. Monitoring staff turnover, Matter scores which detail EBR scores and recruitment across the entire organisation via Vacancy Management Group which highlights ongoing recruitment.	30/11/2020	01/10/2025	Smith, Laura
R003/22	Recruitment and retention to executive positions and our ability to retain exec staff within NHS GJ	High	Medium	The differential position across NHS Scotland may place NHSGJ at a competitive disadvantage relative to other Boards in Scotland and further afield. 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.	Corporate	Workforce	Workforce	Board Risk	Workforce	The AFC proposed pay award also reduces the gap between AFC Grades and Executive salary scales.	Succession planning of Aspiring Directors and Aspiring Chief Executives The 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. Mitigations will include maintenance of risk, review of succession planning, further review of banding where applicable and escalation to Scottish Government on consistency and organisational risk at a period of significant growth and input to NHS Scotland recovery plans.	08/08/2022	22/08/2025	Pope, Jenny
522	Site Masterplan	Medium	Medium	If we do not ensure a robust approach to planning of site capacity then we will fail to effectively utilise the available space.	Corporate	Estates	Finance Department	Board Risk	Strategic	Increasing demands on the available space via Expansion, Academy, Recovery plan, COVID-19 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.	A number of controls are in place: Site utilisation group in place Workplace for the future programme Design team appointment to review options Phase 2 Expansion programme design Initial moves for office relocations almost complete Direct communications with departments to confirm in advance requirements prior to move	16/08/2021	01/09/2025	Scott, John
DR-247	SNAHFS Funding Profile	Medium	Medium	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.	Heart, Lung and Diagnostic Services	Cardiac Services	SNAHFS	Board Risk	Operational	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.	18/11/2024	03/11/2025	Ayton, Lynne
SR-243	Staff wellbeing and Absence	High	Medium	There is a risk that service re-design may result in fewer resources delivering the same level of activity.	National Elective Services			Board Risk	Workforce	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. Employee assistance Programme 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 OL 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.	02/09/2024	31/10/2025	Smith, Laura
DR-207	Unavailability of IABP due to inability to deliver mandated safety maintenance.	Low	Low	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.	Heart, Lung and Diagnostic Services	Medical Physics	Coronary Care Unit	Board Risk	Clinical risk	This is a significant clinical risk which could result in suboptimal treatment which in turn could lead to insufficient safe patient care with an ultimate risk of patient death.	To ensure that patients require the use of an IABP, a formal MDT will be organised before insertion. The IABP Status page will be kept up to date and reviewed daily. Additional system borrowed as able	08/12/2022	30/01/2026	Friel, Steven
09	Waiting Times Management	Medium	Medium	If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients	Corporate	Corporate	Corporate	Board Risk	Clinical risk	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 will incur TTG breaches. We will be seen as unable to deliver operational targets. Negative impact on reputation may lead to loss of income but likely to be minimal impact.	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 CSD and NECU to improve pathways to help reduce waiting times Adherence to the new national waiting times guidance	06/11/2020	31/10/2025	Lynne Ayton