

	Title	Description	Impact of Risk	Controls in place	Risk level (current) Consequence x Likelihood	Risk level (Target)	Division	Service	Risk Type	Overall Cluster	Opened	Review date	Handler
263	Capital Spending	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 difficult	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.	High (3 x 4)	Medium (3 X 3)	Corporate	Finance	Board Risk	Financial	21/10/2025	28/01/2026	Scott, John
272	FTC Guidance change	There is a risk that changes to national policy on FTC taking into account full NHS Service after 2 years of employment at NHS GJ, means that NHS GJ in particular, could be vulnerable to financial implications associated with this.	Material financial consequences for NHS GJ, given specific departments FTC profile. Lack of awareness of managers may mean a the risk profile may increase and impact on strategic decision making.	Increase awareness of managers. Understand risk profile of FTC for each department.	High (3 X 4)	Medium (3 x 2)	Corporate	Human Resources	Board Risk	Workforce	07/01/2026	12/02/2026	Smith, Laura
8003/22	Recruitment and retention to executive positions and our ability to retain exec staff within NHS GJ	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.	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.	High (3 X 4)	Medium (3 x 2)	Corporate	Corporate Governance	Board Risk	Workforce	08/08/2022	22/12/2025	Pope, Jenny
267	Risk associated with waiting list timescale	There is a risk that if NHS GJ is unable to reduce waiting lists through delivery of the ADP and "recovery" trajectories, the Board will consistently fail to meet the waiting times set out.	Negative impact on patients due to protracted wait times.	Fixed term funding secured to increase activity Quality Improvement work ongoing; this includes specific work implemented to minimise cancellations. Key initiatives agreed with SG; ongoing liaison with NHS Boards to support implementation, Monthly Executive performance reporting. Weekly performance and assurance reports to consider performance against ADP, for internal and Scottish Government use. Robust reporting mechanisms for waiting time report through Performance Governance Framework; Confirm & Challenge, Finance and Performance Committee and, onto Board, to review progress against activity and Improvement plans Adherence to the national waiting times guidance.	High (3 X 4)	Medium (3 x 2)	Corporate	Business Services	Board Risk	Clinical risk	05/12/2025	31/01/2026	Ayton, Lynne
SR-243	Staff wellbeing and Absence	There is a risk 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. 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 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.	High (3 x 4)	Medium (3 x 2)	National Elective Services		Board Risk	Workforce	02/09/2024	10/02/2026	Smith, Laura
271	SACCS Service review	There is a risk that NHS GJ fail to restart the SACCS service if the review recommendations of the SACCS service are not implemented.	This presents a risk to SACCS patients across Scotland, and a reputational risk to NHS GJ.	Governance structures in place to support the implementation of the recommendations. Implementation plan developed to manage actions required. Organisation wide support from various departments, workforce, Clinical Governance, QI.	High (4 X 3)	Medium (4 x 2)	Heart, Lung and Diagnostic Services		Board Risk	Clinical	12/12/2025	28/01/2026	Ayton, Lynne
DR-168	Unisoft Endoscopy System – End of life	This is a NHS GJ local reporting system for endoscopy will be completely unsupported by the vendor from 31st March 2026. If the system crashes, we will have no reporting tool for this vital need.	•Endoscopists would be reluctant to perform procedures without system •Patient wait list would climb •Patient diagnosis delayed +/- consequences If Endoscopist did proceed: •Delayed/no report to GP •Delayed referral for surgical intervention •Incomplete referral	Mitigation for this risk will be to implement the nationally procured SOLUS endoscopy system. This is currently delayed. No definitive timescale for resolution has been set, though testing is currently underway. NSS have engaged CLO to investigate contractual options. NHS GJ remains committed to testing to resolution. NHS GJ have developed a business continuity plan to support service resilience. NHS GJ Ops and Medical Physics to develop a statement of requirements in the event we need to explore other options. •Manual dictated letter	High (4 X 3)	Medium (4 x 2)	National Elective Services	Endoscopy	Board Risk	Clinical risk	29/06/2021	12/10/2026	Handley, Caroline

S10	Cyber Security	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.	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 area with the activities outlined below. <ul style="list-style-type: none"> •Batch 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. •Web 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. •Port 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: <ul style="list-style-type: none"> • Network Information Systems (NIS) (EU) directive; • Scottish Government Cyber Security Action Plan •The Data Protection Act 2018 	High (5x 3)	Medium (3X3)	Corporate		Board Risk	Strategic	06/11/2020	28/01/2026	Finlay Craig
266	Engagement in national planning	There is a risk that NHS GJ do not effectively influence and collaborate with sub-national planning structures	This may impact on the Boards ability to deliver its strategy and strategic aims.	The Board has a clear strategy that has been recently endorsed by Scottish Government As the largest National Treatment Centre in Scotland, the Board will demonstrate its contribution in planned care access, through delivery of its ADP and financial plan. NHS GJ is a provider of regional and national specialist services that is a key support to NHS Scotland. NHS GJ will collaborate with the sub-national governance structures to support service commissioning Through the Boards established stakeholder engagement approach it will influence key strategic planning structures.	Medium (3 x 3)	Medium (2 X 3)	Corporate	Performance and Planning	Board Risk	Strategic	05/12/2025	28/01/2026	Anderson, Carole
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. 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 Project Management support 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.	Medium (3 x 3)	Medium (3x2)	Corporate		Board Risk	Strategic	06/11/2020	06/02/2026	Divers, Christine
SR-242	Recruitment and Retention of key staff across NHSGJ	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. 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.	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.	Medium (3 X 3)	Medium (3 x 2)	National Elective Services		Board Risk	Workforce	30/11/2020	01/02/2026	Smith, Laura
270	SACCS Service	There is a risk relating to the patients on the SACCS service waiting list while the service is paused.	Unsatisfactory experience with potential for long term effects if mitigations are not implemented.	Weekly review of patients on waiting list with AMD input. Service paused for review improvement opportunities within service	Medium (3 X 3)	Medium (3 x 2)	Heart, Lung and Diagnostic Services		Board Risk	Clinical risk	12/12/2025	16/12/2025	MacGregor, Mark
S22	Site Masterplan	If we do not ensure a robust approach to planning of site capacity then we will fail to effectively utilise the available space.	Increasing demands on the available space via Expansion, Academy, Recovery plan 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	Medium (3 X 3)	Medium (3 x 2)	Corporate	Operations	Board Risk	Strategic	16/08/2021	10/02/2026	Scott, John
S6	Healthcare Associated Infections	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.	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.	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 PICC 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.	Medium (4 X 1)	Medium (4 x 1)	Corporate	Infection Control	Board Risk	Health and Safety	04/11/2020	10/02/2026	Cavanagh, Anne Marie

252	Financial risk 2025/26	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.	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).	Medium (4 x 2)	Medium (4 x 2)	Corporate	Finance	Board Risk	Strategic	02/06/2025	05/02/2026	Gamble, Jonny
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