Ref	Title	Risk level (current)	Risk level (Target)	Description	Impact of Risk	Controls in place	Division	Service	Risk Type	Overall Cluster	Opened	Review date	Handler
BR-303	Business Services Transformation – Design & Implementation of new ERP (Enterprise Resource Planning) system	High (4X3)	Medium ((3X2)	If we (NHS Scotland) fail to procure and design an ERP that meets the needs of the HR, Payroll, Finance and Procurement teams, and the needs of all staff members of NHS Golden Jubilee, then staff members could see an impact to their ability to be paid correctly (Payroll), or have a poor employee experience when executing their HR, Finance or Procurement needs, and the full benefits of the ERP will not be realised financially, or for staff members.	The impact of this risk spans across Strategic and Operational Delivery. There is a direct workforce impact workforce.	Programme managed centrally by PSD (Public Services Delivery) Scotland, to ensure compliant and robust procurement, and a Once for Scotland approach. Strong focus on Lessons Learned from previous systems procurement and implementation, to ensure the mistakes of the past are not repeated and instead, learned from. National HRD lead for the programme (Laura Smith) is the from NHS Golden Jubilee, ensuring GJ is able to influence procurement, design and delivery to meet our needs. SRO is BCE of NHS Borders, who has a strong non-NHS background in bringing products to market before his NHS career, bringing a fresh approach to how this is managed and delivered. The BSP (Business Services Programme) is one of just four nationally mandated priorities for Sub-National West & East, by SG, ensuring buy in of BCE's across NHS Scotland. The new ERP will be designed Once for Scotland, with an underlying principle to 'adopt, not 'adapt, ensuring its design and delivery is consistently controlled. NHS Golden Jubilee have mobilised full governance, with an Executive & Director level oversight group, core Delivery Groups, and the recognition of strong Programme Management resource needed. This is all being delivered in Partnership. Assurance/ Monitoring Laura Smith is the SPOC (Senior Point of Contact) for NHS Golden Jubilee dedicates approx 1 day a week (on average) to the national programme, to ensure all risks are effectively mitigated. BSP is now a formal agenda item at ELT, Partnership Forum, Staff Governance and Staff Governance and Person Centred Committee. It will also become an SLT agenda item, as its delivery progresses. All 'plan B' approaches are being thoroughly scoped by PSD Scotland, to ensure mitigations are in place to protect the pay of all staff members in NHS Scotland.	Corporate	Workforce	Board Risk	Workforce	18/06/2026	01/06/2027	Smith, Laura
BR-304	Business Services Transformation – Impact of National role on the delivery of core NHS Golden Jubilee deliverables	Medium (3X3)	Low (3X1)	If executive, senior and other key staff members are to dedicate the time and focus necessary to shaping, influencing and leading the transformation of the national landscape, through NHS Reform, Sub-National Structures and the key priorities set by SG (one of which is the Business Services Programme), there is a risk to the delivery of the core objectives of NHS Golden Jubilee.	This may impact on the Boards ability to deliver its core strategy and strategic aims. This may impact on the Boards ability to have a strong national presence throughout a period of significant change. This may impact on the health, wellbeing and potential burn out of staff members.	Ensure that all teams (executive, senior and departmental) are fully resourced to ensure maximum capacity. Ensure that any increased resources needed by teams as a result of national transformational work (e.g. Business Services Programme) are scoped, sized and requested through existing governance channels). Ensure that aligned, strategic prioritisation of core deliverables. Ensure a robust wellbeing wrap is in place in the organisation.	Corporate	Workforce	Board Risk	Workforce	18/06/2026	01/06/2027	Smith, Laura
263	Capital Spending	High (3 X 4)	Medium (2 X 3)	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.	Corporate	Finance	Board Risk	Financial	21/10/2025	28/11/2026	Jonny Gamble
266	Engagement in national planning	High (3X4)	Medium (3X2)	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. There is an opportunity to strengthen clinical engagement on national planning through SEND and SEMD.	Corporate	Performance and Planning	Board Risk	Strategic	05/12/2025	01/10/2026	Anderson, Carole
S11	Expansion Programme	Medium (3X3)	Medium (3X2)	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.	Project Management support in place with project plan and key milestones agreed; supporting governance structure in place for programme. Reporting to ELT by Director of Estates as the programme transitions to BAU. Trigge rpoint for de-escalation of this risk will be the completion of the Theatre Recovery area due end of financial year 26/27. 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.	Corporate	Estates and Facilities	Board Risk	Strategic	06/11/2020	06/10/2026	Jonny Gamble
272	Financial risk of Fixed Term Contracts that exceed 2 years	Medium (3X2)	Low (2X1)	If the Fixed Term Contract of an employee exceeds two years, then the staff member is entitled to redundancy as if they were a substantive employee, should their role no longer be required. Furthermore, as a result of a recent amendment to the policy, if the employee has reckonable NHS service, then the full duration of their reckonable service will be accounted for at the point of redundancy. This policy change increases the financial risk to NHS Golden Jubilee.	Financial - 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. Operational risk Workforce Reputational	Increase awareness of managers on Fixed Term Contracts. Understand risk profile of Fixed Term Contracts for each department, with monthly updates to managers. HR support to managers. ELT approval of Fixed Term Contract extensions.	Corporate	Human Resources	Board Risk	Workforce	07/01/2026	08/01/2027	Smith, Laura
S6	Healthcare Associated Infections	Medium (3X3)	Medium (3X2)	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 satisy 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. HAI Scribe process in place that ensures Infection Control built in to all building/ estate issues.	Corporate	Infection Control	Board Risk	Clinical risk	04/11/2020	01/03/2027	Cavanagh, Anne Marie
SR-242	Recruitment and Retention of key staff across NHSGJ	Medium (3X3)	Low (3X1)	If we fail to recruit and retain key staff/ skills across NHSGJ (either through natural attrition or retirement), then there would be a negative impact on patients and the ability to meet service needs.	Strategic Operational delivery Workforce Reputation Clinical Risk	Succession planning and PDP's to support the organisation's skill retention and ensure staff see NHSGJ as an attractive option. 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. Contingency plans in place which detail service requirements and what to do and use of WLI, Agency and Locum where staffing would impact on services delivery. Details of workforce challenges contained within the service/ department workforce heat map. Monitoring staff turnover, iMatter scores which detail ERR scores across the organisation. Recruitment across the entire organisation via Vacancy Management Group which highlights ongoing recruitment to ELT. Kindness Matters culture programme.	National Elective Services	Workforce	Board Risk	Workforce	30/11/2020	09/10/2026	Smith, Laura
B003/22	Recruitment and retention to executive positions and our ability to retain executive staff within NHS GJ.	High (3X4)	Medium (3 X 2)	If we are unable to retain and recruit to our executive positions due to the ESM pay structure then this could impact on the strategic direction of the organisation and ability to deliver effective, person centred care within NHS GJ.	There is an impact on strategic and operational delivery. Workforce impact following recruitment and retention. Reputational impact of NHS GJ as an attractive employer.	Succession planning of Aspiring Directors and Aspiring Chief Executives within NHSGJ. Review of succession planning on an ongoing basis Further review of banding where applicable linked to secondments and turnover. Escalation to Scottish Government on consistency and organisational risk at periods of growth.	Corporate	Corporate Governance	Board Risk	Strategic	08/08/2022	29/08/2026	Smith, Laura
267	Risk associated with waiting list timescale	High (3 X 4)	Medium (3 X 2)	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.	Corporate	Business Services	Board Risk	Operational	05/12/2025	01/10/2026	Ayton, Lynne
270	SACCS Service	Medium (3X3)	Medium (3X2)	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 Executive oversight of the SACCS renewal action plan, and assurance to Clinical Governance Committee Good progress with action plan following external peer review. Currently 76% of actions closed, and all others on track. Remobilisation plan under way.	Heart, Lung and Diagnostic Services	SACCS	Board Risk	Clinical risk	12/12/2025	27/09/2026	MacGregor, Mark
S22	Site Masterplan	Medium (3X2)	Medium (3X1)	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	Corporate	Estates and Facilities	Board Risk	Strategic	16/08/2021	29/10/2026	Jonny Gamble
282	Staff attendance at work	High (3X4)	Medium (2X3)	If the rate of absence of staff members of NHS Golden Jubilee consistently exceeds target, then there is a risk to the delivery of patient and staff services.	This will result in NSH GJ ability to meet effective delivery of performance levels described our our annual delivery plan. Operational delivery Workforce Reputation Financial Clinical	Deep dive to understand causes of absence across NHS GJ with increased focus on supporting staff with Mental Health reported reasons for absence. The following initiatives and actions are in place to support staff members safe attendance at work and the reduction of absence across NHS GJ: · Mental Health nurse within Occupational Health (OH) and early intervention to support staff and managers across the entire organisation; · OH support/management referrals; · Physiotherapy team to support MSK absence; · EAP; · HR support linked to OfS NHSS policy to support managers and staff to return to work; · Managers and staff HR clinics; · Data via Culture dashboards and trigger data delivered to managers on a monthly basis; Promotion of Wellbeing and Kindness Matters culture programme being delivered across NHS GJ · Leadership development; · Wellbeing Hub on sharepoint with links to various support mechanisms for staff.	Corporate	Human Resources	Board Risk	Workforce	09/04/2026	29/10/2026	Smith, Laura
DR-168	Unisoft Endoscopy System – End of life	Very High (5X4) (5 x 4)	Medium (2 x 2)	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.	•Endscopists 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 enoscopy 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	National Elective Services	Endoscopy	Board Risk	Clinical risk	29/06/2021	12/10/2026	Lynne Ayton
347	Financial Planning	High (3 x 5)	Medium (2X3)	There is a risk that NHSGJ financial planning in the medium term is uncertain due to national financial constraints.	This will result in a potential impact on NHSGJ strategic objectives.	Financial plan 26/27 to be approved by the Board August 2026 Capital and service budgets and savings plans developed. Prioritisation of spending aligned to strategic objectives. All funding assumptions are clear in the financial plan and SG colleagues are in ongoing discussions relating to key risk areas. Work continues to baseline as much funding as possible (ongoing).	Corporate	Finance	Board Risk	Financial Risk	04/08/2026	31/12/2026	Gamble, Jonny

Board Item