

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/90</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>2025-26 Risk Management Annual Report</b>
<b>Sponsoring Director/Manager</b>	<b>Michael Breen, Director of Finance</b>
<b>Report Author:</b>	<b>James Thomson, Deputy Director of Finance Katrina Heenan, Chief Risk Officer</b>

## 1. Purpose

**The purpose of this paper is to** present the NHSGGC Board with the 2025–26 Risk Management Annual Report. The report provides a comprehensive overview of the organisation’s corporate risk profile, alongside a summary of the work undertaken during the year by the corporate risk management function, as directed through the Risk Management Steering Group.

**Appendix 1** to this paper presents the 2025-26 Risk Management Annual Report.

## 2. Executive Summary

**The paper can be summarised as follows:**

The report presents an analysis of the NHS GGC corporate risk profile covering the period from April 2025 to March 2026. It includes a review of movements in risk scores across the Corporate Risk Register, alongside an assessment of newly identified risks and those that have been de-escalated during the year.

The report also provides an update on delivery of the 2025–26 Risk Management Work Plan, overseen by the Risk Management Steering Group, highlighting key achievements over the period. In addition, it outlines the proposed risk management objectives for 2026–27.

Finally, the report includes an overview of the activity of the Risk Management Steering Group, summarising its remit and the key outcomes achieved during the year.

## 3. Recommendations

**The NHS GGC Board is asked to consider the following recommendations:**

## BOARD OFFICIAL

- Approve the 2025-26 Risk Management Annual Report, as set out in Appendix 1, and take assurance from the work delivered during the year by the corporate risk management function through the Risk Management Steering Group.

### 4. Response Required

This paper is presented for **Approval**.

### 5. Impact Assessment

The impact of this paper on NHS GGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                               |
|------------------------|-------------------------------|
| • Better Health        | <b><u>Positive</u></b> Impact |
| • Better Care          | <b><u>Positive</u></b> Impact |
| • Better Value         | <b><u>Positive</u></b> Impact |
| • Better Workplace     | <b><u>Positive</u></b> Impact |
| • Equality & Diversity | <b><u>Positive</u></b> Impact |
| • Environment          | <b><u>Positive</u></b> Impact |

### 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

The issues addressed in this paper were developed with contributions from the Risk Management Steering Group and approved by the RMSG and the CMT for onward submission to Audit and Risk Committee.

### 7. Governance Route

The content of this paper has been previously considered by the following groups as part of its development:

- The paper was approved by the Audit and Risk Committee 4 June 2026
- The paper is being presented to NHSGGC Board on 25 June 2026

### 8. Date Prepared & Issued

Date Prepared: 15 June 2026.

Date Issued: 17 June 2026

### 9. Appendices

- Appendix 1 2025-26 Risk Management Annual Report

# APPENDIX 1



## NHS Greater Glasgow and Clyde 2025-26 Risk Management Annual Report

Lead Manager:	Chief Risk Officer
Responsible Director:	Director of Finance
Approved by:	Audit and Risk Committee
Date Approved:	TBC

# 2025-26 Risk Management Annual Report

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## 1. Purpose of Report

The purpose of this report is to provide assurance to the Corporate Management Team (CMT) and Audit & Risk Committee (ARC) that adequate and effective risk management arrangements are in place to ensure continued compliance with relevant legislation and guidance.

The purpose of this report is to provide an overview of annual performance for risk management in NHS Greater Glasgow and Clyde (NHSGGC) for the period between April 2025 and March 2026; both in terms of the corporate risk profile and the work of the corporate risk management function through the Risk Management Steering Group.

## 2. Introduction

At NHS Greater Glasgow and Clyde (NHSGGC) our purpose is to: *“protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high-quality health service.”*

In fulfilling this purpose, NHSGGC has established a robust and effective framework for the management of risk. The framework is proactive in identifying and understanding risk, builds upon existing good practice and is integral to strategic and service planning, decision making, performance reporting and health care service delivery.

This report sets out how the Board has managed risk during the period April 2025 to March 2026. The report sets out the governance arrangements in place over the period to manage risks, provides a summary of the performance of the corporate risk function and summarises the work of the Risk Management Steering Group during the period.

The objective of the report is to demonstrate:

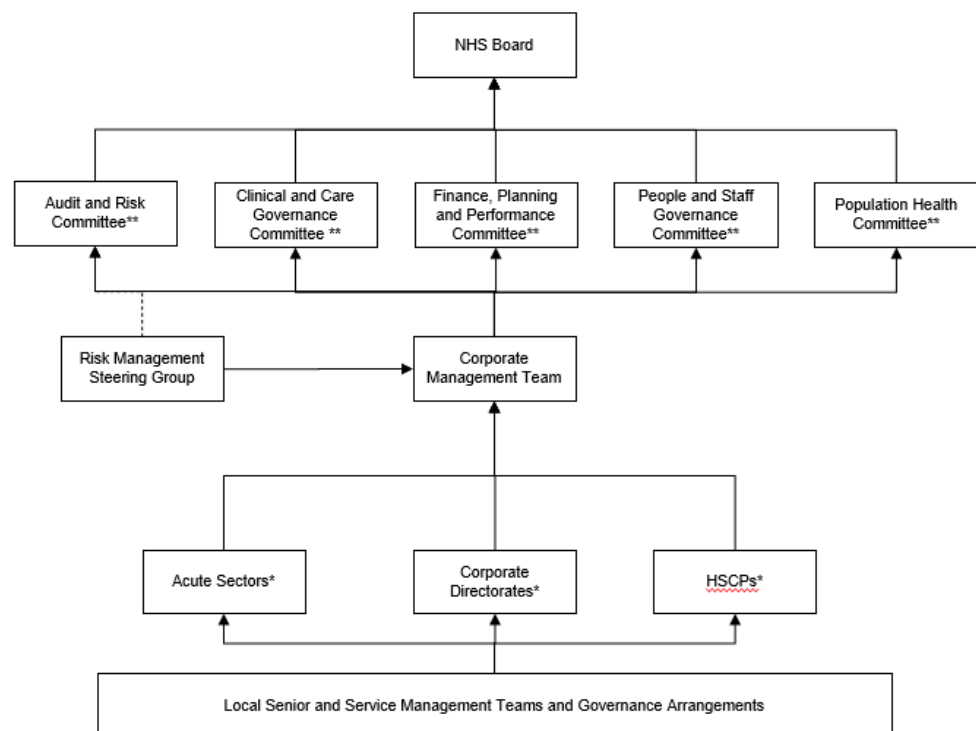
- NHSGGC’s performance in the management of corporate risks during the reporting period
- Ongoing effective implementation of the risk management strategy and risk management work plan
- Effective governance processes are in place to monitor and review risk management performance

## 3. Governance Arrangements

### 3.1. Governance Structure

NHSGGC has a governance structure and risk register hierarchy for the reporting and management of risk. Division, Directorate, Service and Specialty risk registers structures are in place in addition to a process for escalation of risks to Corporate level where necessary.

The Corporate Risk Register is reviewed and approved monthly by CMT with each risk aligned to a relevant standing committee for regular reporting, oversight and decision making. The full Corporate Risk Register is reviewed by the Audit & Risk Committee quarterly and the Board every two months.



\* Report to Risk Management Steering Group in relation to risk processes.

\*\* Standing Committees routinely review relevant risks from the Corporate Risk Register

Figure. 1: Risk Management Structure

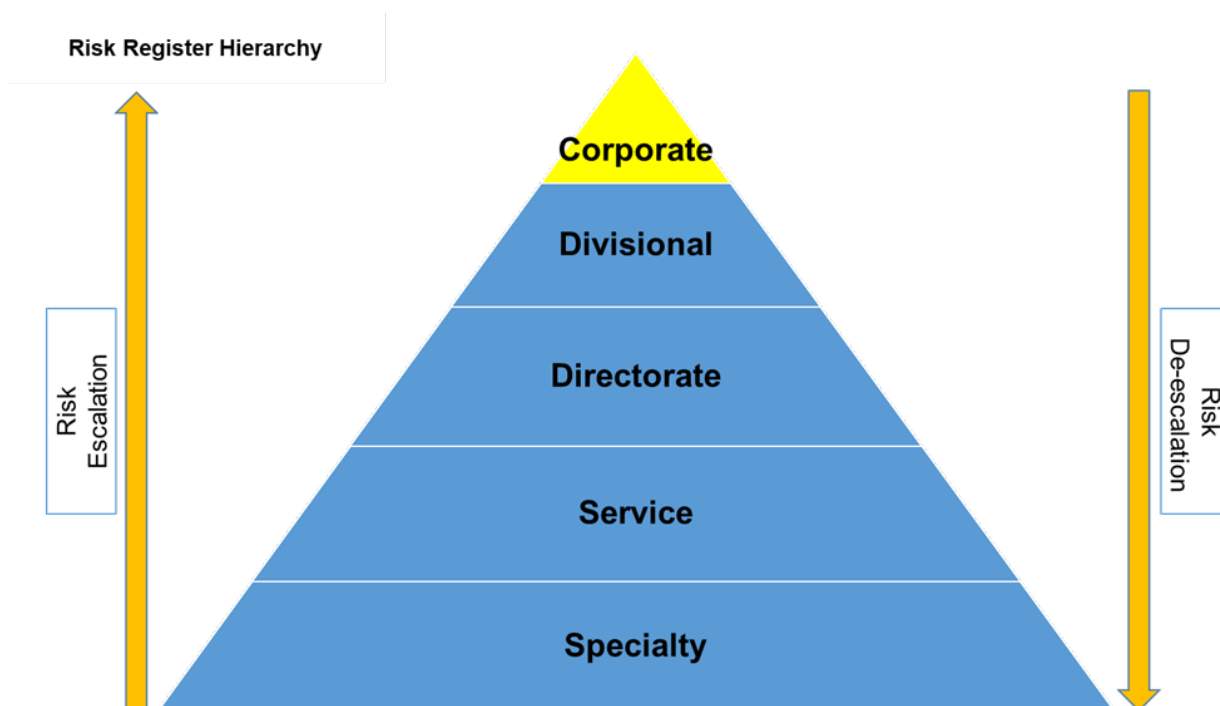


Figure 2: Risk Register Hierarchy

### 3.2. Internal Audit Activity 2025/26

Throughout 2025/26 Azets, NHSGGC's appointed Internal Auditors, carried out the internal audits identified as part of the Annual Internal Audit Plan. As part of the Internal Audit process Azet's audited the topics detailed in the Annual Plan, which are directly linked to the NHS GGC Corporate Risks. This process will continue in 2026/27. In 2025 the Internal Audit Programme included Risk Management as a specific audit area, further detail is provided in the next section.

#### 3.2.1. Risk Management internal Audit 2025

In late 2025 Azets carried out an audit of the risk management arrangements within NHSGGC. Although the report highlighted a number of improvements that have been made over the previous two years the overall report rating was significant improvement required. This resulted in sixteen actions identified and agreed by NHSGGC that require to be implemented, a number of these actions had been identified /were in progress before the audit. These actions have been reflected in the section on deliverables for 2025/26. There are four actions that have planned action due dates after March 2026, these actions will be included in the Risk Management Action Plan for 2026/27 detailed later in this document.

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The key points noted in the audit reflected that there has been stability in the role over the last two years and a focus on the strategic risks in the Corporate Risk Registers. At time of audit a new Policy and Strategy were undergoing approval. The audit noted that operational risk was an area for improvement and was currently fragmented and inconsistent. Culture was an area identified for improvement, including data capture and requirement for formal documentation practices.

## 4. 2025/26 NHSGGC Corporate Risk Review

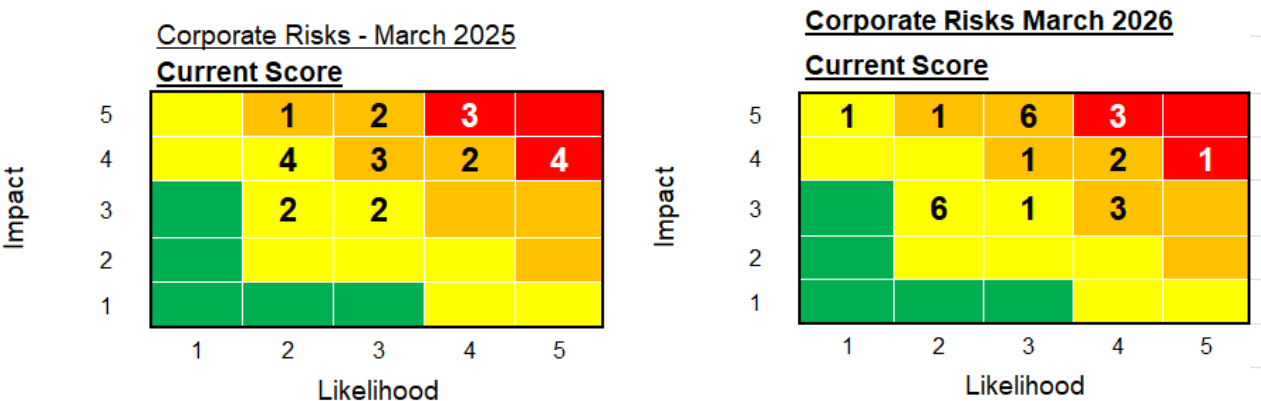
The following sets out an analysis of the NHSGGC Corporate risk profile for the period March 2025 vs March 2026.

The Corporate Risk Register (CRR) is led by CMT and contains the highest strategic risks. In addition to monthly review and update by Risk Owners and CMT, the CRR is reviewed by relevant standing committees at each committee meeting, then quarterly at Audit and Risk Committee and every two months by the Board.

### 4.1. Corporate Risk Profile

In this section we have set out information to enable Members to compare Corporate Risks from March 2025 with March 2026. Please note that these are based on current risk scores to enable better comparison.

Figure 3: Score of Corporate Risks as at March 2025 vs March 2026.





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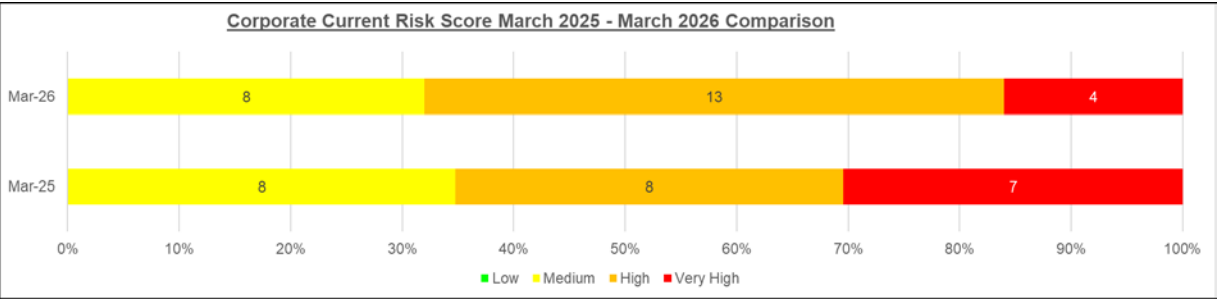
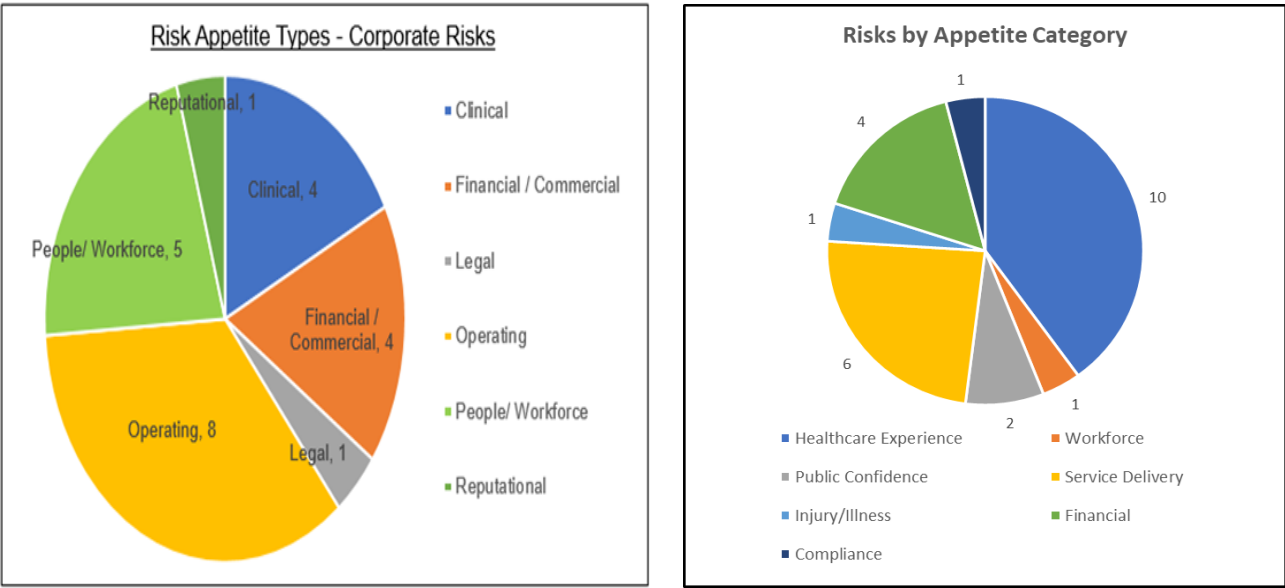


Figure 4: Current Score of Corporate Risks March 2025 vs March 2026 Comparison



Risk Appetite March 2025

Risk Appetite March 2026

Figure 5 – Corporate Risks by Risk Appetite Types 2025 vs 2026

Members are asked to note, the risk categories changed in 2025-26 to reflect the new impact categories and appetite statement. Therefore Figure 5 shows the categories in place in March 2025 and the new categories in place in March 2026.

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Corporate Risk Register – Movement in Risk Numbers	
Risk Movement	Totals
<b>No. of risks Corporate Risks at March 2025</b>	<b>23</b>
Risks escalated to the CRR in the period	<b>0</b>
New risks added to the CRR in the period	<b>3</b>
Risks de-escalated from the CRR in the period	<b>0</b>
Risks closed during the period	<b>1</b>
<b>No. of risks at March 2026</b>	<b>25</b>

Figure 6 – Corporate Risks Movement from March 2025 to March 2026

Corporate Risks Score on the CRR since March 2025 vs March 2026		
Risk Title	March 2025 Score	March 2026 Score
Financial Sustainability – Revenue In Year 2026/2027	<b>20</b>	<b>12</b>
Public Protection	<b>9</b>	<b>6</b>
Staff Training and Development	<b>12</b>	<b>6</b>
Delayed Discharges within NHS GGC Flow	<b>20</b>	<b>20</b>
Pandemic Response	<b>12</b>	<b>15</b>
Capital Funding Sustainability – In Year	<b>20</b>	<b>9</b>
Ageing Infrastructure	<b>20</b>	<b>20</b>
Regulatory Body Compliance	<b>16</b>	<b>15</b>
Positive, Engaging and Diverse Culture	<b>8</b>	<b>15</b>
Breakdown of Failsafe Mechanisms for National Population Screening Programmes	<b>10</b>	<b>10</b>

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Corporate Risks Score on the CRR since March 2025 vs March 2026		
Safe & Effective Use of Medicines	8	6
Annual Delivery Plan	6	6
Medicines Costs and Funding Availability	9	6
Cyber Threats	12	15
Industrial action	8	6
Inpatient / Day Case Treatment Time Guarantee	15	15
Outpatients - Scheduled Care Waiting Time Targets	15	15
Delivery of Medical Training to the GMC Required Standards	8	5
Unscheduled Care Waiting Time Targets	20	20
Climate Change	20	20
Public Inquiries, Police Investigations, Fatal Accident Inquiries, Other Reviews and Inspections	20	16
Management of Staff Absence	16	12
Failure to Recruit and Retain Staff	6	
Financial Sustainability - Revenue Medium Term		16
Capital Funding Sustainability - Medium to Long Term		12
Reduced Working Week		12

Figure 7 – Corporate Risks Current Score from March 2025 vs March 2026

De-escalated and Closed Corporate Risks March 2025 to March 2026	
3110	Failure to Recruit and Retain Staff - Risk Closed.

Figure 8 – De-escalated and Closed Corporate Risks from March 2025 to March 2026

Escalated and New Corporate Risks March 2025 to March 2026	
Financial Sustainability - Revenue Medium Term	New risk created to separate financial risk into in year and medium term. Current score of 16.
Capital Funding Sustainability - Medium to Long Term	New risk created to separate capital financial risk into in year and medium term. Current score of 12.
New Risk - Reduced Working Week	New risk to reflect the implementation of the reduced working week from the 1 April 2026.

Figure 9 – Escalated and New Corporate Risks from March 2025 to March 2026

## 5. Risk Management Work Plan

### 5.1. April 2025 to March 2026 Key Achievements

#### Corporate Risk Register:

The Corporate Risk Register (CRR) has continued to be reviewed monthly by the Risk Owner, with updates then presented to the Corporate Management Team and relevant Governance Committee by the Chief Risk Officer.

A monthly risk reporting cycle and timetable was created for 2025 to ensure that visibility of reporting periods for Corporate risks was communicated and in place. The Risk Champions have been critical in ensuring that these reporting dates were met throughout the year.

KPI reporting has continued which includes the tracking of % of Corporate Risks reviewed within the month, with a target of 100%. Focus on action management has continued including reporting of action status (Open, Complete or Overdue) with comments to provide further information on the status of the action.

#### Risk Management Policy, Strategy and Procedure:

The Risk Management Policy was updated to reflect alignment to the NHSGGC Policy Framework. A 3-year Risk Management Strategy was updated and supported by a detailed Risk Management Procedure on the application of the Risk Management Policy and Strategy. The Risk

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Management Strategy and Procedure include the new risk management matrix that was created through the HIS Adverse Events Standards that were issued in April 2025. The Risk Management systems are being updated in NHSGGC in April 2026 to align to the risk matrix. The Policy and Strategy were approved by the Board in October 2025.

A communications plan was created by the Communication Directorate to support the roll out of the Risk Management Risk Policy, Strategy and Procedure across NHSGGC, this included several key pieces of information that was shared through Core Brief and StaffNet including –

- Risk Management videos by the Chief Risk Officer, Head of Health and Safety and Director of Finance.
- Myth buster Q&A Information
- Team talks to provide awareness of the Policy.

There were several key changes to the risk documentation, which included –

- Risk vs Incident – guidance to ensure that issues and incidents were not reported in the DATIX Risk Register. However, where they created a risk that this was captured within the area risk register, with clear controls and actions required documented. This was supported by the videos created which explained the differences between a risk and an incident.
- Controls in place vs Actions – the revised risk framework focuses on ensuring that any controls that are required but not in place are documented in the actions to ensure that they are clearly identified and managed to completion.
- Standard NHS Scotland Risk Matrix – the alignment to the newly created risk matrix has been included and transition has commenced across NHSGGC to adopt the matrix.

Following the creation of the new risk policy, strategy and procedure all Corporate Risks were scored against the new Risk Matrix and the 2025 Risk Appetite Statement was applied. Each review included the Risk Lead and the output was then presented to the Risk Owner (CMT Director) for overall approval. The updated risk score information was reported to Corporate Management Team in February 2026.

### **Risk Appetite Statement:**

Work has commenced to review the Risk Appetite Statement for 2026/27 through a Board Survey in March 2026. Further work is required on the Appetite Statement following the board survey and this will be presented to the Board in Mid 2026 for approval.

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### **Risk Champions Group:**

The Risk Champions Group met monthly to co-ordinate and implement the Risk Management Work Plan, ensure consistency of approach of the Risk Management Strategy and act as a forum for sharing common risks and best practice across Directorates. Meetings have been held throughout 2025/26.

A cross Risk HSCP meeting has been reinstated, now chaired by the NHSGGC Chief Risk Officer, every two months with key Risk contacts for each HSCP, this is to ensure that the NHSGGC Risk Policy is communicated to HSCP for implementation.

### **Training:**

Training has continued throughout 2025/26 and will continue through the organisation in 2026/27. The Risk Management training has been updated to reflect the changes to the Risk Management Policy, Strategy and Procedure.

### **Risk Management System:**

A first phase review of the Risk Management Structure within DATIX (Risk Management System) was carried out. This involved Senior Management review of the reporting structures within DATIX to ensure alignment of Risk Hierarchy to their operational Management Structure. Delays were incurred with the implementation of Phase 1 due to concern that this could impact the incident module. The implementation of phase 1 will take place in 2026/27. Further reviews of the DATIX structure will be led by the Chair of the DATIX Governance Group and will be carried out in 2026/27. The DATIX Risk Systems team (Clinical Governance) are now developing a process to check and confirm access to the risk register with owners on a rolling annual plan.

Following the changes that have taken place with the Risk, Policy Strategy and Procedure the Risk Register form within DATIX required to be updated to capture the new scoring matrix and application of Risk Appetite. During this process it was identified that additional guidance could be added to the risk form to support users when completing risks in the risk register. These changes have been identified, created in the test module, presented to the DATIX User Group and the Risk Champions and will now be implemented in DATIX in early April 2026. A change guidance document has been produced to explain the changes.

### **Risk Dashboards and Queries:**

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A suite of seven dashboard reports was created in DATIX to clearly identify areas where risks are not being reviewed in line with the Policy and Strategy. Dashboards provide information aligned to the access level of the user. The dashboards also provide summary data on actions that are overdue or where critical information is missing e.g. High/Very High risks that have not been reviewed within the last month. The dashboards were provided to the Risk Champions to trial and will be activated for all risk register users in early April 2026.

In addition to the dashboards a set of queries have been developed for the Risk Register Home Page in DATIX to allow users to easily identify areas for focus, this includes –

- Risks with a score of High /Very High that are >1month due for review.
- Risks with a score of Medium/Low that are >3months due for review.
- Risks with no last reviewed date
- Risks with no management level.

### **Risk Support:**

The Chief Risk Officer has continued to provide specific guidance, review and support as needed to areas when reviewing risks, or through requests from Directorate.

### **Risk Management Audit:**

Significant work was carried out to support the Internal Audit and has continued to be delivered on action update and close out. This has included creation and update of the internal audit action plan. Work will continue to progress action close out to completion.

## **6. Risk Management Steering Group**

### **6.1. Purpose of the Risk Management Steering Group**

The Terms of Reference for the Risk Management Steering Group were revised at the January 2026 meeting.

The changes to the Terms of Reference included the scheduling of the meetings would change from six monthly to quarterly.

The purpose of the Risk Management Steering Group is to oversee internal arrangements and processes; key responsibilities of the group include:

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- Review and endorse the Risk Management Strategy, ensuring roles and responsibilities relating to risk management are explicit and align with organisational management arrangements and governance structures.
- Review progress in implementing the Risk Management Strategy, supporting organisational awareness of the Risk Management Strategy, Risk Appetite, and effective implementation across all services of the Risk Register policy.
- Ensure the Board's Corporate Risk profile is adequately maintained and used to support organisational decision making and prioritisation.
- Review and make recommendations on potential updates to the risk appetite statement for onward approval at the Board.
- To monitor the adequacy of the risk management processes undertaken by Departments, including the manner in which risks are identified and managed.
- Provide updates as required to support the assurance process around Risk Management to the CMT, ARC and the Board.
- Carry out "deep dive" reviews on selected Corporate Risks as directed by ARC and/or CMT.
- To monitor levels of Risk Management training and identify any potential gaps.
- Agree an annual Risk Management Work Plan and monitor progress against its implementation.
- Share intelligence and respond to emerging risk themes. This will include organisational learning, sharing good practice and developing, testing, and refining processes through structured implementation of improvement actions.

The Terms of Reference of the Risk management Steering Group and frequency of meetings may be subject to further review in 2026/7 inline with any review of Governance arrangements.

### 6.2. Meetings and Key Achievements



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There were four Risk Management Steering Group meetings held between April 2025 and March 2026: 22 April 2025, 1 July 2025, 28 October 2025, 21 January 2026.

In addition to ongoing monitoring and review of the implementation of the Risk Management Work Plan, the group considered the following matters during the period:

- Risk Management Annual Work Plan 2025/6
- Risk Appetite Statement
- Risk Management Policy, Strategy and Procedure
- Risk Dashboards
- Mid-Year review of annual work plan
- Reviews of the Corporate Risk Register
- Risk Mapping Proposal and Progress
- Risk Management Internal Audit and Action Plan.
- Standard Risk Management Agenda Items
- Mandating of DATIX and target dates

### 7. 2026/27 Objectives

The main objective for 2026/27 is to complete the Internal Audit actions and to continue to deliver a robust and effective Risk Management approach that supports the achievement of NHS GGC Corporate Objectives.

In addition, the following objectives support the delivery of the NHS GGC Risk Management Strategy for 2026/7 –

No	Objective	Resources	Duration	Due Date
1.	Develop a Corporate Risk Escalation form	Chief Risk Officer	2 days	30/4/2026
2.	Develop a Corporate Risk Action Close out Protocol	Chief Risk Officer	2 days	30/4/2026
3.	Annual review of the Board Risk Appetite Statement. Amend following Survey and reissue.	Chief Risk Officer	4 days	30/05/2026
4.	Training – Creation of Risk Champions Induction and Refresher Training	Chief Risk Officer	2 weeks	30/06/2026

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No	Objective	Resources	Duration	Due Date
5.	Attend Risk Training – Risk Champions	Risk Champions	2 hours	30/08/2026
6.	Training - Develop targeted training guides to support Risk Identification.	Chief Risk Officer	3 weeks	30/10/2026
7.	Create communication for Directorate KPI's and issue to Directorate and Risk Champions	Chief Risk Officer	5 days	30/05/2026
8.	Risk Champions to roll out Directorate KPI reporting	Risk Champions	2 weeks	30/07/2026
9.	Review and comment on Risk Appetite Statement	Corporate Management Team	2 hours	30/06/2026
10.	Risk Reporting – review of options to simplify and streamline risk reporting.	Chief Risk Officer	2 weeks	30/09/2026
11.	Work with digital support for risk report automation.	Clinical Risk Team. Chief Risk Officer	4 months	30/12/2026
12.	Develop proposals for KRI (Key Risk Indicator) reporting document this in training/guidance document.	Chief Risk Officer	3 weeks	30/08/2026
13.	Review 50% of Corporate Risks with Risk Owner and identify KRI's.	Chief Risk Officer Directors, Risk Leads and Risk Champions	4 months	30/03/2027

## 8. Conclusion

As Chair of the Risk Management Steering Group at 30<sup>th</sup> March 2026, whilst recognising both the work required and the work completed over the last two years, I am satisfied that the frequency of the meetings, breadth of business undertaken and range of attendees has allowed the Group to fulfil its remit in line with its agreed terms of reference. I recognise that there are areas for

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improvement and these have been captured in the objectives for 2026/27 and will be communicated through the RMSG to ensure that Directors are aware of their responsibilities for the identification and management of risk. The frequency of the RMSG will continue at quarterly to ensure that appropriate focus is given to the risk management arrangements across NHSGGC.

Managers, staff and standing committees are reminded of their ongoing roles and responsibilities in relation to risk management. The creation of the risk dashboard reports and reporting to RMSG will provide clear visibility of alignment to the Risk Policy, Strategy and Procedure and ensure that Directors are provided with risk performance data to support improvements.

Positive feedback has been received from Governance Committees including Audit and Risk on the Risk Management improvements and visibility throughout 2025/26, this was also noted as a strength in the Internal Audit 2025.

As a result of the work undertaken during the period and the additional objectives planned for 2026/27, I recognise that significant work has been carried out to strengthen risk management and this will further be improved by the objectives planned for 2026/27 to further embed risk management arrangements across NHS GGC.

Michael Breen

Director of Finance  
Chair

On behalf of the Risk Management Steering Group