NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 10 August 2026**
Title:	**Strategic Risk Register**
Responsible Director:	**Dr Crawford McGuffie, Executive Medical Director**
Report Author:	**Geraldine Jordan, Director of Clinical and Care Governance** **Debbie McCard, Risk Manager**

1. Purpose

This is presented to the Board for:
- Discussion

This paper relates to:
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

This supports the following Corporate Objectives:
- **Better Value –** Delivering innovative and sustainable services for everyone
- **Better Health** – Supporting you to live a healthier life
- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

2. Report summary

2.1 Situation

This paper provides the Strategic Risk Register dashboard report for Board Members discussion.

2.2 Background

The methodology for describing risk, together with the requirement for regular Strategic Risk Register reporting to the Board, has previously been discussed and approved.

NHS Ayrshire & Arran remains committed to improving the quality of assurance provided to the NHS Board and Board Governance Committees. The Risk Management Team continues to work with risk owners to review the content of

risks, ensuring that key controls, further control measures, and the organisation's risk ambition are clearly articulated.

2.3 Assessment

The Strategic Risk Register presented in this paper includes any changes made during the period April to June 2026.

The Strategic Risk Register is reviewed and updated regularly via risk owners and risk managers. Each risk is aligned to a standing committee with the Risk Register subject to quarterly review and scrutiny at the relevant standing committee to ensure:

- risks are appropriately described;
- key control measures are clearly defined and succinctly presented;
- risks are aligned to the organisation's strategic objectives; and
- risks are assessed against the organisation Risk Appetite Statement.

These data represent a high-level summary. Assurance discussions that include the managerial responses take place through the committee cycle of the Board.

Allocation of risks to the relevant committee is shown below:

Performance Governance Committee	5
Healthcare Governance Committee	4
Staff Governance Committee	4
Information Governance Committee	4
Integrated Governance Committee	1

The Strategic Risk Register will continue to be developed, reviewed and updated throughout the year via management meetings, Standing Committees and Board.

Please refer to Appendix 1 for the Strategic Risk Register Dashboard Report.

Please refer to Appendix 2 for the Strategic Risk Register Summary.

2.3.1 Quality/patient care

This report describes the steps being taken to ensure the risks that are intertwined in both quality and patient care are reviewed regularly and meet the requirements in organisational policy.

2.3.2 Workforce

The paper provides assurance that risks are being managed appropriately and any impact on workforce is being monitored closely.

2.3.3 Financial

The paper provides assurance that risks are being managed appropriately and any impact on finance is being monitored closely. There is no other financial impact related to the content of this paper.

2.3.4 Risk assessment/management

This paper provides an overview of progress to date and further developments related to risk management to this Committee for discussion.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed as this paper is presented to demonstrate assessment and management of strategic risks which negate inequality and promote equality and diversity.

2.3.6 Best value

This paper support Best Value across the following themes.

- Vision and Leadership
- Governance and accountability
- Use of resources
- Performance management

2.3.7 Other impacts

There are no other impacts related to the content of this paper

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

Engagement with all risk owners and managers to ensure risks are reviewed and updated

2.3.9 Route to the meeting

The content has been discussed with the appropriate risk owners and risk managers and was presented at the Risk and Resilience Scrutiny and Assurance Group on 24 July 2026.

2.4 Recommendation

Members are asked to discuss the content of this paper.

- Discussion – Examine and consider the implications of a matter.

3. List of appendices

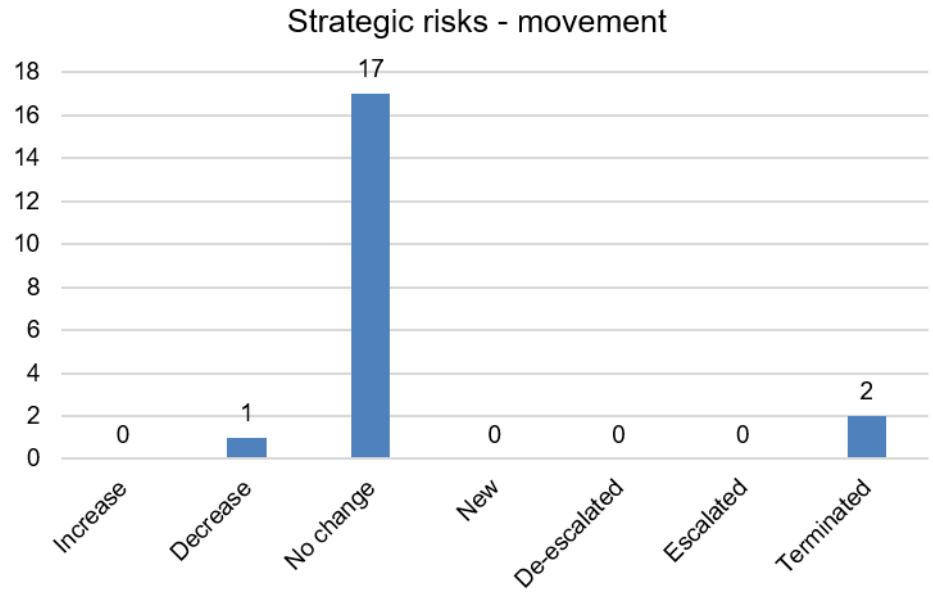
Appendix 1 - Strategic Risk Register Dashboard Report.
Appendix 2 – Strategic Risk Register Summary

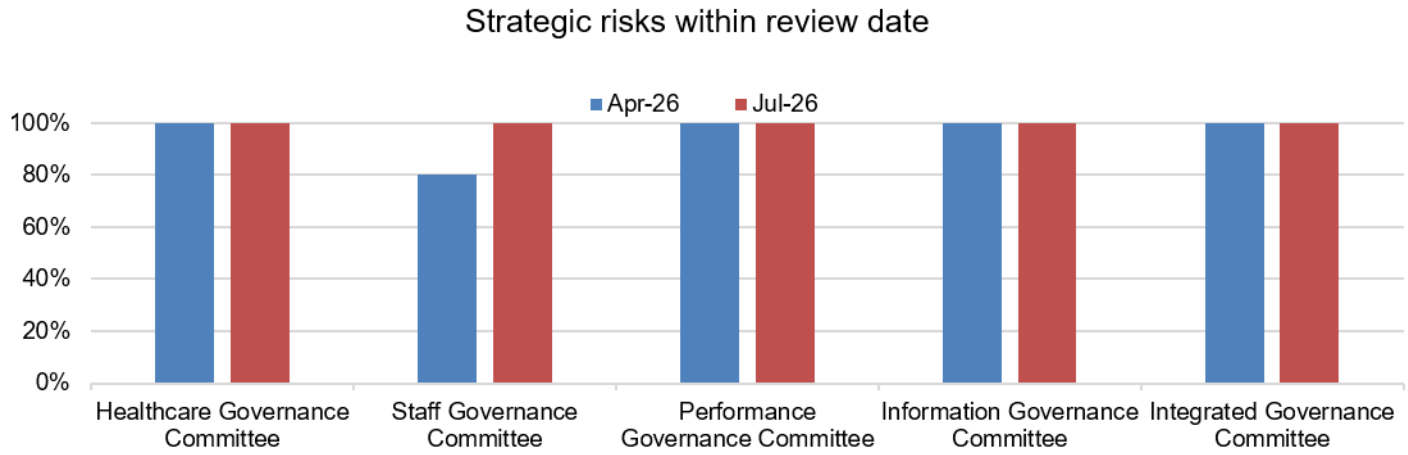
Appendix 1 – NHS Ayrshire and Arran Strategic Risk Register Dashboard – July 2026

Strategic Risks – Summary Page

Summary notes:

- There are currently 18 strategic risks on the risk register (2 risks supported for closure during this reporting period)
- All strategic risks are owned by members of the Corporate Management Team
- This summary page presents the status of strategic risks aligned to each governance committee and the movement since the previous reporting period





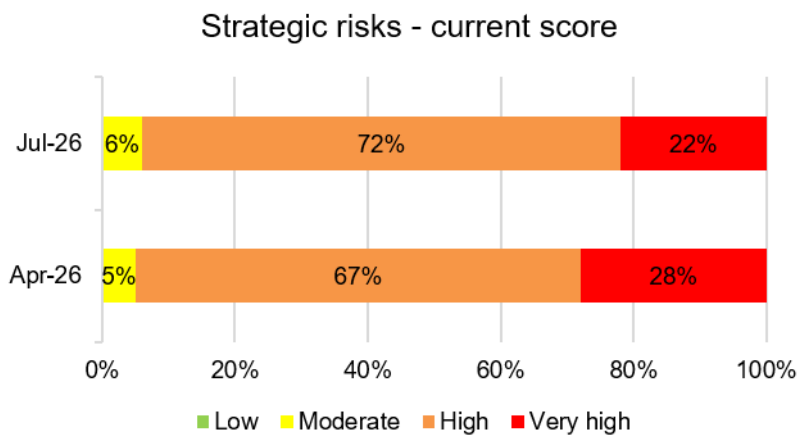
Strategic Risk Dashboard

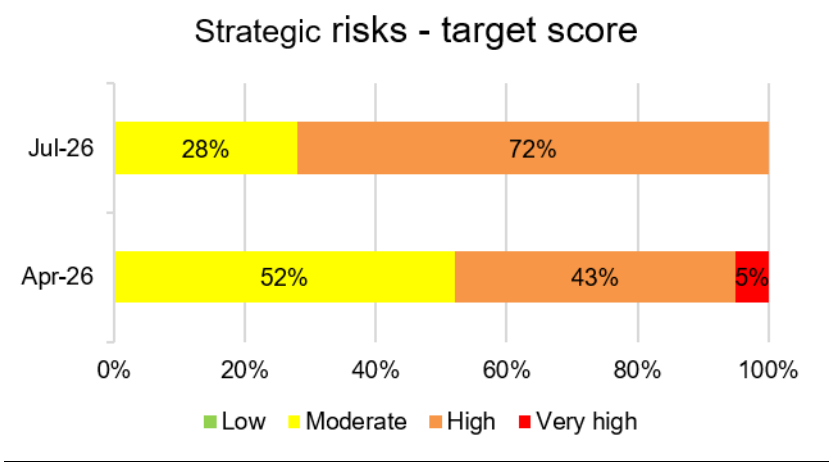
ID	Title	Rating (Current)		Rating (Target)
		Apr-26	Jul-26	
219	Promoting attendance and staff wellbeing	16	16	12
351	Personal development review process	12	12	9
432	Statutory regulations management of the Estate	16	16	12
494	Planned care waiting times	16	16	12
603	Cyber incident	15	15	10
703	Financial outturn	25	25	15
742	Provision of Data and Intelligence for the purposes of Planning	16	16	12
764	Clinical registrant workforce supply (non-medical)	16	16	16
767	Emergency Department Crowding	25	25	9
811	Inability to deliver core/optimal IPCT Service	16	16	9
821	Failure of digital services across Ayrshire and Arran	9	9	6
884	Absence of an IPC eSurveillance system	20	20	12
885	Medical workforce supply and capacity	16	16	16
921	Ventilation systems within the Oncology Ward at University Hospital Crosshouse	16	16	6
935	Data Protection Compliance	20	20	16
936	Compliance with FOISA	16	16	16
937	Poor management of corporate records (data and information).	20	16	12
961	Delivering Caring for Ayrshire – Achieving sustainable health and care services	16	16	12

Risk Appetite Summary

ID	Title	Risk Appetite Status	Risk Domain
494	Planned care waiting times	Outwith risk tolerance	Injury/Illness
811	Inability to deliver core/optimal IPCT Service	Outwith risk tolerance	Injury/Illness
884	Absence of an IPC eSurveillance system	Outwith risk tolerance	Injury/Illness
921	Ventilation systems within the Oncology Ward at University Hospital Crosshouse	Outwith risk tolerance	Injury/Illness
703	Financial outturn	Outwith risk tolerance	Financial
767	Emergency Department Crowding	Outwith risk tolerance	Service Delivery / Business Interruption
935	Data Protection Compliance	Outwith risk tolerance	Compliance
219	Promoting attendance and staff wellbeing	Outwith risk appetite but within risk tolerance	Workforce
351	Personal development review process	Outwith risk appetite but within risk tolerance	Workforce
764	Clinical registrant workforce supply (non-medical)	Outwith risk appetite but within risk tolerance	Workforce
432	Statutory regulations management of the Estate	Outwith risk appetite but within risk tolerance	Compliance
742	Provision of Data and Intelligence for the purposes of Planning	Outwith risk appetite but within risk tolerance	Compliance
936	Compliance with FOISA	Outwith risk appetite but within risk tolerance	Compliance
937	Poor management of corporate records (data and information).	Outwith risk appetite but within risk tolerance	Compliance
961	Delivering Caring for Ayrshire – Achieving sustainable health and care services	Outwith risk appetite but within risk tolerance	Compliance
603	Cyber incident	Outwith risk appetite but within risk tolerance	Service Delivery / Business Interruption
674	General Practice Sustainability	Outwith risk appetite but within risk tolerance	Service Delivery / Business Interruption
357	Mandatory and Statutory Training	Outwith risk appetite but within risk tolerance	Healthcare Experience
885	Medical workforce supply and capacity	Outwith risk appetite but within risk tolerance	Healthcare Experience
821	Failure of digital services across Ayrshire and Arran	Within risk appetite	Healthcare Experience

Strategic risk register analysis





Current Score

Likelihood						
	5				1	2
	4				11	1
	3			1	1	1
	2					
	1					
		1	2	3	4	5
		Impact				

Target Score

Likelihood						
	5					
	4			5	3	
	3			3	3	1
	2			2		1
	1					
		1	2	3	4	5
		Impact				

Corporate objective	Risk title	Current risk score
Better health	Promoting attendance and staff wellbeing	16
Better care	Data protection compliance	20
	Compliance with FOISA	16
	Failure of digital services across Ayrshire and Arran	9
	Inability to deliver core/optimal IPCT Service	16
	Medical workforce supply and capacity	16
	Emergency Department crowding	25
	Statutory regulations management of the estate	16
	Ventilation Systems within the Oncology Ward at University Hospital Crosshouse	16
Better value	Absence of an IPC eSurveillance system	20
	Cyber incident	15
	Delivering Caring for Ayrshire – Achieving sustainable health and care services	16
	Financial outturn	25
	Planned care waiting times	16
	Poor management of corporate records (data and information)	16
	Provision of data and intelligence for the purposes of planning	16
Better workplace	Clinical registrant workforce and supply (non-medical)	16
	Personal development review process	12

Appendix 2 – Strategic Risk Register Summary

ID	Title	Description	Risk score/ rating (current)	Risk score/ rating (Target)	Risk Owner	Governance Committee
219	Promoting attendance and staff wellbeing	High numbers of staff being absent from work across all job families due to long and short term sickness absence along with a failure to provide effective staff wellbeing support may lead to more workforce shortages, an adverse impact on service delivery, quality of care, staff dissatisfaction and further staff absence through physical/psychological harm resulting in poor staff / patient experience and increased financial costs in attempting to cover absences.	High Risk - 16	High Risk - 12	Leslie, Sarah	Staff Governance Committee
351	Personal development review process	Failure to ensure that annual performance and personal development discussions are completed for all staff, which could lead to reduced standards of service delivery and potentially impact on patient care.	High Risk - 12	Moderate Risk - 9	Leslie, Sarah	Staff Governance Committee
432	Statutory regulations management of the Estate	Failure to address the increase in significant backlog maintenance/life cycle and statutory compliance requirements related to the health care built environment through mitigation in line with the agreed annual risk profile may lead to a significant impact in the delivery of hospital services, inpatient/ outpatient care resulting in a negative patient experience and adverse publicity/reputation with the potential for external enforcement action.	High Risk - 16	High Risk - 12	Graham, Nicola	Performance Committee
494	Planned care waiting times	Failure to address lengthy waiting list backlogs and balance demand and capacity for planned care will lead to delays for patients as well as non-compliance with Scottish Government waiting times targets and extant TTG legislation. This may result in patient deterioration, poorer clinical outcomes, adverse publicity and/or legal action in relation to compliance breaches.	High Risk - 16	High Risk - 12	Campbell, Vicki	Performance Committee
603	Cyber incident	The failure of digital systems following a cyber incident will lead to a loss of critical clinical and operational information systems resulting in a significant negative impact on patient care, adverse publicity, loss of public confidence and financial impact.	High Risk - 15	High Risk - 10	Graham, Nicola	Information Governance Committee
703	Financial outturn	Failure to deliver sufficient efficiency savings to live within financial allocation may lead to an inability to balance the budget resulting in an adverse impact on the delivery of services and reputational damage to the NHS Board.	Very High Risk - 25	High Risk - 15	Stonehouse, David	Performance Committee
742	Provision of Data and Intelligence for the purposes of Planning	Failure to have adequate planning data and intelligence will lead to sub optimal planning across the health and care sector with decision making which is not fully supported by robust planning data and assumptions resulting in insufficient or inappropriate levels of service capacity across the health and care system and therefore inadequate provision of services, poorer patient outcomes, and reputational damage to NHS Ayrshire and Arran.	High Risk - 16	High Risk - 12	Dickson, Kirstin	Performance Committee
764	Clinical registrant workforce supply (non-medical)	Failure to ensure sufficient registrant workforce supply will lead to an inability to provide suitable and sufficient care, breaching the requirements of the Health & Care (Staffing) (Scotland) Bill, increased pressures on existing staff resources resulting in poor patient outcomes, adverse impact on staff health and wellbeing and reputational damage.	High Risk - 16	High Risk - 16	Leslie, Sarah	Staff Governance Committee
767	Emergency Department Crowding	Whole system failure leads to crowding within the Emergency Departments leads to delays in ambulance handovers, increased length of stays for patients in the back of an ambulance with delays to assessment and treatment, increased stressors on staff resulting in significant adverse patient outcomes, staff absence, adverse publicity and increased complaints.	Very High Risk - 25	Moderate Risk - 9	Campbell, Vicki	Healthcare Governance Committee
811	Inability to deliver core/optimal IPCT Service	Failure to maintain adequate IPC staffing capacity and specialist clinical oversight, including the absence of an Infection Control Doctor and delays in surveillance team recruitment, may lead to reduced capability to deliver timely and effective IPC services and consistent clinical leadership, resulting in delayed outbreak detection and response, suboptimal management of complex incidents (including those related to the built environment, water, and ventilation systems), ineffective infection prevention measures, and increased risk of healthcare associated infections and avoidable harm to patients, staff, and visitors. This also results in reduced public confidence and increased regulatory scrutiny.	High Risk - 16	Moderate Risk - 9	Wilson, Jenny	Healthcare Governance Committee

ID	Title	Description	Risk score/ rating (current)	Risk score/ rating (Target)	Risk Owner	Governance Committee
821	Failure of digital services across Ayrshire and Arran	Failure of pan Ayrshire digital services as a result of technical failure may lead to the sustained loss of key clinical and business systems preventing access to patient, staff and business records resulting in significant harm to patients, service disruption and adverse publicity.	Moderate Risk - 9	Moderate Risk - 6	Graham, Nicola	Integrated Governance Committee
884	Absence of an IPC eSurveillance system	The absence of an effective eSurveillance system leads to delays in identifying infection trends and outbreaks, limiting early intervention and reducing the organisation's ability to provide accurate assurance of infection prevention and control. Consequently, there is an increased risk of missed early warning signs, ineffective control measures, and ongoing transmission of infection. This results in avoidable harm and mortality, prolonged hospital stays, workforce impact, financial inefficiencies, and reduced confidence in care, alongside an inability to accurately measure harm, target improvements, or demonstrate IPC effectiveness	Very High Risk - 20	High Risk - 12	Wilson, Jenny	Healthcare Governance Committee
885	Medical workforce supply and capacity	Failure to ensure sufficient medical workforce supply to deliver health and care services for patients will lead to an inability to provide suitable and sufficient care, breaching the requirements of the Health & Care (Staffing) (Scotland) Bill, increased pressures on existing staff resources resulting in poor patient outcomes, adverse impact on staff health and wellbeing and reputational damage.	High Risk - 16	High Risk - 16	Leslie, Sarah	Staff Governance Committee
921	Ventilation systems within the Oncology Ward at University Hospital Crosshouse	Lack of sufficient mechanical ventilation/air exchange leads to potential increase in exposure to infective air borne particles resulting in an increased risk of infection, particularly for immunocompromised patients.	High Risk - 16	Moderate Risk - 6	Graham, Nicola	Healthcare Governance Committee
935	Data Protection Compliance	Failure to comply with data protection legislation can lead to enforcement action from the Information Commissioners Office (ICO) and prosecution resulting in substantial monetary penalties and loss of public trust in the Board.	Very High Risk - 20	High Risk - 16	McGuffie, Crawford	Information Governance Committee
936	Compliance with FOISA	High volumes and increasingly complex FOI requests place sustained pressure on resources leading to increased risk of non-compliance with the FOISA, missed statutory deadlines, inappropriate disclosure of sensitive information or the misapplication of exemptions and can result in applicants requesting internal reviews from the Health Board, escalating appeals to the FOI Regulator - the Office of the Scottish Information Commissioner (OSIC), reputational damage and potential enforcement action by OSIC.	High Risk - 16	High Risk - 16	McGuffie, Crawford	Information Governance Committee
937	Poor management of corporate records (data and information).	Failure to manage corporate records appropriately, leads to the inability to locate records, the inappropriate storing of records, the over retention of records, the loss of vital records and poor return on investment of physical and digital storage which results in non-compliance with legislation, inefficient service delivery, poor decision making, inappropriate access to records, inability to defend actions in investigations/inquiries, impact on staff wellbeing, greater negative impact in the event of a cyber-attack, financial loss and damage to reputation.	High Risk - 16	High Risk - 12	McGuffie, Crawford	Information Governance Committee
961	Delivering Caring for Ayrshire – Achieving sustainable health and care services	Failure to deliver the Delivering Caring for Ayrshire (DCfA) transformation programme at the required pace and scale leads to an inability to achieve sustainable operational performance and financial balance, resulting in ongoing service fragility, continued failure to achieve recurring financial balance, deterioration in performance against national access and quality standards, increased workforce pressure, reduced morale and retention, loss of credibility with the Scottish Government and partners, reduced capacity to invest in improvement and innovation, increased reliance on non recurring measures, and a decline in the quality, safety and experience of care, threatening long term organisational sustainability.	High Risk - 16	High Risk - 12	Dickson, Kirstin	Performance Committee