Board Meeting:	19 November 2020	
Subject:	Board Risk Register Update	
Recommendation:	Board members are asked to:	

Discuss and Note	
Discuss and Approve	✓
Note for Information only	

1. Background

This paper presents an update on the Board Risk Register following approval at the Audit and Risk Committee on 20 October 2020.

2. Overview

In the current context with COVID-19 pandemic, recovery plan delivery and expansion there is a desire to ensure that the risk register remains live with updated mitigations and risk ratings reflecting the current position. The risk register has therefore been added as a standing item to the weekly Gold Command meetings, a schedule to support Deep Dive review of risks is agreed via the group with a focus to ensure regular review of any high risks. The report format has been revised to link to the process used for the deep dive which we hope provides easier overview of the current risk status. This includes details of the risk appetite for each risk noting if the risk is out with appetite and also the assurance/ monitoring arrangements for the risk. The revised risk register will be reported to the Board sub committees at the next scheduled meetings and a Board workshop is planned for November/ December to support review the of risk appetite and wider discussion of the risk register.

Work is ongoing to review the supporting risk registers; it is planned that the Board update will include an overview of the risk profile for the registers underpinning currently under review and this will feed into the December review:

- NES Division
- HLD Division
- Hotel
- R&D
- Expansion programme
- EPR Project
- Academy project (in development)

In acknowledging the changing portfolio of the Golden Jubilee and being mindful of risks that may be associated with the scope and pace of expansion, Gold will explore this in advance of the Board workshop to feed any specific issues into the refresh of the appetite and register. The complexities and challenges of the site master plan have already been noted as an area of focus.

3. Assessment

Following review by all risk owners in August and further deep dives, all risks have been updated and are included within the appendix. The appendix includes an overview of the Risk Appetite and Risk Profile for the Board register. The following changes are proposed:

- S3 Innovation – risk rating reduced to target to reflect that framework in place and Strategic Partnership agreement with Strathclyde University. Suggested reduction in target severity to a 2 making overall rating a 4 (medium).
- O9 Waiting Times – following deep dive discussion via Gold this has been revised to reflect waiting times and not Service Level Agreements (SLA) which are now reflected withinS17 on the Recovery Plan. Risk focuses on ensuring waiting times management in the delivery of recovery plan activity. Risk high at present in context of traditional targets however need to bear context of the pandemic and impact on this. Plan to review and reduce as mitigations are progressed via Gold.
- S10 Cyber Security – reduced to target level of medium. Separate paper to committee on Cyber Security detailing position. Mitigations in place have to date proved ability to minimize risk, potential remains with need to ensure continual review, testing and upgrading of these.
- S11 Expansion – reduced to a medium level to reflect progress made in relation to Phase 1 and FBC approval of Phase 2. Had previously been increased to reflect COVID impact.
- S12 EU Withdrawal – reduced to target of medium. Assessment of situation ongoing, local contingencies are in place, no major areas of impact identified and much of the response co-ordinated nationally across Scotland and UK which we are linked into.
- S17 Recovery Plan – revised with mitigations updated to reflect detailed work linking to recovery plan delivery. Suggest reduction to medium level with likelihood to reduce further to target on completion of current mitigations underway to revise forecasts.
- W19 PPE Provision - reduced to target level to reflect work undertaken and current position in relation to PPE.

It is suggested that the following risk is removed; EPR has not impacted on Phase 1 of the expansion and the programme and risk register will be reviewed with any issues escalated:
- S14 – If we don't fully achieve the EPR programme within timescale there is potential for impact on corporate objectives, namely the hospital expansion

The following risks have been removed as previously agreed:
- O15 Clinical Waste – new national contract has been implemented.
- S16 ICD Support to Expansion – support in place, downgraded to Expansion register for monitoring

4. Recommendation

Members are asked to approve the overall update including the changes and removal of previously agreed risks.

Colin Neil
Director of Finance
October 2020

Appendix 1 – Board Risk Appetite and Risk Profile

Risk Appetite

	Hospital	Hotel	R&D	Innovation
Strategic	Willing	Moderate	Open	Willing
Safety/ Experience	Cautious	Cautious	Cautious	Moderate
Reputation	Open	Moderate	Moderate	Moderate
Financial	Moderate	Willing	Open	Open
Regulation	Cautious	Moderate	Cautious	Moderate
Operational	Moderate	Open	Cautious	Open
Workforce	Moderate	Open	Open	Open

Risk Profile

Likelihood	Consequence/ Impact				
	1	2	3	4	5
5					
4			O9:S20		
3			S11 S17	W7: S13	
2		S3 S12	W18: F8	S10: S6:	
1				W19	

Appendix 2 – Board Risk Register

S3 Innovation		
Current Risk Level: **L2 x S2 = 4 (medium)**	Target Risk Level: **L2 x S2 = 4 (medium)**	Risk Appetite: Hospital Strategic Willing
If we do not ensure a robust framework to support innovation at local, national and international level Failure to realise strategic ambitions and maximise innovation opportunities Regulatory and legislative impact if compliance with required frameworks not met. Potential for financial penalties and/ or missed opportunity for income generation Damage to GJNH reputation.	**Current control measures in place:** Executive Director of Finance and Senior Planning Officer supporting the delivery of the vision and purpose. Strategic Partnerships (SP) Framework and new in place. External and Internal Short-Life Working Group established (GJ, Scottish Enterprise, University of Strathclyde, Scottish Government.	**Assurance/ Monitoring:** Report to Board in December on Strategic Partnership Framework Oversight group for Strategic Partnership to be co-chaired by Chief Executive. Will report to FPP.
	Additional Mitigations: Development of Innovation Accelerator Business Case. Establishing clear options for the delivery of Phase 3 Strategic Partnership with University of Strathclyde.	

S6 Healthcare Associated Infections

Current Risk Level: **L2 x S4 = 8 (medium)**	Target Risk Level: **L2 x S4 = 8 (medium)**	Risk Appetite
		Hospital Strategic · Willing

	Current control measures in place:	Assurance/ Monitoring:
If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events, impacting delivery of 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	Annual work plan approved and progress monitored at PICC meeting; Appropriate clinical risk assessment and patient screening for MRSA 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 / estates issues. Board Consultant Microbiologist Appointment in May 2020; OOH support continues via SLA with NHS GGC	Surveillance in place for: • Monitoring of alert organisms; • Surgical site infection; • Enhanced SAB surveillance; • E-Coli; M.chimera monitoring. HAIRT reported monthly to all relevant managed committees and included within IPR to Gold and Board
	Additional Mitigations: Risk at target level Continue to monitor via existing controls	

W7 Workforce Capacity & Capability

Current Risk Level:	Target Risk Level:	Risk Appetite: Outwith for hospital
L3 x S4 = 12 (high)	**L2 x S4 = 8 (medium)**	

Workforce	Hospital	Hotel	R&D	Innovation
	Moderate	Open	Open	Open

| *If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives*

Insufficient workforce could impact ability to delivery strategic ambitions; work underway to assess areas of particular vulnerability, expansion of services is key area of risk as it requires additional recruitment to support.

Use of locum and agency staff carries financial cost in addition to wider issues associated with ongoing use.

Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover and with further loss of skills and knowledge. | **Current control measures in place**:

Annual Workforce Plan

Spiritual care service support to staff

Full programme of training and education reviewed annually and underpinned by training needs analysis across the Board; and

Board local HR/strategic policy mirrors national guidance and policy on terms and conditions.

Approved Phase 1 expansion workforce plan

Approved 2yr Recovery Workforce Plan including brought forward elements of phase 1 and 2 expansion and active engagement with clinicians from NHS Boards to support.

Workforce Planning and Transition Oversight Group established

Recruitment drive ongoing to support delivery of agreed workforce plans. | **Assurance/ Monitoring:**

Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report;

Mandatory training reports |
| | **Additional Mitigations:**
New approach to workforce planning to be established in 2019/2020 to support longer term planning and new national approach to 3 year workforce planning to be introduced in 2021 (delayed due to covid and awaiting guidance)

National iMatter Pulse Survey planned for September 2020New Staff Health & Wellbeing Strategy in development, to be approved by Board in Autumn 2020 (delays due to covid)

NHS Scotland Academy proposal to be developed to support expansion of elective care and NHS workforce

Participation in national elective centres workforce planning group to plan national demand for workforce | |

F8 Financial Planning

Current Risk Level: **L2 x S3 = 6 (medium)**	Target Risk Level: **L2 x S3 = 6 (medium)**	Risk Appetite:

		Financial	Hospital	Hotel	R&D	Innovation
			Moderate	Willing	Open	Open

If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on services. Would damage the Board's reputation as an effective healthcare provider with SGHD and with the public. Recovery plan is likely to impact on some operational delivery. Non clinical vacant posts would be held, reviews of stock, purchasing and services would be undertaken. Would impact on vacancies in non clinical posts and possible skill mix reviews of clinical services.	2020-21 financial plan agreed with plans to achieve financial balance Efficiency and productivity plans being progressed Specific risks highlighted within the financial plan are being closely monitored; Division PRG's reinstated in August 2020, scheduled monthly. With regards to Covid 19 pandemic – Mobilisation plans agreed with SG and a subsequent Recovery Plan has been constructed and financial impact incorporated in financial planning assumptions and shared with SG. Detailed forecast e produced from month 4 onwards to aid a balanced financial position to be delivered for the year, taking corrective action as required via management and governance meetings. Finance, Performance and Planning Committee now embedded with supporting monitoring reports including IPR and Financial Report updates.	**Assurance/ Monitoring:** Monthly financial reviews are in place to identify any variations from the plan. Financial position and forecasts presented to Senior Management Team and Board on a monthly basis. Regular communications with Scottish Government on operational and financial performance where transparency on financial and operational requirements are defined through robust communication and understanding on inputs / outputs.
	Additional Mitigations: Ongoing rigorous monitoring of financial position.	

O9 Waiting Times Management

Current Risk Level:	Target Risk Level:	Risk Appetite:
L4 x S3 = 12 (high)	**L2 x S3 = 6 (medium)**	

If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients 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 and negative impact on reputation May lead to loss of income but likely to be minimal impact	**Current control measures in place**: Recovery plan agreed with SG; ongoing liaison with NHS Boards to support implementation. Division PRG meeting re-established August 2020. Monthly DMT Performance meetings re-established in September 2020. Specific work implemented to minimize cancellations with marked improvements demonstrated.	**Assurance/ Monitoring:** Weekly performance report to Gold and Silver aligned to recovery plan. Monthly IPR report with waiting times to Gold and Board including FP&P Committee. 31-day cancer waiting times achieved.

Additional Mitigations:

Specialty by specialty review against recovery plan on a weekly basis with overview of current WL position across specialties to be via Division and updated to Gold.

Review of national and local targets likely to be set as part of 21/22 AOP process.

Sight to continue as COVID light to ensure elective and urgent activity continues. Processes in place to accommodate potential reemergence of COVID 19 and safe delivery of services via robust protocols.

S10 Cyber Security

Current Risk Level:	Target Risk Level:	Risk Appetite:
L2 x S4 = 8 (medium)	**L2 x S4 = 8 (medium)**	Outwith for hotel

	Hospital	Hotel	R&D	Innovation
Strategic	Willing	Moderate	Open	Willing

If we do not sustain our cyber resilience, then we are susceptible to cyber breaches and attacks	**Current control measures in place**:	**Assurance/ Monitoring:**
Disrupted access to electronic systems such as TrakCare and SCI would impact day to day operations in wards, clinics, theatres and admin functions resulting in disrupted patient care and loss of productivity.	Information Technology security measures and controls are in place across the organisation and supported by the wider NHS network;	Ongoing rigorous monitoring of controls and action plan via regular updates to Information Governance Group.
Potential for financial impact should a breach occur.	Further controls implemented following recent IT security attacks on private sector organisations;	
Potential for sanctions and, or litigation should a breach occur.	Board wide review of information security established with self assessment against NHS Scotland IT Security Framework completed and action plan developed; and	
A data security breach is likely to negatively impact GJF's reputation and damage brand perception among patients, the media and Scottish Government.	Realtime cyber attack took place with the Board not infected. Internal and external controls were tested with a formal debrief highlighting some lessons learnt. These have been implemented.	
	A Cyber Security maturity review was undertaken by PwC; Cyber essentials Accreditation achieved Oct 18 with programme of annual review to maintain.	

	Additional Mitigations:	
	No further actions planned.	

S11 Expansion Programme		
Current Risk Level: **L3 x S3 = 9 (medium)**	Target Risk Level: **L2 x S3 = 6 (medium)**	Risk Appetite: Hospital / Strategic / Willing

	Current control measures in place:	**Assurance/ Monitoring:**
If through programme delivery or operational issues, we fail to deliver the expansion programme 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. VFM. 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. Importance of developing workforce to support programme; delays to programme would impact workforce planning and recruitment/ staff deployment.	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. Clinically led design for both phases with plans for organisational development support aligned to programme. Phase 1 handover and go live dates agreed. FBC approval for Phase 2 with revised timelines to reflect COVID-19 impact. Governance structure revised with Senior User Group meeting twice a month reporting to Programme Board. Board Microbiologist appointment in May, Microbiologist Consultant support to expansion and national appointment with sessional input to GJ	Monthly reports to Gold Command and standing update at Board on progress. Board workshops to deep dive on areas as required.
	Additional Mitigations: No further actions, monitor progress via governance structure	

S12 EU Withdrawal		
Current Risk Level **L2 x S2 = 4 (medium)**	Target Risk Level **L2 x S2 = 4 (medium)**	Risk Appetite: Outwith for hotel |	Hospital	Hotel	R&D	Innovation
Strategic	Willing	Moderate	Open	Willing	
If we cannot adequately respond to the changes associated with the EU Withdrawal, it may impact on our ability to continue to deliver our core services May impact on ability to deliver corporate objectives and on long term strategy. Financial consequences possible in relation to funding and budget impact. Impact as EU regs transferred; loss of access to MHRA; R&D impact of not being part of EU. Pharmaceutical and market impacts that may affect supplies of key items. High risk workforce areas within medical staffing and hotel housekeeping identified.	**Current control measures in place:** EU Withdrawal SLWG chaired by Nurse Director Preparedness assessment undertaken across all key areas and where required internal contingency plans in place. Links established to national (Scottish and UK) contingency arrangements as impact will be across NHS Scotland with co-ordinated response. Element of financial provisions incorporated into Boards finance plan.	**Assurance/ Monitoring:** Reports to Gold and Board as situation develops. Assessment to date have not highlighted any areas of direct impact.
	Additional Mitigations: • SLWG reconvened to reassess preparedness across the key areas; will report to Gold command early November.	

S13 National & Regional Working		
Current Risk Level **L3 x S4 = 12 (high)**	Target Risk Level **L1 x S4 = 4 (medium)**	Risk Appetite:
Misalignment of the GJ Strategy with national and regional strategies Impact on existing GJ objectives, would jeopardize ability to meet these and prompt revision of strategy Potential impact on funding allocation Negative impact on reputation and engagement with NHS Boards Potential disruption operationally is strategy revisions required. Potential impact on wider workforce plan in relation to recruitment and education & training.	**Current control measures in place:** Executive team representation on national and regional groups – as chair or members. Delivery of Expansion Programme. Delivery of Board Strategy	**Assurance/ Monitoring:** Board meetings with Integrated Performance Report and updates on key strategic programmes
	Additional Mitigations: • Continue delivery of Board strategy and engagement via national and regional planning forums. • National Performance Review meetings • SLA leads meeting with all Boards planned • Regular interface with access support team	

S17 Recovery Plan		
Current Risk Level **L3 x S3 = 9 (medium)**	Target Risk Level **L2 x S3 = 6 (medium)**	Risk Appetite: Strategic Hospital Willing

	Current control measures in place:	**Assurance/ Monitoring:**
If we don't effectively implement the recovery plan, then we will fail to maximise the capacity available at GJNH Could impact on delivery of GJF objectives and NHSScotland recovery and waiting times. May incur financial impact associated with recovery plan funding if planned activity is not delivered and/ or achievable. Will have a negative impact on reputation of GJF within NHSScotland and publicly. Will impact on staff morale if we are not able to fully utilise capacity. Recovery plan has replaced existing SLA for year with NHSBoards; failure to achieve this effectively means SLA with NHS Boards not achieved.	Recovery plan agreed with SG; ongoing liaison with NHS Boards to support implementation.	Weekly performance report to Gold and Silver aligned to recovery plan detailing performance for all specialties showing progress against recovery plan. Current performance shows activity is overall approximately 9.5% behind target. Areas under the RP target are orthopaedic, cancer, cardiology and thoracic. There are multiple factors affecting performance.

Additional Mitigations:
- Detailed review across all specialities to explore projected performance for recovery plan with revised forecasts
- Review of flow and working to account for 4 nations guidance and ability to support required increase in activity within cardiac and thoracic whilst meting requirements.
- SLWG in place to explore options for increasing testing capacity to support testing capacity beyond November to ensure patient testing able to support planned activity.
- Liaison with NHS Boards and Booking Office to review cancer allocation to assess if capacity required and if so how management can be improved to support utilisation of theatre space.
- Recruitment of theatre nursing staff to boost capacity.
- Review of housekeeping weekend capacity to support additional cath lab activity.
- Orthopaedic plan to increase activity with return to 4 list joints and OPD activity.

W18 Staff Health & Wellbeing

Current Risk Level **L2x S3 = 6 (medium)**	Target Risk Level **L1 x S3 = 3 (low)**	Risk Appetite:

Workforce	Hospital	Hotel	R&D	Innovation
	Moderate	Open	Open	Open

	Current control measures in place:	**Assurance/ Monitoring:**
If we are unable to provide adequate support for our employees during COVID-19 then their health & wellbeing may be negatively impacted Higher risk of ill health, burnout and low morale amongst workforce. Could impact on ability to deliver quality service. Financial impact associated with increased absences and potential litigation if obligations not met. Potential inability to comply with H&S legislation and partnership standards and penalties associated with this.	Gold/Silver/Bronze command and control structure. Partnership forum continues to meet to support ongoing staff governance during COVID response and beyond Guidance has been provided to line managers and staff to ensure that planned leave is taken during the COVID response and in recovery to ensure staff are getting adequate time away from work. National guidance on risk assessing staff at risk due to underlying health conditions has been implemented and appropriate adjustments put in place to socially isolate staff or remove them from direct patient care Additional support has been put in place to provide spiritual care and mental health and wellbeing support for staff including guidance/self-help information and structured support sessions Physical distancing measures have been implemented along with changes to configuration to facilities and working practices to manage COVID related risks.	Staff rostering continues to include monitoring hours worked and ensuring appropriate working hours are maintained
	Additional Mitigations: • Health & Wellbeing Strategy in development which will outline additional plans to develop support	

W19 Provision of PPE During COVID-19

Current Risk Level **L1x S4 = 4 (medium)**	Target Risk Level **L1 x S4 = 4 (medium)**	Risk Appetite: Outwith for hospital

	Hospital	Hotel	R&D	Innovation
Workforce	Moderate	Open	Open	Open

If we are unable to ensure provision of PPE for our employees dealing with COVID-19 then their health & wellbeing may be negatively impacted Increased risk of infection to staff exposed to COVID-19 if PPE needs not met. Could impact on ability to deliver service. Potential impact on staff anxiety levels and issues associated with this in relation to performance and absence levels. Financial impact associated with increased absences and potential litigation if obligations not met. Potential inability to comply with H&S legislation and partnership standards and penalties associated with this.	**Current control measures in place:** Extensive communication of current PPE guidance and correct use of PPE across organization. Contingency arrangements for PPE shortages. Ongoing programme of face fit testing including increased numbers of face fit testers trained across organisation to maximise testing capacity Guidance to line managers and staff on limiting use of PPE to required circumstances to avoid overuse Guidance to line managers to ensure any staff not currently able to use FFP3 they have been tested for to be prevented from entering high risk areas requiring FFP3 masks Reduction in planned theatre activity if PPE availability becomes critical to reduce consumption Majority of staff fitted for masks that we have sufficient stock of and there is adequate supply chain Small cohort of staff reliant on 2 models of mask which we have sufficient supplies of to last until new production facilities available in January 2021 to supply the In addition, two new models of mask being tested for this cohort of staff with 50% success of moving to new mask Reuseable masks now available for use in contingency situation since filters received. Further supplies ordered.	**Assurance/ Monitoring:** Daily monitoring of PPE stock levels, demand and planned deliveries to identify any projected shortfalls and escalation within board and to NHS National Procurement, including participation in twice weekly national procurement PPE teleconference.
	Additional Mitigations: • Local and national escalation systems in place should provision of PPE become an issue in future	

S20 COVID-19 Pandemic		
Current Risk Level **L4x S3 = 12 (high)**	**Target Risk Level** **L2 x S2 = 4 (medium)**	**Risk Appetite:** Workforce: Moderate / Hospital Open / Hotel Open / R&D Open / Innovation Open

	Current control measures in place:	**Assurance/ Monitoring:**
If we are unable to manage the ongoing impact of the COVID-19 pandemic, specifically relating to staff capacity and COVID precautions (4 national guidance and physical distancing SG guidance) for staff/ patients, we will be unable to support deliver our core activity Need to revise strategic and operational plans to respond to changing guidance and restrictions including development of COVID testing facility. Financial planning undertaken; impact minimized. Inability to maintain COVID light approach and ensure adequate measures for patients & staff would impact reputation. Significant change in pathways and working practices in response to 4 Nations Guidance; impact on efficiencies. Increased absence, overall health & wellbeing, impact of capacity variances. Significant impact on hotel working with areas not planned to restart until April 2020. Potential for further step down of green activity to prioritise urgent/ emergency work.	Recovery plan signed off by SG. Workforce plans developed to support recovery. Process in place to support PPE testing and supply monitoring/ reporting. Implementation of 4 nations guidance. Physical distancing policy developed and implemented across site inc dept risk assessments Test & trace workshops held with managers to raise awareness of guidance and process. Hotel workforce positively engaged to support NHS GJ and NHS LJ in addition to maintaining core hotel and conference center approved activities.	Weekly performance reports aligned to recovery plan and monthly IPR. Command Structure and Agile Governance arrangements implemented. Workforce monitoring reports.
	Additional Mitigations: • Review of department physical distancing assessment to reflect updated guidance • Review of efficiencies and opportunities for improvement generated via the COVID response that can maximise delivery of services • Review of 4 National Guidance implementation via PICC to assess wider impact and support needed • Should pandemic escalate to previous levels in terms of impact to core activity then appropriate mitigation and agreements to revisions to plan would be formally agreed with SG in similar way to the construction of current recovery plan.	