



NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board
Meeting date:	30 March 2023
Title:	Corporate Risk Register (February 2023)
Responsible Executive/Non-Executive:	Michael Breen, Director of Finance
Report Author:	Nicki Hamer, Head of Corporate Governance and Board Secretary

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion
- Decision

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

The Corporate Risk Register reports on material changes across NHS Golden Jubilee with a focus on high graded risks. This report will provide a summary of significant material changes to the Corporate Risk Register which will include new and closed risks since the last reporting period.

This report takes into account recent developments such as:

- System wide:
 - ongoing war in Ukraine
 - cost of living impact
 - ongoing recovery from the pandemic
 - industrial action
 - political landscape
- NHSGJ Specific
 - ongoing recruitment and retention for Phase 2 and International recruitment
 - further impacts associated with cost of living crisis, supply chain issues, potential power outages and further industrial action.
 - political landscape.

2.1 Situation

The Corporate Risk Register provides an update on the risks identified for NHS Golden Jubilee.

The Board, through the Governance Committees, continues to identify, assess and take action on risks which are managed and monitored via the DATIX risk system. All risks are regularly discussed by the Executive Leadership Team and have been aligned to the Corporate Objectives of NHS Golden Jubilee Board. Appendix 1 provides a summary of the risks including the Committee alignment based on the Terms of Reference.

The Board and Committees all recognise that there are interdependencies between the Board Corporate Risks and this will form part of the regular review of risks.

2.2 Background

Building upon the previous engagement sessions with the Board with regard to risk appetite, strategic map development and the associated risk register, the Corporate Risk Register has been refreshed to ensure the risks identified are relevant and under continual review.

This paper provides a summary view of the key risks facing the NHS Golden Jubilee, highlighting the redefined risk matrix as shown below:

	Hospital (Clinical)	Infrastructure (Facilities & Digital)	Hotel	RD & I	NHSS Academy	CfSD & ANIA
Strategic	Open	Open	Moderate	Open	Open	Open
Safety/Experience	Cautious	Cautious	Cautious	Cautious	Moderate	Moderate
Financial and Performance	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
Regulation	Cautious	Cautious	Moderate	Cautious	Moderate	Moderate
Workforce	Moderate	Open	Open	Moderate	Open	Open

2.3 Assessment

2.3.1 Workforce

Two aspects of workforce risk relate to International Recruitment and Phase Two. Work is underway to assess areas of particular vulnerability such as availability of onward accommodation for international recruits and recruitment of nursing staff.

Workforce capacity is considered throughout all the risks mentioned in this paper, specifically focussed within the following risks:

- W7 – Workforce Capacity and Capability W18 – Staff Health and Wellbeing
- S13 – National and Regional Working S20 – Covid-19 Pandemic
- B003/22 – Senior Recruitment Grades B005/22 – NHS Scotland Academy B006/22 - International Recruitment

2.3.2 Financial

All risks within the Corporate Risk Register are also assessed for their financial impact.

Finance and Performance Committee agreed to increased Risk F8 – Financial Planning from 9 (Medium) to 16 (High) to reflect the current financial pressures

within the system and the 2023/24 Financial Plan being presented to the Board today.

Four new risks are currently being prepared which relate to:

1. eHealth age of systems
2. Sustainability of current Perfusion services
3. Clinical Documentation Improvement (CDI) Inline Monitoring
4. Digital Transformation of Services.

2.3.3 Risk Assessment/Management

All risks discussed in this report are managed in line with the Datix risk system. There are 19 risks currently identified on the Corporate Risk Register. The heat matrix below shows the scoring distribution by each category of risk:-

→ Impact	1	2	3	4	5
↓ Probability	Negligible	Minor	Moderate	Major	Extreme
Will undoubtedly recur, possibly frequently					
Will probably recur, possibly frequently			O9:B001:B003	W7:F8:B005	B006
May recur occasionally			S11:S17:S20:S22	S13:O23: DR136:B004	
Do not expect it to happen again but it is possible		S3	W18	S6:S10	
Cannot believe that this will ever happen again					

2.3.4 Equality and Diversity, including health inequalities

There are no specific issues arising from this paper. However, individual programmes of work are required to impact assess the outcomes of that work.

2.3.5 Other impacts

As part of managing the Corporate Risk Register, the following risks are monitored on a weekly basis:

- Finance
- Complaints
- Waste
- Phase 2
- Recruitment
- Policies & Procedures
- eHealth

2.3.6 Communication, involvement, engagement and consultation

The Corporate Risk Register and those relevant extracts have been presented to the following within this Board cycle:

- Executive Leadership Team
- All Governance Committees

2.3.7 Route to the Meeting

The Executive Leadership Team regularly review the Corporate Risk Register and discuss any new risks to the organisation at their meetings. This ensures the risks are being highlighted and managed effectively within the organisation.

The Corporate Risk Register risks were considered by the following governance Committees:

- Finance and Performance Committee on 7 March 2023
- Strategic Portfolio Governance Committee on 9 March 2023
- Staff Governance and Person Centred Committee on 14 March 2023
- Clinical Governance Committee on 16 March 2023

2.4 Recommendation

- **Awareness** – For Members' information only.
- **Discussion** – Examine and consider the implications of a matter.
- **Decision** – Reaching a conclusion after the consideration of options.

The Board is asked to:

- Note the ongoing work of all the standing Committees in scrutinising, reviewing and updating the Corporate Risk Register and take assurance from that process.
- Discuss and approve the updated Corporate Risk Register subject to any changes or relevant feedback received at this meeting.

2 List of appendices

The following appendices are included with this report:

Appendix 1, List of Committees and associated risks linked to corporate objectives
Appendix 2, At a Glance View Corporate Risk Register
Appendix 3, Full details of the Corporate Risk Register

APPENDIX 1 – List of Committees and associated risks linked to corporate objectives

Committee	Risks	**Corporate Objective
Staff Governance & Person Centred Committee	W7 – Workforce Capacity and Capability W18 – Staff Health and Wellbeing B002/22 – Recruitment and Retention Executive Cohort B006/22 – International Recruitment	1, 2 & 6 3 1 3, 4
Finance & Performance Committee	F8 – Financial Planning O9 – Waiting Times Management O23 – eHealth Resources S13 – National and Regional Working S17 – Recovery Plan DR136 – Hotel Financial for Future Covid-19 variants to the Business	1 1 2 5 & 6 1 & 5 3, 4, 6
Clinical Governance Committee	S6 – Healthcare Associated Infections S10 – Cyber Security S20 – Covid-19 Pandemic B001/22 – Ability to provide full Lab Services	2 2 4 2, 4
Strategic Portfolio Governance Committee	S3 – Innovation S11 – Expansion Programme S22 – Site Masterplan B003/22 – Centre for Sustainable Delivery commitment to NHS Scotland Recovery B004/22 – NHS Scotland Academy recruitment pressures	2, 5 & 6 4 4 1, 5, 6 1, 5, 6

**Corporate Objectives Key:

1. Executive Leadership and Governance for a High Performing Organisation
2. High Performing Organisation
3. Optimal Workforce and Leadership
4. Expansion, Development and Optimal Utilisation of Facilities
5. Centre for Sustainable Delivery
6. NHS Scotland Academy

APPENDIX 1 - At a Glance View Corporate Risk Register

Risk ID	Committee	Title	Key factors	Target	May 22	Sep 22	Dec 22	Feb 23	Exec Lead	Opened	Review Date	Trend	Corporate Objective
S6	CGC	Healthcare Associated Infections	If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events, impacting delivery of corporate objectives	8	8 (Med)	8 (Med)	8 (Med)	8 (Med)	Director of Nursing & AHPs	Nov 2020	Apr 2023	↔	2
S20	CGC	Covid-19 Pandemic	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	4	9 (Med)	9 (Med)	9 (Med)	9 (Med)	Director of Nursing & AHPs	Nov 2020	Apr 2023	↔	4
S10	CGC	Cyber Security	If we do not sustain our cyber resilience, then we are susceptible to cyber breaches and attacks	8	8 (Med)	8 (Med)	8 (Med)	8 (Med)	Director of Finance	Nov 2020	Apr 2023	↔	2
B001/22	CGC	Ability to provide full Laboratory Services on site due to system provider withdrawal	A new IT system for Labs has been purchased for NHS Scotland. The likely implementation of the new system is beyond the lifetime of the current providers product. If the current vendor withdraws the right of the Hospital to use their software beyond the current end date of 31/03/2023 and no new system is in place then the laboratory service in its current form will be unable to be provided and an alternative arrangement will be required.	6	20 (Very High)	12 (High)	12 (High)	12 (High)	Medical Director	June 2022	Apr 2023	↔	2, 4
B003/22	SGPCC	To ensure exploration of risk of retention and recruitment to senior positions within NHS GJ due to gap between AfC grades and Executive Director salary scales	The recent outcome of job descriptions progressed through NEC process have remained at their current Executive banding. This creates a gap between AfC Grades and Executive salary scales. The absence of appeal mechanisms for affected staff and the lack of consistency in approach to evaluation and equivalent positions in other NHS Boards is providing a disadvantage in hiring senior staff.	3	12 (High)	12 (High)	12 (High)	12 (High)	Director of Workforce	June 2022	Apr 2023	↔	1
W7	SGPCC	Workforce Capacity and Capability	If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives	8	12 (High)	12 (High)	16 (High)	16 (High)	Director of Workforce	Nov 2020	Apr 2023	↑	1, 2, 6
W18	SGPCC	Staff Health and Wellbeing	If we are unable to provide adequate support for our employees during COVID-19 then their health & wellbeing may be negatively impacted	3	6 (Med)	6 (Med)	6 (Med)	6 (Med)	Director of Workforce	Nov 2020	Apr 2023	↔	3
B006/22	SGPCC	International recruitment ability to attract, retain and accommodate staff	Insufficient workforce could impact ability to deliver strategic ambitions. Work underway to assess areas of particular vulnerability such as availability of accommodation locally and supply issues of international recruits. Use of international workforce will carry financial cost.	9	-	20 (Very High)	20 (Very High)	20 (Very High)	Director of Workforce	August 2022	Apr 2023	↔	2, 3
O23	FPC	e-Health Resources	Insufficient resources in e-Health to support current expectation on service	4	12 (High)	12 (High)	12 (High)	12 (High)	Director of Finance	Feb 2022	Apr 2023	↔	2
F8	FPC	Financial Planning	If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan	6	6 (Med)	6 (Med)	9 (Med)	16 (High)	Director of Finance	Nov 2020	Apr 2023	↑	1

Risk ID	Committee	Title	Key factors	Target	May 22	Sep 22	Dec 22	Feb 23	Exec Lead	Opened	Review Date	Trend	Corporate Objective
S17	FPC	Recovery Plan	If we do not effectively implement the recovery plan, then we will fail to maximise the capacity available at GJNH	6	9 (Med)	9 (Med)	9 (Med)	9 (Med)	Director of Operations	Nov 2020	Apr 2023	↔	1, 5
S13	FPC	National and Regional Working	Misalignment of the GJ Strategy with national and regional strategies	4	12 (High)	12 (High)	12 (High)	12 (High)	Director of Operations	Nov 2020	Apr 2023	↔	5, 6
O9	FPC	Waiting Times Management	If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients	6	12 (High)	12 (High)	12 (High)	12 (High)	Director of Operations	Nov 2020	Apr 2023	↔	1
DR136	FPC	Hotel Financial Risk of Future Covid-19 Variants to the Business	If we do not ensure the safe operational running of the Hotel and its staff in the event that Covid-19 escalates within Scotland.	9	20 (Very High)	12 (High)	12 (High)	12 (High)	Director of Operations	May 2020	Apr 2023	↔	3, 4, 6
S11	SPGC	Expansion Programme	If through programme delivery or operational issues, we fail to deliver the expansion programme	6	9 (Med)	9 (Med)	9 (Med)	9 (Med)	Director of Operations	June 2020	Apr 2023	↔	4
S3	SPGC	Innovation	If we do not ensure a robust framework to support innovation at local, national and international level	4	4 (Med)	4 (Med)	4 (Med)	4 (Med)	Director of Strategy, Planning and Performance	Nov 2020	Apr 2023	↔	2, 5, 6
S22	SPGC	Site Masterplan	If we do not ensure a robust approach to planning of site capacity then we will fail to effectively utilise the available space.	4	9 (Med)	9 (Med)	9 (Med)	9 (Med)	Director of Finance	June 2021	Apr 2023	↔	4
B004/22	SPGC	Centre for Sustainable Delivery	CfSD commitment to support NHS Scotland Recovery and transformation of NHS Scotland Academy	4	12 (High)	12 (High)	12 (High)	12 (High)	Director of Strategy, Planning and Performance	April 2022	May 2023	↔	1, 5, 6
B005/22	SPGC	NHS Scotland Academy	Recruitment pressures to include the faculty development project to attract and appoint staff.	3	12 (High)	12 (High)	12 (High)	15 (High)	Director of Nursing & AHPs	April 2022	May 2023	↔	1, 5, 6

APPENDIX 2 – Corporate Risk Register

Risk is the chance of something happening that will cause harm or detriment to NHS Golden Jubilee, its staff or patients.

Board Committee	Ref	THE RISK – what can happen and how it can impact	RISK APPETITE – Controls In Place	CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating	Level of Risk	Executive Lead	Corporate Objective
Clinical Governance Committee	S6	<p>Healthcare Associated Infections <i>If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events, impacting delivery of corporate objectives</i></p> <p>HAI has the potential to negatively impact patient clinical outcomes and also affect operational delivery through events such as ward closures threatening SLA delivery.</p> <p>Increased incidence of HAI may negatively impact staff both morale and productivity through ward closures and additional scrutiny.</p> <p>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.</p>	<p>Annual work plan approved and progress monitored at PICC meeting;</p> <p>Appropriate clinical risk assessment and patient screening for MRSA and CPE;</p> <p>Monitoring and analysis of HEAT target data for SAB and CDI supported by multidisciplinary reduction interventions;</p> <p>SCNs fully engaged via weekly visits and monthly peer reviews and HEI preparedness committee;</p> <p>HAI Scribe process in place that ensures Infection Control built in to all building / estates issues.</p> <p>Board Consultant Microbiologist Appointment in May 2020; OOH support continues via SLA with NHS GGC.</p> <p>Surveillance in place for:</p> <ul style="list-style-type: none"> • Monitoring of alert organisms; • Surgical site infection; • Enhanced SAB surveillance; • E-Coli; <p>M.Chimera monitoring.</p> <p>HAIRT reported monthly to all relevant managed committees and included within IPR to EDG and Board.</p> <p>Risk at target level Continue to monitor via existing controls.</p>	2 x 4 = 8	Medium	Director of Nursing & AHPs	2
Clinical Governance Committee	S10	<p>Cyber Security <i>If we do not sustain our cyber resilience, then we are susceptible to cyber breaches and attacks</i></p> <p>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</p>	<p>Information Technology security measures and controls are in place across the organisation and supported by the wider NHS network. Further controls implemented following recent IT security attacks on private sector organisations.</p> <p>Board wide review of information security established with self-assessment against NHS Scotland IT Security Framework completed and action plan developed.</p> <p>Real-time cyber-attack took place with the Board not infected. Internal and external controls were tested with a</p>	2 x 4 =8	Medium	Director of Finance	2

Board Committee	Ref	THE RISK – what can happen and how it can impact	RISK APPETITE – Controls In Place	CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating	Level of Risk	Executive Lead	Corporate Objective
		<p>disrupted patient care and loss of productivity.</p> <p>Potential for financial impact should a breach occur.</p> <p>Potential for sanctions and, or litigation should a breach occur.</p> <p>A data security breach is likely to negatively impact Golden Jubilee reputation and damage brand perception among patients, the media and Scottish Government.</p> <p>The use of unsupported apps and personal email accounts within the organisation for information sharing purposes to support patient care.</p>	<p>formal debrief highlighting some lessons learnt. These have been implemented.</p> <p>A Cyber Security maturity review was undertaken by PWC; Cyber essentials Accreditation achieved Oct 18 and maintained via annual review.</p> <p>Ongoing rigorous monitoring of controls and action plan via regular updates to Information Governance Group.</p> <p>Review of the cyber security arrangements to support Workplace for the Future and increased remote working to assure on ability to maintain position.</p> <p>Progression of action associated with the NIS Audit.</p> <p>Investment in workforce with specific post being put in place relative to cyber security to increase focus / review and implement rolling actions relative to this critical area. Investment across eHealth in capital and revenue to ensure robust and up to date infrastructure is in place across systems.</p> <p>Review of the cyber security arrangements to support Workplace for the Future and increased remote working to assure on ability to maintain position. Full review of staffing structure and resource requirements being undertaken by Digital Services Director.</p> <p>Guidance being drafted to be disseminated to staff regarding the use of these platforms and safer supported methods that are available.</p> <p>Providing end users with the appropriate tools to allow them to communicate via the approved methods.</p> <p>This will be monitored through the service managers and the specialties they are responsible for.</p> <p>Working with service managers and end users and providing training and knowledge on how they can access and utilise these supported apps in line with their specialties.</p>				

Board Committee	Ref	THE RISK – what can happen and how it can impact	RISK APPETITE – Controls In Place	CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating	Level of Risk	Executive Lead	Corporate Objective
Clinical Governance Committee	S20	<p>Covid-19 Pandemic <i>If we are unable to manage the ongoing impact of the COVID-19 pandemic, specifically relating to staff capacity and COVID precautions (4 nations guidance and SG physical distancing guidance) for staff/ patients, we will be unable to support delivery of our core activity</i></p> <p>Need to revise strategic and operational plans to respond to changing guidance and restrictions including development of COVID testing facility. Financial planning undertaken; impact minimised.</p> <p>Inability to maintain COVID light approach and ensure adequate measures for patients and staff would impact reputation.</p> <p>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.</p> <p>Significant impact on hotel working with areas not planned to restart until April 2020.</p> <p>Potential for further step down of green activity to prioritise urgent/ emergency work.</p>	<p>Recovery plan signed off by SG. Workforce plans developed to support recovery.</p> <p>Process in place to support PPE testing and supply monitoring/ reporting.</p> <p>Implementation of 4 nations' guidance.</p> <p>Physical distancing policy implemented across site including departmental risk assessments. Test & trace workshops held with managers to raise awareness of guidance and process.</p> <p>Phased re opening of hotel from June 2020.</p> <p>Vaccination programme completed for staff and high risk patients. Lateral flow testing available to staff.</p> <p>Weekly performance reports aligned to recovery plan and monthly IPR.</p> <p>Workforce monitoring reports.</p> <p>Ongoing review of Hybrid and home working where applicable, particularly when infection rates are at peak</p> <p>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.</p>	3 x 3 = 9	Medium	Director of Nursing & AHPs	4

Board Committee	Ref	THE RISK – what can happen and how it can impact	RISK APPETITE – Controls In Place	CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating	Level of Risk	Executive Lead	Corporate Objective
Clinical Governance Committee	B001/22	<p>The ability to provide full laboratory services on site is at risk due to the IT system provider withdrawing the right to use their software on 31 March 2023.</p> <p>A new IT system for Labs has been purchased for NHS Scotland. The likely implementation of the new system is beyond the lifetime of the current providers' product. If the current vendor withdraws the right of the Hospital to use their software beyond the current end date of 31st March 2023 and no new system is in place then the laboratory service in its current form will be unable to be provided and an alternative arrangement will be required.</p> <p>The risks associated with this are operational delivery issues in the provision of labs services for Jubilee Patients, financial impact in having to purchase an interim system, outsource labs to the private sector or "buddy" with a neighbouring health board to provide services, clinical risk in potentially sending samples offsite resulting in the possibility of loss or delay to responses particularly in urgent cases, reputational damage in the event that one of the above scenarios led to patient harm.</p>	<p>A working group between 6 affected Boards has been formed with representation from CLO, Scottish Government and National Procurement.</p> <p>Scottish Government have been made aware of the risks above by the group</p> <p>Dialogue is ongoing with the incumbent supplier unilaterally and as part of the group</p> <p>The LIMS Programme board are aware and looking at potential contingencies around rollout of the new system in a limited way to affected Boards.</p> <p>This will be monitored through the Executive Directors Group through regular updates.</p> <p>Attendance at working group meeting will be maintained.</p> <p>Dialogue with potential alternative providers will be undertaken to assure options around end of life are presented and assessed.</p> <p>The LIMS Programme board are aware and looking at potential contingencies around rollout of the new system in a limited way to affected boards. Dialogue with potential alternative providers will be undertaken to assure options around end of life are presented and assessed.</p>	3 x 4 = 12	High	Medical Director	2, 4
Staff Governance & Person Centred	W7	<p>Workforce Capacity and Capability if we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives</p>	<p>Three year Workforce Plan submitted to Scottish Government in August 22 and following feedback will be published in October 2022. The development of Workforce Strategy setting out objectives linked to the five pillars - to plan, attract, train, employ, nurture.</p>	4 x 4 = 16	High	Director of Workforce	2, 5, 6

Board Committee	Ref	THE RISK – what can happen and how it can impact	RISK APPETITE – Controls In Place	CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating	Level of Risk	Executive Lead	Corporate Objective
		<p>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.</p> <p>Use of locum and agency staff carries financial cost in addition to wider issues associated with ongoing use.</p> <p>Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover and with further loss of skills and knowledge.</p> <p>Failure to implement hybrid working models leading to failure to attract people to work for the organisation and retain current workforce.</p>	<p>Expansion programme established with Workforce workstream being led by HR with wider support from operational teams across the organisation.</p> <p>Spiritual care service aligned to a Spiritual Care Strategy which has been developed and is going through the Governance at present. This strategy will support staff Wellbeing.</p> <p>Board local HR/strategic policy mirrors national guidance and policy on terms and conditions as Once for Scotland Policies are being released.</p> <p>Workforce Planning and Transition Oversight Group established and meets regularly(bi monthly)</p> <p>NHS Scotland Academy programme to support expansion of elective care and NHS workforce supported by Recruitment team</p> <p>Outputs from annual board-wide learning needs analysis used to inform a full programme of training and education. With increased investment in board wide training budget and further / higher education funding.</p> <p>Health and Well-being group established to support delivery of the Health and Wellbeing Strategy. Annual delivery plans agreed.</p> <p>iMatter Staff Experience programme supported by organisation.</p> <p>Resources / workshops made available to staff and managers to support hybrid working and health and wellbeing.</p> <p>Mitigations/Actions Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report; L and OD reporting on activity including mandatory training compliance.</p> <p>Phase 2 expansion workforce detail being monitored at Expansion Programme Board</p> <p>New national approach to 3-year workforce planning underway and due for publication in March 2022.</p>				

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			<p>National iMatter Survey 2022 cycle completed. Board report shared with staff and with groups / committees so data can inform action plans.</p> <p>Agile working being promoted as part of recruitment strategy and attract people to work for us from wider geographical area and promote flexible working to support recruitment from a diverse range of people.</p> <p>People Strategy being developed 2022/23</p> <p>Engagement Framework being developed to support staff at all stages of employment cycle.</p> <p>Year 2 Health and Wellbeing delivery plan approved and progressed monitored by Staff Governance Group</p>				
Staff Governance & Person Centred	W18	<p>Staff Health & Wellbeing <i>If we are unable to provide adequate support for our employees during COVID-19 then their health & wellbeing may be negatively impacted</i></p> <p>Higher risk of ill health, burnout and low morale amongst workforce.</p> <p>Could impact on ability to deliver quality service.</p> <p>Financial impact associated with increased absences and potential litigation if obligations not met.</p> <p>Potential inability to comply with H&S legislation and partnership standards and penalties associated with this.</p> <p>Failure to implement hybrid working models leading to failure to offer flexible working practices to support health and wellbeing including physical distancing.</p>	<p>Partnership forum continues to meet to support ongoing staff governance. COVID will be addressed if there is a staffing impact and cases increase within the population.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Physical distancing measures have been removed but in line with IPC advice would be reviewed and any changes to configuration to facilities and working practices would be implemented if there was a resurgence of COVID within the population to manage COVID related risks.</p> <p>Vaccination programme in place. Additional support including peer vaccination to increase uptake of flu vaccination.</p>	2 x 3 = 6	Medium	Director of Workforce	2, 5, 6

Board Committee	Ref	THE RISK – what can happen and how it can impact	RISK APPETITE – Controls In Place	CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating	Level of Risk	Executive Lead	Corporate Objective
			<p>Health and Wellbeing Group established to support delivery of the Health and Wellbeing Strategy. Annual delivery plans agreed with a focus on mental health, financial health, physical health and creating the conditions.</p> <p>Staff health and wellbeing Web Hub launched.</p> <p>Staff rostering continues to include monitoring hours worked and ensuring appropriate working hours are maintained.</p> <p>Workplace for the Future programme to promote agile working to support physical distancing and flexible working location and hours to enable to enable flexible working patterns and practices to support staff health and wellbeing.</p> <p>Site Utilisation Group reviewing use of space which takes into consideration impact of hybrid working</p> <p>Year 2 Health and Wellbeing delivery plan approved and progressed monitored by Staff Governance Group</p> <p>Employee Assistance Programme funding being secured to support ongoing contract.</p> <p>Resilience Training Framework being launched.</p>				
Staff Governance & Person Centred	B006/22	<p>International Recruitment (IR) ability to attract, retain and accommodate staff Insufficient workforce could impact ability to deliver strategic ambitions; work underway to assess areas of particular vulnerability such as availability of accommodation locally and supply issues of international recruits.</p> <p>Use of international workforce will carry financial cost.</p> <p>This will affect recruitment to expansion workforce and ongoing pipeline for nursing roles.</p>	Options appraisal looking at supporting accommodation for IRs. Induction booklet includes detailed list of all requirements to undertake these roles. Centre for Labour Supply is looking at trends across Scotland and sharing any learning experiences with Health Boards across Scotland, including NHS GJ.	4 x 5 = 20	Very High	Director of Workforce	2, 3
Staff Governance and Person Centred Committee	B003/22	<p>To ensure exploration of risk of retention and recruitment to senior positions within NHS GJ.</p>	The consistency in approach to evaluation and equivalent positions in other NHS Boards may provide a disadvantage to the recruitment and retention of senior/executive posts to NHS GJ.	3 x 4 = 12	High	Director of Workforce	1

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		<p>This is due to differential position across NHS Scotland which may place NHSGJ at a competitive disadvantage relative to other boards in Scotland and further afield.</p> <p>The recent outcome of job descriptions progressed through the NEC process have resulted in 3 remaining at their current Executive banding level. This recent AfC proposed pay award also reduces the gap between AfC Grades and Executive salary scales.</p>	<p>Mitigations will include maintenance of risk, review of succession planning, further review of banding where applicable and escalation to Scottish Government on consistency and organisational risk at a period of significant growth and input to NHS Scotland recovery plans.</p>				
Finance & Performance Committee	F8	<p>Financial Planning <i>If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan</i></p> <p>Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on services.</p> <p>Would damage the Board's reputation as an effective healthcare provider with SGHD and with the public.</p> <p>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.</p> <p>Uncertainty over 2023/24 on-going allocations particularly in relation to funding of Phase 2 workforce would have significant operational delivery challenges of the ADP.</p> <p>Agreement of outstanding SLAs in regard to HLD (relating to WoS and NSD specialist services) would require a review of existing and future service provision.</p>	<ul style="list-style-type: none"> • 2022/23 baseline financial plan agreed with plans to achieve financial balance. Key alignment to ADP and operational requirements on delivery • Key funding assumptions with Access Support Team agreed with regular meetings in place • Regular SG Sponsorship meetings to review position and funding assumptions • Efficiency and productivity plans being progressed • Specific risks highlighted within the financial plan are being closely monitored; • Division PRG's scheduled monthly All departments have PRGs throughout the year. • Detailed forecast 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 Committee providing overview of position and governance with further strands added to workplan including deep dives to key financial areas. Reporting supported via monitoring reports including updated IPR and Financial and Operational Reports. • Monthly financial reviews are in place to identify any variations from the plan. • Financial position and forecasts presented on a monthly basis. Including returns to Scottish Government. • Regular communications with Scottish Government on operations and financial performance where transparency on financial and operational 	4 x 4 = 16	High	Director of Finance	1

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			<p>requirements are defined through robust communication and understanding on inputs / outputs.</p> <ul style="list-style-type: none"> Capital programme initiated following agreement on funding allocations and robust prioritisation in place, including forward look at equipment needs across the organisation. 				
Finance & Performance Committee	O9	<p>Waiting Times Management <i>If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients</i></p> <p>Patients may deteriorate clinically whilst awaiting treatment; need to ensure review and prioritisation of clinically urgent patients.</p> <p>Patient experience of waiting in excess of TTG; increase in complaints will incur TTG breaches.</p> <p>We will be seen as unable to deliver operational targets. Negative impact on reputation may lead to loss of income but likely to be minimal impact</p>	<p>Key initiatives agreed with SG; ongoing liaison with NHS Boards to support implementation. Specific work implemented to minimise cancellations, taking account of Covid restrictions and changes to protocol.</p> <p>Monthly SLA leads meeting and regular meeting with SG access support team on activity and challenges.</p> <p>Weekly performance review meetings to consider performance against recovery plan. Monthly IPR report with waiting times. 31-day cancer waiting times achieved.</p> <p>Site to continue as COVID light to ensure elective and urgent activity continues. Processes in place to accommodate potential re-emergence of COVID 19 and safe delivery of services via robust protocols.</p> <p>Review of Expansion plans to increase endoscopy capacity and to accelerate phase 2 implementation for orthopaedics, general surgery and endoscopy.</p> <p>Progression of national initiatives relating to Ophthalmology weekend activity, Endoscopy Mobile Unit, General Surgery acceleration and main theatre usage all approved, progressing and subject to regular review.</p>	4 x 3 = 12	High	Director of Operations	1
Finance & Performance Committee	O23	<p>eHealth Resources There is a risk that due to insufficient resources within eHealth, in relation to the expectation on the service, certain activities i.e. major incident response, project or programme activity may be delayed or de-scoped to operate within available staffing levels and maintain staff wellbeing.</p>	<p>A paper was presented to and supported by the Executive Directors Group and Board and Committees' outlining an approach to increasing resources to meet current demand. Recruitment is progressing well incrementally in this area through 2022/23.</p> <p>The following mitigations have also been implemented to reduce risk impact:</p> <ul style="list-style-type: none"> Recruitment of temporary contract staff in critical service areas; Recruitment will be phased over an 18 month period Prioritisation, in agreement with service leads, on critical work plan elements; Professional development 	3 x 4 = 12	Medium	Director of Finance	2

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			<p>of existing digital staff to enhance knowledge of new technologies.</p> <ul style="list-style-type: none"> Progression of capital and revenue schemes to enhance technical infrastructure started in 2021/22 and will continue through 2022/23. 				
Finance & Performance Committee	S13	<p>National and Regional Working Misalignment of the GJ Strategy with national and regional strategies Impact on existing GJ objectives, would jeopardise ability to meet these and prompt revision of strategy.</p> <p>Potential impact on funding allocation.</p> <p>Negative impact on reputation and engagement with NHS Boards.</p> <p>Potential disruption operationally as strategy revisions required.</p> <p>Potential impact on wider workforce plan in relation to recruitment and education & training.</p>	<p>Executive team representation on national and regional groups – as chair or members.</p> <p>SLA meetings with Board leads. Delivery of Expansion Programme.</p> <p>Regular interface with access support team. Board meetings with Integrated Performance Report and updates on key strategic programmes.</p> <p>Met RMP 4 targets / review with national Access team. Progressing well with targets for 2022/23.</p> <p>Continue delivery of Board strategy and engagement via national and regional planning forums.</p> <p>National Performance Review meetings.</p> <p>Working with Other Health Boards to maximise use of available capacity and resource.</p>	4 x 3 = 12	High	Director of Operations	5, 6
Finance & Performance Committee	S17	<p>Recovery Plan <i>If we don't effectively implement the recovery plan, then we will fail to maximise the capacity available at GJNH</i></p> <p>Could impact on delivery of GJF objectives and NHS Scotland recovery and waiting times.</p> <p>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 NHS Scotland 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 NHS Boards. Failure to</p>	<p>Revised recovery plan agreed with SG; ongoing liaison with NHS Boards to support implementation. This plan included detailed review by each specialty to revise initial forecasts and increase ophthalmology and Orthopaedic activity.</p> <p>Review of flow and working to account for 4 nations' guidance and ability to support required increase in activity within cardiac and thoracic whilst meeting requirements.</p> <p>Weekly performance update meetings to consider performance against recovery plan. Performance broadly in line with plan to date for 2022/23.</p> <p>Monthly IPR report with waiting times to EDG and Board including FPC.</p> <p>31-day cancer waiting times achieved.</p>	3 x 3 = 9	Medium	Director of Operations	1, 5

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		achieve this effectively means SLA with NHS Boards not achieved.	<p>Division PRG meetings and monthly Division Management Team performance meetings.</p> <p>Approval and monitoring of delivery plan for 2022/23</p> <p>Continuation of COVID testing will be continually monitored in line with agreed protocol</p> <p>Recruitment of theatre nursing staff to boost capacity, including use of open days to attract new staff. Also progressing international recruitment with initial cohort anticipated July / August 2022.</p> <p>Ongoing review of housekeeping capacity to support activity requirements and current guidance.</p>				
Strategic Portfolio Governance Committee	S3	<p>Innovation <i>If we do not ensure a robust framework to support innovation at local, national and international level</i></p> <p>Failure to realise strategic ambitions and maximise innovation opportunities.</p> <p>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.</p>	<p>Executive Director of Finance and Senior Planning Officer supporting the delivery of the vision and purpose.</p> <p>Strategic Partnerships (SP) Framework and new in place.</p> <p>External and Internal Short-Life Working Group established (GJ, Scottish Enterprise, University of Strathclyde, Scottish Government).</p> <p>Report to Board in December on Strategic Partnership Framework.</p> <p>Oversight group for Strategic Partnership to be co-chaired by Chief Executive. Will report to FPC.</p>	2 x 2 = 4	Medium	Director of Strategy, Planning and Performance	2, 5, 6
Strategic Portfolio Governance Committee	S11	<p>Expansion Programme <i>If through programme delivery or operational issues, we fail to deliver the expansion programme</i></p> <p>Failure to achieve key strategic objective, ability to deliver wider commitments of programme and added value at national level.</p> <p>Impacts on national government strategy of failure to deliver.</p>	<p>National Programme Board chaired by Chief Executive Officer.</p> <p>Project Team in place with project plan and key milestones agreed; supporting governance structure in place for programme.</p> <p>Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place.</p> <p>Clinically led design for both phases with plans for organisational development support aligned to programme.</p>	3 x 3 = 9	Medium	Director of Operations	4

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		<p>Potential for financial impact should a breach occur.</p> <p>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.</p>	<p>Phase 1 handover and go live dates agreed. FBC approval for Phase 2 with revised timelines to reflect COVID-19 impact.</p> <p>Governance structure revised with Senior User Group meeting twice a month reporting to Programme Board.</p> <p>Board Microbiologist appointment in May 2020, Microbiologist Consultant support to expansion and national appointment with sessional input to GJ</p>				
Strategic Portfolio Governance Committee	S22	<p>Site Masterplan <i>If we do not ensure a robust approach to planning site capacity, then we will fail to effectively utilise the available space</i></p> <p>Increasing demands on the available space via Expansion, Academy, Recovery plan, COVID-19 and natural growth in service mean conflicting pressures for space.</p> <p>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.</p>	<ul style="list-style-type: none"> Site utilisation group in place and initial plans defined Workplace for the future programme Design team appointment to review footprint and options Phase 2 Expansion programme design Initial moves taking place for office relocations end June / July will be reviewed Direct communications with departments to confirm in advance requirements prior to move All moves require validation and authorisation from Exec Directors Group. Direct communication with all groups effected to confirm on requirements and timelines. Co-ordinated approach with eHealth 	3 x 3 = 9	Medium	Director of Finance	4
Strategic Portfolio Governance Committee	DR136	<p>Financial Risk to Hotel of Future Covid-19 Variants to the Business</p> <p>Ensure the safe operational running of the Hotel and its staff in the event that Covid-19 escalates within Scotland.</p>	<ul style="list-style-type: none"> Active Health and Safety Committee and robust policies Business Continuity Plans updated STAR chambers are called to discuss business on the books Senior Hotel Management would meet every day to discuss any potential staff, business and other issues related to Covid-19 SHMT would attend weekly preparedness meetings in the GJNH BCP and contingency plans have been formulated Proposed conference space development will increase capacity and flexibility for key clients Monitor international market mix. 	4 x 3 = 12	High	Director of Operations	3, 4, 6

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Strategic Portfolio Governance Committee	B004/22	CfSD commitment to support NHS Scotland Recovery and transformation of NHS Scotland Academy	To ensure the commitment of CfSD in supporting delivery of NHS Scotland's Recovery Plan along with the transformation of the Academy to support the workforce.	3 x 4 = 12	High	Director of Strategy, Planning and Performance	1, 5, 6
Strategic Portfolio Governance Committee	B005/22	NHS Scotland Academy Difficulty in recruiting workforce to support training within the Academy	Current and innovative opportunities for recruitment using appropriate social media and recruitment agency where required.	5 x 3 = 15	High	Director of Nursing & AHPS	1, 5, 6