

**Meeting:** NHS GJ Board

**Date:** 28 July 2022

**Subject:** Board Corporate Risk Register Update Report

**Recommendation:** NHS GJ Board are asked to:

Discuss and Note	
Discuss and Approve	✓
Note for Information only	

<b>History</b>	<p>The Corporate Risk Register has been reported to:</p> <ul style="list-style-type: none"> <li>• Audit &amp; Risk Committee 16 June 2022</li> <li>• Clinical Governance Committee 29 June 2022</li> <li>• Finance and Performance Committee on 5 July 2022</li> <li>• Staff Governance and Person Centred Committee on 14 July 2022</li> </ul>
----------------	---

<b>Board Lead</b>	Colin Neil, Director of Finance			
<b>Key Purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## 1. Executive Summary

### Purpose of Risk Register Review

The Risk Register review was commissioned at a time of significant growth in the organisation and portfolio. Specifically, the following key issues were considered and addressed:-

- Refresh risk appetite aligned to each portfolio component
- Provide a summary, at a glance matrix aligning risks to governance committees and corporate objectives
- Update each individual risk to produce a current reflection of risk

This paper provides the Board with the following:

## **Board Corporate Risk Register**

Following the Executive Risk Register Review meeting held on 25 March 2022, the content and format of the Board Corporate Risk Register (BCRR) has been updated to reflect the agreed changes.

This refresh on the BCRR also takes into account recent developments such as

- System wide:
  - war in Ukraine
  - ongoing recovery from the pandemic
  - cost of living impact
  - CfSD and NHSS Academy when considering the context of the changing environment we are now operating within.
  
- NHSGJ Specific
  - ambitious developments of the Phase 2 expansion program
  - recruitment and retention

The Corporate Risk Lead will ensure that a review is regularly maintained on these areas.

## **Risk Management**

This paper provides the Board with a brief summary of key risks and associated assessment of the level of risk with corresponding mitigating actions to provide assurance that appropriate risk management processes are in place to reduce the level of risk where feasible.

## **Recommendation**

The Board is asked to:

- Review the Board Corporate Risk Register
- Note the emerging risks
- Approve the proposed changes to the Board Corporate Risk Register

**Colin Neil**  
**Executive Director**  
**July 2022**

## 1.0 Introduction

This paper provides an opportunity for NHS GJ Board to review the Board Corporate Risk Register (BCRR) and to:

- Review the risk management activities for 2021/22 financial year as we move into 2022/23
- Discuss the most recent changes to the BCRR
- Note the planned next steps for the development of the BCRR.

## 2.0 Background

Over recent years, there has been significant active engagement with the Board regarding Risk Appetite, Strategic Map development and the associated Risk Register with mitigation. This was refreshed shortly before the pandemic and the Board Risk Register has continued to be critical in effectively reflecting the evolving nature of risk and mitigation through the pandemic.

However, with a rapidly changing landscape and acknowledging that we are currently working through an active development phase as an organisation supporting the recovery of NHS Scotland, this paper proposes a new and refreshed plan to reassess the elements of risk management with the evolution of the new Board Corporate Risk Register.

## 3.0 Risk Management

Effective risk management processes are essential to the delivery of high quality and safe healthcare services. NHS Golden Jubilee believes that appropriate attention to risk management will not only reduce harm to patients and staff, as well as create safer environments of care, but it is also essential for the achievement of the organisation's strategic goals and corporate and clinical objectives.

A good risk management policy or process should facilitate not only the identification and assessment of risk, but ensure a senior manager takes on the responsibility of monitoring, assessing and changing the overall level of the risk from happening, either by reducing the likelihood of it happening or/and reducing the severity/harm that could potentially be caused.

Strong engagement and communication with relevant stakeholders is a pre-requisite of a strong risk management policy.

The relevant chairs of the Board sub-committees have also reviewed this paper and agreed to the mitigating actions within this paper to be taken forward and put in place.

NHSGJ Risk Management Strategy is subject to annual review and this Strategy will be the subject of a full review during 2022/23. A summary of the risk escalation

process will be included in the Risk Management Strategy and will included as an Appendix in the next update.

Board Assurance has been provided to the Audit and Risk Committee, Finance and Performance Committee, Staff Governance and Personal Centred Committee and Clinical Governance Committee by presentation of a report on risk at each of the meetings.

There are Corporate Division Risk Registers in place and through this process these will be monitored to gain assurance to ensure any items are highlighted within the Board Corporate Risk Register.

#### 4.0 Situation

The BCRR provides an update on the risks to the organisation.

The Board continues to identify, assess and take action on risks which are managed and monitored via the risk system DATIX. All risks are regularly discussed by the Board Committees and have been aligned to the Corporate Objectives of the Board as follows:

Committee	Risks	**Corporate Objective
Finance & Performance Committee	F8 – Financial Planning	1
	O9 – Waiting Times Management	1
	O23 – eHealth Resources	2
	S13 – National and Regional Working	5 & 6
	S17 – Recovery Plan	1 & 5
Clinical Governance Committee	S6 – Healthcare Associated Infections	2
	S10 – Cyber Security	2
	S20 – Covid-19 Pandemic	4
	O21 – National Reporting of CT Data	2
	B001/22 – Ability to provide full Lab Services	2, 4
Staff Governance & Person Centred Committee	W7 – Workforce Capacity and Capability	1, 2 & 6
	W18 – Staff Health and Wellbeing	3
	B002/22 – Recruitment and Retention Executive Cohort	1
Strategic Portfolio Governance Committee	S3 – Innovation	2, 5 & 6
	S11 – Expansion Programme	4
	S22 – Site Masterplan	4

\*\*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

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

## 5.0 Risk Summary

Following on from the Executive Risk Review meeting in March 2022, the risk categories and organisational areas of the Golden Jubilee have been redefined in the following table, showing the risk tolerance/appetite for each area:

	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

Whilst the Executive team have reviewed the risk appetite that is acceptable for CfSD and the NHSS Academy, discussions are progressing with the review and assessment of the associated risks for these areas on the risk register.

This will involve refreshing risks for the new financial year 2022/23 as well as engaging with all relevant stakeholders involved in the areas of risk identified, to capture their views and inputs.

## 6.0 Quarter 4 Update and Recent Changes

This section provides a summary of the most recent changes over the past quarter (January to March 2022) and includes the changes following the Committee meetings held.

As part of managing the BCRR, the Executive Directors Group consider and review any live risk at their weekly meeting. Though not currently on the BCRR, the following risks are being monitored on a weekly basis:

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

## Risk Profile

There are 19 risks currently identified on the BCRR (with five new proposed risks; GJ Conference Hotel Financial risk, CfSD support to NHS Scotland Recovery Plan, NHS Scotland Academy Recruitment Pressures), Ability to provide full Laboratory Services on site and Recruitment and Retention Executive Cohort since the previous review. 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		O21			
Will probably recur, possibly frequently			O9:B001:B002		DR136
May recur occasionally			S11:S17:S20:S22	W7:S13:O23	
Do not expect it to happen again but it is possible		S3	F8:W18	S6:S10	
Cannot believe that this will ever happen again					

The current assessment of the BCRR has involved meeting with each chair of the Board's sub-committees to revisit each risk description, reviewing the assessment of the current level and potential future level of risk and discussing any mitigating actions. This mechanism will be undertaken quarterly, ensuring there is defined executive leadership for each risk, a senior management owner of each risk and a quarterly update of the BCRR being brought to each Committee and Audit and Risk Committee.

There is a monthly update on all emerging/changes to risks being addressed at the Corporate Services Management Group to provide assurance that all risks are reviewed regularly. If required, any significant changes will be revisited as part of the quarterly process.

The following provides a summary of the changes to risk scores being proposed and the addition of other risks identified, following discussions at Committee meetings during January to June:

Risk Ref/Description	Owner	Commentary	Corporate Objective
<b>Risk No: 023 – eHealth Resources</b> Since the appointment of the Digital Services Director, a review of the eHealth resources was undertaken, at the request of the Director of Finance.	Director of Finance	An update on the resources and department capacity has been provided, in the private sessions, to all committee meetings and subsequently presented to the Board in January 2022.	2
<b>Risk No: S17 – Recovery Plan</b>	Director of Finance	Workforce challenges relative to the new Covid strain remain ongoing at this stage and this	1, 5 & 6

Data in relation to delivery is positive and if this continues we could potentially look to reduce this risk.		impact will continue to be closely monitored.	
<b>Risk No: S12 – EU Withdrawal</b>	Director of Finance	It was agreed to remove this risk from the BCRR	
<b>New Risk No: DR136 – Financial Risk to Hotel in Future Covid-19 Variants to the Business</b>	Director of Operations	To ensure the safe operational running of the Hotel and workforce challenges with regard to Covid-19 and its impact across Scotland.	3, 4 & 6
<b>New Risk No: CfSD commitment to support NHS Scotland Recovery and transformation of NHS Scotland Academy</b>	Director of QUIPP	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.	1, 5 & 6
<b>New Risk No: NHS Scotland Academy Recruitment Pressures</b>	Director of Nursing & AHPs	To include the faculty development project to attract and appoint staff.	1, 5 & 6
<b>New Risk No: B001/22 – Ability to provide full Laboratory Services</b>	Medical Director	To ensure full Laboratory Services as current vendor could withdraw their software 31/03/2023	2, 4
<b>New Risk No: B002/22 – Recruitment and Retention Executive Cohort</b>	Director of QUIPP	To ensure exploration of risk of retention and recruitment to senior positions within NHS GJ	1

## 7.0 Further Updates / Next Steps

The BCRR is being considered as part of the year-end risk and assurance review process, the results of this will be presented to the Board and relevant Committees in July 2022. Outlined below is the Action Plan that was agreed at the Executives meeting in March 2022.

Stage of Review	Date	Purpose
Executive Risk Register Review	25 March 2022	Executives held a 3 hour session at which the following were considered: <ul style="list-style-type: none"> <li>The content and presentation of risk within the board risk register;</li> <li>The alignment of the board risk register with the board’s strategic objectives and strategic map;</li> </ul>

Stage of Review	Date	Purpose
		<ul style="list-style-type: none"> <li>• Whether the layout of the risk register could be improved to support understanding and aid scrutiny;</li> <li>• Whether executive and committee ownership of risk was sufficiently communicated;</li> <li>• The content of risk registers from other organisations and any differences which were considered attractive for NHSGJ to include;</li> <li>• The suitability of the current risk appetite in the context of the Board's strategic aims;</li> <li>• The suitability of the Board's arrangements for escalation and de-escalation of risk;</li> <li>• Whether the Board's risk register, and appetite, adequately take account of the evolving complexity of service provision at NHSGJ (for instance CfSD/NHSSA);</li> <li>• The proposed route to the Board of NHSGJ at conclusion of the review.</li> </ul>
Chairs of Governance Committees	April/May 2022	<p>The Chair of a Committee has a crucial role in overseeing risks for which the Committee is responsible.</p> <p>Review meetings will be undertaken with the Committee Chairs individually and collectively to discuss the approach and seek their comments.</p> <p>Feedback from these reviews surrounding their area of responsibility and their acceptance that the risks align to the Committee Terms of Reference will be incorporated into the content of a development session for the full Board, where we will have opportunity to refresh the Strategy Map, the Refreshed Corporate Objectives, consider the Risk Appetite and a refreshed approach to the Risk management.</p>
Board (Private) <i>(to include incorporation of new Executive Objectives 2022/23)</i>	24 May 2022	<p>The purpose of this session will be to discuss this draft paper and review the Board Corporate Risk Register template and seek comments/reflections from Board members.</p> <p>The annual discussion of risk appetite will also take place at this meeting.</p>
Audit and Risk Committee	16 June 2022	The purpose of reporting to the Audit & Risk Committee will be to seek approval for changes proposed as part of the review.

Stage of Review	Date	Purpose
Governance Committee Cycle	July 2022	The purpose of reporting to the Governance Committee cycle to seek approval for changes proposed as part of the review.
NHS GJ Board	28 July 2022	The purpose of Report to the Board will be to present the approved Risk Register, in amended format, to the Board.

The next steps will include review of all risks under the Board Corporate Risk Register.

## 8.0 Corporate Risk Register Assurance

The Corporate Risk Lead (CRL) will regularly identify, assess and review monthly all risks which are managed and monitored via the Risk Register system, Datix. All divisional Risk Registers will be discussed at the Corporate Services Management Group, with an emphasis on risks that are scored highly. As these meetings continue to evolve the alignment and triangulation of risks with operational activities is being strengthened.

Board Assurance will be provided to the Audit and Risk Committee, Finance and Performance Committee, Clinical Governance Committee, Staff Governance and Person Centred Committee and Strategic Portfolio Governance Committee. This will be by presentation of a report on risk at each of the meetings.

The CRL will ensure the strategic risks that affect delivery of NHSGJ Strategy are identified and included in the Board Corporate Risk Register for review and approval by the Board and relevant Committee. As part of this process, the CRL will also consider interdependencies between the Committees. The Executive Team will also consider the fundamental risks in their department, which are not strategic in nature, are identified, assessed and incorporated in the Divisions Risk Registers. Clinical risks are also reviewed at Divisional level and the CRL and Head of Clinical Governance will review bi-monthly any risks that may need to be escalated to the Board Corporate Risk Register.

The Audit and Risk Committee will receive an Annual Report from each Committee to provide assurance that the approach to risk management is effective, comprehensive and robust, particularly with regard to the significant risks facing NHS Golden Jubilee.

## 9.0 Corporate Risk Register Summary

The summary table below provides a high level 'at a glance' view of the key Corporate Risks on the Board Corporate Risk Register. It shows the current risk score, along with proposed recent trends and the current agreed risk appetite/target for each risk. Key factors for each risk are highlighted, with the relevant Executive Director and review dates provided for further understanding and clarity on progress for each risk. Appendix 1 provides a fuller level of detail of each risk identified within the Board Corporate Risk Register.

### **Abbreviation Key**

<i>BCRR</i>	<i>Board Corporate Risk Register</i>
<i>CfSD</i>	<i>Centre for Sustainable Delivery</i>
<i>CRL</i>	<i>Corporate Risk Lead</i>
<i>NHSSA</i>	<i>NHS Scotland Academy</i>

Risk ID	Committee	Title	Key factors	Target	May 22	Sep 22	Dec 22	Exec Lead	Opened	Review Date	Trend	Corporate Objective
O23	FPC	e-Health Resources	Insufficient resources in e-Health to support current expectation on service	4	12 (High)			Director of Finance	Feb 2022	Sept 2022	↔	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)			Director of Finance	Nov 2020	June 2022	↔	1
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)			Director of Operations	Nov 2020	December 2022	↔	1, 5
S13	FPC	National and Regional Working	Misalignment of the GJ Strategy with national and regional strategies	4	12 (High)			Director of Operations	Nov 2020	July 2022	↔	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)			Director of Operations	Nov 2020	July 2022	↔	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)			Director of Operations	May 2020	February 2022	New	3, 4, 6
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)			Director of Nursing & AHPs	Nov 2020	July 2022	↔	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)			Director of Nursing & AHPs	Nov 2020	July 2022	↔	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)			Director of Finance	Nov 2020	July 2022	↔	2
O21	CGC	National Reporting of CT Data	If there is not a robust system to collate, report and publish CT outcome data then we will be unable to effectively monitor and benchmark with other Scottish and UK sites.	4	5 (Med)			Medical Director	Nov 2020	July 2022	↔	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)			Medical Director	June 2022	December 2022	New	2, 4
B002/22	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)			Director of QIPP	June 2022	December 2022	New	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)		Director of QIPP	Nov 2020	July 2022	↔	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)		Director of QIPP	Nov 2020	July 2022	↔	3
S11	SPGC	Expansion Programme	If through programme delivery or operational issues, we fail to deliver the expansion programme	6	9 (Med)		Director of Operations	June 2020	July 2022	↔	4
S3	SPGC	Innovation	If we do not ensure a robust framework to support innovation at local, national and international level	4	4 (Med)		Director of QIPP	Nov 2020	July 2022	↔	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)		Director of Finance	June 2021	July 2022	↔	4
NEW	SPGC	Centre for Sustainable Delivery	CfSD commitment to support NHS Scotland Recovery and transformation of NHS Scotland Academy	4	12 (High)		Director of QIPP	April 2022	May 2023	New	1, 5, 6
NEW	SPGC	NHS Scotland Academy	Recruitment pressures to include the faculty development project to attract and appoint staff.	3	12 (High)		Director of Nursing & AHPs	April 2022	May 2023	New	1, 5, 6

## 10 Recommendations

NHS GJ Board are asked to:

- Approve the new presentation of risk categories and additional organisational areas as reviewed by the Executive Risk Review meeting in March 2022.
- Approve the updated risk appetite for the category and organisational component matrix
- Discuss and agree the proposed changes to the Board Corporate Risk Register

**Colin Neil**  
**Executive Director**  
**July 2022**

*Paper Prepared by Nicki Hamer, Deputy Head of Corporate Services*

- Appendix 1– Board 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
Staff Governance & Person Centred	W7	<p><b>Workforce Capacity and Capability</b>  <i>If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives</i></p> <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>Annual Workforce Plan.</p> <p>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.</p> <p>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.</p> <p>Workforce Planning and Transition Oversight Group established.</p> <p>NHS Scotland Academy programme to support expansion of elective care and NHS workforce.</p> <p>Recruitment drive ongoing to support delivery of agreed workforce plans.</p> <p>Health and well-being strategy approved and action plan underway.</p> <p>Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report; Mandatory training reports.</p> <p>Workplace of the future programme reports.</p>	3 x 4 = 12	High	Director of Quality, Innovation and Performance	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>New national approach to 3-year workforce planning underway and due for publication in March 2022. National iMatter Pulse Survey completed in September 2020 and action plan in development</p> <p>Workplace for the Future programme to promote agile working 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>				
Staff Governance & Person Centred	W18	<p><b>Staff Health &amp; Wellbeing</b> <b><i>If we are unable to provide adequate support for our employees during COVID-19 then their health &amp; wellbeing may be negatively impacted</i></b></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. Potential inability to comply with H&amp;S legislation and partnership standards and penalties associated with this.</p>	<p>Partnership forum continues to meet to support ongoing staff governance during COVID response and beyond</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 implemented along with changes to configuration to facilities and working practices to manage COVID related risks.</p> <p>Additional support including peer vaccination introduced to increase uptake of flu vaccination Health and well-being strategy published and action plan underway.</p>	2 x 3 = 6	Medium	Director of Quality, Innovation and Performance	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
		Failure to implement hybrid working models leading to failure to offer flexible working practices to support health and wellbeing including physical distancing.	<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 well-being</p>				
NEW – Staff Governance and Person Centred Committee	B002/22	To ensure exploration of risk of retention and recruitment to senior positions within NHS GJ 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>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>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.</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>	3 x 4 = 12	High	Director of Quality, Innovation and Performance	1

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
Finance & Performance Committee	F8	<p><b>Financial Planning</b>  <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>	<ul style="list-style-type: none"> <li>• 2022/23 baseline financial plan agreed with plans to achieve financial balance. Key alignment to ADP and operational requirements on delivery</li> <li>• Key funding assumptions with Access Support Team agreed with regular meetings in place</li> <li>• Regular SG Sponsorship meetings to review position and funding assumptions</li> <li>• Efficiency and productivity plans being progressed</li> <li>• Specific risks highlighted within the financial plan are being closely monitored;</li> <li>• Division PRG's scheduled monthly All departments have PRGs throughout the year.</li> <li>• 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.</li> <li>• Finance &amp; 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.</li> <li>• Monthly financial reviews are in place to identify any variations from the plan.</li> <li>• Financial position and forecasts presented on a monthly basis. Including returns to Scottish Government.</li> <li>• Regular communications with Scottish Government on operations and financial performance where transparency on financial and operational requirements are defined through robust communication and understanding on inputs / outputs.</li> </ul>	2 x 3 = 6	Medium	Director of Finance	1

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
			<ul style="list-style-type: none"> <li>Capital programme initiated following agreement on funding allocations and robust prioritisation in place, including forward look at equipment needs across the organisation.</li> </ul>				
Finance & Performance Committee	O9	<p><b>Waiting Times Management</b> <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 reemergence 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

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
Finance & Performance Committee	O23	<p><b>eHealth Resources</b></p> <p>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 descoped 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"> <li>• Recruitment of temporary contract staff in critical service areas; Recruitment will be phased over an 18 month period</li> <li>• Prioritisation, in agreement with service leads, on critical work plan elements; Professional development of existing digital staff to enhance knowledge of new technologies.</li> <li>• Progression of capital and revenue schemes to enhance technical infrastructure started in 2021/22 and will continue through 2022/23.</li> </ul>	3 x 4 = 12	Medium	Director of Finance	2
Finance & Performance Committee	S13	<p><b>National and Regional Working Misalignment of the GJ Strategy with national and regional strategies</b></p> <p>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>Executive team representation on national and regional groups – as chair or members.</p> <p>SLA meetings with Board leads.</p> <p>Delivery of Expansion Programme.</p> <p>Regular interface with access support team.</p> <p>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>	4 x 3 = 12	High	Director of Operations	5, 6

Board Committee	Ref	Potential disruption operationally is <b>THE RISK – what can happen and how it can impact</b>	Continue delivery of Board strategy and engagement via national and regional planning forums. <b>RISK APPETITE – Controls In Place</b>	<b>CORPORATE EXPOSURE –</b> Likelihood x Consequence = Risk Rating	<b>Level of Risk</b>	<b>Executive Lead</b>	<b>Corporate Objective</b>
		strategy revisions required.  Potential impact on wider workforce plan in relation to recruitment and education & training.	National Performance Review meetings.  Working with Other Health Boards to maximise use of available capacity and resource.				
Finance & Performance Committee	S17	<p><b>Recovery Plan</b> <i><b>If we don't effectively implement the recovery plan, then we will fail to maximise the capacity available at GJNH</b></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 achieve this effectively means SLA with NHS Boards not achieved.</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> <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>	3 x 3 = 9	Medium	Director of Operations	1, 5

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
			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.  Ongoing review of housekeeping capacity to support activity requirements and current guidance.				
Clinical Governance Committee	S6	<p><b>Healthcare Associated Infections</b>  <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"> <li>• Monitoring of alert organisms;</li> <li>• Surgical site infection;</li> <li>• Enhanced SAB surveillance;</li> <li>• E-Coli;</li> </ul> <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</p>	2 x 4 = 8	Medium	Director of Nursing & AHPs	2

			Continue to monitor via existing controls.				
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	S10	<p><b>Cyber Security</b>  <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 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>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. 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 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>	2 x 4 = 8	Medium	Director of Finance	2

			Review of the cyber security arrangements to support Workplace for the Future and increased remote working to				
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>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>				
Clinical Governance Committee	S20	<p><b>Covid-19 Pandemic</b>  <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</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 &amp; trace workshops held with managers to raise awareness of guidance and process.</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
		including development of COVID testing facility. Financial planning undertaken; impact minimised.	Phased re opening of hotel from June 2020.				
		<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 &amp; 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>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>				
Clinical Governance Committee	O21	<p><b>National Reporting of CT Clinical Data</b>  <i>If there is not a robust system to collate, report and publish CT outcome data then we will be unable to effectively monitor and benchmark with other Scottish and UK sites</i></p> <p>Clinical governance implications of being unable</p>	<p>2020-2021 annual data has been submitted to NICOR though will not be published.</p> <p>Medical Director and Clinical Audit Leads engaged in ongoing discussions with Scottish Government regarding national solution.</p> <p>Review via eHealth Steering Group and divisional management teams</p> <p>Escalation of concerns to Chief Executive Group to support progression of solution.</p>	5 x 2 = 10	Medium	Medical Director	2

		to benchmark performance, support shared learning, assurance of safety and improvements.	EHealth solution for replacement of CaTHi to ensure internal system and resource to support collation and validation of data for audit/ publication.				
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>Reputational risk to GJNH if data is not published; could be wrongly perceived as masking performance issues.</p> <p>Financial implications of supporting a revised national approach and internal systems to facilitate this.</p>	Whilst NICOR not available ensure review of data internally against previous performance and explore alternative ways of publication in absence of national system.				
Strategic Portfolio Governance Committee	S3	<p><b>Innovation</b> <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.</p> <p>Potential for financial penalties and/ or missed opportunity for income generation.</p> <p>Damage to GJNH reputation.</p>	<p>Executive Director of Finance and Senior Planning Officer supporting the delivery of the vision and purpose. Strategic Partnerships (SP) Framework now place.</p> <p>External and Internal Short-Life Working Group established (GJ, Scottish Enterprise, University of Strathclyde, Scottish Government) Report to Board on Strategic Partnership Framework. Oversight group for Strategic Partnership to be co-chaired by Chief Executive. Will report to F&amp;P</p> <p>Development of Innovation Strategy.</p> <p>Establishing clear options for the delivery of Phase 3.</p>	2 x 2 = 4	Medium	Director of Quality, Innovation and Performance	2, 5, 6

Strategic Portfolio Governance Committee	S11	<b>Expansion Programme</b> <i>If through programme delivery or operational issues, we fail to deliver the expansion programme</i>	National Programme Board chaired by Chief Executive Officer. Project Team in place with project plan and key milestones agreed; supporting governance structure in place for	3 x 3 = 9	Medium	Director of Operations	4
<b>Board Committee</b>	<b>Ref</b>	<b>THE RISK – what can happen and how it can impact</b>	<b>• RISK APPETITE – Controls In Place</b>	<b>CORPORATE EXPOSURE –</b> Likelihood x Consequence = Risk Rating	<b>Level of Risk</b>	<b>Executive Lead</b>	<b>Corporate Objective</b>
		Failure to achieve key strategic objective, ability to deliver wider commitments of programme and added value at national level. Impacts on national government strategy of failure to deliver. Potential for financial impact should a breach occur.  Negative impact on brand/ reputation and credibility of clinical models if unable to deliver. Ability to deliver TTG and operational demands if expansion not delivered.	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.				
Strategic Portfolio Governance Committee	S22	<b>Site Masterplan</b> <i>If we do not ensure a robust approach to planning site capacity, then we will fail to effectively utilise the available space</i>  Increasing demands on the available space via Expansion, Academy, Recovery plan, COVID-19 and natural growth in service mean conflicting pressures for space.  Short term moves to accommodate risk multiple relocation of services,	<ul style="list-style-type: none"> <li>• Site utilisation group in place and initial plans defined</li> <li>• Workplace for the future programme</li> <li>• Design team appointment to review footprint and options</li> <li>• Phase 2 Expansion programme design</li> <li>• Initial moves taking place for office relocations end June / July will be reviewed</li> <li>• Direct communications with departments to confirm in advance requirements prior to move</li> </ul> Strategy for management of space over the short – medium – long term.	3 x 3 = 9	Medium	Director of Finance	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
		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.	<ul style="list-style-type: none"> <li>Prioritised overview of requests/ needs for space validated via the site utilisation group to allow informed decision on allocation of space looking to short/ medium and long term</li> </ul>				
NEW – Strategic Portfolio Governance Committee	DR136	<b>Financial Risk to Hotel of Future Covid-19 Variants to the Business</b> Ensure the safe operational running of the Hotel and its staff in the event that Covid-19 escalates within Scotland.	<ul style="list-style-type: none"> <li>Active Health and Safety Committee and robust policies</li> <li>Business Continuity Plans updated</li> <li>STAR chambers are called to discuss business on the books</li> <li>Senior Hotel Management meet every day to discuss any potential staff, business and other issues related to Covid-19</li> <li>SHMT attend weekly preparedness meetings in the GJNH</li> <li>BCP and contingency plans have been formulated</li> <li>Proposed Riverside project will increase capacity and flexibility for key clients</li> </ul> <p>Agreed Scottish Government funding of £3 million, with the facility to return unused funds secures labour costs</p> <p>Strategy review in January 2022 for 2022-23</p>	4 x 5 = 20	Very High	Director of Operations	3, 4, 6
NEW – Strategic Portfolio Governance Committee		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 Quality, Innovation and Performance	1, 5, 6
NEW – Strategic Portfolio		NHS Scotland 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

Governance Committee							
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
NEW – Clinical Governance Committee	B001/22	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 <sup>st</sup> March 2023.	<p>A working group between 6 affected board ihas been formed with representation from CLO, Scottish Governmant and National Procurement. Attendance at working group meeting will be maintained</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. Dialogue with potential alternative providers will be undertaken to assure options around end of life are presented and assessed.</p>	4 x 5 = 20	Very High	Medical Director	2, 4