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| **Board Meeting:** | 24 May 2022 |  |
| **Subject:** | Board Risk Register |
| **Recommendation:** | Board Members are asked to:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | ✔ | | Note for Information only |  | | | |

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**1. Situation**

The Board Risk Register has been reviewed in full and has been discussed at Committee meetings including the Audit and Risk Committee meeting on 20 April 2022.

The following changes were approved:

New Risk

Since the appointment of the Digital Services Director, a review of the eHealth resources was undertaken, at the request of the 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. This risk is shown within Appendix 1 – 023 eHealth Resources.

Update to existing risk

Risk S17 Recovery Plan, data in relation to delivery is positive and if this continues we could potentially look to reduce this risk, however workforce challenges relative to the new Covid strain remain ongoing at this stage and this impact will continue to be closely monitored.

Risk to remove

It was agreed to remove risk S12 EU Withdrawal from the Board Risk Register.

**2. Background**

The risk appetite as previously agreed currently sits as follows:-

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

Discussions are progressing with the application of risk appetite and risk register development within the CFSD and NHS Academy. An update will be provided in due course.

The Board Committees maintain oversight of specific risks as outlined below with Audit & Risk Committee overseeing the register in whole:

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| **Committee** | **Risks** |
| Clinical Governance Committee | S6, S10, S20, O21 |
| Finance & Performance Committee | F8, O9, 023, S13, S17, S20, |
| Staff Governance & person Centred Committee | W7, W18 |
| Strategic Portfolio Committee | S3, S11, S22 |

**3. Assessment**

A heat map of the current portfolio for risks is displayed below for ease of reference.

**Board Risk Register HEAT Map**

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| Likelihood | Consequence/ Impact | | | | |
| 1 | 2 | 3 | 4 | 5 |
| 5 |  | **O21** |  |  |  |
| 4 |  |  | **O9** |  |  |
| 3 |  |  | **S11:S17:S20:S22** | **W7:S13; 023** |  |
| 2 |  | **S3** | **F8: W18** | **S6:S10** |  |
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**4. Recommendation**

The Board are asked to note the current Risk Register and note the changes approved by the Audit and Risk Committee.

**Colin Neil**

**Executive Director**

**8 March 2022**

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

**Appendix 1– Board Risk Register**

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| **023 eHealth Resources** | | |
| Current Risk Level:  **L3 x S4 = 12 (medium)** | Target Risk Level:  **L2 x S2 = 4 (medium)** | Risk Appetite: |
| 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. | **Current control measures in place:**  A paper has been presented to and supported by the Executive Directors Group and Board and Committees’ outlining an approach to increasing resources to meet current demand.  Recruitment will take an estimated 18 months to complete | **Assurance/ Monitoring:**  In the interim period, the following will be implemented to reduce risk impact:   * Recruitment of temporary contract staff in critical service areas; * prioritisation, in agreement with service leads, on critical work plan elements; * Professional development of existing digital staff to enhance knowledge of new technologies. |
| **Additional Mitigations:**  Current BCP’s  Rolling review of demands / priorities between Digital Services Director and Director of Finance | |

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| **F8 Financial Planning** | | |
| Current Risk Level:  **L2 x S3 = 6 (medium)** | Target Risk Level:  **L2 x S3 = 6 (medium)** | Risk Appetite: |
| ***If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan***  Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on services.  Would damage the Board’s reputation as an effective healthcare provider with SGHD and with the public.  Recovery plan is likely to impact on some operational delivery. Non clinical vacant posts would be held, reviews of stock, purchasing and services would be undertaken.  Would impact on vacancies in non-clinical posts and possible skill mix reviews of clinical services. | 2021/22 financial plan and remobilisation plan agreed with plans to achieve financial balance.  Efficiency and productivity plans being progressed.  Specific risks highlighted within the financial plan are being closely monitored.  Division PRG’s scheduled monthly, all departments have PRG 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 now embedded with supporting monitoring reports including updated IPR and Financial Report updates. | **Assurance/ Monitoring:**  Monthly financial reviews are in place to identify any variations from the plan.  Financial position and forecasts presented to Senior Management Team and Board on a monthly basis.  Regular communications with Scottish Government on operational and financial performance where transparency on financial and operational requirements are defined through robust communication and understanding on inputs / outputs. |
| **Additional Mitigations:**  Ongoing rigorous monitoring of financial position. | |

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| **O9 Waiting Times Management** | | |
| Current Risk Level:  **L4 x S3 = 12 (high)** | Target Risk Level:  **L2 x S3 = 6 (medium)** | Risk Appetite: |
| ***If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients***  Patients may deteriorate clinically whilst awaiting treatment; need to ensure review and prioritisation of clinically urgent patients.  Patient experience of waiting in excess of TTG; increase in complaints will incur TTG breaches.  We will be seen as unable to deliver operational targets. Negative impact on reputation may lead to loss of income but likely to be minimal impact. | **Current control measures in place**:  Recovery plan agreed with SG; ongoing liaison with NHS Boards to support implementation.  Specific work implemented to minimize cancellations with marked improvements demonstrated.  Monthly SLA leads meeting and regular meeting with SG access support team on activity and challenges. | **Assurance/ Monitoring:**  Weekly performance review meetings to consider performance against recovery plan.  Monthly IPR report with waiting times.  31-day cancer waiting times achieved.  Division PRG meetings and monthly Division Management Team performance meetings. |
| **Additional Mitigations:**  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.  Work to have Eye Centre staffed at weekends to increase ophthalmology capacity from June 2021.  Review of Expansion plans to increase endoscopy capacity and to accelerate phase 2 implementation for orthopaedics, general surgery and endoscopy. | |

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

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| **S17 Recovery Plan** | | |
| Current Risk Level  **L3 x S3 = 9 (medium)** | Target Risk Level  **L2 x S3 = 6 (medium)** | Risk Appetite: |
| ***If we don’t effectively implement the recovery plan, then we will fail to maximise the capacity available at GJNH***  Could impact on delivery of GJF objectives and NHSScotland recovery and waiting times.  May incur financial impact associated with recovery plan funding if planned activity is not delivered and/ or achievable.  Will have a negative impact on reputation of GJF within NHSScotland and publicly.  Will impact on staff morale if we are not able to fully utilise capacity.  Recovery plan has replaced existing SLA for year with NHSBoards. Failure to achieve this effectively means SLA with NHS Boards not achieved. | **Current control measures in place:**  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.  Review of flow and working to account for 4 nations guidance and ability to support required increase in activity within cardiac and thoracic whilst meting requirements. | **Assurance/ Monitoring:**  Weekly performance review meetings to consider performance against recovery plan. Performance broadly in line with plan.  Monthly IPR report with waiting times to Gold and Board including F&P Committee.  31-day cancer waiting times achieved.  Division PRG meetings and monthly Division Management Team performance meetings.  Approval and monitoring of RMP4 |
| **Additional Mitigations:**   * Continuation of COVID testing capacity post original November date is in place and will be continually monitored. * Recruitment of theatre nursing staff to boost capacity. Also reviewing international recruitment. * Ongoing review of housekeeping capacity to support activity | |

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| **S20 COVID-19 Pandemic** | | |
| Current Risk Level  **L3x S3 = 9 (medium)** | Target Risk Level  **L2 x S2 = 4 (medium)** | Risk Appetite: |
| ***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***  Need to revise strategic and operational plans to respond to changing guidance and restrictions including development of COVID testing facility.  Financial planning undertaken; impact minimized.  Inability to maintain COVID light approach and ensure adequate measures for patients&staff would impact reputation.  Significant change in pathways and working practices in response to 4 Nations Guidance; impact on efficiencies.  Increased absence, overall health & wellbeing, impact of capacity variances.  Significant impact on hotel working with areas not planned to restart until April 2020.  Potential for further step down of green activity to prioritise urgent/ emergency work. | **Current control measures in place:**  Recovery plan signed off by SG.  Workforce plans developed to support recovery.  Process in place to support PPE testing and supply monitoring/ reporting.  Implementation of 4 nations guidance.    Physical distancing policy implemented across site including departmental risk assessments.  Test & trace workshops held with managers to raise awareness of guidance and process.  Phased re opening of hotel from June 2020.  Vaccination programme completed for staff and high risk patients. Lateral flow testing available to staff. | **Assurance/ Monitoring:**  Weekly performance reports aligned to recovery plan and monthly IPR.  Workforce monitoring reports.  Ongoing review of Hybrid and home working where applicable, particularly when infection rates are at peak. |
| **Additional Mitigations:**   * 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. | |

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

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| **S6 Healthcare Associated Infections** | | |
| Current Risk Level:  **L2 x S4 = 8 (medium)** | Target Risk Level:  **L2 x S4 = 8 (medium)** | Risk Appetite |
| ***If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events, impacting delivery of corporate objectives***  HAI has the potential to negatively impact patient clinical outcomes and also affect operational delivery through events such as ward closures threatening SLA delivery.  Increased incidence of HAI may negatively impact staff both morale and productivity through ward closures and additional scrutiny.  If unable to satisfy HEI inspectorate could lead  to intervention from HIS and/ or SG with supported improvement plans which could have impact on operational delivery, financial resource to support improvements and public reports of non-compliance would damage confidence in GJNH. | **Current control measures in place:**  Annual work plan approved and progress monitored at PICC meeting;  Appropriate clinical risk assessment and patient screening for MRSA and CPE;  Monitoring and analysis of HEAT target data for SAB and CDI supported by multidisciplinary reduction interventions;  SCNs fully engaged via weekly visits and monthly peer reviews and HEI preparedness committee;  HAI Scribe process in place that ensures Infection Control built in to all building / estates issues.  Board Consultant Microbiologist Appointment in May 2020; OOH support continues via SLA with NHS GGC. | **Assurance/ Monitoring:**  Surveillance in place for:   * Monitoring of alert organisms; * Surgical site infection; * Enhanced SAB surveillance; * E-Coli;   M.chimera monitoring.  HAIRT reported monthly to all relevant managed committees and included within IPR to Gold and Board. |
| **Additional Mitigations:**  Risk at target level  Continue to monitor via existing controls. | |

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| **W7 Workforce Capacity & Capability** | | |
| Current Risk Level:  **L3 x S4 = 12 (high)** | Target Risk Level:  **L2 x S4 = 8 (medium)** | Risk Appetite:  Outwith for hospital |
| ***If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives***  Insufficient workforce could impact ability to delivery strategic ambitions; work underway to assess areas of particular vulnerability, expansion of services is key area of risk as it requires additional recruitment to support.  Use of locum and agency staff carries financial cost in addition to wider issues associated with ongoing use.  Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover and with further loss of skills and knowledge.  Failure to implement hybrid working models leading to failure to attract people to work for the organization and retain current workforce. | **Current control measures in place**:  Annual Workforce Plan.  Spiritual care service support to staff.  Full programme of training and education reviewed annually and underpinned by training needs analysis across the Board; and  Board local HR/strategic policy mirrors national guidance and policy on terms and conditions.  Approved 2yr Recovery Workforce Plan including brought forward elements of phase 1 and 2 expansion and active engagement with clinicians from NHS Boards to support.  Workforce Planning and Transition Oversight Group established.  NHS Scotland Academy programme to support expansion of elective care and NHS workforce.    Recruitment drive ongoing to support delivery of agreed workforce plans.  Health and well-being strategy approved and action plan underway.  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. | **Assurance/ Monitoring:**  Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report; Mandatory training reports.  Workplace of the future programme reports. |
| **Additional Mitigations:**  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. | |

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| **S10 Cyber Security** | | |
| Current Risk Level:  **L2 x S4 = 8 (medium)** | Target Risk Level:  **L2 x S4 = 8 (medium)** | Risk Appetite:  Outwith for hotel |
| ***If we do not sustain our cyber resilience, then we are susceptible to cyber breaches and attacks***  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.  Potential for financial impact should a breach occur.  Potential for sanctions and, or litigation should a breach occur.  A data security breach is likely to negatively impact Golden Jubilee reputation and damage brand perception among patients, the media and Scottish Government. | **Current control measures in place**:  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.  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.  A Cyber Security maturity review was undertaken by PWC; Cyber essentials Accreditation achieved Oct 18 and maintained via annual review. | **Assurance/ Monitoring:**  Ongoing rigorous monitoring of controls and action plan via regular updates to Information Governance Group.    Review of the cyber security arrangements to support Workplace for the Future and increased remote working to assure on ability to maintain position.  Progression of action associated with the NIS Audit.  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. |
| **Additional Mitigations:**  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. | |

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| **S11 Expansion Programme** | | | |
| Current Risk Level:  **L3 x S3 = 9 (medium)** | Target Risk Level:  **L2 x S3 = 6 (medium)** | | Risk Appetite: |
| ***If through programme delivery or operational issues, we fail to deliver the expansion programme***  Failure to achieve key strategic objective, ability to deliver wider commitments of programme and added value at national level. Impacts on national government strategy of failure to deliver.  Potential for financial impact should a breach occur.  Negative impact on brand/ reputation and credibility of clinical models if unable to deliver.  Ability to deliver TTG and operational demands if expansion not delivered.  Importance of developing workforce to support programme; delays to programme would impact workforce planning and recruitment/staff deployment. | **Current control measures in place**:  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 programme.  Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place.  Clinically led design for both phases with plans for organisational development support aligned to programme.  Phase 1 handover and go live dates agreed.  FBC approval for Phase 2 with revised timelines to reflect COVID-19 impact.  Governance structure revised with Senior User Group meeting twice a month reporting to Programme Board.  Board Microbiologist appointment in May, Microbiologist Consultant support to expansion and national appointment with sessional input to GJ. | | **Assurance/ Monitoring:**  Monthly Senior User Group with reports on progress.  Programme Board with stakeholder involvement.  Standing update to Board with additional Board workshops to deep dive on areas as required. |
| **Additional Mitigations:**  Continue to monitor progress via governance structure.  Two further formal assurance reviews will be undertaken during current lifecycle prior to the expanded facility opening. | | |
| **W18 Staff Health & Wellbeing** | | | | |
| Current Risk Level  **L2x S3 = 6 (medium)** | | Target Risk Level  **L1 x S3 = 3 (low)** | Risk Appetite: | |
| ***If we are unable to provide adequate support for our employees during COVID-19 then their health & wellbeing may be negatively impacted***  Higher risk of ill health, burnout and low morale amongst workforce.  Could impact on ability to deliver quality service.  Financial impact associated with increased absences and potential litigation if obligations not met.  Potential inability to comply with H&S legislation and partnership standards and penalties associated with this.  Failure to implement hybrid working models leading to failure to offer flexible working practices to support health and wellbeing including physical distancing. | | **Current control measures in place:**  Partnership forum continues to meet to support ongoing staff governance during COVID response and beyond  Guidance has been provided to line managers and staff to ensure that planned leave is taken during the COVID response and in recovery to ensure staff are getting adequate time away from work.  National guidance on risk assessing staff at risk due to underlying health conditions has been implemented and appropriate adjustments put in place to socially isolate staff or remove them from direct patient care.  Additional support has been put in place to provide spiritual care and mental health and wellbeing support for staff including guidance/self-help information and structured support sessions.  Physical distancing measures have been implemented along with changes to configuration to facilities and working practices to manage COVID related risks.  Additional support including peer vaccination introduced to increase uptake of flu vaccination  Health and well-being strategy published and action plan underway. | **Assurance/ Monitoring:**  Staff rostering continues to include monitoring hours worked and ensuring appropriate working hours are maintained. | |
| **Additional Mitigations:**   * 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. | | |

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| **O21 National Reporting of CT Clinical Data** | | |
| Current Risk Level:  **L5 x S2 = 5 (medium)** | Target Risk Level:  **L2 x S2 = 4 (medium)** | Risk Appetite |
| ***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***  Clinical governance implications of being unable to benchmark performance, support shared learning, assurance of safety and improvements.  Reputational risk to GJNH if data is not published; could be wrongly perceived as masking performance issues.  Financial implications of supporting a revised national approach and internal systems to facilitate this. | **Current control measures in place:**  2020-2021 annual data has been submitted to NICOR though will not be published.  Medical Director and Clinical Audit Leads engaged in ongoing discussions with Scottish Government regarding national solution. | **Assurance/ Monitoring:**  Governance via Clinical Governance Committee  Review via ehealth steering group and divisional management teams |
| **Additional Mitigations:**  Escalation of concerns to Chief Executive Group to support progression of solution.  EHealth solution for replacement of CaTHi to ensure internal system and resource to support collation and validation of data for audit/ publication.  Whilst NICOR not available ensure review of data internally against previous performance and explore alternative ways of publication in absence of national system. | |

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| **S22 Site Masterplan** | | |
| Current Risk Level:  **L3 x S3 = 9 (medium)** | Target Risk Level:  **L2 x S2 = 4 (medium)** | Risk Appetite |
| ***If we do not ensure a robust approach to planning site capacity, then we will fail to effectively utilise the available space***  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, 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. | **Current control measures in place:**  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. | **Assurance/ Monitoring:**  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 |
| **Additional Mitigations:**  Strategy for management of space over the short – medium – long term.  Prioritsed overview of requests/ needs for space validated via the site utilization group to allow informed decision on allocation of space looking to short/ medium and long term. | |