# GJF RGB WITHOUT STRAPLINEBoard Meeting: 2 August 2018

**Subject:** BoardRisk Register

**Recommendation:** Board members are asked to discuss and note the updates and current register

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#### 1 Introduction/Background

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The Board Risk Register is reviewed as a standing item at every Senior Management Team meeting and each Strategic Risk Committee. This paper provides updates on any changes to the risks and provides an update on wider risk work.

#### 2 Assessment

**2.1 Board Risk Register**

The attached risk register has been reviewed with updates made to the mitigations to reflect work undertaken; this has not changed any of the risk ratings at present.

Some key updates of note:

* Risk F9 – has been updated to reflect the plans for 2018/19.
* Risk S11 – mitigation reflects that a formal action plan is to be submitted to the Scottish Government by the end of July and that a review of the risk rating will be undertaken on completion of this.
* Risk O10 – there are ongoing challenges within ophthalmology due to availability of ophthalmic surgeons; this is under review.
* Risk S11 – significant work has been undertaken to update relevant policies, including Data Loss Prevention and Use of Email/ Internet; these will be presented to the next Information Governance Committee meeting for approval. A formal update to the Public Sector Action Plan will be submitted to the Deputy First Minister by end July. The risk will be further reviewed in August to take account of these changes.

Given the introduction of the General Data Protection Regulations, a risk assessment is underway via the Head of eHealth and Information Governance Manager. This will be reviewed at the August Strategic Risk Committee to consider addition to the Board register.

More detailed work is ongoing in relation to Brexit to assess the impact across workforce, research and development funding, procurement, and pharmacy. This will be reviewed in detail at the Strategic Risk Committee workshop in August, with feedback to the Senior Management Team in September. This will form part of the submission to Scottish Government in September.

**2.2 General Updates**

The Expansion Programme Board has reviewed the Phase One risk register aligned to the risk appetite and agreed tolerance of those risks outwith appetite. A copy of the paper presented to the Programme Board is appended. A new risk is being added to this in relation to workforce; it has been discussed at the Steering Group and detail of rating and mitigations to be developed and reported back though discussions indicate this is a high risk at present. A workshop will be held to refine the risk register for Phase Two; this will be taken through the Steering Group and Programme Board.

The Enterprise Risk Management approach was presented to the Research and Development Steering Group in June with good response and feedback. A draft register has been developed; there will be further consultation with the Research and Development group on the register and appetite, with a final register presented back to the next Research and Development Steering Group and Strategic Risk Committee thereafter. At this stage, the Strategic Risk Committee will consider any risks for escalation to the Board and agree reporting in from R&D.

Work is ongoing to develop the charity risk register and Innovation risk tool.

The Chief Risk Officer (CRO) is continuing informal discussions with National Boards’ Risk Managers on how we support the risk and governance of the national Boards’ collaborative work programme. The CRO has also offered informal support to The State Hospital who, due to a current vacancy and absence, has no risk resource; to date this has only been an informal discussion.

#### 3 Conclusion

Members are asked to note the update and advise of any additional amendments to the risk register prior to presentation at Board.

**Julie Carter**

**Director of Finance**

**24 July 2018**

**(Laura Langan Riach, Chief Risk Officer)**

| **Ref** | **Risk description** | **Risk Owner** | **Links to Quality Ambition and Board Objectives** | **Time**  **Scales**  **longevity** | **Current risk target** | | | **Current Mitigation and current risk level** | | | | **Planned Mitigation** | | **Risk review date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood (initial)** | **Impact (initial)** | **Risk score (initial)** | **Current controls in place** | **Likelihood (initial)** | **Impact (initial)** | **Risk score (initial)** | **Gaps in controls**  **Additional controls required to reduce risk as far as is practical** | **Actions needed to address gaps** |
| S1 | **Failure to deliver the Board's 2020 vision of leading quality research and innovation**  Strategic – vision is basis of Board strategy so would be significant  Financial: needs to be delivered by strong financial governance and stewardship  Regulation: Unlikely to affect regulation  Reputation: Reputational impact on the Board would be significant if vision for quality, research and innovation were not delivered through the Board strategy and objectives  Operational Delivery:  Operational services in particular the quality impact would be significant if the vision could not be delivered  Workforce: Impact on workforce could be significant if the strategy and vision was not delivered | Chief Exec  (Jill Young) | Effective  Board Objectives ref 1-6 | To review on a 6-12 months basis | 2 | 4 | 8 | Effective and robust governance framework in place to ensure the highest quality of care for patients and to identify at an early stage if this risk level were increasing;  Ongoing scrutiny of research projects by R&D Steering Group in place to ensure early identification and resolution of issues;  Regular submission of quality reports to the Chief Scientist Office provides assurance of research quality and integrity;  Research strategy and vision has been developed;  Quality and Innovation Group established to lead on and review progress and isteer now embedded within the organisation; and  Regular updates provided to the Board and Senior Management Team meetings via the Quality and Innovation Group.  Senior appointments to support delivery of the vision | 2 | 4 | 8 | No gaps identified | No further action needed at this stage.  At July 2018 review there is no indication at this stage of the risk level changing. | Sept 18 |
| S2 | **Adverse Effects on Board 2020 strategy as a result of consequences of the Integration of Health and Social Care**  Strategic – Impact if the Board remit or structure were to change to include integration of Health and Social Care  Financial - impact if the service level agreement income is reduced as a consequence of changes within local services  Regulatory – no impact on this risk  Reputational – limited impact on this for the Board  Operational Delivery – may impact on existing services if patient pathway were to change  Workforce – no significant impact on workforce | Chief Exec  (Jill Young) | Effective  Board  Objectives  1,5,6 | Reviews on 6-12 month basis | 1 | 3 | 3 | Operational models within Boards are being finalised with the majority of specialities relating to general medicine. Some Boards have included all services so this will be monitored against priority plans that are being developed by the IGB’s.  The impact could be a reduction in activity referrals due to cost implications and altered budget flows within and between Health Boards and Integration Joint Boards. Service delivery models would be reviewed if this were to occur. Continued close working with Boards will be required to understand and act on risks and opportunities.  The National Clinical Strategy and the recent announcement of the Board expansion minimises this risk. | 1 | 3 | 3 | No further action at this stage | No further action needed at this stage.  At July 2018 review there is no indication at this stage of the risk level changing. | Sept 18 |
| S3 | **Inability to deliver Golden Jubilee Conference Hotel Strategy 2020**  Strategic: Change in hotel core business could impact on the strategy  Financial: Failure to deliver the strategy will negatively impact the financial position of the hotel and potentially negatively impact on the Board’s financial projections.  Regulation: No regulatory impact  Reputation: May have a marginal impact on the Board reputation  Operational Delivery: Operational delivery of the conference hotel objectives will be impacted. Board operational impact will also be significant including use of patient rooms and knock on effect to Board objectives  Workforce: Will impact on conference hotel staff | Chief Exec  (Jill Young) | Effective  Board objective 1,2,4,5 | 2020 strategy with reviews at 6-12 months | 2 | 4 | 8 | The 2020 strategy was approved by the Board in 2014. Regular updates are provided to the Board and the Senior Management Team with a governance structure put in place through the Conference hotel Strategy Group reporting to the Senior Management Team.  Bedroom2020 – redesign work ongoing.  Ongoing review of income projections with financial challenges reviewed on monthly basis and detailed financial forecasting undertaken and monitored.  Detailed and accurate marketing activity and customer information from Opera management system being used for proactive and reactive planning;  Increased activity in place to promote ‘whole facility' including Research Institute  Performance targets being monitored | 2 | 4 | 8 |  | No additional actions at this stage; monitoring existing mitigations. | Sept 18 |
| W4 | **Failure to secure effective staff engagement in organisational change**  Strategic**:** decision making and strategic intent underestimates the impact of this  Financial: Failure to deliver change initiatives may lead to adverse financial impact  Regulation: Unlikely to affect regulation.  Reputation: Potential impact in delivering innovation and change management plans  Operational Delivery: Could impact on implementation of change strategies meaning service changes fail.  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence. and turnover and with further loss of skills and knowledge.within GJF’s workforce. | Director of Q, I & P  (Gareth Adkins) | Person Centred  Board objectives  2,4 | Reviews on a quarterly basis | 2 | 2 | 4 | Strategic Projects Group put in place to:   * Oversee Board wide activity; * Provide additional support to managers if required; * Provide a forum for resolving delays in change management related projects;   iMatter fully implemented across the Board with action plans in place for all teams;  Ongoing reviews of tools and techniques to help re-energise the change management processes;  Staff Governance action plan in place and reviewed regularly; and  Leadership Framework approved by the Board.  i:steer working group established to coordinate QI driven change | 2 | 2 | 4 | Further development and Implementation of Leadership Framework as part of 3-5 year development plan for the Golden Jubilee Quality Approach | SLWG to be established to agree 3-5 year development plan for the Golden Jubilee Quality Approach by December 2018 | Sept 18 |
| S7 | **Impact of Healthcare Associated Infection on ability to deliver corporate objectives / patient care**  Strategic- unlikely to be change in strategic intent  Financial: Unlikely to significantly affect delivery of financial targets.  Regulation: no significant issues associated with this  Reputation: Prevalence of HAI within GJF would damage the Board’s reputation  Operational Delivery: HAI has the potential to negatively impact patient clinical outcomes and also affect operational delivery through events such as ward closures threatening SLA delivery.  Workforce: Increased incidence of HAI may negatively impact staff both morale and productivity through ward closures and additional scrutiny | Nurse Director  (Annemarie Cavanagh) | Safe  Board Objectives  3,2 | Reviews on a monthly basis | 2 | 4 | 8 | Annual work plan approved and progress monitored at PICC meeting;  Surveillance in place for   * Monitoring of alert organisms; * Surgical site infection; * Enhanced SAB surveillance; * E-Coli;   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;  Scheduled HAI audits in place for 2016/17;  SCNs fully engaged via weekly visits and monthly peer reviews and HEI preparedness committee;  HAI reports presented to all relevant Board and management committees  HAI Scribe process in place that ensures Infection Control built in to all building / estates issues. | 2 | 4 | 8 | The GJNH supported the national and international issue with regard to invasive cardiovascular infection by M.chimera associated with 3T heater-cooler systems used during open heart surgery. The risk remains low with the quantifiable risk of endocarditis as 0.6-16 episodes per 10,000 patient years.  The risk of cancellation of cardiac surgery remains a higher risk than progressing with surgery with an air positive potentially contaminated cooler.  Currently our equipment has been tested as negative and this is being closely monitored.  All adaption’s to existing equipment y supplier are now complete. | HPS have requested to come and discuss the cleaning process to influence national guidance.  National debrief is still awaited. We continue to comply with the national criteria until further guidance available. | August 18 |
| W8 | **Inability to develop and sustain a flexible and appropriately skilled workforce**  Strategic: Unlikely to be any significant strategic change workforce planning  Financial: may have an impact on use of agency, locum or waiting list initiative payments to cover short term gaps  Regulation: Unlikely to affect regulation  Reputation: Potential impact on recruitment.  Operational Delivery: lack of appropriately trained staff would undermine the Board’s ability to operate.  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover and with further loss of skills and knowledge. | Director of Q, I & P  (Gareth Adkins) | Person Centred  Board objectives  2, 4 | Reviews on a quarterly basis | 2 | 4 | 8 | Recruitment drive underway for remaining anaesthetic medical vacancies;  Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report;  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.  Medical and nursing revalidation delivery on track in line with plan. This will be monitored closely over the next 3-6 months and reviewed for the quarter in Dec 2016. To date no issues have been identified  Workforce strategy for 2030 to be developed.  Opportunities for regional workforce planning to deliver sustainability to be explored with West of Scotland HBs. | 2 | 4 | 8 | A specific piece of work has been actioned undertaking a risk assessment on services with single or low operator dependency and succession planning | Risk assessment to be undertaken across the services to identify high risk areas and control plan to be put in place. This is a Board wide review and led by the Workforce and Education Steering Group. The work has commenced and will conclude by October 2018. This will also be aligned with and supported by the Workforce Strategy currently under development | Sept 18 |
| F9 | **Failure to deliver Boards financial targets as set out in the Financial Plan**  Strategic: Risk in strategic decision making that impacts on financial position  Financial: Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on services  Regulation: Unlikely to affect regulation.  Reputation: Failure to deliver financial targets would damage the Board’s reputation as an effective healthcare provider with SGHD and with the public.  Operational Delivery: 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 .  Workforce: Would impact on vacancies in non clinical posts and possible skill mix reviews of clinical services | Finance Director    (Julie Carter) | Effective  Board Objectives  2,5 | Reviews on a monthly basis | 2 | 3 | 6 | 2018-19 financial plan submitted with plans to achieve financial balance  Efficiency and productivity plans agreed for 2018-19  Specific risks highlighted within the financial plan are being closely monitored;  Monthly financial reviews are in place to identify any variations from the plan;  A recovery plan will be actioned immediately if this is required; and  A detailed forecast will be from month 3 onwards with a balanced financial position delivered for the year. | 2 | 3 | 6 | Efficiency and Productivity schemes for £4.2m required to achieve financial balance.  Total of £2.7m schemes identified to date and plans agreed. Budgets Now finalised and savings plans on track  Contingency plans are in place if cost pressures are increasing and/or efficiency schemes start to slip  Work is ongoing to review the shortfall in efficiency schemes with forecasts being produced from month 3 | Ongoing rigorous monitoring of financial position.  Financial position and forecasts presented to Senior Management Team and Board on a monthly basis.  A recovery plan Will be initiated if schemes now in place by October 2018 | September 18 |
| O10 | **Failure to meet SLA and waiting times activity targets**  Strategic**:** Impact of change in strategy for Scottish Government  Financial: Failure to deliver operational targets may lead to loss of income but likely to be minimal impact  Regulation: Unlikely to affect workforce  Reputation: Seen as unable to deliver operational targets and negative impact on reputation  Operational Delivery: review of pathways and capacity would be undertaken and a recovery plan put on place  Workforce: impact on existing services and short term recovery planning | Director of Business Services.  (June Rodgers) | Effective  Board Objectives  2,1,6 | Reviews on a monthly basis | 1 | 3 | 3 | Waiting Time pressures are monitored within the Divisional Operational Team, at weekly and monthly operational meetings and monthly at Performance & Planning & Senior Managers Meetings; and  Engagement with referring Boards continues with a national Leads meeting established. | 3 | 3 | 9 | Challenges within critical care and cardiology affecting flow and activity. Currently reporting waiting time breaches but managing within our 5% threshold.  Additional challenges arose from the adverse weather with cancellations across specialities.  Delivery of the expanded ophthalmology programme is presenting challenges due to availability of ophthalmic surgeons. | Work underway to review  The situation is under review with recruitment and opportunities for improved productivity being explored. | Aug 18 |
| S11 | **Information and Technology resilience to potential IT security breaches and attacks**  Strategic**:** Decision making exposes risk to Board  Financial: Potential for financial impact should a breach occur.  Regulation: Potential for sanctions and, or litigation should a breach occur.  Reputation: A data security breach is likely to negatively impact GJF’s reputation and damage brand perception among patients, the media and Scottish Government.  Operational Delivery: 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.  Workforce: Unlikely to affect workforce significantly | Director of Finance  (Julie Carter) | Safe  Board Objectives  1,2,5 | Reviews on a quarterly basis | 2 | 4 | 8 | 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; and  Realtime cyber attack took place with the Board not infected. Internal and external controls were tested with a formal debrief highlighting some lessons learnt. These have been implemented.  A Cyber Security maturity review was undertaken by PwC very positive identified report and action plan undertaken on areas identified for improvement. | 3 | 4 | 12 | Implementation of Public Sector Action Plan for Resilience. Review of current status undertaken with some areas of improvement highlighted.  Review of supporting policies completed to be approved by Information Governance Committee including Data Loss Prevention and Use of Email.  Agreement to pursue Cyber Essential accreditation as an additional control measure. | A detailed action plan has been completed for the areas identified for further improvement and monitored via SMT.  Approval of polices and monitoring via IG.  Accreditation will be monitored as part of action plan.  An update on the cyber action plan is due to be completed to Scottish Government by the end of July | Sept 18 |
| S12 | **Inability to achieve the objectives of the Expansion programme**  Strategic**:** 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.  Financial: Potential for financial impact should a breach occur. VFM.  Regulation:  Reputation: negative impact on brand/ reputation and credibility of clinical models if unable to deliver.  Operational Delivery: Ability to deliver TTG and operational demands.  Workforce: importance of developing workforce to support programme; failure to deliver would impact on this. | Director of Ops  (June Rogers) | Effective | Review on a monthly basis | 2 | 3 | 6 | National Programme Board chaired by Chief Executive  Project Team in place with project plan and key milestones agreed; supporting governance structure in place for programme.  OBC stage Phase 1 and IA stage Phase 2.  Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place. | 3 | 4 | 12 | OBC approval for phase 2  IA approval for Phase 1  Development of detailed plans for workforce and operational models; with medical staffing highlighted as particular risk. | OBC and IA submissions completed; await response.  Detailed work underway to develop plans . | August 18 |

**HEAT Map Board RR**

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| Likelihood | Consequence/ Impact | | | | |
| 1 | 2 | 3 | 4 | 5 |
| 5 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 3 |  |  | **(O10)** | **(S11) (S12)** |  |
| 2 |  | **(W4)** | **(F9)** | **(S1) (S3) (S7) (W8)** |  |
| 1 |  |  | **(S2)** |  |  |