| **Ref** | **Risk description** | **Risk Owner** | **Links to Quality Ambition abd 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 Executive  (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.  Recent senior appointments to support delivery of the vision | 2 | 4 | 8 | No gaps identified | No further action needed at this stage.  On review at August 2017 there is no indication of the risk level changing. | Dec 2017 |
| 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 Executive  (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 August 2017 review there is no indication at this stage of the risk level changing. | Dec 2017 |
| 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 Executive  (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 – initial phase of 12 bedrooms redesigned March 2016 and SMT approval for phase 2 with further 40 rooms approved Feb 17.  Ongoing review of income projections with financial challenges reviewed on monthly basis;  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 for indications of need for recovery processes. | 2 | 4 | 8 | Financial projections against the plan for 2017/18 is tight at this stage within the financial year. Reinvestment of forecast profits are planned for the bedroom refurbishment thus providing a level of risk on the timing of this development. | A detailed financial forecast is being completed with a recovery plan being developed if required.  A review of the Board risk register will be considered following this work.  . | Oct 2017 |
| S4 | **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  (Safia Qureshi) | 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 | Leadership Framework SWLG set up to deliver action plan. Monitoring of progress to be implemented. | Oct 2017 |
| S5 | **Inability to sustain the Scottish National Advanced Heart Failure (SNAHFs) strategy, in particular the potential future increase and its impact on other services**  Strategic: change in national strategic direction  Financial: Approx £4m income and costs associated with this service so impact would be reduction in income and no offset against costs.  Regulation: Unlikely to affect regulation.  Reputation: Perceived or actual increases in risk associated with the SNAHFs could damage the Board’s reputation  Operational Delivery: Would impact on other aspects of the Board services including the other national services, cardiology and cardiac services  Workforce: Inability to sustain sufficient transplant numbers may result in deskilling of the SNAHFs team, | Medical Director  (Dr Mike Higgins) | Safe  Board objective  1,2,3,4,5 | Reviewed on a quarterly basis | 2 | 4 | 8 | Two substantive consultants in post and 1 locum with plans to recruit third substantive  Recommendations of NORS review have been successfully implemented. This improves the funding underpinning our retrieval service and provides for a more sustainable retrieval rota pattern based on middle-grade fellows (specialty doctors).  During this initial implementation phase there is a risk of operational impact on other cardiac surgical services due to pressures on consultant and theatre staff time.  Consultant ‘road-shows’ to increase service awareness and promote referrals underway;  Scoping work started on Lung transplantation  Two new clinical fellows with retrieval experience appointed which will alleviate rota;  Consultant ‘road-shows’ to increase service awareness and promote referrals underway;  Action plan in place following trigger review process focused on building links and sharing experience with other UK units;  Continue to deliver our cardiothoracic commitment to the Scottish Organ Retrieval Team (SORT);  We continue to support NHSBT following the recent review of retrieval services and will redesign our services in line with the recommendations; and  A local (Scottish) dialogue to optimise governance around organ retrieval has taken place with input from Lothian, NSD, and NHSBT. | 2 | 4 | 8 | Vulnerability of medical staffing – small super specialised staffing  Advances in cardiac transplantation to implant DCD-retrieved hearts now gathering momentum on a UK regional basis. These are based around the OCD organ optimisation and transport system,  OCD also potentially impacts positively on numbers and outcomes of DBD transplants. | Ongoing monitoring of consultant surgical staffing in place.  Two new appointments made in September 2017.  Cardiology redesign in progress (Dec 2016) precipitated by major changes in job-plan commitments from two of the consultant cardiologists (one moving to part time, one moving to academic post) with aim of implementing and consolidating 24/7 consultant rota.  Retrieval rota in place and working well although not yet up to full manpower strength (Dec 2016).  OCS Business case to implement for this year has been approved by the SMT. NHSBT are reviewing the UK wide for this service on a sustainable basis. | Oct 2017 |
| S6 | **Inability of current SACCS clinical service to cope with increasing demand and expectation**  Strategic**:** Change in strategic direction  Financial: Lack of substantive medical sessions and increased demand increases reliance on WLI payments.  Regulation: Unlikely to affect regulation.  Reputation: not significant providing service delivered  Operational Delivery: Medical vacancies plus increasing demand means limits SACCS capacity. This could potentially restricts patient access to treatment and could impact clinical outcomes.  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of absence and turnover. | Medical Director  (Dr Mike Higgins) | Safe  National services objectives | 6 monthly | 3 | 3 | 9 | Two substantive consultant cardiologists in place,  Radiographer post with advanced practice skills to support remote working in place to support MRI;  Consultant Radiologist post recruited and in place;  Consultant time optimised through implementation of nurse led clinics;  Admin support enhanced;  SACCS transition nurse is in place;  Outreach clinics well established in the North and East of the country;  Glasgow regional clinics were repatriated;  Recurring funding from NSD to support additional medical posts; and  Pre-emptive consultant appointment for surgical team made (with a 2 year overlap).  Review of the cardiac obstetric service for SACCS patients undertaken and presented to CGRMG. | 3 | 3 | 9 | Vulnerability of medical staffing- small superspecialised service.  . | Monitoring of consultant recruitment process ongoing; and  Ongoing identification of trainees to train as SACCS consultants (medium term solution of 2 years plus). | Oct 2017 |
| 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 continue to support a 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.  This risk based approach in terms of case selection is in place and is being supported nationally. | The situation continues to be closely monitored. The National team met on the 27/7 and lessons learnt discussed. There will be one further final meeting later in the year.  A national approach to patient consent is in place.  The supplier will be visiting the site to make adaptations to the heater cooler equipment to eradicate the technical problem nationally identified and we await confirmation of a date for this process to commence. | Oct 2017 |
| S8 | **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  (Safia Qureshi) | 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. | Oct 2017 |
| S9 | **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 | 2017-2019 financial plan submitted with plans to achieve financial balance  Efficiency and productivity plans agreed for 2017/18  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 £4.5m required to achieve financial balance.  Total of £4.1m schemes identified to date and plans agreed. Budgets are being finalised.  Contingency plans are in place if cost pressures are increasing and/or efficiency schemes start to slip  Work s ongoing to review the 10% shortfall in efficiency schemes | Ongoing rigorous monitoring of financial position.  Financial position and forecasts presented to Senior Management Team and Board on a monthly basis.  A recovery plan is in place if the 10% efficiency gap cannot be achieved.  A full year forecast is due to be completed by end of Sept 2017 | Oct 2017 |
| S10 | **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. | 1 | 3 | 3 | No specific high risk gaps at the moment with a new 3 year contract with Boards has been agreed for 2016-2019.  Delivery of the expanded ophthalmology programme is presenting challenges due to availability of ophthalmic surgeons | The situation is under review with recruitment and opportunities for improved productivity being explored. | Oct 2017 |
| 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. | 3 | 4 | 12 | I  A Cyber Security maturity review was undertaken by PwC and whilst very positive identified areas for further improvement | A detailed action plan has been completed for the areas identified for further improvement | Dec 2017 |

HEAT Map

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Likelihood | Consequence/ Impact | | | | |
| 1 | 2 | 3 | 4 | 5 |
| 5 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 3 |  |  |  | **(S5) (S11)** |  |
| 2 |  | **(S4)** | **(S9) (S6)** | **(S1) (S3) (S7) (S8)** |  |
| 1 |  |  | **(S2) (S10)** |  |  |

|  |  |  |
| --- | --- | --- |
| Grading | Score | Colour Code |
| Low risk | 1-3 |  |
| Medium risk | 4-9 |  |
| High risk | 10-16 |  |
| V high risk | 17-25 |  |

| **Cluster** | **Risks for consideration** |
| --- | --- |
| **Financial** | There can be significant cost attached meaning there has to be careful consideration of the value for money prior to investment.  In addition to purchase costs there are costs of maintenance to consider and training required to skill staff in use of robot. Also considerations of are there additional systems required to support use, is this for example included in price?. |
| **Regulation** | What data do the robots generate and store?  How does this integrate with the patient clinical record in terms of outputs but do they require any links they may need to other systems/ information ?  There is a potential cyber risk in that robotic devices are at risk of hacking which has the potential to cause harm to patient/users, or result in data breaches. |
|  |
| **Operational** | Ensuring for those that impact on patent care that quality of care is maintained; consider if there is an information/ consent issue.  Contingencies for robots need to be considered as part of implementation – e.g. if robot unavailable/ not working what is the back up.  Suitable framework to support operation of robots – i.e. how are they operated/ who can use them/ where are they stored/ maintenance plans.  Operational and clinical governance controls in terms of who controls the robots, accountability and responsibility. |
| **Workforce** | Greater use of robots within the Board may inform a reduction in need for workforce and/or additional training. As well as offering opportunities in reducing staffing costs, the use of robots therefore carries potential ethical and reputational risks if the Board is seen to be using robots to replace human care givers/workers.  Management of staff engagement in decision to pursue/ implement robots . |
| **Strategic** | How can robotics assist us in achieving of corporate objectives in relation to innovation and research but also delivery of high quality clinical services?  Are there any areas where use of robotics would not be considered?  Overview of spread of robotics across the organisation and cumulative risks/ costs. |
| **Reputational** | Opportunity to positively impact reputation in relation to leading quality, innovation and research.  Need to consider the workforce and patient interaction issues as potential for negative media. |

**Robotics Risk Cluster Considerations**