**Ref: GJF/2017/09/12**

# GJF Logo

# Board Meeting: 14 September 2017

**Subject:** Board Risk Register – Quarterly   
Review

**Recommendation:** Board members are asked to approve the Board Risk Register

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**1. Background**

All risks are reviewed on an ongoing basis and formally reported to each Senior Management Team (SMT) meeting. The meeting in August formally approved the attached risk register.

The only amendment following this meeting was a reduction in the likelihood of the risk S5 - inability to sustain the Scottish National Advanced Heart Failure (SNAHFs) strategy - from a level three to a level two, moving the risk from a high risk to a medium risk. This is based on the recent two substantive consultant appointments. The Senior Management Team will also consider consolidation of risk S5 and risk S6 recognising the common risks of small and complex national services..

As discussed at the previous reviews, Risk S11 – review of IT security – has had the likelihood rating increased given recent events.

**2. Horizon Scanning and Key Developments**

Other key developments that have been considered as part of the risk review process are the Board expansion, development of robotics and charity related risks. An update on these issues are summarised below.

**2.1 Expansion Project Risks**

A risk register has been developed as part of the development of the Initial Assessment using the guidance provided. This was developed with input from the Expansion Project Steering Group and a senior management workshop and then shared and refined via a Board Workshop. This risk register was included within the approved Initial Agreement.

A further risk workshop is being arranged with the Expansion Project Board and Expansion Steering Group to review this register in greater detail. The risks will be reviewed in detail, with members asked to consider changes; is this risk applicable to phase two, and if so, are there any differences. There has been discussion as to whether both phases require separate risk registers or do some risks apply across both phases; this discussion should also help to tease this out.

We will also look to develop the risk appetite and tolerances for the project which will inform discussions on the escalation from the project register to the Board Risk Register.

At present we do not have any risks from the project on the Board Risk Register. It is proposed that this remains until this further risk workshop has been completed. A recommendation will be presented to the next SMT meeting.

In the interim, the expansion project team are monitoring and reviewing the operational risks on a regular basis.

**2.2 Robotics Horizon Scanning**

There was a request from the Audit and Risk Committee to horizon scan the topic of robotics in healthcare. A scoping exercise was undertaken and discussed at the Strategic Risk Committee. This is a huge topic area.

The definition of robotics used in the scoping was ‘a machine controlled by a computer that is used to perform jobs automatically’. However, in discussion, we recognised that there are software based systems not linked to machines that may also be considered robotics. These can be used in clinical and non-clinical settings, for example the robots used in many hospitals now to support laundry/ stores and the orthopaedic robots that assist surgical procedures.

Consideration of risks would be different for clinical/ non-clinical use. The attached appendix contains a brief overview of risks being considered within the different clusters.

More detailed exploration at present is being undertaken through a business case evaluation process to scope out the options available for use of robots (using existing technology) within orthopaedics and thoracic surgery; this includes detailed consideration of all risks/ benefits.

There is an existing clinical governance process for New Interventional Procedures. Detailed work is being undertaken to review these to link robotics to ensure clinical risks and benefits are fully explored independently to any financial and operational issues. These are considered on a case by case basis. Through this review, it is being considered that a separate governance review process maybe set up for robotics in the first instance.

Currently it is proposed that:

* existing clinical governance controls in place are effective to consider the use and purchase of robotics on a case by case basis (either within the current review process or as a separate process);
* detailed understanding and evaluations are considering the risks of robotics for orthopaedics and thoracic as specific developments using existing technology; and
* whilst greater detail is required regarding this risk, the wider strategic discussion regarding robotics remains on the horizon scanning remit of the Strategic Risk Committee with more detail on the clusters being explored. This will also consider the output from the evaluations currently taking place.

Taking this into account, it is not proposed to add robotics to the current Board risk register at this stage.

**2.3 Charity Risks**

In addition to the above developments it was also noted at the Trustees meeting that we should consider a separate risk register for the Charity.

The Director of Finance and Director of Global Development and Strategic Partnerships (DGDSP) have been supporting development of the risk assessment of the charity objectives. Part of this is to test the risk appetite approach but also it has been agreed to consider the development of a risk register for the charity. These discussions are also considering what risks sit at Board level and what is within the control of the DGDSP.

Initial work has also considered the risk appetite of the objectives and the risks associated with these, considering what might prevent achievement and also the impact of that at Board and strategic level.

The next steps are to evaluate the identified risks, detail the controls in place around these, and then consider risk rating and any gaps where further action is needed to mitigate.

There are seven objectives that have been considered:

1. Development of income generation strategy and budget.
2. Define three projects to be funded by innovation campaign.
3. Establish major gift donor pipeline comprising individuals/ trusts/ companies.
4. Build and develop four new strategic partnerships.
5. Strengthen commitments from two existing relationships; develop as partnerships.
6. Identify and target six potential customers to purchase the Quality Framework.
7. Detail plans for engaging hospital community in fundraising.

It is planned this work will be presented to the Strategic Risk Committee at their next meeting, with future updates provided to the Board, the Endowments Sub Committee, and the Board of Trustees.

**3. Recommendation**

Board members are asked to approve the Board risk register.

**Julie Carter**

**Director of Finance**

**5 September 2017**