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| Board Meeting: | 14 February 2019 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Board Risk Register |
| Recommendation:  | Board members are asked to:

|  |  |
| --- | --- |
| Discuss and Note |  |
| Discuss and Approve | X |
| Note for Information only |  |

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## 1 Situation

This paper provides an update on the risk register review undertaken via the Strategic Risk Committee (SRC) and Senior Management Team (SMT) in November 2018 and January 2019. This paper was discussed and endorsed at the February Audit and Risk Committee (ARC).

**2 Background**

Review of the risk register is ongoing with Executive Leads. At the December SRC, the Head of E-Health provided an update on progress with the Electronic Patient Record (EPR) programme with a formal paper presented to the January Senior Management Team (SMT) as noted below. Development of the charity risk register was also discussed, with agreement on plans to progress with Board input.

The Board Risk Register was discussed in detail at the January Senior Management Team meeting. Key areas of focus were EU Withdrawal (a separate paper is presented on this), the Electronic Patient Record implementation, and a new risk proposed relating to Clinical Waste. A revised risk register is included within the appendix subject to approval of proposed changes.

## 3 Assessment

**3.1 EU Withdrawal**

Please refer to the separate discussion paper and recommendation relating to the risk within.

**3.2 Clinical Waste**

As of Thursday 6 December 2018, our clinical waste suppliers advised they are no longer able to meet contractual obligations with immediate effect. On 7 December they removed all full bins from the Golden Jubilee National Hospital (GJNH) but did not leave any empty bins. The national contingency plan has been implemented with Scottish Government (SG) coordinating the response. Estates and Portering have led the local response with special thanks noted to staff within for their efforts.

Work has been underway nationally to appoint a new national contract to take effect from April 2019. A contractor has been awarded and we await details of how this will take effect. The contingencies in place as detailed below will continue until the contract is implemented:

* SG has provided an articulated container that is being stored at the loading bay which can store approximately 48-72 hours of waste.
* Clinical waste is being bagged and placed into locked bin stores – areas have been given advice on what bags to use and for segregation of waste as this is being more strictly applied in the current situation. If not adhered to, there is a risk that the container could be returned full.
* A small amount of yellow bins remain on site and some blue bins have been adapted for use. Porters are using these to collect waste from bin stores and decant into the container. This does require double handing. Risk assessments have been undertaken with Personal Protective Equipment (PPE) provided.
* Support is being offered from the hotel to backfill non-clinical portering duties.
* A rota is in place for uplift of the containers from sites with “one in one out” – this will continue for the foreseeable future. There is a risk of this being impacted by driver/ container availability and/ or weather, this will be monitored. Our back up is to utilise a storage container on site that provides additional capacity. If an additional unit is delivered with no uplift there is a possibility the front dual carriage way would be used to house the full container until it is uplifted. The situation is being monitored closely by estates and portering.

There is concern about the impact of any delays to the new contract; work is underway to assess the sustainability of the contingency. Given that the service is operating on contingency arrangements for an extended time it was felt a new risk should be added to the risk register to reflect the increased risk particularly in the event of any further delays. It is recommended this is at a medium level with the aim of removing this risk on implementation of the new contract arrangements.

**Recommendation**: A new risk at a medium level is added relating to the inability to sustain services in the absence of a national contract.

**3.3 Electronic Patient Record**

Further to recent discussions on the EPR Programme and addition of the risk to the register, an update paper on the EPR Pathways Development was discussed at SMT. A proposed approach to develop the pathways was agreed. All future workcommissioned will beagreed in advance under a Partnership Framework and detailed within the Statement of Work documents. These documents will form the basis of a contractual agreement. The contractual arrangements must be demonstrated to be robust and provide a basis for strong governance. Given the importance of this, an internal audit has been commissioned to assess the governance of this. In addition, regular updates will be provided to the Board’s Audit and Risk Committee.

It is proposed that the development is undertaken in phases, with key breaks in process to review and evaluate the success of development before proceeding to the next phase. It is proposed that the first phase of development would include Ophthalmology and Orthopaedic pathways as ‘Proof of Value’. In addition, some market testing will be undertaken to ensure that costs indicated are deemed ‘value for money’.

The SMT noted the progress and agreed with the recommended option for development; it was agreed for the risk to remain at the medium level with further review following the internal audit report.

**Recommendation**: The risk remains at medium for further review following the internal audit report.

**3.4 Charity Risk Register** (for noting)

A working draft was discussed at the Strategic Risk Committee in November. It was agreed to further develop this and share via the February Board Workshop for wider input and agreement. There will also be a session from the auditors on the Role of the Trustee and ability for the auditor to input to the discussion.

### 4 Recommendation

Board Members are asked to discuss and approve:

* the recommendations made in relation to Clinical Waste and EPR risks, and
* the revised risk register.

**Julie Carter**

**Director of Finance**

**5 February 2019**

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

**Appendix 1 – Board Risk Register Revised January 2019 – draft**

| **Ref** | **Risk description** | **Risk Owner** | **Links to Board Objectives**  | **Current risk target** | **Current Mitigation and current risk level**  | **Planned Mitigation** | **Risk review freq/ date due** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 ensure sustainability of excellence and develop our approach to quality** Strategic –Vision of leading quality, innovation & research at risk Financial –potential inefficiencies, impact on savings plan and overall financial planRegulatory – impact on compliance with national and professional standards & legal requirements Reputational – damage to GJF brand if vision not achieved Operational Delivery – impact on operational performance & targets,Workforce – negative impact on staff morale, impact on ability to retain & recruitSafety/ Experience – negative shift in clinical outcomes, reduced patient experiences, increase in complaints and potentially adverse events | Chief Exec(JG) | 3.1 | 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;Regular submission of quality reports to the Chief Scientist Office provides assurance of research quality and integrity; Quality and Innovation Group established to lead on and review progress and isteer now embedded within the organisation; andRegular 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 | 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 | Quarterly/ March 18 |
| S2 | **IF we fail to strengthen the international and national research portfolio** Strategic –Vision of leading quality, innovation & research at risk Financial – missed opportunity to generate income, longer term impact on ability to developRegulatory – impact on compliance with regulatory ratings Reputational – ability to attract clients and patients Workforce – negative impact on staff morale, impact on ability to retain & recruit | Medical Director(MH/ HE) | 3.2 | 2 | 3 | 6 | Research strategy and vision has been developed;Research & Development Steering Group in place to oversee delivery of strategy | 2 | 3 | 6 |  |  | Quarterly/ March 18 |
| S3 | **Robust framework to support innovation at local, national and international level** Strategic – Vision of leading quality, innovation & research not achievedFinancial - potential for financial penalties, missed opportunity for income generationRegulatory – potential non-compliances with OSCR and/ or other standards/ regulationsReputational – damage to GJF brand and impact on SG and NHSScotlandSafety/ Experience – ensuring protection of staff & patients involved, missed opportunity to improve safety/ experience | DSPGD(AH) | 3.3 | 2 | 3 | 6 | Quality and Innovation Group established to lead on and review progress and isteer now embedded within the organisation; andRegular updates provided to the Board and Senior Management Team meetings via the Quality and Innovation Group.Senior appointments to support delivery of the vision | 3 | 3 | 9 | Strategy to support delivery of innovation at various levels including strategic partnerships, income generation, framework to support funding applications.  | Development of strategy underway by DSPDG.  | Bi-Monthly/ Feb 18  |
| S4 | **Inability to deliver Golden Jubilee Conference Hotel Strategy** Strategic: Change in hotel core business could impact on the strategyFinancial: 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 impactReputation: May have a marginal impact on the Board reputationOperational 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 objectivesWorkforce: Will impact on conference hotel staff  | Chief Exec(JG) | 3.1, 5.2  | 2 | 4 | 8 | 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 InstitutePerformance targets being monitored  | 2 | 4 | 8 | No gaps identified at this time.  | No additional actions at this stage; monitoring existing mitigations. | Quarterly/ March 18  |
| W5 | **If we fail to ensure our culture supports effective organisational change**Strategic**:** decision making and strategic intent underestimates the impact of thisFinancial: Failure to deliver change initiatives may lead to adverse financial impactRegulation: Unlikely to affect regulation.Reputation: Potential impact in delivering innovation and change management plansOperational 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 (GA)  | 2 | 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; andLeadership Framework approved by the Board.i:steer working group established to coordinate QI driven change  | 2 | 3 | 6 | 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 | Bi-Monthly/ Feb 19 |
| S6 | **Susceptibility to Healthcare Associated Infection events, including pandemic, impacting delivery of corporate objectives** Strategic- unlikely to be change in strategic intentFinancial: Unlikely to significantly affect delivery of financial targets.Regulation: no significant issues associated with thisReputation: 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(AMC) | 4.4  | 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;SCNs fully engaged via weekly visits and monthly peer reviews and HEI preparedness committee; HAI reports presented to all relevant Board and management committeesHAI 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.  | Quarterly/ Dec 18  |
| W7 | **Insufficient workforce capability and capacity to support corporate objectives** Strategic: Unlikely to be any significant strategic change workforce planningFinancial: may have an impact on use of agency, locum or waiting list initiative payments to cover short term gapsRegulation: Unlikely to affect regulationReputation: 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. | D of Q, I & P (GA) | 6, 8.5  | 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; andBoard 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 identifiedWorkforce 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 | Potential for likelihood of this risk to increase in future for specific roles/ professions. Specific links to expansion workforce plans within this. 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 concluded by October 2018. This will also be aligned with and supported by the Workforce Strategy currently under development.Risk to be reviewed following report of above action.  | Bi-monthly/ Nov 18 |
| F8 | **Failure to deliver the Board’s financial plan and maximise effective use of the Board’s resources and assets**Strategic: Risk in strategic decision making that impacts on financial positionFinancial: Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on servicesReputation: 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(JC) | 5 | 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; andA 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 slipWork 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 | Quarterly/ March 19 |
| O9 | **Failure to meet SLA and waiting times activity targets**Strategic**:** Impact of change in strategy for Scottish GovernmentFinancial: Failure to deliver operational targets may lead to loss of income but likely to be minimal impactRegulation: Unlikely to affect workforceReputation: Seen as unable to deliver operational targets and negative impact on reputationOperational Delivery: review of pathways and capacity would be undertaken and a recovery plan put on placeWorkforce: impact on existing services and short term recovery planning | DoO | 7.1 | 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; andEngagement 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.Delivery of the expanded ophthalmology programme is presenting challenges due to availability of ophthalmic surgeons. | Work underway to reviewThe situation is under review with recruitment and opportunities for improved productivity being explored. | Bi-Monthly/ Feb 18  |
| S10 | **Information and Technology resilience to potential IT security breaches and attacks**Strategic**:** Decision making exposes risk to BoardFinancial: 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  | DoF(JC) | 5.2, 5.3  | 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; andRealtime 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. 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. 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 | Bi-Monthly/ Feb 18  |
| S11 | **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 (JR)  | 8 | 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. Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place. FBC for stage 1 and OBC for stage 2.  | 2 | 4 | 8 | FBC approval Stage 1OBC Approval Stage 2Development and implementation of detailed plans for workforce and operational models; with medical staffing highlighted as particular risk.  | FBC submission complete, OBC underway.Detailed work undertaken and ongoing to develop workforce plans to support expansion.  | Bi-Monthly/ Nov 18  |
| S12 | **The impact of EU Withdrawal on the Boards ability to continue to meet its corporate objectives** Strategic**:** ability to deliver corporate objectives and on long term strategy Financial: Financial consequences possible in relation to funding and budget impact. Regulation: impact as EU regs transferred; loss of access to MHRA; R&D impact of not being part of EU Reputation: not specific to GJF Operational Delivery: pharmaceutical and market impacts that may affect supplies of key items Workforce: high risk areas within medical staffing and hotel housekeeping identified  | Nurse Director (AMC)  | All  | 2 | 2 | 4 | Brexit Horizon scan commenced 2015 and updated regularly. Preparedness assessment undertaken for SG supported by existing work and key risk areas identified and monitoring arrangements confirmed. Executive and Operational Leads agreed to oversee. SLWG established with input from key areas.  | 4 | 3 | 12 | High risk supply items i.e. those that are used frequently used; low volume but critical to maintain. Uncertainty of exit position and what circumstances will be   |  Local work underway to review high risk supplies (across all areas from catering to pharmacy including the hotel) and contingenciesSLWG to meet regularly to review plans with updates from key leads; any major risk issues will be immediately escalated.  | Bi-Monthly/ Nov 18 |
| S13 | **Misalignment between the Board's strategy and national and regional strategies**Strategic**:** inability to deliver objectives, need for revision of strategy Financial: impact on national funding and regional SLAs Regulation: Reputation: impact on GJF reputation if not represented appropriately within strategy Operational Delivery: potential for disruption Workforce: impact on morale, potential for wider workforce impact of strategy review  | Chief Exec (JY) | 1 | 1 | 4 | 4 | Executive team representation on national and regional groups – as chair or members. Delivery of Expansion Programme. Development of Board Strategy  | 3 | 4 | 12 | Under review  |  | Feb 2019  |
| S14 | **If we do not fully achieve the EPR programme within timescale there is potential for impact on corporate objectives, namely the hospital expansion** Strategic**:** potential impact on expansion programme, designed for EPR environment; failure to realise benefits of programme and objective Financial: Potential costs associated in additional spend; impact on value for money if benefits not fully realised Reputation: potential for impact on GJ reputation Operational Delivery: Could vary from little impact to moderate if system issues Workforce: Impact on future workforce plans if not realised; low morale amongst staff may impact on engagement with system; education & awareness needsSafety/ ExperiencesBenefits not realised   | Dir of Ops(JR) |  | 2 | 1 | 2 | EPR Programme Board chaired by Executive Lead. EPR Operational Group in place. EPR Team consisting of E-Health and seconded clinical staff in place.Syncrophi, OrderComms, Medicines Management implementations underway as part of wider project. Risk Register in place; master supported by operational level.  | 3 | 2 | 6 | Development of strategic partnership with contractor to develop pathways with upskill of GJF staff Revised project plan with agreement to pilot on ophthalmology and orthopaedics then review.  | Agreement of Strategic Partnership Revised project plan to be agreed via Programme Board Internal Audit Review   | Bi-Monthly/ March 19 |
| O15 | **Impact of ongoing clinical waste management in absence of national contract** Strategic**:** potential to impact of delivery of service Financial: additional costs incurred by contingency Regulation: breach in handling/ storage regulations could result in action Reputation: impact on GJF reputationOperational Delivery: Contingency impact to portering service and waste service to clinical areas Workforce: impact on porters undertaking role long term; ability to sustain long term | Nurse Director(AMC)  |  | 1 | 3 | 3 | Major Incident Procedure activated to support initial response. SLWG continuing to meet and review led by Nurse Director.Contingencies in place with waste bagged and placed in secure clinical waste area then uplifted by porters and transferred to an articulated lorry located at the loading bay. This is uplifted and replaced as required generally every 2-3 days. A risk assessment has been undertaken with support from staff and partnerships. Waste Officer participating in regular calls with NSS to monitor and update on situation.  | 3 | 3 | 9 | Confirmation of national contract commencement on 1st April 2019  | Details awaited Review of sustainability of contingency in event of contract delay.  | Bi-Monthly/ March 19  |

**Board Risk Register HEAT Map**

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| --- | --- |
| Likelihood | Consequence/ Impact |
| 1 | 2 | 3 | 4 | 5 |
| 5 |  |  |  |  |  |
|  4 |  |  | **S12** |  |  |
| 3 |  | **S14** | **S3: O9: O15** | **S10: S13** |  |
| 2 |  |  | **S2: W5: F8:**  | **S1: S4: S6: W7: S11** |  |
| 1 |  |  |  |  |  |