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| |  |  |  | | --- | --- | --- | | Meeting: | GJNUH Board Meeting |  | | Date:Subject: | 29 September 2022Board Corporate Risk Register | | Recommendation: | Committee members are asked to:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | X | | Note for Information only |  | | | |  |  | |  1. **Introduction**  The Board Corporate Risk Register was previously presented to the Board/Committee cycle in July 2022, reporting on material changes to the Corporate Risk Register with a focus on high graded risks across NHS Golden Jubilee. This report will provide a summary of significant material changes to the Corporate Risk Register which will include new and closed risks since the last reporting period. This report takes into account recent developments such as:   * System wide: * ongoing war in Ukraine * cost of living impact * ongoing recovery from the pandemic * CfSD and NHSS Academy when considering the context of the changing environment we are now operating within. * NHSGJ Specific * developments of the Phase 2 expansion program * recruitment and retention * LIMS - clinical laboratory system  1. **Executive Summary**   The Board Corporate Risk Register provides an update on the risks to the organisation.  The Board continues to identify, assess and take action on risks which are managed and monitored via the risk system DATIX. All risks are regularly discussed by the Board Committees and have been aligned to the Corporate Objectives of the Board as follows:   |  |  |  | | --- | --- | --- | | **Committee** | **Risks** | **\*\*Corporate Objective** | | Finance & Performance Committee | F8 – Financial Planning  O9 – Waiting Times Management  023 – eHealth Resources  S13 – National and Regional Working  S17 – Recovery Plan  DR136 – Hotel Financial for Future Covid-19 variants to the Business | 1  1  2  5 & 6  1 & 5  3, 4, 6 | | Clinical Governance Committee | S6 – Healthcare Associated Infections  S10 – Cyber Security  S20 – Covid-19 Pandemic  O21 – National Reporting of CT Data  B001/22 – Ability to provide full Lab Services | 2  2  4  2  2, 4 | | Staff Governance & Person Centred Committee | W7 – Workforce Capacity and Capability  W18 – Staff Health and Wellbeing  B002/22 – Recruitment and Retention Executive Cohort  B006/22 – International Recruitment | 1, 2 & 6  3  1  3, 4 | | Strategic Portfolio Governance Committee | S3 – Innovation  S11 – Expansion Programme  S22 – Site Masterplan  B003/22 – Centre for Sustainable Delivery commitment to NHS Scotland Recovery  B004/22 – NHS Scotland Academy recruitment pressures | 2, 5 & 6  4  4  1, 5, 6  1, 5, 6 |  \*\*Corporate Objectives Key:  * + - 1. Executive Leadership and Governance for a High Performing Organisation       2. High Performing Organisation       3. Optimal Workforce and Leadership       4. Expansion, Development and Optimal Utilisation of Facilities       5. Centre for Sustainable Delivery       6. NHS Scotland Academy   The Board and Committees all recognise that there are interdependencies between the Board Corporate Risks and this will form part of the regular review of risks.   1. **Recommendation**   The Committee is asked to:   * Review and note the Board Corporate Risk Register * Note the emerging risks   **Lead name : Graham Stewart**  **Title : Interim Director of Finance**  **Date : 23 August 2022** Board Corporate Risk Register |
|  |

## 1.0 Background

Over recent years, there has been significant active engagement with the Board regarding risk appetite, strategic map development and the associated risk register with mitigation. This was refreshed shortly before the pandemic and the Board Risk Register has continued to be critical in effectively reflecting the evolving nature of risk and mitigation through the pandemic.

However, with a rapidly changing landscape and acknowledging that we are currently working through an active development phase as an organisation supporting the recovery of NHS Scotland, this paper proposes a new and refreshed plan to reassess the elements of risk management with the evolution of the new Board Corporate Risk Register.

As part of the Executive session that reviewed and redefined the risk matrix in March 2022, it was agreed that reputation risk was a common risk across all areas. As part of the review workshop, the decision taken was to include reputation within each risk assessment, thereby highlighting and considering reputation consequences as part of the process.

The current risk categories and organisation areas of NHS Golden Jubilee are shown in the following table:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Hospital  (Clinical)** | **Infrastructure (Facilities & Digital)** | **Hotel** | **RD & I** | **NHSS Academy** | **CfSD & ANIA** |
| **Strategic** | **Open** | **Open** | **Moderate** | **Open** | **Open** | **Open** |
| **Safety/Experience** | **Cautious** | **Cautious** | **Cautious** | **Cautious** | **Moderate** | **Moderate** |
| **Financial and Performance** | **Moderate** | **Moderate** | **Moderate** | **Moderate** | **Moderate** | **Moderate** |
| **Regulation** | **Cautious** | **Cautious** | **Moderate** | **Cautious** | **Moderate** | **Moderate** |
| **Workforce** | **Moderate** | **Open** | **Open** | **Moderate** | **Open** | **Open** |

## 2.0 Assessment

### 2.1 Quality/ Patient Care

There is one high risk that has a clinical primary category – this is B001/22 - Ability to provide full Laboratory Services.

### 2.2 Workforce

Workforce capacity is being flagged up throughout the risks mentioned in this paper, for example:

W7 – Workforce Capacity and Capability

W18 – Staff Health and Wellbeing

S13 – National and Regional Working

S20 – Covid-19 Pandemic

B005/22 – NHS Scotland Academy

Workforce sustainability risks are also being experienced across NHS Scotland. Workforce sustainability forms part of our corporate objectives and is in line with our new workforce strategy that was presented to the Board in July 2022 and submitted to Scottish Government.

### 2.3 Financial

All risks within the Board Corporate Risk Register are assessed for their financial impact.

### 2.4 Risk Assessment/Management

All risks discussed in this report are managed in line with the risk system Datix. There are 20 risks currently identified on the Board Corporate Risk Register. There is one new proposed risk since the last reporting cycle and this is noted below. The heat matrix below shows the scoring distribution by each category of risk:-



The following table provides a summary of the new proposed risks:

|  |  |  |  |
| --- | --- | --- | --- |
| Risk Ref/Description | Owner | Commentary | Corporate Objective |
| **New Risk:** International Recruitment ability to attract, retain and accommodate staff | Serena Barnatt | This is high risk with a lot of parts moving quickly within International Recruitment and as and when this risk becomes more embedded, it will move it into the Risk W7 – Workforce Capacity and Capability | 3, 4 |

### 2.5 Equality and Diversity, including health inequalities

There are no specific issues arising from this paper. However, individual programmes of work are required to impact assess the outcomes of that work.

### 2.6 Other impacts

As part of managing the Board Corporate Risk Register, the following risks are monitored on a weekly basis:

* Finance
* Complaints
* Overtime
* Waste
* Phase 2
* Recruitment
* Policies & Procedures
* eHealth

**2.7 Communication, involvement, engagement and consultation**

The Board Corporate Risk Register, of relevant extracts of, has been presented to the following groups:

Workforce Planning & Transition Group

Executive Directors Group

**2.8 Route to the Meeting**

The Executive Directors Group regularly review the Board Corporate Risk Register and discuss any new risks to the organisation at their weekly meeting. This ensures the risks are being highlighted and managed effectively within the organisation.

The Board Corporate Risk Register risks are considered quarterly by:

* Strategic Portfolio Governance Committee on 1 September 2022
* Finance and Performance Committee on 6 September 2022
* Staff Governance and Person Centred Committee on 6 September 2022
* Clinical Governance Committee on 8 September 2022
* NHS Golden Jubilee Board on 29 September 2022

## List of appendices

The following appendices are included with this report:

1. Appendix 1 – At a Glance View Board Corporate Risk Register
2. Appendix 2 – Full details of the Board Corporate Risk Register

### **Responsible Executive/Non-Executive: Graham Stewart, Interim Director of Finance**

### **Report Author: Nicki Hamer, Head of Corporate Services and Strategic Risk**

**APPENDIX 1 - At a Glance View Board Corporate Risk Register**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk ID** | **Committee** | **Title** | **Key factors** | **Target** | **May 22** | **Sep 22** | **Dec**  **22** | **Exec Lead** | **Opened** | **Review Date** | **Trend** | **Corporate Objective** |
| O23 | FPC | e-Health Resources | Insufficient resources in e-Health to support current expectation on service | **4** | **12 (High)** | **12 (High)** |  | Director of Finance | Feb 2022 | Sept 2022 | ↔ | **2** |
| F8 | FPC | Financial Planning | If we fail to maximise effective use of the Boards resources and assets, then we will not deliver the financial plan | **6** | **6 (Med)** | **6 (Med)** |  | Director of Finance | Nov 2020 | June 2022 | ↔ | **1** |
| S17 | FPC | Recovery Plan | If we do not effectively implement the recovery plan, then we will fail to maximise the capacity available at GJNH | **6** | **9 (Med)** | **9 (Med)** |  | Director of Operations | Nov 2020 | December 2022 | ↔ | **1, 5** |
| S13 | FPC | National and Regional Working | Misalignment of the GJ Strategy with national and regional strategies | **4** | **12**  **(High)** | **12**  **(High)** |  | Director of Operations | Nov 2020 | July 2022 | ↔ | **5, 6** |
| O9 | FPC | Waiting Times Management | If we do not effectively manage waiting times whilst delivering recovery plan targets, we will fail to meet TTG for patients | **6** | **12 (High)** | **12 (High)** |  | Director of Operations | Nov 2020 | July 2022 | ↔ | **1** |
| DR136 | FPC | Hotel Financial Risk of Future Covid-19 Variants to the Business | If we do not ensure the safe operational running of the Hotel and its staff in the event that Covid-19 escalates within Scotland. | 9 | **20 (Very High)** | **12 (High)** |  | Director of Operations | May 2020 | February 2022 | ↓ | **3, 4, 6** |
| S6 | CGC | Healthcare Associated Infections | If we do not maintain adequate precautions we increase our susceptibility to Healthcare Associated Infection events, impacting delivery of corporate objectives | **8** | **8 (Med)** | **8 (Med)** |  | Director of Nursing & AHPs | Nov 2020 | July 2022 | ↔ | **2** |
| S20 | CGC | Covid-19 Pandemic | If we are unable to manage the ongoing impact of the COVID-19 pandemic, specifically relating to staff capacity and COVID precautions (4 national guidance and physical distancing SG guidance) for staff/ patients, we will be unable to support deliver our core activity | **4** | **9 (Med)** | **9 (Med)** |  | Director of Nursing & AHPs | Nov 2020 | July 2022 | ↔ | **4** |
| S10 | CGC | Cyber Security | If we do not sustain our cyber resilience, then we are susceptible to cyber breaches and attacks | **8** | **8 (Med)** | **8 (Med)** |  | Director of Finance | Nov 2020 | July 2022 | ↔ | **2** |
| O21 | CGC | National Reporting of CT Data | If there is not a robust system to collate, repot and publish CT outcome data then we will be unable to effectively monitor and benchmark with other Scottish and UK sites. | **4** | **5**  **(Med)** | **5**  **(Med)** |  | Medical Director | Nov 2020 | July 2022 | ↔ | **2** |
| B001/22 | CGC | Ability to provide full Laboratory Services on site due to system provider withdrawal | A new IT system for Labs has been purchased for NHS Scotland. The likely implementation of the new system is beyond the lifetime of the current providers product. If the current vendor withdraws the right of the Hospital to use their software beyond the current end date of 31/03/2023 and no new system is in place then the laboratory service in its current form will be unable to be provided and an alternative arrangement will be required. | **6** | **20 (Very High)** | **12 (High)** |  | Medical Director | June 2022 | December 2022 | ↓ | **2, 4** |
| B003/22 | SGPCC | To ensure exploration of risk of retention and recruitment to senior positions within NHS GJ due to gap between AfC grades and Executive Director salary scales | The recent outcome of job descriptions progressed through NEC process have remained at their current Executive banding. This creates a gap between AfC Grades and Executive salary scales. The absence of appeal mechanisms for affected staff and the lack of consistency in approach to evaluation and equivalent positions in other NHS Boards is providing a disadvantage in hiring senior staff. | **3** | **12 (High)** | **12 (High)** |  | Director of QIPP | June 2022 | December 2022 | ↔ | **1** |
| W7 | SGPCC | Workforce Capacity and Capability | If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives | **8** | **12 (High)** | **12 (High)** |  | Director of QIPP | Nov 2020 | July 2022 | ↔ | **1, 2, 6** |
| W18 | SGPCC | Staff Health and Wellbeing | If we are unable to provide adequate support for our employees during COVID-19 then their health & wellbeing may be negatively impacted | **3** | **6 (Med)** | **6 (Med)** |  | Director of QIPP | Nov 2020 | July 2022 | ↔ | **3** |
| **Risk ID** | **Committee** | **Title** | **Key factors** | **Target** | **May 22** | **Sep 22** | **Dec**  **22** | **Exec Lead** | **Opened** | **Review Date** | **Trend** | **Corporate Objective** |
| B005/22 | SGPCC | International recruitment ability to attract, retain and accommodate staff | Insufficient workforce could impact ability to deliver strategic ambitions. Work underway to assess areas of particular vulnerability such as availability of accommodation locally and supply issues of international recruits. Use of international workforce will carry financial cost. | **9** | **-** | **20 (Very High)** |  | Director of HR | August 2022 | October 2022 | NEW | **2, 3** |
| S11 | SPGC | Expansion Programme | If through programme delivery or operational issues, we fail to deliver the expansion programme | **6** | **9 (Med)** | **9 (Med)** |  | Director of Operations | June 2020 | July 2022 | ↔ | **4** |
| S3 | SPGC | Innovation | If we do not ensure a robust framework to support innovation at local, national and international level | **4** | **4 (Med)** | **4 (Med)** |  | Director of QIPP | Nov 2020 | July 2022 | ↔ | **2, 5, 6** |
| S22 | SPGC | Site Masterplan | If we do not ensure a robust approach to planning of site capacity then we will fail to effectively utilise the available space. | **4** | **9 (Med)** | **9 (Med)** |  | Director of Finance | June 2021 | July 2022 | ↔ | **4** |
| B004/22 | SPGC | Centre for Sustainable Delivery | CfSD commitment to support NHS Scotland Recovery and transformation of NHS Scotland Academy | **4** | **12 (High)** | **12 (High)** |  | Director of QIPP | April 2022 | May 2023 | ↔ | **1, 5, 6** |
| B005/22 | SPGC | NHS Scotland Academy | Recruitment pressures to include the faculty development project to attract and appoint staff. | **3** | **12 (High)** | **12 (High)** |  | Director of Nursing & AHPs | April 2022 | May 2023 | ↔ | **1, 5, 6** |

**APPENDIX 2 – Board Corporate Risk Register**

Risk is the chance of something happening that will cause harm or detriment to NHS Golden Jubilee, its staff or patients.

| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Governance & Person Centred | W7 | **Workforce Capacity and Capability**  ***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 organisation and retain current workforce. | 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.  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.  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  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. | 3 x 4 = 12 | High | Director of Quality, Innovation and Performance | 2, 5, 6 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| Staff Governance & Person Centred | W18 | **Staff Health & Wellbeing**  *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. | 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 Wellbeing Strategy published and action plan underway.  Staff rostering continues to include monitoring hours worked and ensuring appropriate working hours are maintained.  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 wellbeing. | 2 x 3 = 6 | Medium | Director of Quality, Innovation and Performance | 2, 5, 6 |
| **Staff Governance & Person Centred** | B006/22 | **International Recruitment (IR) ability to attract, retain and accommodate staff**  Insufficient workforce could impact ability to deliver strategic ambitions; work underway to assess areas of particular vulnerability such as availability of accommodation locally | Options appraisal looking at supporting accommodation for IRs. Induction booklet includes detailed list of all requirements to undertake these roles.  Centre for Labour Supply is looking at trends across Scotland and sharing any learning experiences with Health Boards across Scotland, including NHS GJ. | 4 x 5 = 20 | Very High | Director of Human Resources | 2, 3 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | * **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
|  |  | and supply issues of international recruits.  Use of international workforce will carry financial cost.  This will affect recruitment to expansion workforce and ongoing pipeline for nursing roles. |  |  |  |  |  |
| Staff Governance and Person Centred Committee | B003/22 | **To ensure exploration of risk of retention and recruitment to senior positions within NHS GJ.**  This is due to differential position across NHS Scotland which may place NHSGJ at a competitive disadvantage relative to other boards in Scotland and further afield.  The recent outcome of job descriptions progressed through the NEC process have resulted in 3 remaining at their current Executive banding level. This recent AfC proposed pay award also reduces the gap between AfC Grades and Executive salary scales. | The consistency in approach to evaluation and equivalent positions in other NHS Boards may provide a disadvantage to the recruitment and retention of senior/executive posts to NHS GJ.  Mitigations will include maintenance of risk, review of succession planning, further review of banding where applicable and escalation to Scottish Government on consistency and organisational risk at a period of significant growth and input to NHS Scotland recovery plans. | 3 x 4 = 12 | High | Director of Quality, Innovation and Performance | 1 |
| Finance & Performance Committee | F8 | **Financial Planning**  *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. | * 2022/23 baseline financial plan agreed with plans to achieve financial balance. Key alignment to ADP and operational requirements on delivery * Key funding assumptions with Access Support Team agreed with regular meetings in place * Regular SG Sponsorship meetings to review position and funding assumptions * 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 PRGs throughout the year. | 2 x 3 = 6 | Medium | Director of Finance | 1 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
|  |  | 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. | * 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 providing overview of position and governance with further strands added to workplan including deep dives to key financial areas. Reporting supported via monitoring reports including updated IPR and Financial and Operational Reports. * Monthly financial reviews are in place to identify any variations from the plan. * Financial position and forecasts presented on a monthly basis. Including returns to Scottish Government. * Regular communications with Scottish Government on operations and financial performance where transparency on financial and operational requirements are defined through robust communication and understanding on inputs / outputs. * Capital programme initiated following agreement on funding allocations and robust prioritisation in place, including forward look at equipment needs across the organisation. |  |  |  |  |
| **Finance & Performance Committee** | O9 | **Waiting Times Management**  *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 | Key initiatives agreed with SG; ongoing liaison with NHS Boards to support implementation. Specific work implemented to minimise cancellations, taking account of covid restrictions and changes to protocol.  Monthly SLA leads meeting and regular meeting with SG access support team on activity and challenges.  Weekly performance review meetings to consider performance against recovery plan. Monthly IPR report with waiting times. 31-day cancer waiting times achieved.  Site to continue as COVID light to ensure elective and urgent activity continues. Processes in place to accommodate potential re-emergence of COVID 19 and safe delivery of services via robust protocols.  Review of Expansion plans to increase endoscopy capacity and to accelerate phase 2 implementation for orthopaedics, general surgery and endoscopy. | 4 x 3 = 12 | High | Director of Operations | 1 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
|  |  |  | Progression of national initiatives relating to Ophthalmology weekend activity, Endoscopy Mobile Unit, General Surgery acceleration and main theatre usage all approved, progressing and subject to regular review. |  |  |  |  |
| **Finance & Performance Committee** | O23 | **eHealth Resources**  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. | A paper was presented to and supported by the Executive Directors Group and Board and Committees’ outlining an approach to increasing resources to meet current demand. Recruitment is progressing well incrementally in this area through 2022/23.  The following mitigations have also been implemented to reduce risk impact:   * Recruitment of temporary contract staff in critical service areas; Recruitment will be phased over an 18 month period * Prioritisation, in agreement with service leads, on critical work plan elements; Professional development of existing digital staff to enhance knowledge of new technologies. * Progression of capital and revenue schemes to enhance technical infrastructure started in 2021/22 and will continue through 2022/23. | 3 x 4 = 12 | Medium | Director of Finance | 2 |
| **Finance & Performance Committee** | S13 | **National and Regional Working**  ***Misalignment of the GJ Strategy with national and regional strategies***  Impact on existing GJ objectives, would jeopardise 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 as strategy revisions required.  Potential impact on wider workforce plan in relation to recruitment and education & training. | Executive team representation on national and regional groups – as chair or members.  SLA meetings with Board leads. Delivery of Expansion Programme.  Regular interface with access support team.  Board meetings with Integrated Performance Report and updates on key strategic programmes.  Met RMP 4 targets / review with national Access team. Progressing well with targets for 2022/23.  Continue delivery of Board strategy and engagement via national and regional planning forums.  National Performance Review meetings.  Working with Other Health Boards to maximise use of available capacity and resource. | 4 x 3 = 12 | High | Director of Operations | 5, 6 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| **Finance & Performance Committee** | S17 | **Recovery Plan**  ***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 NHS Scotland 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 NHS Scotland 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 NHS Boards. Failure to achieve this effectively means SLA with NHS Boards not achieved. | 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.  Weekly performance update meetings to consider performance against recovery plan. Performance broadly in line with plan to date for 2022/23.  Monthly IPR report with waiting times to EDG and Board including FPC.  31-day cancer waiting times achieved.  Division PRG meetings and monthly Division Management Team performance meetings.  Approval and monitoring of delivery plan for 2022/23  Continuation of COVID testing will be continually monitored in line with agreed protocol  Recruitment of theatre nursing staff to boost capacity, including use of open days to attract new staff. Also progressing international recruitment with initial cohort anticipated July / August 2022.  Ongoing review of housekeeping capacity to support activity requirements and current guidance. | 3 x 3 = 9 | Medium | Director of Operations | 1, 5 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| **Clinical Governance Committee** | S6 | **Healthcare Associated Infections**  *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. | 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.  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 EDG and Board.  Risk at target level  Continue to monitor via existing controls. | 2 x 4 = 8 | Medium | Director of Nursing & AHPs | **2** |
| **Clinical Governance Committee** | S10 | **Cyber Security**  ***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. | 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. | 2 x 4 =8 | Medium | Director of Finance | 2 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
|  |  | 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.  The use of unsupported apps and personal email accounts within the organisation for information sharing purposes to support patient care. | A Cyber Security maturity review was undertaken by PWC; Cyber essentials Accreditation achieved Oct 18 and maintained via annual review.  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.  Investment across ehealth in capital and revenue to ensure robust and up to date infrastructure is in place across systems.  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.  Guidance being drafted to be disseminated to staff regarding the use of these platforms and safer supported methods that are available.  Providing end users with the appropriate tools to allow them to communicate via the approved methods.  This will be monitored through the service managers and the specialties they are responsible for.  Working with service managers and end users and providing training and knowledge on how they can access and utilise these supported apps in line with their specialties. |  |  |  |  |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| **Clinical Governance Committee** | S20 | **Covid-19 Pandemic**  *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 minimised.  Inability to maintain COVID light approach and ensure adequate measures for patients and 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. | 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.  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  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. | 3 x 3 = 9 | Medium | Director of Nursing & AHPs | 4 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| Clinical Governance Committee | O21 | **National Reporting of CT Clinical Data**  *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.  Reputation 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. | 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.  Review via eHealth Steering Group and divisional management teams  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. | 5 x 2 = 10 | Medium | Medical Director | 2 |
| Clinical Governance Committee | B001/22 | **The ability to provide full laboratory services on site is at risk due to the IT system provider withdrawing the right to use their software on 31 March 2023.**  A new IT system for Labs has been purchased for NHS Scotland. The likely implementation of the new system is beyond the lifetime of the current providers product. If the current vendor withdraws the right of the Hospital to use their software beyond the current end date of 31st March 2023 and no new system is in place then the laboratory service in its current form will be unable to be | A working group between 6 affected Boards has been formed with representation from CLO, Scottish Government and National Procurement.  Scottish Government have been made aware of the risks above by the group  Dialogue is ongoing with the incumbent supplier unilaterally and as part of the group  The LIMS Programme board are aware and looking at potential contingencies around rollout of the new system in a limited way to affected Boards.  This will be monitored through the Executive Directors Group through regular updates.  Attendance at working group meeting will be maintained. | 3 x 4 = 12 | High | Medical Director | 2, 4 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | * **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
|  |  | provided and an alternative arrangement will be required.  The risks associated with this are operational delivery issues in the provision of labs services for Jubilee Patients, financial impact in having to purchase an interim system, outsource labs to the private sector or “buddy” with a neighbouring health board to provide services, clinical risk in potentially sending samples offsite resulting in the possibility of loss or delay to responses particularly in urgent cases, reputational damage in the event that one of the above scenarios led to patient harm. | Dialogue with potential alternative providers will be undertaken to assure options around end of life are presented and assessed.  The LIMS Programme board are aware and looking at potential contingencies around rollout of the new system in a limited way to affected boards. Dialogue with potential alternative providers will be undertaken to assure options around end of life are presented and assessed. |  |  |  |  |
| Strategic Portfolio Governance Committee | S3 | **Innovation**  *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. | Executive Director of Finance and Senior Planning Officer supporting the delivery of the vision and purpose.  Strategic Partnerships (SP) Framework and new in place.  External and Internal Short-Life Working Group established (GJ, Scottish Enterprise, University of Strathclyde, Scottish Government).  Report to Board in December on Strategic Partnership Framework.  Oversight group for Strategic Partnership to be co-chaired by Chief Executive. Will report to FPC. | 2 x 2 = 4 | Medium | Director of Quality, Innovation and Performance | 2, 5, 6 |
| Strategic Portfolio Governance Committee | S11 | **Expansion Programme**  ***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. | 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. | 3 x 3 = 9 | Medium | Director of Operations | 4 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | * **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| Strategic Portfolio Governance Committee |  | 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. | 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. |  |  |  |  |
| Strategic Portfolio Governance Committee | S22 | **Site Masterplan**  *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. | * 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   Strategy for management of space over the short – medium – long term.   * Prioritised overview of requests/ needs for space validated via the site utilisation group to allow informed decision on allocation of space looking to short/ medium and long term | 3 x 3 = 9 | Medium | Director of Finance | 4  . |
| **Strategic Portfolio Governance Committee** | DR136 | **Financial Risk to Hotel of Future Covid-19 Variants to the Business**  Ensure the safe operational running of the Hotel and its staff in the event that Covid-19 escalates within Scotland. | * Active Health and Safety Committee and robust policies * Business Continuity Plans (BCP) updated * STAR chambers are called to discuss business on the books * Senior Hotel Management meet every day to discuss any potential staff, business and other issues related to Covid-19 * SHMT attend weekly preparedness meetings in the GJNH * BCP and contingency plans have been formulated | 4 x 3 = 12 | High | Director of Operations | 3, 4, 6 |
| **Board Committee** | **Ref** | **THE RISK – what can happen and how it can impact** | * **RISK APPETITE – Controls In Place** | **CORPORATE EXPOSURE – Likelihood x Consequence = Risk Rating** | **Level of Risk** | **Executive Lead** | **Corporate Objective** |
| **Strategic Portfolio Governance Committee** |  |  | * Proposed Riverside project will increase capacity and flexibility for key clients * Agreed Scottish Government funding of £3m, with the facility to return unused funds secures labour costs * Strategy review in January 2022 for 2022-23 |  |  |  |  |
| **Strategic Portfolio Governance Committee** | B004/22 | **CfSD commitment to support NHS Scotland Recovery and transformation of NHS Scotland Academy** | To ensure the commitment of CfSD in supporting delivery of NHS Scotland’s Recovery Plan along with the transformation of the Academy to support the workforce. | 3 x 4 = 12 | High | Director of Quality, Innovation and Performance | 1, 5, 6 |
| **Strategic Portfolio Governance Committee** | B005/22 | **NHS Scotland Academy** | Current and innovative opportunities for recruitment using appropriate social media and recruitment agency where required. | 5 x 3 = 15 | High | Director of Nursing & AHPS | 1, 5, 6 |