NHS Golden Jubilee

**Meeting: NHS Golden Jubilee Board**

**Meeting date: 27 September 2024**

**Title: Strategic Risk Register (Sept 2024)**

**Responsible Executive/Non-Executive: Jonny Gamble, Director of Finance**

**Report Author: Joe Hands, Interim Head of Risk and Clinical Governance**

# Purpose

## This is presented to NHS GJ Board for:

* Awareness
* Discussion
* Decision

## This report relates to a:

* Legal requirement

## This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

# Report summary

The Strategic Risk Register reports on material changes across each of the portfolio areas within NHS Golden Jubilee. This report provides a summary of any significant changes to risks including scoring, new risks or closed risks since the last period of reporting.

# Situation

The Strategic Risk Register provides an update on the risks identified for NHS Golden Jubilee.

The Board, through the Governance Committees, continues to identify, assess and take action on risks which are managed and monitored via the DATIX risk system. All risks are regularly discussed by the Executive Leadership Team and have been aligned to the agreed Corporate Objectives of NHS Golden Jubilee Board.

Appendix 1 provides a summary of the risks including the Committee alignment based on their Terms of Reference.

The Board and Committees all recognise that there are interdependencies between the Board Strategic Risks and this will form part of the regular review of risks.

# Risk Appetite

Table 1 within this section of the paper provides a summary view of the Risk Appetite of the NHS Golden Jubilee Board across each of the Divisions/ Portfolio areas and assessment against 5 key themes.

**Table 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Hospital (Clinical)** | **Infrastructure (Facilities & Digital)** | **Hotel** | **RD & I** | **NHSS**  **Academy** | **CfSD & ANIA** |
| **1.Strategic** | **Open** | **Open** | **Moderate** | **Open** | **Open** | **Open** |
| **2.Safety/Experience** | **Cautious** | **Cautious** | **Cautious** | **Cautious** | **Moderate** | **Moderate** |
| **3.Financial and Performance** | **Moderate** | **Moderate** | **Moderate** | **Moderate** | **Moderate** | **Moderate** |
| **4.Regulation** | **Cautious** | **Cautious** | **Moderate** | **Cautious** | **Moderate** | **Moderate** |
| **5.Workforce** | **Moderate** | **Open** | **Open** | **Moderate** | **Open** | **Open** |

# Assessment

## 2.3.1 Risk Descriptions Renamed / Redefined

**Clinical Governance Committee**

|  |  |  |
| --- | --- | --- |
| **ID** | **Description** | **Updates** |
| S20 | Covid-19 Pandemic | Merged with risk S6 Healthcare Acquired Infection |
| DR-207 | Unavailability of Intra-Aortic Balloon Pumps | Additional controls added |
| S6 | Healthcare Associated Infection | Additional controls added |

**2.3.2 New Risks**

**Finance and Performance Committee**

SR238 – Staffing and Recruitment of Procurement Services

## 2.3.3 Risks Closed

S17 Recovery Plan risk has been closed and merged with the Waiting Times Risk (O9). This main reason for the recovery plan risk was recovering from the pandemic and waiting times due to this. We are now at a point where we can continue the risk under the general risk of waiting times.

**2.3.4 Risks Increased**

Risk ID 09 (Waiting Times Management) has been increased to reflect the current waiting lists within TAVI and EP and the perceived risk to patient safety.

## Risks Reduced

**Staff Governance and Person Centred Committee**

|  |  |  |
| --- | --- | --- |
| **ID** | **Description** | **Updates** |
| B006/22 | International Recruitment | Potential to close once presented through relevant governance forums |
| 230 | Fixed Term Contracts | Score has reduced from 16 (High) to 9 (Medium) following a deep dive assurance assessment being carried out. |
| W18 | Staff Health and Wellbeing | Potential to close due to the impact of Covid-19 being reduced and support will be covered under standard sickness absence procedures. |

* + 1. **Escalated Risks**

No risks have been escalated during this cycle of review

* + 1. **Emerging Risks**

**Finance and Performance Committee**

Capital planning requirements are in excess of current anticipated funding through Core Capital Resource Limit. An agreed prioritised capital plan is in place, however, there continues to be a risk associated with emerging capital requirements in the year.

## Workforce

## A focused piece of work continues to review the workforce risk given the critically of workforce in achieving overall NHS GJ activity.

## Financial

All risks within the Strategic Risk Register are also assessed for their financial impact.

Four risks are undergoing development which relate to:

1. eHealth age of systems
2. Sustainability of current Perfusion services
3. Clinical Documentation Improvement (CDI) Inline Monitoring
4. Digital Transformation of Services.

## Risk Assessment/Management

There are 20 risks currently included within the Strategic Risk Register. In summary:

* 0 risks are rated Very High
* 11 risks are rated High
* 8 risks are rated Medium
* 1 risk is rated Low

Table 2 which is a heat matrix shows the scoring distribution of each of the Strategic risks- each risk is assessed against their Probability of occurrence and Impact to the organisation with risk grading’s as noted below

* Red squares being Very High
* Orange squares being High
* Yellow squares being Medium
* Green squares being Low

**Table 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact** | **1** | **2** | **3** | **4** | **5** |
| **Likelihood** | **Negligible** | **Minor** | **Moderate** | **Major** | **Extreme** |
| **5 Will undoubtedly recur, possibly frequently** |  |  |  |  |  |
| **4 Will probably recur, possible frequently** |  |  | **B003: 231** | **W7: F8: SR238** |  |
| **3 May recur occasionally** |  |  | **S11: S22: 230** | **S13: O23: B004: O9** | **DR207: B005** |
| **2 Do not expect to happen again but it is possible** |  | **S3** | **B001** | **S6: S10: B006** |  |
| **1 Cannot believe that this will ever happen again** |  | **W18** |  |  |  |

## Equality and Diversity, including health inequalities

There are no specific issues that require to be noted.

## Other impacts

No other impacts require to be noted

## Communication, involvement, engagement and consultation

The Strategic Risk Register and those relevant extracts have or will be presented to the following groups within a normal Board cycle:

* Executive Leadership Team
* Staff Governance and Person Centered Committee
* Finance and Performance Committee
* Clinical Governance Committee
* Audit and Risk Committee

## Route to the Meeting

The Strategic Risk Register has been prepared for this meeting taking account of any changes or amendments since the last review.

# Recommendation

* **Awareness** – For Members’ information only.
* **Discussion** – Examine and consider the implications of a matter.
* **Decision** – Reaching a conclusion after the consideration of options.

The Board is asked to:

* Discuss and approve the updated Strategic Risk Register subject to any changes or relevant feedback received at this meeting.

# 2 List of appendices

The following appendices are included with this report:

Appendix 1, List of Committees and associated risks linked to corporate objectives

Appendix 2, At a Glance View Strategic Risk Register

Appendix 3, Full details of the Strategic Risk Register

**APPENDIX 1 – List of Committees and associated risks linked to corporate objectives**

|  |  |  |
| --- | --- | --- |
| **Committee** | **Risks** | **\*\*Corporate Objective** |
| 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  230 – Fixed Term Contracts | 1, 2 & 6  3  1  3, 4  2, 3 |
| Finance & Performance Committee | F8 – Financial Planning  O9 – Waiting Times Management  023 – eHealth Resources  S13 – National and Regional Working  SR238 - Staffing and Recruitment of Procurement Services | 1  1  2  5 & 6  2, 3 |
| Clinical Governance Committee | S6 – Healthcare Associated Infections  B001/22 – Ability to provide full Lab Services  DR-207 – Unavailability of IABP | 2  2, 4  2, 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  S10 – Cyber Security  231 – Recruitment (Information Governance) | 2, 5 & 6  4  4  1, 5, 6  1, 5, 6  2  2, 3 |

## \*\*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

## APPENDIX 1 - At a Glance View Strategic Risk Register

| **Risk ID** | **Committee** | **Title** | **Key factors** | **Target** | **Nov**  **23** | **Mar**  **24** | **Apr**  **24** | **June**  **24** | **Aug**  **24** | **Exec Lead** | **Opened** | **Corporate Objective** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | Director of Nursing | Nov  2020 | **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 then the laboratory service in its current form will be unable to be provided and an alternative arrangement will be required. | **6** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **6**  **(Med)** | **6**  **(Med)** | Medical Director | Jun  2022 | **2, 4** |
| DR-207 | CGC | Unavailability of IABP | If a patient requires heart function support and there are no available Intra-Aortic Balloon Pump systems, the potential exists that the patients stability / or treatment programme will be adversely affected. | **4** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | Medical Director | Dec  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)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | Director People & Culture | Jun  2022 | **1** |
| W7 | SGPCC | Workforce Capacity and Capability | If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives | **8** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | Director People & Culture | Nov  2020 | **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)** | **2**  **(Low)** | **2**  **(Low)** | **2**  **(Low)** | **2**  **(Low)** | Director People & Culture | Nov  2020 | **3** |
| B006/22 | 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)** | **20**  **(Very High)** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | Director People & Culture | Aug  2022 | **2, 3** |
| 230 | SGPCC | Fixed Term Contracts | If NHS GJ fails to ensure robust rigour, from both HR and all managers of Fixed Term contract staff, then there is a risk that Fixed Term contracts can slip further than 24 months (and beyond), which, if not properly thought through and managed, can result in a poor employee experience and/or organisational responsibility/cost. | **4** | **-** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | **9**  **(Med)** | Director People & Culture | Feb  2024 | **2, 3** |
| O23 | FPC | e-Health Resources | Insufficient resources in e-Health to support current expectation on service | **4** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | Director of Finance | Feb  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** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | **16**  **(High)** | Director of Finance | Nov  2020 | **1** |
| S13 | FPC | National and Regional Working | Misalignment of the GJ Strategy with national and regional strategies | **4** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | Director of Operations | Nov  2020 | **5, 6** |
| SR238 | FPC | Staffing and Recruitment of Procurement Services | The recruitment and staffing of the procurement team is challenging due to the Head of Procurement currently working notice period, recruitment of specific posts not being filled, long-terms sickness and maternity leave means that the department will have 3 WTE vacancies. This is leading to inadequate resources being available in particular roles to undertake activities across the service, which will result in not being able to deliver an effective supply chain and then achieving the balance programme. | **-** | **-** | **-** | **-** | **-** | **16**  **(High)** | Director of Finance | Jul  2024 | **2, 3** |
| 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)** | **20**  **(Very High)** | **12**  **(High)** | **12**  **(High)** | Director of Operations | Nov  2020 | **1** |
| S10 | SPGC | Cyber Security | If we do not sustain our cyber resilience, then we are susceptible to cyber breaches and attacks | **8** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | **8**  **(Med)** | Director of Finance | Nov  2020 | **2** |
| S11 | SPGC | Expansion Programme | If through programme delivery or operational issues, we fail to deliver the expansion programme | **6** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | Director of Operations | Jun  2020 | **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)** | **4**  **(Med)** | **4**  **(Med)** | **4**  **(Med)** | Director of CfSD | Nov  2020 | **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)** | **9**  **(Med)** | **9**  **(Med)** | **9**  **(Med)** | Director of Finance | Jun  2021 | **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)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | Director of CfSD | Apr  2022 | **1, 5, 6** |
| B005/22 | SPGC | NHS Scotland Academy | Recruitment pressures to include the faculty development project to attract and appoint staff. | **3** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | **15**  **(High)** | Director of Nursing | Apr  2022 | **1, 5, 6** |
| 231 | SPGC | Recruitment (Information Governance) | Currently experiencing difficulties recruiting in to specialist roles within the Digital & Information Governance Team in the Digital and eHealth Department. Under resourcing and under staffing was a high risk identified during the Information Commissioner’s Office (ICO) audit at the end of 2022. From the 12 recommendations received, an action plan, with one of those actions to recruit more staff, to be completed by the end of 2023. If we are unable to recruit the required staff then we will not meet our agreed action plan with the ICO. | **4** | **-** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | **12**  **(High)** | Digital Services Director | Oct  2023 | **2, 3** |

## APPENDIX 2 – Strategic 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** |
| **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.  Threat if New and Emerging Pathogens which could impact upon business continuity. | Annual work plan approved and progress monitored quarterly via PICC meeting;  Appropriate clinical risk assessment and patient screening for MRSA and CPE & C Auris;  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 IC Annual Reviews.  HAI Scribe process in place that ensures Infection Control built in to all building / refurbishment and estates issues. ICT members of Ventilation Safety Group and Water Safety Group.  Board 2nd Consultant Microbiologist Appointment in Jan 2024; OOH support continues via SLA with NHS GGC and ID sessions commenced February 2024.  AMS Work programme and AMT meetings quarterly reporting to IPCC  Surveillance strategy in place for:   * Monitoring of alert organisms; * Surgical site infection; * Enhanced SAB surveillance; * E-Coli; * CDI; * All patients attending GJ are asked respiratory questions via an infection assessment.   M.Chimera monitoring supported by air and water sampling.  HAIRT reported monthly to all relevant managed governance committees and included within IPR to ELT and Board.  Continue to monitor environmental cleanliness via existing controls and NHS Scotland Cleaning Standards.  HAI Workforce Strategy Reviewed and monitoring ongoing.  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.  Vaccination programme for staff and high risk patients. | 2 x 4 = 8 | Medium | Director of Nursing & AHPs | **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** |
| **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.**  Golden Jubilee, Borders and Tayside opted to extend their contract with the incumbent supplier to allow upgrades to take place to the existing LIMS system until the national system is available and fit for purpose to allow migration of Jubilee without impacting services. The implementation of the upgraded product is progressing and monitored by a Project Board which reports progress to the Strategic Programmes Board and Strategic Portfolio Governance Committee. Go-live of the system is expected in early 2024.  The Board continues to be an active member of the national LIMS Programme Board monitoring the progress of the development of the national LIMS product. A recommendation paper will be presented to the Board when the product is deemed suitable for use in Jubilee. | The Board continues to be an active member of the national LIMS Programme Board monitoring the progress of the development of the national LIMS product. A recommendation paper will be presented to the Board when the product is deemed suitable for use in Jubilee. | 3 x 2 = 6 | Medium | Medical Director | 2, 4 |
| **Clinical Governance Committee** | DR-207 | **Unavailability of IABP**  If a patient requires heart function support and there are no available Intra Aortic Balloon Pump systems, the potential exists that the patients stability / or treatment programme will be adversely affected. | IABP status web page used to track and co-ordinate use. Process is in place for MDT agreement before use (other than emergent insertion).  Medical Equipment Off Label Risk Assessment in place to cover potential return to use of additional systems.  Discussions ongoing with supplier to prioritise delivery of parts to GJNH.  Stakeholder Response Group not pursuing possibly of changing to an alternative supplier (quality issues with the product in NHS Lothian and the timing of implementation when compared to projected resolution of the supply issue) | 3 x 5 = 15 | High | Medical Director | 2, 4 |
| **Staff Governance & Person Centred** | W7 | **Workforce Capacity and Capability**  ***If we are unable to develop sufficient workforce capacity and capability to deliver strategic objectives*** | Three year Workforce Plan submitted to Scottish Government in August 22 and following feedback will be published in October 2022. The development of Workforce Strategy setting out objectives linked to the five pillars - to plan, attract, train, employ, nurture.  Expansion programme established with Workforce workstream being led by Workforce Directorate with wider support from operational teams across the organisation. | 4 x 4 = 16 | High | Director of People & Culture | 2, 5, 6 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | 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.  Whist the risk is currently rated as High, the Board are closely scrutinising the ongoing challenges of recruitment of key skill gaps and this will be reflected in the scoring of the risk. | Spiritual care service aligned to a Spiritual Care Strategy which has been developed and is going through the Governance at present. This strategy will support staff Wellbeing.  Board local HR/strategic policy mirrors national guidance and policy on terms and conditions as Once for Scotland Policies are being released.  Workforce Planning and Transition Oversight Group established and meets regularly( bi monthly)  NHS Scotland Academy programme to support expansion of elective care and NHS workforce supported by Recruitment team  Outputs from annual board-wide learning needs analysis used to inform a full programme of training and education. With increased investment in board wide training budget and further/higher education funding.  Health and Wellbeing group supporting the conclusion of year three of the Health and Wellbeing Strategy. Development of a new strategy is underway to support Health and Wellbeing. Annual delivery plans agreed.  iMatter Staff Experience programme supported by organisation.  Resources / workshops made available to staff and managers to support hybrid working and health and wellbeing.  Risks associated with Expansion have been identified and monitored through the EPB.  **Mitigations/Actions**  Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report.  L&OD reporting on activity including mandatory training compliance.  Phase 2 expansion workforce detail being monitored at Expansion Programme Board which is largely managed excluding key skill areas including anesthesia, imaging and theatre nurses. Core workforce remains a challenge.  Comms campaign across radio and billboards to support recruitment in place. |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  | A workforce plan is in place and has been submitted to Scottish Government August 2022 and a review is ongoing in financial year 2023/24 across the directorates.  National iMatter Survey 2023 cycle completed. Board report shared with staff and with groups / committees so data can inform action plans.  Agile working being promoted 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.  People Strategy being developed 2024/25 in line with the Board Strategy.  Retention short life working group has been established to understand why colleagues are both staying and choosing to leave the organisation to provide opportunities for stability for now and for the future.  Engagement Framework being developed to support staff at all stages of employment cycle.  Year 2 Health and Wellbeing delivery plan approved and progressed monitored by Staff Governance Group. |  |  |  |  |
| **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. COVID will be addressed if there is a staffing impact and cases increase within the population.  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 removed but in line with IPC advice would be reviewed and any changes to configuration to facilities and working practices would be implemented if there was a resurgence of COVID within the population to manage COVID related risks.  Vaccination programme in place. Additional support including peer vaccination to increase uptake of flu vaccination.  Health and Wellbeing Group established to support delivery of the Health and Wellbeing Strategy. Annual delivery plans agreed with a focus on mental health, financial health, physical health and creating the conditions.  Staff health and wellbeing Web Hub is being developed.  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.  Site Utilisation Group reviewing use of space which takes into consideration impact of hybrid working  Health and Wellbeing delivery plan approved and progressed monitored by Staff Governance Group  Employee Assistance Programme funding being secured to support ongoing contract. | 2 x 1 = 2 | Low | Director of People & Culture | 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** |
|  |  |  | Health and Wellbeing Group established to support delivery of the Health and Wellbeing Strategy. Annual delivery plans agreed with a focus on mental health, financial health, physical health and creating the conditions.  Staff health and wellbeing Web Hub launched.  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.  Site Utilisation Group reviewing use of space which takes into consideration impact of hybrid working  Year 2 Health and Wellbeing delivery plan approved and progressed monitored by Staff Governance Group  Employee Assistance Programme funding being secured to support ongoing contract.  Resilience Training Framework being launched. |  |  |  |  |
| **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 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. | 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.  Paper to go to ELT linked to international recruitment.  International recruitment is going to end post April 24. The last cohort started in March 24 and there is no further funding from SG. | 4 x 2 = 8 | Medium | Director of People & Culture | 2, 3 |
| **Staff Governance and Person Centred Committee** | B003/22 | **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.  Development of succession planning strategy.  Cultures and values strategy being development.  Leadership capacity and development workplans ongoing. | 3 x 4 = 12 | High | Director of People & Culture | 1 |
| **Staff Governance and Person Centred Committee** | 230 | **Fixed Term Contracts**  If NHS GJ fails to ensure robust rigour, from both HR and all managers of Fixed Term contract staff, then there is a risk that Fixed Term contracts can slip further than 24 months (and beyond), which, if not properly thought through and managed, can result in a poor employee experience and/or organisational responsibility/cost. | Consistent decision making with the instances in which Fixed Term contracts are used, with scrutiny over the approvals process.  Accurate and timely data, so that we’re clear on the tenure of all Fixed Term contract employees.  Close collaboration between HR and the managers of Fixed Term contract employees to anticipate the end of Fixed Term contracts in good time for rich employee conversations to take place and for appropriate notice to be provided in accordance with Fixed Term Contract policy and Contracts of Employment.  Quality assurance is undertaken on monthly basis on reports from eESS to ensure data is accurate and complete. All fixed term contracts logged in eESS.  Staff support mechanisms are widely available to staff to support psychological safety and wellbeing.  Workforce data is monitored at each Staff Governance Person Centred Committee meeting.  Staff on fixed term contracts have to be given time on redeployment and this is linked to the pay grade of the staff member.  There is a formal query currently logged with National Team to identify if any additional actions could be implemented to further reduce the risk including implementation of more streamlined reporting. | 3 x 3 = 9 | Medium | Director of People & Culture | 2, 3 |

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| **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** | 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. | * 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; * Confirm and Challenge meetings in place during 2023/24. * Detailed forecast produced 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. | 4 x 4 = 16 | High | Director of Finance | 1 |

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| **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  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. | * 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. * Review of Expansion plans to increase endoscopy capacity and to accelerate phase 2 implementation for orthopaedics, general surgery and endoscopy. * Progression of national initiatives relating to Ophthalmology, Endoscopy Mobile Unit, General Surgery acceleration and main theatre usage all approved, progressing and subject to regular review. * Confirm and Challenge meetings in place during 2023/24. * Monthly IPR report with waiting times to EDG and Board including FPC. | 4 x 3 = 12 | High | Director of Operations | 1 |
| **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 de-scoped 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 incrementally in this area.   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 | 3 x 4 = 12 | High | 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** |
| **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.  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 |
| **Finance & Performance Committee** | SR238 | **Staffing and Recruitment of Procurement Services**  The recruitment and staffing of the procurement team is challenging due to the Head of Procurement currently working notice period, recruitment of specific posts not being filled, long-term sickness and maternity leave means that the department will have 3 WTE vacancies. This is leading to inadequate resources being available in particular roles to undertake activities across the service, which will result in not being able to deliver an effective supply chain and the achieving the balance programme. | Existing recruitment process  Existing absence management policy  Recruitment process underway for acting up posts (1 band 4 to band 5 and 2 band 3’s to band 4)  Advertised Head of Procurement post and interviews taking place on 26th & 29th July  Discussions ongoing with Greater Glasgow & Clyde (GGC) Head of Procurement to provide professional advice and support to the team (paper to be discussed at ELT) | 4 x 4 = 16 | High | Director of Finance | 2, 3 |

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| **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 CfSD | 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.  Impacts on national government strategy of failure to deliver. | 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 |

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|  |  | 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.  Board Microbiologist appointment in May 2020, Microbiologist Consultant support to expansion and national appointment with sessional input to GJ |  |  |  |  |
| **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 * All moves require validation and authorisation from Exec Directors Group. * Direct communication with all groups effected to confirm on requirements and timelines. * Co-ordinated approach with eHealth | 3 x 3 = 9 | Medium | Director of Finance | 4  . |

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| **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 CfSD | 1, 5, 6 |
| **Strategic Portfolio Governance Committee** | B005/22 | **NHS Scotland Academy**  Difficulty in recruiting workforce to support training within the 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 |
| **Strategic Portfolio 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.  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. | 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.  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. | 2 x 4 = 8 | Medium | Director of Finance | 2 |
| **Strategic Portfolio Governance Committee** | 231 | **Recruitment (Information Governance)**  Currently experiencing difficulties recruiting in to specialist roles within the Digital & Information Governance Team in the Digital and eHealth Department. Under resourcing and under staffing was a high risk identified during the Information Commissioner’s Office (ICO) audit at the end of 2022. From the 12 recommendations received, an action plan, with one of those actions to recruit more staff, to be completed by the end of 2023. If we are unable to recruit the required staff then we will not meet our agreed action plan with the ICO. | Currently recruited to half of the agreed posts, which is allowing for some of the needs to be met regarding audit, service delivery etc. Some internal delays to finalise matching has also been discussed at senior management meetings and governance groups.  The initial implementation date, agreed in the ICO action plan, has been pushed out to June 2024. This will be monitored by monthly updates to the ELT. Reports will also go to the ARC and the Digital & Information Governance Group. | 3 x 4 = 12 | High | Digital Services Director | 2, 3 |