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| --- | --- | --- |
| Board Meeting: | 1 November 2018 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Board Risk register |
| Recommendation: | Board members are asked to:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | X | | Note for Information only |  | | |
|  |  | |

## 1 Situation

This paper presents the revised Risk Register for approval by the Board. The appendices provide:

* an overview of the proposed risk register;
* the current risk appetite and HEAT map; and
* a full copy of the proposed risk register.

**2 Background**

A Board workshop was held in September 2018, with the session facilitated by our internal auditors Grant Thornton to review the Board Risk Register. The Chief Risk Officer also attended this session.

In advance of the workshop, members were sent:

* Risk Appetite Statement;
* Outputs of Strategic Risk Committee Horizon Scanning workshop;
* Current risk register; and
* Corporate Objectives.

The aim of the session was in the context of the above to:

* review the risks on the register;
* agree if they were still applicable; and
* review and revise the risk and ratings.

The workshop considered the inherent level of risk for the proposed risks, which has been displayed below as the “initial” rating; this is the risk without applying any of the internal control mechanisms we already have in place.

This has been reviewed further considering the current risk rating linking to the existing risk, or where agreed proposing a current rating for new risks. The link to risk appetite has also been considered.

A revised risk register has been developed based on this and shown in Appendix 1.

## 3 Assessment

The table in Appendix 1 provides an overview of the proposed risks, showing:

* Initial risk ratings as agreed via the Board workshop;
* Current risk level;
* Target risk level;
* Risk Appetite with a comment on how risk links to the Board risk appetite;
* Risk owner by initials (full title in full RR); and
* Recommended review period for risk.

The key changes agreed from the workshop were:

* It is proposed that the risk “**Adverse Effects on Board 2020 strategy as a result of consequences of the Integration of Health and Social Care**” is removed from the register. This has been at the low target level for a considerable time and it was agreed to remove.
* The recommendations are that the risk “**Failure to deliver the Board's 2020 vision of leading quality, research and innovation**” is revised to recognise the subsets of this across the pillars of quality, research and innovation and aligned to the corporate objectives. Three new risks (**S1-S3 in appendix 1**) have been proposed to reflect this. The original risk target of Likelihood 2 and Severity 4 has been maintained for quality and innovation, however for research the initial was 3 and the target has been reduced to reflect this.
* In addition, two new risks have been proposed:
* **S12 The impact of Brexit on the Board to meet its corporate objectives (medium risk)**
* **S13 Misalignment between the Board’s strategy and regional and national strategies (high risk)**
* The following changes have been proposed to ratings of existing risks:
* **W5 If we fail to ensure our culture supports effective organisational change** (previously staff engagement) – revised to reflect the wider change management challenges facing the Board with major projects underway. Was at target of Likelihood 2, Severity 2; propose to increase this to Severity 3 given revision in risk.
* **O9 Failure to meet SLA and waiting times targets**; propose to change target likelihood to 1 (previously 2)
* **S10 Information and technology resilience to potential IT security breaches and attacks**; propose to change target to Likelihood 3, Severity 3 = 9. (Previously L 2, S 4).

**4 Update following the Strategic Risk Committee**

Following the Board workshop, the Strategic Risk Committee considered the risks associated with the Electronic Patient Record (EPR) project. This had been a specific focus of the EPR programme. The EPR Risk register was presented and discussed and following this, with further approval at the Senior Management Team, it was agreed to add a specific risk relating to the programme to reflect the potential impact on the expansion programme of any delays or issues in implementing. This new risk is proposed as:

* **S14 If we do not fully achieve the EPR programme within timescale there is potential for impact on corporate objectives, namely the hospital expansion (medium risk)**

**5 Update following review at the Audit and Risk Committee**

The attached Appendix 1 was reviewed by the Audit and Risk Committee at their meeting on 23 October 2018. They endorsed the revised risk register. It was also agreed to provide further assurance on risk management, the Committee will undertake a ‘deep dive’ of specific risks currently on the register. This was a similar process that was undertaken with the cyber risk with work undertaken by the Internal Auditors supported by an internal review. This has resulted in regular updates to the Audit and Risk Committee and assurance now that this is being managed as well as can be at this time.

The risks currently being considered by the Committee for this deep dive are Expansion, Electronic Patient Record, and Waiting Times, where the current risk rating is greater than the target. Detailed work has already commenced on the EPR and Expansion risks, with risk appetite and tolerances set by the Programme Teams. An update on these areas is due to be presented to the February Audit and Risk Committee. The Waiting Times work will be considered following the current internal audit, also due to be presented at the February Audit and Risk Committee meeting.

**6 Conclusion/Recommendation**

Board members are asked to approve the revised risk register.

**Julie Carter**

**Director of Finance**

**23 October 2018**

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

**Appendix 1 – Overview of Risk Register**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **Title** | **Risk Ratings** | | | **Appetite** | **Owner** | **Review period** |
| **Initial**  **LxS=RR** | **Current**  **LxS=RR** | **Target**  **LxS=RR** |
| S1 | Failure to ensure sustainability of excellence and develop our approach to quality | 2x4=8 | 2x4=8 | 2x4=8 | Open across the pillars, risk within appetite and likelihood low. | JY | Quarterly |
| S2 | If we fail to strengthen the international and national research portfolio | 2x3=6 | 2x3=6 | 2x3=6 | Open within research, within appetite | MH | Quarterly |
| S3 | If we do not ensure a robust framework to support innovation at local, national and international level | 3x3=9 | 3x3=9 | 2x3=6 | Open within innovation, within appetite, scope to reduce likelihood further | AH | Bi-Monthly |
| S4 | Inability to deliver to Golden Jubilee Conference Hotel strategy | 3x4=12 | 2x4=8 | 2x4=8 | Open within hotel, within appetite, likelihood reduced to target. | JY | Quarterly |
| W5 | If we fail to ensure our culture supports effective organisational change | 2x4=8 | 2x3=6 | 2x2=4 | Varies across pillars with cautious in hospital, open in others. Target within appetite, discuss current and tolerance. | GA | Bi-Monthly |
| S6 | Susceptibility to Healthcare Associated Infection events, including pandemic, impacting delivery of corporate objectives | 2x4=8 | 2x4=8 | 2x4=8 | Open across the pillars, risk within appetite and likelihood low. | AMC | Quarterly |
| W7 | Insufficient workforce capability and capacity to support corporate objectives | 3x4=12 | 2x4=8 | 2x4=8 | Varies across pillars with cautious in hospital, open in others. Discuss tolerance and monitoring. | GA | Tbc |
| F8 | Failure to deliver the Board’s financial plan and maximise effective use of resources and assets | 2x4=8 | 2x3=6 | 2x3=6 | Moderate (hosp) to Open, risk reduced to within appetite and likelihood low. | JC | Quarterly |
| O9 | Failure to meet SLA and waiting times targets | 3x4=12 | 3x3=9 | 1x3=3 | Moderate within hospital, reduced to within appetite, scope to reduce likelihood further, confirm target | JR | Bi-Monthly |
| S10 | Information & technology resilience to potential cyber breaches and attacks | 3x4=12 | 3x4=12 | 3x3=9 | Open across the pillars, risk within appetite with potential to reduce. | JC | Bi-Monthly |
| S11 | Expansion programme through programme delivery or operational delivery issues, fails to deliver the corporate objectives | 2x4=8 | 2x4=8 | 2x3=6 | Open within hospital, within appetite, scope to reduce further. | JR | Bi-Monthly |
| S12 | The impact of Brexit on the Boards ability to continue to meet its Board objectives | 2x3=6 | 2x3=6 | 2x2=4 | Open across the pillars, risk within appetite with scope to reduce likelihood. Monitor – potential for more specific risks to emerge. | AMC | Bi-Monthly |
| S13 | Misalignment between the Board’s strategy and national and regional strategy | 3x4=12 | 3x4=12 | 1x4=4 | Open, within appetite, potential for reduction in likelihood, agree target and monitoring | JY |  |
| S14 | If we do not fully achieve the EPR programme within timescale there is potential for impact on corporate objectives, namely the hospital expansion | 3x2=6 | 3x2=6 | 1x2=2 | Within appetite. Not potential to reduce likelihood once live issue resolved. | JR | Bi-Monthly |

**Appendix 2 - Risk Appetite & HEAT Map**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hospital** | **Hotel** | **R&D** | **Innovation** |
| **Strategic** | **Open** | **Open** | **Open** | **Open** |
| **Safety/ Experience** | **Cautious** | **Cautious** | **Cautious** | **Cautious** |
| **Reputation** | **Moderate** | **Moderate** | **Moderate** | **Moderate** |
| **Financial** | **Moderate** | **Open** | **Open** | **Open** |
| **Regulation** | **Moderate** | **Moderate** | **Cautious** | **Open** |
| **Operational** | **Moderate** | **Open** | **Open** | **Open** |
| **Workforce** | **Cautious** | **Open** | **Open** | **Open** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Descriptor** | **1. Averse** | **2. Cautious** | **3. Moderate** | **4. Open** | **5. Willing** |
| **Risk Appetite Level Overall** | Avoidance of risk and uncertainty | Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential | Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward. | Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM) | Eager to be innovative and to choose options offering potentially higher rewards (despite greater inherent risk with confidence in risk controls and management) |

**Board Risk Register HEAT Map**

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

| **Ref**  **Appendix 3 – Revised Risk Register** | **Risk description** | **Risk Owner** | **Links to Board Objectives** | **Current risk target** | | | **Current Mitigation and current risk level** | | | | **Planned Mitigation** | | **Risk review freq/ date due** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood (initial)** | **Impact (initial)** | **Risk score (initial)** | **Current controls in place** | **Likelihood (initial)** | **Impact (initial)** | **Risk score (initial)** | **Gaps in controls**  **Additional controls required to reduce risk as far as is practical** | **Actions needed to address gaps** |
| S1 | **Failure to ensure sustainability of excellence and develop our approach to quality**  Strategic –Vision of leading quality, innovation & research at risk  Financial –potential inefficiencies, impact on savings plan and overall financial plan  Regulatory – impact on compliance with national and professional standards & legal requirements Reputational – damage to GJF brand if vision not achieved  Operational Delivery – impact on operational performance & targets,  Workforce – negative impact on staff morale, impact on ability to retain & recruit  Safety/ Experience – negative shift in clinical outcomes, reduced patient experiences, increase in complaints and potentially adverse events | Chief Exec  (JY) | 3.1 | 2 | 4 | 8 | Effective and robust governance framework in place to ensure the highest quality of care for patients and to identify at an early stage if this risk level were increasing;  Regular submission of quality reports to the Chief Scientist Office provides assurance of research quality and integrity;  Quality and Innovation Group established to lead on and review progress and isteer now embedded within the organisation; and  Regular updates provided to the Board and Senior Management Team meetings via the Quality and Innovation Group.  Senior appointments to support delivery of the vision | 2 | 4 | 8 | 3-5 year development plan for the Golden Jubilee Quality Approach | SLWG to be established to agree 3-5 year development plan for the Golden Jubilee Quality Approach by December 2018 | Quarterly/ Dec 18 |
| S2 | **IF we fail to strengthen the international and national research portfolio**  Strategic –Vision of leading quality, innovation & research at risk  Financial – missed opportunity to generate income, longer term impact on ability to develop  Regulatory – impact on compliance with regulatory ratings  Reputational – ability to attract clients and patients  Operational Delivery –  Workforce – negative impact on staff morale, impact on ability to retain & recruit  Safety/ Experience – | Medical Director(MH/ HE) | 3.2 | 2 | 3 | 6 | Research strategy and vision has been developed;  Research & Development Steering Group in place to oversee delivery of strategy | 2 | 3 | 6 |  |  | Quarterly/ Dec 18 |
| S3 | **Robust framework to support innovation at local, national and international level**  Strategic – Vision of leading quality, innovation & research not achieved  Financial - potential for financial penalties, missed opportunity for income generation  Regulatory – potential non-compliances with OSCR and/ or other standards/ regulations  Reputational – damage to GJF brand and impact on SG and NHSScotland  Operational Delivery –  Workforce –  Safety/ Experience – ensuring protection of staff & patients involved, missed opportunity to improve safety/ experience | DSPGD(AH) | 3.3 | 2 | 3 | 6 | Quality and Innovation Group established to lead on and review progress and isteer now embedded within the organisation; and  Regular updates provided to the Board and Senior Management Team meetings via the Quality and Innovation Group.  Senior appointments to support delivery of the vision | 3 | 3 | 9 | Strategy to support delivery of innovation at various levels including strategic partnerships, income generation, framework to support funding applications. | Development of strategy underway by DSPDG. | Bi-Monthly/ Nov 18 |
| S4 | **Inability to deliver Golden Jubilee Conference Hotel Strategy**  Strategic: Change in hotel core business could impact on the strategy  Financial: Failure to deliver the strategy will negatively impact the financial position of the hotel and potentially negatively impact on the Board’s financial projections.  Regulation: No regulatory impact  Reputation: May have a marginal impact on the Board reputation  Operational Delivery: Operational delivery of the conference hotel objectives will be impacted. Board operational impact will also be significant including use of patient rooms and knock on effect to Board objectives  Workforce: Will impact on conference hotel staff | Chief Exec  (JY) | 3.1, 5.2 | 2 | 4 | 8 | 2020 strategy was approved by the Board in 2014. Regular updates are provided to the Board and the Senior Management Team with a governance structure put in place through the Conference hotel Strategy Group reporting to the Senior Management Team.  Bedroom2020 – redesign work ongoing.  Ongoing review of income projections with financial challenges reviewed on monthly basis and detailed financial forecasting undertaken and monitored.  Detailed and accurate marketing activity and customer information from Opera management system being used for proactive and reactive planning;  Increased activity in place to promote ‘whole facility' including Research Institute  Performance targets being monitored | 2 | 4 | 8 | No gaps identified at this time. | No additional actions at this stage; monitoring existing mitigations. | Quarterly/ Dec 18 |
| W5 | **If we fail to ensure our culture supports effective organisational change**  Strategic**:** decision making and strategic intent underestimates the impact of this  Financial: Failure to deliver change initiatives may lead to adverse financial impact  Regulation: Unlikely to affect regulation.  Reputation: Potential impact in delivering innovation and change management plans  Operational Delivery: Could impact on implementation of change strategies meaning service changes fail.  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence. and turnover and with further loss of skills and knowledge.within GJF’s workforce. | Director of Q, I & P  (GA) | 2 | 2 | 2 | 4 | Strategic Projects Group put in place to:   * Oversee Board wide activity; * Provide additional support to managers if required; * Provide a forum for resolving delays in change management related projects;   iMatter fully implemented across the Board with action plans in place for all teams;  Ongoing reviews of tools and techniques to help re-energise the change management processes;  Staff Governance action plan in place and reviewed regularly; and  Leadership Framework approved by the Board.  i:steer working group established to coordinate QI driven change | 2 | 3 | 6 | Further development and Implementation of Leadership Framework as part of 3-5 year development plan for the Golden Jubilee Quality Approach | SLWG to be established to agree 3-5 year development plan for the Golden Jubilee Quality Approach by December 2018 | Bi-Monthly/ Nov 18 |
| S6 | **Susceptibility to Healthcare Associated Infection events, including pandemic, impacting delivery of corporate objectives**  Strategic- unlikely to be change in strategic intent  Financial: Unlikely to significantly affect delivery of financial targets.  Regulation: no significant issues associated with this  Reputation: Prevalence of HAI within GJF would damage the Board’s reputation  Operational Delivery: HAI has the potential to negatively impact patient clinical outcomes and also affect operational delivery through events such as ward closures threatening SLA delivery.  Workforce: Increased incidence of HAI may negatively impact staff both morale and productivity through ward closures and additional scrutiny | Nurse Director  (AMC) | 4.4 | 2 | 4 | 8 | Annual work plan approved and progress monitored at PICC meeting;  Surveillance in place for   * Monitoring of alert organisms; * Surgical site infection; * Enhanced SAB surveillance; * E-Coli;   Appropriate clinical risk assessment and patient screening for MRSA and CPE;  Monitoring and analysis of HEAT target data for SAB and CDI supported by multidisciplinary reduction interventions;  SCNs fully engaged via weekly visits and monthly peer reviews and HEI preparedness committee;  HAI reports presented to all relevant Board and management committees  HAI Scribe process in place that ensures Infection Control built in to all building / estates issues. | 2 | 4 | 8 | The GJNH supported the national and international issue with regard to invasive cardiovascular infection by M.chimera associated with 3T heater-cooler systems used during open heart surgery. The risk remains low with the quantifiable risk of endocarditis as 0.6-16 episodes per 10,000 patient years.  The risk of cancellation of cardiac surgery remains a higher risk than progressing with surgery with an air positive potentially contaminated cooler.  Currently our equipment has been tested as negative and this is being closely monitored.  All adaption’s to existing equipment y supplier are now complete. | HPS have requested to come and discuss the cleaning process to influence national guidance.  National debrief is still awaited. We continue to comply with the national criteria until further guidance available. | Quarterly/ Dec 18 |
| W7 | **Insufficient workforce capability and capacity to support corporate objectives**  Strategic: Unlikely to be any significant strategic change workforce planning  Financial: may have an impact on use of agency, locum or waiting list initiative payments to cover short term gaps  Regulation: Unlikely to affect regulation  Reputation: Potential impact on recruitment.  Operational Delivery: lack of appropriately trained staff would undermine the Board’s ability to operate.  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover and with further loss of skills and knowledge. | D of Q, I & P  (GA) | 6, 8.5 | 2 | 4 | 8 | Recruitment drive underway for remaining anaesthetic medical vacancies;  Recruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report;  Full programme of training and education reviewed annually and underpinned by training needs analysis across the Board; and  Board local HR/strategic policy mirrors national guidance and policy on terms and conditions.  Medical and nursing revalidation delivery on track in line with plan. This will be monitored closely over the next 3-6 months and reviewed for the quarter in Dec 2016. To date no issues have been identified  Workforce strategy for 2030 to be developed.  Opportunities for regional workforce planning to deliver sustainability to be explored with West of Scotland HBs. | 2 | 4 | 8 | Potential for likelihood of this risk to increase in future for specific roles/ professions. Specific links to expansion workforce plans within this.  A specific piece of work has been actioned undertaking a risk assessment on services with single or low operator dependency and succession planning. | Risk assessment to be undertaken across the services to identify high risk areas and control plan to be put in place. This is a Board wide review and led by the Workforce and Education Steering Group. The work has commenced and will concluded by October 2018. This will also be aligned with and supported by the Workforce Strategy currently under development.  Risk to be reviewed following report of above action. | Bi-monthly/ Nov 18 |
| F8 | **Failure to deliver the Board’s financial plan and maximise effective use of the Board’s resources and assets**  Strategic: Risk in strategic decision making that impacts on financial position  Financial: Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on services  Regulation: Unlikely to affect regulation.  Reputation: Failure to deliver financial targets would damage the Board’s reputation as an effective healthcare provider with SGHD and with the public.  Operational Delivery: Recovery plan is likely to impact on some operational delivery. Non clinical vacant posts would be held, reviews of stock, purchasing and services would be undertaken .  Workforce: Would impact on vacancies in non clinical posts and possible skill mix reviews of clinical services | Finance Director  (JC) | 5 | 2 | 3 | 6 | 2018-19 financial plan submitted with plans to achieve financial balance  Efficiency and productivity plans agreed for 2018-19  Specific risks highlighted within the financial plan are being closely monitored;  Monthly financial reviews are in place to identify any variations from the plan;  A recovery plan will be actioned immediately if this is required; and  A detailed forecast will be from month 3 onwards with a balanced financial position delivered for the year. | 2 | 3 | 6 | Efficiency and Productivity schemes for £4.2m required to achieve financial balance.  Total of £2.7m schemes identified to date and plans agreed. Budgets Now finalised and savings plans on track  Contingency plans are in place if cost pressures are increasing and/or efficiency schemes start to slip  Work is ongoing to review the shortfall in efficiency schemes with forecasts being produced from month 3 | Ongoing rigorous monitoring of financial position.  Financial position and forecasts presented to Senior Management Team and Board on a monthly basis.  A recovery plan Will be initiated if schemes now in place by October 2018 | Quarterly/ Dec 18 |
| O9 | **Failure to meet SLA and waiting times activity targets**  Strategic**:** Impact of change in strategy for Scottish Government  Financial: Failure to deliver operational targets may lead to loss of income but likely to be minimal impact  Regulation: Unlikely to affect workforce  Reputation: Seen as unable to deliver operational targets and negative impact on reputation  Operational Delivery: review of pathways and capacity would be undertaken and a recovery plan put on place  Workforce: impact on existing services and short term recovery planning | DoO | 7.1 | 1 | 3 | 3 | Waiting Time pressures are monitored within the Divisional Operational Team, at weekly and monthly operational meetings and monthly at Performance & Planning & Senior Managers Meetings; and  Engagement with referring Boards continues with a national Leads meeting established. | 3 | 3 | 9 | Challenges within critical care and cardiology affecting flow and activity. Currently reporting waiting time breaches but managing within our 5% threshold.  Additional challenges arose from the adverse weather with cancellations across specialities.  Delivery of the expanded ophthalmology programme is presenting challenges due to availability of ophthalmic surgeons. | Work underway to review  The situation is under review with recruitment and opportunities for improved productivity being explored. | Bi-Monthly/ Nov 18 |
| S10 | **Information and Technology resilience to potential IT security breaches and attacks**  Strategic**:** Decision making exposes risk to Board  Financial: Potential for financial impact should a breach occur.  Regulation: Potential for sanctions and, or litigation should a breach occur.  Reputation: A data security breach is likely to negatively impact GJF’s reputation and damage brand perception among patients, the media and Scottish Government.  Operational Delivery: Disrupted access to electronic systems such as TrakCare and SCI would impact day to day operations in wards, clinics, theatres and admin functions resulting in disrupted patient care and loss of productivity.  Workforce: Unlikely to affect workforce significantly | DoF  (JC) | 5.2, 5.3 | 2 | 4 | 8 | Information Technology security measures and controls are in place across the organisation and supported by the wider NHS network;  Further controls implemented following recent IT security attacks on private sector organisations;  Board wide review of information security established with self assessment against NHS Scotland IT Security Framework completed and action plan developed; and  Realtime cyber attack took place with the Board not infected. Internal and external controls were tested with a formal debrief highlighting some lessons learnt. These have been implemented.  A Cyber Security maturity review was undertaken by PwC very positive identified report and action plan undertaken on areas identified for improvement. | 3 | 4 | 12 | Implementation of Public Sector Action Plan for Resilience. Review of current status undertaken with some areas of improvement highlighted.  Agreement to pursue Cyber Essential accreditation as an additional control measure. | A detailed action plan has been completed for the areas identified for further improvement and monitored via SMT.  Accreditation will be monitored as part of action plan.  An update on the cyber action plan is due to be completed to Scottish Government by the end of July | Bi-Monthly/ Nov 18 |
| S11 | **Inability to achieve the objectives of the Expansion programme**  Strategic**:** Key strategic objective, ability to deliver wider commitments of programme and added value at national level. Impacts on national government strategy of failure to deliver.  Financial: Potential for financial impact should a breach occur. VFM.  Regulation:  Reputation: negative impact on brand/ reputation and credibility of clinical models if unable to deliver.  Operational Delivery: Ability to deliver TTG and operational demands.  Workforce: importance of developing workforce to support programme; failure to deliver would impact on this. | Director of Ops  (JR) | 8 | 2 | 3 | 6 | National Programme Board chaired by Chief Executive  Project Team in place with project plan and key milestones agreed; supporting governance structure in place for programme.  OBC stage Phase 1 and IA stage Phase 2.  Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place. | 2 | 4 | 8 | OBC approval for phase 2  IA approval for Phase 1  Development of detailed plans for workforce and operational models; with medical staffing highlighted as particular risk. | OBC and IA submissions completed; await response.  Detailed work underway to develop plans . | Bi-Monthly/ Nov 18 |
| S12 | **The impact of Brexit on the Boards ability to continue to meet its corporate objectives**  Strategic**:** ability to deliver corporate objectives and on long term strategy  Financial: Financial consequences possible in relation to funding and budget impact.  Regulation: impact as EU regs transferred; loss of access to MHRA; R&D impact of not being part of EU  Reputation: not specific to GJF  Operational Delivery: pharmaceutical and market impacts that may affect supplies of key items  Workforce: high risk areas within medical staffing and hotel housekeeping identified | Nurse Director (AMC) | All | 2 | 2 | 4 | Brexit Horizon scan commenced 2015 and updated regularly.  Preparedness assessment undertaken for SG supported by existing work and key risk areas identified and monitoring arrangements confirmed.  Executive and Operational Leads agreed to oversee. | 2 | 3 | 6 | None – await clarity on arrangements and report via Strategic Risk Committee and Senior Management Team. | Continue to monitor key areas via identified leads. | Bi-Monthly/ Nov 18 |
| S13 | **Misalignment between the Board's strategy and national and regional strategies**  Strategic**:** inability to deliver objectives, need for revision of strategy  Financial: impact on national funding and regional SLAs  Regulation:  Reputation: impact on GJF reputation if not represented appropriately within strategy  Operational Delivery: potential for disruption  Workforce: impact on morale, potential for wider workforce impact of strategy review | Chief Exec (JY) | 1 | 1 | 4 | 4 | Executive team representation on national and regional groups – as chair or members.  Delivery of Expansion Programme.  Development of Board Strategy | 3 | 4 | 12 |  |  |  |
| S14 | **If we do not fully achieve the EPR programme within timescale there is potential for impact on corporate objectives, namely the hospital expansion**  Strategic**:** will not prevent achievement but may delay and impact quality  Financial: potential financial implications associated with EPR and/ or expansion  Regulation:  Reputation: impact on GJF reputation  Operational Delivery: May require review of plans/ processes for expansion models; failure to fully realise benefits of EPR  Workforce: staff engagement and workforce planning implications | JR |  | 1 | 2 | 2 | EPR Project Team with supporting governance structure in place with Steering Group and Project Board. Oversight via EHealth Steering Group and Senior Management Team.  Implementation plan in place; ophthalmology first speciality to go live.  Change & Benefits Manager in place as part of project team.  Clinical leads in place for specialty to support pathway development and links to expansion. | 3 | 2 | 6 | Operational readiness/ sign off process.  Live issue with supplier support affecting planned timeline. | Formal process to b signed off via EPR SG.  Discussions with supplier to agree professional services contract to procure support for pathway development.  Timeline being revised and budget allocation being considered to reflect this.  Formal gateway assessment for sign off to progress to next stages.  Internal audit review due early Jan 19. | Bi-monthly/ Dec 18 |