Ref: GJF/2017/02/12

# GJF Logo

# Board Meeting: 16 February 2017

**Subject:** Board Risk Register Update – February 2017

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

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1. **Background**

The changes to the format of the Board Risk Register approved by the Board Audit and Risk Committee in 2016 have been made. Board members also noted that:

* It would be useful to include a strategic risk cluster for each risk. This has been added for update and review.
* It would be useful to realign the order of the risk register in line with the 2016/17 Board objectives. The risks have been reordered to reflect this.

As part of the work to roll out the enterprise risk management framework, the Board approved the creation of a Strategic Risk Committee. The Senior Management Team and Audit and Risk Committee have approved terms of reference and the interim appointment of a Chief Risk Officer.

The Strategic Risk Committee has now been established and although the remit for the group is to meet quarterly, it has been agreed to convene monthly meetings initially whilst the work plan is formed to build momentum on key work areas.

A work plan has been agreed with the key areas of focus over the next six months agreed as:

* Development of a Horizon Scanning approach. A number of areas have been identified and a risk template has been developed to assess the impact and monitoring of these potential risks.
* Revision of the Risk Strategy incorporating the new Enterprise Risk Approach.
* Ongoing review of the Board Risk Register, with particular focus on key themes, linkages and controls.
* Review and development of Risk Management Information Reports, including a risk dashboard.
* Implementation of the Innovation Risk Tool with agreement on roll out in specific areas/projects.
* Spread of the risk appetite and tolerance setting beyond Board level.

An update on the work to date was presented to the Audit and Risk Committee. The Chief Risk Officer now also attends this meeting.

1. **Board Risk Update - Senior Management Team Updates**

It was agreed at a previous Senior Management Team meeting to include an additional risk for the potential effects on the Board Strategy as a result of the UK’s referendum decision to leave the European Union. At this early stage, this has been graded as a low risk given we are still in the European Union.

The key risks from the risk clusters are as follows:

* **Strategic** – It is envisaged that the Board vision in leading quality, research and innovation would continue to be pursued with no significant risk at this early stage.
* **Financial** – Restricted access to EU markets could reduce revenue and/or increase costs and undermine the Board’s financial projections. The income for the hotel could be reduced given Europe is a key target market, especially European medical considerations. With regards to Research income, there are certain aspects that maybe vulnerable, but the biggest impact is likely to be in the Universities through grant funding; although this is not a significant source of income for the Board, this will be monitored. Increased costs of imported goods and equipment could be likely, but given most of the Board contracts are negotiated nationally, this might be minimised but again will be monitored closely through our procurement team.
* **Reputation** – There is a potential risk to our Research reputation as all of the research model contracts that we currently use cite EU law – the Clinical Trials Directive, data protection etc – and not being part of the common aspects of law may be seen as a disadvantage, particularly with companies that have HQs in Europe.  However, companies are likely to use organisations that meet research targets, which the Golden Jubilee does, so we may not see much of an effect. Again, this will be monitored. In addition, we progress our innovation role and we build up strategic relationships with Europe. Fundraising income maybe affected but given the Scottish Government position, this is unlikely at this stage
* **Regulation** – Possible introduction of UK frameworks, e.g. in health and safety, employment, clinical trials with unknown implications for GJF. Lead times for such changes, however, are likely to be long and have not been impact assessed at this stage.
* **Workforce** – Reduced access to the EU workforce could result in the inability to fill vacancies. In reviewing the Board’s workforce more generally, 7% of the workforce for which a nationality is known are from EU countries, although we only have a nationality recorded for 21.5% of the WTE number of staff, so this is likely to be understated. This is another risk that will need to be monitored closely, however, given the Scottish Government position, this may actually attract more staff from the rest of the UK so it is difficult at this stage to identify as a significant risk.
* **Operational delivery** – There are no specific issues identified at this stage other than workforce related points as noted above. This could be particularly relevant for some hotel, housekeeping, and kitchen staff . Rassurance to the staff should be ongoing.

It is proposed this is added to the Board Risk Register. However, following discussion at the Strategic Risk Committee, the need to further horizon scan and explore the potential impact is noted and will be undertaken in 2017.

1. **Other Proposed Changes – January 2017 Review**

The risk owners have updated the attached Risk Register, which has been reviewed by the Senior Management Team, Strategic Risk Committee and the Audit and Risk Committee.

We have added in a HEAT map to the end of the document which gives an overview of the risk profile. There is also a table that gives an overview of the risks linked to the strategic objectives. The proposed changes to risks are:

* **Risk S6 – Inability of current SACCs clinical service to cope with increasing demand and expectation:** The likelihood of this risk has been reduced from a level four to a level three, taking the total risk score from 16 to 12. This reflects the update on the current controls. The remains as a high risk.
* **Risk S11 – Information and technology resilience to potential IT security breaches and attacks:** Given the work completed to date, the likelihood of this has been reduced from a three to a two, reducing the overall score from 12 to eight, this takes it from a high risk to a medium risk at this stage. Work continues in this area with business continuity plans being developed which may reduce the level of impact further. This can be assessed at the next review period.
* **Risk S12 – Phaco devices MHRA review**: The successful reinstatement has taken place and this risk has been updated to reduce the likelihood from level two to level one. This takes the overall risk to a low in line with the risk target. It is proposed therefore to remove this risk from the Board risk register.
* **Risk S13 – inability to manage and monitor clinical staff training needs:**. Given the work to date on this, the likelihood of this risk has been reduced from a level three to a level two, with an overall risk score reduced from nine to six. This still maintains the overall rating as a medium risk.

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1. **Recommendations**

Board members are asked to approve the Board Risk Register as at February 2017.

**Julie Carter**

**Director of Finance**

**February 2017**

| **Ref** | **Risk description** | **Risk Owner** | **Links to Quality Ambition and Board Objectives** | **Time**  **Scales**  **longevity** | **Current risk target** | | | **Current Mitigation and current risk level** | | | | **Planned Mitigation** | | **Risk review date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 deliver the Board's 2020 vision of leading quality research and innovation**  Strategic – vision is basis of Board strategy so would be significant  Financial: needs to be delivered by strong financial governance and stewardship  Regulation: Unlikely to affect regulation  Reputation: Reputational impact on the Board would be significant if vision for quality, research and innovation were not delivered through the Board strategy and objectives  Operational Delivery:  Operational services in particular the quality impact would be significant if the vision could not be delivered  Workforce: Impact on workforce could be significant if the strategy and vision was not delivered | Chief Executive  (Jill Young) | Effective  Board Objectives ref 1-6 | To review on a 6-12 months basis | 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;  Ongoing scrutiny of research projects by R&D Steering Group in place to ensure early identification and resolution of issues;  Regular submission of quality reports to the Chief Scientist Office provides assurance of research quality and integrity;  Research strategy and vision has been developed;  Quality and Innovation Group established to lead on and review progress; and  Regular updates provided to the Board and Senior Management Team meetings via the Quality and Innovation Group.  Recent senior appointments to support delivery of the vision | 2 | 4 | 8 | No gaps identified | No further action needed at this stage.  At 6 month review in Oct 2016 there is no indication at this stage of the risk level changing.  Next formal review scheduled by March 2017. | March 2017 |
| S2 | **Adverse Effects on Board 2020 strategy as a result of consequences of the Integration of Health and Social Care**  Strategic – Impact if the Board remit or structure were to change to include integration of Health and Social Care  Financial - impact if the service level agreement income is reduced as a consequence of changes within local services  Regulatory – no impact on this risk  Reputational – limited impact on this for the Board  Operational Delivery – may impact on existing services if patient pathway were to change  Workforce – no significant impact on workforce | Chief Executive  (Jill Young) | Effective  Board  Objectives  1,5,6 | Reviews on 6-12 month basis | 1 | 3 | 3 | Operational models within Boards are being finalised with the majority of specialities relating to general medicine. Some Boards have included all services so this will be monitored against priority plans that are being developed by the IGB’s.  The impact could be a reduction in activity referrals due to cost implications and altered budget flows within and between Health Boards and Integration Joint Boards. Service delivery models would be reviewed if this were to occur. Continued close working with Boards will be required to understand and act on risks and opportunities.  The National Clinical Strategy and the recent announcement of the Board expansion minimises this risk. | 1 | 3 | 3 | No further action at this stage | No further action needed at this stage.  At October 2016 review there is no  indication at this stage of the risk level changing.  Next review March 2017. | March 2017 |
| S3 | **Inability to deliver Golden Jubilee Conference Hotel Strategy 2020**  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 Executive  (Jill Young) | Effective  Board objective 1,2,4,5 | 2020 strategy with reviews at 6-12 months | 2 | 4 | 8 | The 2020 strategy was approved by the Board in 2014. This included a detailed review of the economic challenges and opportunities and describes how the strategy can be delivered. 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.  Ongoing review of income projections with financial challenges reviewed on monthly basis;  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 for indications of need for recovery processes. | 2 | 4 | 8 | Impact of increased patient room usage including the impact of the proposed hospital expansion within the bedroom stock in the hotel has to be established. | Capacity project has been completed and short-life working group has been established. | March  2017 |
| S4 | **Failure to secure effective staff engagement in 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. | Acting HR Director  (David Miller) | Person Centred  Board objectives  2,4 | Reviews on a quarterly basis | 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. | 2 | 2 | 4 | Implementation of Leadership Framework | Action plan and monitoring of progress to be implemented. | Dec 2016 |
| S5 | **Inability to sustain the Scottish National Advanced Heart Failure (SNAHFs) strategy, in particular the potential future increase and its impact on other services**  Strategic: change in national strategic direction  Financial: Approx £4m income and costs associated with this service so impact would be reduction in income and no offset against costs.  Regulation: Unlikely to affect regulation.  Reputation: Perceived or actual increases in risk associated with the SNAHFs could damage the Board’s reputation  Operational Delivery: Would impact on other aspects of the Board services including the other national services, cardiology and cardiac services  Workforce: Inability to sustain sufficient transplant numbers may result in deskilling of the SNAHFs team, | Medical Director  (Dr Mike Higgins) | Safe  Board objective  1,2,3,4,5 | Reviewed on a quarterly basis | 2 | 4 | 8 | The third substantive transplant consultant in post (August 2015);  Recommendations of NORS review have been successfully implemented. This improves the funding underpinning our retrieval service and provides for a more sustainable retrieval rota pattern based on middle-grade fellows (specialty doctors).  During this initial implementation phase there is a risk of operational impact on other cardiac surgical services due to pressures on consultant and theatre staff time. However this should steadily diminish as new appointments are made and training of existing staff is progressed .  Consultant ‘road-shows’ to increase service awareness and promote referrals underway;  Action plan in place following trigger review in 2014/15 with continuing good outcomes reported  Scoping work started on Lung transplantation  Two new clinical fellows with retrieval experience appointed which will alleviate rota;  Consultant ‘road-shows’ to increase service awareness and promote referrals underway;  Action plan in place following trigger review process focused on building links and sharing experience with other UK units;  Continue to deliver our cardiothoracic commitment to the Scottish Organ Retrieval Team (SORT);  We continue to support NHSBT following the recent review of retrieval services and will redesign our services in line with the recommendations; and  A local (Scottish) dialogue to optimise governance around organ retrieval has taken place with input from Lothian, NSD, and NHSBT. | 3 | 4 | 12 | Vulnerability of medical staffing – small super specialised staffing  Advances in cardiac transplantation to implant DCD-retrieved hearts now gathering momentum on a UK regional basis. These are based around the OCD organ optimisation and transport system, Business case to implement for this year has been approved by the SMT. NHSBT are reviewing the UK wide for this service on a sustainable basis.  OCD also potentially impacts positively on numbers and outcomes of DBD transplants. | Ongoing monitoring of consultant surgical staffing in place with a recent resignation back to three consultant posts with a recruitment plan in plac e for the 4th post.  Cardiology redesign in progress (Dec 2016) precipitated by major changes in job-plan commitments from two of the consultant cardiologists (one moving to part time, one moving to academic post) with aim of implementing and consolidating 24/7 consultant rota. Full time consultant cardiology locum appointed as interim measure. Substantive position to be interviewed end Dec 2016.  Retrieval rota in place and working well although not yet up to full manpower strength (Dec 2016). | Dec  2016 |
| S6 | **Inability of current SACCS clinical service to cope with increasing demand and expectation**  Strategic**:** Change in strategic direction  Financial: Lack of substantive medical sessions and increased demand increases reliance on WLI payments.  Regulation: Unlikely to affect regulation.  Reputation: not significant providing service delivered  Operational Delivery: Medical vacancies plus increasing demand means limits SACCS capacity. This could potentially restricts patient access to treatment and could impact clinical outcomes.  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of absence and turnover. | Medical Director  (Dr Mike Higgins) | Safe  National services objectives | On a monthly basis | 3 | 3 | 9 | Consultant recruitment ongoing with substantive posts in place  Radiographer post with advanced practice skills to support remote working in place to support MRI;  Consultant time optimised through implementation of nurse led clinics;  Admin support enhanced;  SACCS transition nurse is in place;  Outreach clinics well established in the North and East of the country;  Glasgow regional clinics were repatriated;  Recurring funding from NSD to support additional medical posts; and  Pre-emptive consultant appointment for surgical team made (with a 2 year overlap). | 3 | 4 | 12 | Vulnerability of medical staffing- small superspecialised service.  Continued consultant vacancy due to national shortage but service redesign in place to minimise this risk  . | Monitoring of consultant recruitment process ongoing; and  Ongoing identification of trainees to train as SACCS consultants (medium term solution of 2 years plus). | Feb 2017 |
| S7 | **Impact of Healthcare Associated Infection on ability to deliver corporate objectives / patient care**  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  (Annemarie Cavanagh) | Safe  Board Objectives  3,2 | Reviews on a monthly basis | 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;  Scheduled HAI audits in place for 2016/17;  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 are currently supporting a 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 is low with the quantifiable risk of endocarditis as 0.6-16 episodes per 10,000 patient years.  The risk of cancellation of cardiac surgery is seen as a higher risk than progressing with surgery with a air positive potentially contaminated cooler.  Currently our equipment has been tested as negative however it is possible further heater coolers could be tested positive and this is being closely monitored.  This risk based approach in terms of case selection is in place and is being supported nationally. | The situation is being closely monitored and a national approach to patient consent is in place. | Dec 2016 |
| S8 | **Inability to develop and sustain a flexible and appropriately skilled workforce**  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. | Acting HR Director  (David Miller) | Person Centred  Board objectives  2, 4 | Reviews on a quarterly basis | 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 | 2 | 4 | 8 | 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 due to be completed by February 2017. | Feb 2017 |
| S9 | **Failure to deliver Boards financial targets as set out in the Financial Plan**  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    (Julie Carter) | Effective  Board Objectives  2,5 | Reviews on a monthly basis | 2 | 3 | 6 | 2016- 2018 financial plan submitted with plans to achieve financial balance  Efficiency and productivity plans agreed for 2016-17  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 £3.9m required to achieve financial balance.  Total of £3.9m schemes identified to date and plans agreed. Budgets have been approved  A contingency plan is in place if cost pressures are increasing and/or efficiency schemes start to slip | Ongoing rigorous monitoring of financial position.  Financial position and forecasts presented to Senior Management Team and Board on a monthly basis. | Jan  2016 |
| S10 | **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 | Director of Business Services.  (June Rodgers) | Effective  Board Objectives  2,1,6 | Reviews on a monthly basis | 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. | 1 | 3 | 3 | No specific gaps at the moment with a new 3 year contract with Boards has been agreed for 2016-2019. | No further action needed at this stage.  No indication at this stage of the risk level changing. | Jan 2016 |
| S11 | **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 | Director of Finance  (Julie Carter) | Safe  Board Objectives  1,2,5 | Reviews on a quarterly basis | 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  Work has commenced to undertake a mock cyber attack to assess the Boards contingency plan. | 2 | 4 | 8 | Additional software controls being implemented which will then reduce risk  Mock cyber attack planned for October workshop and will develop Board response plan | All software controls in place by June 2016  SMT workshop took place with some medium risk areas identified – business continuity plans are being developed for these areas.  Penetration testing took place and no issues identified.  An internal audit is commencing in February looking at best practice and developing a gap analysis for the Board to action. | March 2017 |
| S12 | **Phaco devices MHRA review**  Strategic**:** Strategic intent and decision making impacts on risk for regulation  Financial: Impact of additional costs of  Regulation: may have impact of legal claim with contract suspended pending investigation by MHRA  Reputation: limited impact on reputation  Operational Delivery: Unlikely to affect operational delivery  Workforce: Unlikely to affect workforce | Nurse Director  (Anne-marie Cavanagh) | Safe  Board objective  3,5,6 | Reviews on a monthly basis | 1 | 3 | 3 | Cost pressure 2015/16 managed short term via non recurring monies and recurring quality bid funds in 2016/17;  Purchase of a further substitute device; and  MHRA review of GJNH decontamination procedures completed with no recommendations identified. | 1 | 3 | 3 | Outcome of MHRA report completed and presented to Clinical Governance and Risk Management Committee with a recommendation agreed.  Full retraining of decontamination process for Phaco handpieces delivered to CSPD staff.  Surveillance escalation process implemented and tested. | Reinstatement of the products took place in October and this is being closely monitored. A multi-disciplinary group reviewing the reinstatement process has been established. | Dec 2016 |

| **Ref** | **Risk description** | | **Risk Owner** | **Links to Quality Ambition** | **Time**  **Scales**  **longevity** | | **Current risk level** | | | | | **Current Mitigation** | | | | | **Planned Mitigation** | | **Risk review date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| S13 | **Inability to manage and monitor clinical staff training needs**  Strategic: Unlikely to change strategic intent  Financial: Risk of litigation if untrained staff are involved in an incident i.e. manual handling fall  Regulation: Staff unable to treat patients and undertake full role if training not up to date  Reputation: Impact on Board as leader in quality  Operational Delivery: Staff unable to undertake role leaving shortages in clinical areas  Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence. | Acting HR Director  (David Miller) | | Safe | Reviews on a monthly basis | 1 | | 3 | | | 3 | Regular reporting of mandatory stats about training to P & P, SMT and PF and Board.  Alignment to the quality measures to ensure there is no adverse impact on patient safety this is monitored regularly through the clinical dashboards  A recent internal audit on clinical education whilst highlighting a number of areas of good practice also identified two high risk findings that required managements immediate attention. These are   * There is no integrated centralised approach for the monitoring of medical staff education and * The Board has set a training target of 80% and during the period under review completion of mandatory training by both Medical and Nursing staff fell short of the target | 2 | | 3 | 6 | In response to the internal audit the Chief Executive has initiated a urgent review of the monitoring and management of clinical staff training needs. This will focus on 3 key areas:   1. Do our current tolerances eg 80% target reflect the organisations requirements 2. A review of how we collect and monitor the data and 3. How do we manage staff who are not undertaking their annual mandatory training | A group has been established to oversee this work led by the Interim Director of HR with monthly updates provided to the Senior Management Team.  The group has produced a detailed report and recommendations that have been approved by SMT and the Board.  In addition the Audit and Risk Committee is due to receive a management report in March responding to the audit findings | Jan 2017 |

**Heat Map; Scoring Key and Objective Overview**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Likelihood | Consequence/ Impact | | | | |
| 1 | 2 | 3 | 4 | 5 |
| 5 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 3 |  |  |  | **(S5) (S6)** |  |
| 2 |  | **(S4)** | **(S9) (S13)** | **(S1) (S3) (S7) (S8) (S11)** |  |
| 1 |  |  | **(S2) (S10) (S12)** |  |  |

|  |  |  |
| --- | --- | --- |
| Grading | Score | Colour Code |
| Low risk | 1-3 |  |
| Medium risk | 4-9 |  |
| High risk | 10-16 |  |
| V high risk | 17-25 |  |

|  |  |
| --- | --- |
| **Board Objectives** | **Risks linked to Objective** |
| **1** | **S2 S10**  **S1 S3**  **S5 S11** |
| **2** | **S10**  **S1 S3 S4 S7 S8 S9 S11**  **S5** |
| **3** | **S12**  **S1 S7** |
| **4** | **S1 S3 S4 S8**  **S5** |
| **5** | **S2 S12**  **S1 S3**  **S5 S6** |
| **6** | **S2 S10 S12**  **S1** |