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| --- | --- | --- |
| Board Meeting: | 21 November 2019  |  |
| Subject: | Board Risk Register  |
| Recommendation:  | Board Members are asked to:

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

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|  |  |

**1. Situation**

**Item 7.6**

The current Board risk register is appended to this paper, changes and key updates are noted in section three which have been discussed at Senior Management Team (SMT) meeting and the last Audit & Risk Committee (ARC) meeting in October.

**2. Background**

A Risk Register policy has been drafted and will be presented to the Senior Management Team for approval. There has been work with services to review existing registers in preparation for this and transition the registers onto the DatixWeb system. Following approval there will be education sessions planned with a specific focus for SMT to include the risk appetite and escalation to Board.

A Board workshop was held in October to refresh the risk appetite and review the Board risk register aligned to the Board Strategy; this has been delayed form the original timeline to allow the Board strategy work to complete and then to ensure involvement of the new Non-Executive Directors in the process. The outputs form this are being drafted and will be discussed with Executives and Non- executives prior to being brought back to the Board.

**3. Assessment**

This section outlines risks that have been updated and any changes that have been agreed with SMT and ARC.

The following updates are noted:

* O15 Clinical Waste - An SBAR discussed at Executives is appended. The start date for the national contract has been further delayed and agreement to maintain contingency arrangements made. A separate group with representation from clinical areas has met to plan for the implementation of the new contract looking at bin storage and collection flows with a plan agreed. The SLWG will be reconvened to consider this and sustainability of the contingency arrangements. Risk is within appetite.
* S11 Expansion – the key risks for phase 2 were discussed during presentation of the OBC and the registers for both phases remain under ongoing review with no issues for escalation at present. Risk is within appetite.
* S12 - EU Withdrawal – appended is an SBAR that was discussed at the Executive meeting; it has been agreed to raise the likelihood of this risk to a 4 given the position making it a high risk overall. Contingencies have been stepped down at present given the agreed extension.

Recommendation to increase the risk to high level

* O9 Waiting Times – this risk currently links to failure to achieve SLA and is at a medium level. It has been discussed at SMT that this risk should remain and a specific risk in relation to the cardiac waiting times linked to the potential impact of delays on patients should be added with agreement to discuss at the Board workshop. Risk is within appetite.

Recommendation to add a new risk associated with cardiac waiting times.

* S16 – the risk relating to lack of ICD support to the Expansion programme has been added as agreed at previous SMT; this is currently at a high level.

**Board Risk Register HEAT Map**

|  |  |
| --- | --- |
| Likelihood | Consequence/ Impact |
| 1 | 2 | 3 | 4 | 5 |
| 5 |  |  |  |  |  |
|  4 |  |  | **S12** |  |  |
| 3 |  | **S14** | **S3: O9: O15:**  | **S10: S13: W7: S16** |  |
| 2 |  |  | **F8** | **S6: S11** |  |
| 1 |  |  |  |  |  |

**4. Recommendation**

Members are asked to:

* Discuss and approve the risk register updates noting the change in rating of O12,
* Note recommendation for new risk to be added in relation to cardiac waiting times,

**Colin Neil**

**Director of Finance**

**November 2019**

**(Laura Langan, Head of Clinical Governance)**

**Appendix 1 – Board Risk Register**

| **Ref** | **Risk description** | **Risk Owner** | **Links to Board Objectives**  | **Current risk target** | **Current Mitigation and current risk level**  | **Planned Mitigation** | **Risk review freq/ date due** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood (initial)** | **Impact (initial)** | **Risk score (initial)** | **Current controls in place** | **Likelihood (initial)** | **Impact (initial)** | **Risk score (initial)** | **Gaps in controls****Additional controls required to reduce risk as far as is practical** | **Actions needed to address gaps** |
| S3 | **Robust framework to support innovation at local, national and international level** Strategic – Vision of leading quality, innovation & research not achievedFinancial - potential for financial penalties, missed opportunity for income generationRegulatory – potential non-compliances with OSCR and/ or other standards/ regulationsReputational – damage to GJF brand and impact on SG and NHSScotlandSafety/ Experience – ensuring protection of staff & patients involved, missed opportunity to improve safety/ experience | DSPGD(AH) | 3.3 | 2 | 3 | 6 | Senior appointments to support delivery of the visionAlignment of vision and values in supporting culture of innovation  | 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 |
| S6 | **Susceptibility to Healthcare Associated Infection events, including pandemic, impacting delivery of corporate objectives** Strategic- unlikely to be change in strategic intentFinancial: Unlikely to significantly affect delivery of financial targets.Regulation: no significant issues associated with thisReputation: Prevalence of HAI within GJF would damage the Board’s reputation Operational Delivery: HAI has the potential to negatively impact patient clinical outcomes and also affect operational delivery through events such as ward closures threatening SLA delivery.Workforce: Increased incidence of HAI may negatively impact staff both morale and productivity through ward closures and additional scrutiny | Nurse Director(AMC) | 4.4  | 2 | 4 | 8 | Annual work plan approved and progress monitored at PICC meeting;Surveillance in place for* Monitoring of alert organisms;
* Surgical site infection;
* Enhanced SAB surveillance;
* E-Coli;

Appropriate clinical risk assessment and patient screening for MRSA and CPE;Monitoring and analysis of HEAT target data for SAB and CDI supported by multidisciplinary reduction interventions;SCNs fully engaged via weekly visits and monthly peer reviews and HEI preparedness committee; HAI reports presented to all relevant Board and management committeesHAI Scribe process in place that ensures Infection Control built in to all building / estates issues.M.chimera monitoring. | 2 | 4 | 8 |  |  | Quarterly  |
| W7 | **Insufficient workforce capability and capacity to support corporate objectives** Strategic: Unlikely to be any significant strategic change workforce planningFinancial: may have an impact on use of agency, locum or waiting list initiative payments to cover short term gapsRegulation: Unlikely to affect regulationReputation: Potential impact on recruitment.Operational Delivery: lack of appropriately trained staff would undermine the Board’s ability to operate.Workforce: Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover and with further loss of skills and knowledge. | D of Q, I & P (GA) | 6, 8.5  | 2 | 4 | 8 | Annual Workforce Plan and workforce monitoring reportValues Steering Group in place to support workforce culture Spiritual care service support to staffRecruitment data monitored on a regular basis and presented to the Board twice a year via the Workforce Monitoring Report;Full programme of training and education reviewed annually and underpinned by training needs analysis across the Board; andBoard local HR/strategic policy mirrors national guidance and policy on terms and conditions.Approved Phase 1 expansion workforce planDraft Phase 2 expansion workforce plan | 3 | 4 | 12 | Workforce planning approach Support to GJNH expansion Workforce elements of revised strategy including elective treatment centres |  New approach to workforce planning to be established in 2019/2020 to support longer term planning and new national approach to 3 year workforce planning to be introduced in 2021Phase 2 expansion workforce plan to be finalisedImplementation of phase 1 workforce plan NHS Scotland Academy proposal to be developed to support expansion of elective care and NHS workforceParticipation in national elective centres workforce planning group to plan national demand for workforce | Bi-monthly |
| F8 | **Failure to deliver the Board’s financial plan and maximise effective use of the Board’s resources and assets**Strategic: Risk in strategic decision making that impacts on financial positionFinancial: Failure to deliver financial targets would result in a recovery plan being put in place with a likely impact on servicesReputation: Failure to deliver financial targets would damage the Board’s reputation as an effective healthcare provider with SGHD and with the public.Operational Delivery: Recovery plan is likely to impact on some operational delivery. Non clinical vacant posts would be held, reviews of stock, purchasing and services would be undertaken . Workforce: Would impact on vacancies in non clinical posts and possible skill mix reviews of clinical services | Finance Director(CN) | 5 | 2 | 3 | 6 | 2019-20 financial plan submitted with plans to achieve financial balance Efficiency and productivity plans agreed Specific risks highlighted within the financial plan are being closely monitored;Monthly financial reviews are in place to identify any variations from the plan; A recovery plan will be actioned immediately if this is required; andA detailed forecast will be produced from month 3 onwards with a balanced financial position delivered for the year.Finance, Performance and Planning Committee established with revised supporting monitoring reports.  | 2 | 3 | 6 | Review of Efficiency and Productivity schemes required to achieve financial balance.  | Ongoing rigorous monitoring of financial position.Financial position and forecasts presented to Senior Management Team and Board on a monthly basis.  | Quarterly |
| O9 | **Failure to meet SLA and waiting times activity targets**Strategic**:** Impact of change in strategy for Scottish GovernmentFinancial: Failure to deliver operational targets may lead to loss of income but likely to be minimal impactRegulation: Unlikely to affect workforceReputation: Seen as unable to deliver operational targets and negative impact on reputationOperational Delivery: review of pathways and capacity would be undertaken and a recovery plan put on placeWorkforce: impact on existing services and short term recovery planning | DoO(JR) | 7.1 | 1 | 3 | 3 | Waiting Time pressures are monitored within the Divisional Operational Team, at weekly and monthly operational meetings Revised Integrated Performance Report implemented to support deep dive of any areas outwith expected performance. Reported to SMT and F,P&P. 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.Delivery of the expanded ophthalmology programme is presenting challenges due to availability of ophthalmic surgeons.Cardiac surgery waiting times pressure  | Work underway to reviewThe situation is under review with recruitment and opportunities for improved productivity being explored.Fuller review underway with separate paper to be presented for discussion.  | Bi-Monthly |
| S10 | **Information and Technology resilience to potential IT security breaches and attacks**Strategic**:** Decision making exposes risk to BoardFinancial: Potential for financial impact should a breach occur.Regulation: Potential for sanctions and, or litigation should a breach occur.Reputation: A data security breach is likely to negatively impact GJF’s reputation and damage brand perception among patients, the media and Scottish Government. Operational Delivery: Disrupted access to electronic systems such as TrakCare and SCI would impact day to day operations in wards, clinics, theatres and admin functions resulting in disrupted patient care and loss of productivity. Workforce: Unlikely to affect workforce significantly  | DoF(CN) | 5.2, 5.3  | 2 | 4 | 8 | Information Technology security measures and controls are in place across the organisation and supported by the wider NHS network; Further controls implemented following recent IT security attacks on private sector organisations;Board wide review of information security established with self assessment against NHS Scotland IT Security Framework completed and action plan developed; andRealtime cyber attack took place with the Board not infected. Internal and external controls were tested with a formal debrief highlighting some lessons learnt. These have been implemented.A Cyber Security maturity review was undertaken by PwC; Cyber essentials Accreditation gained Oct 18.  | 3 | 4 | 12 | Implementation of Public Sector Action Plan for Resilience. Review of current status undertaken with some areas of improvement highlighted.  | A detailed action plan has been completed for the areas identified for further improvement and monitored via SMT.  | Bi-Monthly |
| S11 | **Inability to achieve the objectives of the Expansion programme** Strategic**:** Key strategic objective, ability to deliver wider commitments of programme and added value at national level. Impacts on national government strategy of failure to deliver. Financial: Potential for financial impact should a breach occur. VFM. Regulation: Reputation: negative impact on brand/ reputation and credibility of clinical models if unable to deliver. Operational Delivery: Ability to deliver TTG and operational demands. Workforce: importance of developing workforce to support programme; failure to deliver would impact on this. | Director of Ops (JR)  | 8 | 2 | 3 | 6 | National Programme Board chaired by Chief Executive Project Team in place with project plan and key milestones agreed; supporting governance structure in place for programme. Risk appetite developed for programme to support discussion on tolerance and escalation of risk and risk framework in place. FBC approved for stage 1IA approval or Stage 2 Clinically led design for both phases with plans for organisational development support aligned to programme.  | 2 | 4 | 8 | ICD Support to programme OBC Approval Stage 2 | Risk escalated as specific issue OBC complete for submission .  | Bi-Monthly |
| S12 | **The impact of EU Withdrawal on the Boards ability to continue to meet its corporate objectives** Strategic**:** ability to deliver corporate objectives and on long term strategy Financial: Financial consequences possible in relation to funding and budget impact. Regulation: impact as EU regs transferred; loss of access to MHRA; R&D impact of not being part of EU Reputation: not specific to GJF Operational Delivery: pharmaceutical and market impacts that may affect supplies of key items Workforce: high risk areas within medical staffing and hotel housekeeping identified  | Nurse Director (AMC)  | All  | 2 | 2 | 4 | Brexit Horizon scan commenced 2015 and updated regularly. Preparedness assessment undertaken for SG supported by existing work and key risk areas identified and monitoring arrangements confirmed. Executive and Operational Leads agreed to oversee.  | 4 | 3 | 12 | Uncertainty of exit position and what circumstances will bePotential impact of a No Deal. Review of all key areas undertaken to ensure mitigations in place where possible. Links made to national contingencies.    |  SLWG established with input from key areas. Group stepped down at present with virtual updates ad will be reconvened as required with direct report to Executive Group.  | Bi-Monthly |
| 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 (JG) | 1 | 1 | 4 | 4 | Executive team representation on national and regional groups – as chair or members. Delivery of Expansion Programme. Delivery of Board Strategy  | 3 | 4 | 12 | GJF Strategy Development and delivery  | GJF Strategy approved; work streams underway to deliver  | Bi-monthly  |
| S14 | **If we do not fully achieve the EPR programme within timescale there is potential for impact on corporate objectives, namely the hospital expansion** Strategic**:** potential impact on expansion programme, designed for EPR environment; failure to realise benefits of programme and objective Financial: Potential costs associated in additional spend; impact on value for money if benefits not fully realised Reputation: potential for impact on GJ reputation Operational Delivery: Could vary from little impact to moderate if system issues Workforce: Impact on future workforce plans if not realised; low morale amongst staff may impact on engagement with system; education & awareness needsSafety/ ExperiencesBenefits not realised   | Dir of Ops(JR) |  | 2 | 1 | 2 | EPR Programme Board chaired by Executive Lead. EPR Operational Group in place. EPR Team consisting of E-Health and seconded clinical staff in place.Syncrophi, OrderComms, Medicines Management implementations underway as part of wider project. Risk Register in place; master supported by operational level. Revised project plan with agreement to pilot on ophthalmology and orthopaedics then review.  | 3 | 2 | 6 | Development of strategic partnership with contractor to develop pathways with upskill of GJF staff  | Agreement of Strategic Partnership   | Bi-Monthly |
| O15 | **Impact of ongoing clinical waste management in absence of national contract** Strategic**:** potential to impact of delivery of service Financial: additional costs incurred by contingency Regulation: breach in handling/ storage regulations could result in action Reputation: impact on GJF reputationOperational Delivery: Contingency impact to portering service and waste service to clinical areas Workforce: impact on porters undertaking role long term; ability to sustain long term | Nurse Director(AMC)  |  | 1 | 3 | 3 | Major Incident Procedure activated to support initial response. SLWG continuing to meet and review led by Nurse Director.Contingencies in place with waste bagged and placed in secure clinical waste area then uplifted by porters and transferred to an articulated lorry located at the loading bay. This is uplifted and replaced as required generally every 2-3 days. A risk assessment has been undertaken with support from staff and partnerships. Waste Officer participating in regular calls with NSS to monitor and update on situation.  | 3 | 3 | 9 | Delay to start of national contract.  | Agreement o extend contingency arrangements. SLWG undertook review of waste flow across site with plan agreed to accommodate required bins and minimise double handling. Monitor to ensure sustainability of contingency.   | Bi-Monthly  |
| S16 | **If we don’t secure appropriate ICD support to the project then it will impact on the project in terms of key decisions and timelines** Strategic: could impact on quality of outputs and overall achievement of project which would impact GJF and wider West of Scotland region. Financial: financial impact associated with late or non delivery of key project objectives. Post construction, lack of ICD support during design or could lead to further control measures required to rectify infection incidents related to the built environment. Reputation: Negative impact on reputation of GJF within NHSScotland and publicly. Regulation could affect ability to meet regulatory requirements. Workforce: Ensuring specialist skills required to support project are secured and sustained throughout. Operational Delivery: current model unsustainable | MD(MMcG) | Project lifespan – key for approval stages  | 1 | 4 | 3 | The following stages of development have been subject to ICD input-* Phase 1

 Development Stage 2 HAI SCRIBE- Design & Planning. * Phase 1

 Development Stage 3HAI SCRIBE- Construction. * Development of Transplant Risk Assessment.

Expansion Programme supported by 0.2 WTE CNM Prevention and Control of Infection providing skill set into clinical brief/clinical model/design and construction. As an interim measure all current HAI SCRIBEs developed by the Prevention and Control of Infection Nurses are submitted to the Senior User Group for review and sign off prior to works commencing. | 3 | 4 | 12 | Unable to secure additional support via existing SLA, further avenues explored include-* HPS support
* Canvassing other Boards
* HAI Policy Unit -Scottish Government
* Escalation to Programme Board

Development Stage 2 HAI SCRIBE- Design & Planning.ICD has not been involved in the 1:200 and subsequent 1:50 design process to date. Timeline for completion of the 1:50 design process is 5th August 19.Final review of the following are beyond the scope of the current staff:* design
* construction control measures
* protection of current patient population during construction
* commissioning on completion
 | Escalation to Board and Scottish Government to seek support in resolving  | Monthly  |

**Board Risk Appetite**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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** | **Averse**  | **Cautious**  | **Moderate** | **Open** | **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) |

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| **Golden Jubilee Foundation****Execs Meeting SBAR** |
| **Meeting date** | 16 September 2019  |
| **Title**  | EU Withdrawal  |
| **Executive/ Non Executive Lead** | Anne Marie Cavanagh  |
| **Report Author** | Laura Langan  |
|  **Purpose of the Report**  |
| *The purpose of this report is to update the on the preparedness for EU Withdrawal and seek approval for the return to Scottish Government requited by 20th September 2019.*

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| --- | --- | --- | --- | --- | --- |
| Decision | X | Discussion | X | Awareness |  |

This paper aligns to the following strategic contexts:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Government Policy/Directive** |  |  | **Legal Requirement** |  |
| Board Strategy |  | Annual Operational Plan |  |  | Corporate Objective | X |
| **Local Policy** |  | Operational Issue | X |  | Other |  |

This paper aligns to the following quality ambition(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person Centred |  | Safe | X | Effective | X |

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| **SBAR Report** |
| **Situation** |
| The purpose of this paper is to:* Update on Board actions to prepare for the potential EU Withdrawal on 31st October and seek approval for completion of the template requested for return to Scottish Government regarding our position.
 |
| **Background** |
| At present we are working towards a worst case scenario of a no deal exit on 31st October. As previously communicated key areas of focus are:* Procurement (including medical equipment)
* Supply of medicines
* Workforce
* Finance
* R&D
* Regulatory (e.g. MHRA, Information Governance, legislation)

Contingencies that were in place for the previous date on April remain and much of this is co-ordinated at a national level. Leads for the identified areas met to review our position and consider any immediate risks to the Board. The potential impact of EU Withdrawal is a risk on our Board risk register; currently at a medium level (3x3=9). Scottish Government have requested an update is submitted using the previous proforma with a set of questions; a draft response is appended to this paper.  |
| **Assessment** |
| Leads for the identified areas have provided updates on preparations and the following is noted:* Leads for pharmacy, procurement and medical physics continue to be linked into national discussions in relation to planning and contingency arrangements.
* HR, Hotel, Procurement and R&D have indicated that there are no immediate risks of concern to escalate and it is likely to be longer term issues that will have more impact.
* HR have prepared further guidance for staff which will be shared via staffnet.
* It was agreed it would be helpful to issue a communication to all staff with escalation guidance for any at risk supply issues that do arise to ensure all communication is co-ordinated via procurement and medical physics.
* From a financial perspective a small contingency has been provided in the financial planning but true consequences are unknown. Procurement reported seeing some changes in contract pricing and expect this will continue but true impact cannot be quantified as yet.
* Pharmacy have highlighted that supply of medicines remains a risk. This is being co-ordinated nationally. At a local level protocols for drug shortages have been updated to ensure a contingency is in place as far as possible.
* Medical physics have highlighted that supply of some specialist equipment parts could be at risk if replacement parts are required and there are delays on these coming in. This particularly relates to laboratory analysers, CT and cath lab. The leads for these areas have been asked to revise their contingency plans in the event that a delay is encountered and equipment is unavailable for up to 7 days.

It was agreed that:* We will ensure support to the hospital huddle for the immediate withdrawal period and reconvene the group if any issues arise.
* Guidance on communication and escalation of any issues will be prepared and issued to managers to ensure a consistent approach.
* All areas should ensure their business continuity plans are up to date and refer to these in the event of any issues.
 |
| **Recommendation** |
| **Executive are asked to:*** **note this update**
* **Approve the attached response for Scottish Government**
* **Consider increasing the board risk to high with likelihood increasing to a 4 (4x3=12) ahead of the withdrawal date given the potential risks relating to medicines, medical equipment and finance**
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**Appendix – SG Proforma**

**Health Board: Golden Jubilee Foundation**

**Completed by: Laura Langan, Head of Clinical Governance**

**Date: 11th September 2019**

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| (1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?  | Our executive Nurse Director who is our Executive Resilience lead is the Exec lead or EU Withdrawal, supported by the Head of Clinical Governance. We have established a sub-group of our Resilience Group consisting of leads from procurement, medical physics, pharmacy, R&D, hotel and HR with support from communications also. The group is meeting as required and reporting formally to the resilience group with updates also being shared via the Executive team and Senior Management Team.  |
| (2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?  | To date we have not experienced any issues as a direct result of EU withdrawal.  |
| (3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?  | Our key risk areas remain as before with the key concern being the unknown and lack of clarity with expectation that many of the issues/ risks will emerge longer term. There is a risk relating to this on our Board register which is reviewed via our Senior Management Team and Board. It is currently at a medium level but we will revise this as the exit date approaches. In relation to medical equipment there is a risk around some key pieces of equipment (such as laboratory analysers, CT scanners) if they encounter any failures there is concern about delay in parts being delivered that could impact operationally but contingencies are in place to mitigate as far as possible. EU withdrawal has been noted as a specific risk within our expansion programme risk register due to potential implications financially and from the construction perspective; that aspect is being discussed with our contractor.  |
| (4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?  | We will continue to review the position across the key areas and respond accordingly. We will update our communications to staff and confirm with high risk areas that contingency plans have been reviewed to ensure they are up to date. We will have support to the Duty Managers the week of the planned exit date to ensure any issues are quickly identified and escalated appropriately.  |
| (5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?  | Significant work has been undertaken for workforce planning as part of our expansion plans. We have identified the areas of high risk and support is in place for staff to register for residency status with ongoing discussions via line managers. Existing systems to support immigration checks will be applied.  |
| (6) What is your Board currently doing to communicate with and support EU27 staff?  | A dedicated page has been established on our intranet. HR have also prepared a specific briefing for staff directing them to the Scottish Government information. Line managers in areas of high risk are also having direct discussions.  |
| (7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?  | The Board has provided a small contingency within financial planning but at this stage it is not clear yet on true financial consequence when final outcome of 31st October is known. |

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| **Golden Jubilee Foundation****SPB Meeting SBAR** |
| **Meeting date** | 26 August 2019  |
| **Title**  | Clinical Waste  |
| **Executive/ Non Executive Lead** | Anne Marie Cavanagh |
| **Report Author** | Laura Langan  |
|  **Purpose of the Report**  |
| *The purpose of this report is to update the on the Clinical Waste Contract.*

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| Decision | X | Discussion | X | Awareness |  |

This paper aligns to the following strategic contexts:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Government Policy/Directive** |  |  | **Legal Requirement** |  |
| Board Strategy | X | Annual Operational Plan |  |  | Corporate Objective | X |
| **Local Policy** |  | Operational Issue | X |  | Other |  |

This paper aligns to the following quality ambition(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person Centred |  | Safe | X | Effective | X |

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| **SBAR Report** |
| **Situation** |
| The purpose of this paper is to:* Update following recent communication regarding the new contract to manage clinical waste
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| **Background** |
| As of Thursday 6 December 2018 our clinical waste suppliers advised they are no longer able to meet contractual obligations with immediate effect. On 7 December they removed all full bins from GJNH but did not leave any empty bins. The national contingency plan has been implemented with Scottish Government co-ordinating the response; Estates and Portering have led the local response. The contingency arrangements remain in place as follows:* SG has provided an articulated container that is being stored at the loading bay which can store approximately 48 – 72 hours of waste.
* Clinical waste is being bagged and placed into locked bin stores – areas have been given advice on what bags to use and for segregation of waste as this is being more strictly applied in the current situation. If not adhered to there is a risk that the container could be returned full
* A small amount of yellow bins remains on site and some blue bins have been adapted for use. Porters are using these to collect waste from bin stores and decant into the container. This does require double handing; risk assessments have been undertaken with PPE provided.
* Support is being offered from the hotel to backfill non-clinical portering duties.
* A rota is in place for uplift of the containers from sites with “one in one out” – this will continue for the foreseeable. There is a risk of this being impacted by driver/ container availability and/ or weather, this will be monitored. Our back up is to utilise a storage container on site that provides additional capacity; if an additional unit is delivered with no uplift there is a possibility the front dual carriage way would be used to house the full container until it is uplifted. The situation is being monitored closely by estates and portering.

A new national contractor has been appointed but has not yet taken over the service. It had been advised thi would commence in August but this has been delayed. Work has been undertaken locally to ensure that the services are ready for implementation of the new contract with a review of the waste flow across the hospital site to ensure sufficient storage to meet the waste requirements with agreement on education for staff and the uplifts by porters and the contractor.  |
| **Assessment** |
| Communication has been received via Estates following a regional teleconference call to note that there are ongoing issues as to when the new contractor will be in a position to start the contract with sign of from SEPA awaited.There are suggestions this could be in place for them to start late September/ early October however concerns have been raised about the timing of this with the potential no deal EU Withdrawal timeline. The concern is that the national contingency cannot be re started if stepped down; it is unclear why. The Boards have therefore been asked to consider:  * Work with Tradebe (new contractor) to start getting the community collections and any direct deliveries reinstated to Bellshill. This would be phased and give us and Tradebe the chance to test the process and sort out issues
* Consider not starting a phased start up of bin exchange from Hospitals until January so we are not trying all new and changeovers st Brexit or the Xmas period.

 The contingency agreement has been negotiated to continue until the end of the financial year if we opt for this and at better rates. When we phase in the full service the cost of the service and contingency will be shared so early implementers don’t get advantage to the detriment of late converters. |
| **Recommendation** |
| * **Executive are asked to discuss the considerations raised**
* **The SLWG will be reconvened to consider implications of continuing with the contingency as proposed to assess feasibility of this**
 |