



# NHS Lanarkshire Corporate Risk Register Overview

NHSL Board

Reporting Period: January 2024- March 2024

# NHSL Corporate Risks – Dashboard

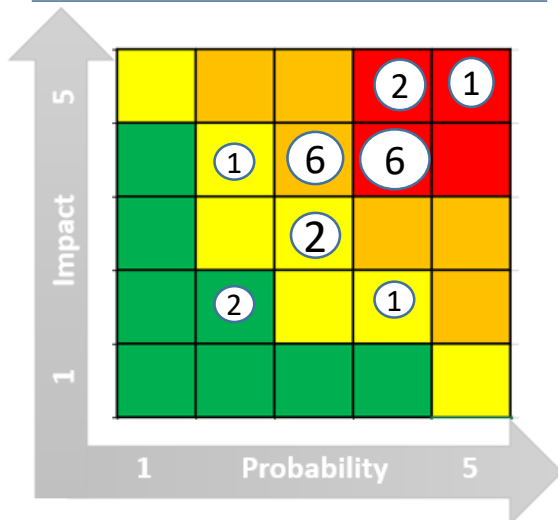
## Executive Summary

- All risks on the Corporate Risk Register have an update requested monthly.
- Risk Management Strategy was approved by Audit & Risk Governance Committee, Risk Management Policy has been included in CMT agenda for approval.
- Work is ongoing to ensure that risks on the Corporate Risk Register are a reflection of the Corporate Objectives.
- Risk register report has been altered to capture Mitigating Controls separately from Planned Actions.

Risk Register	Number of Risks
Corporate	21

Risk movement since last report -							
No Change	Increase	Decrease	New	Closed	Escalated	De-escalated	Change
13	-	2	-	-	-	-	6

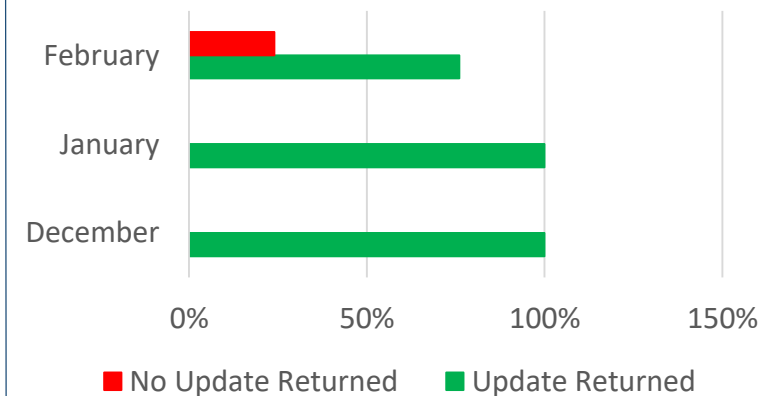
## Corporate Risk Heat Map



## Highest Scoring Corporate Risk

Risk	Score	Trend
2197 Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	25	

## Corporate Risks Updated



# Corporate Risks - Summary

Ref	Risk Title	Dec	Jan	Feb	Risk Trend	Target Score	Commentary
2197	Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	25	25	25		9	26/2/24: No update received
2218	Urgent & Unscheduled Care	20	20	20		6	26/2/24: In the absence of Russell Coulthard, risk not reviewed this month however figures supplied by Fiona Anderson, OSM Acute show Unscheduled Care performance for Jan24 is 55%. This was previously noted last month by Russell Coulthard. At that time, Russell Coulthard noted all monitoring and actions remain in place and continue to be progressed through acute division and operation flow structures. Risk updated remains unchanged.
2219	Planned Care	20	20	20		6	26/2/24: Risk reviewed by Judith Park. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
2222	Nurse Agency Usage	16	16	16		4	26/2/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
2038	Procurement of new NHS Lanarkshire Labs Managed Service Contract	16	16	16		4	26/2/24: Risk reviewed by Judith Park. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
2221	Non-Compliance with Off-Framework DL(2023)5	4	4	4		4	26/2/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
2234	Nursing Home Beds	12	12	12		6	26/2/24: No update received

The Board are asked to note that work is currently ongoing by the Board Secretary with Risk Owners for 2218 and 2219 in respect of a request from HQAIC that performance and clinical aspects of both risks be separated into individual risks – two on performance and two on clinical aspects. Work on separating risks to be completed for next risk update to CMT 6<sup>th</sup> May 2024 and will be reflected in the next update to the Board.

# Corporate Risks - Summary







Ref	Risk Title	Dec	Jan	Feb	Risk Trend	Target Score	Commentary
2135	Heightened Cyber Threat	16	16	16		6	Update Feb 2024 - MG - PEN test signed off and engagement started with Quorum Cyber, report to be discussed at March Risk Meeting. Engagement started in regards to MS Security Baselines, Internal Digital PM assisting with ongoing work and resourcing (spread over 3 different teams). Cyber team hosting internal Phishing awareness campaign as an educational piece for users during Cyber Scotland Week.
2155	Impact of Unpredictable Public Health Outbreaks on Current Services	12	12	12		6	21/02/2024: Risk reviewed by Josephine Pravinkumar and Senior Health Protection Team. The Directorate have set up a multi-agency Problem Assessment Group (PAG) led by Dr Henry Prempeh CPHM to ensure measles preparedness. Two meetings have taken place to date.
1703	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	12	12	12		4	21/02/2024: Risk reviewed by Josephine Pravinkumar. No further update to that provided in January 2024.
2150	Ability to maintain General Medical Service provision	16	16	16		12	26/2/24: No update received

# Corporate Risks - Summary

Ref	Risk Title	Dec	Jan	Feb	Risk Trend	Target Score	Commentary
2126	Sustaining Primary Care Out of Hours Service	12	12	12		9	26/2/24: No update received
2129	Sustaining Whole System Patient Flow	16	16	16		9	21/2/24: Risk reviewed by Ross McGuffie. Additional action added in relation to the formation of Site Flow Boards plus work taking place around FNC+.
2213	Ability to Respond to Climate Change	9	9	9		9	26/02/24 - Risk reviewed by Jacqui McGeough - No change to risk. Controls and actions remain appropriate
2212	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	16	16	16		9	26/02/24 - Risk reviewed by Jacqui McGeough - No change to level. Completed mitigating actions removed and new actions added.
2039	Staff Fatigue, Resilience, Wellbeing & Safety	12	12	12		6	26/2/24: Risk reviewed by Jacqui Jones. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
2124	Sustaining a safe workforce	12	12	12		9	26/2/24: Risk reviewed by Jacqui Jones. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
1710	Public Protection	9	9	9		9	26/2/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate.
2230	UHM Fire Safety Waste Receptacles	8	8	8		6	20/2/24: Risk reviewed by Mary Ann Kane: Design work is being finalised and will be reviewed by NHSL by the end of March 24. Funding for construction stage has been submitted to CIG as part of MKBC work stream for 24/25. Mitigations remain in place. If funding approved the works will be completed by March 25.
594	Prevention & Detection of Fraud, Bribery and/or Corruption	8	8	8		6	26/2/24: No update received
2062	Development of the New Healthcare Strategy, Our Health Together	9	4	4		9	26/2/24: Risk reviewed by Jacqui McGeough. Draft Strategy document will be reviewed at the Feb PPRC. On track to close off risk at end March following sign off.

# Detail of Risk Movement

## Movements in Corporate Risks

Risk		Score	Trend	Target Score	Commentary
594	Prevention & Detection of Fraud, Bribery and/or Corruption	8		6	Action 2 updated (highlighted in red on Corporate Risk in Focus page)
2129	Sustaining Whole System Patient Flow	16		9	New mitigating controls added together with new risk action identified and highlighted in red on following Corporate Risk in Focus page.
2197	Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	25		9	New mitigating controls and actions added for this risk highlighted in red on Corporate Risk in Focus page
2221	Non-Compliance with Off-Framework DL(2023)5	9		4	Proposed decrease to risk score bringing risk into line with target set. NHS Lanarkshire is now compliant with DL(2023)5 however given the challenges in the system we will continue to monitor this as a potential risk.
2039	Staff Absence and Wellbeing	12		6	Update made to mitigating controls (Action 10 added) and refresh of Mitigating Actions (1-3) with Action 4 remaining the same. (highlighted in red on following Risk in Focus page)
2062	Development of the new healthcare strategy, Our Health Together	9		4	As OHT healthcare strategy is now on track for approval in Spring 2024, it is proposed to reduce this risk from Medium to Low, with potential to close it next month. Further mitigating action added (highlighted in red)

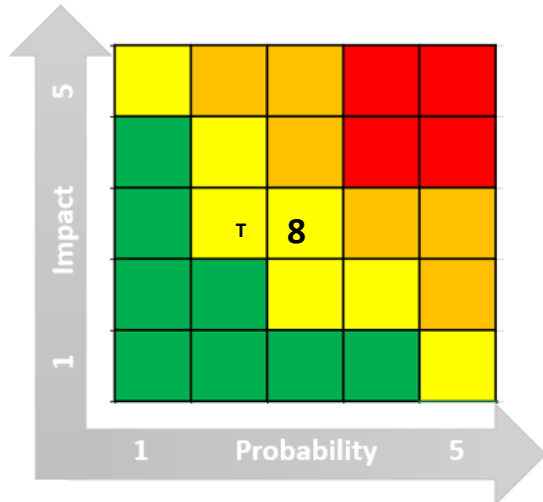
# Detail of Risk Movement

## Movements in Corporate Risks

Risk		Score	Trend	Target Score	Commentary
2212	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	16	CHANGE	9	Completed mitigating actions removed and new actions added, highlighted in red on following Corporate Risk in Focus page.
2230	UHM Fire Safety Waste Receptacles	8	CHANGE	6	New mitigating action added (highlighted in red on following Risk in Focus page)

# Corporate Risk in Focus – Change

594 - Prevention & Detection of Fraud, Bribery and/or Corruption



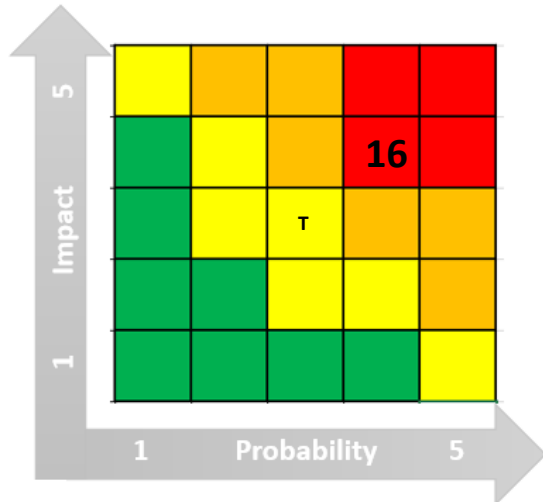
Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	Laura Ace	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Participation in the National Fraud Initiative: Fraud Policy &amp; response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority)</li> <li>2. Established appointments of Fraud Champion &amp; Fraud Liaison Officer</li> <li>3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts</li> <li>4. Audit Committee receives regular fraud updates</li> <li>7. Annual national fraud awareness campaign</li> <li>8. On-going fraud campaign by the Fraud Liaison Officer through communications plan and specific workshops</li> <li>9. Learning from any individual case</li> <li>10. Enhanced Gifts and Hospitalities Register</li> <li>11. Procurement Workshops for High Risk Areas</li> <li>12. Enhanced checks for 'tender waivers' and single tender acceptance</li> <li>13. Increased electronic procurement that enables tamperproof audit trails</li> <li>14. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register</li> <li>15. Annual Review with the National NHS Counter Fraud Services</li> <li>16. Covid risk profile being built-into the NHSL Fraud Register</li> <li>17. Distribution of relevant fraud updates</li> <li>18. Communication through NHSL Info briefing</li> <li>19. Internal Audit responsiveness to areas of concern identified through Directors/manager</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Continuous monitoring</li> <li>2. Action plan being developed against fraud standard assessment <b>presented to Audit Committee 5/12/23</b></li> </ol>		

Risk Trend	Change to Risk Action
	Action 2 updated (highlighted in red)



# Corporate Risk in Focus – Change

2129 - Sustaining Whole System Patient Flow

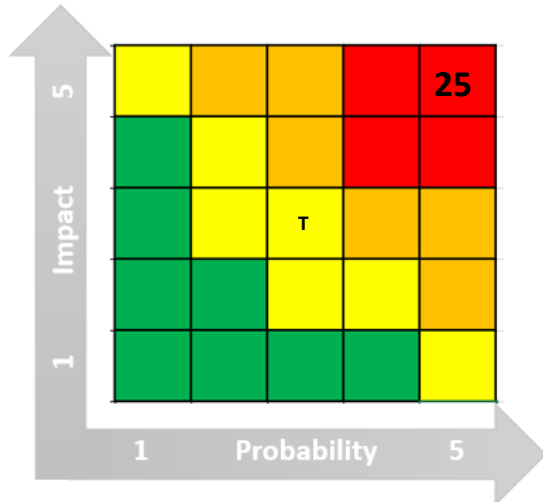


Risk Description	Risk Owner	Risk Lead
<p>There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care workforce capacity to meet the demand, or referrals being received on date of clinical readiness. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.</p>	Jann Gardner	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>NHSL provides support to care homes through liaison service, including infection control/ outbreak advice &amp; support, risk assessment for onward movement of patients</li> <li>Local planned date of discharge (PDD) and national discharge without delay (DWD) programme implemented</li> <li>CMT have continuous oversight of performance, reasons for delay and consider further actions</li> <li>Continuous oversight of hospital outbreaks and infection prevention and control advise with case by case management of outbreaks</li> <li>Workforce planning with continuous monitoring of sickness/absence during surge periods</li> <li>Operation Flow is now in progress.</li> <li>Introduction of new Home Assessment/Home First Teams to support earlier discharge</li> <li>Regular PDD calls to review all delayed discharges in the system</li> <li>Review of off-site bed model commenced to better focus on rehabilitation and reduce length of stay/deterioration</li> <li>Joint HSCP Flow Board established to coordinate and align community responses and actions</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Formation of Site Flow Boards recognised as a key action in relation to this risk. Work also commencing around FNC+.</li> </ol>		

Risk Trend	Additional Control Added
	Additional Mitigating Control added (highlighted in red)

# Corporate Risk in Focus – Change

**2197** - Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26

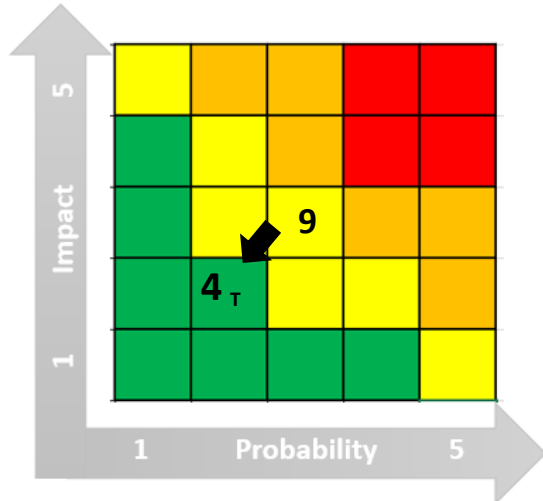


Risk Description	Risk Owner	Risk Lead
There is a significant risk that NHSL will be unable to identify and release the savings needed, on current income and expenditure projections, to meet the Scottish Governments requirement to deliver a balanced budget for the period of 2023/24 – 2025/26.	Laura Ace	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Maximise financial management opportunities in the short-term</li> <li>2. High thresholds and strict criteria for any additional spend</li> <li>3. Intelligence gathering and scenario planning to ensure forecasts as reliable as possible</li> <li>4. Regular horizon scanning for opportunities and threats</li> <li>5. Enhanced Sustainability &amp; Value Programme covering all areas of the organisations operations and spend and linked firmly to the Boards overall healthcare strategy</li> <li>6. Participation in National Savings Groups</li> <li>7. Agreement with SG regarding brokerage repayment.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Continuous review of financial quarter position</li> <li>2. Accelerate activity around sustainability and savings plans when is reasonably appropriate</li> <li>3. Reform group set up to look at how to shape service within budget for 24/25</li> <li>4. Communications and actions to be agreed to slow down spend in Q4 2023/24</li> <li>5. Review of all slippage in order to use it to reduce forecast deficit</li> <li>6. Extended focus on transformation and reform backed with organisation wide engagement</li> </ol>		

Risk Trend	Change to Risk Actions
New actions added for this risk (highlighted in red)	

# Corporate Risk in Focus – Decrease

2221 - Non-Compliance with Off-Framework  
DL(2023)5

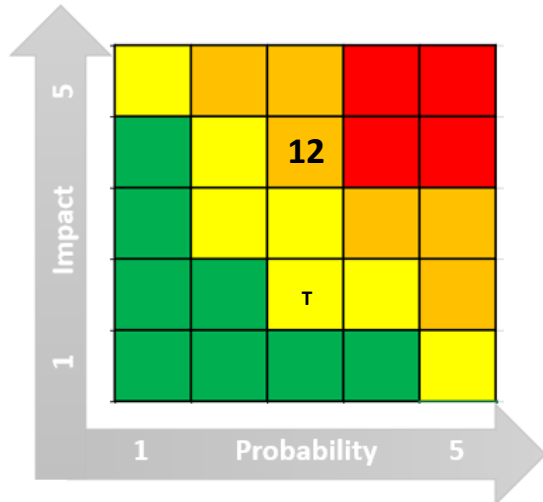


Risk Description	Risk Owner	Risk Lead
If there continues to be a heavy reliance on off-framework agency use due to lack of availability of substantive resource in areas such as Emergency Department, Peri-operative and Kylepark, there is a risk of continuous non-compliance with DL(2023)5 which could result in additional unaccounted financial exposure for the board and scrutiny from SG.	Eddie Docherty	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Escalation framework in place requiring sign off from an exec director to grant use of off-framework agency workers for OOH</li> <li>Agency touchpoint meetings arranged 3 times per week.</li> <li>Site escalations for NFA must be approved by the Chief/ Deputy Chief Nurse prior to submission to the Divisional Director or Nurse Director.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>The planned exit strategy is to remove all Non-Framework Agency use by the end of July. Sites are developing reduction trajectories for each ward/dept.</li> <li>Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete.</li> <li>Negotiations for block booking Framework Agency staff is ongoing.</li> <li>The Acute Site senior nursing teams are reviewing rosters to maximise substantive resources and ensure escalation to Staffbank is at least 4 weeks prior to the go-live date of the roster.</li> </ol>		

Risk Trend	Decrease to Risk Score
Proposed decrease to risk score bringing risk into line with target set. NHS Lanarkshire is now compliant with DL(2023)5 however given the challenges in the system we will continue to monitor this as a potential risk.	

# Corporate Risk in Focus – Change

## 2039: Staff Absence and Wellbeing

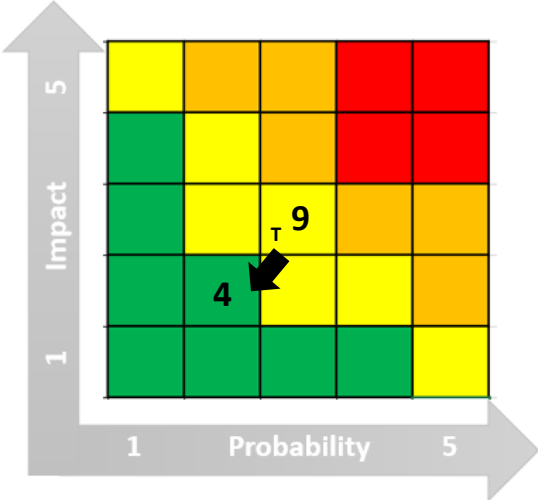


Risk Description	Risk Owner	Risk Lead
Sustained levels of high absence rates will reduce service capacity and performance. Maintaining service provision may adversely fall to staff on site and lead to fatigue and increased anxiety, with the likelihood of incurring backfilling costs.	Jacqui Jones	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Compliance with NHSS Attendance Policy.</li> <li>2. Monthly staff absence data provided to Service Heads highlighting areas of concern.</li> <li>3. Open access to HR advice via "Service Now".</li> <li>4. HR "Buzz Training" sessions on Attendance Policy Implementation and Work/Life balance policies.</li> <li>5. EASY (Early Access to Support for You) service for all staff to expedite access to supportive wellbeing services and signposting.</li> <li>6. OD 1-2-1 coaching support for Crucial Conversations &amp; Wellbeing Issues.</li> <li>7. Occupational Health monthly audit to ensure staff LTA are referred for support.</li> <li>8. Range of staff support services locally and nationally – SALUS, spiritual care, staff physiotherapy, psychological services, PROMIS</li> <li>9. Staff Health &amp; Wellbeing Strategy in situ with access to Your Health Matters webpage for all supportive services available to staff.</li> <li>10. A reduction in, and the management of sickness absence will be one of the issues considered through the Triangulation of Workforce data meetings with Site Directors and teams. These meetings commence on 6 February 2024.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1: Key monitoring data or assurance regarding policy compliance and reporting has been developed and is being monitored.</li> <li>2: Long term sickness absence profile is in place across job families across the organisation and is reported to line management and discussed at DMT meetings.</li> <li>3: Monitor and report on the uptake of HR support and training programmes.</li> <li>4: Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc.</li> </ol>		

Risk Trend	Change to Mitigating Controls and Actions
	Update made to mitigating controls (Action 10 added) and refresh of Mitigating Actions (1-3) with Action 4 remaining the same. (Changes highlighted in red)

# Corporate Risk in Focus – Decrease

2062: Development of the new healthcare strategy, Our Health Together

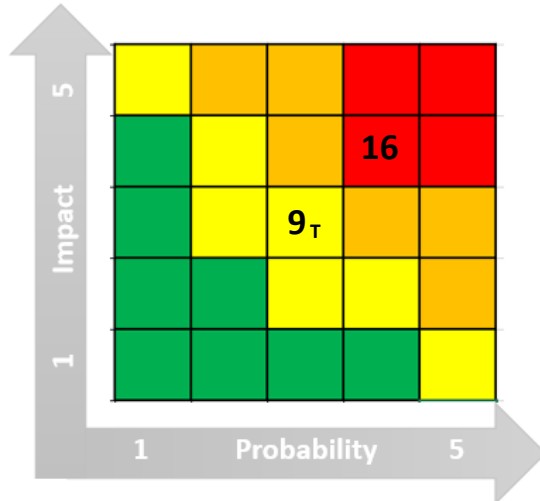


Risk Trend	Decrease to Risk Score
As OHT healthcare strategy is now on track for approval in Spring 2024, it is proposed to reduce this risk from Medium to Low, with potential to close it next month. Further mitigating action added (highlighted in red)	

Risk Description	Risk Owner	Risk Lead
Due to current capacity pressures across the whole system and a potential inability to resource, there is a risk of insufficient capacity necessary to progress strategy development which may adversely impact on the timescales and delivery of the new strategy 'Our Health Together'.	Colin Lauder	Jann Gardner
Current Controls		
1. Review of current status of individual work streams monitored via Strategy Delivery Team (SDT) on a bi-monthly basis.		
Actions		
1. Stakeholder Engagement process to commence April - June 2023, approval obtained by both the Board and PPRC. 2. New strategy to be reviewed in draft form Autumn 2023. 3. Final draft of strategy to be concluded by end Jan 2024 and circulated to stakeholders for review		

# Corporate Risk in Focus – Change

2212: Failure to Comply with NHS Sustainability Policy, DL (2021) 38

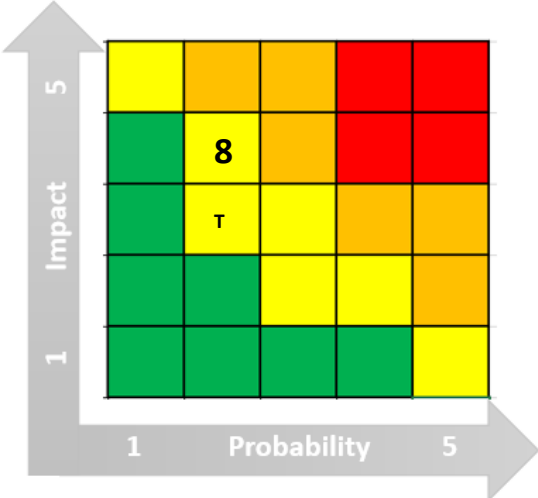


Risk Description	Risk Owner	Risk Lead
<p>DL (2021) 38 'A Policy for NHS Scotland on the Climate Emergency and Sustainable Development' sets out the aims and targets that ensure NHS Scotland is a net zero greenhouse emitting health service by 2040 or earlier. The aims must be fully integrated across NHSL into all planning, management decisions and operational practices.</p> <p>There is a risk that capacity and financial limitations impact on NHSL's ability to sufficiently progress the agenda and meet the mandatory policy requirements. This will result in a failure to meet performance expectations, cause reputational damage to the Board and could ultimately result in NHSL not achieving net zero status by 2040.</p>	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. NHS Lanarkshire Sustainability &amp; Climate Change Policy (2022)</li> <li>2. NHS Lanarkshire Sustainability &amp; Climate Change Strategy</li> <li>3. NHS Lanarkshire Sustainability &amp; Environment Group in place and chaired by Deputy Director Planning, Property &amp; Performance</li> <li>4. Regular reports to CMT and PPRC</li> <li>5. Completion of national reports (both statutory and non-statutory) in areas relating to the Boards GHG emissions performance, climate change risk and adaptation and biodiversity.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Implementation of priorities identified as part of the Environmental Sustainability Strategy via Workstreams</li> <li>2. £2.2M Energy efficiency grant funding in place for work to be carried out through 24/25 (procurement on-going). Further bid for next tranche of funding under development supported by Mott MacDonald consultants to be submitted through the Green Public Sector Estates Decarbonisation funding stream.</li> <li>3. Re-investment of a proportion of savings to increase capacity, where this can demonstrate sufficient spend to save opportunities.</li> <li>4. In view of the current financial position and in the absence of enhanced capital investment there must be an internal focus on identifying and implementing energy efficiency measures</li> </ol>		

Risk Trend	Change to Risk Actions
Completed mitigating actions removed and new actions added.	

# Corporate Risk in Focus – Change

2230: UHM Fire Safety Waste Receptacles



Risk Trend	Change to Mitigating Actions
Further mitigating action added (highlighted in red)	

Risk Description	Risk Owner	Risk Lead
Fire testing of waste receptacles retained in circulation areas and lift lobbies has identified fire retardancies and fire containment issues. Bins do not have a minimum 30 minute fire retardancy or fire containment.	Colin Lauder	Jann Gardner
Current Controls		
1. All empty containers removed from public areas. All bins removed overnight from circulation areas and lift lobbies. Segregation and separation of linen cages and cardboard storage to areas away from bins. Issue escalated to national fire safety advisor.		
Actions		
1. PSSD have escalated this risk to the Scottish Facilities Management Advisory Group sharing the videos generated by NHS Lanarkshire due to potential national risk implications in other hospitals and Boards 2. Work is underway between PSSD and site clinical team to identify potential spaces to create fire rated areas if possible as part of MKBC program. 3. Various options have been worked up and are being reviewed operationally at UHM during Feb 2024.		

# Very High Risks – Summary

There are 12 very high risks managed within the Acute Division:

## Acute Division

Ref	Risk Title	Dec	Jan	Feb	Trend	Target Score	Commentary
2042	Unscheduled Care	25	25	25	—	4	27/02/24 -risk reviewed by JK on 26/2/24 - no change. review date updated. FA
2229	Acute Finance 2023/2024	20	20	20	—	3	26/02/2024 - Risk reviewed by Michael McLuskey. No change. Review date updated. FA
2227	Treatment Time Guarantee	20	20	20	—	2	29/02/22 - Risk reviewed by RC. No change. Review date updated. FA
2207	Emergency Department Junior Medical Staff	20	20	20	—	4	21/02/24 - Risk reviewed by Dawn Henderson. Review date updated to reflect very high status.
2236	Radiology reporting workload	16	16	16	—	3	15/03/2024 - risk reviewed by EC - risk remains
2193	Stroke/Care of the Elderly additional beds AHP risk	20	20	20	—	6	26/2/24: Update from Carole Lindsay - review date updated:- The AHP risk remains unchanged. When the stroke ward bed capacity is reduced we will review.
2172	Ophthalmology glaucoma service	16	16	16	—	6	07/02/24 - Risk reviewed by Jamie and updated actions recorded.
2151	Sustaining a Safe Workforce	25	25	25	—	6	26/02/2024 Risk Description, Mitigations and Level remain the same. Risk Lead updated to Kim Brown. Risk ongoing.
1954	Demand Exceeding the Capacity within University	25	25	25	—	6	26/02/2024 Risk Description, Mitigations and Level remain the same. Risk ongoing.
1848	Staff Resilience	16	16	16	—	2	28/02/24 - Risk reviewed by Judith Park. Risk remains. No change. Review date updated. FA
2162	Boarding of patients outwith specialty	20	20	20	—	8	23/02/23 - update from Dr McDougall via email:- Risk level for 2162 also remains very high
2259	Trackcare reliability regarding radiology results		16	16	—	4	29th January 2024. Discussion with Dr McDougall, FA added to risk register. Evidence attached. FA 28/02/24 - JK reviewed 28/02/24 advised Martin Downey would be providing an update at next ACG&PM. At current time no change, risk remains. Review date updated.



# Very High Risks – Summary

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There is 1 very high risk managed within MRP:

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## MRP

Ref	Risk Title	Dec	Jan	Feb	Trend	Target Score	Commentary
2271	Condition of the existing Monklands Hospital			16		9	15/3/24: Update from Jacqueline Eve, Business Manager, MRP: There is a risk that due to the challenging condition of the existing Monklands Hospital, certain parts of the hospital may fail beyond repair. This could result in a late change to the Commissioning and Migration plan to accommodate services earlier than initially planned.

# Very High Risks – Summary

There are 5 very high risks for Monklands Business Continuity:

Monklands Business Continuity

Ref	Risk Title	Dec	Jan	Feb	Trend	Target Score	Commentary
1772	<b>Deterioration/failure of existing below ground drainage</b>	16	16	16	—	9	21/02/24 - Notes added to Master Risk Register Notes - GRAHAM are developing the Stage 1B design. GRAHAM have completed CCTV drainage surveys and are liaising with SGN to determine a solution for the diversion of the gas main passing through existing below ground drainage pipe at perimeter of site next to Monkscourt Avenue.
1773	<b>Deterioration/failure of cast iron pipes</b>	16	16	16	—	9	21/02/24 - Note added to Master Risk Register Notes - GRAHAM have provided updated design for drainage stacks within Ward 16. Full methodology and phased programme to be issued 21/02/24.
2231	<b>Fire Compartmentation - Damaged Cavity Barriers within the Renal Unit Ceiling Void</b>	20	20	20	—	6	21/02/24 - Note added to Master Risk Register Notes - GRAHAM have been instructed to proceed with FSW10 Stage 2 works which include the rectification works within the Renal attic void.
2233	<b>MTHW Heating Pipework leaking</b>	20	20	20	—	6	21/02/24 - Note added to Master Risk Register Notes -The project brief for these works has been issued to GRAHAM for pricing.
2265	<b>Fire Risk for Main Entrance Doors into wards - glazing panels only have short duration fire protection</b>			16		8	21.02.24 This risk has been transferred to Datix from the AECOM Risk Register as directed by Colin Lauder. Notes from the spreadsheet: GRAHAM have been instructed to investigate the fire door glazing issues identified by NHSL. GRAHAM to arrange for chosen doors to be sent to FPA for fire testing to destruction, to determine equivalent fire resistance provided by a representative sample door.

# Very High Risks – Summary Cont.

There are 4 very high risks for the Primary Care Improvement Plan (New GMS Contract) :

## Primary Care Improvement Plan (New GMS Contract)

Ref	Risk Title	Dec	Jan	Feb	Trend	Target Score	Commentary
1995	Practice Sustainability Impact on PCIP (GMS2018-002 )	20	20	20		12	No current update noted in Notepad and Documents area on Datix
2000	Accommodation (GMS2018-008)	16	16	16		12	No current update noted in Notepad and Documents area on Datix
1997	PCIP Workforce (GMS2018-005)	16	16	16		12	No current update noted in Notepad and Documents area on Datix
2048	Delivery of GMS2018 Contract - Pharmacotherapy Services (GMS2018-016)	16	16	16		9	No current update noted in Notepad and Documents area on Datix

There are 4 very high risks for South HSCP:

## South HSCP

Ref	Risk Title	Dec	Jan	Feb	Trend	Target Score	Commentary
1797	Finance-Ability of South H&SCP to maintain financial balance			20		12	12/24 Updated Risk on Datix as per Risk Update from Marie Moy. Risk updated to reflect the Scottish Government Budget 2024/2025 and the updated funding gap 2024/2025.
1793	Ability to maintain General Medical Service provision			20		8	18/01/24 - NSN received email from M.R to confirm no change in scoring. 2 action points to be removed and 2 points added. NSN updated as per email 18/01/23
2029	ICST workforce	16	16	16		12	14/12/23 - NSN emailed LT for an update on Risk, await response.
2022	Management of children awaiting dental care	20	20	20		9	14/12/23 - NSN emailed Craig Chalmers seeking any update on risk or mitigation controls, await response.

# Very High Risks – Summary Cont.

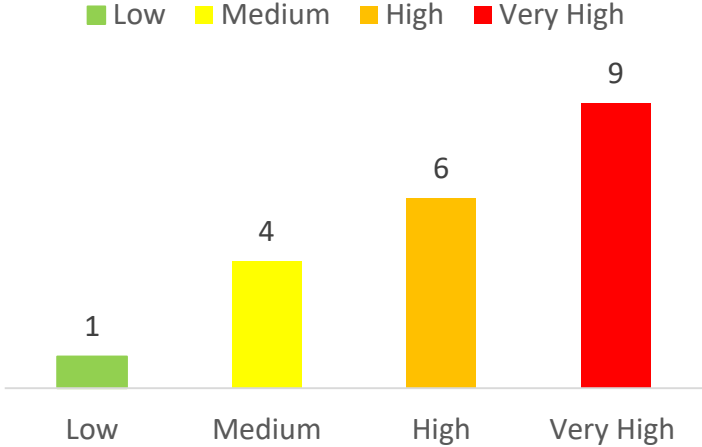
There are 3 very high risks for North HSCP (Mental Health)

## North HSCP (Mental Health)

Ref	Risk Title	Dec	Jan	Feb	Trend	Target Score	Commentary
2226	Ventilation Risk (Wards 19/20 UHH)	20	20	20		2	18/01/2024 - Gillian replied and made some changes to the mitigating controls. These have been changed on the SS and Datix to mirror Gillians email. The Risk Level will remain the same until the work has been carried out. Review again in 3 months
1542	General Adult Psychiatry Medical Vacancies	25	25	25		4	08/01/2024 - Email from Dr Brodie to add a few more mitigations. Emails noted below - Carrie Has amended mitigations on Datix and SS 16 - Now actively looking at alternative more sustainable models of practice for psychiatrists. 17 - SLWG established to look at wider MLD&A processes and staffing in relation to psychiatric vacancies. 18 - Alternative practical arrangements being considered for some practice issues, both for routine work and AMP duties. 19 - Regular development meetings on-going with General Adult psychiatrists.
2245	Medical Vacancies across North HSCP hosted services	20	20	20		3	4/3/24 The workforce group met last week and the update is that there is nil new and the risk is unchanged. Lucy Munro

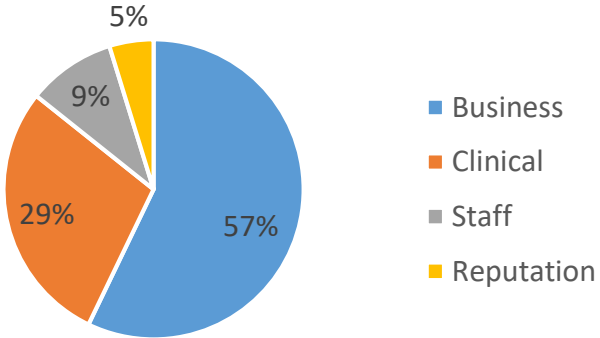
# Corporate Risk Trends

Risk Level



Of the 21 Corporate Risks reported, 9 of the reported risks are very high (the same as the last reporting period) 6 are high (the same as the last reporting period), 4 are medium (one less than the previous reporting period) and two are low (one more than the last reporting period), in terms of risk level.

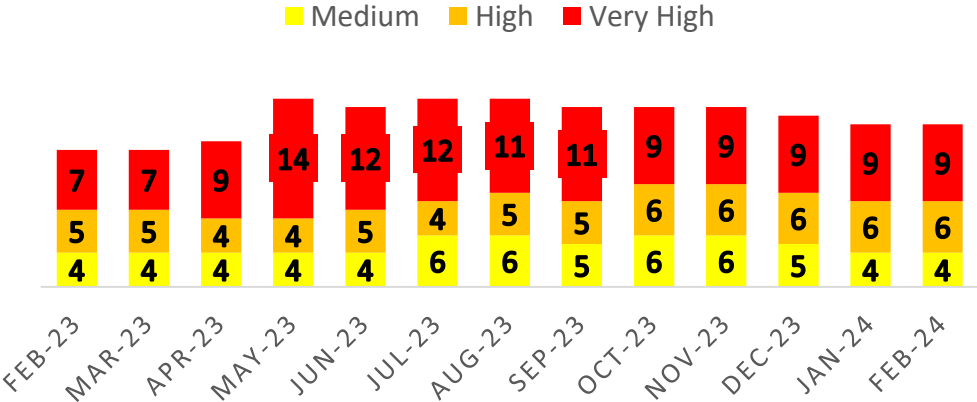
Risk Type



Business risk is the largest risk type within the corporate risk register with 12 out of 21 being classed within that risk type. 6 risks are classed as clinical and 2 as staff and 1 as reputation.

# Corporate Risk Trends

## CORPORATE RISK PROFILE



NHSL has changed their corporate risk profile in the past year, from February 2023 to February 2024 as follows

The very high risks have increased by 2, the high risks have increased by one and the medium risks have remained the same.

January and February 2024 also reported two risks reduced to low risk level and now in alignment with target