NHS Lanarkshire
Corporate Risk Register Overview

NHSL Board

Reporting Period: June 2023 – August 2023

NHSL Corporate Risks – *Dashboard*

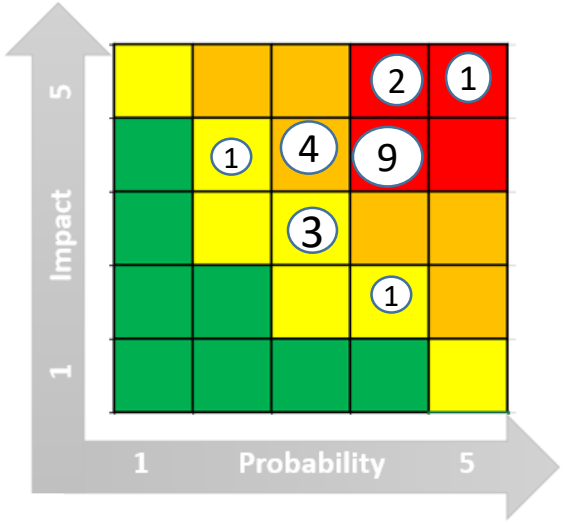
Executive Summary

- 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
12	-	6	6	2	1	2

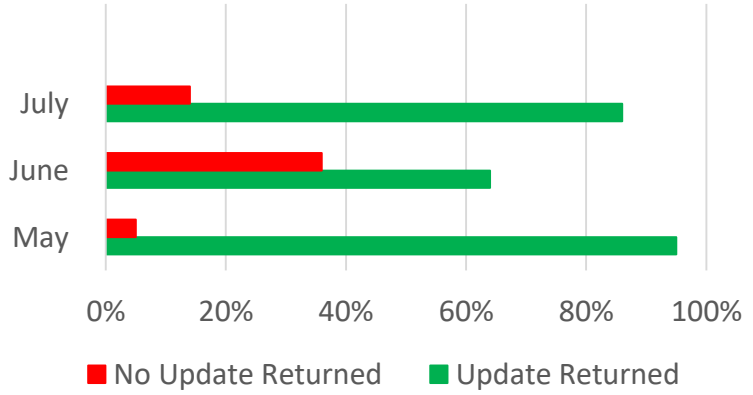
Corporate Risk Heat Map



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	May	June	July	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	Overall update is actions are progressing eg more schemes in S & V pipeline, meeting with SG took place , but all still remains on going work.
2218	Urgent & Unscheduled Care	20	20	20		6	No change to risk
2219	Planned Care	20	20	20		6	No change to risk
2222	Off-Framework Agency Use	20	16	16		4	Additional control added to further constrain the use of off-framework agency.
2038	Procurement of new NHS Lanarkshire Labs Managed Service Contract	16	16	16		4	No change to risk
2220	Junior Doctors Industrial Action	16	20	16	CLOSED	4	Gold, Silver & Bronze Command groups have been paused as planned industrial action was halted due to an improved pay offer. These will be resumed if pay offer is rejected. Likelihood of risk has decreased from a 5 to a 4 given the planned industrial action did not go ahead. Risk has been closed.
2221	Non-Compliance with Off-Framework DL(2023)5	16	16	16		4	Score remains appropriate at this time, awaiting finance report to understand financial impact of reduction in off-framework usage before re-assessing the score.
TBC	Nursing Home Beds	-	-	16		6	New risk to highlight ongoing risk to the sustainability of nursing homes/care homes within Lanarkshire.
2135	Heightened Cyber Threat	16	16	16		6	New tools still actively being utilised and output analysed for advisory. 1 Senior Cyber post filled last month, with 2 further posts (1 x B6, 1 x B5) being interviewed for in the coming weeks. This will allow the team to expand what monitoring/investigating/reporting is possible across the Cyber toolset available.
2155	Impact of Unpredictable Public Health Outbreaks on Current Services	16	16	16		6	Updated description is now with Director of Public Health for consideration.

Corporate Risks – *Summary Cont.*

Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
1703	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	12	12	12		4	SBAR was brought to CMT in June, Head of Resilience is following up discussions with Acute Medical Director.
2150	Ability to maintain General Medical Service provision	16	16	16		12	Risk description updated.
2126	Sustaining Primary Care Out of Hours Service	16	16	16		9	Risk Description updated.
2129	Sustaining Whole System Patient Flow	16	16	16		9	Risk to be discussed with Chief Exec & Head of Planning through the lens of Op Flow 2.
2213	Ability to Respond to Climate Change	16	9	9		9	No change to risk at this review.
2212	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	16	12	12		9	No change to risk at this review.
2039	Staff Fatigue, Resilience, Wellbeing & Safety	12	12	12		6	Reviewed by new director for Human Resources. All controls are adequate, will review in greater depth with CRM.
2124	Sustaining a safe workforce	12	12	12		9	Reviewed by new director for Human Resources. All controls are adequate, will review in greater depth with CRM.
1710	Public Protection	9	9	9		6	Risk reviewed, no change at this time.
2230	UHM Fire Safety Waste Receptacles	8	8	8	ESCALATE	6	Risk has been escalated from PPSD risk register to CRR.
594	Prevention & Detection of Fraud, Bribery and/or Corruption	8	8	8		6	No change to risk.
2062	Development of the New Healthcare Strategy, Our Health Together	9	9	9		9	No change to risk at current review
2205	Fire Safety within NHSL	12	12	8		9	Monthly report presented to CMT, showing almost all areas are now >80% compliant. Agreement from CMT to reduce reporting to quarterly with monthly exception reporting for those areas <80% compliant. As a result, likelihood of risk has reduced from 3 to 2, meaning the risk is now within tolerance and is proposed for de-escalation from the CRR to departmental monitoring.

Detail of Risk Movement

Movements in Corporate Risks

Risk		Score	Trend	Target Score	Commentary
2218	Urgent & Unscheduled Care	20	NEW	6	New risk replacing part of original Optimal Clinical Outcomes risk, specifically focusing on urgent and unscheduled care through re-design.
2219	Planned Care	20	NEW	6	New risk replacing part of original Optimal Clinical Outcomes risk, specifically focusing on planned care to achieve national targets, improve performance and patient care & experience.
2221	Non-Compliance with Off-Framework DL (2023)5	16	NEW	4	Risk score decreased in terms of impact due to the ongoing management of the situation.
2234	Nursing Home Beds	16	NEW	6	New risk discussed at CMT capturing the impact of disruption to nursing home beds and our ability to respond.
2222	Off Framework Agency Use	16	NEW	4	New risk & score decreased in terms of impact due to the ongoing management of the situation.
2230	UHM Fire Safety Waste Receptacles	8	ESCALATE	6	Risk originally existed on PSSD department risk register however it was agreed by CMT that escalation to CRR was appropriate to ensure the Board has oversight.
2212	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	12	⬇	9	Risk re-described and score decreased.
2213	Ability to Respond to Climate Change	9	⬇	9	Risk re-described and score decreased.

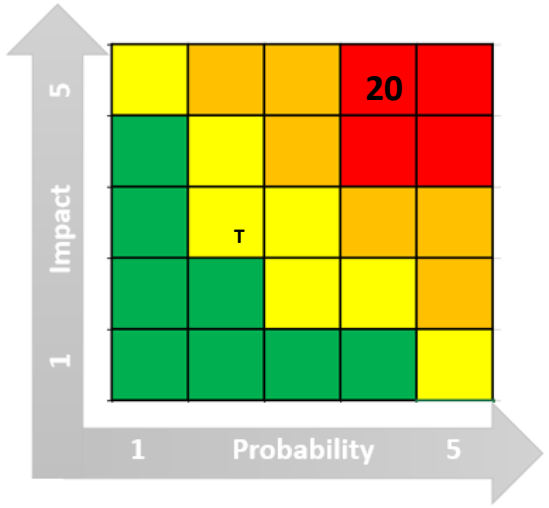
Detail of Risk Movement

Movements in Corporate Risks

Risk		Score	Trend	Target Score	Commentary
2205	Fire Safety Within NHSL	8	DE -ESCALAT	9	Risk proposed for de-escalation to local management monitoring by PSSD.
2073	NHS Reputation Regarding FAI's	9	DE -ESCALAT	9	Risk proposed for de-escalation to local management monitoring.
2125	Optimal Clinical Outcomes	16	CLOSED	6	The risk was reviewed in terms of separating the risk of optimal clinical outcomes to one risk for urgent and unscheduled care and one for planned care.
2220	Junior Doctor Industrial Action	16	CLOSED	4	New risk & score decreased in terms of likelihood due to the suspension of planned action. Risk has been closed since last score decrease.

Corporate Risk in Focus – New

2218: Urgent & Unscheduled Care



Risk Trend	New Risk

New risk replacing part of original Optimal Clinical Outcomes risk, specifically focusing on urgent and unscheduled care through re-design.

Risk Description	Risk Owner	Risk Lead
If NHSL cannot create capacity and address whole system pressures through redesign to create a sustainable urgent and unscheduled care programme, there is a risk of being unable to deliver safe, good quality levels of unscheduled care which may result in sub-optimal clinical outcomes for patients as well as negatively impacting upon scheduled care services.	Jann Gardner	Jann Gardner

Current Controls

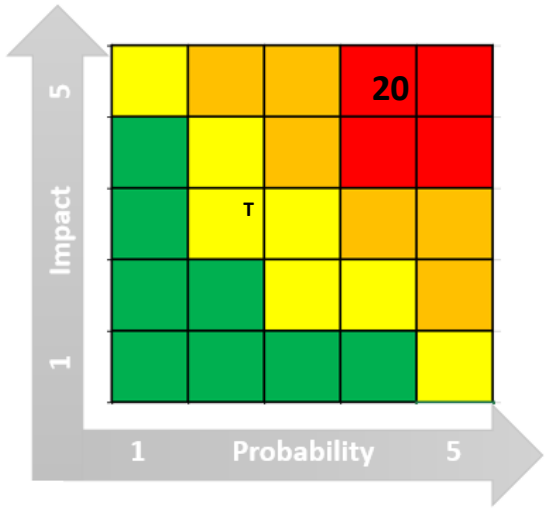
1. Operational oversight through site and acute division daily huddles which then feed to Acute DMT for further escalation when required.
2. Ongoing monitoring of 4, 8 and 12 hour delays
3. Oversight and review of HSMR
4. Datix and Adverse event reporting
5. Consultant connect process in place to improve communication with GP's
6. Daily whole system conference calls arranged twice daily with subsequent conference calls arranged as necessary.
7. Continuous performance monitoring through PPRC
8. Governance oversight via QPPG and HQAIC

Actions

1. Redesign of unscheduled care via Executive Flow Oversight Board Task & Finish Groups including;
2. Outcomes of Op Flow 2 Task & Finish Group 2 (Pre Hosp/Avoiding Admission)
3. Outcomes of Op Flow 2 Task & Finish Group 3 (Front Door Re-Design)
4. Outcomes of Op Flow 2 Task & Finish Group 4 (Ward and System Flow)
5. Outcomes of Op Flow 2 Task & Finish Group 5 (Off Site Beds & Frailty)
6. Implementation of Principles for Safe Transfer to Hospital: Ensuring the Timeous handover of Ambulance Patients.

Corporate Risk in Focus – New

2219: Planned Care



Risk Trend	New Risk

New risk replacing part of original Optimal Clinical Outcomes risk, specifically focusing on planned care to achieve national targets, improve performance and patient care & experience.

Risk Description	Risk Owner	Risk Lead
If there are ongoing delays to delivery of scheduled care, there is a risk that NHSL is unable to meet obligations to achieve national targets for waiting times, resulting in poor patient experiences and potentially negatively impacting upon patient care and organisational reputation.	Judith Park	Jann Gardner

Current Controls

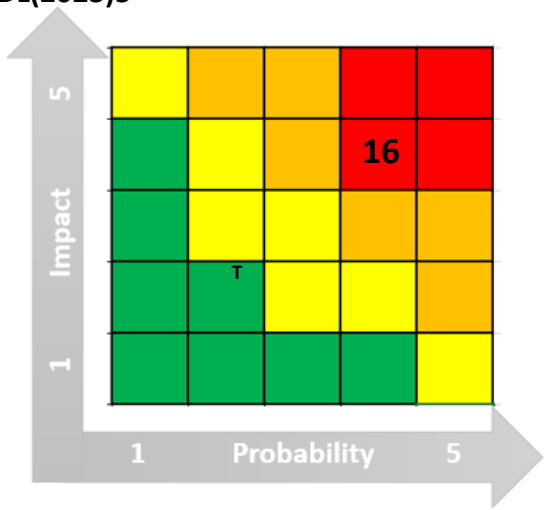
1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL
2. Priority risk assessment of cases on waiting lists aligned with the Realistic Medicine work plan
3. Contracting with special health boards and independent sector
4. Early warning surveillance
5. Operational oversight via Acute Divisional Management Team & Planned Care Board
6. Continuous governance oversight through the PPRC

Actions

1. Planned Care Programme Board to be re-embedded to provide oversight and assurance of planned care with direct focus on waiting time targets
2. Development of better aligned pathways for primary and secondary care
3. Outcomes of Op Flow 2 Task and Finish Group 4 (Ward & System Flow)

Corporate Risk in Focus – New

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



Risk Trend	New Risk

New risk articulated to highlight the risk of not complying with the DL and potential financial impacts of this.

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

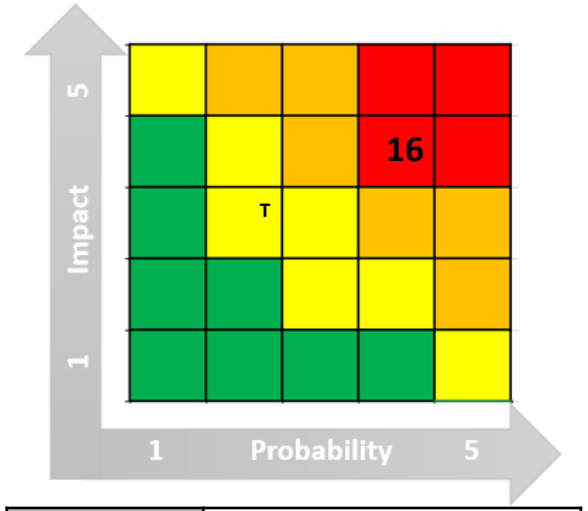
1. Escalation framework in place requiring a checklist to be completed and sign off from an exec director to grant use of off-framework agency workers in specific circumstances
2. Framework agency commissioned to deliver 15 full-time nurses per acute sites for generalist areas.
3. Meetings held three times a week (Monday, Wednesday & Friday) to review resources & plan ahead using rolling live data

Actions

1. Exit strategy for use of off-framework agency use in specific areas is being explored to assure the board that non-compliance will not be continuous with no end date
2. Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete
3. Negotiate with alternative framework agencies to supplement their staff with the necessary skills
4. Ongoing discussion with agency regarding speciality rate for agency cover in specialist areas e.g. ED

Corporate Risk in Focus – New

2234: Nursing Home Beds



Risk Trend	New

New risk to highlight the ongoing risk to the sustainability of nursing homes/care homes within Lanarkshire who may pull out of the National Care Home Contract and how this may impact on our patients, delayed discharges and disrupt whole patient flow.

Risk Description	Risk Owner	Risk Lead
Due to increased instability in the nursing home market, there is a risk of further care home closures and increased and sustained demand for improvement supports from NHS Lanarkshire which may result in greater demands on Health & Social Care Partnership staff and further amplifying the effects of whole system pressures.	Chief Officer North & South	Jann Gardner

Current Controls

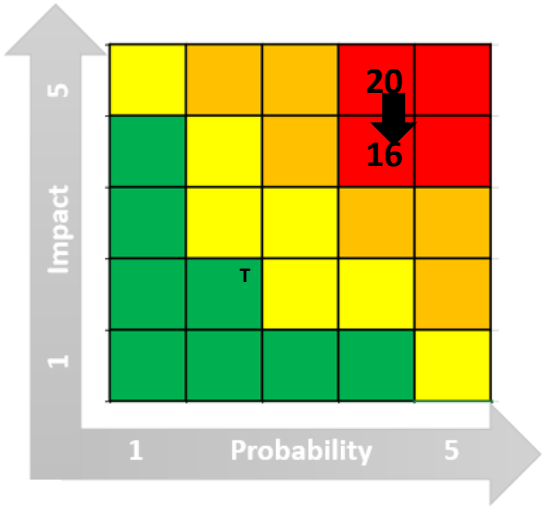
1. Care Home Assurance Team meet monthly for whole system review.
2. RAG status and detail per Care Home reported weekly to CMT.
3. Executive Director for NMAHP holds oversight of quality of Care Homes/Nursing Homes in Lanarkshire.
4. Attendance at national contingency group for care homes.

Actions

Being Developed

Corporate Risk in Focus – New & Decrease

2222: Nurse Agency Use



Risk Trend	New & Score Decrease

Use of off-framework agency is being monitored extremely closely with a positive ongoing downward trend and the anticipated impacts/disruption not being relative to what was forecast. As a result, impact has been decreased from extreme (5) to major (4), reducing the overall risk score from 20 to 16 but keeping the risk at a very high level.

Risk Description	Risk Owner	Risk Lead
If NHSL complies on June 1*st* 2023 with DL(2023)5 without exceptions for areas with high volumes of vacancies and lack of availability of substantive resource and appropriate skill mix, there is an increased risk of an inability to fill critical posts which may result in negative reductions to both staff and patient safety, performance & optimal clinical outcomes, increased waiting times for planned care and potential closure of services temporarily, all of which negatively affect NHSL reputation.	Eddie Docherty	Jann Gardner

Current Controls

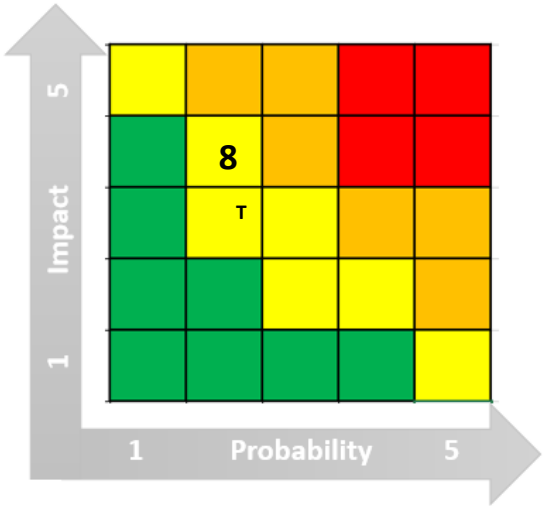
1. Escalation framework in place requiring a checklist to be completed and sign off from an exec director to grant use of off-framework agency workers in specific circumstances
2. Framework agency commissioned to deliver 15 full-time nurses per acute sites for generalist areas.
3. Meetings held three times a week (Monday, Wednesday & Friday) to review resources & plan ahead using rolling live data
4. Granted derogation to areas holding substantial clinical risk such as Kyle Park to allow for safe staffing complements
5. Weekly reporting of any off-framework usage within the board to Scottish Government to be held accountable for usage of such methods.

Actions

1. Explore viability of fast track bank applications
2. Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete
3. Negotiate with alternative framework agencies to supplement their staff with the necessary skills
4. Utilise triangulation of data such as budget, agency use, overtime, bank, WTE in post, sickness absence, annual leave, vacancy rate and staff turnover to explore reasons for agency use and develop solutions.

Corporate Risk in Focus – Escalation

2230: UHM Fire Safety Waste Receptacles



Risk Trend	Escalation

Due to the nature of the impacts of this risk, the risk has been proposed for escalation to the CRR from PSSD risk register at the request of the Director of Planning, Property and Performance.

Risk Description	Risk Owner	Risk Lead
Due to fire retardancies and fire containment issues of waste receptacles retained in circulation areas and lift lobbies, there is a risk to the accessibility of main fire escape routes at UHM which could result in negative health & safety impacts for staff, patients and visitors to the site.	Colin Lauder	Jann Gardner

Current Controls

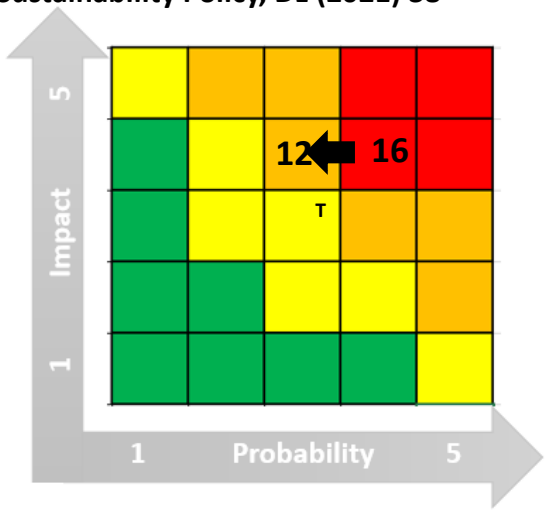
1. Clinical waste containers have been removed from circulation areas and lift lobby areas out of hours and located in an exterior to the hospital. These are returned on commencement of day shift porters each day.
2. Nursing staff during night hours should retain any filled bags of waste in the sluice area and if a pick up is required due to volume this should be logged on the helpdesk then a porter will come and uplift as soon as possible.
3. Linen cages will be kept within ward areas where this can be facilitated out with the lift lobby.
4. DSR doors to be kept closed at all times.
5. Cardboard waste containers relocated away from being beside the clinical waste containers.
6. Only one clinical waste container is located at each lift lobby during core hours which requires PSSD to increase the number of uplifts.
7. Exterior storage is being enhanced where possible.

Actions

1. Specific departmental challenges are being worked through within each location to ensure service continuity.
2. Longer term solutions being investigated including: identification of containers made from sustainable materials; fire retardant permanent housings in the lift lobby areas for storage and contractual routes with the clinical waste provider to address this issue.

Corporate Risk in Focus – Decrease

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



Risk Trend	Score Decrease

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. Current risk level updated and risk re-worded as per discussions at PPRC & The Board.

Risk Description	Risk Owner	Risk Lead
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.	Colin Lauder	Jann Gardner

Current Controls

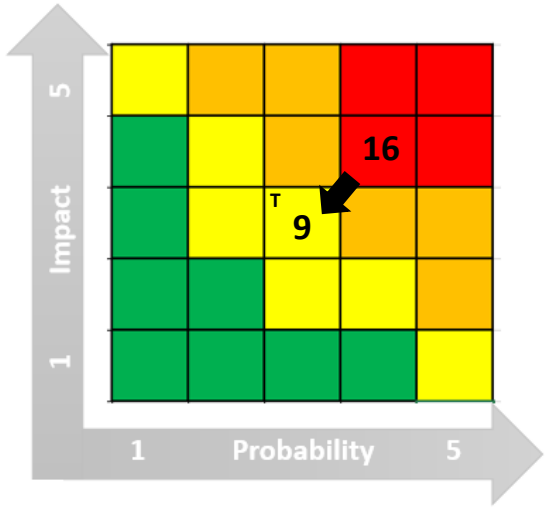
1. NHS Lanarkshire Sustainability & Climate Change Policy (2022)
2. NHS Lanarkshire Sustainability & Climate Change Strategy
3. NHS Lanarkshire Sustainability & Environment Group in place and chaired by Deputy Director Planning, Property & Performance
4. Regular reports to CMT and PPRC
5. Completion of national reports (both statutory and non-statutory) in areas relating to the Boards GHG emissions performance, climate change risk and adaptation and biodiversity.

Actions

1. Commission net-zero route map report conducted by Jacobs, due to be finalised by end of June 2023;
2. Formation of a refreshed governance structure and membership of the Sustainability & Environment Group
3. Establish dedicated work streams and identify senior leads
4. Work stream objectives clearly set to and highlight reporting of progress.
5. Energy efficiency grant funding sought supported by Mott MacDonald consultants through the Green Public Sector Estates Decarbonisation funding stream
6. Re-investment of a proportion of savings to increase capacity, including identifying spend to save opportunities
7. Maximise opportunities to secure external funding

Corporate Risk in Focus – Decrease

2213: Ability to Respond to Climate Change



Risk Trend	Score Decrease

Risk description and mitigations updated to reflect discussions at PPRC and the Board. Risk level has been reduced from a 16 to a 9 to reflect the risk description.

Risk Description	Risk Owner	Risk Lead
Climate change means that extreme weather incidents are becoming more common and severe. If NHSL don't take appropriate action to mitigate, adapt and respond to the effects of climate change, there is a significant risk that our physical and supporting infrastructure is impacted resulting in disruption to our services, patients and staff.	Colin Lauder	Jann Gardner

Current Controls

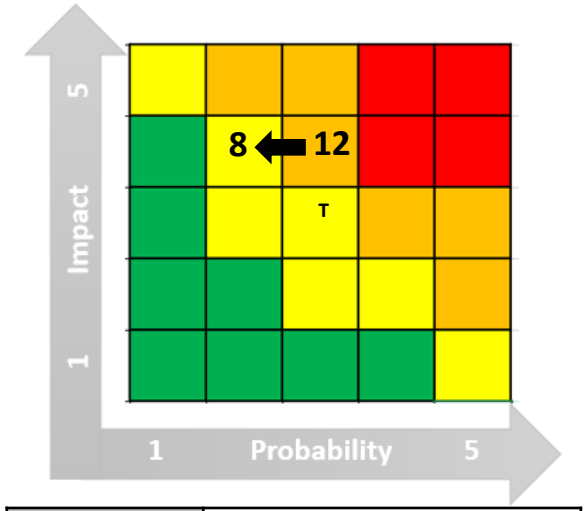
1. Completion of Climate Change risk assessment
2. Adaptation report complied

Actions

1. Undertake a Climate Change Risk and Adaptation (CCRA) for the Board with appropriate stakeholder involvement in the process.
2. Submission of Adaptation report to NHS Assure/Scottish Government
3. Development and refinement of the process over time time to inform the organisation’s adaptation and mitigation strategies for climate change.

Corporate Risk in Focus – De-Escalation

2205: Fire Safety Within NHSL



Risk Trend	De-Escalation

Monthly report presented to CMT, showing almost all areas are now >80% compliant. Agreement from CMT to reduce reporting to quarterly with monthly exception reporting for those areas <80% compliant. As a result, likelihood of risk has reduced from 3 to 2, meaning the risk is now within tolerance and is proposed for de-escalation from the CRR to departmental monitoring.

Risk Description	Risk Owner	Risk Lead
If all staff within NHSL are not sufficiently trained in relation to fire safety and awareness, there is an increased risk that NHSL is not suitably equipped to manage or respond to fire related incidents which may negatively impact on health and safety of staff and patients whilst failing to comply with legislative requirements.	Colin Lauder	Jann Gardner

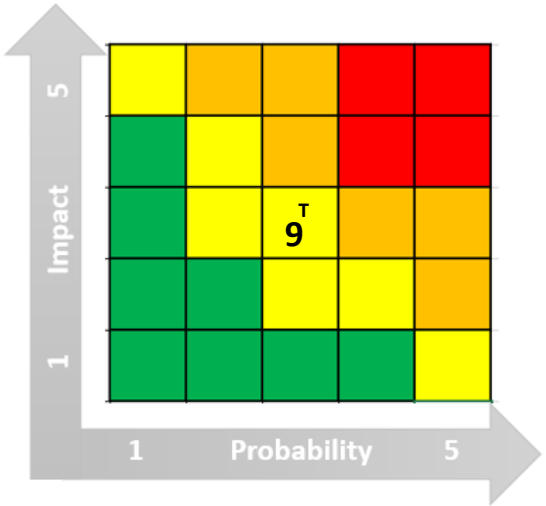
Current Controls

1. Fire Safety Training mandatory for all staff
2. Compliance monitored weekly and reported to CMT
3. Dedicated Fire Safety team within NHSL carry out Fire Safety Risk Assessments and produce Corrective Action Plans for Senior Site Responsible Managers as appropriate
4. Number of Fire Safety Control Book Audits carried out quarterly.
5. Email is auto-generated 3 months in advance to make users aware of requirement to carry out fire safety training before becoming non-compliant.

Actions

Corporate Risk in Focus – De-Escalation

2073: NHSL Reputation Regarding FAIs



Risk Trend	De-Escalation

Propose the risk for de-escalation to be monitored through the department rather than on CRR as risk is within target score.

Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL will be subject to adverse publicity resulting from a scheduled FAI, impacting on the reputation of the Organisation.	Jann Gardner	Jann Gardner

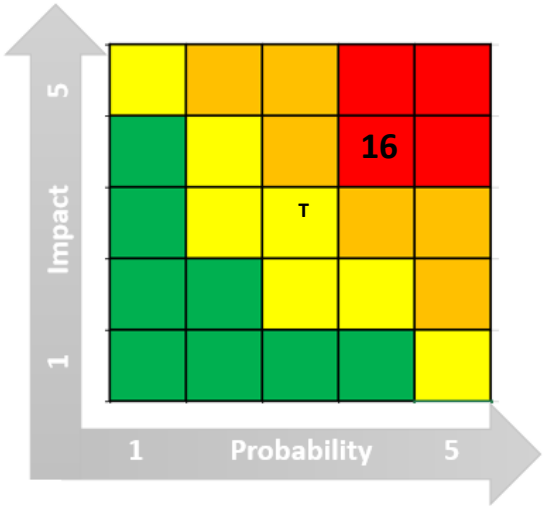
Current Controls

1. Continuous review and improvement of the systems in place for review of significant adverse events, including liaison with family.
2. Implementation and monitoring of action plans.
3. Communication team regularly monitor media outlets to understand any current or upcoming coverage of FAI's relating to NHSL & to ensure a readiness to respond if necessary.
4. Early identification of the potential for an FAI through CLO and notified to the board secretary to progress.
5. Local preparations co-ordinated through the Board Secretary (excluding mandatory FAIs) to allow for consistent approach.
6. Regular touch point meetings are established with key service individuals and the CLO before the FAI starts to ensure preparedness.
7. During the FAI hearing CLOI provide daily reports shared with key stakeholders, including Comms colleagues, to ensure that any issues can be flagged, albeit no comments can be made at that point.
8. Post FAI close liaison with CLO when the Determination is issued, and staff advised and updated with Comms prepared.

Actions

Corporate Risk in Focus – Closure

2125: Optimal Clinical Outcomes



Risk Trend	Closure

The risk was reviewed in terms of separating the risk of optimal clinical outcomes to one risk for urgent and unscheduled care and one for planned care. Therefore, proposed for closure as it has been replaced with two separate risks.

Risk Description	Risk Owner	Risk Lead
There is risk that optimal clinical outcomes for some patients will not be attainable resulting from delays in diagnosis and treatment experienced as a direct result of previous disruption and stepping down of services during the acute periods of pandemic response. This could lead to unintended consequence for some patients with disease progression and higher levels of acuity.	Chris Deighan	Jann Gardner

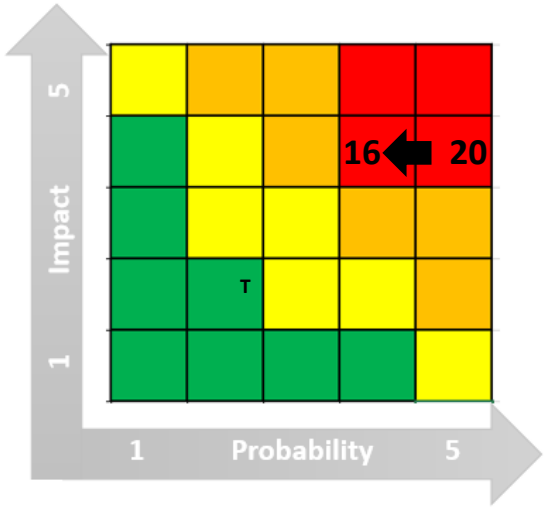
Current Controls

1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL
2. Priority risk assessment of cases on waiting lists aligned with the Realistic Medicine work plan
3. Contracting with special health boards and independent sector
4. Early warning surveillance
5. Review of adverse events and complaints
6. Oversight and review of HMSR
7. Improvement and data measures outlined within the Quality Strategy & Work plan
8. Continuous performance monitoring through Quality Professional and Performance Committee
9. Continuous governance oversight through the Healthcare Quality, Assurance and Improvement Committee.
10. Whole system actions from Firebreak to decompress & stabilise system. Operation Flow plan to reshape/re-design services in response to clinical pressures.

Actions

Corporate Risk in Focus – Closure

2220: Junior Doctors Industrial Action



Risk Trend	Closed

Risk was originally created at the request of CMT to articulate the ongoing industrial action threat regarding junior doctors. After approval, the risk increased in score as NHSL were provided agreed dates for strike days. Since then, Gold, Silver & Bronze Command groups have been paused as planned industrial action was halted due to an improved pay offer. Likelihood of risk has decreased from a 5 to a 4 given the planned industrial action did not go ahead. Close monitoring will continue. The pay offer has since been agreed and industrial action will not go ahead, therefore the risk is to be closed.

Risk Description	Risk Owner	Risk Lead
If planned industrial action involving junior doctors is pursued, there is an increased risk to patient groups experiencing less than optimal clinical care and/or delays which may impede the ability of NHSL to deliver safe and effective levels of healthcare across all service areas, increased waiting times for both urgent and planned care and negatively impact on the organisations reputation.	Dr Chris Deighan	Jann Gardner

Current Controls

1. Provision of information to Scottish Government through updates when required
2. Ongoing engagement with representative bodies
3. Industrial action planning group established to oversee potential impacts and co-ordinate response
4. Dynamic risk assessments taking place in terms of assessing formally standing down planned care services.

Actions

1. Identification of critical services that must remain functioning underway
2. Checklist to support business continuity for critical services including safe staffing levels
3. Identification of services to be temporarily paused to allow realignment of staff to support critical areas
4. Comms strategy under development as part of planning approach
5. Services to draft contingency plans to mitigate disruption
6. Review of guidance from Employers Reference Group underway with a view of implementation.
7. Gold, Silver & Bronze command structure meetings stood up, both Acute & NHSCP have set up their own silver command groups.

Very High Risks – *Summary*

There are 11 very high risks managed within the Acute Division:

Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
2042	Unscheduled Care	25	25	25		4	Actions regarding operation flow trajectories updated.
2196	Intensive Care Service at University Hopsital Monklands	25	25	25		4	Controls reviewed and updated.
2207	Emergency Department Junior Medical Staff	20	20	20		4	No change to risk at review.
2227	Treatment Time Guarantee	20	20	20		2	No change to risk at review.
2229	Acute Finance 23/24	20	20	20		3	Controls updated at review.
2193	Stroke/Care of the Elderly Additional Beds	20	20	20		6	No change to risk at review.
1848	Staff Resilience	16	16	16		2	Description amended and controls added.
2018	Impact on Diagnosis and Treatment as Services were stepped down during Acute Covid Repsonse	16	16	16		6	Description amended and controls added.
2172	Opthamology Glaucoma Service	16	16	16		6	No change to risk at review.
2173	Opthamology Diabetics Service	16	16	16		6	Controls reviewed and updated.
2174	Delays in Reporting Radiology Examinations	16	16	16		6	No change to risk at review.

There is 1 very high risk managed within MRP:

Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
2177	MRP Workforce Recruitment	16	16	16		9	Risk remains very high on the MRP risk register to reflect the wider organisational position regarding workforce challenges and the risk of impacting the MRP workforce plan going forward.

Very High Risks – *Summary Cont.*

There are 4 very high risks for Monklands Business Continuity:

Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
2233	MTHW Heating Pipework leaking	20	20	20		6	Risk originally sat within the AECOM risk register.
2231	Fire Compartmentation - Damaged Cavity Barriers within the Renal Unit Ceiling Void	20	20	20		6	The FSW10 project brief was issued to GRAHAM on 21/04/23.
1773	Deterioration/Failure of Cast Iron Pipes	16	16	16		9	The remedial scope of works has been agreed. This includes the replacement of drainage stacks within Ward 16, AMRU above and the Management Suite below.
1772	Deterioration/Failure of Existing Below Ground Drainage	16	16	16		9	AECOM to issue project brief following meeting.

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

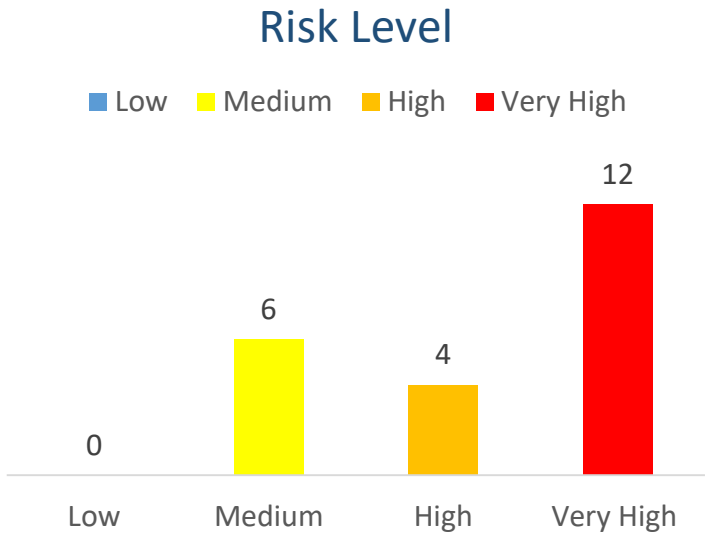
Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
1995	Practice Sustainability Impact on PCIP (GMS2018-002)	20	20	20		12	Score remains appropriate, risk reviewed at GMS EOG.
2000	Accommodation (GMS2018-008)	16	16	16		12	Score remains appropriate, risk reviewed at GMS EOG.
1997	PCIP Workforce (GMS2018-005)	16	16	16		12	Score remains appropriate, risk reviewed at GMS EOG.
2048	Delivery of GMS2018 Contract - Pharmacotherapy Services (GMS2018-016)	16	16	16		9	Score remains appropriate, risk reviewed at GMS EOG.

Very High Risks – *Summary Cont.*

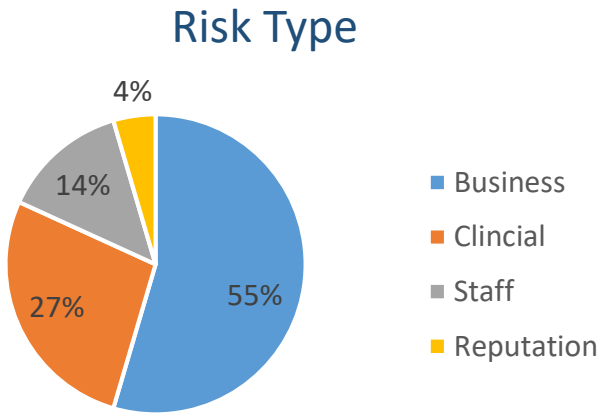
There are 2 very high risks for South H&SCP:

Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
2111	Clincial Staffing Levels Out of Hours	20	20	20		9	Risk remains unchanged.
2029	ICST Workforce	16	16	16		12	Risk remains unchanged. To be reviewed at next Risk Register meeting in September.

Corporate Risk Trends

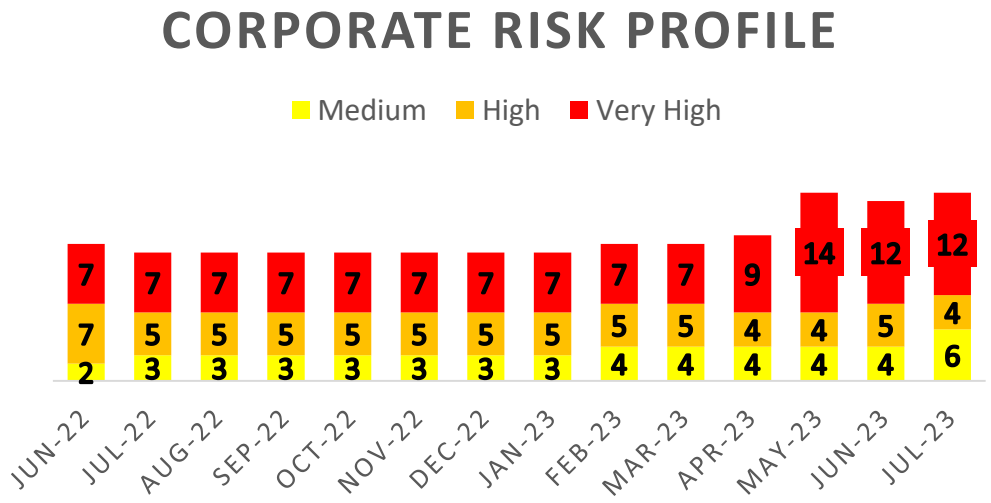


Of the 21 Corporate Risks reported (increase of 4), 12 of the reported risks are very high (an increase of 3 since last reporting) , 4 are high and 6 are medium in terms of risk level (an increase of 2 since last reporting).



Business risk is the largest risk type within the corporate risk register with 13 out of 21 being classed within that risk type. 5 risks are classed as clinical and 3 as staff.

Corporate Risk Trends



NHSL has changed their corporate risk profile in the past year, reporting an increase of 7 risks from July 2022 to July 2023.
The very high risks have significantly increased by 5, the high risks have reduced by 1 and the medium risks seen an increase of 3.