



THE STATE HOSPITALS BOARD FOR SCOTLAND

Risk and Resilience Annual Report

2023-24

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Approved by: Director of Security, Estates and Resilience

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1. Risk Management Department

1.1 Introduction

The Risk and Resilience Department, part of the Security Directorate, is involved in a range of functions including:

- The development and maintenance of Local and Corporate Risk Registers
- Risk assessments for identified risks
- Development and review of Resilience Plans,
- Incident Reporting and Enhanced Reviews (Cat 1 & 2)
- Health & Safety
- Duty of Candour
- Administration of Datix System
- Training

1.2 Aims and Objectives

- Development, implementation and review of Risk and Resilience policies and procedures;
- Proactive identification of risks potentially impacting on The State Hospital (TSH), with the subsequent management of these risks through recognised risk management tools and techniques.
- Implementation of Incident Review processes to ensure significant adverse events are adequately investigated with the development of Action Plans to enhance organisational learning.
- Supporting a “Quality” culture by developing staff competencies and improving risk management practices within TSH.
- Develop and maintain how we respond in times of crisis by maintaining a resilient hospital that can adapt and operate out with normal parameters.
- Develop and maintain relationships with our partner agencies, having a shared understanding and opportunity to learn.

2. Governance

2.1 Committees/Groups

The Audit Committee has overall responsibility for evaluating the system of internal control and corporate governance, including the risk management strategy and related policies and procedures.

The Risk Management process is embedded within TSH committees and group with members of the team present at the majority of the groups within the hospital. Regular reports on risk activity, incidents, adverse event actions and risk registers are presented to the relevant groups.

An example of some of the main groups Risk and Resilience report to are:

- **Health, Safety and Welfare Committee (HSW)**
- **Security and Resilience Group (SRG)**
- **Climate Change and Sustainability Group (CCSG)**
- **Security, Risk & Resilience, Health & Safety Oversight Group**
- **Audit Committee**
- **Organisational Management Team**
- **Corporate Management Team.**
- **Patient Safety Group**

In addition to the above Groups and Committees. Risk and Resilience also have a presence at other Hospital Groups including Infection Control, Information Governance, Corporate Governance and Clinical Governance among others.

3. Key Work Activities (2023-2024)

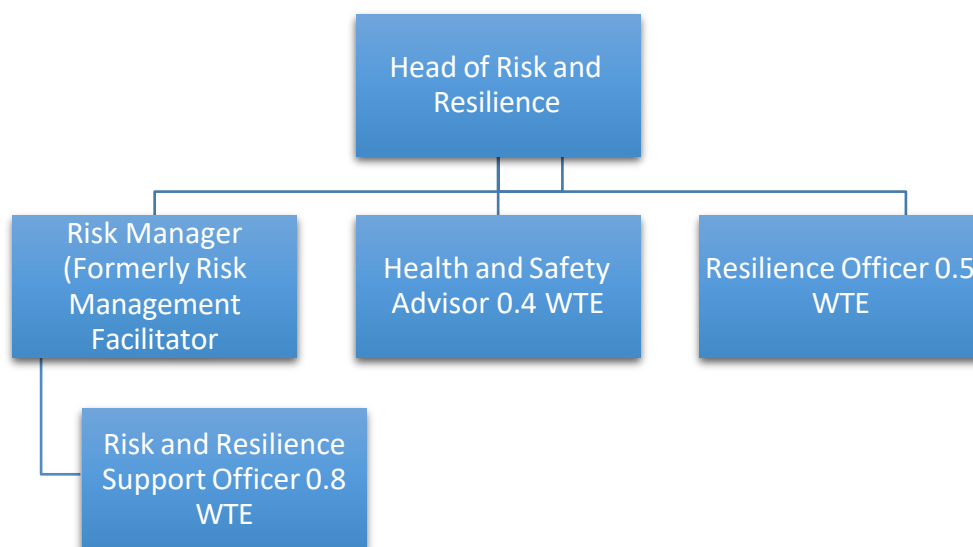
3.1 Risk and Resilience

3.1.1 Changes within Department

In 2023/24 three new colleagues joined the Risk and Resilience Team and one member of the team changed roles. The Team is at full complement at time of report being published.

- A Health and Safety Advisor was recruited in January 2024. TSH now has its own Health and Safety Advisor 2 days per week, up from the previous 1 day per week.
- A new post was created to assist with resilience training and other resilience arrangements within TSH, this post is 2.5 days per week and was recruited to in January 2024.
- A Risk and Resilience Support Officer was recruited in December 2023 which was vacant for the majority of 2023.
- The role of the Risk Management Facilitator significantly changed in 2022/23 which resulted in the post being successfully evaluated to Risk Manager.

Current Model as of 2023/24



3.1.2 Corporate Risk Register (Appendix A)

A corporate risk is a potential or actual event that:

- interferes with the achievement of a corporate objective/target; or
- would have an extreme impact if effective controls were not in place; or
- is operational in nature but cannot be mitigated to acceptable level of risk

Appendix A contains the current Corporate Risk Register containing 28 risks spread across the 6 Directorates. Risks are reviewed regularly throughout the year with updates shared with CMT and The Board. 4 of the risks were graded High with the rest following in the Medium and Low gradings.

A project is underway to update the Corporate Risk Register and ensure it aligns with the strategic aims of the hospital. This will be presented to the Board in 2023/24.

3.1.3 Department/Local Risk Registers

Department/Local Risk Registers contain risks that are particular to a specific department and are within the capability of the local manager to manage and are monitored and reviewed by the Head of Service. All departments are expected to develop a Local Risk Register, together with relevant risk assessments and action plans (if indicated).

The Head of Department will inform the relevant Executive Director of their departmental/local risks and indicate those risks to be reviewed (by exception) for inclusion to the Corporate Risk Register. This will include all current very high and high graded risks. The Head of Department is also responsible for developing, reviewing, and updating the local Risk Register.

The process for the Local Risk Register continued to be managed by the Risk Manager with each department within the hospital having an active register, which is reviewed frequently. The register continues to develop in response to changes within the hospital environment. This is managed by members of the Organisational Management Team.

CMT are updated on progress by the Director of Security, Estates and Resilience.

3.2 Resilience

The Head of Risk and Resilience has overall responsibility for the management of Resilience within TSH on behalf of the Director of Security, Estates and Resilience. The Director also chairs the Security, Risk and Resilience, Health and Safety oversight group and attends Security and Resilience Group chaired by the Head of Risk and Resilience / Head of Security. The Risk and Resilience Department also produces an annual report for the Boards' Audit Committee and regular Resilience Reports to the relevant groups.

3.2.1 Resilience Plans

Level 2 Plans

Level 2 Plans are primarily Loss of Service Plans and are handled by our internal operations. Normally return to normal operations is swift and is controlled within normal service functions and operations.

Currently, all level 2 plans are in date. Each plan has a review date of three years and within that time the plans will be tested to ensure they are fit for purpose. This will be co-ordinated by the Resilience Officer

Level 3 Plans

Our current level 3 plans remain fit for purpose and all agencies are content with current arrangements. Our level 3 plans are those of a multiagency joint working model. These plans involve input from our partner agencies, Police Scotland, Scottish Fire and Rescue, Scottish Ambulance Service, South Lanarkshire Council and the West of Scotland Regional Resilience Partnership. Work is ongoing to re-develop our Lv3 plans and a first draft have been shared with our partners for comment.

3.2.2 Resilience Related Incidents

In line with the approved Resilience Framework, all resilience related incidents are reported via Datix, with Level 2 and 3 incidents being reported directly to the Security, Risk and Resilience Group.

The Incident levels are defined within the Resilience Framework as follows:

Level 1: Incidents which cause minor service disruption with one area/department affected which can be contained and managed within the local resources

Level 2: Incidents which cause significant service disruption, interruption to hospital routine, special deployment of resources and affect multiple areas/departments.

Level 3: A major/emergency situation which seriously disrupts the service and causes immediate threat to life or safety. These incidents will require the involvement of the Emergency Services

Over the year April 23 – March 24, there have been one Level 3 and zero Level 2 incidents out with the staffing issues recorded.

	2019/20	2020/21	2021/22	2022/23	2023/24
Level 2	2	0	19	8 (+ 3106 staffing resource)	0 (278, All staffing resource, only full closure)
Level 3	0	4	0	0	1

Level 2 incidents were only recorded relating to Full and Partial Closures of wards when there has been staffing resource issues. Although high, there is a significant reduction on the number of issues recorded in 2022/23. No other incidents that happened within TSH met the criteria for Level 2 and were all managed by their service.

One Level 3 Incident was recorded in 2023/24. Incident involved damage to a bedroom by a patient which resulted in the potential for weapons to be fashioned. This resulted in the Incident Command process being enacted and support required from Police Scotland. Incident is being investigated through the Category 2 Review Process.

3.2.3 Training and Exercising

Risk Management Training

Datix Training was provided to 19 staff in management roles. The training aims to teach staff how to use the Datix system, quality check all Datix entries, investigate Datix entries thoroughly and how to interrogate the system for data. Training for Datix runs continuously and is provided by the Risk Manager and in future the Risk Project Support Officer.

Resilience Training

Resilience training forms part of our overall strategy in developing and maintaining our resilience standards. Over the course of this year we have maintained our development by delivering a series of training events listed below

- Full Multi-Agency Live play training exercise with Full Incident Command in place. This event involved all partner agencies, Police, Fire, Ambulance and Local Authority. The event was a live play fire within a ward setting, with casualties missing. The hospital remained operational throughout and was managed by a full incident command operation. SFRS have 4 appliances in attendance with search teams deployed within the ward setting.

Police, ambulance and local authority along with SFRS formed part of the incident command structure and provided tactical advice to the silver command. Positive exercise with good learning and joint working, with positive de-brief following event.

- Level 3 PPE refresher and accreditation training completed.
- Critical Incident Communicator CPD events delivered for The State Hospital CIC's
- Delivery of Mental Health Awareness sessions to Police Scotland Negotiator Unit
- Silver Command Training and refresher events for on-call Directors
- Golden Hour training for our Operational Managers

3.2.4 Partner Agency Working

It is important to maintain and develop our relationships with our partner agencies, who at times we may rely upon to assist us during times of crisis. Our partner agencies include the following:

Police Scotland

Our relationship with Police Scotland remains strong. Over the past twelve months, the following milestones have been maintained and achieved:

- Police Scotland dedicated response team for the hospital. Close Liaison and working with Security Dept.
- Operational site visits to all new response inspectors and sergeants.
- Co-development of our level 3 and Multi Agency Incident Response Plan

Scottish Fire and Rescue

Over the last twelve months the following milestones were maintained and achieved:

- Operational familiarisation visits to the hospital with key departments.
- Development of Operational Intelligence for tactical interventions for an incident.
- Development of joint exercises
- Maintain and develop relationships and shared opportunities

Scottish Ambulance Service

Over the last twelve months the following milestones were maintained and achieved:

- Operational familiarisation visits to the hospital with key departments.
- Development of flow navigation to the hospital for patient care.
- Development of support resource for care options for patients.

South Lanarkshire Council

As part of the local LRP we work closely with South Lanarkshire Council. We have facilitated familiarisation visits for new to role staff to help them understand hospital activity and allow opportunity to develop shared learning of what we can both offer if required. This work will continue.

3.2.5 NHS Standards for Organisational Resilience

In May 2018, the Scottish Government updated its "NHS Scotland: Standards for Organisational Resilience document (2016), to reflect changes within the health and social care context, new policy imperatives and newly identified "Best Practice". This document specified minimum standards and related measure/performance indicator criteria for resilience within NHS Boards across Scotland.

TSH's Lead for Resilience (Director of Security, Risk Resilience and Estates) has responsibility for ensuring these Standards are achieved and are monitored by TSH Security, Risk and Resilience and Health and Safety Group.

Scottish Government(SG) are currently reviewing the resilience standards looking to develop and adapt new ones to work too. This remains an ongoing objective for SG. Risk and Resilience are working in line with these current standards where applicable.

Business Continuity Arrangements

In October 2023, EPRR published the following documents:

- Preparing for Emergencies: Guidance for Health Boards in Scotland.
- Business Continuity: Strategic Guidance for NHS Health Boards in Scotland.

This guidance is an updated version of the 2013 guidance and explains what should be done to enhance organisational resilience and capability. It is specifically aimed at Category 1 (core emergency response) and Category 2 (cooperating bodies) responders as defined by the Civil Contingencies Act 2004 (CCA). TSH are not classified as such however the guidance recommends compliance with the full CCA duties where applicable.

There are a total of eight sections contained within the guidance and the following sections have specific relevance to TSH and its plans for potential emergencies:

Section 2: Ensuring Preparedness
Section 4: Planning for Emergencies
Section 5: Essential Elements of Emergency Response
Section 6: Roles and Responsibilities
Section 7: Preparing for Specific Incidents

The preparation of plans in advance of any emergencies are overseen through the Security and Resilience Group.

Winter Preparedness

The Winter 2023/4 Checklist was submitted to Scottish Government on 21 September 2023. The return comprises of responses to statements of preparedness in four main areas as follows:

1. Overarching Principles/Resilience Preparedness
2. Planned Care
3. Primary Care
4. Workforce/Seasonal Outbreak

Whilst not all sections are relevant, those that are were given an appropriate response which sets out arrangements in place for TSH.

National Alerts

In April of this year the UK Government launched the new Emergency Alerts System. In order to manage this new system, The State Hospital has developed a mechanism to ensure that alerts are not missed. In the event of an alert being issued The State Hospital will review the alert and assess the impact to the operations of the hospital. The on-call Director, following consultation, will be responsible for invoking any operational resilience plans that are available to deal with the situation arising.

3.3 Health & Safety

3.3.1 Control Book Audits

Health & Safety electronic Control Books (eCB's) provide the infrastructure to manage Health & Safety arrangements across TSH. The hospital currently operate around 30 eCB's which are audited within a 2-year cycle to ensure compliance with organisational and local policies/procedures.

7 Control Books were audited in 2023/24. 6 of the audits recorded green scores (> 80%) and will be re-audited again in 2 years. 1 book received an amber score and will be re-audited again in 1 year. All control books with the exception of 1 have received previous green scores and 1 remains amber from 2022/23. Control Book audits will continue in 2024/25 with the process currently being reviewed by the Health and Safety Advisor.

3.3.2 2023/24 Training Plan

A training plan was created for 2022/23 to target new and deferred control books. 29 staff were identified as a Control Book or Deputy Control Book Holder who required to attend their initial training. 4 training sessions were scheduled which 23 of the identified staff attended. The H&S Advisor left TSH in April 2023 when the SLA with NHS Lanarkshire ended and training was paused for the remainder of 2023/24.

Training service will be resumed in 2024/25 with the appointment of permanent Health and Safety Advisor.

3.3.3 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR requires employers to report incidents that 'arise out of or in connection with work resulting in: the death of any person; specified injury to any person or hospital treatment to non-employees; employee injuries resulting in over 7-day absence from work; dangerous occurrences and specified occupational diseases'. There has been an increase of 6 in reported RIDDOR incidents in comparison to 2022/23.

	Q1	Q2	Q3	Q4	2021/22	2022/23	2023/24
'Specified' Injuries*	0	0	1	1	1	1	2
Over 7 day lost time Injury	3	0	3	6	4	7	12
Total	3	0	4	7	5	8	14

All RIDDORs reported to HSE in line with the Health and Safety Act, individual incidents are monitored and reviewed by the Health and Safety Committee.

3.4 Fire

Three fire alarms occurred during the year to which all received a response from Scottish Fire & Rescue Service. No actual fires were present in TSH however 1 near miss was recorded.

3.5 Incident Reporting

Datix is the hospital's electronic incident reporting system, and is accessible to all staff via the intranet and a link from each computer desktop in the hospital.

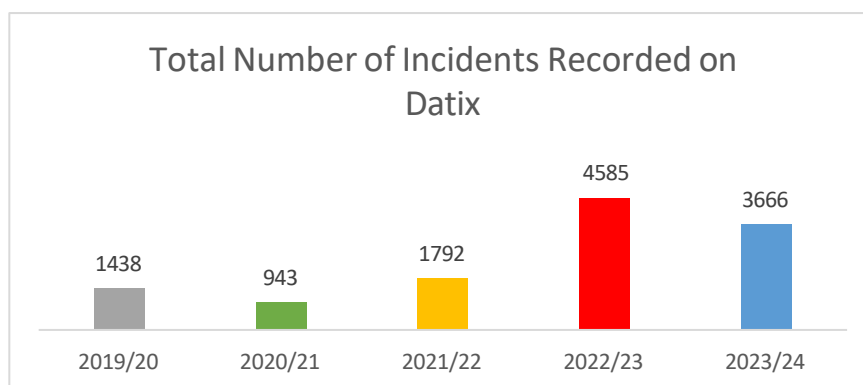
Each reported incident is investigated locally to ensure appropriate remedial and preventative steps have been taken. There are clear processes in place to identify incident trends or significant single incidents.

Datix classifies 7 overarching 'Type' of incident:

- Health and Safety
- Security
- Direct Patient Care
- Other
- Equipment, Facilities & Property
- Communication/Information Governance
- Infection Control

3.5.1 Datix Incidents

3666 incident reports were finally approved during 2023/24; a significant decrease in the number of incidents finally approved in 2022/23 (4585). The chart below shows the changes in the number of incidents reported within Datix over the last 5 years. The significant decrease is due to the reduction in the number Staff Resource Incidents reported on the Datix System, although many other categories did also show an increase:



3.5.2 Incident 'Type' Trends over last 5 years

Incident Type	2019/20	2020/21	2021/22	2022/23	2023/24
Staffing Resource	X**	X**	X**	3192	2296
Health & Safety	712	413	461	660	554
Security	138	93	139	277	297
Direct Patient Care	146	142	146	206	232
Equipment/Facilities/Property	106	78	75	105	135
Infection Control	82	55	60	77	53
Communication/Information Governance	32	48	65	51	94
Other	219	115	846	11	5
Totals	1435	943	1792	4585	3666
*Average Patient Population	106	114	115	110	102

* based on bed compliment at end of each quarter/4
* Staffing resource not recorded

Incidents are monitored by relevant groups who are responsible for taking forward any additional actions.

3.5.3 Risk Assessment

The process of Risk Assessment within TSH involves the consideration of two key factors, i.e. likelihood (e.g. rare, unlikely, possible, etc.) of a given event occurring and the impact (or consequence) that the event may have on the organisation (e.g. financial, reputational, operationally, regulatory, etc.).

The following table provides details of the number of “high” graded risk incidents reported since 2019/20, which have increased substantially. These High / Very High graded incidents were as a result of an increase in Communication/Information Governance Incidents specifically relating to confidential information being sent to the wrong recipient and Staffing Resource Issues where a ward had to implement daytime confinement for patients, modify operations or fully close.. Due to the incidents happening more frequently likelihood was increased and incidents were graded as High or Very High. Both issues are being monitored. To again highlight the significant increase is due to the improved compliance reporting of Staff Resource Incidents on the Datix System, although many other categories did also show an increase.

Year	No. of “High” or “Very High” Graded Risk Incidents
2019/20	1
2020/21	0
2021/22	628
2022/23	684
2023/24	2026

Likelihood	Potential Consequence				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	Very high	Very high
Likely	Medium	Medium	High	High	Very high
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

3.5.4 Duty of Candour

The organisational duty of candour procedure is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused harm or death. They are required to apologise and to meaningfully involve them in a review of what happened.

Duty of Candour Incidents	2021/22	2022/23	2023/24
Considered	103	115	54
Confirmed	1	0	2

There was 2 Duty of Candour incident recorded in 2023/24

One incident that was identified is still under review as part of a Category 1 Investigation.

1 incident related to a self-harm incident. The incident was investigated as a Category 2 Report and learning shared within the organisation.

Further information is available in the Duty of Candour Annual Report 2023/24

3.6 Enhanced Adverse Event Reviews

All incidents/near misses assessed as being a Very High (red) risk, will result in a Category 1 Review. Other incidents may be subject to a Level 1 review at the request of CMT/Clinical Team.

Category 1 is the most rigorous type of incident review, using root cause analysis to ensure appropriate organisational learning.

Category 2 Reviews are utilised for less serious incidents, whereby, an in-depth investigation is required to identify any learning points and to minimise the risk of the incident recurring.

One Category 1 Reviews was commissioned during 2023/24

- Cat 1 23/01 Medication Error (Duty of Candour incident mentioned in the previous section, in progress but delayed)

Four Category 2 Review were commissioned during 2022/23:

- Cat 2 23/01 Self Harm
- Cat 2 23/02 Email Incident

- Cat 2 23/03 Incident Command (In progress)
- Cat 2 23/04 Patient Assault (In progress)

3.7 Training Compliance

Training Module	Number of Staff Completed	Percentage of Staff Completed	Increase/Decrease on 2022/23
Health and Safety Awareness	70	98.7%	+0.6%
Manual Handling	238	99.7%	+0.2%
Fire Safety	613	100%	+0.7%
Level 1 PMVA	154	100%	+0.8%
Level 2 PMVA*	385	100%	+26.2%
WRAP	104	79.1%	+7.9%

* Compliance levels for PMVA Level 2 Refresher training were impacted by high levels of staff absence during 2022/23, A compliance improvement plan was put in place in April 2023, with a target to achieve a minimum of 90% which has been successful.

3.8 Freedom of Information (FOI) Responses

During 2023/24 the Risk Management Team received four FOI requests totalling 23 questions. The team provided data for all of them where it was held by our department.

4. Summary

4.1 Areas of Good Practice

In addition to the positive outcomes highlighted throughout the report, there are a number of additional areas of good practice in relation to risk management across the hospital including:

- Effective monitoring of risk information by groups and committees
- Regular monitoring of patient-specific risks by clinical teams
- Strong evidence on learning from incidents, with local action being taken to minimise recurrences

Areas of good practice within the risk management department include:

- Development of the Corporate Risk Register with risk owners has continued into 2023/24.
- Local Risk Register Development
- Department delivered training programmes across the hospital for resilience , H&S and Risk
- Audit from RSM completed in March 23. Reasonable assurance achieved with minor actions.
- Datix Incident Reporting System internal development throughout 2023/24 including updating categories to capture better data for analysis.
- Continued development within the Risk and Resilience Team.
- Positive recruitment within the Risk and Resilience to strengthen team.
- Head of Risk and Resilience was able to build and maintain strong relationships with all external partners, and provide training courses covering different aspects of resilience.

4.2 Identified issues and potential solutions

The Health and Safety Management System review mentioned in the 2022/23 Annual Report, was delayed due to recruitment of H&S Advisor. The post holder is now in place and we will look to review this in 2024/25 alongside the Control Book Training arrangements which are currently paused.

Work is underway to complete the agreed development work on the Corporate and Local Risk Registers as agreed with the board.

4.3 Future areas of work and potential service developments

National Procurment have agreed to purchase an Incident Management System known as InPhase that can replace our current system – Datix. In 2024/25 the team will work with InPhase and explore the system with a view to implementing the system at a suitable time in conjunction with the eHealth Team.

5. Next Review Date

The next annual report will be submitted to the Audit Committee in June 2025.

High Risks

Appendix A

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
Corporate MD 30	Medical	Failure to prevent/mitigate obesity	Major x Likely	Major x Likely	Moderate x Unlikely	Medical Director	Lead Dietitian	07/07/24	Clinical Governance Committee	Monthly	-
Corporate ND 70	Service/Business Disruption	Failure to utilise our resources to optimise excellent patient care and experience	Moderate x Possible	Moderate x Likely	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	08/05/24	Clinical Governance Committee	Monthly	-
Corporate FD 90	Financial	Failure to implement a sustainable long term model	Major x Almost Certain	Major x Possible	Moderate x Rare	Finance & Performance Director	Finance & Performance Director	12/06/24	Finance and Performance Group	Monthly	-

Medium Risks

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
Corporate CE 10	Reputation	Severe breakdown in appropriate corporate governance	Extreme x Possible	Extreme x Rare	Extreme x Rare	Chief Executive	Board Secretary	12/09/24	Corporate Governance Group	Quarterly	-
Corporate CE 11	Health & Safety	Risk of patient injury occurring which is categorised as either extreme injury or death	Extreme x Possible	Moderate x Unlikely	Moderate x Rare	Chief Executive	Head of Risk and Resilience	12/09/24	Clinical Governance Committee	Quarterly	-
Corporate CE 12	Strategic	Failure to utilise appropriate systems to learn from prior events internally and externally	Major x Possible	Moderate x Possible	Moderate x Unlikely	Chief Executive	Head of Risk and Resilience	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate CE15	Reputation	Impact of Covid-19 Inquiry	Extreme x Likely	Extreme x Rare	Extreme x Rare	Chief Executive	Board Secretary	12/09/24	Covid Inquiry SLWG	Quarterly	-
Corporate MD 32	Medical	Absconson of Patients	Major x Unlikely	Major x Rare	Moderate x Rare	Medical Director	Associate Medical Director	15/07/24	Clinical Governance Committee	Quarterly	-

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Schedule d Review	Governanc e Committee	Monitorin g Frequenc y	Movement Since Last Report
Corporate MD 33	Medical	Potential adverse impact arising from clinical presentation out of hours with no doctor on site (5pm - 6pm)	Moderate x Unlikely	Moderate x Unlikely	Moderate x Unlikely	Medical Director	Associate Medical Director	15/07/24	Clinical Governance Committee	Quarterly	-
Corporate MD 34	Medical	Lack of out of hours on site medical cover	Major x Unlikely	Major x Unlikely	Major x Unlikely	Medical Director	Associate Medical Director	15/07/24	Clinical Governance Committee	Quarterly	-
Corporate SD 50	Service/Business Disruption	Serious Security Incident	Moderate x Possible	Major x Rare	Major x Rare	Security Director	Security Director	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate SD 51	Service/Business Disruption	Physical or electronic security failure	Extreme x Unlikely	Major x Unlikely	Major x Rare	Security Director	Security Director	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate SD 52	Service/Business Disruption	Resilience arrangements that are not fit for purpose	Major x Unlikely	Moderate x Unlikely	Moderate x Rare	Security Director	Security Director	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate SD 53	Service/Business Disruption	Serious security breaches (eg escape, intruder, serious contraband)	Extreme x Unlikely	Extreme x Rare	Extreme x Rare	Security Director	Security Director	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate SD 54	Service/Business Disruption	Implementing Sustainable Development in Response to the Global Climate Emergency	Major x Likely	Major x Unlikely	Moderate x Rare	Security Director	Head of Estates and Facilities	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate SD57	Health & Safety	Failure to complete actions from Cat 1/2 reviews within appropriate timescale	Moderate x Possible	Moderate x Possible	Moderate x Unlikely	Finance & Performance Director	Head of Corporate Planning and Business Support	12/09/24	Security, Risk and Resilience Oversight Group	Quarterly	-
Corporate ND 71	Health & Safety	Serious Injury or Death as a Result of Violence and Aggression	Extreme x Almost Certain	Moderate x Possible	Minor x Unlikely	Director of Nursing & AHP	Director of Nursing & AHP	12/09/24	Clinical Governance Committee	Quarterly	-
Corporate FD 91	Service/Business Disruption	IT system failure	Moderate x Likely	Moderate x Possible	Moderate x Possible	Finance & Performance Director	Head of eHealth	12/09/24	Finance and Performance Group	Quarterly	-
Corporate FD 96	Service/Business Disruption	Cyber Security	Moderate x Likely	Moderate x Unlikely	Moderate x Rare	Finance and Performance Director	Head of eHealth	12/09/24	Information Governance Committee	Quarterly	-
Corporate FD 98	Reputation	Failure to comply with Data Protection Arrangements	Moderate x Likely	Moderate x Unlikely	Moderate x Rare	Finance and Performance Director	Head of eHealth/ Info Gov Officer	12/09/24	Information Governance Committee	Quarterly	-

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
Corporate FD 99	Reputation	Compliance with NIS Audit	Major x Likely	Moderate x Possible	Moderate x Rare	Finance and Performance Director	Head of eHealth	12/09/24	Information Governance Committee	Quarterly	-
Corporate HRD 110	Resource	Failure to implement and continue to develop the workforce plan	Moderate x Possible	Moderate x Unlikely	Minor x Rare	HR Director	HR Director	16/07/24	HR and Wellbeing Group	Quarterly	-
Corporate HRD 111	Reputation	Deliberate leaks of information	Major x Possible	Moderate x Possible	Moderate x Unlikely	HR Director	HR Director	16/07/24	HR and Wellbeing Group	Quarterly	-
Corporate HRD 113	Service/Business Interruption	Job Evaluation and impact on services in TSH	Major x Possible	Moderate x Possible	Negligible x Unlikely	HR Director	HR Director	16/07/24	HR and Wellbeing Group	Quarterly	-

Low Risks

Ref No.	Category	Risk	Initial Risk Grading	Current Risk Grading	Target Risk Grading	Owner	Action officer	Next Scheduled Review	Governance Committee	Monitoring Frequency	Movement Since Last Report
Corporate CE 13	Strategic	Inadequate compliance with Chief Executive Letters and other statutory requirements	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Chief Executive	Board Secretary	12/08/24	Corporate Governance Group	6 monthly	-
Corporate CE 14	ALL	The risk that Coronavirus (Covid-19) could affect The State Hospitals primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.	Major x Almost Certain	Minor x Rare	Minor x Rare	Chief Executive	Senior Nurse for Infection Control/ Risk Manager	07/12/24	Corporate Governance Group	6 Monthly	-
Corporate ND 73	Service/Business Disruption	Lack of SRK trained staff	Moderate x Likely	Moderate x Rare	Moderate x Rare	Director of Nursing & AHP	Director of Nursing & AHP	15/07/24	Clinical Governance Committee	Quarterly	-
Corporate SD 56	Service/Business Disruption	Water Management	Moderate x Unlikely	Moderate x Rare	Moderate x Rare	Security Director	Head of Estates and Facilities	27/07/24	Security, Risk and Resilience Oversight Group	6 monthly	-
Corporate FD 97	Reputation	Unmanaged smart telephones' access to The State Hospital information and systems.	Major x Likely	Moderate x Rare	Moderate x Rare	Finance and Performance Director	Head of eHealth	06/09/24	Information Governance Committee	6 Monthly	-
Corporate HRD 112	Health & Safety	Compliance with Mandatory PMVA Level 2 Training	Major x Possible	Moderate x Rare	Moderate x Rare	HR Director	T&D Manager	16/07/24	Clinical Governance Group	6 Monthly	-