

**NHS Fife Corporate Risk Register 25/11/2014**

ID	Position of Risk	Risk Title	Opened	Org.	Directorate	Service	Specialty	Description	Consequence (initial)	Likelihood (initial)	Risk level (initial)
521	CORPORATE RISK REGISTER	<b>Capacity Planning</b>	02/10/2012	Acute Services Division - Corporate Directorates							
								<b>Current risk level high - 6</b>			
								Capacity Planning: There is a risk of a mismatch between capacity and demand for elective and emergency activity which will lead to failure to admit emergency patients, high levels of boarding, failure to meet 4 hour A&E target and failure to meet waiting time standards including the 12 week legally binding guarantee	Major	Strong possibility this could occur - likely to occur	High Risk

516	525
CORPORATE RISK REGISTER	CORPORATE RISK REGISTER
HAI- Infection Control Including Decontamination	Equality and Human Rights - Patient Ethnicity
02/10/2012	10/09/2010
NHS Fife Board	Dunfermline & West Fife CHP
	Equality & Diversity
<p>Infection Control and Instrument Decontamination - There is a risk that healthcare associated infections resulting in patient harm (and possible death), increased cost of treatment, increased length of stay, adverse publicity and loss of reputation will occur if NHS Fife fails to comply with standards and legislation relating to infection control and the decontamination of reusable instruments.</p>	<p>There is a risk that NHS Fife will not be able to report accurately on patients' ethnicity. As a result of this service redesign, development of services and analysis of target groups will not be patient focused. Understanding the people using the services will prevent health inequalities.</p>
Extreme	Moderate
Expected to occur frequently - more likely than not	Strong possibility this could occur - likely to occur
High Risk	Moderate Risk

842	519
CORPORATE RISK REGISTER	CORPORATE RISK REGISTER
Inpatient Falls	Health & Safety Including Fire
02/07/2014	02/10/2012
NHS Fife Board	NHS Fife Board
There is a risk that failure to implement robust systems and processes to prevent patient falls will result in patient falls (potential death), increased length of stay, adverse publicity and loss of reputation.	Health, Safety & Fire: There is a risk that there will be shortcomings in Health and Safety Management including non compliance with statutory regulations (Fire (Scotland) Regulations 2006) leading to financial loss, reputational loss and an inability to deliver staff governance requirements. H&S assurance audit sampling on specific areas of the SCART tool agreed with Head of Estates and H&S Manager and organised for 2014/15. Dedicated H&S support given to Fire Team in order to progress the new indepth fire risk assessment
Major	Major
Expected to occur frequently - more likely than not	Strong possibility this could occur - likely to occur
High Risk	High Risk

526		528
CORPORATE RISK REGISTER		CORPORATE RISK REGISTER
<b>Legionella Precautions</b>		<b>Pandemic Flu Planning</b>
11/07/2007		05/04/2007
Acute Services Division - Corporate Directorates		NHS Fife Board
Directorate of Estates, Facilities and Capital Services		
Estates		
Legionella Precautions: There is a risk that Legionella bacteria in hospital systems could cause illness to people resulting in their harm and action by the enforcing authority.	Current risk level moderate - 7	NHS Fife is unprepared to respond to an influenza pandemic and put healthcare of the population at unnecessary risk.
Major		Moderate
May occur occasionally - reasonable chance		May occur occasionally - reasonable chance
Moderate Risk		Moderate Risk

517	520
CORPORATE RISK REGISTER	CORPORATE RISK REGISTER
<b>Financial Planning, Management &amp; Performance</b>	<b>Child Protection</b>
02/10/2012	01/03/2006
NHS Fife Board	NHS Fife Board
Finance	Nursing Directorate (Board)
Finance: There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being unable to deliver on its required financial targets.	Child Protection: There is a risk that Child Protection systems and processes are not routinely updated, widely understood, used or adhered to by NHS Fife staff, potentially placing children at risk.
Major	Major
Strong possibility this could occur - likely to occur	Strong possibility this could occur - likely to occur
High Risk	High Risk

522	523
CORPORATE RISK REGISTER	CORPORATE RISK REGISTER
<b>Prescribing and Medicines Management - Prescribing Budget</b>	<b>Policy &amp; Procedural Updates</b>
30/03/2006	16/08/2013
NHS Fife Board	NHS Fife Board
Medical Directorate (Board)	
Prescribing and Medicines Management - Prescribing Budget: There is a risk that NHS Fife will be unable to control the prescribing budget.	There is a risk that failure to update general, clinical or human resources policies and procedures in line with their agreed target review date, may result in extant policies being used, potential confusion for staff and have direct / indirect financial and health implications for staff, patients and Fife NHS Board.
Extreme	Moderate
May occur occasionally - reasonable chance	Expected to occur frequently - more likely than not
High Risk	High Risk

527	518
CORPORATE RISK REGISTER	CORPORATE RISK REGISTER
<b>Staff Governance - Sickness Absence</b>	<b>Resilience</b>
09/12/2008	02/10/2012
NHS Fife Board	NHS Fife Board
Human Resources	
Human Resources Service	
Staff Governance - Sickness Absence: Sickness absence rates are a HEAT standard and there is a risk that NHS Fife will not meet the target of 4%.	Resilience: There is a risk that NHS Fife is unable to respond to a major emergency / critical service failure /serious public health incident and simultaneously provide healthcare to the community because of lack of planning. Without proper planning NHS Fife will be unable to respond adequately and sustain immediate and longer term healthcare in the community. Members of the public may suffer avoidable long term health related problems. The reputation of NHS and of its senior management team will be damaged.
Moderate	Major
Strong possibility this could occur - likely to occur	Strong possibility this could occur - likely to occur
Moderate Risk	High Risk
Current risk level low - 1	

529	CORPORATE RISK REGISTER	Information Governance	02/10/2012	NHS Fife Board	Information Governance; There is a risk that NHS Fife has insufficient safeguards in place to guarantee the confidentiality and security of patient and staff information, including information that can be appropriately and legally shared in transit into and out of the organisation and safe and Information Governance;	Moderate	May occur occasionally - reasonable chance	Moderate Risk
-----	-------------------------	------------------------	------------	----------------	--	----------	--	---------------



Current Management Actions	Consequence (current)	Likelihood (current)	Risk level (current)	Consequence (Target)	Likelihood (Target)	Risk level (Target)
<p>*Older entries archived*</p> <p>A Local Unscheduled Care Action Plan, with particular emphasis on capacity plans for Winter 2013/14 has been developed and agreed together with resources required by the Board in August 2013. Winter planning processes in place with Local Management Group leads and Acute Services Division, plan for 2013/14 being finalised for submission to Board in October 2013 following local stakeholder events in August and September 2013 and published by November 2013. Detailed work on review of escalation procedures and actions for capacity underway as part of the winter planning process and will be completed by October 2013. Robust winter planning arrangements are now in place, including a whole system system barometer, clear escalation routes and clear roles and responsibilities.</p> <p>020714 - Mitigation is in place around clarification of escalation policies at the front door.</p>	Major	Expected to occur frequently - more likely than not	High Risk	Major	Strong possibility this could occur - likely to occur	High Risk

<p>This risk is also on the Equality and Human Rights Risk Register, and has been put on the Corporate Risk Register. All patients that access NHS Fife are requested to give details of their ethnicity to reception staff when they register for all out patient appointments. There is now a 50% level of data collection. We will continue to monitor this on a monthly basis.</p>	Major	Strong possibility this could occur - likely to occur	High Risk	Minor	Not expected to happen - potential exists - unlikely to occur	Low Risk
<p><b>*Older entries archived*</b></p> <p>An overarching Infection Control Policy supports Standard Operating Procedures (SOP) and policies on a full range of issues including outbreak management, instrument decontamination, procurement and new builds. Enhanced IT systems support rapid response to detection of a wide range of high-risk alert organisms in newly admitted patients and allow immediate deployment of IPCS advice and support to clinical staff. They also give assurance that potential outbreaks can be identified and contained at the earliest possible opportunity. Increased availability of single rooms for isolation in VHK Phase 3 further contributes to this. The Infection Control Committee monitors compliance and ensures action is taken to address areas of non compliance.</p> <p>Decontamination - NHS Fife Decontamination Group monitors compliance with national guidance and standards, and reviews relevant risks. Control measures are adopted within the ability of the Group's remit or escalated where appropriate. These are detailed in the action plan.</p>	Extreme	May occur occasionally - reasonable chance	High Risk	Extreme	Not expected to happen - potential exists - unlikely to occur	Moderate Risk

<p>Iterative process of risk assessment  Named individuals responsible for delivering solutions, funding/resources constraints  Each Operational unit continues with annual action plans with exception reporting to the Health &amp; Safety Governance Committee. The works around Fire Precautions are prioritised within the available finite resources and approved as part of the Capital programme for NHS Fife. ** Individual action plans in place and updated at every meeting within the 3 CHP's and Acute Services Division. 2013-2015 H&amp;S workplan includes the Estates Statutory Compliance Audit reporting Tool (SCART) requirements and the updated requirements with regards to change to fire risk assessment.  020714 D. Clark - H&amp;S support has been given to support the change to the fire risk assessment and recording process. A statutory Skin Health Surveillance process is being established and the roll out will continue throughout 2014/2015.</p>	Major	Strong possibility this could occur - likely to occur	High Risk	Major	May occur occasionally - reasonable chance	Moderate Risk
<p>Current tools:  - Implementation and monitoring of performance of SPSP falls safe bundle.  - Standardised frailty screening tool incorporating falls risk assessment. now being rolled out  - Observation Policy.- Reviewed  Scoping of equipment requirements and associated costs.  Reporting and investigation of falls incidents including SAER processes.  NHS Fife wide Frailty Steering Group w meeting monthly  Realignment of clinical, managerial, executive and other resources to support the prioritisation of a reduction in inpatient falls.Established and now monitoring progress at 30-6--90 days  NHS Fife Falls Summit took place on 24/09/14spearheaded further 'Call to Action'  OPAH/HIS Frailty Event took place 30/10/14. The launch of the new falls pathway and documentation was announced. Roll out commencing November 2014. A facilitator has been identified to support the roll out at ward level in the acute hospital and commenced 10.11.14. Community Hospitals have commenced roll out.  Reporting on performance through the Clinical Governance Groups and Committees of NHS Fife</p>	Major	Expected to occur frequently - more likely than not	High Risk	Moderate	Strong possibility this could occur - likely to occur	Moderate Risk

<p>Previous updates removed to notepad</p> <p>Summary of Risk</p> <p>The risk level remains at HIGH and is in line with the Scottish and National Government risk registers. Meetings are being held with our partner agencies on the 28th and 29th April 2014 to discuss, amongst other risks, our preparedness in Fife for a Flu Pandemic but it is not expected that the risk rating will change from HIGH. A report will be circulated to the group after the meeting. Nothing else to report on this risk.</p> <p>The update was noted and it was agreed that this risk would be reviewed in 6 months.</p> <p>The risk level remains at HIGH which is in line with the Scottish and National Governments risk registers.</p> <p>The update was noted by the group. It was agreed that this risk would be reviewed in 6 months.</p>	Extreme	May occur occasionally - reasonable chance	High Risk	Moderate	Not expected to happen - potential exists - unlikely to occur	Low Risk
<p>Management process continues to be employed in managing the possible Legionella risk in NHS Fife</p> <p><b>**All updates removed to notepad**</b></p>	Major	Not expected to happen - potential exists - unlikely to occur	Moderate Risk	Major	Can't believe this event would happen - exceptional circumstance	Low Risk

<p>Child Assessment Pathway (CAP): Multiagency pilot of CAP in 3 areas across Fife. Limited evaluation due to small numbers of CAP meetings because of timing of pilot (over festive session).</p> <p>Full roll out of CAP is planned for May 2014. Health currently are in a position to move forward with this.</p> <p>IRD: Multi agency review has been commenced with the CP team representing the views of Health. Internal review of the IRD process is ongoing.</p> <p>A pilot is to commence on 3/3/14 to review administration of the IRD process in order to allow NACP time to be freed whilst maintaining high levels of contribution to the IRD process.</p>	Major	May occur occasionally - reasonable chance	Moderate Risk	Major	Not expected to happen - potential exists - unlikely to occur	Moderate Risk
<p>Undertake regular monitoring of expenditure levels through managers, SMT, F&amp;R and Board.</p> <p>Employ Property Advisors to assist with sales of assets and / or engage in discussions with Fife Council/ other agencies</p> <p>Hold regular discussions on Service Level Agreements with Non-Fife providers</p> <p>Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with Governance and delivery.</p>	Major	May occur occasionally - reasonable chance	Moderate Risk	Major	May occur occasionally - reasonable chance	Moderate Risk

<p>Work is ongoing to develop the NHS Fife - Wide Procedure for Policies, Procedures and Guidelines for Writing and Approval</p> <p>Responsibility for managing the three policy groupings of general, clinical and human resources policies to be aligned to the relevant Standing Committee:</p> <p>General - Finance &amp; Resources Committee  Clinical - Quality , Safety &amp; Governance Group (reports to NHSF Clinical Governance Committee)  Human Resources - Staff Governance Committee</p> <p>Each Committee to:</p> <p>Review all policies within their remit  Set policy review dates  Establish a plan to meet the set review dates  Ensure systems are in place to monitor locally to ensure that there are no future lapses in the agreed processes</p>	Moderate	Strong possibility this could occur - likely to occur	Moderate Risk	Negligible	May occur occasionally - reasonable chance	Very Low Risk
<p>Prescribing efficiency projects are routed through the PMO and are to be approved by the Review &amp; Challenge Group. Work underway in Rheumatology in relation to anti - Tumour Necrosis Factor drugs ( TNFs).</p> <p>Detailed horizon scanning work underway in preparation for 2014-15 financial plan.</p>	Moderate	May occur occasionally - reasonable chance	Moderate Risk	Moderate	May occur occasionally - reasonable chance	Moderate Risk

<p>The current risk rating of MODERATE remains unchanged.  Next review in 6 months - April 2015  See notepad entry of the 5th April 2013  19th November 2013 update moved to notepad  Datix Update - 29th April 2014 == moved tp Notepad  Currently being updated</p>	Moderate	May occur occasionally - reasonable chance	Moderate Risk	Moderate	May occur occasionally - reasonable chance	Moderate Risk
<p><b>**Updates and previous actions to Notepad**</b></p> <p>Attendance Management information continues to be reported to SMT and HR case reviews are ongoing. Over 500 managers and supervisors have participated in Management of Attendance Training with dates now being planned for 2015. eLearning materials are ready for rollout in the near future.</p> <p>The NHS Fife absence rate for the six month period from April to September 2014 has increased by 0.18% when compared with the equivalent period in 2013 and concerns about this increase have been raised with SMT.</p>	Moderate	Strong possibility this could occur - likely to occur	Moderate Risk	Moderate	May occur occasionally - reasonable chance	Moderate Risk

<p>*Older entries archived*</p> <p>Privacy Impact Assessments are being carried out at the start of each new project.</p> <p>Health records staff completed a certificate of technical competence in IG.</p> <p>Following the new Scottish Accord and our refreshed training we are closely monitoring the new ISPs and IG training outcomes and therefore frequency of review has increased to quarterly.</p> <p>Staff governance issues are handled via Depute Director of Human Resources.</p> <p>**Enquiries for confidential data release are now fully documented on the Confidential Data Release Form for users of NHS personal data.</p> <p>Fairwarning software allows monitoring and audit of possible inappropriate access to protected information.</p>					
	Moderate				
	Not expected to happen - potential exists - unlikely to occur				
	Low Risk				
	Moderate				
	Not expected to happen - potential exists - unlikely to occur				
	Low Risk				



Notes	Risk Owner	Previous Review	Next Review	Governance Committee	Dependencies	Quality Ambition
<p>*Older entries archived*UPDATE:020714.H Knox advised that that recent increases in the number of patients in delay have increased the likelihood to high. She requested the 'l'hood target' should be changed from moderate to high. Actioned.</p> <p>.UPDATE: On reflection and following suggestion from P Cumming, current likelihood to be raised to 'almost certain'. Actioned. PAC.</p> <p>UPDATE 14/10/14 Comparison of performance data between September 2013 and September 2014 suggests that little progress is being made with reducing the number of patients in delay. Over the period the number of patients in delay for more than 4 weeks has more than doubled (SA on behalf of H.Knox)</p>	Heather Knox	14/10/2014	14/01/2015	Operational Division Committee	BSC4.13BSC 4.10	Safe

<p>*Older entries archived*</p> <p>Medical Record Department are sending out equality monitoring questionnaires with all new outpatient appointment letters and planned inpatient letters. The recording is for race. This started on 1st April 2013. This will hopefully see an improve recording of SMR00 and SMR01. Discussion with unplanned admissions will ensure that data is collected and available for analysis on OASIS by ISD. Information Services are collating up to date data to ensure that there is an increase in the collection of robust data. This risk is also on the Equality and Human Rights Risk Register, and has been put on the Corporate Risk Register. Risk was reported to the PFPI Committee on 050314.</p>	Louise Ewing	01/11/2014	02/02/2015	Clinical Governance Committee	BSC2.03	Safe
<p>UPDATE 02Oct 12 PAC-This is a new risk created following agreement at SMT and Board and as part of review and rationalisation of CRR. Risk reflects merge with HAI Decontamination 1276.PAC.</p> <p>Reviewed 23Jan13 no changes.DVL. UPDATE:28 Oct13PAC. Following correspondence between Executive Leads for Infection Control and Risk Management and subsequent discussion at NHSFife CGC on 9 Oct,, agreed that the risk likelihood should be reduced from Almost certain to Possible. Risk description modified to reflect more accurately the nature of the risk. PAC.UPDATE:07Jan14.PAC Risk Owner changed from Dr Gordon Birnie (GB) to Dr Scott McLean (SMCLE) at the latter's request . SMCLE has taken over from GB as Executive Lead for Infection Control.PAC.</p> <p>24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 3042UPDATE. Risk was reported and approved at NHS Fife Clinical Governance Committee on 090414.PAC.</p>	Scott McLean	14/10/2014	12/12/2014	Clinical Governance Committee	BSC2.03	Safe

<p>UPDATE:03/10/2012PACThis is a new risk created following agreement at SMT and Board and as part of review and rationalisation of CRR. Risk reflects merge of risk 909 with former risk Fire Safety -Statutory Compliance 929</p> <p>PAC.UPDATE:19/11/12 DC- Management action** updated by Davina Clark and approved by Rhona King,.PAC.UPDATE09/04/2013PAC. This risk was reported to the NHS Fife H&amp;S Governance Committee on 04/04/13..Based on that report ,no change to risk level or management actions..PAC.UPDATE:28/08/13. Risk reviewed. Current management actions updated at the request of Rona King. PAC. UPDATE KC 06.01.14 This risk was reported to the H&amp;S Governance Committee on 18.12.13 and there is to be no change to risk level or management arrangements.</p> <p>24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 3040.PDATE:Risk was reported to the H&amp;S Governance Committee on 16/04/14.Risk level discussed. The Committee noted the risk, approved the actions and endorsed the approach. PAC.</p> <p>14/10/14 - No updates at present. Review frequency changed from 3 to 6 monthly.- SA on behalf of Rona King.</p>	Rona King	14/10/2014	14/04/2015	Health & Safety Governance Committee	BSC 2.05	Safe
<p>UPDATE FROM PAULINE CUMMING (PAC) 020714: Following discussion of falls risk and "Call to Action" paper at SMT on 16th June 2014, this risk was to be added to CRR. Actioned 02/07/2014 S.Ali. UPDATE:Risk Type changed from Health &amp; Safety to Clinical .PCumming.080814.UPDATE:280814 . Management actions updated at request of Mary Porter. Review frequency to remain 2 monthly. PAC..UPDATE: 13/11/14: Management actions updated based on information from Ingrid Hale,Improvement Programmes Manager. PAC.</p>	Mary Porter	13/11/2014	13/01/2015	Clinical Governance Committee	To be determined	Safe, Effective and Person Centred

<p>*Older entries archived*</p> <p>CHP Planning</p> <p>A Strategic Pandemic Influenza Team (SPIT) meeting was held on the 13th November and CHPs were asked to provide to George Brown with any updates to their pandemic planning arrangements by the next SPIT meeting in February 2014.</p> <p>General</p> <p>National Pandemic Flu Service (NPFS)</p> <p>Further training was provided in September in using the NPFS and this was attended by William John and George Brown.</p> <p>Antiviral Collection Points (ACPs)</p> <p>The list of ACPs in our current plan was discussed and there was some concern that they may be out of date. It was agreed that William John and George Brown would review the list of ACPs prior to the next SPIT meeting in February 2014. Summary of risk</p> <p>The review of our pandemic planning arrangements is ongoing and progress is being made to update our plan and the Acute Services and CHP operational arrangements with the latest guidance issued by National Government. This risk was reported to and discussed at the Public Health Governance Committee on 18/03/14. PAC.</p>	Edward Coyle	31/05/2014	30/11/2014	Staff Governance Committee	BSC2.08	Safe and Person Centred
<p>*Older entries archived*</p> <p>Sept 12_JAL_A detailed review of Risk Assessments is taking place in West Fife Primary Care facilities due to the recent changes in occupation.</p> <p>Further training of Estates Officers is arranged. The Head of Estates is the designated responsible Person for Water Services and a water Management Group is operational for NHS Fife</p> <p>Feb11_JAL_Management process continues to be employed in managing the potential Legionella risk in NHS Fife. An issue arose earlier in the year at SACH which was identified and acted upon to remove the risk and to improve the management of the water systems in SACH to reduce the risk of reoccurrence.</p> <p>Feb10_SAN issued on Nov 2010 re Flexible Hoses in Water systems. Estates to bring forward action plan for dealing with the recommendations. Prioritised list of action under the Decontamination Heading has been presented to SMT and is referred to DoF's meeting for further prioritisation. Noted at ICC Feb 2010.</p> <p>24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 1280</p>	Jim Leiper	24/02/2014	24/02/2015	Health & Safety Governance Committee	BSC 2.05	Safe

<p>*Older entries archived*</p> <p>05Mar2014: From F Lornie, Lead Nurse Child Protection. Previously noted changes to roles in CP team now established and working well. One vacancy remains but is in process of recruitment. This vacancy slows development work but is anticipated as being a short term issue. Recent changes in how the CP team manage IRDs has resulted in the achievement of closures completed within the specified 6 day period. PAC.Risk was reported and approved at NHS Fife Clinical Governance Committee on 09/04/14. PAC. UPDATE 13/11/14.: Risk to be fully reviewed and updated prior to reporting to the NHS Fife Clinical Governance Committee on 10/12/14. PAC.Update: 24/11/14. Risk Owner advises that the review of this risk is pending receipt of intelligence from ongoing SCRs relating to infant homicide/alleged infant homicide. The SCRs, by their nature, will provide some objective appraisal of our systems and processes and how they manifest and thus allow a meaningful review to occur. PAC.</p>	Scott McLean	24/11/2014	23/01/2015	Clinical Governance Committee	BSC 4.03	Safe
<p>*Older entries archived*</p> <p>UPDATE 30-12-13 Alan Briggs : 30.12.13 The position has been reviewed and although the requirement to secure Capital Receipts to repay previous brokerage has been achieved other financial pressures mean the position requires continued close monitoring. 24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 3037. 13.08.2014 Position has been reviewed and no further amendments required to this risk. Risk was reported to and discussed at the Finance &amp; Resources Committee on 25/03/14. PAC.</p>	Chris Bowring	13/08/2014	30/06/2015	Finance & Resources	BSC 4.07	Effective

<p>*Older entries archived*.UPDATE:260814.General Policies. Risk reported to and discussed at Finance &amp; Resources Committee 300714.At the point of the internal audit, 68 out of 87 General Policies were i overdue for review.The position in July 2014 is that 48 policies out of 67 are now fully up to date with completed EQIA's i.e. only 19 are now overdue.4 of the outstanding policies only passed their review dates in the last 2 months.Work continues to complete all updates.</p> <p>PAC.UPDATE:141014.There are no clinical policies overdue for review.An update on General Policies will be available at General Policies group on 221014 and HR policies Staff Governance on 041214. Management actions and risk level unchanged.PAC.</p>	Scott McLean	14/10/2014	05/12/2014	Quality, Safety and Governance (CGC)	N/A	Safe, Effective and Person Centred
<p>*Older entries archived*</p> <p>11.07.13 Savings being realised and Prescribing Underspend at 30 June 2013. Managing entry of new medicines remains a challenge (SLaird).</p> <p>update,. UPDATE: 19 Nov 2013.A McCreadie advises Primary Care prescribing budget underspent at end Sept13. PAC.</p> <p>24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 2124</p> <p>Update 26 Feb 2014 - Position continues to be underspent at 31 January 2014.</p> <p>Update 21 May 2014 - Prescribing was underspent at 31 March 2014 but measures are being implemented to drive overall level of expenditure down to Scottish Average (SL). Risk was reported to and discussed at the Finance &amp; Resources Committee on 250314.PAC.</p>	Chris Bowring	21/05/2014	01/12/2014	Public Health Governance	N/A	Safe, Effective

<p>*Older entries archived*</p> <p>KEY ACTIONS OVER THE NEXT SIX MONTHS</p> <p>Work will continue to review and monitor all the risks identified for the Public Health Governance Committee.</p> <p>"Continue the development of a learning and development programme ensuring that all current plans are thoroughly tested and are familiar to all relevant staff</p> <p>"Our Major Incident Plan is currently under review and is being revised. An exercise or a series of small exercises will be developed to test the revised plan.</p> <p>"Ensure that the new guidance "Preparing for Emergencies" developed by Scottish Government and NHSScotland issued at the end of August 2013 is reviewed and any necessary changes from this new guidance are incorporated into our both our Emergency and Business Continuity planning. This risk was reported to and discussed at the Public Health Governance Committee on 18/03/14. PAC.</p>	Edward Coyle	29/10/2014	29/04/2015	Public Health Governance	N/A	Safe, Effective
<p>*Older entries archived*24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 1890</p> <p>UPDATE: 5 Mar 2014. From H Bailey.. To be reported to SMT 10/03/14 and Staff Governance Committee 13/03/14. Risk will be updated thereafter. PAC. This risk was reported to and discussed at the Staff Governance Committee on 30/04/14. PAC. UPDATE 03/07/14 from Rona King - The absence rate was below 5% for 10 out of 12 months of 2013/14 and that NHS Fife have been below NHS Scotland average for 6 months in 2013/14. The overall percentage recorded 2013/14 was .58% which amounts to £1.798,000.</p> <p>The position is unchanged in relation to Management of Attendance Groups in all areas of NHS Fife. Training had been delivered to more than 500 managers and HR Officer Case Review meetings are ongoing during 2014 and the elearning module is almost ready for release. (SA)</p>	Rona King	03/11/2014	03/03/2015	Staff Governance Committee	BSC 2.06	Effective, Person Centred

<p>*Older entries archived*UPDATE_19Nov12_PAC. Management actions **updated in line with information from Data Protection Coordinator &amp; Information Services Lead.</p> <p>UPDATE 271112 UH - Current Management actions updated with Head of Information Services - including evaluation and monitoring of IG online training in January 2013, and monitoring of Fairwarning. Agreed risk now LOW. UPDATE110313.Risk reviewed by Data Protection Coordinator. Management actions refreshed and added to. No change to risk status. PAC.</p> <p>24/02/2014 - THIS RISK WAS PREVIOUSLY IN DATIX 2009 AND RISKS AS ID 3036</p> <p>07/03/2014 - UH - Risk reveiwed and updated by Data Prorection Coordinator, Management actions refreshed and added to. Discussed with Acting Head of Information Services. No change to risk status but review period moved to six months. Risk was reported and approved at NHS Fife Clinical Governance Committee on 090414.PAC.</p>	Elena Beratarbide	18/09/2014	07/03/2015	Clinical Governance Committee	N/A	Safe, Person Centred
---	-------------------	------------	------------	-------------------------------	-----	----------------------