SERVICE DETAIL	CHANGE BEING ENACTED	RATIONALS	ISSUES AND THREATS															
A&E - Graham Simpson*	COMMITTED FOR THE	NAME OF THE PARTY	I I I I I I I I I I I I I I I I I I I	THE PERSON NAMED IN COLUMN	PROGRAMMES OF WORK	minute in the control of the control	BENEFIT	DECEMBER 1887 N. I	THUME JOURG	ALIGH MARKET	KIN HUMEN	NA LEADING	ISK LIKSLIHOO	KSK IMPACI	OMBINED RI	RECOVERY FOR	MAN FOR REMOVED IN	COM MAN MAN MAN
All Store	Service Sustained	Sepected Demand	Segregation of Hot and Cold Patients may be unable to be Sustained. Lack of oublice capacity to assess non covid patients due to volume of 7 Covid activity. There may also be a lack of overall oublice capacity due to the volume of	Associated Clinical Areas which are Not Fit for Purpose	AOP - A&E Targets Corporate Objectives	Additional Equipment Equipment Oxygen and Suction Positioned in Non-A&E Foot Print	Capacity	Unknown	A&& Waiting Times data / Activity data	A&E 4 hour waiting time target / A&E attendance numbers		There is a risk that segregation of 'Hot & Culif' patients cannot be sustained if the predicted demand materialises, with the potential for transmission of COVID-19 to 'cold' patient group.				Yet to be defined	Potential	Revised Service Model
			to assess non covid patients due to volume of 7 Covid activity. There			Non-A&E Foot Print						with the potential for transmission of COVID-19 to 'cold' patient group.	s	4	26			
			capcity due to the volume of activity															
Audiology - Robble Rooney* Outparients	Emergency Reviews Only	Release and Retrained Some Staff	Delayed Diagnosis	Support Community Services	Corporate Objectives	Telephone Advice Service and Posting of Supplies	Release Capacity	Delayed Diagnosis	TTG Waiting List Data	Time to Diagnosis / Time to Treatment /		There is a risk that by suspending non-				Yet to be defined	Potential	Revised Service Model
						Supplies	Capacity	Delayed Diagnosis and Development Babies and Children and Social Isolation in Older Adults	Luca	Development delays		There is a risk that by suspending non- urgent audiology reviews during COVID- 19, there will be delays in diagnosis, treatment and management of cases, impacing on development for babies and children and increasing social isolation older adults.		2	12			
								in Older Adults				impacting on development for babies and children and increasing social		-	-			
Community	Essential Reviews Only	Release and Retrained Some	Potential increased isolation for	Support Community Services	Corporate Objectives	Telephone Advice	Reference	Delayed Diagnosis	Local Waiting Sit	Time to Diagnosis /		There is a risk that by suspending non-				Yet to be defined	Potential	Revised Service Model
		Release and Retrained Some Staff	Potential Increased Isolation for Some Patients			Telephone Advice Service and Posting of Supplies	Release Capacity	Delayed Diagnosis and Development Rabies and Children and Social Isolation in Older Adults	Local Waiting list Data Capture	Time to Diagnosis / Time to Treatment / Development delays		There is a risk that by suspending non- urgent audiology reviews during COVID- 19, there will be delays in diagnosis, treatment and management of cases, impacting on development for babies and children and increasing social isolation older adults.						
								and Social Isolation in Older Adults				treatment and management of cases, impacting on development for babies and children and increasing social	4	3	12			
												isolation older adults.						
Bowel, Breast and Cervical Screening Programmes	Service Paused	Release Capacity	Potential delay in identification and treatment of Cancer	ω	Corporate Objectives,	Unable to Minimise	Release Capacity	Potential Progression on Disease	Detecting Cancer Early (DCE) national data submission	Cancer staging at diagnosis		There is a risk of delay in identification and treatment of cappa as the national				Yet to be defined	None	None
							- Capacity		data submission			There is a risk of delay in identification and treatment of cancer as the national bowel, breast and cervical screening programmes are suspended with the potential for progression of disease.	4	4	26			
Outpatients - New	Urgent appointments only	Minimise Risk	Potential delay in identification and treatment of Cancer	GP, A&E and Nurse Specialitis	AGP - Q/P & 6 wks Diagnostics A6 - Modernising GPs Corporate Objectives	GP Vetting	Release Capacity	Potential Progression on Disease	Cancer WT data / Detecting Cancer Early (DCE) national data submission /	New OP dinic waiting times / Referral to Diagnosis /Referral to Tneatment / Cancer staging at diagnosis / Tumour specific outcome indicators		There is a risk that new/returning cancer patients will potentially have progression of disease as clinics are reprioritised to release capacity during the COVID-19 pandemic, impacting on overall morbiolity.				Vet to be defined	Potential	Revised Service Model
					AE - Modernising OPs Corporate Objectives				Early (DCE) national data submission / National cancer QPI data (Ecase)	Referral to Diagnosis / Referral to		progression of disease as clinics are reprioritised to release capacity during	,	4				
									data (France)	staging at diagnosis /Tumour specific		overall morbidity.		-	-			
										outcome indicators								
Outpatients - Return	Urgent appointments only	Minimise Risk	Potential delay in identification & treatment of advancement of Cancer	GP, A&E and Nurse Specifiatists	ACP - C/P & 6 wks Diagnostics A6 - Modernising CPs Corporate Objectives	Nurse Specialist Support	Release Capacity	Potential Progression on Disease	Cancer WT Data / Detecting Cancer Early (DCE) national data submission / National cancer OPI data (Ecase)	Return OP clinic waiting times / Cancer staging / Tumour specific natures indicators		There is a risk that new/returning cancer patients will potentially have progression of disease as clinics are reprioritised to release capacity during the COVID-19 pandemic, impacting on overall morbiolity.				Yet to be defined	Potential	Revised Service Model
					Corporate Objectives				data submission / National cancer QPI	Tumour specific outcome indicators		reprioritised to release capacity during the COVID-19 pandemic, impacting on	2	4	12			
									data (Ecase)			overall morbidity.						
Emergencies	No change	Service Sustained	None	None	AGP - Q/P 6 wks Diagnostic 31 and 62 Day Cancer AE - SACT Corprorate Objectives	Not Applicable	None	Not Applicable	Not applicable	Not applicable		No risk identified as emergency response maintained.	_		N/A	Not Applicable	None	None
1					Corprorate Objectives										N/A			
Haem - Outpatients	Lirgent appointments only	Minimise Risk	Potential delay in identification and treatment of Cancer	GP, A&C and Nurse Specialists	AGP - Q/P 6 wks Diagnostics 31 and 62 Day Carrier	GP Vetting	Release Capacity	Potential Progression of Disease	Cancer WT Data / Detecting Cancer	New OP dinic waiting timer /		There is a risk that there will be delays in identification and treatment of blood				Yet to be defined	Potential	Revised Service Model
					AOP - Q/P & wks Diagnostics 25 and 62 Day Cancer A6 - SACT Corprorate Objectives				Early (DCE) national data submission /	Referral to Diagnosis / Referral to		There is a risk that there will be delays in identification and treatment of blood cancers as services are reprioritised during response to CDVID-19, impacting on clinical outcomes and morbidity	4	3	12			
						l			Cancer WT Data / Detecting Cancer Early (DCE) national data submission / National cancer OPI data (Eczex)	New OP dinic waiting times / Referral to Diagnosis / Referral to Treatment / Cancer staging at diagnosis		impacting on clinical outcomes and morbidity						
Haematology	No change	Service Sustained	None	None	AGP - Q/P 6 wks Diagnostics 31 and 62 Day Cancer	Not Applicable	None	Not Applicable	Not applicable	Not applicable		No risk identified as service sustained				Not Applicable	None	None
					AOP - Q/P 6 wks Diagnostics 21 and 62 Day Cancer AE - SACT Corprorate Objectives										N/A			
SACT	Revised Individual Treatment Plan	Minimise Risk	Temporary revision of standard treatment protocols	Oncologist and Nurse Specialists		Regular Review of Care Plans and MDT Discussions	None	Potential Progression on Disease	National cancer QPI data (Fcase)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as standards and treatment protocols are reprioritised as interim measures during the response to COVID-19, with the potential to impact on individual clinical outcomes.				Yet to be defined	Potential	Revised Service Model
					ACP O/P 6 wks Diagnostics 21 and 62 Day Cancer AE - SACT Corprorate Objectives	Discussions				Tumour specific outcome indicators		treatment protocols are reprioritised as interim measures during the response	2	3	9			
												to COVID-19, with the potential to impact on individual clinical outcomes						
Beutson Satellite	Revised Individual Treatment Plan	Minimise Risk	Temporary revision of standard treatment protocols	Oncologist and Nurse Specialists	AGP - Q/P 6 wks Diagnostic 21 and 62 Day Cancer AE - SACT Corprorate Objectives	Regular Review of Care Plans and MDT Discussions	None	Potential Progression on Disease	National cancer QPI data (Fcase)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as standards and treatment protocols are reprincipled during the interior measures taken in response to COVID-19, with the potential to impact on individual clinical outcomes.				Vet to be defined	None	None
					AE - SACT Corprorate Objectives	Discussions				Tumour specific outcome indicators		treatment protocols are reprioritised during the interim measures taken in	2	3				
												response to COVID-19, with the potential to impact on individual clinical outcomes						
Surgery (Updated by Juliette Murray)	Breast, urgent skin cancer	In line with specialty	Temporary revision of standard	Fathology, Radiology	AOP - 21 Day Canon/62 Day	Regular Review of Care	Continue to	Potential Progression	National cancer OPI	Cancer Staging /		There is a risk that there will be disease				For the forceable	Consider looking at the	There may be long term
Surgery (Updated by Juliette Murray)	Breast, urgent skin cancer (melanoma, SCC), selected gynae and urology cancer together with urgent	in line with specialty association guidelines cancer surgery has been transferred	Temporary revision of standard treatment protocols	Pathology, Radiology, Surgery, Theatnes and Admin Staff	ACP - 31 Day Cancer/62 Day Cancer & Diagnostics AG - SACT and Corporate	Regular Review of Care Plans and MDT Discussions	Continue to see and treat those cancer	Potential Progression on Disease	National cancer QPI data (Ecase)	Cancer Staging / Time to treatment / Tumour specific		There is a risk that there will be disease progression as standards and treatment protocols are reprioritised				For the forseable future it will be safer especially for elderly	Consider looking at the model for concentrating cancer	There may be long term benefits by considering centralising regionally
surgery (Updated by Juliette Murray)	Breast, urgent skin cancer (melanoma, SCC), selected gynae and urology cancer together with urgent opthalmology surgical services have been transferred from Wilder to the State together with dearn surgeon.	in line with specialty association guidelines cancer surgery has been transferred off acute sites where possible.	Temporary revision of standard treatment protocols	Pathology, Radiology, Surgery, Theatnes and Admin Staff	ADP - 21 Day Cancer/62 Day Cancer & Diagnostics A6 - SACT and Corporate Objectives	Regular Review of Care Plans and MDT Discussions	Continue to see and treat those cancer patients who have no other	Potential Progression on Disease	National cancer QPI data (Ecase)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as standards and treatment protocols are reprioritised during the interim measures taken in response to COVID-19, with the protectivity in instant on inhibitional				For the foruseable future it will be safer especially for elderly cancer partients to have surgery and disapporter.	Consider looking at the model for concentrating cancer surgery regionally. Pool resources and kit and likely to have better	There may be long term benefits by considering centralising regionally cancer diagnostics and surgical services. There is a lot of duslitation of
surgery (Updated by Juliette Murray)	Breast, urgent skin cancer (melancera, SCC), selected gynae and unology cancer together with urgent opthalmology surgical services have been transferred from Wishaw to Nufferld together with itemat surgery from rest of WoS	in line with specialty association guidelines cancer surgery has been stansferred off acute sites where possible.	Temporary revision of standard treatment protocols	Pathology, Radiology, Surgery, Theatnes and Admin Scaff	AOP - 21 they Cancer/62 they Cancer & Diagnostics AE - SACT and Corporate Objectives.	Regular Review of Care Plans and MDT Discussions	Continue to see and treat those cancer patients who have no other treatment option other than surgery.	Potential Progression on Disease	National cancer OPI data (Ecose)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as standards and treatment processis as respinioristed during the interior measures taken in esponse to COVID-09, with the potential to impact on individual clinical outcomes				For the forceable future it will be safer especially for elderly cancer patients to have surgery and diagnostics performed on a "cold" site. This can	Consider looking at the model for concentrating cancer surgery regionally. Pool recources and lift and likely to have better outcomes. Patients appear happy to travel.	There may be long term benefits by considering centralising regionally cancer diagnostics and surgical services. There is a lot of duplication of staffing roles in every health board.
hurgery (Updated by Juliette Murray)	Breast, urgent (kin cancer (missions, SCC), selected greas and urology cancer together with urgent opthismology surgical services have been transferred from Wildhaw to Nuffield together with desure surgery from rest of WoS Discussions underway with GNNI anound understaking tirgent Colorectal anound understaking tirgent Colorectal	in line with specialty association guidelines cancer surgery has been transferred off acuse sites where possible.	Temporary revision of standard treatment protocols.	Pathology, Radiology, Surgery, Theatres and Admin Scatt	AGP - 21 Day Cancer/62 Day Cancer & Diagnosics AG - SACT and Corporate Objectives	Regular Review of Care Plans and MDT Discussions	Continue to see and treat those cancer patients who have no other treatment option other than surgery.	Potential Progression on Disease	National cancer QPI data (Ccase)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as standards and treatment protocols are reprioritised during the interior measures taken in exponen to COVID-99, with the potential is in impact on individual clinical auticomes.	,	2		For the foruseable future it will be safer especially for elderly cancer parlients to have surgery and diagnostics performed on a "cold" site. This can facilitate catching up with the backing.	Consider looking at the model for concentrating cancer surgery regionally. Pool recourses and list and likely to have better outcomes. Patients appear happy to travel.	There may be long term benefict by considering contralising regionally cancer diagnostics and surgical services. There is a lot of duplication of staffing roles in every health board. Centralising surgery would improve
hurgery (Updated by Juliette Murray)	Breast, urgent disk cancer junianous, SCC), elected givas and varidogs cancer for selected with urgent optalmology surgical revises have been transferred from Wildhar so Mulfield tagether with sheet runging from one of Wide Discussions underway with Gabri around understaking stagest Colorectal Suregery confirmation awards of man clare.	in line with specialty association guidelines cancer surgery has been transferred off acute sites where possible.	Temporary revision of standard treatment prosocols	Pathology, Radiology, Surgery, Theatres and Admin Staff	ADP - 31 Day Cancer/AZ Day Cancer & Diagnostics A6 - SACT and Corporate Objectives	Regular Review of Care Plans and MDT Discussions	Continue to see and treat those cancer patients who have no other treatment option other than surgery.	Potential Progression on Disease	National cancer QPI data (Crase)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as standards and several resources of the season of the sea	2	3	9	For the Socuesable future it will be safer especially for eldenly cancer patients to have surgery and diagnostics performed on a 'cold' site. This can facilitate catching up with the backing.	Consider looking at the model for concentrating cancer surgery regionally. Pool security of the property of th	There may be long term benefits by considering centralising regionally cancer diagnostics and surgical services. There is a lot of displication of staffing roles in every health based. Centralising surgery would improve oncological sources as high volume surgery has considered to the surgery has considered to them those considered to the surgery has considered to the surgery has considered to them those considered to the surgery has been surgery as the surgery and the surgery are surgery as the surgery and the surgery are surgery as the surgery and the surgery and the surgery and the surgery are surgery as the surgery and the surgery are surgery as the surgery and the surgery and the surgery are surgery as the s
hurgery (lipidened by Allette Murray)	Breast, urgent disk cancer judianous, RCC, judiented gives and urology cancer tegether with segret opthishology surgical nevices have been transferred from Wildhaw to Mulfald tegether with Starts turger from next of Wol. Disconsistors candensary with CARM sound understaking litigant Colorectal Surgery confirmation a waited of tast class.	is line with specialty association guidelines concern association guidelines concern suggest has been storaformed off acute sites where possible.	Temporary revicion of standard treatment protocols	Pathology, Radiology, Surgery, Theatres and Admin. Scaff	ACP - 21 Day Canon/S2 Day Canor & Diagnostic AC - SACT and Corporate Chjectives	Regular Review of Care Plans and MDT Discussions	Continue to see and treat those cancer patients who have no other treatment option other than surgery.	Potential Progression on Disease	National cancer QPI data (Ecse)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as candlerds and progression as the second of the sec	2	а	9	For the foreesble future it will be safer expecially for elderly cancer partients to have surgery and diagnostics performed on a "told" site. This can facilitate catching up with the backing.	Consider looking at the model for concentrating cancer surgery regionally. Pool securious and let and likely to have better outcomes. Patients appear happy to travel.	There may be long term beceffix by considering centralising exploration controlled regionally cancer diagnostics as warglest services. There is a lot of duplication of staffing roles in every health board. Centralising unpry-would improve encological extreme as high volume surgery has consistently been shown to have better outcomes. Less
nungen/(loglidend by Julieten Marring)	Breast, urgent discourse Breast, urgent discourse Guidence, Soci, destand gives and urology cancer tegether with segret opthishinology surgula envices these been transferred from Wildhaw to Mulfield tegether with Sweet usery from rest of Viol5. Discourse of the Control of Viol5 Guidence G	In the with specially association goldener cancer suggest has been transferred off scate size where possible.	Temporary invition of standard street personal street personals	Pathology, Radiology, Surgery, Theatres and Admin. Scaff	ADP - 21 Day Canon/S2 Day Canor & Diagnostic AE - 5ACT and Corporate Chijectives	Regular Review of Care Plans and MOT Discussions	Continue to see and treat those cancer passes are treaters who have no other treatment option other than surgery.	Potential Progression on Disease	National cancer QPI data (Scase)	Cancer Staging / Time to treatment / Tumour specific outcome indicators		There is a risk that there will be disease progression as candlerds and sentences and assessment procession are reproducted assessment processor, as are reproducted to expose as COVID-19, with the partential five impacts on individual clinical outcomes.	2	a	9	For the forweable future it will be uster expectably for expectably for expectably for expectably for expectable for expectable for expectation of diagnostics performed on a "call time the backing,"	Consider looking at the model for concerturing cancer surgery regionally. Pool several resources and likely to have better concornes. Parlietts appear happy to travel.	There may be long term beceffix by considering centralising englerally cancer diagnostics and surgical service. There is a lot of optication of a staffing roles in every health board. Centralising unjury would in preven an occiding the service of
nungen (rigidated by Juliette Marring)	Breast, urgent into cascer previouscus, CGC, letter dyrars and ursings concert segenter with suger stylled and open segenter with suger stylled and open segenter with segent from next casper from next casper from next diffusion Disconsision underway with Calent second understanding gent Colorectus Suragery conformation awaked of stant dates	In the with specially association patients association patients cancer suggery has been transferred off scate size where possible.	Temporary reviews of standard transferred protocols.	Pathology, Radiology, Surgery, Theatres and Admin Soat!	AGP-31 Day Canon/G2 Day Canon & Diagnostic AC-5ACT and Corporate Chipetives	Regular Review of Care Plans and MOT Discussions	Continue to see and treat those cancer patients who have no other treatment option other than sungery.	Potential Progression, on Disease	National cancer GPI data (Scase)	Cancer Stagling / Time to treatment / Tumour specific outcome indicators		Thesis is of the three on it is dissor- ing processors. See the second of the con- pression of the control of the con- trol of the control of the control of the con- trol of the control of the control of the con- trol of the control of the control of the con- trol of the control of the control of the con- trol of the control of the control of the con- trol of the control of the	2	3	٠	For the forweable future it will be safer expecially for expecially or large years and diagnostics performed on a roll vita. This can facilitate catching up with the backing.	Consider looking at the model for concertainty cancer surgery regionally. Pool resources and Eleky to have better concerces "For the proper happy to travel."	These may be long term benefits by considering extending regionally considering extending regionally controlled to the controlled region and controlled re
torgery (rightfood by Jaliette Marring)	Breast, upper disc cases Ferniscuss, CSC, United graza and voilage cone tegether self vages some tegether self vages bent transferred from visibles and some tegether with a self- self-self-self-self-self-self-self-self-		Temporary reviews of standard transcenent protocols.	Pethology, kadiology, Surgery, Destroin and Admin Surgery, Destroin and Admin Surgery, Destroin Surgery, Destroin Surgery, Destroin Surgery, Surger		Regular Review of Care Plans and MOT Discussions			National cancer GPI data (Ecase)			have a six of their times will be discus- panging six of the six o	2	à	9	For the forweable future it will be safe expecially for electry cancer personal to the have suggest and diagnostics performed on a roal of safe to the case of the	Consider looking at the model for concertainty cannot surgery regionally. Fool security of the concertainty of the concertainty of the concertainty of the concertainty of the concerned of the c	These may be long tierre benefits by considering controlling and the second sec
Longery (Validated by Address Marring) Address Marring Marrin	Breast, upper discissione prisionosis, CSC, placetary graza and prisionosis, CSC, placetary graza and prisionosis (organize organize and prisionosis organize and prisionosis organized prisionosis orga	in line with specially associated policies as association policies association policies as association policies where suggery his been transferred of Stacks disks where possible, where possible, and the state of t	Temporary revision of standard breatment protocols. Transfer Teme/Stance	Pathology, Radiology, Geography, Section and Admin Good	ADP - TE Sur Cahour/S2 Sur Construction of Construction of Construction of Construction of Construction of Construction of Conference of Conference of Construction of Construction of Construction of Construction of Cons	Regular Service of Care Plants and MOT Osconsistes Usuable to Minimise	Continue to see and treat those cancer patients who have no other treatment option other than surgery. Release Capacity	Potential Time to Treatment Delays	National cancer QFI data (Ecses)			have a six of their times will be discus- panging six of the six o	2	2	9	For the forweable future it will be safery expectally for expectally for expectally for expectations on a foot dispersion of a foot facilities on a foot facilities on other gap with the backing. Yet to be defined	Consider looking at the model for model for model for model for the mode	nem may be long terms hemefat by considering centraling regionally cancer diagnosting regionally cancer diagnosting regionally cancer diagnosting as lot of duplication centraling as a way would improve considering suppry would improve southwest suppry southwest suppry southw
posper (jodnost) ja kieto Munny) Jaminine komi Mare Jaminine komi Mare Variente	Break, upper die caver Freihanden, KOG, uberden grans and reptimienden, KOG, uberden grans and reptimienden gene geste der perfektiven geste geste der perfektiven geste geste geste geste perfektiven geste geste geste geste perfektiven geste geste geste geste der perfektiven geste geste geste geste der perfektiven geste geste geste geste der perfektiven geste geste geste geste perfektiven geste geste geste geste perfektiven geste geste geste geste perfektiven geste geste geste perfektiven geste geste geste geste geste perfektiven geste geste geste geste geste perfektiven geste geste geste geste geste geste perfektiven geste gest		Transfer Times/Distance	Golden subline and SAS		Unable to Minimise	Release Capacky	Patential Time 15 Treatment Delays	National caner OFF data (Case) Unknown	Time to treatment / 30 tay mortally races		have a to the three will be discus- progression as stated on the procession of the con- tractive and procession are replicated as the procession of the contractive and the con- presentation of the contractive and the con- presentation of the contractive and the con- cession of the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contr				For the forweable future it will be safe expectally for establishment of the establishment of	Consider looking at the model for model for model for model for the model for model for the following the followin	Deen may be large tree headed by considering centraling regionally centraling regionally accurate disappending regionally accurate disappending regionally accurate disappending regional accurate disappending regional accurate disappending region in every health board. Feetralining region in every health board, extrations on the place between the considerative been shown to have between to have been to heave between the region of the regional of the regional region of the region o
polipin (spirotelly spirotell branch) Anticological Spirotell branch Spirotell Spirot	Bessel, syget did notes the development of the deve		Temperary received of temperary received by the second procession of th	Particips, Parlicips, Gurgery, Theorem and Admin South of Admin South		Pagaba Review of Care Plans and MoST Discussions Unable to Moletiae Additional training for Staff			National cases (\$P\$ dies (Case) Unknews Trakces			have a to the three will be discus- progression as stated on the procession of the con- tractive and procession are replicated as the procession of the contractive and the con- presentation of the contractive and the con- presentation of the contractive and the con- cession of the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contr				For the forwardale finance in tall the safer expectably for helicide and expectably for helicide and the safer expectably for helicide and diagnostics. The safe of the safe o	Consider loading at the smooth for concerns and concerns and security regionally. Pool resources and list and security and shall be better suppose heapy to travel.	Them may be large tree headed by considering centraling regionally country along the country and the country health board. Fortraling roles in every health board, extraling roles in every health board, extraling roles in every health board, extraling country and considerable surpry unclaimed as unappropriate to the considerable should be compared to the considerable should be considerable, the considerable should be considerable, the considerable should be considered as a conside
processor (spinned by addition the energy) General State of Control State	Discontinuo undervoy with College second understating large Colorectal Surgery conformation washed of more close more close Reduced Service as Wed Service moved to circles soldier Taking both CCU and MHOLI Prisons	Baleana Capacity/Monicose Role Enthacea Capacity for MHDO	Transfer Times/Distance	Golden subline and SAS		Unable to Minimise	Release Capacity Increase MinDU Capacity	Patential Time to Treatment Delays Posestal Failure to Rocapillo Deterioration	National cases (SP) data (Case) Unknown Trakcase	Time to treatment / 30 bay mortality rates 30 bay mortality rates 30 bay mortality rates		The second of the former will be discovered by the second of the second	2	2	6	For the Screenible Maries I will be other Common prices to the degree of the degree of the degree of the Screenible Screenible Screenible Screenible With to be defined With to be defined	Consider basing at the form of the consider of the concentrating cancer suggery regionally from the concentrating cancer suggery regionally from succures and let and fall which you have been and let and fall which you have been appeared thappy to travel. Notice Notice	them may be large trees be been fixed to considering entertaining regionality entertaining regionality entertaining regionality entertaining regionality entertaining regional enteriors. The season of the second consideration of the second consideration entertaining regional enteriors are considerational enteriors would improve working and externation for these better to have better to have better enteriors and externation of the enterior of t
program (galantin la salatin la saran) Salatin la sala	Bester, upper dest contexts or support and		Transfer Times/Distance	Golden subline and SAS		Unable to Minimise	Release Capacky	Patential Time 15 Treatment Delays	National caser (GP data (Case) Unknown Trakcare Notic ORS Database	Time to treatment / 30 bay mortality rates 30 bay mortality rates 30 bay mortality rates		The second of the former will be discovered by the second of the second	2	2	6	For the Ensemble More I will be silver to the brished More I will be silver to the silver to the silver to the silver to the silver silver to the disposition of disposition of disposition of the silver to the silver to the silver continue of the silver continue of the silver continue of the silver continue of the silver silver to the defined with to be defined. Wet to be defined.	Consider busing at the foot of the construction of the concentrating cancer wayer registered, from the concentrating cancer wayer registered, from the concentration of the conce	Them may be long term be been provided by a being term being a good and a constraining regionally experience of the constraining regionally and a constraining regional providers. The season of the constraining region and a few of deplication of a beat from board. Centraling a ungray monthly great and a considerable of the constraining a ungray of the constraining a ungray of the constraints. Less the constraints of the constraints. Constraints of the constraints. The constraints of t
program (galantin) salantin birangi program (galantin) salantin birangi Paradinin Salantin Birangi Paradin Birangi Par	Discontinuo undervoy with College second understating large Colorectal Surgery conformation washed of more close more close Reduced Service as Wed Service moved to circles soldier Taking both CCU and MHOLI Prisons	Baleana Capacity/Monicose Role Enthacea Capacity for MHDO	Transfer Times/Distance	Golden subline and SAS		Unable to Minimise	Release Capacity Increase MinDU Capacity	Patential Time to Treatment Delays Posestal Failure to Rocapillo Deterioration	National Gazer (GP data (Case) Unknown Trakcare Notic ORS Database	Time to treatment / 30 bay mortality rates 30 bay mortality rates 30 bay mortality rates		The second of the former will be discovered by the second of the second	2	2	6	The rest invasible for the control of the control o	Consider basility at the footbase of the concentrating cancer usery regionally necessary and the same concentrating cancer usery regionally necessary and the same concentration and the same concentration of the same concentrat	The enemy to long term before the content's by considering an exercise greater by the content's by considering and the content's by content's before the con
processing (spatially spatially spat	Discontinuo undervoy with College second understating large Colorectal Surgery conformation washed of more close more close Reduced Service as Wed Service moved to circles soldier Taking both CCU and MHOLI Prisons	Baleana Capacity/Monicose Role Enthacea Capacity for MHDO	Transfer Times/Distance	Golden subline and SAS		Unable to Minimise	Release Capacity Increase MinDU Capacity	Patential Time to Treatment Delays Posestal Failure to Rocapillo Deterioration	National Gener (OP data (Cons) Unknown Trakcare Neds OHS Database	Time to treatment / 30 bay mortality rates 30 bay mortality rates 30 bay mortality rates		have a to the three will be discus- progression as stated on the procession of the con- tractive and procession are replicated as the procession of the contractive and the con- presentation of the contractive and the con- presentation of the contractive and the con- cession of the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contractive and the con- tractive and the contractive and the contr	2	2	6 12	Pair the invasible forms to this beginning to the form to the local to the form to the for	Consider besting at the model for model for concentrating cancer aways registered. Note that the model for concentrating cancer aways registered, how the model of the model o	There may be long term formed by your deeper formed bearing the participation of the participation of the year of
program (galantin la salatin la mang) Program (galantin la salatin la mang) Program (galantin la salatin la	Bioconton southerny with Class Market enterined by part Class state Market enterined by part Class state Market enterined by part Class state and date and date Reduced leaves as Mod Servar Reduced leaves as Mod Ser	Reference Capacity/Misconise Refer Enhance Capacity for MH-DU Reference Capacity/Misconise Reference Capacity/Misconise Reference Capacity/Misconise	Transfer Terrus/Distance Terry long-clean of 1250 features to words Terry Contract to America Terrus/Distance	Golden subline and SAS		Untable to Michigan Additional training for South Unable to Michigan	Release Capacity Increase Medica Capacity Belease Capacity	Patential Time to Treatment Delays Posestal Failure to Rocapillo Deterioration	Unknown Trakcere Trakcere Nodi, ORS Catrabase	Tans to swames / J. 30 Day monsky 230 Day monsky 230 Day monsky 230 Day monsky 230 Day monsky 240 Day 250 Day		See a control of the first on the discharge of the control of the	2	2	6 12	Face the Extendible Recent will be a Recent will be a Recent will be a Recent will be a Recent parties to a Recent parties to a Recent parties to a Recent parties to a Recent parties of the Recent p	Consider besting at the model for model for concentrating cancer accepted to the concentrating cancer accepted to the concentrating cancer accepted to the concentration of the c	There may be long term formful by considering the considering the considering the considering the construction of the construc
processor (spatients) authorities demand Authorities demand limen* Transformer. Class Cla	Discontinuo undervoy with College second understating large Colorectal Surgery conformation washed of more close more close Reduced Service as Wed Service moved to circles soldier Taking both CCU and MHOLI Prisons	Baleana Capacity/Monicose Role Enthacea Capacity for MHDO	Transfer Terrus/Distance Terry long-clean of 1250 features to words Terry Contract to America Terrus/Distance	Golden subline and SAS		Unable to Minimise	Release Capacity Increase MinDU Capacity	Patential Total Si Teatment Calign Patential Fallers to Recagnie Destrolate Total Si Patential Total Si Treatment Calign	National coner (OP dist) Ficars) Unitrown Tristcare NNG ORS Delabase Healt Falure Nations	Tans to swames / J. 30 Day monsky 230 Day monsky 230 Day monsky 230 Day monsky 230 Day monsky 240 Day 250 Day		See a control of the first on the discharge of the control of the	2	2	6 12	The transfer of the control of the c	Consider benefing at the concentrating concernment of the concentrating concernment of the concentration of the co	These may be long terminating from the process of t
company (spined by addition the energy) Annual Control of the Con	Bioconton southerny with Class Market enterined by part Class state Market enterined by part Class state Market enterined by part Class state and date and date Reduced leaves as Mod Servar Reduced leaves as Mod Ser	Reference Capacity/Misconise Refer Enhance Capacity for MH-DU Reference Capacity/Misconise Reference Capacity/Misconise Reference Capacity/Misconise	Transfer Times/Distance	Golden subline and SAS		Untable to Michigan Additional training for South Unable to Michigan	Release Capacity Increase Medica Capacity Belease Capacity	Patential Time to Treatment Delays Posestal Failure to Rocapillo Deterioration	Unknown Trakcere Trakcere Nodi, ORS Catrabase	Tans to swames / J. 30 Day monsky 230 Day monsky 230 Day monsky 230 Day monsky 230 Day monsky 240 Day		See a control of the first on the discharge of the control of the	2	2	6 12	For the Extendible Manager deliffs and Extendible American deliffs and Extendible American deliffs and Extendible Adaption for Adaption	Consider toward, at the mode for concentrating another concentrating among the concentrating another concentrating another concentration and the concentra	Name may be used promoted by considering or conside
program (galantin y salantin branca) Section of the salantin branch Francisco of the salantin branch Galantin of the salantin branch Francisco of the salantin branch Franc	Bosonium vanderweg with Ches Simpley verification of seated and simpley verification of seated and seated data. State of the seated of seated and seated data of the seated of seated seated data of the seated of seated seated of seated data. State of seated data of seated of seated seated of seated binaries and seated of seated seated of seated binaries and seated of seated seated of seated binaries and seated of	Micro Cyanny Microsomo (M. Micros Cyanny M. Micros Cyanny M. Micros Cyanny Micros Cyanny Micros Cyanny Microsomo (M. Micros Cyanny Microsomo (M. Micros Cyanny Microsomo (M. Micros Cyanny Microsomo (M. Micros Cyanny Micros	Transfer Transplationer Sarly Steps dates of CCS Periods to Marie Transfer Transplationer Transfer Transplationer Transfer Transplationer Transfer Transplationer Transp	Golden subline and SAS		Loudin to Microsiae Additional rooting for Solf Under to Microsia Angular feature of Care Pleas and MOT Obsessions	Release Capacity Increase MikiDi Capacity Release Capacity Release Capacity	Petential Time 10 Treatment Onleys Patential Failure 10 Recognite Description Financial Time 14 Treatment Delays Petential Failure 10 Recognite Description	Unitrown Traktore Traktore Nodi, ORS Database Heart Fallur Numes Ostobose	Treat to treatment / 30 Day nearthly rises. 30 Day nearthly rises. 30 Day nearthly rises. Day Self-Polymore of the property rises. Day Self-Polymore of the property near the		The second of the former will be discovered by the second of the second	2	2	6 12	For the forwards forward will be out. Advanced will be only regularity for clienty regularity for clienty forwards forwar	Consider loaning at the record for encode for concentrating anxiety and concentrating anxiety and concentrating anxiety and the record and taking to have better appear. The paper Tappy to Strain. Name Name Name	Name may be used present desired by examinating and content for year and the present of the pres
processing special and	Bioconton southerny with Class Market enterined by part Class state Market enterined by part Class state Market enterined by part Class state and date and date Reduced leaves as Mod Servar Reduced leaves as Mod Ser	Reference Capacity/Misconise Refer Enhance Capacity for MH-DU Reference Capacity/Misconise Reference Capacity/Misconise Reference Capacity/Misconise	Transfer Transplationer Sarly Steps dates of CCS Periods to Marie Transfer Transplationer Transfer Transplationer Transfer Transplationer Transfer Transplationer Transp	Golden subline and SAS		Untable to Michigan Additional training for South Unable to Michigan	Release Capacity Increase Medica Capacity Belease Capacity	Petential Time 10 Treatment Onleys Patential Failure 10 Recognite Description Financial Time 14 Treatment Delays Petential Failure 10 Recognite Description	Unknown Trakcere Trakcere Nodi, ORS Catrabase	Treat to treatment / 30 Day nearthly rises. 30 Day nearthly rises. 30 Day nearthly rises. Day Self-Polymore of the property rises. Day Self-Polymore of the property near the		See a control of the first on the discharge of the control of the	2	2	6 12	For the Extraolist Manual audit to extraolist Annual audit to extraolist Annual audit to extraolist Annual audit to extraolist Annual audit Annual Ann	Consent resing at the recording concerning and conc	Name may be used to work of the control by so considering of the control by so considering of the control by so control by control b
purpos (galandin y salandin karang) Salandin da	Discontinues un demonstrate de la constanta del constanta de la constanta de l	Autora Copening Statement Cope	Transfer Terrin, Olderson Levy large death of CCV Process to Works Transfer Terrin, Olderson Facility to found the published Facility to found one published	Golden subline and SAS		London to Minimum Additional Interest Table Scale Conditional Interest of Con- Magazine Statement of C	Release Cajachy Increase MaliQu Cajachy Pelesse Cajachy Pelesse Cajachy Pelesse Cajachy	Potential Tree to Treatment Origin Tree Tree Tree Tree Tree Tree Tree Tre	Unitrown Traktore Traktore Nodi, ORS Database Heart Fallur Numes Ostobose	Times to treatment / 30 for presentality cares cares 30 for yearship cares particles of control cares to star, so of pick particles of pick of pick particles of pick of pick particles of pick		See a control of the first on the discharge of the control of the	2 4 2	2 3	9	For the forwards Affairs and the section Affairs and the section Affairs and the section Affairs suggested Affairs suggest	Constant residing at the model for m	Name may be used to the control by a monitoring or control by a monitoring or control by a monitoring or control financial and a second of the control by a monitoring or control financial and a financial an
program (spined by a state of serving) James and State of State o	Bosonium vanderweg with Ches Simpley verification of seated and simpley verification of seated and seated data. State of the seated of seated and seated data of the seated of seated seated data of the seated of seated seated of seated data. State of seated data of seated of seated seated of seated binaries and seated of seated seated of seated binaries and seated of seated seated of seated binaries and seated of	Micro Cyanny Microsomo (M. Micros Cyanny M. Micros Cyanny M. Micros Cyanny Micros Cyanny Micros Cyanny Microsomo (M. Micros Cyanny Microsomo (M. Micros Cyanny Microsomo (M. Micros Cyanny Microsomo (M. Micros Cyanny Micros	Transfer Terrin, Olderson Levy large death of CCV Process to Works Transfer Terrin, Olderson Facility to found the published Facility to found one published	Golden subline and SAS		Loudin to Microsiae Additional rooting for Solf Under to Microsia Angular feature of Care Pleas and MOT Obsessions	Release Capacity Increase MikiDi Capacity Release Capacity Release Capacity	Petential Time 10 Treatment Onleys Patential Failure 10 Recognite Description Financial Time 14 Treatment Delays Petential Failure 10 Recognite Description	Unitrown Traktore Traktore Nodi, ORS Database Heart Fallur Numes Ostobose	Times to treatment / 30 for presentality cares cares 30 for yearship cares particles of control cares to star, so of pick particles of pick of pick particles of pick of pick particles of pick		See a control of the first on the discharge of the control of the	1 1	2 2 3	9	Age of the international formation in the international format	Constant instant, at the special for social	Name may be used to be
processor (spatients) and an array of the control o	Discontinues un demonstrate de la constanta del constanta de la constanta de l	Autora Copening Statement Cope	Transfer Transplationer Sarly Steps dates of CCS Periods to Marie Transfer Transplationer Transfer Transplationer Transfer Transplationer Transfer Transplationer Transp	Golden subline and SAS		London to Minimum Additional Interest Table Scale Conditional Interest of Con- Magazine Statement of C	Release Cajachy Increase MaliQu Cajachy Pelesse Cajachy Pelesse Cajachy Pelesse Cajachy	Potential Tree to Treatment Origin Tree Tree Tree Tree Tree Tree Tree Tre	Unitrown Traktore Traktore Nodi, ORS Database Heart Fallur Numes Ostobose	Times to treatment / 30 for presentality cares cares 30 for yearship cares particles of control cares to star, so of pick particles of pick of pick particles of pick of pick particles of pick		See a control of the first on the discharge of the control of the	2 4 2	2 3	9	Age of the formation follows: A will be defined as will be defined as will be a formation for the following of the following	Contains training at the model for m	Name and the long base from the control of the cont
program (galantin la salatin la mang) Program (galantin la salatin la mang) Color (salatin la mang) Color (salatin la mang) Color (salatin la mang) Color (salatin la mang)	Discontinues un demonstrate de la constanta del constanta de la constanta de l	Autora Copening Statement Cope	Transfer Telescopilitations and the control of the	Golden subline and SAS	ADP-TRG Corporate Objections	London to Minimum Additional Interest Table Scale Conditional Interest of Con- Magazine Statement of C	Release Cajachy Increase MaliQu Cajachy Pelesse Cajachy Pelesse Cajachy Pelesse Cajachy	Potential Tree to Treatment Origin Tree Tree Tree Tree Tree Tree Tree Tre	Unitrown Traktore Traktore Nodi, ORS Database Heart Fallur Numes Ostobose	Trout to treasure 2 / 30 Day nearthly rises. 30 Day nearthly rises. 30 Day nearthly rises. Day Self-Polymore Committee Supposite Committee Supposite Committee Supposite Committee Supposite nearthly patients meeting 100 moutes Cost in Substant Page 100 moutes Cost		The control of the first of the design of th	1 1	2 2 3	9	der the knowledge Michael will be controlled to the controlled to	Constant reading at the smooth flow mode for the smooth flow mode for the surpers register, and	The control of the co
Total Maria Salaria Sa	Discontinues un demonstrate de la constanta del constanta de la constanta de l	Autora Copening Statement Cope	Transfer Telescopilitations and the control of the	Golden subline and SAS	ADP-TRG Corporate Objections	London to Minimum Additional Interest Table Scale Conditional Interest of Con- Magazine Statement of C	Release Cajachy Increase MaliQu Cajachy Pelesse Cajachy Pelesse Cajachy Pelesse Cajachy	Patential Total to Visconiano Caligo Patential Calibra to Determination Determination Patential Total to Visconiano Caligo Patential Calibra to Determination Determination Determination Determination Determination Determination	Unitrown Traktore Traktore Nodi, ORS Database Heart Fallur Numes Ostobose	Time to systemes () all by westerning care () and property		The control of the first of the design of th	1 1	2 2 3	9	Ace the invested former is with a self-function with the self-function with the self-function of the self-function	Contrate treating at the mode for mode, and mode for mode, and mode for mode, and mode for mode, and mode for mode for mode, and mode for mode for mode for mode for mode, and mode for	Name on the long home of the control
Commence of the Commence of th	Discontinues confirme qualification of the confirmence of the confirme	Advance Copering/Microsov State Stat	Transfer Terrin, Olderson Levy large death of CCV Process to Works Transfer Terrin, Olderson Facility to found the published Facility to found one published	Golden subline and SAS		Under to Montaine Additional fooding for Cost Under to Montaine Under to Montaine Largetic forming of Cost Region for the Cost Cost Largetic forming of Cost Cost Largetic forming of Cost Plant and MOT Characterist Character	Delesso Capachy Misca Misca Misca Capachy Belesso Capachy Pelesso Capachy Delesso Capachy Delesso Capachy	Potential Tree to Treatment Origin Tree Tree Tree Tree Tree Tree Tree Tre	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Time to treatment / 30 by wentally each of the second of t		The control of the first of the design of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The the second of the control of the	Constant reading at the second for second fo	The control of the co
Control March Marc	Discontinues confirme qualification of the confirmence of the confirme	Advance Copering/Microsov State Stat	Transfer Telescopilitations and the control of the	Golden subline and SAS	ADP-TRG Corporate Objections	Under to Montaine Additional fooding for Cost Under to Montaine Under to Montaine Largetic forming of Cost Region for the Cost Cost Largetic forming of Cost Cost Largetic forming of Cost Plant and MOT Characterist Character	Delesso Capachy Misca Misca Misca Capachy Belesso Capachy Pelesso Capachy Delesso Capachy Delesso Capachy	Patential Total to Visconiano Caligo Patential Calibra to Determination Determination Patential Total to Visconiano Caligo Patential Calibra to Determination Determination Determination Determination Determination Determination	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Times to treatment / 30 for presentality cares cares 30 for yearship cares particles of control cares to star, so of pick particles of pick of pick particles of pick of pick particles of pick		The control of the first of the design of th	1 1	2 2 3	9	The third of the best of the b	Contrader to leading at the second for secon	Name and two lang hands of the control of the contr
Control of the Contro	Discontinues confirme qualification of the confirmence of the confirme	Advance Copering/Microsov State Stat	Transfer Telescopilitations and the control of the	Golden subline and SAS	ASP-TTE Corporate Sharches	Under to Montaine Additional fooding for Cost Under to Montaine Under to Montaine Largetic forming of Cost Region for the Cost Cost Largetic forming of Cost Cost Largetic forming of Cost Plant and MOT Characterist Character	Delesso Capachy Misca Misca Misca Capachy Belesso Capachy Pelesso Capachy Delesso Capachy Delesso Capachy	Nemera Tork 1 Ne	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Time to treatment / 30 by wentally each of the second of t		The control of the first of the design of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The third was a find to be a second or the second of the s	Control manual profession of the	The control of the co
Control of the Contro	Discontinues confirme qualification of the confirmence of the confirme	Advance Caparing Microsov Res. Advance Caparing for Microsov Res. Advance Caparing Advances	Transfer Telescopilitations and the control of the	Coolen habite and Ind. Week I state by a claim CC Parish habite and Ind. Coolen habite and Ind. Add. Add. Add. Add. Add.	ASP-TTE Corporate Sharches	Conditions Sciences Additional Sciences See See See See See See See See See Se	Bellesse Cajacity Brisse Cajacity Relesse Cajacity Bellesse Cajacity Bellesse Cajacity Bellesse Cajacity Bellesse Cajacity Bellesse Cajacity	Nemera Tork 1 Ne	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Time to treatment / 30 by wentally each of the second of t		The control of the control of the desire of the desire of the control of the cont	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 4	9	The third was a finite of the control of the contro	Control mode part of the control mode part of	Name Name Name Name Name Name Name Name
Sections Annual State of Manager Sections of Section S	Discontinues confirme qualification of the confirmence of the confirme	Advance Copering/Microsov State Stat	Transfer Telescopilitations and the control of the	Golden subline and SAS	ADP-TRG Corporate Objections	Under to Montaine Additional fooding for Cost Under to Montaine Under to Montaine Largetic forming of Cost Region for the Cost Cost Largetic forming of Cost Cost Largetic forming of Cost Plant and MOT Characterist Character	Delesso Capachy Misca Misca Misca Capachy Belesso Capachy Pelesso Capachy Delesso Capachy Delesso Capachy	Patential Total to Visconiano Caligo Patential Calibra to Determination Determination Patential Total to Visconiano Caligo Patential Calibra to Determination Determination Determination Determination Determination Determination	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Time to treatment / 30 by wentally each of the second of t	-	The control of the first of the design of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The second section of the second section of the second section of the section of	Control manual production of the	Name and the long hard secretary and the control of
Control of the Contro	Discontinues unation ayan this Chair Service of Service	Materia Caparia/Minister	Transfer Telescopilitations and the control of the	Coolen habite and Ind. Week I state by a claim CC Parish habite and Ind. Coolen habite and Ind. Add. Add. Add. Add. Add.	ASP-TTE Corporate Sharches	Conditions Sciences Additional Sciences See See See See See See See See See Se	Bellesse Cajacity Brisse Cajacity Relesse Cajacity Bellesse Cajacity Bellesse Cajacity Bellesse Cajacity Bellesse Cajacity Bellesse Cajacity	Proceed To Table To T	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Time to treatment / 30 by wentally each of the second of t		Seven a size filter from an in several registration of the control	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 3 3 4	9	The third was a find out of the control of the cont	Indexes and process are process and proces	Name
Control of the Contro	Discontinues confirme qualification of the confirmence of the confirme	Advance Caparing Microsov Res. Advance Caparing for Microsov Res. Advance Caparing Advances	Transfer Telescopilitations and the control of the	Coolers habite and India Wash Linding to collect Coolers habite and India Coolers habite and India Add. Add. Add. Add.	ASP-TTE Corporate Sharches	Conditions Sciences Additional Sciences See See See See See See See See See Se	Balance Cojectry Increase Coje	Nemera Tork 1 Ne	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candine Nanne Security SecUrption SecUrpti	Tourist instead of all districtions of all districtions of all districtions of all districtions of a distriction of a distric		Seven a size filter from an in several registration of the control	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 4	9	The term of the control of the contr	Control months of the	Name
Control Section Control Sectin Control Section Control Section Control Section Control Section	Discontinues unation ayan this Chair Service of Service	Materia Caparia/Minister	Transfer Telescopilitations and the control of the	Coolers habite and India Wash Linding to collect Coolers habite and India Coolers habite and India Add. Add. Add. Add.	ASP-TTE Corporate Sharches	Additional formation of Con- guest and Con- Con- Con- Con- Con- Con- Con- Con-	Balance Cojectry Increase Coje	Proceed To Table To T	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candino Nanta	Pode to traversed Jr. Sil Systemson's Assistance of the Conference		See a sea of the first and the discharge of the control of the con	1 1 1	2 2 3 3 4	9	The television of the control of the	Control manual production of the	Name
Control of the Contro	Discontinues unation ayan this Chair Service of Service	Materia Caparia/Minister	Transfer Telescopilitations and the control of the	Coolers habite and India Wash Linding to collect Coolers habite and India Coolers habite and India Add. Add. Add. Add.	ASP-TELE Corporate Shapehon ASP-Solor As Intelligence Shapehon Asp-Solor As Intelligence Shapehon	Additional formation of Con- guest and Con- Con- Con- Con- Con- Con- Con- Con-	Balance Cojectry Increase Coje	Proceed To Table To T	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candino Nanta	Pode to traversed Jr. Sil Systemson's Assistance of the Conference		See a sea of the first and the discharge of the control of the con	3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 3 3 3 4 4 1 1 2 2		The third of the control of the cont	Control Contro	Name
Control of the Contro	Discontinues unation ayan this Chair Service of Service	Manage Coping/philosope for the first control of the first control of the first coping	Transfer Telescopilitations and the control of the	Coolers habite and India Wash Linding to collect Coolers habite and India Coolers habite and India Add. Add. Add. Add.	ASP-TELE Corporate Shapehon ASP-Solor As Intelligence Shapehon Asp-Solor As Intelligence Shapehon	Conditions Sciences Additional Sciences See See See See See See See See See Se	Between Capacity	Proceed To Table To T	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candino Nanta	Tourist instead of all districtions of all districtions of all districtions of all districtions of a distriction of a distric		See a sea of the first and the discharge of the control of the con	1 1 1	2 2 3 3 4	9	The term of the control of the contr	Control month of the Control m	Name
Community (Special Special Spe	Discontinues unation ayan this Chair Service of Service	Motion Capani, Michigan Capani, Miching Capani, Michigan	Transfer Terren/Datamon for the own of ESS Persons to the form down of ESS Persons to the form of ESS Persons to the form of ESS Persons to form	Coolers habite and India Wash Linding to collect Coolers habite and India Coolers habite and India Add. Add. Add. Add.	ASP-TELE Corporate Shapehon ASP-Solor As Intelligence Shapehon Asp-Solor As Intelligence Shapehon	Totalian to Millianiania Additional imming for found of Control Millianiania Additional imming for found of Control Millianiania English features of Control Millianiania Additional Control Millianiania Millianianianianianianianianianianianianiani	Resease Capacity Resease Adolp Resease Capacity Resease Capacity Resease Capacity Resease Capacity Resease Res	Proceed To Table To T	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candino Nanta	Total Manager of the Control Manager of the C		The control of the co		2 3 3 3 4 4 1 1 2 2		The second of th	Control montage of the	Name
Control of the Market Marriery Administration and State of the Control of the Co	Discontinues unation ayan this Chair Service of Service	Manage Coping/philosope for the first control of the first control of the first coping	Transfer Telescopilitations and the control of the	Coolers habite and India Wash Linding to collect Coolers habite and India Coolers habite and India Add. Add. Add. Add.	ASP-TELE Corporate Shapehon ASP-Solor As Intelligence Shapehon Asp-Solor As Intelligence Shapehon	Additional formation of Con- guest and Con- Con- Con- Con- Con- Con- Con- Con-	Between Capacity	Proceed To Table To T	Trakces Trakces Nodo CHS Database Nodo CHS Database Chickes Chickes Candino Nanta	Pode to traversed Jr. Sil Systemson's Assistance of the Conference		See a sea of the first and the discharge of the control of the con	3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 3 3 3 4 4 1 1 2 2		The second of th	Control manual principal control manual princi	Name

Independent Contracts	Urgent Appointment Only	Release Capacity/Minimise Risk	Delayed Treatment with Potential Serious Complications	A&E/Maxila Facial	Corporate Objectives	Written and Telephone	Release		Waiting Lists	Dental waiting times	1	as above				Vet to be identified	None	None
		Risk	Serious Complications			Written and Telephone Guidance and Urgent Dental Hub	Capacity			Dental waiting times / Rate of Dental emergencies			2	а	۰			
Dermatology - Kerny Paterson* Outpardents	Urgert Appaintments Only	Release Capacity and Minimise Risk	Delayed Treatment with Fosential Serious Complications	GPABE	AGP - O/P AE - Modernising OPDs Corporate Objectives	Written and Telephone Guidance	Release Capacity	Potential Time to Treatment Delays and Progression of Disease	TTG Waiting List Cuts	Time to Treatment / Complication rates / Patient outcome data		There is a risk of delays of time to treatment as the outpatient service is changed urgent appointments only, with the potential for progression of disease or development of related complications.	2	a	9	Vec oo be identified	Definitely	Revised Service Model
Impatients	No Arranged Admissions	Release Capacity and Minimize Risk	Delayed Treatment with Fosetial Serious Complications	A&S and District Nurses	ACP - TTG Corporate Objectives	Written and Telephone Guidance	Release Capacity	Potential Time to Treatment Delays and Progression of LTC Condition	TTG Waiting List Data / Datix	Time to Treatment / Complication rates / Patient outcome data / Complaints numbers		There is a risk that specialist in-patient treatment will be delayed as admissions are cancelled during COVID- 10, with the posteral for same patients conditions to progress to a long-term condition or develop serious complications.	4	3	12	Vict to be identified	None	None
Statester/Indocrinalism - June Currie* Outpadents	Urgent Appointments/Virtual Review and Telephone Support	Release Capacity/Minimise Rick	Limbed Risk	Ght	AGP - Q/P AE - Modernising OPOs Corporate Objectives	Written and Telephone Virtual Review Guidance	Release Capacity	Disease Progression, Delayed Diagnosis and Treatment	TTG Waiting List Data	Time to Treatment / Complication rates / Fatient outcome data		complications. There is a risk that significant change / deterioration will not be identified early as the outputient service is cancelled due to COVID-19, potentially impacting on health and wellbeing management.	2	3		Vet to be identified	Potential	Review Service Model
linguitients	Enhanced Service	Increase Demand - COVID	Limited Risk	None	AOP - TTG Corporate Objectives	Unable to Minimise	Increased Capacity	Support Recovery from COVID 19	irapplicable	inapplicable		There is minimal risk for urgent care as an enhanced service has been put in place and minimises	2	2	4	Not to be identified	None	None
Community	Urgent Appointments/Virtual Review and Telephone Support	Release Capacity/Minimise Rick	Limited Risk	GPs.		Written and Telighone Virtual Review Guidance	Release Capacity	Disease Progression, Delayed Diagnosis and Treatment	TTG Walking List Data	Time to Treatment / Complication rates / Patient outcome data		place and minimises determinations that significant thange / determination will not be identified only as sentions are repotentiated due to COVID-19, potentially impacting on good health and wellbeing management.	2	3		Virt to be identified	Potential	Review Service Model
Endoccoov Service - Pauline Warnack Day case Procedures	Service Suspended	Release Capacity/Minimise Risk	Potential Delayed Diagnosis and Treatment	GP and A&E	AQP - TTG Corporate Objectives	Written and Telephone Guidance	Release Capacity	Disease Progression	Endoscopy system	Patient Outcome Data		There is a risk of delayed diagnosis as the endoscopy service is suspended, with the potential for delayed treatment and/or progression of diagnos.	4	а	12	Yet to be defined	None	None
ENT - Lan McTavish* Cusparients	Prioritised Patients Only	Release Capacity/Minimise Risk	Delayed Treatments	ALE	AOP - O/P AE - Modernising OPOs Corporate Objectives	Consultant Wetting and RAG Rating	Releasing Capacity	Delayed Recovery	TTG Walting List Data	Time to Treatment		There is a risk that there will be delayed treatments as the SNT outpatient service is reduced with the potential for	4	a	12	Yet to be defined	Potential	Revised Service Model
Electives	Service Paused	Release Capacity/Minimise Risk	Delayed Treatments	GPs and A&E	AQP - TTG Corporate Objectives	Consultant Vetting and RAG Rating	Releasing Capacity	Delayed Recovery	TTG Waiting List Data	Time to Treatment		delayed recovery. There is a risk that there will be delayed treatments as the DNT elective service is suspended with the potential for delayed recovery.	4	3	12	Vet to be defined	None	None
Emergencies	Service Sustained	Prioritized Patient Group	None	Theatre/ITU	AGP - TTG Corporate Objectives	Unable Minimise	None	Unknown	Inapplicable	Inapplicable		delayed recovery There is no immediate identified ricks as service is sustained.			N/A	Not Applicable	None	None
Sattreenterchory - Assella Dispar* Outparisetts	Consultant Vetting-Urgent Only	Release Capacity/Minimise Risk	Delayed Diagnosis and Treatment	GPs & A&S	AGP - O/P AE - Modernising OPDs Corporate Objectives	Unable to Minimise	Releasing Capacity	Delayed Diagnosis and Treatment	TTG Waiting List Cuts	Time to Treatment / Time to diagnosis / Patient outcome data		There is a risk that there will be delays in diagnosis and treatment as the gastroentenology outpatient service is reduced to responding to urgest only with the potential for poorer outcomes	4	a	12	Yet to be Defined	None	None
Electives	Consultant Vetting- Urgent Only	Release Capacity/Minimise Risk	Delayed Diagnosis and Treatment	Theatrefflü	AOP - TTG Corporate Objectives	Unable to Minimise	Releasing Capacity	Delayed Diagnosis and Treatment	TTG Waiting List Data	Time to Treatment / Time to diagnosis / Patient outcome data		There is a risk that there will be delays in diagnosis and treatment as gastroenterology electives are reduced to exponding to urgest only with the potential for power outcomes and impact on available hospital bads during the COVID-19	4	а	12	Vet to be Defined	None	None
Emergencies	Service Sustained	Prioritised Patient Group	None	Theatre/ITU	AOP - TTG Corporate Objectives	Unable to Minimise	None	Not Applicable	Inapplicable	Inapplicable		during the COVID-19 There is no immediate identified risks as service is sustained.			N/A	Vet to be Defined	None	None
Control Control : Ossilina Wessen's Outparients	Consultant Vetting - Lirgent Only	Release Capacity/Minimise Risk	Delayed Diagnosis and Treatment	GPs and A&E	AGP - O/P AE - MOD Corporate Objectives	Unable to Minimise	None	Patential Disease Progression	TTG Waiting List Data	Time to diagnosis / Patient Outcome data		There is a risk that there will be delayed diagnosis as general suspens outpatients service is reduced to urgent only with the potential for pooner outcomes and disease progression.	4	a	12	Vet to be defined	None	None
Slectives	MOT Prioritised Some Liggert Cancers for Offsite Surgery - ALL others Services Surgended	Release Capacity/Minimise Rick	Delayed Diagnosis and Treatment	Nutteld	ACP - TTG AC - CS Corporate Objectives	Unable to Minimise	None	Potential for Sudden Deterioration of Unmanaged patients	TTG Waiting List Data	Time to diagnosis / Time to treatment / Patient Outcome data		There is a risk that there will be delayed diagnosis and treatment general surgery is prioritised to sugent only and no-direction so off-size surgery with the potential for sudden deterioration of unmanaged parients and innessed impact on emergency services.	4	3	12	Yet to be defined	None	None
Emergencies	Service Sustained	Prioritised Patient Group	None	Theatre/ITU	ACP - TTG AE - GS Corporate Objectives	Not Applicable	Not Applicable	Not Applicable	inapplicable	Inapplicable		There is no immediate identified risks as service is sustained.			N/A	Not Applicable	None	None
Syraecology - Pauline Warrack Outputients	Consultant Vetting - Lirgent Only	Release Capacity/Minimise Risk	Delayed Diagnosis and Treatment	GPs and A&E	ACP - C/P AE - MOD Corporate Objectives	Unable to Minimise	None	Potential Disease Progression	TTG Waiting List Data	Time to diagnosis / Time to treatment / Patient Outcome data		There is a risk that there will be delayed diagnosis as the gynaecology outpatients service is reduced to urgent only with the potential for disease progression.	4	3	12	Yet to be defined	None	None
Gredives	MDT Prioritised Some Utgett Cancers for Offsite Surgery - ALL others Services Surgended	Release Capacity/Minimise Risk	Delayed Diagnosis and Treatment	Nutfield	AGP - TTG Corporate Objectives	Unable to Minimise	None	Potential for Sudden Deterioration of Unmanaged patients	TTG Waiting List Data	Time to diagnosis / Time to treatment / Patient Outcome data / A&C admissions		There is a risk that there will be delayed diagnosts and treatment general surgery is prioritised to surgers only and education to off-size surgery with the potential for sudden deterioration of unmanaged patients and increased impact on emergency services.	4	а	12	Yet to be defined	None	None
Emergencies	Service Sustained	Prioritized Patient Group	None	Theatre/ITU	ACP - TTG Corporate Objectives	Not Applicable	Not Applicable	Not Applicable	Inapplicable	Inapplicable		There is no immediate identified risks as service is sustained.			N/A	Not Applicable	None	None
Mead and Neck Sursery - Even MicTovich* OutparSents	Prioritized on individual Patient Basis all other face to face Appointments Cancelled	Release Capacity/Minimise Risk	Potential Delayed Diagnosis	GPs and A&E	ACP - C/P AE - MCO Corporate Objectives	Consultant Vetting and RAG Rating	Releasing Capacity	Potential Poorer Outcomes	TTG Walking List Data	Time to diagnosis / Time to treatment / Patient Outcome data		There is a risk that there will be delayed diagnosis as the Head & Neck outpatient service is reduced with the potential for poorer outcomes	4	3	12	Yet to be defined	Potential	Revised Service Model
Declives	Prioritised gatients only via the Head/Neck Cancer MDT in Glasgow. All other electives cancelled.	Release Capacity/Minimise Risk	Delayed Treatment	Golden Jubiliee	AGP - TTG Corporate Objectives	Consultant Vetting and RAG Rating	Releasing Capacity	Potential Poorer Outcomes	TTG Walking List Cuts	Time to diagnosis / Time to treatment / Patient Outcome data		There is a risk that there will be delayed diagnosis as the Head &Neck elective surgery is reduced with prioritized pathway through Golden Jubilee with the potential for poorer outcomes	4	3	12	Yet to be defined	None	None
Emergencies	Sustained Service	Prioritised Patient Group	None	Thestre/ITU	AOP - TTG Corporate Objectives	Unable Minimise	None	Unknown	Inapplicable	inapplicable		There is no immediate identified risks as service is sustained.			N/A	Not Applicable	None	None
Infertion: Disease - Servy Passage* Outputients	Blanket Cancellation of Service with MGT Reviews Underway	Relapsing Capacity and Minimize Rick	Failure to identify new or enterging deterioration	ID Department A&E OCHs	AGP - G/P AG - MGD Carporate Objectives	Telephone Contact, Home Delivery of Prescriptions	Minimise Impact on Client Group	Potential impact on level of Compliance with Treatments		Patient Outcome Onta		There is a risk that there will be lost opportunity for early identification of emerging sequeba and/or deterioration and monitoring of compliance with treatments resulting from the cancellation of the outputient clinicit, that could adversely impact on patient outcomes	4	3	12	Yet to be defined	Potential	Revised Service Model
Imputients	Expansion of Capacity	Expected Demand	May be unable to meet demand (Non COVID) due to lack of facilities, equipment and staff	Wards and Departments	ACP - TTG Corporate Objectives	increase capacity as far as possible, identify criteria for admissions	Increase Capacity	Support Recovery from COVID 19		Patient Outcome Outa		There is a risk that there is not the required capacity to meet the expected demands during the COVID-19 response impacting on sustainability of ID essential care needs.	4	4	55	Vet to be defined	None	None
OPAT (Outpatient Antibilistic Therapy)	Service Sustained	Support Admission Avoidance in Prioritised Patient Group	None	ALE		Unable to Minimise	None	Unknown	Inapplicable	Inapplicable		There is limited clinical risk to the OPAT patients as this service has been sustained			N/A	Not Applicable	None	None
ITU/IniDu - Bony Martinnile (Supportine Documents) Outputients - Inspire	Cancelled	Release Capacity	Physical and Psychological and Social Benefits Lost	0	AGP - Q/P AG - MGD Corporate Objectives	Telephone Call to Promote Self Management via Web	Release capacity	Delayed Recovery for Patients and families	Unknown	Fatient Outcome Data		There is a risk that the physical, psychological and social recovery benefits will not be delivered as the service is cancelled due to CDVID-18, with the potential to delay recovery for some parients and families.	1	a		Yet to be defined	None	None
Imputients	Significant Expansion of Capacity and West of Scotland Network Available to Support as Necessary	Expected Demand	Usable to meet demand - lack of facilities, equipment and staff. Significantly higher Montality & Montality	A&E, Theatree, Other Critical Care Environments and Wards	AGP - TTG Corporate Objectives	Increase capacity as far as possible. Up skill other staff and confirm criteria for admissions	Increase Capacity	Sustain Sfe/Accist patients recover from COVID 19	SXSAG data (WardWatcher)	Patient Outcome Outs / Mortality data		There is a risk that there is not the required capacity to meet the expected demands during the COVID-19 response impacting on sustainability of critical care needs.	4	4	25	Yet to be defined	Potential	Revised Service Model
infection ferrice - Eather Ferrance* Outgariere	Service Suspended	Release Capacity/Minimise Rook	Psychological impact/Access tosses	GP/Private Services	AGP - O/P AG - MGD Local Standard for IV Corporate Objectives	Unable to Minimise	None	Disruption to investigation and towatment plans/Impact age dependant referrals	ISO NF Walting Times in Scotland Report & local Infertility data	Waiting times for eligible patients who were screened for ref treatment / 1% patients not meeting criteria for treatment as a direct result of delays (age)		There is a risk that by suspending the infertility service-during COVID-19, there is the potential for disruption of investigation and treatment plans for sume parkets; including age dependent patients resulting in adverte psychological impact.	3	3	٠	Yet to be defined	None	None
L	1	l	l		ı	L					L		L	l				

Auto-Baren Birthion Reporting Documents! Anticogulant Service	Service Sustained Moving Venues	High Risk Client Group	Staff Availability	Various Health Centres		Stables patients appointments less frequent	None	Accessibility of Clinics for Some Patients	Lab info System Data	Clinical attendance numbers	There is minimal clinical risk to re- locating some of this testing within community settings to release capacity within the acute laboratory settings, impacting on accessibility for some patients.	2	2	4	Vet to be defined	None	None
alload Sciences	Service Sustained however reduced Activity	Reduced GP Blood Work	Allowing greater flexibility over the 24hr period	None		Unable to Minimise	Fadilitates Enhanced level of work requiring PPE	None	Lab info System Data / SSTS	Staff absence rates / Specimen turnsround times	astients There is a risk of ality to maintain current testing activity if there is a sudden increase in staff sickness, where the six and impacting on patient care.	4	3	12	Yet to be defined	Potential	Revised Service Model
Microbiology	Increased Activity and Capacity for in- house Testing, Soff Solft Patterns Altered to Accommodate increased Testing	COVID Testing Demand increasing and Additional Equipment being Secured with NSS	Staff Availability	Mone		Unable to Minimise	None	Potential Capacity Issues	Lab info System Onta / SSTS	Stalf absence rates / Specimen turnaround times	There is a risk that the current service will not meet the demand generated by COVID-19 panders and Nisk predictions if there is a sudder increase in staffly/blacen's impacting on turnsound and maintenance of other susceptil testing, with the potential to delay confirmation of organisms resulting is delayed treatment, some with serious consequence of developing appoint.	4	4	55	Yet to be defined	None	None
Pathology	Service sustained picking up additional activity from Golden Jubilee	Meeting increased demand	Staff Availability	Golden Jubiliee		Unable to Minimise	None	Potential Capacity Issues	Lab info system data / Cancer WT Data / National cancer OPI data (Ecase)	Time to diagnosis (cancer patients) / Time to treatment (cancer patients) / specimen	There is a risk that pathology services will be meet some delays as they are nediverted to the Golden Jubilee and could impact on timely diagnosis and treatment.	3	4	12	Vet to be defined	None	None
Mortuary	Increased Capacity with Additional Fridge Units. Requirement for 7 bay Operating	Expect Mortality Rates	Capacity	External Provider of Refrigeration Funeral Directors NBS tamarkshine Councils GGBUSB National Contingency Resource deployed to UMM		Unable to Minimise	None	Potential Capacity Issues	Lab info System Data?	turnaround times Mortany activity numbers	There is a risk that the mortality predictions for COVID-15 will require substancial additional momany capacity within a rapid timescale and that demand will exceed current and expanded capacity.	s	4	20	Vet to be defined	None	None
Maternity - Cherol Clark Kupportine Documents!*	Sustaining Service	Clinical Needs	Access to Clinical Exclinion	GD and Materials (1997	AS - Seet Start Corporate Objectives	Line of New Me	None	None	Early acress to	Advance Cuents / %	There is a risk that there will be				Not Applicable	Brown Col	Desired Senior Model
Acceptable		Cinca rees	Places to Limited Patrices	OP 210 MARKING COM.		Use of Near Me Technology and Phone Consultations			Early access to anterestal cervices data / Datix	Adverse Events / % booked for antenatal care by the 12th week of gretation.	There is a risk that there will be reduced access to clinical facilities to maintain routine anternal care as facilities are closed to public during COVID-19, potentially impacting on early identification of complications.	4	2	٠	Vet to be defined	Political	Personal Service Social
Scanning	Restricted Service - Women Only No Partners	Minimise Rock	Hindering Partner Support - Bad News	Complaints Department	AS - Reet Start Corporate Objectives	Use of Digital Technology to enable visualisation from beyond the room	None	Potential for Patient and Partner Distress	Ontix	Number of complaints in relations to restrictions on attendance at scanning appointments.	There is a risk of increasing distress to pregnant mothers, partners and for families in the event of branking bad news at scanning tages resulting from nextrictions place on partners streeding canning as a COMO-9 is safer pressure. This has the potential to result in poor psychological recovery and an increase in complaints.	à	а	9	Yet to be defined	None	None
Labour	Home Birth Service Surgended	Release Capacity and Minimize Risk	Potential for Women to Free Birth	SAS	AG-Seet Start	Writen Advise and Guidance however Unable to Minimise	Release Capacity	increased Risk to Mother and Raby	Studgerhiet / Datix	% breakdown of place of delivery - 98A/Home unplanned / Outcome for mother(baby / Adverse Events	There is a risk that as home births are suspended as part of the COVID-19 response massures, individual parient chains could result in "two-birthing" with the potential for harm to both mother and baby(ii)	3	4	12	Yet to be defined	None	None
Sections - Sective	Suzzining Service whilst reviewing Crizeria	Clinical Need and Patient Choice - Legislation	Ability to Sustain Service/Potential Bed Capacity/Reduced Footprint/Staffing	Theatres and Accommodating Womens Health Services	AG-Sect Start	Unable to Minimise	None	Workforce and Bed Capacity	Sadgerhirt / Datix	% of women delivering by elective/emergency C section / Rate of complaints	There is a risk that by reviewing the otheria for elective C-section during the COVID-19 pandemic response, some methers choice is reduced and could result in an increase in complaints and breach in legislation	2	2		Yet to be defined	None	None
Section - Emergency	Sustaining Service	Clinical Need	Potential Increase due to Clinical Nieed/CDVID	Theatres and ITU	AS - Best Start Corporate Objectives	Critical Care Training for Midwives	None	increased Risk to Mother and Raby	Badgerhiet	% of women delivering by elective/emergency C section / indication for C section / Outcome for monthsoftship	There is a risk that there will be an increase in demand for emergency C Sections resulting from clinical deterioration in mothers infected with COVID-19, and may not result in the desired outcomes.	2	4	22	Yet to be defined	None	None
Postnatal	Sustaining Service and Increase Flow	Release Capacity and Minimise Rick	Red Capacity	Community Teams	AG - Best Start	Unable to Minimise	Release Capacity	6 hour Discharges	Badgernet / Datis	Readmission rate for mather/baby / Reason for readmission of mother/baby / Outcome for mother/baby / Adverse Events	There is a risk that by discharging mums 6 hours postnatal to maintain hospital capacity during COVID-19, developing complications will not be identified early.	2	3		Vet to be defined	Linderway	Revised Service Model
l .										mother/baby / Adverse Events							
Max Facial - Lyn McTavish* Outparients	Emergency Only	Release Capacity/Minimise	Delayed Treatments	Dental Services and ABE	AQ9 - Q/9	Unable to Minimise	Releasing	Delayed Diagnosis	TTG Wasting List		There is a risk that there will be delayed				Wit to be defined	None	None
Max Facial - Eyn McTavish* Cuspations	Emergency Only	Release Capacity/Minimise Risk	Delayed Treatments	Dental Services and A&E	AGP - O/IP AG - MGO Corporate Objectives	Unable to Minimise	Releasing Capacity	Delayed Diagnosis and Treatment	TTG Waiting Liter Data	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there will be delayed treatment; as the Max-facial outpotter service in reprioritized to respond to emergencies coly with the potential for poorer outcomes.	4	3	Ω	Yet to be defined	None	None
Mass Facial - Ups McClavish* Outparlents Canchives Linchives Linchives	Grangency Crity Service Passed Service Sussisioned	Release Capacity/Minimise Rock Rock Release Capacity/Minimise Rock Prioritised Parient Group	Delayed Treatments Chilayed Treatments None	Central Services and A&C Central Services and A&C Central Services and A&C Compatiently Theatre/1111	Corporate Objectives AGP - TTG Corporate Objectives	Unable to Minimise Unable to Minimise Unable to Minimise Unable to Minimise	Releasing Capacity	Delayed Chagnosis and Treatment Delayed Treatment Utsknown	TTG Waiting List Data TTG Waiting List Data TTG Waiting List Data	Time to diagnosis / Time to treatment /	outpatient service is reprioritized to respond to energencies only with the potential for poorer outcomes. There is a risk than there will be delayed treatments as the Max-facial electives are suspended with the potential for poorer automes.	4	3	12	Vet to be defined Vet to be defined Vet to be defined Not Applicable	None None	None None
Main Facili - Ligh McTainle ² Output let the Chicateries Greateries Greateries	Emergency Only Service Passed Service Sustained		Chilayed Treatments Delayed Treatments Delayed Treatments Nicce	Dental Services and A&E Dental Services and A&E Contait Services and A&E Compatients of Theory (TTU)	Corporate Objectives	Unable to Minimise Unable to Minimise Unable to Minimise		Debyed Diagnosis: and Treatment Debyed Treatment Unknown		Time to diagnosis / Time to treatment / Patient Outcome data	autpatient service is reprioritized to respond to emergencies only with the patential for poorer outcomes					None None	None None
Man Facial - Ign McTanlah* Outputiens Geolities Geolities Sinne genoins Minar Charl - Geolite Striker Minar Charl - Geolite Striker Minar Charl - Geolite Striker	Sinegaccy Crity Sinegaccy Crity Service Proceed Service Sustained	Release Capacity/Minimise Risk Prioritised Parient Group	Delayed Treatments Delayed Treatments Delayed Treatments Name	Dental Services and A&E Dental Services and A&E Cental Services and A&E Coupadients of Theories (TIU)	Corporate Objectives AGP - TTG Corporate Objectives AGP - TTG Corporate Objectives	Unable to Minimise Unable to Minimise Unable to Minimise	Releasing Capacity	Delayed Treatment Unknown	TTG Waiting List Data Inapplicable	Time to disgnosis / Time to treatment / Patient Outcome data Time to treatment / Patient Outcome data inapplicable	outprillers service is reptionitized to respond to emergencies only with the potential for poorer autonome. There is a risk that there will be delayed towartenest as the last facial effective are supposed with the potential for poorer outcome. There is no immediate identified risks as service is sustained.			12		None None None	None None
Man Fall for McSade* Characters George of the Control of the Cont	Emergency Crity Service Passed Service Sussed Service Sussed Service Sussed Service Sussed	Belease Capacity/Minimise Folk Prostitioned Partner Group Release Capacity/Minimise Folk	Dringed Transments Dringed Transments Bases Bases Dubyed Transment landing to Rose Complex or grays at the data	Sental Services and A&E Dental Services and A&E Dental Services and A&E Outgatienty/Thereny(Ti) GP	Carporate Objectives ADP - TTG Carporate Objectives ADP - TTG Carporate Objectives ADP - Other ADP	Unable to Minimise Unable to Minimise Unable to Minimise Unable to Minimise Vetting of all reference for Ungent Carciers and proceeding	Releasing Capacity	Delayed Treatment Unknown Footer Patient Outcomes	TTG waiting List Outs Inapplicable TTG waiting List Outs	Time to diagnosis.) Time to treatment. Patient Outcome data Time to treatment. Fullent Outcome data inapplicable Time to treatment. Fullent Outcome data	outputted review is reprintabled to supported temperature only with the patient fill by power extension. There is not that they are will be dispared towarrows a site fill be presented for patient southern as the best positional for patient southerns. There is no dismandation siteration of the control of the patient for patient southerns. There is no dismandation siteration of the control of the patient of the control of the patient of the control of the patient of control of the patient of patients and the patients of the control of the the control of the patients of the patients of the patients of the patients and the patients of the patients of the patients of			12		Niche Niche Niche	None None None
Man field on the State of Control	Emagany Gify Emolar Swald Service Swald Service Swald Service Swald Service Swald Swald	Release Capacity/Minimise Risk Prioritised Parient Group	Dispet Pressures. Dispet Treasures. Name Soling Treasures of Selfing Statements. Soling Treasures of Selfing Statements. Soling Treasures of Selfing Statement.	Dental Services and A&S Dental Services and A&S Dental Services and A&S Conjugationsy Theology Till GP Resilient Gross Space	Corporate Objectives AGP - TTG Corporate Objectives AGP - TTG Corporate Objectives	Under to Monate Under to Monate Under to Monate Under to Monate Wetting of all inferrols Wetting of all inferrols Forcessory Vectors of all inferrols for Upper Concern and promitting	Releasing Capacity	Delayed Treatment Unknown	TTG Waiting List Data Inapplicable	Time to disgnosis / Time to treatment / Patient Outcome data Time to treatment / Patient Outcome data inapplicable	outpaties from a registrated by a required for pure or selected by a process of the department of the pure of the department of the pure or selected by a registrate of the department of the de	4	3	12 N/A		Notes Notes Notes Notes	Note Note
Man Andre of park Planted Marginists Mar	Emagany Skiy Innovariased Innovariased Innovariased Inger Cases Only Usper Cases Only Usper Cases Only	Belease Capacity/Minimise Folk Prostitioned Partner Group Release Capacity/Minimise Folk	Debyed Transment leading to more Complex surgery at Use data	Dented Services and A&E Dented Services and A&E Outlage Services and	Carporate Objectives ADP - TTG Carporate Objectives ADP - TTG Carporate Objectives ADP - Other ADP	Vetting of all referrals for tiggest Cancers and prioritising	Releasing Capacity	Delayed Treatment Unknown Unknown Poorer Patient Outcomes Foorer Patient Outcomes	THE waiting last Outs Interpolicable THE waiting last Outs THE waiting last Outs THE waiting List Outs Sangarhest subset Sangarhest Sang	Times to diagnosis? Times to systeme? Prodest Churcon Prodest Churcon Prodest Churcon Extra to the system of the	outpaties from a registrated by a required for pure or selected by a process of the department of the pure of the department of the pure or selected by a registrate of the department of the de	4	2	12 N/A		Note Note Note Note	Name Name Name Name Name Name
Man find of an American Mary Prince George Control Man and Control Man	Senegaring Grip Lennic Process Lennic Convert Convert Lennic Convert Convert Lennic Convert Convert Lennic Convert Lenni	Notice Cyaniphinines Notice Post Service Mosco Cyaniphinines Notice Cyaniphinines Notice Cyaniphinines Notice Cyaniphinines Notice Cyaniphinines Oxida Madd		Tomas Services and Add Tomas Services and Add Output Services and Add	Corporate Objectives AGD-1712 Corporate Objectives AGD-1704		Releasing Capacity Capacity Releasing Capacity None None	Delayed Treatment Unknown Footer Patient Outcomes	TTG waiting List Outs Inapplicable TTG waiting List Outs	Times to disquasivi. Times to separate / Times to separate / Times to separate Times to	Anguined many in Engineering Management and Comparison of	4	2	12 N/A	Not applicable Ver to be Defined We to be Defined yet to be defined	Name Name Name Name Name Name	Name Name Name Name Name Name
Man field up of Parasite Manylorisis Gendrine Manylorisis Manylori	Strangard Grey Service Paradid Memory Paradid Memory Survived Topper Connect Grey Topper	Means Committed Francis Comp. Testinated Francis Comp. Means Cognitive Cognitive Comp. Means Cognitive Cognit	Debyed Transment leading to more Complex surgery at Use data	Section Sections and ASM Section Sections and ASM Section Section and ASM Comparison of Compariso	Copyran Oglothel APT TS Copyran Oglothel APT TS Copyran Oglothel APT TS Copyran Oglothel APT TS APT TS APT TS APT TS Copyran Oglothel APT TS APT TS Copyran Oglothel APT TS AP	Vetting of all referrals for tiggest Cancers and prioritising	Remaining Capachy Remaining Capachy Remaining Capachy Name Name Remaining Capachy Remaining Capachy	Delayed Treatment Unknown Unknown Poorer Patient Outcomes Foorer Patient Outcomes	THE waiting last Outs Interpolicable THE waiting last Outs THE waiting last Outs THE waiting List Outs Sangarhest subset Sangarhest Sang	Time to depend of the control of the	Anguined many in Proportional of the State o	4	a 2	12 N/A 12	Not Applicable Ver to be Colfound Ver to be Colfound Ver to be defined yer to be defined	Notes Notes Notes Notes Notes Notes Notes	Name Name
Man and cap the Parison Finalism F	Semagancy day Lancius Paused Lancius Paused Lancius Paused Lancius Paused Lancius Cody Lancius	Menter Copins, Manusch State Translated Prison Copins Menter Copins, Manusch Copins Menter Copins, Manusch Menter Copins	Gallegia Numbero in Swiftig Stat Assets Contigine surgery at last sides Contigine surgery at last sides Secretical Assets Switzer Switzer Gallegia CoVPD Symptoms Distayed Brokenge Number	Sector Services and Aller Sector Services and Aller Sector Services and Aller Sector Services and Aller Sector Sec	Corporar Optiches AD - TEX Corporar Coptic	Vetting of all referrals for tiggest Cancers and prioritising	Releasing Capacity Capacity Releasing Capacity None None	Deliyed Tourness Uniteress Feator Parison Catamins Footor Parison Catamins Footor Parison Catamins Footor Parison Catamins Footor Catamins See Address Footor Catamins Linearized Footor Catamins Name Name	THE waiting last Outs Interpolicable THE waiting last Outs THE waiting last Outs THE waiting List Outs Sangarhest subset Sangarhest Sang	Times to degenerary Project to Country Project Country Proje	Anguined man, in experimental way and a second man and a	4	3	12 N/A 12 12 12 12	Next Applicable Ver to be Deficed Ver to be defined yet to be defined yet to be defined yet to be defined	Name Name Name Name Name Name Name Name Name	Name Name
Manufacture State	Antengano diag Leona Paudid Leona Paudid Leona Declared Le	Menter Copins, Manusch State Translated Prison Copins Menter Copins, Manusch Copins Menter Copins, Manusch Menter Copins	Debyed Transment leading to more Complex surgery at Use data	Sector Services and Aller Sector Services and Aller Sector Services and Aller Sector Services and Aller Sector Sec	Copyran Oglothel APT TS Copyran Oglothel APT TS Copyran Oglothel APT TS Copyran Oglothel APT TS APT TS APT TS APT TS Copyran Oglothel APT TS APT TS Copyran Oglothel APT TS AP	Vetting of all referrals for tiggest Cancers and prioritising	Remaining Capachy Remaining Capachy Remaining Capachy Name Name Remaining Capachy Remaining Capachy	Delayed Treatment Unknown Unknown Poorer Patient Outcomes Foorer Patient Outcomes	THE waiting last Outs Interpolicable THE waiting last Outs THE waiting last Outs THE waiting List Outs Sangarhest subset Sangarhest Sang	Time to depend of the control of the	Anguined many in Proportional of the State o	4	3 3	12 N/A 12 12 12 12 12 12 12 12 12 12 12 12 12	Not Applicable Ver to be Colfound Ver to be Colfound Ver to be defined yer to be defined	Mare Mare Mare Mare Mare Mare Mare Mare	Name Name
Manufacture State	Not Landshire's suitable service in the service of the service in	America Caranta Minima Caranta Managara Caranta Minima Caranta Managara Caranta Minima Caranta Managara Caranta Minima Caranta Minima Caranta Minima Caranta Managara Caranta Minima Caranta Minima Caranta Managara da Minima Caranta Minima Minima Caranta Minima Minima Caranta M	Gallegia Numbero in Swiftig Stat Assets Contigine surgery at last sides Contigine surgery at last sides Secretical Assets Switzer Switzer Gallegia CoVPD Symptoms Distayed Brokenge Number	Section and All- more forcion and All- more forcion and All- displaces of the All- displaces of the All- More forcion and All- Graphics of the All- More forcion and All- More f	Coputor Options AD TEL Coputor Option AD TE	Vetting of all referrals for tiggest Cancers and prioritising	Remaining Capachy Remaining Capachy Remaining Capachy Name Name Remaining Capachy Remaining Capachy	Design Tempore United September Printed Outstand Town Federal Outs	THE waiting last Outs Interpolicable THE waiting last Outs THE waiting last Outs THE waiting List Outs Sangarhest subset Sangarhest Sang	The state of the s	Anguined man, in experimental way and a second man, and a second man and a	4 4 2	3 3 3	12 N/A 12 12 12 12 12 12 12 12 12 12 12 12 12	Next Applicable Ver to be Deficed Ver to be defined yet to be defined yet to be defined yet to be defined	Mass Mass Mass Mass Mass Mass Mass Mass	Name Name
Construction of the Constr	NHG Lazarkshirn's audiology services will deliver a limited envision the lateral transition of the control of currently being seen dust to all me manus advising of this. All bables who have not been screened as in-parients will be followed up by NHG Lazarkshirt's audiology services as soon as possible.	America Copin (America Paris Copin C	Company Transverse leading to store Caralysis surgery at tall offer a Caralysis surgery at tall offer a Manusco Manusc	Sector Services and ASM Sector Services and ASM Sector Services and ASM Conguestion of Sector Services Of Sector Services and ASM Conguestion of Sector Services Sector Services Authorized Sector September Services Authorized Sector Services Au	Copysion (Agiction) APP 1715 A	Vertrag of all pelinoms for Upper Concern and private Property Concern and private Property Concern and private Property Concern and Property Concern and Property Concerns and	Selecting Capacity Selecting Capacity Selecting Capacity Selecting Capacity Selecting	Unique Transact Unique In Transact Unique In Transact Obligation Partie Partie District Partie	The waveguest of the Control of the	The state of the s	Anguined many in Programme of Temporary and Control of Control of Temporary and Control of Contr		3 3 3 3	12 N/A 12 12 12 12 12 12 12 12 12 12 12 12 12	No. Applicable Test to be defined Test to be defined yet to be defined yet to be defined yet to be defined	Mare Mare Mare Mare Mare Mare Mare Mare	Name Name

Outpasients	Emergency Service Only	Release Capacity and Minimise Risk	Delay and Prolonged Treatment	Dental Service	ACP - C/P AE - MOD Corporate Objectives	Unable to Minimise	Release Capacity and Up skill Workforce	Delayed and Prolonged Treatment	TTG Waiting List Data	Time to treatment / Patient Outcome data	There is a risk of delayed and prolonged treatment as the orthodontic service is neduced to emergency service only with the potential for longer term impact on patients.	à	3	9	Vet to be defined	None	None
Onthomodics - Steahen Prebles Outparisens	Emergency Reviews Only	Release Capacity for Redeployment	Failure to treat new/emerging deformities	None	AGP - O/P AE - MOD and TEO Corporate Objectives	Telephone and Virtual Consultations	Release Capacity	Increase Walting Time	TTG Waiting List Data	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there will delays in identifying and treating new / emerging deformities as clinics are cancelled to release capacity, and will increase washing times and potentially impact on health outcomes.	4	a	12	Yet to be defined	Remodelling Complete	To be Quantified
Slectives	Cancelled	Release Capacity for Redeployment	Failure to treat new/emerging deformities	None	AGP - TTG AG - TEG Corporate Objectives	unable to Minimise	Release Capacity	increase Waiting Time	TTG Walting List Data	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there will delays in treating new / emerging deformbles and managing routine electives as admissions are restricted to release capacity, and will increase vailing times and potentially impact on expected health-outcomes.	4	3	12	Vet to be defined	Remodelling Underway	To be Quantified
Emergencies	Based on Clinical Presentation	Life/ limb threatening operations	Delayed Surgery for Some Patients	Theatre Capacity	AGP - TTG AG - TEG Corporate Objectives	Pain Management for delayed Surgery	Release Capacity	Potential increase in mortality or morbidity	TTG Wating List Data	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there will delayed surgery for come patients as services are restricted to emergencies only to nelease capacity, and could potentially impact on expected health outcomes.	4	3	12	Yet to be defined	Remodeling Complete	To be Quantified
Porthodolis - Rashel Micken* Outgarleets	Priority Patients Only	Release Capacity and Pick New Role	Falure to identify deterioration	Community Optometrists	AE - MOD Corporate Objectives	Telephone Advice if Required	Releasing Capacity	Unknown	TTG Waiting List Cuts	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there is failure / delay in identification of new conditions or deverientation in patients at both outpatient and within community services, as resource is redirected with the potential for progression of eye conditions.	4	а	12	Yet to be defined	Potential	Revised Service Model
Community	Cancelled Pre-School Screening	Release Capacity and Pick New Role	Failure to identify condition	None	Corporate Objectives	Telephone Advice if Required	Releasing Capacity	Unknown	TTG Waiting List Cuts	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there is failure / delay in identification of new conditions or deterioration in patients at both outpatient and within community services, as resource is nedirected with the potential for progression of eye conditions.	4	3	12	Vet to be defined	None	None
Composition - Robble Rooney* Outpardents	Entergency Reviews Only	Release Capacity and Retrain Staff	Failure to Diagnosis and Maintain Functionality	Supporting Community Services	AE - MOD Corporate Objectives	Telephone and Virtual Consultations	Release Capacity	Increased Falls Risk and Ulcerations	TTG Waiting List Cuts / Cutis	Time to diagnosis / Time to treatment / Patient Outcome data / Falls rates / PU rates	There is a risk of failure to diagnose and maintain functionality as resource is neglected from outpatients, increasing the risk of falls (emergency admissions) and ulceration	4	3	12	Yet to be defined	Potential	Revised Service Model
Inputients	Spinal Patients Only	Release Capadity and Retrain Staff	Delay in Re-enablement	Supporting Acute Services	AQP - TTG Corporate Objectives	Unable to minimise	Release Capacity	Increased Falls Risk and Ulcerations	TTG Walting List Data / Datix	Time to treatment / Patient Outcome data / Falls rates / PU rates	There is a risk of delay in re-enablement for spinal patients as resource is redirected from community, increasing the risk of falls (emergency admissions) and ulceration.	4	3	12	Yet to be defined	Potential	Revised Service Model
Community	Emergency Reviews Only	Release Capadity and Retrain Staff	Delay in Re-enablement	Supporting Community Services	Corporate Objectives	Telephone and Virtual Consultations	Release Capacity	Increased Falls Risk and Ulicerations	TTG Waiting List Data / Datis	Time to treatment / Patient Outcome data / Falls rates / PU rates	There is a risk of delay in ne-enablement, as resource is redirected from community, increasing the risk of falls (emergency admissions) and ulceration.	4	3	12	Vet to be defined	Potential	Revised Service Model
Pain Sendor - Pauline Whenook Curporients	Suspended Service	Release Capacity/Winimise Risk	Revised Treatment Plans to be Confirmed	GPJ Community Physio and Pharmades	AGP - Q/P AE - MGD Corporate Objective	Unable to Minimise	Release Capacity	Alternative Crugs and Treatments Approaches Required for Some Pasients	Pain Management database (local data collection)	Patient Outcome Cata	There is a risk that revised treatment gibos with alternative drugs and treatments are not confirmed and in gibico as the Pain Service outpatient clinic is suspended, with the potential for sub-optimal pain relief for some patients	2	3	9	Yet to defined	Potential	Revised Service Model
Pharmacy-Christine Gimour Critical Care	Increased Capacity	Increased Service Demands	Ability to secure adequate supply of Critical Care Grugs	Supply Chain	Corporate Objective	Advanced Flanning	None	If drugs became unavailable it may after treatment plans and patient outcomes	National Data Sets	Availability of drugs / gatient outcomes	There is a risk that the supply of escential critical care drugs cannot be maintained due to increased demand in the number of acutely unwell COVID-19 +ve patients nationally and locally, with the notation for sub-netical care.	4	4	25	Yet to be defined	None	None
Hospital	Reduced Capacity Focused on Medicines Supply	Increased Service Demands	Failure to routinely review individual Patients	Nurses to do ward stock ordering	FSP (Pipeline)	HEPMA UHM/LHH - UHW Pharmacy will try to Maintain Service	None	Potential for increase Drug Errors	Datix Reporting	Rate of drug errors	There is a risk that pharmacy reviews will not be carried out due to redirection of resources, with the	4	4	55	Vet to be defined	Potential	Revised Service Model
Community	Under Significant Pressure	Multiple Requesting	Patient Access to Medicines	NH534/00H4	Corporate Objective	GP Controls of Repeat Prescriptions	None	Supply Chain Slowing Down and Stopped Supervision of Methadone	National Data Sets / Datis / SAERs	Availability of drugs / gaslest outcomes / Rate of harms	There is a risk that pharmacy reviews will not be carried out due to will not be carried out due to moderation of	4	а	12	Yet to be defined	Potential	Revised Service Model
Primary Care Bridgery - China Consult*	Endeavour to sustain GP Prescribing Services	Increased Service Demands	Savings and Efficiency Work Paused	None	Corporate Objective	Unable to Minimise	None	Not known	National Data Sets	Patient outcome data	There is the risk that there is a neduction in GP prescribing as practices are reconfigured with the potential for deterioration of a range of conditions.	2	4	12	Yet to be defined	Potential	Revised Service Model
Planed	Urgent Appointments Only	Release Capacity / Minimise Risk	Potential Delay in Diagnosis and Follow Up	None		Patential progression of Disease/Condition	Release Cagacity	Waiting List and Referrals	TTG Waiting List Data	Radiology waiting times / Patient Outcome data	There is a risk of delay in diagnosis and follow-up for planned radiology as resources as reduced to urgent only, impacting on progression of disease for some enouse of patients	4	а	12	Yet to be defined	Potential	Revised Service Model
Encourage of	Supplied Control	for in format	May be unable to meet demand due to lack of qualified staff	None		No. Applicable	None	Not Applicable	TTG Waiting List Oats / Radiology system - Reportable Oats Set / SSTS	Radiology waiting times / staff absence rates	There is a risk of delay in diagnosis and follow-up for planned residuality as memorares an enduced to surgent only, incomparing en progression of disease for memorare amount of disease for the surgent and the surgent and There is not that inscheduled and energy or the surgent and the risk if the department is unable to the risk if the department is unable to the risk if the department is unable to the risk if the department is unable to disease the risk of the comparing of diseases and controlled diseases and controlled diseases	4	4	12	Vet to be defined	No.	No.
Non-Vascular R	Urgent Appointments Only	Release Capacity / Minimise Risk	May be unable to meet demand due to lack of qualified staff Fotertial Delay in Diagnosis and Follow Up	None		Patential progression of Disease/Condition	Release Capacity	Waiting List	TTG Waiting List Data / Radiology system - Reportable Data Set / SSTS TTG Waiting List	Radiology waiting times / staff absence rates Radiology waiting times / Patient Outcome data					Vet to be defined	Potential	Revised Service Model
Resal - Keny Paterson*		NOX	Fallow Up			thusin/condition	Сараску		TTG Waiting List Data / Radology system - Reportable Data Set		There is a risk of delay in diagnosis and follow-up for planned radiology as resources are reduced to urgent only, impacting on progression of disease for some proups of patients	4	3	9			
Outparlents	Urgent Review Only with MOT Review	Release Capacity / Minimise Risk	Potential Delay in Diagnosis and Follow Up	ARE	AOP - O/P AG - MOD Corporate Objectives	Established an Philebotomy Service for remote management	Release Capacity	Walting Lists and Delayed Treatment	TTG Waiting List Data / Scottish Renal Registry Data (SCRPR)	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there will be delays, in diagnosis and follow-up for meal pasients as outpatient clinics are cancelled and MADIT urgent only with potential for delay in treatment and deterioration in renal function.	2	4	12	Vet to be defined	None	None
	Suttained Service with Reduced Cycles	Release Capacity / Minimise Rick			AGP - TTG Corporate Objectives		Release Capacity	Risk of Complications	Registry Data (SERPR) / datis	Patient Outcome Carts / A&E admissions / Adverse Events	There is a risk that as dishysis cycles are nedword to release clinical workforce to respond to CDVID-19, partient outcomes will not be optimized with potential for complications and deterioration and possible admission through A.B.C. There is a risk that some.	4	4	25			
Inpatients	For now there is a reduced number of patients in ward 1 and we are supporting fill with our staff from the ward	High Risk Patient Need	Hospital Acquired Infection	mu	AQP - TTG Corporate Objectives	Unable to Minimise Impact	None	Unkown at this time	Scottlish Renal Registry Casta (SERPR)	Patient Outcome Data	interventions/elements of management for optimal dialytis requiring inpatient care will be delayed as capacity is released to support IIU with the nonential for nonen nations	3	3	9	Not Applicable	None	None
Interventions Home	Sustained Service Sustained Service	High Risk Patient Need High Risk Patient Need	Hospital Acquired Infection Community Acquired Infection	Theatres and Radiology A&E		Not Applicable Not Applicable	None None	Not Applicable Not Applicable	Inapplicable Inapplicable	Inapplicable Inapplicable	There is no immediate dinical risk as this service is sustained.			N/A N/A	Not Applicable Not Applicable	None None	None None
Baselvstony - Faith McCrye* Outpasents	Service Paused - Litgent Only Face to Face Only	Minimize Rick	Potential Delay in Diagnosis/ Disease Management & Follow Up	GPI/ALL/Community Nursing	AGP - G/P AE - MGD Corporate Objectives	Unable to Minimise	None	Delayed Disease Diagnosis and Management	TTG Waiting List Cuts	Time to diagnosis / Time to treatment / Patient Outcome data	There is a risk that there will be delays. There is a risk that there will be delays. In diagnosis, disease management and follow-up for respiratory patients as usualistic stricts are prioritised to usugent only, with potential for delay in disease diagnosis and management.	4	3	12	Yet to be defined	Potential	Revised Service Model
Home Care	Urgent Face to Face-Reviews Only - Telephone/Near Me Appointments	Minimize Risk	Delay in Disease Management	Nurve Specialists/Community Nursing/GPs/A&G		Unable to Minimise	None	Level of Patient Analety and Potential for Hospital Admission	NSS discovery data	Rates of Emergency admissions / Patient outcome data	disease diagnosis and management. There is a risk that there will be delays, in disease management for respiratory patients as the home care service is pidositized to urgest only, with potential for delay in increased level of patient makes you do potential for hospital admissions.	4	3	12	Vetto be defined	None	None
Imputiants	Sustained Service	High Risk Parlent Need	Ongoing ability to cope with demand due to high numbers COVID patients being housed outwith Respiratory Ward Footpoints.	ABE /COVID Filled Wards	AGP - TTG Corporate Objectives	If Possible Patient Charting to Minimise Risk	None	Posential Increased Risk of Complications COVID	HAI data (IPCT team) / DATIX	COVID-19 data / Partient outcome data / Adverse Guents	There is the risk of increased exposure to COVID-19 if symptomatic patients are admitted to general respirationy inpatients wands, resulting in hospital acquired infection and increased complications.	s	4	20	Yet to be defined	None	None
Theremoniates - America Tileson* Congraviences	Urgent Patients Only -Telephone and Next Ne Appointments (minimal face so face appointments also required)	Minimise Risk	Potential for Delayed Modification of Medication/Treatment Plans	9	App - QIP AE - MOID Corporate Objectives	Consultant Vetting and Telephone Communication and face to face consultation being undertaken where necessary with risk assessment of individual cases undertaken by the consultant	Release Capacity	Potential Poorly Management Conditions and Debyed Diagnosis	TTG Waiting List Costs	Time to seen / Patient outcome data	There is a risk of delays to modification of medication/treatment plans as the theumatology optimists clinic are cancelled with telephone consultation. for urgest only, with the potential to result in poorly managed conditions and power outcomes.	4	a	12	Yet to be defined	Potential	Revised Service Model

Day Cases Service - North Europeans	Urgent Patients Only - Telephone and Near Me Appointments (minimal face to face appointments also required)	Minimize Risk	Ability to Sustain Cunnect IV Treatment Plans	GP and A&E	AQP-TTG Corporate Objectives	Consultant Vetting and Telephone Communication and face to face consultation being undertaken where necessary with risk assessment of	Capacity	Potential Poorly Management Conditions	Unknown	Patient Outcome Onta	There is a risk that current fif treatme plant cannot be sustained as day case care in reduced to upper by respons with the potential for poorly managed sanditions and disease progression.	2	4	12	Vet to be defined	Potential	Revised Service Model
Outparlents	Sustained Service with Reduced Capacity	High Risk Patient Need	Potential for Poorer Outcomes	ALC	AGP - Q/P AE - MOD Corporate Objectives	Reconfigured Flow of Clinics to Maximise Attendance	None	Delayed Diagnosis and Treatment	Scottish Stroke Care Audit data (SSCA)	Patient outcome data	There is a risk of delayed diagnosis are treatment for stroke patients as the capacity in the outpatient service is reduced with the potential to result in poorer outcomes for some patients.	4	a	12	yet to be defined	None	None
Impatients	Sustained Service	High Risk Patient Need	None	None	AGP - TTG Corporate Objectives	Not Applicable	None	Not Applicable	inapplicable	Inapplicable	No risks clinical risk identified			N/A	Not Applicable	None	None
Theostee - Floria Cowan (Supporting Documents)* Day Surgery	Service Crassed	Release Capacity for Up skilling	Delayed Diagnosis and Treatment	NHS24/GP/ COH/ABE		Unable to Minimise Impact	Release Capacity	Waiting Lists and Delayed Treatment	TTG Waiting List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is a risk that there will be delays in diagnosis and treatment by suspending all day surgery with the potential for clinical deterioration, and	4	2	12	Yet to be defined	Potential	Revised Service Model
Endoscopy Suites	Service Cassed	Release Capacity for Up skilling	Delayed Diagnosis and Treatment	NHS24/GP/ COH/ABE		Unable to Minimise Impact	Release Capacity	Waiting Lists and Delayed Treatment	TTG Waiting List Data	Time to Diagnosis / Time to treatment / Patient outcomes	cumulative increase in waiting times. There is a risk that there will be delays in diagnosis and treatment by suppending endoscopy with the			12	Vet to be defined	Potential	Revised Service Model
Anaecthetics	Increased Capacity	Service Demand	May be unable to meet demand due	A&E/Wards		Unable to Minimise	None	Mortality and	HSMR data / M&M	M&M rates,	potential for clinical deterioration, and cumulative increase in waiting times. There is a risk that there will not be th				Yet to be defined	None	None
			to lack staff/equipment and space			impact		Morbidity	local data	mortality rates	sufficient capacity and recourse to meet the predicate diemands of the annexthetic services with the potential to impact in morbidity & mortality of affected COVID-19 and other annexmount profilers.	4	4	26			
Theatres	Reduced Capacity	Release Capadity/Albernative Use	Delayed Diagnosis and Treatment	NHS24/GP/ COH/ABS		Unable to Minimise Impact	Release Capacity	Debyed Treatment	TTG Waiting List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is a risk that there will be delays in diagnosis and treatment by reducing theare activity and capacity with the patential for clinical deterioration, and cumulative increase in waiting times.	4	3	12	Vet to be defined	None	None
Recovery	Alternative Use	increase Critical Care Capacity	May be unable to meet demand due to lack staff/equipment and space	ALL/Harts		Unable to Minimise Impact	Increase Critical Care Capacity	None	Unknown	Patient outcome data	There is a risk that even by utilising excovery to increase capacity, these may not be the utilisient resource to meet the predicted demands required during (OVID-19 with the potential to impact on clinical outcomes.	. 4	4	55	Yet to be defined	None	None
Stology - Syn McTavish* Outparients	Prioritised Patients Only	Release Capacity/Minimise Risk	Delayed Diagnosis and Treatment	GP and A&E	AGP - O/P AE - MOD Corporate Objectives	Consultant Vetting and RAG Rating/Written Guidance/	Release Capacity	Delayed Diagnosis and Treatment	TTG Waiting List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is a risk of delayed diagnosis are treatment for unplogy outpatients as the service is reduced to prioritised	1	2	12	Wit to be defined	Potential	Revised Service Model
Diamostic Service	Discussion ongoing with Cancer hub	Release Capacity/Minimise	Delayed Diagnosis and Treatment	GP and A&E		Telephone/Attend Any where Consultant Vetting and	Deligano	Delayed Diagnosis	TTG Waiting List	Time to Diagnosis /	patients only, potentially resulting in poorer outcomes for the range of disorders. There is a risk of delayed diagnosis are		Ľ		Yet to be defined	None	None
	re pathway for prioritised patients on cancer pathway.	Risk				RAG Rating/Written Guidance/ Telephone/Attend Any where	Capacity	and Treatment	Data	Time to treatment / Patient outcomes	treatment for unology patients as the diagnostic service is suspended, potentially resulting in poorer outcomes for the range of disorders.	4	3	12			
Electives.	Cancer Patients to Golden Jubilee all other Electives Cancelled	Release Capacity/Minimise Risk	Delayed Treatment	Golden Aubline/GP and A&E	AGP - TTG Corporate Objectives	Unable to Minimise	Release Capacity	Delayed Diagnosis and Treatment	TTG Walting List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is a risk of delayed treatment for general urplogy patients as electives are cancelled, potentially resulting in poorer outcomes.	4	а	12	Yet to be defined	None	None
Emergencies Vascular - Cameron Sharkey	Service Sustained	Prioritised Patient Group	None	Theatrec/ITU	AGP - TTG Corporate Objectives	Unable to Minimise	None	Not Applicable	Irapplicable	Inapplicable	There is no immediate dinical risk identified as this service is sustained.			N/A	Not Applicable	None	None
Outpusseets	Urgent Appointments Only	Release Capacity/Minimise Risk	Poorer Outcomes	ALC	AOP - O/P AE -MODI/Vascular Corporate Objectives	Unable to Minimise	None	Pooner Patient Outcomes	TTG Walking List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is risk that there will be delays is either diagnosis, innervention and treatments as clinics are cancelled, will the potential to impact on poorer patient outcomes, and increased subting times.	h 4	3	12	Vet to be Defined	Potential	Revised Service Model
Electives	Cancelled	Release Capacity/Minimise Risk	Poorer Outcomes	ALE	AGP - TTG AE - Vaccular Corporate Objectives	Unable to Minimise	None	Pooner Patient Outcomes	TTG Walking List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is risk that there will be delays is interevention and treatments as electives ane cancelled and only emergencies managed, with the potential to impact on poorer patient, outcome, and increased waiting time outcome, and increased waiting time	4	3	12	Vet to be Defined	None	None
Emergencies	Threat to Life and Limb Only	Release Capacity/Minimise Risk	Poorer Outcomer/Increased Mortality and Morbidity	Theatres and Critical Care		Unable to Minimise	None	Poorer Patient Outcomes	TTG Waiting List Data	Time to Diagnosis / Time to treatment / Patient outcomes	There is not that there will be delays is intervention and treatment as electives are cancelled and only emergencies managed, with the patered is to impact on power partient outcomes, and increased waiting time outcomes, and increased waiting time	4	a	12	Yet to be Defined	None	None
Warners Health Service - Evelon Ferrusce* Outpassers	Service Sustained Gestational Age Increased Undertaken as Medical	Minimisation of Risk from Inappropriate Actions	None	Ward/Theatres	AQP - QQA QQM - AA	Revised Treatment Plans	Increased Duration of	None	TOP audit data (local)	Patient Outcome Data	No immediate clinical ricks identified	Ì		N/A	Yet to Defined	Potential	Revised Service Model
Inputionts	Terminations where Possible Fewer Patients Requiring due to amended Gestational Age	Minimization of Risk from Inappropriate Actions	None	Ward/Theatres	Corporate Objectives AGP - TTG Corporate Objectives	Revised Treatment Plans	Availability Increased Duration of	None	TOP audit data	Patient Outcome Data	No immediate clinical risks identified				Yet to Defined	Potential	Revised Service Model
Surgical Procedures	permissions Surgical Terminations Service Paused at Precent	Minimisation of Risk from Inappropriate Actions	Psychological Impact	Ward/Theatres	AGP - TTG Corporate Objectives	Revised Treatment Plans	Availability Free Up Weekly	Potential increase in CEPOD Cases due to	CEPOD List	CEPOD rates	There is a risk that by changing from sureical terminations to medical	1		N/A	Yet to Defined	Potential	Revised Service Model
	at weekent	***ppropriate Actions			Corporate Objectives	Plant	Weekly Theatre List and Associate Team	CEPOD Cases due to Incomplete Medical Procedure			suggical terminations to medical terminations during this emergency period, there is the potential to impact on patient clinical outcomes that coule result in an increase in CEPOD.	3	3	9			

SERVICE DETAIL	CHANGE BEING ENACTED	RATIONALE	ISSUES AND THREATS		UNKS TO OTHER PROGRAMMES OF	MINNISE IMPACT	SHORT TERM BENERT	KNOWN IMPACT	EVIDENCE SOURCE	AUTUAL MEASURES	RI RISK DESCRIPTORS SK	RISK LIKELIHOOD	RISK IMPACT	COMBINED RISK	RECOVERY PLAN	AREA FOR REMODELING	LONG TERM BENERIT
Surveillance	Stopping Mandatory Surveillance	Releasing Capacity	Non reporting of national data	None	ADP - HCAI Corporate Objectives	Identify increase in organisms through lab surveillance systems	Releasing Capacity	Failure to Report National Data Set	Lab Info System Data	HCAI numbers	There is a risk of non-compliance of reporting to the national data set resulting from the need to release essential infection prevention and control support, with limited impact on patient outcomes with saveillance maintained through laboratory besting.	4	1	4	Yet to be Define	Potential	National review of approach - Orthpaedics
	Stopping MRSA and CPE Screening Compliance	Releasing Capacity	Non reporting of local data	None	ADP - HCAI Corporate Objectives	Identify increase in organisms through labs surveillance systems	Releasing Capacity	Failure to Report Compliance against National Standards	Lab Info System Data	HCAI numbers	There is a risk of non-compliance of reporting MSGA & CPG screening against the national standards at this surveillance is currently suspended, with limited impact on particular outcomes as organisms are still identified through the laboratory surveillance systems.	4	1	s	Yet to be Define	Potential	Review Service Model
Prevention and Control	Training capacity focused soley on COVID	Releasing Capacity	Reduction in compliance with other assurance measures	None		Advise use of leampro	Releasing Capacity	Reduction in compliance with National Standards	Reportable Data Sets		There is the risk of a loss of general infection prevention and control training to comply with the national standards as all training is focused on COVID-10, with limited impact on clinical outcomes	3	2	c	Yet to Define	Potential	Review Service Model
Public Health - Gaba Docherto	Audit of Clinical Practice	Release Capacity	Non reporting of local data	None		No	Releasing Capacity	Level of awareness of reduction in compliance with National Standards	Reportable Data Sets		There is a risk of loss of assurance of effectiveness of clinical practice against national standards as clinical audit activity is suspended, impacting on effective encourance.	3	1	9	Yet to Define	Potential	Review Service Model
Health Protection	Significant increase in Activity	Increased Demand COVID Response	Reduced non essential activity maintaining key Health Protection Service	None		Unable to Minimise	None	Other Crisical Areas of Work Delayed	HPZone Data	Patient outcomes	There is a risk that some areas of critical health protection work will be delayed as the team deal with the COVID-29 demands, with the potential to impact on general health protection in the longer term	4	3	12	Yet to be Define	None	None
Child Health Commisioner	Reduced Focused on Vulnerability Only	Release Capacity	Increasing Inequalities	None	Corporate Objectives	Unable to Minimise	None	Potential failure to meet Legal obligations under Child Poverty Act	Dutix / CEL16 database	Child Protection harms / CEL 16 LAC - Number of LAC notifications and time delay to notifiction / Time delay to completion of HNA	There is a risk that NHSL could fail to meet legal obligations under the Child Powerty Act as capacity in released during this emergency, potentially resulting in harm.	3	4	12	Yet to be Define	None	None
Population Health	Most work Suspended	Release Capacity	Increasing Inequalities	None	Corporate Objectives	Unable to Minimise	None	Long Impact on Morbidity and Mortality	HSMR / HP Zone Data	Patient outcomes	There is a risk of increasing inequalities as the population health activity is suspended with the potential to have a longer term impact on morbidity and mortality	3	4	12	Yet to be Define	None	None
Health Care Public Health	Most work Suspended except COVID Analysis	Release Capacity	Unable to support r	None	Corporate Objectives	Unable to Minimise	Focus on COVID	System redesign delayed	7	,	There is a risk that planned change cannot be supported as capacity in released to support response to COVID-19, resulting in a delay to the public health care system redesign.	4	2		Yet to be Define	None	None
Screening	Programmes Suspended Except Newborn Screening	Release Capacity	Potential delayed Diagnosis	8	Corporate Objectives	Unable to Minimise	None	Unknown	Detecting Cancer Early (DCE) national data submission	Cancer staging at diagnosis / Other patient outcomes	There is a risk of delay in early diagnosis and treatment of cancers and other conditions as screening programmes are suspended with the potential to impact on pooner clinical outcomes and increased waiting times.	4	4	16	Yet to be Define	None	None
Public Protection - Donna Ma Child Protection & Adult Support and Protection	Cancelled face to face public protection training	ments Available Minimise Risk Sustain & Public Protection	Failure to recognise harm to any vulnerable child or adult or prevent harm to others resulting	None	AE - Child Health Commissioner Corporate Objectives	Continuous review of Service Risk Mitigation Plans	Minimise staff exposure to infection	None known	LeamPro / Public Protection Consultancy Log	Number of calls to service / Key Issues Identified / Advice offered and escalation within locality or Child Protection team	There is the risk of failure to identify harm to vulnerable children and adults across the sarge of services as public protection training is currently cancelled, with the posterious harm to occur undet exted.	3	4	12	Yet to be defined	Potential	Review approach to service specific training
Child Protection	Case supervisor for child protection	Sustain Public Protection		None	AE - Child Health Commissioner Corporate Objectives	Continuous review of Service Risk Mitigation Plans	Minimise staff exposure to infection	None known	Datix - failure to refer or recognise due to lack of knowledge / Child Supervision Database	Numbers per Locality attending supervision. Impact of supervision on confidence / competence and delivery of person centred-care	There is the risk of fallure to identify harm to winerable children and adults across the range of services as public protection training is currently cancelled, with the potential for serious harm to occur undetected.	3	4	12		Potential	Review Service Model
CBV	GBV Clients remote support only or redicted to Womens Aid	Sustain Public Protection		Potential Impact on Womens Aid					inapplicable	Irapplicable	There is no immediate risk within this service as it is sustained for high risk groups with a sustainability and recovery plan			N/A		Potential	Review Service Model
марра									inapplicable	Inapplicable	There is no immediate risk within this service as it is sustained for high risk groups with a sustainability and recovery plan			N/A		None	None
Spiritual Care - Paul Graham I Inputients	Focused on Critical	Available!* Meet	Reduced level of	Increase	Corporate	Unable to Minimise	Yet to be defined	Enhanced support to	Local Data Set	2	There is a risk that there will be a reduced				Yet to be defined	Potential	Review Service Model
	Patients and End of Life Care and Reviewing Oncall	increased demand and additional	general Patient Support	Capacity for Acute Staff	Objectives			ITU/Critical Care Working with Pshychology			level of general patient support as the focus will be on critically ill and end of life patients during COVID-19 with limited impact	3	3	9			
Community	Stopped Laterlabire Listening Service	Release Capacity	Reduced support Community Patients	None	Corporate Objectives	Attend Any Where Written advise or Self Support Mechanisms	Yet to be defined	GP Workload	Local Data Set	7	There is a risk that patients in the community will not continue to meetive support as the Librering Service is stopped with potential impact for longer term issues with impact on other services eg primary care	4	2		Yet to be defined	Potential	Review Service Model
Staff Health & Wellbeing	Stopped Education and Support Programme	Release Capacity	Reduced support programmes	Increase Capacity for Acute Staff	Corporate Objectives	Increase capacity in 24hr Helpline	Yet to be defined	GP and SALUS	Local Data Set	7	There is a risk that staff will not continue to occele support as the Education and Support programme is stopped with potential impact for longer term issues with impact on other services agprimary care & CALLYE	4	3	12	Yet to be defined	Potential	Review Service Model

	CHANGE BEING ENACTED Trudi Marshall (Supporting Do		ISSUES AND THREATS	INTRAOPERABILITY ISSUES	LINKS TO OTHER PROGRAMMES OF	MINIMISE IMPACT	SHORT TERM BENEFIT	KNOWN IMPACT	EVIDENCE SOURCE	ACTUAL MEASURES	RISK RISK DESCRIPTORS NUM	RISK LIKELIHOOD	RISK IMPACT	COMBINED RISK	RECOVERY PLAN	AREA FOR REMODELING	LONG TERM BENEFIT
Liaison Service	Service moving to 7 day provison to support Care Homes and Mobile Team configured to deploy in Support as necessary	Sustainability of Care Homes Increasing levels of advice being sought	Workforce Capacity and Sustainability of some Homes	Community Nursing/GPs/Bankaide		Unable to minimise	Deploymentof NHS Resource in Support of Lanarkshire Population care for in Private Care Homes	Significant Challenges being experienced in some homes resulting in increasing demands for advice and guidance	Training and Support Log, Deployment of NHS Resource Tracked	?	There is a risk that the workforce capacity will not meet the increasing demands for the care home lialors service in response to COVID-13, with the potential to fail to respond to advice and guidance requests from the private contractors further impacting on other primary care services and potential longer term sustainability of care homes	4	3	12	Yet to be defined	Potential	Revised Service Model
CAMHS - Emer Shep CAMHS	Near Me Appointments and Face to Face for Vulnerable Children		Failure to identify new or emerging deterioration	GP & A&E	AOP - CAMHs AE - MH Corporate Objectives	Regular telephone contact/guidance issued/monitored by MDT	Releasing capacity to facilitate training	Unkown	CAMHS Waiting time data	Time to treatment data / Patient Outcome Data	There is a risk of failure to identify new or emerging deterioration as the CAHM'S service is restricted to Near Me and prioritised face to face for vulnerable children with the potential	4	3	6	Yet to be defined	Underway	Revised Service Model
Clinics	Service - Paul O'Neil Urgent Appointments Only	Minimise Risk of Exposure	Failure to identify new or emerging deterioration	A& E and OOHs		Unable to minimise	None	Unkown	Data Patient Set using CHI Search Facility / Datix	Adverse Events / Patient Outcomes	There is a risk of failure to identify deterioration in this cohort as clinic sessions are reduced with the potential for patients to present at other services and be disruptive or cause harm to staff or others, and not receiving the right level of medical review.	3	4	9	Yet to be defined	Potential	Revised Service Model
			Assesment Centre/OOHs unaware of Challenging Patient Behaviours/Risks			Warning/Alert System being confirmed for Adastra	None	Unkown	Data Patient Set using CHI Search Facility / Datix	Adverse Events / Patient Outcomes	as above			as above	Yet to be defined	None	None
Community Addiction	on Services - Elizabeth Keamey Urgent Face to Face Appointments Only All other Appointments by Telephone/Attend Anywhere	Minimise Risk of Exposure	Failure to identify new or emerging deterioration. Complete loss of contact with Service User	A&E and OOHs	Locally Agreed Standards Drug & Alcohol AE - MH Corporate Objectives	Unable to minimise	None	Unkown	Drug & Alcohol treatment waiting times	Patient Outcomes / Referral to treatment waiting times	There is a risk of failure to identify new or emerging deterioration within this group of service users as clinic sessions are reduced with the potential to adversely impact on recovery, longer term issues and/or loss of contact with the service user.	4	3	12	Yet to be defined	Potential	Revised Service Model
Home Visits	Service Mainly Suspended - Public Protection and Mental Health Crisis Only	Minimise Risk of Exposure	Failure to identify new or emerging deterioration. Complete loss of contact with Service User	A&E and OOHs	Locally Agreed Standards Drug & Alcohol AE - MH Corporate Objectives	Unable to minimise	None	Unkown	Drug & Alcohol treatment waiting times	Patient Outcomes / Referral to treatment waiting times	There is a risk of failure to identify new or emerging deterioration within this group of service users as home visits are reduced with the potential to adversely impact on other services, inclindual recovery, longer term issues and/or loss of contact with the service user.	4	3	12	Yet to be defined	None	None
Community Addiction	on and Recovery Services - Ann																
Clinics	Urgent Face to Face Appointments Only All other Appointments by Telephone/Attend Anywhere	Minimising Risk of Exposure	Failure to identify new or emerging deterioration. Complete loss of contact with Service User	GP, A&E and OOHs	Locally Agreed Standards Drug & Alcohol AE - MH Corporate Objectives	Attend Anywhere and Telephone Contact and Written Guidance	None	Potential loss of contact with service user/negative impact on health and wellbeing	Drug & Alcohol treatment waiting times	Patient Outcomes / Referral to treatment waiting times	There is a risk of fallure to identify new or emerging deterioration within this group of service users as clinics are reduced with the potential to adversely impact on other services, health and wellbeing and/or loss of contact with the service user.	4	3	12	Yet to be defined	None	None
Home Visits	Service Mainly Suspended - Public Protection and Mental Health Crisis Only	Minimising Risk of Exposure	Failure to identify new or emerging deterioration. Complete loss of contact with Service User	GP, A&E and OOHs	Locally Agreed Standards Drug & Alcohol AE - MH Corporate Objectives	Attend Anywhere and Telephone Contact and Written Guidance	None	Potential loss of contact with service user/negative impact on health and wellbeing	Drug & Alcohol treatment waiting times	Patient Outcomes / Referral to treatment waiting times	There is a risk of failure to identify new or emerging deterioration within this group of service users as home visits are reduced with the potential to adversely impact on other services, health and wellbeing and/or loss of contact with the service user.	4	3	12	Yet to be defined	None	None
Community Hubs an	nd Assessment Centres - Maure			GPs/Advanced Nurse													
nuus	Established	Streaming COVID Patients requiring Review from GP via 111 (or on occasion via prof to prof if patient goes via GP based urgent appointment triage) to HUB and then to CAC as required.	Workforce Capacity	Practitioners/GP Nurses		Able to minimise in part through the use of remote working, allowing staff who are shielding to carry out telephone based and near me traige.	Rapid Triaging	Triaging of COVID Patients	?	Waiting Times and Activity Data	There is a risk that through the development of the new community hubs there will be limitations in the cappitry of remote access that could optoentially impact on the triaging of COVID-19 patients	3	3	9	Yet to be defined	Definitely	Transforming Primary Care Services
Assessment Centres	Established x 2. Further 2 to be established and maintained at ready to go live staus.	COVID Patients requiring Clinical Assessment	Adequate Supplies of Equipment, PPE, Medication and Oxygen Cylinders and Workforce Capacity Availability of Patient transport to attend Assessment centres. Availability of drivers to drive the	GPs/Advanced Nurse Practitioners/GP Nurses/District Nurses/SAS		Patient transport-Minibus loaned form from Arnold Clark for duration of centres being active. Request for volunteer drivers to increase pool currently being co- orodinated by Lifesavers.	Rapid Clinical Assessment and referral following agreed Clinical Pathways	Cohorting COVID Patients	7	Waiting Times/Activity and Patient Outcome Data	There is a risk that there will be indequate workforce; patient access; supplies of equipment, PPE, medication and oxygen cylinders for the new community assessment centres, impacting on the ability to cohort COVID-19 patients.	3	4	12	Yet to be defined	Definitely	Transforming Primary Care Services

Prescribing Clinics	ng for Addictions - Duncan Hi Limit face to face	Release Capacity	Failure to identify	Community	Locally Agreed Standards	Risk Assessed Phone	None	Unkown	Datix / ?	Adverse Events / Patient	There is a risk that there will be failure to		T		Yet to be defined	None	None
	Appoints/Remote Working/Revised Prescribing Guidance and Process for Rapid Change in Prescription	and Minimise Risk	new or emerging deterioration/Incre ased Risk of Overdose	Pharmacy/A&E/Communi y Addiction Teams	it Drug & Alcohol Corporate Objectives	Consultations/Regular Contact				Outcomes / Referrals Admission and Discharge Data	identify new or emerging deterioration in this client group as prescribing face to face clinics are limited with the potential for unintended overdose.	3	3	9			
Cottage Hospitals - K	aren Thompson (Supporting	Documents)*											1				
Minor Injury and Trea	Minor Injury Units Closed and will remain so during Pandemic Phase	Release	Patients will require to travel for treatments	SAS/A&E/OOH/GP		Unable to Minimse	None	Delayed Treatment and Travel	Adastra?	A&E/OHH Activity	There is risk that patients will have to travel to other units (community hub/sassessment centres) as minor injury and treatment services within community hospitals are closed to release capacity for inpatient services resulting in potential for delay in treatment, impact on A&E/GP services and patient inconvenience	4	2	8	Yet to be defined	None	None
Inpatients Kello and \	Service Sustained GP Support via remote Access Technologies	Patient Need	Not Applicable	Community Nursing Services/Care Homes		Unable to Minimse	None	None	Inapplicable	Inapplicable	There is no immediate clinical risk as the inpatient service at Kello and Victoria Kilsyth are sustained.			N/A	Not Applicable	None	None
Inpatients Lady Home	Reduced Bed Capacity	Minimise Risk and Ensure Containment	Reduced Capacity/Delayed Rehabilitation	Community Nursing Services/Care Homes		Unable to Minimse	Reduce Risk of Cross Infection	Potential Impact on Flow from Acute Services	?	Referral Admission and Discharge Data / Bed capacity	There is a risk of reduced capacity for routine community hospital care and delayed rehabilitation as the overall bled capacity is reduced with the potential to impact on flow from acute hospitals.	3	3	9	Yet to be defined	Definitely	Reinstate Beds/Increase Capacit
Dietetics - Maureen I	.ees*																
Outpatient	Urgent Appoints Only	Release Capacity/Minimise Risk	Failure to identify deterioration	None	Corporate Objective	Written guidance for patients	Releasing capacity	Delayed Recovery/Potential Deterioration in Nurtitional State	?	Paitent Outcome Data	There is a risk of failure to identify deterioration in multitional state of out- patients and community patients due to an increased demand on in-patient dietetic services, in particular, enteral feeding for compromised patients affected by COVID 19 which could result in higher morbidity for a range of patients	3	4	12	Yet to be defined	Potential	Revised Service Model
Inpatient	Marked increase in enteral feeding	Increase in compromised pts	Capacity for increased demand	Availability of Supplies/Equipment	AOP - TTG Corporate Objective	Demand& capacity modelling	None	Unkown	?	Patient Referral, Supplies and Sundries Data	There is a risk of failure to identify deterioration in nutritional state of out- patients and community patients due to an increased demand on in-patient dietetic services, in particular, enteral feeding for compromised patients affected by COVID 19 which could result in higher morbidity for a range of patients.	3	4	12	Yet to be defined	Potenital	Revised Service Model
Community Visits	Urgent reviews only	Release Capacity/Minimise Risk	Failure to identify deterioration	None	Corporate Objective	Written guidance for patients	Releasing capacity	Unkown	?	Patient Outcome Data	There is a risk of failure to identify deterioration in nutritional state of out-participation in nutritional state of out-participations of demand on in patient disease. As a substitution of the patient indexest services, in particular, enteral feeding for compromised patients affected by COVID 19 which could result in higher morbidity for a range of patients.	3	4	12	Yet to be deined	Potential	Revised Service Model
District Nursing - Line	isey Sutherland *																
Routine	Curtailing/rescheduling/defe rring based on clinical judgement of patient need. Patients also being offered Telephone Calls and Near Me Video Calls	Pressure	Failure to identify new or emerging deterioration	None	Corporate Objectives	Promote/direct self care/ management recruit families/informal carers to support	Release capacity to Communit Assesment Centre and Care Homes	y Unkown	?	Patient Pathway and Outcome Data	There is a risk that there is failure to identify new or emerging clinical risk in patients as resources are reprioritized to maintain complex care and end of life demands during the COVID 19 pandemic. This increases the potential for long term adverse health outcomes and a high demand for district nursing service post pandemic.	4	3	12	Yet to be defined	Potential	Revised Service Model
Complex Care	Preserve where possible	Prioritising complexity of need	Limited Risk	None	Corporate Objectives	Regular review of need. Recruit families/informal carers to support	Release capacity to Communit Assesment Centre and Care Homes	y Unkown	?	Patient Pathway and Outcome Data	There is limited clinical risk to patients with complex care as DN resources are rediverted during the COVID 19 pandemic. This service is being maintained as far as possible.	3	2	6	Yet to be defined	Potential	Revised Service Model
End of Life Care	No Change	Prioritising complexity of need	Limited Risk	Palliative Care Services	Corporate Objectives	Regular review of need. Recruit families/informal carers to support	Release capacity to Communit Assesment Centre and Care Homes	y Unkown	?	Patient Pathway and Outcome Data	There is limited clinical risk to patients with complex care as DN resources are rediverted during the COVID 19 pandemic. This service is being maintained.	3	2	6	Yet to be defined	Potential	Revised Service Model
Family Nurse Partner FNP Community Serv	ship - Lynsey Sutherland (Suj Sustained Service	pporting Documents)* Patient Need	Failure to meet Licence Requirements/Uni queness and No Alternative Workforce	None	Corporate Objective	Use of Telephone and Technology	None	Unknown	National FNP submissions		There is a risk of failure to meet licence requirements for this service if it was not sustained.	3	4	12	Yet to be defined	None	None
General Practice - Ph	ilip McMenemy (Supporting I	Documents)*	Alternative														\perp

EmergencyUrgent Ap	Emergency/Urgent Continue	Patient Need	None At Present	Community Hub/Assesment Centres/A&E	Locally Agreed Standard - 48 hour access to primary care Corporate Objective	Reduce Hospital Admissions	Seperation of COVID Activity	Unknown		Activity Data	There is no immediate clinical risk as emergency and urgent General Practice has been quickly reconfigured with the community hub/assessment centres/A&E whole system approach			N/A	Yet to be defined	Potential	Revised Service Model
Routine Appointmen	Service Paused	Release Capacity/Minimise Risk	Disruption to LTC Management	Labs/Radiology/Secondary Care	r Locally Agreed Standard - advance booking to primary care Corporate Objective	Maintain Urgent Assesment	None	Possible Disease Progresssion		Activity and Patient Outcome Data	There is a risk of disruption to LTC management as routine GP appointments are paused in response to the COVID-19 pandemic, with the potential for disease progression.	4	3	12	Yet to be defined	Potential	Revised Service Model
Screening Clinics	Most Services Paused	Release Capacity/Minimise Risk	Undetected Disease/Disruption to Child Health Surveillance	Community Nursing/HV/Secondary Care	Corporate Objective	Maintain Public Protection and Other Key Services to Vulnerable Groups	Release Capacity	Unknown		Patient Outcome Data	There is a risk that there will be undetected disease and disruption to child health surveillance as screening clinics are paused with potential for delays to diagnosis and treatments	4	3	12	Yet to be defined	None	None
Health and Homeless	s - Claire Henry (Supporting Do	ocuments)*								0.5 10.	The state of the s				W		
Homeless Units	Suspended Visits - Telephone Support Only	Release Capacity and Minimise Risk	Failure to Identify Deterioration	Housing/Third Sector/A&E		Regular Telephone Contact	Releasing Capacity to Focus on Greatness Need	Unknown		Referral Rates	There is a risk that there will be lost opportunity to identify deterioration in health as visits to homeless units are suspended, with impact on health outcomes, wellbeing and on other services.	4	3	12	Yet to be defined	Potential	Revised Service Model
Temporary Accomod	Visits Based on Level of Need	High Risk Client Group and Release Some Capacity	Accessiblity Issues with High Risk Client Group	Housing/Third Sector/A&E		Regular Telephone Contact and Visit Based on Need	Releasing Capacity to Focus on Greatness Need	Unknown		Referral Rates	There is a risk that this hard to reach group may also be susceptible to COVID-19 and require a level of health contact to be maintained as services are reduced, with the potential for health deterioration and spread of infection to visiting staff.	4	3	12	Yet to be defined	Potential	Revised Service Model
Own Home/Impendi		High Risk Client Group	Lack of Community/Third Sector Support	A&E and OOHs		Regular Telephone Contact and Visit Based on Need	None	Unknown		Referral Rates	This service has been sustained for the high risk client group and to minimise presentation at A&E & OOH.			N/A	Yet to be defined	Potential	Revised Service Model
Support Groups and	sey Sutherland (Supporting Do Curtailing/rescheduling/defe	Release capacity	Failure to identify	None	Corporate Objectives	Promote/direct involvement of	Release capacity	Unknown	Universal Pathway Data / ISD	% Children with uptake at	There is risk that there is failure to identify and				vet to be defined	None	None
	rring		vulnerability			families/carers and support networks	,		from CHSS / Datix	each review / % achieving developmental milestones / % increase in requests for future actions / Adverse Events	respond to vulnerability in children/families as some aspects of service are deferred to support the NHSI. response to the COVID 19 pandemic, increasing the potential for harm to occur.	4	3	12	,		
Universal	Sustain in First Year/Curtailling/rescheduling /defer all others based on clinical judgement of need	Release capacity/Minimise Risk	Failure to identify vulnerability	None	AE - BCC Corporate Objectives	Promote/direct involvement of families/carers and support networks	Release capacity	Potential for Fallure to Identify Post 1 year Development Issues	Universal Pathway Data / ISD from CHSS	% Children with uptake at each review / % achieving developmental milestones / % increase in requests for future actions	There is a risk that there is failure to identify and respond to vulnerability as services are reduced with the potential to miss post 1 year development issues.	4	3	12	Yet to be defined	None	None
Additional Hospital at Home - T.	Sustain Service	Prioritised based on Vulnerability and Risk	Limited Risk	Public Protection Team		Regular review of need. Recruit families/informal carers to support	None	Unknown	Inapplicable	Inapplicable	Limited clinical risk as this service is sustained.			N/A	Not Applicable	None	None
	Service Expansion	Increased Activity and Community Acuity	Ability to provide to increased numbers of Patients	Community Nursing/GP	FSP (Pipeline)	Staff being redeployed from Acute and Student Workforce	Increased Capacity	Enhanced Care at Home		Referral and Patient Outcome Data	There is a risk that there will be an increased demand on this service as admission to hospital is based on significant clinical need to release beds for CCVID-19, resulting in enhanced care at home.	5	4	20	Yet to be defined	Definitely	Revised Service Model/Potential Increased Service Offering
Immunisation Service Childrens Immunisation		Public Health	DNA Rates High	None	Corporate Objective	Call and Recall Process	None	Reduced Uptake/	I	Uptake Data	There is a risk that the childrens immunisation				Yet to be defined	Potential	Revised Service Model
Childrens immunisaci	service sustained	Priority	DIVA Rates Figh	None	Corporate objective	Call and recall Process	None	Coverage/Health Protection		Optake Data	There is a risk that the Children's immunisation DNA rates will increase during the national lockdown period, with reduced coverage/protection and the potential for recurrence of childhood diseases	4	3	12	ret to be defined	Potential	nevised service winder
	School Programme Paused	Due to School Closure/Lack Access to Children	Reduced Community Cover for Specific Diseases	Public Health	Corporate Objective	Unable to Minimise	Release Capacity and Retrained/Upskilled	Unknown		Uptake Data	There is a risk that there will be reduced community cover for specific diseases as the school immunisation programme is suspended during school closure with the potential for poorer outcomes of mass immunisation programmes	4	3	12	Yet to be defined	Potential	Revised Service Model
	- Trudi Marshall* New Assesments Continue all Reviews Paused	Release Capacity/Minimise Risk	Failure to recognise Changing Needs of Review Patients	Community Nursing		Regular Telephone Contact	Release Capacity and Retrained/Upskilled	Unknown		Referral and Patient Outcome Data	There is a risk of failure to recognise changing needs through continuous review as services are reduced, with the potential to create unmer need, incrased anxiety for patients and families and ineffective use of continence products	3	3	9	Yet to be defined	None	None
Mental Health - Kare	n McCaffrey (Supporting Docu	uments)*															

Adult - Outpatients	Urgent appointment only	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration	Potenitial impact on GP & A&E	AOP - O/P AE - MH Corporate Objectives	Regular telephone contact /guidance issued/monitored MDT Deferring Guidance Available	Releasing capacity to facilitate training	Unkown	Walting List and Patient Outcome Data	There is a risk of fallure to identify new or emerging deterioration as the Adult - Outpatients services for Mental Health are prioritised to urgent appointments only, with the potential for hospital admission or progression to more complex needs.	4	3	12	Yet to be defined	Potential	Revised Service Model
Adult - Inpatients	No Elective Admissions or Weekend Passes	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration Potential increased length of stay	Potential on CMHT	AOP - TTG/Psychological Therapies AE - MH Corporate Objectives	Regular telephone contact/guidance issued/monitored MDT	Releasing capacity to facilitate training	Increase in Patient Acuity Due to Movement Restirctions	Length of Stay and Patient Outcome Data	There is a risk of failure to identify new or emerging deterioration as the Adult Inpatient services for Mental Health are restricted with cancellation of electives and the potential for increase in patient acuity.	4	3	12	Yet to be defined	None	None
CMHTs	Urgent appointment only	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration	A&E	AE - MH and Corporate Objectives	Regular telephone contact /guidance issued/monitored MDT Deferring Guidance Available	None	Unkown	Patient Outcome Data	There is a risk of failure to identify new or emerging deterioration as the CMHT's service is restricted to prioritised urgents only with the potential for poorer outcomes.	4	3	12	Yet to be defined	Potential	Revised Service Model
Forensic	Relocated Community Team to Support Inpatients Wards		No New Risk	Inpatient Facilities	AE - MH and Corporate Objectives	Assertive outreach to High Risk Patients	Releasing Capacity to bolster Inpatient Services	Increase in Patient Acuity Due to Movement Restirctions	Length of Stay and Patient Outcome Data	There is no immediate clinical risk identified through relocation of community staff within the forensic services, although there is the potential for increased acuity resulting from social restrictions.	2	2	4	Yet to be defined	None	None
Old Age Psychiatry -	l No Elective Admissions or Weekend Passes	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration Potential increased length of stay	CMHT	AE - MH and Corporate Objectives	Regular telephone contact/guidance issued/monitored MDT	Releasing capacity to facilitate training	Increase in Patient Acuity Due to Movement Restirctions	Patient Outcome Data	There is the risk of failure to identify and manage new or emerging deterioration in Old Age Psychiatry as the inpatient service is restricted and recognising potential increase in aculty due to social restrictions.	4	3	12	Yet to be defined	None	None
Old Age Psychiatry -	Urgent appointment only	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration	GP & A&E	AOP - O/P AE - MH Corporate Objectives	Regular telephone contact /guidance issued/monitored MDT Deferring Guidance Available	Releasing capacity to facilitate training	Unkown	Waiting List and Patient Outcome Data	There is the risk of failure to identify and manage new or emerging deterioration in Old Age Psychiatry as the outpatent service is restricted with the potential for poorer outcomes.	4	3	12	Yet to be defined	Potential	Revised Service Model
Learning Disablity - I	n Relocated Community Team to Support Inpatients Wards		No New Risk	Inpatient Facilities	AOP - TTG AE - MH Corporate Objectives	Assertive outreach to High Risk Patients	Releasing Capacity to bolster Inpatient Services	Increase in Patient Acuity Due to Movement Restirctions	Patient Outcome Data	There is no immediate clinical risk identified through relocation of community staff within the learning disability inpatient services, although there is the potential for increased acuity resulting from social restrictions.	2	2	4	Yet to be defined	None	None
Learning Disability - C	Urgent appointment only	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration	Inpatient Facilities	AE - MH Corporate Objectives	Regular telephone contact /guidance issued/monitored MDT Deferring Guidance Available	Releasing Capacity to bolster Inpatient Services	Unkown	Patient Outcome Data	There is the risk of failure to identify and manage new or emerging deterioration in learning disballities as the community service is restricted with the potential for poorer outcomes.	4	3	12	Yet to be defined	None	None
	e Relocating current A&E Service	Release Accomodation and Minimise Risk	Increased activity and secruity implications for inpatient wards	Potential impact on A&E Redirection of Client Group	AE - MH Corporate Objectives	Redirection arrangements inplace	None	Unkown	Patient Outcome Data	There is a risk of increased activity within the general psyclatric inpatient wards as the psychiatric liaison service is relocated with the potential to create some disruption and security issues.	4	3	12	Yet to be defined	Potential	Revised Service Model
Out of Hours - Maur Urgent Appointmen	t Increased COVID 19 assessments As the CA Pathway is in place means that OOHS should not be seeing these patients as Hamilton CAC is 24hrs and that that we are planning to increase e- James Duffy*	Increasing demand	Capacity/Failure to identify deteriorating patients	Community Assessment Centres/Community Nursing/A&E	FSP (HSCP South) Corporate Objectives	Unable to Minimise	None	Increased Referral to A&E	Adastra Data Response to Home Visit times / A&E referrals / Patient Outcomes	There is a risk of failure to provide adequate OOH services due to overwhelming demand arising through COVID-19 that could result in delays in esponse to home volts, missed diagnosis and/or failure to identify deteriorating patients.	4	3	16	Yet to be defined	Possible	Revised Service Model
	e - James Duffy* Service Suspended	Relase Capacity/Minimise Risk	Failure to idenitfy and manage condition	A&E		Unable to Minimise	Release Capacity	Deterioration in Condition and Increased Risk of Fractures	Patient Outcome Data / A&E attendences / Emergency admissions	There is a risk of fallure to identify and manage conditions as the osteoporosis service is suspended, with the potential for deterioration in condition and increased risk of fractures requiring hospital attendance/admission/surgery	4	3	12	Yet to be defined	Possible	Revised Service Model
OT - Janice McClyme Outpatients	ont* Primary 1 (critical) cases only	Release Capacity and Pick up New Role	Failure to Support Re-enablement	None	AE - BCC Corporate Objectives	Utilise Near Me Technology	Release Capacity to Inpatient Care	Delayed Development and Re-enablement	Waiting List Data / Patient Outcome data	There is a risk that there will be delayed development and re-enablement as the OT outpatient clinics are reduced impacting on expected outcomes	4	3	12	Yet to be defined	Potential	Revised Service Model

Inpatients	Essential Review Only	Release Capacity and Pick up New Role	Failure to support Rehabilitation and Discharge Planning	Team	AOP - TTG Corporate Objectives	Unable to Minimise	Release Capacity and Support Early Discharge and Inpatient Care	Delayed Rehabilitation and Discharge Planning		Reportable Data Sets	There is a risk of delayed rehabilitation and discharge planning as the services are reduced impacting on bed blocking and independent living	4	3	12	Yet to be defined	None	None
Community	Essential Review Only	Release Capacity and Pick up New Role	Failure to Support Rehabilitation	Facilitating Discharge	Corporate Objectives	Unable to Minimise	Release Capacity and Support Early Discharge and Community Care	Delayed Rehabilitation		Reportable Data Sets	There is a risk of delayed rehabilitation as the services are reduced impacting on the support for early discharge and community care.	4	3	12	Yet to be defined	None	None
Overnight Nursing S Community	Sustained Service	Vulnerability of Client Group	None	00Hs		Unable to Minimise	None	None	Inapplicable	Inapplicable	There is limited risk as this service is sustained.			N/A	Not Applicable	Potential	Revised Service Model
Paediatrics - Emer S	hepherd*		1	1			1					ı					
Outpatients	Near Me Appointments and Face to Face for Vulnerable Children	Release Capacity and Minimise Risk	Failure to identify new or emerging deterioration	GP	AOP - O/P AE - Child Health Commissioner Corporate Objectives	Utilise Near Me Technology Revised Staff Rotas	None	None	TTG Waiting List Data	Waiting List Data / Patient Outcomes	There is a risk of failure to identify new or emerging deterioration in children as the paediatric outpatient service is reduced, with the potential for poorer outcomes.	4	3	12	Yet to be defined	Definitely	Revised Service Model
Inpatients	Reprofiled Ambulatory Beds	Increase Inpatient Capacity	None Known at Present	None	AOP - TTG AE - ChildHealth Commissioner Corporate Objectives	Unable to Minimise	Release Capacity to Inpatient Care	None	Inapplicable	Inapplicable	There is no immediate clinical risk identified as inpatient beds are reprofiled.			N/A	Yet to be defined	Definitely	Revised Service Model
Elective Surgery	Cancelled Non Essential	Release Capacity	Delay in Treatment	Supporting release of	AOP - TTG	Unable to Minimise	None	Supporting Theatre	Inapplicable	таррисавіе	There is no immediate clinical risk identified as				Yet to be defined	None	None
		and Minimise Risk	,	Theatre Capacity	AE - Child Health Commissioner Corporate Objectives			Reprofiling		Inapplicable	inpatient beds are reprofiled.			N/A			
Emergency Surgery	Service Sustained based on Clinical Assessment or Transfer to RHSC Glasgow	Minimise Risk	None	RHSC and SAS	AOP - TTG AE - Child Health Commissioner Corporate Objectives	Unable to Minimise	None	None	Inapplicable		There is no immediate clinical risk identified as emergency surgery for paediatrics is sustained based on clinical assessment or transfer to the RHSC Glasgow.			N/A	Yet to be defined	Potential	Revised Process/Pathway Model
Integrated Commun	if Near Me Appointments and	Rologro Capacity	None Know at	Support Paed Inpatient	Corporate Objectives	Unable to Minimise	Release Capacity to Inpatient	None	Inapplicable	Inapplicable	There is a no immediate clinical risk identified				Yet to be defined	Potential	Revised Service Model
integrated Commun	Face to Face for Vulnerable Children		Present	Care and COVID Assesment Centre	Corporate Objectives	Unable to Williamse	and Community Assesment and Care	None	паррисане	Inapplicable	as the integrated community nursing team for paediatrics are relocated to other relevant areas, and there near me appointments and face to face appointments for vulnerable children as in place.			N/A	ret to be defined	Potential	nevsed service winder
Transtion	Service Reconfiguration Stalled	Release Capacity and Minimise Risk	Non Progression of Children to Adult Medical Services		AE - Child Health Commissioner				Unknown	Patient Outcome Data	There is a risk that children do not transition effectively from pacidistric to adult medical services as the overall service reconfiguration is suspended with the potential to adversely impact on continuity of care.	4	3	12	Yet to be defined	Potential	Revised Service Model
Physio - Claire Rae (Supporting Documents)*								J.		'						
Oupatients	Emergency Reviews Only	Release Capacity	Delayed Recovery	None	Corporate Objectives	Promote Self management via Web	Release Capacity	Unkown	Reportable Data Sets		There is the risk of delayed recovery as the physio outpatient service is reduced to emergencies only with unknown impact	4	3	12	Yet to be defined	Potential	Revised Service Model
Inpatients	Essential Reviews Only Plus Moving to 7 Day Service	Release and Retrain Some Staff/Increase Cover for Respitatory Patients		Supporting ITU and Respiratory Staffing	AOP - TTG Corporate Objectives	Unable to Minimise	Enhance Critical Care and Respiratory Workforce	Unkown	Reportable Data Sets		There is the risk of delayed recovery as the physio inpatient service is reduced to essential reviews only, however, move to 7 day service, with unknown impact.	4	3	12	Yet to be defined	Potential	Revised Service Model
Community	Essential Reviews Only	Release Capacity and Pick Up New Role	Delayed Recovery	Facilitating Discharge		Promote Self management via Web	Release Capacity	Unkown	Reportable Data Sets		There is the risk of delayed recovery as the community physio service is reduced to essential reviews only, with unknown impact.	4	3	12	Yet to be defined	Potential	Revised Service Model
Podiatrists - Robert	Peat*						+	1	l .		 		1		•		
Outpatient	Cancelled	Release Capacity and Minimise Risk	Failure to identify complications	Support cares and patients with self management	Corporate Objectives	Written guidance for patients	Release Capacity	Potenital for Complications to Develop		Patient Outcome Data	There is the risk of failure to identify complications as the podiatry outpatient service is cancelled, with the potential for poorer outcomes.	4	3	12	Yet to be defined	Potential	Revised Service Model
Inpatients	Emergency review only	Release Capacity and Minimise Risk	Failure to identify complications	Support ward staff	AOP - TTG Corporate Objectives	Unable to minimise	None	Potenital for Complications to Develop		Patient Outcome Data	There is the risk of failure to identify complications as the podiatry in-patient service is reduced to emergency reviews only with the potential for poorer outcomes.	4	3	12	Reinstate normal referral criteria	None	None

Community	Wound care only	Release Capacity and Minimise Risk	Containing the spread of the virus and addressing the needs of vulnerable patients	Support District Nursing Feams with Wound Care	Corporate Objectives	Written guidance for patients	Minimising patient flow to hospitals	Potenital for Complications to Develop	Datix	Patient Outcome Data / Adverse Events	There is the risk of not meeting the needs of vulnerable patients as the community podiatry service is reduced to wound care only, with the potential for progression of condition and complications to develop.	4	3	12	Yet to be defined	Potenital	Revised Service Model
Pshychological Service	ces - Gary Tanner (Supporting	Documents)															L
Outpatients	Deferring Non Urgent New Referrals/Prioritising Exisiting Patients	Release capacity whilst picking up Vulnerability and Risk in Patient and Staff Groups	Failure to identify vulnerability	GP/CMHT	AOP - O/P AE - MH Corporate Objectives	Written Guidance for Patients/Telephone Helpline	Release capacity	Potenital for Deterioration		Patient Outcome Data	There is a risk that there will be failure to identify vulnerability as the psychological outpatient services are prioritised to existing patients only with the potential for deterioration in condition.	4	3	12	Yet to be defined	Potential	Revised Service Model
Inpatients	Triaged Referral for New and Face to Face Reviews as Required	whilst picking up Vulnerability and Risk in Patient and Staff Groups	Failure to identify vulnerability	Ward Staff	AOP - Psychologocial Therapies AE - MH Corporate Objectives	Unable to minimise	Release capacity	Potenital for Deterioration		Patient Outcome Data	There is a risk that there will be failure to identify vulnerability as the psychhological in- patient services are triaged and prioritised with the potential for deterioration in condition.	4	3	12	Yet to be defined	None	None
Home Visits	Triaged Referral for New and Face to Face Reviews as Required	Release capacity whilst picking up anulnerability and Risk in Patient and Staff Groups	Failure to identify vulnerability and Deterioration	GP/CMHT/LD Teams	Corporate Objectives	Unable to minimise	Release capacity	Potenital for Deterioration		Patient Outcome Data	There is a risk that there will be failure to identify vulnerability and deterioration in some patients as the psychological home visit service is triaged and prioritised with the potential for deterioration in condition.	4	3	12	Yet to be defined	None	None
	D 77 10 11 D	-110						1									
	es Duffy (Supporting Docume) Curtailing/rescheduling/defe rring	Release capacity to pick up Vulnerability and Risk	Failure to identify vulnerability	None	Corporate Objectives	Promote/direct involvement of families/carers and support networks	Release capacity	Unkown		Activity Data	There is a risk that there will be failure to identify vulnerability as the training and administration of the school nursing service is deferred with unknown impact at this point in time.	4	3	12	Yet to be deinfed	Potential	Review of Service Model
Main Stream	Curtailing/rescheduling/defe rring	Release capacity to pick up Vulnerability and Risk		None	Corporate Objectives	Promote/direct involvement of families/carers and support networks	Release capacity	Unkown		Acitivity Data	There is a risk that there will be failure to identify unlerability as the main stream school nursing service is suspended with unknown impact at this point in time.	4	3	12	Yet to be defined	Potential	Review of Service Model
Special	Curtailing/rescheduling /deferring based on clinical judgement of need	Risk	Limited Risk	None	Corporate Objectives	Promote/direct involvement of families/carers and support networks	None	Unkown		Activity Data	There is a risk that there will be failure to identify vulnerability as the special school nursing service is reprioritised with unknown impact at this point in time.	4	3	12	Yet to be defined	None	None
	s Duffy (Supporting Documen	ts)* Minimise Risk	Accessability in a	Community	Corporate Objectives	Individualised Treatment Plans	None	Unkown		Activity Data	There is a risk that there will be the loss of		1		Yet to be defined	None	None
Routine Clinics	Reduced Number of Clinics and Appoitnment Slots	Minimise Risk	Accessability in a Timely Manner	Community Pharmacy/GPs	Corporate Objectives	and Care Telephone Advice Offered and Postal Dispensing of Supplies to Known Patients	None	Unkown		Activity Data	There is a risk that there will be the loss of timeous accessibility to the sexual health clinic for some clients as the routine appointment slots are reduced with unknown impact at this point in time.	4	2	8	Yet to be defined	None	None
Emergency Clinics	Sustained	Vulnerabiltiy of Client Group	None	None	Corporate Objectives	Not Applicable	None	Not Applicable	Inapplicable	Inapplicable	There are no immediate clinical risks identified as the emergency clinics are sustained.			N/A	Not Applicable	None	None
RSAFME	Sustained	Vulnerabiltiy of Client Group	None	None	Corporate Objectives	Not Applicable	None	Not Applicable	Inapplicable	Inapplicable	There are no immediate clinical risks identified as the RSAFME service and support is sustained.			N/A	Not Applicable	None	None
Shotts Prison - Karen Outpatients	McCaffrey (Supporting Docur Urgent Appointments Only	mentation)* Release Capacity	Failure to identify new or emerging deterioration as the outpatient service in Shotts prison is reduced to urgent appointments only, with an unknown impact at this point in time.	None		Unable to minimise	Releasing capacity to facilitate training	e Unknown		Patient Outcome data	There is a risk of failure to identify new or emerging deterioration as the outpatient service at 50-ths priors in Feducet to urgents only with unknown impact at this point in time.	4	3	12	Yet to be defined	Potenital	Revised Service Model
Treatment Room	Urgent Appointments Only	Release Capacity	Failure to identify new or emerging deterioration	None		Unable to minimise	Releasing capacity to facilitate training	e Unknown		Patient Outcome data	There is a risk of failure to identify new or emerging deterioration as the treatment room function at Shotts prison is reduced to urgents only with unknown impact at this point in time.	4	3	12	Yet to be defined	None	None
GP	Urgent Appointments Only	Release Capacity	Failure to identify new or emerging deterioration	A&E		Unable to minimise	Releasing capacity to facilitate training	e unknown		Patient Outcome data	There is a risk of failure to identify new or emerging deterioration as the 6P service at Shotts prison is reduced to urgents only with unknown impact at this point in time.	4	3	12	Yet to be defined	Potential	None

Psychology	Cancelled	Release Capacity	Failure to identify new or emerging deterioration	None		Unable to minimise	Releasing capacity to facilitate training	unknown		Patient Outcome data	There is a risk of failure to identify new or emerging deterioration as the psychology service at Shotts prison is cancelled with unknown impact at this point in time.	4	3	12	Yet to be defined	Potential	Revised Service Model
Smoking Cessation -	Shirley Mitchell*																
	Telephone/Technology Support Only/Products Delivered to Patients Homes	Releasing Capacity/Minimise Risk	Reduced Effectiveness of Service Offering/Outcomes	GP/Community Pharmacy	Locally Agreed Standards Smoking cessation Corporate Objectives	Help Desk Established Clients Advised	Releasing Capacity to Support District Nursing	Poorer Patient Outcome	Smoking Cessation targets	Patient outcomes (successful smoking quits)	There is a risk that there will be reduced support for clients as the smoking cessation service is suspended resulting in poorer patient outcomes.	3	2	6	Yet to be defined	Potential	Revised Service Model
	age - Pauline Downie*			<u> </u>					.				_		•		
Outpatients	High Risk Reviews Only	Release Capacity	Delayed Recovery / deterioration in condition	None	Corporate Objectives	resources	I Release Capacity for critical SLT care and staff mobilistion to wider workforce	transient conditions becoming permanent	Datix	Patient outcome data / complaint data	There is a risk of delayed recovery as the speech and language outpatient service is reduced to high risk reviews only, with potential of transient conditions becoming permanent.	4	3	12	Yet to be defined	Potenital	Revised Sevice Model
Inpatients	High Risk Reviews Only	Release Capacity	Delayed Recovery / deterioration in condition	None	AOP - TTG Corporate Objectives	Produce guidance and communication resources for ward staff	Release Capacity for critical SLT care and staff mobilistion to wider workforce	increased risk of transient conditions becoming permanent	Datix	Patient outcome data / complaint data	There is a risk of delayed recovery as the speech and language inpatient service is reduced to high risk reviews only, with potential of transient conditions becoming permanent.	4	3	12	Yet to be defined	Potential	Revised Service Model
Community	High Risk Reviews Only	Release Capacity	Delayed Recovery / deterioration in condition	None	Corporate Objectives	Written and visual guidance and resources	Release Capacity for critical SLT care and staff mobilistion to wider workforce		Datix	Patient outcome data / complaint data	There is a risk of delayed recovery as the speech and language community service is reduced to high risk reviews only with potential of transient conditions becoming permanent.	4	3	12	Yet to be defined	Potential	Revised Sevice Model
Inpatients - Child	High Risk Reviews Only	Release Capacity	Delayed Development/Dete rioration/Increase in Disability	None	AOP - TTG AE - Child Health Commissioner Corporate Objectives	Produce guidance and resources for ward staff	Release Capacity for critical SLT care and staff mobilistion to wider workforce	increased risk of transient conditions becoming permanent	Datix	Patient outcome data / complaint data	There is a risk of delayed development as the speech and language in patient child service is reduced to high risk reviews only, with potential of transient conditions becoming permanent.	4	3	12	Yet to be defined	Potential	Revised Service Model
Community - Child	High Risk Reviews Only	Release Capacity	Delayed Development/Dete rioration/Increase in Disability	None	AE - Child Health Commissioner? and Corporate Objectives	Providing universal, targeted support through eHealth, socia media and telephone advice line	Release Capacity for critical SLT care and staff mobilistion to wider workforce	increased risk of transient conditions becoming permanent	Datix	Patient outcome data / complaint data	There is a risk of delayed development as the speech and languagecommunity child service is reduced to high risk reviews only, with potential of transient conditions becoming permanent.	4	3	12	Yet to be defined	Potential	Revised Service Model
Specialist Palliative	Care - Lynsey Sutherland*																
Acute		Vulnerable Patient Group	Unable to meet service demand and failure to expedite preferred place of care for EOL.	Palliative Care Consultants/Ward Staff/District Nuring Services Kilbryde Hospice - Likley for further 4 wks only from 21/4/2020	AOP - TTG Corporate Objectives	Unable to Minimise	None	Altered End of Life Care Management	HPCT Referral database	Number of patients referred / Palliative care intervention levels / Numbers / % for whom an HACP and / or DNACPR is in place	There is a risk of being unable to deliver to demand an optimal symptom management and preferred place of care with support to family at end of life stage, with the potential to have less than the expected end of life care package.	4	3	12	Yet to be defined	None	None
Community	Service Sustained and Enhanced by input from Palliative Consultants Hospice	Vulnerable Patient Group	service demand and failure to expedite preferred place of care for EOL.	Palliative Care Consultants/District Nursing Services/Hospital @ Home	Corporate Objectives	Unable to Minimise	None	Unknown	?	Patient Outcome Data	There is a risk of being unable to deliver to demand an optimal symptom management and preferred place of care with support to family at end of life stage, with the potential to have less than the expected end of life care package.	4	3	12	Not Applicable	None	None
Phlehotomy	North and South - Lynsey Suth Urgent Home Visits/No	nerand* (Supporting I Release	Dcuments) Backlog for Routine	District Nursing		Unable to minimise	Release Capacity to District	Unknown		Activity Logs and Patient	There is a risk that there is lost opportunity to		T		Yet to be defined	Potential	Revised Service Model
Phiebotomy	Routine Testing	Capacity/Minimise Risk	Blood Tests	District Nursing		Onable to minimise	Nursing and Assesment Centres	Unknown		Outcomes	inter is a rosk tall care is isos toppirtumy to identify deterioration as routine blood testing is ceased with the potential to impact clinical management and backlog testing	4	3	12	ret to be defined	Potential	nevised service model
										Activity Logs and Patient	There is a risk of failure to identify		1				None
Dressings	Urgent Home Visits for Clinical Priotised Interventions Patients also being offered Telephone or Near Me Video Advice	Release Capacity/Minmise Risk	Failure to identify new and emerging detertioration	District Nursing		Unable to minimise	Release Capacity to District Nursing and Assesment Centres	Unknown		Outcomes	deterioration as there is a reduction in review of dressings with the potential for complications and poorer clinical outcome	4	3	12	Yet to be defined	None	No.
	Clinical Priotised Interventions Patients also being offered Telephone or Near Me Video	Capacity/Minmise Risk	new and emerging	District Nursing Vascular Consultants		Unable to minimise Unable to minimise	Nursing and Assesment	Unknown Delayed Referral and Treatment		Outcomes Waiting List and Patient Outcome Data	deterioration as there is a reduction in review of dressings with the potential for	4	3	12	Yet to be defined Yet to be defined	None	None
	Clinical Priotised Interventions Patients also being offered Telephone or Near Me Video Advice Suspended Service/Patient Vetting	Capacity/Minmise Risk Release Capacity/Minimise	new and emerging detertioration				Nursing and Assesment Centres Release Capacity to District Nursing and Assesment	Delayed Referral		Outcomes Waiting List and Patient	deterioration as there is a reduction in review of dressings with the potential for complications and poorer clinical outcome There is a risk of failure to meet the national standards/ waiting times for claudication as the service is suspended, with potential for						

Advanced Practitione	Service Suspended	Establish Community Assessment Centres	Work reverting back to GPs	GP/District Nurses		Unable to minimise	Establisment of Community Hubs and Assessment Centre		Activity Data	There is a risk that general practice will have an increase in workload as the service provided by Advanced Nurse Practioners are suspended, impacting on the programme of work for the transformation of primary care.	4	3	12	Yet to be defined	Definitely	Transformation of Primary Care Enacted
Primary Care Transformation	on Programme - Joanne Jen Transfer of model of service delivery from GP Delivered to Health Board Delivered	To address requirements of the	Workforce availability challenges recruitment ongoing	Community Nursing and Some GPS if recruitment unsuccessfull	Corporate Objectives	Recruitment underway	Release GP Capacity and Deliver Contract Requirements	Release of GP Time	Immunisation Rates	There is a risk to the progression of the waccine transformation programme resulting from the workfore availability and recruitment during Covid-19, impacting on the recovery of overall immunisation rates in NHSL.	3	4	12	Not Applicable	No New Service	GP Capacity Building

G U I D A N C	The lessons learned log is a project repository for lessons that apply to this project or future projects. Some lessons may originate from other projects and should be captured on the lessons log for input to the project's strategies and plans. Some lessons may originate from within the project — where new experience (both good and bad) can be passed on to others via a lessons report.		Described what is expected to be different when this lesson is embedded.	Describe what the benefit will be.	Describe why the proposed change is necessary and can be justified		CMT to consider lessons learned and agree the implementation of revisions.	Name the department that is assigned to take forward the development and implementation of revised systems.	Assign a completion target date.
DATE	DESCRIPTION *	HOW WAS LESSON IDENTFIED?	WHAT IS THE INTENDED OUTCOME?	WHAT IS THE BENEFIT?	RATIONALE FOR CHANGE	CATEGORY	ACCEPT/REJECT	OWNER	TARGET COMPLETION
		· ·				·			

Business

Clinical

Workforce

Reputation

Legislative/SG Mandate

	I	M	Р	A C	Т	
Likelihood		1	2	3	4	5
	5 Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	
	4 Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)	
	3 Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	
	2 Low (2)	Low (4)	Mediuim (6)	Medium (8)	High (10)	
	1 Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	

Impact

Medium (5)

Low (4)

Low (3)

Low (2)

Low (1)

High (10)

Medium (8)

Medium (6)

Low (4)

Low (2)

High (15)

High (12)

Medium (9)

Mediuim (6)

Low (3)

Very High (20)

Very High (16)

High (12)

Medium (8)

Medium (4)

Very High (25)

Very High (20)

High (15)

High (10)

Medium (5)