

ID	Op Division	Corporate Objectives	Opened Date	Title	Description of Risk	Rating (initial)	Risk level (initial)	Mitigating Controls	Rating (current)	Risk level (current)	Mitigating Actions	Risk level (Target)	Review Date	Risk Owner	Assurance sources	Notes	Approval status
222	Corporate (for use by Chief Executive only)	Effective	01/05/2023	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	DL (2021) 38 'A Policy for NHS Scotland on the Climate Emergency and Sustainable Development' sets out the aims and targets that ensure NHS Scotland is a net zero greenhouse emitting health service by 2040 or earlier. The aims must be fully integrated across NHS into all planning, management decisions and operational practices. There is a risk that capacity and financial limitations impact on NHS's ability to sufficiently progress the agenda and meet the mandatory policy requirements. This will result in a failure to meet performance expectations, cause reputational damage to the Board and could ultimately result in NHS not achieving net zero status by 2040.		16 Very High	Controls 1. NHS Lanarkshire Sustainability & Climate Change Policy (2022) 2. NHS Lanarkshire Sustainability & Climate Change Strategy 3. NHS Lanarkshire Sustainability & Environment Group in place and chaired by Deputy Director Planning, Property & Performance 4. Regular reports to CMT and PPRC 5. Completion of national reports (both statutory and non-statutory) in areas relating to the Boards GHG emissions performance, climate change risk and adaptation and biodiversity.		12 High	Actions - 1. Commission net-zero roadmap report vis Jacobs, Draft received July 2023; 2. Formation of a refreshed governance structure and membership of the Sustainability & Environment Group 3. Establish dedicated workstreams and identify senior leads 4. Workstream objectives clearly set out and highlight reporting of progress. 5. Energy efficiency grant funding sought supported by Mott MacDonald consultants through the Green Public Sector Estates Decarbonisation funding stream 6. Re-investment of a proportion of savings to increase capacity, including identifying spend to save opportunities 7. Maximise opportunities to secure external funding	Medium	30/10/2023	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	18/9/23 - Update from Jacqui McGeough - No change to risk still awaiting outcome of Grant application. Points of clarity responded to (AMCL) 18/08/2023 - NHS Meeting has taken place with NHS Assure in relation to the Net Zero report and comments fed back. Read across with strategy content and workstream objectives complete and we are satisfied that the current plans are in line with the pathways identified. Workstream leads for all workstreams identified. GPSEDS application for ESM capital and ESOK pre capital submitted. Outcome awaited. J McGeough -- 27/07/23 - 27/07/23 NHS comments sent back regarding the Jacobs Net Zero report, to be finalised. Work continues within the SEG and objectives have been identified to action the Sustainability & Climate Change Strategy, workstream leads for	Final approval
219	Corporate (for use by Chief Executive only)	Effective	01/03/2023	Ability of NHS Lanarkshire to Deliver a balanced Budget within Periods 23/24 – 25/26	There is a significant risk that NHS will be unable to identify and release the savings needed, on current income and expenditure projections, to meet the Scottish Governments requirement to deliver a balanced budget for the period of 2023/24 – 2025/26.		25 Very High	1. Maximise financial management opportunities in the short term 2. High thresholds and strict criteria for any additional spend 3. Intelligence gathering and scenario planning to ensure forecasts as reliable as possible 4. Regular horizon scanning for opportunities and threats 5. Enhanced Sustainability & Value Programme covering all areas of the organisations operations and spend and linked firmly to the Boards overall healthcare strategy 6. Participation in National Savings Groups 7. Agreement with SG regarding brokerage repayment.		25 Very High	Actions 1. Continuous review of financial quarter position 2. Accelerate activity around sustainability and savings plans when is reasonably appropriate	Medium	30/10/2023	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)	27/9/23 - Update from Laura Ace: Risk reviewed, no change (AMCL) 25/08/23 - Update from L Ace: Risk reviewed, no change. -- 19/05/2023 - Update from L Ace. Description changed to reflect discussions with the Board Chair at PPRC. Overall update is actions are progressing as more schemes in S & V pipeline, meeting with SG took place, but still remains on going work. C Hope -- 25/04/23 - Update from L Ace. Work continue on S & V but to date does not increase the level of achievable savings. Meeting arranged with SG for 28th of May which will help us understand the degree of flexibility we have over 3 years and the consequences of not achieving breakeven. C Hope	Final approval
2150	Corporate (for use by Chief Executive only)	Safe	13/05/2022	Ability to maintain General Medical Service provision	Due to ongoing workforce and workload issues which discourage GP retention within the profession, there is a risk that when existing providers terminate contracts NHS will not be able to meet its statutory responsibility to provide General Medical Services to patients by either finding another willing provider or by having sufficient workforce to provide a managed service alternative, resulting in reduced patient care & experience and negative opinion of NHS.		12 High	Controls: 1. GMS sustainability meetings 2. Maintaining triage and other alternative ways of working to maximise use of existing resource		16 Very High	Action a) Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. b) Sustain and stabilise – maximise support provided directly to practices to decrease their workload and increase efficiency by completing phase 1 PCP delivery, provide QI support for Patient Access and Workflow Management work in practices; build knowledge of General Practice in locality management teams to enable them to better support practices; focused work through a new group to look at educational/training and staff support drivers for recruitment and retention; early intervention strategy to encourage disclosure of practice challenges and a structure programme of support with senior management weekly monitoring 1b) Building new models of care – developing new care models through CTAC to ensure proactive care takes place, which will reduce unscheduled	High	30/10/2023	South, Chief Officer	Population Health and Primary Care Committee	27/9/23 - Update from Sourmen Sengupta - No changes made to risk (AMCL) 18/08/2023 - Update from Dr M Russell: Meeting planned with Chief Exec to discuss next steps of PC Strategy. -- 18/07/2023 - Update from Dr M Russell: Risk description updated from "There is a risk that some GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention) issues as they respond to clinical requirements. This has the potential for loss of provision of primary care services." -- 28/06/2023 - Update from Dr M Russell: Controls and actions amended to articulate ongoing work for three horizons approach. The draft Primary Care Strategy document has been discussed at the PC Strategy Board and the GP sub-committee and was	Final approval

2213	Corporate (for use by Chief Executive only)	Effective	01/05/2023	Ability to Respond to Climate Change	Climate change means that extreme weather incidents are becoming more common and severe. If NHS don't take appropriate action to mitigate, adapt and respond to the effects of climate change, there is a significant risk that our physical and supporting infrastructure is impacted resulting in disruption to our services, patients and staff.	16	Very High	Controls 1. Completion of Climate Change risk assessment 2. Adaptation report compiled	9	Medium	Actions 1. Undertake a Climate Change Risk and Adaptation (CCRA) for the Board with appropriate stakeholder involvement in the process. 2. Submission of Adaptation report to NHS Assure/Scottish Government 3. Development and refinement of the process over time to inform the organisation's adaptation and mitigation strategies for climate change.	Medium	30/10/2023	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	18/9/23 - Update by Jacqui McGeough: CCRA was completed and submitted in March 2023. Process will be repeated every 2-3 year (AMCL) 18/08/2023 - Meeting with NHS Assure held to review the Net Zero report and process adopted. Comments fed back Workstream leads for all workstreams identified and objectives signed off at S&E group. 2 Grant applications - ESM for capital and ESK pre capital been to secure funding as part of the GPSEdS scheme. McGeough 27/07/23 NHSI comments sent back regarding the Jacobs Net Zero report, to be finalised. Work continues within the SEG and objectives have been identified to action the Sustainability & Climate Change Strategy, workstream leads for all workstreams identified. Grant funding for ESK applied for to secure Mott MacDonald's PSU services to support the 2023/24 GPSEdS application. Grant funding through the	Final approval
2062	Corporate (for use by Chief Executive only)	Effective	19/07/2023	Development of the new healthcare strategy, Our Health Together	Due to current capacity pressures across the whole system and a potential inability to resource, there is a risk of insufficient capacity necessary to progress strategy development which may adversely impact on the timescales and delivery of the new strategy 'Our Health Together'.	12	High	Controls: 1. Review of current status of individual work streams monitored via Strategy Delivery Team (SDT) on a bi-monthly basis.	9	Medium	Action 1. Stakeholder Engagement process to commence April- June 2023, approval obtained by both the Board and PPRC. 2. New strategy to be reviewed in draft form Autumn 2023.	Medium	30/10/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	18/9/23: Update from Jacqui McGeough - No change to risk (AMCL) 01/08/23 - No change to risk. -- 26/06/23 - No change to risk. -- 01/06/2023 - Discussion with C Lauder. No change to risk at current review. C Hope -- 3rd April 2023 - Update from R Raftery. Risk was discussed at SDT with focus on newly proposed description. Description accepted and approved. C Hope -- 09/03/2023 - Reviewed by C Lauder. Awaiting approval of proposed risk description at SDT. Control 2 & 3 have been removed as no longer can be attributed to mitigation of risk. New action added to highlight new strategy to be reviewed in draft form in August 2023. C Hope	Final approval
2135	Corporate (for use by Chief Executive only)	Safe	29/03/2022	Heightened Cyber Threat	There is a risk of malicious cyber security breaches resulting in the loss of digital services within NHS Lanarkshire.	16	Very High	Controls: 1. Adopting NCSG advice in respect of heightened threat level: -Ensure patching of all desktop hardware and software is performed in a timely manner in keeping with current policy. -Ensure where possible that all key business systems are patched in line with current policy. -Ensure all internet facing services are patched. -Ensure AV software is deployed and up-to-date -Alert staff to the heightened risk level especially in connection with unusual e-mails or visiting web sites when prompted by unexpected e-mails -Monitor which third party suppliers have access to our network, seek assurance that such companies have taken appropriate steps given the heightened threat. -Monitor early warning information sources such as those provided by NCSG and CISP	16	Very High		Medium	30/10/2023	Wilson, Donald	Healthcare Quality Assurance and Improvement Committee (HQAIAC)	Update Sept 2023 - MG - 1 new Band 5 Security member of staff in place. Band 6 starting November. Advanced query work and proactive phase of threat/vulnerability hunting has commenced. Proposed certification for Cyber staff identified in relation to these advanced tasks. New mitigations proposed for approval. Annual PEN testing, and targeted Phishing Simulations. Potential new risk drafted combining this risk and 1364, but AA advising advice would be sought from Charlotte Hope. Update Aug 2023 - MG - Security posts successfully filled. Start dates for September. Sentinel deployment and knowledge transfer now complete. Tasks, advanced query work and reporting now underway. Discussions underway on merging of this Risk with 1364.	Final approval

215	Corporate (for use by Chief Executive only)	Safe	16/06/2022	Impact of Unpredictable Public Health Outbreaks on Current Services	Due to the unpredictability of Public Health outbreaks and incidents within our communities, coupled with extreme system pressures, there is a risk to service delivery which could negatively impact upon patient care, staff health and wellbeing & NHS reputation. Some examples include: Avian influenza in community Measles outbreak in primary care Vancomycin resistant enterococci in haematology ward Legionella in acute setting	16	Very High	Controls: 1 Completed escalation plan outlining management of incidents with particular focus on the impact of Covid and any emerging new variants. 2 Ongoing staff training and development 3 W Incident Plan is being updated 4 Partnership working with HSCP, SDRHS Group and Public Health Scotland	Actions 1. Exercising of public health plans 2 Development of Public Health Surveillance System 3 Early Warning indicators to be developed with PHS and UoS	Medium	30/10/2023	Gardner, Jann	Planning, Performance and Resource Committee (PPRC)	27/9/23: Risk reviewed by Board Secretary and Risk Description updated. (AMcL) 07/08/2023 - Action from CMT for risk to be reviewed by Director of Public Health in collaboration with Chief Exec before bringing back to CMT for approval. C Hope -- 27/07/2023 - Updated description is now with Director of Public Health for consideration. C Hope -- 22/06/23 - Update from J Gardner & J Pravikumar: Work ongoing to capture the risk description more appropriately around unpredictable public health incidents and outbreaks. Initial description submitted to Director of PH for consideration. C Hope -- 6th April 2023 - Update from J Pravikumar. With regards to managing	Final approval
222	Corporate (for use by Chief Executive only)	Effective	01/06/2023	Non-Compliance with Off-Framework DL(2023)5	If there continues to be a heavy reliance on off-framework agency use due to lack of availability of substantive resource in areas such as Emergency Department, Peri-operative and Repair, there is a risk of continuous non-compliance with DL(2023)5 which could result in additional unaccounted financial exposure for the board and scrutiny from SG.	16	Very High	Controls 1. Escalation framework in place requiring sign off from an exec director to grant use of off-framework agency workers for DOH 2. Agency touchpoint meetings arranged 3 times per week. 3. Site escalations for NFA must be approved by the Chief/ Deputy Chief Nurse prior to submission to the Divisional Director or Nurse Director.	Actions 1. The planned exit strategy is to remove all Non-Framework Agency use by the end of July. Sites are developing reduction trajectories for each ward/dept. 2. Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete. 3. Negotiations for block booking Framework Agency staff is ongoing. 4. The Acute Site senior nursing teams are reviewing rosters to maximise substantive resources and ensure escalation to Staffbank is at least 4 weeks prior to the go-live date of the roster.	Low	30/10/2023	Docherty, Eddie	Acute Governance Committee	15/9/23 - Update from Eddie Docherty: No changes to risk (A McLean) 25/07/23 - Update from E Docherty: Score remains appropriate at this time, awaiting finance report to understand financial impact of reduction in off-framework usage before re-assessing the score. C Hope -- 26/06/23 - Update from E Docherty: All controls are holding with break the glass incidents still occurring however on far fewer occasions. Score remains appropriate at this time. C Hope -- 19/06/23 - Update from J Park: Controls 2. Agency touchpoint meetings arranged 3 times per week. and 3. Site escalations for NFA must be approved by the Chief/ Deputy Chief Nurse prior to submission to the Divisional Director or Nurse Director included upon update as well as actions being re-evaluated to be more 15/9/23 - Update from Eddie Docherty: No changes to risk (A McLean)	Final approval
222	Corporate (for use by Chief Executive only)	Safe	01/06/2023	Nurse Agency Use	If NHSL complies on June 1st 2023 with DL(2023)5 without exceptions for areas with high volumes of vacancies and lack of availability of resources via Staffbank or Framework Agency, there is an increased risk of insufficient numbers of staff and inappropriate skillmix, which may impact adversely upon patient & staff safety, performance & optimal clinical outcomes, increased waiting times for planned care and potential closure of services temporarily, all of which negatively affecting NHSL reputation and our ability to recruit staff substantively.	25	Very High	Controls 1. Escalation framework in place requiring sign off from an exec director to grant use of off-framework agency workers in specific circumstances 2. Weekly reporting of any off-framework usage within the board to Scottish Government to be held accountable for usage of such methods. 3. Off-framework usage now constrained to only ED and Critical Care.	Actions 1. Explore viability of fast track bank applications 2. Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete 3. Negotiate with alternative framework agencies to supplement their staff with the necessary skills. 4.Utilise triangulation of data such as budget, agency use, overtime, bank, WTE in post, sickness absence, annual leave, vacancy rate and staff turnover to explore reasons for agency use and develop solutions	Low	30/10/2023	Docherty, Eddie	Acute Governance Committee	16/08/2023 - Update from E Docherty: additional action included to highlight the ongoing work around triangulation of data to explore reasons for agency use and develop solutions. Risk Title altered to show Nurse Agency Use rather than focusing solely on 'Off-Framework'. C Hope -- 24/07/2023 - Update from E Docherty: Further control added to constrain the use of off-framework agency to only critical care and Emergency Dept. C Hope -- 26/06/23 - Update from E Docherty: Use of off-framework agency is being monitored extremely closely with a positive ongoing downward trend with the anticipated impacts/disruption not being relative to what was forecast. As a result, impact has been decreased from extreme (5) to major (4), reducing	Final approval
224	Corporate (for use by Chief Executive only)	Person Centred, Safe	07/08/2023	Nursing Home Beds	Due to continuing financial pressures and cost of living increases affecting Nursing Home costs as well as reduced workforce availability, there is a risk to the sustainability of the Nursing Home Services resulting in increased delayed discharges, fewer available beds, potential further deterioration of patients and disruption to whole patient flow.	16	Very High	1.Care Home Assurance Team meet monthly for whole system review. 2.RAG status and detail per Care Home reported weekly to CMT. 3.Executive Director for MMAHP holds oversight of quality of care within Care Homes/Nursing Homes in Lanarkshire. 4.Attendance at national contingency group for care homes. 5.Attendance at national contingency group for care homes led by COSLA	1. New structure for Care Home Assurance being developed, with a board and subgroups aim to sign off for implementation by October 23 in conjunction with Care Home sector) 2. Renewed engagement with sector to identify key requirements (started by an engagement event in June 23 to review progress to date)	Medium	30/10/2023	North, Chief Officer	Population Health and Primary Care Committee	14.09.23 - Update from R McGuffie: No update to this risk since last updated 23.08.23 (A McLean) 21.08.23 - Update from R McGuffie: Added additional mitigating control & mitigating actions. National Care Contract has now been agreed with suppliers and therefore risk likelihood has been proposed for a reduction from 4 to 3, taking overall risk score from 16 to 12 (Very High to High). C Hope	Final approval

229	Corporate (for use by Chief Executive only)	Effective	01/06/2023	Planned Care	If there are ongoing delays to delivery of scheduled care, there is a risk that NHSL is unable to meet obligations to achieve national targets for waiting times, resulting in poor patient experiences and potentially negatively impacting upon patient care and organisational reputation.	25	Very High	Controls 1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL 2. Priority risk assessment of cases on waiting lists aligned with the 3. Realistic Medicine work plan 4. Contracting with special health boards and independent sector 5. Early warning surveillance 6. Operational oversight via Acute Divisional Management Team & Planned Care Board 7. Continuous governance oversight through the PPRC	20	Very High	Actions 1. Planned Care Programme Board to be re-embedded to provide oversight and assurance of planned care with direct focus on waiting time targets 2. Development of better aligned pathways for primary and secondary care 3. Outcomes of Op Flow 2 Task and Finish Group 4 (Ward & System Flow)	Medium	30/10/2023	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	27/9/23 - Update from Russell Couillard - Very long waits in OP list have significantly reduced in the reporting period due to mitigating controls. Risk remains with controls in place. 31 and 62 day cancer target compliance remains above the national average 21/08/2023 - Update from J Park via CMT. Long waiting lists continue however NHSL are above Scottish average for both 31 day and 62 day FTG targets. C Hope -- 31/07/2023 - No change to risk. -- 01/06/23 - New risk articulated to be presented to CMT on Monday 5th June. Discussion to be held around owner and scoring	Final approval
559	Corporate (for use by Chief Executive only)	Effective	30/11/2020	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	12	High	Controls - 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SF5, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) 2. Established appointments of Fraud Champion & Fraud Liaison Officer 3. Key contact for NFL who manages, oversees, investigates and reports on all alerts 4. Audit Committee receives regular fraud updates 7. Annual national fraud awareness campaign 8. Ongoing fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 9. Learning from any individual case 10. Enhanced Gifts and Hospitalities Register 11. Procurement Workshops for High Risk Areas 12. Enhanced checks for 'tender walkers' and single tender acceptance	8	Medium	Actions 1. Continuous monitoring 2. Action plan being developed against fraud standard assessment	Medium	30/10/2023	Ace, Ms Laura	Audit Committee	27/9/23 - Update from Laura Ace - Risk reviewed - no update (AMCL) 25/08/2023 - Risk reviewed by L Ace. Additional control added, no change to score. -- 29/05/2023 - Risk Reviewed by L Ace. No change to risk. C Hope -- 27th July 2022 - reviewed by L Ace on 08th July. This will remain a potential corporate threat even though the controls can provide a level of assurance. No change to assessment or controls at this review. C/McGhee -- 20th May, 2022 - updated by L Ace on output from discussion with M Holmes. This risk can be reduced from High to Medium (impact reduced). Continuous monitoring by Fraud Liaison Officer and reporting through Audit Committee.	Final approval
2038	Corporate (for use by Chief Executive only)	Effective, Person Centred, Safe, Service/Department/Function Objectives	03/06/2021	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	There is a risk of disruption to the NHS Lanarkshire Labs Managed Service Contract, because the Laboratories Managed Service Contract (Labs MSC) is one of the most significant contracts that the Health Board has both in terms of annual value and clinical criticality and it has recently come to the end. This may result in providing an inadequate laboratory service, impact patient care and present reputational damage to the Board.	25	Very High	Controls 1. Project Board in place which is the vehicle to manage & implement the new contract. 2. Project Board reviews and manages project risk register in relation to individual risks with tender/procurement process. 3. Progress of work is monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee.	16	Very High		Medium	30/10/2023	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	27/9/23 - Risk reviewed by R Couillard 31/7/23 - The likelihood of service disruption due to equipment failure remains managed by previously stated mitigations. Due to emerging issues with the procurement process there is now a material risk to the conclusion of the contract in its current form. This is currently under evaluation. (AMCL) 31/07/2023 - Risk Reviewed by Russell Couillard, no changes at this review. C Hope -- 31/05/23 - Risk reviewed by Judith Park, no changes to reflect at this review. C Hope -- 7th April 2023 - Risk reviewed by Judith Park, Russell Couillard & CRM. After discussions at CMT, it is agreed that there is a significant degree of contractual protection around the existing equipment & no noted deterioration in outcomes. This has resulted in both the likelihood of a	Final approval
1710	Corporate (for use by Chief Executive only)	Safe	15/11/2018	Public Protection	Due to complexities of population change and behaviour e.g. migration of families in and out of Lanarkshire alongside disengagement with health and social care services, there is a risk NHSL fail to identify harm to any vulnerable person which may result in potential harm occurring and negatively impacting upon confidence and reputation of NHSL.	9	Medium	Controls 1. NHSL Public Protection Group with objectives reporting through HQAC, with oversight of training, referrals 2. A range of NHSL Policies and Procedures for Child Protection, Adult Protection, MAPPA, EVA aligned to national Guidelines, including reporting, recording, investigation of adverse events and compliance with national standards and benchmarking for child protection, including annual self-evaluation. 3. National, Regional and Local Multi-Agency Committees with Chief Officers for Child Protection, Adult Protection, MAPPA and EVA public protection issues. 4. Designated Child Health Commissioner 5. Public Protection Strategic Enhancement Plan and Strategy revised annually and overseen through the Public Protection Forum 6. Services resumed to normal BAU levels and will be maintained throughout any subsequent acute	9	Medium		Medium	30/10/2023	Docherty, Eddie	Healthcare Quality Assurance and Improvement Committee (HQAC)	15/9/23 - Update from Eddie Docherty: No changes to risk (AMcLean) 18/08/2023 - Update from E Docherty: risk reviewed, no change at this time. Target score increased from 6 to 9 as risk is being tolerated at current score of 9 and has been for a prolonged period. C Hope 19/07/2023 - Update from E Docherty: risk reviewed, no change at this time. C Hope -- 30th May 2023 - Update from E Docherty: no material change to risk, wording of risk has been revised slightly to be more succinct with agreement from CRM. C Hope 14th April 2023 - Update from E Docherty. No material change to risk at this review. C Hope --	Final approval

1703	Corporate (for use by Chief Executive only)	Safe	18/10/2018	Safe and Effective Decontamination of Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity.	12	High	Controls 1.Scottish Government Strategic Resilience Direction / Guidance 2.Designated Executive Lead 3.NHSL Resilience Committee 4.Local Business Continuity Plans 5.Local Emergency Response Plan 6. Gap Analysis undertaken to set out action plan(s) and solutions 7. Seek national support for these low frequency high impact potential situations 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should the low frequency high impact risk situation occur.	12	High	Action 1.Resilience Team to undertake and evaluation of site preparedness and training needs	Low	30/10/2023	Pravin Kumar, Josephine	Population Health and Primary Care Committee	27/9/23 - Risk reviewed by Martin Gordon- 18/09/2023 - Review of sites has been underway with UH Montlands outstanding for a site visit. Although verbal update was provided by onsite staff. All sites meeting held on the 28/08/2023 UH Hairmyres were not available. Meeting notes are available. Consensus from the two attending sites was that they do not currently have a viable capability. Chair of the Acute MI Group was updated by email 28/08/2023 with some recommended actions. Subject to be on the next Acute MI Group agenda. 29/08/2023 Proposed Routine Inspection & Testing of Equipment procedure circulated for comment by RRP Team. PRPS training ongoing with all remaining sessions fully subscribed. (AMCL) 18/08/2023 - Still awaiting outcome from options paper. Resilience group meeting scheduled for 31st August. -- 21/06/23 - Update from J Pravin Kumar; 27/9/23: Update from Jacqui Jones - Wording for Risk Title/Description/Controls/Actions updated as risk previously focused on staff fatigue and wellbeing due to the pandemic. Wording refreshed to be more reflective of current context. 28/08/2023 - No change to risk score etc. Risk will be reviewed in detail by new HR Director. Work underway as part of the SBV Framework, developing SBAR/CRES Template detailing how can support achievement in a reduction in absence over the next 18-24 months. -- 29/05/2023 - Risk reviewed with J Pender and L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope -- 06/03/23 - Current controls and planned actions updated by Kay 27/9/23: Update by Jacqui Jones - Risk reviewed and no changes made (AMCL) 29/05/2023 - Risk reviewed with J Pender & L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope -- 27/03/23 - Discussion with J Pender regarding separation of risk into two risks with short term risk and med/long term risk. J Pender undergoing review of workforce plan to tease out risks which may frame an overarching long term risk. Workshop to discuss planned for 14th April with L Ireland and CRM. C Hope -- 06/03/23 - Change to both current controls and planned actions. Discussions to be held regarding splitting the risk into medium and longer term risks. C Hope	Final approval
209	Corporate (for use by Chief Executive only)	Safe	28/05/2021	Staff Absence and Wellbeing	Sustained levels of high absence rates will reduce service capacity and performance. Maintaining service provision may adversely fall to staff on site and lead to fatigue and increased anxiety, with the likelihood of incurring backfilling costs.	16	Very High	Controls 1. Compliance with NHSS Attendance Policy. 2. Monthly staff absence data provided to Service Heads highlighting areas of concern 3. Open access to HR advice via "Service Now". 4. HR "Buzz Training" sessions on Attendance Policy Implementation and Work/Life balance policies. 5. EASY (Early Access to Support for You) service for all staff to expedite access to supportive wellbeing services and signposting. 6. OD 1-2-1 coaching support for Crucial Conversations & Wellbeing Issues. 7. Occupational Health monthly audit to ensure staff LTA are referred for support. 8. Range of staff support services locally and nationally – SALLUS, spiritual care, staff physiotherapy, psychological services, PROMIS 9. Staff Health & Wellbeing Strategy in situ with access to Your Health Matters	12	High	Actions 1. Develop key monitoring data for assurance regarding policy compliance & reporting. 2. Monitor long-term sickness absence profile. 3. Monitor & report uptake of HR & OD supportive training programmes. 4. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc.	Medium	30/10/2023	Sandlands, Kay	Staff Governance Committee (SGC)	28/08/2023 - No change to risk score etc. Risk will be reviewed in detail by new HR Director. Work underway as part of the SBV Framework, developing SBAR/CRES Template detailing how can support achievement in a reduction in absence over the next 18-24 months. -- 29/05/2023 - Risk reviewed with J Pender and L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope -- 06/03/23 - Current controls and planned actions updated by Kay 27/9/23: Update by Jacqui Jones - Risk reviewed and no changes made (AMCL) 29/05/2023 - Risk reviewed with J Pender & L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope -- 27/03/23 - Discussion with J Pender regarding separation of risk into two risks with short term risk and med/long term risk. J Pender undergoing review of workforce plan to tease out risks which may frame an overarching long term risk. Workshop to discuss planned for 14th April with L Ireland and CRM. C Hope -- 06/03/23 - Change to both current controls and planned actions. Discussions to be held regarding splitting the risk into medium and longer term risks. C Hope	Final approval
2124	Corporate (for use by Chief Executive only)	Effective	04/02/2022	Sustaining a Safe Workforce	There is a risk that NHSL will not be able to sustain the necessary safe workforce to meet the changing priorities resulting from the pandemic response and service demands moving into recovery. This has the potential to adversely impact on patients, staff, continuity of services and ability to comply with the forthcoming Health & Care (Staffing) (Scotland) Bill.	12	High	Controls 1. Workload and workforce planning using national tools on a cyclical basis. 2. GP Sustainability Group in place and active 3. Innovative Local recruitment such as using data to drive targeted recruitment and advertising posts on various social media platforms 4. National and International Recruitment 5. Responsive Deployment and redeployment of staff 6. Wellbeing initiatives supporting staff and supporting attendance 7. Monitoring of attrition and sickness/absence 8. Negotiations with local universities to increase intake of NMAHP per year 9. New recruitment website and resources launched to promote NHSL as employer of choice 10. Retire & Return Policy to support staff, services and succession planning 11. Process for monitoring compliance with mandatory training introduced to act as a key measurement for safe	12	High	Actions 1. Workforce planning will align with the development of the new NHSL strategy 2. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc. 3. Embedding of NHSL's Widening Access & Employability Strategy to focus on NHSL's responsibilities as an anchor organisation, funding secured for an Employability Hub Team to support the delivery. 4. Dashboard being built to identify and assess recruitment blockages	Medium	30/10/2023	Sandlands, Kay	Staff Governance Committee (SGC)	28/08/2023 - No change to risk score etc. Risk will be reviewed in detail by new HR Director. Work underway as part of the SBV Framework, developing SBAR/CRES Template detailing how can support achievement in a reduction in absence over the next 18-24 months. -- 29/05/2023 - Risk reviewed with J Pender and L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope -- 06/03/23 - Current controls and planned actions updated by Kay 27/9/23: Update by Jacqui Jones - Risk reviewed and no changes made (AMCL) 29/05/2023 - Risk reviewed with J Pender & L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope -- 27/03/23 - Discussion with J Pender regarding separation of risk into two risks with short term risk and med/long term risk. J Pender undergoing review of workforce plan to tease out risks which may frame an overarching long term risk. Workshop to discuss planned for 14th April with L Ireland and CRM. C Hope -- 06/03/23 - Change to both current controls and planned actions. Discussions to be held regarding splitting the risk into medium and longer term risks. C Hope	Final approval

2126	Corporate (for use by Chief Executive only)	Safe	08/02/2022	Sustaining Primary Care Out of Hours Service	Due to insufficient supply of GPs and advanced practitioners or resultant staff mix which does not allow all clinical issues to be resolved by available staff, there is a risk that treatment to patients will be delayed within the Primary Care Out of Hours Service resulting in reduced patient care & experience and negative opinion of NHS.	16	Very High	Controls 1. Invoking 'Safety Netting' via A&E as contingency arrangements 2. National and local re-design of services, including Urgent care 3. Improvement project plan reviewed with an outline of change reviewed by CMT and considered by Population Health, Primary Care and Community Services Governance Committee	16	Very High	Action 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. 2. Move towards a multidisciplinary model of care to ensure that service is not dependent on sessional GPs, with rolling recruitment of ANPs, and explorations with professional leaders of role of other professional groups (eg pharmacists) 3. Explore and resolve broader system consequences of non medical staff providing care 4. Ensure that patient safety is maintained by safety netting process previously agreed by CMT	Medium	28/09/2023	South, Chief Officer	Population Health and Primary Care Committee	27/9/23 - Update from Soumen Sengupta - No changes made to risk (AMCL) 18/08/2023 - Update from Dr M Russell: Meeting planned with Chief Exec to discuss next steps of PC Strategy. C Hope -- 19/07/2023 - Update from Dr M Russell: Risk description updated from "There is a risk that the Out of Hours (OOH) service cannot be sustained due to an insufficient supply of GPs and other relevant primary care staff to meet the workforce demand, particularly at peak times, compounded by a shortfall of supporting advanced practitioners. This has the potential for delayed treatment, impact on other services and adverse reputation for NHSL." 28/06/2023 - Update from Dr M Russell: Controls and actions updated.	Final approval
2129	Corporate (for use by Chief Executive only)	Effective	15/01/2022	Sustaining Whole System Patient Flow	There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care workforce capacity to meet the demand, or referrals being received on date of clinical readiness. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.	16	Very High	Controls: 1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients 2. Local planned date of discharge (POD) and national discharge without delay (DWD) programme implemented 3. CMT have continuous oversight of performance, reasons for delay and consider further actions 4. Continuous oversight of hospital outbreaks and infection prevention and control advise with case by case management of outbreaks 5. Workforce planning with continuous monitoring of sickness/absence during surge periods 6. Operation Flow is now in progress. 7. Introduction of new Home Assessment/Home First Teams to support earlier discharge	16	Very High	Medium	30/10/2023	Gardner, Jann	Population Health and Primary Care Committee	27/9/23 - Update from Ross McGuffie: Additional information added to Description of Risk in terms of reasons for delays experienced (or referrals being received on date of clinical readiness) Additional mitigating control also added (AMCL) 18/08/2023 - 27/07/23 - Risk to be discussed with Chief Exec & Head of Planning through the lens of Op Flow 2 and Op Flow 3. C Hope -- 27/07/23 - Risk to be discussed with Chief Exec & Head of Planning through the lens of Op Flow 2. C Hope -- 16/05/2023 - Risk discussed with Chief Exec. No change at this time. C Hope -- 21st September 2022 - reviewed by J Park for M Kane on 9th September.	Final approval	
2230	Corporate (for use by Chief Executive only)	Safe	07/07/2023	UHM Fire Safety Waste Receptacles	Fire testing of waste receptacles retained in circulation areas and lift lobbies has identified fire retardancies and fire containment issues. Bins do not have a minimum 30 minute fire retardancy or fire containment.	10	High	All empty containers removed from public areas. All bins removed overnight from circulation areas and lift lobbies. Segregation and separation of linen cages and cardboard storage to areas away from bins. Issue escalated to national fire safety advisor.	1	Medium	Medium	30/10/2023	Kane, Mary Anne	Corporate Management Team (CMT), MKBC Project Team	15/0/23 - Update from MA Kane: Controls are still in place and ongoing for the foreseeable future. No controls to be added. Actions have been added within Risk Description tab. Current score to remain the same as does risk level. (A McLean) 16/08/2023 - Update from MA Kane: No update to risk rating scores. NHS Lanarkshire have met the IRIC investigation team who are in the process of developing a safety justification to the service. I am presenting at the National Facilities Management Advisory Group next week the details of the risk in NHSL to other boards. MKBC Risk Group have incorporated into the MKBC Risk Register and are in the process of developing a scheme to explore fire rated disposal hold options. C Hope -- 07/08/2023 - Risk approved at CMT for escalation from the PSSD register to ensure that NHSL Board have oversight	Final approval	

2218	Corporate (for use by Chief Executive only)	Safe	01/06/2023	Urgent & Unscheduled Care	<p>If NHSL cannot create capacity and address whole system pressures through redesign to create a sustainable urgent and unscheduled care programme, there is a risk of being unable to deliver safe, good quality levels of unscheduled care which may result in sub-optimal clinical outcomes for patients as well as negatively impacting upon scheduled care services.</p>	25	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Operational oversight through site and acute division daily huddles which then feed to Acute DMF for further escalation when required. 2. Ongoing monitoring of 4, 8 and 12 hour delays 3. Oversight and review of HSMR 4. Data and Adverse event reporting 5. Consultant connect process in place to improve communication with GP's 6. Daily whole system conference calls arranged twice daily with subsequent conference calls arranged as necessary. 7. Continuous performance monitoring through PPRC 8. Governance oversight via QPPG and HQAIC 	20	Very High	Medium	30/10/2023	Gardner, Jann	<p>Healthcare Quality Assurance and Improvement Committee (HQAIC)</p>	<p>28/9/23 Risk reviewed by Russell Coulthard: 23/09/23 - Unscheduled care performance for August was 61% and for September to date remains 61%. Performance continues to be monitored through operation flow but with mitigating actions but remains under trajectory at this time. Service redesign and focus continues to be developed through task and finish and delivery groups.</p> <p>25/08/2023 - Unscheduled care performance for the month of August looks to be sitting at 58% which is short of the trajectory set. Discussions ongoing with T&F Group 1 to revise trajectories to ensure they are achievable given current challenges within urgent care.</p> <p>12/07/2023 - Unscheduled care performance for the month of July was 65%, falling slightly short of the target trajectory set at 67%. Performance throughout the month across all three</p>	Final approval
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