



NHS Lanarkshire Corporate Risk Register Overview

NHSL Board

Reporting Period: August 2023 – October 2023

NHSL Corporate Risks – *Dashboard*

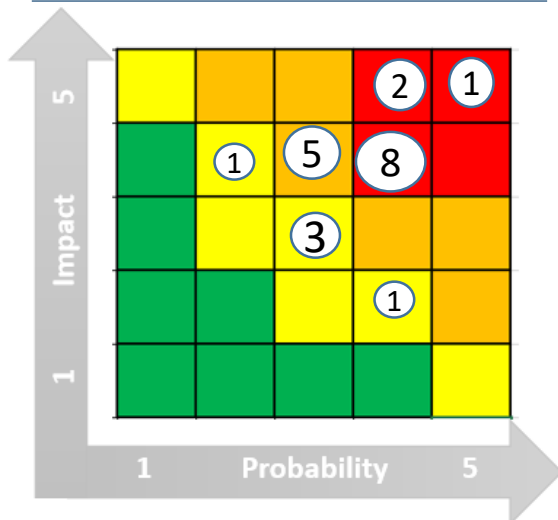
Executive Summary

- All risks on the Corporate Risk Register have an update requested monthly.
- Risk Management Strategy was approved by Audit & Risk Governance Committee, Risk Management Policy has been included in CMT agenda for approval.
- Work is ongoing to ensure that risks on the Corporate Risk Register are a reflection of the Corporate Objectives.
- Risk register report has been altered to capture Mitigating Controls separately from Planned Actions.

Risk Register	Number of Risks
Corporate	21

Risk movement since last report						
No Change	Increase	Decrease	New	Closed	Escalated	De-escalated
18	-	1	1	1	1	1

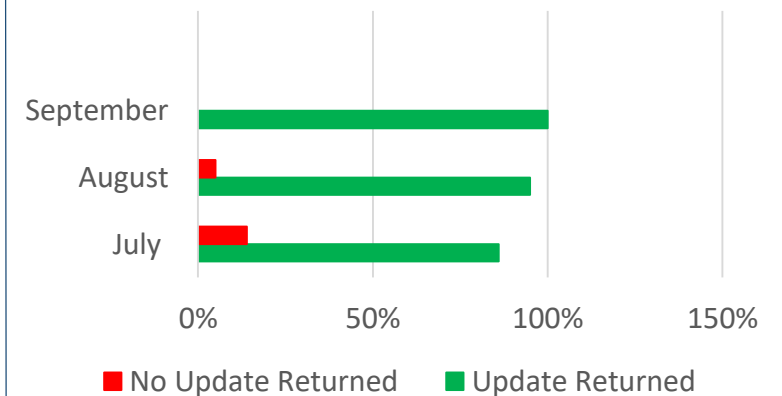
Corporate Risk Heat Map



Highest Scoring Corporate Risk

Risk	Score	Trend
2197 Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	25	

Corporate Risks Updated



Corporate Risks - Summary

Ref	Risk Title	July	Aug	Sep	Risk Trend	Target Score	Commentary
2197	Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	25	25	25	—	9	No change to risk
2218	Urgent & Unscheduled Care	20	20	20	—	6	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.
2219	Planned Care	20	20	20	—	6	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
2222	Nurse Agency Usage	16	16	16	—	4	No change to risk
2038	Procurement of new NHS Lanarkshire Labs Managed Service Contract	16	16	16	—	4	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.
2220	Junior Doctors Industrial Action	16	16		CLOSED	4	N/A
2221	Non-Compliance with Off-Framework DL(2023)5	16	16	16	—	4	No change to risk
2234	Nursing Home Beds	16	12	12	↘	6	No change to risk
2135	Heightened Cyber Threat	16	16	16	—	6	No change to risk
2155	Impact of Unpredictable Public Health Outbreaks on Current Services	16	16	16	—	6	Risk reviewed by Board Secretary and risk updated

Corporate Risks - Summary





Ref	Risk Title	July	Aug	Sep	Risk Trend	Target Score	Commentary
1703	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	12	12	12		4	Review of sites has been underway with UH Monklands 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.
2150	Ability to maintain General Medical Service provision	16	16	16		12	No changes to risk
2126	Sustaining Primary Care Out of Hours Service	16	16	16		9	No changes to risk
2129	Sustaining Whole System Patient Flow	16	16	16		9	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
2213	Ability to Respond to Climate Change	9	9	9		9	CCRA was completed and submitted in March 2022. Process will be repeated every 2-3 year
2212	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	12	12	12		9	No change to risk Still awaiting outcome of Grant application. Points of clarity responded to
2039	Staff Fatigue, Resilience, Wellbeing & Safety	12	12	12		6	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.

Corporate Risks - Summary

Ref	Risk Title	July	Aug	Sep	Risk Trend	Target Score	Commentary
2124	Sustaining a safe workforce	12	12	12	—	9	No changes to risk
1710	Public Protection	9	9	9	—	9	No changes to risk
2230	UHM Fire Safety Waste Receptacles	8	8	8	—	6	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.
594	Prevention & Detection of Fraud, Bribery and/or Corruption	8	8	8	—	6	No changes to risk
2062	Development of the New Healthcare Strategy, Our Health Together	9	9	9	—	9	No changes to risk

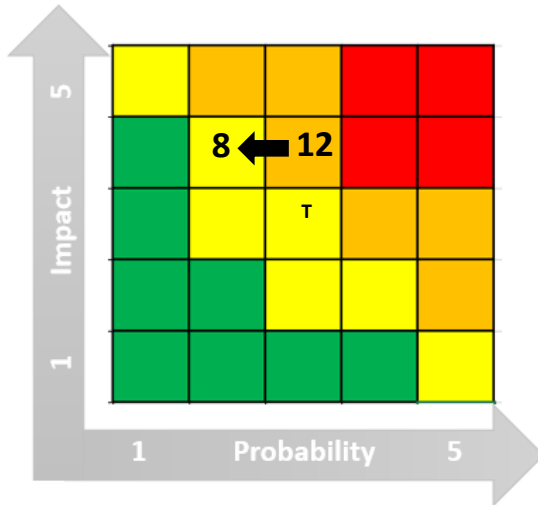
Detail of Risk Movement

Movements in Corporate Risks

Risk		Score	Trend	Target Score	Commentary
2234	Nursing Home Beds	16		6	New risk discussed at CMT capturing the impact of disruption to nursing home beds and our ability to respond. Risk was further reviewed by CMT and subsequently score was decreased. Due to reporting overlap, this was reported to August Board.
2230	UHM Fire Safety Waste Receptacles	8		6	Risk originally existed on PSSD department risk register however it was agreed by CMT that escalation to CRR was appropriate to ensure the Board has oversight. Due to reporting period overlap, this was reported to August Board.
2205	Fire Safety Within NHSL	8		9	Risk proposed for de-escalation to local management monitoring by PSSD. Due to reporting period overlap, this was reported to August Board.
2220	Junior Doctor Industrial Action	16		4	Risk has been closed since last score decrease. Due to reporting period overlap this was reported to August Board.

Corporate Risk in Focus – De-Escalation

2205: Fire Safety Within NHSL

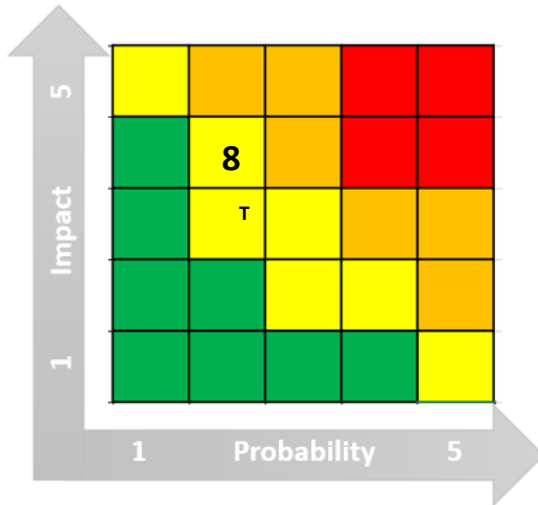


Risk Description	Risk Owner	Risk Lead
If all staff within NHSL are not sufficiently trained in relation to fire safety and awareness, there is an increased risk that NHSL is not suitably equipped to manage or respond to fire related incidents which may negatively impact on health and safety of staff and patients whilst failing to comply with legislative requirements.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> 1. Fire Safety Training mandatory for all staff 2. Compliance monitored weekly and reported to CMT 3. Dedicated Fire Safety team within NHSL carry out Fire Safety Risk Assessments and produce Corrective Action Plans for Senior Site Responsible Managers as appropriate 4. Number of Fire Safety Control Book Audits carried out quarterly. 5. Email is auto-generated 3 months in advance to make users aware of requirement to carry out fire safety training before becoming non-compliant. 		
Actions		

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

Corporate Risk in Focus – Escalation

2230: UHM Fire Safety Waste Receptacles

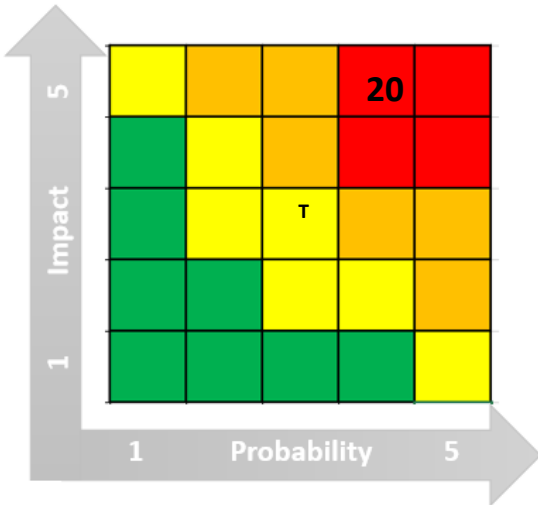


Risk Description	Risk Owner	Risk Lead
Due to fire retardancies and fire containment issues of waste receptacles retained in circulation areas and lift lobbies, there is a risk to the accessibility of main fire escape routes at UHM which could result in negative health & safety impacts for staff, patients and visitors to the site.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> Clinical waste containers have been removed from circulation areas and lift lobby areas out of hours and located in an exterior to the hospital. These are returned on commencement of day shift porters each day. Nursing staff during night hours should retain any filled bags of waste in the sluice area and if a pick up is required due to volume this should be logged on the helpdesk then a porter will come and uplift as soon as possible. Linen cages will be kept within ward areas where this can be facilitated out with the lift lobby. DSR doors to be kept closed at all times. Cardboard waste containers relocated away from being beside the clinical waste containers. Only one clinical waste container is located at each lift lobby during core hours which requires PSSD to increase the number of uplifts. Exterior storage is being enhanced where possible. 		
Actions		
<ol style="list-style-type: none"> Specific departmental challenges are being worked through within each location to ensure service continuity. Longer term solutions being investigated including: identification of containers made from sustainable materials; fire retardant permanent housings in the lift lobby areas for storage and contractual routes with the clinical waste provider to address this issue. 		

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

Corporate Risk in Focus – For Discussion

2022: Management of Children Awaiting Dental Care

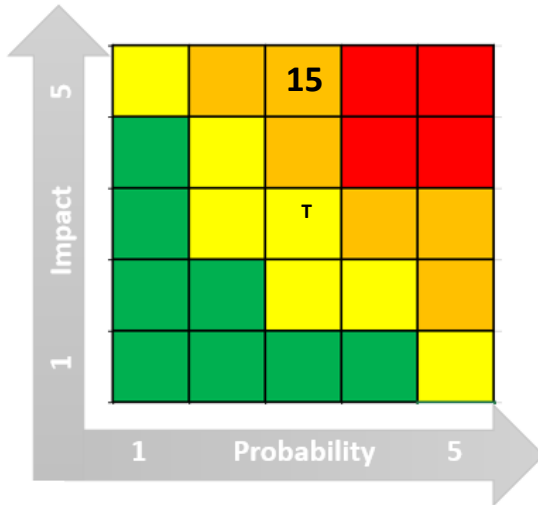


Risk Trend	For Discussion
Risk has been included for discussion due to various discussions at governance committees by Non-Exec members. The Public Dental Service is owned by HSCP however, many of the mitigations to constrain the risk sit within the Acute division.	

Risk Description	Risk Owner	Risk Lead
Due to reductions in theatre access, capacity and workforce/skill mix to support both adult and paediatric anaesthetics, coupled with increased volume of referrals from dental practitioners, there is an increased risk of lengthy waiting lists for Public Dental Service General Anaesthetics which may result in vulnerable adults and children suffering prolonged pain, multiple episodes of infection, increased antimicrobial prescribing presentations to ED and worsening severity of dental diseases as well as significant behavioural problems and associated difficulties for carers.	Chief Officer, South	Chief Officer, South
Current Controls		
<ol style="list-style-type: none"> 1. Conservative symptom management with advice, analgesia and antimicrobials (based on the clinical indications and appropriateness of each) 2. Some children have received local anaesthesia or inhalation sedation (this can be traumatic for child, family and clinicians) 3. Ongoing review of waiting list and prioritisation of children against needs and effectiveness of conservative management 4. Triage and prioritisation of new referrals 5. Prioritising pre-assessment and GA sessions. 		
Actions		
<ol style="list-style-type: none"> 1. Increased anaesthetic, peri-operative workforce to support improved capacity on lists and increased number of theatre sessions (particular focus on paed anaesthetics and peri-operative workforce) 2. Exploring any potential options to use regional facilities to reduce long waits on waiting lists. 		

Corporate Risk in Focus – For Discussion

R0126: MRP Capital Funding Requirement

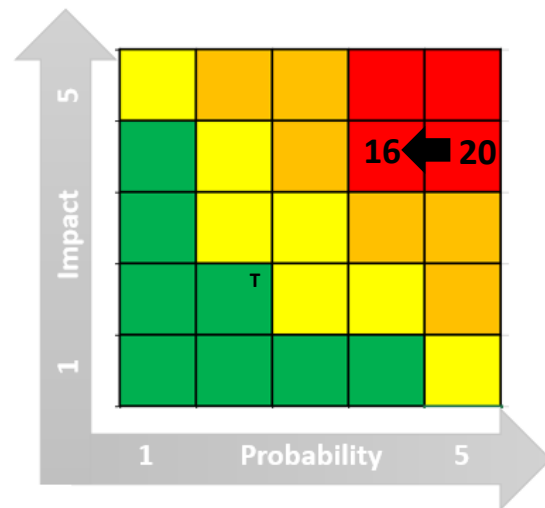


Risk Description	Risk Owner	Risk Lead
There is a risk that the Capital funding requirement to deliver the Project continue to increase and the Project becomes unaffordable to Scottish Government. This would result in the NHS Lanarkshire being unable to fully deliver on the ambitions of its strategic framework and would have major implications for future healthcare delivery for the Lanarkshire population.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> 1. Regular meetings of the Cost Review Group. 2. Regular reports to MRC. 3. Regular engagement with NHSS Assure. 4. Scheduled capital costs reviews by Cost Advisor to identify cost change and opportunity for cost reduction. 		
Actions		
Being Developed		

Risk Trend	For Discussion
Risk to be discussed and considered for escalation to the Corporate Risk Register. Risk has been articulated in response to a finding from internal audit where it was suggested that a risk on the CRR may be appropriate to be monitored by the Board and CMT.	

Corporate Risk in Focus – Decrease and Closure

2220: Junior Doctors Industrial Action

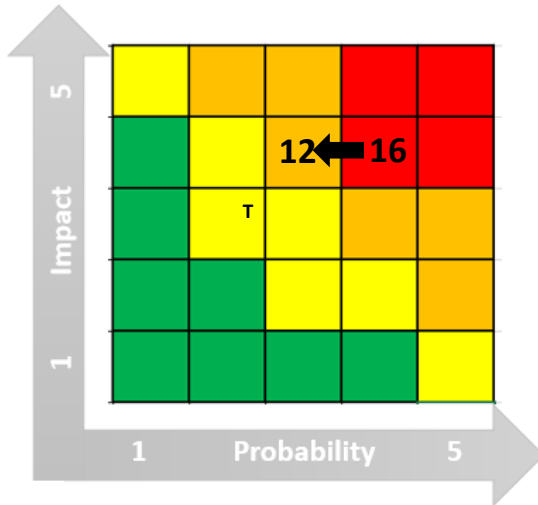


Risk Trend	Closure
Junior Doctors have agreed to improved pay offer, removing the threat of industrial action and therefore the risk was closed and reported to the August Board.	

Risk Description	Risk Owner	Risk Lead
If planned industrial action involving junior doctors is pursued, there is an increased risk to patient groups experiencing less than optimal clinical care and/or delays which may impede the ability of NHSL to deliver safe and effective levels of healthcare across all service areas, increased waiting times for both urgent and planned care and negatively impact on the organisations reputation.	Dr Chris Deighan	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> 1. Provision of information to Scottish Government through updates when required 2. Ongoing engagement with representative bodies 3. Industrial action planning group established to oversee potential impacts and co-ordinate response 4. Dynamic risk assessments taking place in terms of assessing formally standing down planned care services. 		
Actions		
<ol style="list-style-type: none"> 1. Identification of critical services that must remain functioning underway 2. Checklist to support business continuity for critical services including safe staffing levels 3. Identification of services to be temporarily paused to allow realignment of staff to support critical areas 4. Comms strategy under development as part of planning approach 5. Services to draft contingency plans to mitigate disruption 6. Review of guidance from Employers Reference Group underway with a view of implementation. 7. Gold, Silver & Bronze command structure meetings stood up, both Acute & NHSCP have set up their own silver command groups. 		

Corporate Risk in Focus – New and Decrease

2234: Nursing Home Beds

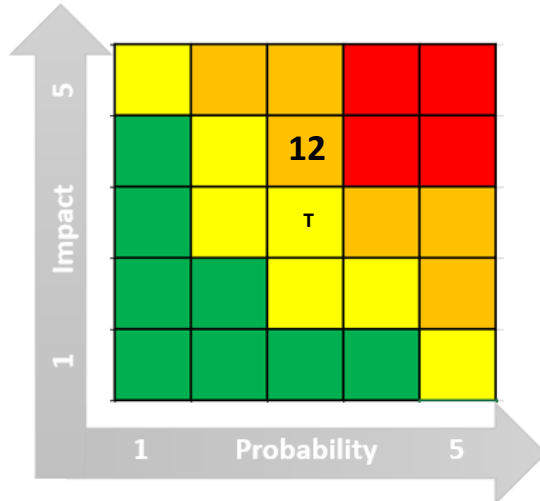


Risk Trend	Decrease
<p>Added additional mitigating control & mitigating actions. National Care Contract has now been agreed with suppliers and therefore risk likelihood has been proposed for a reduction from 4 to 3, taking overall risk score from 16 to 12 (Very High to High).</p> <p>Previously reported to August Board.</p>	

Risk Description	Risk Owner	Risk Lead
Due to continuing financial pressures such as price increases from COSLA 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 Service resulting in increased delayed discharges, fewer available beds, potential further deterioration of patients and disruption to whole patient flow.	Chief Officer North & South	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> Care Home Assurance Team meet monthly for whole system review. RAG status and detail per Care Home reported weekly to CMT. Executive Director for NMAHP holds oversight of quality of care within Care Homes/Nursing Homes in Lanarkshire. Attendance at national contingency group for care homes Attendance at national contingency group for care homes led by COSLA 		
Actions		
<ol style="list-style-type: none"> 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) Renewed engagement with sector to identify key requirements (started by an engagement event in June 23 to review progress to date) 		

Corporate Risk in Focus – Change

2039: Staff Absence and Wellbeing

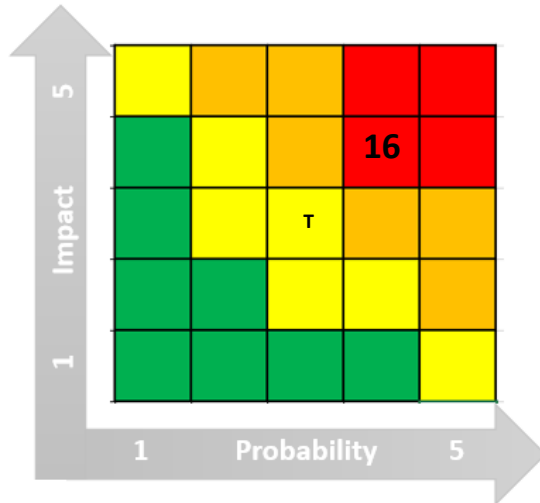


Risk Description	Risk Owner	Risk Lead
Sustained levels of high absence rates will reduce service capacity and performance. Maintaining service provision may adversely fall to staff on site and lead to fatigue and increased anxiety, with the likelihood of incurring backfilling costs.	Jacqui Jones	Jann Gardner
Current Controls		
<p>Controls</p> <ol style="list-style-type: none"> 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 – SALUS, spiritual care, staff physiotherapy, psychological services, PROMIS 9. Staff Health & Wellbeing Strategy in situ with access to Your Health Matters webpage for all supportive services available to staff. 		
Actions		
<ol style="list-style-type: none"> 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. 		

Risk Trend	Change to Risk Articulation only
Change to risk articulation, with refresh of wording for Risk Description, Controls and Actions. Risk previously focused on staff fatigue and wellbeing due to the pandemic but is now more reflective of current workforce context.	

Corporate Risk in Focus – Change

2129: Sustaining Whole System Patient Flow

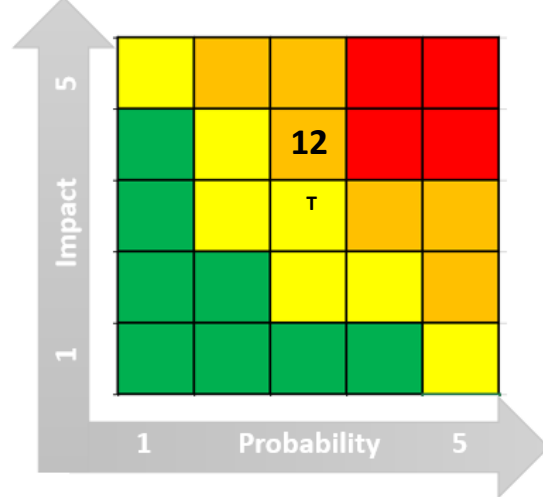


Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care 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.	Jann Gardner	Jann Gardner
Current Controls		
<p>Controls:</p> <ol style="list-style-type: none"> NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients Local planned date of discharge (PDD) and national discharge without delay (DWD) programme implemented CMT have continuous oversight of performance, reasons for delay and consider further actions Continuous oversight of hospital outbreaks and infection prevention and control advise with case by case management of outbreaks Workforce planning with continuous monitoring of sickness/absence during surge periods Operation Flow is now in progress. Introduction of new Home Assessment/Home First Teams to support earlier discharge 		
Actions		

Risk Trend	Change to Risk Articulation only
Change to Risk Description, and an additional Mitigating Control added.	

Corporate Risk in Focus – Change

2155: Impact of Unpredictable Public Health Outbreaks on Current Services



Risk Description	Risk Owner	Risk Lead
<p>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 & NHSL reputation.</p> <p>Some examples include:</p> <ul style="list-style-type: none"> Avian Influenza in community Measles outbreak in primary care Vancomycin resistant enterococci in haematology ward Legionella in acute setting 	Josephine Pravinkumar	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> Completed escalation plan outlining management of incidents with particular focus on the impact of Covid and any emerging new variants. Ongoing staff training and development PH Incident Plan is being updated Partnership working with HSCPs; SDPHs Group and Public Health Scotland 		
Actions		
<ol style="list-style-type: none"> Exercising of public health plans Development of Public Health Surveillance System Early Warning indicators to be developed with PHS and UoS 		

Risk Trend	Change to Risk Articulation only
<p>Change to risk articulation to highlight the risks to service delivery during public health outbreaks and incidents. Current score is 12 based on emerging infections, population mobility and reduced vaccination uptake e.g. measles which is an example of resurgence of previously well controlled infections and other unknowns. Impact is a 4 due to the delay in recovery of all PH services since the pandemic and the health status of our population.</p>	

Very High Risks – Summary

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

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

There is 1 very high risk managed within MRP:

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

Very High Risks – Summary Cont.

There are 4 very high risks for Monklands Business Continuity:

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

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

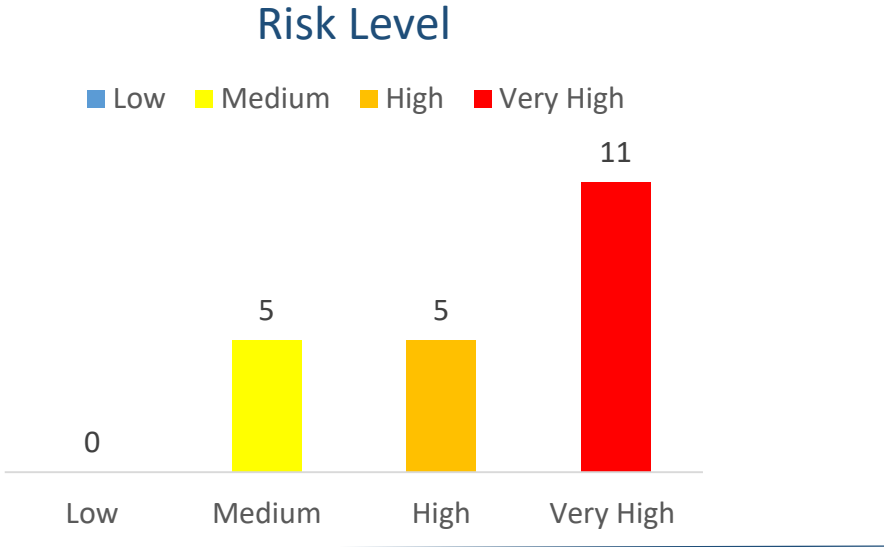
Ref	Risk Title	May	June	July	Risk Trend	Target Score	Commentary
1995	Practice Sustainability Impact on PCIP (GMS2018-002)	20	20	20		12	Score remains appropriate, risk reviewed at GMS EOG.
2000	Accommodation (GMS2018-008)	16	16	16		12	Score remains appropriate, risk reviewed at GMS EOG.
1997	PCIP Workforce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

Very High Risks – Summary Cont.

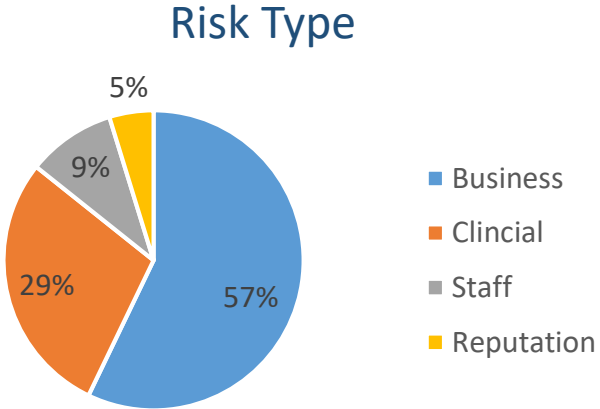
There are 2 very high risks for South H&SCP:

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

Corporate Risk Trends



Of the 21 Corporate Risks reported, 11 of the reported risks are very high (remaining the same as the previous month), 5 are high (again remaining the same as the previous month) and 5 are medium in terms of risk level.

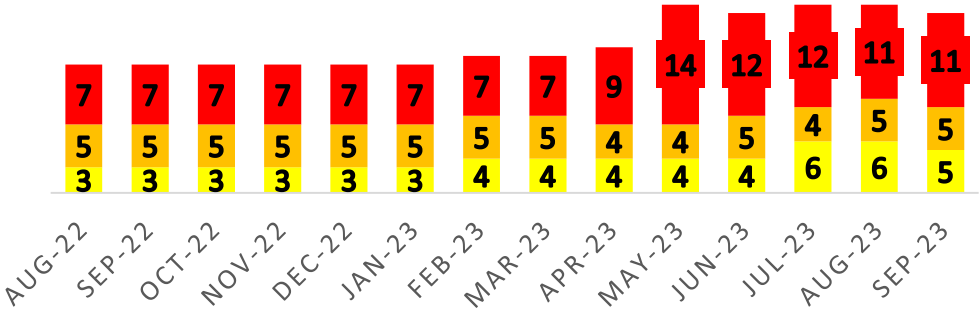


Business risk is the largest risk type within the corporate risk register with 12 out of 21 being classed within that risk type. 6 risks are classed as clinical and 2 as staff and 1 as reputation.

Corporate Risk Trends

CORPORATE RISK PROFILE

Medium High Very High



NHSL has changed their corporate risk profile in the past year, reporting an increase of 6 risks from September 2022 to September 2023. The very high risks have significantly increased by 4, the high risks have remained the same and the medium risks seen an increase of 2.