

ID	Clinical Division/CHP Locality/Service	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
2212	Corporate/Trust Wide	Effective	01/05/2023	Failure to Comply with NHS Sustainability Policy, DL (2023) 38	DL (2023) 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.		16 Very High	Actions 1. Commission net-zero route map report via 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	29/01/2024	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	4/12/23 - Risk reviewed by Colin Lauder: No further change to risk and controls and actions remain appropriate. 4/12/23: Risk reviewed by Jacqui McGeough: Proposed Change to Score with increase from High to Very High: Capital allocation from SG was £2.2M vs the DSM bid for. Without appropriate funding investment to substantially improve the energy efficiency of our buildings as outlined within our Route Map to Net Zero, we have no prospect of achieving Net Zero by 2040. CMT approval 4/12/23 (AMCL) 24/10/23 Update from Jacqui McGeough: £59k pre-capital funding secured for pre capital surveys to inform next years capital bid. 23/24 Capital bid amended and re-submitted following feedback that funding to renew glazing would not be awarded. Awaiting final outcome of revised capital bid totalling £5M (AMCL) 18/9/23 - Update from Jacqui	Final approval
2197	Corporate/Trust Wide	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 3. Reform group set up to look at how to shape service within budget for 24/25 4. Communications and actions to be agreed to slow down spend in Q4 2023/24 5. Review of all slippage in order to use it to reduce forecast deficit	Medium	29/01/2024	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)	3/1/24: Risk reviewed by Laura Ace - Although 23/24 position improved, 24/25 budget offered less funding than forecast so risk of not balancing over 3 years remains very high. Actions updated. 28/11/23: Risk reviewed by Laura Ace - no change to risk (AMCL) 23/10/23 Update from Laura Ace. Risk Reviewed no change. (AMCL) 27/9/23: Update from Laura Ace: Risk reviewed, no change (AMCL) 25/08/23 - Update from L Ace: Risk reviewed, no change. 29/05/2023 - Update from L Ace. Description changed to reflect discussions with the Board Chair at PPRC. Overall update is actions are progressing eg. more schemes in S & V pipeline, meeting with SG look place, but all still remains on going work. C Hope	Final approval
2150	Corporate/Trust Wide	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 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. 1a) Sustain and stabilise – maximise support provided directly to practices to decrease their workload and increase efficiency by completing phase 1 PCP delivery, provide Q2 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	29/01/2024	South, Chief Officer	Population Health and Primary Care Committee	4/1/24: Risk reviewed by Soumen Sengupta - No change to risk at present. Controls and actions remain appropriate. Fuller update on this risk to be provided in New Year after review by Chief Officer and Medical Director, South HSCP 29/11/23: Risk reviewed by Soumen Sengupta - No change to risk (AMCL) 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. 19/07/2023 - 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	Final approval

2213	Corporate/Trust Wide	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	29/01/2024	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	4/1/23 - Risk reviewed by Colin Lauder: No further change to risk and controls and actions remain appropriate. 17/11/23 - Update from Jacqui McGeough: No change to Risk (AMCL) 24/10/23 - Update from Jacqui McGeough: No change to Risk - (AMCL) 18/9/23 - Update by Jacqui McGeough: CCRA was completed and submitted in March 2022. 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 E50k pre capital been to secure funding as part of the GPSEdS scheme. 1 McGeough 27/07/23 NHS comments sent back	Final approval
2062	Corporate/Trust Wide	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	29/01/2024	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	4/1/23 - Risk reviewed by Colin Lauder: No further change to risk and controls and actions remain appropriate. 17/11/23 Risk reviewed by Jacqui McGeough - No change to risk - Final Draft remains under development. 24/10/23 Update from Jacqui McGeough - No change to risk - Final Draft under development (AMCL) 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 Rufferty. Risk was discussed at SDT with focus on newly proposed description. Description accepted and approved. 31/1/24: Risk reviewed by Josephine Pravinikumar - Current controls remain valid and are still in place, there are no additional controls to be added at this time. All actions have been implemented and none have seen any significant change since last review in November 2023. No change to current score since last review in November 2023.	Final approval
2155	Corporate/Trust Wide	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. PH Incident Plan is being updated 4. Partnership working with HSCPs, SOPS Group and Public Health Scotland	12	High	Actions 1. Exercising of public health plans 2. Early Warning indicators to be developed with PHS and UoS. To note PHS are undertaking this work at a national level rather than Board specific, although any signals would probably be looked at by PHS to see if focused in particular regions of Scotland. 3. Ongoing review of surveillance data at a local and national level.	Medium	29/01/2024	Gardner, Jann	Planning, Performance and Resource Committee (PPRC)	17/11/23: Risk reviewed by Josephine Pravinikumar - No update to risk since last review. 9/11/23: Update from Josephine Pravinikumar - Was proposed to reduce the level of risk from 16 (High Risk) to 12 (Moderate Risk). This is to reflect additional actions being taken. Impact is now 4 due to the delay in recovery of all PH services since the pandemic and the health status of the population. Update added to existing action (2). Approved at QAT and risk now updated on CRR (AMCL)	Final approval

2221	Corporate/Trust Wide	Effective	01/06/2023	Non-Compliance with Off-Framework DU(2023)5	If there continues to be a heavy reliance on off-framework agency use due to lack of availability of substantive resources in areas such as Emergency Department, Peri-operative and Kylepark, there is a risk of continuous non-compliance with DU(2023)5 which could result in additional unaccounted financial exposure for the board and scrutiny from SG.	16	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Escalation framework in place requiring sign off from an exec director to grant use of off-framework agency workers for OOH 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. 	4	Low	<p>Actions</p> <ol style="list-style-type: none"> 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/step. 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	29/01/2024	Docherty, Eddie	Acute Governance Committee	<p>1/3/24: Risk reviewed by Eddie Docherty: Proposed decrease to risk score bringing risk into line with target set. NHS Lanarkshire is now compliant with DU(2023)5 however given the challenges in the system we will continue to monitor this as a potential risk.</p> <p>10/11/23: Risk reviewed by Eddie Docherty: No change to risk since last review (AMCL)</p> <p>8/11/23: Update from Eddie Docherty: Was proposed to reduce the level of risk from 16 (High Risk) to 9 (Low Risk). Significant reduction in use of off framework almost to nil, with final reduction by end of October. Approved at CMT and risk now updated on CRF (AMCL)</p> <p>15/9/23 - Update from Eddie Docherty: No changes to risk (A McLean)</p> <p>25/07/23 - Update from E Docherty:</p>	Final approval
2222	Corporate/Trust Wide	Safe	01/06/2023	Nurse Agency Use	If NHSL complies on June 1st 2023 with DU(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	<p>Controls</p> <ol style="list-style-type: none"> 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. 	16	Very High	<p>Actions</p> <ol style="list-style-type: none"> 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	29/01/2024	Docherty, Eddie	Acute Governance Committee	<p>3/1/24: Risk reviewed by Eddie Docherty: Risk remains high and control and actions remain relevant. Will continue to monitor and work through in order to minimise impact but ensuring patient safety within a challenging environment.</p> <p>28/11/23: Risk reviewed by Eddie Docherty: No change to risk (AMCL)</p> <p>17/10/23 - Update from Eddie Docherty: No changes to risk (A McLean)</p> <p>15/9/23 - Update from Eddie Docherty: No changes to risk (A McLean)</p> <p>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'.</p>	Final approval
2234	Corporate/Trust Wide	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 Service resulting in increased delayed discharges, fewer available beds, potential further deterioration of patients and disruption to whole patient flow.	16	Very High	<ol style="list-style-type: none"> 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 MMANP 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 	12	High	<ol style="list-style-type: none"> 1. New structure and TOR have been signed off and transition has commenced. 2. Renewed engagement with sector to identify key requirements (started by an engagement event in June 23 to review progress to date) 	Medium	29/01/2024	North, Chief Officer	Population Health and Primary Care Committee	<p>22/12/23: Risk reviewed by Trudi Marshall, Nurse Director HSCP North: Risk remains unchanged in terms of score. No further notification closures at this time and work continues via the care home assurance and support board to help support and stabilise care homes that are experiencing challenges. Monthly report continues to be submitted to SG.</p> <p>13/11/23: Risk Reviewed by Ross McGuffie: No further changes since last review (AMCL)</p> <p>17/10/23 - Update from Trudi Marshall for Ross McGuffie: Action updated: New structure and TOR have been signed off and transition has commenced. 1 further care home has notified us of intention to close which is being managed through the established process. All other mitigations remain in place and no change to risk level.</p> <p>14.09.23 - Update from R McGuffie: No update to this risk since last updated</p>	Final approval

2219	Corporate/Trust Wide	Effective	01/06/2023	Planned Care	If there are ongoing delays to delivery of scheduled care, there is a risk that NHS 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	<p>Controls</p> <ol style="list-style-type: none"> 1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHS. 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	<p>Actions</p> <ol style="list-style-type: none"> 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	29/01/2024	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	<p>31/1/24: Risk reviewed by Russell Couillard: Risk remains although progress noted. NHS remains above the Scottish average for 31 and 62 day cancer performance and progress with very long OP waits continues.</p> <p>23/11/23: Risk reviewed by Russell Couillard - no change to current risk. (AMCL)</p> <p>31/10/23: Update from Russell Couillard: No change to risk (AMCL)</p> <p>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</p> <p>21/06/2023 - Update from J Park via CMT: Long waiting lists continue. However NHS are above Scottish average for both 31 day and 62 day.</p>	Final approval
594	Corporate/Trust Wide	Effective	30/11/2009	Prevention & Detection of Fraud, Bribery and/or corruption	There is a risk that NHS 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 NHS.	12	High	<p>Controls -</p> <ol style="list-style-type: none"> 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFIs, 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 NHS who manages, oversees, investigates and reports on all alerts 4. Audit Committee receives regular fraud updates 7. Annual national fraud awareness campaign 8. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 9. Learning from any individual case 10. Enhanced Gifts and Hospitality Register 11. Procurement Workshops for High Risk Areas 12. Enhanced checks for 'tender waivers' and single tender acceptance 	8	Medium	<p>Actions</p> <ol style="list-style-type: none"> 1. Continuous monitoring 2. Action plan being developed against fraud standard assessment presented to Audit Committee 5/12/23 	Medium	29/01/2024	Ace, Ms Laura	Audit Committee	<p>31/1/24: Risk reviewed by Laura Ace - Actions updated, no change to risk level.</p> <p>28/11/23: Risk reviewed by Laura Ace - no change to risk (AMCL)</p> <p>23/10/23 - Update from Laura Ace: from Laura Ace. More fraud awareness work scheduled but no change to risk level. (AMCL)</p> <p>27/9/23 - Update from Laura Ace - Risk reviewed - no update (AMCL)</p> <p>25/08/2023 - Risk reviewed by L. Ace. Additional control added, no change to score.</p> <p>29/05/2023 - Risk Reviewed by L. Ace. No change to risk. C Hope</p> <p>...</p> <p>27th July 2022 - reviewed by L Ace on 19th July. This risk will remain a potential corporate threat even though</p>	Final approval
2038	Corporate/Trust Wide	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 MSLC) 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	<p>Controls</p> <ol style="list-style-type: none"> 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	<p>Actions:</p> <ol style="list-style-type: none"> 1. Development of monitoring framework to report on downtime and other equipment vulnerabilities. 	Medium	29/01/2024	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	<p>31/1/24: Risk reviewed by Russell Couillard: Risk remains unchanged. Monitoring of existing equipment performance and progress of alternative procurement continue.</p> <p>23/11/23: Risk reviewed by Russell Couillard - no change to current risk. (AMCL)</p> <p>31/10/23: Risk reviewed by R Couillard. New Action added onto risk. Risk of service disruption remains the same at this time. The previous procurement process was stopped and a new procurement exercise is being taken forward (AMCL)</p> <p>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)</p>	Final approval

1710	Corporate/Trust Wide	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	<p>Controls</p> <ol style="list-style-type: none"> 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	29/01/2024	Docherty, Eddie	Healthcare Quality Assurance and Improvement Committee (HQAC)	<p>3/1/23 - Risk reviewed by Eddie Docherty: Controls and actions remain appropriate and risk remains unchanged.</p> <p>10/11/23 - Risk reviewed by Eddie Docherty: No change to risk (AMcL)</p> <p>17/10/23 - Updated from Eddie Docherty: No change to risk (AMcL)</p> <p>15/9/23 - Update from Eddie Docherty: No changes to risk (A McLean)</p> <p>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</p> <p>19/07/2023 - Update from E Docherty; risk reviewed, no change at this time. C: Hope</p> <p>--</p> <p>30th May 2023 - Update from E</p>	Final approval
1703	Corporate/Trust Wide	Safe	18/10/2018	Safe and Effective Decontamination of Casualties Exposed to 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	<p>Controls</p> <ol style="list-style-type: none"> 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 this low frequency high impact risk situation occur. 	12	High	Low	29/01/2024	Pravinkumar, Josephine	Population Health and Primary Care Committee	<p>3/1/24: Risk reviewed by Josephine Pravinkumar: Current controls remain valid and are still in place, there are no additional controls to be added at this time. All actions have been implemented and none have seen any significant change since last review in November 2023.</p> <p>No change to current score since last review in November 2023.</p> <p>17/11/23: Risk reviewed by Josephine Pravinkumar - No update to risk since last review.</p> <p>27/10/23 - Updated from Josephine Pravinkumar - Training for PRPS has continued with the October session cancelled due to instructor availability. RITE process issued for comment and reminder sent - there are no responses to date. Work on additional training material is being progressed by RPP although limited resources impacts timeline. No Change to Risk (AMcL)</p> <p>27/9/23 - Risk reviewed by Martin 17/7/24: Risk reviewed by Jacqui Jones: No further change to risk and controls and actions remain appropriate.</p> <p>12/12/23 - Review of Risk Type: Updated to 'Staff' as previously noted as 'Covid-19 Pandemic.' - New risk type more reflective of the updates made to risk wording by Jacqui Jones - 27/9/23 (AMcL)</p> <p>13/11/23: risk reviewed by Jacqui Jones - no further update to risk since last review. (AMcL)</p> <p>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 be more reflective of current context.</p> <p>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 S&V Framework, developing</p>	Final approval
2039	Corporate/Trust Wide	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	<p>Controls</p> <ol style="list-style-type: none"> 1. Compliance with NHS 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 "Bites 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 	12	High	Medium	29/01/2024	Sandhams, Kay	Staff Governance Committee (SGC)	<p>Actions</p> <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. 	Final approval

2124	Corporate/Trust Wide	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	<p>Controls</p> <ol style="list-style-type: none"> 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	<p>Actions</p> <ol style="list-style-type: none"> 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. 5. Implementation and embedding of eRostering. 	Medium	29/01/2024	Sandlands, Kay	Staff Governance Committee (SGC)	<p>4/1/24: Risk reviewed by Jacqui Jones: No further change to risk and controls and actions remain appropriate.</p> <p>13/11/23: Risk reviewed by Jacqui Jones. Further Mitigating action added to this risk: Implementation and embedding of eRostering as this will surface rostering practices which are not conducive to staff staffing implementation. (AMCL)</p> <p>27/9/23: Update by Jacqui Jones - Risk reviewed and no changes made (AMCL)</p> <p>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.</p> <p>C Hope</p> <p>--</p> <p>27/05/23 - Discussion with J Pender regarding separation of risk into two risks with short term risk and med/long term risk. J Pender undergoing review</p>	Final approval
2126	Corporate/Trust Wide	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 NHSL.	16	Very High	<p>Controls</p> <ol style="list-style-type: none"> 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 	12	High	<p>Action</p> <ol style="list-style-type: none"> 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	29/01/2024	South, Chief Officer	Population Health and Primary Care Committee	<p>4/1/24: Risk reviewed by Soumen Sengupta: No change to risk as present. Controls and actions remain appropriate. Note is made of the appointment of new Depute Clinical Director within the service.</p> <p>4/12/23: Risk reviewed by Soumen Sengupta: Proposed Change to Score with decreased from Very High to High: Service has enhanced their team with the addition of new recruits ahead of winter and as part of overall winter preparedness. Comms planned in respect of public messaging in relation to the right care at the right place and reminding patients (where appropriate) to have an adequate supply of prescription medication ahead of the upcoming festive holidays. - CMT approval 4/12/23 (AMCL)</p> <p>27/9/23 - Update from Soumen Sengupta - No changes made to risk (AMCL)</p> <p>18/08/2023 - Update from Dr M</p> <p>17/1/24: Risk reviewed by Ross McGuffie: Additional control added</p>	Final approval
2129	Corporate/Trust Wide	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 onwads 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	<p>Controls</p> <ol style="list-style-type: none"> 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 advice 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 8. Regular POD calls to review all delayed discharges in the system 	16	Very High	<p>17/10/23: Risk reviewed by Josephine Pavisukumar - No update to risk since last review.</p> <p>17/10/23 - Update from Ross McGuffie: From North perspective there is no changes and all mitigations continue. (AMCL)</p> <p>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)</p> <p>18/08/2023 - 27/07/23 - Risk to be discussed with Chief Exec & Head of Planning through the lens of Op Flow 2</p>	Medium	29/01/2024	Gardner, Jann	Population Health and Primary Care Committee	Final approval	

2135	IM & T	Safe	29/03/2022	The impact from Heightened Cyber Threat	There is an ongoing, and continual, risk of malicious Cyber Security breaches across digital services and/or data within NHS Lanarkshire, potentially leading to significant service disruption, and impact adversely on the organisations reputation.	16	Very High	<p>Governance Controls</p> <ul style="list-style-type: none"> •Cyber Security Sub Group reporting to IG Committee. This will oversee Cyber Action Plan and MIS programme of work. •Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current work streams. •Annual review and audit by competent authority for NIS compliance status. NIS action plan developed and project managed continually. •Cyber Security Information Dashboard developed to manage/monitor key metrics. •Higher vigilance, continuous briefing and alerting staff on minimising malicious Cyber-attack. •Adopting, and continually reviewing, NCS best practice for all Cyber aspects. •Membership of, and contribution to National Teams Channels, collaboration of intel and advice. •Regularly review mainstream/social 	16	Very High	Medium	29/02/2024	Wilson, Donald	Healthcare Quality Assurance and Improvement Committee (HQAIAC)	<p>Update Dec 2023 - MG - Procurement have queried the contract, Digital Contract Manager is currently working with to resolve queries. Planning to proceed Q1 2024.</p> <p>Update Nov 2023 - MG - External Penetration Test Contract signed off. 3 year contract that will allow for 3 annual PEN tests, plus 6 year incremental tests, and advisory service.</p> <p>Update Oct 2023 - MG - As discussed and agreed at the Digital Risk Meeting, this Risk has been reviewed, and also combined with Risk 1364 (which has been closed off), Control section updated to reflect Controls in place, separating out to Governance and Technical sections.</p> <p>New mitigations proposed for approval, Annual PEN testing, and targeted Phishing Simulations.</p> <p>NOTE: Title changed to - The Impact from Heightened Cyber Threat</p>	Final approval	
2230	Corporate/Trust Wide	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	<p>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.</p>	8	Medium	<p>1. PSSD have escalated this risk to the Scottish Facilities Management Advisory Group sharing the videos generated by NHS Lanarkshire due to potential national risk implications in other hospitals and Boards</p> <p>2. Work is underway between PSSD and site clinical team to identify potential spaces to create fire rated areas if possible as part of MWBC program.</p>	Medium	29/01/2024	Kane, Mary Anne	Corporate Management Team (CMT), MKBC Project Team	<p>4/1/23 - Risk reviewed by Colin Lauder: No further change to risk and controls and actions remain appropriate.</p> <p>17/11/23: Risk reviewed by Mary Ann Kane: Risk remains unchanged since previous update, with timescales remaining the same and control measures in place.</p> <p>22/11/23 - Update from MS Kane: Current controls are still in place as described. No new controls to be added.</p> <p>Recent Activity - Potential locations identified with clinical team for hazard room creation. Resulting in reduction of staff toilet facilities. Feasibility work is underway with out put due by March 24. Stage 18 tender process to proceed with work if feasible due July/August 24. Project will not complete if feasible until March 2025</p> <p>No change to score (AMCL)</p>	Final approval
2218	Corporate/Trust Wide	Safe	01/06/2023	Urgent & Unscheduled Care	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.	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 DMT 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 GPs 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 GPPG and HQAIAC 	20	Very High	Medium	29/01/2024	Gardner, Jann	Healthcare Quality Assurance and Improvement Committee (HQAIAC)	<p>3/1/24: Risk reviewed by Russell Couhard: Unscheduled Care performance for December 23 was 56%. Although this remains below trajectory it compares favourably with Dec 22 performance at 45%. All monitoring and actions remain in place through acute divisional structure and through the continued work of Operation Flow. Additional system response and escalation measures implemented in Nov and Dec including enhanced senior clinical decision makers in Flow Navigation Centre, partial implementation of consultant led REACT model in EDs and full system Ladder of Escalation process.</p> <p>28/9/23: Risk reviewed by Russell Couhard: 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 with mitigating actions but remains under trajectory at this time. Service redesign and focus continues to be developed</p>	Final approval	