

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 (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.		16 Very High	Actions 1. Implementation of priorities identified as part of the Environmental Sustainability Strategy via Workstreams 2. £2.2M Energy efficiency grant funding in place for work to be carried out through 24/25 (procurement ongoing). Further bid for next tranche of funding under development supported by Mott MacDonald consultants to be submitted through the Green Public Sector Estates Decarbonisation funding stream. 3. Re-investment of a proportion of savings to increase capacity, where this can demonstrate sufficient spend to save opportunities. 4. In view of the current financial position and in the absence of enhanced capital investment there must be an internal focus on identifying and implementing energy efficiency measures	Medium	25/03/2024	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	26/02/24 - Risk reviewed by Jacqui McGeough - No change to level. Completed mitigating actions removed and new actions added. 24/01/24 - Risk reviewed by Jacqui McGeough - No further change. Mitigating actions updated. 4/1/24 - 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 £6M 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: £9k pre capital funding 26/2/24: No Update received.	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 6. Extended focus on transformation and reform backed with organisation wide engagement	Medium	26/02/2024	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)	30/1/24 Risk reviewed by Laura Ace - the year 1 risk of the 3 year period has been successfully mitigated but the impact of the budget settlement means the gap in the remaining periods has widened. Actions to address have been escalated with an extended focus on transformation and reform. 31/1/24: 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)	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	26/02/2024	South, Chief Officer	Population Health and Primary Care Committee	26/2/24: No update received. 24/1/24: Risk reviewed by Soumen Sengupta. No change to risk since last review. Mitigating Controls and Actions remain appropriate. 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.	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	9	Medium	Medium	25/03/2024	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	<p>26/02/24 - Risk reviewed by Jacqui McGeough - No change to risk. Controls and actions remain appropriate.</p> <p>24/01/24 - Risk reviewed by Jacqui McGeough - No change to risk. Controls and actions remain appropriate.</p> <p>4/1/24 - Risk reviewed by Colin Lauder: No further change to risk and controls and actions remain appropriate.</p> <p>17/11/23 - Update from Jacqui McGeough: No change to Risk (AMCL)</p> <p>24/10/23 - Update from Jacqui McGeough: No change to Risk - (AMCL)</p> <p>18/9/23 - Update by Jacqui McGeough: CCRA was completed and submitted in March 2022. Process will be repeated every 2-3 year (AMCL)</p> <p>18/08/2023 - Meeting with NHS Assure held to review the Net Zero report and</p>	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	4	Low	Medium	25/03/2024	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	<p>26/2/24: Risk reviewed by Jacqui McGeough. Draft Strategy document will be reviewed at the Feb PPRC. On track to close off risk at end March following sign off.</p> <p>7/2/24 - Risk Level lowered on Data to Low following consideration and approval of this change at CMT on 5/2/24 (AMCL)</p> <p>23/1/24 - Risk reviewed by Colin Lauder: As OHT healthcare strategy is now on track for approval in Spring 2024, it is proposed to reduce this risk to low with potential to close it next month.</p> <p>4/1/24 - Risk reviewed by Colin Lauder: No further change to risk and controls and actions remain appropriate.</p> <p>17/11/23. Risk reviewed by Jacqui McGeough - No change to risk - Final Draft remains under development.</p>	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	12	High	Medium	25/03/2024	Gardner, Jann	Population Health and Primary Care Committee	<p>24/10/23 Update from Jacqui</p> <p>21/02/2024: Risk reviewed by Josephine Pravin Kumar and Senior Health Protection Team. The Directorate have set up a multi-agency Problem Assessment Group (PAG) led by Dr Henry Prempeh CPHM to ensure measles preparedness. Two meetings have taken place to date.</p> <p>31/1/24: Request from Josephine Pravin Kumar to update assurance source from PPRC to Population Health and Primary Care Committee. Confirmed by Board Secretary. (AMCL)</p> <p>30/01/24: Risk reviewed by Josephine Pravin Kumar and Senior Health Protection Team. 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 early January 2024. No change to Current score since last review in early January 2024.</p>	Final approval

2221	Corporate/Trust Wide	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 Kylepark, 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 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	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/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	25/03/2024	Docherty, Eddie	Acute Governance Committee	26/2/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate. 24/1/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate. 31/1/24: Risk reviewed by Eddie Docherty. Proposed decrease to risk score bringing risk into line with target set. NHS Lanarkshire now compliant with DL(2023)5 however given the challenges in the system we will continue to monitor this as a potential risk. 10/11/23: Risk reviewed by Eddie Docherty. No change to risk since last review (AMcL) 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	Final approval
2222	Corporate/Trust Wide	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.	16	Very High	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	25/03/2024	Docherty, Eddie	Acute Governance Committee	26/2/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate. 24/1/24: Risk reviewed by Eddie Docherty. No change to risk since last review. Mitigating Controls and Actions remain appropriate. 31/1/24: 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. 28/11/23: Risk reviewed by Eddie Docherty. No change to risk (AMcL) 17/10/23 - Update from Eddie Docherty: No changes to risk (A McLean) 15/9/23 - Update from Eddie Docherty: No changes to risk (A McLean)	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	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 MMAP 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	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	26/02/2024	North, Chief Officer	Population Health and Primary Care Committee	26/2/24: No update received. 23/1/24: Risk reviewed by Trudi Marshall, Nurse Director HSCP North: No further notifications of closure. Support continues to individual care homes with monthly report on activity to SG. CHOSB continues to meet to overview approach and impact. CH Managers and providers invited to join recruitment events to assist with workforce challenges. 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. 13/11/23: Risk Reviewed by Ross HSGuffie: No further changes since last review (AMcL)	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	25/03/2024	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	<p>26/2/24: Risk reviewed by Judith Park. No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>30/1/24: Risk reviewed by R Coulthard. Risk remains although continued progress noted. Mitigating actions remain in place.</p> <p>31/1/24: Risk reviewed by Russell Coulthard. 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 Coulthard - no change to current risk. (AMCL)</p> <p>31/10/23: Update from Russell Coulthard: No change to risk (AMCL)</p> <p>27/9/23: Update from Russell Coulthard - Very long waits in OP list have significantly reduced in the</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 Hospitalities 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	26/02/2024	Ace, Ms Laura	Audit Committee	<p>26/2/24: No Update received.</p> <p>30/1/24: Risk reviewed by Laura Ace - No change to risk level.</p> <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.</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 DMF, 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	25/03/2024	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	<p>26/2/24: Risk reviewed by Judith Park. No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>30/1/24: Risk reviewed by R Coulthard. Risk remains unchanged. Progress on alternative procurement options continues.</p> <p>27/1/24: Risk reviewed by Russell Coulthard. Risk remains unchanged. Monitoring of existing equipment performance and progress of alternative procurement continue.</p> <p>23/11/23: Risk reviewed by Russell Coulthard - no change to current risk. (AMCL)</p> <p>31/10/23: Risk reviewed by R Coulthard. 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>	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	25/03/2024	Docherty, Eddie	Healthcare Quality Assurance and Improvement Committee (HQAC)	<p>26/2/24: Risk reviewed by Eddie Docherty - No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>24/1/24: Risk reviewed by Eddie Docherty - No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>31/1/24 - 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 Eddie Docherty: risk reviewed, no change at this time. Target score increased from 6 to 9 as</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	25/03/2024	Pravinikumar, Josephine	Population Health and Primary Care Committee	<p>21/02/2024: Risk reviewed by Josephine Pravinikumar: No further update to that provided in January 2024.</p> <p>30/01/24: A number of actions remain outstanding. No feedback has been received regarding the draft routine inspection and testing of equipment process. There has been some work done to look at a service contract by UH Wishaw but no clarity on a pan NHSL process. The Acute Major Incident Group agreed to the adoption of Initial Operational Response (IOR) as the primary decontamination methodology. The RRP have been developing training packages to allow local on site delivery of modular training covering IOR, set up and operation of the Decontainer equipment and PRPS Operators. National work revised decontamination approach is ongoing and the RRP proposed a competency framework that has been evaluated and is now being progressed centrally to provide a</p> <p>26/2/24: Risk reviewed by Jacqui Jones. No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>31/1/24: Risk reviewed by Jacqui Jones: Update made to mitigating controls (Action 10 added) and refresh of Mitigating Actions (1-3) with Action 4 remaining the same.</p> <p>4/1/24: 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 -</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	25/03/2024	Sandlands, Kay	Staff Governance Committee (SGC)	<p>Actions</p> <ol style="list-style-type: none"> 1: Key monitoring data or assurance regarding policy compliance and reporting has been developed and is being monitored. 2: Long term sickness absence profile is in place across job families across the organisation and is reported to line management and discussed at DMT meetings. 3: Monitor and report on the uptake of HR support and training programmes 4: Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc. 	Medium	25/03/2024	Sandlands, Kay	Staff Governance Committee (SGC)	<p>26/2/24: Risk reviewed by Jacqui Jones. No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>31/1/24: Risk reviewed by Jacqui Jones: Update made to mitigating controls (Action 10 added) and refresh of Mitigating Actions (1-3) with Action 4 remaining the same.</p> <p>4/1/24: 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 -</p>	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 access recruitment blockages. 5. Implementation and embedding of eRostering. 	Medium	25/03/2024	Sandlands, Kay	Staff Governance Committee (SGC)	<p>26/2/24: Risk reviewed by Jacqui Jones. No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>31/1/24: Risk reviewed by Jacqui Jones. It was agreed at the Health and Care Staffing Programme Board meeting this week that this risk would be reviewed in light of the implementation of the Health and Care Staffing Act and some of the challenges we are experiencing. Michelle Bell, Workforce Planning is arranging for group to look at this further.</p> <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>	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	26/02/2024	South, Chief Officer	Population Health and Primary Care Committee	<p>26/2/24: No update received.</p> <p>24/1/24: Risk reviewed by Soumen Sengupta. No change to risk since last review. Mitigating Controls and Actions remain appropriate.</p> <p>4/1/24: Risk reviewed by Soumen Sengupta. No change to risk at 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</p>	Final approval
2129	Corporate/Trust Wide	Effective	15/03/2022	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 (PDD) 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 8. Regular PDD calls to review all delayed discharges in the system 9. Review of off-site bed model commenced to better focus on 	16	Very High	<p>1. Formation of Site Flow Boards recognised as a key action in relation to this risk. Work also commencing around FNC-</p>	Medium	25/03/2024	Gardner, Jann	Population Health and Primary Care Committee	<p>21/2/24: Risk reviewed by Ross McGuffie. Additional action added in relation to the formation of Site Flow Boards plus work taking place around FNC-</p> <p>29/1/24: Risk reviewed by Ross McGuffie. Additional controls added.</p> <p>4/1/24: Risk reviewed by Ross McGuffie. Additional control added</p> <p>4/1/24: Note made that previous entry below dated 17/11/23 was in error (AMcL)</p> <p>17/11/23: Risk reviewed by Josephine Pawanikumar - 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</p>	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 MS 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. •Regulatory review mainstream/social 	16	Very High	Medium	29/03/2024	Wilson, Donald	Healthcare Quality Assurance and Improvement Committee (HQAIAC)	<p>Update Feb 2024 - MG - PEN test signed off and engagement started with Quorum Cyber, report to be discussed at March Risk Meeting. Engagement started in regards to MS Security Baselines, Internal Digital PM assisting with ongoing work and resourcing (spread over 3 different teams). Cyber team hosting internal Phishing awareness campaign as an educational piece for users during Cyber Scotland Week.</p> <p>Update Jan 2024 - MG - Discussions with Procurement on going re PEN test. NSS CSOC have advised they will soon be in a position to offer Phishing Simulation trials to select boards, NHSLS have requested to be part of the trial. Engagement with MS underway in terms of Security Baseline assets and connections to O365 Tenancy.</p> <p>Update Dec 2023 - MG - Procurement have queried the contract, Digital Contract Manager is currently working with to resolve queries. Planning to</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>	1	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 MKBC program.</p> <p>3. Various options have been worked up and are being reviewed operationally at UHM during Feb 2024.</p>	Medium	25/03/2024	Kane, Mary Anne	Corporate Management Team (CMT), MKBC Project Team	<p>20/2/24: Risk reviewed by Mary Ann Kane. Design work is being finalised and will be reviewed by NHSLS by the end of March 24. Funding for construction stage has been submitted to C&S as part of MKBC work stream for 24/25. Mitigations remain in place. If funding approved the works will be completed by March 25.</p> <p>24/1/24 - Risk reviewed by Mary Ann Kane. No change to status. Update of mitigations is that several options have been worked up and are being reviewed operationally at UHM during Feb2024</p> <p>4/1/24 - 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>	Final approval
2218	Corporate/Trust Wide	Safe	01/06/2023	Urgent & Unscheduled Care	If NHSLS 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	25/03/2024	Gardner, Jann	Healthcare Quality Assurance and Improvement Committee (HQAIAC)	<p>26/2/24: In the absence of Russell Coulthard, risk not reviewed this month however figures supplied by Fiona Anderson, DSM Acute show Unscheduled Care performance for Jan24 is 55%. This was previously noted last month by Russell Coulthard. At that time, Russell Coulthard noted all monitoring and actions remain in place and continue to be progressed through acute division and operation flow structures. Risk updated remains unchanged.</p> <p>30/1/24: Risk reviewed by R Coulthard. Unscheduled Care performance for Jan24 is 55%. Although this remains below trajectory it is an increase on Jan23 performance of 54%. All monitoring and actions remains in place and continue to be progressed through acute division and operation flow structures.</p> <p>3/1/24: Risk reviewed by Russell Coulthard. Unscheduled Care performance for December 23 was</p>	Final approval	