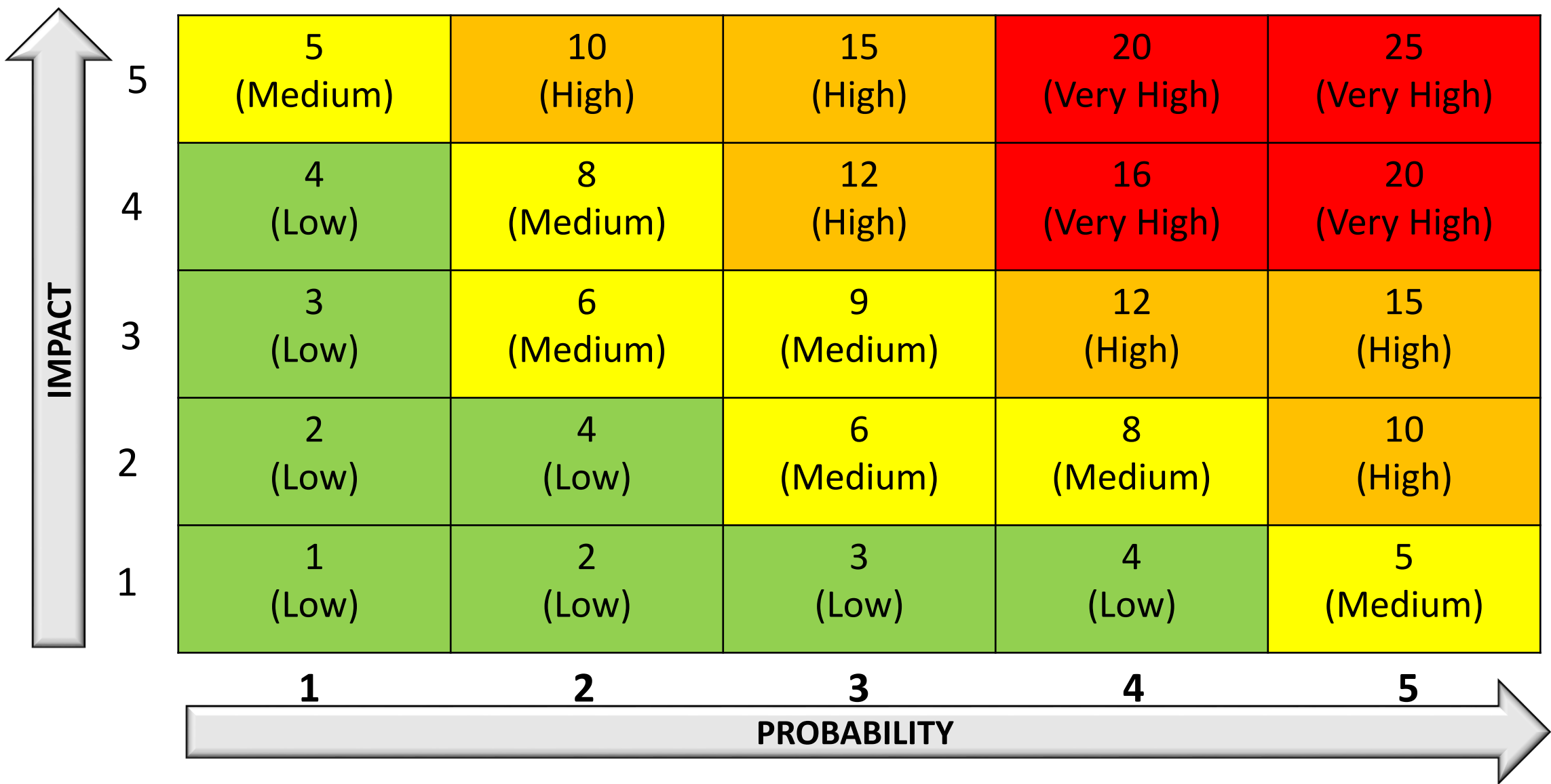# NHS Lanarkshire

Corporate Risk Register-Detailed Overview

Reporting Period: Current Month August 2024

Corporate Risks Alignment to Governance Committees
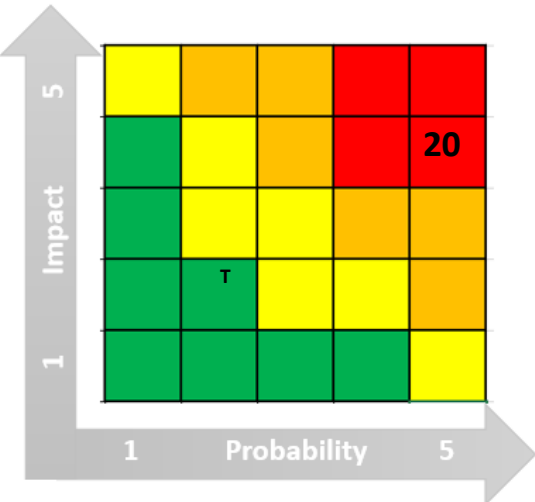
Committee	Planning, Performance & Resources	Population Health Governance	Healthcare Governance	Audit & Risk	Staff Governance
Corporate Risk Reference	2197	1703	2135	594	2039
	2218	2155	1710		
	2219	2234			
	2274	2126			
	2038	2150			
	2212	2129			
	2213				
	2230				

Corporate Risk Register- August 2024

Corporate Risk in Focus – 2274

2274: Non-Compliance with HCSW Agency Use DL (2024) 04

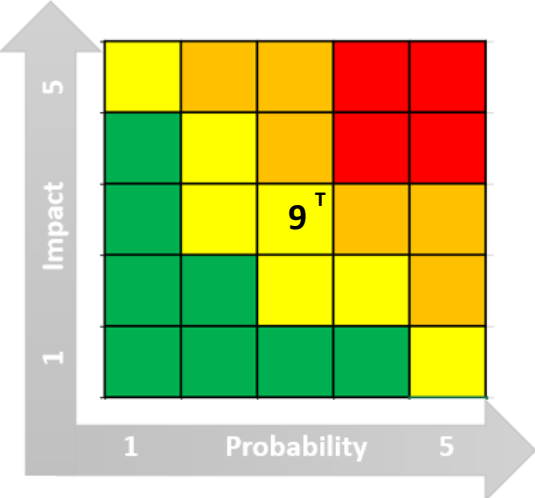| Risk Description		Risk Owner	Risk Lead
If there continues to be a reliance on agency HCSW use due to lack of availability of substantive resource in areas such as Kylepark, there is a risk of continuous non-compliance with DL(2024) 04 which could result in additional unaccounted financial exposure for the board and scrutiny from SG.		Eddie Docherty	Jann Gardner

Risk Trend

Risk reviewed, no change to risk in August.

Current Controls

1. Escalation framework in place requiring sign off from an exec director to grant HCSW agency workers for OOH
2. Agency touchpoint meetings arranged 3 times per week.
3. Site escalations for HCSW agency must be approved by the Chief/ Deputy Chief Nurse prior to submission to the Divisional Director or Nurse Director.

Actions

1. Service review of Kylepark inpatient area commenced – completed in July, development of action plan from review to follow.
2. Workforce review commenced examining skill mix and linked to potential future service models – review ongoing
3. Ongoing negotiations with agencies HCSW to offer substantive posts or staff bank contracts
4. 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.

Corporate Risk in Focus – 1710
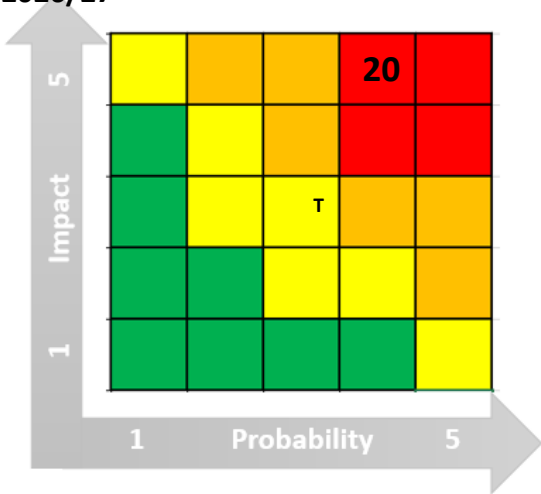
1710: Public Protection

Risk Trend	

Risk reviewed & scored within tolerance, no change to risk in August.

Risk Description	Risk Owner	Risk Lead
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.	Eddie Docherty	Jann Gardner

Current Controls

1. NHSL Public Protection Group with objectives reporting through HQAIC, 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 levels of infection as Public protection is identified as a 'never service and function' with protected business as usual status during any future period of system pressures.
7. Corporate Parenting Group infrastructure established in line with Corporate Parenting Promise

Actions

Corporate Risk in Focus – 2197

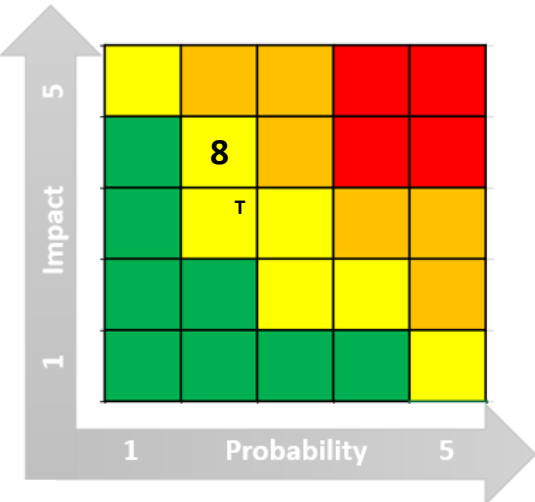**2197: Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 2024/25 – 2026/27**

Risk Description	Risk Owner	Risk Lead
There is a significant risk that NHSL 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 2024/25 – 2026/27.	Michael Breen	Jann Gardner

Current Controls

1. Maximise financial management and budget saving opportunities as short term bridging actions
2. Robust and regular financial reporting across all NHS Lanarkshire budgets
3. Intelligence gathering and scenario planning to ensure forecasts are as reliable as possible
4. Regular horizon scanning for opportunities and threats
5. 2024-25 Sustainability and Value Plan (c.£76m) identified by Executive Directors
6. Transformation and Reform strategies and grip and control actions have been identified to bring the overall system into financial balance during 2024-25.
7. Participation in National Savings Groups and internal review of SG Financial Improvement Group data
8. Enhanced Reporting has been developed to monitor to progress of the 2024-25 Sustainability and Value Plan
9. Finance and Resource Committee has been established.

Actions

1. Monthly Finance Reporting – Internal and External (SG)
2. CRES Savings Plans being further developed (including risk assessed) for implementation by Executive Directors
3. Maximise SG opportunities for Financial flexibility
4. Transformation and Reform initiatives being progressed at pace e.g. E-Triage and Virtual Bed additional capacity

Risk Trend	
Risk Reviewed by M Breen, no change in August.	

594: Prevention & Detection of Fraud, Bribery and/or Corruption

Risk Trend	

Risk Reviewed by M Breen, no change in August.

Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	Michael Breen	Jann Gardner

Current Controls

1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, 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 NFI, who manages, oversees, investigates and reports on all alerts
4. Audit Committee receives regular fraud updates
5. Annual national fraud awareness campaign
6. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops
7. Learning from any individual case
8. Enhanced Gifts and Hospitalities Register
9. Procurement Workshops for High Risk Areas
10. Enhanced checks for 'tender waivers' and single tender acceptance
11. Increased electronic procurement that enables tamperproof audit trails
12. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register
13. Annual Review with the National NHS Counter Fraud Services
14. Covid risk profile being built-into the NHSL Fraud Register
15. Distribution of relevant fraud updates
16. Communication through NHSL Info briefing
17. Internal Audit responsiveness to areas of concern identified through Directors/managers

Actions

1. Continuous monitoring
2. Action plan being developed against fraud standard assessment presented to Audit Committee 5/12/23

Corporate Risk in Focus – 2135
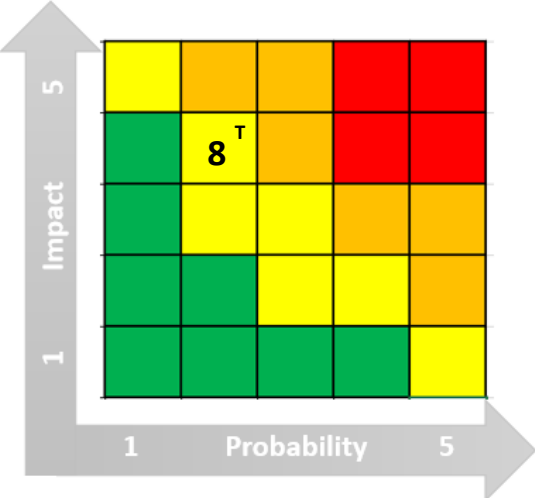
2135: The Impact from Heightened Cyber Threat

Risk Description	Risk Owner	Risk Lead
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.	Donald Wilson	Jann Gardner

Current Controls

1. Cyber Security Sub Group reporting to IG Committee. This will oversee Cyber Action Plan and NIS programme of work.
2. Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current work streams.
3. Annual review and audit by competent authority for NIS compliance status. NIS action plan developed and project managed continually.
4. Cyber Security Information Dashboard developed to manage/monitor key metrics.
5. Higher vigilance, continuous briefing and alerting staff on minimising malicious Cyber-attack.
6. Adopting, and continually reviewing, NCSC best practice for all Cyber aspects.
7. Membership of, and contribution to National Teams Channels, collaboration of intel and advice.
8. Regularly review mainstream/social media, vendor and cyber sources for up to date and emerging threats.
9. Ensure all Cyber Security staff are fully versed/certified in Cyber industry best practices and NHS Lanarkshire Cyber toolset.
10. Monitor early warning sources such as those provided by NSCS, CISP etc.
11. Regular Cyber related advice and targeted campaigns across all staff within board.
12. External contract procured for Specialist Cyber Security Incident Response, 24/7 tactical response, with rolling monthly review meeting of new threat factors and detections.
13. Regularly review and report on UAC breaches.
14. Review and document additional risks (NAC/ZTNA/IOT etc)
15. Technical Controls
16. Deploy and continually review Microsoft Windows 10 Secure Build, as per industry best practice.
17. Enterprise Endpoint + Server Advanced Security Platform deployed across full estate. Regularly reviewed and configured to mitigate known and emerging threats.
18. Advanced Hardware Firewalls deployed. Further modular security enhancements partially enabled.
19. Implementation of timely software patches to address known vulnerabilities on a scheduled and regular basis. Compliance monitored via Cyber Security Information Dashboard.
20. Regular (annual) penetration testing of external attack surface by Third Party Specialist. Findings reviewed and mitigations actioned.
21. Integration of board level Microsoft Security Tools (Defender for Endpoint, Server, and Identity) in to NSS Cyber Security Operations Centre.
22. Regular scheduled, or bespoke, Vulnerability Scans undertaken across full Server/Client estate, and targeted key infrastructure, board wide, to ensure full visibility of unpatched services and open shares.
23. Deployed and monitored Security Information and Events Management cloud platform. Fully integrated with all Servers and Client Endpoint OS, based on industry best practices. Other key services to follow 4th Quarter 2023.
24. Web Proxy system deployed to ensure all staff internet access is safely filtered.
25. Deploy NAC solution to secure unauthorised access to network (POC stage)
26. Regularly review Internal/External Access Controls (staff/supplier) to ensure ongoing compliance and suitability.
27. Third Party External Penetration Testing. Contracted for 3 years, annual full test, with 6 monthly incremental testing, and advisory service.

Risk Trend	
No changes to report in August other than the creation of separate risks which is due to be completed by end of month.	

Corporate Risk in Focus – 2234

2234: Nursing Home Beds

Risk Description	Risk Owner	Risk Lead
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.	Chief Officer, North	Jann Gardner

Current Controls

1. Care Home Assurance Team meet monthly for whole system review.
2. RAG status and detail per Care Home reported weekly to SG on Turas.
3. Executive Director for NMAHP holds oversight of quality of care within Care Homes/Nursing Homes in Lanarkshire.
4. Attendance at national contingency group for care homes
5. New Care Home Assurance Support Board (CHASB) now in place along with Assurance and Governance and Healthcare Framework Implementation subgroups
6. National Care Home Contract rates agreed for 2024/25
7. Funding confirmed for the Care Home Support team for 2024/25

Actions

1. Continued engagement with sector to identify areas of priority and collaboration
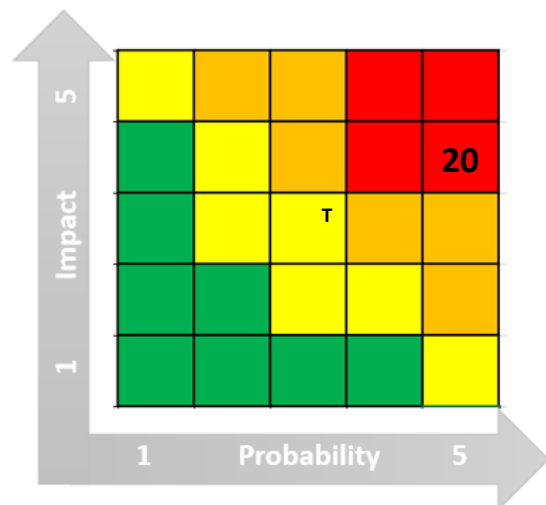
Risk Trend

The National Care Home Contract has been agreed for the year, we have had no closures and are not aware of any homes that have notified us that they are about to drop however, an in-depth review will take place later in the year as the National Care Home Contract is central to this – if we don't get national agreement then the stability of the sector as a whole will be massively impacted.

Corporate Risk in Focus – 2212

2212: Failure to Comply with NHS Sustainability Policy DL (2021) 38

Risk Description		Risk Owner	Risk Lead
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 NHSL into all planning, management decisions and operational practices. There is a risk that capacity and financial limitations impact on NHSL'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 NHSL not achieving net zero status by 2040.		Colin Lauder	Jann Gardner

Risk Trend

Risk reviewed with no change in August.

Current Controls

1. NHS Lanarkshire Sustainability & Climate Change Strategy
2. NHS Lanarkshire Sustainability & Environment Group re constituted, 6 workstreams established and leads identified. Group is chaired by Deputy Director Planning, Property & Performance who has lead responsibility for S&E
3. Routemap to Net Zero produced
4. Annual objective setting process embedded for deliverables
5. Production and publication of Annual Report
6. Submission of Public Sector Duties report annually (November)

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. Contractor commissioned (Vital Energy) and developing the programme. Bid for next traunch of grant funding under development to be submitted through the Green Public Sector Estates De-carbonisation funding stream.
3. Re-investment of a proportion of savings to increase energy management capacity, where this can demonstrate sufficient spend to save opportunities – funding approved and job description under development.
4. Focus on identifying and implementing energy efficiency measures
5. Sustainability investment requirements included as part of the developing property IA

Corporate Risk in Focus – 2213
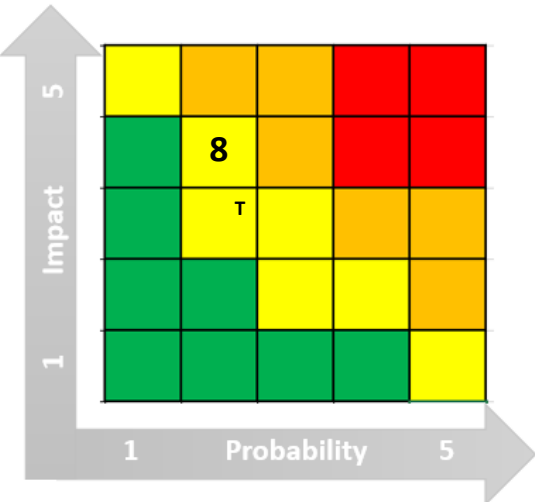
2213: Ability to Respond to Climate Change

Risk Description	Risk Owner	Risk Lead
If NHSL 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.	Colin Lauder	Jann Gardner

Current Controls

1. Climate Change risk assessment in place
2. Adaptation report complied
3. Mitigations identified

Risk Trend

Risk reviewed with no change in August.

Actions

1. Climate Change Risk and Adaptation (CCRA) for the Board concluded which involved and engaged a broad range of stakeholders
2. Adaptation report compiled and submitted 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.
4. Review learning from all adverse events
5. Infrastructure upgrades where capital allows

Corporate Risk in Focus – 2230

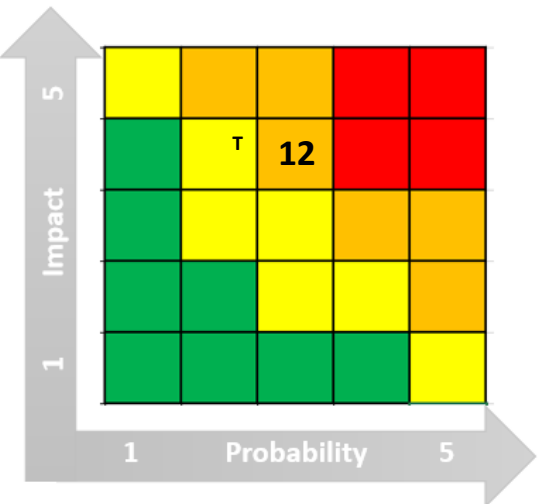**2230: UHM Fire Safety Waste Receptacles**

Risk Trend

Options have been identified and are now being developed into detailed proposals by the MKBC Project Group. Final designs and prices are underway and will be concluded during this financial year with potential that work can commence at the end of the financial year.

Risk Description	Risk Owner	Risk Lead
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.	Colin Lauder	Jann Gardner

Current Controls

1. All empty containers removed from public areas.
2. All bins removed overnight from circulation areas and lift lobbies.
3. Segregation and separation of linen cages and cardboard storage to areas away from bins.
4. Issue escalated to national fire safety advisor.

Actions

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
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.
3. Options have been identified and are now being developed into detailed proposals by the MKBC Project Group. Final designs and prices are underway and will be concluded during this financial year with potential that work can commence at the end of the financial year

Corporate Risk 2155

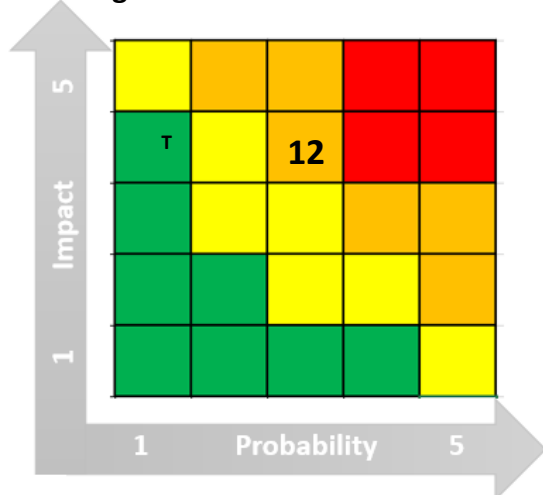**2155: Impact of Unpredictable Public Health Outbreaks on Current Services**

Risk matrix with Impact (vertical, 1-5) and Probability (horizontal, 1-5). A marker "T" and score "12" shown.

Risk Description		Risk Owner	Risk Lead
Due to the unpredictability of Public Health outbreaks and incidents within our communities, coupled with extreme system pressures, there is a risk to service delivery which could negatively impact upon patient care, staff health and wellbeing & NHSL reputation. Some examples include: Avian Influenza in community, Measles outbreak in primary care, Mpox, Vancomycin resistant enterococci in haematology ward, Legionella in acute setting		Josephine Pravinkumar	Jann Gardner

Current 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; SDPHs Group and Public Health Scotland
5. Measles action plan to increase MMR uptake and preparedness across whole system(instead of primary care & acute).
6. National Pertussis IMT now meeting monthly reduced from weekly, due to slow down in case numbers and local action plan being developed.
7. Avian Influenza/wider respiratory surveillance – preparedness for Bovine Avian Influenza H5N1 (cases confined to USA) PHS contingency meetings with boards participating
8. Following declaration of Mpox as a Public Health Emergency of International Concern on 16 August, PHS have stood up Mpox IMT, and NHS LN have established group to review pathways and preparedness

Actions

1. Exercising of public health plans
2. Ongoing review of surveillance data at a local and national level.

Risk Trend	

No change to score
Update to Pertussis IMT (reducing frequency)
Mpox IMT stood up and local group established for preparedness

Corporate Risk 1703

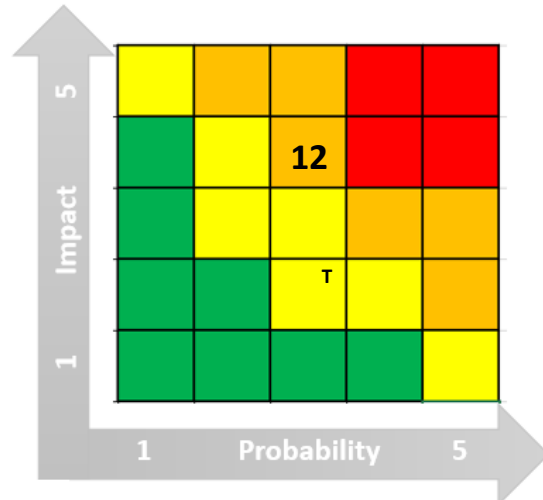**1703: Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.**

Risk Description	Risk Owner	Risk Lead
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.	Josephine Pravinkumar	Jann Gardner

Current Controls

1. Scottish Government Strategic Resilience Direction / Guidance
2. Designated Executive Lead
3. NHSL Resilience Committee
4. Local Business Continuity Plans
5. Local Emergency Response Plan
6. Gap Analysis undertaken to set out action plan(s) and solutions
7. Seek national support for these low frequency high impact potential situations
8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles
9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines
10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur.
11. Participation in National Workshop to progress Powered Respirator Protective Suits (PRPS) training (August 2021)
12. Aide Memoir document has been approved with minor updates for the final draft.

Actions

1. Resilience Team to undertake and evaluation of site preparedness and training needs
2. Modular approach to training is broadly welcomed. Now agreed current decontamination staff/leads within acute sites will be targeted as a pilot before full roll out/finalisation.
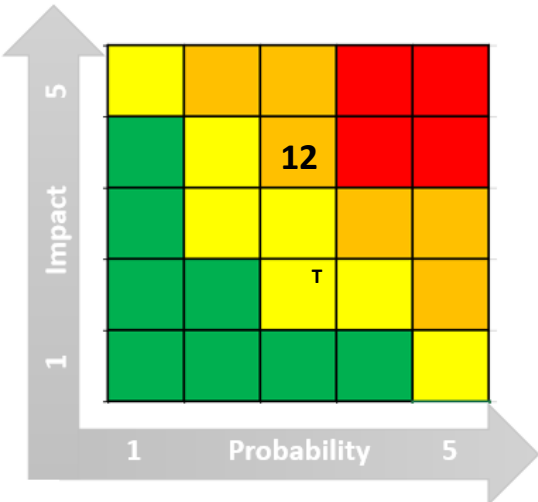
Risk Trend	
No change	

Corporate Risk 2039

2039: Staff Absence and Wellbeing

Risk Trend

Risk Description	Risk Owner	Risk Lead
Sustained levels of high sickness absence rates will impact on service capacity, productivity, performance and the financial position of NHS Lanarkshire through the requirement to backfill posts with higher cost agency staff and bank staff. There will also be an impact on the wellbeing of staff who have to maintain service provision.	Jacqui Jones	Jann Gardner

Current Controls

1   Compliance with NHSS Attendance Policy.
2   Monthly staff absence data provided to Service Heads highlighting areas of concern.
3   Open access to HR advice via "Service Now".
4   HR "Buzz Training" sessions on Attendance Policy Implementation and Work/Life balance policies.
5   EASY (Early Access to Support for You) service for all staff to expedite access to supportive wellbeing services and signposting.
6   OD 1-2-1 coaching support for Crucial Conversations & Wellbeing Issues.
7   Occupational Health monthly audit to ensure staff LTA are referred for support.
8   Range of staff support services locally and nationally – SALUS, spiritual care, staff physiotherapy, psychological services, PROMIS
9   Access to Your Health Matters webpage for all supportive services available to staff.
10   A reduction in, and the management of sickness absence has been and will continue to be one of the issues considered through the Triangulation of Workforce data meetings with Site Directors and teams.
11   Deep dive into sample of 60 day and 90 day sickness absences will be reported to CMT in July.

Actions

Mitigating actions on next page.

2039: Staff Absence and Wellbeing

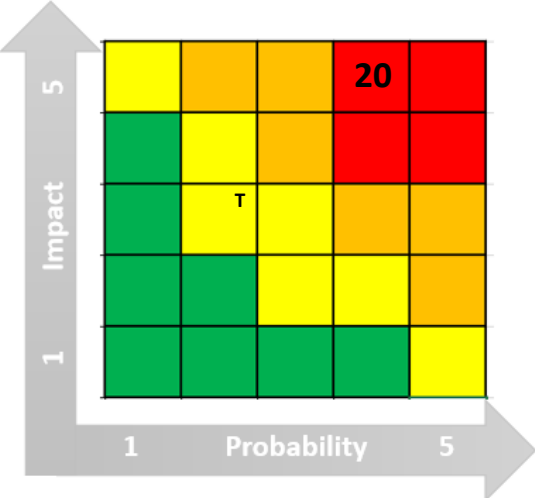| Risk Trend	
No change to risk in August.	

Risk Description	Risk Owner	Risk Lead
Sustained levels of high sickness absence rates will impact on service capacity, productivity, performance and the financial position of NHS Lanarkshire through the requirement to backfill posts with higher cost agency staff and bank staff. There will also be an impact on the wellbeing of staff who have to maintain service provision.	Jacqui Jones	Jann Gardner

Current Controls

Actions

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. Deep dive into sample of 50 long term sickness absence cases, over 60 days and over 90 days. Findings reported to CMT and Staff Governance Committee. Action plan being developed to improve areas of concern.
5. Exercise undertaken to produce data linking to SIDM and staff postcodes, Age, sex and pay grade. Data produced evidencing correlation to other factors plus analysis of the 3.5 years of sickness absence data. Presented to EDG and Non Executive Directors.
6. Governance being put in place to manage sickness absence as a project along with action plans to improve the management of sickness absence.
7. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc.
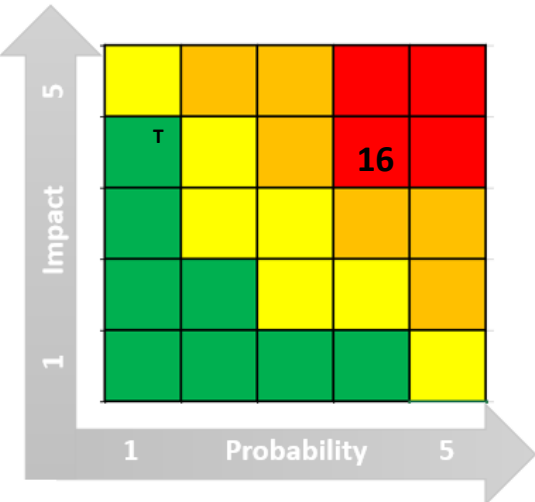
Corporate Risk 2219

2219: Planned Care

Risk Trend	

Risk reviewed, no change in August.

Risk Description	Risk Owner	Risk Lead
If there are ongoing delays to delivery of scheduled care, there is a risk that NHSL is unable to meet obligations to achieve national targets for waiting times, resulting in poor patient experiences and potentially negatively impacting upon patient care and organisational reputation.	Russell Coulthard	Jann Gardner

Current Controls

1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL
2. Priority risk assessment of cases on waiting lists aligned with the 3. Realistic Medicine work plan
3. Contracting with special health boards and independent sector
4. Early warning surveillance
5. Operational oversight via Acute Divisional Management Team & Planned Care Board
6. Continuous governance oversight through the PPRC

Actions

1. Planned Care Programme Board to be re-embedded to provide oversight and assurance of planned care with direct focus on waiting time targets
2. Development of better aligned pathways for primary and secondary care
3. Outcomes of Op Flow 2 Task and Finish Group 4 (Ward & System Flow)

Corporate Risk 2038

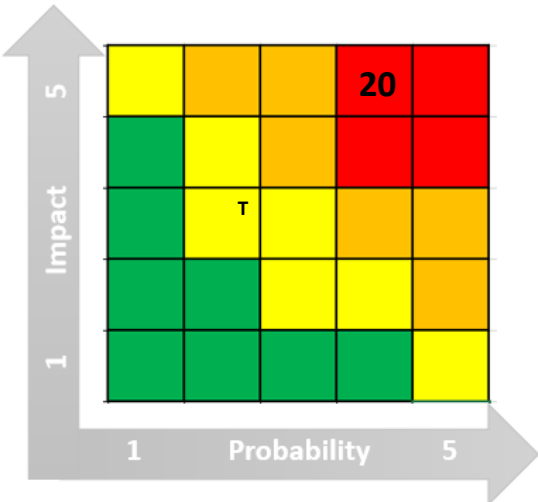**2038: Procurement of a New NHS Lanarkshire Labs Managed Service Contract**

Risk Trend	
Risk reviewed, no change in August.	

Risk Description	Risk Owner	Risk Lead
There is a risk of disruption to the NHS Lanarkshire Labs Managed Service Contract, because the Laboratories Managed Service Contract (Labs MSC) is one of the most significant contracts that the Health Board has both in terms of annual value and clinical criticality and it has recently came to the end. This may result in providing an inadequate laboratory service, impact patient care and present reputational damage to the Board.	Russell Coulthard	Jann Gardner

Current Controls

1. Project Board in place which is the vehicle to manage & implement the new contract.
2. Project Board reviews and manages project risk register in relation to individual risks with tender/procurement process.
3. Progress of work is monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee.

Actions

1. Development of monitoring framework to report on downtime and other equipment vulnerabilities.

Corporate Risk 2218
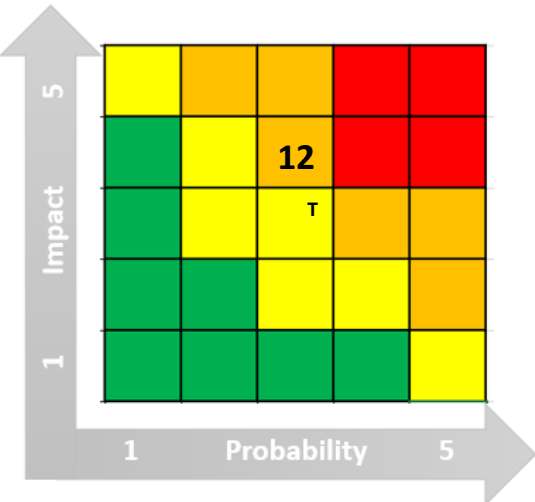
2218: Urgent & Unscheduled Care

Risk Trend

Risk reviewed, no change in August.

Risk Description	Risk Owner	Risk Lead
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.	Jann Gardner	Jann Gardner

Current Controls

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. Datix and Adverse event reporting
5. Consultant connect process in place to improve communication with GP's
6. Daily whole system conference calls arranged twice daily with subsequent conference calls arranged as necessary.
7. Continuous performance monitoring through PPRC
8. Governance oversight via QPPG and HQAIC

Actions

1. Development of plans to procure virtual beds, increase home monitoring and other actions to avoid/minimise acute hospital occupancy.
2. Establishment of FNC+plus to expand access to alternative pathways to attendance/admission

Corporate Risk 2126
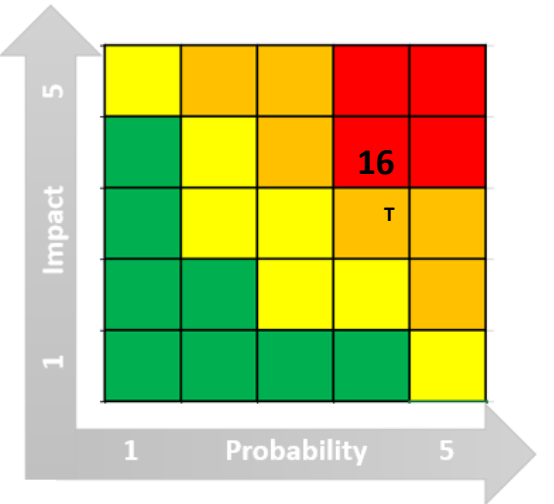
2126: Sustaining Primary Care Out of Hours Service

Risk Trend

Risk reviewed, no change in August.

Risk Description	Risk Owner	Risk Lead
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.	Chief Officer, South	Jann Gardner

Current Controls

1. Invoking 'Safety Netting' via A&E as contingency arrangements
2. National and local re-design of services, including Urgent care
3. Improvement project plan reviewed with an outline of change reviewed by CMT and considered by Population Health, Primary Care and Community Services Governance Committee

Actions

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

Corporate Risk 2150
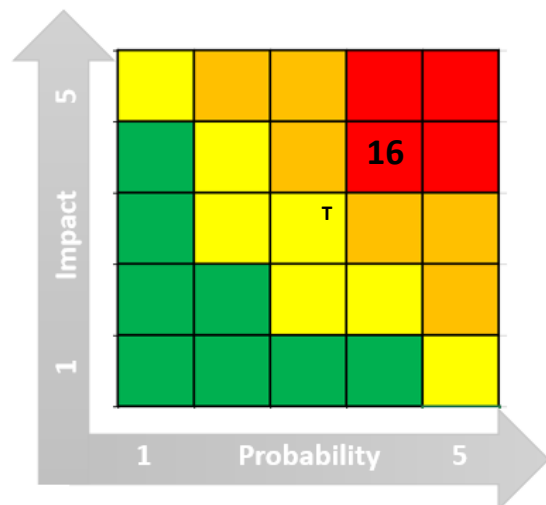
2150: Ability to maintain General Medical Service Provision

Risk Trend	

Risk reviewed, no change in August.

Risk Description		Risk Owner	Risk Lead
Due to ongoing workforce and workload issues which discourage GP retention within the profession, there is a risk that when existing providers terminate contracts NHSL 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 NHSL.		Chief Officer, South	Jann Gardner

Current Controls

1. GMS sustainability meetings
2. Maintaining triage, and other alternative ways of working to maximise use of existing resource

Actions

1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care.
2. 1a)Sustain and stabilise – maximise support provided directly to practices to decrease their workload and increase efficiency by completing phase 1 PCIP delivery; provide QI support for Patient Access and Workflow Management work in practices; build knowledge of General Practice in locality management teams to enable them to better support practices; focussed 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
3. 1b) Building new models of care – developing new care models through CTAC to ensure proactive care takes place, which will reduce unscheduled attendance in practices; realign PCIP funding to those areas most likely to support ongoing provision of primary care; develop alternatives to independent contractor model of GP delivery
4. 1c) Redesigning primary care – this will derisk the system by moving substantial pieces of first contact clinical work (such as musculoskeletal care and mental health & wellbeing) out of general practice and into managed services

Corporate Risk 2129

2129: Sustaining Whole System Patient Flow

Risk Description		Risk Owner	Risk Lead
There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care workforce capacity to meet the demand, or referrals being received on date of clinical readiness. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.		Jann Gardner	Jann Gardner

Risk Trend	

Risk reviewed, no change in August.

Current Controls

1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients
2. Local planned date of discharge (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 rehabilitation and reduce length of stay/deterioration
10. Joint HSCP Flow Board established to coordinate and align community responses and actions
11. Site Flow Boards now in place to support engagement between sites and Localities

Actions

1. Formation of Site Flow Boards recognised as a key action in relation to this risk. Work commenced for FNC+ and ongoing development of new pathways.