

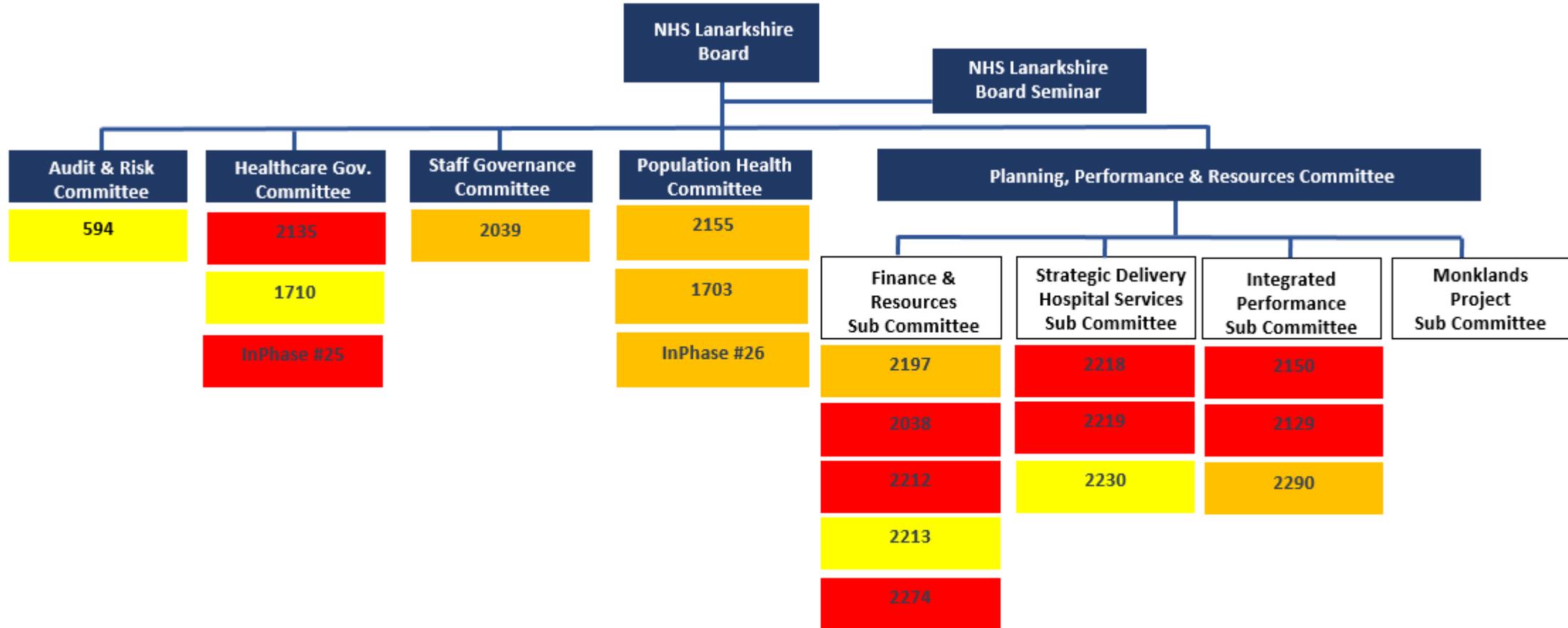


# **NHS Lanarkshire**

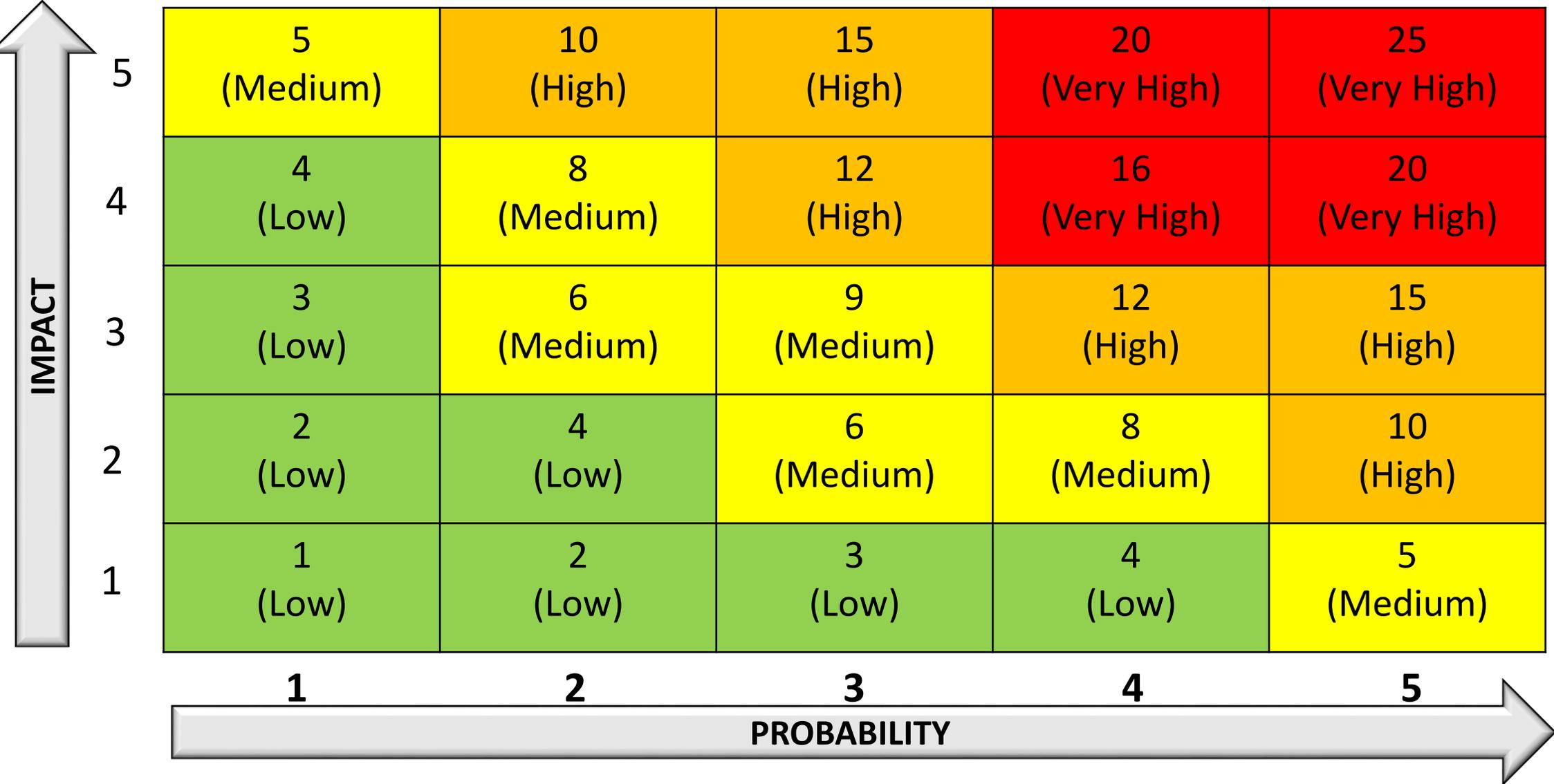
## **Corporate Risk Register-Detailed Overview**

**Reporting Period: Current Month November 2024**

# Corporate Risks Alignment to Governance Committees

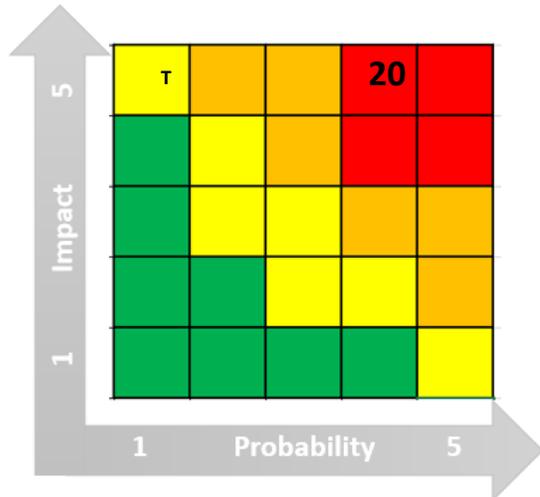


# Corporate Risk Register- November 2024



# Corporate Risk inphase#25

## Inphase#25: Very Long Waits

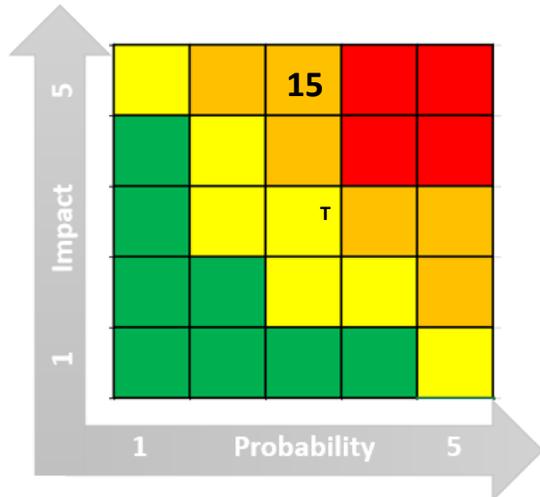


Risk Trend	
Risk reviewed by C Deighan, noted actions are currently ongoing via Operation Flow.	

Risk Description	Risk Owner	Risk Lead
There is an increased risk of acute clinical deterioration of patients within our ED's due to delayed time to assessment and very long waits, compounded by bed capacity and site transfer ability, resulting in potential negative impacts upon patient safety, experience and clinical outcomes.	Chris Deighan	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Continued observations by nursing staff</li> <li>Intentional rounding by nursing staff</li> <li>Patients added to boarding list meaning they are included in the morning rounds for consultant review</li> <li>Patients remain on trakcare &amp; discussed at each handover if still within the ED</li> <li>Junior medical staff in direct contact with pharmacy to ensure patients receive all usual medications</li> <li>Planning during the day at huddles for nightshift &amp; if necessary opening up extra holding areas which are staffed</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Developing FNC+ pathways to ensure patients are presenting at the correct urgent care service including work with SAS re ambulance redirects</li> <li>Actions being taken to reduce hospital occupancy including current TOM for discharges, virtual beds for patients waiting for imaging etc. OPAS service</li> <li>Developing direct admission pathways</li> <li>Roll out of React – early review from senior clinical decision maker</li> </ol>		

# Corporate Risk 2290

## 2290: New Models of Care

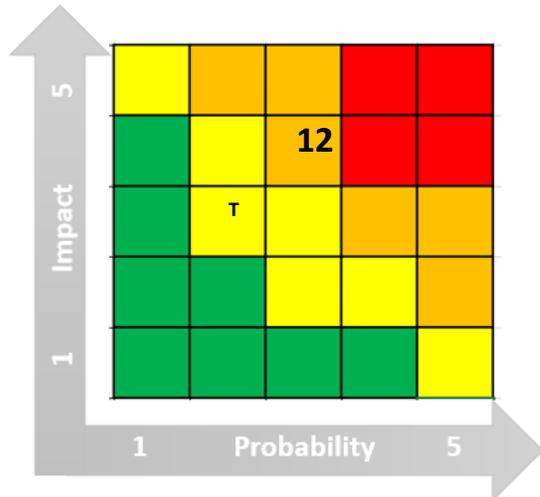


Risk Description	Risk Owner	Risk Lead
There is a risk that we fail to utilise new models of care throughout NHSL, due to public acceptability and clinical engagement & confidence, resulting in continued high presentations and occupancy levels to acute hospitals.	Trudi Marshall	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Clinical Advisory Group stood up for engagement and development of pathways – specialist clinical development sessions <b>have now been carried out and pathways are being developed led by clinical champions.</b></li> <li><b>Twice weekly espresso sessions arranged on interface and virtual wards</b></li> <li><b>Thiscovery clinical engagement platform has been developed</b></li> <li>Ongoing visible engaging leadership</li> <li>Agreed and established governance structure for oversight</li> <li><b>Staff engagement strategy completed</b></li> <li>Clinical visit to Homerton Hospital to review e-triage in operation</li> <li>Ongoing engagement with professional forums</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Development of public and staff engagement strategy</li> <li>Development of performance data and dashboards</li> <li>Developing workforce and development plan for FNC+ staff</li> <li>Engagement from Acute and Primary Care clinicians to promote and enhance confidence in developing FNC+ pathways</li> </ol>		

Risk Trend
Risk reviewed by T Marshall in November, controls updated and added in red.

# Corporate Risk inphase#26

## Inphase #26: Widening Inequalities

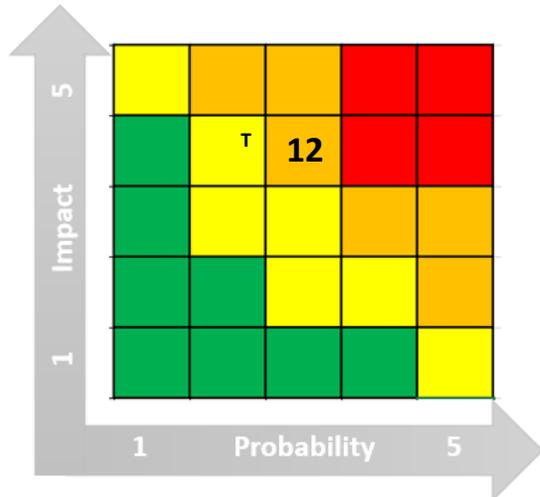


Risk Trend	
New risk approved at CMT to highlight the risk to health outcomes as a result of demographic changes and widening in equalities in our communities. This risk is a result of an action from Population Health Committee.	

Risk Description	Risk Owner	Risk Lead
If there is insufficient investment or re-design of our services with a strong focus on primary, secondary and tertiary prevention and health improvement activities, there is a risk NHSL cannot effectively address changing demographics (aging population, widening inequalities due to cost of living crisis etc.) within the communities it serves, resulting in poorer outcomes (e.g. further reduction in LE, widening inequalities) for patients, communities and workforce as well as increased pressures on our system and negative public opinion of NHSL.	Josephine Pravinkumar	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Monitoring of inequalities data at population level with respect to service accessibility and health outcomes.</li> <li>Corporate commitment to embed EQIA in all strategies and new service developments.</li> <li>Routine enquiry for financial wellbeing embedding across some services.</li> <li>Delivery of the primary, secondary and tertiary prevention actions outlined in the Public Health Strategic priorities paper (Dec 2023).</li> <li>Maximise the contribution of NHSL as an anchor through delivery of the NHSL 3 year anchor plan.</li> <li>Contribute to a range of strategic partnership plans which aim to address the wider determinants of health and reduce health inequalities including: Child Poverty Plans; Tackling Poverty Plans; Local Development Plans; Community Wealth Building Plans; Alcohol and Drug Partnership strategies; and, Obesity PHACT.</li> <li>Partnership working across a range of strategies which mitigate impact of wider determinants on health</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Development of health intelligence hub to monitor inequalities trends and ensure access to timely data on inequalities in Lanarkshire.</li> <li>Refine IPQR reporting to have a stronger focus on inequalities.</li> <li>Through <i>Our Health Together</i>, ensure all programmes of work are designing services using an inequalities focused approach.</li> <li>Scale up routine enquiry for financial wellbeing across all services.</li> <li>Review of local strategic priorities against the national Population Health framework once it is published.</li> </ol>		

# Corporate Risk 2155

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

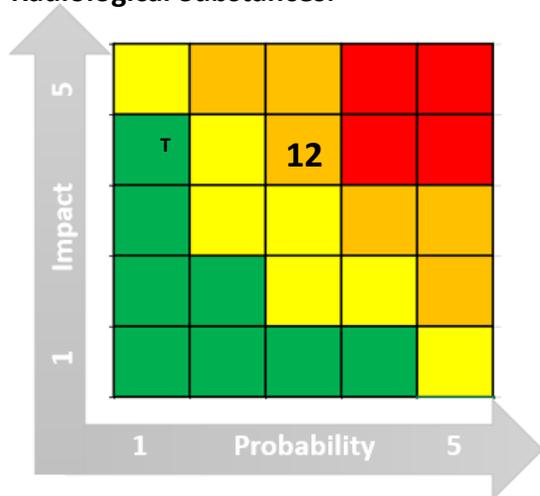


Risk Trend
No change to score Mpox IMT stood up and local group established for preparedness Hepatitis A outbreak added.

Risk Description	Risk Owner	Risk Lead
There is a risk to service delivery due to the unpredictability of Public Health outbreaks and incidents within our communities, coupled with extreme system pressures, resulting in potential negative impacts to patient care, the health of the wider population of Lanarkshire, staff health & wellbeing.	Josephine Pravinkumar	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Completed escalation plan outlining management of incidents with particular focus on the impact of Covid and any emerging new variants.</li> <li>2. Ongoing staff training and development</li> <li>3. PH Incident Plan is being updated</li> <li>4. Partnership working with HSCPs; SDPHs Group and Public Health Scotland</li> <li>5. Measles action plan to increase MMR uptake and preparedness across whole system (instead of primary care &amp; acute).</li> <li>6. Avian Influenza/wider respiratory surveillance – preparedness for Bovine Avian Influenza H5N1 (cases confined to USA) PHS contingency meetings with boards participating</li> <li>7. Following declaration of Mpox as a Public Health Emergency of International Concern on 16 August, PHS have stood up Mpox IMT which is now meeting weekly, and NHS LN have established group to review pathways and preparedness</li> <li>8. NHS Lanarkshire IMT for management of Hepatitis A outbreak</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Exercising of public health plans</li> <li>2. Ongoing review of surveillance data at a local and national level.</li> <li>3. Out of Hours Microbiology cover and infection prevention control for acute division to be reviewed.</li> </ol>		

# Corporate Risk 1703

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

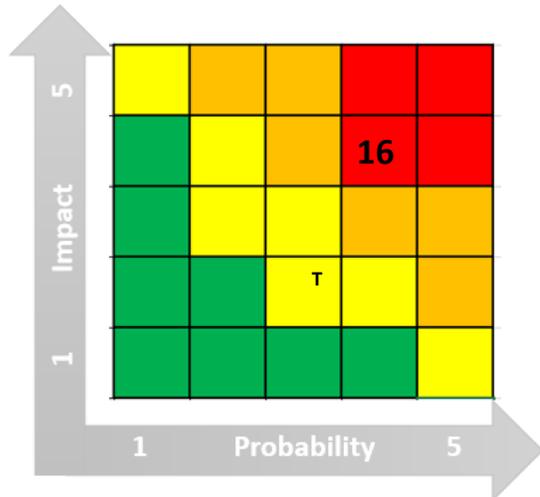


Risk Trend	
No change	

Risk Description	Risk Owner	Risk Lead
There is a risk NHSL cannot fully respond to the safe and effective management of contaminated casualties due to insufficiency in trained staff and supporting systems to deploy, resulting in potential for adverse impact on person(s) affected, staff and business continuity.	Josephine Pravinkumar	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Scottish Government Strategic Resilience Direction / Guidance</li> <li>2. Designated Executive Lead</li> <li>3. NHSL Resilience Committee</li> <li>4. Local Business Continuity Plans</li> <li>5. Local Emergency Response Plan</li> <li>6. Gap Analysis undertaken to set out action plan(s) and solutions</li> <li>7. Seek national support for these low frequency high impact potential situations</li> <li>8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles</li> <li>9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines</li> <li>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.</li> <li>11. Aide Memoir document has been approved with minor updates for the final draft.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Resilience Team to undertake and evaluation of site preparedness and training needs</li> <li>2. Modular approach to training is being developed, agreed that current decontamination staff/leads within acute will be targeted as a pilot before full roll out.</li> </ol>		

# Corporate Risk 2135

## 2135: The Impact from Heightened Cyber Threat

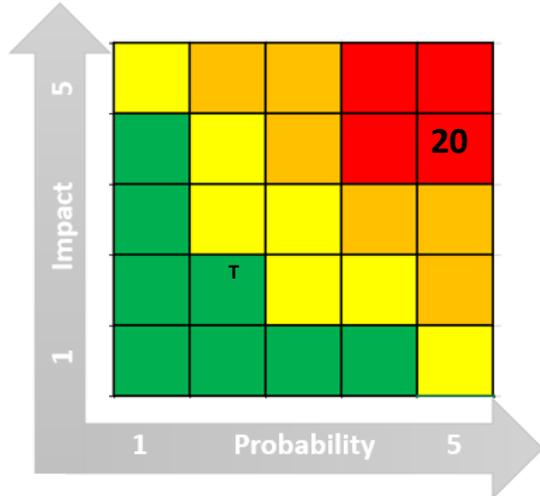


Risk Trend	

Risk Description	Risk Owner	Risk Lead
There is a continual risk of malicious cyber security breaches across the organisation, due to opportunistic actors exploiting unknown vulnerabilities within our infrastructure, resulting in significant service disruption and adversely impacting on the organisations reputation.	Donald Wilson	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Cyber Security Sub Group reporting to IG Committee. This will oversee Cyber Action Plan and NIS programme of work.</li> <li>Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current work streams.</li> <li>Annual review and audit by competent authority for NIS compliance status. NIS action plan developed and project managed continually.</li> <li>Cyber Security Information Dashboard developed to manage/monitor key metrics.</li> <li>Higher vigilance, continuous briefing and alerting staff on minimising malicious Cyber-attack.</li> <li>Adopting, and continually reviewing, NCSC best practice for all Cyber aspects.</li> <li>Membership of, and contribution to National Teams Channels, collaboration of intel and advice.</li> <li>Regularly review mainstream/social media, vendor and cyber sources for up to date and emerging threats.</li> <li>Ensure all Cyber Security staff are fully versed/certified in Cyber industry best practices and NHS Lanarkshire Cyber toolset.</li> <li>Monitor early warning sources such as those provided by NSCS, CISP etc.</li> <li>Regular Cyber related advice and targeted campaigns across all staff within board.</li> <li>External contract procured for Specialist Cyber Security Incident Response, 24/7 tactical response, with rolling monthly review meeting of new threat factors and detections.</li> <li>Regularly review and report on UAC breaches.</li> <li>Review and document additional risks (NAC/ZTNA/IOT etc)</li> <li>Technical Controls</li> <li>Deploy and continually review Microsoft Windows 10 Secure Build, as per industry best practice.</li> <li>Enterprise Endpoint + Server Advanced Security Platform deployed across full estate. Regularly reviewed and configured to mitigate known and emerging threats.</li> <li>Advanced Hardware Firewalls deployed. Further modular security enhancements partially enabled.</li> <li>Implementation of timely software patches to address known vulnerabilities on a scheduled and regular basis. Compliance monitored via Cyber Security Information Dashboard.</li> <li>Regular (annual) penetration testing of external attack surface by Third Party Specialist. Findings reviewed and mitigations actioned.</li> <li>Integration of board level Microsoft Security Tools (Defender for Endpoint, Server, and Identity) in to NSS Cyber Security Operations Centre.</li> <li>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.</li> <li>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.</li> <li>Web Proxy system deployed to ensure all staff internet access is safely filtered.</li> <li>Deploy NAC solution to secure unauthorised access to network (POC stage)</li> <li>Regularly review Internal/External Access Controls (staff/supplier) to ensure ongoing compliance and suitability.</li> <li>Third Party External Penetration Testing. Contracted for 3 years, annual full test, with 6 monthly incremental testing, and advisory service.</li> </ol>		

# Corporate Risk 2274

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

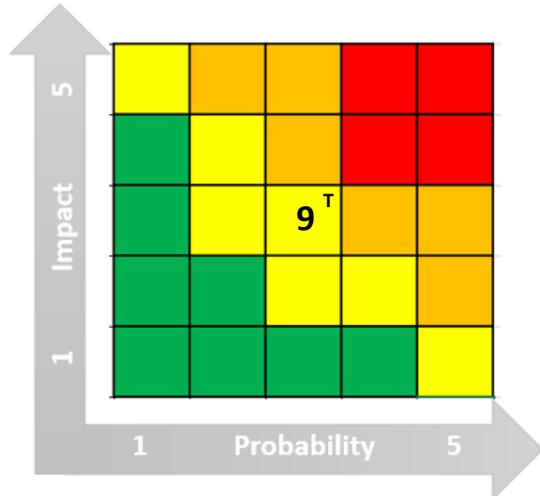


Risk Description	Risk Owner	Risk Lead
There is a risk of continuous non-compliance with DL(2024)04 due to lack of availability of substantive resource in areas such as Kylepark and continued reliance on agency HCSW, resulting in additional unaccounted financial exposure for the board and increased scrutiny from SG.	Eddie Docherty	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Escalation framework in place requiring sign off from an exec director to grant HCSW agency workers for OOH</li> <li>Agency touchpoint meetings arranged 3 times per week.</li> <li>Site escalations for HCSW agency must be approved by the Chief/ Deputy Chief Nurse prior to submission to the Divisional Director or Nurse Director.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Service review of Kylepark inpatient area commenced – completed in July, development of action plan from review to follow.</li> <li>Workforce review commenced examining skill mix and linked to potential future service models – review ongoing</li> <li>Ongoing negotiations with agencies HCSW to offer substantive posts or staff bank contracts</li> <li>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.</li> </ol>		

Risk Trend
Risk reviewed, no change.

# Corporate Risk 1710

## 1710: Public Protection

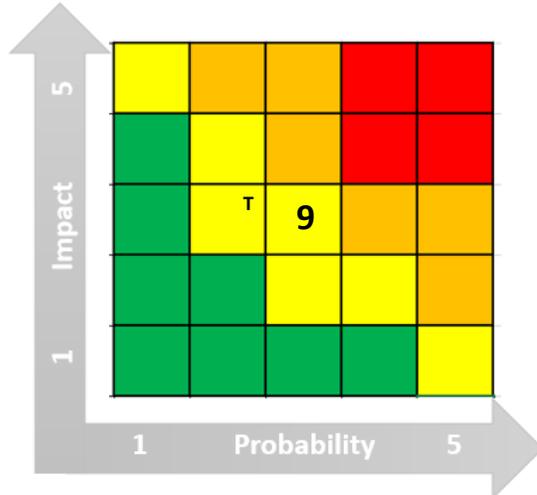


Risk Description	Risk Owner	Risk Lead
There is a risk NHSL fail to identify harm to any vulnerable person, due to complexities of population change and behaviours, resulting in potential harm occurring and negative impacts to the confidence and reputation of NHSL.	Eddie Docherty	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>NHSL Public Protection Group with objectives reporting through HGC, with oversight of training &amp; referrals</li> <li>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.</li> <li>National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues.</li> <li>Designated Child Health Commissioner</li> <li>Public Protection Strategic Enhancement Plan and Strategy revised annually and overseen through the Public Protection Forum</li> <li>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.</li> <li>Corporate Parenting Group infrastructure established in line with Corporate Parenting Promise</li> </ol>		
Actions		

Risk Trend
Risk reviewed, no change.

# Corporate Risk 594

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

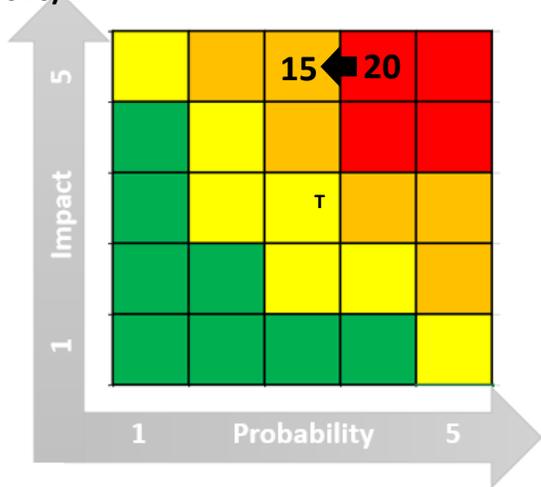


Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL will be unable to prevent, deter and investigate fraud, due to weaknesses in controls and processes, resulting in potential inability to ensure financial stewardship and reputational credence.	Michael Breen	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Participation in the National Fraud Initiative: Fraud Policy &amp; 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), comply and report with Fraud Standards</li> <li>2. Established appointments of Fraud Champion &amp; Fraud Liaison Officer</li> <li>3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts</li> <li>4. Audit and Risk Committee receives regular fraud updates</li> <li>5. Annual national fraud awareness campaign</li> <li>6. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops</li> <li>7. Learning from any individual case</li> <li>8. Enhanced Gifts and Hospitalities Register</li> <li>9. Procurement Workshops for High Risk Areas</li> <li>10. Enhanced checks for 'tender waivers' and single tender acceptance</li> <li>11. Increased electronic procurement that enables tamperproof audit trails</li> <li>12. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register</li> <li>13. Annual Review with the National NHS Counter Fraud Services</li> <li>14. Distribution of relevant fraud updates</li> <li>15. Communication through NHSL Info briefing</li> <li>16. Internal Audit responsiveness to areas of concern identified through Directors/managers</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Continuous monitoring and reporting to Audit &amp; Risk Committee each quarter</li> </ol>		

Risk Trend
Risk reviewed by M Breen, controls, actions and scoring remain appropriate as of November 2024. A range of activities were carried out across NHS Lanarkshire to raise awareness during Fraud week (18 <sup>th</sup> to 22 <sup>nd</sup> November).

# Corporate Risk 2197 – Decrease

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

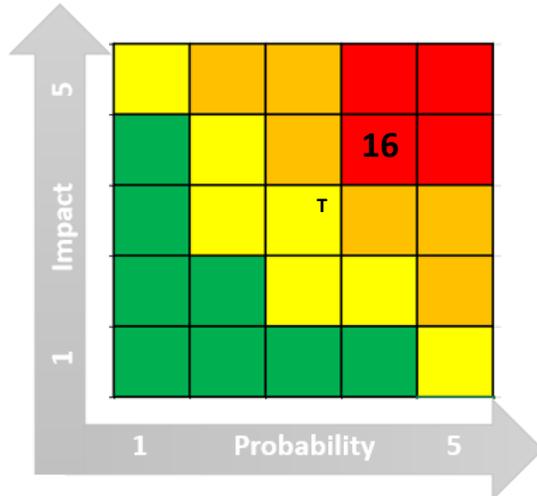


<b>Risk Trend</b>	Decrease
<p>Risk reviewed by M Breen, controls and actions are still applicable. Overall risk downgraded from 20 to 15 to reflect improvement in trajectory against financial plan for 2024/25. As per the reduction in likelihood, the risk has reduced from very high to high.</p>	

Risk Description	Risk Owner	Risk Lead
There is a risk of NHSL not achieving Scottish Government’s financial targets, due to the cost of services being higher than the income received, resulting in the NHSL Board not meeting its statutory duty to break even and potential Scottish Government financial escalation measures.	Michael Breen	Jann Gardner
<b>Current Controls</b>		
<ol style="list-style-type: none"> <li>1. Maximise financial management and budget saving opportunities as short term bridging actions</li> <li>2. Robust and regular financial reporting across all NHS Lanarkshire budgets</li> <li>3. Intelligence gathering and scenario planning to ensure forecasts are as reliable as possible</li> <li>4. Regular horizon scanning for opportunities and threats</li> <li>5. 2024-25 Sustainability and Value Plan (c.£76m) identified by Executive Directors</li> <li>6. Transformation and Reform strategies and grip and control actions have been identified to bring the overall system into financial balance during 2024-25.</li> <li>7. Participation in National Savings Groups and internal review of SG Financial Improvement Group data</li> <li>8. Enhanced Reporting has been developed to monitor to progress of the 2024-25 Sustainability and Value Plan</li> <li>9. Finance and Resource Committee has been established.</li> <li>10. Month 6 position and onward trajectory being better than the Financial Plan. Mid-Year review recognises receipt of additional SG Income and early identification of S&amp;V programme items.</li> </ol>		
<b>Actions</b>		
<ol style="list-style-type: none"> <li>1. Monthly Finance Reporting – Internal and External (SG)</li> <li>2. CRES Savings Plans being further developed (including risk assessed) for implementation by Executive Directors</li> <li>3. Maximise SG opportunities for Financial flexibility</li> <li>4. Transformation and Reform initiatives being progressed at pace e.g. E-Triage and Virtual Bed additional capacity</li> <li>5. 6 month strategy to identify savings to further close the financial gap</li> <li>6. Assessment of balance sheet liabilities</li> </ol>		

# Corporate Risk 2129

## 2129: Whole System Unscheduled Care Patient Flow

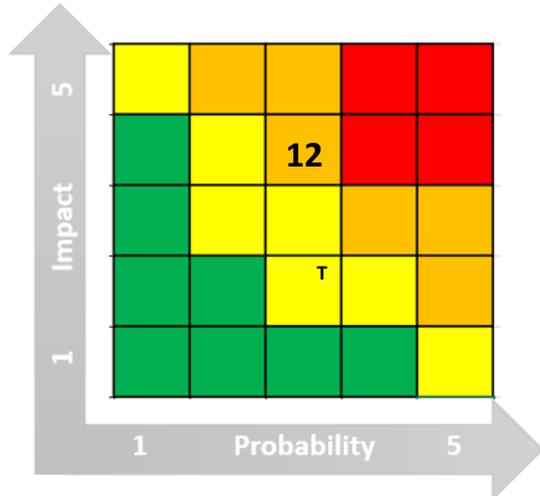


Risk Trend	
Risk reviewed by K Orr and C Lauder in November, no changes to controls or actions at this time.	

Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL does not sustain safe and effective whole system patient flow, due to multiple factors which prevent the timely and effective delivery of diagnosis, care and discharge of patients across the various unscheduled care pathways. This could result in patients not accessing the right care and treatment at the right time due to ineffective and unsafe flow resulting from high hospital occupancy levels and delays to discharge. This may also lead to a reduced ability to achieve our agreed unscheduled care performance metrics and objectives.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. NHS Lanarkshire whole system awareness raising sessions for Front and Optimal Discharge Planning TOMs</li> <li>2. NHS L training and education programme being developed to further sustain implementation of flow foundation bundles and TOMs</li> <li>3. Operation Flow operational governance structure in place at a HSCP and Acute site level FOBs to ensure delivery and implementation of the TOMs along with robust communication between acute and community services to resolve delays</li> <li>4. Oversight and Assurance governance structures in place via Core FOB and EFOB</li> <li>5. Site level scrutiny performance panels established</li> <li>6. Performance improvement trajectories in place to assess progress</li> <li>7. EDG / CMT have continuous oversight of performance, reasons for delay and consider further actions</li> <li>8. Workforce planning with continuous monitoring of sickness/absence during surge periods</li> <li>9. Introduction of new Home Assessment/Home First Teams to support earlier discharge</li> <li>10. Regular PDD calls to review all delayed discharges in the system</li> <li>11. Review of off-site bed model commenced to better focus on rehabilitation and reduce length of stay/deterioration</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Formation of USC Improvement Team and effectiveness of Operational FOBs are key to sustained improvement through full implementation of TOMs. This will be further supported by the work being led by the Interface division in relation to management of demand via professional to professional discussions and early supported discharge through virtual capacity pathways.</li> </ol>		

# Corporate Risk 2039

## 2039: Staff Absence and Wellbeing

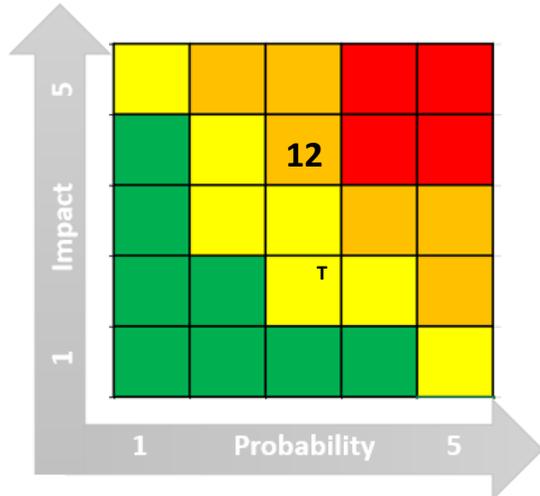


Risk Trend	
Risk reviewed, no change.	

Risk Description	Risk Owner	Risk Lead
There is a risk to service capacity, productivity and performance due to sustained levels of high sickness absence rates, resulting in the requirement to backfill posts with higher cost agency staff and bank staff and impacting on staff wellbeing.	Jacqui Jones	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1 Compliance with NHSS Attendance Policy.</li> <li>2 Monthly staff absence data provided to Service Heads highlighting areas of concern.</li> <li>3 Open access to HR advice via "Service Now".</li> <li>4 HR "Buzz Training" sessions on Attendance Policy Implementation and Work/Life balance policies.</li> <li>5 EASY (Early Access to Support for You) service for all staff to expedite access to supportive wellbeing services and signposting.</li> <li>6 OD 1-2-1 coaching support for Crucial Conversations &amp; Wellbeing Issues.</li> <li>7 Occupational Health monthly audit to ensure staff LTA are referred for support.</li> <li>8 Range of staff support services locally and nationally – SALUS, spiritual care, staff physiotherapy, psychological services, PROMIS</li> <li>9 Access to Your Health Matters webpage for all supportive services available to staff.</li> <li>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.</li> <li>11 Deep dive into sample of 60 day and 90 day sickness absences will be reported to CMT in July.</li> </ol>		
Actions		
Mitigating actions on next page.		

# Corporate Risk 2039 Cont.

## 2039: Staff Absence and Wellbeing

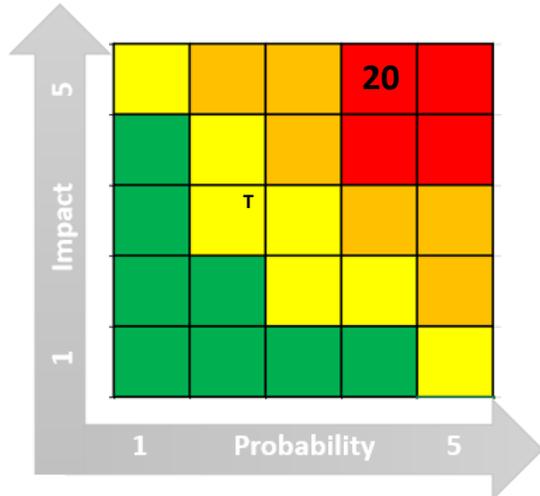


Risk Trend	
Risk reviewed, no change.	

Risk Description	Risk Owner	Risk Lead
There is a risk to service capacity, productivity and performance due to sustained levels of high sickness absence rates, resulting in the requirement to backfill posts with higher cost agency staff and bank staff and impacting on staff wellbeing.	Jacqui Jones	Jann Gardner
Current Controls		
Actions		
<ol style="list-style-type: none"> <li>1. Key monitoring data or assurance regarding policy compliance and reporting has been developed and is being monitored.</li> <li>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.</li> <li>3. Monitor and report on the uptake of HR support and training programmes</li> <li>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.</li> <li>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.</li> <li>6. Governance being put in place to manage sickness absence as a project along with action plans to improve the management of sickness absence.</li> <li>7. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc.</li> </ol>		

# Corporate Risk 2219

## 2219: Planned Care

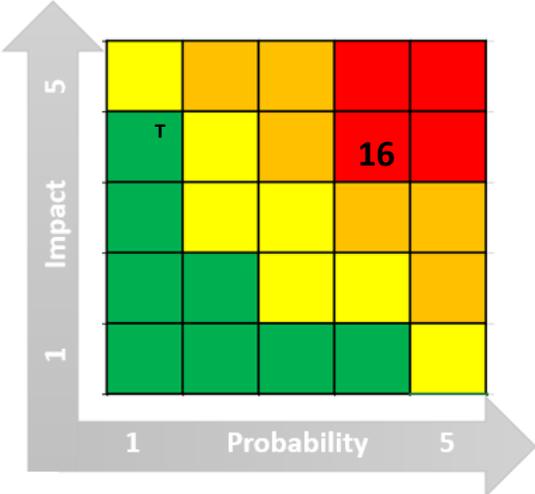


Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL is unable to achieve national targets for waiting times due to delays to delivery of scheduled care, resulting in potential further deterioration of patients, poor patient experiences and Scottish Government special measures.	Russell Coulthard	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL</li> <li>2. Priority risk assessment of cases on waiting lists aligned with the Realistic Medicine work plan</li> <li>3. Contracting with special health boards and independent sector</li> <li>4. Early warning surveillance</li> <li>5. Operational oversight via Acute Divisional Management Team &amp; Planned Care Board</li> <li>6. Continuous governance oversight through the PPRC</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Planned Care Programme Board meeting, attended by all specialty teams to provide oversight and assurance of planned care with direct focus on waiting time targets</li> <li>2. Development of better aligned pathways for primary and secondary care</li> </ol>		

Risk Trend	
Risk reviewed, description and controls updated.	

# Corporate Risk 2038

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

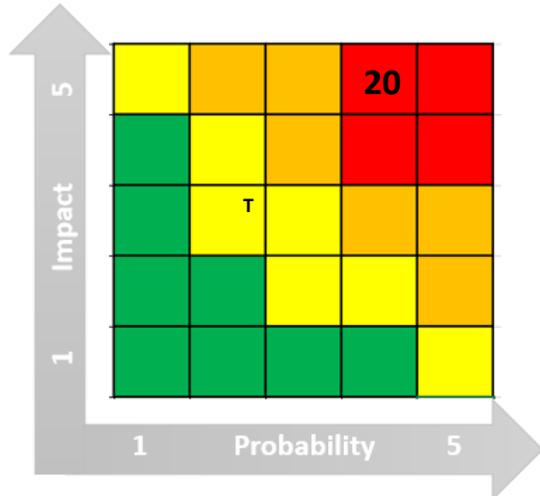


Risk Trend	
Risk reviewed, description and controls updated.	

Risk Description	Risk Owner	Risk Lead
There is a risk of disruption to the NHSL Labs Managed Service Contract due to the contract ending, resulting in a potentially inadequate service which impacts upon patient care and organisational reputation.	Russell Coulthard	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Project Board in place which is the vehicle to manage &amp; implement the new contract.</li> <li>2. Project Board reviews and manages project risk register in relation to individual risks with tender/procurement process.</li> <li>3. Progress of work is monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Development of monitoring framework to report on downtime and other equipment vulnerabilities.</li> </ol>		

# Corporate Risk 2218

## 2218: Urgent & Unscheduled Care

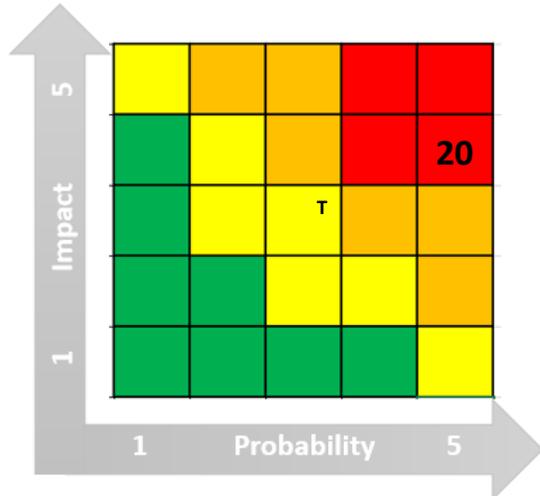


Risk Trend	
Risk reviewed, description and controls updated.	

Risk Description	Risk Owner	Risk Lead
There is a risk of being unable to deliver safe, good quality levels of unscheduled care due to insufficient capacity and whole system pressures within urgent and unscheduled care, resulting in sub-optimal clinical outcomes for patients and failure to meet SG standards and targets.	Jann Gardner	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>Operational oversight through site and acute division daily huddles which then feed to Acute DMT for further escalation when required.</li> <li>Ongoing monitoring of 4, 8 and 12 hour delays</li> <li>Oversight and review of HSMR</li> <li><b>Inphase</b> and Adverse event reporting</li> <li>Consultant connect process in place to improve communication with GP's</li> <li>Daily whole system conference calls arranged twice daily with subsequent conference calls arranged as necessary.</li> <li>Continuous performance monitoring through PPRC</li> <li>Governance oversight via QPPG and HQAIC</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Development of plans to procure virtual beds, increase home monitoring and other actions to avoid/minimise acute hospital occupancy.</li> <li>Establishment of FNC+plus to expand access to alternative pathways to attendance/admission</li> </ol>		

# Corporate Risk 2212

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

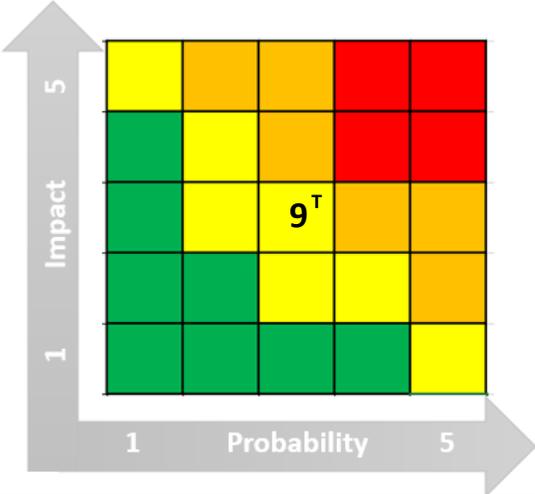


Risk Trend
Risk reviewed, mitigating actions updated. Bid for next tranche of grant funding deferred as the Green Public Sector Estates De-Carbonisation grant has not opened for 25/26 capital bids.

Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL will not achieve Net Zero by 2040 due to capacity, financial limitations and an inability to fully integrate environmental considerations into all planning, management decisions and operational practices, resulting in failure to meet: the mandatory policy requirement within DL (2021) 38 and SG performance expectations.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>NHS Lanarkshire Sustainability &amp; Climate Change Strategy</li> <li>NHS Lanarkshire Sustainability &amp; Environment Group re constituted, 6 workstreams established and leads identified. Group is chaired by Deputy Director Planning, Property &amp; Performance who has lead responsibility for S&amp;E</li> <li>Routemap to Net Zero produced</li> <li>Annual objective setting process embedded for deliverables</li> <li>Production and publication of Annual Report</li> <li>Submission of Public Sector Duties report annually (November)</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Implementation of priorities identified as part of the Environmental Sustainability Strategy via Workstreams</li> <li>£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. <b>Work scheduled to commence 1<sup>st</sup> Dec 2024.</b> Bid for next tranche of grant funding <b>deferred as the Green Public Sector Estates De-carbonisation grant has not opened for 25/26 capital bids.</b></li> <li>Re-investment of a proportion of savings to increase energy management capacity, where this can demonstrate sufficient spend to save opportunities – funding approved and <b>recruitment ongoing.</b></li> <li>Focus on identifying and implementing energy efficiency measures</li> <li>Sustainability investment requirements <b>to be</b> included as part of the developing property IA</li> </ol>		

# Corporate Risk 2213

**2213: Ability to Respond to Climate Change**

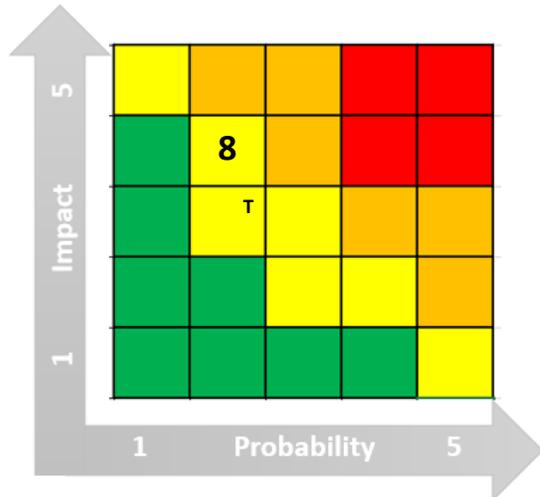


Risk Trend	
Risk reviewed, no change.	

Risk Description	Risk Owner	Risk Lead
There is a risk that the effects of climate change impact on NHSL’s estate, utilities and the broader supporting infrastructure due to NHSL not taking appropriate action to mitigate, adapt and respond to effects of climate change, resulting in disruption to our services, patients and staff.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. Climate Change risk assessment in place</li> <li>2. Adaptation report complied</li> <li>3. Mitigations identified</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>1. Climate Change Risk and Adaptation (CCRA) for the Board concluded which involved and engaged a broad range of stakeholders</li> <li>2. Adaptation report compiled and submitted to NHS Assure/Scottish Government</li> <li>3. Development and refinement of the process over time to inform the organisation’s adaptation and mitigation strategies for climate change.</li> <li>4. Review learning from all adverse events</li> <li>5. Infrastructure upgrades where capital allows</li> </ol>		

# Corporate Risk 2230

## 2230: UHM Fire Safety Waste Receptacles

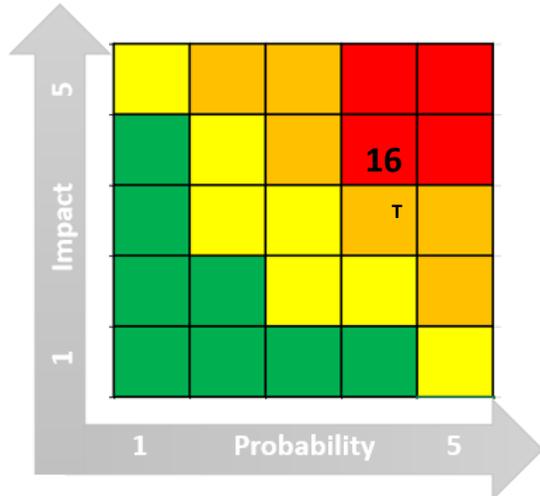


Risk Description	Risk Owner	Risk Lead
There is a risk bins do not have a minimum 30 minute fire retardancy or fire containment, due to identified issues from fire testing resulting in NHSL potentially not meeting fire safety regulations within UHM.	Colin Lauder	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>1. All empty containers removed from public areas.</li> <li>2. All bins removed overnight from circulation areas and lift lobbies.</li> <li>3. Segregation and separation of linen cages and cardboard storage to areas away from bins.</li> <li>4. Issue escalated to national fire safety advisor.</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>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</li> <li>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.</li> <li>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</li> </ol>		

Risk Trend
Risk reviewed, no change.

# Corporate Risk 2150

## 2150: Ability to maintain General Medical Service Provision



Risk Description	Risk Owner	Risk Lead
There is a risk that NHSL is not able to meet its statutory responsibility to provide General Medical Services to patients due to ongoing workforce and workload issues which discourages GP retention, resulting in NHSL potentially unable to provide adequate GMS to patients with care and experience negatively impacted.	Chief Officer, South	Jann Gardner
Current Controls		
<ol style="list-style-type: none"> <li>GMS sustainability meetings</li> <li>Primary Care Action Plan implementation</li> </ol>		
Actions		
<ol style="list-style-type: none"> <li>Implement Primary Care Action Plan which ensures best use of capacity in general practice; maximises efficient of CTAC and pharmacotherapy services and broadens range of alternatives for patients to GP through creation of new and redesign community core services.</li> <li>Continue to actively and intensively support practices declaring sustainability issues; develop new metrics to identify such practices; and develop new ways of attracting and retaining GPs in Lanarkshire</li> <li>Develop contingencies and playbook for ensuring ongoing care in event of sudden practice failure</li> </ol>		

Risk Trend
Risk reviewed by S Sengupta, no change to controls at present but expect to see changes within next review.