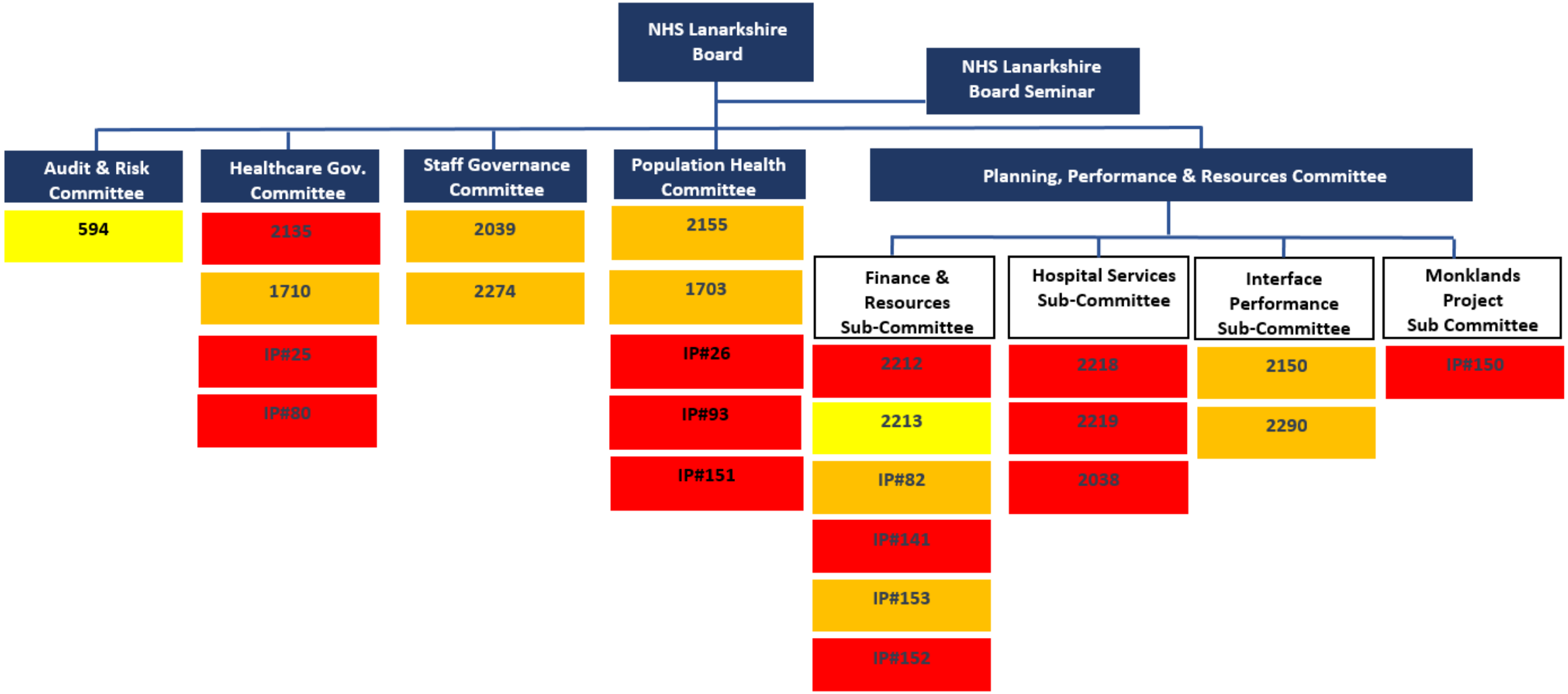
NHS Lanarkshire

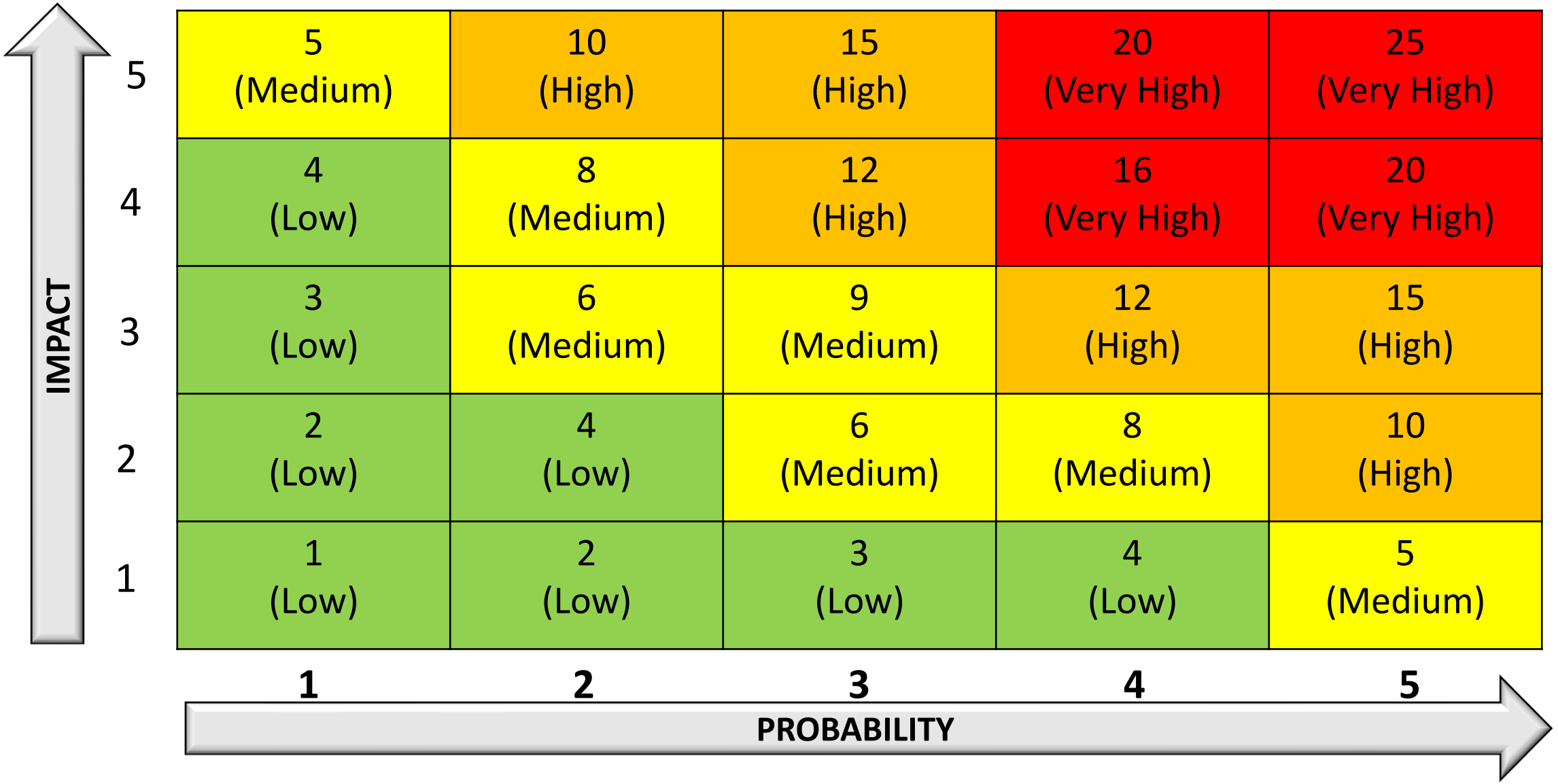
Corporate Risk Register-Detailed Overview

Reporting Period: Current Month August 2025

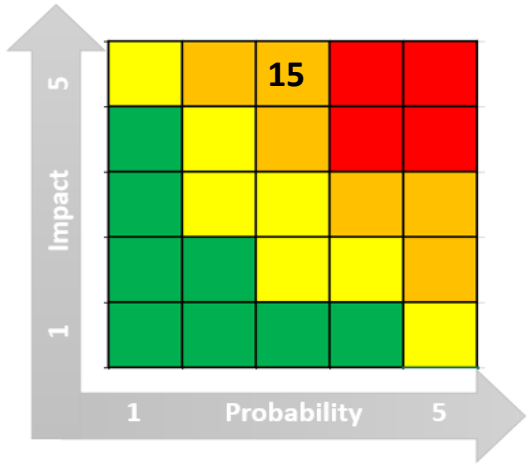
Corporate Risks Alignment to Governance Committees



Corporate Risk Register- August 2025



Risk Type: Regulatory- Corporate Risk 2274



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	1-4	No
Risk Appetite: Tolerable Zone	5-9	No
Timeline for risk to move within tolerable limits	December 2025	

Risk Update	
Control 2 amended to highlight additional funding approved which enabled the recruitment of 4 additional registered LD nurses and 5 WTE HCSW. Additional action included with reference to further review of supplementary staffing.	

Risk Description	Risk Owner	Accountable Officer
There is a risk of continuous non-compliance with DL(2024)04 due to lack of availability of substantive resource and continued reliance on agency HCSW, resulting in additional unaccounted financial exposure for the board and increased scrutiny from Scottish Government.	Trudi Marshall	Louise Long

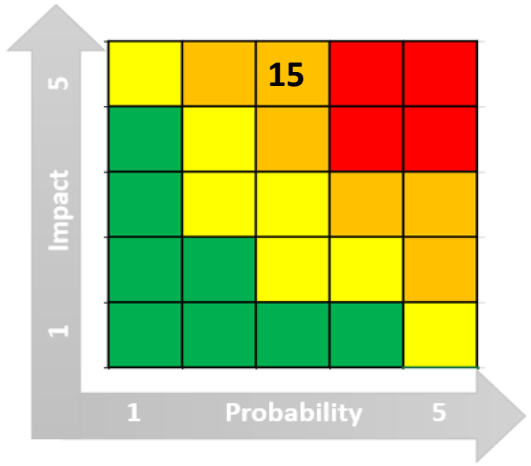
Current Controls

1. Escalation framework in place requiring sign off from an exec director to grant HCSW agency workers for OOH
2. Agreement of additional £500,000 funding was approved which enabled recruitment of 4 additional Registered LD Nurses and 5 WTE HCSW.
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 24, being further developed to include Band 4 Assistant Practitioners, final workforce review to be presented at North UHSCP finance meeting 28th May 2025.
2. Workforce review is examining skill mix and linked to potential future service models, completion as above.
3. 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.
4. Further review of supplementary staffing underway to ensure that funding is sufficient.

Risk Type: Public Protection- Corporate Risk 1710



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update	
South HSCP has returned to BAU as Liquid Logic has been paused for the foreseeable. NLC linking with Access on a weekly basis to operationalise the work around on PP messaging Manual workarounds are still in place in relation to notifications. Score assessment remains appropriate at this review, risk is within identified tolerable limits.	

Risk Description	Risk Owner	Accountable Officer
There is a risk NHSL fail to identify and manage potential or actual harm to any vulnerable person, due to failures of information and intelligence sharing between partner agencies and the ability to maintain appropriate skills and competence of staff, resulting in potential harm occurring and negative impacts to the confidence and reputation of NHS Lanarkshire.	Trudi Marshall	Louise Long

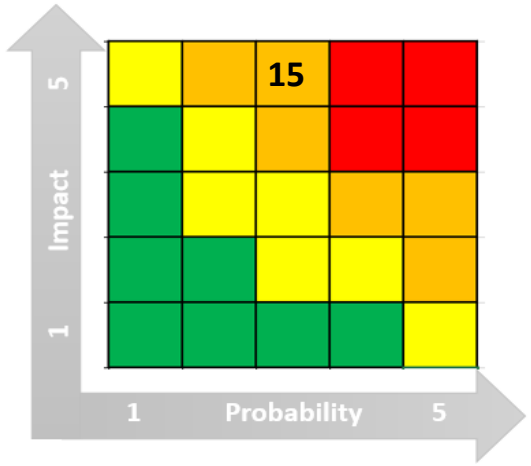
Current Controls

1. NHSL Public Protection Group with objectives reporting through HGC, 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

1. All in Lanarkshire communication to highlight the changes which will be repeated until functionality returns.
2. All operational and professional structures asked to raise awareness via communication routes.

Risk Type: Unscheduled Care - Corporate Risk 2290



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update	
Risk reviewed & mitigation amended to highlight communications and engagement work is ongoing. Risk is currently assessed within identified tolerable zone.	

Risk Description	Risk Owner	Accountable Officer
There is a risk that we fail to optimise the new FNC+ models of care throughout NHS Lanarkshire, due to public acceptability and clinical engagement & confidence, resulting in poorer outcomes for patients, continued high presentations and occupancy levels in acute hospitals.	Claire Ritchie	Louise Long

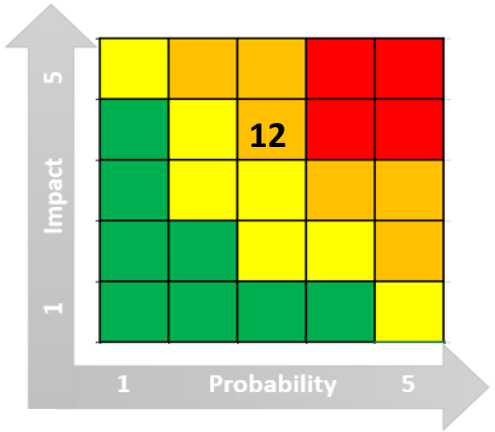
Current Controls

1. Clinical Advisory Group in place for engagement and development of pathways – specialist clinical development sessions have now been carried out and pathways are being developed led by clinical champions.
2. Interface primary care pathway development forum in place.
3. Continued comms and engagement methods utilising face to face sessions, video animations and feedback loops
4. Ongoing visible engaging leadership, with aligned interface staff to acute sites to support.
5. Agreed and established governance structure for oversight
6. Initiation of medical acute physician sessions within FNC+ to enable clear patient ownership
7. Ongoing engagement with professional forums

Actions

1. Public and staff comms/ engagement strategy action plan in place
2. Monitoring of performance data and dashboards, including patient outcome measures
3. Recruitment of workforce in progress for FNC+
4. Engagement from Acute and Primary Care clinicians to promote and enhance confidence in developing FNC+ pathways

Risk Type: Workforce - Corporate Risk 2039



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update
Risk has been reviewed with no material change. NHS Lanarkshire sickness absence currently tracks above the Scottish Average by between 0.5 and 1 percentage points. Risk assessed currently as within the tolerable zone, however, there is still a challenge around sustainable staffing which is currently being mitigated through supplementary staffing (bank, overtime, agency). This reduces the risk of service capacity, patient safety and staff wellbeing.

Risk Description	Risk Owner	Accountable Officer
There is a risk to service capacity, patient safety and staff wellbeing due to variations of seasonal illnesses, application of policy and sickness absence rates being above the Scottish average. This results in the requirement to backfill posts with higher cost agency staff and bank staff, increased workforce pressures and impacting on staff morale.	Jacqui Jones	Louise Long

Current Controls

Service Capacity

1. Compliance with NHSS Attendance Policy. Key monitoring data or assurance regarding policy compliance and reporting has been developed and is being monitored.
2. Monthly HR Email to all managers now includes information on staff sickness absence for the preceding 12 months.
3. 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 Monitor and report on the uptake of HR support and training programmes
4. Staff bank workers weekly pay to extend capacity and attempt to backfill shifts
5. Weekly and monthly dashboards provide departmental-level insights to sickness absence trends over the last 6 years.

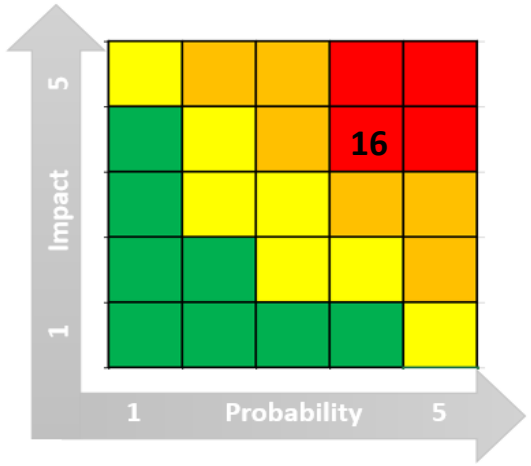
Staff Morale

5. Open access to HR advice via "Service Now".
6. HR "Buzz Training" sessions on Attendance Policy Implementation and Work/Life balance policies.
7. OD 1-2-1 coaching support for Crucial Conversations & Wellbeing Issues.
8. Occupational Health monthly audit to ensure staff LTA are referred for support.
9. Range of staff support services locally and nationally – SALUS, spiritual care, staff physiotherapy, psychological services, PROMIS
10. Access to Your Health Matters webpage for all supportive services available to staff.

Actions

1. New absence management escalation framework in line with the Once for Scotland policy and agreed in partnership rolled out in April 2025. This ensures managers can support employees back to work and that our employees are informed of the range of support services we have available to support them during periods of sickness absence.

Risk Type: Population Health - Corporate Risk IP#151



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**To be confirmed**	

Risk Update	
Vaccination service review being undertaken to optimise the governance and service delivery. Ongoing work to increase Project management capacity, a well as outreach officer capacity.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk that vaccination uptake across population groups continues to decline due to a combination of vaccine hesitancy and misinformation amongst our population and service delivery pressures, resulting in increased susceptibility to vaccine-preventable diseases, reduced herd immunity and additional strain on health and social care services.	Josephine Pravinkumar	Louise Long

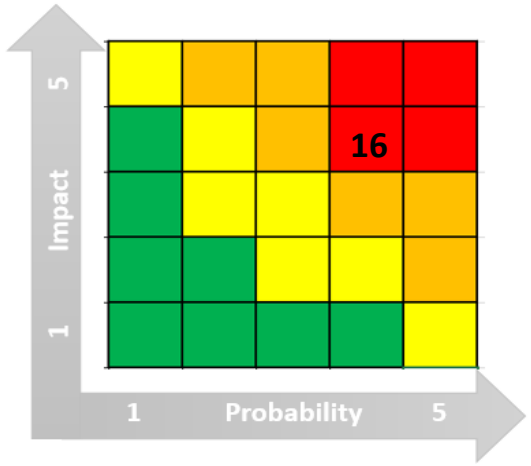
Current Controls

1. Ongoing surveillance and monitoring of vaccine uptake and coverage through Public Health Scotland and local dashboards
2. Targeted communications and outreach in low-uptake areas through pre-school teams, School Immunisation Team, (Adult) Vaccination Service
3. Partnership working with education, HSCPs, locality planning teams, third sector, community group leaders and wider population to address barriers
4. Vaccination Service Review Short Life Working Group have explored system wide options for strengthening vaccination uptake and delivery and have agreed a preferred option and are in the process of developing a project plan covering next steps
5. Work undertaken by the Area Oversight Vaccination and Immunisation Group, which provides governance oversight of vaccination programmes across Lanarkshire, is in the process of establishing subgroups
6. Appointment of Vaccination Project Manager to support ongoing work as well as new initiatives to stem the decline in uptake
7. Appointment of the 0.5WTE Outreach Officer with a specific focus on addressing inequalities in uptake

Actions

1. Implementation of the Scottish Vaccination and Immunisation 5-year Framework with development of a local action plan by January 2026
2. Implementation of the recommendations from the vaccination service review
3. Enhanced data analysis to identify and address inequalities in uptake
4. Continued alignment with national strategies to address emerging infections e.g. measles resurgence plan
5. Establish the AOVIG subgroups: Inclusivity - optimise immunisation coverage, ensuring equitable access for all eligible groups; Monitoring and Evaluation - establish a programme of audit for both routine and selective immunisation programmes to inform targeted interventions to improve overall performance; Quality and Clinical Care - ensure vaccination programmes are being delivered in line with evidence based best practice, policies and procedures so that services are clinically safe, effective, capturing learning and embed quality improvement. Assurance designed in line with Framework draft standards.

Risk Type: Population Health - Corporate Risk IP#93



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update	
Additional actions included referencing mapping exercises to review the local strategic priorities with the Population Health Framework published in June.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk that NHS Lanarkshire cannot effectively respond to the impact of changing demographics on the health of the population, if there is insufficient investment in prevention and re-design of our services to meet the evolving need, resulting in poorer outcomes and experiences for patients, communities and workforce and increased pressures on our system.	Josephine Pravinkumar	Louise Long

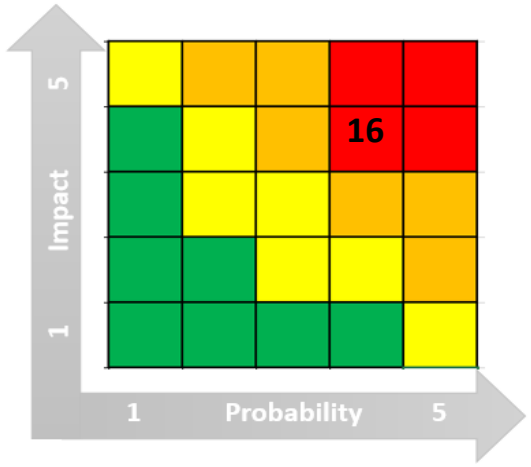
Current Controls

1. Monitoring of demographics-data at population level with respect to service accessibility and health outcomes.
2. Delivery of the primary, secondary and tertiary prevention actions outlined in the Public Health Strategic priorities paper (Dec 2023).
3. Maximise the contribution of NHSL as an anchor through delivery of the NHSL 3 year anchor plan with a particular focus on the service delivery pillar.
4. Partnership working across a range of strategies which mitigate impact of wider determinants on health

Actions

1. Through *Our Health Together,* ensure all programmes of work are designing services using a prevention focused approach.
2. Initial mapping exercise undertaken by the Directorate of PH and the Senior Health Improvement Team to review local strategic priorities with the Population Health Framework published in June 2025.
3. Focused work to produce data sets and analysis for Lanarkshire to highlight areas for potential interventions and / or targeted place-based approaches through the Marmot work.
4. Working with academic partners to undertake modelling to assess impact and linking with the national work undertaken to develop a dashboard for monitoring the implementation of the Population Health Framework.
5. Invest in prevention to promote healthy ageing
6. Work undertaken by Primary and Secondary care and the Interface directorate to lead on ageing well if not already covered by the frailty strategy
7. Development of NHSL as a Population Health Organisation

Risk Type: Population Health - Corporate Risk IP#26



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**February 2026**	

Risk Update	
Additional actions included referencing mapping exercises to review the local strategic priorities with the Population Health Framework published in June. Current controls slightly amended to include Healthy Weight PHACT. Risk assessment to be reviewed in February 2026.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk of poorer health throughout Lanarkshire, if we are unable to influence the social determinants of health and focus on primary prevention through collaboration with partners, resulting in widening health inequalities for the population with significant financial costs through increased need & demand on services and poorer health outcomes.	Josephine Pravinkumar	Louise Long

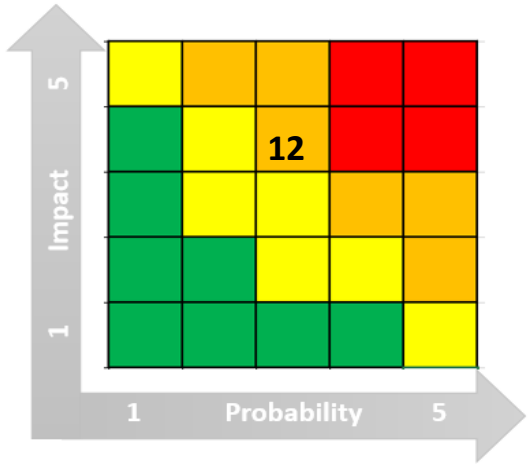
Current Controls

1. Monitoring of inequalities data at population level with respect to service accessibility and health outcomes.
2. Corporate commitment to embed Equality Impact Assessment (EQIA) in all strategies and new service developments.
3. Routine enquiry for financial wellbeing embedding across some services.
4. Delivery of the primary, secondary and tertiary prevention actions outlined in the Public Health Strategic priorities paper (Dec 2023).
5. Maximise the contribution of NHSL as an anchor through delivery of the NHSL 3 year anchor plan.
6. Contribute to a range of strategic partnership plans to address the wider determinants of health & reduce health inequalities including: Child Poverty Plans; Tackling Poverty Plans; Local Development Plans; Community Wealth Building Plans; Alcohol & Drug Partnership strategies; and the Healthy Weight PHACT.
7. Partnership working across a range of strategies which mitigate impact of wider determinants on health

Actions

1. Joint CPP event to be organised for September 2025
2. Development of health intelligence hub to monitor inequalities trends and ensure access to timely data on inequalities in Lanarkshire.
3. Refine IPQR reporting to have a stronger focus on inequalities.
4. Through *Our Health Together,* ensure all programmes of work are designing services using an inequalities focused approach.
5. Initial mapping exercise undertaken by the Directorate of PH and the Senior Health Improvement Team to review local strategic priorities with the Population Health Framework published in June 2025.
6. Support South Lanarkshire Health and Social Care Partnership to undertake the Collaboration for Health Equity in Scotland (CHES) Marmot Place work, which has a focus on reducing Health Inequalities and increasing Health Equity.
7. Support North Lanarkshire HSCP to implement the Scottish Health Equity Research Unit Project
8. Lead on the CHES Marmot place Data Group to produce data sets, analysis and commentary for South Lanarkshire relating to the factors that contribute to health inequity.
9. Replicate the work of the data group to produce data sets and analysis for North Lanarkshire

Risk Type: Unscheduled Care - Corporate Risk 1703



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	1-4	No
Risk Appetite: Tolerable Zone	5-9	No
Timeline for risk to move within tolerable limits	To be confirmed	

Risk Update	
Actions updated. Current risk score assessed out with tolerable zone. SALUS process agreed for Occupational Health Check process for PRPS wearers.	

Risk Description	Risk Owner	Accountable Officer
There is a risk NHSL cannot fully deliver 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	Louise Long

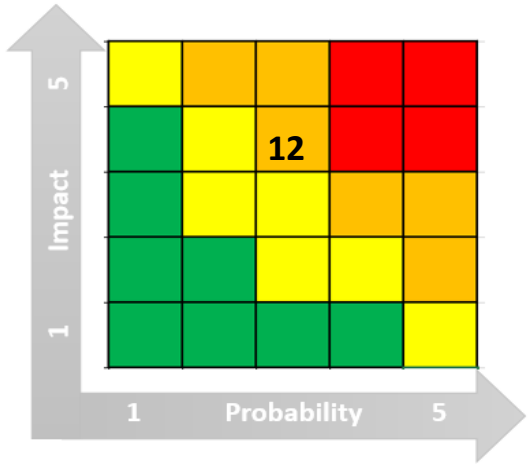
Current Controls

1. Scottish Government Strategic Resilience Direction / Guidance
2. Designated Executive Lead
3. NHSL Resilience Group
4. Local Business Continuity Plans and Local Emergency Response Plan
5. Seek national support for these low frequency high impact potential situations.
6. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines
7. Aide Memoir document

Actions

Actions on additional page

Risk Type: Unscheduled Care - Corporate Risk 1703 Cont.



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	1-4	No
Risk Appetite: Tolerable Zone	5-9	No
Timeline for risk to move within tolerable limits	To be confirmed	

Risk Update	
Actions updated. Current risk score assessed out with tolerable zone. SALUS process agreed for Occupational Health Check process for PRPS wearers.	

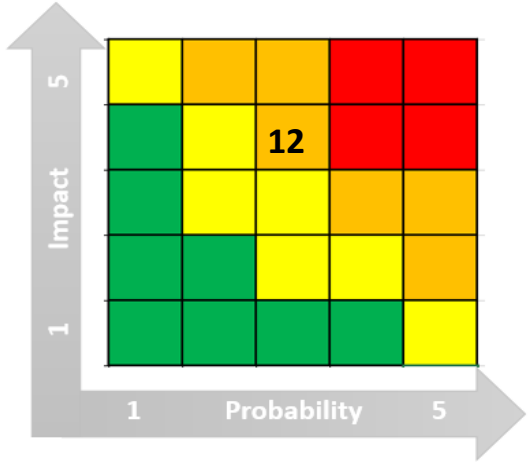
Risk Description	Risk Owner	Accountable Officer
There is a risk NHSL cannot fully deliver the safe and effective management of contaminated casualties due to insufficiency in trained staff and supporting systems to deploy, resulting in potential for adverse impact on person(s) affected, staff and business continuity.	Josephine Pravinkumar	Louise Long

Current Controls

Actions

1. Resilience Team to undertake and evaluation of site preparedness and training needs
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. Plans have been discussed to run the pilot event at Monklands using the training area under development. This area shall need some additional works undertaken to the Decon Unit and training area.
3. The current progress of developing materials has been presented to both the Acute DMT and the Acute Major Incident Group. A draft Occupational Health Check process for PRPS wearers has been developed in partnership with SALUS and circulated for comment. SALUS process has been agreed.
4. Draft training materials have been prepared and an offer to all acute sites to have an engagement session to explain the new approach. A draft SOP and routine equipment check procedures have also been developed and circulated for comments. These materials shall be tested through the pilot training event. Minimum feedback has been received via the consultation.
5. Gap analysis undertaken to set out action plan(s) and solutions.
6. 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.
7. Further action on this risk is dependant on engagement of all sites. All sites demonstrate a commitment to this issue, The issue has been raised at the Acute MI Group and a survey on level of preparedness measured against the NHS Scot. Resilience Stds was circulated internally. Only one response has been received.
8. Revised DRAFT NHS Scot Resilience Stds have been issued for consultation. This draft includes numerous references to Decontamination capability including a financial responsibility for the decontamination equipment. If substantiated this would add complexity and a financial burden to the subject area impacting each site.

Risk Type: Population Health - Corporate Risk 2155



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update	
Included additional action around the preparation work with care homes in advance of the winter season	

Risk Description	Risk Owner	Accountable Officer
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	Louise Long

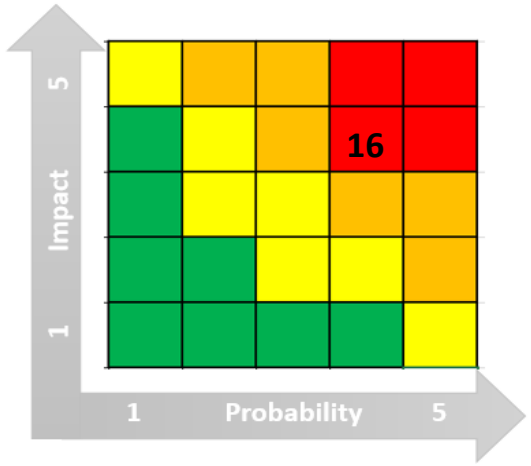
Current Controls

1. Both Public Health Incident and Escalation plans including response to HCID and any emerging COVID variants renewed regularly
2. The Health Protection team currently negotiate with adult vaccination service to arrange immunisation of patients for each public health incident.
3. Ongoing staff training and development
4. Partnership working with HSCPs; SDPHs Group and Public Health Scotland
5. Measles action plan to increase MMR uptake and preparedness across whole system with a particular focus on high risk groups and settings. Learning from recent measles incidents, with robust response to incidents and outbreaks
6. Avian Influenza/wider respiratory surveillance – preparedness for Avian Influenza H5N1 ongoing.
7. Preparedness and preparation for High Consequence Infectious Diseases (HCID) including participation in PHS / Scottish Government SWOT analysis for HCID preparedness.
8. Robust response to incidents and outbreaks continue
9. HPT Consultant represented on local and national sustainability groups.

Actions

1. Alignment with national strategies to address emerging infections, e.g measles resurgence plan
2. Strengthen vaccine delivery for high risk conditions for response to incidents
3: Out of Hours Microbiology cover and infection prevention control for acute division reviewed with backup rota for support for Public Health situations in place for most but not all weekends. Microbiology expertise essential for management of HCID incidents. Gaps on one weekend and three weekday evenings in September
4: Work ongoing for the management of complex immunisation enquiries within Health Protection Team, transferred from immunisation service. Extension to Clinical Fellow contract to provide support for these. Team training to be undertaken.
5: Preparation work with Care Homes in advance of the winter season with information around testing, outbreaks etc

Risk Type: Procurement - Corporate Risk 2038



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**November 2025**	

Risk Update	
Award of contract is currently expected to be possible November 2025. Actions updated. Current risk assessed out with tolerable zone. Once contract is awarded, risk will be reviewed in terms of residual risk and potential score re-assessment.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk of disruption to the NHS Lanarkshire 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	Louise Long

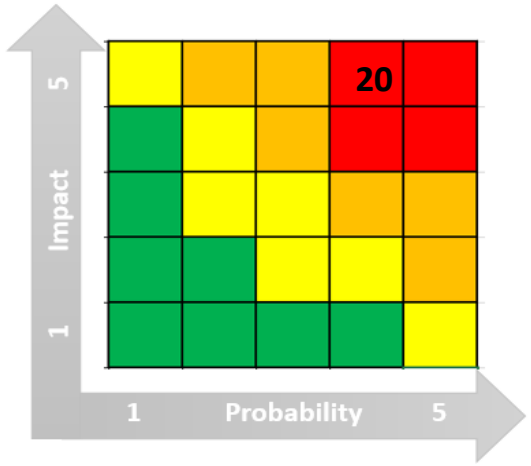
Current Controls

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, with reporting to the Audit Committee.
4. Implementation of the contract extension now underway in Biochemistry, Microbiology and Pathology; Haematology which commenced in February 2025.
5. Existing LMS contract with Roche Diagnostics was extended until 30th August 2026 with options to extend further in exceptional circumstances.

Actions

1. Development of monitoring framework to report on downtime and other equipment vulnerabilities.
2. There is a 2 year further extension option available that the Board does not intend to exercise except in exceptional circumstances.
3. Technical review of the tender identified various areas for negotiation, in particular concerning the bidder's proposed laboratory layouts. A negotiation stage is currently underway.
4. Following the negotiation stage and any updates resulting from that process, a deadline will be set for receipt of the bidder's best and final tender.
5. The final tender will be evaluated from a technical and commercial perspective, with award of contract currently expected November 2025.

Risk Type: Planned Care - Corporate Risk 2219



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**April 2026**	

Risk Update
Delivery of progress against revised national trajectories for waits over 52 weeks should aim to progress towards reduced risk scoring. Mitigating Controls and Actions updated. Current risk score assessed out with tolerable zone.

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk that NHS Lanarkshire is unable to achieve national targets for waiting times due to delays to delivery of scheduled care, resulting in sub-optimal clinical outcomes for patients and failure to meet Scottish Government standards and targets.	Russell Coulthard	Louise Long

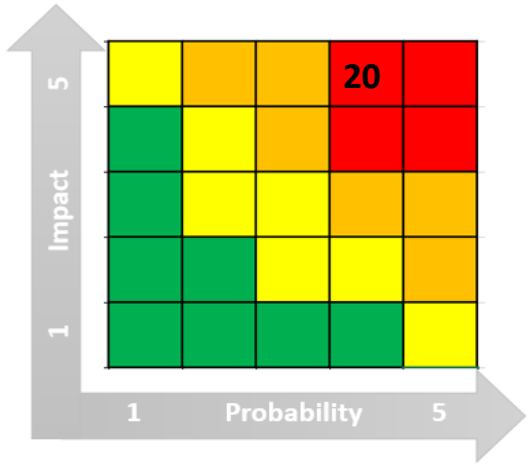
Current Controls

1. Priority risk assessment of cases on waiting lists aligned with the Realistic Medicine work plan.
2. Contracting with special health boards and independent sector.
3. Operational oversight via Acute Divisional Management Team & Planned Care Board and refreshed local governance arrangements implemented.
4. Continuous governance oversight through the PPRC.
5. Weekly monitoring meetings with Site teams and review of planned versus actual activity
6. Dashboard monitoring, reporting and escalation
7. Plan on a Page now developed for local service management and ownership.

Actions

1. Planned Care Programme Board meeting, attended by site triumvirate teams providing senior leadership oversight and assurance of planned care with direct focus on waiting time targets and path to zero.
2. Development of better aligned pathways for primary and secondary care.
3. Site and specialty productivity plans to maximise capacity.
4. Ongoing validation of waiting lists in partnership with NECU.
5. Capacity plans agreed with SG to progress delivery of actions to support 52 week waiting times expectations. Formal confirmation of plan received 15th May 25.
6. Review of Pre-Assessment model to review current working model and pathways to meet increasing demand of additional core capacity and WLI to meet SG targets
7. Approval of Planned Care 'Fundamentals' approach to ensuring active Service Management engagement in team-based job planning.
8. HIS application for additional improvement support for Gynaecology, Urology and ENT

Risk Type: Unscheduled Care - Corporate Risk 2218



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update	
Actions updated to highlight that learning from CfSD and HIS reviews into Unscheduled Care will be incorporated as applicable. Current risk score remains out with identified tolerable zones.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk NHS Lanarkshire does not sustain safe and effective unscheduled care and patient flow, due to whole system issues across the various pathways that can prevent timely and effective delivery of diagnosis, care and discharge of patients, resulting in sub-optimal clinical outcomes for patients, unsafe flow from high hospital occupancy and failure to meet Scottish Government performance targets.	Russell Coulthard	Louise Long

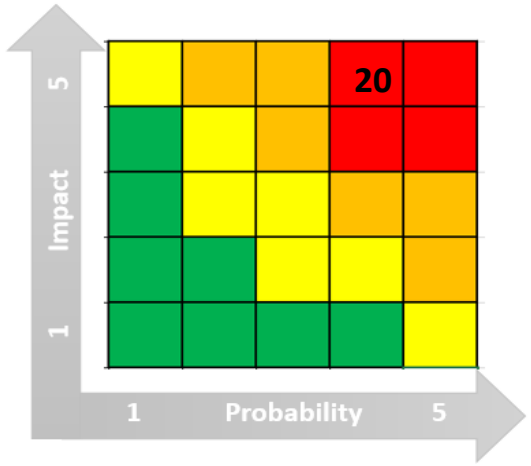
Current Controls

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. Consultant connect process in place to improve communication with GP's
5. Daily whole system conference calls arranged twice daily with subsequent conference calls arranged as necessary.
6. Continuous performance monitoring through PPRC
7. Governance oversight via QPPG, HCG, Core FOB and EFOB
8. NHS Lanarkshire whole system awareness raising sessions for Front and Optimal Discharge Planning TOMs
9. 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
10. Site level scrutiny performance panels established
11. Performance improvement trajectories in place to assess progress
12. EDG / CMT have continuous oversight of performance, reasons for delay and consider further actions in relation to operation flow
13. Workforce planning with continuous monitoring of sickness/absence during surge periods
14. Introduction of new Home Assessment/Home First Teams to support earlier discharge
15. Regular PDD calls to review all delayed discharges in the system
16. Review of off-site bed model commenced to better focus on rehabilitation and reduce length of stay/deterioration
17. UHW site based focus for improvement activity and outcomes

Actions

Controls on next slide

Risk Type: Unscheduled Care - Corporate Risk 2218



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update	
Actions updated to highlight that learning from CfSD and HIS reviews into Unscheduled Care will be incorporated as applicable. Current risk score remains out with identified tolerable zones.	

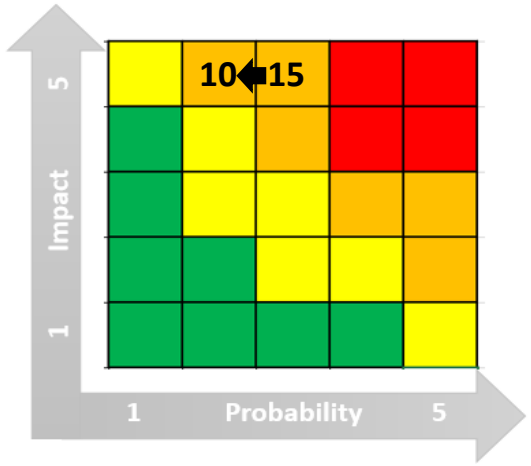
Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk NHS Lanarkshire does not sustain safe and effective unscheduled care and patient flow, due to whole system issues across the various pathways that can prevent timely and effective delivery of diagnosis, care and discharge of patients, resulting in sub-optimal clinical outcomes for patients, unsafe flow from high hospital occupancy and failure to meet Scottish Government performance targets.	Russell Coulthard	Louise Long

Current Controls

Actions

1. Development of plans to expand the use of 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
3. Formation of USC Improvement Team and effectiveness of Operational FOBs are key to sustained improvement through full implementation of TOMs
4. NHS L training and education programme being developed to further sustain implementation of flow foundation bundles and TOMs
5. Incorporate learning from CfSD and HIS reviews into Unscheduled Care as applicable to NHS Lanarkshire

Risk Type: Financial- Corporate Risk IP#82



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update	
The current 2025-26 Financial Plan has a breakeven position disclosed for the whole of NHS Lanarkshire. Current risk assessment remains within identified tolerable zone.	

Risk Description	Risk Owner	Accountable Officer
There is a risk of NHS Lanarkshire not achieving Scottish Government's financial targets in 2025-26, due to the cost of services being higher than the income received, resulting in the NHS Lanarkshire Board not meeting its statutory duty to break even and potential Scottish Government financial escalation measures.	Michael Breen	Louise Long

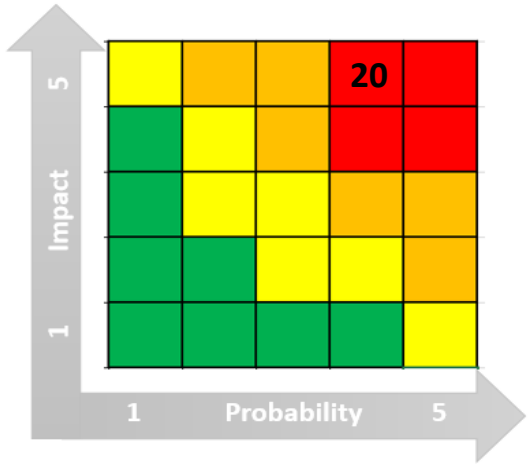
Current Controls

1. Finance and Resource Sub-Committee has been established to support the work of the Planning, Performance and Resource Committee and the NHS Lanarkshire Board.
2. Monthly Finance Reporting – Internal (Corporate Management Team, Finance and Resources Sub-Committee, Planning, Performance and Resource Committee and the NHS Lanarkshire Board) and External (Scottish Government)
3. Monthly horizon scanning for financial opportunities and threats.
4. Continue to maximise financial management and budget saving opportunities both on a recurring and non-recurring basis.
5. Monthly assessment of both historic and current year balance sheet liabilities which can impact on the 2025-26 revenue position
6. Participation in National Savings Groups and internal review of SG Financial Improvement Group data
7. Recurring deficit brought forward into 2025-26 has been reduced and is estimated at -£39.2m (previous year -£83.565m)
8. The 2025-26 Current Financial Plan has a breakeven position disclosed for the whole of NHS Lanarkshire.
9. 2025-26 Financial Plan (Current Version) pre-savings disclose the following deficits: NHS Lanarkshire's Board budgets -£27.150m and those health budgets delegated to North Lanarkshire IJB -£13.686m and South Lanarkshire IJB -£9.651m.
10. Current Sustainability and Value Programme of £27.008m has been identified for NHS Lanarkshire's Board budgets, North Lanarkshire IJB £13.686m and South Lanarkshire IJB £9.651m.

Actions

1. Continue to maximise financial management and budget saving opportunities both on a recurring and non-recurring basis.

Risk Type: Financial- Corporate Risk IP#141



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**April 2026**	

Risk Update
Risk assessment currently remains at 20 and out with identified tolerable zone.

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk of NHS Lanarkshire not achieving Scottish Government's financial targets in 2026-27, due to the cost of services being higher than the income received, resulting in the NHS Lanarkshire Board not meeting its statutory duty to break even and potential Scottish Government financial escalation measures.	Michael Breen	Louise Long

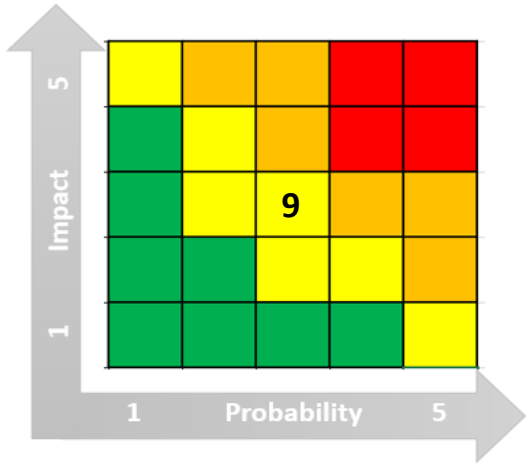
Current Controls

1. Finance and Resource Sub-Committee has been established to support the work of the Planning, Performance and Resource Committee and the NHS Lanarkshire Board.
2. Monthly Finance Reporting – Internal (Corporate Management Team, Finance and Resources Sub-Committee, Planning, Performance and Resource Committee and the NHS Lanarkshire Board) and External (Scottish Government)
3. Monthly horizon scanning for financial opportunities and threats.
4. Continue to maximise financial management and budget saving opportunities both on a recurring and non-recurring basis.
5. Monthly assessment of both historic and current year balance sheet liabilities which can impact on the 2026-27 revenue position
6. Participation in National Savings Groups and internal review of SG Financial Improvement Group data
7. Recurring deficit brought forward into 2026-27 and is estimated at –£87.6m (This includes -£9.1m for North Lanarkshire IJB and -£5.3m for South Lanarkshire IJB)
8. 2026-27 Financial Plan (Current Version) pre-savings disclose the following deficits: NHS Lanarkshire's Board budgets -£59.8m and those health budgets delegated to North Lanarkshire IJB -£15.2m and South Lanarkshire IJB -£11.2m
9. Current Sustainability and Value Programme of £29.2m has been identified for NHS Lanarkshire's Board budgets, North Lanarkshire IJB £15.2m and South Lanarkshire IJB £11.2m

Actions

1. Continue to maximise financial management and budget saving opportunities both on a recurring and non-recurring basis.

Risk Type: Financial- Corporate Risk 594



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**Yes**
Risk Appetite: Tolerable Zone	**10-15**	**Yes**

Risk Update	
No change to score, current risk assessment is within identified optimal zone.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk that NHS Lanarkshire 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	Louise Long

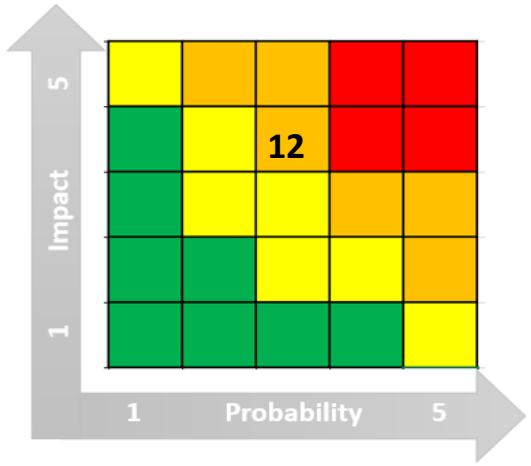
Current Controls

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), comply and report with Fraud Standards
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 and Risk 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 taking forward lessons learned and actions.
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. Distribution of relevant fraud updates
15. Communication through NHSL Info briefing
16. Internal Audit responsiveness to areas of concern identified through Directors/managers

Actions

1. Continuous monitoring and reporting to Audit & Risk Committee each quarter
2. Undertake a comms roll out to encourage staff to take up fraud training/awareness and surveys
3. Continue to use the staff briefing and other platforms to make staff aware of fraud and its consequences.

Risk Type: Primary Care - Corporate Risk 2150



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update	
Actions updated to highlight national discussions regarding access to GP workload, access and quality of care data. Risk assessment remains within the identified tolerable zone.	

Risk Description	Risk Owner	Accountable Officer
There is a risk that NHS Lanarkshire is not able to meet its statutory responsibility to provide General Medical Services to patients and falls short of meeting public expectation, due to ongoing workforce and workload issues which discourages GP retention, resulting in NHS Lanarkshire potentially unable to provide adequate General Medical Services to patients with care and experience negatively impacted.	Soumen Sengupta	Louise Long

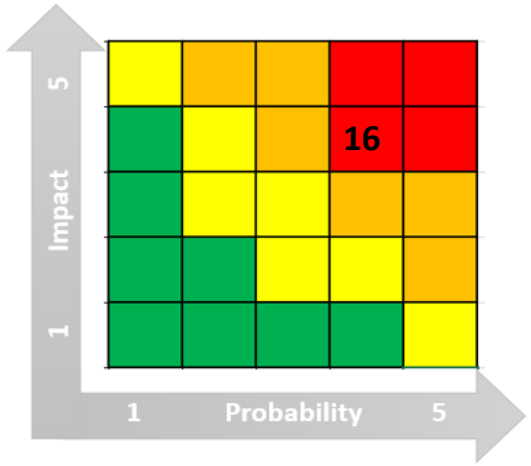
Current Controls

1. GMS sustainability meetings
2. Primary Care Action Plan implementation
3. Contingencies and playbook developed for ensuring ongoing care in event of sudden practice failure.

Actions

1. 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.
2. Progressing the development / procurement of a local digital contact solution aimed at improving patient access to both general practice and community services that links to the national Digital Front Door programme being led by NES.
3. 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
4. Report presented to Interface Performance Sub Committee in June 2025 which demonstrated the approach NHS Lanarkshire will take to any 2C's received for feedback and consideration of organisational risk appetite.
5. Seek to influence national discussions and decisions regarding access to GP workload, access and quality of care data to allow NHS Lanarkshire to effectively manage performance and identify underserved areas and populations.

Risk Type: Digital - Corporate Risk 2135



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update	
The risk continues to be actively managed through the Cyber Security Sub-Group, with regular updates to the Cyber Action Plan and dashboards. Recent improvements to monitoring, endpoint security, and staff awareness reflect a strong and proactive approach. Any score changes will be supported by further internal evidence.	

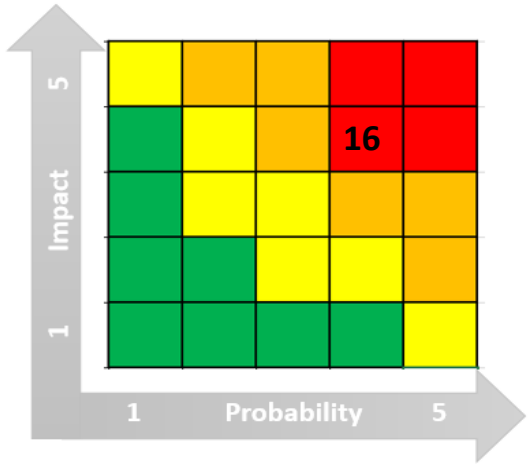
Risk Description	**Risk Owner**	**Accountable Officer**
There is a continual risk of malicious cyber security breaches across the organisation, due to opportunistic actors exploiting unknown vulnerabilities within our infrastructure, resulting in significant service disruption and adversely impacting on the organisations reputation.	Donald Wilson	Louise Long

Current Controls

1. Cyber Security Sub-Group, reporting to the IG Committee who oversee the Cyber Action Plan and NIS programme of work.
2. Action plan alignment across all identified cyber security controls, risk assessments, and the National Cyber Resilience Framework to ensure comprehensive risk mitigation.
3. Annual NIS compliance review and audit by the Health Competent Authority, with an ongoing NIS action plan, continuously updated and project-managed.
4. Cyber Security Information Dashboard actively monitors and manages key metrics related to cyber risk and compliance.
5. Continuous cyber security awareness and staff briefings to minimise risks associated with malicious cyber-attacks.
6. Adoption and continuous review of NCSC best practices for cyber security across all NHS Lanarkshire services and systems.
7. Participation in National Cyber Intelligence-Sharing Platforms, including National Teams Channels, facilitating collaboration on emerging threats and best practices.
8. Proactive monitoring of external threat intelligence sources, including social media, vendor alerts, and cyber security forums, to stay ahead of evolving risks.
9. Ensuring all Cyber Security staff maintain industry-recognised certifications, aligned with NHS Lanarkshire's cyber security framework.
10. Early warning monitoring through trusted cyber security sources such as NCSC, CiSP, and NHS National Cyber Security teams.
11. Regular cyber security awareness campaigns and targeted communications for all NHS Lanarkshire staff.

Actions

Risk Type: Digital - Corporate Risk 2135 cont.



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update
The risk continues to be actively managed through the Cyber Security Sub-Group, with regular updates to the Cyber Action Plan and dashboards. Recent improvements to monitoring, endpoint security, and staff awareness reflect a strong and proactive approach. Any score changes will be supported by further internal evidence.

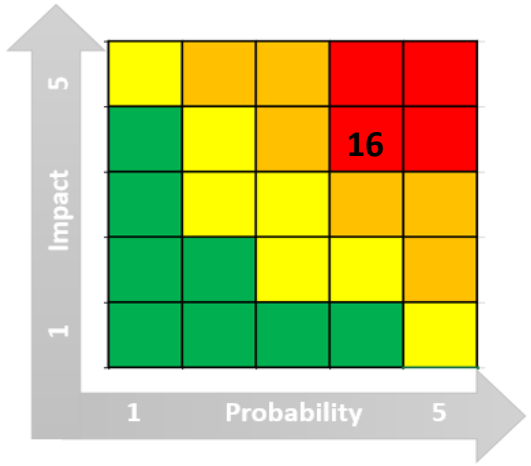
Risk Description	**Risk Owner**	**Accountable Officer**
There is a continual risk of malicious cyber security breaches across the organisation, due to opportunistic actors exploiting unknown vulnerabilities within our infrastructure, resulting in significant service disruption and adversely impacting on the organisations reputation.	Donald Wilson	Louise Long

Current Controls

12. Procured 24/7 external Cyber Security Incident Response contract, ensuring a tactical response to threats with monthly risk reviews and new threat detection updates.
13. Regular reviews and reporting on User Access Control (UAC) breaches to strengthen security posture.
14. Identification, documentation, and review of emerging cyber risks (e.g., NAC, ZTNA, IoT) to maintain robust mitigation strategies.
15. Microsoft Secure Build (Windows 10/11) deployed and continually reviewed, adhering to industry best practices for endpoint security.
16. Enterprise Endpoint & Server Advanced Security Platforms deployed across all systems, with continuous configuration updates to mitigate known and emerging threats.
17. Deployment of Advanced Hardware Firewalls, with incremental security enhancements to strengthen network security.
18. Scheduled and monitored patching of vulnerabilities, ensuring timely updates across NHS Lanarkshire's IT estate, with compliance tracked via the Cyber Security Information Dashboard.
19. Annual third-party penetration testing of external attack surfaces, with risk findings reviewed and mitigation strategies implemented.
20. Integration of board-level Microsoft Security Tools (Defender for Endpoint, Server, and Identity) into the NSS Cyber Security Operations Centre, strengthening detection and response capabilities.

Actions

Risk Type: Regulatory- Corporate Risk 2212



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update	
Workstreams remain ongoing with 3 new interns joining the sustainability team week commencing 01/09/2025. Current risk assessment is out with the tolerable zone.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk that NHS Lanarkshire fail to meet the mandatory policy requirement within DL (2021) 38 due to capacity, financial limitations and an inability to fully integrate environmental considerations into all planning, management decisions and operational practices, resulting in will not achieve Net Zero by 2040 and Scottish Government performance expectations.	J McGeough	Louise Long

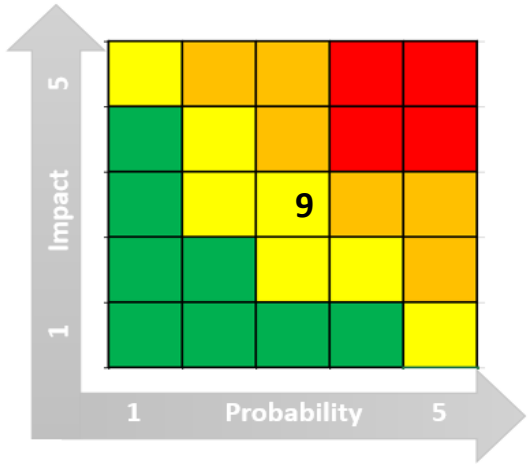
Current Controls

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, currently exploring EV salary sacrifice scheme (kick off meeting August 2025)
2. Re-investment of a proportion of savings to increase energy management capacity – Energy & Sustainability Manager in post and focused on reducing energy consumption where possible. Areas for potential improvement being explored.
3. Sustainability capital investment priorities identified and included in the Boards Business Continuity Infrastructure bid
4. Funding from SG now been allocated. ~ £1.6million for energy improvements, ~ £170k for EV charging infrastructure improvements (of £10million available for NHS Scotland, £20million has been identified for 2026/27 – bids not submitted for this yet)
5. Exploring options with Strathclyde University in conjunction with Public Health for a PHD student to carry out research related to the transition of energy including the related risks and health benefits (on going)
6. Management Trainee supporting strategic development of the waste workstream during the first half of 25/26, as well as working on heat decarbonisation cost and plan (on going until end of August 2025)

Risk Type: Climate - Corporate Risk 2213



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**Yes**
Risk Appetite: Tolerable Zone	**10-15**	**Yes**

Risk Update	
Actions updated to highlight engagement with NHS Assure to progress Climate Change Risk and Adaptation (CCRA) for the Board due in 2025. Current risk assessment is within optimal zone.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk that the effects of climate change impact on NHS Lanarkshire's estate, utilities and the broader supporting infrastructure due to NHS Lanarkshire not taking appropriate action to mitigate, adapt and respond to effects of climate change, resulting in disruption to our services, patients and staff.	J McGeough	Louise Long

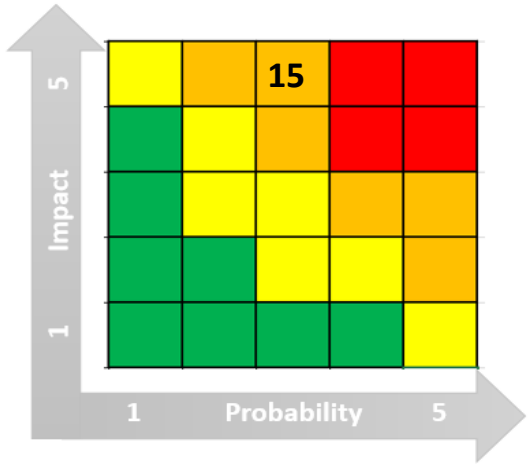
Current Controls

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

Actions

1. Climate Change Risk and Adaptation (CCRA) for the Board due in 2025. Engaging with NHS Assure to progress.
2. Development and refinement of the process over time to inform the organisation's adaptation and mitigation strategies for climate change.
3. Review learning from all adverse events, linking with North and South Lanarkshire Council to ensure no duplication and the work to be channelled through the cross public sector sustainability working group.
4. Infrastructure upgrades where capital allows to address climate related risks (water quality, flooding etc)
5. Aim to develop adaptation and resilience vision document by end of 2025/26, current review of this is underway

Risk Type: Estates - Corporate Risk IP#153



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	5-9	No
Risk Appetite: Tolerable Zone	10-15	Yes

Risk Update	
Established monthly meetings continue to evaulate current UHM site. Risk assessment remains within identified tolerable zone.	

Risk Description	Risk Owner	Accountable Officer
There is a risk that critical infrastructure within the existing University Hospital Monklands deteriorates beyond repair before the new Monklands Replacement Project is completed due to the increasingly fragile condition of the current estate potentially resulting in the inability to maintain service delivery, placing additional strain on clinical operations and financial resources.	Jacqui McGeough	Louise Long

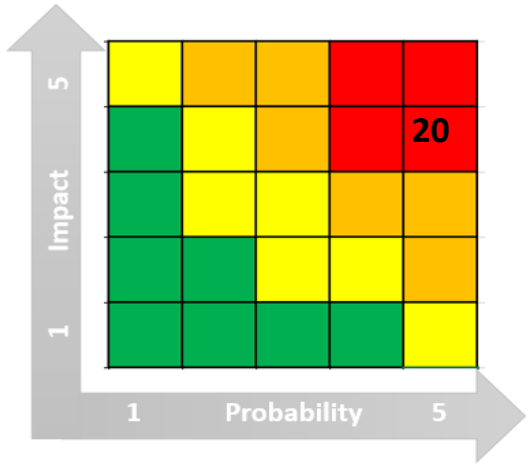
Current Controls

1. MKBC Risk Register and assessments
2. Regular review of project progression
3. Risk assessment meeting on regular basis to review

Actions

1. Identify potential scenarios to support planning.
2. Use identified scenarios to test the flexibility of the Commissioning & Migration plan once developed.
3. Liaise with contractor on zonal completion proposals and test flexibility/impact
4. Continue discussions with Scottish Government relating to early release of enabling works funding with a view to shortening the programme.
5. Prepare regular report of issues at UHM impacting service delivery to maintain Board and National awareness with regards to on-going deterioration.
6. NHSL continue to invest in the MKBC Programme, to maintain functionality in the existing hospital building.
7. Build in float and flexibility to the overall commissioning programme.

Risk Type: Estates - Corporate Risk IP#152



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within acceptable limits	**To Be Confirmed**	

Risk Update
New waste posters are being developed to further enhance communications regarding segregation of waste. Risk assessment is still out with identified tolerable zone.

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk of inappropriate segregation of waste within NHS Lanarkshire facilities, due to lack of knowledge & understanding of implications coupled with a poor uptake of training, resulting in external infrastructure failure, additional costs and reputational damage.	Jacqui McGeough	Louise Long

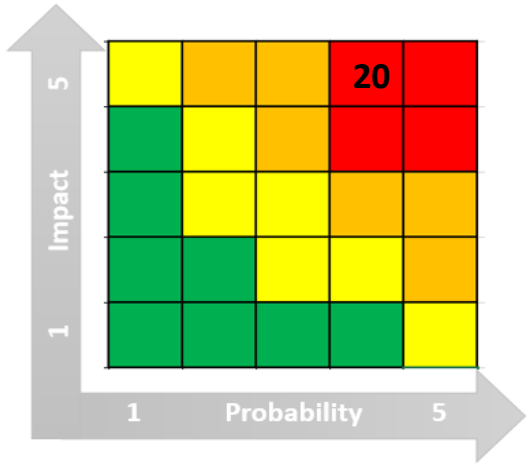
Current Controls

1. Waste audits carried out by NHS Lanarkshire (746 PA)
2. Waste training module on Learnpro
3. Signage posted re waste segregation
4. Promoting National campaign re waste segregation
5. National Turas Training Module

Actions

1. Targeted waste checks (separate from audits)
2. Engaging operational management teams in clinical areas
3. Additional training commissioned carried out by a third party supplier
4. Targeted communications to all staff in non-compliant clinical areas
5. Waste report to be a fixture at hospital hygiene groups
6. All internal/external non-conformances to be raised as an inphase
7. New waste posters being developed

Risk Type: Planned Care - Corporate Risk IP#80



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within acceptable limits	**April 2026**	

Risk Update	
Risk assessment remains static and out with identified tolerable zone. Trajectory for risk to score within tolerable risk zone will be April 2026.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is risk of further deterioration of patients clinical status, due to lengths of waiting lists and limited operational capacity resulting in delays in investigation, diagnosis and treatment, leading to potential unintended consequence for some patients with disease progression, higher levels of acuity and poorer outcomes.	Chris Deighan	Louise Long

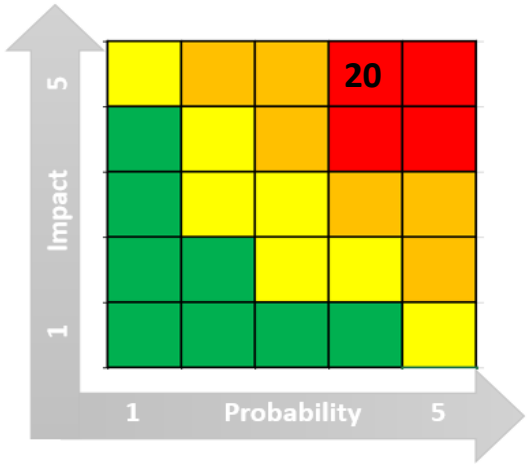
Current Controls

1. Outsourcing of some planned care in high demand specialties (gastro/resp/radiology/ Neurology/Ophthalmology/OMFS)
2. Providing additionality through weekend and evening working for OP appts/scans/scopes with existing staff. This is aligned to waiting times for specialities and guides the volume of additionality required for the correct groups of patients.
3. Augmenting current staffing with additional short term medical locum posts eg Cardiology, Respiratory, Haematology and Gynaecology in particular
4. Working with CfSd around new investigations and pathways. Embedding agreed national pathways.
5. Engaging with the NHS L service improvement groups looking at redesigning patient pathways maximising use of the non medical workforce
6. Ensure GPs are kept up to date on current waiting times for clinics via FirstPort.

Actions

1. Implement ACRT (Active Clinical Referral Triage) around new referrals and providing alternative clinical pathways
2. Working to fill consultant vacant posts through active recruitment - provides additional planned care sessions
3. Progress work via Interface Division on building Single Point of Access pathways for patients with undifferentiated but deteriorating clinical conditions.
4. Work with PHS and NHS Tayside on Failure Demand Project to establish the practicality of prioritising routine care referrals based on live primary care patient level clinical activity and prescribing data.
5. Undertaking clinical validation exercise in particular endoscopy supported by NECU campaigns. The findings are utilised to provide learning and to ensure guidance is applied at the point of ACRT to support decision making.
6. Capacity plans agreed with SG to progress delivery of actions to support 52 week waiting times expectations. Formal confirmation of plan received 15th May 25.
7. Review of Pre-Assessment model to review current working model and pathways to meet increasing demand of additional core capacity and WLI to meet SG targets

Risk Type: Unscheduled Care - Corporate Risk IP#25



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within acceptable limits	**Unknown**	

Risk Update	
Controls and actions reviewed and updated to include plans for investment in both frailty and front door target operating model however, risk assessment remains unchanged and risk is out with identified tolerable zone.	

Risk Description	**Risk Owner**	**Accountable Officer**
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	Louise Long

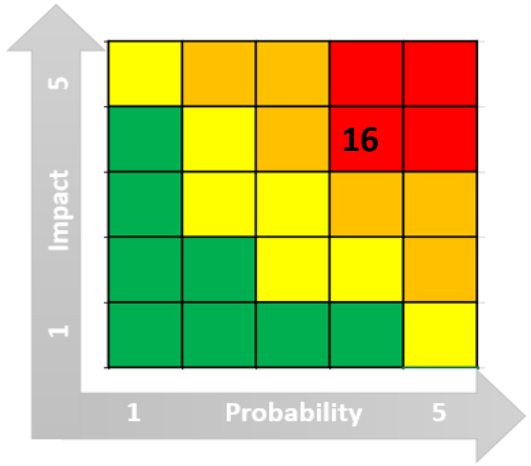
Current Controls

1. Continued observations by nursing staff
2. Intentional rounding by nursing staff
3. Patients added to boarding list meaning they are included in the morning rounds for consultant review
4. Patients remain on trakcare & discussed at each handover if still within the ED
5. Junior medical staff in direct contact with pharmacy to ensure patients receive all usual medications
6. Planning during the day at huddles for nightshift & if necessary opening up extra holding areas which are staffed
7. React now rolled out in all three acute sites – early review from senior clinical decision maker
8. ED Nursing blueprints are temporarily adjusted to reflect current occupancy.

Actions

1. Developing FNC+ pathways to ensure patients are presenting at the correct urgent care service including work with SAS re ambulance redirects
2. Actions being taken to reduce hospital occupancy including current TOM for discharges, virtual beds for patients waiting for imaging etc. OPAS service
3. Developing direct admission pathways
4. Implement updated Operation Flow action plan including additional actions based on gap analysis from CfSD and HIS unscheduled care reviews
5. Additional supplementary staff has been requested to support patients waiting within the ED waiting rooms. The fill rate of these shifts is variable and will be monitored via NMAHP Workforce Group.
6. Senior Nursing staff on sites have been asked to regularly review care of patients being cared for in non-designated spaces to ensure all person-centred care needs can continue to be met.
7. Plans for investment in Frailty Expansion within University Hospital Wishaw, expanding the number of beds to improve length of stay and occupancy levels.
8. Investment in Front Door Target Operating Model to address 4 hour performance targets in line with trajectories and decrease inpatient occupancy through same day care.

Risk Type: Project- Corporate Risk IP#150



Is current assessment within Risk Appetite?		
Risk Appetite: Optimal Zone	**5-9**	**No**
Risk Appetite: Tolerable Zone	**10-15**	**No**
Timeline for risk to move within tolerable limits	**Unknown**	

Risk Update	
Mitigations and actions updated to include further controls for the various contributing factors listed within the risk descriptions. Current risk assessment remains out with identified tolerable zone.	

Risk Description	**Risk Owner**	**Accountable Officer**
There is a risk of delay to the Monklands Replacement Project due to potential prolonged external assurance reviews, rising cost pressures, challenges in maintaining the building warrant schedule, alignment with the EALR programme and finalisation of land acquisition. This may result in negative impacts which will jeopardise the timely and successful completion of the programme.	Colin Lauder	Louise Long

Current Controls

1. Executive level engagement between NHSL and NHS Scotland Assure team to secure commitment to necessary dates to achieve FBC programme.
2. Dates now set for Gateway 3 review
3. Cost review report expected from our cost advisors following their scrutiny of the prices submitted by LOR in mid-September
4. EALR programme has been expanded to include a link road to provide hospital access should the main programme be delayed
5. NHSL liaising with Scottish Government to ensure NHSS Assure prioritise MRP FBC KSAR following funding approval.
6. MRP Risk Register updated and reviewed as appropriate

Actions

1. Establish a sequence of workshops for engagement when the KSAR process will be concluded.
2. Conclude NDAP debate about openable windows
3. Complete approvals for EALR Towers road spur
4. Set up MRP cost sub-group to review the LOR target price