Corporate Risk Register

ID	Op Division	Corporate Objectives	Opened Date	Title	Description of Risk	Rating (initial)	Risk level (initial)	Mitigating Controls	Rating (current)	Risk level (current)	Mitigating Actions	Risk level (Target)	Review Date	Risk Owner	Assurance sources	Notes
2212	Corporate (for use by Chief Executive only)	Effective	01/05/2023	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	DL (2021) 38 'A Policy for NHS Scotland on the Climate Emergency and Sustainable Development' sets out the aims and targets that ensure NHS Scotland is a net zero greenhouse emitting health service by 2040 or earlier. The aims must be fully integrated across NHSL into all planning, management decisions and operational practices. There is a risk that capacity and financial limitations impact on NHSL's ability to sufficiently progress the agenda and meet the mandatory policy requirements. This will result in a failure to meet performance expectations, cause reputational damage to the Board and could ultimately result in NHSL not achieving net zero status by 2040.	16	Very High	Controls 1. NHS Lanarkshire Sustainability & Climate Change Policy (2022) 2. NHS Lanarkshire Sustainability & Climate Change Strategy 3. NHS Lanarkshire Sustainability & Environment Group in place and chaired by Deputy Director Planning, Property & Performance 4. Regular reports to CMT and PPRC 5. Completion of national reports (both statutory and non-statutory) in areas relating to the Boards GHG emissions performance, climate change risk and adaptation and biodiversity.	12	High	Actions 1. Commission net-zero routemap report conducted by Jacobs, due to be finalised by end of June 2023; 2. Formation of a refreshed governance structure and membership of the Sustainability & Environment Group 3. Establish dedicated workstreams and identify senior leads 4. Workstream objectives clearly set ot and highlight reporting of progress. 5. Energy efficiency grant funding sought supported by Mott MacDonald consultants through the Green Public Sector Estates Decarbonisation funding stream 6. Re-investment of a proportion of savings to increase capacity, including identifying spend to save opportunities 7. Maximise opportunities to secure external funding	Medium	31/08/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	27/07/23 - No change to risk at this review.
2197	Corporate (for use by Chief Executive only)	Effective	01/03/2023	Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	There is a significant risk that NHSL will be unable to identify and release the savings needed, on current income and expenditure projections, to meet the Scottish Governments requirement to deliver a balanced budget for the period of 2023/24 – 2025/26.	25	Very High	1.Maximise financial management opportunities in the short-term 2. High thresholds and strict criteria for any additional spend 3. Intelligence gathering and scenario planning to ensure forecasts as reliable as possible 4. Regular horizon scanning for opportunities and threats 5. Enhanced Sustainability & Value Programme covering all areas of the organisations operations and spend and linked firmly to the Boards overall healthcare strategy 6. Participation in National Savings Groups 7. Agreement with SG regarding brokerage repayment.	25	Very High	Actions 1. Continuous review of financial quarter position 2. Accelerate activity around sustainability and savings plans when is reasonably appropriate	Medium	30/06/2023	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)	29/05/2023 - Update from L Ace. Description changed to reflect discussions with the Board Chair at PPRC. Overall update is actions are progressing eg more schemes in S & V pipeline, meeting with SG took place , but all still remains on going work. C Hope

ID	Category	Domain	Date Raised	Risk Title	Risk Description	Score	Rating	Controls/Actions	Score	Rating	Action	Rating	Target Date	Owner	Committee	Update
2150	Corporate (for use by Chief Executive only)	Safe	13/05/2022	Ability to maintain General Medical Service provision	Due to ongoing workforce and workload issues which discourage GP retention within the profession, there is a risk that when existing providers terminate contracts NHSL will not be able to meet its statutory responsibility to provide General Medical Services to patients by either finding another willing provider or by having sufficient workforce to provide a managed service alternative, resulting in reduced patient care & experience and negative opinion of NHSL.	12	High	Controls: 1. GMS sustainability meetings 2. Maintaining triage, and other alternative ways of working to maximise use of existing resource	16	Very High	Action 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. 1a)Sustain and stabilise – maximise support provided directly to practices to decrease their workload and increase efficiency by completing phase 1 PCIP delivery; provide QI support for Patient Access and Workflow Management work in practices; build knowledge of General Practice in locality management teams to enable them to better support practices; focussed work through a new group to look at educational/training and staff support drivers for recruitment and retention; early intervention strategy to encourage disclosure of practice challenges and a structure programme of support with senior management weekly monitoring 1b) Building new models of care – developing new care models through CTAC to ensure proactive care takes place, which will reduce unscheduled	High	28/08/2023	South, Chief Officer	Population Health and Primary Care Committee	19/06/2023 - Update from Dr M Russell: Risk description updated from 'There is a risk that some GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention)issues as they respond to clinical requirements. This has the potential for loss of provision of primary care services.'
2213	Corporate (for use by Chief Executive only)	Effective	01/05/2023	Ability to Respond to Climate Change	Climate change means that extreme weather incidents are becoming more common and severe. If NHSL don't take appropriate action to mitigate, adapt and respond to the effects of climate change, there is a significant risk that our physical and supporting infrastructure is impacted resulting in disruption to our services, patients and staff.	16	Very High	Controls 1. Completion of Climate Change risk assessment 2. Adaptation report complied Actions 1. Undertake a Climate Change Risk and Adaptation (CCRA) for the Board with appropriate stakeholder involvementin the process. 2. Submission of Adaptation report to NHS Assure/Scottish Government 3. Development and refinement of the process over time time to inform the organisation's adaptation and mitigation strategies for climate change.	9	Medium		Medium	31/08/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	27/07/23 NHSL comments sent back regarding the Jacobs Net Zero report, to be finalised. Work continues within the SEG and objectives have been identified to action the Sustainability & Climate Change Strategy, workstream leads for all workstreams identified. Grant funding for £50k apllied for to secure Mott MacDonald's PSU services to support the 2023/24 GPSEDs application. Grant funding through the GPSEDs scheme for near £5M is to be submitted by 31/07/23 to deliver energy efficiency improvemens across 5 sites.
2062	Corporate (for use by Chief Executive only)	Effective	19/07/2021	Development of the new healthcare strategy, Our Health Together	Due to current capacity pressures across the whole system and a potential inability to resource, there is a risk of insufficient capacity necessary to progress strategy development which may adversely impact on the timescales and delivery of the new strategy 'Our Health Together'.	12	High	Controls 1. Review of current status of individual work streams monitored via Strategy Delivery Team (SDT) on a bi-monthly basis.	9	Medium	Action 1. Stakeholder Engagement process to commence April - June 2023, approval obtained by both the Board and PPRC. 2. New strategy to be reviewed in draft form Autumn 2023.	Medium	28/08/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	01/08/23 - No change to risk. --
2205	Corporate (for use by Chief Executive only)	Safe	27/03/2023	Fire Safety Within NHSL	If all staff within NHSL are not sufficiently trained in relation to fire safety and awareness, there is an increased risk that NHSL is not suitably equipped to manage or respond to fire related incidents which may negatively impact on health and safety of staff and patients whilst failing to comply with legislative requirements.	16	Very High	1. Fire Safety Training mandatory for all staff 2. Compliance monitored weekly and reported to CMT 3. Dedicated Fire Safety team within NHSL carry out Fire Safety Risk Assessments and produce Corrective Action Plans for Senior Site Responsible Managers as appropriate 4. Number of Fire Safety Control Book Audits carried out quarterly. 5. Email is auto-generated 3 months in advance to make users aware of requirement to carry out fire safety training before becoming non-compliant.	8	Medium		Medium	30/10/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	19/07/2023 - Update from C Lauder: Monthly report presented to CMT, showing almost all areas are now >80% compliant. Agreement from CMT to reduce reporting to quarterly with monthly exception reporting for those areas <80% compliant. As a result, likelihood of risk has reduced from 3 to 2, meaning the risk is now within tolerance and is proposed for de-escalation from the CRR to departmental monitoring. C Hope

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2135	Corporate (for use by Chief Executive only)	Safe	29/03/2022	Heightened Cyber Threat	There is a risk of malicious cyber security breaches resulting in the loss of digital services within NHS Lanarkshire.	16	Very High	Controls: 1.Adopting NCSC advice in respect of heightened threat level: -Ensure patching of all desktop hardware and software is performed in a timely manner in keeping with current policy. -Ensure where possible that all key business systems are patched in line with current policy. -Ensure all internet facing services are patched. -Ensure AV software is deployed and up-to-date -Alert staff to the heightened risk level especially in connection with unusual e-mails or visiting web sites when prompted by unexpected e-mails -Monitor which third party suppliers have access to our network, seek assurance that such companies have taken appropriate steps given the heightened threat. -Monitor early warning information sources such as those provided by NCSC and CISP -Check for Russian commercial	16	Very High		Medium	31/08/2023	Wilson, Donald	Healthcare Quality Assurance and Improvement Committee (HQAIC)	Update July 2023 - MG - New tools still actively being utilised and output analysed for advisory. 1 Senior Cyber post filled last month, with 2 further posts (1 x B6, 1 x B5) being interviewed for in the coming weeks. This will allow the team to expand what monitoring/investigating/reporting is possible across the Cyber toolset available.
2155	Corporate (for use by Chief Executive only)	Safe	16/06/2022	Impact of Unpredictable Public Health Outbreaks on Current Services	Due to the ongoing impact of covid, seasonal flus and other unpredictable public health outbreaks on our current services and staff, there is an increased risk to our ability to sustain core clinical services which could negatively impact upon patient care & NHSL reputation.	16	Very High	Controls 1. Agile Vaccination Programme which can be increased or decreased in capacity and capability as required 2. OPEL Escalation Ladder 3. Use of both National and local data within the organisation to understand trends 4. Ongoing Covid financial support	16	Very High	Actions 1. Move through the stages of Operation Flow	Medium	28/08/2023	Gardner, Jann	Planning, Performance and Resource Committee (PPRC)	27/07/2023 - Updated description is now with Director of Public Health for consideration. C Hope
2221	Corporate (for use by Chief Executive only)	Effective	01/06/2023	Non-Compliance with Off-Framework DL(2023)5	If there continues to be a heavy reliance on off-framework agency use due to lack of availability of substantive resource in areas such as Emergency Department, Peri-operative and Kylepark, there is a risk of continuous non-compliance with DL(2023)5 which could result in additional unaccounted financial exposure for the board and scrutiny from SG.	16	Very High	Controls 1. Escalation framework in place requiring sign off from an exec director to grant use of off-framework agency workers for OOH 2. Agency touchpoint meetings arranged 3 times per week. 3. Site escalations for NFA must be approved by the Chief/ Deputy Chief Nurse prior to submission to the Divisional Director or Nurse Director.	16	Very High	Actions 1. The planned exit strategy is to remove all Non-Framework Agency use by the end of July. Sites are developing reduction trajectories for each ward/dept. 2. Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete. 3. Negotiations for block booking Framework Agency staff is ongoing. 4. The Acute Site senior nursing teams are reviewing rosters to maximise substantive resources and ensure escalation to Staffbank is at least 4 weeks prior to the go-live date of the roster.	Low	28/08/2023	Docherty, Eddie	Acute Governance Committee	25/07/23 - Update from E Docherty: Score remains appropriate at this time, awaiting finance report to understand financial impact of reduction in off-framework usage before re-assessing the score. C Hope ---

ID	Owner	Category	Date	Risk Title	Risk Description	Current Score	Current Rating	Controls	Target Score	Target Rating	Actions	Residual Rating	Review Date	Reviewer	Committee	Update
2222	Corporate (for use by Chief Executive only)	Safe	01/06/2023	Nurse Agency Use	If NHSL complies on June 1st 2023 with DL(2023)5 without exceptions for areas with high volumes of vacancies and lack of availability of resources via Staffbank or Framework Agency, there is an increased risk of insufficient numbers of staff and inappropriate skillmix, which may impact adversely upon patient & staff safety, performance & optimal clinical outcomes, increased waiting times for planned care and potential closure of services temporarily, all of which negatively affecting NHSL reputation and our ability to recruit staff substantively.	25	Very High	Controls 1. Escalation framework in place requiring sign off from an exec director to grant use of off-framework agency workers in specific circumstances 2. Weekly reporting of any off-framework usage within the board to Scottish Government to be held accountable for usage of such methods. 3. Off-framework usage now constrained to only ED and Critical Care.	16	Very High	Actions 1. Explore viability of fast track bank applications 2. Ongoing negotiations with agencies to retain a tariff and governance which is in line with framework until current tender is complete 3. Negotiate with alternative framework agencies to supplement their staff with the necessary skills 4. Utilise triangulation of data such as budget, agency use, overtime, bank, WTE in post, sickness absence, annual leave, vacancy rate and staff turnover to explore reasons for agency use and develop solutions.	Low	28/08/2023	Docherty, Eddie	Acute Governance Committee	24/07/2023 - Update from E Docherty: Further control added to constrain the use of off-framework agency to only critical care and Emergency Dept. C Hope
2219	Corporate (for use by Chief Executive only)	Effective	01/06/2023	Planned Care	If there are ongoing delays to delivery of scheduled care, there is a risk that NHSL is unable to meet obligations to achieve national targets for waiting times, resulting in poor patient experiences and potentially negatively impacting upon patient care and organisational reputation.	25	Very High	Controls 1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL 2. Priority risk assessment of cases on waiting lists aligned with the 3. Realistic Medicine work plan 4. Contracting with special health boards and independent sector 5. Early warning surveillance 6. Operational oversight via Acute Divisional Management Team & Planned Care Board 7. Continuous governance oversight through the PPRC	20	Very High	Actions 1. Planned Care Programme Board to be re-embedded to provide oversight and assurance of planned care with direct focus on waiting time targets 2. Development of better aligned pathways for primary and secondary care 3. Outcomes of Op Flow 2 Task and Finish Group 4 (Ward & System Flow)	Medium	28/08/2023	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	31/07/2023 - No change to risk. --
594	Corporate (for use by Chief Executive only)	Effective	30/11/2009	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	12	High	Controls - 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) 2. Established appointments of Fraud Champion & Fraud Liaison Officer 3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts 4. Audit Committee receives regular fraud updates 7. Annual national fraud awareness campaign 8. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 9. Learning from any individual case 10. Enhanced Gifts and Hospitalities Register 11. Procurement Workshops for High Risk Areas 12. Enhanced checks for 'tender waivers' and single tender acceptance 13. Increased electronic procurement	8	Medium	Actions 1. Continuous monitoring	Medium	30/06/2023	Ace, Ms Laura	Audit Committee	29/05/2023 - Risk Reviewed by L Ace. No change to risk. C Hope

ID						Initial Risk			Controls	Current Risk			Action	Target					Review/Update

2038	Corporate (for use by Chief Executive only)	Effective, Person Centred, Safe, Service/Department/ Function Objectives	03/06/2021	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	There is a risk of disruption to the NHS Lanarkshire Labs Managed Service Contract, because the Laboratories Managed Service Contract (Labs MSC) is one of the most significant contracts that the Health Board has both in terms of annual value and clinical criticality and it has recently came to the end. This may result in providing an inadequate laboratory service, impact patient care and present reputational damage to the Board.	25	Very High	Controls 1. Project Board in place which is the vehicle to manage & implement the new contract. 2. Project Board reviews and manages project risk register in relation to individual risks with tender/procurement process. 3. Progress of work is monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee.	16	Very High			Medium	28/08/2023	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	31/07/2023 - Risk Revewed by Russell Coultard, no changes at this review. C Hope ---
1710	Corporate (for use by Chief Executive only)	Safe	15/11/2018	Public Protection	Due to complexities of population change and behaviour e.g. migration of families in and out of Lanarkshire alongside disengagement with health and social care services, there is a risk NHSL fail to identify harm to any vulnerable person which may result in potential harm occurring and negatively impacting upon confidence and reputation of NHSL.	9	Medium	Controls 1. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals 2. A range of NHSL Policies and Procedures for Child Protection, Adult Protection, MAPPA, EVA aligned to national Guidelines, including reporting, recording, investigation of adverse events and compliance with national standards and benchmarking for child protection, including annual self-evaluation. 3. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues. 4. Designated Child Health Commissioner 5. Public Protection Strategic Enhancement Plan and Strategy revised annually and overseen through the Public Protection Forum 6. Services resumed to normal BAU levels and will be maintained throughout any subsequent acute levels of infection as Public protection identified as a key response and...	9	Medium			Medium	28/08/2023	Docherty, Eddie	Healthcare Quality Assurance and Improvement Committee (HQAIC)	19/07/2023 - Update from E Docherty; risk reviewed, no change at this time. C Hope
1703	Corporate (for use by Chief Executive only)	Safe	18/10/2018	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s)affected and potentially business continuity.	12	High	Controls 1.Scottish Government Strategic Resilience Direction / Guidance 2.Designated Executive Lead 3.NHSL Resilience Committee 4.Local Business Continuity Plans 5.Local Emergency Response Plan 6. Gap Analysis undertaken to set out action plan(s) and solutions 7. Seek national support for these low frequency high impact potential situations 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur. 11.Participation in National Workshop to progress Renewed Resilience...	12	High	Action 1.Resilience Team to undertake and evaluation of site preparedness and training needs		Low	28/07/2023	Pravinkumar, Josephine	Population Health and Primary Care Committee	21/06/23 - Update from J Pravinkumar; SBAR was brought to CMT in June, Head of Resilience is following up discussions with Acute Medical Director. Score remains the same. C Hope

ID	Owner	Category	Date	Risk Title	Risk Description	Score	Rating	Controls	Score	Rating	Actions	Rating	Review Date	Owner Name	Committee	Review Notes
2039	Corporate (for use by Chief Executive only)	Safe	28/05/2021	Staff Fatigue, Resilience, Wellbeing & Safety	There is a risk that staff are extremely fatigued having come through significant waves of Covid and there is an increased risk to staff resilience, wellbeing & safety in any subsequent waves whilst trying to recover / maintain services and manage increased public need, expectations and tensions . This could significantly adversely impact on staff, increase staff absence and consequently reduce workforce capacity.	16	Very High	Controls 1. Range of staff support services locally and nationally – SALUS, spiritual care, psychological services, PROMIS 2. Rest and recuperation areas 3. Peer support network and Resilience and Wellbeing in the Workplace sessions offered to provide an insight and understanding into building self and team resilience and wellbeing. 4. Established SLWG to review staff V&A incidents (as part of OHS annual review) 5. Continued surveillance of staff wellbeing and safety through data review, executive walk rounds and the consideration of a 'safe card' system. 6. Communication plan, including release of NHSL video featuring staff and heightened awareness of zero tolerance safety messaging from the chair of the board 7. New NHSL Wellbeing webpage launched 8. Staff Health & Wellbeing Strategy published which sets out the ambition for NHSL to ensure staff feel supported and valued	12	High	Actions 1. Develop a summarised outcome/measure paper on the range of controls for assurance reporting 2. Review of long-term sickness absence profile with action plan by end of December 2022 3. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc.	Medium	30/06/2023	Sandilands, Kay	Staff Governance Committee (SGC)	29/05/2023 - Risk reviewed with J Pender and L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope
2124	Corporate (for use by Chief Executive only)	Effective	04/02/2022	Sustaining a Safe Workforce	There is a risk that NHSL will not be able to sustain the necessary safe workforce to meet the changing priorities resulting from the pandemic response and service demands moving into recovery. This has the potential to adversely impact on patients, staff, continuity of services and ability to comply with the forthcoming Health & Care (Staffing) (Scotland) Bill.	12	High	Controls 1. Workload and workforce planning using national tools on a cyclical basis. 2. GP Sustainability Group in place and active 3. Innovative Local recruitment such as using data to drive targeted recruitment and advertising posts on various social media platforms 4. National and International Recruitment 5. Responsive Deployment and redeployment of staff 6. Wellbeing initiatives supporting staff and supporting attendance 7. Monitoring of attrition and sickness/absence 8. Negotiations with local universities to increase intake of NMAHP per year 9. New recruitment website and resources launched to promote NHSL as employer of choice. 10. Retire & Return Policy to support staff, services and succession planning 11. Process for monitoring compliance with mandatory training introduced to act as a key measurement for safe working 12. Use of supplementary staffing to	12	High	Actions 1. Workforce planning will align with the development of the new NHSL strategy 2. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc. 3. Embedding of NHSL's Widening Access & Employability Strategy to focus on NHSL's responsibilities as an Anchor organisation, funding secured for an Employability Hub Team to support the delivery. 4. Dashboard being built to identify and assess recruitment blockages	Medium	30/06/2023	Sandilands, Kay	Staff Governance Committee (SGC)	29/05/2023 - Risk reviewed with J Pender & L Ireland. Controls have been reviewed with those in red highlighting additional controls or expansion on already existing controls. C Hope

ID	Category	Dimension	Date	Risk Title	Risk Description	Score	Level	Controls	Score	Level	Actions	Rating	Date	Owner	Committee	Update
2126	Corporate (for use by Chief Executive only)	Safe	08/02/2022	Sustaining Primary Care Out of Hours Service	Due to insufficient supply of GPs and advanced practitioners or resultant staff mix which does not allow all clinical issues to be resolved by available staff, there is a risk that treatment to patients will be delayed within the Primary Care Out of Hours Service resulting in reduced patient care & experience and negative opinion of NHSL.	16	Very High	Controls 1. Invoking 'Safety Netting' via A&E as contingency arrangements 2.National and local re-design of services, including Urgent care 3.Improvement project plan reviewed with an outline of change reviewed by CMT and considered by Population Health, Primary Care and Community Services Governance Committee	16	Very High	Action 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. 2. Move towards a multidisciplinary model of care to ensure that service is not dependent on sessional GPs, with rolling recruitment of ANPs, and explorations with professional leaders of role of other professional groups (eg pharmacists) 3. Explore and resolve broader system consequences of non medical staff providing care 4. Ensure that patient safety is maintained by safety netting process previosuly agreed by CMT	Medium	28/08/2023	South, Chief Officer	Population Health and Primary Care Committee	19/07/2023 - Update from Dr M Russell: Risk descprition updated from 'There is a risk that the Out of Hours (OOH) service cannot be sustained due to an insufficient supply of GP's and other relevant primary care staff to meet the workforce demand, particularly at peak times, compounded by a shortfall of supporting advanced practitioners. This has the potential for delayed treatment, impact on other services and adverse reputation for NHSL.'
2129	Corporate (for use by Chief Executive only)	Effective	15/03/2022	Sustaining Whole System Patient Flow	There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care workforce capacity to meet the demand. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.	16	Very High	Controls: 1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients 2. Local planned date of discharge (PDD) and national discharge without delay (DWD)programme implemented 3. CMT have continuous oversight of performance, reasons for delay and consider further actions 4. Continuous oversight of hospital outbreaks and infection prevention and control advise with case by case management of outbreaks 5. Workforce planning with continuous monitoring of sickness/absence during surge periods 6. Operation Flow is now in progress.	16	Very High		Medium	28/08/2023	Gardner, Jann	Population Health and Primary Care Committee	27/07/23 - Risk to be discussed with Chief Exec & Head of Planning through the lens of Op Flow 2. C Hope
2218	Corporate (for use by Chief Executive only)	Safe	01/06/2023	Urgent & Unscheduled Care	If NHSL cannot create capacity and address whole system pressures through redesign to create a sustainable urgent and unscheduled care programme, there is a risk of being unable to deliver safe, good quality levels of unscheduled care which may result in sub-optimal clinical outcomes for patients as well as negatively impacting upon scheduled care services.	25	Very High	Controls 1. Operational oversight through site and acute division daily huddles which then feed to Acute DMT for further escalation when required. 2. Ongoing monitoring of 4, 8 and 12 hour delays 3. Oversight and review of HSMR 4. Datix and Adverse event reporting 5. Consultant connect process in place to improve communication with GP's 6. Daily whole system conference calls arranged twice daily with subsequent conference calls arranged as necessary. 7. Continuous performance monitoring through PPRC 8. Governance oversight via QPPG and HQAIC	20	Very High		Medium	30/06/2023	Gardner, Jann	Healthcare Quality Assurance and Improvement Committee (HQAIC)	31/07/2023 - Unscheduled care performance for the month of July was 66%, falling slighlty short of the target trajectory set at 67%. Performance throughout the month across all three acute site varied for numerous reasons including workforce challenges and waits for beds. C Hope