NHS LANARKSHIRE
CORPORATE RISK REGISTER

Risk Register Lead : Mr Calum Campbell, Chief Executive

ID	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (tolerance)	Risk Owner	Review Date	Assurance sources
659	01/08/2009	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality	Very high	1) Major Emergency Plan - Resilience Group meets regularly to review actions - Evaluate and review Plan regularly. - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) 2) COMAH sites major incident plans - Monitor, evaluate and revise site plans - Ensure Public Health staff aware of specific responsibilities 3) Staff education and training - Ensure appropriate cohorts of staff receive education and training - Monitor, evaluate and revise education and training 4) NHSL exercises - Undertake, monitor, evaluate and revise exercises 5) Multi-agency exercises - Undertake, monitor, evaluate and revise exercises 6) Joint Health Protection Plan 7) BCP plans tested at Corporate and Divisional level 8) Multi-agency monitoring Group 9) Lessons learned from national exercise 'Safe Hands'.	Medium	Medium	Dr Harpreet Kohli	30/06/2017	Healthcare Quality Assurance and Improvement Committee
1462	11/01/2017	NHSL Ability to realise the required savings within year 2017/18	In order to deliver a balanced budget, there is a risk that NHSL will not be able to realise the required savings for 2017/18, with the potential to impact adversely on current and subsequent years financial planning	Very high	1. Continuous financial planning including plans for covering any loss of savings 2. Organisation wide efficiency drive with defined programme structure, overseen through CMT. 3. Requirement for nationally mandated initiatives and policy changes that facilitate the realisation of the balance of the total efficiency savings requirement. 4. Assessment of service impact from savings, with CRES schemes being risk assessed 5. Further funding secured through negotiation with Scottish Government for 17/18	Very high	Medium	Mrs Laura Ace	28/04/2017	Planning, Performance & Resource Committee

Prepared by Mrs Carol McGhee, Corporate Risk Manager, on behalf of the Corporate Management Team. Accurate as at 20th March 2017.

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1450	14/11/2016	Ability to maintain existing GM Services across NHS Lanarkshire	There is an increasing risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL, resulting from a range of changes including a change in portfolio career arrangements, age profile of the existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in a number of practices 'closing their list' which has consequences for other neighbouring practices, with some practices alerting NHSL to say they believe their ongoing sustainability as a practice is in serious doubt. Additionally, many of the staff who may be identified as potentially offering support to cover GP vacancies are also in short supply, e.g. Advanced Nurse Practitioners.	Very high	1.Executive group established to highlight and enact potential solutions. 2.Transforming Primary Care programme Board with Primary Care Strategy that aims to enable 'new ways of working', a funded initiative through the Scottish Government that will include extended and enhanced roles for other primary care clinicians, eg pharmacists, nurses and AHP's. 3.GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years.	Very high	Medium	Mr Calum Campbell / Mrs Val De Souza / Ms Janice Hewitt	31/03/2017	Planning, Performance & Resource Committee

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643	22/02/2010	Cost Effective Prescribing	There is a risk that even by implementing the prescribing quality efficiency programme, the expected savings will not be realised.	Very high	1.Continuous performance monitoring of prescribing expenditure and trends at the Prescribing Management Boards (Primary Care, & Acute) and PQEP Board 2.Establishment of an Action Plan by PQEB, with action plans for the 3 acute hospital sites and 1 for Primary Care 3.Targeting GP practices from support team, based on current prescribing data 4.Individual Practice Prescribing Plans 5. Outlier practice visits by prescribing team and senior health staff from the H&SCP, improving engagement by: -locality meeting to discuss PQEP with general practice -meetings with 3 hospital site chiefs of medicine and medical staff 6.System wide programme of Change and Improvement Infrastructure now in place 7.Scriptswitch implemented 8. Monthly meeting with Scrutiny Panel 9. HEPMA (Hospital Electronic Prescribing & Medicines Administration) Business Case submitted 10. Reference Group set up to generate innovative and additional ideas to continue to improve prescribing across NHSL	High	Medium	Dr Iain Wallace	31/05/2017	Planning, Performance & Resource Committee

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1025	18/02/2013	Reconfiguration of beds for Older Peoples Services	There is a risk that NHS Lanarkshire will not be able to achieve the reduction in beds necessary to fund community investments that have been pump primed.	Very high	1. RCOP Reinvestment Plan approved at NHSL Board (9.12.14) 2. Roll out of Hospital at Home service across NHSL in 2015/16 3. Level of financial cover in 2015/16 through Integrated Care Fund 4. Agreed framework to evaluate project finance and effectiveness 5. Governance and Performance monitoring through Board, Operating Management Committees and Corporate Management Team 6. Review of role of Kilsyth Victoria Cottage Hospital and Intermediate Care Home beds 7. Trial of Discharge to Continuous Management 8. Review of continuing care eligibility and associate bed requirements - NHSL wide 9. Acute Service manager and NLC Service Manager released to undertake appropriate reviews (intermediate care, off-site bed requirements etc) 10. Bed modelling group in North Lanarkshire continues to meet to develop this workstream. Similar to be undertaken in south as part of the Older peoples Plan/Joint Commissioning Strategy.	High	Medium	Mr Calum Campbell / Mrs Val De Souza / Ms Janice Hewitt	31/05/2017	Planning, Performance & Resource Committee

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1280	02/03/2015	Maintaining quality of care and prevention of harm and injury to patients	There is a risk that NHSL does not adequately protect patients from a range of harm / injury through inconsistent application of safe systems that could be detrimental to patients outcomes and patient safety.	Very high	1. Transforming Patient Safety & Quality of Care Strategy with supporting implementation plan. 2. Boards strategic prioritised patient safety plan 3. Patient safety Strategic Group with oversight of the Boards patient safety prioritised plan. 3. Executive and Non-Executive commitment to patient safety. 4. Bi - annual Patient Safety Culture Survey undertake to identify priority actions linked to Patient Safety Plan. 5. Improved site level reporting, review and management of incidents and patient safety data 6.Increased training for staff and development for the workforce competence in improvement science through the QI capability and capacity plan 7. Executive Safety Leadership walkrounds with actions and reporting closure of actions 8. Testing the Vincent framework of harms 9. Automated notification of Category 1 graded adverse events to agreed cohort. Function extented to wider operations cohorts January 2017. 10. Patient Safety Steering Group has a patient safety measurement reporting (dashboard) that informs HQAISG/Committee, through the Quality and Safety Dashboard 11. Category 1 Adverse Events overseen by the Category 1 Review Group and CMT 12. SAER reporting to CMT through the monthly adverse event report 13. New Support, Care and Clincial Governance Framework (joint with H&SCP's)	Medium	Low	Dr Iain Wallace	31/05/2017	Healthcare Quality Assurance and Improvement Committee

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244	07/02/2008	NHSL does not comply fully with statutory requirements and obligations.	There is a risk that NHSL does not comply fully with statutory requirements and obligations potentially exposing NHSL to prosecution, improvement notices and / or corporate homicide.	High	1. NHSL has in place a Legislative Framework, overseen through the CMT and updated by the Head of Occupational Health & Safety with the responsible Directors. See attached within the Documents section. 2. There is a range of controls to fully comply with statutory requirements and obligations, full listing attached within the Documents Sections.	Medium	Medium	Corporate Management Team	31/10/2017	Corporate Management Team
1379	14/12/2015	Delayed Discharge Performance and Impact	There is a collective risk that NHSL, and North and South H&SCP's will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers.	High	1.CMT have weekly oversight of performance, reasons for delays and discuss actions 2.Pan-Lanarkshire Unscheduled Care and Discharge Group with Improvement Plans and Trajectory, supported by North and South delayed discharge working groups 3.National ISD exercise to ensure all Partnerships are recording correctly, work ongoing February 2017 4.Winter Bed Plan 2016/17	High	Medium	Mr Calum Campbell / Mrs Val De Souza / Ms Janice Hewitt	31/05/2017	Planning, Performance & Resource Committee
1389	15/02/2016	Service Model Review for OOH Service	The business continuity model for OOH has demonstrated significant improvement in the delivery of safe effective service. The responsibility for commissioning the service going forward passes on to the IJBs on the 1st April 2016. Any decison prior to this will require to be consistent with their Strategic Change Plans and commissioning intentions. The Strategic Change Plan will not be ready until summer 2016.	High	1. Maintain business continuity mode with sustained improved performance 2. Continuous CMT overview of performance and emerging areas of risk 3. Health Board to engage with both IJBs to support consistent strategic change plan and commissioning plan for the service. 4. Maintain close monitoring and conduct service review against national OOH Service Review 5. Consider report on findings of the external review of the OOH Service Model, report through NHSL Board and implement improvements/actions by 1st December 2016, integral to the Transforming Primary Care Development Plan.	Low	Low	Mr Calum Campbell / Mrs Val De Souza / Ms Janice Hewitt	28/03/2017	Planning, Performance & Resource Committee

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1412	13/06/2016	GP input to sustain current community hospital clinical model of service.	There is a risk to NHSL that there is insufficient GP capacity to enable sustainable delivery of medical input to the community hospitals that are dependent on the GMS Issues include a change in portfolio career arrangements, age profile of existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in one community hospital being closed to admissions, with the potential to recur in other areas.	High	1. Investigation of delivery of a non medical-led clinical service model of care for Community Hospitals. 2. Focus on maintaining delayed discharges at low level in relation to patients from the Clydesdale Area. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years 4. Commissioning of Service Model Options Appraisal expected around May 2017.	Very high	Medium	Mr Calum Campbell / Mrs Val De Souza / Ms Janice Hewitt	31/03/2017	Planning, Performance & Resource Committee

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1413	13/06/2016	Unscheduled Care Performance	There is a risk that NHSL will not meet the agreed locally adjusted unscheduled care performance targets as profiled over the year	High	1. Unscheduled care plan developed against 6 key essentials approved by the Unscheduled Care Improvement Board. 2. Site specific action plans written, approved and implemented 3. Site actions managed and monitored through the weekly site flow meetings 4. Service improvement support for unscheduled care deployed to all 3 sites 5. Regular meetings with Scottish Government to review performance against action plans 6. Weekly improvement meetings at Wishaw, chaired by Director of Acute Services 7. Enhances support for Hairmyres 8. Additional physicians 9. On-going dialogue at senior level with social work aimed at tackling delayed discharge 10. Monklands 'flow' project established with executive sponsorship and now in phase 2 - rapid assessment and treatment service 11. 24/48 hour business continuity arrangements in place for each site and Board wide escalation in place 12. Business continuity arrangements for longer term currently being worked through and reported to NHSL Board on progress 13. Improvement Teams allocated to each site 14. Introductions of strategic partnership forum for discussion and improvement around unscheduled care 15. Site huddles on all 3 sites supported by duty managers 16. MINTS/MAJOR nursing to compensate for middle grade medical staff 17. Short term sustainability recruitment action plan in place 18. Extended hours for Ambulatory Care 19. Winter plan 16/17.	High	Medium	Mrs Heather Knox	31/05/2017	Planning, Performance & Resource Committee

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1431	08/08/2016	Sustaining a safe trauma and orthopaedic service for patients across NHSL.	There is a risk that NHSL cannot continue to provide the trauma and orthopaedic services across the three acute sites, resulting from insufficient senior clinical decision-makers. There is also the potential that this will worsen towards winter 2016 and could lead to a service collapse, impacting on patient care. Failure to redesign the service is likely to result in the post graduate dean removing training accreditation and prevent a number of the consultants being able to perform the recommended number of complex cases to sustain optimum clinical competence and outcomes.▯ The proposed 2 site, phase one of the redesign will enable additional resilience to the service, but implementation of this will be both complex and challenging.▯	High	1.Phase 2 implementation of redesign of services through the implementation of the new NHSL Healthcare Strategy and Communication Plan 2. Project Board (Chaired by Director of Strategic Planning and Performance) in place reporting to the Strategy Group (Chaired by Chief Executive).	High	Medium	Mr Calum Campbell	28/04/2017	Planning, Performance & Resource Committee
1323	27/07/2015	Provision of Clinical Services Required	There is a risk that NHSL will not be able to continue to provide clinical services required because of the availability, recruitment and retention of clinical staff, with the potential to adversely impact on patient care and the overall corporate objectives for NHSL.	High	1. Consultation on Clinical Strategy 2. Strategic Plans for H&SCP 3. Implementation of Workforce Plan 4. Redesign of the OOH Services 5. Maintain trainee numbers through ensuring NHSL can provide a high quality training and learning environment: driving change to the T&O service. 6. Service Model review for GM service to Cottage hospitals 7.'New ways of working' through the Transforming Primary Care Programme Board.	High	Medium	Mr Calum Campbell	28/07/2017	Planning, Performance & Resource Committee

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1349	01/10/2015	Child Protection	There is a risk that despite organisational and support systems, there is potential for failure to protect vulnerable children.	High	1. Compliance with national standards working in collaboration with other agencies; Child Protection Supervision system; record keeping; information sharing and governance; monitoring and reporting and training programme, both single and multi-agency. 2. National, regional and local multi-agency Child Protection policies and procedures and NHS Lanarkshire's additional Child Protection policies. 3. Review of existing NHSL workplan and collaboration in development of multiagency workplan following Care Inspectorate Report for North and South Lanarkshire. NHSL associate work will be delivered via a number of established NHSL groups and committees and tracked via a single masterplan. 4. Continuous self evaluation and service improvement through annual review and reporting. 5. Directly linked to Public Protection Objectives 6. Governance arrangements confirmed and more reporting via HQAIC. 7. Benchmarking against local and national case reviews to ensure learning informs NHS Lanarkshire Child Protection work. 8. Experienced multi-disciplinary Child Protection Team available to advise and support staff and managers throughout NHS Lanarkshire and partner agencies in relation to child welfare/protection concerns and clinical input provided by Child Protection Paediatricians as appropriate. 9. Discussion underway with designated Child Health Commissioner relating to representation and engagement on multiagency groups and committees to ensure effectiveness of partnership working. 10. Service review identified the need for additional staff, 3 x wte substantive Child Protection Advisors recruited 11. 3 wte termporary advisors in post until 31st March 2016.	Medium	Low	Mrs Irene Barkby	30/06/2017	Healthcare Quality Assurance and Improvement Committee

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1363	09/11/2015	Increasing Reliance on IM&T	There is a risk created by the increasing reliance on all NHSL IT systems and infrastructure. As the use of IT systems and infrastructure are stretched without proportionate investment, there is a greater likelihood of aspects of these systems failing with direct impact on the medical management of patient care. This risk is further increased by the increasing level of interoperability between systems.	High	1. Development of contingency arrangements both technical and with service leads to provide for continuity of operation in the event of systems failure, i.e. Graypack, Acute Services contingency arrangements	High	Medium	Mr Colin Sloey	28/04/2017	Healthcare Quality Assurance and Improvement Committee
1364	09/11/2015	Risk of cyber attack in respect of stored NHSL data	There is a risk of malicious intrusion into patient data stored on NHSL digital systems. This is a growing risk as "cyber hacking" becomes more sophisticated and there are regular high profile examples of such activity reported in the national media, with the potential to result in significant adverse publicity for NHSL.	High	1. Security provided as part of national data communications contracts, i.e. SWAN. Local Firewall and intrusion detection arrangements. Local system security arrangements, i.e. password protection, audit capability etc	High	Medium	Mr Colin Sloey	28/04/2017	Planning, Performance & Resource Committee
1481	06/02/2017	Sonography Quality Assurance Process for AAA Screening	There is a risk that NHSL does not identify patients at risk of AAA by not applying the internal quality assurnace processes to imaging and reporting, with the potential to adversely impact on outcome for patients within the identified group, and the reputation of NHS Lanarkshire.	High	1. Changes to the leadership of the screeing programme -new clinical lead -new lead screener 2. Protected time for reviewers 3. Supplement of QA processes 4. Communications plan developed 5. Review of images in the AAA screeing programme in Lanarkshire.	High	Low	Dr Harpreet Kohli	20/06/2017	Healthcare Quality Assurance and Improvement Committee

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1463	20/12/2016	Capacity to respond to the increasing demand for school pupil work experience placements 2017 and beyond.	There is a risk that NHSL cannot continue to respond to the increasing number of requests for school pupil work experience placements resulting from changes to school and educational curriculums. Limited number of 'host' placements available. No dedicated administration support aligned to work experience. This has the potential to adversely impact on the reputation of NHSL with a potential negative impact on future recruitment, increased complaints and impact on staff engagement. Further risks are associated where students may be offered an 'unknown' placement locally which is not covered by liability insurance or health and safety.	High	1.Working group established to ensure on-going review of placements and align to other initiatives' - e.g. volunteering, modern apprentices, development of career events 2.Work Experience Policy developed to provide clear guidance around placements 3.Shared folder for administration to co-ordinate document completion - e.g. school release 4.Reporting structure for working group agreed to report to Staff and Organisational Development Group	High	Medium	Mr Kenny Small	28/05/2017	Staff Governance Committee
1469	02/02/2017	Delivery of the LDP 2017/2018	There is a risk that delivery of the LDP for the year 2017/18 will not be fully realised because of the continuous challenges of the necessary cash releasing efficiency schemes to be implemented. This could result in decreased capacity and potential for failure to meet some of the LDP standards and targets.	High	1. Capacity Plans for all Access targets 2. CRES programme with all schemes having service impact risk assessed 3. Continuous oversight of the integrated corporate performance framework for Scottish Government and local targets 4. NHSL review of the targets set within the LDP and the consideration given to what can reasonably be achieved with the least adverse impact	High	Medium	Mr Colin Sloey	28/04/2017	Planning, Performance & Resource Committee
285	01/04/2008	Standing risk that external factors may adversely affect NHSL financial balance	There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance (eg superannuation and national insurance and other legislative changes and pay awards), but increasingly new high cost drugs will require to be managed on a rolling basis through horizon scanning.	High	1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: Regional planning Scottish Government Networking with other Health Boards	High	Medium	Mrs Laura Ace	31/05/2017	Planning, Performance & Resource Committee

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286	01/04/2008	Adequacy of capital & recurring investment for Monklands	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as a) Monklands is an ageing property / facility b)Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	1. Detailed risk assessment of Monklands estate issues 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority 3. Monklands Investment Programme Board established to oversee the process 4. Framework partner appointed to work through phases of estates work. 5. Detailed engagement with SGHD on capital planning to sustain Monklands with Initial Agreement expected to be submitted in January 2017.	Medium	Medium	Mrs Laura Ace	31/05/2017	Planning, Performance & Resource Committee
572	28/10/2009	Minimising the risk of HAI across NHSL	There is a risk that HAI will not be adequately prevented and subsequently controlled, within NHSL, resulting from inconsistency in compliance with guidelines, Policies & Procedures. This has the potential to adversely affect patients, staff, the public and the Corporate Objectives.	High	1. HAIRT reporting to Board bi-monthly 2. Exception reports are presented as appropriate 3. Healthcare Associated Infection (HAI) is considered quarterly by the Healthcare Quality Assurance Improvement Committee (HQAIC). 4.Reports are also considered at Acute/Mental Health and Primary Care Clinical Governance and Risk Management Committees on a bi monthly basis. 5.Data is also discussed on a monthly basis at SCN forums within acute and primary care settings 6.CDI Care Plan in place which advises nursing staff to ensure that patients/relatives receive an information leaflet on the condition and discuss the patients care plan and the need for isolation. 7. The named consultant and all medical staff caring for patients have professional responsibility to ensure that their patients are routinely advised of any confirmed diagnosis. 8. The responsible medical staff ensure that patients are aware of the indication for any investigations and be willing to discuss with family (with patient consent). 9. Professional lines of responsibility are clear, reporting through to Executive Lead and the Board. surveillance	Medium	Low	Mrs Irene Barkby	30/06/2017	Healthcare Quality Assurance and Improvement Committee

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594	09/02/2009	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.	High	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. Appointment of Fraud Champion 3. Appointment of Fraud Liaison Officer 4. Key contact for NFI, who manages, oversees, investigates and reports on all alerts 5. Audit Committee receives regular fraud updates 6. Annual national fraud awareness campaign 7. On-going fraud campaign by the Fraud Liaison Officer through comms plan☐ 8. Learning from any individual case 9. Enhanced Gifts and Hospitalities Register 10. Procurement Workshops for High Risk Areas	Medium	Medium	Mrs Laura Ace	31/05/2017	Audit Committee

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623	01/06/2009	Failure to prevent or contain communicable diseases	There is a risk that NHSL is unable to prevent or contain infectious disease: in the community at large; at institutional level (hospital, care home, etc); in vulnerable groups eg childhood immunisation, elderly groups; and influenza/pneumococcal immunisations, resulting in increased morbidity and mortality in the population.	High	Communicable disease 1. Continuous increased surveillance (early warning) 2. Prevention and control; implementation of transmission-based precautions; training; infection control collaborative working 3. Overview of immunisation/vaccination Programme and continuing to implement expanded immunisation programmes with adequate coverage attained. 4. Full implementation of the Scottish Hepatitis C Action Plan in Lanarkshire 5. Business Continuity Planning for health protection. 6. Major Emergency Plan : Lanarkshire Resilience Group, Evaluation and review of the Plan on an annual basis (or more frequently if required and the standards and monitoring in place with external scrutiny by Health Improvement Scotland (HIS) and the WoS RRP. 7. Joint Health Protection Plan. 8. Revised NHSL Pandemic Influenza Plan to reflect UK & Scottish Guidance and Scottish Pandemic Flu Exercise : Silver Swan. 9. Vire across departments effective admin support for the public health function. 10. HP Zone - information management system for communicable disease 11. Winter Plan 2016/ 2017.	Low	Low	Dr Harpreet Kohli	28/06/2017	Healthcare Quality Assurance and Improvement Committee

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847	24/02/2010	Adult Support and Protection	There is a risk that within NHSL, there is failure to identify where adult support and protection is breached, and that this is not notified to the relevant authorities timeously with the potential to adversely impact on adults receiving care from NHS Lanarkshire and the reputation of NHS Lanarkshire.	High	1. National Adult and Support Protection Guidelines implemented. 2. NHSL ASP Policy 2014 3. Multi-agency Guidelines 2011 4. Public Protection Group for NHS Lanarkshire (Chaired by Director of NMAHPS) 5. Lanarkshire Multi-Agency ASP Committee 6. Reporting and Recording of Incidents (Datix) 7. Enhanced Escalation Process 8. Professional Supervision Arrangements 9. Training Needs Identified and agreed 10. Implementation of an Annual letter (in August) to all registered nurses highlighting Code of Conduct, facilitated through Practice Development. 11. Multi - Agency Chief Officers Group to oversee all Public Protection Issues 12. Annual Report to HQAIC.	Medium	Low	Mrs Irene Barkby	28/07/2017	Healthcare Quality Assurance and Improvement Committee
849	22/02/2011	Outcome Reports from HEI Visits	There is the risk that NHSL does not meet the HEI Standards at each visit (announced and unannounced, despite having organisational and support systems in place, with the potential for NHSL to be subject to adverse publicity following publishing of the Reports.	High	1. Detailed SIPS audits in place monthly 2. Infection prevention & control audits in place 3. Reported via Hospital Management Teams 4.Executive led environmental / infection control visits increased now multi-level (CMT & OMT). Immediate feedback and action taken on the day to address any deficits. Also formal reporting of findings to OMT, CMT, LICC, HQAIC and Board continues. 5.IPCT Workplan 2016/17.	Medium	Medium	Mrs Irene Barkby	28/06/2017	Healthcare Quality Assurance and Improvement Committee

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1128	10/03/2014	Sustainability of Safe and Effective Medical Input to Clinical Services	There is a risk that NHSL will be unable to appoint to vacancies in medical staffing and retain existing medical staff resulting from the overall available medical resource, including training and non-training grades.	High	1. Continuous risk assessment of clinical specialties undertaken 2. Annual Medical Workforce Plan 3. National and International Recruitment, including the International Medical Training Initiative (MTI), to recruit middle grade doctors from overseas. 4. Locum Appointments with monitoring 5. Establishment of Joint Academic & Service posts with academic partners 6. Job Planning to maximise contribution of consultant workforce 7. Medical Leadership Forum 8. Monitor GP workforce and have contingency plans available to manage closure of a GP practice 9 GP sustainability group chaired by the Executive Medical Director 10 Chief Resident Appointments on 3 DGH sites 11. Continuous review of quality of medical training through trainee forums on 3 sites and the Medical Education Governance Group 12.Agreed redesigned OOH Service 13 Implementation of Phase 1 T&O Review 14. Implementation of the 'Achieving Excellence' Strategy	High	Medium	Dr Iain Wallace	28/05/2017	Healthcare Quality Assurance and Improvement Committee

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ID	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (tolerance)	Risk Owner	Review Date	Assurance sources
1310	24/06/2015	Nursing - Availability of Specialist Practitioners	There is a risk that NHSL may fail to recruit adequate numbers of Health Visitors and District Nurses with Specialist Practitioner Qualifications (or equivalent) because of insufficient supply both locally and nationally, leading to challenges in meeting local needs.	Medium	1. Workforce and workload planning process identifying and highlighting changing needs. 2. Collaborative working with UWS to ensure appropriate pathways to support recruitment and retention. 3. Senior Leadership and Management engaged in business continuity planning to ensure not adverse impact of changing workforce profile and secondary impact of temporary absence associated with any unplanned leave 4. Agreement reached at CMT to support further training of additional HV Students 5.Training Plan in place.	Medium	Low	Mrs Irene Barkby	28/06/2017	Healthcare Quality Assurance and Improvement Committee
982	31/08/2012	Insufficient number of trained NES Appraisers for Medical Staff	There is a risk that there will not be enough National Education for Scotland (NES) trained appraisers to meet the demand for medical appraisal with the potential to adversely impact on revalidation, and subsequent employment of medical staff.	Medium	1. Oversight by Appraisal Steering Group with regular reporting of appraiser numbers 2. Provision of adequate SPA time for appraisers in secondary care 3. on-going support for appraisers through the 'Learning network for Appraisers' 4. Development of a database to track completion of appraisals and job plans in secondary care 5. Introduction of a more flexible approach to providing additional appraisals for Primary Care 6. Training of additional appraisers programme within NHSL 7. Recruitment of appraisers from outwith NHSL secured for Primary Care 8. Development of 'fair allocation' for allocation of appraisers across acute sites. 9. Retention of appraisers up to 2 years post retirement.	Medium	Low	Dr Iain Wallace	31/05/2017	Healthcare Quality Assurance and Improvement Committee

Risk Register Lead : Mr Calum Campbell, Chief Executive

ID	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (tolerance)	Risk Owner	Review Date	Assurance sources
983	31/08/2012	Outcome Reports from Older Peoples Services Inspectorate	There is a risk that despite having Organisational and support systems in place, NHSL does not meet the criteria of announced and unannounced visits by HIS to inspect services for Older People in acute care, with the potential for NHSL to be subject to adverse publicity following publication of the Reports.	Medium	1. Older People in Acute Care (OPAC) Steering Group 2. Agreed Board Reporting 3. Debriefing Action Plans 4. OPAC Improvement Board 5. Patient Safety Walkrounds 6. Care Assurance Board reporting to HQAIC 7. Self Assessment Complete prior to site visit 8. Local OPAH pre visit concluded - Actions for improvement noted by local team. 9. Revised approach being taken to auditing standards of care delivery at ward level. 10. Team Leaders and Charge Nurses have Objectives set to drive improvement Following recent OPAH unannounced inspection a detailed review of the approach taken to progressing and sustaining areas for improvement and organisational systems and process are being undertaken by Senior NMAPH leaders. Review underway of findings of trialing a revised methodology for driving improvement and capturing ward performance.	Medium	Medium	Mrs Irene Barkby	28/06/2017	Healthcare Quality Assurance and Improvement Committee
1470	02/02/2017	Nurses & Midwives Registration & Continuity of Service	There is a risk that there is failure of registered nursing and midwifery staff to pay the annual registration fee by the due date, mainly associated with human error impacting on the NMC payment systems eg notification of change of name, address, bank details, etc. This has the potential to adversely impact on service workforce, in particular, in specialty areas where there are smaller cohorts of essential skills .	Medium	1.NHSL Policy with a NMC Checking process in place 2. Continuous monitoring through practice development and reporting to Executive Director of Nursing (NMAHPS) and reporting to HQAIC 3. Communications Strategy, advising on early notification to NMC on any changes and direct debit management of annual fee as a more reliable method of payment	Medium	Low	Mrs Irene Barkby	30/06/2017	Healthcare Quality Assurance and Improvement Committee

Prepared by Mrs Carol McGhee, Corporate Risk Manager, on behalf of the Corporate Management Team. Accurate as at 20th March 2017.

NHS LANARKSHIRE
CORPORATE RISK REGISTER

Risk Register Lead : Mr Calum Campbell, Chief Executive

ID	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (tolerance)	Risk Owner	Review Date	Assurance sources
1480	20/03/2017	Impact on NHSL Cytology Services resulting from National Change	Resulting from the national change to primary hr-HPV testing, there is an emerging risk that NHSL will meet a higher demand for cytology testing that may not be met or sustained as the workforce, and recruitment / retention gap widens and reduces the ability of other laboratories to meet the target. This will increase the burden on larger Health Board areas in particular, NHSL, with the potential to adversely impact on clinical outcome, performance and the reputation of NHS Lanarkshire.	Medium	1. Current stable workforce in NHSI 2. Physical environment exists for extended sessions in NHSL 3. Distribution of work at critical periods across NHS Scotland 4. Worforce Planning 5. Monitoring of performance within NHSL☐ 6. Horizon Scanning	Medium	Medium	Dr Harpreet Kohli	20/07/2017	Healthcare Quality Assurance and Improvement Committee
1466	01/02/2017	Nursing Workforce	There is a risk that the overall nursing workforce will not be commensurate with the service demands resulting from retirement levels; sickness/absence levels; recruitment and retention of nursing staff and the higher than expected use of supplementary staffing. These combined factors have the ability to result in adverse impact on the continuity of safe and consistent delivery of care	Medium	1. Workload and workforce planning undertaken using national tools, on a cyclical basis. 2. Gap analysis completed and informing future management 3. Rostering Policy in place and monitored 4. Reablement of site deployment of supplementary staffing across all care settings 5.supplementary staffing through Bankaide has KPI's and continuously monitored 6. HR oversight and intensive support in managing sickness / absence with improved return to work planning 7. NHSL NMAHP Workforce Steering Group 8. Nursing Workforce dashboard continuously monitored and acted on through professional leads. 9. Negotiations with UWS regarding increase of intake of nursing per annum, and immediate recruitment with NHSL	Medium	Medium	Mrs Irene Barkby	30/06/2017	Healthcare Quality Assurance and Improvement Committee

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1404	09/05/2016	Engagement and consultation for the NHSL Healthcare Strategy	There is a risk that the progression of the implementation of the NHSL Healthcare Strategy could be compromised if the principles set out within the CEL 4 (2010) are not fully applied, with the potential to adversely impact on the sustainability of current services and the reputation of NHSL.	Medium	1. Communication Plan based on the guiding principles with CEL 4 (2010) Scottish Government Health 7 Social Care : Informing, Engaging and Consulting People in developing Health and Community Care Services. 2. Board approved Plan.	Low	Low	Mr Calvin Brown	28/06/2017	Planning, Performance & Resource Committee Corporate Management Team
243	07/02/2008	NHSL fails to engage appropriately with internal and external stakeholders in the pursuit of its objectives	There is a risk that NHSL fails to engage appropriately with internal and external stakeholders in the pursuit of its objectives.	Medium	Informing, engaging and consulting people in developing health and community care services is prescribed in the extant Chief Executive Letter CEL (2010) 4, which makes clear the requirement to engage with the Scottish Health Council on relation to service change proposals. NHSL has a range of controls set out (see link below) to mitigate against this risk.	Low	Low	Corporate Management Team	31/10/2017	
					http://www.nhslanarkshire.org.uk/boards/2017-board-papers/Documents/March/RISK-ID-244-CURRENT-CONTROLS-JANUARY-2017.pdf					

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980	04/09/2012	National Change of HR / Workforce electronic Systems from SWISS to EEES	There is the risk that with the implementation of the new national eEES (electronic employee support system) to replace the SWISS system, there will be a loss of reliable information with a potential impact on recruitment, payroll, workforce monitoring.	Medium	1. National Programme that is Project Managed HR Director now a member of the National Implementation Board. 2. NHS Lanarkshire is now in the pilot or first phase implementation enabling lessons learned at these stages to improve implementation and function. 3. Enhanced IM&T and personnel infrastructure in place. 4. Preparation and Training time for relevant Staff. 5. EMPOWER has had licence extended to maintain electronic recruitment functioning. 6. Implementation of the recruitment module, although migration of data delayed. 7. Commenced review of IREC, involving HR shared services workstream, specialist IT team, ATOS and Scottish Government (representation to be confirmed). 8. National Progamme Manager appointed and Programme Board Infrastructure in place.	Medium	Low	Mr Kenny Small	28/05/2017	Staff Governance Committee