

NHS LANARKSHIRE
CORPORATE RISK REGISTER
JANUARY 2018

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance sources
1364	09/11/2015	Safe	Risk of cyber attack in respect of stored NHSL data	There is an ongoing risk of malicious intrusion into data stored on NHSL digital systems resulting from inherent IT vulnerabilities that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.	High	1.Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland 2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. Further work was undertaken our security provider and GP system provider but we were unable to deploy the full feature set due to the nature of the GP System. 3. The firewalls have been installed in the datacentre and are undergoing User acceptance Testing. A number of issues have arisen and a new "go-live" date has been re-scheduled to 30th January 2018 to allow staff to be fully trained in the new technology 4.NHSL have agreed to be a 'Cyber Catalyst Organisation' to test and implement a Scottish Government Cyber Resilience Framework, progressing to end of October 2018 as described in the Public Sector Action plan. A high level plan has been developed and presented to CMT and eHealth Executive Group. 5.Development of a local action plan to address the findings and recommendations recorded through the completed Significant Adverse Event Review (SAER), approve action plan through CMT and implementation overseen through the eHealth Executive Group. 6.Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams.	Very High	Medium	C Sloey	Planning, Performance & Resource Committee

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1379	14/12/2015	Effective	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	<ol style="list-style-type: none"> 1.CMT have weekly oversight of performance, reasons for delays and discuss actions 2.Pan-Lanarkshire Unscheduled Care and Discharge Group 3.National ISD exercise to ensure all Partnerships are recording correctly, work ongoing from August 2017 4.Winter Bed Plan 2017/18 approved. 5. Improvement Support through Driver Diagram and Integrated Action Plan 6.There is an agreed trajectory as part of the IJB performance, built upon the winter plan. 	Very High	Medium	C Campbell / V DeSouza / J Hewitt	Planning, Performance & Resource Committee
1412	13/06/2016	Safe	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 GP's. 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	<ol style="list-style-type: none"> 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. 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 5. Community Bed Modelling Plan 6. Community Hospital Refresh Strategy, that outlines alternative approaches including advanced nurse practitioners 	Very High	Medium	C Campbell / V DeSouza / J Hewitt	Planning, Performance & Resource Committee

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1450	14/1/2016	Safe	Ability to maintain existing GM Services across NHS Lanarkshire	<p>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.□</p> <p>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.□</p>	Very High	<p>1.Executive group established to highlight and enact potential solutions.</p> <p>2.Transforming Primary Care Programme Board are developing a 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, integrating the new GMS contract.</p> <p>3.GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years</p> <p>4. GP sustainability action plan.</p> <p>□</p>	Very High	Medium	C Campbell / V DeSouza / J Hewitt	Planning, Performance & Resource Committee

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1413	13/06/2016	Safe	Unscheduled Care Performance	There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled over the year 17/18.	High	<ol style="list-style-type: none"> 1. Unscheduled care plan developed against 6 key essentials approved through the Joint Unscheduled Care / Delayed Discharge 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. Fortnightly improvement meetings at Wishaw, chaired by Director of Acute Services 6. Enhanced support for Hairmyres through bid from Glasgow 7. Additional physicians 8. On-going dialogue at senior level with Health & Social Care Partnerships aimed at tackling delayed discharge through the joint Unscheduled Care / Delayed Discharge Improvement Board. 9. Implementation of the rapid assessment and treatment (RAT) and same day admission. 10. 24/48 hour business continuity arrangements in place for each site and Board wide escalation in place, with testing of BCP's 11. Improvement Teams allocated to each site 12. Daily site huddles on all 3 sites supported by duty managers 13. MINTS/MAJOR nursing to compensate for middle grade medical staff 14. Short term sustainability recruitment action plan in place 15. Extended hours for Ambulatory Care 16. Winter plan 16/17 extended into 17/18 and approved 17. Integrated improvement plan for delayed discharge (Risk ID 1379) will have an impact on the performance for this risk. 'Pull' Model implemented to enable stable patients to move to nursing and residential care in times of crisis. 18. Capacity identified beyond winter surge beds on all 3 sites 	Very High	Medium	H Knox	Planning, Performance & Resource Committee

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1469	02/02/2017	Effective	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	<ul style="list-style-type: none"> 1. Capacity Plans for all Access targets <input type="checkbox"/> 2. CRES programme with all schemes having service impact risk assessed <input type="checkbox"/> 3. Continuous oversight of the integrated corporate performance framework for Scottish Government and local targets, through completed anticipated trajectory summary for each quarter and year end. <input type="checkbox"/> 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. <input type="checkbox"/> 5. Achieving Excellence Strategy supported by capacity modelling and redesign of service delivery models <input type="checkbox"/> 6. Weekly performance reporting to CMT with bi-monthly reporting to PPRC and OMC for oversight of performance. <input type="checkbox"/> 	High	Medium	Corporate Directors	Planning, Performance & Resource Committee
1491	27/04/2017	Effective	Community Bed Reprovision to Align with Balance of Care Need.	There is a risk that the developing community bed reprovision for Lanarkshire will not be directly aligned to the balance of care need, adversely impacting on unscheduled care, delayed discharge and the principles of shifting the balance of care.	High	<ul style="list-style-type: none"> 1. Strengthening of the integrated health and social care system through the North and South Strategic Commissioning Plans and the NHSL Healthcare Strategy : Achieving Excellence. <input type="checkbox"/> 2. Bed Modelling Steering Group <input type="checkbox"/> 3. Initial community bed reprovision plan set out and approved for planned moves with timescales for: <input type="checkbox"/> -contracted beds <input type="checkbox"/> -community hospitals <input type="checkbox"/> -out of area placements <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	High	Medium	C Campbell / V DeSouza / J Hewitt	Planning, Performance & Resource Committee

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1582	13/11/2017	Effective	Implementation of the Duty of Candour Legislation effective from 1st April 2018.	There is a risk that NHSL will not be in a position to fully implement the Duty of Candour legislation resulting from a delay in the issue of national guidance that supports the legislation. This has the potential to adversely impact on the ability of NHSL to comply with the legislative requirements, effective from 1st April 2018.	High	<ul style="list-style-type: none"> 1. Initial Workshop <input type="checkbox"/> 2. National factsheet distribution across NHSL <input type="checkbox"/> 3. NHSL Short Life Working Group with Term of Reference <input type="checkbox"/> 4. Draft local guidance <input type="checkbox"/> 5. NHSL Implementation plan in development <input type="checkbox"/> 6. -HIS Community of Practice Website with a dedicated page on Duty of Candour <input type="checkbox"/> 	High	Medium	I Wallace	Healthcare, Quality Assurance & Improvement Committee
285	01/04/2008	Effective	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	<ul style="list-style-type: none"> 1. Regular Horizon Scanning <input type="checkbox"/> 2. Financial Planning & Financial Management <input type="checkbox"/> 3. Routine Engagement with external parties: <input type="checkbox"/> <ul style="list-style-type: none"> Regional planning <input type="checkbox"/> Scottish Government <input type="checkbox"/> Networking with other Health Boards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	High	Medium	L Ace	Planning, Performance & Resource Committee

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643	22/02/2010	Effective	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	<ol style="list-style-type: none"> 1. System wide programme of change and improvement overseen by the PQEP Board, which includes action plans for the 3 acute hospital sites and 1 for primary care. □ 2. Rigorous Programme Management approach with continuous performance monitoring of prescribing expenditure and trends at the Prescribing Management Boards (Primary Care and Acute) and the PQEP Executive group which meets fortnightly. □ 3. Working closely with localities with focussed approach with GP practices from prescribing management team based on current prescribing data and planned GP Incentive Scheme. □ 4. Locality Prescribing Action Groups developing locality PQE plans. □ 5. Communications, updates on Scriptswitch continuously updated to ensure increased compliance. □ 6. Monthly meeting with Scrutiny Panel □ 7. Implementation of the HEPMA (Hospital Electronic Prescribing & Medicines Administration) System □ 8. Reference Group set up to generate and validate innovative and additional ideas to continue to improve prescribing across NHSL □ 9. Regular communication with senior staff regarding the aims and objectives of PQEP Board and effectiveness of the PQE Plans □ 10. Acute hospital Medicine Quality & Safety Groups to be established to create and manage PQE on each site. □ 11. Regular feedback and presentations to HSCPs to build sustainable infrastructure and embed the programme approach □ 12. Development of a Public Communication Strategy □ 	High	Medium	I Wallace	Planning, Performance & Resource Committee

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1128	10/03/2014	Safe	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	<ol style="list-style-type: none"> 1. Endorsed Achieving Excellence NHSL Strategy with implementation plan <input type="checkbox"/> 2. Implementation of Phase 2 Trauma & Orthopaedic Services <input type="checkbox"/> 3. Review of Clinical Models through the MRRP <input type="checkbox"/> 4. Continuous risk assessment of clinical specialties undertaken <input type="checkbox"/> 5. Annual Medical Workforce Plan <input type="checkbox"/> 6. National and International Recruitment, including the International Medical Training Initiative (MTI), to recruit middle grade doctors from overseas. <input type="checkbox"/> 7. Locum Appointments with monitoring <input type="checkbox"/> 8. Achieving University status with academic partners, including joint academic and service posts and honorary academic / teaching posts. <input type="checkbox"/> 9. Job Planning to maximise contribution of consultant workforce <input type="checkbox"/> 10. Medical Leadership Forum <input type="checkbox"/> 11. Monitor GP workforce and have contingency plans available to manage closure of a GP practice <input type="checkbox"/> 12. GP sustainability action plan in place through Transforming Primary Care Programme. <input type="checkbox"/> 13. Chief Resident Appointments on 3 DGH sites <input type="checkbox"/> 14. Continuous review of quality of medical training through trainee forums on 3 sites and the Medical Education Governance Group <input type="checkbox"/> 15. Redesigned OOH Service implemented <input type="checkbox"/> 16. Ability to use SG funding to incentivise new partners in general practice <input type="checkbox"/> 17. Clinical Development Fellows through Medical Education <input type="checkbox"/> 18. Implementation of a Coaching Approach to enhance recruitment and retention of GP's. <input type="checkbox"/> 	High	Medium	I Wallace	Healthcare, Quality Assurance & Improvement Committee

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1323	27/07/2015	Safe	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	<ul style="list-style-type: none"> 1. Implementation of Clinical Strategy 2. Commissioning 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: eg driving change to the T&O service, anaesthetics, general surgery 6. Service Model review for GM service to Cottage hospitals 7. 'New ways of working' through the Transforming Primary Care Programme Board, including alignment with the new GMS contract. 	High	Medium	C Campbell	Planning, Performance & Resource Committee

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1492	04/05/2017	Safe	Consistent provision of high quality care, minimising harm to patients	There is a risk that NHSL does not provide consistent safe, effective and person-centred care with the potential to adversely impact on patient outcome and patient safety, and the reputation of NHSL.	Medium	<ol style="list-style-type: none"> 1. Transforming Patient Safety & Quality of Care Strategy with supporting implementation plan. <input type="checkbox"/> 2. Boards strategic prioritised patient safety plan <input type="checkbox"/> 3. Patient safety Strategic Group with oversight of the Boards patient safety prioritised plan. <input type="checkbox"/> 4. Executive and Non-Executive commitment to patient safety. <input type="checkbox"/> 5. Bi - annual Patient Safety Culture Survey undertake to identify priority actions linked to Patient Safety Plan. <input type="checkbox"/> 6. Improved site level reporting, review and management of incidents and patient safety data <input type="checkbox"/> 7. Category 1 Adverse Events overseen by the Category 1 Review Group and CMT <input type="checkbox"/> 8. SAER reporting to CMT through the monthly adverse event report <input type="checkbox"/> 9. Testing the Vincent framework of harms <input type="checkbox"/> 10. Automated notification of Category 1 graded adverse events to agreed cohort. Function extended to wider operations cohorts January 2017 <input type="checkbox"/> 11. Review and management of complaints and patient feedback <input type="checkbox"/> 12. Increased training for staff and development for the workforce competence in improvement science through the QI capability and capacity plan, and the eEquip programme <input type="checkbox"/> 13. Executive Safety Leadership walkrounds with actions and reporting closure of actions <input type="checkbox"/> 14. Patient Safety Steering Group has a patient safety measurement reporting (dashboard) that informs HQAI Committee, through the Quality and Safety Dashboard <input type="checkbox"/> 15. New Support, Care and Clinical Governance Framework (joint with H&SCP's) <input type="checkbox"/> 16. Development of a Quality Dashboard for Health & Social Care Partnerships <input type="checkbox"/> 17. Implementation of weekly CMT 'huddle' to address immediate or emerging quality of care issues. <input type="checkbox"/> 	High	Medium	I Wallace	Healthcare, Quality Assurance & Improvement Committee

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1363	09/11/2015	Safe	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	<ul style="list-style-type: none"> 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 <input type="checkbox"/> 2. NHSL approved eHealth Strategy <input type="checkbox"/> 3. eHealth Executive Group with oversight of planning and investment for ehealth Strategy <input type="checkbox"/> 4. SAER completed with recommendations set out to inform action plan <input type="checkbox"/> 5. Business Continuity Plans reviewed with additional action card system and hot debrief processes now in place. <input type="checkbox"/> 	High	Medium	C Sloey	Healthcare, Quality Assurance & Improvement Committee
1584	13/11/2017	Effective	Compliance with the General Data Protection Regulations (2017)	There is a risk that NHSL will be non-compliant with the legislative requirements within the General Data Protection Regulations (2017), required by May 2018, as the Data Protection Bill has yet to be fully finalised, and there is no appointed Data Protection Officer as an enabler for compliance. This has the potential to adversely impact on both the financial position and reputation of NHSL if financial penalties are applied.	High	<ul style="list-style-type: none"> •Initial Action / Work plan set out against the key requirements of the GDPR <input type="checkbox"/> •Established Information Governance arrangements <input type="checkbox"/> •Information Asset Register <input type="checkbox"/> 	High	Low	C Sloey	Planning, Performance & Resource Committee

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1587	13/12/2017	Safe	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and sessional GMPs, resulting in the potential to adversely impact on patient care, partner services including A&E, the national performance targets and the reputation of the partner agencies.	High	<ul style="list-style-type: none"> 1. Short - term increase in pay rates for GP sessions <input type="checkbox"/> 2. New service Business Continuity Plan <input type="checkbox"/> 3. Continuous engagement with IJB and Acute <input type="checkbox"/> 4. Monitoring of performance against the Key Quality Indicators on a weekly basis through CMT <input type="checkbox"/> 5. Implementation of a Liaison Nursing Service for Mental Health and Paediatrics <input type="checkbox"/> 6. Planned approach to develop Advanced Practitioners for Nursing and Paramedics, currently at early implementation stage. <input type="checkbox"/> 7. GP sustainability continues to be fully monitored through Primary Care Transformation Programme Board. 	Medium	Medium	C Campbell / V DeSouza / J Hewitt	Planning, Performance & Resource Committee
983	31/08/2012	Effective	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	<ul style="list-style-type: none"> 1. Older People in Acute Care (OPAC) Steering Group <input type="checkbox"/> 2. Agreed Board Reporting <input type="checkbox"/> 3. Debriefing Action Plans <input type="checkbox"/> 4. OPAC Improvement Board <input type="checkbox"/> 5. Patient Safety Walkrounds <input type="checkbox"/> 6. Care Assurance Board reporting to HQAIC <input type="checkbox"/> 7. Self Assessment Complete prior to site visit <input type="checkbox"/> 8. Local OPAH pre visit concluded - Actions for improvement noted by local team. <input type="checkbox"/> 9. Revised approach being taken to auditing standards of care delivery at ward level. <input type="checkbox"/> 10. Team Leaders and Charge Nurses have Objectives set to drive improvement <input type="checkbox"/> 11. Continuously developing initiatives through 'John's campaign' <input type="checkbox"/> 	Medium	Low	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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1349	01/10/2015	Safe	Child Protection	There is a risk that despite organisational and support systems, there is potential for failure to protect vulnerable children.	High	<ol style="list-style-type: none"> 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 linked to Care Inspectorate Reports 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 with reporting through 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 completed and being actioned. □ 	Medium	Low	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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1310	24/06/2015	Safe	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	<ol style="list-style-type: none"> 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	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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594	09/02/2009	Effective	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	<ol style="list-style-type: none"> 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 <input type="checkbox"/> 5. Audit Committee receives regular fraud updates 6. Annual national fraud awareness campaign <input type="checkbox"/> 7. On-going fraud campaign by the Fraud Liaison Officer through comms plan <input type="checkbox"/> 8. Learning from any individual case <input type="checkbox"/> 9. Enhanced Gifts and Hospitality Register <input type="checkbox"/> 10. Procurement Workshops for High Risk Areas <input type="checkbox"/> 11. Enhanced checks for 'tender waivers' and single tender acceptance <input type="checkbox"/> 12. Increased electronic procurement that enables tamperproof audit trails <input type="checkbox"/> 13. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitality Register <input type="checkbox"/> 	Medium	Medium	L Ace	Audit Committee

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659	01/08/2009	Safe	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 <input type="checkbox"/> - Resilience Group meets regularly to review actions <input type="checkbox"/> - Evaluate and review Plan regularly. <input type="checkbox"/> - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) <input type="checkbox"/> 2) COMAH sites major incident plans <input type="checkbox"/> - Monitor, evaluate and revise site plans <input type="checkbox"/> - Ensure Public Health staff aware of specific responsibilities <input type="checkbox"/> 3) Staff education and training <input type="checkbox"/> - Ensure appropriate cohorts of staff receive education and training <input type="checkbox"/> - Monitor, evaluate and revise education and training <input type="checkbox"/> 4) NHSL exercises <input type="checkbox"/> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> 5) Multi-agency exercises <input type="checkbox"/> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> 6) Joint Health Protection Plan <input type="checkbox"/> 7) BCP plans tested at Corporate and Divisional level <input type="checkbox"/> 8) Multi-agency monitoring Group <input type="checkbox"/> 9) Lessons learned from national exercise 'Safe Hands', mass casualty testing 'Boarder Revier' and the CMT tabletop exercise (30th October 2017) <input type="checkbox"/> 10. Review of the NHSL Resilience Group function and Term of Reference. <input type="checkbox"/>	Medium	Medium	G Docherty	Healthcare, Quality Assurance & Improvement Committee

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847	24/02/2010	Safe	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	<ol style="list-style-type: none"> 1. National Adult and Support Protection Guidelines implemented. <input type="checkbox"/> 2. NHSL ASP Policy <input type="checkbox"/> 3. Multi-agency Guidelines <input type="checkbox"/> 4. Public Protection Group for NHS Lanarkshire (Chaired by Director of NMAHP'S)<input type="checkbox"/> 5. Lanarkshire Multi-Agency ASP Committee<input type="checkbox"/> 6. Reporting and Recording of Incidents (Datix)<input type="checkbox"/> 7. Enhanced Escalation Process<input type="checkbox"/> 8. Professional Supervision Arrangements<input type="checkbox"/> 9. Training Needs Identified and agreed <input type="checkbox"/> 10. Implementation of an Annual letter (in August) to all registered nurses highlighting Code of Conduct, facilitated through Practice Development.<input type="checkbox"/> 11. Multi - Agency Chief Officers Group to oversee all Public Protection Issues<input type="checkbox"/> 12. Annual Report to HQAIC. 	Medium	Low	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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849	22/02/2011	Effective	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	<ul style="list-style-type: none"> 1. Detailed SIPS audits in place monthly <input type="checkbox"/> 2. Infection prevention & control audits in place <input type="checkbox"/> 3. Reported via Hospital Management Teams <input type="checkbox"/> 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 <input type="checkbox"/> 5. IPCT Workplan 2017/18 <input type="checkbox"/> 6. Local inspection programme led by the Head of Infection Prevention & Control <input type="checkbox"/> 7. Introduction of skills lab based at Hairmyres Hospital. <input type="checkbox"/> 	Medium	Low	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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980	04/09/2012	Effective	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	<ol style="list-style-type: none"> 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). products option appraised and tendering to be complete by end of December2017. □ 8. National Programme Manager appointed and Programme Board Infrastructure in place and increasingly supported through Regional help □ 9. NHSL 'champions' infrastructure with development of a training programme for mangers. 	Medium	Medium	K Small	Staff Governance Group

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286	01/04/2008	Effective	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 <input type="checkbox"/> a) Monklands is an ageing property / facility <input type="checkbox"/> b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	<ol style="list-style-type: none"> 1. Detailed risk assessment of Monklands estate issues <input type="checkbox"/> 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority <input type="checkbox"/> 3. Monklands Investment Programme Board established to oversee the process <input type="checkbox"/> 4. Framework partner appointed to work through phases of estates work. <input type="checkbox"/> 5. Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC). 	Medium	Medium	L Ace	Planning, Performance & Resource Committee
244	07/02/2008	Effective	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	<ol style="list-style-type: none"> 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. <input type="checkbox"/> 2. There is a range of controls to fully comply with statutory requirements and obligations. Details can be obtained on request. 	Medium	Medium	CMT	Staff Governance Group

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1583	13/11/2017	Safe	Safe and Effective Decontamination of Casualties Exposed to Radioactive or Biological Agents.	There is a risk that NHSL cannot fully respond to the safe management of casualties contaminated with radioactive material or biological agents resulting from a Scottish Government delay in provision of an adequate number of validated decontamination suits. This has the potential to adversely impact on both staff and affected person(s).	High	<ul style="list-style-type: none"> •Six (6) Interim decontamination suits held at MDGH •MDGH designated site to receive casualties contaminated with radioactive material •Retention of existing suits for training purposes 	Medium	Low	G Docherty	Healthcare, Quality Assurance & Improvement Committee
1581	13/11/2017	Safe	Impact to NHSL resulting from the Beild Housing and Care Review : Care Transformational Strategy.	There is a risk that there will be increasing pressure on delayed discharge and unscheduled care risks for NHSL, resulting from transformational change to social care options by Beild Housing and Care Services.	Medium	<ul style="list-style-type: none"> •Collaborative working with Beild representatives, service user and families/carers •Seek support provider alternatives •Support at Home Framework •Plan an effective change over by the end of March 2018 	Medium	Medium	C Campbell / V DeSouza / J Hewitt	Planning, Performance & Resource Committee

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1480	20/03/2017	Safe	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	<ol style="list-style-type: none"> 1. Current stable workforce in NHSL <input type="checkbox"/> 2. Physical environment exists for extended sessions in NHSL <input type="checkbox"/> 3. Distribution of work at critical periods across NHS Scotland <input type="checkbox"/> 4. Workforce Planning <input type="checkbox"/> 5. Monitoring of performance within NHSL <input type="checkbox"/> 6. Horizon Scanning <input type="checkbox"/> 7. Commence regional service discussions 	Medium	Medium	G Docherty	Healthcare, Quality Assurance & Improvement Committee

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1481	28/02/2017	Safe	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 assurance 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 screening programme <input type="checkbox"/> -new clinical lead <input type="checkbox"/> -new lead screener <input type="checkbox"/> 2. Protected time for reviewers <input type="checkbox"/> 3. Supplement of QA processes <input type="checkbox"/> 4. Communications plan developed <input type="checkbox"/> 5. Review of images in the AAA screening programme in Lanarkshire <input type="checkbox"/> 6. SAER completed with action plan being developed.	Medium	Low	G Docherty	Healthcare, Quality Assurance & Improvement Committee
1484	10/04/2017	Effective	Off Payroll Workers new Tax Regime (IR35), and potential impact on NHSL effective from 6th April 2017	There is a risk of failure to identify individuals being paid under personal service contracts (PSC), leading to incorrect deduction of tax and NI at source, resulting in a liability to pay additional tax resting with the Board	Medium	1. Identification of Individuals commenced <input type="checkbox"/> 2. Assessment of the status against the HMRC test of employment. <input type="checkbox"/> 3. Notification process to individuals and agencies commenced <input type="checkbox"/> 4. Awareness raising through CMT and line management structures	Medium	Medium	L Ace	Planning, Performance & Resource Committee

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1485	10/04/2017	Safe	Impact on Service Continuity resulting from implementation of new tax regime (IR35)	From implementation of the new tax regime IR 35, there is a potential risk that individuals will cease to contract with NHSL, if the tax is deducted by NHSL, leading to service continuity risk in some essential clinical and business areas. There is also the potential for Personal Service Companies (PSC's) to increase their charges.	Medium	<ul style="list-style-type: none"> 1. Identification of individuals commenced. <input type="checkbox"/> 2. Assessment of the status against the HMRC test of employment. <input type="checkbox"/> 3. Notification process to individuals and agencies commenced. <input type="checkbox"/> 4. Awareness raising through CMT and line management structures <input type="checkbox"/> 5. Building in IR35 principles to future contracts <input type="checkbox"/> 6. Corresponding with all medical agencies 	Medium	Medium	L Ace	Planning, Performance & Resource Committee
1431	08/08/2016	Effective	Sustaining a safe trauma and orthopaedic service for patients across NHSL.	There is a risk that NHSL cannot sustain the phase one 2 site model interim move for the trauma and orthopaedic service in the long term, resulting from insufficient senior clinical decision-makers. The proposed phase two of the redesign will enable additional resilience to the service and must be implemented as part of the Healthcare Strategy :Achieving Excellence.	High	<ul style="list-style-type: none"> 1. Phase 2 implementation of redesign of services through the implementation of the new NHSL Healthcare Strategy and Communication Plan <input type="checkbox"/> 2. Project Board (Chaired by Director of Strategic Planning and Performance) in place reporting to the Strategy Group (Co chaired by NHSL Chief Executive and North & South Chief Officers). 	Medium	Medium	C Campbell	Planning, Performance & Resource Committee

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1466	01/02/2017	Safe	Nursing Workforce	There is a risk that the overall NMAHP 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	<ol style="list-style-type: none"> 1. Workload and workforce planning undertaken using national tools, on a cyclical basis. <input type="checkbox"/> 2. Gap analysis completed and informing future management <input type="checkbox"/> 3. Rostering Policy in place and monitored <input type="checkbox"/> 4. Reablement of site deployment of supplementary staffing across all care settings <input type="checkbox"/> 5. Supplementary NMAHP staffing through Bankaide has KPI's and continuously monitored <input type="checkbox"/> 6. HR oversight and intensive support in managing sickness / absence with improved return to work planning <input type="checkbox"/> 7. NHSL NMAHP Workforce Steering Group <input type="checkbox"/> 8. Nursing Workforce dashboard continuously monitored and acted on through professional leads. <input type="checkbox"/> 9. Negotiations with UWS regarding increase of intake of nursing per annum, and immediate recruitment with NHSL <input type="checkbox"/> 10. Development of a recruitment strategy aligned to workforce planning and student nurse graduation periods. 	Medium	Medium	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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1470	02/02/2017	Safe	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	Low	Low	I Barkby	Healthcare, Quality Assurance & Improvement Committee
243	07/02/2008	Effective	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 to mitigate against this risk. Details can be obtained on request.	Low	Low	CMT	Planning, Performance & Resource Committee

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1462	11/01/2017	Effective	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	<ol style="list-style-type: none"> 1. Continuous financial planning including plans for covering any loss of savings <input type="checkbox"/> 2. Organisation wide efficiency drive with defined programme structure, overseen through CMT. <input type="checkbox"/> 3. Requirement for nationally mandated initiatives and policy changes that facilitate the realisation of the balance of the total efficiency savings requirement. <input type="checkbox"/> 4. Assessment of service impact from savings, with CRES schemes being risk assessed <input type="checkbox"/> 5. Further funding secured through negotiation with Scottish Government for 17/18 <input type="checkbox"/> 6. Regular financial scrutiny by Chief Executive, Director of Finance and Director of strategic Planning through scheduled scrutiny panel meetings. <input type="checkbox"/> 	Low	Low	Laura Ace	Planning, Performance & Resource Committee

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572	28/10/2009	Safe	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. 9. Systems and processes reviewed with reporting format and approach to monitoring and surveillance implemented and ongoing..	Low	Low	I Barkby	Healthcare, Quality Assurance & Improvement Committee

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982	31/08/2012	Effective	Number of trained NES Appraisers for Medical Staff and Progress	There is a risk that medical staff fail to be appraised annually, resulting from insufficient number of appraisers, with the potential that registration is withdrawn, adversely impacting on service delivery and patient care.	Medium	<ol style="list-style-type: none"> 1. Oversight by Appraisal Steering Group with regular reporting of appraiser numbers <input type="checkbox"/> 2. Provision of adequate SPA time for appraisers in secondary care <input type="checkbox"/> 3. on-going support for appraisers through the 'Learning network for Appraisers' <input type="checkbox"/> 4. Development of a database to track completion of appraisals and job plans in secondary care <input type="checkbox"/> 5. Introduction of a more flexible approach to providing additional appraisals for Primary Care <input type="checkbox"/> 6. Training of additional appraisers programme within NHSL <input type="checkbox"/> 7. Recruitment of appraisers from outwith NHSL secured for Primary Care <input type="checkbox"/> 8. Development of 'fair allocation' for allocation of appraisers across acute sites. <input type="checkbox"/> 9. Retention of appraisers up to 5 years post retirement <input type="checkbox"/> 10. Secondary and primary care database developed and implemented, with admin support, to track the appraisal cycle for all doctors <input type="checkbox"/> 11. Introduction of an educational based appraisal for locum appointed service doctors. <input type="checkbox"/> 	Low	Low	I Wallace	Healthcare, Quality Assurance & Improvement Committee

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623	01/06/2009	Effective	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	1. Continuous increased surveillance (early warning) <input type="checkbox"/> 2. Prevention and control; implementation of transmission-based precautions; training; infection control collaborative working <input type="checkbox"/> 3. Overview of immunisation/vaccination Programme and continuing to implement expanded immunisation programmes with adequate coverage attained. <input type="checkbox"/> 4. Full implementation of the Scottish Hepatitis C Action Plan in Lanarkshire <input type="checkbox"/> 5. Business Continuity Planning for health protection. <input type="checkbox"/> 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. <input type="checkbox"/> 7. Joint Health Protection Plan. <input type="checkbox"/> 8. Revised NHSL Pandemic Influenza Plan to reflect UK & Scottish Guidance and Scottish Pandemic Flu Exercise : Silver Swan. <input type="checkbox"/> 9. Vire across departments effective admin support for the public health function. <input type="checkbox"/> 10. HP Zone - information management system for communicable disease <input type="checkbox"/> 11. Winter Plan 2017/ 2018 <input type="checkbox"/> 12. Improved contact tracing (as learned from current Hep A outbreak)	Low	Low	G Docherty	Healthcare, Quality Assurance & Improvement Committee