NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1412	Safe	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 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	1. Advise from Scottish Health Council, and engagement with local communities has commenced to consider alternative services to be hosted in Lockhart, paper to IJB 4th December 2018 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 integrated within the Strategic Commissioning Plan 2019-2022 5. Implementation of the Community Bed Modelling Plan 6. Community Hospital Refresh Strategy, which outlines alternative approaches including advanced nurse practitioners and consideration for nurse-led model of care. 7. NHS CMT approved a paper outlining the proposed re-designation of the Hospital.	Very High	Medium	V DeSouza, South H&SCP Director	Population Health, Primary Care & Community Services Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1450	Safe	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 is developing a Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services. 3. A GMS Implementation group has been established and on track to produce a Primary Care Improvement Plan linked to Transforming Primary Care Aims 4. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Paper set-out and discussed at Planning Performance and Resource Committee (June 2018) 7. New abbreviated procurement process approved and in place 8. Review of GP Leased Premises to reduce burden on GP's	Very High	Medium	Calum Campbell	Population Health, Primary Care & Community Services Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1661	Safe	12/07/2018	European Union Exit (Brexit) Impact on NHS	There is a risk that NHSL will not be in full operational readiness for EU withdrawal, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services across NHSL.	High	1. SG Comunication with all Boards on EU Withdrawal Issues 2. SG Operational Readiness for EU Withdrawal Checklist has been completed and returned to SG (used at CE development day) 3. Implementation of the 'settled scheme status' for EU citizens for roll-out December 2018 4. Communication plan through HR on supporting and communicating with EU staff. 5. NHSL SLWG to complete SG assessment tools, review the risk analysis and review mitigation. 6. Escalation to the SG where mitigation cannot be reached. 7. NHSL Business Continuity Plans. 8. NHSL have agree that a collaborative approach will be taken with the other West of Scotland 9. NHS Boards to work together to help address the risks / impacts associated with Brexit 10. NHSL European Union Exit Short Life Working Group set up 11. Review with Board Chief Executives has led to an agreement that there will be public statements on Brexit made once the detail of the 'deal' or no-deal' position are clear	Very High	Low	Calum Campbell	Planning Performance and Resource Committee	30/11/2018

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1669	Effective	16/08/2018	Compliance with Data Protection Legislation	There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.	Very High	1. Extensive range of Information Security policies and procedures 2. Established governance arrangements for the management of Information Governance 3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee (Associate Medical Director) 4. Established an Information Governance Team with 3 new IG Support roles 5. The Project Board continues to meet monthly to progress remaining activities. 6. Communication plan in place to ensure key message. 7. Training - Learnpro modules on information security have been developed progress is being monitored by GDPR Programme Board - reporting to IG Committee. 8. Internal Audit will include GDPR within the 2018/19 audit programme. 9. IG Breach incident recording and reporting through IG Committee.	Very High	Medium	Donald Wilson	Healthcare Quality Assurance & Improvement Committee	28/12/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1702	Safe	12/10/2018	Impact From Failure of Clinical Waste Management Contractors to Uplift Clinical Waste as Specified	There is a risk that NHSL will not be fully compliant with regulations / legislation regarding clinical waste management resulting from the failure of the NSS contracted requirements. This has the potential to create site health & safety, infection control and other environmental hazards to staff and the public, adversely impacting on the reputation of NHSL.	Very High	1.NHSL Waste Resilience Plan Developed and Implemented, including a designated additional storage areas 2.Additional storage / containers resourced for sites 3.Extended licence with Viridor (general waste contractor) to transport clinical waste to the central point 4.NSS Contractor has provided additional containers 5.Site operating procedures set out to manage any backlog storage of waste 6.PSSD and site staff identify and provide resources to implement operating procedures for manually handling waste and reusing bins 7.NSS Contractor providing services on a limited basis 8.Monitoring and oversight of impact of the contractors failure through NSS with all Boards 9.Continuous oversight of the Lanarkshire position through Corporate Management Team	High	Low	Colin Lauder	Planning Performance and Resource Committee	28/02/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1703	Safe	18/10/2018	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in an adverse impact on staff, person(s)affected and potentially business continuity.	High	1.Scottish Government Strategic Resilience Direction / Guidance 2.Designated Executive Lead 3.NHSL Resilience Committee 4.Local Business Continuity Plans 5.Local Emergency Response Plan 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions	High	Low	Gabe Docherty	Population Health, Primary Care & Community Services Committee	28/02/2019

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1684	Safe	06/09/2018	NMAHP Contribution to Good Corporate Governance	There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.	High	1.Continuance with the developments set out through the NMAHP Strategic Leaders Summary 2.Improved Professional Governance Infrastructure eg NMAHP PGG 3.Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance 4.Develop a mechanism for articulating levels of assurance and data sets required 5.Develop a Professional escalation process aligned to 1:1 meetings 6. Workforce Gap Analysis	High	Low	Irene Barkby	Healthcare Quality Assurance & Improvement Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1611	Safe	30/04/2018	Unscheduled Care Performance	There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled for the year 18/19, with the potential to adversely impact on patient experience and the reputation of NHSL.	High	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.Service improvement support for unscheduled care deployed to all 3 sites 4.Fortnightly performance calls with sites below 92% as part of overall internal monitoring. 5.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. 6.Implementation of the REACT and same day admission across all 3 sites. 7.24/48 hour business continuity arrangements in place for each site and Board wide escalation in place, with testing of BCP's, including winter planning 8.Improvement Teams allocated to each site 9.Daily site huddles on all 3 sites supported by duty managers 10.MINTS/MAJOR nursing to support middle grade medical staff 11.Short term sustainability recruitment action plan in place 12.Extended hours and range of Ambulatory Care on all sites 13.Integrated improvement plan for delayed discharge (Risk ID 1379) will have an impact on the performance for this risk. 14.'Pull' Model implemented to enable stable patients to move to nursing and residential care in times of crisis. 15.Capacity identified beyond winter surge beds on all 3 sites.	High	Medium	Heather Knox	Planning Performance and Resource Committee	31/01/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1618	Effective	04/05/2018	Delivery of the Annual Operating Plan (AOP) for year 2018/2019	There is a risk that delivery of the Annual Operating Plan for the year 2018/19 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 AOP 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, through completed anticipated trajectory summary for each quarter and year end. 4. NHSL review of the targets set within the AOP and the consideration given to what can reasonably be achieved with the least adverse impact. 5. Achieving Excellence Strategy supported by capacity modelling and redesign of service delivery models 6. Weekly performance reporting to Corporate Management Team with bi-monthly reporting to Planning Performance and Resource Committee and Acute Governance Committee, for oversight of performance.	Medium	Medium	Corporate Management Team	Planning Performance and Resource Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1582	Effective PTCEN	13/11/2017	Implementation of the Duty of Candour Legislation effective from 1st April 2018.	There is a risk that NHSL may breach compliance with the Duty of Candour legislation implemented in April 2018 until the principles and directions are fully embedded.	High	1. Initial Workshop 2. National factsheet distribution across NHSL 3. NHSL Duty of Candour Reference group effective from January 2019. 4. National Guidance published March 2018, supported by local Guidance endorsed by CMT and distributed March 2018. 5. NHSL Implementation plan rolled out to all sites and areas within NHSL. 6. HIS Community of Practice Website with a dedicated page on Duty of Candour 7. Additional dataset on Datix system to record adverse events that trigger the duty 8. Regular monitoring of the system commenced April 2018 with reports developed to provide detail to acute sites and corporate groups. 9. Development of reference document with examples of which incidents do / or do not trigger the duty. 10. Regular review by the Adverse Event Programme Manager to agree where Duty of Candour applies and undertake a data cleansing. 11. Duty of Candour promoted through the Quality Week in November 2018.	High	Medium	Jane Burns	Healthcare Quality Assurance & Improvement Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1587	Safe	13/12/2017	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	1. Short - term increase in pay rates for GP sessions with a paper to WoS to standardise GP rates 2. New service Business Continuity Plan 3. Monitoring of performance against the Key Quality Indicators on a regular basis through Corporate Management Team 4. Implementation of a Liaison Nursing Service for Mental Health and Paediatrics 5. Planned approach to develop Advanced Practitioners for Nursing and Paramedics being implemented. 6. GP sustainability continues to be fully monitored through Primary Care Transformation Programme Board. 7. New GMS Implementation Group and Implementation Plan, overseen through the Primary Care Transformation Programme Board. 8. Paper on position discussed at Planning Performance and Resource Committee (June 2018) 9. Proposal to move to 1 site considered at NHS CMT in November 2018 and rejected	Medium	Medium	V DeSouza, South H&SCP Director	Population Health, Primary Care & Community Services Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1128	Safe	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. Endorsed Achieving Excellence NHSL Strategy with implementation plan 2. Implementation of Phase 2 Trauma & Orthopaedic Services 3. Review of Clinical Models through the MRRP, attracting a higher level of applications for posts 4. Continuous risk assessment of clinical specialties undertaken 5. Annual Board Workforce Plan 6. National and International Recruitment, including the International Medical Training Initiative (MTI), to recruit middle grade doctors from overseas and the clinical development Fellows through Medical Education. 7. Locum Appointments with monitoring 8. Achieved University status with academic partners, including joint academic and service posts and honorary academic / teaching posts. 9. Job Planning to maximise contribution of consultant workforce 10. Medical Leadership Forum 11. Monitor GP workforce and have contingency plans available to manage closure of a GP practice 12. GP sustainability action plan in place through Transforming Primary Care Programme. 13. Chief Resident Appointments on 3 DGH sites 14. Continuous review of quality of medical training through trainee forums on 3 sites and the Medical Education Governance Group 15. Redesigned OOH Service implemented 16. Ability to use SG funding to incentivise new partners in general practice 17. Implementation of a Coaching Approach to enhance recruitment and retention of GP's 18. Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties. 19. Discussions with GP Post Graduate Dean to increase number of	High	Medium	Jane Burns	Healthcare Quality Assurance & Improvement Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1323	Safe	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, including loss of GP ST trainees and the 48 hour break between night/dayshift, with the potential to adversely impact on patient care and the overall corporate objectives for NHSL.	High	1. Implementation of Clinical Strategy 2. IJB Commissioning Plans 3. Implementation of Workforce Plan 4. Redesign of the OOH Services 5. Increased 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 with proposal to re-designate Lockhart Hospital 7.'New ways of working' through the Transforming Primary Care Programme Board, including alignment with the new GMS contract 8. Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties 9. Recruitment and training of Advanced Nurse Practitioners, Advanced Allied Healthcare Professionals and Pharmacists	High	Medium	Calum Campbell	Planning Performance and Resource Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1363	Safe	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. 2. NHSL approved eHealth Strategy 3. eHealth Executive Group with oversight of planning and investment for ehealth Strategy 4. SAER completed with recommendations set out to inform action plan 5. Business Continuity Plans reviewed with additional action card system and hot debrief processes now in place 6. New major incident plan for ehealth, with testing scheduled for 25th May 2018. The Grey Pack was subject to a Table-top exercise with the eHealth Management Team on 15 June 2018. This was formally documented and will lead to a number of minor revisions to the Greypack. 7. Recruitment of a new role - eHealth Service Continuity Manager commenced with no suitable candidate appointed. Following two unsuccessful recruitment campaigns the job description has been reviewed and a further recruitment process is underway.	High	Medium	Donald Wilson	Healthcare Quality Assurance & Improvement Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1364	Safe	09/11/2015	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. Our security provider has confirmed that the features enabled across our estate would prevent a Cyber Attack which we experienced in May and August 2017. This work is complete. We will continue to undertake monthly reviews with our security provider to ensure the products are fine tuned and our staff are fully trained. 3. The firewall changes at UHH were implemented week ending 27th of April. Changes at UHM have passed local change control and are now scheduled for 29th of May. 4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of developing a detailed action plan based on the highlighted outcomes. This work will then be allocated to individuals within eHealth and progress against actions formally tracked. 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 Corporate Management Team 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.	High	Medium	Donald Wilson	Healthcare Quality Assurance & Improvement Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1379	Effective	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 continuous 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 completed 4. Winter Bed Plan 2018/19 to be endorsed by Board 6. There is an agreed trajectory as part of the H&SCP performance 7. IJB Commissioning Plans 8. Proposed pilot to move AWI patients from Acute to Nursing Home where appropriate in the early stages of the AWI process to free up capacity of acute beds	High	Medium	Calum Campbell	Population Health, Primary Care & Community Services Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date

285	Effective	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	Laura Ace	Planning Performance and Resource Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
643	Effective	22/02/2010	Cost Effective Prescribing	There is a risk that even by implementing each new Prescribing Action Plan, a suite of prescribing efficient actions and the work of the PQEB, the full expected savings will not be realised resulting from uncertainties across all prescribing areas to carry out the work to achieve improvements in prescribing quality & spend.	Very High	1. Implementing the Prescribing Quality & Efficiency Programme 2. Continuous performance monitoring of prescribing expenditure and trends at both PMBs and PQEB executive Group 3. All Acute sites and specialties to develop a PQE Plan 4. Expanded list of cost-effective prescribing interventions identified and promulgated. 5. Prescribing Management Team (PMT) to continuously review PC prescribing and implement a focused and prioritised action plan for the practices identified as having potential for large efficiencies to be realised. Intensive PMT input into these practices to implement specific actions. 6. Monitor ScriptSwitch fully implemented. 7. STU Tool – PMT technicians trained with roll out commenced 8. Maintain full complement of primary care pharmacists to support practices 9. Maintain a schedule of visits to all localities and hospital sites to strengthen the focus of the PQEB programme aims.	High	Medium	Jane Burns	Planning Performance and Resource Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
659	Safe	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, including completion of the new learnpro module. - 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', mass casualty testing 'Boarder Revier' and the CMT tabletop exercise (30th October 2017) 10 Completed Review of the NHSL Resilience Group function and Term of Reference 11 The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place. 12 Development/ Refresh of Primary Care Mass Casualty Plans. 13 Through the NHSL Resilience Group, there is commissioning with oversight of:	Medium	Medium	Gabe Docherty	Planning Performance and Resource Committee	29/03/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1710	Safe	15/11/2018	Public Protection	There is a risk that NHSL will fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity with the potential for harm to occur, impacting adversely on the reputation of NHSL.	Medium	1.New service model implemented for a Public Protection Team with new infrastructure. 2.NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals 3.A range of NHSL Policies and Procedures for Child Protection, Adult Protection, MAPPA, EVA aligned to national Guidelines, including reporting, recording and investigation of adverse events 4.National, Regional and Local Multi-Agency Committees for Child Protection, Adult Protection, MAPPA and EVA 5.Multi-agency Chief Officers Group to oversee all public protection issues 6.Compliance with national standards and benchmarking for child protection, including annual self-evaluation 7.Designated Child Health Commissioner	Medium	Low	Irene Barkby	Healthcare Quality Assurance & Improvement Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
286	Effective	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.Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC). 6. Monklands replacement has been established as a Regional High Priority	Medium	Medium	Laura Ace	Planning Performance and Resource Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
594	Effective	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 11.Enhanced checks for 'tender waivers' and single tender acceptance 12. Increased electronic procurement that enables tamperproof audit trails 13.Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register 14.Annual Review with the National NHS Counter Fraud Services	Medium	Medium	Laura Ace	Audit Committee	31/05/2019

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

Risk Register Lead: Mr C Campbell, Chief Executive

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1431	Effective	08/08/2016	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 1a of the redesign will enable additional resilience to the service and must be implemented as part of the Healthcare Strategy :Achieving Excellence.	High	1.Phase 1a implementation of redesign of services through the implementation of the new NHSL Healthcare Strategy and Communication Plan 2. Project Board led by Strategic Planning, oversight of phase 1a for implementation September 2019. Phase 2 implementation will be determined by OBC process for Monklands Refurbishment or Replacement Programme.	Medium	Medium	Heather Knox	Planning Performance and Resource Committee	28/02/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
244	Effective	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. 2. There is a range of controls to fully comply with statutory requirements and obligations. Details can be obtained on request.	Medium	Medium	Corporate Management Team	Staff Governance Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1590	Effective	30/01/2018	Ability of NHSL to realise the required savings within year 2018/2019 and deliver a balanced budget	There is a risk that NHSL will not be able to realise the required savings for 2018/2019 and deliver a balanced budget, 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.Regular financial scrutiny by Chief Executive, Director of Finance and Director of Strategic Planning through scheduled scrutiny panels meetings.	Low	Low	Laura Ace	Planning Performance and Resource Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1597	Effective	22/03/2018	Bowel Screening Capacity	There is a risk that NHSL cannot sustain the additional workload that has arisen from the implementation of the new bowel screening FIT test kit. This has the potential to adversely impact on patient waits to be investigated and on the reputation of the Lanarkshire bowel screening programme.	High	1. Weekly monitoring of positives, endoscopy capacity and waiting times. 2. Additional screening colonoscopy lists are being sought urgently. 3. Escalation to the national group reviewing the impact from implementation of the new test and outcomes. The national group have the authority to modify national FIT threshold if required.	Medium	Medium	Gabe Docherty	Population Health, Primary Care & Community Services Committee	29/03/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1466	Safe	01/02/2017	NMAHP Workforce	There is a risk that NHSL will not be compliant with the imminent Health and Care (Staffing) (Scotland) Bill that will ensure appropriate number of suitably trained staff are in place, irrespective of where care is received, 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 NMAHP 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, supported by Unit NMAHP workforce groups 7. NHSL NMAHP Workforce Steering Group with new and strengthened Term of Reference (August 2018) 8. NMAHP Workforce dashboard continuously monitored and acted on through professional leads. 9. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL 10. Implementation of a recruitment strategy aligned to workforce planning and student nurse / AHP graduation periods for cohort recruitment (oversupply that reduces use of bank) 11. Peparedness for National Safe Staffing Legislation through risk based workforce planning, reporting to operational management teams, Corporate Management Team and the Board of NHS Lanarkshire 12.NHSL annual workforce risk assessment reporting through the relevant governance infrastructure.	Medium	Medium	Irene Barkby	Healthcare Quality Assurance & Improvement Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1484	Effective	10/04/2017	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 2. Assessment of the status agains the HMRC test of employment. 3. Notification process to indivduals and agencies commenced 4. Awarenss raising through Corporate Management Team and line management structures 5.Interaction with HMRC to establish how the Test of Employment Tool should be completed.	Low	Low	Laura Ace	Planning Performance and Resource Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1485	Safe	10/04/2017	Impact on Service Continuity resulting from implementation of new tax regime (IR35)	From implementation of the new tax regine IR 35, there is a potential risk that individuals will cease to contract with NHSL, if the tax is deducted by NHSL, leading to servcie 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	1.Identification of individuals commenced. 2. Assessment of the status aginst the HMRC test of employment. 3. Notification process to individuals and agencies commenced. 4. Awareness raising through Corporate Management Team and line management structures 5. Building in IR35 principles to future contracts 6. Corresponding with all medical agencies 7.National Workstream to look at the correct tax treatment for the various GP posts.	Medium	Medium	Laura Ace	Planning Performance and Resource Committee	31/05/2019

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
1492	Safe	04/05/2017	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	1.Approved Quality Approach to Achieving Excellence : NHS Lanarkshire Quality Strategy 2018 -2023 2.Four (4) delivery plans for Person-Centred Care, Safety Plan, Clinical Effectiveness Plan and QI Improvement Capacity and Capability Building as outlined within the NHSL Quality Strategy 2018-2023 3.NHSL Revised Governance Structure 4.Quality and Safety dashboards at organisation and site levels with development of dashboards for H&SCP underway 5.Category 1 adverse events overseen by the Category 1 Review Group and Corporate Management Team via the weekly Huddle 6.SAER reporting to Corporate Management Team through the monthly adverse event report 7.Automated notification of Category 1 graded adverse events to agreed cohorts across NHSL 8.Review and management of complaints and patient feedback overseen through the governance structure 9.Training for staff and development for the workforce competence in improvement science through the QI capability and capacity plan, including the eQuip programme 10.Executive safety leadership walkrounds with actions and reporting closure of actions 11.Weekly Corporate Management Team huddle to address immediate or emerging quality of care issues 12.Contingency plan addressing the notification of loss of 20 GPST posts linked to identified specialties.	Medium	Medium	Jane Burns	Healthcare Quality Assurance & Improvement Committee	31/05/2019

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
243	Effective	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 to mitigate against this risk. Details can be obtained on request.	Low	Low	Corporate Management Team	Planning Performance and Resource Committee	30/11/2018

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER NOVEMBER 2018
(updated 21st November 2018)

Appendix 1
ITEM 18B

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Assurance Sources	Review Date
623	Effective	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	1. Continuous increased surveillance (early warning HP Zone) and weekly 'huddle' 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 2018/ 2019	Low	Low	Gabe Docherty	Population Health, Primary Care & Community Services Committee	31/10/2019