

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>6.Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams.</p>	Very High	Medium	C Sloey	31/05/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 1. Advise from Scottish Health Council, and engagement with local communities has commenced to consider alternative services to be hosted in Lockhart with initial output expected June 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. Community Bed Modelling Plan 6. Community Hospital Refresh Strategy, that outlines alternative approaches including advanced nurse practitioners and consideration for nurse-led model of care. 7. Work ongoing as part of Clydesdale Locality Plan to re-designate Lockhart and link to other bed provision in the locality based on the current information on bed usage/need. 	Very High	Medium	C Campbell / V DeSouza / J Hewitt	31/05/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1450	Safe	14/1/2016	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 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.</p> <p>3.A GMS Implementation group has been established and on track to produce a Primary Care Improvement Plan linked to Transforming Primary Care Aims</p> <p>4.GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years.</p> <p>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.</p>	Very High	Medium	C Campbell / V DeSouza / J Hewitt	31/05/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 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 panes meetings. 	Very High	Medium	L Ace	31/05/2018	Planning, Performance & Resource Committee
1584	Effective	13/11/2017	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	<ol style="list-style-type: none"> 1. GDPR Project Group Established with dedicated Project Manager 2. GDPR Project Group chaired by SIRO and has workstream leads representing the wider organisation including Chair IG Committee and Caldicott Guardian. 3. Detailed Action Plan set out against the key requirements of the GDPR. The action plan is being updated monthly with progress being monitored to 25 May 2018. It is envisaged that the project will continue for 3-6 months beyond the 25 May. 4. Established Information Governance arrangements. 5. Information Asset Register has been updated via CMT members. 6. Active member of national IG groups and receiving advice/guidance on GDPR. 7. GDPR Training for Core members complete. 8. Data Protection Officer Appointed. 9. New Information Governance roles (X3) have been recruited and start dates agreed. 	High	Low	C Sloey	31/07/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 1. Short - term increase in pay rates for GP sessions 2. New service Business Continuity Plan 3. Continuous engagement with IJB and Acute 4. Monitoring of performance against the Key Quality Indicators on a weekly basis through CMT 5. Implementation of a Liaison Nursing Service for Mental Health and Paediatrics 6. Planned approach to develop Advanced Practitioner for Nursing and Paramedics, currently at early implementation stage. 7. GP sustainability continues to be fully monitored through Primary Care Transformation Programme Board. 8. New GMS Implementation Group and Implementation Plan, overseen through the Primary Care Transformation Programme Board. 	High	Medium	C Campbell / V DeSouza / J Hewitt	31/07/2018	Planning, Performance & Resource Committee
1491	Effective	27/04/2017	Community Bed Re provision to Align with Balance of Care Need.	There is a risk that the developing community bed re provision 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	<ol 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. 2. Bed Modelling Steering Group 3. Initial community bed re provision plan set out and approved for planned moves with timescales for: <ul style="list-style-type: none"> -contracted beds -community hospitals -out of area placements 4. Work concluded in replacing previous bed based provision at Douglas Ward, Udston with increased community care provision. 5. North Lanarkshire Intermediate Care Review scheduled for completion in June 2018. 	High	Medium	C Campbell / V DeSouza / J Hewitt	31/07/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 1. Transforming Patient Safety & Quality of Care Strategy with supporting implementation plan. 2. Boards strategic prioritised patient safety plan 3. Patient safety Strategic Group with oversight of the Boards patient safety prioritised plan. 4. Executive and Non-Executive commitment to patient safety. 5. Bi - annual Patient Safety Culture Survey undertake to identify priority actions linked to Patient Safety Plan. 6. Improved site level reporting, review and management of incidents and patient safety data 7. Category 1 Adverse Events overseen by the Category 1 Review Group and CMT 8. SAER reporting to CMT through the monthly adverse event report 9. Testing the Vincent framework of harms 10. Automated notification of Category 1 graded adverse events to agreed cohort. Function extended to wider operations cohorts January 2017 11. Review and management of complaints and patient feedback 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 13. Executive Safety Leadership walkrounds with actions and reporting closure of actions 14. Patient Safety Steering Group has a patient safety measurement reporting (dashboard) that informs HQAIC Committee, through the Quality and Safety Dashboard 15. New Support, Care and Clinical Governance Framework (joint with H&SCP's) 16. Development of a Quality Dashboard for Health & Social Care Partnerships 17. Implementation of weekly CMT 'huddle' to address immediate or emerging quality of care issues 18. Short-term, whole system actions: <ul style="list-style-type: none"> -daily conference calls with acute and H&SCP to manage flow -additional surge beds -viring of staffing across the whole system -deployment of volunteers -cancellation of elective cancellations -weekend opening of GP practices 19. Contingency plan to address the notification of loss of 20 GPST posts 	High	Medium	h Knox	28/06/2018	Healthcare Quality, Assurance & Improvement Committee

Prepared by Mrs Carol McGhee, Corporate Risk Manager. Accurate as at 4th May 2018

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1582	Effective	13/11/2017	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	<ol style="list-style-type: none"> 1. Initial Workshop 2. National factsheet distribution across NHSL 3. NHSL Short Life Working Group with Term of Reference 4. National Guidance published March 2018, supported by local Guidance endorsed by CMT and distributed March 2018. 5. NHSL Implementation plan in development 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 commencing April 2018 with reports developed to provide detail to acute sites and corporate groups. 	High	Medium	I Wallace	30/07/2018	Healthcare Quality, Assurance & Improvement Committee
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	<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 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 with some noted improvements. 	High	Medium	C Campbell / V DeSouza / J Hewitt	31/07/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: <ul style="list-style-type: none"> Regional planning Scottish Government Networking with other Health Boards 	High	Medium	L Ace	31/07/2018	Planning, Performance & Resource Committee
643	Effective	22/02/2010	Cost Effective Prescribing	There is a risk that even by implementing each new Prescribing Action Plan, the full expected savings will not be realised resulting from uncertainties around the capacity of all General Medicine practices to carry out the work to achieve improvements in prescribing quality & spend.	Very High	<ol style="list-style-type: none"> 1. Develop the Prescribing Quality & Efficiency Programme 2. Continuous performance monitoring of prescribing expenditure and trends at both PMBs. 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 implemented a focused and prioritised action plan for the practices identified as having potential for large savings to be made and those not complying with the GP Incentive Scheme. Intensive PMT input into these practices to implement specific actions. 6. Drop in clinics delivered by PMT for inhaler and blood glucose meter switching to cost effective alternatives 7. Lessons learned from the focused work in identified practices moved out to other practices across NHSL. 8. Continued action to deliver of original actions as identified in PAP12 which have high savings benefit, e.g. quetiapine 9. Ongoing engagement with MCN's to influence prescribing practice. 10. Monitor ScriptSwitch. Roll-out planned. 11. STU Tool – PMT technicians trained and awaiting practice roll out data from eHealth 	High	Medium	I Wallace	30/07/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 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 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. 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. Clinical Development Fellows through Medical Education 18. Implementation of a Coaching Approach to enhance recruitment and retention of GP's 19. Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties. 	High	Medium	I Wallace	31/07/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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 46 hour break between night/dayshift, with the potential to adversely impact on patient care and the overall corporate objectives for NHSL.	High	<ol 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. 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 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 	High	Medium	C Campbell	31/07/2018	Planning, Performance & Resource Committee
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	<ol 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 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 7. Recruitment of a new role - eHealth Service Continuity Manager commenced with no suitable candidate appointed. Post has been re advertised. 	High	Medium	C Sloey	29/06/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<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. 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	H Knox	31/07/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1618	EFFEC	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	<ol style="list-style-type: none"> 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 CMT with bi-monthly reporting to PPRC and Acute Governance Committee, for oversight of performance. 	High	Medium	Corporate Management Team	31/07/2018	Planning, Performance & Resource Committee
983	Effective	31/08/2012	Outcome Reports from Older Peoples Services Inspectorate	There is a risk that despite having Organisational and support systems in place, NHSL does not meet the criteria of announced and unannounced visits by HIS to inspect services for Older People in acute care, with the potential for NHSL to be subject to adverse publicity following publication of the Reports.	Medium	<ol style="list-style-type: none"> 1. Older People in Acute Care (OPAC) Steering Group 2. Agreed Board Reporting 3. Debriefing Action Plans 4. OPAC Improvement Board 5. Patient Safety Walkrounds 6. Care Assurance Board reporting to HQAIC 7. Self Assessment Complete prior to site visit 8. Local OPAH pre visit concluded - Actions for improvement noted by local team. 9. Revised approach being taken to auditing standards of care delivery at ward level. 10. Team Leaders and Charge Nurses have Objectives set to drive improvement 11. Continuously developing initiatives through 'John's campaign' 	Medium	Low	I Barkby	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1349	Safe	01/10/2015	Child Protection	There is a risk that despite organisational and support systems, there is potential for failure to protect vulnerable children.	High	<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. 	Medium	Low	I Barkby	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1310	Safe	24/06/2015	Nursing - Availability of Specialist Practitioners	There is a risk that NHSL may fail to recruit adequate numbers of Health Visitors and District Nurses with Specialist Practitioner Qualifications (or equivalent) because of insufficient supply both locally and nationally, leading to challenges in meeting local needs.	Medium	<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 no 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 and ongoing 5. Training Plan in place 6. New National Guidance for District Nurse Training launched December 2017. 7. Workforce Planning at Government level through Scottish Executive Nurse Directors (SEND), under the 'Transforming Nursing Roles' Agenda. 8. Collaborative caseload review between North & South H&SCP's to enable effective skill mix aligned to demand and workload. 	Medium	Low	I Barkby	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<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 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	L Ace	28/09/2018	Audit Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 1 Major Emergency Plan <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - Monitor, evaluate and revise site plans - Ensure Public Health staff aware of specific responsibilities 3 Staff education and training <ul style="list-style-type: none"> - Ensure appropriate cohorts of staff receive education and training - Monitor, evaluate and revise education and training 4 NHSL exercises <ul style="list-style-type: none"> - Undertake, monitor, evaluate and revise exercises 5 Multi-agency exercises <ul style="list-style-type: none"> - 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 Investment for Resilience Infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators 12 Development/ Refresh of Primary Care Mass Casualty Plans for completion end of March 2018. 	Medium	Medium	G Dooherthy	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
847	Safe	24/02/2010	Adult Support and Protection	There is a risk that within NHSL, there is failure to identify where adult support and protection is breached, and that this is not notified to the relevant authorities timeously with the potential to adversely impact on adults receiving care from NHS Lanarkshire and the reputation of NHS Lanarkshire.	High	<ol style="list-style-type: none"> 1. National Adult and Support Protection Guidelines implemented. 2. NHSL ASP Policy 3. Multi-agency Guidelines 4. Public Protection Group for NHS Lanarkshire (Chaired by Director of NMAHP'S) 5. Lanarkshire Multi-Agency ASP Committee for both North and South (2 Committees) 6. Reporting and Recording of Incidents (Datix) 7. Enhanced Escalation Process 8. Training Needs Identified and agreed 9. Implementation of an Annual letter (in August) to all registered nurses highlighting Code of Conduct, facilitated through Practice Development. 10. Multi - Agency Chief Officers Group to oversee all Public Protection Issues 11. Annual Report to HQAIC, including training and referral data. 12. Quarterly reports to Director of Nursing for H&SCP on training and referral monitoring and numbers. 	Medium	Low	I Barkby	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
849	Effective	22/02/2011	Outcome Reports from HEI Visits	There is the risk that NHSL does not meet the HEI Standards at each visit (announced and unannounced, despite having organisational and support systems in place, with the potential for NHSL to be subject to adverse publicity following publishing of the Reports.	High	<ol style="list-style-type: none"> 1. Detailed SIPS audits in place monthly 2. Infection prevention & control audits in place 3. Reported via Hospital Management Teams 4. Executive led environmental / infection control visits increased now multi-level (CMT & OMT) Immediate feedback and action taken on the day to address any deficits. Also formal reporting of findings to OMT, CMT, LICC, HQAIC and Board continues 5. IPCT Workplan 2017/18 6. Local inspection programme led by the Head of Infection Prevention & Control 7. Introduction of skills lab based at Hairmyres Hospital. 8. Hospital Hygiene Groups with a focus on compliance with hygiene standards, reporting to LICC. 9. Announced HEI Inspection Report for Udston Hospital. 	Medium	Low	I Barkby	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
980	Effective	04/09/2012	National Change of HR / Workforce electronic Systems from SWISS to EEES	There is the risk that with the implementation of the new national eEES (electronic employee support system) to replace the SWISS system, there will be a loss of reliable information with a potential impact on recruitment, payroll, workforce monitoring.	Medium	<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 complete 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. 10. Implementation scheduled for May 2018 	Medium	Medium	K Small	28/09/2018	Staff Governance Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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 <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"> Detailed risk assessment of Monklands estate issues Phased investment plan to ensure highest risks and greatest benefits addressed as a priority Monklands Investment Programme Board established to oversee the process Framework partner appointed to work through phases of estates work. Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC). Monklands replacement has been established as a Regional High Priority 	Medium	Medium	L Ace	28/09/2018	Planning, Performance & Resource Committee
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	<ol style="list-style-type: none"> NHSL has in place a Legislative Framework, overseen through the CMT and updated by the Head of Occupational Health & Safety with the responsible Directors. 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	28/09/2018	Staff Governance Committee
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 two of the redesign will enable additional resilience to the service and must be implemented as part of the Healthcare Strategy :Achieving Excellence.	High	<ol style="list-style-type: none"> Phase 2 implementation of redesign of services through the implementation of the new NHSL Healthcare Strategy and Communication Plan 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	31/08/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1466	Safe	01/02/2017	NMAHP 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. 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 8. Nursing 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. Development of a recruitment strategy aligned to workforce planning and student nurse / AHP graduation periods 11. Influencing National Safe Staffing Legislation 12. NHSL annual workforce risk assessment reporting to CMT and Operational Management Teams 	Medium	Medium	I Barkby	28/09/2018	Healthcare Quality, Assurance & Improvement Committee
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	<ol style="list-style-type: none"> 1. Identification of Individuals commenced 2. Assessment of the status against the HMRC test of employment. 3. Notification process to individuals and agencies commenced 4. Awareness raising through CMT and line management structures 5. Interaction with HMRC to establish how the Test of Employment Tool should be completed. 	Medium	Medium	L Ace	28/09/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
1485	Safe	10/04/2017	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	<ol style="list-style-type: none"> 1. Identification of individuals commenced. 2. Assessment of the status against the HMRC test of employment. 3. Notification process to individuals and agencies commenced. 4. Awareness raising through CMT 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 tx treatment for the various GP posts. 	Medium	Medium	L Ace	28/09/2018	Planning, Performance & Resource Committee
1583	Safe	13/11/2017	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	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> Weekly monitoring of positives, endoscopy capacity and waiting times. Additional screening colonoscopy lists are being sought urgently. 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	G Dooherly	31/07/2018	Healthcare Quality, Assurance & Improvement Committee
1470	Safe	02/02/2017	Nurses & Midwives Registration & Continuity of Service	There is a risk that there is failure of registered nursing and midwifery staff to pay the annual registration fee by the due date, mainly associated with human error impacting on the NMC payment systems eg notification of change of name, address, bank details, etc. This has the potential to adversely impact on service workforce, in particular, in specialty areas where there are smaller cohorts of essential skills .	Medium	<ol style="list-style-type: none"> NHSL Policy with a NMC Checking process in place Continuous monitoring through practice development and reporting to Executive Director of Nursing (NMAHPS) and reporting to HQAIC 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	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	28/09/2018	Planning, Performance & Resource Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
572	Safe	28/10/2009	Minimising the risk of HAI across NHSL	There is a risk that HAI will not be adequately prevented and subsequently controlled, within NHSL, resulting from inconsistency in compliance with guidelines, Policies & Procedures. This has the potential to adversely affect patients, staff, the public and the Corporate Objectives.	High	<ol style="list-style-type: none"> 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 Clinical Governance & Risk Management Group and the Mental Health and Primary Care Support, Care & clinical Governance Committees. 5. Data is discussed 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	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
982	Effective	31/08/2012	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 2. Provision of adequate SPA time for appraisers in secondary care 3. on-going support for appraisers through the 'Learning network for Appraisers' 4. Development of a database to track completion of appraisals and job plans in secondary care 5. Introduction of a more flexible approach to providing additional appraisals for Primary Care 6. Training of additional appraisers programme within NHSL 7. Recruitment of appraisers from outwith NHSL for Primary Care 8. Development of 'fair allocation' for allocation of appraisers across acute sites. 9. Retention of appraisers up to 5 years post retirement 10. Secondary and primary care database developed and implemented, with admin support, to track the appraisal cycle for all doctors 11. Introduction of an educational based appraisal for locum appointed service doctors. 	Low	Low	I Wallace	30/10/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources
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	<ol style="list-style-type: none"> 1. Continuous increased surveillance (early warning) 2. Prevention and control; implementation of transmission-based precautions; training; infection control collaborative working 3. Overview of immunisation/vaccination Programme and continuing to implement expanded immunisation programmes with adequate coverage attained. 4. Full implementation of the Scottish Hepatitis C Action Plan in Lanarkshire 5. Business Continuity Planning for health protection. 6. Major Emergency Plan : Lanarkshire Resilience Group, Evaluation and review of the Plan on an annual basis (or more frequently if required and the standards and monitoring in place with external scrutiny by Health Improvement Scotland (HIS) and the WoS RRP. 7. Joint Health Protection Plan. 8. Revised NHSL Pandemic Influenza Plan to reflect UK & Scottish Guidance and Scottish Pandemic Flu Exercise : Silver Swan. 9. Vire across departments effective admin support for the public health function. 10. HP Zone - information management system for communicable disease 11. Winter Plan 2017/ 2018 12. Improved contact tracing (as learned from current Hep A outbreak) 	Low	Low	G Dooherthy	28/09/2018	Healthcare Quality, Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

he

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Risk Register Lead: Mr C Campbell, Chief Executive

Appendix 1

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MAY 2018

ITEM 14B

Appendix 1

Risk Register Lead: Mr C Campbell, Chief Executive