Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1450	14/11/2016	Safe	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. In addition, to these changes, there is a limit to the hours senior doctors are willing to work, 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. 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. 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. 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. 5. New abbreviated procurement process approved and in place 6. Review of GP Leased Premises to reduce burden on GP's now going through the national process 7. Procurement of a community information system to optimise contribution to community services 8. Work with NES to optimise the use of trainees. 9. NHSL has recently implemented interim 2C practice models with consideration to a future model eg locality or central management model in response to any practice contract being returned to the Board.	Very High	Medium	29/11/2019	C Campbell	Population Health & Primary and Community Services Governance Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1661	12/07/2018	Safe	European Union Exit (Brexit) Impact on NHSL	Brexit presents a level of risk that is not containable by NHS Lanarkshire alone, 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 Communication 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 4. Communication plan through HR on supporting and communicating with EU staff 5. NHSL SLWG completed and returned SG assessment tools 6. NHSL Business Continuity / Resilience Plans continuously being tested in advance of final deal and on-going 7. NHSL have agreed that a collaborative approach will be taken with the other West of Scotland NHS Boards to work together to help address the risks / impacts associated with Brexit and on-going 8. NHSL European Union Exit Short Life Working Group set up and can be re-instated at short notice. 9. Resilience Training through CMT completed 18th February 2019 and 4th March 2019 10. The formal Gold Command effective from April 2019 was suspended for a short period in light of the extended time period, however, the position has been re-instated effective from 7th October 2019. 11. Dedicated EU Withdrawal page on Firstport with contemporary information regarding exit plans 12. Co-ordinated issue and risk process local to NHSL and for reporting to Scottish Government, although suspended in the interim until there are any further developments/decisions 13. Standing agenda item on CMT with continuous oversight of emerging issues 14. Update paper to the Board of NHS Lanarkshire prepared for August 2019 with refresher training for all executive Directors and review of all high and very high graded risks. 15. Assessment of level of preparedness reported to	Very High	High	29/11/2019	C Campbell	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1587	13/12/2017	Safe	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and sessional GMPs, and recently the nursing workforce, 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.	Very High	1. Rates of Pay have been maintained at summer rates until end of Sept 2019. 2. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&E. 3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception report against this will also be put in place. 4. Workforce action plan in place - linked to GMS sustainability. 5. Regular reporting mechanism for North and South IJBs. 6. OOH performance reporting will be a standing item on the performance and audit sub committee. 7. There is a weekly update meeting on the OOH risk register and action plan which includes operational managers and professional leads. 8. There is work ongoing with NHS 24 to review processes and procedures in relation to triage.	Very High	Medium	29/11/2019	V DeSouza	Population Health & Primary and Community Services Governance Committee
1815	14/08/2019	Effective	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2020/21and deliver a balanced budget.	Very High	1. Early Identification of Savings Programme 2. Set-up of Programme Management Office with Programme Lead & Project Plan 3. Dedicated CMT Financial Meetings 4. Intelligence gathering and scenario planning	Very High	Medium	29/11/2019	L Ace	Planning, Performance & Resource Committee
1724	10/12/2018	Effective	Delay in Progressing the Monklands Replacement Project	There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government.	High	1 Use of independent external surveyors to view sites 2 Public consultation exercise following guidance set out by the Scottish Health Council, including press articles; public meetings; on-line internal videos has been carried out. Further public engagement will now take place subject to the outcome of the independent review 3 Consultation responses have been reviewed by Aberdeen University 4 Use of other external consultants on contentious issues will be put in the public domain 5 Revised Board oversight group to be constituted with a Term of Reference to be set out and agreed 6 Implement recommendations from the Independent Review	High	Medium	29/11/2019	C Campbell	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1727	05/02/2019	Effective	Ability of NHS Lanarkshire to realise the required savings within year 2019/20 and deliver a balanced budget	There is a risk that NHS Lanarkshire will not be able to realise the required savings for 2019/2020 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. Requirements 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.	High	Medium	29/11/2019	L Ace	Planning, Performance & Resource Committee
1728	07/02/2019	Effective	Four Seasons Health Group	There is a risk that contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an immediate need to transition current patients to alternative provision.	High	1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate 2. Homes affected placed on additional monitoring by SW QA team 3. Communication channels opened with COSLA and Care Inspectorate 4. Locality teams informed and undertaking service user reviews to further monitor maintenance of quality provision 5. Historically strong Care Inspectorate grading's across both facilities and no management changes at either home at present time	High	Medium	29/11/2019	R McGuffie	Planning, Performance & Resource Committee
1749	01/05/2019	Effective	Delivery of the Annual Operational Plan (AOP) for year 2019/2020	There is a risk that without SG agreement of local targets, overall delivery of the Annual Operational Plan (AOP) for the year 2019-2020 will not be fully realised because of the continuous challenges of the necessary cash releasing efficiency schemes and the range of waiting times targets that are increasingly difficult to meet. This could result in decreased capacity and potential for failure to meet some of the AOP standards and targets.	Medium	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 through quarterly CE performance review 4 Periodic reporting to CMT 5 Periodic reporting through the governance structure	High	Medium	29/11/2019	C Lauder	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1611	30/04/2018	Safe	Unscheduled Care Performance	There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled 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 on site with new Programme Manager for Unscheduled Care 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. 16. Two initiatives to maintain continuous flow : Pilot to move AWI patients from Acute to Nursing Home where appropriate and increased on-site presence of H&SCP staff at weekends 17. Discharge to Assess Model in North	High	Medium	29/11/2019	H Knox	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1703	18/10/2018	Safe	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s)affected and potentially business continuity.	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 7. Seek national support for these low frequency high impact potential situations 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur. Action 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.	High	Low	29/11/2019	G Docherty	Population Health & Primary and Community Services Governance Committee
1669	16/08/2018	Effective	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. In April 2019 a further two IG roles have been approved to provide support for General Practice. 5. The GDPR Programme has been completed. All outstanding actions have been formally passed on to respective owners and will be governed via the IG Committee. 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 have completed a Review of Information Assurance 2018/2019 - (L25 - 19) which provides substantial assurance that objectives are being achieved. There were 7 findings which will be fully addressed. 9. IG Breach incident recording and reporting through IG Committee. Action 1. Development and Implementation of an IG Dashboard by December 2019	High	Medium	29/11/2019	D Wilson	Healthcare Quality Assurance & Improvement Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1684	06/09/2018	Safe	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 Summit 2.Improved Professional Governance Infrastructure eg NMAHP PGG 3.Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance 4.Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit. 5.Development and implementation of a Professional escalation process aligned to 1:1 meetings 6. Workforce Gap Analysis 7. NMAHP Professional Governance Group to have oversight of all initiatives, set out in a dedicated PID template highlighting areas of change, reason, expected outcomes, value for money 8. Review of position of NMAHP workforce database for re-instating.	High	Low	29/11/2019	I Barkby	Healthcare Quality Assurance & Improvement Committee
643	22/02/2010	Effective	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. 10. Development of the sustainability plan effective from April 2019 11. Core Executive PQE Programme oversees pan Lanarkshire projects to ensure focus through sustainability planning and the Chief Executive Performance Reviews.	High	Medium	29/11/2019	J Burns	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1379	14/12/2015	Effective	Delayed Discharge Performance and Impact	There is a collective risk that NHSL 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. There is an agreed trajectory as part of the H&SCP performance
5. IJB Commissioning Plans
6. Implementation of transfer of AWI patients from Acute to Nursing Home where appropriate in the early stages of the AWI process to free up capacity of acute beds has commenced effective from early February 2019.
7. On-site presence of H&SCP staff at weekends to support continuous flow at discharge
8 Effective winter planning on a whole system basis and applied to 4 day weekends including Christmas and New Year.	High	Medium	29/11/2019	C Campbell	Population Health & Primary and Community Services Governance Committee
285	01/04/2008	Effective	Standing risk that external factors may adversely affect NHSL financial balance	There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance (eg superannuation and national insurance and other legislative changes and pay awards), but increasingly new high cost drugs will require to be managed on a rolling basis through horizon scanning.	High	1. Regular Horizon Scanning
2. Financial Planning & Financial Management
3. Routine Engagement with external parties:
Regional planning
Scottish Government
Networking with other Health Boards
4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs.	High	Medium	31/10/2019	L Ace	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1128	10/03/2014	Safe	Sustainability of Safe and Effective Medical Input to Clinical Services	There is a risk that NHSL will be unable to appoint to vacancies in medical staffing and retain existing medical staff resulting from the overall available medical resource, including training and non-training grades.	High	1. Endorsed Achieving Excellence NHSL Strategy with implementation plan 2. Implementation of Phase 1a 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.	High	Medium	29/11/2019	J Burns	Healthcare Quality Assurance & Improvement Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1323	27/07/2015	Safe	Continuous provision of clinical service workforce challenges including training and working time directive.	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 GPST trainees, the 48 hour break between night/dayshift, pension changes encouraging early retirement and within the demographics showing more people are retiring than joining the service. This has 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 as Lockhart Hospital is now redesignated. 7.'New ways of working' through the Primary Care Improvement Plan 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 10 SG alerted on impact of pension taxation implications and ask to engage with UK Government. 11 Use of technology to optimise available staff.	High	Medium	29/11/2019	C Campbell	Planning, Performance & Resource Committee
1363	09/11/2015	Safe	Increasing Reliance on IM&T	There is a risk created by the increasing reliance on all NHSL IT systems and infrastructure. As the use of IT systems and infrastructure are stretched without proportionate investment, there is a greater likelihood of aspects of these systems failing with direct impact on the medical management of patient care. This risk is further increased by the increasing level of interoperability between systems.	High	1.Contingency arrangements both technical and with service leads to provide for continuity of operation in the event of systems failure in place, with additional action card system and hot debrief processes in place 2. NHSL approved Digital Health & Care Strategy May 2019 3. eHealth Executive Group with oversight of planning and investment for Digital Health & Care Strategy 4. Appointment of a new role - eHealth Service Continuity Manager 5. Undertaking of Network & Information Systems (NIS) assessment with 82% compliance working towards 99% compliance through and action plan	Medium	Low	31/12/2019	D Wilson	Healthcare Quality Assurance & Improvement Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1364	09/11/2015	Safe	Risk of cyber attack in respect of stored NHSL data	There is an ongoing risk of malicious intrusion into data stored on NHSL digital systems resulting from inherent IT vulnerabilities that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.	High	1.Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland 2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. 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 CMT and implementation overseen through the eHealth Executive Group 6.Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams.	Medium	Low	31/12/2019	D Wilson	Healthcare Quality Assurance & Improvement Committee
286	01/04/2008	Effective	Adequacy of capital & recurring investment for Monklands	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as 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 was established as a Regional High Priority with a revised plan to the May NHSL Board.	Medium	Medium	31/12/2019	L Ace	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
594	09/02/2009	Effective	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	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 and specific workshops 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	Medium	Medium	31/12/2019	L Ace	Audit Committee
1431	08/08/2016	Effective	Sustaining a safe trauma and orthopaedic service for patients across NHSL.	There is a risk that NHSL cannot sustain the phase one 2 site model interim move for the trauma and orthopaedic service in the long term, resulting from insufficient senior clinical decision-makers. The proposed phase 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 now September 2020 due to development of clinical space to accommodate 24 beds. Phase 2 implementation will be determined by OBC process for Monklands Refurbishment or Replacement Programme.	Medium	Medium	31/12/2019	H Knox	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
659	01/08/2009	Safe	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality	Very High	1 Major Emergency Plan - 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: internal audit GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents Continuous self-audit 14. Resulting from preparedness for Brexit, moving into	Medium	Medium	31/12/2019	G Docherty	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1466	01/02/2017	Safe	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. Review 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, CMT and the Board of NHS Lanarkshire 12.NHSL annual workforce risk assessment reporting through the relevant governance infrastructure 13. Ability to run necessary national Nursing & Midwifery tools annually.	Medium	Medium	31/12/2019	I Barkby	Healthcare Quality Assurance & Improvement Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1492	04/05/2017	Safe	Consistent provision of high quality care, minimising harm to patients	There is a risk that NHSL does not provide consistent safe, effective and person-centred care with the potential to adversely impact on patient outcome and patient safety, and the reputation of NHSL.	Medium	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 CMT via the weekly Huddle 6.SAER reporting to CMT 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 CMT 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	31/12/2019	J Burns	Healthcare Quality Assurance & Improvement Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1582	13/11/2017	Effective	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. 12. Review commenced in preparation for the first Annual Report due around May 2019. 13. Risk Management Facilitators trained in recording on Datix with oversight at site/unit level.	Medium	Medium	31/12/2019	J Burns	Healthcare Quality Assurance & Improvement Committee
1702	12/10/2018	Safe	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 Additional storage / containers resourced for sites 2 Extended licence with Viridor (general waste contractor) to transport clinical waste to the central point 3 NSS Contractor has provided additional containers 4 NSS Contractor providing services on a limited basis 5 Continuous oversight of the Lanarkshire position through CMT by exception only 6 National contract awarded, coming into effect 1st August 2019 with 'phasing in' from September 2019 and continuing into 2020.	Medium	Low	31/12/2019	C Lauder	Planning, Performance & Resource Committee

Risk Register Lead - Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1710	15/11/2018	Safe	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 partially 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 8. Head of Public Protection appointed and reviewing service 9. 2019/2020 Public Protection Strategic Enhancement Plan overseen through the Public Protection Forum	Medium	Low	31/12/2019	I Barkby	Healthcare Quality Assurance & Improvement Committee
1828	17/10/2019	Safe	Compliance with Health & Safety Regulations : Moving & Handling	There is a risk that in response to the initial HSE Notice of Contravention in December 2018, the North and South H&SCP will not be fully compliant with the minimum KPI% rate for moving and handling learning and training by December 2019.	Medium	1. Recovery Plans developed to meet the minimum threshold of 90% by 8th December 2019 including: -prioritising and targeting of specific cohorts of staff -communication through head of service meetings 2. Continuous monitoring and reporting through CMT	Medium	Medium	30/01/2020	V DeSouza & R McGuffie	Staff Governance Committee
244	07/02/2008	Effective	NHSL does not comply fully with statutory requirements and obligations.	There is a risk that NHSL does not comply fully with statutory requirements and obligations potentially exposing NHSL to prosecution, improvement notices and / or corporate homicide.	High	Control 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. Actions 1. Review of the controls to fully comply with statutory requirements and obligations to be completed by October 2019.	Medium	Medium	31/12/2019	CMT	Staff Governance Committee
1800	01/08/2019	Effective	Effective Engagement with Internal and External Stakeholders	There is a risk that NHSL fails to optimise engagement with internal and external stakeholders in the pursuit of its objectives, with the potential for adverse reputation and delay in progressing strategic objectives.	Medium	Control 1. Application of Chief Executive Letter CEL (2010) 4 Action 1. Develop, Implement & Monitor NHSL Communication Strategy 2. Develop, Implement & Monitor NHSL Engagement Strategy	Medium	Low	31/12/2019	C Brown	Planning, Performance & Resource Committee

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ID	Opened Date	Corporate Objectives	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1799	17/06/2019	Safe	ISS Business Continuity in the Event of Industrial Action	There is a risk that the contracted company ISS are not able to deliver and maintain the necessary range of support services to UHH through effective business continuity planning in the event that industrial action is confirmed. Loss of support services has the potential to adversely impact on other staff members and continuity of delivery of clinical services across UHH.	High	1. Receive assurance from ISS on their business continuity planning and ability to sustain essential support services to UHH 2. GMB members have accepted the revised offer, UNISON still in discussion.	Low	Low	30/11/2019	C Lauder	Staff Governance Committee
623	01/06/2009	Effective	Failure to prevent or contain communicable diseases	There is a risk that NHSL is unable to prevent or contain infectious disease: in the community at large; at institutional level (hospital, care home, etc); in vulnerable groups eg childhood immunisation, elderly groups; and influenza/pneumococcal immunisations, resulting in increased morbidity and mortality in the population.	High	1. Continuous increased surveillance (early warning 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 2019/ 2020	Low	Low	30/06/2020	G Docherty	Population Health & Primary and Community Services Governance Committee