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 sources
285	01/04/2008	Effective	Standing risk that external factors may adversely affect NHSL financial balance, specifically COVID-19	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. For 2020/21 the COVID 19 pandemic will have a significant impact on the NHS's expenditure though there will be Government funding	High	Contols after March 2020 remain but will continue at a slower pace and with greater uncertainty. A process for capturing expenditure implication of Covid is in place with an expectation of SG funding. 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.	Very High	High	30/04/2020	L Ace	Planning, Performance & Resource Committee
623	01/06/2009	Effective	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of COVID-19.	There is a risk that NHSL will not have the capacity to respond to the rapidly changing number of current and predicted cases of COVID-19 as the demand on services are expected to overwhelm the available resources, including bed capacity and workforce. This is likely to lead to increased morbidity and mortality in the population: loss of and disruption to the delivery of health & social care with adverse impact on front-line staff.	Very High	Controls 1. Declared a major incident 2. Invoked the Gold Command structure with daily meetings 3. Gold Command action log reviewed & monitored daily 4. Established an Incident Management Team for containment phase that will transform to Scientific & Technical Advisory Cell (STAC) 5. Local Resilience Partnerships commenced, linking to the National resilience groups 6. Designated point of contact (Director of Public Health) liaising with NHS Resilience on a daily basis 7. Continued community surveillance of covid-19 through influenza spotter practices 8. Management plans based on national guidance 9. Implementation and continuous oversight of a NHSL COVID-19 mobilisation plan Action 1. Scoping and implementation of and Emergency Reconfiguration & Recovery Plan	Very High	Very High	30/04/2020	G Docherty	Population Health & Primary Care Governance 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. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan.	High	Controls - 1. CMT have continuous oversight of performance, reasons for delays and discuss action 2. Pan-Lanarkshire Unscheduled Care and Discharge Group 3. IJB Commissioning Plans 4. 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. 5. On-site presence of H&SCP staff at weekends to support continuous flow at discharge Action 1 Implementation of the mobilisation plan	Very High	Medium	30/04/2020	H Knox	Population Health & Primary Care Governance Committee

Accurate as at 9th April 2020

Risk Register Lead: C Campbell, Chief Executive

NHS LANARKSHIRE
CORPORATE RISK REGISTER APRIL 2020
ITEM 17C

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 sources
1450	14/11/2016	Safe	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.	Very High	Controls⬜ 1. Interim reconfigured service in place in response to COVID-19' including Community Hub, Community Assessment Centres, Video/Telephone Consultations⬜ 2. Mobilisation Plan ⬜ Actions⬜ 1. NHSL Emergency Reconfiguration & Recovery Strategic Map 2020/21	Very High	High	30/04/2020	C Campbell	Population Health & Primary Care Governance 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 session GMPs which is exacerbated by the current COVID pandemic.	Very High	Controls, the routine controls are currently superceded by retention of response to Urgent's and a new way of working through setting up of community hubs and assessment centres.⬜ 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. Senior Management and team are continuing to work on securing sufficient staff/reconfigure jobs to maximise the workforce coverage.⬜ 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. ⬜ 9. Workforce Planning with a focus on securing sufficient staff/reconfigure jobs to maximise the workforce cover.⬜ Action⬜ 1. Emergency Reconfiguration & Recovery Strategic Map 2020/21⬜	Very High	Medium	30/04/2020	V DeSouza	Population Health & Primary Care 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 resulting from the initial identified gap to be filled by efficiency which been exacerbated by having to suspend all programmes requiring heavy service input to allow staff to concentrate on the covid 19 .	Very High	Mitigating controls in operation until March 2020⬜ 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⬜ ⬜ After March 2020 all but 4 above suspended with resources diverted to covid mobilisation plan with oversight through the new Tactical (Silver) Command Group. Covid expenditure and funding will be built into 2020/21 plan once known. Savings work will recommence once service stabilised.⬜ ⬜	Very High	High	30/04/2020	L Ace	Planning, Performance & Resource Committee

Risk Register Lead: 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 sources
1871	30/03/2020	Effective	Recovery of Performance 2020 - 2021	There is a risk that NHSL will be unable to recover performance during the first half of the year re delivery of services resulting from significant change to existing service delivery in response to the COVID-19 pandemic and being placed on emergency footing by the SG as invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978. This will significantly impact on the strategic direction, outcomes and performance for 2020/21.	Very High	Controls 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL gold command planning, including mobilisation plan Actions 1. Receive further instructions from SG on emergency footing status 2. Set out, approve and implement a NHSL Emergency Reconfiguration & Recovery Strategic Map & Step Enhancement Plan	Very High	High	30/04/2020	C Lauder	Planning, Performance & Resource 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	Control - the following controls remain. CFS has noted that there is increased fraud activity as a result of criminals exploiting the disruption and anxieties caused by COVID. Enhanced communication in place through staff briefings to ask staff to remain vigilant. 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 Services completed January 2020	High	Medium	30/06/2020	L Ace	Audit Committee

Accurate as at 9th April 2020

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 sources
1832	11/11/2019	Safe	Clinical Workforce	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 to comply with the Health & Care (Staffing) (Scotland) Bill with the potential to result in adverse impact on the continuity of the delivery of safe and consistent care.	High	Controls; - the health and care staffing programme is currently paused with a focus on the mobilisation plan and the emergency reconfiguration & recovery strategic map 2020/21.☐ 1. Achieving Excellence Strategy supported by clinical strategy and commissioning plans with associated workforce plans☐ 2. Workload and workforce planning undertaken using national tools, on a cyclical basis with nursing and midwifery undertaken annually☐ 3. Annual Board Workforce Plan☐ 4. Preparedness for National Safe Staffing Legislation through risk based workforce planning, including clinical specialties, reporting to operational management teams, CMT and the Board of NHS Lanarkshire☐ 5. GP sustainability action plan in place through the Primary Care Implementation Plan☐ 6. Implementation of a recruitment and marketing strategy aligned to workforce planning and student nurse / AHP graduation periods for cohort recruitment (oversupply that reduces use of bank)☐ 7. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL ☐ 8. 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.☐ 9. HR oversight and intensive support in managing sickness / absence with improved return to work planning☐ 10. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings☐ 11. Workforce dashboard continuously monitored and acted on☐ 12. New Head of Workforce taken up post in March 2020 ☐ Actions☐ 1. Set up Healthcare Staffing Oversight Board (no later than June 2020 currently paused)	High	Medium	30/06/2020	K Sandilands	Staff Governance Committee

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 sources
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 almost complete (now March 2020) 2. Testing of dashboard at the next IG Committee	High	Medium	30/06/2020	D Wilson	Healthcare Quality Assurance & Improvement 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	30/06/2020	G Docherty	Population Health & Primary Care Governance Committee

Risk Register Lead: 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 sources
1710	15/11/2018	Safe	Public Protection	There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL.⬜	Medium	1. New service model fully implemented for a Public Protection Team with new infrastructure, effective from January 2020.⬜ 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, investigation of adverse events and compliance with national standards and benchmarking for child protection, including annual self-evaluation.⬜ 4. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues.⬜ 5. Designated Child Health Commissioner⬜ 6. Public Protection Strategic Enhancement Plan revised annually and overseen through the Public Protection Forum⬜ 7. Maintain prioritisation and supervision for high risk areas/ cases during COVID-19 pandemic as some elements of service are deferred.⬜	High	Low	30/06/2020	E Docherty	Healthcare Quality Assurance & Improvement 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.Monklands Replacement Oversight Board (MROB) as a sub Committee of the Board of NHS Lanarkshire will manage all risks in the progression of the replacement of the University Hospital Monklands new build.⬜ 2.The Monklands Project Team have implemented the recommendations from the Independent Review and provide regular updates to the Chief Executive via MROB.⬜ 3.Advance on Site Selection programme via the Project Team including external advisors. The MROB will sight the NHS Lanarkshire Board on any developments in the site investigations.⬜ 4.The Monklands Business Continuity Project is overseen by C Lauder. Any changes to the programme of remedial work is reporting via CMT and MKBC/MRP maintain close links on any delays. ⬜	High	Medium	30/06/2020	C Campbell	Monklands Replacement Board

Risk Register Lead: 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 sources
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 current pressure on resource due to COVID-19; 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 Gold Command situation effective when appropriate and agreed through CMT	High	Medium	30/06/2020	G Docherty	Planning, Performance & Resource Committee

Risk Register Lead: 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 sources
1364	09/11/2015	Safe	Risk of cyber attack in respect of stored NHSL data	There is an increased risk of opportunistic malicious intrusion into data stored on NHSL digital systems resulting from diversion of resources to respond to the COVID-19 pandemic 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.▯ 7. Higher vigilance and continuous briefing on minimising malicious cyber attack during COVID-19 response and recovery phase▯ Actions▯ 1. Awaiting audit by competent authority for NIS▯ 2. software in support of current standards eg patching to be deployed by July 2020▯ 3. Penetration testing with third party specialist contract to be awarded in July 2020▯ ▯	High	Low	30/06/2020	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	Controls - in 2020/21 the need to play in hospital space and support resource to the immediate threat of COVID-19 is likely to slow the planned maintenance programme which will reduce the risk of running out of capital.▯ 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	30/12/2020	L Ace	Planning, Performance & Resource Committee

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 sources
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 Scottish Government September 2019. ☐ 16. Roadshow events scheduled for October have commenced☐	Medium	Medium	30/11/2020	C Campbell	Planning, Performance & Resource Committee
1728	07/02/2019	Effective	Four Seasons Health Group	There is a risk that critical contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, a position exacerbated by COVID-19, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an urgent need to enable alternative provision	High	Controls - the key controls at present is the NHSL mobilisation plan, noting work to date through the controls below:☐ 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 with a NHSL representative ☐ 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☐ 6. NHSL Full Capacity protocol☐ 7. Contingency Plan for relocation☐	Medium	Medium	31/12/2020	R McGuffie	Planning, Performance & Resource Committee

Risk Register Lead: 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 sources
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	Controls☐ 1. Application of Chief Executive Letter CEL (2010) 4☐ 2. Approved NHSL Communication & Engagement Strategy☐ 3. Intensive communication planning & briefing through the COVID-19 pandemic response and recovery period☐ Action☐ 1. Monitoring of the effectiveness of the Communication & Engagement Strategy☐	Medium	Low	30/12/2020	C Brown	Planning, Performance & Resource 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. Workforce Governance Gap Analysis for minimum dataset☐ 6. 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☐ Action:☐ 1. Development and implementation of a Professional escalation process☐ ☐	Medium	Low	31/12/2020	E Docherty	Healthcare Quality Assurance & Improvement Committee

Accurate as at 9th April 2020