

NHS LANARKSHIRE
CORPORATE RISK REGISTER
JANUARY 2020

ITEM 20C
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Risk Register Lead: Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level tolerance	Review Date	Risk Owner	Assurance Committee
1450	14/11/2016	Safe	Ability to maintain existing GM Services across NHS Lanarkshire	<p>There is an increasing risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL, resulting from a range of changes including a change in portfolio career arrangements, age profile of the existing workforce, increased part time working and less medical students choosing GP practice as a career. 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.</p> <p>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>Controls</p> <ol style="list-style-type: none"> 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 5. New abbreviated procurement process approved and in place to enable acceleration of appointments of GP's 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 equity in GP trainee allocation <p>Actions</p> <ol style="list-style-type: none"> 1. Roll out of the community information system over 2020/21 effective from 1st April 2020 2. Consideration to a future NHSL model for invoking 2C eg locality or central management model in response to any practice contract being returned to the Board 	Very High	Medium	28/02/2020	C Campbell	Population Health & Primary Care Committee

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1587	13/12/2017	Safe	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and sessional GMPs, 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	<ol style="list-style-type: none"> 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. 	Very High	Medium	15/02/2020	V DeSouza	Population Health & Primary Care Committee

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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 19/20, 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 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 18. Investment in REACT room with triaging by Medical Consultants 19. Additional staffing for Flow 20. Overnight additional ED staffing being tested 21. Introduction of Significant Incident Protocol. 	Very High	Medium	28/02/2020	H Knox	Planning, Performance & Resource 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 2020/21 and deliver a balanced budget.	Very High	<ol style="list-style-type: none"> 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	28/02/2020	L Ace	Planning, Performance & Resource Committee

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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	<ol style="list-style-type: none"> 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 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, supported by Unit NMAHP workforce groups 10. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings 11. NHSL NMAHP Workforce Steering Group with new and strengthened Term of Reference (August 2018) 12. NMAHP Workforce dashboard continuously monitored and acted on through professional leads 13. Nursing & Midwifery Rostering Policy in place and monitored 	High	Medium	28/02/2020	J White	Healthcare Quality, Assurance & Improvement Committee

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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	<ol style="list-style-type: none"> 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	28/02/2020	R McGuffie	Planning, Performance & Resource 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	<ol style="list-style-type: none"> 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 6. Winter plan for 2029/2020 is based on a whole system basis <p>Action</p> <ol style="list-style-type: none"> 1. Scottish Government review of North & South H&SCP discharge processes completed in November 2019 and report on findings awaited for consideration and action. 	High	Medium	28/02/2020	C Campbell	Population Health & Primary Care 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	<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 4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs. 	High	Medium	28/02/2020	L Ace	Planning, Performance & Resource Committee

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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	<ol style="list-style-type: none"> 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. <p>Action</p> <ol style="list-style-type: none"> 1. Development and Implementation of an IG Dashboard by December 2019 	High	Medium	28/02/2020	D Wilson	Healthcare Quality, Assurance & Improvement Committee

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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	<ol style="list-style-type: none"> 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 <p>Action:</p> <ol style="list-style-type: none"> 1. Development and implementation of a Professional escalation process 	High	Low	28/02/2020	Barkby	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	<ol style="list-style-type: none"> 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. <p>Action</p> <ol style="list-style-type: none"> 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination. 	High	Low	28/02/2020	G Docherty	Population Health & Primary Care Committee

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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	<ol style="list-style-type: none"> 1. PQEP now moved to business as usual with an agreed governance structure and sustainability plan 2. Continuous performance monitoring of prescribing expenditure and trends at both PMBs and PQEB executive Group 3. All Acute sites and specialties have developed 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 have developed a locality 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 	High	Medium	27/03/2020	L Findlay (J Burns)	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	<ol style="list-style-type: none"> 1. Monklands Replacement Programme Board as a sub Committee of the Board of NHS Lanarkshire to have continuous oversight of the progression of the replacement of the University Hospital Monklands. 2. Implementation plan of the recommendations from the Independent Review 3. Use of independent external surveyors to view sites 4. Continuous oversight of the Monklands business continuity risk register including remedial work 	High	Medium	28/02/2020	C Campbell	Planning, Performance & Resource Committee

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659	01/08/2009	Safe	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality	Very High	1 Major Emergency Plan - 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	Medium	Medium	29/05/2020	G Docherty	Planning, Performance & Resource Committee

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1364	09/11/2015	Safe	Risk of cyber attack in respect of stored NHS data	There is an ongoing risk of malicious intrusion into data stored on NHS digital systems resulting from inherent IT vulnerabilities that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHS 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</p>	Medium	Low	29/05/2020	D Wilson	Healthcare Quality, Assurance & Improvement Committee
1710	15/11/2018	Safe	Public Protection	There is a risk that NHS 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 NHS.	Medium	<p>1. New service model fully implemented for a Public Protection Team with new infrastructure.</p> <p>2. NHS Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals</p> <p>3. A range of NHS 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.</p> <p>4. National, Regional and Local Multi-Agency Committees for Child Protection, Adult Protection, MAPPA and EVA</p> <p>5. Multi-agency Chief Officers Group to oversee all public protection issues</p> <p>6. Designated Child Health Commissioner</p> <p>7. Head of Public Protection appointed and has reviewed the service</p> <p>8. 2019/2020 Public Protection Strategic Enhancement Plan revised within year and overseen through the Public Protection Forum</p>	Medium	Low	28/05/2020	Barkby	Healthcare Quality, Assurance & Improvement Committee

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286	01/04/2008	Effective	Adequacy of capital & recurring investment for Monklands	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as a) Monklands is an ageing property / facility b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	<ol style="list-style-type: none"> 1. Detailed risk assessment of Monklands estate issues 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	29/05/2020	L Ace	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	<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 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 	Medium	Medium	29/05/2020	L Ace	Audit Committee

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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	<ol style="list-style-type: none"> 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	30/09/2020	C Campbell	Planning, Performance & Resource Committee

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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	<ul 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 through quarterly CE performance review 4 Periodic reporting to CMT 5 Periodic reporting through the governance structure 	Medium	Medium	28/05/2020	C Lauder	Planning, Performance & Resource 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	<p>Control</p> <ul style="list-style-type: none"> 1. Application of Chief Executive Letter CEL (2010) 4 <p>Action</p> <ul style="list-style-type: none"> 1. Develop, Implement & Monitor a single joint NHSL Communication & Engagement Strategy for approval January 2020. 	Medium	Low	29/05/2020	C Brown	Planning, Performance & Resource 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	<ul style="list-style-type: none"> 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	30/10/2020	G Docherty	Population Health & Primary Care Committee

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Risk Register Lead: Mr C Campbell, Chief Executive

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level tolerance	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.	Low	Low	30/10/2020	L Ace	Planning, Performance & Resource Committee