Risk Register Lead: Mrs H Knox, Interim Chief Executive

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
623	Effective	01/06/2009	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 a second wave 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; ☐ -increased health inequalities;☐ -loss of and disruption to the delivery of health & social care;☐ -short and longer term impact on the health and wellbeing of front-line staff.☐	Very High	Controls ☐ 1. Declared a major incident ☐ 2. Invoked the Gold Command structure with daily meetings until 28th May, and weekly reporting of actions, risks and issues from Tactical groups commenced through CMT☐ 3. Gold Command action log reviewed & monitored daily until 28th May, with remaining Tactical groups retaining logs☐ 4. Established an Incident Management Team for containment phase ☐ 5. Local Resilience Partnerships commenced, linking to the National resilience groups☐ 6. Designated point of contact (now Emergency Planning Officer from June 2020) 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☐ 10. New Public Health Test & Protect and Care Home Tactical Groups set up☐ 11. Implementation of the recovery process through the NHSL Response, Recovery and Redesign Oversight Group☐ Action☐ 1. Maintain oversight of test and protect and care home risks and issues through the new tactical groups☐ ☐ ☐	Very High	Very High	G Docherty	31/07/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	
285	Effective	01/04/2008	Standing risk that external factors may adversely affect NHSL financial balance	There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance (eg superannuation and national insurance and other legislative changes and pay awards), but increasingly new high cost drugs will require to be managed on a rolling basis through horizon scanning. For 2020/21 the COVID 19 pandemic will have a significant impact on the NHS's expenditure though there will be Government funding	High	Controls 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.☐ Action ☐ 1. Care Home and Test & Protect predicted costs for implementation of new Policy to be submitted to SG.☐	Very High	High	L Ace	31/07/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1450	Safe	14/11/2016	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. Reconfigured service in place in response to COVID-19' including:□ Community Hub,□ Community Assessment Centres□ Video/Telephone Consultations with an increased capability for use of 'Near-Me'□ 2. Implementation of the recovery process through the setting up of a Joint H&SCP Recovery and Clinical Reference/Prioritisation Groups all feeding into the NHSL Response, Recovery and Redesign Oversight Group□ □ Actions□ 1. Consideration for some practices to move to provision of Level 1 Services□ 2. Review and recovery of the Primary Care Implementation Plan in view of the current response and management of Covid-19 pandemic□ □	Very High	High	H Knox	31/07/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	
1587	Safe	13/12/2017	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which is exacerbated by the current COVID pandemic.	Very High	Controls□ In response to Covid-19, there are community hubs and community assessment centres in place with 1 site OOH model in place, with the following being retained or recovered:□ 1. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&E.□ 2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception report against this will also be put in place.□ 3. 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.□ 4. Regular reporting mechanism for North and South IJBs.□ 5. OOH performance reporting will be a standing item on the performance and audit sub committee.□ 6. There is a weekly update meeting on the OOH risk register and action plan which includes operational managers and professional leads.□ 7. There is work ongoing with NHS 24 to review processes and procedures in relation to triage. □ 8. Workforce Planning with a focus on securing sufficient staff/reconfigure jobs to maximise the workforce cover.□ 9. Implementation of the recovery process through the setting up of a Joint H&SCP Recovery and Clinical Reference/Prioritisation Groups all feeding into the NHSL Response, Recovery and Redesign Oversight Group□ Actions□ 1. Recovery of the OOH function, opening Airdrie HC□ 2. Optimise remote access working for GMP's to enable working in OOH□ 3. Remodel the tele consultations, working with NHS24 for improved triaging□ □	Very High	High	V DeSouza	31/07/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	

Risk Register Lead: Mrs H Knox, Interim Chief Executive

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1815	Effective	14/08/2019	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.☐Finance framework developed for Redesign and Recovery.☐ ☐ Action ☐ 1. Recovery of the CE Scrutiny Meetings and Sustainability Plans.	Very High	Very High	L Ace	31/07/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
1871	Effective	30/03/2020	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☐ 3. Response, Recovery and Redesign Oversight Group with operational sub structure in place effective from 7th May 2020.☐ 4. Resumed Chief Executive Performance Reviews from June 2020.☐ 5. Invited by SG to set out performance for August 2020 - March 2021.☐ Action☐ 1. Set out performance plan for August 2020 - March 2021 and agree with Scottish Government☐ ☐	Very High	Medium	C Lauder	31/07/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
1903	Safe	18/05/2020	Delivery of the essential Test & Protect programme of work	There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents). This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases continuing to impact on morbidity and mortality across the population of Lanarkshire.	Very High	Controls☐ 1. Lanarkshire Resilience Partnership Oversight Board ☐ 2. NHSL Test & Protect group☐ 3. NHSL Priority Testing Plan☐ 4. Appointment of a NHSL workforce cohort for local testing☐ 5. NHSL laboratory capacity has been increased☐ Actions☐ 1. Continue to receive advice from SG on the launch and progression of the national programme to inform, review and adapt local programme☐ ☐	Very High	Medium	G Docherty	31/07/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	

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Risk Register Lead: Mrs H Knox, Interim Chief Executive

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1924	Safe	15/07/2020	Delivery of the Influenza Vaccination Programme 2020/2021	There is a risk that NHS Lanarkshire will not be able to fully deliver the influenza vaccination programme due to a range of contributing factors including: available clinical workforce for both clinical band and wte; increased national awareness through Covid-19 with a predicted increase in uptake; SG change to the eligible age groups >50ys; disruption to the scheduled transformation of the vaccine programmes due to Covid-19; securing accommodation necessary for administration within the socially distancing requirements; and the need to outsource the booking system. These factors have the potential to adversely impact on population health and avoidance of hospital admissions during the winter period.	Very High	Controls: 1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme 2. Vaccination Transformation Programme Steering Group 3. NHSL Vaccination Lead 4. Collaborative approach with Infection Prevention & Control 5. Reporting through CMT 6. Governance reporting through Population Health & Primary Care Committee 7. Initial test of change commenced as part of the managed services Actions 1. Develop and implement a plan based on current and predicted numbers of influenza vaccinations required 2. Set out an outline for procurement of an external influenza booking system, seek approval and progress as early as possible.	Very High	Medium	G Docherty	31/08/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	
594	Effective	09/02/2009	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	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￼ ￼ Actions￼ 1. Covid risk profile being built-into the NHSL Fraud Register￼ 2. Distribution of relevant fraud updates￼ 3. Communication through NHSL Info briefing.	High	Medium	L Ace	30/09/2020	Audit Committee	

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1912	Patient Centred	11/06/2020	Potential for Increase in Number of Complaints	There is the potential for an increase in the number of complaints received as a consequence of an expectation that services will return to normal capacity which will currently not be possible.☐ There is a risk that the standards for response may not be met if demand exceeds capacity.☐	High	Controls:☐ 1. Maintain existing systems for the management of complaints☐ 2. Continuous monitoring of changes in number and/or types of complaints	High	Medium	E Docherty	30/09/2020	Healthcare Quality Assurance and Improvement Committee	
1919	Safe	25/06/2020	Safety Risk if ED Attendances Continue to Increase	There is a risk of increased Covid exposure for patients attending ED if the attendances continue to increase, impacting on the safety and risk of infection to all those attending.	High	1. Maintaining primary care hubs, assessment centres, near me and care at home to minimise attendance to essential attendance only☐ 2. Hot and cold zoning within Emergency Departments☐ 3. National and local recovery review of Unscheduled Care ☐	High	Medium	J Park	30/09/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
1904	Safe	18/05/2020	Impact on Board of NHSL & Executive Nurse Director Role In Response to Changes by SG	There is a risk that there is a lack of clarity regarding the recent change of accountability, role and function of the Board of NHSL, specifically Executive Nurse Director, for Care Homes and Care At Home resulting from the continuing impact from Covid-19. This has the potential to adversely impact on cost pressures, professional infrastructure, governance and assurance processes and ultimately the reputation of NHSL.	High	Controls☐ 1. Enhanced Care Home Liaison Team☐ 2. Infection Prevention & Control Advisory Support☐ 3. Approved Indemnity☐ 4. Discussions on single assurance system with Chief Executives of NHSL, NLC&SLC☐ 5. Clarity on responsibility and accountability sought and agreed through SG & Chief Nurse Directorate ☐ 2. Mapping of impact and requirements completed☐ 3. Proposals approved for reviewed professional infrastructure with funding secured until November 2020.☐ ☐ ☐ Actions☐ 1. Continuous monitoring	High	High	E Docherty	31/08/2020	Healthcare Quality Assurance and Improvement Committee	
1905	Safe	21/05/2020	Change in the Scottish Fire & Rescue Service Response	There is a risk to NHSL staff, visitors and patients in the event of a fire due to change in the SFRS SOP from 6/5/2020. The response to automatic fire alarm activations at non-sleeping premises will be a single fire engine unless activation is accompanied by a 999 call confirming there is a fire.	High	1. Risks associated cannot be mitigated as fire evacuation procedures cannot require staff to remain in premises once the fire alarm has been activated. ☐ 2. NHSL Gold Command will escalate to the Chief Officer of SFRS and through the NHS Chief Executives Group.☐ 3. A scripted message for staff to use on the telephone call to SFRS advising they are unable to confirm whether or not there is a fire will be considered.☐ Action☐ 1. Update the NHSL Fire Policy with SOP for approval through the NHSL Fire Group by end of August. No change to risk assessment at present.	High	Medium	C Lauder	31/07/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
1910	Safe	10/06/2020	Covid-19 Recovery Accomodation/ Space Utilisation Strategy	There is a risk that in the absence of a Covid-19 Recovery Accommodation / Space Utilisation Strategy for the Estate, there will be a delay in the recovery of all services, with the potential to adversely impact on staff, patients, the public and the reputation of NHSL.	High	Controls:☐ 1. Currently undertaking environmental walkrounds pre recovery of services using a pre-determined checklist☐ 2. Providing technical support to clinical areas in service recovery☐ 3. Development and Implementation of a Risk Assessment Tool that is now widely utilised by service providers across NHSL enabling phyical adjustments to premises.☐ ☐	High	Medium	C Lauder	30/09/2020	BOARD	

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1882	Effective	28/04/2020	Acute Sector Bed Capacity	There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwards movement of patients 'fit for transfer' to care homes (14 days isolation and 2 -ve tests pre transfer), protection of those shielded and are inpatients within acute wards and the number of care homes that are in outbreak situation and closed to admissions. This has the potential to impact on recovery planning for some clinical services that may require admission to acute care.	High	1. Continuous monitoring and oversight of delayed discharges☐ 2. NHSL support to care homes through liaison service, including infection control / outbreak advise & support, access to staff banks☐ 3. Cohorting of 'shielded' patients☐ 4. Testing for Care Home residents and Staff☐ 5. Udston as a step down care hospital	High	Medium	H Knox	30/09/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	
1832	Safe	11/11/2019	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	K Sandilands	30/09/2020	Staff Governance Committee	

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1669	Effective	16/08/2018	Compliance with Data Protection Legislation	There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.	Very High	Controls 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 (expected September 2020) 2. Testing of dashboard at the September 2020 IG Committee	High	Medium	D Wilson	30/09/2020	Healthcare Quality Assurance and Improvement Committee	
1702	Safe	12/10/2018	Impact From Failure of Clinical Waste Management Contractors to Uplift Clinical Waste as Specified	There is a risk that as NHSL move out of transition arrangements to the new clinical waste contract, there is the potential for compliance issues resulting from the time required to release staff for training.	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.	High	Low	C Lauder	30/09/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	

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1703	Safe	18/10/2018	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in 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	G Docherty	30/09/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	
1710	Safe	15/11/2018	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	Medium	E Docherty	30/09/2020	Healthcare Quality Assurance and Improvement Committee	

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1724	Effective	10/12/2018	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	H Knox	30/09/2020	Monklands Replacement Oversight Board	
659	Safe	01/08/2009	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the 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	High	Medium	G Docherty	30/09/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	

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ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1364	Safe	09/11/2015	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	Controls□ 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 □ 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□ 8. Penetration testing with third party specialist contract completed with action plan□ 9. New cyber security sub group reporting to IG Committee set up and will oversee penetration action plan and the cyber essentials assessments and programme of work□ Actions□	High	Low	D Wilson	30/09/2020	Healthcare Quality Assurance and Improvement Committee	
1379	Effective	14/12/2015	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 in place 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 2020/2021 is based on a whole system basis□ □ Action□ 1 Monitoring though CMT and CE Quarterly Performance Reviews	Medium	Medium	H Knox	30/11/2020	Population Health and Primary Care Committee (Board during Interim Governance Arrangements)	

Risk Register Lead: Mrs H Knox, Interim Chief Executive

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1661	Safe	12/07/2018	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	Control☐ 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. Maintain live incident status but in suspension with updating of the EU Withdrawal Command & Control with webpage updating☐ 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	H Knox	30/12/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
286	Effective	01/04/2008	Adequacy of capital & recurring investment for Monklands	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as ☐ a) Monklands is an ageing property / facility☐ b)Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	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	L Ace	30/12/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	

Accurate as at 16th July 2020

Risk Register Lead: Mrs H Knox, Interim Chief Executive

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1728	Effective	07/02/2019	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	R McGuffie	31/12/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
1800	Effective	01/08/2019	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	C Brown	30/12/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	
1684	Safe	06/09/2018	NMAHP Contribution to Good Corporate Governance	There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.	High	1. Continuance with the developments set out through the NMAHP Strategic Leaders 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	E Docherty	31/12/2020	Healthcare Quality Assurance and Improvement Committee	

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Risk Register Lead: Mrs H Knox, Interim Chief Executive

ID	Corporate Objective	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance sources	ITEM 24C
1898	Effective	13/05/2020	Maintenance of Good Governance During Emergency Footing in Response to Covid-19 Pandemic	There is a risk that existing Governance arrangements will not provide the Board with the necessary assurance and oversight of the response to COVID-19 and that the Senior Leadership Team will be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continue to service existing Governance arrangements and the range of Governance Committees.	Medium	1. Review of governance arrangements and capacity to maintain existing arrangements□ 2. Considerations of options to maintain governance with an approved preferred option at Board meeting 29th April, that satisfies compliance with the legal framework□ 3. Implementation of the preferred option effective from 29th April□ □ Action□ 1. Reflection and continuous review on effectiveness of preferred option.□ 2. Assessment of governance gaps/risks through the Audit Committee scheduled for May/June 2020.	Medium	Medium	H Knox	30/11/2020	BOARD	
1899	Safe	13/05/2020	Safe, Effective and Efficient Recovery of Services Whilst Managing Residual Covid-19 Flow	There is a risk that recovery of services may not be progressed as expected due to the residual impact from Covid-19; increasing incidence and prevalence of community level of Covid-19; Test & Protect; the requirement for zoning and safe distancing; hot and cold flows through hospital care; management and increased demand for some services (eg renal, respiratory and psychological services) resulting from complications of Covid-19, that could all impact on the overall delivery of safe, effective and person-centred care across NHSL.	High	1. Strategic approach to safe recovery overseen through a new Response, Recovery & Redesign Oversight Group with approved ToR and process to enact whole system recovery, inaugural meeting 7th May 2020.□ 2. Clinical Modelling in collaboration with Strathclyde University□ 3. Revised governance arrangements implemented□ 5. Revised command & control arrangements□ Action□ 1. Continuous monitoring through daily Sitrep.	Medium	Medium	H Knox	30/09/2020	BOARD	
1911	Effective	10/06/2020	Potential For Increased Claims Post Covid-19	There is a risk that there will be an increase in claims lodged post Covid-19 with the potential to adversely impact on the CNORIS premium.	Medium	Controls:□ 1. Maintain current claims systems□ 2. Monitor over a longer period of time to identify increase in numbers and types of claims	Medium	Medium	P Cannon	31/12/2020	BOARD	
1923	Effective	15/07/2020	Timeous Recovery Information and Managing Expectations	There is a risk that service recovery information is not disseminated timeously as services require some transition time from approval of recovery to enactment with the potential to adversely impact on the expectations of the public and the reputation of NHSL.	Medium	1. Oversight of Communication issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication□ 2. Firstport site with weekly listing of services in recovery□ 3. Weekly listing of services in recovery on the public website□ 4. Internal process on timeous preparation of the communication of services in recovery dependent on service leads completing proforma on timelines from approval of service recovery to enactment of the service.	Medium	Medium	C Brown	31/12/2020	Planning Performance and Resource Committee (Board During Interim Governance Arrangements)	

Accurate as at 16th July 2020