

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MARCH 2020

ITEM 15C

Risk Register Lead : H Knox, Interim Chief Executive

Appendix 2

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Target)	Review Date	Risk Owner	Assurance sources
1450	14/11/2016	Safe	Ability to maintain existing GM Services across NHS Lanarkshire	There is an increasing risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL, resulting from a range of changes including a change in portfolio career arrangements, age profile of the existing workforce, increased part time working and less medical students choosing GP practice as a career. In addition, to these changes, there is a limit to the hours senior doctors are willing to work. For NHSL, this has already resulted in a number of practices 'closing their list' which has consequences for other neighbouring practices, with some practices alerting NHSL to say they believe their ongoing sustainability as a practice is in serious doubt. □ Many of the staff who may be identified as potentially offering support to cover GP vacancies are also in short supply, e.g. Advanced Nurse Practitioners.	Very High	Controls □ 1. GMS sustainability group in place to highlight and enact potential solutions □ 2. Progression of the Primary Care Improvement Plan with workload moving from GP through a Memorandum of Understanding and continuous tests of change modelling □ 3. Review of GP Leased Premises to reduce burden on GP's now going through the national process □ 4. Work with NES to optimise the equity in GP trainee allocation □ 5. Support packages offered to practices in difficulty □ Actions □ 1. Roll out of the community information system (MORSE) 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 □ 3. Refresh of the GMS Sustainability Strategy June 2020 □	Very High	Medium	31/03/2020	H Knox	Population Health & Primary Care Committee
1587	13/12/2017	Safe	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and sessional GMPs, and recently the nursing workforce, resulting in the potential to adversely impact on patient care, partner services including A&E, the national performance targets and the reputation of the partner agencies.	Very High	1. Rates of Pay have been maintained at summer rates until end of Sept 2019. □ 2. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&E. □ 3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception report against this will also be put in place. □ 4. Workforce action plan in place - linked to GMS sustainability. 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	31/03/2020	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. <input type="checkbox"/> 2. Site specific action plans written, approved and implemented <input type="checkbox"/> 3. Service improvement support for unscheduled care deployed to all 3 sites <input type="checkbox"/> 4. Fortnightly performance calls with sites below 92% as part of overall internal monitoring. <input type="checkbox"/> 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. <input type="checkbox"/> 6. Implementation of the REACT and same day admission across all 3 sites. <input type="checkbox"/> 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 <input type="checkbox"/> 8. Improvement Teams on site with new Programme Manager for Unscheduled Care <input type="checkbox"/> 9. Daily site huddles on all 3 sites supported by duty managers <input type="checkbox"/> 10. MINTS/MAJOR nursing to support middle grade medical staff <input type="checkbox"/> 11. Short term sustainability recruitment action plan in place <input type="checkbox"/> 12. Extended hours and range of Ambulatory Care on all sites <input type="checkbox"/> 13. Integrated improvement plan for delayed discharge (Risk ID 1379) will have an impact on the performance for this risk. <input type="checkbox"/> 14. 'Pull' Model implemented to enable stable patients to move to nursing and residential care in times of crisis. <input type="checkbox"/> 15. Capacity identified beyond winter surge beds on all 3 sites. <input type="checkbox"/> 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 <input type="checkbox"/> 17. Discharge to Assess Model in North <input type="checkbox"/> 18. Investment in REACT room with triaging by Medical Consultants <input type="checkbox"/> 19. Additional staffing for Flow <input type="checkbox"/> 20. Overnight additional ED staffing being tested <input type="checkbox"/> 21. Implementation of Significant Incident Protocol. <input type="checkbox"/> 	Very High	Medium	31/03/2020	J Park	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 <input type="checkbox"/> 2. Set-up of Programme Management Office with Programme Lead & Project Plan <input type="checkbox"/> 3. Dedicated CMT Financial Meetings <input type="checkbox"/> 4. Intelligence gathering and scenario planning <input type="checkbox"/> 	Very High	Medium	31/03/2020	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	1. Achieving Excellence Strategy supported by clinical strategy and commissioning plans with associated workforce plans <input type="checkbox"/> 2. Workload and workforce planning undertaken using national tools, on a cyclical basis with nursing and midwifery undertaken annually <input type="checkbox"/> 3. Annual Board Workforce Plan <input type="checkbox"/> 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 <input type="checkbox"/> 5. GP sustainability action plan in place through the Primary Care Implementation Plan <input type="checkbox"/> 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) <input type="checkbox"/> 7. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL <input type="checkbox"/> 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. <input type="checkbox"/> 9. HR oversight and intensive support in managing sickness / absence with improved return to work planning <input type="checkbox"/> 10. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings <input type="checkbox"/> 11. Workforce dashboard continuously monitored and acted on <input type="checkbox"/> Actions <input type="checkbox"/> 1. New Head of Workforce to take up post in March 2020 <input type="checkbox"/> 2. Set up Healthcare Staffing Oversight Board (no later than June 2020)	High	Medium	29/05/2020	K Sandilands	Staff Governance Committee

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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	<ul style="list-style-type: none"> 1. CMT have continuous oversight of performance, reasons for delays and discuss action <input type="checkbox"/> 2. Pan-Lanarkshire Unscheduled Care and Discharge Group <input type="checkbox"/> 3. IJB Commissioning Plans <input type="checkbox"/> 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. <input type="checkbox"/> 5. On-site presence of H&SCP staff at weekends to support continuous flow at discharge <input type="checkbox"/> 6. Winter plan for 2019/2020 is based on a whole system basis <input type="checkbox"/> <input type="checkbox"/> Action <input type="checkbox"/> 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	29/05/2020	H Knox	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	<ul style="list-style-type: none"> 1. Regular Horizon Scanning <input type="checkbox"/> 2. Financial Planning & Financial Management <input type="checkbox"/> 3. Routine Engagement with external parties: <input type="checkbox"/> <li style="padding-left: 20px;">Regional planning <input type="checkbox"/> <li style="padding-left: 20px;">Scottish Government <input type="checkbox"/> <li style="padding-left: 20px;">Networking with other Health Boards <input type="checkbox"/> 4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs. <input type="checkbox"/> <input type="checkbox"/> 	High	Medium	29/05/2020	L Ace	Planning, Performance & Resource Committee

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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) and in vulnerable groups, in particular responding to the current WHO declaration of international concern of the Novel coronavirus (Covid-19) This has the potential to result in increased morbidity and mortality in the population; disruption to the delivery of health & social care and a potential to adversely impact on front line staff.	High	<p>General <input type="checkbox"/></p> <p>1. Continuous increased surveillance (early warning HP Zone) and weekly 'huddle'<input type="checkbox"/></p> <p>2. Prevention and control; implementation of transmission-based precautions; training; infection control collaborative working<input type="checkbox"/></p> <p>3. Overview of immunisation/vaccination Programme and continuing to implement expanded immunisation programmes with adequate coverage attained.<input type="checkbox"/></p> <p>4. Full implementation of the Scottish Hepatitis C Action Plan in Lanarkshire<input type="checkbox"/></p> <p>5. Business Continuity Planning for health protection.<input type="checkbox"/></p> <p>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.<input type="checkbox"/></p> <p>7. Joint Health Protection Plan.<input type="checkbox"/></p> <p>8. Revised NHSL Pandemic Influenza Plan to reflect UK & Scottish Guidance and Scottish Pandemic Flu Exercise : Silver Swan.<input type="checkbox"/></p> <p>9. Vire across departments effective admin support for the public health function.<input type="checkbox"/></p> <p>10. HP Zone - information management system for communicable disease<input type="checkbox"/></p> <p>11. Winter Plan 2019/ 2020<input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Specific to the Novel coronavirus (Covid-19)<input type="checkbox"/></p> <p>1. Enhanced surveillance, communication and direction through HPS <input type="checkbox"/></p> <p>2. Distribution of current HPS guidance on home isolation and diagnostic testing<input type="checkbox"/></p> <p>3. Assessed state of preparedness for NHSL in responding to positive cases, including primary & secondary care treatment, quarantine, tracing of contacts, front line staff welfare and adequacy of equipment/supplies through business continuity planning<input type="checkbox"/></p> <p>4. Specific risk register assessed through public health<input type="checkbox"/></p> <p><input type="checkbox"/></p>	High	Low	29/05/2020	G Docherty	Population Health & Primary Care 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. □ Action □ <ol style="list-style-type: none"> 1. Development and Implementation of an IG Dashboard almost complete (now March 2020) □ 2. Testing of dashboard at the next IG Committee 	High	Medium	29/05/2020	D Wilson	Healthcare Quality Assurance & Improvement Committee

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1703	18/10/2018	Safe	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity.	High	1.Scottish Government Strategic Resilience Direction / Guidance 2.Designated Executive Lead 3.NHSL Resilience Committee 4.Local Business Continuity Plans 5.Local Emergency Response Plan 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions 7. Seek national support for these low frequency high impact potential situations 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur. Action 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.	High	Low	29/05/2020	G Docherty	Population Health & Primary Care 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 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 Action 1. Communication, Engagement and Scoring scheduled to be completed by end of summer 2020	High	Medium	29/05/2020	H Knox	Planning, Performance & Resource Committee
1728	07/02/2019	Effective	Four Seasons Health Group	There is a risk that contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an immediate need to transition current patients to alternative provision.	High	1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate 2. Homes affected placed on additional monitoring by SW QA team 3. Communication channels opened with COSLA and Care Inspectorate 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	31/08/2020	R McGuffie	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	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	30/06/2020	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	Control 1. Application of Chief Executive Letter CEL (2010) 4 Action 1. Develop a single joint NHSL Communication & Engagement Strategy for Board approval March 2020 2. Implement & Monitor the approved Strategy	Medium	Low	31/08/2020	C Brown	Planning, Performance & Resource Committee
1710	15/11/2018	Safe	Public Protection	There is a risk that NHSL will fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity with the potential for harm to occur, impacting adversely on the reputation of NHSL.	Medium	1. New service model 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, MAPP, 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, MAPP 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	Medium	Low	31/08/2020	I Barkby	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	<ul style="list-style-type: none"> 1. Continuance with the developments set out through the NMAHP Strategic Leaders Summit <input type="checkbox"/> 2. Improved Professional Governance Infrastructure eg NMAHP PGG <input type="checkbox"/> 3. Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance <input type="checkbox"/> 4. Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit. <input type="checkbox"/> 5. Workforce Governance Gap Analysis for minimum dataset <input type="checkbox"/> 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 <input type="checkbox"/> Action: <input type="checkbox"/> <ul style="list-style-type: none"> 1. Development and implementation of a Professional escalation process <input type="checkbox"/> <input type="checkbox"/> 	Medium	Low	31/08/2020	I Barkby	Healthcare Quality Assurance & Improvement 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	<p>1 Major Emergency Plan <input type="checkbox"/></p> <ul style="list-style-type: none"> - Resilience Group meets regularly to review actions <input type="checkbox"/> - Evaluate and review Plan regularly. <input type="checkbox"/> - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) <input type="checkbox"/> <p>2 COMAH sites major incident plans <input type="checkbox"/></p> <ul style="list-style-type: none"> - Monitor, evaluate and revise site plans <input type="checkbox"/> - Ensure Public Health staff aware of specific responsibilities <input type="checkbox"/> <p>3 Staff education and training <input type="checkbox"/></p> <ul style="list-style-type: none"> - Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module. <input type="checkbox"/> - Monitor, evaluate and revise education and training <input type="checkbox"/> <p>4 NHSL exercises <input type="checkbox"/></p> <ul style="list-style-type: none"> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> <p>5 Multi-agency exercises <input type="checkbox"/></p> <ul style="list-style-type: none"> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> <p>6 Joint Health Protection Plan <input type="checkbox"/></p> <p>7 BCP plans tested at Corporate and Divisional level <input type="checkbox"/></p> <p>8 Multi-agency monitoring Group <input type="checkbox"/></p> <p>9 Lessons learned from national exercise 'Safe Hands', mass casualty testing 'Boarder Revier' and the CMT tabletop exercise (30th October 2017) <input type="checkbox"/></p> <p>10 Completed Review of the NHSL Resilience Group function and Term of Reference <input type="checkbox"/></p> <p>11 The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place. <input type="checkbox"/></p> <p>12 Development/ Refresh of Primary Care Mass Casualty Plans. <input type="checkbox"/></p> <p>13 Through the NHSL Resilience Group, there is commissioning with oversight of: <input type="checkbox"/></p> <ul style="list-style-type: none"> internal audit <input type="checkbox"/> GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents <input type="checkbox"/> Continuous self-audit <input type="checkbox"/> <p>14. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed</p>	Medium	Medium	31/08/2020	G Docherty	Planning, Performance & Resource Committee

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1364	09/11/2015	Safe	Risk of cyber attack in respect of stored NHSL data	There is an ongoing risk of malicious intrusion into data stored on NHSL digital systems resulting from inherent IT vulnerabilities that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.	High	<p>1.Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland</p> <p>2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. Our security provider has confirmed that the features enabled across our estate would prevent a Cyber Attack which we experienced in May and August 2017. This work is complete. We will continue to undertake monthly reviews with our security provider to ensure the products are fine tuned and our staff are fully trained.</p> <p>3. The firewall changes at UHH were implemented week ending 27th of April. Changes at UHM have passed local change control and are now scheduled for 29th of May.</p> <p>4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of developing a detailed action plan based on the highlighted outcomes. This work will then be allocated to individuals within eHealth and progress against actions formally tracked.</p> <p>5.Development of a local action plan to address the findings and recommendations recorded through the completed Significant Adverse Event Review (SAER), approve action plan through CMT and implementation overseen through the eHealth Executive Group</p> <p>6.Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams.</p> <p>Actions</p> <p>1. Awaiting audit by competent authority for NIS</p> <p>2. software in support of current standards eg patching to be deployed by July 2020</p> <p>3. Penetration testing with third party specialist contract to be awarded in July 2020</p>	Medium	Low	31/08/2020	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	<p>1. Detailed risk assessment of Monklands estate issues</p> <p>2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority</p> <p>3. Monklands Investment Programme Board established to oversee the process</p> <p>4. Framework partner appointed to work through phases of estates work.</p> <p>5.Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC).</p> <p>6. Monklands replacement was established as a Regional High Priority with a revised plan to the May NHSL Board.</p>	Medium	Medium	31/08/2020	L Ace	Planning, Performance & Resource Committee

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594	09/02/2009	Effective	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) <input type="checkbox"/> 2. Appointment of Fraud Champion <input type="checkbox"/> 3. Appointment of Fraud Liaison Officer <input type="checkbox"/> 4. Key contact for NFI, who manages, oversees, investigates and reports on all alerts <input type="checkbox"/> 5. Audit Committee receives regular fraud updates <input type="checkbox"/> 6. Annual national fraud awareness campaign <input type="checkbox"/> 7. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops <input type="checkbox"/> 8. Learning from any individual case <input type="checkbox"/> 9. Enhanced Gifts and Hospitalities Register <input type="checkbox"/> 10. Procurement Workshops for High Risk Areas <input type="checkbox"/> 11. Enhanced checks for 'tender waivers' and single tender acceptance <input type="checkbox"/> 12. Increased electronic procurement that enables tamperproof audit trails <input type="checkbox"/> 13. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register <input type="checkbox"/> 14. Annual Review with the National NHS Counter Fraud Services completed January 2020 <input type="checkbox"/>	Medium	Medium	31/08/2020	L Ace	Audit Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER
MARCH 2020

ITEM 15C

Risk Register Lead : H Knox, Interim Chief Executive

Appendix 2

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Target)	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	<ol style="list-style-type: none"> 1. SG Communication with all Boards on EU Withdrawal Issues <input type="checkbox"/> 2. SG Operational Readiness for EU Withdrawal Checklist has been completed and returned to SG (used at CE development day) <input type="checkbox"/> 3. Implementation of the 'settled scheme status' for EU citizens <input type="checkbox"/> 4. Communication plan through HR on supporting and communicating with EU staff <input type="checkbox"/> 5. NHSL SLWG completed and returned SG assessment tools <input type="checkbox"/> 6. NHSL Business Continuity / Resilience Plans continuously being tested in advance of final deal and on-going <input type="checkbox"/> 7. NHSL have agreed that a collaborative approach will be taken with the other West of Scotland <input type="checkbox"/> NHS Boards to work together to help address the risks / impacts associated with Brexit and on-going <input type="checkbox"/> 8. NHSL European Union Exit Short Life Working Group set up and can be re-instated at short notice. <input type="checkbox"/> 9. Resilience Training through CMT completed 18th February 2019 and 4th March 2019 <input type="checkbox"/> 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. <input type="checkbox"/> 11. Dedicated EU Withdrawal page on Firstport with contemporary information regarding exit plans <input type="checkbox"/> 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 <input type="checkbox"/> 13. Standing agenda item on CMT with continuous oversight of emerging issues <input type="checkbox"/> 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. <input type="checkbox"/> 15. Assessment of level of preparedness reported to Scottish Government September 2019. <input type="checkbox"/> 16. Roadshow events scheduled for October have commenced <input type="checkbox"/> 	Medium	Medium	31/08/2020	H Knox	Planning, Performance & Resource 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	<ol style="list-style-type: none"> 1. Continuous Financial Planning, including plans for covering any loss of savings <input type="checkbox"/> 2. Organisation wide efficiency drive with defined programme structure, overseen through CMT <input type="checkbox"/> 3. Requirements for nationally mandated initiatives and policy changes that facilitate the realisation of the balance of the total efficiency savings requirement <input type="checkbox"/> 4. Assessment of service impact from savings, with CRES schemes being risk assessed <input type="checkbox"/> 5. Regular financial scrutiny by Chief Executive, Director of Finance and Director of Strategic Planning through scheduled scrutiny panels meetings. <input type="checkbox"/> 	Low	Low	30/10/2020	L Ace	Planning, Performance & Resource Committee