

NHS LANARKSHIRE  
CORPORATE RISK REGISTER - NOVEMBER 2020

Risk Register Lead-Mrs H Knox, Chief Executive

| ID   | Opened Date | Corporate Objective | Title   | Description of Risk   | Risk level (initial) | Mitigating Controls   | Risk level (current) | Risk level (Tolerance) | Risk Owner | Review Date | 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                 | Control<br>1. Early preparatory work as directed by, and with SG completed throughout 2019 with full assessment of level of preparedness reported to SG in September 2019<br>2. Co-ordinated issue and risk process local to NHSL and for reporting to Scottish Government<br>3. Maintenance of live incident status but in suspension with updating of the EU Withdrawal Command & Control with webpage updating during transition period<br>4. Maintenance of Brexit risk register though CMT during transition period<br>5. Resilience workshop in September 2020<br>6. Preparedness around the planning assumptions of 'Yellowhammer' continue<br>7. Ongoing review at national level throughout 2020 identifying 3 key areas: workforce, legislative & logistics/supplies<br>8. Work through SG mitigating the potential for disruption in these 3 key areas<br>9. Move back into 'live' strategic command for EU Withdrawal effective from November 2020<br>Actions<br>1. Horizon scanning on progress of trade deal negotiations, outcomes and potential impact, including potential for societal unrest | Very High            | High                   | H Knox     | 31/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 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. 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.<br>1. Regular Horizon Scanning<br>2. Financial Planning & Financial Management<br>3. Routine Engagement with external parties:<br>Regional planning<br>Scottish Government<br>Networking with other Health Boards<br>4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs.<br>Action   | Very High            | High                   | L Ace      | 31/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |

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| 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 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 place post initial phase of covid-19 <input type="checkbox"/><br>1.Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through second wave of Covid <input type="checkbox"/><br>2.Continue with intelligence gathering and scenario planning <input type="checkbox"/><br>3.Resume dedication CMT financial meetings <input type="checkbox"/><br>4.Finance framework developed for redesign and recovery <input type="checkbox"/><br>Actions <input type="checkbox"/><br>1.Recovery of the CE Scrutiny Meetings and Sustainability Plans. <input type="checkbox"/><br>2.COVID expenditure and funding will be built into 2020/21 plan once known. <input type="checkbox"/><br><input type="checkbox"/> | Very High            | Very High              | L Ace      | 31/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 1871 | 30/03/2020  | Effective           | Recovery of Performance 2020 - 2021  | There is a risk that NHSL will be unable to recover performance during 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 <input type="checkbox"/><br>1. Work within the prioritised instructions set out by the SG whilst on emergency footing. <input type="checkbox"/><br>2. Work within the NHSL strategic command and CMT planning, including mobilisation plan <input type="checkbox"/><br>3. Chief Executive Performance Reviews resumed from June 2020. <input type="checkbox"/><br>4. Performance plan for August 2020 - March 2021 with remobilisation plan submitted to Scottish Government, followed by detailed discussion on what is achievable and tolerable <input type="checkbox"/><br>Action <input type="checkbox"/><br>1. Awaiting SG adjusted performance targets, guidance expected around 28th November <input type="checkbox"/>  | Very High            | High                   | C Lauder   | 30/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 1919 | 25/06/2020  | Safe                | 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. There is a dependency on the functioning of the Community Assessment Centres to reduce the attendance at ED.  | High                 | Controls <input type="checkbox"/><br>1. Maintaining primary care hubs, assessment centres, near me and care at home to minimise attendance to essential attendance only <input type="checkbox"/><br>2. Hot and cold zoning within Emergency Departments <input type="checkbox"/><br>3. Whole system planning and implementation of new Community Assessment Centres (CAC's) <input type="checkbox"/><br>4. Shoring up of ED staff <input type="checkbox"/><br><input type="checkbox"/><br>Actions <input type="checkbox"/><br>1. National and local redesign of urgent care <input type="checkbox"/><br><input type="checkbox"/>  | High                 | Medium                 | J Park     | 30/11/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 1702 | 12/10/2018  | Safe                | 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            | Controls <input type="checkbox"/><br>1. Full transition plan with timeline set out and agreed for implementation. <input type="checkbox"/><br>Action: <input type="checkbox"/><br>1. Monitor implementation of the new contract   | High                 | Low                    | C Lauder   | 27/11/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |

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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 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            | Controls <input type="checkbox"/><br>1. Major Emergency Plan <input type="checkbox"/><br>- Resilience Group meets regularly to review actions <input type="checkbox"/><br>- Evaluate and review Plan regularly <input type="checkbox"/><br>- Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) <input type="checkbox"/><br>2. COMAH sites major incident plans <input type="checkbox"/><br>- Monitor, evaluate and revise site plans <input type="checkbox"/><br>- Ensure Public Health staff aware of specific responsibilities <input type="checkbox"/><br>3. Staff education and training <input type="checkbox"/><br>- Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module. <input type="checkbox"/><br>- Monitor, evaluate and revise education and training <input type="checkbox"/><br>4. NHSL exercises <input type="checkbox"/><br>- Undertake, monitor, evaluate and revise exercises <input type="checkbox"/><br>5. Multi-agency exercises <input type="checkbox"/><br>- Undertake, monitor, evaluate and revise exercises <input type="checkbox"/><br>6. Joint Health Protection Plan <input type="checkbox"/><br>7. BCP plans tested at Corporate and Divisional level <input type="checkbox"/><br>8. Multi-agency monitoring Group <input type="checkbox"/><br>9. Completed Review of the NHSL Resilience Group function and Term of Reference <input type="checkbox"/><br>10. 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"/><br>11. Revised Primary Care Mass Casualty Plans <input type="checkbox"/><br>12. Through the NHSL Resilience Group, there is commissioning with oversight of: <input type="checkbox"/><br>-internal audit recommendations <input type="checkbox"/><br>-GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents <input type="checkbox"/><br>-Continuous self-audit <input type="checkbox"/><br>13. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed through CMT <input type="checkbox"/><br>14. Continued investment in resilience through extension to temporary contracts of Resilience Advisers <input type="checkbox"/><br>15. A resilience Business Improvement Plan has been prepared and signed off by CMT and the Resilience Group. Progress of this plan shall | High                 | Medium                 | G Docherty | 31/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 1728 | 07/02/2019  | Effective           | Four Seasons Health Group                        | There is a risk that critical contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, a position exacerbated by COVID-19, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an urgent need to enable alternative provision | High                 | Controls - the key controls at present is the NHSL mobilisation plan, noting work to date through the controls below: <input type="checkbox"/><br>1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate <input type="checkbox"/><br>2. Homes affected placed on additional monitoring by SW QA team <input type="checkbox"/><br>3. Communication channels opened with COSLA and Care Inspectorate with a NHSL representative <input type="checkbox"/><br>4. Locality teams informed and undertaking service user reviews to further monitor maintenance of quality provision <input type="checkbox"/><br>5. Historically strong Care Inspectorate grading's across both facilities and no management changes at either home at present time <input type="checkbox"/><br>6. NHSL Full Capacity protocol <input type="checkbox"/><br>7. Contingency Plan for relocation <input type="checkbox"/>  | Medium               | Medium                 | R McGuffie | 28/03/2021  | Planning Performance and Resource Committee - Board of NHSL in interim |

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| 1800 | 01/08/2019  | Effective           | Effective Engagement with Internal and External Stakeholders | There is a risk that NHSL fails to optimise engagement with internal and external stakeholders in the pursuit of its objectives, with the potential for adverse reputation and delay in progressing strategic objectives.  | Medium               | Controls<br>1. Application of Chief Executive Letter CEL (2010) 4<br>2. Approved NHSL Communication & Engagement Strategy<br>3. Intensive communication planning & briefing through the COVID-19 pandemic response and recovery period<br>Action<br>1. Monitoring of the effectiveness of the Communication & Engagement Strategy  | Medium               | Low                    | C Brown    | 30/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 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<br>a) Monklands is an ageing property / facility<br>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.<br>1. Detailed risk assessment of Monklands estate issues<br>2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority<br>3. Monklands Investment Programme Board established to oversee the process<br>4. Framework partner appointed to work through phases of estates work.<br>5. Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC).<br>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 of NHSL in interim |
| 1905 | 21/05/2020  | Safe                | 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                 | Controls<br>1. Risk cannot be mitigated as fire evacuation procedures cannot require staff to remain in premises once the fire alarm has been activated.<br>2. NHSL Fire Policy with SOP updated to reflect the changed position across Scotland.  | Medium               | Medium                 | C Lauder   | 31/12/2020  | Planning Performance and Resource Committee - Board of NHSL in interim |
| 1923 | 15/07/2020  | Effective           | 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               | Controls<br>1. Oversight of Communication issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication<br>2. Firstport site with weekly listing of services in recovery<br>3. Weekly listing of services in recovery on the public website<br>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 of NHSL in interim |

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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                 | 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. <ul style="list-style-type: none"> <li>1. Participation in the National Fraud Initiative: Fraud Policy &amp; 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"/></li> <li>2. Appointment of Fraud Champion <input type="checkbox"/></li> <li>3. Appointment of Fraud Liaison Officer <input type="checkbox"/></li> <li>4. Key contact for NFI, who manages, oversees, investigates and reports on all alerts <input type="checkbox"/></li> <li>5. Audit Committee receives regular fraud updates <input type="checkbox"/></li> <li>6. Annual national fraud awareness campaign <input type="checkbox"/></li> <li>7. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops <input type="checkbox"/></li> <li>8. Learning from any individual case <input type="checkbox"/></li> <li>9. Enhanced Gifts and Hospitality Register <input type="checkbox"/></li> <li>10. Procurement Workshops for High Risk Areas <input type="checkbox"/></li> <li>11. Enhanced checks for 'tender waivers' and single tender acceptance <input type="checkbox"/></li> <li>12. Increased electronic procurement that enables tamperproof audit trails <input type="checkbox"/></li> <li>13. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitality Register <input type="checkbox"/></li> <li>14. Annual Review with the National NHS Counter Fraud Services completed January 2020 <input type="checkbox"/></li> </ul> Actions <ul style="list-style-type: none"> <li>1. Covid risk profile being built-into the NHSL Fraud Register <input type="checkbox"/></li> <li>2. Distribution of relevant fraud updates <input type="checkbox"/></li> <li>3. Communication through NHSL Info briefing.</li> </ul> | High                 | Medium                 | L Ace      | 31/12/2020  | Audit Committee   |
| 1946 | 25/09/2020  | Effective           | Maintaining Organisation Resilience                        | There is a risk that the overall resilience of NHSL could be compromised due to the potential for a number of events to occur at the same time moving into the acute winter period with winter pressures; delivery of the influenza vaccination programme; impact from continuing to respond to and recover from Covid-19 pandemic; adverse weather and the uncertain impact from Brexit, affecting ability to maintain the full range of services throughout the forthcoming 6-8 months. | High                 | <ul style="list-style-type: none"> <li>1. Resilience &amp; site/area business continuity planning <input type="checkbox"/></li> <li>2. Resilience workshop held on 7th September <input type="checkbox"/></li> <li>3. Redesign of Urgent Care Nationally and Locally, including Community Assessment Centres <input type="checkbox"/></li> <li>4. Early preparation for patient and staff influenza vaccination programme's commencing September 2020 <input type="checkbox"/></li> <li>5. Investment for recruitment to Test &amp; Protect &amp; Public Health Teams <input type="checkbox"/></li> <li>6. Planning assumptions from Yellowhammer (Brexit) <input type="checkbox"/></li> <li>7. Winter Plan 2020/21 <input type="checkbox"/></li> <li>8. Major Incident Planning with Protocols <input type="checkbox"/></li> <li>9. Invoking Strategic Command and aligning with current command structures <input type="checkbox"/></li> <li>10. Review of performance targets with SG <input type="checkbox"/></li> <li>11. Programme for staff wellbeing <input type="checkbox"/></li> </ul>  | High                 | Medium                 | H Knox     | 30/11/2020  | Board of NHSL     |

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| 1898 | 13/05/2020  | Effective           | 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               | Controls <input type="checkbox"/><br>1. Review of governance arrangements and capacity to maintain existing arrangements <input type="checkbox"/><br>2. Considerations of options to maintain governance with an approved preferred option at Board meeting 29th April, that satisfies compliance with the legal framework <input type="checkbox"/><br>3. Implementation of the preferred option effective from 29th April <input type="checkbox"/><br><input type="checkbox"/><br>Action <input type="checkbox"/><br>1. Reflection and continuous review on effectiveness of preferred option. <input type="checkbox"/><br>2. Assessment of governance gaps/risks through the Audit Committee scheduled for May/June 2020.   | Medium               | Medium                 | H Knox     | 30/11/2020  | Board of NHSL  |
| 1899 | 13/05/2020  | Safe                | 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                 | Controls <input type="checkbox"/><br>1. Maintain strategic recovery of services through the remobilisation planning with oversight through CMT as the RR&R Oversight Group is stepped down <input type="checkbox"/><br>2. Continuous clinical modelling in collaboration with Strathclyde University <input type="checkbox"/><br>3. Maintain governance arrangements <input type="checkbox"/><br>Maintain existing public health and care homes tactical command groups <input type="checkbox"/><br>5. Re-enactment of strategic command and clinical tactical command (with service prioritisation) effective from week commencing 14th September and 21st September respectively <input type="checkbox"/>   | Medium               | Medium                 | H Knox     | 31/12/2020  | Board of NHSL  |
| 1960 | 10/11/2020  | Effective           | Reputational Harm From Issues Incurred in Delivery of the Influenza Vaccination Programme | There is a risk of reputational harm to NHSL with regards to the delivery of the 2020 influenza vaccination programme. This results from a range of factors including errors and delays in the SIRS recall system and the requirement to deliver from alternative premises where travel is required for many people, leading to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.  | High                 | 1. Full communication plan pre vaccination programme to provide information to the general population on the changes to influenza vaccine, promoting the need for vaccination and how this would be delivered and what to expect in terms of letters and recall. <input type="checkbox"/><br>2. Subsequent to the issues, the following has been set -up: <input type="checkbox"/><br>Briefing for elected members with a FAQ to share with constituents <input type="checkbox"/><br>Communication on position through local media / press <input type="checkbox"/><br>Increase to the number of call handlers for the helpline <input type="checkbox"/><br>Dedicated email address for queries that is monitored and managed <input type="checkbox"/><br>Updated messages issued on social media-including infographics and videos. <input type="checkbox"/> | Medium               | Medium                 | C Brown    | 31/12/2020  | Board of NHSL  |
| 1912 | 11/06/2020  | Person Centred      | 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. <input type="checkbox"/><br>There is a risk that the standards for response may not be met if demand exceeds capacity. <input type="checkbox"/>  | High                 | Controls: <input type="checkbox"/><br>1. Maintain existing systems for the management of complaints <input type="checkbox"/><br>2. Continuous monitoring of changes in number and/or types of complaints  | High                 | Medium                 | E Docherty | 31/12/2020  | Healthcare Quality Assurance and Improvement Committee |

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| 1904 | 18/05/2020  | Safe                | 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                 | <p>Controls</p> <ul style="list-style-type: none"> <li>1. Enhanced Care Home Liaison Team</li> <li>2. Infection Prevention &amp; Control Advisory Support</li> <li>3. Approved Indemnity</li> <li>4. Discussions on single assurance system with Chief Executives of NHSL, NLC&amp;SLC</li> <li>5. Clarity on responsibility and accountability sought and agreed through SG &amp; Chief Nurse Directorate</li> <li>6. Mapping of impact and requirements completed</li> <li>7. Proposals approved for reviewed professional infrastructure with funding secured until November 2020.</li> <li>8. Continuous monitoring through the Covid -19 Tactical Care Assurance Group</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>1. Discussions with SG to confirm additional funding through to the new extended period of support until June 2021 as emergency footing continues.</li> </ul>  | High                 | High                   | E Docherty | 30/12/2020  | Healthcare Quality Assurance and Improvement Committee |
| 1710 | 15/11/2018  | Safe                | Public Protection  | There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL.   | Medium               | <p>Controls</p> <ul style="list-style-type: none"> <li>1. New service model fully implemented for a Public Protection Team with new infrastructure, effective from January 2020.</li> <li>2. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals</li> <li>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.</li> <li>4. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPP and EVA public protection issues.</li> <li>5. Designated Child Health Commissioner</li> <li>6. Public Protection Strategic Enhancement Plan revised annually and overseen through the Public Protection Forum</li> <li>7. Move to business as usual as services resume to normal level</li> </ul> | High                 | Medium                 | E Docherty | 31/12/2020  | Healthcare Quality Assurance and Improvement Committee |

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| 1364 | 09/11/2015  | Safe                | Risk of cyber-attack in respect of stored NHSL data | There is an increased risk of opportunistic malicious intrusion into data stored on NHSL digital systems resulting from diversion of resources to respond to the COVID-19 pandemic that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation. | High                 | <p>Controls</p> <ul style="list-style-type: none"> <li>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</li> <li>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. This work is complete. Continue to undertake monthly reviews with our security provider to ensure the products are fine-tuned and our staff are fully trained.</li> <li>3. The firewall changes at UHH were implemented</li> <li>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.</li> <li>5. Implementation 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</li> <li>6. Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams.</li> <li>7. Higher vigilance and continuous briefing on minimising malicious cyber-attack during COVID-19 response and recovery phase</li> <li>8. Penetration testing with third party specialist contract completed with action plan</li> <li>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</li> <li>10. Audit by competent authority for NIS with 90% compliance.</li> </ul> | High                 | Low                    | D Wilson   | 30/11/2020  | Healthcare Quality Assurance and Improvement 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.<br><input type="checkbox"/> | Very High            | Controls<br><input type="checkbox"/><br>1. Extensive range of Information Security policies and procedures<br><input type="checkbox"/><br>2. Established governance arrangements for the management of Information Governance<br><input type="checkbox"/><br>3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee (new Chair appointed to replace retirement of previous Chair).<br><input type="checkbox"/><br>4. Established an Information Governance Team with 3 new IG Support roles with a further investment to support General Practice.<br><input type="checkbox"/><br>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.<br><input type="checkbox"/><br>6. Communication plan in place to ensure key message.<br><input type="checkbox"/><br>7. Training - Learnpro modules on information security have been developed progress is being monitored by GDPR Programme Board - reporting to IG Committee.<br><input type="checkbox"/><br>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.<br><input type="checkbox"/><br>9. IG Breach incident recording and reporting through IG Committee<br><input type="checkbox"/><br>10. New dashboard tested and now 'live' and utilised at IG Committee<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Medium               | Medium                 | D Wilson   | 31/12/2020  | Healthcare Quality Assurance and Improvement Committee |
| 1684 | 06/09/2018  | Safe                | NMAHP Contribution to Good Corporate Governance | There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.  | High                 | Controls<br><input type="checkbox"/><br>1. Continuance with the developments set out through the NMAHP Strategic Leaders Summit.<br><input type="checkbox"/><br>2. Improved Professional Governance Infrastructure eg NMAHP PGG<br><input type="checkbox"/><br>3. Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance<br><input type="checkbox"/><br>4. Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit.<br><input type="checkbox"/><br>5. Workforce Governance Gap Analysis for minimum dataset<br><input type="checkbox"/><br>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<br><input type="checkbox"/><br>7. Partial implementation of a Professional escalation process aligned to safe staffing levels<br><input type="checkbox"/><br><input type="checkbox"/>  | Medium               | Low                    | E Docherty | 31/12/2020  | Healthcare Quality Assurance and Improvement Committee |
| 1911 | 10/06/2020  | Effective           | 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:<br><input type="checkbox"/><br>1. Maintain current claims systems<br><input type="checkbox"/><br>2. Monitor over a longer period of time to identify increase in numbers and types of claims   | Medium               | Medium                 | P Cannon   | 31/12/2020  | Healthcare Quality Assurance and Improvement Committee |

Risk Register Lead-Mrs H Knox, Chief Executive

| ID   | Opened Date | Corporate Objective | Title   | Description of Risk   | Risk level (initial) | Mitigating Controls   | Risk level (current) | Risk level (Tolerance) | Risk Owner | Review Date | Assurance sources                                     |
|------|-------------|---------------------|---|---|----------------------|---|----------------------|------------------------|------------|-------------|---|
| 1724 | 10/12/2018  | Effective           | Delay in Progressing the Monklands Replacement Project  | There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government.   | High                 | 1.Monklands Replacement Oversight Board (MROB) as a sub Committee of the Board of NHS Lanarkshire will manage all risks in the progression of the replacement of the University Hospital Monklands new build.□<br>2.The Monklands Project Team have implemented the recommendations from the Independent Review and provide regular updates to the Chief Executive via MROB.□<br>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.□<br>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. □<br>5. The Clinical Advisory Group (CAG)is a multidisciplinary group which shares MRP updates with stakeholders across Health and Social partners to ensure alignment with the 3 year Achieving Excellent plan.□<br>6. Continued development of MROB workplan to ensure governance at key milestones in the project. □<br>□        | High                 | Medium                 | H Knox     | 31/12/2020  | Monklands Replacement Oversight Board                 |
| 623  | 01/06/2009  | Effective           | Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19, including 2nd Wave | 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 could overwhelm the available resources, including bed capacity and workforce. □<br>This is could lead to:□<br>-increased morbidity and mortality in the population; □<br>-increased health inequalities;□<br>-loss of and disruption to the delivery of health & social care;□<br>-short and longer term impact on the health and wellbeing of front-line staff.□ | Very High            | Controls □<br>1. Declared a major incident and still ongoing□<br>2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups □<br>3. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave□<br>4. Local Resilience Partnerships commenced, linking to the National resilience groups□<br>5. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience □<br>6. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes□<br>7. Management plans based on national guidance □<br>8. Review of the NHSL COVID-19 mobilisation plan□<br>9. Maintain oversight of test and protect and care home risks and issues through the new tactical groups□<br>10. Continuous communications□<br>11. Recruitment to T&P and PH teams□<br>12. Staff on re-deployment register have been re-deployed to the T&P team□<br>□ | Very High            | High                   | G Docherty | 27/11/2020  | Population Health & Primary Care Governance Committee |

NHS LANARKSHIRE  
CORPORATE RISK REGISTER - NOVEMBER 2020

Risk Register Lead-Mrs H Knox, Chief Executive

| ID   | Opened Date | Corporate Objective | Title  | Description of Risk   | Risk level (initial) | Mitigating Controls   | Risk level (current) | Risk level (Tolerance) | Risk Owner | Review Date | Assurance sources                                     |
|------|-------------|---------------------|--|---|----------------------|---|----------------------|------------------------|------------|-------------|---|
| 1450 | 14/11/2016  | Safe                | Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing. | There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.   | Very High            | Controls <input type="checkbox"/><br>1. Reconfiguration of service to maintain response to COVID-19' and recovery of GP services including: <input type="checkbox"/><br>Community Assessment Centres <input type="checkbox"/><br>Video/Telephone Consultations with an increased capability for use of 'Near-Me' <input type="checkbox"/><br>2. Review and recovery of the Primary Care Implementation Plan in view of the current response, management of 2nd wave of Covid-19 pandemic and imminent winter pressures <input type="checkbox"/><br><input type="checkbox"/>   | Very High            | High                   | H Knox     | 31/12/2020  | Population Health & Primary Care Governance Committee |
| 1587 | 13/12/2017  | Safe                | Sustainability of the 2 Site Model for OOH Service   | There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which has been exacerbated by the current COVID pandemic.   | Very High            | In continuing to respond to Covid-19, community assessment centres are being retained impacting on the ability to maintain 2 site OOH model with the following being retained or recovered: <input type="checkbox"/><br>1. BCP in place with planned redirection to A&E. <input type="checkbox"/><br>2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. <input type="checkbox"/><br>3. OOH performance monitoring and reporting <input type="checkbox"/><br>4. Improved triaging jointly with NHS 24 <input type="checkbox"/><br>5. Recovery to 2 site model as and when staffing allows <input type="checkbox"/><br>6. Full project plan that includes workforce planning <input type="checkbox"/><br>7. Recruitment of salaried GP's <input type="checkbox"/><br>8. Increase number of ANP's <input type="checkbox"/><br>9. Communication & engagement strategy <input type="checkbox"/><br><input type="checkbox"/><br>Actions <input type="checkbox"/><br>1. Progression of convergence of urgent care and OOH care aligning to national model <input type="checkbox"/><br>2. Dialogue with acute clinicians to support upstream OOH service <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Very High            | High                   | V de Souza | 31/12/2020  | Population Health & Primary Care Governance Committee |
| 1903 | 18/05/2020  | Safe                | 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) and appropriate funding to maintain and sustain the T&P service. This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire. | Very High            | Controls <input type="checkbox"/><br>1. Lanarkshire Resilience Partnership Oversight Board <input type="checkbox"/><br>2. NHSL Test & Protect group with public health tactical group <input type="checkbox"/><br>3. NHSL Priority Testing Plan <input type="checkbox"/><br>4. Appointment of an initial NHSL workforce cohort for T&P with additional recruitment approved September <input type="checkbox"/><br>5. NHSL laboratory capacity has been increased <input type="checkbox"/><br>6. National Mutual Aid Agreement <input type="checkbox"/><br>7. Additional recruitment to the PH Department <input type="checkbox"/><br>8. Monitoring of a set of indicative measures (KPI's) <input type="checkbox"/><br><input type="checkbox"/><br>Actions <input type="checkbox"/><br>1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround <input type="checkbox"/><br>2. Development of a matrix to manage demand and capacity <input type="checkbox"/>  | Very High            | Medium                 | G Docherty | 27/11/2020  | Population Health & Primary Care Governance Committee |

Risk Register Lead-Mrs H Knox, Chief Executive

| ID   | Opened Date | Corporate Objective | Title  | Description of Risk  | Risk level (initial) | Mitigating Controls  | Risk level (current) | Risk level (Tolerance) | Risk Owner | Review Date | Assurance sources                                     |
|------|-------------|---------------------|--|--|----------------------|--|----------------------|------------------------|------------|-------------|---|
| 1924 | 15/07/2020  | Safe                | 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: <ul style="list-style-type: none"> <li>1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme</li> <li>2. Vaccination Transformation Programme Steering Group</li> <li>3. NHSL Vaccination Lead</li> <li>4. Collaborative approach with Infection Prevention &amp; Control</li> <li>5. Reporting through CMT</li> <li>6. Governance reporting through Population Health &amp; Primary Care Committee</li> <li>7. Initial test of change commenced as part of the managed services</li> <li>8. Implement blended approach to recall for those cohorts required to have influenza vaccination</li> </ul>   | Very High            | Medium                 | G Docherty | 31/12/2020  | Population Health & Primary Care Governance Committee |
| 1882 | 28/04/2020  | Effective           | 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                 | Controls: <ul style="list-style-type: none"> <li>1. Continuous monitoring and oversight of delayed discharges</li> <li>2. NHSL support to care homes through liaison service, including infection control / outbreak advise &amp; support, access to staff banks</li> <li>3. Cohorting of 'shielded' patients</li> <li>4. Testing for Care Home residents and Staff</li> <li>5. Udston as a step down care hospital</li> <li>6. Test of change within South Partnership, UHH and UHW around Planned date of Discharge.</li> <li>7. Above test of change now also taking place in North Partnership, UHW and UHM</li> </ul>   | High                 | Medium                 | H Knox     | 29/01/2021  | Population Health & Primary Care Governance 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                 | Controls: <ul style="list-style-type: none"> <li>1.Scottish Government Strategic Resilience Direction / Guidance</li> <li>2.Designated Executive Lead</li> <li>3.NHSL Resilience Committee</li> <li>4.Local Business Continuity Plans</li> <li>5.Local Emergency Response Plan</li> <li>6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions</li> <li>7. Seek national support for these low frequency high impact potential situations</li> <li>8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles</li> <li>9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines</li> <li>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.</li> </ul> Action: <ul style="list-style-type: none"> <li>1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.</li> </ul> | High                 | Low                    | G Docherty | 27/11/2020  | Population Health & Primary Care Governance Committee |

Risk Register Lead-Mrs H Knox, Chief Executive

| ID   | Opened Date | Corporate Objective | Title                                    | Description of Risk  | Risk level (initial) | Mitigating Controls  | Risk level (current) | Risk level (Tolerance) | Risk Owner   | Review Date | Assurance sources                                     |
|------|-------------|---------------------|--|--|----------------------|--|----------------------|------------------------|--------------|-------------|---|
| 1379 | 14/12/2015  | Effective           | Delayed Discharge Performance and Impact | There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan. | High                 | Controls - <input type="checkbox"/><br>1.CMT have continuous oversight of performance, reasons for delays and discuss action <input type="checkbox"/><br>2.Planned Date of Discharge rolled out across whole Hairmyres site <input type="checkbox"/><br>3.Pan-Lanarkshire PDD implementation group now in place <input type="checkbox"/><br>4.Weekly site PDD implementation groups in place involving both acute and partnership staff <input type="checkbox"/><br>5.PDDs now in place in wards 9 and 10 in Wishaw, with roll out plans to expand to the rest of the site <input type="checkbox"/><br>6.PDDs now in place in ward 20 in Monklands, with roll out plans to expand to the rest of the site <input type="checkbox"/><br>7.Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date <input type="checkbox"/><br>8.Winter plan for 2020/2021 is based on a whole system basis <input type="checkbox"/><br>Action <input type="checkbox"/><br>1 Monitoring though CMT and CE Quarterly Performance Reviews <input type="checkbox"/>   | Medium               | Medium                 | H Knox       | 30/11/2020  | Population Health & Primary Care Governance Committee |
| 1832 | 11/11/2019  | Safe                | Clinical Workforce                       | There is a risk that NHSL will not be able to continue to provide clinical services required because of the availability, recruitment and retention of clinical staff to comply with the Health & Care (Staffing ) (Scotland) Bill with the potential to result in adverse impact on the continuity of the delivery of safe and consistent care.   | High                 | Controls - the health and care staffing programme was paused for a period with a focus on the mobilisation plan and the emergency reconfiguration & recovery strategic map 2020/21. The following controls remain in place with actions as set out: <input type="checkbox"/><br>1. Achieving Excellence Strategy supported by clinical strategy and commissioning plans with associated workforce plans <input type="checkbox"/><br>2. Workload and workforce planning undertaken using national tools, on a cyclical basis with nursing and midwifery undertaken annually <input type="checkbox"/><br>3. Board Workforce Plan will be fully set out by March 2022 <input type="checkbox"/><br>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"/><br>5. GP sustainability action plan in place through the Primary Care Implementation Plan <input type="checkbox"/><br>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"/><br>7. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL <input type="checkbox"/><br>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"/><br>9. HR oversight and intensive support in managing sickness / absence with improved return to work planning <input type="checkbox"/><br>10. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings <input type="checkbox"/><br>11. New workforce dashboard implemented and continuously monitored and acted on <input type="checkbox"/><br>Actions <input type="checkbox"/><br>1. Set up Healthcare Staffing Oversight Board (preparations resumed) <input type="checkbox"/><br>2. Developing ToR for Healthcare Staffing Oversight Group aligned to HRF <input type="checkbox"/><br>3. Continue to further develop the new workforce dashboard <input type="checkbox"/> | High                 | Medium                 | K Sandilands | 31/12/2020  | Staff Governance Committee                            |

Medium