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
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. ☐ This is could lead to:☐ -increased morbidity and mortality in the population; ☐ -increased health inequalities;☐ -loss of and disruption to the delivery of health & social care;☐ -short and longer term impact on the health and wellbeing of front-line staff.☐	Very High	Controls ☐ 1. Declared a major incident and still ongoing☐ 2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups ☐ 3. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave☐ 4. Local Resilience Partnerships commenced, linking to the National resilience groups☐ 5. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience ☐ 6. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes☐ 7. Management plans based on national guidance ☐ 8. Review of the NHSL COVID-19 mobilisation plan☐ 9. Maintain oversight of test and protect and care home risks and issues through the new tactical groups☐ 10. Continuous communications☐ 11. Recruitment to T&P and PH teams☐ 12. Staff on re-deployment register have been re-deployed to the T&P team☐	Very High	High	G Docherty	30/10/2020	Population Health Community and Primary Care Governance Committee
1450	14/11/2016	Safe	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.	Very High	Controls 1. Reconfiguration of service to maintain response to COVID-19' and recovery of GP services including: Community Assessment Centres Video/Telephone Consultations with an increased capability for use of 'Near-Me' 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	Very High	High	H Knox	30/10/2020	Population Health Community and Primary Care Governance Committee

Accurate as at 14th October 2020

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
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: 1. BCP in place with planned redirection to A&E. 2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. 3. OOH performance monitoring and reporting 4. Improved triaging jointly with NHS 24 5. Recovery to 2 site model as and when staffing allows 6. Full project plan that includes workforce planning 7. Recruitment of salaried GP's 8. Increase number of ANP's 9. Communication & engagement strategy Actions 1. Progression of convergence of urgent care and OOH care aligning to national model 2. Dialogue with acute clinicians to support upstream OOH service ☐	Very High	High	V DeSouza	30/10/2020	Population Health Community and Primary Care Governance Committee
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 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 2. 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 3. Maintenance of live incident status but in suspension with updating of the EU Withdrawal Command & Control with webpage updating during transition period 4. Maintenance of Brexit risk register though CMT during transition period 5. Resilience workshop in September 2020 6. Preparedness around the planning assumptions of 'Yellowhammer' continue 7. Moving into Strategic Command at a level commensurate with the EU exit developments Actions 1. Horizon scanning on progress of trade deal negotiations, outcomes and potential impact	Very High	High	H Knox	30/10/2020	Planning Performance Resource Committee

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
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. 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: Regional planning Scottish Government Networking with other Health Boards 4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs. Action 1. Continuous financial submissions to SG.	Very High	High	L Ace (D Yuille)	30/10/2020	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 2020/21and deliver a balanced budget resulting from the initial identified gap to be filled by efficiency which been exacerbated by having to suspend all programmes requiring heavy service input to allow staff to concentrate on the covid 19 .	Very High	Mitigating controls in place post initial phase of covid-19 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 2.Continue with intelligence gathering and scenario planning 3.Resume dedication CMT financial meetings 4.Finance framework developed for redesign and recovery Actions 1.Recovery of the CE Scrutiny Meetings and Sustainability Plans. 2.COVID expenditure and funding will be built into 2020/21 plan once known.	Very High	Very High	L Ace (D Yuille)	30/10/2020	Planning Performance Resource Committee
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 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL strategic command and CMT planning, including mobilisation plan 3. Chief Executive Performance Reviews resumed from June 2020. 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 Action 1. Awaiting SG adjusted performance targets	Very High	High	C Lauder	30/11/2020	Planning Performance Resource Committee

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
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☐ 1. Lanarkshire Resilience Partnership Oversight Board ☐ 2. NHSL Test & Protect group with public health tactical group☐ 3. NHSL Priority Testing Plan☐ 4. Appointment of an initial NHSL workforce cohort for T&P with additional recruitment approved September☐ 5. NHSL laboratory capacity has been increased☐ 6. National Mutual Aid Agreement☐ 7. Additional recruitment to the PH Department☐ 8. Monitoring of a set of indicative measures (KPI's)☐ ☐ Actions☐ 1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround☐ 2. Development of a matrix to manage demand and capacity☐	Very High	Medium	G Docherty	30/10/2020	Population Health Community and Primary Care Governance Committee
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: 1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme 2. Vaccination Transformation Programme Steering Group 3. NHSL Vaccination Lead 4. Collaborative approach with Infection Prevention & Control 5. Reporting through CMT 6. Governance reporting through Population Health & Primary Care Committee 7. Initial test of change commenced as part of the managed services 8. Implement blended approach to recall for those cohorts required to have influenza vaccination ☐	Very High	Medium	G Docherty	30/10/2020	Population Health Community and 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
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	1. Resilience & site/area business continuity planning 2. Resilience workshop held on 7th September 3. Redesign of Urgent Care Nationally and Locally, including Community Assessment Centres 4. Early preparation for patient and staff influenza vaccination programme's commencing September 2020 5. Investment for recruitment to Test & Protect & Public Health Teams 6. Planning assumptions from Yellowhammer (Brexit) 7. Winter Plan 2020/21 8. Major Incident Planning with Protocols 9. Invoking Strategic Command and aligning with current command structures 10. Review of performance targets with SG 11. Programme for staff wellbeing	High	Medium	H Knox	30/11/2020	Planning Performance Resource Committee
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. There is a risk that the standards for response may not be met if demand exceeds capacity.	High	Controls: 1. Maintain existing systems for the management of complaints 2. Continuous monitoring of changes in number and/or types of complaints	High	Medium	E Docherty	31/12/2020	Healthcare Quality Assurance Improvement Committee
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 dependencey on the functioning of the Community Assessment Centres to reduce the attendance at ED.	High	Controls 1. Maintaining primary care hubs, assessment centres, near me and care at home to minimise attendance to essential attendance only 2. Hot and cold zoning within Emergency Departments 3. Whole system planning and implementation of new Community Assessment Centres (CAC's) 4. Shoring up of ED staff Actions 1. National and local redesign of urgent care	High	Medium	J Park	30/11/2020	Planning Performance Resource Committee

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
594	09/02/2009	Effective	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	Control - the following controls remain. CFS has noted that there is increased fraud activity as a result of criminals exploiting the disruption and anxieties caused by COVID. Enhanced communication in place through staff briefings to ask staff to remain vigilant. 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) 2. Appointment of Fraud Champion 3. Appointment of Fraud Liaison Officer 4. Key contact for NFI, who manages, oversees, investigates and reports on all alerts 5. Audit Committee receives regular fraud updates 6. Annual national fraud awareness campaign 7. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 8. Learning from any individual case 9. Enhanced Gifts and Hospitalities Register 10. Procurement Workshops for High Risk Areas 11.Enhanced checks for 'tender waivers' and single tender acceptance 12. Increased electronic procurement that enables tamperproof audit trails 13.Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register 14.Annual Review with the National NHS Counter Fraud Services completed January 2020 Actions 1. Covid risk profile being built-into the NHSL Fraud Register 2. Distribution of relevant fraud updates 3. Communication through NHSL Info briefing.	High	Medium	L Ace (D Yuille)	31/12/2020	Audit Committee

Accurate as at 14th October 2020

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
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	Controls 1. Enhanced Care Home Liaison Team 2. Infection Prevention & Control Advisory Support 3. Approved Indemnity 4. Discussions on single assurance system with Chief Executives of NHSL, NLC&SLC 5. Clarity on responsibility and accountability sought and agreed through SG & Chief Nurse Directorate 6. Mapping of impact and requirements completed 7. Proposals approved for reviewed professional infrastructure with funding secured until November 2020. 8. Continuous monitoring through the Covid -19 Tactical Care Assurance Group Actions 1. Discussions with SG to confirm additional funding through to the new extended period of support until June 2021 as emergency footing continues.	High	High	E Docherty	30/12/2020	Healthcare Quality Assurance Improvement 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 1. Continuous monitoring and oversight of delayed discharges 2. NHSL support to care homes through liaison service, including infection control / outbreak advise & support, access to staff banks 3. Cohorting of 'shielded' patients 4. Testing for Care Home residents and Staff 5. Udston as a step down care hospital	High	Medium	H Knox	30/12/2020	Population Health Community and Primary Care Governance Committee

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
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: 1. Achieving Excellence Strategy supported by clinical strategy and commissioning plans with associated workforce plans 2. Workload and workforce planning undertaken using national tools, on a cyclical basis with nursing and midwifery undertaken annually 3. Board Workforce Plan will be fully set out by March 2022 4. Preparedness for National Safe Staffing Legislation through risk based workforce planning, including clinical specialties, reporting to operational management teams, CMT and the Board of NHS Lanarkshire 5. GP sustainability action plan in place through the Primary Care Implementation Plan 6. Implementation of a recruitment and marketing strategy aligned to workforce planning and student nurse / AHP graduation periods for cohort recruitment (oversupply that reduces use of bank) 7. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL 8. National and International Recruitment, including the International Medical Training Initiative (MTI), to recruit middle grade doctors from overseas and the clinical development Fellows through Medical Education. 9. HR oversight and intensive support in managing sickness / absence with improved return to work planning 10. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings 11. New workforce dashboard implemented and continuously monitored and acted on Actions 1. Set up Healthcare Staffing Oversight Board	High	Medium	K Sandilands	31/12/2020	Staff Governance Committee
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 1. Full transition plan with timeline set out and agreed for implementation. Action: 1. Monitor implementation of the new contract	High	Low	C Lauder	30/10/2020	Planning Performance Resource 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
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☐ 1.Scottish Government Strategic Resilience Direction / Guidance☐ 2.Designated Executive Lead☐ 3.NHSL Resilience Committee ☐ 4.Local Business Continuity Plans☐ 5.Local Emergency Response Plan☐ 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions ☐ 7. Seek national support for these low frequency high impact potential situations☐ 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles☐ 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines ☐ 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur.☐ Action☐ 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.	High	Low	G Docherty	30/10/2020	Population Health Community and Primary Care Governance 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	Controls☐ 1. New service model fully implemented for a Public Protection Team with new infrastructure, effective from January 2020.☐ 2. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals☐ 3. A range of NHSL Policies and Procedures for Child Protection, Adult Protection, MAPPA, EVA aligned to national Guidelines, including reporting, recording, investigation of adverse events and compliance with national standards and benchmarking for child protection, including annual self-evaluation.☐ 4. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues.☐ 5. Designated Child Health Commissioner☐ 6. Public Protection Strategic Enhancement Plan revised annually and overseen through the Public Protection Forum☐ 7. Move to business as usual as services resume to normal level☐	High	Medium	E Docherty	31/12/2020	Healthcare Quality Assurance 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.⬜ 2.The Monklands Project Team have implemented the recommendations from the Independent Review and provide regular updates to the Chief Executive via MROB.⬜ 3.Advance on Site Selection programme via the Project Team including external advisors. The MROB will sight the NHS Lanarkshire Board on any developments in the site investigations.⬜ 4.The Monklands Business Continuity Project is overseen by C Lauder. Any changes to the programme of remedial work is reporting via CMT and MKBC/MRP maintain close links on any delays. ⬜ 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.⬜ ⬜	High	Medium	H Knox	31/12/2020	Monklands Recovery Oversight Board

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
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⬜ 1. Major Emergency Plan⬜ - Resilience Group meets regularly to review actions⬜ - Evaluate and review Plan regularly⬜ - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP)⬜ 2. COMAH sites major incident plans⬜ - Monitor, evaluate and revise site plans⬜ - Ensure Public Health staff aware of specific responsibilities⬜ 3. Staff education and training⬜ - Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module.⬜ - Monitor, evaluate and revise education and training⬜ 4. NHSL exercises⬜ - Undertake, monitor, evaluate and revise exercises⬜ 5. Multi-agency exercises⬜ - Undertake, monitor, evaluate and revise exercises⬜ 6. Joint Health Protection Plan⬜ 7. BCP plans tested at Corporate and Divisional level⬜ 8. Multi-agency monitoring Group⬜ 9. Completed Review of the NHSL Resilience Group function and Term of Reference⬜ 10. The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place⬜ 11. Revised Primary Care Mass Casualty Plans⬜ 12. Through the NHSL Resilience Group, there is commissioning with oversight of:⬜ -internal audit recommendations⬜ -GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents⬜ -Continuous self-audit⬜ 13. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed through CMT⬜ 14. Continued investment in resilience through extension to	High	Medium	G Docherty	31/12/2020	Planning Performance Resource Committee

Accurate as at 14th October 2020

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
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	Controls 1. Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland 2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. 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. 3. The firewall changes at UHH were implemented 4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of developing a detailed action plan based on the highlighted outcomes. This work will then be allocated to individuals within eHealth and progress against actions formally tracked. 5. 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 6. Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams. 7. Higher vigilance and continuous briefing on minimising malicious cyber-attack during COVID-19 response and recovery phase 8. Penetration testing with third party specialist contract completed with action plan 9. New cyber security sub group reporting to IG Committee set up and will oversee penetration action plan and the cyber essentials assessments and programme of work 10. Audit by competent authority for NIS with 90% compliance.◻ ◻ ◻ ◻	High	Low	D Wilson	30/10/2020	Healthcare Quality Assurance Improvement Committee

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 - ☐ 1.CMT have continuous oversight of performance, reasons for delays and discuss action☐ 2.Planned Date of Discharge rolled out across whole Hairmyres site☐ 3.Pan-Lanarkshire PDD implementation group now in place☐ 4.Weekly site PDD implementation groups in place involving both acute and partnership staff☐ 5.PDDs now in place in wards 9 and 10 in Wishaw, with roll out plans to expand to the rest of the site☐ 6.PDDs now in place in ward 20 in Monklands, with roll out plans to expand to the rest of the site☐ 7.Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date☐ 8.Winter plan for 2020/2021 is based on a whole system basis☐ Action☐ 1 Monitoring though CMT and CE Quarterly Performance Reviews☐	Medium	Medium	H Knox	30/11/2020	Population Health Community and Primary Care Governance Committee

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
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	☐ Controls 1. Extensive range of Information Security policies and procedures 2. Established governance arrangements for the management of Information Governance 3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee (new Chair appointed to replace retirement of previous Chair). 4. Established an Information Governance Team with 3 new IG Support roles with a further investment to support 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 10. New dashboard tested and now 'live' and untilised at IG Committee☐ ☐	Medium	Medium	D Wilson	31/12/2020	Healthcare Quality Assurance Improvement Committee

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
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☐ 1. Continuance with the developments set out through the NMAHP Strategic Leaders Summit☐ 2. Improved Professional Governance Infrastructure eg NMAHP PGG ☐ 3. Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance☐ 4. Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit.☐ 5. Workforce Governance Gap Analysis for minimum dataset☐ 6. NMAHP Professional Governance Group to have oversight of all initiatives, set out in a dedicated PID template highlighting areas of change, reason, expected outcomes, value for money☐ 7. Partial implementation of a Professional escalation process aligned to safe staffing levels☐ ☐	Medium	Low	E Docherty	31/12/2020	Healthcare Quality Assurance Improvement Committee
1728	07/02/2019	Effective	Four Seasons Health Group	There is a risk that critical contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, a position exacerbated by COVID-19, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an urgent need to enable alternative provision	High	Controls - the key controls at present is the NHSL mobilisation plan, noting work to date through the controls below:☐ 1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate☐ 2. Homes affected placed on additional monitoring by SW QA team☐ 3. Communication channels opened with COSLA and Care Inspectorate with a NHSL representative ☐ 4. Locality teams informed and undertaking service user reviews to further monitor maintenance of quality provision☐ 5. Historically strong Care Inspectorate grading's across both facilities and no management changes at either home at present time☐ 6. NHSL Full Capacity protocol☐ 7. Contingency Plan for relocation☐	Medium	Medium	R McGuffie	28/03/2021	Planning Performance Resource Committee

Accurate as at 14th October 2020

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
1800	01/08/2019	Effective	Effective Engagement with Internal and External Stakeholders	There is a risk that NHSL fails to optimise engagement with internal and external stakeholders in the pursuit of its objectives, with the potential for adverse reputation and delay in progressing strategic objectives.	Medium	Controls□ 1. Application of Chief Executive Letter CEL (2010) 4□ 2. Approved NHSL Communication & Engagement Strategy□ 3. Intensive communication planning & briefing through the COVID-19 pandemic response and recovery period□ Action□ 1. Monitoring of the effectiveness of the Communication & Engagement Strategy□	Medium	Low	C Brown	30/12/2020	Planning Performance Resource Committee
286	01/04/2008	Effective	Adequacy of capital & recurring investment for Monklands	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as □ a) Monklands is an ageing property / facility□ b)Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	Controls - in 2020/21 the need to play in hospital space and support resource to the immediate threat of COVID-19 is likely to slow the planned maintenance programme which will reduce the risk of running out of capital.□ 1. Detailed risk assessment of Monklands estate issues□ 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority□ 3. Monklands Investment Programme Board established to oversee the process□ 4. Framework partner appointed to work through phases of estates work.□ 5.Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC).□ 6. Monklands replacement was established as a Regional High Priority with a revised plan to the May NHSL Board.	Medium	Medium	L Ace (D Yuille)	30/12/2020	Planning Performance Resource Committee
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□ 1. Review of governance arrangements and capacity to maintain existing arrangements□ 2. Considerations of options to maintain governance with an approved preferred option at Board meeting 29th April, that satisfies compliance with the legal framework□ 3. Implementation of the preferred option effective from 29th April□ Action□ 1. Reflection and continuous review on effectiveness of preferred option.□ 2. Assessment of governance gaps/risks through the Audit Committee scheduled for May/June 2020.	Medium	Medium	H Knox	30/11/2020	BOARD

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
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☐ 1. Maintain strategic recovery of services through the remobilisation planning with oversight through CMT as the RR&R Oversight Group is stepped down☐ 2. Continuous clinical modelling in collaboration with Strathclyde University☐ 3. Maintain governance arrangements ☐ Maintain existing public health and care homes tactical command groups☐ 5. Re-enactment of strategic command and clinical tactical command (with service prioritisation) effective from week commencing 14th September and 21st September respectively☐	Medium	Medium	H Knox	31/12/2020	Healthcare Quality Assurance Improvement Committee
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☐ 1. Risk cannot be mitigated as fire evacuation procedures cannot require staff to remain in premises once the fire alarm has been activated. ☐ 2. NHSL Fire Policy with SOP updated to reflect the changed position across Scotland.☐	Medium	Medium	C Lauder	31/12/2020	Planning Performance Resource 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:☐ 1. Maintain current claims systems☐ 2. Monitor over a longer period of time to identify increase in numbers and types of claims	Medium	Medium	P Cannon	31/12/2020	Healthcare Quality Assurance Improvement Committee
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☐ 1. Oversight of Communication issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication☐ 2. Firstport site with weekly listing of services in recovery☐ 3. Weekly listing of services in recovery on the public website☐ 4. Internal process on timeous preparation of the communication of services in recovery dependent on service leads completing proforma on timelines from approval of service recovery to enactment of the service.	Medium	Medium	C Brown	31/12/2020	Planning Performance Resource Committee

Accurate as at 14th October 2020