

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|-----|---------------------|-------------|---|--|----------------------|--|----------------------|------------------------|------------|-------------|---|
| 623 | Effective | 01/06/2009 | Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19, including 2nd Wave | <p>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. □</p> <p>This is could lead to: □</p> <ul style="list-style-type: none"> -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 | <p>Controls □</p> <ol style="list-style-type: none"> 1. Declared a major incident and still ongoing □ 2. Invoked the Gold Command structure with daily meetings until 28th May, and weekly reporting of actions, risks and issues from Tactical groups commenced through CMT □ 3. Gold Command action log reviewed & monitored daily until 28th May, with remaining Tactical groups retaining logs □ 4. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave □ 5. Local Resilience Partnerships commenced, linking to the National resilience groups □ 6. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience on a daily basis □ 7. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes □ 8. Management plans based on national guidance □ 9. Implementation and continuous oversight of a NHSL COVID-19 mobilisation plan □ 10. New Public Health Test & Protect and Care Home Tactical Groups set up □ 11. Implementation of the recovery process through the NHSL Response, Recovery and Redesign □ Oversight Group □ 12. Continuous communications briefings □ 13. Maintain oversight of test and protect and care home risks and issues through the new tactical groups □ | Very High | High | G Docherty | 30/09/2020 | Population Health Community & Primary Care Governance Committee |
| 285 | Effective | 01/04/2008 | Standing risk that external factors may adversely affect NHSL financial balance | <p>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</p> | High | <p>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. □</p> <ol style="list-style-type: none"> 1. Regular Horizon Scanning □ 2. Financial Planning & Financial Management □ 3. Routine Engagement with external parties: □ <ul style="list-style-type: none"> Regional planning □ Scottish Government □ Networking with other Health Boards □ 4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs. □ <p>Action □</p> <ol style="list-style-type: none"> 1. Care Home and Test & Protect predicted costs for implementation of new Policy to be submitted to SG. □ | Very High | High | L Ace | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|---|----------------------|--|----------------------|------------------------|------------|-------------|---|
| 1450 | Safe | 14/11/2016 | Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing. | There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19. | Very High | Controls <input type="checkbox"/> 1. Reconfigured service in place in response to COVID-19' including: <input type="checkbox"/> Community Hub, <input type="checkbox"/> Community Assessment Centres <input type="checkbox"/> Video/Telephone Consultations with an increased capability for use of 'Near-Me' <input type="checkbox"/> 2. Implementation of the recovery process through the setting up of a Joint H&SCP Recovery and Clinical Reference/Prioritisation Groups all feeding into the NHSL Response, Recovery and Redesign Oversight Group <input type="checkbox"/> 3. Majority of practices now moved o provision of level 1 services <input type="checkbox"/> 4. Review and recovery of the Primary Care Implementation Plan in view of the current response and management of Covid-19 pandemic <input type="checkbox"/> | Very High | High | H Knox | 30/09/2020 | Population Health Community & Primary Care Governance Committee |
| 1587 | Safe | 13/12/2017 | Sustainability of the 2 Site Model for OOH Service | There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which has been exacerbated by the current COVID pandemic. | Very High | Controls <input type="checkbox"/> In response to Covid-19, there are community hubs and community assessment centres in place with 1 site OOH model in place, with the following being retained or recovered: <input type="checkbox"/> 1. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&E. <input type="checkbox"/> 2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. <input type="checkbox"/> 3. Workforce action plan in place - linked to GMS sustainability. Senior Management and team are continuing to work on securing sufficient staff/reconfigure jobs to maximise the workforce coverage. <input type="checkbox"/> 4. Regular reporting mechanism for North and South IJBs. <input type="checkbox"/> 5. OOH performance reporting will be a standing item on the performance and audit sub committee. <input type="checkbox"/> 6. There is a weekly update meeting on the OOH risk register and action plan which includes operational managers and professional leads. <input type="checkbox"/> 7. There is work ongoing with NHS 24 to review processes and procedures in relation to triage. <input type="checkbox"/> 8. Workforce Planning with a focus on securing sufficient staff/reconfigure jobs to maximise the workforce cover. <input type="checkbox"/> 9. Implementation of the recovery process through the setting up of a Joint H&SCP Recovery and Clinical Reference/Prioritisation Groups all feeding into the NHSL Response, Recovery and Redesign Oversight Group <input type="checkbox"/> Actions <input type="checkbox"/> 1. Optimise remote access working for GMP's to enable working in OOH <input type="checkbox"/> 2. Remodel the tele consultations, working with NHS24 for improved triaging <input type="checkbox"/> 3. Progression of convergence of urgent care and OOH care aligning to national model. <input type="checkbox"/> <input type="checkbox"/> | Very High | High | DeSouza | 30/10/2020 | Population Health Community & Primary Care Governance Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|---|----------------------|---|----------------------|------------------------|------------|-------------|---|
| 1815 | Effective | 14/08/2019 | Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget | There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2020/21 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"/> 1.Resume progress with sustainability plans and savings programme <input type="checkbox"/> 2.Continue with intelligence gathering and scenario planning <input type="checkbox"/> 3.Resume dedication CMT financial meetings <input type="checkbox"/> 4.Finans framework developed for redesign and recovery <input type="checkbox"/> Actions <input type="checkbox"/> 1.Recovery of the CE Scrutiny Meetings and Sustainability Plans. <input type="checkbox"/> 2.COVID expenditure and funding will be built into 2020/21 plan once known. <input type="checkbox"/> <input type="checkbox"/> | Very High | Very High | L Ace | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |
| 1871 | Effective | 30/03/2020 | 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"/> 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. <input type="checkbox"/> 2. Work within the NHSL gold command planning (CMT from 28th May), including mobilisation plan <input type="checkbox"/> 3. Response, Recovery and Redesign Oversight Group with operational sub structure in place effective from 7th May 2020. <input type="checkbox"/> 4. Resumed Chief Executive Performance Reviews from June 2020. <input type="checkbox"/> 5. Invited by SG to set out performance for August 2020 - March 2021. <input type="checkbox"/> Action <input type="checkbox"/> 1. Set out remobilisation plan for August 2020 - March 2021 and agree with Scottish Government <input type="checkbox"/> <input type="checkbox"/> | Very High | Medium | C Lauder | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |
| 1903 | Safe | 18/05/2020 | Delivery of the essential Test & Protect programme of work | There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) 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"/> 1. Lanarkshire Resilience Partnership Oversight Board <input type="checkbox"/> 2. NHSL Test & Protect group with public health tactical group <input type="checkbox"/> 3. NHSL Priority Testing Plan <input type="checkbox"/> 4. Appointment of a NHSL workforce cohort for local testing <input type="checkbox"/> 5. NHSL laboratory capacity has been increased <input type="checkbox"/> 6. National Mutual Aid Agreement <input type="checkbox"/> 7. Interim funding within NHSL to appoint 1wte lead consultant, 6 wte nurses and retain staff currently deployed <input type="checkbox"/> <input type="checkbox"/> Actions <input type="checkbox"/> 1. Continue to receive advice from SG on the launch and progression of the national programme to inform, review and adapt local programme <input type="checkbox"/> | Very High | Medium | G Docherty | 30/09/2020 | Population Health Community & Primary Care Governance Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|---|--|----------------------|--|----------------------|------------------------|------------|-------------|---|
| 1924 | Safe | 15/07/2020 | Delivery of the Influenza Vaccination Programme 2020/2021 | There is a risk that NHS Lanarkshire will not be able to fully deliver the influenza vaccination programme due to a range of contributing factors including: available clinical workforce for both clinical band and wte; increased national awareness through Covid-19 with a predicted increase in uptake; SG change to the eligible age groups >50ys; disruption to the scheduled transformation of the vaccine programmes due to Covid-19; securing accommodation necessary for administration within the socially distancing requirements; and the need to outsource the booking system. These factors have the potential to adversely impact on population health and avoidance of hospital admissions during the winter period. | Very High | Controls: <ul style="list-style-type: none"> 1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme 2. Vaccination Transformation Programme Steering Group 3. NHSL Vaccination Lead 4. Collaborative approach with Infection Prevention & Control 5. Reporting through CMT 6. Governance reporting through Population Health & Primary Care Committee 7. Initial test of change commenced as part of the managed services Actions: <ul style="list-style-type: none"> 1. Develop and implement a plan based on current and predicted numbers of influenza vaccinations required 2. Set out an outline for procurement of an external influenza booking system, seek approval and progress as early as possible. | Very High | Medium | G Docherty | 30/09/2020 | Population Health Community & Primary Care Governance Committee |

Risk Register Lead: Mrs H Knox, Interim Chief Executive

CORPORATE RISK REGISTER - SEPTEMBER 2020

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|---|----------------------|--|----------------------|------------------------|------------|-------------|--|
| 594 | Effective | 09/02/2009 | Prevention & Detection of Fraud, Bribery and/or Corruption | There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL. | High | Control - the following controls remain. CFS has noted that there is increased fraud activity as a result of criminals exploiting the disruption and anxieties caused by COVID. Enhanced communication in place through staff briefings to ask staff to remain vigilant. <input type="checkbox"/> 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) <input type="checkbox"/> 2. Appointment of Fraud Champion <input type="checkbox"/> 3. Appointment of Fraud Liaison Officer <input type="checkbox"/> 4. Key contact for NFI, who manages, oversees, investigates and reports on all alerts <input type="checkbox"/> 5. Audit Committee receives regular fraud updates <input type="checkbox"/> 6. Annual national fraud awareness campaign <input type="checkbox"/> 7. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops <input type="checkbox"/> 8. Learning from any individual case <input type="checkbox"/> 9. Enhanced Gifts and Hospitalities Register <input type="checkbox"/> 10. Procurement Workshops for High Risk Areas <input type="checkbox"/> 11. Enhanced checks for 'tender waivers' and single tender acceptance <input type="checkbox"/> 12. Increased electronic procurement that enables tamperproof audit trails <input type="checkbox"/> 13. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register <input type="checkbox"/> 14. Annual Review with the National NHS Counter Fraud Services completed January 2020 <input type="checkbox"/> <input type="checkbox"/> Actions <input type="checkbox"/> 1. Covid risk profile being built-into the NHSL Fraud Register <input type="checkbox"/> 2. Distribution of relevant fraud updates <input type="checkbox"/> 3. Communication through NHSL Info briefing. | High | Medium | L Ace | 30/09/2020 | Audit Committee |
| 1912 | Pt Centred | 11/06/2020 | Potential for Increase in Number of Complaints | There is the potential for an increase in the number of complaints received as a consequence of an expectation that services will return to normal capacity which will currently not be possible. <input type="checkbox"/> 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"/> 1. Maintain existing systems for the management of complaints <input type="checkbox"/> 2. Continuous monitoring of changes in number and/or types of complaints | High | Medium | E Docherty | 30/09/2020 | Healthcare Quality Assurance & Improvement Committee |
| 1919 | Safe | 25/06/2020 | Safety Risk if ED Attendances Continue to Increase | There is a risk of increased Covid exposure for patients attending ED if the attendances continue to increase, impacting on the safety and risk of infection to all those attending. | High | Controls: <input type="checkbox"/> 1. Maintaining primary care hubs, assessment centres, near me and care at home to minimise attendance to essential attendance only <input type="checkbox"/> 2. Hot and cold zoning within Emergency Departments <input type="checkbox"/> 3. National and local recovery review of Unscheduled Care <input type="checkbox"/> | High | Medium | J Park | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|--|----------------------|--|----------------------|------------------------|------------|-------------|--|
| 1904 | Safe | 18/05/2020 | Impact on Board of NHSL & Executive Nurse Director Role In Response to Changes by SG | There is a risk that there is a lack of clarity regarding the recent change of accountability, role and function of the Board of NHSL, specifically Executive Nurse Director, for Care Homes and Care At Home resulting from the continuing impact from Covid-19. This has the potential to adversely impact on cost pressures, professional infrastructure, governance and assurance processes and ultimately the reputation of NHSL. | High | Controls <input type="checkbox"/> 1. Enhanced Care Home Liaison Team <input type="checkbox"/> 2. Infection Prevention & Control Advisory Support <input type="checkbox"/> 3. Approved Indemnity <input type="checkbox"/> 4. Discussions on single assurance system with Chief Executives of NHSL, NLC&SLC <input type="checkbox"/> 5. Clarity on responsibility and accountability sought and agreed through SG & Chief Nurse Directorate <input type="checkbox"/> 2. Mapping of impact and requirements completed <input type="checkbox"/> 3. Proposals approved for reviewed professional infrastructure with funding secured until November 2020. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Actions <input type="checkbox"/> 1. Continuous monitoring through the Tactical Care Assurance Group | High | High | E Docherty | 30/09/2020 | Healthcare Quality Assurance & Improvement Committee |
| 1905 | Safe | 21/05/2020 | Change in the Scottish Fire & Rescue Service Response | There is a risk to NHSL staff, visitors and patients in the event of a fire due to change in the SFRS SOP from 6/5/2020. The response to automatic fire alarm activations at non-sleeping premises will be a single fire engine unless activation is accompanied by a 999 call confirming there is a fire. | High | Controls <input type="checkbox"/> 1. Risks associated cannot be mitigated as fire evacuation procedures cannot require staff to remain in premises once the fire alarm has been activated. <input type="checkbox"/> 2. NHSL Gold Command will escalate to the Chief Officer of SFRS and through the NHS Chief Executives Group. <input type="checkbox"/> 3. A scripted message for staff to use on the telephone call to SFRS advising they are unable to confirm whether or not there is a fire will be considered. <input type="checkbox"/> Action <input type="checkbox"/> 1. Update the NHSL Fire Policy with SOP for approval through the NHSL Fire Group by end of August. No change to risk assessment at present. | High | Medium | C Lauder | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |
| 1910 | Safe | 10/06/2020 | Covid-19 Recovery Accomodation/ Space Utilisation Strategy | There is a risk that in the absence of a Covid-19 Recovery Accommodation / Space Utilisation Strategy for the Estate, there will be a delay in the recovery of all services, with the potential to adversely impact on staff, patients, the public and the reputation of NHSL. | High | Controls: <input type="checkbox"/> 1. Currently undertaking environmental walkrounds pre recovery of services using a pre-determined checklist <input type="checkbox"/> 2. Providing technical support to clinical areas in service recovery <input type="checkbox"/> 3. Development and Implementation of a Risk Assessment Tool that is now widely utilised by service providers across NHSL enabling physical adjustments to premises. <input type="checkbox"/> <input type="checkbox"/> | High | Medium | C Lauder | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|---------------------------|---|----------------------|--|----------------------|------------------------|--------------|-------------|---|
| 1882 | Effective | 28/04/2020 | Acute Sector Bed Capacity | There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwards movement of patients 'fit for transfer' to care homes (14 days isolation and 2 -ve tests pre transfer), protection of those shielded and are inpatients within acute wards and the number of care homes that are in outbreak situation and closed to admissions. This has the potential to impact on recovery planning for some clinical services that may require admission to acute care. | High | Controls <input type="checkbox"/> 1. Continuous monitoring and oversight of delayed discharges <input type="checkbox"/> 2. NHSL support to care homes through liaison service, including infection control / outbreak advise & support, access to staff banks <input type="checkbox"/> 3. Cohorting of 'shielded' patients <input type="checkbox"/> 4. Testing for Care Home residents and Staff <input type="checkbox"/> 5. Udston as a step down care hospital | High | Medium | H Knox | 30/09/2020 | Population Health Community & Primary Care Governance Committee |
| 1832 | Safe | 11/11/2019 | Clinical Workforce | There is a risk that NHSL will not be able to continue to provide clinical services required because of the availability, recruitment and retention of clinical staff to comply with the Health & Care (Staffing) (Scotland) Bill with the potential to result in adverse impact on the continuity of the delivery of safe and consistent care. | High | Controls; - the health and care staffing programme is currently paused with a focus on the mobilisation plan and the emergency reconfiguration & recovery strategic map 2020/21. <input type="checkbox"/> 1. Achieving Excellence Strategy supported by clinical strategy and commissioning plans with associated workforce plans <input type="checkbox"/> 2. Workload and workforce planning undertaken using national tools, on a cyclical basis with nursing and midwifery undertaken annually <input type="checkbox"/> 3. Annual Board Workforce Plan <input type="checkbox"/> 4. Preparedness for National Safe Staffing Legislation through risk based workforce planning, including clinical specialties, reporting to operational management teams, CMT and the Board of NHS Lanarkshire <input type="checkbox"/> 5. GP sustainability action plan in place through the Primary Care Implementation Plan <input type="checkbox"/> 6. Implementation of a recruitment and marketing strategy aligned to workforce planning and student nurse / AHP graduation periods for cohort recruitment (oversupply that reduces use of bank) <input type="checkbox"/> 7. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL <input type="checkbox"/> 8. National and International Recruitment, including the International Medical Training Initiative (MTI), to recruit middle grade doctors from overseas and the clinical development Fellows through Medical Education. <input type="checkbox"/> 9. HR oversight and intensive support in managing sickness / absence with improved return to work planning <input type="checkbox"/> 10. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings <input type="checkbox"/> 11. Workforce dashboard continuously monitored and acted on <input type="checkbox"/> 12. New Head of Workforce taken up post in March 2020 <input type="checkbox"/> 13. Developing ToR for Healthcare Staffing Oversight Group aligned to HRF. <input type="checkbox"/> Actions <input type="checkbox"/> 1. Set up Healthcare Staffing Oversight Board (preparations resumed) | High | Medium | K Sandilands | 30/09/2020 | Staff Governance Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|--|----------------------|---|----------------------|------------------------|------------|-------------|--|
| 1669 | Effective | 16/08/2018 | Compliance with Data Protection Legislation | There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties. <input type="checkbox"/> | Very High | Controls <input type="checkbox"/> 1. Extensive range of Information Security policies and procedures <input type="checkbox"/> 2. Established governance arrangements for the management of Information Governance <input type="checkbox"/> 3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee (Associate Medical Director) <input type="checkbox"/> 4. Established an Information Governance Team with 3 new IG Support roles. In April 2019 a further two IG roles have been approved to provide support for General Practice. <input type="checkbox"/> 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. <input type="checkbox"/> 6. Communication plan in place to ensure key message. <input type="checkbox"/> 7. Training - Learnpro modules on information security have been developed progress is being monitored by GDPR Programme Board - reporting to IG Committee. <input type="checkbox"/> 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. <input type="checkbox"/> 9. IG Breach incident recording and reporting through IG Committee. <input type="checkbox"/> Action <input type="checkbox"/> 1. Development and Implementation of an IG Dashboard almost complete (expected September 2020) <input type="checkbox"/> 2. Testing of dashboard at the September 2020 IG Committee <input type="checkbox"/> <input type="checkbox"/> | High | Medium | D Wilson | 30/09/2020 | Healthcare Quality Assurance & Improvement Committee |
| 1702 | Safe | 12/10/2018 | Impact From Failure of Clinical Waste Management Contractors to Uplift Clinical Waste as Specified | There is a risk that as NHSL move out of transition arrangements to the new clinical waste contract, there is the potential for compliance issues resulting from the time required to release staff for training. | Very High | Controls <input type="checkbox"/> 1. Full transition plan with timeline set out and agreed for implementation. <input type="checkbox"/> Action: <input type="checkbox"/> 1. Monitor implementation of the new contract | High | Low | C Lauder | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|---|----------------------|---|----------------------|------------------------|------------|-------------|---|
| 1703 | Safe | 18/10/2018 | Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances. | There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity. | High | Controls <input type="checkbox"/> 1.Scottish Government Strategic Resilience Direction / Guidance <input type="checkbox"/> 2.Designated Executive Lead <input type="checkbox"/> 3.NHSL Resilience Committee <input type="checkbox"/> 4.Local Business Continuity Plans <input type="checkbox"/> 5.Local Emergency Response Plan <input type="checkbox"/> 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions <input type="checkbox"/> 7. Seek national support for these low frequency high impact potential situations <input type="checkbox"/> 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles <input type="checkbox"/> 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines <input type="checkbox"/> 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. <input type="checkbox"/> Action <input type="checkbox"/> 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination. | High | Low | G Docherty | 30/09/2020 | Population Health Community & Primary Care Governance Committee |
| 1710 | Safe | 15/11/2018 | Public Protection | There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL. <input type="checkbox"/> | Medium | Controls <input type="checkbox"/> 1. New service model fully implemented for a Public Protection Team with new infrastructure, effective from January 2020. <input type="checkbox"/> 2. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals <input type="checkbox"/> 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. <input type="checkbox"/> 4. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues. <input type="checkbox"/> 5. Designated Child Health Commissioner <input type="checkbox"/> 6. Public Protection Strategic Enhancement Plan revised annually and overseen through the Public Protection Forum <input type="checkbox"/> 7. Maintain prioritisation and supervision for high risk areas/ cases during COVID-19 pandemic as some elements of service are deferred. <input type="checkbox"/> | High | Medium | E Docherty | 30/09/2020 | Healthcare Quality Assurance & Improvement Committee |

Risk Register Lead: Mrs H Knox, Interim Chief Executive

CORPORATE RISK REGISTER - SEPTEMBER 2020

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|---|----------------------|---|----------------------|------------------------|------------|-------------|---------------------------------------|
| 1724 | | 10/12/2018 | Delay in Progressing the Monklands Replacement Project | There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government. | High | <p>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.□</p> <p>2.The Monklands Project Team have implemented the recommendations from the Independent Review and provide regular updates to the Chief Executive via MROB.□</p> <p>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.□</p> <p>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. □</p> <p>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.□</p> <p>□</p> | High | Medium | H Knox | 30/09/2020 | Monklands Replacement Oversight Board |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|-----|---------------------|-------------|--|--|----------------------|--|----------------------|------------------------|------------|-------------|--|
| 659 | Effective | 01/08/2009 | Failure to deal effectively with major emergency | There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality. | Very High | Controls <input type="checkbox"/> 1 Major Emergency Plan <input type="checkbox"/> - Resilience Group meets regularly to review actions <input type="checkbox"/> - Evaluate and review Plan regularly. <input type="checkbox"/> - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) <input type="checkbox"/> 2 COMAH sites major incident plans <input type="checkbox"/> - Monitor, evaluate and revise site plans <input type="checkbox"/> - Ensure Public Health staff aware of specific responsibilities <input type="checkbox"/> 3 Staff education and training <input type="checkbox"/> - Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module. <input type="checkbox"/> - Monitor, evaluate and revise education and training <input type="checkbox"/> 4 NHSL exercises <input type="checkbox"/> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> 5 Multi-agency exercises <input type="checkbox"/> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> 6 Joint Health Protection Plan <input type="checkbox"/> 7 BCP plans tested at Corporate and Divisional level <input type="checkbox"/> 8 Multi-agency monitoring Group <input type="checkbox"/> 9 Lessons learned from national exercise 'Safe Hands', mass casualty testing 'Boarder Revier' and the CMT tabletop exercise (30th October 2017) <input type="checkbox"/> 10 Completed Review of the NHSL Resilience Group function and Term of Reference <input type="checkbox"/> 11 The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place. <input type="checkbox"/> 12 Development/ Refresh of Primary Care Mass Casualty Plans. <input type="checkbox"/> 13 Through the NHSL Resilience Group, there is commissioning with oversight of: <input type="checkbox"/> internal audit <input type="checkbox"/> GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents <input type="checkbox"/> Continuous self-audit <input type="checkbox"/> 14. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed | High | Medium | G Docherty | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|--|----------------------|---|----------------------|------------------------|------------|-------------|--|
| 1364 | Safe | 09/11/2015 | Risk of cyber-attack in respect of stored NHS data | There is an increased risk of opportunistic malicious intrusion into data stored on NHS 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 NHS to have significant service disruption and impact adversely on the organisational reputation. | High | Controls <input type="checkbox"/> 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 <input type="checkbox"/> 2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. Our security provider has confirmed that the features enabled across our estate would prevent a Cyber Attack which we experienced in May and August 2017. This work is complete. We will continue to undertake monthly reviews with our security provider to ensure the products are fine-tuned and our staff are fully trained. <input type="checkbox"/> 3. The firewall changes at UHH were implemented week ending 27th of April. Changes at UHM have passed local change control <input type="checkbox"/> 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. <input type="checkbox"/> 5. Development of a local action plan to address the findings and recommendations recorded through the completed Significant Adverse Event Review (SAER), approve action plan through CMT and implementation overseen through the eHealth Executive Group <input type="checkbox"/> 6. Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams. <input type="checkbox"/> 7. Higher vigilance and continuous briefing on minimising malicious cyber-attack during COVID-19 response and recovery phase <input type="checkbox"/> 8. Penetration testing with third party specialist contract completed with action plan <input type="checkbox"/> 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 <input type="checkbox"/> Actions <input type="checkbox"/> | High | Low | D Wilson | 30/09/2020 | Healthcare Quality Assurance & Improvement Committee |

Risk Register Lead: Mrs H Knox, Interim Chief Executive

CORPORATE RISK REGISTER - SEPTEMBER 2020

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|--|----------------------|--|----------------------|------------------------|------------|-------------|---|
| 1379 | Effective | 14/12/2015 | Delayed Discharge Performance and Impact | There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan. | High | Controls - <input type="checkbox"/> 1.CMT have continuous oversight of performance, reasons for delays and discuss action <input type="checkbox"/> 2.Planned Date of Discharge rolled out across whole Hairmyres site <input type="checkbox"/> 3.Pan-Lanarkshire PDD implementation group now in place <input type="checkbox"/> 4.Weekly site PDD implementation groups in place involving both acute and partnership staff <input type="checkbox"/> 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"/> 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"/> 7.Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date <input type="checkbox"/> 8.Winter plan for 2020/2021 is based on a whole system basis <input type="checkbox"/> Action <input type="checkbox"/> 1 Monitoring though CMT and CE Quarterly Performance Reviews <input type="checkbox"/> | Medium | Medium | H Knox | 30/11/2020 | Population Health Community & Primary Care Governance Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|---|---|----------------------|---|----------------------|------------------------|------------|-------------|--|
| 1661 | Safe | 12/07/2018 | European Union Exit (Brexit) Impact on NHSL | Brexit presents a level of risk that is not containable by NHS Lanarkshire alone, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services across NHSL. | High | Control <input type="checkbox"/> 1. SG Communication with all Boards on EU Withdrawal Issues <input type="checkbox"/> 2. SG Operational Readiness for EU Withdrawal Checklist has been completed and returned to SG (used at CE development day) <input type="checkbox"/> 3. Implementation of the 'settled scheme status' for EU citizens <input type="checkbox"/> 4. Communication plan through HR on supporting and communicating with EU staff <input type="checkbox"/> 5. NHSL SLWG completed and returned SG assessment tools <input type="checkbox"/> 6. NHSL Business Continuity / Resilience Plans continuously being tested in advance of final deal and on-going <input type="checkbox"/> 7. NHSL have agreed that a collaborative approach will be taken with the other West of Scotland <input type="checkbox"/> NHS Boards to work together to help address the risks / impacts associated with Brexit and on-going <input type="checkbox"/> 8. NHSL European Union Exit Short Life Working Group set up and can be re-instated at short notice. <input type="checkbox"/> 9. Resilience Training through CMT completed 18th February 2019 and 4th March 2019 <input type="checkbox"/> 10. Maintain live incident status but in suspension with updating of the EU Withdrawal Command & Control with webpage updating <input type="checkbox"/> 11. Dedicated EU Withdrawal page on Firstport with contemporary information regarding exit plans <input type="checkbox"/> 12. Co-ordinated issue and risk process local to NHSL and for reporting to Scottish Government, although suspended in the interim until there are any further developments/decisions <input type="checkbox"/> 13. Standing agenda item on CMT with continuous oversight of emerging issues <input type="checkbox"/> 14. Update paper to the Board of NHS Lanarkshire prepared for August 2019 with refresher training for all executive Directors and review of all high and very high graded risks. <input type="checkbox"/> 15. Assessment of level of preparedness reported to Scottish Government September 2019. <input type="checkbox"/> 16. Roadshow events scheduled for October have commenced <input type="checkbox"/> | Medium | Medium | H Knox | 30/12/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|--|----------------------|--|----------------------|------------------------|------------|-------------|--|
| 286 | Effective | 01/04/2008 | Adequacy of capital & recurring investment for Monklands | There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as <input type="checkbox"/> a) Monklands is an ageing property / facility <input type="checkbox"/> 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. <input type="checkbox"/> 1. Detailed risk assessment of Monklands estate issues <input type="checkbox"/> 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority <input type="checkbox"/> 3. Monklands Investment Programme Board established to oversee the process <input type="checkbox"/> 4. Framework partner appointed to work through phases of estates work. <input type="checkbox"/> 5. Progression of Monklands Hospital Replacement / Refurbishment Project, Initial Agreement (IA) approved through SG with agreement to move to Outline Business Case (OBC). <input type="checkbox"/> 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 | Board on behalf of Planning Performance & Resource Committee |
| 1728 | Effective | 07/02/2019 | Four Seasons Health Group | There is a risk that critical contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, a position exacerbated by COVID-19, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an urgent need to enable alternative provision | High | Controls - the key controls at present is the NHSL mobilisation plan, noting work to date through the controls below: <input type="checkbox"/> 1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate <input type="checkbox"/> 2. Homes affected placed on additional monitoring by SW QA team <input type="checkbox"/> 3. Communication channels opened with COSLA and Care Inspectorate with a NHSL representative <input type="checkbox"/> 4. Locality teams informed and undertaking service user reviews to further monitor maintenance of quality provision <input type="checkbox"/> 5. Historically strong Care Inspectorate grading's across both facilities and no management changes at either home at present time <input type="checkbox"/> 6. NHSL Full Capacity protocol <input type="checkbox"/> 7. Contingency Plan for relocation <input type="checkbox"/> | Medium | Medium | R McGuffie | 31/12/2020 | Board on behalf of Planning Performance & Resource Committee |
| 1800 | Effective | 01/08/2019 | Effective Engagement with Internal and External Stakeholders | There is a risk that NHSL fails to optimise engagement with internal and external stakeholders in the pursuit of its objectives, with the potential for adverse reputation and delay in progressing strategic objectives. | Medium | Controls <input type="checkbox"/> 1. Application of Chief Executive Letter CEL (2010) 4 <input type="checkbox"/> 2. Approved NHSL Communication & Engagement Strategy <input type="checkbox"/> 3. Intensive communication planning & briefing through the COVID-19 pandemic response and recovery period <input type="checkbox"/> Action <input type="checkbox"/> 1. Monitoring of the effectiveness of the Communication & Engagement Strategy <input type="checkbox"/> | Medium | Low | C Brown | 30/12/2020 | Board on behalf of Planning Performance & Resource Committee |

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|---|--|----------------------|--|----------------------|------------------------|------------|-------------|--|
| 1684 | Safe | 06/09/2018 | NMAHP Contribution to Good Corporate Governance | There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL. | High | Controls <input type="checkbox"/> 1. Continuance with the developments set out through the NMAHP Strategic Leaders Summit <input type="checkbox"/> 2. Improved Professional Governance Infrastructure eg NMAHP PGG <input type="checkbox"/> 3. Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance <input type="checkbox"/> 4. Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit. <input type="checkbox"/> 5. Workforce Governance Gap Analysis for minimum dataset <input type="checkbox"/> 6. NMAHP Professional Governance Group to have oversight of all initiatives, set out in a dedicated PID template highlighting areas of change, reason, expected outcomes, value for money <input type="checkbox"/> Action: <input type="checkbox"/> 1. Development and implementation of a Professional escalation process <input type="checkbox"/> <input type="checkbox"/> | Medium | Low | E Docherty | 31/12/2020 | Healthcare Quality Assurance & Improvement Committee |
| 1898 | Effective | 13/05/2020 | Maintenance of Good Governance During Emergency Footing in Response to Covid-19 Pandemic | There is a risk that existing Governance arrangements will not provide the Board with the necessary assurance and oversight of the response to COVID-19 and that the Senior Leadership Team will be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continue to service existing Governance arrangements and the range of Governance Committees. | Medium | Controls <input type="checkbox"/> 1. Review of governance arrangements and capacity to maintain existing arrangements <input type="checkbox"/> 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"/> 3. Implementation of the preferred option effective from 29th April <input type="checkbox"/> <input type="checkbox"/> Action <input type="checkbox"/> 1. Reflection and continuous review on effectiveness of preferred option. <input type="checkbox"/> 2. Assessment of governance gaps/risks through the Audit Committee scheduled for May/June 2020. | Medium | Medium | H Knox | 30/11/2020 | Board |
| 1899 | Safe | 13/05/2020 | Safe, Effective and Efficient Recovery of Services Whilst Managing Residual Covid-19 Flow | There is a risk that recovery of services may not be progressed as expected due to the residual impact from Covid-19; increasing incidence and prevalence of community level of Covid-19; Test & Protect; the requirement for zoning and safe distancing; hot and cold flows through hospital care; management and increased demand for some services (eg renal, respiratory and psychological services) resulting from complications of Covid-19, that could all impact on the overall delivery of safe, effective and person-centred care across NHSL. | High | Controls <input type="checkbox"/> 1. Strategic approach to safe recovery overseen through a new Response, Recovery & Redesign Oversight Group with approved ToR and process to enact whole system recovery, inaugural meeting 7th May 2020. <input type="checkbox"/> 2. Clinical Modelling in collaboration with Strathclyde University <input type="checkbox"/> 3. Revised governance arrangements implemented <input type="checkbox"/> 5. Revised command & control arrangements <input type="checkbox"/> Action <input type="checkbox"/> 1. Continuous monitoring through daily Sitrep. | Medium | Medium | H Knox | 30/09/2020 | Board on behalf of Planning Performance & Resource Committee |

Risk Register Lead: Mrs H Knox, Interim Chief Executive

CORPORATE RISK REGISTER - SEPTEMBER 2020

| ID | Corporate Objective | Opened Date | Title | Description of Risk | Risk level (initial) | Mitigating Controls | Risk level (current) | Risk level (tolerance) | Risk Owner | Review Date | Assurance sources |
|------|---------------------|-------------|--|--|----------------------|---|----------------------|------------------------|------------|-------------|--|
| 1911 | Effective | 10/06/2020 | Potential For Increased Claims Post Covid-19 | There is a risk that there will be an increase in claims lodged post Covid-19 with the potential to adversely impact on the CNORIS premium. | Medium | Controls: <input type="checkbox"/> 1. Maintain current claims systems <input type="checkbox"/> 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 | Effective | 15/07/2020 | Timeous Recovery Information and Managing Expectations | There is a risk that service recovery information is not disseminated timeously as services require some transition time from approval of recovery to enactment with the potential to adversely impact on the expectations of the public and the reputation of NHSL. | Medium | Controls <input type="checkbox"/> 1. Oversight of Communication issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication <input type="checkbox"/> 2. Firstport site with weekly listing of services in recovery <input type="checkbox"/> 3. Weekly listing of services in recovery on the public website <input type="checkbox"/> 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 | Board on behalf of Planning Performance & Resource Committee |