

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
1990	Effective	21/01/2021	Ability of NHS Lanarkshire to realise the required savings within year 2021/22 and deliver a balanced budget	There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2021/22 and deliver a balanced budget whilst maintaining essential services, meeting legislative requirement and meeting additional costs related to the continuing Covid-19 pandemic.	Very High	<p>Controls</p> <ol style="list-style-type: none"> Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through the management of the Covid pandemic Continue with intelligence gathering and scenario planning Finance framework developed for redesign and recovery Financial modelling including predictions on Covid expenditure <p>Actions</p> <ol style="list-style-type: none"> Re-assess the financial position after Quarter 1 	Very High	High	30/09/2021	Laura Ace	Planning, Performance and Resource Committee (PPRC)
2066	Safe	09/08/2021	Ability to communicate effectively the service delivery of Community & Primary Care Services post further easing of restriction	There is a risk that public & media perception and understanding of the lifting of restrictions expected on 9th August 2021 results in a significant further pressure on Community and Primary Care Services to deliver safe & sustainable services within the current SG guidelines as the expectations are likely to be the resuming of delivery of services to pre-pandemic position. This has the potential to result in dissatisfaction and adverse impact on staff and the reputation of NHSL.	High	<p>Controls</p> <ol style="list-style-type: none"> Consistent & clear communications to be delivered including <ol style="list-style-type: none"> National and local guidance on attendance at any public / healthcare premise, including attending on own. Use of PPE and face covering for patients & staff. Environmental walkrounds to assess physical adaptations/changes and undertake adaptations as necessary. Social media assets - creation of assets to be issued before and after 9 August Video Message - creation of a video message from a frontline member of staff News release - story to be issued reminding people to be aware of the differences re infection control in healthcare settings 	High	Medium	30/09/2021	Calvin Brown	Planning, Performance and Resource Committee (PPRC)
1989	Effective	21/01/2021	Ability to Maintain a Workforce Commensurate with the Need to Suppress Covid, Deliver Vacc Programme, Recover & Remobilise	There is a risk that NHSL will not be able to sustain and maintain the necessary workforce to meet the changing priorities and demands in responding to Covid-19 cases and contacts, mass vaccination programme and recovery and remobilisation, with the potential to adversely impact on patient, staff and continuity of services.	Very High	<p>Controls:</p> <ol style="list-style-type: none"> Prioritising of and stepping down of services, releasing staff Measured management of all leave whilst maintaining wellbeing Responsive recruitment Managing staff availability to vire across services Redeployment of staff to priority areas within skill sets Strategic Staff Health & Wellbeing Committee New SLWG for Wellbeing with targetted approach for immediate actions 	Very High	Medium	30/09/2021	Kay Sandilands	Staff Governance Committee (SGC)

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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	<p>Controls</p> <ol style="list-style-type: none"> 1. Reconfiguration of service to maintain response to COVID-19' and recovery of GP services including: <ul style="list-style-type: none"> 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 continuous waves/surge of Covid-19, imminent winter pressures and the mass vaccination programme. 	High	High	31/08/2021	Heather Knox	Population Health and Primary Care Committee
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 delays experienced for onwards movement of patients 'fit for transfer' to care homes, those requiring care at home, exacerbated by rising cases of Covid and high demand. This has the potential to impact on continuing recovery of services, ability to meet the 'routine' demand, and the anticipated higher demand required for response to both Covid-19 and patients that are within the waiting times for diagnostics and/or treatment.	High	<p>Controls</p> <ol style="list-style-type: none"> 1. Continuous monitoring and oversight of delayed discharges with a focus on the PDD 2. NHSL support to care homes through liaison service, including infection control / outbreak advice & support, access to staff banks 3. Cohorting of 'shielded' patients and review of cohorting of patients awaiting testing results 4. Testing for Care Home residents and Staff 5. Preparation for intermediate care /step down beds at other non-acute hospital sites across NHSL, however, this is workforce availability dependent 6. Continuous viring for maintaining delivery of services in NHSL 7. Standing down some non-urgent services 	Very High	High	30/09/2021	Judith Park	Population Health and Primary Care Committee
286	Effective	01/04/2008	Adequacy of capital & recurring investment for Monklands	<p>There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as</p> <ol style="list-style-type: none"> a) Monklands is an ageing property / facility b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified. 	High	<p>Controls - in 2021/22 the need to play in hospital space and support resource to the immediate threats from COVID-19 is likely to slow the planned maintenance programme which will reduce the risk of running out of capital.</p> <ol style="list-style-type: none"> 1. Detailed risk assessment of Monklands estate issues 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority 3. Investment programme overseen through the Capital Investment Planning Group (CIG) 4. Framework partner appointed to work through phases of estates work. <p>Actions</p> <ol style="list-style-type: none"> 1. Evaluate the capital plans to include additional requirements for Covid-19 2. Evaluate the capital plans in 3 years (2023) 3. Progression to Outline Business Case (OBC) 	Medium	Medium	31/01/2022	Laura Ace	Planning, Performance and Resource Committee (PPRC)

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623	Effective	01/06/2009	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19, including new wave	<p>There is a risk that NHSL will not have the capacity to respond to a continuing third 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. 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 / third 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 now well advanced 12. Staff on re-deployment register have been re-deployed to the T&P team 13. Strathclyde Modelling 	Very High	Medium	31/08/2021	J Logan for Gabe Docherty	Population Health and Primary Care Committee
1905	Safe	21/05/2020	Change in the Scottish Fire & Rescue Service Response	<p>The wider application of the SFRS UFAS policy has resulted in a reduction of the pre-determined attendance of fire appliances to community health centres from two appliances to one. This pre-determined attendance would be increased to normal levels on confirmation that the fire alarm activation is the result of an actual fire. The absence of suitable arrangements within health centres to investigate the cause of alarm and provide a confirmation call to SFRS using the 999 system presents a risk to staff, patients and visitors.</p>	High	<p>Controls & Actions</p> <ol style="list-style-type: none"> 1. Senior Site Responsible Person to identify suitable staff who can investigate the cause of a fire alarm activation and, when confirmed that it is an actual fire, to provide a back up call to SFRS 2. NHSL Fire Safety Team to provide suitable training in order that the task detailed under point 1 above can be fulfilled 3. These requirements should be underpinned by NHSL Fire Safety Policy, which is currently subject to review by the Senior Fire Adviser. 	Medium	Medium	31/12/2021	Colin Lauder	Planning, Performance and Resource Committee (PPRC)

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1669	Effective	16/08/2018	Compliance with Data Protection Legislation	There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Extensive range of Information Security policies and procedures known as Information Security Management System (ISMS) 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 4. Established an Information Governance Team 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. Continuous review of the dashboard and improvements as identified. This dashboard is reviewed at each IG Committee meeting. <p>Actions</p> <ol style="list-style-type: none"> 1. Dashboard continuous under review with aim to develop further 2. Currently reviewing incident management processes 3. Improving assurance reporting format to include types of IG incidents, themes of incidents occurring, actions taken and lessons learned. 4. During CV-19 period a high volume of DPIAs were approved through an abbreviated process covering an initial period of up to 12 months. Full review 	Medium	Low	28/02/2022	Donald Wilson	Healthcare Quality Assurance and Improvement Committee (HQAIC)

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1832	Safe	11/11/2019	Compliance with the Health & Care (Staffing) (Scotland) Bill : 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	<p>Controls</p> <ol style="list-style-type: none"> 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 (Covid dependent) 3. 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 4. GP sustainability action plan in place through the Primary Care Implementation Plan (Covid dependent) 5. 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) 6. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL 7. 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. 8. HR oversight and intensive support in managing sickness / absence with improved return to work planning 9. Review and monitoring of site deployment of supplementary staffing, through Bankaide, across all care settings 10. New workforce dashboard implemented and continuously monitored and acted on 11. New Workforce Planning Group set up with ToR (progress impacted by Covid-19) 12. Workforce planning aligned to rapid changes and redesign of services in 	High	Medium	28/10/2021	Kay Sandilands	Staff Governance Committee (SGC)
1992	Effective	25/01/2021	Continuous Covid-19 Pandemic Response & Impact on Routine Public Health Function	There is a risk there will be loss of continuity of management and oversight of essential public health functions (screening, immunisation, BBV, health protection, non-covid epidemiology and surveillance, resilience) due to public health resource being prioritised to the pandemic response as covid-19 continues to mutate and spread. This has the potential to adversely impact on population health outcomes, identification and early alert to non-covid emerging health protection issues and widening of health inequalities.	High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Investment for General Manager position, with appointment of interim GM 2. RAG assessment of all public health functions outlining controls in place 3. National lockdown with expected +ve impact 4. LRP oversight with EHO engagement and local authority/ community actions 5. National and local media campaigns for societal and behaviour measures 6. Commencement of frequent business meetings 7. Engagement with BMA with planned development sessions to enable review of PH Strategy and Modified Business Model <p>Action:</p> <ol style="list-style-type: none"> 1. PH review process continuing to review job planning and a modified business plan in preparation for a 'new normal' way of working. 	High	High	29/10/2021	J Logan for Gabe Docherty	Population Health and Primary Care Committee

Accurate As At 11th August 2021

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1379	Effective	14/12/2015	Delayed Discharge Performance and Impact	There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan.	High	Controls - 1.CMT have continuous oversight of performance, reasons for delays and discuss action 2.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. Acceleration of PDD and upstream actions through Gold Command during critical period July 2021. Action 1 Monitoring though CMT and CE Quarterly Performance Reviews	High	Medium	29/10/2021	Heather Knox	Population Health and Primary Care 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 1. Lanarkshire Resilience Partnership Oversight Board 2. NHSL Test & Protect group with public health tactical group 3. NHSL Priority Testing Plan 4. NHSL laboratory capacity has been increased 5. National Mutual Aid Agreement 6. Additional recruitment to the PH Department 7. Monitoring of a set of indicative measures (KPI's) 9. Increase in T&P workforce capacity achieved with redesign of the T&P service model implemented. Actions 1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround	Medium	Medium	31/01/2022	J Logan for Gabe Docherty	Population Health and Primary Care Committee
2062	Effective	19/07/2021	Development of the new healthcare strategy, Our Health Together	There is a risk that there is an inability to resource strategy/services due to current Covid pressures and capacity across the whole system, adversely impacting on the progression of the development of the new Strategy: Our Health Together	High	Controls 1. Review of current status of individual work streams monitored via SDT on a bi-monthly basis.	High	Medium	29/10/2021	Colin Lauder	Planning, Performance and Resource Committee (PPRC)

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659	Safe	01/08/2009	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.	Very High	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:	Very High	Medium	31/08/2021	J Logan for Gabe Docherty	Planning, Performance and Resource Committee (PPRC)
1984	Safe	19/01/2021	Impact From Stepping Down Non-Urgent Services	There is a risk that as NHSL has to step down non-urgent services to respond to the increasing trend and severity of Covid-19 in wave 3, delays in diagnostics and treatment will be experienced by some patients	High	Controls 1. Maintaining all cancer services 2. Maintaining essential services 3. Full communication plan utilising the range of social media to keep the population and staff of Lanarkshire fully updated 4. Performance monitoring 5. Management and review of adverse events	High	Medium	30/10/2021	Judith Park	Healthcare Quality Assurance and Improvement Committee (HQAIC)

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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	<p>Controls</p> <ol style="list-style-type: none"> 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 March 2022 8. Continuous monitoring through the Covid -19 Tactical Care Assurance Group 9. SG has confirmed additional funding through to the new extended period of support until March 2022. 	Medium	Medium	31/01/2022	Eddie Docherty	Healthcare Quality Assurance and Improvement Committee (HQAIC)
2044	Safe	28/05/2021	Insufficient preparation for large scale event COP26 being held in Scotland	<p>Due to proximity of the planned date and lack of information and detail regarding the arrangements for COP 26 there is a risk that NHS Lanarkshire may be underprepared for potential impacts associated with this global event being hosted in Scotland.</p> <p>NHS Lanarkshire have been informed we will be required to provide Scottish Government with a preparedness statement.</p>	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. SBAR prepared for CMT highlighting known detail of the event. 2. NHS Lanarkshire has adopted a planning assumption that the event goes ahead as expected in its fullest planned format. 3. NHS Lanarkshire have established a preparatory group to consider key areas of preparation in the absence of confirmed information and planning assumptions. 4. CMT receive regular progress reports. 5. NHS Lanarkshire are liaising with multi-agency partners through established Resilience fora. 6. NHS Lanarkshire have, at the Scottish Government Health Resilience Unit Forum, raised that we would have welcomed being involved in planning workshops held. It was also requested that information be supplied and remove the need to seek information. A monthly update is being considered. 7. NHS Lanarkshire, at the strategic Regional Resilience Partnership Forum, have requested a dedicated briefing session. 	Very High	High	30/09/2021	M Gordon for Gabe Docherty	Population Health and Primary Care Committee

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2060	Safe	14/07/2021	Maintaining Organisation Resilience	There is a risk that the overall resilience of NHSL could be compromised due to the continuing waves of Covid requiring change to service demands whilst there are workforce issues creating difficulty in recovery.	Medium	<p>Controls</p> <ol style="list-style-type: none"> 1. Resilience & site/area business continuity planning 2. Redesign of Urgent Care Nationally and Locally, including Community Assessment Centres 3. Investment for recruitment to Test & Protect & Public Health Teams 4. Major Incident Planning with Protocols 5. In 'live' Strategic Command for Covid-19 pandemic 6. Review of performance targets with SG 7. Programme for staff wellbeing 8. Continuous monitoring of staff sickness /absence 9. Full capacity Protocol <p>Actions</p> <ol style="list-style-type: none"> 1. Planned incident debriefing and lessons learned 	Medium	Medium	28/10/2021	Heather Knox	Planning, Performance and Resource Committee (PPRC)
2058	Safe	14/07/2021	Managing Public Expectations as Services Are Stepped Down and Recovered	There is a reputational risk emerging around managing public expectations for access to services (in particular primary care GP services) and recovery of elective services as the current wave of the pandemic continues to require some services to be stepped down and recovered in response to each Covid wave.	High	<p>Controls</p> <ol style="list-style-type: none"> 1. Recovery Communication Plan with a focus on access to Primary Care Services 2. Oversight of Communication and Engagement issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication 3. Firstport site with weekly listing of services in recovery 4. Weekly listing of services in recovery on the public website 5. Internal process on timeous preparation of the communication of services being stepped down, or in recovery 6. Continuous updating of staff covid section on the NHSL public website to improve access 7. Proactive media and social medial communications, both local and national. 	High	Medium	29/10/2021	Calvin Brown	Planning, Performance and Resource Committee (PPRC)
1988	Effective	21/01/2021	Medium to long term impact on Health from EU Withdrawal	There is a risk that that there is still uncertainty of the medium and long term impact on the NHS due to EU Withdrawal, with the potential to have disruption of the supply chain, but also the economic impact that could adversely impact on health inequalities creating higher demand on the NHS or incite public disorder impacting on healthcare.	Medium	<ol style="list-style-type: none"> 1. Continuous oversight and management of all supply chains locally and with the National Centre 2. Early escalation of, and continuity planning for disruption to supply chains 3. Health surveillance over time concurrent with socio-economic changes 	Medium	Medium	29/10/2021	Heather Knox	Population Health and Primary Care Committee
1974	Safe	14/12/2020	NHSL Properties with Reinforced Autoclaved Aerated Concrete (RAAC) and Impact from HFS Survey	There is a risk that as surveys of the identified NHSL properties built with reinforced autoclaved aerated concrete (RAAC), as commissioned by Health Facilities Scotland (HFS), are progressed there is the potential that there will be the requirement to undertake immediate remedial work at significant financial cost and disruption to service as the work is completed.	High	<p>Controls</p> <ol style="list-style-type: none"> 1. PSSD commissioned early review with external company 2. CIG informed of the position and preparedness for Stage 1, moving to Stage 2 <p>Actions</p> <ol style="list-style-type: none"> 1. NHSL is commissioning a local survey with investment, to have this completed by November 2021. 	High	Medium	29/10/2021	Colin Lauder	Planning, Performance and Resource Committee (PPRC)

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1987	Safe	21/01/2021	Pathway For The 111 Service As Part of the Redesign of Urgent Care to Meet Call Demand for NHSL	There is a risk the change to new 111 service cannot meet the demand of patients due to workforce issues that could potentially adversely impact on patient outcome and impact on the Emergency Departments, negating the purpose of the 111 service.	High	1. Continuous monitoring and feedback to NHS 24 2. Established lines of communication and national meetings to oversee and resolve issues 3. Public awareness heightened regarding the change in service.	Medium	Medium	30/01/2022	Colin Lauder	Planning, Performance and Resource Committee (PPRC)
1912	Person Centred	11/06/2020	Potential for Increase in Number of Complaints	There is the potential for an increase in the number of complaints received as a consequence of an expectation that services will return to normal capacity which will currently not be possible. There is a risk that the standards for response may not be met if demand exceeds capacity.	High	Controls: 1. Maintain existing systems for the management of complaints 2. Continuous monitoring of changes in number and/or types of complaints 3. Oversight through 'huddle' at CMT	Medium	Medium	31/01/2022	Eddie Docherty	Healthcare Quality Assurance and Improvement Committee (HQAIC)
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 and overwhelm current capacity to manage claims.	Medium	Controls: 1. Maintain current claims systems 2. Monitor over a longer period of time to identify increase in numbers and types of claims locally 3. Quarterly meetings with Board Secretary and CLO to share intelligence on position for number and nature of claims across Scotland.	Medium	Medium	29/01/2022	Paul Cannon	Planning, Performance and Resource Committee (PPRC)
2030	Safe	17/05/2021	Potential Impact From Rising Cases of the New Delta Covid Variant	There is a serious threat to Covid suppression and healthcare recovery due to an emerging variant of Covid (Delta Variant) that is highly virulent/transmissible with uncertainty of protection from the current vaccination. This has the potential to adversely impact on the population and subsequently overwhelm NHSL healthcare services.	High	1. Increase population testing programme 2. Trace contacts of contacts with advice on isolating 3. Maintain current infrastructure for managing Covid-19 cases 4. Minimise Hospital / Healthcare premise visiting and attendance 5. Manage access to hospital and promote 'Test To Protect' through meet & greet staff 6. Consider implementation of asymptomatic lateral flow testing prior to hospital visiting and/or attendance 7. Accelerate vaccination programme, including bringing forward 2nd dose from 12 week schedule to 8 week schedule and target high risk areas for transmission; lower uptake areas & age specific groups 8. Targeted / combined communication plan for national and local restrictions and safety measures to be taken 9. Continuous surveillance, including respiratory calls logged via the 111 service 10. Oversee through Strategic Command Actions 1. Continuous review of controls through SG direction and local decision - making to reflect the changing position	Very High	High	30/09/2021	Heather Knox	Population Health and Primary Care Committee

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2004	Safe	22/02/2021	Potential Impact On Patients Resulting From Disruption of Day to Day Clinical Care In Response To Covid Priorities	There is an emerging legacy recovery risk resulting from disruption to delivery of day to day clinical care as NHSL continuously responded to managing Covid-19 cases and preventing population spread of Covid-19. This has the potential to lead to unintended consequence for some patients with poorer outcomes and presents short, medium & longer term challenges for all in the recovery of services and expected health outcomes'	Very High	<ol style="list-style-type: none"> 1. Priority risk assessment of services aligned to the remobilisation plan 2. Early warning surveillance to enable preparedness for management of surges of cases / waves 3. Public Health Tactical Planning for early identification and suppression of Covid-19 4. Covid Vaccination Implementation Plan 5. NHS Scotland Partnership working across Special Health Boards and Independent Sector to maintain elements of service delivery 6. Alternative, safe ways of working/contact with patients eg Near Me 7. Workforce responsiveness & capacity planning (including partner agencies & independent sector) 8. Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints 9. Rapid investigation of emerging issues 10. Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy 	Very High	High	30/09/2021	Heather Knox	Healthcare Quality Assurance and Improvement Committee (HQAIC)
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	<p>Controls -</p> <ol style="list-style-type: none"> 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. Established appointments of Fraud Champion & Fraud Liaison Officer 3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts 4. Audit Committee receives regular fraud updates 7. Annual national fraud awareness campaign 8. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 9. Learning from any individual case 10. Enhanced Gifts and Hospitality Register 11. Procurement Workshops for High Risk Areas 12. Enhanced checks for 'tender waivers' and single tender acceptance 13. Increased electronic procurement that enables tamperproof audit trails 14. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitality Register 15. Annual Review with the National NHS Counter Fraud Services 16. Covid risk profile being built-into the NHSL Fraud Register 17. Distribution of relevant fraud updates 18. Communication through NHSL Info briefing 19. Internal Audit responsiveness to areas of concern identified through Directors/managers <p>Actions</p> <ol style="list-style-type: none"> 1 Continuous monitoring 	High	Medium	29/10/2021	Laura Ace	Audit Committee

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
2038	Effective	03/06/2021	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	There is a risk of disruption to the NHS Lanarkshire Labs Managed Service Contract, because the Laboratories Managed Service Contract (Labs MSC) is one of the most significant contracts that the Health Board has both in terms of annual value and clinical criticality and it has recently come to the end. This may result in providing an inadequate laboratory service and impact patient care.	Very High	<ol style="list-style-type: none"> SBAR prepared for Private Board Meeting, with agreement to progress the recommendations outlined in the paper; Agree to seek an extension to the current over-arching Labs Managed Service Contract until end of March 2023 to provide service continuity and ensure adequate time is there to pursue whichever procurement process is agreed Authorise the Labs Managed Service Contract Steering Group to commence structured, robustly-governed negotiations with Roche Diagnostics, with the intention of directly awarding a contract should an acceptable agreement be negotiated. The final award of any contract will remain conditional upon Board approval. Agree to the Project Resource costs that are set out in this paper in order to adequately resource the project <ol style="list-style-type: none"> Programme Manager appointed and took up post in June 2021. Progress of work will be monitored through DMT, CMT and PPRC. 	Very High	Medium	30/09/2021	Judith Park	Planning, Performance and Resource Committee (PPRC)
1710	Safe	15/11/2018	Public Protection	There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL.	Medium	<p>Controls</p> <ol style="list-style-type: none"> NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals 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. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues. Designated Child Health Commissioner Public Protection Strategic Enhancement Plan and Strategy revised annually and overseen through the Public Protection Forum Move to business as usual as services resume to normal level and retain and maintain throughout any subsequent acute waves of infection. 	High	Medium	29/10/2021	Eddie Docherty	Healthcare Quality Assurance and Improvement Committee (HQAIC)

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2014	Effective	13/04/2021	Recovery of Performance 2021 - 2022	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 2021/22.	Very High	<p>Controls</p> <ol style="list-style-type: none"> 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 July 2021 4. Remobilisation plan V4 in train for submission to Scottish Government October 2021, outlining what is achievable and tolerable. 5. Work undertaken to determine the number of people who are on waiting lists in primary, community, mental health, screening and acute services and develop means of consistent and appropriate prioritisation for treatment. 6. Resume recovery Coordination Group meetings 9/8/21 7. Develop risk based prioritisation for patients on waiting lists <p>Action</p> <ol style="list-style-type: none"> 1. Development of demand & capacity plans 2. Continue to monitor performance 	Very High	High	30/09/2021	Colin Lauder	Planning, Performance and Resource Committee (PPRC)
2057	Safe	14/07/2021	Reputation of NHSL in the Delivery of the Covid Booster Vaccination Programme	There is a risk of reputational harm to NHSL with regards to the delivery of the Covid Booster Vaccination Programme. This results from the logistics required to align with other winter vaccinations eg influenza, and changes to the delivery model and consequently designated centres. This has the potential to lead to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.	Medium	<ol style="list-style-type: none"> 1. Full communication and engagement plan including: <ul style="list-style-type: none"> -information to the general population on the booster vaccine and delivery model, continuing to promote the need for vaccination, and what to expect in terms of appointments and recall -a social media campaign -scheduling of communication through a range of methods to support the Covid booster vaccination delivery -a weekly MSP briefly to ensure they are informed 2. Maintain the network of Covid Champions in the Community with regular network/briefing meetings 3. Continuous monitoring of queries, issues, complaints with a managed process for responding 4. Executive and senior management attendance by invite to Community Boards/public meetings 5. Continuous oversight and management of risks and issues through the Communications Tactical Group 	Medium	Medium	14/12/2021	Calvin Brown	Planning, Performance and Resource Committee (PPRC)

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
1364	Safe	09/11/2015	Risk of cyber-attack in respect of stored NHSL data	There is an increased risk of opportunistic malicious intrusion into data stored on NHSL digital systems resulting from diversion of resources to respond to the COVID-19 pandemic that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.	High	<p>Controls</p> <ol style="list-style-type: none"> 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. New 'advanced' Firewalls have been procured to replace the main Firewalls at UHH and UHM. The installation will be complete by 31 July 2021. 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 and full penetration testing undertaken prior to implementation of the new MORSE system. 	High	Low	29/10/2021	Donald Wilson	Healthcare Quality Assurance and Improvement Committee (HQAIC)

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
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	<p>Controls</p> <ol style="list-style-type: none"> 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. Gap Analysis undertaken 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. <p>Action</p> <ol style="list-style-type: none"> 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination. 2. Participation in National Workshop to progress Powered Respirator Protective Suits (PRPS) training (August 2021) 3. Decontamination procedures being tested nationally as part of the overall COP26 preparations 	High	Low	30/09/2021	M Gordon for Gabe Docherty	Population Health and Primary Care Committee
2039	Safe	28/05/2021	Staff Fatigue, Resilience & Wellbeing	There is a risk that staff are extremely fatigued having come through 2 waves of Covid and there is an increased risk to staff resilience in a third wave. This could significantly increase staff absence and consequently reduce workforce capacity.	Very High	<ol style="list-style-type: none"> 1. Range of staff support services locally and nationally – SALUS, spiritual care, psychological services, PROMIS 2. Rest and recuperation areas 3. Peer support network 4. Strategic staff health and wellbeing group 5. New SLWG with targetted approach for immediate actions 	Very High	Medium	30/09/2021	Kay Sandilands	Staff Governance Committee (SGC)
285	Effective	01/04/2008	Standing risk that external factors may adversely affect NHSL financial balance	There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance eg significant changes to drug tariffs, superannuation and national insurance and other legislative changes eg care homes, safe staffing and pay awards, but increasingly backlog of activity will require to be managed on a rolling basis. For 2021/22 the COVID 19 pandemic will have a significant impact on the NHS's expenditure with uncertainty of the impact of Brexit.	High	<p>Controls</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. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs <p>Action</p> <ol style="list-style-type: none"> 1. Financial modelling 2. Continuous financial submissions to SG. 	Very High	High	30/09/2021	Laura Ace	Planning, Performance and Resource Committee (PPRC)

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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	In continuing to respond to Covid-19, the community assessment centre (now called Acute Respiratory Illness Centre - ARIC) is currently being retained impacting on the ability to maintain 2 site OOH model with the following in place: 1. BCP in place with planned redirection to A&E. 2. OOH daily huddles with Senior Management Team 3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. 4. OOH performance monitoring and reporting 5. Improved triaging jointly with NHS 24 (This has resulted in a significant reduction in the number of people requiring a face to face intervention.) 6. Recovery to 2 site model as and when staffing allows 7. Full project plan that includes workforce planning 8. Recruitment of salaried GP's ongoing. 9. Increased number of ANPs 10. Communication & engagement strategy 11. Implementation of revised salary scale for NHSL employed GP's and progression to go to advert with revised rate. Actions 1. Longer-term progression of convergence of urgent care and OOH care aligning to national model 2. Continuous dialogue with acute clinicians to support upstream OOH service	Very High	High	30/09/2021	Soumen Sengupta	Population Health and Primary Care Committee
2015	Safe	14/04/2021	Sustained Long Term Delivery of the Covid19 Vaccination & Booster Programme	There is a risk that NHSL will not be enabled to sustain longer term delivery of the Covid-19 vaccination programme including booster recall as expected due to workforce issues as other services recover and change to delivery model (location).	High	Controls 1. National priority framework 2. Local Planning process 3. Professional oversight group 4. Covid Tactical command group 5. Communication Plan 6. Continuous briefings to Board 7. Implementation Plan as reviewed through CMT and Gold Command Actions 1. Continuous review of, and agility in responding to a changing implementation plan dependent on situation 2. Early consideration of the required physical capacity moving towards booster programme.	High	Medium	28/10/2021	Jane Burns	Population Health and Primary Care Committee

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
2053	Safe	28/06/2021	Sustaining a workforce to operate Acute Respiratory Illness Centres (ARIC's) as expected within the extant directive by the SG	<p>There is continuously increasing risk that NHSL cannot continue to sustain a workforce to operate the Acute Respiratory Illness Centres (ARIC's) as expected within the extant directive by the SG.</p> <p>For a range of reasons, NHSL is experiencing loss of the necessary ANP's, GP fellows and GP's to maintain this service and there has been a change in the patients referred. Combined, these factors have the potential to impact adversely on clinical flow, more redirection and impact on all other services, including provision routine GP services.</p>	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Maintain current business continuity arrangements 2. Continuous update to CMT <p>Actions</p> <ol style="list-style-type: none"> 1. NHSL recommends any NHS 24 referrals be routed through the FNC. 2. Continuous discussion / local negotiation with GP Sub re stand down of pathway if routing through FNC is accepted 3. Liaison with SG informing on the criticality of the situation (await any changes to the directive and implement changes) 4. Continuous Monitoring of capacity, attendance and outcomes 	Very High	Medium	30/09/2021	Soumen Sengupta	Population Health and Primary Care Committee