NHS LANARKSHIRE
CORPORATE RISK REGISTER - FEBRUARY 2021

Risk Register Lead - Ms H Knox, Chief Executive

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level tolerance	Risk Owner	Review Date	Assurance sources

285	01/04/2008	Effective	Standing risk that external factors may adversely affect NHSL financial balance	There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance eg superannuation and national insurance and other legislative changes 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	Controls☐
						1. Regular Horizon Scanning☐
						2. Financial Planning & Financial Management☐
						3. Routine Engagement with external parties:☐
						    Regional planning☐
						    Scottish Government☐
						    Networking with other Health Boards☐
						4. Re-assessment of key risk areas e.g. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs☐
						Action ☐
						1. Financial modelling ☐
						2. Continuous financial submissions to SG.☐
						☐
							Very High	High	L Ace	31/03/2021	Planning Performance & Resource Committee _ Board in the interim

1450	14/11/2016	Safe	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.	Very High	Controls☐ 1. Reconfiguration of service to maintain response to COVID-19' and recovery of GP services including:☐ Community Assessment Centres☐ Video/Telephone Consultations with an increased capability for use of 'Near-Me'☐ 2. Review and recovery of the Primary Care Implementation Plan in view of the current response, management of continuous waves/surge of Covid-19, imminent winter pressures and the mass vaccination programme.☐ ☐	Very High	High	H Knox	31/03/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim

Accurate As At 9th February 2021

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1587	13/12/2017	Safe	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which has been exacerbated by the current COVID pandemic.	Very High	In continuing to respond to Covid-19, community assessment centres are being retained impacting on the ability to maintain 2 site OOH model with the following 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 □ 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□ 9. Increased number of ANP's□ 10. Communication & engagement strategy□ □ 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	V DeSouza	31/03/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim
1684	06/09/2018	Safe	NMAHP Contribution to Good Corporate Governance	There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.	High	Controls□ 1. Continuance with the developments set out through the NMAHP Strategic Leaders Summit□ 2. Improved Professional Governance Infrastructure eg NMAHP PGG □ 3. Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance□ 4. Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit.□ 5. Workforce Governance Gap Analysis for minimum dataset□ 6. NMAHP Professional Governance Group to have oversight of all initiatives, set out in a dedicated PID template highlighting areas of change, reason, expected outcomes, value for money□ 7. Partial implementation of a Professional escalation process aligned to safe staffing levels□ □	Very High	Low	E Docherty	26/03/2021	Healthcare Quality Assurance & Improvement Committee

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1871	30/03/2020	Effective	Recovery of Performance 2020 - 2021	There is a risk that NHSL will be unable to recover performance during the year re delivery of services resulting from significant change to existing service delivery in response to the COVID-19 pandemic and being placed on emergency footing by the SG as invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978. This will significantly impact on the strategic direction, outcomes and performance for 2020/21.	Very High	Controls ☐ 1. Work within the prioritised instructions set out by the SG whilst on emergency footing.☐ 2. Work within the NHSL strategic command and CMT planning, including mobilisation plan☐ 3. Chief Executive Performance Reviews resumed from June 2020, however are currently postponed to enable the necessary operational response to the increasing Covid demands.☐ 4. Performance plan for August 2020 - March 2021 with remobilisation plan submitted to Scottish Government, followed by detailed discussion on what is achievable and tolerable ☐ Action☐ 1.Continue to monitor performance☐ r☐	Very High	High	C Lauder	31/03/2021	Planning Performance & Resource Committee _ Board in the interim
1882	28/04/2020	Effective	Acute Sector Bed Capacity	There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwards movement of patients 'fit for transfer' to care homes (14 days isolation and 2 -ve tests pre transfer), protection of those shielded or at risk and are inpatients within acute wards and the number of care homes that are in outbreak situation and closed to admissions. This position can be exacerbated by the closure of wards in the acute hospitals due to high numbers of Covid-19 / outbreaks of infection. This has the potential to impact on continuing recovery of services, ability to meet the 'routine' demand, winter 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	Controls☐ 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.☐ 6. Implementation, roll-out and monitoring of Planned date of Discharge (PDD) initiative☐ 7. Continuous viring for maintaining delivery of services in NHSL☐ 8. Standing down some non-urgent services☐ 9. Implementation of preferred options to release bed capacity at acute hospital sites☐ ☐ ☐ ☐ ☐ ☐ ☐	Very High	Medium	J Park	26/03/2021	Planning Performance & Resource Committee _ Board in the interim
1989	21/01/2021	Effective	Ability of NHLS to maintain a workforce commensurate with the immediate needs for this wave of Covid and Vacc Programme	There is a risk that NHSL will not be able to sustain and maintain the necessary workforce to meet the changing and increasing priorities and demands in responding to the current wave of the Covid-19 pandemic and mass vaccination programme, with the potential to adversely impact on patient, staff and continuity of services.	Very High	1. Prioritising of and stepping down of services, releasing staff☐ 2. Measured management of all leave whilst maintaining wellbeing☐ 3. Responsive recruitment☐ 4. Managing staff availability to vire across services ☐ 5. Redeployment of staff to priority areas within skill sets 6. Cross-cutting tactical group (workforce, clinical & planning)	Very High	Medium	K Sandilands	31/03/2021	Staff Governance Committee

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1990	21/01/2021	Effective	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	Controls 1. 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 2. Continue with intelligence gathering and scenario planning 3. Resume dedication CMT financial meetings 4. Finance framework developed for redesign and recovery 5. Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is reasonably possible 6. Financial modelling including predictions on covid expenditure	Very High	High	L Ace	31/03/2021	Planning Performance & Resource Committee _ Board in the interim
1992	25/01/2021	Effective	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	1. Investment for General Manager position 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	High	High	G Docherty	25/03/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim

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1832	11/11/2019	Safe	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	Controls - the health and care staffing programme was paused for a period with a focus on the mobilisation plan and the emergency reconfiguration & recovery strategic map 2020/21. The following controls remain in place with actions as set out:□ 1. Achieving Excellence Strategy supported by clinical strategy and commissioning plans with associated workforce plans□ 2. Workload and workforce planning undertaken using national tools, on a cyclical basis with nursing and midwifery undertaken annually□ 3. 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□ 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 response to Covid-19 pandemic.□ Actions□ 1. Continue to further develop the new workforce dashboard□ 2. Set out the NHSL Board Workforce plan by March 2022.□	High	Medium	K Sandilands	30/04/2021	Staff Governance Committee

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1904	18/05/2020	Safe	Impact on Board of NHSL & Executive Nurse Director Role In Response to Changes by SG	There is a risk that there is a lack of clarity regarding the recent change of accountability, role and function of the Board of NHSL, specifically Executive Nurse Director, for Care Homes and Care At Home resulting from the continuing impact from Covid-19. This has the potential to adversely impact on cost pressures, professional infrastructure, governance and assurance processes and ultimately the reputation of NHSL.	High	Controls▢ 1. Enhanced Care Home Liaison Team▢ 2. Infection Prevention & Control Advisory Support▢ 3. Approved Indemnity▢ 4. Discussions on single assurance system with Chief Executives of NHSL, NLC&SLC▢ 5. Clarity on responsibility and accountability sought and agreed through SG & Chief Nurse Directorate ▢ 6. Mapping of impact and requirements completed▢ 7. Proposals approved for reviewed professional infrastructure with funding secured until November 2020.▢ 8. Continuous monitoring through the Covid -19 Tactical Care Assurance Group▢ ▢ Actions▢ 1. Discussions with SG to confirm additional funding through to the new extended period of support until June 2021 as emergency footing continues.▢	High	High	E Docherty	30/04/2021	Healthcare Quality Assurance & Improvement Committee
1912	11/06/2020	Person Centred	Potential for Increase in Number of Complaints	There is the potential for an increase in the number of complaints received as a consequence of an expectation that services will return to normal capacity which will currently not be possible.▢ There is a risk that the standards for response may not be met if demand exceeds capacity.▢	High	Controls:▢ 1. Maintain existing systems for the management of complaints▢ 2. Continuous monitoring of changes in number and/or types of complaints	High	Medium	E Docherty	30/04/2021	Healthcare Quality Assurance & Improvement Committee
1919	25/06/2020	Safe	Safety Risk if ED Attendances Continue to Increase	There is a risk of increased Covid exposure for patients attending ED if the attendances continue to increase, impacting on the safety and risk of infection to all those attending. There is a dependencey on the functioning of the Community Assessment Centres to reduce the attendance at ED.	High	Controls▢ 1. Maintaining primary care hubs, assessment centres, near me and care at home to minimise attendance to essential attendance only▢ 2. Hot and cold zoning within Emergency Departments▢ 3. Whole system planning and implementation of new Community Assessment Centres (CAC's)▢ 4. Shoring up of ED staff ▢ 5. Implementation of the national and local redesigned urgent care pathways▢ 6. Communication plans to utilise all media channels help the public understand the risks without deterring from attending for emergency care when required.▢ ▢	High	Medium	J Park	30/04/2021	Planning Performance & Resource Committee _ Board in the interim

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1946	25/09/2020	Effective	Maintaining Organisation Resilience	There is a risk that the overall resilience of NHSL could be compromised due to the potential for a number of events to occur at the same time moving into the acute winter period with winter pressures; delivery of the Covid-19 vaccination programme; impact from continuing to respond to and recover from Covid-19 pandemic; adverse weather and the uncertain impact from Brexit, affecting ability to maintain the full range of services throughout the forthcoming 6-8 months.	High	Controls 1. Resilience & site/area business continuity planning 2. Series of resilience workshops held, including a CMT workshop in January 2021 3. Redesign of Urgent Care Nationally and Locally, including Community Assessment Centres 4. Delivery of the patient and staff influenza vaccination programme. 5. Investment for recruitment to Test & Protect & Public Health Teams 6. Winter Plan 2020/21 8. Major Incident Planning with Protocols 9. In 'live' Strategic Command for Covid-19 pandemic 10. Review of performance targets with SG 11. Programme for staff wellbeing 12. Continuous monitoring of staff sickness /absence 13. Commencement of staff, care home and >80yrs Covid Vaccination Programme 14. Responsiveness to communicating and managing adverse weather warnings & conditions 15. Local logistical planning for delivery of the mass Covid Vaccination programme	High	Medium	H Knox	30/04/2021	Planning Performance & Resource Committee _ Board in the interim
1969	25/11/2020	Safe	Delivery of the Covid19 Vaccination Programme	There is a risk that NHSL will not be enabled to effectively and timeously deliver the Covid-19 vaccination programme as expected because of the logistics around the model of delivery eg accommodation, priority matrix for cohorts of those to be vaccinated and the immediacy of beginning the vaccination programme with the potential to result in a continuously changing environment with delays in delivery and adverse public perception resulting in a reputation risk for NHSL.	Very High	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.	High	Medium	J Burns	26/04/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim
1974	14/12/2020	Safe	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 commisioned 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	1. PSSD commissioned early review with external company 2. CIG informed of the position and preparedness for Stage 1, moving to Stage 2	High	Medium	C Lauder	26/02/2021	Planning Performance & Resource Committee _ Board in the interim
1984	19/01/2021	Safe	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	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	High	J Park	31/03/2021	Healthcare Quality Assurance & Improvement Committee

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1986	21/01/2021	Effective	Reputation of NHSL in Delivery of the Covid Vaccination Programme	There is a risk of reputational harm to NHSL with regards to the delivery of the Covid Vaccination Programme. This results from a range of factors including vaccine supply, mobilisation of workforce, designated centres that might require travel for many people and the change to the follow-up 2nd vaccination to meet the SG vaccination timelines for each cohort. This has the potential to lead to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.	High	1. Full communication plan including:☐ -information to the general population on the priority areas, changes to the timing of the 2nd vaccine, promoting the need for vaccination, where and how this would be delivered and what to expect in terms of appointments and recall ☐ -a social media and media winter campaign incorporating strong messaging ☐ -proactive broadcast campaign aimed to show the reality of inside our hospitals☐ -scheduling of communication through a range of methods to support the Covid vaccination roll out☐ -A new weekly MSP briefly to ensure they are informed☐	High	Low	C Brown	31/03/2021	Planning Performance & Resource Committee _ Board in the interim
1987	21/01/2021	Safe	Effectiveness of the 111 service to meet call demand	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	High	Medium	C Lauder	30/04/2021	Planning Performance & Resource Committee _ Board in the interim
1702	12/10/2018	Safe	Impact From Failure of Clinical Waste Management Contractors to Uplift Clinical Waste as Specified	There is a risk that as NHSL move out of transition arrangements to the new clinical waste contract, there is the potential for compliance issues resulting from the time required to release staff for training.	Very High	Controls☐ 1. Full transition plan with timeline set out and agreed for implementation.☐ Action:☐ 1. Monitor implementation of the new contract	High	Low	C Lauder	30/04/2021	Planning Performance & Resource Committee _ Board in the interim
1703	18/10/2018	Safe	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s)affected and potentially business continuity.	High	Controls☐ 1.Scottish Government Strategic Resilience Direction / Guidance☐ 2.Designated Executive Lead☐ 3.NHSL Resilience Committee ☐ 4.Local Business Continuity Plans☐ 5.Local Emergency Response Plan☐ 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions ☐ 7. Seek national support for these low frequency high impact potential situations☐ 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles☐ 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines ☐ 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur.☐ Action☐ 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.	High	Low	G Docherty	30/04/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim

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1710	15/11/2018	Safe	Public Protection	There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL.	Medium	Controls 1. New service model fully implemented for a Public Protection Team wit streamlined infrastructure and systems. 2. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals 3. A range of NHSL Policies and Procedures for Child Protection, Adult Protection, MAPPA, EVA aligned to national Guidelines, including reporting, recording, investigation of adverse events and compliance with national standards and benchmarking for child protection, including annual self-evaluation. 4. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues. 5. Designated Child Health Commissioner 6. Public Protection Strategic Enhancement Plan revised annually and overseen through the Public Protection Forum 7. Move to business as usual as services resume to normal level and retain and maintain during the period of lockdown from January 2021.	High	Medium	E Docherty	30/04/2021	Healthcare Quality Assurance & Improvement Committee

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594	09/02/2009	Effective	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	Control - the following controls remain. CFS has noted that there is increased fraud activity as a result of criminals exploiting the disruption and anxieties caused by COVID. Enhanced communication in place through staff briefings to ask staff to remain vigilant. 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) 2. Appointment of Fraud Champion 3. Appointment of Fraud Liaison Officer 4. Key contact for NFI, who manages, oversees, investigates and reports on all alerts 5. Audit Committee receives regular fraud updates 6. Annual national fraud awareness campaign 7. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 8. Learning from any individual case 9. Enhanced Gifts and Hospitalities Register 10. Procurement Workshops for High Risk Areas 11.Enhanced checks for 'tender waivers' and single tender acceptance 12. Increased electronic procurement that enables tamperproof audit trails 13.Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register 14.Annual Review with the National NHS Counter Fraud Services 15. Covid risk profile being built-into the NHSL Fraud Register 16. Distribution of relevant fraud updates 17. Communication through NHSL Info briefing. Actions 1. Continous monitoring	High	Medium	L Ace	30/04/2021	Audit Committee

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623	01/06/2009	Effective	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19, including new wave	There is a risk that NHSL will not have the capacity to respond to a second / third wave of COVID-19 as the demand on services could overwhelm the available resources, including bed capacity and workforce. ☐ This is could lead to:☐ -increased morbidity and mortality in the population; ☐ -increased health inequalities;☐ -loss of and disruption to the delivery of health & social care;☐ -short and longer term impact on the health and wellbeing of front-line staff.☐	Very High	Controls ☐ 1. Declared a major incident and still ongoing☐ 2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups ☐ 3. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave / 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☐ ☐	High	High	G Docherty	26/02/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim

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659	01/08/2009	Safe	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.	Very High	Controls 1. Major Emergency Plan - Resilience Group meets regularly to review actions - Evaluate and review Plan regularly - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) 2. COMAH sites major incident plans - Monitor, evaluate and revise site plans - Ensure Public Health staff aware of specific responsibilities 3. Staff education and training - Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module. - Monitor, evaluate and revise education and training 4. NHSL exercises - Undertake, monitor, evaluate and revise exercises 5. Multi-agency exercises - Undertake, monitor, evaluate and revise exercises 6. Joint Health Protection Plan 7. BCP plans tested at Corporate and Divisional level 8. Multi-agency monitoring Group 9. Completed Review of the NHSL Resilience Group function and Term of Reference 10. The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place 11. Revised Primary Care Mass Casualty Plans 12. Through the NHSL Resilience Group, there is commissioning with oversight of: -internal audit recommendations -GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents -Continuous self-audit 13. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed through CMT 14. Continued investment in resilience through extension to temporary contracts of Resilience Advisers 15. A resilience Business Improvement Plan has been	High	Medium	G Docherty	30/04/2021	Planning Performance & Resource Committee _ Board in the interim

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1364	09/11/2015	Safe	Risk of cyber-attack in respect of stored NHSL data	There is an increased risk of opportunistic malicious intrusion into data stored on NHSL digital systems resulting from diversion of resources to respond to the COVID-19 pandemic that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.	High	Controls 1. Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland 2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. This work is complete. Continue to undertake monthly reviews with our security provider to ensure the products are fine- tuned and our staff are fully trained. 3. The firewall changes at UHH were implemented 4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of developing a detailed action plan based on the highlighted outcomes. This work will then be allocated to individuals within eHealth and progress against actions formally tracked. 5. Implementation of a local action plan to address the findings and recommendations recorded through the completed Significant Adverse Event Review (SAER), approve action plan through CMT and implementation overseen through the eHealth Executive Group 6. Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams. 7. Higher vigilance and continuous briefing on minimising malicious cyber-attack during COVID-19 response and recovery phase 8. Penetration testing with third party specialist contract completed with action plan and full penetration testing undertaken prior to implemtation of the new MORSE system. 9. New cyber security sub group reporting to IG Committee set up and will oversee penetration action plan and the cyber essentials assessments and programme of work 10. Audit by competent authority for NIS with 90% compliance 11. Annual penetration testing scheduled from completion of the MORSE penetration exercise.	High	Low	D Wilson	30/04/2021	Healthcare Quality Assurance & Improvement Committee

Risk Register Lead - Ms H Knox, Chief Executive

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1379	14/12/2015	Effective	Delayed Discharge Performance and Impact	There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan.	High	Controls - ▢ 1.CMT have continuous oversight of performance, reasons for delays and discuss action▢ 2.Planned Date of Discharge rolled out across whole Hairmyres site▢ 3.Pan-Lanarkshire PDD implementation group now in place▢ 4.Weekly site PDD implementation groups in place involving both acute and partnership staff▢ 5.PDDs now in place in wards 9 and 10 in Wishaw, with roll out plans to expand to the rest of the site▢ 6.PDDs now in place in ward 20 in Monklands, with roll out plans to expand to the rest of the site▢ 7.Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date▢ 8.Winter plan for 2020/2021 is based on a whole system basis▢ Action▢ 1 Monitoring though CMT and CE Quarterly Performance Reviews▢	Medium	Medium	H Knox	30/09/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim

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ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level tolerance	Risk Owner	Review Date	Assurance sources
1669	16/08/2018	Effective	Compliance with Data Protection Legislation	There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.	Very High	Controls 1. Extensive range of Information Security policies and procedures 2. Established governance arrangements for the management of Information Governance 3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee 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. New dashboard tested and now 'live' and untilised at IG Committee Actions 1. Dashboard being evaluated with aim to develop further 2.Currently reviewing incident mangement processes 3. Improving assuarance reporting format to include types of IG incidents, themes of incidents occuring, actions taken and lessons learned.	Medium	Low	D Wilson	30/07/2021	Healthcare Quality Assurance & Improvement Committee

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level tolerance	Risk Owner	Review Date	Assurance sources
286	01/04/2008	Effective	Adequacy of capital & recurring investment for Monklands	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as ▯ a) Monklands is an ageing property / facility▯ b)Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	Controls - in 2020/21 and 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.▯ 1. Detailed risk assessment of Monklands estate issues▯ 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority▯ 3. Monklands Investment Programme Board established to oversee the process▯ 4. Framework partner appointed to work through phases of estates work.▯ 5.Progression of Monklands Hospital Replacement with NHSL Board recommendations on preferred option submitted to the Cabinet Secretary in December 2020. Awaiting response.▯ Actions▯ 1. Evaluate the capital plans to include additional requirements for Covid-19▯ 2. Evaluate the capital plans in 3 years (2023)	Medium	Medium	L Ace	28/03/2021	Planning Performance & Resource Committee _ Board in the interim
1724	10/12/2018	Effective	Delay in Progressing the Monklands Replacement Project	There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government.	High	1. Monklands Replacement Oversight Board (MROB) as a sub Committee of the Board of NHS Lanarkshire will manage all risks in the progression of the replacement of the University Hospital Monklands new build.▯ 2. The Monklands Project Team have implemented the recommendations from the Independent Review and provide regular updates to the Chief Executive via MROB.▯ 3. Advance on Site Selection programme via the Project Team including external advisors. The MROB will sight the NHS Lanarkshire Board on any developments in the site investigations.▯ 4. The Monklands Business Continuity Project is overseen by C Lauder. Any changes to the programme of remedial work is reporting via CMT and MKBC/MRP maintain close links on any delays. ▯ 5. The Clinical Advisory Group (CAG)is a multidisciplinary group which shares MRP updates with stakeholders across Health and Social partners to ensure alignment with the 3 year Achieving Excellent plan.▯ 6. Continued development of MROB workplan to ensure governance at key milestones in the project▯ 7. Board of NHSL made recommendation on the preferred option to the Cabinet Secretary in December 2020, with confimation recommendations now received.▯ 8. Progression to Outline Business Case (OBC).	Medium	Medium	H Knox	31/03/2021	Monklands Replacement Board

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ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level tolerance	Risk Owner	Review Date	Assurance sources
1728	07/02/2019	Effective	Four Seasons Health Group	There is a risk that critical contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, a position exacerbated by COVID-19, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an urgent need to enable alternative provision	High	Controls - the key controls at present is the NHSL mobilisation plan, noting work to date through the controls below: 1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate 2. Homes affected placed on additional monitoring by SW QA team 3. Communication channels opened with COSLA and Care Inspectorate with a NHSL representative 4. Locality teams informed and undertaking service user reviews to further monitor maintenance of quality provision 5. Historically strong Care Inspectorate grading's across both facilities and no management changes at either home at present time 6. NHSL Full Capacity protocol 7. Contingency Plan for relocation	Medium	Medium	R McGuffie	28/03/2021	Planning Performance & Resource Committee _ Board in the interim
1898	13/05/2020	Effective	Maintenance of Good Governance During Emergency Footing in Response to Covid-19 Pandemic	There is a risk that existing Governance arrangements will not provide the Board with the necessary assurance and oversight of the response to COVID-19 and that the Senior Leadership Team will be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continue to service existing Governance arrangements and the range of Governance Committees.	Medium	Controls 1. Review of governance arrangements and capacity to maintain existing arrangements 2. Considerations of options to maintain governance with an approved preferred option at Board meeting 29th April that satisfies compliance with the legal framework 3. Implementation of the preferred option effective from 29th April 4. Continuous review of the governance arrangements throughout the changing nature of the pandemic and priorities 5. Regular Non-Executive Briefings	Medium	Medium	H Knox	30/06/2021	NHSL Board
1903	18/05/2020	Safe	Delivery of the essential Test & Protect programme of work	There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) and appropriate funding to maintain and sustain the T&P service. This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire.	Very High	Controls 1. Lanarkshire Resilience Partnership Oversight Board 2. NHSL Test & Protect group with public health tactical group 3. NHSL Priority Testing Plan 4. Appointment of an initial NHSL workforce cohort for T&P with additional recruitment approved September 5. NHSL laboratory capacity has been increased 6. National Mutual Aid Agreement 7. Additional recruitment to the PH Department 8. Monitoring of a set of indicative measures (KPI's) 9. Major increase in T&P workforce capacity achieved Actions 1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround 2. Development of a matrix to manage demand and capacity	Medium	Medium	G Docherty	31/03/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim

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1988	21/01/2021	Effective	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.	Medium	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	H Knox	30/07/2021	Population Health Primary Care & Community Services Governance Committee - Board in the interim
1923	15/07/2020	Effective	Timeous Information and Managing Expectations as Services Are Stepped Down and Recovered	There is a risk that information is not disseminated timeously as services require to be stepped down and recovered in response to each Covid wave with the potential to adversely impact on the expectations of the public and the reputation of NHSL.	Medium	Controls☐ 1. Oversight of Communication issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication☐ 2. Firstport site with weekly listing of services in recovery☐ 3. Weekly listing of services in recovery on the public website☐ 4. Internal process on timeous preparation of the communication of services being stepped down, or in recovery ☐	Medium	Medium	C Brown	30/04/2021	Planning Performance & Resource Committee _ Board in the interim
1905	21/05/2020	Safe	Change in the Scottish Fire & Rescue Service Response	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.	High	Controls☐ 1.Senior Site Reponsible Person to identify suitable staff who can investigate the cause of a fire alarm activation and, when confirmed that it is an acutal 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 undertaken safely and at the minimum risk. ☐ ☐ These requirements should be underpinned by NHSL Fire Safety Policy, which is currently subject to review by the Senior Fire Adviser. ☐ ☐ At present the risk cannot be completely mitigated because Senior Site Reposnisible Persons have not been adble to identify suitable staff to undertake this task and assoictaed training. ☐ ☐ ☐	Medium	Medium	C Lauder	15/04/2021	Planning Performance & Resource Committee _ Board in the interim
1911	10/06/2020	Effective	Potential For Increased Claims Post Covid-19	There is a risk that there will be an increase in claims lodged post Covid-19 with the potential to adversely impact on the CNORIS premium.	Medium	Controls:☐ 1. Maintain current claims systems☐ 2. Monitor over a longer period of time to identify increase in numbers and types of claims	Medium	Medium	P Cannon	30/09/2021	Planning Performance & Resource Committee _ Board in the interim

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