

NHS LANARKSHIRE
CORPORATE RISK REGISTER - JUNE 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 Committee
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 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	Controls <input type="checkbox"/> 1. Regular Horizon Scanning <input type="checkbox"/> 2. Financial Planning & Financial Management <input type="checkbox"/> 3. Routine Engagement with external parties: <input type="checkbox"/> Regional planning <input type="checkbox"/> Scottish Government <input type="checkbox"/> Networking with other Health Boards <input type="checkbox"/> 4. Re-assessment of key risk areas e.g. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs <input type="checkbox"/> Action <input type="checkbox"/> 1. Financial modelling <input type="checkbox"/> 2. Continuous financial submissions to SG. <input type="checkbox"/> <input type="checkbox"/>	Very high	High	L Ace	30/07/2021	Planning Performance & Resource Committee - Board until June 2021
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, 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: <input type="checkbox"/> 1. BCP in place with planned redirection to A&E. <input type="checkbox"/> 2. OOH daily huddles with Senior Management Team <input type="checkbox"/> 3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. <input type="checkbox"/> 4. OOH performance monitoring and reporting <input type="checkbox"/> 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.) <input type="checkbox"/> 6. Recovery to 2 site model as and when staffing allows <input type="checkbox"/> 7. Full project plan that includes workforce planning <input type="checkbox"/> 8. Recruitment of salaried GP's ongoing. <input type="checkbox"/> 9. Increased number of ANPs <input type="checkbox"/> 10. Communication & engagement strategy <input type="checkbox"/> 11. Implementation of revised salary scale for NHSL employed GP's and progression to go to advert with revised rate. <input type="checkbox"/> Actions <input type="checkbox"/> 1. Longer-term progression of convergence of urgent care and OOH care aligning to national model <input type="checkbox"/> 2. Continuous dialogue with acute clinicians to support upstream OOH service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Very high	High	M Hayward	30/07/2021	Population Health Primary Care & Community Services - Board until June 2021

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 Committee
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	<p>Controls <input type="checkbox"/></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 <input type="checkbox"/> Continue with intelligence gathering and scenario planning <input type="checkbox"/> Finance framework developed for redesign and recovery <input type="checkbox"/> Financial modelling including predictions on Covid expenditure <input type="checkbox"/> <p>Actions <input type="checkbox"/></p> <ol style="list-style-type: none"> Resume dedicated CMT financial meetings <input type="checkbox"/> Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is reasonably possible <input type="checkbox"/> 	Very high	High	L Ace	30/07/2021	Planning Performance & Resource Committee - Board until June 2021
2004	22/02/2021	Safe	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"> Priority risk assessment of services with 'red line' approved through Strategic Command <input type="checkbox"/> Early warning surveillance to enable preparedness for management of surges / waves <input type="checkbox"/> Public Health Tactical Planning for early identification and suppression of Covid-19 <input type="checkbox"/> Covid Vaccination Implementation Plan <input type="checkbox"/> NHS Scotland Partnership working across Special Health Boards and Independent Sector to maintain elements of service delivery <input type="checkbox"/> Alternative, safe ways of working/contact with patients eg Near Me <input type="checkbox"/> Workforce responsiveness & capacity planning (including partner agencies & independent sector) <input type="checkbox"/> Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints <input type="checkbox"/> Rapid investigation of emerging issues <input type="checkbox"/> Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy <input type="checkbox"/> 	Very high	High	H Knox	30/07/2021	Healthcare Quality Assurance & Improvement Committee
2014	13/04/2021	Effective	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 <input type="checkbox"/></p> <ol style="list-style-type: none"> Work within the prioritised instructions set out by the SG whilst on emergency footing. <input type="checkbox"/> Work within the NHSL strategic command and CMT planning, including mobilisation plan <input type="checkbox"/> Chief Executive Performance Reviews resumed from April <input type="checkbox"/> Remobilisation plan submitted to Scottish Government April 2021, outlining what is achievable and tolerable. <input type="checkbox"/> Begin 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. <input type="checkbox"/> <p>Action 1. Continue to monitor performance <input type="checkbox"/></p>	Very high	High	C Lauder	30/06/2021	Planning Performance & Resource Committee - Board until June 2021

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 Committee
2030	17/05/2021	Safe	Potential Impact From Rising Cases of the New Indian Covid Variant	There is a serious threat to Covid suppression and healthcare recovery due to an emerging variant of Covid (Indian Variant) that is highly virulent/transmissible with little evidence 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 <input type="checkbox"/> 2. Trace contacts of contacts with advice on isolating <input type="checkbox"/> 3. Maintain current infrastructure for managing Covid-19 cases <input type="checkbox"/> 4. Minimise Hospital / Healthcare premise visiting and attendance <input type="checkbox"/> 5. Manage access to hospital and promote FACTS through meet & greet staff <input type="checkbox"/> 6. Consider implementation of asymptomatic lateral flow testing prior to hospital visiting and/or attendance <input type="checkbox"/> 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 <input type="checkbox"/> 8. Targeted / combined communication plan for national and local restrictions and safety measures to be taken <input type="checkbox"/> 9. Continuous surveillance, including respiratory calls logged via the 111 service <input type="checkbox"/> 10. Oversee through Strategic Command <input type="checkbox"/> Actions <input type="checkbox"/> 1. Continuous review of controls through SG direction and local decision - making to reflect the changing position <input type="checkbox"/>	Very high	High	H Knox	31/07/2021	Population Health Primary Care & Community Services - Board until June 2021
2038	03/06/2021	Effective	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	1. SBAR prepared for Private Board Meeting, with agreement to progress the recommendations outlined in the paper; <input type="checkbox"/> a) 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 <input type="checkbox"/> b) 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. <input type="checkbox"/> c) Agree to the Project Resource costs that are set out in this paper in order to adequately resource the project <input type="checkbox"/> 2. Programme Manager appointed and took up post in June 2021. <input type="checkbox"/> 3. Progress of work will be monitored through DMT, CMT and PPRC.	Very high	Medium	J Park	30/07/2021	Planning Performance & Resource Committee - Board until June 2021
2039	28/05/2021	Safe	Staff Fatigue	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	1. Range of staff support services locally and nationally – SALUS, spiritual care, psychological services, PROMIS <input type="checkbox"/> 2. Rest and recuperation areas <input type="checkbox"/> 3. Peer support network <input type="checkbox"/> 4. Staff health and wellbeing group	Very high	Medium	K Sandilands	30/07/2021	Staff Governance Committee

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance Committee
2044	28/05/2021	Safe	Insufficient preparation for large scale event COP26 being held in Scotland	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. <input type="checkbox"/> <input type="checkbox"/> NHS Lanarkshire have been informed we will be required to provide Scottish Government with a preparedness statement. <input type="checkbox"/>	Very High	1. SBAR prepared for CMT highlighting known detail of the event. <input type="checkbox"/> 2. NHS Lanarkshire to adopt a planning assumption that the event goes ahead as planned in its fullest planned format. <input type="checkbox"/> 3. NHS Lanarkshire have established a preparatory group to consider key areas of preparation in the absence of confirmed information and planning assumptions. <input type="checkbox"/> 4. CMT receive regular progress reports. <input type="checkbox"/> 5. NHS Lanarkshire are liaising with multi-agency partners through established Resilience fora. <input type="checkbox"/> 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. <input type="checkbox"/> 7. NHS Lanarkshire, at the strategic Regional Resilience Partnership Forum, have requested a dedicated briefing session. <input type="checkbox"/>	Very high	High	G Docherty	30/07/2021	Population Health Primary Care & Community Services - Board until June 2021
2015	14/04/2021	Safe	Sustained Longer Term Delivery of the Covid19 Vaccination Programme	There is a risk that NHSL will not be enabled to sustain longer term delivery of the Covid-19 vaccination programme as expected due to the current national vaccine supply issues, workforce issues as other services recover and sustained use of current community accommodation. This has the potential to result in changes to pace and a changing environment with unintended delays in delivery and adverse public perception of NHSL.	High	Controls <input type="checkbox"/> 1. National priority framework 2. Local Planning process 3. Professional oversight group <input type="checkbox"/> 4. Covid Tactical command group 5. Communication Plan 6. Continuous briefings to Board 7. Implementation Plan as reviewed through CMT and Gold Command <input type="checkbox"/> 8. Four (4) nations investment in securing multiple types of available vaccines <input type="checkbox"/> Actions <input type="checkbox"/> 1. Continuous review of, and agility in responding to a changing implementation plan dependent on situation <input type="checkbox"/> 2. Early consideration of the required physical capacity <input type="checkbox"/>	High	Medium	J Burns	30/07/2021	Population Health Primary Care & Community Services - Board until June 2021
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 <input type="checkbox"/> 2. RAG assessment of all public health functions outlining controls in place <input type="checkbox"/> 3. National lockdown with expected +ve impact <input type="checkbox"/> 4. LRP oversight with EHO engagement and local authority/ community actions <input type="checkbox"/> 5. National and local media campaigns for societal and behaviour measures <input type="checkbox"/> Action: <input type="checkbox"/> PH review process underway to review job planning and a modified business plan in preparation for a 'new normal' way of working.	High	High	G Docherty	30/07/2021	Population Health Primary Care & Community Services - Board until June 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 Committee
1450	14/11/2016	Safe	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.	Very High	Controls 1. Reconfiguration of service to maintain response to COVID-19 and recovery of GP services including: Community Assessment Centres Video/Telephone Consultations with an increased capability for use of 'Near-Me' 2. Review and recovery of the Primary Care Implementation Plan in view of the current response, management of continuous waves/surge of Covid-19, imminent winter pressures and the mass vaccination programme. 	High	High	H Knox	30/07/2021	Population Health Primary Care & Community Services - Board until June 2021
1989	21/01/2021	Effective	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	Controls: 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. Strategic Staff Health & Wellbeing Committee	High	Medium	K Sandilands	29/07/2021	Staff Governance Committee
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 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	1. PSSD commissioned early review with external company 2. CIG informed of the position and preparedness for Stage 1, moving to Stage 2 Actions 1. Progression of early review when Health Facilities Scotland (HFS) provides the technical specification required.	High	Medium	C Lauder	30/07/2021	Planning Performance & Resource Committee - Board until June 2021
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 campaign incorporating strong messaging -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 2. New 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 	High	Medium	C Brown	30/07/2021	Planning Performance & Resource Committee - Board until June 2021

NHS LANARKSHIRE
CORPORATE RISK REGISTER - JUNE 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 Committee
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 <input type="checkbox"/> 1. Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland <input type="checkbox"/> 2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. 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. <input type="checkbox"/> 3. The firewall changes at UHH were implemented <input type="checkbox"/> 4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of developing a detailed action plan based on the highlighted outcomes. This work will then be allocated to individuals within eHealth and progress against actions formally tracked. <input type="checkbox"/> 5. 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 <input type="checkbox"/> 6. Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams. <input type="checkbox"/> 7. Higher vigilance and continuous briefing on minimising malicious cyber-attack during COVID-19 response and recovery phase <input type="checkbox"/> 8. Penetration testing with third party specialist contract completed with action plan and full penetration testing undertaken prior to implementation of the new MORSE system. <input type="checkbox"/> 9. New cyber security sub group reporting to IG Committee set up and will oversee penetration action plan and the cyber essentials assessments and programme of work <input type="checkbox"/> 10. Audit by competent authority for NIS with 90% compliance <input type="checkbox"/> 11. Annual penetration testing scheduled from completion of the MORSE penetration exercise.	High	Low	D Wilson	30/07/2021	Healthcare Quality Assurance & Improvement Committee

NHS LANARKSHIRE
CORPORATE RISK REGISTER - JUNE 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 Committee
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	Controls - <input type="checkbox"/> 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) <input type="checkbox"/> 2. Established appointments of Fraud Champion & Fraud Liaison Officer <input type="checkbox"/> 3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts <input type="checkbox"/> 4. Audit Committee receives regular fraud updates <input type="checkbox"/> 7. Annual national fraud awareness campaign <input type="checkbox"/> 8. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops <input type="checkbox"/> 9. Learning from any individual case <input type="checkbox"/> 10. Enhanced Gifts and Hospitalities Register <input type="checkbox"/> 11. Procurement Workshops for High Risk Areas <input type="checkbox"/> 12. Enhanced checks for 'tender waivers' and single tender acceptance <input type="checkbox"/> 13. Increased electronic procurement that enables tamperproof audit trails <input type="checkbox"/> 14. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register <input type="checkbox"/> 15. Annual Review with the National NHS Counter Fraud Services <input type="checkbox"/> 16. Covid risk profile being built-into the NHSL Fraud Register <input type="checkbox"/> 17. Distribution of relevant fraud updates <input type="checkbox"/> 18. Communication through NHSL Info briefing. <input type="checkbox"/> Actions <input type="checkbox"/> 1. Continuous monitoring <input type="checkbox"/>	High	Medium	L Ace	30/07/2021	Audit Committee

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 Committee
1703	18/10/2018	Safe	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity.	High	Controls <input type="checkbox"/> 1.Scottish Government Strategic Resilience Direction / Guidance <input type="checkbox"/> 2.Designated Executive Lead <input type="checkbox"/> 3.NHSL Resilience Committee <input type="checkbox"/> 4.Local Business Continuity Plans <input type="checkbox"/> 5.Local Emergency Response Plan <input type="checkbox"/> 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions <input type="checkbox"/> 7. Seek national support for these low frequency high impact potential situations <input type="checkbox"/> 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles <input type="checkbox"/> 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines <input type="checkbox"/> 10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur. <input type="checkbox"/> Action <input type="checkbox"/> 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.	High	Low	G Docherty	30/07/2021	Population Health Primary Care & Community Services - Board until June 2021
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. <input type="checkbox"/>	Medium	Controls <input type="checkbox"/> 1. New service model fully implemented for a Public Protection Team with streamlined infrastructure and systems. <input type="checkbox"/> 2. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals <input type="checkbox"/> 3. A range of NHSL Policies and Procedures for Child Protection, Adult Protection, MAPP, EVA aligned to national Guidelines, including reporting, recording, investigation of adverse events and compliance with national standards and benchmarking for child protection, including annual self-evaluation. <input type="checkbox"/> 4. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPP and EVA public protection issues. <input type="checkbox"/> 5. Designated Child Health Commissioner <input type="checkbox"/> 6. Public Protection Strategic Enhancement Plan revised annually and overseen through the Public Protection Forum <input type="checkbox"/> 7. Move to business as usual as services resume to normal level and retain and maintain during the period of lockdown from January 2021. <input type="checkbox"/>	High	Medium	E Docherty	30/07/2021	Healthcare Quality Assurance & Improvement Committee

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 Committee
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	<p>□</p> <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 □ 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. □ <p>Actions □</p> <ol style="list-style-type: none"> 1. Continue to further develop the new workforce dashboard □ 2. Set out the NHSL Board Workforce plan by April 2022. □ 3. Monitor recruitment opportunities outwith UK, with a focus on impact from EU Withdrawal □ 	High	Medium	K Sandilands	30/07/2021	Staff Governance Committee

ID	Opened Date	Corporate Objective	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Risk Owner	Review Date	Assurance Committee
1882	28/04/2020	Effective	Acute Sector Bed Capacity	There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwads 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 <input type="checkbox"/> 1. Continuous monitoring and oversight of delayed discharges with a focus on the PDD <input type="checkbox"/> 2. NHSL support to care homes through liaison service, including infection control / outbreak advice & support, access to staff banks <input type="checkbox"/> 3. Cohorting of 'shielded' patients and review of cohorting of patients awaiting testing results <input type="checkbox"/> 4. Testing for Care Home residents and Staff <input type="checkbox"/> 5. Preparation for intermediate care /step down beds at other non-acute hospital sites across NHSL. <input type="checkbox"/> 6. Continuous viring for maintaining delivery of services in NHSL <input type="checkbox"/> 7. Standing down some non-urgent services (gradual increase in theatre effective from April 2021) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	High	Medium	J Park	30/07/2021	Population Health Primary Care & Community Services - Board until June 2021
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 <input type="checkbox"/> 1. Enhanced Care Home Liaison Team <input type="checkbox"/> 2. Infection Prevention & Control Advisory Support <input type="checkbox"/> 3. Approved Indemnity <input type="checkbox"/> 4. Discussions on single assurance system with Chief Executives of NHSL, NLC&SLC <input type="checkbox"/> 5. Clarity on responsibility and accountability sought and agreed through SG & Chief Nurse Directorate <input type="checkbox"/> 6. Mapping of impact and requirements completed <input type="checkbox"/> 7. Proposals approved for reviewed professional infrastructure with funding secured until March 2022 <input type="checkbox"/> 8. Continuous monitoring through the Covid -19 Tactical Care Assurance Group <input type="checkbox"/> 9. SG has confirmed additional funding through to the new extended period of support until March 2022. <input type="checkbox"/>	High	High	E Docherty	30/07/2021	Healthcare Quality Assurance & Improvement Committee
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 & Actions <input type="checkbox"/> 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 <input type="checkbox"/> 2. NHSL Fire Safety Team to provide suitable training in order that the task detailed under point 1 above can be fulfilled <input type="checkbox"/> 3. These requirements should be underpinned by NHSL Fire Safety Policy, which is currently subject to review by the Senior Fire Adviser. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Medium	Medium	C Lauder	29/10/2021	Planning Performance & Resource Committee - Board until June 2021

NHS LANARKSHIRE
CORPORATE RISK REGISTER - JUNE 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 Committee
1911	10/06/2020	Effective	Potential For Increased Claims Post Covid-19	There is a risk that there will be an increase in claims lodged post Covid-19 with the potential to adversely impact on the CNORIS premium.	Medium	Controls: 1. Maintain current claims systems 2. Monitor over a longer period of time to identify increase in numbers and types of claims	Medium	Medium	P Cannon	29/10/2021	Planning Performance & Resource Committee - Board until June 2021
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	Medium	Medium	E Docherty	29/10/2021	Healthcare Quality Assurance & Improvement Committee
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 5. New staff covid section on the NHSL public website to improve access	Medium	Medium	C Brown	29/10/2021	Planning Performance & Resource Committee - Board until June 2021
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	Medium	Medium	H Knox	29/10/2021	Planning Performance & Resource Committee - Board until June 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 Committee
1903	18/05/2020	Safe	Delivery of the essential Test & Protect programme of work	There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) and appropriate funding to maintain and sustain the T&P service. This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire.	Very High	Controls <input type="checkbox"/> 1. Lanarkshire Resilience Partnership Oversight Board <input type="checkbox"/> 2. NHSL Test & Protect group with public health tactical group <input type="checkbox"/> 3. NHSL Priority Testing Plan <input type="checkbox"/> 4. Appointment of an initial NHSL workforce cohort for T&P with additional recruitment approved September <input type="checkbox"/> 5. NHSL laboratory capacity has been increased <input type="checkbox"/> 6. National Mutual Aid Agreement <input type="checkbox"/> 7. Additional recruitment to the PH Department <input type="checkbox"/> 8. Monitoring of a set of indicative measures (KPI's) <input type="checkbox"/> 9. Major increase in T&P workforce capacity achieved <input type="checkbox"/> <input type="checkbox"/> Actions <input type="checkbox"/> 1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround <input type="checkbox"/> 2. Development of a matrix to manage demand and capacity <input type="checkbox"/>	Medium	Medium	G Docherty	29/10/2021	Population Health Primary Care & Community Services - Board until June 2021
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. <input type="checkbox"/> This is could lead to: <input type="checkbox"/> -increased morbidity and mortality in the population; <input type="checkbox"/> -increased health inequalities; <input type="checkbox"/> -loss of and disruption to the delivery of health & social care; <input type="checkbox"/> -short and longer term impact on the health and wellbeing of front-line staff. <input type="checkbox"/>	Very High	Controls <input type="checkbox"/> 1. Declared a major incident and still ongoing <input type="checkbox"/> 2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups <input type="checkbox"/> 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 <input type="checkbox"/> 4. Local Resilience Partnerships commenced, linking to the National resilience groups <input type="checkbox"/> 5. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience <input type="checkbox"/> 6. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes <input type="checkbox"/> 7. Management plans based on national guidance <input type="checkbox"/> 8. Review of the NHSL COVID-19 mobilisation plan <input type="checkbox"/> 9. Maintain oversight of test and protect and care home risks and issues through the new tactical groups <input type="checkbox"/> 10. Continuous communications <input type="checkbox"/> 11. Recruitment to T&P and PH teams now well advanced <input type="checkbox"/> 12. Staff on re-deployment register have been re-deployed to the T&P team <input type="checkbox"/> 13. Strathclyde Modelling <input type="checkbox"/> <input type="checkbox"/>	Medium	Medium	G Docherty	29/10/2021	Population Health Primary Care & Community Services - Board until June 2021

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 Committee
659	01/08/2009	Safe	Failure to deal effectively with major emergency	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.	Very High	Controls <input type="checkbox"/> 1. Major Emergency Plan <input type="checkbox"/> - Resilience Group meets regularly to review actions <input type="checkbox"/> - Evaluate and review Plan regularly <input type="checkbox"/> - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) <input type="checkbox"/> 2. COMAH sites major incident plans <input type="checkbox"/> - Monitor, evaluate and revise site plans <input type="checkbox"/> - Ensure Public Health staff aware of specific responsibilities <input type="checkbox"/> 3. Staff education and training <input type="checkbox"/> - Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module. <input type="checkbox"/> - Monitor, evaluate and revise education and training <input type="checkbox"/> 4. NHSL exercises <input type="checkbox"/> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> 5. Multi-agency exercises <input type="checkbox"/> - Undertake, monitor, evaluate and revise exercises <input type="checkbox"/> 6. Joint Health Protection Plan <input type="checkbox"/> 7. BCP plans tested at Corporate and Divisional level <input type="checkbox"/> 8. Multi-agency monitoring Group <input type="checkbox"/> 9. Completed Review of the NHSL Resilience Group function and Term of Reference <input type="checkbox"/> 10. The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place. <input type="checkbox"/> 11. Revised Primary Care Mass Casualty Plans <input type="checkbox"/> 12. Through the NHSL Resilience Group, there is commissioning with oversight of: <input type="checkbox"/> -internal audit recommendations <input type="checkbox"/> -GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents <input type="checkbox"/> -Continuous self-audit <input type="checkbox"/> 13. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed through CMT <input type="checkbox"/> 14. Continued investment in resilience through extension to temporary contracts of Resilience Advisers <input type="checkbox"/> 15. A resilience Business Improvement Plan has been prepared	Medium	Medium	G Docherty	29/10/2021	Planning Performance & Resource Committee - Board until June 2021
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 <input type="checkbox"/> a) Monklands is an ageing property / facility <input type="checkbox"/> b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	High	Controls - in 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. <input type="checkbox"/> 1. Detailed risk assessment of Monklands estate issues <input type="checkbox"/> 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority <input type="checkbox"/> 3. Investment programme overseen through the Capital Investment Planning Group (CIG) <input type="checkbox"/> 4. Framework partner appointed to work through phases of estates work. <input type="checkbox"/> Actions <input type="checkbox"/> 1. Evaluate the capital plans to include additional requirements for Covid-19 <input type="checkbox"/> 2. Evaluate the capital plans in 3 years (2023) <input type="checkbox"/> 3. Progression to Outline Business Case (OBC) <input type="checkbox"/>	Medium	Medium	L Ace	29/10/2021	Planning Performance & Resource Committee - Board until June 2021

NHS LANARKSHIRE
CORPORATE RISK REGISTER - JUNE 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 Committee
1379	14/12/2015	Effective	Delayed Discharge Performance and Impact	There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan.	High	Controls - <input type="checkbox"/> 1.CMT have continuous oversight of performance, reasons for delays and discuss action <input type="checkbox"/> 2.Planned Date of Discharge rolled out across whole Hairmyres site <input type="checkbox"/> 3.Pan-Lanarkshire PDD implementation group now in place <input type="checkbox"/> 4.Weekly site PDD implementation groups in place involving both acute and partnership staff <input type="checkbox"/> 5.PDDs now in place in wards 9 and 10 in Wishaw, with roll out plans to expand to the rest of the site <input type="checkbox"/> 6.PDDs now in place in ward 20 in Monklands, with roll out plans to expand to the rest of the site <input type="checkbox"/> 7.Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date <input type="checkbox"/> 8.Winter plan for 2020/2021 is based on a whole system basis <input type="checkbox"/> Action <input type="checkbox"/> 1 Monitoring though CMT and CE Quarterly Performance Reviews <input type="checkbox"/>	Medium	Medium	H Knox	29/10/2021	Population Health Primary Care & Community Services - Board until June 2021

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 Committee
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. <input type="checkbox"/>	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. Continuous review of the dashboard and improvements as identified. This dashboard is utilised at IG Committee Actions 1. Dashboard continuous undert review with aim to develop further 2. Currently reviewing incident mangement processes 3. Improving assurance reporting format to include types of IG incidents, themes of incidents occurring, actions taken and lessons learned. <input type="checkbox"/> <input type="checkbox"/>	Medium	Low	D Wilson	30/07/2021	Healthcare Quality Assurance & Improvement Committee
1987	21/01/2021	Safe	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	C Lauder	30/07/2021	Planning Performance & Resource Committee - Board until June 2021
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 or incite public disorder impacting on healthcare.	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	29/10/2021	Population Health Primary Care & Community Services - Board until June 2021

NHS LANARKSHIRE
CORPORATE RISK REGISTER - JUNE 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 Committee
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 <input type="checkbox"/> 2. Maintaining essential services <input type="checkbox"/> 3. Full communication plan utilising the range of social media to keep the population and staff of Lanarkshire fully updated <input type="checkbox"/> 4. Performance monitoring <input type="checkbox"/> 5. Management and review of adverse events <input type="checkbox"/> 6. Commenced work to gradually increase theatre numbers across the 3 sites. <input type="checkbox"/> <input type="checkbox"/>	Medium	Medium	J Park	30/10/2021	Healthcare Quality Assurance & Improvement Committee
2009	22/03/2021	Safe	Limited NMAHP Governance During the Period of Emergency Legislation	There is a risk that there will be limited oversight of NMAHP professional governance and development as professional governance processes such as those overseeing safe staffing legislation and Excellence in Care have been significantly reduced as a result of continuously managing the range of emerging and changing priorities throughout the Covid-19 pandemic.	Medium	1. Re-establishment of the oversight processes through the Senior NMAHPS leadership group and the workforce group <input type="checkbox"/> 2. Oversight of NMAHP professional processes maintained during Covid-19 via Command and Control measures <input type="checkbox"/> 3. NMAHP staffing pressures monitored via the workforce tactical group supported by the cross-cutting group during this period. <input type="checkbox"/>	Medium	Medium	E Docherty	29/10/2021	Healthcare Quality Assurance & Improvement Committee