Standard Risk Register Report
Corporate Risk Register July /August 2022
Risk Register Lead : Ms Heather Knox, Chief Executive
Accurate as at 4th August 2022

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
2123	Effective	04/02/2022	Ability of NHS Lanarkshire to Deliver a Balanced Budget Within Year 2022/2023	There is a significant risk that NHS Lanarkshire will be unable to realise required savings for year 2022/23 and deliver a balanced budget whilst maintaining essential services, meeting legislative requirement whilst being responsive to strategic change.	Very High	Controls 1. Financial modelling for recovery and redesign 2. Maximise financial management opportunities in the short-term 3. Intelligence gathering and scenario planning 4. Regular horizon scanning 5. New Financial Recovery Group meeting 2/52 Actions 1. Continuous review of financial quarter position 2. Resume activity around sustainability and savings plans when is reasonably appropriate	Very High	Medium	31/08/2022	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)
2062	Effective	19/07/2021	Development of the new healthcare strategy, Our Health Together	There is a risk that there is an inability to resource and identify capacity necessary to progress the work required for strategy development due to the current Covid pressures and capacity across the whole system, adversely impacting on the progression of the development of the new Strategy: Our Health Together	High	Controls 1. Review of current status of individual work streams monitored via Strategy Delivery Team (SDT) on a bi-monthly basis. 2. Board development day held on 16th March 2022 3. Risk assessment of status of the workstreams undertaken and reported to PPRC June 2022. Action 1. Set out a draft strategy for consideration by Autumn 2022	Medium	Medium	30/12/2022	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)

2155	Safe	16/06/2022	Impact From Proposed Scot Gov / JVCI Vaccination Programme Cohorts 2022/23	There is a risk that there will be a loss of essential support services if the Scottish Government / JVCI proposed recommendation to not vaccinate auxillary staff is implemented. This could lead to increased absence in this cohort of staff during the future predicted waves of covid, impacting adversely on the overall sustainability of clinical services with potential for increased transmission of infection within clinical areas.	Very High	Controls: 1. Limited controls at present but expressions of concern and discussions with Scottish Government have commenced. Action: 1. Executive professional leads to influence through professional bodies.	Very High	Medium	31/08/2022	Knox, Heather	Planning, Performance and Resource Committee (PPRC)
2073	Effective, Safe	13/09/2021	NHSL Reputation Regarding FAI	There is a risk that NHSL will be subject to adverse publicity resulting from a scheduled FAI, impacting on the reputation of the Organisation.	High	Controls 1. Continuous review and improvement of the systems in place for review of signicant adverse events, including liaison with family. 2. Implementation and monitoring of action plans.	High	Medium	31/08/2022	Knox, Heather	Planning, Performance and Resource Committee (PPRC)
2125	Safe	04/02/2022	Optimal Clinical Outcomes	There is risk that optimal clinical outcomes for some patients will not be attainable resulting from delays in diagnosis and treatment experienced as a direct result of previous disruption and stepping down of services during the acute periods of pandemic response. This could lead to unintended consequence for some patients with disease progression and higher levels of acuity.	High	Controls 1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL 2. Priority risk assessment of cases on waiting lists aligned with the Realistic Medicine workplan 3. Contracting with special health boards and independent sector 4. Early warning surveillance 5. Review of adverse events and complaints 6. Oversight and review of HMSR 7. Gold, Silver & Bronze Command structure maintained at present, supporting critical clinical decision making 8. Improvement and data measures outlined within the Quality Strategy & Workplan 9. Continuous performance monitoring through Quality Professional and Performance Committee 10. Continuous governance oversight through the Healthcare Quality, Assurance and Improvement Committtee	High	Medium	31/10/2022	Burns, Dr Jane	Healthcare Quality Assurance and Improvement Committee (HQAIC)

594	Effective	30/11/2009	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	Controls - 1. Participation in the National Fraud Initiative: Fraud Policy & response plan, SFI's, Code of Conduct for board members and Staff, Internal Audit, Internal Control System and Scheme of Delegation (level of individual authority) 2. Established appointments of Fraud Champion & Fraud Liaison Officer 3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts 4. Audit Committee receives regular fraud updates 7. Annual national fraud awareness campaign 8. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops 9. Learning from any individual case 10. Enhanced Gifts and Hospitalities Register 11. Procurement Workshops for High Risk Areas 12. Enhanced checks for 'tender waivers' and single tender acceptance 13. Increased electronic procurement that enables tamperproof audit trails 14. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register 15. Annual Review with the National NHS Counter	Medium	Medium	30/12/2022	Ace, Ms Laura	Audit Committee

| 2038 | Effective, Person Centred, Safe, Service/Department/Function Objectives | 03/06/2021 | Procurement of a new NHS Lanarkshire Labs Managed Service Contract | There is a risk of disruption to the NHS Lanarkshire Labs Managed Service Contract, because the Laboratories Managed Service Contract (Labs MSC) is one of the most significant contracts that the Health Board has both in terms of annual value and clinical criticality and it has recently came to the end. This may result in providing an inadequate laboratory service, impact patient care and present reputational damage to the Board. | Very High | 22/07/22 Controls

1. Final specification documents to be released for tender by Aug 5th 2022 with responses due by Oct 31st
2. Project ontrack to meet agreed timescales

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Controls
1. SBAR prepared for Private Board Meeting, with agreement to progress the recommendations outlined in the paper;
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
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.
c) Agree to the Project Resource costs that are set out in this paper in order to adequately resource the project | Very High | Medium | 31/08/2022 | Park, Mrs Judith | Planning, Performance and Resource Committee (PPRC) |

1710	Safe	15/11/2018	Public Protection	There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of population change and behaviour eg migration of families in and out of Lanarkshire, disengagement with health and social care services, creating the potential for harm to occur and adverse impact on the reputation of NHSL.	Medium	Controls 1. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals 2. 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. 3. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues. 4. Designated Child Health Commissioner 5. Public Protection Strategic Enhancement Plan and Strategy revised annually and overseen through the Public Protection Forum 6. Move to business as usual as services resume to normal level and retain and maintain throughout any subsequent acute waves of infection. 7. Corporate Parenting Group infrastructure established in line with Corporate Parenting Promise 8. Public protection identified as a 'never service and function' with protected business as usual	Medium	Medium	30/12/2022	Docherty, Eddie	Healthcare Quality Assurance and Improvement Committee (HQAIC)

| 1703 | Safe | 18/10/2018 | Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances. | There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s)affected and potentially business continuity. | High | Controls
1.Scottish Government Strategic Resilience Direction / Guidance
2.Designated Executive Lead
3.NHSL Resilience Committee
4.Local Business Continuity Plans
5.Local Emergency Response Plan
6. Gap Analysis undertaken to set out action plan(s) and solutions
7. Seek national support for these low frequency high impact potential situations
8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles
9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines
10. Planned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur.
11.Participation in National Workshop to progress Powered Respirator Protective Suits (PRPS) training (August 2021)
12. Decontamination procedures being tested | High | Low | 31/08/2022 | Pravinkumar, Josephine | Population Health and Primary Care Committee |

| 2039 | Safe | 28/05/2021 | Staff Fatigue, Resilience, Wellbeing & Safety | There is a risk that staff are extremely fatigued having come through significant waves of Covid and there is an increased risk to staff resilience, wellbeing & safety in any subsequent waves whilst trying to recover / maintain services and manage increased public need, expectations and tensions . This could significantly adversely impact on staff, increase staff absence and consequently reduce workforce capacity. | Very High | Controls
1. Range of staff support services locally and nationally - SALUS, spiritual care, psychological services, PROMIS
2. Rest and recuperation areas
3. Peer support network
4. Strategic staff health and wellbeing group
5. Established SLWG to review staff V&A incidents (as part of OHS annual review)
6. Continued surveillance of staff wellbeing and safety through data review, through executive walkrounds and the consideration of a 'safe card' system
7. Communications plan, including release of NHSL Video featuring staff and heightened awareness of Zero Tolerance safety messaging from the Chair of the Board of NHSL
8. Funding released by SG for staff wellbeing (allocation NRAC based)
9. New NHSL Wellbeing webpage launched
Action
1. Develop a summarised outcome/measure paper on the range of controls for assurance reporting
2. Review of long-term sickness absence profile with action plan by end of December 2022. | High | Medium | 31/10/2022 | Sandilands, Kay | Staff Governance Committee (SGC) |

| 2124 | Effective | 04/02/2022 | Sustaining a Safe Workforce | There is a risk that NHSL will not be able to sustain the necessary safe workforce to meet the changing priorities resulting from the pandemic response and service demands moving into recovery. This has the potential to adversely impact on patients, staff, continuity of services and ability to comply with the forthcoming Health & Care (Staffing) (Scotland) Bill. | High | Controls
1. Workload and workforce planning using national tools on a cyclical basis
2. GP Sustainability Group in place and active
3. National and International Recruitment
4. Responsive recruitment
5. Responsive deployment and redeployment of staff
6. Wellbeing initiatives supporting staff and supporting attendance
7. Monitoring of attrition and sickness/absence
8. Gold, Silver & Bronze Command structure maintained at present, supporting critical clinical & staff decisions
9. Negotiations with local universities to increase intake of NMAHP per year.
Action
1. Workforce planning will align with the development of the new NHSL Strategy
2. Marketing NHSL strategy to attract staff for recruitment by September 2022. | Very High | Medium | 31/08/2022 | Sandilands, Kay | Staff Governance Committee (SGC) |
| 2150 | Safe | 13/05/2022 | Sustaining GP Services | There is a risk that some GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention)issues as they respond to clinical requirements. This has the potential for loss of provision of primary care services. | High | Controls:
1. GMS sustainability meetings
2. NHSL support for some GP practices continues
3. Review and recovery of the Primary Care Implementation Plan (PCIP)
4. Maintaining triage,and other alternative ways of working to maximise use of existing resource
Action
1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. | High | Medium | 31/10/2022 | Knox, Heather | Population Health and Primary Care Committee |

2126	Safe	08/02/2022	Sustaining Out of Hours Primary Care Service	There is a risk that the Out of Hours (OOH) service cannot be sustained due to an insufficient supply of GP's and other relevant primary care staff to meet the workforce demand, particularly at peak times, compounded by a shortfall of supporting advanced practitioners. This has the potential for delayed treatment, impact on other services and adverse reputation for NHSL.	Very High	Controls 1. Invoking contingency arrangements 2. Winter Plan 2022/23 3. AHP Project Plan 4.Performance monitoring 5.National and local re-design of services, including Urgent care 6.Improvement project plan reviewed with an outline of change reviewed by CMT and considered by Population Health, Primary Care and Community Services Governance Committee Action 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care.	Very High	Medium	31/08/2022	South, Chief Officer	Population Health and Primary Care Committee
2129	Effective	15/03/2022	Sustaining Whole System Patient Flow	There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care workforce capacity to meet the demand. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.	Very High	Controls: 1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients 2. Local planned date of discharge (PDD) and national discharge without delay (DWD)programme implemented 3. CMT & Covid Response Group have continuous oversight of performance, reasons for delay and consider further actions 4. Continuous oversight of hospital outbreaks and infection prevention and control advise with case by case management of outbreaks 5. Workforce planning with continuous monitoring of sickness/absence during surge periods	Very High	Medium	31/08/2022	Knox, Heather	Population Health and Primary Care Committee

| 2135 | Safe | 29/03/2022 | Ukriane Conflict - Heightened Cyber Threat | Due to the conflict in Ukraine there is a heightened threat level in respect of cyber security towards Board systems and technical infrastructure from external foreign government sources. | Very High | Controls:
1.Adopting NCSC advice in respect of heightened threat level:

-Ensure patching of all desktop hardware and software is performed in a timely manner in keeping with current policy.
-Ensure where possible that all key business systems are patched in line with current policy.
-Ensure all internet facing services are patched.
-Ensure AV software is deployed and up-to-date
-Alert staff to the heightened risk level especially in connection with unusual e-mails or visiting web sites when prompted by unexpected e-malls
-Monitor which third party suppliers have access to our network, seek assurance that such companies have taken appropriate steps given the heightened threat.
-Monitor early warning information sources such as those provided by NCSC and CISP
-Check for Russian commercial involvement in any of the Boards Digital supply chains
2. NIS cyber security action plan compliance monitoring | Very High | Medium | 31/08/2022 | Wilson, Donald | Healthcare Quality Assurance and Improvement Committee (HQAIC) |