

Standard Risk Register Report  
Corporate Risk Register Accurate As At 17th March 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	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Resume activity around sustainability and savings plans</li> <li>2. Financial modelling for recovery and redesign</li> <li>3. Intelligence gathering and scenario planning</li> <li>4. Regular horizon scanning</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Continuous review of financial quarters</li> </ol>	Very High	Medium	29/04/2022	L Ace	Planning, Performance and Resource Committee (PPRC)
1669	Effective	16/08/2018	Compliance with Data Protection Legislation	There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Extensive range of Information Security policies and procedures known as Information Security Management System (ISMS). (Jan 2022, ISMS internal procedures published on eHealth section of firstport, ISMS policies i.e. IT Security generally available to staff via firstport. Managed via the Workplan at the Cyber Security Group (CSG)).</li> <li>2. Established governance arrangements for the management of Information Governance (Jan 2022. Board Information Governance group meets every 6 weeks, Local Team established (5) staff not including IG Manager since 2017/2018).</li> <li>3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee. (Jan 2022, All posts in place and actively involved in IG group, meets every six weeks)</li> <li>4. Established an Information Governance Team (Jan 2022, Team fully established (2017/2018) and at full complement, 5 staff plus IG Manager)</li> <li>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. (Jan 2022, Complete Minutes of decisions available from</li> </ol>	Medium	Low	31/05/2022	D Wilson	Healthcare Quality Assurance and Improvement Committee (HQAIC)

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1992	Effective	25/01/2021	Continuous Covid-19 Pandemic Response & Impact on Routine Public Health Function	There is a risk there will be loss of continuity of management and oversight of essential public health functions (screening, immunisation, BBV, health protection, non-covid epidemiology and surveillance, resilience) due to public health resource being prioritised to the pandemic response as covid-19 continues to mutate and spread. This has the potential to adversely impact on population health outcomes, identification and early alert to non-covid emerging health protection issues and widening of health inequalities.	High	Controls: 1. Investment for General Manager position, with appointment of interim GM, to undertake review of workforce and demands 2. RAG assessment of all public health functions outlining controls in place 3. National lockdown with expected +ve impact 4. LRP oversight with EHO engagement and local authority/ community actions 5. National and local media campaigns for societal and behaviour measures 6. Commencement of frequent business meetings 7. Engagement with BMA with planned development sessions to enable review of PH Strategy and Modified Business Model 8. Approval of workforce plan at CMT January 2022 to progress to recruitment. Action 1. Progress recruitment of approved posts effective February 2022	High	Medium	31/05/2022	H Knox	Population Health and Primary Care Committee
2074	Effective	13/09/2021	Delay in Progressing Regional Vascular Service	There is a risk that NHSL cannot progress the development of the regional vascular hubs to the initial timescales due to the continuing covid and non-covid pressures, that will impact on medium term planning for NHSL and the partner Boards.	High	Controls: 1. Continue with aspects of project that can be maintained eg some building work 2. Continuous communications with stakeholders	High	Medium	29/04/2022	J Park	Planning, Performance and Resource Committee (PPRC)
2115	Safe	12/01/2022	Delivery of CAMHS Service	There is a risk that the CAMHS service cannot meet the increasing clinical demands due to a significantly high number of cumulative staff vacancies for both clinical and non-clinical posts and challenges recruiting to new posts identified through the national recovery and renewal fund. This is impacting on community, in-patient and out-patient care with the potential to adversely affect response time to referrals; longer waiting times; poorer outcomes; delays in redesign and reputation of NHSL	Very High	Controls 1. Prioritisation of referrals; all referrals vetted daily with urgent referrals seen 2. Active review of skill mix to utilise medical staff only when required for highly complex patients. 3. Vacancy gap analysis 4. Continuous recruitment with investment Action 1. Accelerate recruitment and set timescales for improvement	Very High	Medium	29/04/2022	R McGuffie	Population Health and Primary Care Committee
2062	Effective	19/07/2021	Development of the new healthcare strategy, Our Health Together	There is a risk that there is an inability to resource 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 SDT on a bi-monthly basis. 2. Board development day held on 16th March 2022	High	Medium	29/07/2022	C Lauder	Planning, Performance and Resource Committee (PPRC)

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2060	Safe	14/07/2021	Maintaining Organisation Resilience	There is a risk that the overall resilience of NHSL could be compromised due to sustained whole systems pressure exacerbated by winter pressures, and limited mutual aid across Scotland with the potential to be unable to respond to any other significant surge or emergency activity.	Medium	Controls 1. Resilience & site/area business continuity planning 2. Redesign of Urgent Care Nationally and Locally 3. Investment for recruitment to Test & Protect & Public Health Teams 4. Major Incident Planning with Protocols 5. In 'live' Strategic Command for Covid-19 pandemic with whole system monitoring 6. Review of performance targets with SG 7. Programme for staff wellbeing 8. Continuous monitoring of staff sickness /absence 9. Full capacity Protocol 10. Winter Planning 2021/22 11. Continuous monitoring of BLACK status through Strategic Command (criteria) Action 1. Review assessed level of risk aligned to the BLACK status.	High	Medium	29/04/2022	H Knox	Planning, Performance and Resource Committee (PPRC)
2076	Effective	01/10/2021	Minimising Adverse Reputation to NHSL Whilst Continuing in Emergency Footing	There is a risk that NHSL will be subject to negative publicity as they strive to maintain effective communication for the public on the continuous changing position essential to sustain services whilst managing the covid-19 response. This has the potential to adversely impact on the reputation of NHS Lanarkshire.	High	Controls: 1. Co-ordinated Whole System Communication Strategy including: -Winter planning, including other respiratory viruses -Access to Services -Service Pressures -Staff Information	High	Medium	29/04/2022	C Brown	Board
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 significant adverse events, including liaison with family. 2. Implementation and monitoring of action plans.	High	Medium	29/04/2022	H Knox	Planning, Performance and Resource Committee (PPRC)

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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	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Priority risk assessment of services, including designation of 'Never Services/Functions' across NHSL</li> <li>2. Priority risk assessment of cases on waiting lists aligned with the Realistic Medicine workplan</li> <li>3. Contracting with special health boards and independent sector</li> <li>4. Early warning surveillance</li> <li>5. Review of adverse events and complaints</li> <li>6. Oversight and review of HMSR</li> <li>7. Continuous performance monitoring</li> <li>8. Gold, Silver &amp; Bronze Command structure maintained at present, supporting critical clinical decision making</li> </ol>	High	Medium	31/05/2022	J Burns	Healthcare Quality Assurance and Improvement Committee (HQAIC)
594	Effective	09/02/2009	Prevention & Detection of Fraud, Bribery and/or Corruption	There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.	High	<p>Controls -</p> <ol style="list-style-type: none"> <li>1. Participation in the National Fraud Initiative: Fraud Policy &amp; 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)</li> <li>2. Established appointments of Fraud Champion &amp; Fraud Liaison Officer</li> <li>3. Key contact for NFI, who manages, oversees, investigates and reports on all alerts</li> <li>4. Audit Committee receives regular fraud updates</li> <li>7. Annual national fraud awareness campaign</li> <li>8. On-going fraud campaign by the Fraud Liaison Officer through comms plan and specific workshops</li> <li>9. Learning from any individual case</li> <li>10. Enhanced Gifts and Hospitalities Register</li> <li>11. Procurement Workshops for High Risk Areas</li> <li>12. Enhanced checks for 'tender waivers' and single tender acceptance</li> <li>13. Increased electronic procurement that enables tamperproof audit trails</li> <li>14. Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register</li> <li>15. Annual Review with the National NHS Counter</li> </ol>	High	Medium	31/05/2022	L Ace	Audit Committee

## ITEM 19b

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 come to the end. This may result in providing an inadequate laboratory service, impact patient care and present reputational damage to the Board.	Very High	<p>Controls</p> <p>1. SBAR prepared for Private Board Meeting, with agreement to progress the recommendations outlined in the paper;</p> <p>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</p> <p>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.</p> <p>c) Agree to the Project Resource costs that are set out in this paper in order to adequately resource the project</p> <p>2. Programme Manager appointed and took up post in June 2021.</p> <p>3. Progress of work will be monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee</p>	Very High	Medium	29/04/2022	J Park	Planning, Performance and Resource Committee (PPRC)
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1710	Safe	15/11/2018	Public Protection	There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL.	Medium	<p>Controls</p> <ol style="list-style-type: none"> <li>1. NHSL Public Protection Group with objectives reporting through HQAIC, with oversight of training, referrals</li> <li>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.</li> <li>3. National, Regional and Local Multi-Agency Committees with Chief Officers, for Child Protection, Adult Protection, MAPPA and EVA public protection issues.</li> <li>4. Designated Child Health Commissioner</li> <li>5. Public Protection Strategic Enhancement Plan and Strategy revised annually and overseen through the Public Protection Forum</li> <li>6. Move to business as usual as services resume to normal level and retain and maintain throughout any subsequent acute waves of infection.</li> <li>7. Corporate Parenting Group infrastructure established in line with Corporate Parenting Promise</li> <li>8. Public protection identified as a 'never service and function' within the new protocol as</li> </ol>	High	Medium	30/04/2022	E Docherty	Healthcare Quality Assurance and Improvement Committee (HQAIC)
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1364	Safe	09/11/2015	Risk of cyber-attack in respect of stored NHSL data	There is an increased risk of opportunistic malicious intrusion into data stored on NHSL digital systems resulting from diversion of resources to respond to the COVID-19 pandemic that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.	High	<p>Controls</p> <p>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. (Jan 2021, Partially complete evidenced by Windows O/S and Office patching metrics as part of Dash Board report at Cyber Security Group, CSG)</p> <p>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. (Jan 2022 plan is to deploy defender to all servers by September 2022).</p> <p>3. New 'advanced' Firewalls have been procured to replace the main Firewalls at UHH and UHM. Installation is complete. (Jan 2022, Monitored on CE action Tracker "2021/2022).</p> <p>4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of</p>	High	Low	31/05/2022	D Wilson	Healthcare Quality Assurance and Improvement Committee (HQAIC)
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1703	Safe	18/10/2018	Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity.	High	<p>Controls</p> <ol style="list-style-type: none"> <li>1.Scottish Government Strategic Resilience Direction / Guidance</li> <li>2.Designated Executive Lead</li> <li>3.NHSL Resilience Committee</li> <li>4.Local Business Continuity Plans</li> <li>5.Local Emergency Response Plan</li> <li>6. Gap Analysis undertaken to set out action plan(s) and solutions</li> <li>7. Seek national support for these low frequency high impact potential situations</li> <li>8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles</li> <li>9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines</li> <li>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.</li> <li>11.Participation in National Workshop to progress Powered Respirator Protective Suits (PRPS) training (August 2021)</li> <li>12. Decontamination procedures being tested nationally as part of the overall COP26</li> </ol>	High	Low	31/03/2022	H Knox	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	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Range of staff support services locally and nationally - SALUS, spiritual care, psychological services, PROMIS</li> <li>2. Rest and recuperation areas</li> <li>3. Peer support network</li> <li>4. Strategic staff health and wellbeing group</li> <li>5. New SLWG with targeted approach for immediate actions</li> <li>6. New SLWG to review staff V&amp;A incidents (as part of OHS annual review)</li> <li>7. Continued surveillance of staff wellbeing and safety through data review, through executive walkrounds and the consideration of a 'safe card' system</li> <li>8. 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</li> <li>9. Funding released by SG for staff wellbeing (allocation NRAC based)</li> <li>10. New NHSL Wellbeing webpage launched</li> </ol>	Very High	Medium	29/04/2022	K Sandilands	Staff Governance Committee (SGC)



## ITEM 19b

2015	Safe	14/04/2021	Sustained Long Term Delivery of the Covid19 Vaccination & Booster Programme	There is a risk that NHSL will not be enabled to sustain longer term delivery of the Covid-19 vaccination programme including booster recall as expected due to workforce issues as other services recover and change to delivery model (location).	High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. National priority framework</li> <li>2. Local Planning process</li> <li>3. Professional oversight group</li> <li>4. Covid Tactical command group</li> <li>5. Communication Plan</li> <li>6. Continuous briefings to Board</li> <li>7. Implementation Plan as reviewed through CMT and Gold Command</li> <li>8. Revised vaccine centres up and running</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Review of current processes to maximise efficiencies in administration of boosters/flu vac and clinical time</li> <li>2. Workforce modelling for consideration and approval by CMT by end of January 2022.</li> </ol>	High	Medium	30/04/2022	J Burns	Population Health and Primary Care Committee
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.	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Workload and workforce planning using national tools on a cyclical basis</li> <li>2. GP sustainability action plan overseen through the Primary Care Implementation Plan</li> <li>3. National and International Recruitment</li> <li>4. Responsive recruitment</li> <li>5. Responsive redeployment of staff</li> <li>6. Wellbeing initiatives supporting staff and supporting attendance</li> <li>7. Monitoring of attrition and sickness/absence</li> <li>8. Gold, Silver &amp; Bronze Command structure maintained at present, supporting critical clinical &amp; staff decisions</li> <li>9. Negotiations with local universities to increase intake of NMAHP per year.</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Workforce planning will align with the development of the new NHSL Strategy</li> </ol>	Very High	Medium	29/04/2022	K Sandilands	Staff Governance Committee (SGC)
2086	Effective	08/10/2021	Sustaining GP Services	There is a risk that GP services will be overwhelmed and unable to resume to the full range of conventional ways of working as there is insufficient workforce capacity with an increasing demand on primary care services during this highly pressurised period. This has the potential to limit access to GP services, consequently impacting on other primary care services and hospital services.	Very High	<p>Controls:</p> <ol style="list-style-type: none"> <li>1. Whole system review through Gold Command</li> <li>2. GMS sustainability meetings</li> <li>3. NHSL support for GP practices</li> <li>4. Review and recovery of the Primary Care Implementation Plan (PCIP)</li> <li>5. Winter Planning 2021/22</li> <li>6. SG directive on Covid pathway implemented</li> <li>7. Practices working at Level 1.</li> </ol>	Very High	Medium	29/04/2022	H Knox	Planning, Performance and Resource Committee (PPRC)

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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 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	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Invoking contingency arrangements</li> <li>2. Winter Plan 2021/22</li> <li>3. AHP Project Plan</li> <li>4. Performance monitoring</li> <li>5. National and local re-design of services, including Urgent care</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Review of PC OOH Improvement Project Plan (including modelling of a blended workforce) with stakeholders</li> </ol>	Very High	Medium	29/04/2022	S Sengupta	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 and care @ home 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	<p>Controls:</p> <ol style="list-style-type: none"> <li>1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice &amp; support, risk assessment for onward movement of patients</li> <li>2. Commissioning of intermediate care / step down beds at other non-acute sites across NHSL, however this is workforce dependent</li> <li>3. Local planned date of discharge (PDD) and national discharge without delay (DWD) programme implemented</li> <li>4. CMT &amp; gold command have continuous oversight of performance, reasons for delay and consider further actions</li> <li>5. Continuous oversight of hospital outbreaks and infection prevention and control advise</li> <li>6. Workforce planning with continuous monitoring of sickness/absence during surge periods</li> </ol>	Very High	Medium	29/04/2022	H Knox	Population Health and Primary Care Committee