Corporate Risk Register

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Target)	Review Date	Risk Owner	Assurance sources
2197	Effective	01/03/2023	Ability of NHS Lanarkshire to Deliver a Balanced Budget within Periods 23/24 – 25/26	There is a significant risk that NHSL will be unable to realise required savings to break even & deliver a balanced budget for the period of 2023/24 – 2025/26, whilst maintaining essential services & meeting legislative requirements whilst being responsive to strategic change.	Very High	1.Maximise financial management opportunities in the short-term 2. High thresholds and strict criteria for any additional spend 3. Intelligence gathering and scenario planning to ensure forecasts as reliable as possible 4. Regular horizon scanning for opportunities and threats 5. Enhanced Sustainability & Value Programme covering all areas of the organisations operations and spend and linked firmly to the Boards overall healthcare strategy 6. Participation in National Savings Groups 7. Agreement with SG regarding brokerage repayment. Actions 1. Continuous review of financial quarter position 2. Accelerate activity around sustainability and savings plans when is reasonably appropriate	Very High	Medium	31/05/2023	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)

| 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 6. Participation in National Savings Groups

Actions 1. Continuous review of financial quarter position 2. Resume activity around sustainability and savings plans when is reasonably appropriate | Very High | Medium | 31/05/2023 | Ace, Ms Laura | Planning, Performance and Resource Committee (PPRC) |
| 2150 | Safe | 13/05/2022 | Ability to maintain General Medical Service provision | 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. Ongoing review and recovery of the Primary Care Improvement 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 | 31/05/2023 | South, Chief Officer | 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 Strategy Delivery Team (SDT) on a bi-monthly basis. Action 1. Stakeholder Engagement process to commence April - June 2023, approval obtained by both the Board and PPRC. 2. New strategy to be reviewed in draft form Autumn 2023.	Medium	Medium	01/06/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)

| 2135 | Safe | 29/03/2022 | Heightened Cyber Threat | There is a risk of malicious cyber security breaches resulting in the loss of digital services within NHS Lanarkshire. | 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 | 30/06/2023 | Wilson, Donald | Healthcare Quality Assurance and Improvement Committee (HQAIC) |

2155	Safe	16/06/2022	Impact of Unpredictable Public Health Outbreaks on Current Services	Due to the ongoing impact of covid, seasonal flus and other unpredictable public health outbreaks on our current services and staff, there is an increased risk to our ability to sustain core clinical services which could negatively impact upon patient care & NHSL reputation.	Very High	Controls 1. Agile Vaccination Programme which can be increased or decreased in capacity and capability as required 2. OPEL Escalation Ladder 3. Use of both National and local data within the organisation to understand trends 4. Ongoing Covid financial support Actions 1. Move through the stages of Operation Flow	Very High	Medium	01/06/2023	Gardner, Jann	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. 3. Communication team regularly monitor media outlets to understand any current or upcoming coverage of FAI's relating to NHSL & to ensure a readiness to respond if necessary.	High	Medium	31/05/2023	Gardner, Jann	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. Improvement and data measures outlined within the Quality Strategy & Workplan 8. Continuous performance monitoring through Quality Professional and Performance Committee 9. Continuous governance oversight through the Healthcare Quality, Assurance and Improvement Committtee. 10. Whole system actions from Firebreak to decompress & stabilise system. Operation Flow plan to reshape/re-design services in response to clinical pressures. | High | Medium | 10/04/2023 | Deighan, Mr Chris | 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... | Medium | Medium | 31/05/2023 | 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 | Controls 1. Project Board in place which is the vehicle to manage & implement the new contract. 2. Project Board reviews and manages project risk register in relation to individual risks with tender/procurement process. 3. Progress of work is monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee. | Very High | Medium | 29/04/2022 | 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. Services resumed to normal BAU levels and will be maintained throughout any subsequent acute levels of infection as Public protection is identified as a 'never service and function' with protected business as usual status during any future period of system pressures.... | Medium | Medium | 31/05/2023 | 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 test... | 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 and Strategy published. 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) until end of March 2023. 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. 3. Ongoing work to support recru... | High | Medium | 28/04/2023 | 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. Negotiations with local universities to increase intake of NMAHP per year.
9. Launched new recruitment website and resources in November 2022 to promote NHSL as employer of choice.

Action
1. Workforce planning will align with the development of the new NHSL Strategy
2. Ongoing work to support recruitment and retention, weekly pay for bank workers, exit questionnaires, workforce optimisation group agenda etc. | High | Medium | 28/04/2023 | Sandilands, Kay | Staff Governance Committee (SGC) |

| 2126 | Safe | 08/02/2022 | Sustaining Primary Care Out of Hours 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 'Safety Netting' via A&E as contingency arrangements 2.Performance monitoring 3.National and local re-design of services, including Urgent care 4.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 | 31/05/2023 | 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 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 6. Operation Flow is now in progress.	Very High	Medium	31/05/2023	Gardner, Jann	Population Health and Primary Care Committee