ID	Corporate Objectives	Opened Date	Title	Description of Risk	Rating (initial)	Risk level (initial)	Mitigating Controls	Rating (current)	Risk level (current)	Risk level (Target)	Review Date	Risk Owner	Assurance sources	Notes
2212	Effective	01/05/2023	Failure to Comply with NHS Sustainability Policy, DL (2021) 38	If NHSL does not sufficiently support the implementation of the NHSL Sustainability, Energy and Environment agenda with the appropriate workforce and financial investment, there is a risk the organisation fails to comply with NHS Scotland Sustainability policy, DL (2021) 38 and Climate Change (Emissions Reduction Targets) (Scotland) Act 2019, resulting in negative impacts on our reputation, decreased board performance in relation to targets and continuing to contribute to adverse environmental impacts.	16	Very High	Controls 1. NHS Lanarkshire Sustainability & Climate Change Policy (2022) 2. NHS Lanarkshire Sustainability & Climate Change Strategy 3. NHS Lanarkshire Sustainability & Environment Group in place and chaired by Deputy Director Planning, Property & Performance 4. Regular reports to CMT and PPRC 5. Completion of national reports (both statutory and non-statutory) in areas relating to the Boards GHG emissions performance, climate change risk and adaptation and biodiversity. Actions 1. Commission of net-zero routemap report conducted by Jacobs, due to be finalised by end of April 2023; 2. Formation of a refreshed governance structure for the Sustainability & Environment Group, with dedicated workstream leads covering areas of focus including energy management, capital and assets, waste, greenspace/biodiversity, and transport and travel. Highlight reports will be	16	Very High	Medium	31/05/2023	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	
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.	25	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	25	Very High	Medium	31/05/2023	Ace, Ms Laura	Planning, Performance and Resource Committee (PPRC)	25/04/23 - Update from L Ace. Work continue on S & V but to date does not increase the level of achievable savings. Meeting arranged with SG for 24th of May which will help us understand the degree of flexibility we have over 3 years and the consequences of not achieving breakeven. CHope

							Controls/Actions							
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.	12	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.	16	Very High	High	31/05/2023	South, Chief Officer	Population Health and Primary Care Committee	28/04/2023 - There are escalating challenges within the external environment, with heightened difficulties due to factors out with our control, requiring national action to be taken. Current likelihood increased to a 4 moving the risk from High to Very High. Tolerance level has been increased from Medium to High. --
2213	Effective	01/05/2023	Ability to Respond to Climate Change	If appropriate action is not taken by NHSL to mitigate, adapt and respond to the effects of climate change, there is a significant risk that our physical and supporting infrastructure is impacted and services are disrupted to the extent that NHSL cannot efficiently deliver safe and appropriate healthcare. Climate change means that extreme weather incidents are becoming more common and severe.	16	Very High	Controls 1. NHS Lanarkshire Sustainability & Climate Change Policy (2022) 2. NHS Lanarkshire Sustainability & Climate Change Strategy 3. NHS Lanarkshire Sustainability & Environment Group in place and chaired by Deputy Director Planning, Property & Performance 4. Regular reports to CMT and PPRC 5. Completion of Climate Change risk and adaptation report to NHS Assure/Scottish Government Actions 1. Commission of net-zero routemap report conducted by Jacobs, due to be finalised by end of April 2023 2. Formation of a refreshed governance structure for the Sustainability & Environment Group, with dedicated workstream leads covering areas of focus including energy management, capital and assets, waste, greenspace/biodiversity, and transport and travel. Highlight reports will be produced by workstream leads and the S&EG will provide updates to CMT/PPRC	16	Very High	Medium	31/05/2023	Thyng, Emily	Planning, Performance and Resource Committee (PPRC)	
2062	Effective	19/07/2021	Development of the new healthcare strategy, Our Health Together	Due to current capacity pressures across the whole system and a potential inability to resource, there is a risk of insufficient capacity necessary to progress strategy development which may adversely impact on the timescales and delivery of the new strategy 'Our Health Together'.	12	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.	9	Medium	Medium	26/05/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	3rd April 2023 - Update from R Rafferty. Risk was discussed at SDT with focus on newly proposed description. Description accepted and approved. C Hope

ID	Category	Date	Risk Title	Risk Description	Score	Rating	Controls	Score	Rating	Rating	Target Date	Owner	Committee	Update
2205	Safe	27/03/2023	Fire Safety Within NHSL	If all staff within NHSL are not sufficiently trained in relation to fire safety and awareness, there is an increased risk that NHSL is not suitably equipped to manage or respond to fire related incidents which may negatively impact on health and safety of staff and patients whilst failing to comply with legislative requirements.	16	Very High	1. Fire Safety Training mandatory for all staff 2. Compliance monitored weekly and reported to CMT 3. Dedicated Fire Safety team within NHSL carry out Fire Safety Risk Assessments and produce Corrective Action Plans for Senior Site Responsible Managers as appropriate 4. Number of Fire Safety Control Book Audits carried out quarterly. 5. Email is auto-generated 3 months in advance to make users aware of requirement to carry out fire safety training before becoming non-compliant.	12	High	Medium	31/05/2023	Lauder, Colin	Planning, Performance and Resource Committee (PPRC)	22nd May 2023 - Update as a result from discussions at CMT. Compliance in May >70% on average. Additional control added to reflect that Turas auto-generates an email to users to alert of up coming training requirement. C Hope --
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.	16	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-mails -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	16	Very High	Medium	30/06/2023	Wilson, Donald	Healthcare Quality Assurance and Improvement Committee (HQAIC)	Update May 2023 - MG - Date confirmed for deployment, CCR submitted. Scope of scan still to be determined and agreed. Other mitigations put in place - Defender for Endpoint Tamper Protection enabled across all W10 devices.

ID	Category	Date	Risk Title	Description	Score	Rating	Controls / Actions	Score	Rating	Rating	Date	Owner	Committee	Update
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.	16	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	16	Very High	Medium	26/05/2023	Gardner, Jann	Planning, Performance and Resource Committee (PPRC)	6th April 2023 - Update from J Pravikumar. With regards to managing incidents and outbreaks; Health Protection Operations Manager is working with the team to update the risk register and once completed will link with CRM to advise if anything needs reflected on the corporate risk register. Regarding vaccination, Jann has requested a meeting with myself, Susan and Laura. An AOIG meeting will be arranged in the next few weeks and we should be able to update on that. CHope --
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.	12	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. 4. Early identification of the potential for an FAI through CLO and notified to the board secretaty to progress. 5. Local preparations co-ordinated through the Board Secretary (excluding mandatory FAIs) to allow for consistent approach.	9	Medium	Medium	31/05/2023	Gardner, Jann	Planning, Performance and Resource Committee (PPRC)	04/04/2023 - Additional controls added to capture procedure and processes in place for preparedness. Score reduced. CHope --

ID	Domain	Date	Risk Title	Risk Description	Current Score	Current Rating	Controls	Target Score	Target Rating	Risk Appetite	Review Date	Owner	Committee	Update
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.	12	High	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.	16	Very High	Medium	10/04/2023	Deighan, Mr Chris	Healthcare Quality Assurance and Improvement Committee (HQAIC)	3rd April 2023 - Risk discussed at CMT with the decision to increase from 12 to 16 approved to reflect system pressures and performance. Decision taken to review scoring again at CMT on 1st May. C Hope
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.	12	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	8	Medium	Medium	31/05/2023	Ace, Ms Laura	Audit Committee	April 23 - reviewed by L Ace. This risk will remain a potential corporate threat even though the controls can provide a level of assurance. No change to assessment or controls at this review.

ID	Objectives	Date	Title	Risk Description	Score	Rating	Controls	Score	Rating	Rating	Review Date	Owner	Committee	Update
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.	25	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.	16	Very High	Medium	31/05/2022	Park, Mrs Judith	Planning, Performance and Resource Committee (PPRC)	7th April 2023 - Risk reviewed by Judith Park, Russell Coultard & CRM. After discussions at CMT, it is agreed that there is a significant degree of contractual protection around the existing equiptment & no noted deterioration in outcomes. This has resulted in both the likelihood of a permanent and total failure being limited whilst the most realistic impact is progressive deterioration. Both impact and likelihood have been reduced from 5 to 4 as a result which has been approved by LMC PB on 6th April 2023. CHope 2
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.	9	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	9	Medium	Medium	31/05/2023	Docherty, Eddie	Healthcare Quality Assurance and Improvement Committee (HQAIC)	14th April 2023 - Update from E Docherty. No material change to risk at this review. C Hope

ID		Date	Risk Title	Risk Description			Controls				Target Date	Owner	Committee	Update
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.	12	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	12 High	Low	31/08/2022	Pravinkumar, Josephine	Population Health and Primary Care Committee	6th April 2023 - reviewed by J Pravinkumar, with Val McLean advising for UHW: Due to overwhelming pressures on the site, there has been no further decontamination training carried out. In addition, a significant number of nurses who had been trained have now left the organisation. I do not think we have a robust decontamination capability. Discussions to be held whether risk remains owned by Public Health. CHope 1
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.	16	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	12 High	Medium	28/04/2023	Sandilands, Kay	Staff Governance Committee (SGC)	06/03/23 - Current controls and planned actions updated by Kay Sandilands via email. C Hope --

					Score	Level		Controls/Actions	Score	Level			Date	Owner	Committee	Update
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.	12	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.	12	High	Medium	28/04/2023	Sandilands, Kay	Staff Governance Committee (SGC)	27/03/23 - Discussion with J Pender regarding seperation of risk into two risks with short term risk and med/long term risk. J Pender undergoing review of workforce plan to tease out risks which may frame an overarching long term risk. Workshop to discuss planned for 14th April with L Ireland and CRM. CHope
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.	16	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.	16	Very High	Medium	31/05/2023	South, Chief Officer	Population Health and Primary Care Committee	2nd March 2023 - Reviewed by S Sengupta. Controls updated and Winter Plan 22/23 and AHP Project Plan have been removed as no longer relevant controls for this risk. CHope 0

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.	16	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.	16	Very High	Medium	31/05/2023	Gardner, Jann	Population Health and Primary Care Committee	April 23 - No change to risk.