NHS Lanarkshire   **Lanarkshire NHS Board**
25 January 2023   **NHS Board**
                             Kirklands
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SUBJECT: NHS LANARKSHIRE CORPORATE RISK REGISTER

1.   PURPOSE

This paper is coming to the Board:

For assurance	x	For endorsement		To note	x

2.   ROUTE TO BOARD
This paper has been:

Prepared	x	Reviewed		Endorsed	

By the Corporate Risk Manager, on behalf of the Corporate Management Team

3.   SUMMARY OF KEY ISSUES

The Corporate Risk Register was previously presented to NHSL Board in August 2022 reporting on material changes to the corporate risk register with a focus on very high graded risks, including all very high graded risks across NHSL. The Register remained unchanged until this month, the risks assigned to Committees continued to be reviewed. Following the retirement of the Corporate Manager in September 2022, an appointment was made to replace the postholder, and the incoming Corporate Risk Manager will start on 1 February 2023. The Corporate Risk Manager will, as part of her induction, meet with all risk owners to undertake a more fundamental review of all Corporate risks.

NHS Lanarkshire is no longer on emergency footing, however, for this reporting period NHSL has declared, and continues operating in BLACK status.

This risk report sets out recent changes, and will:

  i)   Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks reported in July/August;
  ii)   Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 16th January 2023;
  iii)   Set-out very high graded corporate risks with all very high graded risks across NHSL;
  iv)   Set-out for information the very high graded risks through operational units and business critical programmes of work/redesign that includes Monklands Business

Continuity, Monklands Replacement Programme and the Primary Care Improvement Plan;

For reference, the full Corporate Risk Register is set out in Appendix 1, accurate as at 16 January 2023.

i) **Summary of Significant Material Changes to the Corporate Risk Register**

The detail below highlights the material changes over the last reporting period.

Closed Risks
No risks have been closed since the last review.

Risks Escalated To, De-escalated From or Transferred To the Level 1 Corporate Risk Register
No risks have been de-escalated from corporate to operational level when reviewed by Givernance Committees.

New Corporate Risks Identified
One new risk had been identified over the review period.

Risk ID	Risk Description	Risk Owner
3000	Industrial action impacting capacity to deliver services	K Sandilands

ii) **NHSL Corporate Risk Register Profile as at 16 January 2023**

For this reporting period, there are 16 corporate risks. The risk profile is shown below:
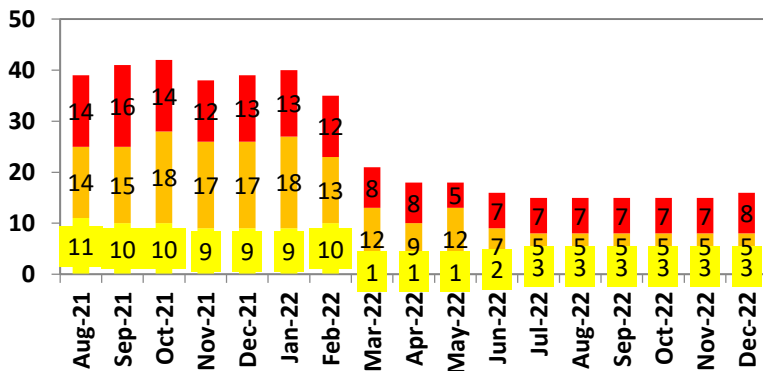
iii) Very High Graded Risks Across NHSL, and Mitigating Controls

NHS Lanarkshire has agreed the boundary corporate risk appetite below:

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
		Score	1	2	3	4	5
LIKELIHOOD	Almost Certain	5					2
	Likely	4		1	1	5	1
	Possible	3			2	4	
	Unlikely	2					
	Rare	1					

Commensurate with the approved taxonomy for governance and oversight of the assessed risks, the focus for this report will be on very high graded risks as below.

Assessed Level of Risk	Risk Tolerance Descriptor	Level & Frequency of Review / Assurance
Very High 16 - 25	Risk level exceeds corporate risk appetite and requires immediate corrective action to be taken with monitoring at CMT and Board Level	• Every Board Meeting for decision-making and assurance (noting that frequency of reporting will be subject to review) • Every PPRC meeting for decision-making and assurance • Every Audit Committee meeting for assurance • Monthly CMT for discussion and review of mitigation controls, triggers and assessment

Very High Graded Risks on the Corporate Risk Register as at 4th August 2022

There are now eight (8) very high graded risks on the corporate risk register as shown below with the mitigating controls

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
3000	25/11/22	Industrial action impacting capacity to deliver services.	Very High	Controls 1. The industrial action is centred around a dispute over pay. The negotiations and resolution to this is out with the control of the Board. 2. National liaison through the Board Chief Executives Group to ensure accurate situational awareness is maintained. 3. Provision of information to Scot. Gov. through daily update [when required]. 4. A weekly Industrial Action planning group, consisting of NHSL and both Lanarkshire Health and Social Care Partnerships, has been established to assess potential impacts, prepare contingency plans to mitigate disruption. 5. A review of critical service areas and safe staffing levels. 6. Engagement with representative bodies leads has been initiated and is ongoing. 7. Communications have been circulated to provide available information to staff. 8. A communications strategy is being developed as part of the planning approach.	Very High	01/02/2023	K Sandilands
2155	16/06/2022	Impact From Proposed Scot Gov / JVCI Vaccination Programme Cohorts 2022/23	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.	Medium	31/01/2023	H Knox
2135	29/03/2022	Ukraine Conflict - Heightened Cyber Threat	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	Medium	31/08/2022	D Wilson

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2129	15/03/2022	Sustaining Whole System Patient Flow	Very High	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	Medium	31/08/2022	H Knox
2038	03/06/2021	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	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 _____ 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 2. Programme Manager appointed and took up post in June 2021. 3. Progress of work will be monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee 4. Moving towards tender process.	Medium	31/08/2022	Judith Park

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2124	04/02/2022	Sustaining a Safe Workforce	Very 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.	Medium	31/08/2022	Kay Sandilands
2123	04/02/2022	Ability of NHS Lanarkshire to Deliver a Balanced Budget Within Year 2022/2023	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	Medium	31/08/2022	Laura Ace
2126	08/02/2022	Sustaining Out of Hours Primary Care Service	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.	Medium	31/08/2022	Soumen Sengupta

i) All Other Risks Graded Very High Across NHSL

There are now eight (8) very high graded risks owned and managed within the Acute Division as below. One (1) Risk ID 1716 – OOH Interventional Radiology Service– reduced from very high to high as 3 new Consultants have been appointed.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1933	Treatment Time Guarantee	20/08/20	Very High	Controls: 1. Additional capacity agreed in the Independent Sector and at GJHN. 2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group. 3. We continue to recover Theatre capacity.	J Park
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	Controls: 1. Continual recruitment for Consultant Radiologists. 2. Medica & 4ways contract agreed for outpatient reporting. 3. Contract agreed with Medica to outsource reporting of urgent examinations during normal working hours if required. 4. Scottish National Radiologist Reporting Services (SNRRS) now providing some support for NHSL 5. Workforce review in progress, paper will be developed for DMT. 6. Radiologists at UHM and UHW being asked to help support UHH, within normal hours and at weekends. 7. Use of Agency staff.	J Park
2042	Unscheduled Care	04/06/21	Very High	Controls: 1. A paper reviewing ED workforce requirements has been written and submitted to North & Social Care Partnerships for consideration for transitional funding. 2. Acute huddles arranged Monday to Friday (daily). 3. Daily whole system Conference Calls arranged twice daily (7 days a week. With subsequent Acute conference calls arranged as necessary. 4. Monitoring performance weekly at DMT & CMT. 5. Urgent Care Redesign work ongoing, with Flow Navigation Centres in place. 6. Consultant connect process in place to improve communication with GPs. 7. Escalating concerns to Acute Governance Committee, PPRC and Board. 8. Risk escalated and highlighted to Strategic Command.	J Keaney

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1848	Staff Resilience	07/01/20	Very High	Controls Controls continue 1. Promotion of NHS Lanarkshire Staff Care and Wellbeing services. 2. Additional staff rostered wherever possible to provide support and mitigate risk. 3. Track staff on shift using PRAR tool on daily basis and escalate areas at risk on site huddles and NHSL conference calls. 4. Monitor and provide governance in relation to nurse and midwifery staffing levels through the monthly Acute Nurse & Midwifery Governance Group. 5. Monitor sickness absence through Divisional Management. 6. Recruitment processes underway for newly qualified nurses, based on existing vacancies and high risk areas. 7. Engagement with senior team SLWG including partnerships to work through and agree strategy in terms of staffing levels. 8. Bank Workforce weekly pay pilot commenced January 2022, extended May 2022 and ongoing discussion regarding further extension. 9. A group has been established to support international recruitment of registered nurses. The first nurses commenced in June 2022, and ongoing recruitment in place.	J Park
2138	General Surgery Emergency Service	05/04/22	Very High	1. Consultants from UHH and UHW providing support to the Emergency Receiving rota at UHM. 2. Long term service redesign work being undertaken, with business continuity plan to be in place August 2022. 3. Educational support being provided to trainees from Consultants on other sites. 4. Training plan in place led by the Director of Medical Education	J Keaney
2137	Finance 2022/2023	05/04/22	Very High	1. Rapid deterioration in the Acute Division's financial position to date report to Board member and Acute Governance Committee members. 2. Division monitors the financial position through Acute Divisional Management Team, Acute Governance Committee and regular finance meetings with sites and Access Division. 3. Divisional Management Team update on progress of cost improvement through the Finance Efficiencies Programme Board fortnightly. ACTIONS: The Division continue to work to seek out and maximise opportunities for cost improvement. To provide Scottish Government with appropriate measures to reduce covid expenditure and deliver local savings to ensure break even at the end of the financial year. The Board will explore option to mitigate financial risk and outline potential savings opportunities.	J Park

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2018	Impact on diagnosis and treatment as services were stepped down during acute covid response	28/04/21	Very High	1. Maintaining essential services. 2. Prioritisation of services for cancer and other high clinical patient groups. 3. Implementation of the National Clinical Prioritisation Framework. 4. Implementation of communication strategies to inform the public of service access. 5. Waiting List validation continually being carried out and monitored through capacity meetings. 6. Planned care recovery plan continues to maximise access to diagnosis and treatment for patients.	J Park
2153	Medical Input to Balloch Unit, Carrickstone Care Home	09/06/22	Very High	University Hospital Monklands (UHM) Consultant clinical input to Carrickstone once per week will continue, as will access to the Geriatrician On-Call for out of hours' periods. There is currently no resource within the workforce to increase capacity to Carrickstone. In the short term, an agency Specialty Doctor has been secured for 5 mornings per week onsite at Carrickstone starting 13 June – 5 August. Approval has been received to recruit a substantive 5 session Specialty Doctor post onsite at Carrickstone. Recruitment is being progressed..	J Park

There are now three (3) very high graded risks for the South H&SCP.   Risk ID 2111 – Clinical Staffing Levels- OOH Services was increased from High to Very High at the July review.

ID	Title	Open Date	Risk level (current	Mitigating Controls	Risk Owner
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	Controls 1. Executive group established to highlight and enact potential solutions. 2. A Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services is now under way. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 4. GP recruitment and retention group meets regularly. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board. 7. Procurement of a community information system to optimise contribution to community services. Action 1. Increasing numbers of "last GP left standing situations" and exploration regarding this and clarification of contractual position and succession or other plans currently being explored. 2. Maintain plan as far as reasonably possible noting Scot Gov/SGPC have agreed to delay by a year in recognition of Covid 19	S Sengupta
2029	ICST workforce	07/05/21	Very High	Controls: 1. SG uplift funding provides financial support to grow the workforce rapidly. 2.nThe national transforming nursing roles for community nursing papers and being reviewed and a SLWG lead by Joanne Jenkins is considering required service transformation. 3. ICST workforce review has been commissioned and is about to commence. 4. All caseloads are being profiles and reviewed for complexity to offer support and assist in workforce planning and a daily PRAG tool is being completed. 5. Additional professional leads have been employed to support higher numbers of district nursing trainees and the increasing number of skill mix posts from home first funding and HCSW funding. 6. South HSCP have recruited a significant number of DN trainees and for a second year have appointed over 20 NQN's in to staff nurse posts commencing band 4 roles in August 2022 prior to registration.	S Sengupta

ID	Title	Open Date	Risk level (current	Mitigating Controls	Risk Owner
2111	Clinical Staffing Levels Out of Hours	23/12/21	Very High	1. Daily monitoring of week ahead cover levels by OOH service manager, combined with regular review with clinical and professional leads and OOHS management team to discuss identified gaps and agree actions to resolve and secure clinical staff. 2. Call outs to GPs via rotatmater and direct calling to highlight available sessions, established and on-going. 3. Locum agencies already utilised to provide cover, established and on-going.	S Sengupta

Information and Digital Technology

Risk ID 2114 – Cybersecurity has been reviewed and superceded by corporate   Risk ID 2135 - Ukriane Conflict - Heightened Cyber Threat has been escalated to corporate level.

Business Critical Programme/Re-Design Risks Assessed as Very High – Monklands Replacement Programme

There is one (1) very high graded risk on the Monklands Replacement Programme (MRP).

	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2119	Increased revenue costs could make the project unaffordable to NHS Lanarkshire.	14/01/22	Very High	Controls 1. Conduct a comprehensive review of costs to confirm accuracy of current costs projections. 2. Conduct a value for money assurance review with the Leadership Group. 3. Review and consider alternative costs strategies can be applied to reduce costs. 4. Review market conditions and consider if these are projected to improve over time and if feasible for the project to be delayed. 5. Ensure there has been independent scrutiny of the space standards and design capacity calculations. 6. Conclude the workforce scenario based planning across all job families and present through project governance and NHS Lanarkshire governance for acceptance and approval. 7. Continue to work collaboratively with all staff groups to identify efficient working practices and flexible workforce solutions based on the design of the technology-enabled hospital which ensures safe and effective patient care to be delivered in the most efficient way. 8. Identify opportunities to test new ways of working, including the use of digital systems and technologies that offer workforce efficiency.	C Lauder

Business Critical Primary Care Improvement Plan (New GMS Contract) Programme Risks

There are now three (3) risks assessed as very high.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2048	Delivery of GMS2018 Contract - Pharmacotherapy Services (GMS2018-016)	07/04/21	Very High	Controls 1. Pharmacotherapy Workstream continued as maintenance step during COVID response stood back in full January 2021. 2. Early escalation of concerns to GMS Oversight Executive Group - as of July 2020 Oversight Executive Group stood up and aware of challenges. 3. January 2021 - First Hub in Airdrie being progressed as a test site, focus on specifically establishing standardised processes and informing digital requirements/solutions. 4. March 2021 – Serial Prescribing review to inform consideration of how to best support increasing uptake across practices and number of patients on a serial prescription, exercise carried out to capture current position at the 38 practices that are currently identified as serial prescribing practices. This exercise has identified the opportunities to build on and share learning and improvement, this is to be taken forward utilising a qi approach. Report to be presented at May 2021 workstream meeting. 5. April 2021 - Recruitment and retention concerns discussed in detail at workstream meeting and recognised the need to be further explored via staff survey. Report anticipated end May 2021. 6. May 2021 - Pharmacotherapy Audit (Level 1) to be carried out w/c 7 June, this will inform a picture of understanding of gap between what is in place and what is outline in the joint BMA / Cab Sec letter. Audit will also capture enablers and barriers to allow depth of understanding on best utilisation of resource. Report anticipated end of June 2021. 7. May 2021 – GMS Oversight Executive Group requested paper detailing Hub model to be reviewed and as appropriate revised, specifically detailing impact of Covid considerations and contingency plans principles, along with timescales, barriers to progressing and detailed mitigation. 8. May 2021 – National webinar on digitalisation of prescribing and dispensing pathways to be considered and where possible mitigated against advised no timeline for delivery; was raised in recent call with Scottish Government. 9. May 2021 - Accommodation requirements discussed with PDS who have indicated a hub space in each locality should be able to be found. 10. April 2022 - GANTT chart detailing timeline to full delivery and included in Highlight report each month with update and detail of mitigation.	L Findlay

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2046	Nursing Workforce (GMS2018-014)	30/03/21	Very High	1. 30/03/2021 - monitor this risk and be aware. 2. 30/03/2021 - add timeline for this into the VTP Project Plan 3. 30/03/2021 - relationship between covid and flu programme s to be clarified. 4. May 2021 - awaiting decision from Board. 5. November 2021 – Scottish Government advice re permanency of mass vaccination programme (covid / flu) staff received and now be worked through, which in turn will inform confirmation of level of and timeframe for return of PCIP nursing workforce. 6. March 2022 – mitigation discussed and approved at GMS Oversight Group (2/3); Utilise returning staff to carry out a test of change to progress with the establishment of a service in one locality while also exploring and learning the possibilities for staff mix, Make a bid for 30wte new graduates, Go out to recruit Band 5, Communicate the impact and mitigation to GP, and establish a regular follow of updates, Priorities the locality profile exercise so ensure future planning is fully informed. 7. April 2022 - Review final numbers of staff who opted to return from covid vaccination programme to inform future mitigation.	L Findlay
2000	Accommodation (GMS2018-008)	28/03/18	Very High	1. NHS Lanarkshire and North & South HSCP Properties group made aware of new workforce developments. 2. Workstreams to develop and share workforce allocation models with Premises workstream to further inform infrastructure requirements to allow these considerations to be built into the planning and selection process. 3. Look at new ways of delivering the service from alternative locations i.e.. staff going to places which patients already attend. Further review and consideration being undertaken post covid as likely increase in remote working which will ease the ask for accommodation. 4. August 2020 - paper presented to the RRROG regarding estimated staff requirements for space. 5. March 2021 - Conversations ongoing between both HSCPs and PSSD regarding accommodation. 6. March 2021 - Explore optimisation of remote working.	L Findlay

*risk transferred to Datix

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	ADP		Government Policy	
Government Directive		Statutory Requirement		AHF/Local Policy	
Urgent Operational Issue		Other: Corporate Governance	X		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	x	Effective	x	Person Centred	x

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	x
Staff feel supported and engaged; (Effective)	x
Healthcare is safe for every person, every time; (Safe)	x
Best use is made of available resources. (Effective)	x

6. MEASURES FOR IMPROVEMENT

Risk Register Assurance

On 18th July 2022, there was a Board briefing on risk register reporting built on the fundamental requirements for risk register management, scrutiny & assurance. The presentations focussed on the current governance structure; the role of the Audit Committee; working definitions of risk appetite & tolerance; risk taking and current risk reporting.

The corporate risk manager proposed a change to the governance committee reporting including a new process for completion of individual assurance reports for each corporate risk. This was considered and agreed to progress with a view to evaluation later in the year.

The systems essential to supporting this new process, including the training of designated person to complete the assurance report; the setting up of a cross-function file to enable access to all templates and reports; the support for risk owners; guidance on completion of the assurance report were agreed but not completely embedded by the time the Corporate Risk Manager retired in September 2022.

The new Corporate Risk Manager will be supported by the previous postholder for a short period while induction is arranged, to take forward and complete these assurance measures and ensure these are fully embedded.

7. FINANCIAL IMPLICATIONS

Very high graded risks will be considered in terms of exceeding the defined corporate risk appetite level with review of the adequacy of mitigating controls and action planning identifying a more intensive supported approach to mitigation, including investment.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

No further risk analysis is required.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	x	Effective partnerships		Governance and accountability	x
Use of resources		Performance management	x	Equality	
Sustainability	x				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment is not required for this paper as the risks apply equally.

11. CONSULTATION AND ENGAGEMENT

The risks expressed and quantified within the register have been subject to discussion and continue to be considered against the current position of remobilisation.

12. ACTIONS FOR THE BOARD

Board Members are asked to:

Approval		Endorse	x	Identify further actions	
Note	x	Accept the risk identified		Ask for a further report	

- Note the new risk;
- Endorse the NHS Lanarkshire Corporate Risk Profile;
- Note the very high graded risks across NHSL'
- Refer to the Corporate Risk Register, accurate as at 16 January 2023, as necessary as set out in Appendix 1;

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Paul Cannon, Board Secretary.