

Meeting of Lanarkshire
NHS Board
26th January 2017

Lanarkshire NHS Board

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SUBJECT: NHSL CORPORATE RISK REGISTER

1. PURPOSE

This paper is coming to the Board:

For approval	X	For endorsement		To note	
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2. ROUTE TO BOARD

This paper has been:

Prepared		Reviewed	X	Endorsed	
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By the Corporate Management Team at its meeting of 16th January 2017

3. SUMMARY OF KEY ISSUES

The Corporate Risk Register was previously presented to NHS Board in November 2016. Since then, the Corporate Management Team have considered the corporate risk register in December 2016 and January 2017, discussing in detail emerging and new risks; very high graded risks and risks exceeding the assessed level of tolerance. As a result, risk descriptions, assessed level of risk, and /or controls have been updated accordingly to reflect progress of mitigating actions and impact.

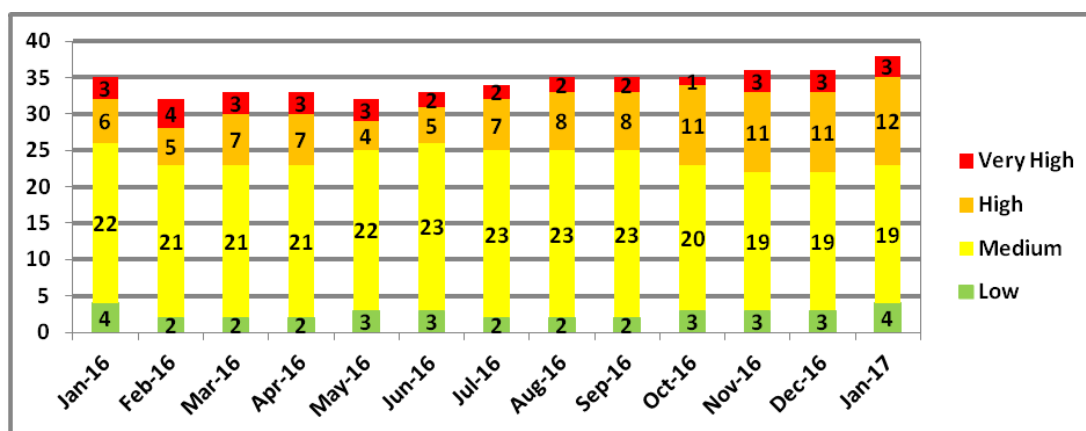
For this reporting period, there are no closures of risks, with 2 new risks identified, assessed and agreed. Through continuous review, risks have been subject to change to either the assessed level of risk, the assessed level of tolerance, or changes to the mitigating controls. The NHS Lanarkshire Corporate Risk Register outlining the current 38 risks is attached as appendix 1, with material changes for the reporting period summarised below:

New Corporate Risks Identified
New Risk ID 1462 - In order to deliver a balanced budget, there is a risk that NHSL will not be able to realise the required savings for 2017/18, with the potential to impact adversely on current and subsequent years financial planning. Risk owned by Mrs Laura Ace and assessed as Very High
New Risk ID 1463 - Capacity to respond to the increasing demand for school pupil work experience placements 2017 and beyond. Risk owned by Mr Kenny Small and assessed as High

Closed Risks		
No closed risks for this reporting period		
Changes of Note for Specific Risks		
Risk ID	Description of the Risk & Note of Change	Risk Owner
1404	<p>There is a risk that the progression of the implementation of the NHSL Healthcare Strategy could be compromised if the principles set out within the CEL 4 (2010), 'Informing, Engaging and Consulting People in Developing Health & Community Care Services', are not fully applied, with the potential to adversely impact on the sustainability of current services and the reputation of NHSL.</p> <p>The likelihood of occurrence of this risk has been reduced from Possible to Unlikely resulting from the Board recommendations agreed at its meeting on 30 November, including progression of a Letter of Intent to the Cabinet Secretary in February 2017. The current assessed level of risk continues as Medium.</p>	Mr C Campbell / Mr C Brown
643	<p>There is a risk that even by implementing the prescribing quality efficiency programme, the expected savings will not be realised.</p> <p>Resulting from a positive continuing trend on effective management of medicines and continuous saving over 7 month period CMT members agreed to reduce the level of risk from Very High to High</p>	Dr Iain Wallace
1389	<p>Service Model Review for OOH Service</p> <p>Subsequent to the external review findings and effectiveness of the current revised service model, the IJB and HB have accepted the revised model and is now fully implemented. Assessed level of risk reduced from Medium to Low risk.</p>	Mr Calum Campbell, Mrs Val De Souza
1385	<p>In order to deliver a balanced budget, there is a risk that NHSL will not be able to realise the required savings for 2016/17, with the potential to impact adversely on current and subsequent years financial planning.</p> <p>Month 8 / 9 financial position was assessed as being unlikely x moderate. Assessed level of risk reduced from High to Medium and will be reviewed in March to consider end of year position. Level of Tolerance reduced from Medium to Low</p>	Mrs Laura Ace
1413	<p>There is a risk that NHSL will not meet the agreed locally adjusted unscheduled care performance targets as profiled over the year 16/17.</p> <p>The assessed level of tolerance has increased from Low to Medium</p>	Mrs Heather Knox

NHSL Corporate Risk Register Profile as at 16th January 2017

The following outlines the corporate risk register profile for NHSL from January 2016 to 16th January 2017.



NHSL Corporate Risk Register Profile as at 16th January 2017

From the 38 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heat map below and is accurate as at 16th January 2017.

			IMPACT						
			Low	Minor	Moderate	Major	Extreme		
Score			1	2	3	4	5		
LIKELIHOOD	Almost Certain	5				1	↑		
	Likely	4			3	↑	2	↓	
	Possible	3		2	↓	7	↔	9	↔
	Unlikely	2		2	↔	3	↑	5	↔
	Rare	1		2	↑	2	↔		

Directional Arrows denote change in level of assessment for the overall risk profile from the previous report.

Corporate Objectives

All corporate risks are aligned to the 3 primary corporate objectives agreed as Effective, Person – Centred and Safe :

	Low	Medium	High	Very High	Totals
Effective	3	10	7	1	21
Person - Centred	0	1	0	0	1
Safe	1	8	5	2	16
Totals	4	19	12	3	38

Risk Types

The 38 risks have been further described and set out as risk types below:

	Low	Medium	High	Very High	Totals
Business	3	7	10	3	23
Clinical	1	10	1	0	12
Reputation	0	1	1	0	2
Staff	0	1	0	0	1
Totals	4	19	12	3	38

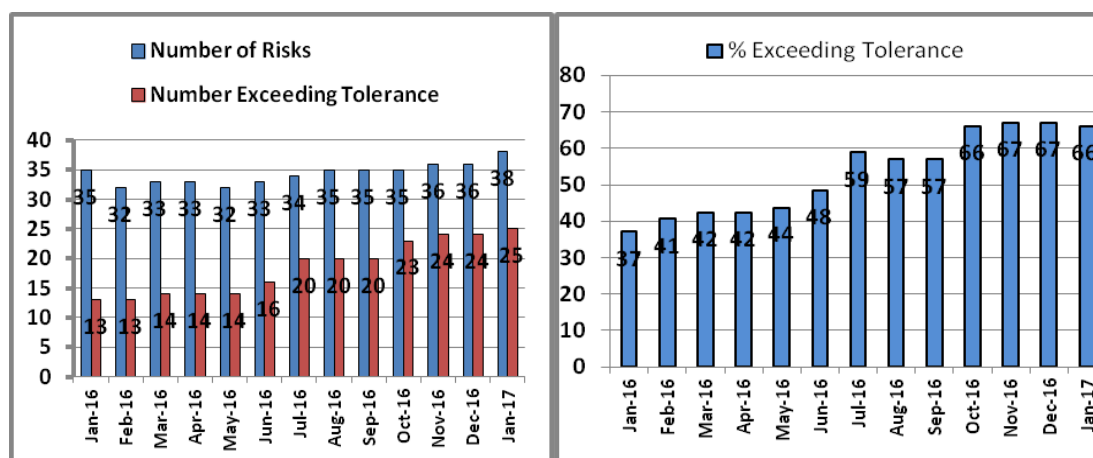
Very High Graded Risks

The 3 very high business risks within this period will potentially have the highest impact on safety and effectiveness for NHSL and are subject to review on a monthly basis:

Risk ID	Risk Title	Risk Type	Primary Corporate Objective	Risk Owner
1412	GP input to sustain current community hospital clinical model of service	Business	Safety	Mr Calum Campbell
1450	Ability to maintain existing GP Services across NHS Lanarkshire	Business	Safety	Mr Calum Campbell
1462	NHSL Ability to realise the required savings within year 2017/18	Business	Effective	Mrs Laura Ace

Corporate Risk Register Tolerance Profile as at 16th January 2017

The following demonstrates the change in the risk tolerance profile over the period January 2016 to 16th January 2017 both in numbers and further expressed as a percentage of the total number of corporate risks.



Note : January 2016 to December 2016 — reports on the end of month position.

From the 38 risks, there are 25 (66%) where the *current* assessed level of risk is higher than the *tolerance* set, with the detail and key actions set out below:

ID	Opened Date	Title	Risk Owner	Risk level (current)	Risk level (Tolerance)	Key Actions
1462	09/01/2017	NHSL Ability to realise the required savings within year 2017/18	Mrs Laura Ace	Very High	Medium	<ul style="list-style-type: none"> • CRES schemes to be subject to risk assessment for impact on service delivery • Submission of CRES schemes commenced
1412	13/06/2016	GP input to sustain current community hospital clinical model of service.	Mr Calum Campbell	Very High	Medium	<ul style="list-style-type: none"> • Transforming Primary Care Programme Board • Scope non-medical led clinical service model and report to Strategy Group on Service model options May 2017
1450	14/11/16	Ability to maintain existing GMP Services across NHS Lanarkshire	Mr Calum Campbell	Very High	Medium	<ul style="list-style-type: none"> • Executive Group to report to Strategy Group on position and actions March 2017
643	22/02/10	Cost – Effective Prescribing	Dr Iain Wallace	High	Medium	<ul style="list-style-type: none"> • Project Management and Improvement Approach to Change, linked to Transforming Primary care objectives • project board with infrastructure and improvement support
1025	18/02/2013	Reconfiguration of beds for Older Peoples Services	Mr C Campbell, Mrs Val De Souza, Ms J Hewitt	High	Medium	<ul style="list-style-type: none"> • Bed Modelling Plan developing • Detailed Investment Plans for Integrated Care Fund • Review of continuing care eligibility and associated bed requirements NHSL wide
1128	10/03/2014	Sustainability of Safe and Effective Medical Input to Clinical Services	Dr Iain Wallace	High	Medium	<ul style="list-style-type: none"> • Health Care Strategy • Trauma & Orthopaedic Service Review • Deanery action plans in response to GMC / Deanery Visits
1405	09/05/2016	Delivery of the Local Delivery Plan (LDP)	Mr C Campbell, Mr C Sloey	High	Medium	<ul style="list-style-type: none"> • Board discussion • Review of LDP targets and NHSL targets for highest achievement and least impact
1323	27/07/2015	Provision of Clinical Services Required	Mr Calum Campbell	High	Medium	<ul style="list-style-type: none"> • NHSL Healthcare Strategy • Communication Plan • Supported through risk ID 1431, 1128, 1412 and 1450 Actions.
1363	09/11/2015	Increasing Reliance on IM&T	Mr Colin Sloey	High	Medium	<ul style="list-style-type: none"> • Undertake planned workbench exercise to test disaster recovery plans for core systems
1379	14/12/2015	Delayed Discharge Performance and Impact	Mr Calum Campbell, Ms Janice Hewitt, Mrs Val De Souza	High	Medium	<ul style="list-style-type: none"> • Continuous weekly oversight at CMT • Analysis of cause

285	10/04/2008	Standing risk that external factors may adversely affect NHSL financial balance	Mrs Laura Ace	High	Medium	<ul style="list-style-type: none"> Continuous horizon scanning for external change that will impact on NHSL financial position.
1431	08/08/2016	Sustaining a safe trauma and orthopaedic service for patients across NHSL.	Mr Calum Campbell	High	Medium	<ul style="list-style-type: none"> Phase 1 implementation underway
1463	20/12/2016	Capacity to respond to the increasing demand for school pupil work experience placements 2017 and beyond.	Mr Kenny Small	High	Medium	<ul style="list-style-type: none"> Discussion with K McVeigh to discuss development of academy
1413	13/06/2016	Unscheduled Care Performance	Mrs Heather Knox	High	Low	<ul style="list-style-type: none"> Continuous review of performance WGH Action Plan
1385	25/01/2016	NHSL Ability to realise the required savings within year 2016/17	Mrs Laura Ace	Medium	Low	<ul style="list-style-type: none"> Schemes from 'new ideas' workshop CRES schemes to be subject to risk assessment for impact on service delivery Consideration for nationally mandated initiatives and policy changes that facilitate the realisation of the balance of the total efficiency savings requirement
1280	02/03/2015	Maintaining quality of care and prevention of harm and injury to patients	Dr Iain Wallace	Medium	Low	<ul style="list-style-type: none"> Revised and refreshed Patient Safety Strategic plan for endorsement by HQAIC and oversight of measures through Patient Safety Strategic Group
1349	01/10/2015	Child Protection	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Review of all Child Protection Policies
572	28/10/2009	Minimising the risk of HAI across NHSL	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Infection Control and Prevention Team (ICPT) Annual Workplan 16/17
847	24/02/2010	Adult Support and Protection	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Strategic Enhancement Plan through Public Protection Group
1295	09/06/2015	NMC Revalidation of Nurses and Midwives	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Revalidation Steering Group overseeing implementation and monitoring progress, with reporting to HQAIC
1310	24/06/2015	Nursing - Availability of Specialist Practitioners	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> Workforce and workload planning process underway
982	31/08/2012	Insufficient number of trained NES Appraisers for Medical Staff	Dr Iain Wallace	Medium	Low	<ul style="list-style-type: none"> Sourcing appraisers from outwith NHSL to address short-term gaps Quota system for acute services Appraiser support for primary care

1404	09/05/2016	Engagement and consultation for the NHSL Healthcare Strategy	Mr C Campbell, Mr C Brown	Medium	Low	<ul style="list-style-type: none"> Final report completed and reported to Board Letter of Intent to Cabinet Secretary in February 2017 Will await final approval from the Cabinet Secretary
1364	09/11/2015	Risk of cyber attack in respect of stored NHSL data	Mr Colin Sloey	Medium	Low	<ul style="list-style-type: none"> Undertake assessment through the new National Information Governance Improvement Measurement Framework : gap analysis of security systems.
980	04/09/2012	National Change of HR / Workforce electronic Systems from SWISS to EEES	Mr Kenny Small	Medium	Low	<ul style="list-style-type: none"> Negotiation with Scottish Government to release expected funding to deliver national programme, and NHSL as the exemplar site

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	X : Corporate Governance		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

The risk register process is subject to monitoring and review monthly through the Corporate Management Team, and quarterly through the Risk Management Process Compliance Reporting, with onwards reporting to the Audit Committee.

7. FINANCIAL IMPLICATIONS

There are no financial implications to consider with this paper at the meeting, although individual risks may have specific financial implication.

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	<input type="checkbox"/>	Governance and accountability	X
Use of resources	X	Performance management	X	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

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 are subject to discussion and review regularly in a number of forums.

12. ACTIONS FOR THE BOARD

Board members are asked to:

Approval	X	Endorsement		Identify further actions	<input type="checkbox"/>
Note		Accept the risk identified		Ask for a further report	<input type="checkbox"/>

Approve the attached corporate risk register, noting

- the new risks and assessed level of risk
- recent amendments, current NHSL risk profile, very high graded risks and key actions for those risks where the assessed level of risk exceeds the tolerance, as outlined within the paper;
- that all risks have an identified assurance committee, which has delegated responsibility for oversight of the relevant risks at every meeting
- and accepting the level of risk and tolerance identified

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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