

Meeting of Lanarkshire  
NHS Board  
29<sup>th</sup> March 2017

Lanarkshire NHS Board

Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk)



## 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 20<sup>th</sup> March 2017

### 3. SUMMARY OF KEY ISSUES

The Corporate Risk Register was previously presented to NHS Board in January 2017. Since then, the Corporate Management Team have considered the corporate risk register in February and March 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, 5 new risks have been identified, assessed and agreed, with 7 risks closed. 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 36 risks is attached as appendix 1, with material changes for the reporting period summarised below:

#### New Corporate Risks Identified

Five (5) new risks have been identified during this reporting period.

Risk 1481 – Sonography Quality Assurance Process for AAA Screening: There is a risk that NHSL does not identify patients at risk of AAA by not applying the internal quality assurance processes to imaging and reporting, with the potential to adversely impact on outcome for patients within the identified group, and the reputation of NHS Lanarkshire.

Risk owned by Dr Harpreet Kohli and assessed as **High**

Risk 1480 - Impact on NHSL Cytology Services resulting from National Change :

Resulting from the national change to primary hr-HPV testing, there is an emerging risk that NHSL will meet a higher demand for cytology testing that may not be met or sustained as the workforce, and recruitment / retention gap widens and reduces the ability of other laboratories to meet the target. This will increase the burden on larger Health Board areas in particular, NHSL, with the potential to adversely impact on clinical outcome, performance and the reputation of NHS Lanarkshire.

Risk owned by Dr Harpreet Kohli and assessed as **Medium**

Risk 1466 - Nursing Workforce : There is a risk that the overall nursing workforce will not be commensurate with the service demands resulting from retirement levels; sickness/absence levels; recruitment and retention of nursing staff and the higher than expected use of supplementary staffing. These combined factors have the ability to result in adverse impact on the continuity of safe and consistent delivery of care.

Risk owned by Irene Barkby and assessed as **Medium**

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Risk 1469 - Delivery of the LDP 2017/2018 : There is a risk that delivery of the LDP for the year 2017/18 will not be fully realised because of the continuous challenges of the necessary cash releasing efficiency schemes to be implemented. This could result in decreased capacity and potential for failure to meet some of the LDP standards and targets.

Risk owned by Colin Sloey and assessed as **High**

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Risk 1470 - Nurses & Midwives Registration & Continuity of Service : There is a risk that there is failure of registered nursing and midwifery staff to pay the annual registration fee by the due date, mainly associated with human error impacting on the NMC payment systems eg notification of change of name, address, bank details, etc. This has the potential to adversely impact on service workforce, in particular, in specialty areas where there are smaller cohorts of essential skills.

Risk owned by Irene Barkby and assessed as **Medium**

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**Closed Risks**

Seven (7) risks have been closed during this reporting period:

Risk 1295 - NMC Revalidation of Nurses and Midwives: There is a risk that NMC registrants fail to meet the enhanced requirements of revalidation as set out in the provisional NMC Guidance (2015). This could occur due to a lack of individual awareness and failure to take appropriate actions in preparation to meet the new requirements, resulting in the inability to revalidate successfully on time. The impact will be on sustainability of clinical services due to potential shortages of key clinical staff.

Note of Change: This risk has been closely monitored, with effective management and outcomes for the NMC revalidation of nurses and midwives, however, has identified a new risk regarding overall timeous registration nurses and midwives see new Risk ID1470.

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Risk 1401 - Implementing the Children & Young Peoples (Scotland) Act 2014 : Named Persons : There is a risk that NHS Lanarkshire does not deliver on its legal duties from 31 August to provide a Named Person for every child from 0-school age as defined in the Children and Young Peoples (Scotland) Act 2014. The reasons for this include capacity within the health visiting workforce, availability of electronic systems to support the named person service and appropriate information sharing systems to meet the requirement of the Act. This is further complicated by the multi-agency nature of processes required.

Note of Change: This risk has been closed in light of supreme judge ruling with a focus on a new risk regarding electronic systems and sharing of information across relevant multi agency / professions. This risk is currently being described and quantified.

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Risk 1308 -Nursing and Midwifery Supplementary Staffing: There is a risk that the current level of Nursing and Midwifery supplementary staffing (bank, overtime, excess hours) will compromise the ability of NHSL to provide safe, effective and person centred care at all times in all clinical areas because:

1. Where there are higher than expected numbers of supplementary staff there is lack of consistency of care provider
2. There may be lack of general awareness of the environment of care
3. There may be lack of team cohesiveness due to unfamiliarity with supplementary staff skills and capabilities.

Note of Change: discussed risk in conjunction with risk ID 1309 and risks merged to form new risk ID 1466

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Risk 1309 - Nursing Workforce: There is a risk that the current NMAHP workforce establishments may not be sufficient to fully match fluctuations in workload at all times and in all clinical areas due to increasing demands on services, with the potential to result in adverse impact on patient care and/or financial overspend.

Note of Change: discussed risk in conjunction with risk ID 1308 and risks merged to form new risk ID 1466

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Risk 1405 -Delivery of the Local Delivery Plan (LDP): There is a risk that delivery of the LDP will not be fully realised, because of the continuous challenges of the necessary cash releasing efficiency schemes (CRES)for 2016/17, resulting in decreased capacity and potential for failure to meet some of the LDP standards and targets.

Note of Change: this risk has been closed to reflect position for year 2016/17. A new risk for year 17/18 has been opened, see risk ID 1469

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Risk 1274 -Funding reliance on Sale of NHSL Properties: To contribute to funding the capital plan for the theatre refurbishment at MDGH, there is a reliance on the sale of existing properties to release necessary funding for year 2016/17.

Note of Change: Resulting from the completion of sale and implementation of the refurbishment programme, this risk has now been closed.

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Risk ID 1385 - NHSL Ability to realise the required savings within year 2016/17 : 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.

Note of Change: risks closed based on predications for year end. Risk ID 1462 sets out the position for 2017/18.

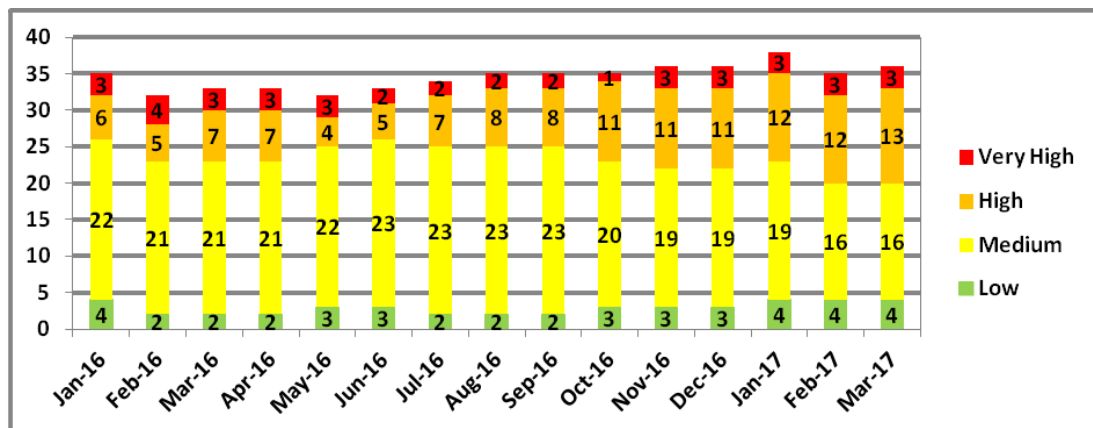
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Changes of Note for Specific Risks

Risk ID	Description of the Risk & Note of Change	Risk Owner
1404	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) are not fully applied, with the potential to adversely impact on the sustainability of current services and the reputation of NHSL. Assessed level of risk reduced from <b>Medium</b> to <b>Low</b>	Mr Calvin Brown

**NHSL Corporate Risk Register Profile as at 20<sup>th</sup> March 2017**

The following outlines the corporate risk register profile for NHSL from January 2016 to 20<sup>th</sup> March 2017.



**NHSL Corporate Risk Register Profile as at 20<sup>th</sup> March 2017**

From the 36 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 20<sup>th</sup> March 2017.

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

## Corporate Objectives

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

	Low	Medium	High	Very High	Totals
Effective	4	7	7	1	19
Person - Centred	0	0	0	0	0
Safe	0	9	6	2	17
Totals	4	16	13	3	36

## Risk Types

The 36 risks have been further described and set out as risk types below:

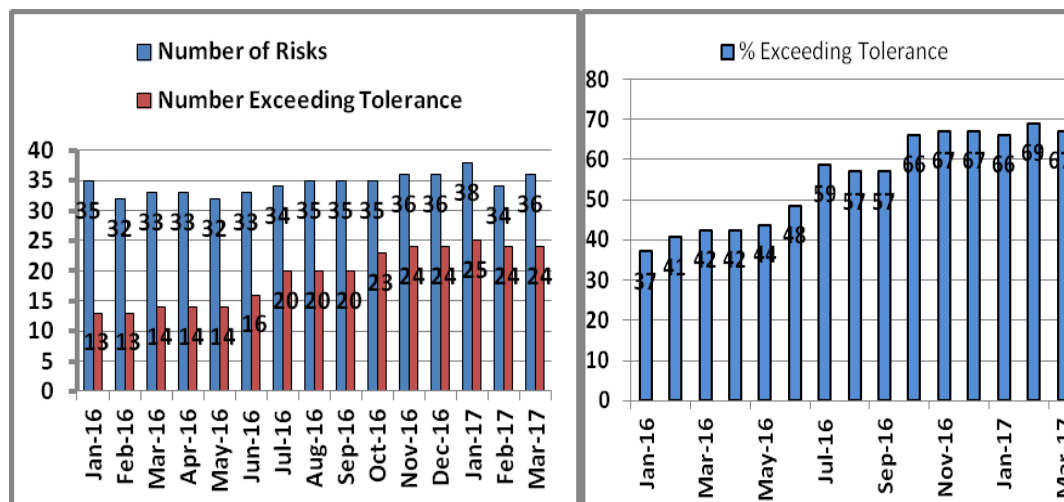
	Low	Medium	High	Very High	Totals
Business	3	5	9	3	20
Clinical	1	10	1	0	12
Reputation	0	1	3	0	4
Staff	0	0	0	0	0
Totals	4	16	13	3	36

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:

ID	Title	Likelihood x Impact	Risk Type	Corporate Objectives	Risk Owner
1412	GP input to sustain current community hospital clinical model of service	4x4	Business	Safety	Mr Calum Campbell / Mrs Val DeSouza / Ms Janice Hewitt
1450	Ability to maintain existing GMP Services across NHS Lanarkshire	4x4	Business	Safety	Mr Calum Campbell / Mrs Val DeSouza / Ms Janice Hewitt
1462	NHSL Ability to realise the required savings within year 2017/18	5x4	Business	Effective	Mrs Laura Ace

## Corporate Risk Register Tolerance Profile as at 20<sup>th</sup> March 2017

The following demonstrates the change in the risk tolerance profile over the period January 2016 to 20<sup>th</sup> March 2017 both in numbers and further expressed as a percentage of the total number of corporate risks.



Note : January 2016 to February 2017 — reports on the end of month position.

From the 36 risks, there are 24 (67%) 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"> <li>CRES schemes to be subject to risk assessment for impact on service delivery</li> <li>Submission of CRES schemes commenced for review by CMT and Board</li> </ul>
1412	13/06/2016	GP input to sustain current community hospital clinical model of service.	Mr Calum Campbell, Ms Janice Hewitt, Mrs Val De Souza	Very High	Medium	<ul style="list-style-type: none"> <li>Transforming Primary Care Programme Board</li> <li>Scope non-medical led clinical service model and report to Strategy Group on Service model options May 2017</li> </ul>
1450	14/11/16	Ability to maintain existing GMP Services across NHS Lanarkshire	Mr Calum Campbell, Ms Janice Hewitt, Mrs Val De Souza	Very High	Medium	<ul style="list-style-type: none"> <li>Executive Group to report to Strategy Group on position and actions March 2017</li> </ul>
643	22/02/10	Cost – Effective Prescribing	Dr Iain Wallace	High	Medium	<ul style="list-style-type: none"> <li>Project Management and Improvement Approach to Change, linked to Transforming Primary care objectives</li> </ul>
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"> <li>Bed Modelling Plan developing</li> <li>Review of continuing care eligibility and associated bed requirements NHSL wide</li> </ul>

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"> <li>Implementation of the Healthcare Strategy, including Phase 2 of the T&amp;O redesign</li> <li>Deanery action plans in response to GMC / Deanery Visits</li> </ul>
1323	27/07/2015	Provision of Clinical Services Required	Mr Calum Campbell	High	Medium	<ul style="list-style-type: none"> <li>Implementation of the Healthcare Strategy</li> <li>Communication Plan</li> <li>Supported through risk ID 1431, 1128, 1412 and 1450 Actions.</li> </ul>
1363	09/11/2015	Increasing Reliance on IM&T	Mr Colin Sloey	High	Medium	<ul style="list-style-type: none"> <li>Complete current tabletop exercise to test disaster recovery plans for core systems</li> </ul>
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"> <li>Continuous weekly oversight at CMT</li> <li>Analysis of cause</li> </ul>
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"> <li>Continuous horizon scanning for external change that will impact on NHSL financial position.</li> </ul>
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"> <li>Implementation of the Healthcare Strategy, including Phase 2 of the T&amp;O redesign (Board discussions June 2017)</li> <li>Review of Phase 1 completion and review full risk against the impact of Phase 1 implementation</li> </ul>
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"> <li>Discussion with K McVeigh to discuss development of academy</li> <li>Review impact of controls April 2017</li> </ul>
1469	02/02/2017	Delivery of the LDP 2017/2018	Mr Colin Sloey	High	Medium	<ul style="list-style-type: none"> <li>Review of LDP targets and NHSL targets for highest achievement and least impact</li> <li>Board Approval of Draft LDP March 2017 for onwards approval with SG.</li> </ul>
1413	13/06/2016	Unscheduled Care Performance	Mrs Heather Knox	High	Medium	<ul style="list-style-type: none"> <li>Continuous review of performance</li> <li>WGH Action Plan</li> <li>Review 16/17 performance and review risk for 17/18</li> </ul>
1364	09/11/2015	Risk of cyber attack in respect of stored NHSL data	Mr Colin Sloey	High	Medium	<ul style="list-style-type: none"> <li>Gap analysis of security systems currently being undertaken expected completion June 2017 ( through National Information Governance Improvement Measurement Framework).</li> </ul>
1481	28/02/2017	Sonography Quality Assurance Process for AAA Screening	Dr Harpreet Kohli	High	Low	<ul style="list-style-type: none"> <li>Agreed action plan</li> <li>'Look back' exercise</li> <li>External quality assurance</li> <li>SAER</li> <li>Continuous discussions with NSD</li> </ul>

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"> <li>Continuous oversight of measures through Patient Safety Strategic Group</li> </ul>
1349	01/10/2015	Child Protection	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> <li>Review of Child Protection Policies to reflect expected SG directions through the Child Protection Improvement Programme and the new national Child Death Review Policy expected completion around July 2017</li> </ul>
572	28/10/2009	Minimising the risk of HAI across NHSL	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> <li>Infection Control and Prevention Team (ICPT) Annual Workplan 17/18</li> </ul>
847	24/02/2010	Adult Support and Protection	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> <li>Strategic Enhancement Plan through Public Protection Group</li> </ul>
1310	24/06/2015	Nursing - Availability of Specialist Practitioners	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> <li>Workforce and workload planning process underway</li> <li>Review impact of the training plan</li> </ul>
982	31/08/2012	Insufficient number of trained NES Appraisers for Medical Staff	Dr Iain Wallace	Medium	Low	<ul style="list-style-type: none"> <li>Sourcing appraisers from outwith NHSL to address short-term gaps</li> <li>Quota system to be completed for acute services</li> <li>Appraiser support for primary care</li> </ul>
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"> <li>Negotiation with Scottish Government to release expected funding to deliver national programme, and NHSL as the exemplar site</li> </ul>
1470	02/02/2017	Nurses & Midwives Registration & Continuity of Service	Mrs Irene Barkby	Medium	Low	<ul style="list-style-type: none"> <li>Continuous monitoring and reporting, review and report on position around August 2017</li> </ul>

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	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	X	Effective	X	Person Centred	X
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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)	X
Best use is made of available resources. (Effective)	X

## 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:

Dr Iain Wallace  
Medical Director  
01698858193

Mrs C McGhee  
Corporate Risk Manager  
01698 858099

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