

Lanarkshire NHS Board  
31 January 2018

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	<input type="checkbox"/>	To note	X
--------------	---	-----------------	--------------------------	---------	---

**2. ROUTE TO BOARD**

This paper has been:

Prepared	X	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	---	----------	--------------------------	----------	--------------------------

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 October 2017. Since then, the Corporate Management Team have considered the corporate risk register in November and December 2017 and January 2018. The Corporate Management Team consider emerging and new risks; focus on very high graded risks across NHSL and risks exceeding the corporate risk appetite. As a result, risk descriptions, assessed level of risk, and /or controls have been updated accordingly to reflect progress of mitigating actions and impact.

This report will:

- i. Provide a summary of material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period
- ii. Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type, accurate as at 23rd January 2018
- iii. Set-out very high graded corporate risks that are above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making
- iv. Set-out for discussion, any emerging very high graded risks through business critical projects, in particular the Monklands Refurbishment / Replacement Project (MRRP)
- v. Facilitate reference to the 40 risks set out in the NHSL Corporate Risk Register, accurate as at 23rd January 2018 and sorted in descending order by the assessed level of risk (current) from very high to low (Appendix 1)

i) **Summary of Material Changes to the Corporate Risk Register Since the Last Reporting Period**

For this reporting period there is a total of 40 live risks, with the summary of material changes within this reporting period as below:

Closed Risks
<p><u>Risk ID 1389</u> - The business continuity model for OOH has demonstrated significant improvement in the delivery of safe effective service. The responsibility for commissioning the service going forward is the responsibility of the IJBs effective from the 1st April 2016. Changes to the IR35 and the expected new GMS contract may have the potential to adversely impact on the current sustainable performance.</p> <p><u>Note of Closure</u> This risk was closed as it no longer fully reflects the current position. A new risk ID 1587 has been opened to replace this risk.</p>
New Corporate Risks Identified
<p><u>Risk ID 1582</u> - There is a risk that NHSL will not be in a position to fully implement the Duty of Candour legislation resulting from a delay in the issue of national guidance that supports the legislation. This has the potential to adversely impact on the ability of NHSL to comply with the legislative requirements, effective from 1st April 2018. This risk is assessed as <b>High</b> and the owner is Dr Iain Wallace.</p> <p>--</p> <p><u>Risk ID 1584</u> - There is a risk that NHSL will be non-compliant with the legislative requirements within the General Data Protection Regulations (2017), required by May 2018, as the Data Protection Bill has yet to be fully finalised, and there is no appointed Data Protection Officer as an enabler for compliance. This has the potential to adversely impact on both the financial position and reputation of NHSL if financial penalties are applied. This risk is assessed as <b>High</b> and the owner is Mr C Sloey.</p> <p>--</p> <p><u>Risk ID 1581</u> - There is a risk that there will be increasing pressure on delayed discharge and unscheduled care risks for NHSL, resulting from transformational change to social care options by Bield Housing and Care Services. This risk is assessed as <b>Medium</b>, jointly owned for effective mitigation by Mr C Campbell, Mrs V De Souza, Ms J Hewitt.</p> <p>--</p> <p><u>Risk ID 1583</u> - There is a risk that NHSL cannot fully respond to the safe management of casualties contaminated with radioactive material or biological agents resulting from a Scottish Government delay in provision of an adequate number of validated decontamination suits. This has the potential to adversely impact on both staff and affected person(s). This risk is assessed as <b>Medium</b> and owned by Mr G Docherty</p> <p>--</p> <p><u>Risk ID 1587</u> - There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and sessional GMPs, with the potential to adversely impact on patient care, partner services including A&amp;E, the national performance targets and the reputation of the partner agencies.</p> <p><u>Note</u> This new risk ID 1587, has been opened to supercede risk ID 1389 and is co-owned by C Campbell and V De Souza for mitigation. It is currently assessed as <b>Medium</b>.</p>

Changes of Note for Specific Risks		
Risk ID	Description of the Risk & Note of Change	Risk Owner
1462	<p><u>Description of Risk</u> 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.</p> <p><u>Note of Change November 2017</u> Assessed level of risk reduced from <b>High</b> to <b>Medium</b> as outlined within the Financial Report prepared for the October Board.</p> <p><u>Note of Change January 2018</u> Consistent with continuous financial monitoring and reporting, this risk has been further reduced from <b>Medium</b> to <b>Low</b>.</p>	L Ace
1379	<p><u>Description of Risk</u> There is a collective risk that NHSL, and North and South H&amp;SCP's will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of community care assessment, provision of homecare packages, care home placements, AWI and internal hospital issues, eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service provided.</p> <p><u>Note of Change November 2017</u> Assessed level of risk increased from <b>High</b> to <b>Very High</b> based on the performance against trajectory for a sustained period of time.</p> <p><u>Note of Change January 2018</u> New mitigating control: there is an agreed trajectory as part of the IJB performance, built upon the winter plan. The assessed level of risk remains <b>Very High</b>.</p>	C Campbell / V De Souza / J Hewitt
1364	<p><u>Description of Risk</u> There is an ongoing risk of malicious intrusion into data stored on NHSL digital systems resulting from inherent IT vulnerabilities that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.</p> <p><u>Note of Change November 2017</u> Mitigating Controls updated to reflect current position for completion of deployment of the anti-virus software and replace firewalls by the end of November 2017 Risk remains assessed as <b>Very High</b>.</p> <p><u>Note of Change December 2017</u> Mitigating Controls updated to reflect current position for completion of deployment of the anti-virus software and installation of the firewall replacement with adjusted timelines. Risk remains assessed as <b>Very High</b>.</p>	C Sloey
286	<u>Description of Risk</u>	L Ace

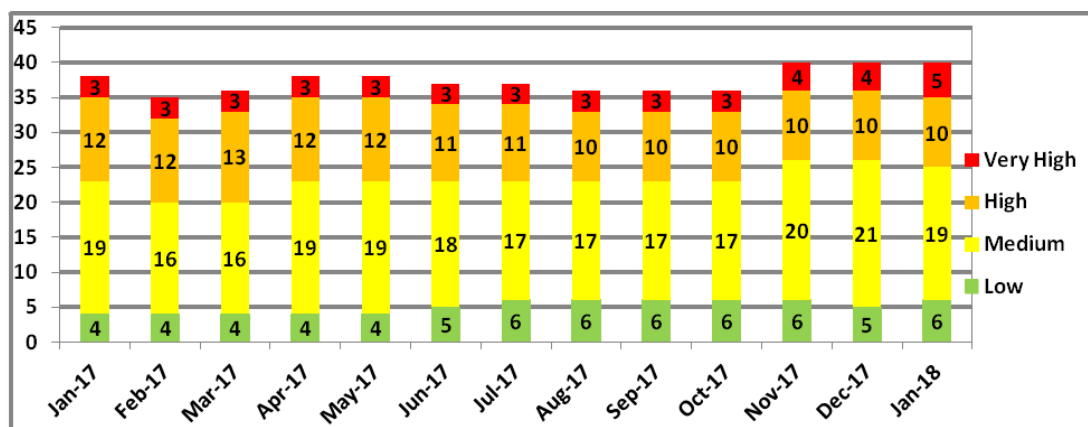
	<p>There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as</p> <p>a) Monklands is an ageing property / facility b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified.</p> <p><u>Note of Change</u> Controls updated to reflect approval to move to Outline Business Case for Monklands Refurbishment / Replacement.</p>	
1128	<p><u>Description of Risk</u> There is a risk that NHSL will be unable to appoint to vacancies in medical staffing and retain existing medical staff resulting from the overall available medical resource, including training and non-training grades.</p> <p><u>Note of Change</u> Controls fully reviewed and re-ordered to reflect current position with a new control 'implementation of a coaching approach for recruitment and retention of GP's.</p>	I Wallace
594	<p><u>Description of Risk</u> 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.</p> <p><u>Note of Change</u> Review of mitigating controls to reflect move from implementation of controls to the monitoring of existing controls with 3 new controls in place:1)Enhanced checks for 'tender waivers' and single tender acceptance 2)Increased electronic procurement that enables tamperproof audit trails3)Planned internal audit review of departmental procurement transactions and follow up on the implementation of the Enhanced Gifts and Hospitalities Register.</p>	L Ace
659	<p><u>Description of Risk</u> There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality</p> <p><u>Note of Change</u> New control for revised TOR for NHSL Resilience Group working towards changing the focus.</p>	G Docherty
1480	<p><u>Description of Risk</u> 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.</p> <p><u>Note of Change</u></p>	G Docherty

	New control to commence regional service discussions.	
1349	<p><u>Description of Risk</u> There is a risk that despite organisational and support systems, there is potential for failure to protect vulnerable children</p> <p><u>Note of Change</u> Additional control : Service review completed, preparing for transition to an integrated public protection service model.</p>	I Barkby
847	<p><u>Description of Risk</u> There is a risk that within NHSL, there is failure to identify where adult support and protection is breached, and that this is not notified to the relevant authorities timeously with the potential to adversely impact on adults receiving care from NHS Lanarkshire and the reputation of NHS Lanarkshire.</p> <p><u>Note of Change</u> Additional control : Service review completed, preparing for transition to an integrated public protection service model.</p>	I Barkby
983	<p><u>Description of Risk</u> There is a risk that despite having Organisational and support systems in place, NHSL does not meet the criteria of announced and unannounced visits by HIS to inspect services for Older People in acute care, with the potential for NHSL to be subject to adverse publicity following publication of the Reports.</p> <p><u>Note of Change</u> Controls updated to reflect the progression of work being undertaken through 'Johns Campaign'</p>	I Barkby
980	<p><u>Description of Risk</u> There is the risk that with the implementation of the new national eEES (electronic employee support system) to replace the SWISS system, there will be a loss of reliable information with a potential impact on recruitment, payroll, workforce monitoring.</p> <p><u>Note of Change</u> Review of mitigating controls noting progression of a 'champion' infrastructure and development of a training programme for senior managers.</p>	K Small
1413	<p><u>Description of Risk</u> There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled over the year 17/18.</p> <p><u>Note of Change</u> Resulting from the recent unprecedented hospital activity, this risk has been fully reviewed with the assessed level of risk being increased from <b>High to Very High</b>. Additional mitigating controls including implementation of the 'Pull Model' in times of crisis and increased capacity for winter surge beds on all 3 sites.</p>	Heather Knox

1492	<p><u>Description of Risk</u> There is a risk that NHSL does not provide consistent, safe, effective and person-centred care with the potential to adversely impact on patient outcome and patient safety, and the reputation of NHSL.</p> <p><u>Note of Change</u> Risk reviewed to reflect the increased hospital activity and flow. The likelihood of the risk has increased from Unlikely to Possible, with the assessed level of risk moving from <b>Medium</b> to <b>High</b>.</p>	I Wallace
1323	<p><u>Description of Risk</u> There is a risk that NHSL will not be able to continue to provide clinical services required because of the availability, recruitment and retentions of clinical staff, with the potential to adversely impact on patient care and the overall corporate objectives for NHSL.</p> <p><u>Note of Change</u> Mitigating controls reviewed and updated to incorporate the implementation of the new GMS contract, increase in medical staff training numbers and the collaborative WofS regional plan. The assessed level of risk remains <b>High</b>.</p>	C Campbell
1450	<p><u>Description of Risk</u> There is an increasing risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL, resulting from a range of changes including a change in portfolio career arrangements, age profile of the existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in a number of practices 'closing their list' which has consequences for other neighbouring practices, with some practices alerting NHSL to say they believe their ongoing sustainability as a practice is in serious doubt. Additionally, many of the staff who may be identified as potentially offering support to cover GP vacancies are also in short supply, eg Advanced Nurse Practitioners.</p> <p><u>Note of Change</u> Mitigating controls reviewed and updated to incorporate the implementation of the new GMS contract through the Transforming Primary Care Programme Board. The assessed level of risk remains as <b>Very High</b>.</p>	C Campbell / V De Souza / J Hewitt

ii) **NHSL Corporate Risk Register Profile as at 23rd January 2018**

The corporate risk profile is shown for the period January 2017 to 23rd January 2018 below:



Risk Heatmap

From the 40 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heatmap below:

		Score	IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
LIKELIHOOD	Almost Certain	5	1	2	3	4	5
	Likely	4	1	2	3	4	5
	Possible	3	2	10	7	5	1
	Unlikely	2	3	2	5	1	1
	Rare	1	1	2	1	1	1

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	4	9	6	1	20
Person - Centred	0	0	0	0	0
Safe	2	10	4	4	20
Totals	6	19	10	5	40

## Risk Types

	Low	Medium	High	Very High	Totals
Business	2	10	8	5	25
Clinical	4	7	1	0	12
Reputation	0	2	1	0	3
Staff	0	0	0	0	0
Totals	6	19	10	5	40

The 40 risks have been further described and set out as risk types below:

### iii) Defining and Measuring Risk Appetite and Risk Tolerance with Very High Graded Risks Across NHSL, and Mitigating Controls

NHS Lanarkshire has agreed the boundary corporate risk appetite and tolerance below:

			IMPACT				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
LIKELIHOOD	Almost Certain	5			1	2	
	Likely	4			2	3	
	Possible	3		2	10	7	
	Unlikely	2		3	2	5	
	Rare	1		1	2		

Whilst there are 15 risks that are assessed above the boundary risk appetite, 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	<ul style="list-style-type: none"> <li>• Every Board Meeting for decision-making and assurance</li> <li>• Every PPRC meeting for decision-making and assurance</li> <li>• Every Audit Committee meeting for assurance</li> <li>• Monthly CMT for discussion and review of mitigation controls, triggers and assessment</li> </ul>



Very High Graded Risks on the Corporate Risk Register as at 23rd January 2018

ID	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Risk Owner
1364	Risk of cyber attack in respect of stored NHSL data	Very High	<p>1.Implementation of Software Patches to address known vulnerabilities as part of an overall action plan, moving towards a centralised patching solution for NHS Scotland</p> <p>2. Anti-virus has been successfully deployed across our Infrastructure. All of the advanced features have been enabled in areas with the exception of General Practice where the product is configured in standard mode. Further work was undertaken our security provider and GP system provider but we were unable to deploy the full feature set due to the nature of the GP System.</p> <p>3. The firewalls have been installed in the datacentre and are undergoing User acceptance Testing. A number of issues have arisen and a new "go-live" date has been re-scheduled to 30th January 2018 to allow staff to be fully trained in the new technology</p> <p>4.NHSL have agreed to be a 'Cyber Catalyst Organisation' to test and implement a Scottish Government Cyber Resilience Framework, progressing to end of October 2018 as described in the Public Sector Action plan. A high level plan has been developed and presented to CMT and eHealth Executive Group.</p> <p>5.Development of a local action plan to address the findings and recommendations recorded through the completed Significant Adverse Event Review (SAER), approve action plan through CMT and implementation overseen through the eHealth Executive Group.</p> <p>6.Alignment of action plans from all the identified controls with risk assessment through the national cyber resilience framework and current workstreams.</p>	Medium	C Sloey
1450	Ability to maintain existing GM Services across NHS Lanarkshire	Very High	<p>1.Executive group established to highlight and enact potential solutions.</p> <p>2.Transforming Primary Care Programme Board are developing a Primary Care Strategy that aims to enable 'new ways of working', a funded initiative through the Scottish Government that will include extended and enhanced roles for other primary care clinicians, eg pharmacists, nurses and AHP's, integrating the new GMS contract.</p> <p>3.GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years</p> <p>4. GP sustainability action plan.</p>	Medium	C Campbell / V De Souza / J Hewitt

1412	GP input to sustain current community hospital clinical model of service.	Very High	<ol style="list-style-type: none"> <li>1. Investigation of delivery of a non medical-led clinical service model of care for Community Hospitals.</li> <li>2. Focus on maintaining delayed discharges at low level.</li> <li>3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years</li> <li>4. Commissioning of Service Model Options Appraisal</li> <li>5. Community Bed Modelling Plan</li> <li>6. Community Hospital Refresh Strategy, that outlines alternative approaches including advanced nurse practitioners</li> </ol>	Medium	C Campbell / V De Souza / I Hewitt
1413	Unscheduled Care Performance	Very High	<ol style="list-style-type: none"> <li>1. Unscheduled care plan developed against 6 key essentials approved through the Joint Unscheduled Care / Delayed Discharge Improvement Board.</li> <li>2. Site specific action plans written, approved and implemented</li> <li>3. Site actions managed and monitored through the weekly site flow meetings</li> <li>4. Service improvement support for unscheduled care deployed to all 3 sites</li> <li>5. Fortnightly improvement meetings at Wishaw, chaired by Director of Acute Services</li> <li>6. Enhanced support for Hairmyres through bid from Glasgow</li> <li>7. Additional physicians</li> <li>8. On-going dialogue at senior level with Health &amp; Social Care Partnerships aimed at tackling delayed discharge through the joint Unscheduled Care / Delayed Discharge Improvement Board.</li> <li>9. Implementation of the rapid assessment and treatment (RAT) and same day admission.</li> <li>10. 24/48 hour business continuity arrangements in place for each site and Board wide escalation in place, with testing of BCP's</li> <li>11.Improvement Teams allocated to each site</li> <li>12.Daily site huddles on all 3 sites supported by duty managers</li> <li>13.MINTS/MAJOR nursing to compensate for middle grade medical staff</li> <li>14.Short term sustainability recruitment action plan in place</li> <li>15.Extended hours for Ambulatory Care</li> <li>16.Winter plan 16/17 extended into 17/18 and approved</li> <li>17. Integrated improvement plan for delayed discharge (Risk ID 1379) will have an impact on the performance for this risk. 'Pull' Model implemented to enable stable patients to move to nursing and residential care in times of crisis.</li> <li>18. Capacity identified beyond winter surge beds on all 3 sites.</li> </ol>	Medium	H Knox
1379	Delayed Discharge Performance & Impact	Very High	<ol style="list-style-type: none"> <li>1.CMT have weekly oversight of performance, reasons for delays and discuss actions</li> <li>2.Pan-Lanarkshire Unscheduled Care and Discharge Group</li> <li>3.National ISD exercise to ensure all Partnerships are recording correctly, work ongoing from August 2017</li> <li>4.Winter Bed Plan 2017/18 approved.</li> <li>5. Improvement Support through Driver Diagram and Integrated Action Plan</li> <li>6.There is an agreed trajectory as part of the IJB performance, built upon the winter plan.</li> </ol>	Medium	C Campbell / V De Souza / I Hewitt

Very High Graded Risks Across NHSL as at 23rd January 2018

ID	Title	Risk Level (current)	Mitigating Controls	Risk Level (Tolerance)	Owner	Op Div
1140	Emergency Medicine Medical Senior Decision Makers	Very High	<p>1. Draft short and long term contingency plans for critical shortfall in Senior Medical Decision Makers in an Emergency Department will be discussed at Clinical DMT 30th January 2018.</p> <p>2. Funding request paper presented to DMT on 15th August 2017 by Joanne Edwards, funding approval awaited from NHSL Director of Finance following negotiations with NHS GG&amp;C subsequent to the closure of the Victoria Infirmary.-Director of Finance continues negotiation with NHS GG&amp;C.</p> <p>3. Weekly submission of performance report to SG.</p> <p>4. SBARs for performance below 90% submitted to SG daily. As at 22nd December, both WGH and Hairmyres are on government monitoring.</p> <p>5. Mitigation now being adapted on a weekly basis via DMT and escalated conference calls with HSCPs</p> <p>6. Senior Medical Officer (SG) met with Medical Director and Director of Acute Services on 26th September 2017. Senior Medical Officer agreed to support and mentor the ED consultants to develop strategies for recruitment and retention. Further discussions with ED consultants to be arranged by Divisional Medical Director to take this forward as part of T&amp;O phase 2.</p> <p>7. Jane Burns, Ian Wallace and Ian Hunter discussed potential to increase middle grade trainees at Hairmyres with post-graduate dean. Decision awaited.</p> <p>8. 3x ED Consultants recruitment planned. eCors completed November 2017. Interviews anticipated January 2018.</p> <p>9) T&amp;O Stakeholder engagement event being planned end January 2018.</p>	Medium	Dr J Burns	Acute Op Div
1408	Ophthalmology Reviews	Very High	<p>1) Maximisation of available clinic accommodation to facilitate nurse led treatment clinics.</p> <p>2) Service adjustments that will facilitate patient reviews and treatments within primary care.</p> <p>3) Focused and comprehensive Ophthalmology improvement plan in place.</p> <p>4) Two full time optometrists recruited, in post and trained.</p> <p>5) With the above measures waiting times are stable but the risk is still considered to be Very High because there is no sustainable recovery plan to deal with the backlog of patients.</p> <p>6) Accommodation redesign has been completed and IVT injection sessions increased to an average of 13 patients / week.</p> <p>7) Medinet have provided external</p> <p>8) Quarterly meetings with NHSL Chief Executive are ongoing and the Clinical Director is undertaking the review of job plans with consultant staff.</p> <p>9) Additional resource available to provide inpatient capacity for approximately 70 oculoplastic patients and 250 cataract patients via external providers</p> <p>10)Investment in equipment to create an eye theatre at Monklands Hospital Day Surgery Unit, to increase capacity for in-patient and day care procedures to be operational in the first quarter of 18/19.</p> <p>11)Approval to move to recruitment of an additional Consultant post for the first quarter 18/19.</p>	Medium	Dr J Keaney	Acute Op Div

1282	Workforce - Medical (ED & medical)	Very High	<ol style="list-style-type: none"> <li>1. High cost locums are in place, which provides safety to the running of the on-call rotas within both ED and general medicine.</li> <li>2. A new advert for ED consultant vacancies has been completed and is with external agency for reviews. Advert expected to be released early 2018.</li> <li>3. Development of a non medical workforce - funding for ANPs has been approved for winter 2017/18</li> <li>4. ED - exploring options of cross site working</li> </ol>	Medium	Mrs M Mark	Acute Op Div
1012	Treatment Time Guarantee	Very High	<ol style="list-style-type: none"> <li>1. Clinicians and Clinical Leads regular review patients who have breached 12 weeks/84 days to ensure that the patient still requires surgery and their clinical condition has not changed.</li> <li>2. 30 THJR, 30 TKJR, 30 knee arthroscopies, 30 ACLs, 344 mixed General surgery, 250 cataracts and 67 oculoplasty were sent for treatment to independent sector August/September 2017.</li> <li>3. Theatre nurse tender underway. Procurement and workforce progressing.</li> <li>4. Weekly and monthly submission of elective performance reporting to SG Access Support Team.</li> <li>5. Regular reporting to governance and operational committees.</li> <li>6. Monies approved and activity agree to outsource; 250 cataracts; 52 hips; 76 knees; 6 ACL; 23 knee arthroscopy</li> </ol>	Medium	Mrs J Park	Acute Op Div

The Corporate Management Team has oversight of all very high graded risks across NHS Lanarkshire on a monthly basis.

**iv) Business Critical Project Risk : Monklands Replacement / Refurbishment Project (MRRP) Very High Graded Risks**

Subsequent to a full review of the MRRP risk register based on the position change from Initial Agreement stage to move to Outline Business Case stage, one (1) very high graded residual risk remains as below:

ID	Title	Risk Description	Risk Level (current)	Mitigating Controls	Risk Owner
1538	Failure to reach a full clinical output specification	There is a risk of failure to reach a full clinical output specification and target operating model due to a range of factors including the regional delivery plan. The consequence of these events would result in a delay to the initial programme and / or a need to change design at a later date, which would incur increased financial costs.	Very High	<ol style="list-style-type: none"> <li>1. The Health and Social Care system will reach full agreement on future clinical models of care.</li> <li>2. Regional delivery plan sign off.</li> </ol>	Colin Lauder

**v) NHS Lanarkshire Corporate Risk Register**

The full NHS Lanarkshire Corporate Risk Register is subject to continuous review and overseen by the Corporate Management Team. The Register is set out in Appendix 1, sorted in descending order of the risk level (current) from very high to high, accurate as at 23rd January 2018.

#### 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
------	---	-----------	---	----------------	---

*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

All very high graded risks will be considered in terms of exceeding the defined corporate risk appetite level, review of the adequacy of mitigating controls and action planning that might require a more intensive supported approach to mitigation.

#### 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 for:

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

Specifically :

- Noting the summary of material changes to the Corporate Risk Register, including the position of no new and/or closed risks since the last reporting period
- Approving the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 23rd January 2018
- Receive assurance on the mitigation of all Very High graded risks across NHSL
- Note the review of the Monklands Refurbishment / Replacement Project Risk Register, to reflect move from Initial Agreement to Outline Business Case stage, and the 1 residual very high graded business critical project risk
- Consider all Very High graded risks in the context of the Healthcare Strategy, Commissioning Plans and decision-making
- Note the detailed corporate risk register, accurate as at 23rd January 2018, set out in Appendix 1.

## 13. FURTHER INFORMATION

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

Mr Calum Campbell  
Chief Executive  
01698 858176

Mr Paul Cannon  
Board Secretary  
01698 858181

Mrs C McGhee  
Corporate Risk Manager  
01698 858094

-----