

Meeting of Lanarkshire
NHS Board
28th March 2018

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	<input type="checkbox"/>	To note	X
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2. ROUTE TO BOARD

This paper has been:

Prepared	X	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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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 January 2018. Since then, the Corporate Management Team have considered the Corporate Risk Register in February 2018, with the next review scheduled for 26th March 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 14th March 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 41 risks set out in the NHSL Corporate Risk Register, accurate as at 14th March 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 41 live risks, with the summary of material changes within this reporting period as below:

Summary of the Material Changes within the NHSL Corporate Risk Register

Closed Risks		
No risks have been closed since the last reporting period. One (1) risk has been de-escalated from the corporate risk register to the department risk register: Risk ID 1481 – Sonography Quality Assurance Process for AAA Screening.		
New Corporate Risks Identified		
Two new risks have been identified for this period: <u>Risk ID 1590</u> - Ability of NHSL to realise the required savings within year 2018/2019 and deliver a balanced budget. This risk is assessed as Very High and the owner is Laura Ace. <u>Risk ID 1592</u> - Ability to Meet the Diabetic Retinopathy Screening Uptake Target for Year 17/18. This risk is assessed as Medium and the owner is Gabe Docherty. One new risk is being reviewed with a view to escalating from department level to corporate level regarding the higher than expected increase in referrals to colonoscopy resulting from the introduction of the new bowel screening test Nov 2017.		
Material Changes of Note for Specific Risks Resulting from a Scheduled Quarterly Review		
Risk ID	Description of the Risk and Note of Change	Risk Owner (s)
286	<u>Description of Risk</u> There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as a) Monklands is an ageing property / facility b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified. <u>Note of Change</u> New mitigating control : Monklands replacement has been established as a Regional High Priority	L Ace

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> New mitigating control : Annual Review with the National NHS Counter Fraud Services. This annual review has recently taken place with a positive outcome and no concerns expressed about the number or nature of referrals, or actions taken.</p>	L Ace
1485	<p><u>Description of Risk</u> From implementation of the new tax regime IR 35, there is a potential risk that individuals will cease to contract with NHSL, if the tax is deducted by NHSL, leading to service continuity risk in some essential clinical and business areas. There is also the potential for Personal Service Companies (PSC's) to increase their charges.</p> <p><u>Note of Change</u> New mitigating control : National Workstream to look at the correct tax treatment for the various GP posts.</p>	L Ace
1484	<p><u>Description of Risk</u> There is a risk of failure to identify individuals being paid under personal service contracts (PSC), leading to incorrect deduction of tax and NI at source, resulting in a liability to pay additional tax resting with the Board.</p> <p><u>Note of Change</u> New mitigating control : Interaction with HMRC to establish how the Test of Employment Tool should be completed.</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 mitigating controls : Completed Review of the NHSL Resilience Group function and Term of Reference; Investment for Resilience Infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators; Development/ Refresh of Primary Care Mass Casualty Plans for completion end of March 2018.</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> New control : Bid for NHSL to be the West of Scotland Test Centre</p>	G Docherty
243	<p><u>Description of Risk</u> There is a risk that NHSL fails to engage appropriately with internal and external stakeholders in the pursuit of its objectives.</p>	P Cannon on behalf of CMT

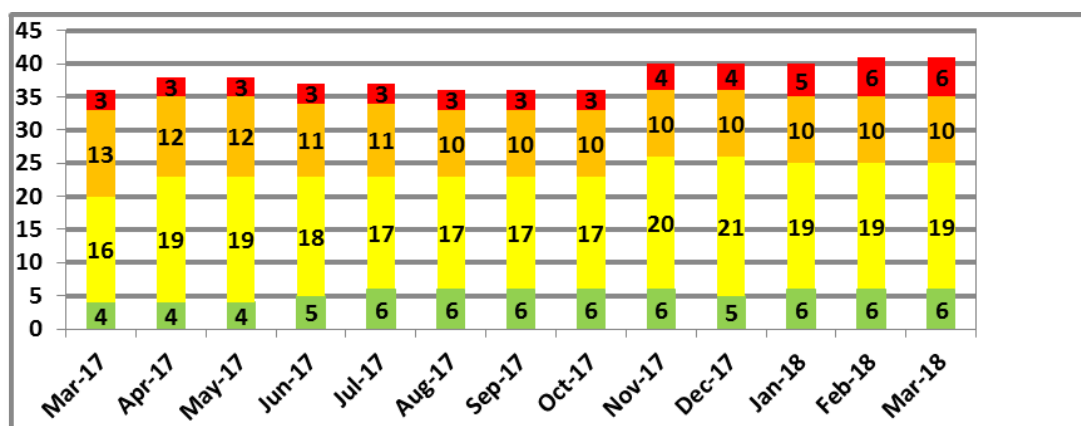
	<p><u>Note of Change</u> New mitigating control : Establishment of a new Governance Committee 'Public Health and Community & Primary Care Services - to provide additional assurance to the NHS Board on service delivery and standards</p>	
244	<p><u>Description of Risk</u> There is a risk that NHSL does not comply fully with statutory requirements and obligations potentially exposing NHSL to prosecution, improvement notices and / or corporate homicide.</p> <p><u>Note of Change</u> New mitigating control : investment approved to enable NHSL to meet the requirements of the new GDPR regulations in May 2018.</p>	P Cannon on behalf of CMT
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</u> Noted that that implementation date has been delayed to the end of May 2018, although did not affect the assessed level of risk at this review</p>	K Small / John White
1363	<p><u>Description of Risk</u> There is a risk created by the increasing reliance on all NHSL IT systems and infrastructure. As the use of IT systems and infrastructure are stretched without proportionate investment, there is a greater likelihood of aspects of these systems failing with direct impact on the medical management of patient care. This risk is further increased by the increasing level of interoperability between systems.</p> <p><u>Note of Change</u> New mitigating control : Recruitment of a new role - eHealth Service Continuity Manager underway</p>	C Sloey
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</u> Noted that through the user testing, a number of issues have arisen and a new "go-live" date for the firewall, has been scheduled to be completed by 28/02/2018. This risk remains very high until work completed.</p>	C Sloey
572	<p><u>Description of Risk</u> There is a risk that HAI will not be adequately prevented and subsequently controlled, within NHSL, resulting from inconsistency in compliance with guidelines, Policies & Procedures. This has the potential to adversely affect patients, staff, the public and the Corporate Objectives.</p> <p><u>Note</u> Note the minor changes to the controls to reflect the change from the previous Primary Care Clinical Governance and Risk Management Committees to the North & South Support, Care and Clinical Governance Committees. There is also development of the HAIRT reports for North & South IJB's, although not yet in place.</p>	I Barkby (A Armstrong)

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> Updating and new control : Annual Report to HQAIC now includes training and referral data; Quarterly reports to Director of Nursing for H&SCP on training and referral monitoring and numbers.</p>	I Barkby (A Armstrong)
849	<p><u>Description of Risk</u> There is the risk that NHSL does not meet the HEI Standards at each visit (announced and unannounced, despite having organisational and support systems in place, with the potential for NHSL to be subject to adverse publicity following publishing of the Reports.</p> <p><u>Note of Change</u> Hospital Hygiene Meetings with a focus on compliance with hygiene standards, and reporting to LICC</p>	I Barkby (A Armstrong)
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</u> No change to the assessed level of risk with some developments. Noted that through retirement there is the potential for a gap for the designated Child health Commissioner role and through service review, there is the opportunity to move to having an overall Child & Adult Protection Lead. eCORS completed for these posts that will now be split with further consideration by CMT. In support of the child protection supervision assurance, a new system is being developed to oversee and monitor CP supervision.</p>	I Barkby (A Armstrong)
1310	<p><u>Description of Risk</u> There is a risk that NHSL may fail to recruit adequate numbers of Health Visitors and District Nurses with Specialist Practitioner Qualifications (or equivalent) because of insufficient supply both locally and nationally, leading to challenges in meeting local needs.</p> <p><u>Note of Change</u> New mitigating controls : new national guidance for DN training launched in December 2017, -workforce planning at government level through SEND, and the 'Transforming Nursing Roles', - Collaborative caseload review with North & south H&SCP to enable effective skill mix and aligned to demand and workload.</p>	I Barkby (A Armstrong)
1466	<p><u>Description of Risk</u> There is a risk that the overall NMAHP 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.</p> <p><u>Note of Change</u> Title of the risk changed from Nursing Workforce to NMAHP Workforce with controls updated to reflect the wider NMAHP</p>	I Barkby (A Armstrong)

	workforce.	
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> New mitigating control : Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties.</p>	I Wallace
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> Full review of mitigating controls to include short-term, whole system actions: -daily conference calls with acute and H&SCP to manage flow -additional surge beds -viring of staffing across the whole system -deployment of volunteers -increase in elective cancellations -weekend opening of GP practices</p>	I Wallace

ii) **NHSL Corporate Risk Register Profile as at 14th March 2018**

The corporate risk profile is shown for the period March 2017 to 14th March 2018 below:



Risk Heatmap

From the 41 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heatmap below:

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
		Score	1	2	3	4	5
LIK	Almost Certain	5					
	Likely	4					

Possible	3		2	9	7	
Unlikely	2		3	2	5	
Rare	1		1	2		

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	10	6	2	22
Person - Centred	0	0	0	0	0
Safe	2	9	4	4	19
Totals	6	19	10	6	41

	Low	Medium	High	Very High	Totals
Business	2	11	8	6	27
Clinical	4	7	1	0	12
Reputation	0	1	1	0	2
Staff	0	0	0	0	0
Totals	6	19	10	6	41

Risk Types

The 41 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:

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

Whilst there are 16 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:

sessed 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	<ul style="list-style-type: none"> Every Board Meeting for decision-making and assurance Every PPRC meeting for decision-making and

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

Very High Graded Risks Across NHSL as at 14th March 2018

ID	Title	Risk Level (current)	Mitigating Controls	Risk Level (Tolerance)	Owner	Op Div
1140	Emergency Medicine Medical Senior Decision Makers	Very High	<ol style="list-style-type: none"> 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 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&C subsequent to the closure of the Victoria Infirmary.-Director of Finance continues negotiation with NHS GG&C . 3. Weekly submission of performance report to SG. 4. SBARs for performance below 90% submitted to SG daily. As at 22nd December, both WGH and Hairmyres are on government monitoring. 5. Mitigation now being adapted on a weekly basis via DMT and escalated conference calls with HSCPs 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&O phase 2. 7. Jane Burns, Ian Wallace and Ian Hunter discussed potential to increase middle grade trainees at Hairmyres with post-graduate dean. Decision awaited. 8. 3x ED Consultants recruitment planned. eCORS completed November 2017. Interviews early 2018. 9) T&O Stakeholder engagement event planned early 2018. 	Medium	Dr J Burns	Acute Op Div
1282	Workforce - Medical (ED & medical)	Very High	<ol style="list-style-type: none"> 1. High cost locums are in place, which provides safety to the running of the on-call rotas within both ED and general medicine. 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. 3. Development of a non medical workforce - funding for ANPs has been approved for winter 2017/18 4. ED - exploring options of cross site working 	Medium	Mrs M Mark	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 now in place and a dedicated Service Development Manager recruited to co-ordinate delivery.</p> <p>4) Two full time optometrist now recruited and in post. Training now completed by one and is ongoing for the other.</p> <p>5) With the above measures waiting times are stable but the risk is still considered to be Very High because demand is still outstripping supply.</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 capacity and have treated 2340 outpatients in the period 19/08/17 to 25/02/18.</p> <p>8) Quarterly meetings with NHSL Chief Executive are ongoing and the Clinical Director has undertaken the review of job plans with consultant staff which has resulted in increased theatre time.</p> <p>9) Additional resource were made available and provided inpatient capacity for approximately 70 oculoplastic patients and 400 cataract patients via external providers as at the end of 2017.</p> <p>10) A further 320 cataract patients will have been referred to the independent sector during Feb / Mar 2018.</p> <p>11) Investment in equipment to create an eye theatre at Monklands Hospital Day Surgery Unit. This will increase capacity for inpatient and day case procedures. The facility should be operational by 01/04/18.</p> <p>12) Approval to move to recruitment of an additional consultant post in the first quarter of 2018. The successful candidate was recruited in February 2018 and will commence employment with NHSL in August 2018.</p>	Medium	Dr J Keaney	Acute Op Div
1012	Treatment Time Guarantee	Very High	<p>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.</p> <p>2. 30 THJR, 30 TKJR, 30 knee arthroscopies, 30 ACLs, 344 mixed General surgery, 250 cataracts and 67 oculoplasty being sent to treated in independent sector August/September 2017 for treatment.</p> <p>3. Theatre nurse tender underway. Procurement and workforce progressing.</p> <p>4. Weekly and monthly submission of elective performance reporting to SG Access Support Team.</p> <p>5. Regular reporting to governance and operational committees.</p> <p>6. Monies approved and activity agreed to outsource: Cataracts 250, Hips 52, Knees 76, ACL 6 & Knee Athroscopy 23 being sent to be treated in independent sector December 2017/January/February 2018</p>	Medium	Mrs J Park	Acute Op Div

The Corporate Management Team have 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 to move to Outline Business Case stage, one (1) very high graded risk has emerged 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	1. The Health and Social Care system will reach full agreement on future clinical models of care. 2. Regional delivery plan sign off. 3. Regular workshops to support the clinical output specification.	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 14th March 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
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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

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 14th March 2018
- Receive assurance on the mitigation of all Very High graded risks across NHSL
- 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 14th March 2018, set out in Appendix 1.

13. FURTHER INFORMATION

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

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