

NHS Lanarkshire
28th November 2018

Lanarkshire NHS Board
NHS Board
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SUBJECT: NHSL CORPORATE RISK REGISTER

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	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 August 2018. Since then, the Corporate Management Team have considered the corporate risk register in September, October and November 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 21st November 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
- v. Facilitate reference to the 32 risks set out in the NHSL Corporate Risk Register, accurate as at 21st November 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 32 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
<p>Risks Closed in September:</p> <p>Five (5) risks were closed in September resulting from the output of a risk register presentation and workshop to the NMAHP Senior Leaders Forum and a full review of the NMAHP risk register utilising the NHSL Risk Register Self-Assessment Tool. The risks closed had been managed to a tolerable level, and will be subject to continuous monitoring of the key data sets through the relevant operational and governance groups, including the new NMAHP Professional Governance Group. The risks are all owned by I Barkby:</p> <p><u>Risk ID 572: Minimising the risk of HAI across NHSL</u> Low graded risk opened October 2009.</p> <p><u>Risk ID 849: Outcome Reports from HEI Visits</u> Medium graded risk opened February 2011.</p> <p><u>Risk ID 983: Outcome Reports from Older Peoples Services Inspectorate</u> Medium graded risk opened August 2012</p> <p><u>Risk ID 1310: Nursing - Availability of Specialist Practitioners</u> Medium graded risk opened June 2015 and will be overseen through Risk ID 1466 – NMAHP Workforce</p> <p><u>Risk ID 1470: Nurses & Midwives Registration & Continuity of Service</u> Low graded risk opened February 2017 and will be monitored through the new NMAHP Professional Governance Group</p> <p>Risks Closed in October:</p> <p><u>Risk ID 982 - Number of trained NES Appraisers for Medical Staff and Progress</u> Risk opened in August 2012 as Medium risk which has been sustained at Low with oversight through the Medical Appraisers Steering Group.</p> <p><u>Risk ID 1583 - Safe and Effective Decontamination of Casualties Exposed to Radioactive or Biological Agents.</u> Medium graded risk opened in November 2017 resulting from delay in availability of decontamination suits. Suits have now arrived and in situ at the 3 University Hospitals.</p> <p>Risk Closed in November:</p> <p><u>Risk ID 1349 – Child Protection</u> Risk opened in October 2015 as High risk which has been fluctuated over the last 6 months with vacancies and change of priorities. As the agreed public protection model and infrastructure has been implemented, the risk has been reduced to Medium and closed. This is integral within a new risk ID 1710 opened for the overall public protection.</p>

Risk ID 847 – Adult Support and Protection

High graded risk opened February 2010. As the agreed public protection model and infrastructure has been implemented, the risk has been reduced to **Medium** and closed. This is integral within a new risk ID 1710 opened for the overall public protection.

Risk ID 980 - National Change of HR / Workforce electronic Systems from SWISS to EEES

This risk was opened in September 2012 and throughout the changes has been sustained at **Medium**. The implementation has commenced, moving to 'business as usual' and the risk can now be closed. Oversight will continue through the Programme Board.

Risk ID 1491 – Community Bed Reprovision to Align with Balance of Care Need

This **High** graded risk has been closed as a NHSL corporate risk noting the responsibility of the H&SCP's.

New Corporate Risks Identified

New Risk in September:

New Risk ID 1684: There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.

The risk is assessed as **High** and owned by I Barkby. Mitigation for this risk will incorporate some professional oversight of data for the risks that have been closed (as above).

New Risks in October:

Risk ID 1702 :

There is a risk that NHSL will not be fully compliant with regulations / legislation regarding clinical waste management resulting from the failure of the NSS contracted requirements. This has the potential to create site health & safety, infection control and other environmental hazards to staff and the public, adversely impacting on the reputation of NHSL.

Very High graded risk owned by C Lauder.

Risk ID 1703:

There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for adverse impact on staff, person(s) affected and potentially business continuity.

High graded risk owned by G Docherty.

New Risk in November:

Risk ID 1710 - Public Protection

There is a risk that NHSL will fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity with the potential for harm to occur, impacting adversely on the reputation of NHSL.

Medium graded risk owned by Irene Barkby.

Material Changes of Note for Specific Risks Resulting from a Scheduled Quarterly Review

Change to Risk Owners Within the Reporting Period:

-Resulting from Retirement, all risks owned by Iain Wallace have been re-assigned to Jane Burns.

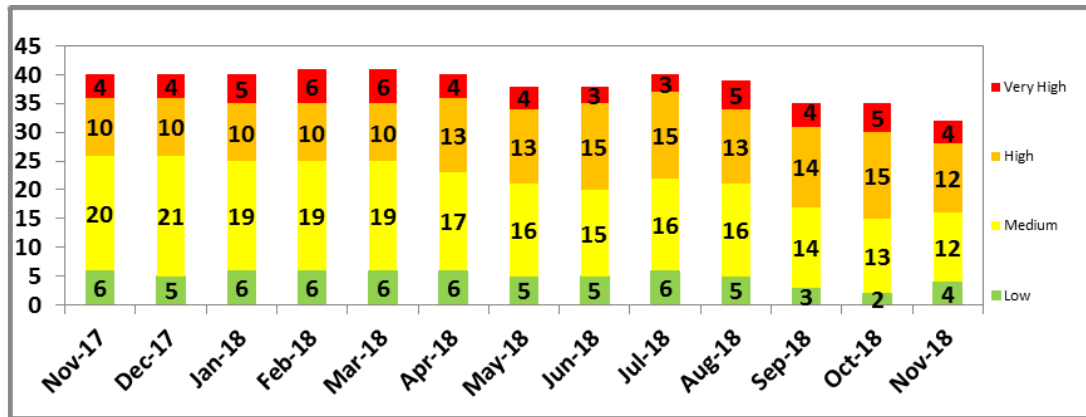
-There has been some significant work undertaken to review 5 risks that until November 2018 had co-ownership for the effective mitigation. The 5 risks below are now owned by NHSL with both North and South partners reviewing and aligning or integrating into their own risk registers, or owned by the Chief Officers in their role as Director of North / South H&SCP's

Risk ID	Description of the Risk and Note of Change Within the Review Period	Risk Owner
1590	<p>There is a risk that NHSL will not be able to realise the required savings for 2018/2019 and deliver a balanced budget, with the potential to impact adversely on current and subsequent years financial planning.</p> <p><u>Note of Change September</u> Through continuous oversight of CRES programmes, pay modelling and receipt of the national annual allocation, this risk can now be reduced from Very High to Medium.</p> <p><u>Note of Change November</u> Through review of the forecasting and the quarterly performance, the assessed level of risk has been reduced from High to Low, with the assessed level of tolerance being reduced from Medium to Low.</p>	L Ace
1349	<p>There is a short-term risk that the current child protection resource cannot continue to provide support for some child protection reviews/supervision/single & multi agency training/ attendance at some meetings resulting from reduced capacity and ability to recruit to significant posts, with the potential to result in the loss of sound critical decision-making for children and young people, minimising harm.</p> <p><u>Note of Change</u> This High graded risk was owned by G Docherty for an interim period and has now transferred back to I Barkby.</p>	I Barkby
847	<p>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> This Medium graded risk was owned by G Docherty for an interim period and has now transferred back to I Barkby.</p>	I Barkby
1669	<p>There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.</p> <p><u>Note of Change</u> Through consideration at the Information Governance Committee and the ehealth Executive Group, the level of tolerance for this risk has been raised from Low to Medium.</p>	D Wilson
1484	<p>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> This risk has been managed as far as is reasonably possible and both assessed level of risk and assessed level of tolerance have been reduced from Medium to Low.</p>	L Ace

1618	<p>There is a risk that delivery of the Annual Operating Plan for the year 2018/19 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 AOP standards and targets.</p> <p><u>Note of Change</u> Aligned to the local negotiations for targets and performance, including the financial balance forecasting and realisation, the likelihood of this risk can be reduced and overall, the risk assessment has reduced from High to Medium.</p>	C Lauder
1702	<p>There is a risk that NHSL will not be fully compliant with regulations / legislation regarding clinical waste management resulting from the failure of the NSS contracted requirements. This has the potential to create site health & safety, infection control and other environmental hazards to staff and the public, adversely impacting on the reputation of NHSL.</p> <p><u>Note of Change</u> Risk reduced from Very High to High resulting from the ability of the clinical waste management contractor maintaining the specified uplifts at present.</p>	C Lauder
1587	<p>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 GMP's, resulting in the potential to adversely impact on patient care, partner services including A&E, the national performance targets and the reputation of the partner agencies.</p> <p><u>Note of Change</u> At review, this risk has been reduced from High to Medium with continuous oversight over the winter period. New controls to include the testing of a combined GP/A&E Consultant Tele Triage, and the risk owner has moved from C Campbell to V De Souza in the role of Director of South H&SCP.</p>	V De Souza, Director of South H&SCP
1412	<p>There is a risk to NHSL that there is insufficient GP capacity to enable sustainable delivery of medical input to the community hospitals that are dependent on the GP's. Issues include a change in portfolio career arrangements, age profile of existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in one community hospital being closed to admissions with the potential to recur in other areas.</p> <p><u>Note of Change</u> Risk owner has changed from C Campbell to V De Souza in the role of Director of South H&SCP</p>	V De Souza Director of South H&SCP

ii) NHSL Corporate Risk Register Profile as at 21st November 2018

The corporate risk profile is shown for the period November 2017 to 21st November 2018 below:



Risk Heatmap

From the 32 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
LIKELIHOOD	Almost Certain	5			1	1	
	Likely	4			4	3	
	Possible	3		2	4	7	
	Unlikely	2		1	2	4	
	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	6	4	1	15
Person - Centred	0	0	0	0	0
Safe	0	6	8	3	17
Totals	4	12	12	4	32

Risk Types

The 32 risks have been further described and set out as risk types below:

	Low	Medium	High	Very High	Totals
Business	3	10	8	4	25
Clinical	1	2	2	0	5
Reputation	0	0	2	0	2
Staff	0	0	0	0	0
Totals	4	12	12	4	32

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	1	
	Likely	4			4	3	
	Possible	3		2	4	7	
	Unlikely	2		1	2	4	
	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:

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"> • Every Board Meeting for decision-making and assurance • Every PPRC meeting for decision-making and assurance • Every Audit Committee meeting for assurance • Monthly CMT for discussion and review of mitigation controls, triggers and assessment

Very High Graded Risks on the Corporate Risk Register as at 21st November 2018

There are 4 very high graded risks on the corporate risk register, shown below with the mitigating controls:

ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
1412	GP input to sustain current community hospital clinical model of service.	13/06/2016	Very High	<ol style="list-style-type: none"> 1. Advise from Scottish Health Council, and engagement with local communities has commenced to consider alternative services to be hosted in Lockhart, paper to IJB 4th December 2018 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 integrated within the Strategic Commissioning Plan 2019-2022 5. Implementation of the Community Bed Modelling Plan 6. Community Hospital Refresh Strategy, which outlines alternative approaches including advanced nurse practitioners and consideration for nurse-led model of care. 7. NHS CMT approved a paper outlining the proposed re-designation of the Hospital. 	Medium	V De Souza, Director of South H&SCP
1450	Ability to maintain existing GM Services across NHS Lanarkshire	14/11/2016	Very High	<ol style="list-style-type: none"> 1. Executive group established to highlight and enact potential solutions 2. Transforming Primary Care Programme Board is developing a Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services. 3. A GMS Implementation group has been established and on track to produce a Primary Care Improvement Plan linked to Transforming Primary Care Aims 4. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Paper set-out and discussed at Planning Performance and Resource Committee (June 2018) 7. New abbreviated procurement process approved and in place 8. Review of GP Leased Premises to reduce burden on GP's 	Medium	C Campbell

1661	European Union Exit (Brexit) Impact on NHS	12/07/2018	Very High	<ol style="list-style-type: none"> 1. SG Communication with all Boards on EU Withdrawal Issues 2. SG Operational Readiness for EU Withdrawal Checklist has been completed and returned to SG (used at CE development day) 3. Implementation of the 'settled scheme status' for EU citizens for roll-out December 2018 4. Communication plan through HR on supporting and communicating with EU staff. 5. NHSL SLWG to complete SG assessment tools, review the risk analysis and review mitigation. 6. Escalation to the SG where mitigation cannot be reached. 7. NHSL Business Continuity Plans. 8. NHSL have agree that a collaborative approach will be taken with the other West of Scotland 9. NHS Boards to work together to help address the risks / impacts associated with Brexit 10. NHSL European Union Exit Short Life Working Group set up 11. Review with Board Chief Executives has led to an agreement that there will be public statements on Brexit made once the detail of the 'deal' or no-deal' position are clear 	Low	C Campbell
1669	Compliance with Data Protection Legislation	16/08/2018		<ol style="list-style-type: none"> 1. Extensive range of Information Security policies and procedures 2. Established governance arrangements for the management of Information Governance 3. Appointment of key roles including; Caldicott Guardian, Data Protection Officer, Senior Information Risk Owner and Chair of IG Committee (Associate Medical Director) 4. Established an Information Governance Team with 3 new IG Support roles 5. The Project Board continues to meet monthly to progress remaining activities. 6. Communication plan in place to ensure key message. 7. Training - Learnpro modules on information security have been developed progress is being monitored by GDPR Programme Board - reporting to IG Committee. 8. Internal Audit will include GDPR within the 2018/19 audit programme. 9. IG Breach incident recording and reporting through IG Committee. 	Low	D Wilson

Very High Graded Risks Across NHSL as at 21st November 2018

There are 3 very high graded operational risks as set out below:

ID	Title	Opened Date	Risk level	Mitigating Controls	Risk Level	Owner	Op Div
1012	Treatment Time Guarantee	28/01/2013	Very High	<ol style="list-style-type: none"> 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. Particular focus on patients waiting over 26 weeks being highlighted at DMT and Site Capacity Plan Meetings. 2. Weekly and monthly submission of elective performance reporting to SG Access Support Team. 3. Regular reporting to governance and operational committees. 4. Monthly site capacity meetings ongoing to monitor performance and agree any additional support. 5. Contracts awarded for Orthopaedics Treat, Ophthalmology Treat and ENT see and Treat to deliver by 31st March 2019.. 	Medium	Mrs J Park	Acute Operating Division
1683	Nursing Workforce - Theatres	04/09/2018	Very High	<ol style="list-style-type: none"> 1. Theatre Academy established. Band 4 development in place. Will be monitored. 2. Excess and overtime shifts covered by substantive theatre workforce ongoing at 08/10/18. 3. Use of agency staff reduced at weekend at 08/10/18. 4. Capacity Planning Paper submitted to DMT on 25/9/18. 5. Discussions with the Director of Acute Services and Acute Finance Director with Chief Executive and Director of Finance to consider position and actions. 	Medium	Mrs M Mark	Acute Operating Division
1706	GP Sustainability	14/11/2018	Very High	<ol style="list-style-type: none"> 1. GP clusters to support more collaborative ways of working 2. Implementing a Sustainability Assessment Framework 3. Engagement with LMC 4. Contingency planning within Primary Care administration department 5. Primary Care Strategy Board and Primary Care Transformation Board to identify new ways of working including extended roles of other clinicians (e.g. Pharmacists, Nurses) through the PCIP 6. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years 7. Implementation of GMS contract 2018 8. New abbreviated procurement process approved and in place 9. Executive group established to highlight and enact potential solutions 10. Community bed modelling plan 	Medium	Mr R McGuffie	North Health & Social Care Partnership

iv) Business Critical Project Risk :

There is currently one (1) very high graded business critical project risk as below:

ID	Title	Date Open	Project	Risk level	Mitigating Controls	Risk Owner
1644	Availability of workforce (medical and non medical) to deliver redesign	14/03/18 – added to Datax July 2018	General Surgery / GI Redesign	Very High	1) General Surgery Redesign Core Group established and meetings arranged to take forward pieces of work below: I. agree clinical models and required rotas. II. review job plans to support new clinical model and rota requirements III. agree baseline workforce establishment to support early identification of gaps in workforce associated with new model IV. Agree pan Lanarkshire solutions for associated specialities effected by redesign V. identify work streams to support solutions for medical and non- medical workforce.	H Knox

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 21st November 2018.

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: Corporate Governance	<input checked="" type="checkbox"/>		

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

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	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	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 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 21st November 2018
- Receive assurance on the mitigation of all Very High graded risks across NHSL, noting the change of number of risks emerging and reviewed
- 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 21st November 2018, set out in Appendix 1.

13. FURTHER INFORMATION

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

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