NHS Lanarkshire
29th May 2019

Lanarkshire NHS Board
NHS Board
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NHS Lanarkshire

SUBJECT: NHSL CORPORATE RISK REGISTER

1. PURPOSE

This paper is coming to the Board:

For assurance	x	For endorsement		To note	x

2. ROUTE TO BOARD
This paper has been:

Prepared	x	Reviewed		Endorsed	

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 March 2019. Since then, the Corporate Management Team have considered the corporate risk register in April and May 2019. 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 significant material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period. A record of other changes to the corporate risk register can be seen in Appendix 1.

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 15th May 2019

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 consideration, 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 15th May 2019 and sorted in descending order by the assessed level of risk (current) from very high to low (Appendix 2)

i)   Summary of Significant 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 significant material changes during April and May highlighted as below. A record of other changes from review of the corporate risk register can be viewed in Appendix 1

Summary of the Significant Material Changes within the NHSL Corporate Risk Register

Closed Risks
Risks Closed in April 2019: No risks were closed in April **Risk(s) Closed in May 2019:** Risk ID 1726 - There is a risk that staff (47 within the cohort) in NHSL inadvertently breach the Standing Financial Instructions (SFI's) within delegated authority in the eees system (commonly known as proxy access) due to a recently identified system failure. This **medium** graded risk was closed as the fix for the system has been completed with the look-back exercise undertaken with no issues identified. The owner was John White. ---- Risk ID 1618 - 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. This **medium** graded risk was closed for the year 2018/19. A new risk (Risk ID 1749) was opened for the year 2019/20. The owner was Colin Lauder.

New Corporate Risks Identified
New Risk(s) in April 2019: Risk ID 1742 - There is a risk that in response to the HSE Notice of Contravention in December 2018, the Acute Division will not be fully compliant with the minimum KPI % rate for moving and handling learning and training by the agreed dates: UHM - 90% by 8th June 2019 (currently 69% for learnpro & 76% compliance for training) UHW -90% by 8th August 2019 (currently 71% for learnpro & 64% compliance for training) UHH -90% by 8th August 2019 (currently 24% for learnpro & 77% compliance for training) This risk is currently assessed as **Medium** and is owned by Heather Knox. **New Risks in May 2019:** Risk ID 1749 - There is a risk that delivery of the Annual Operational Plan (AOP) for the year 2019-2020 will not be fully realised because of the continuous challenges of the necessary cash releasing efficiency schemes and the range of waiting times targets to be implemented. This could result in decreased capacity and potential for failure to meet some of the AOP standards and targets. This risk replaces risk ID 1618 for the year 2019/20, is graded as **High** and owned by Colin Lauder on behalf of CMT.

Significant Material Note of Change for Specific Risks Since the Last Reporting Period		
Risk ID	Description of the Risk and Note of Change Within the Review Period	Risk Owner
1661	There is a risk that NHSL will not be in full operational readiness for EU withdrawal, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services across NHSL. Note of Change April This risk has been fully reviewed with an update to the mitigating controls. Resulting from the review of 10th April, it was proposed that the *tolerance* of this risk be increased from **Medium** to **High**. This was approved by the Planning, Performance and Resource Committee members on behalf of the Board of NHS Lanarkshire. The risk remains assessed as **Very High**. Note of Change May This risk has been fully reviewed with an update to the mitigating controls, noting the interim suspension of Gold Command and reporting to SG until there is more definitive direction. Controls in place that can be managed by NHSL are working as intended. This risk has been reduced from **Very High** to **High** until further political decisions are agreed.	C Campbell
1363	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. Note of Change April Through review by the ehealth risk management group, the assessed level of risk for this review has changed from **High** to **Medium**.	D Wilson
1364	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. Note of Change April Through review by the ehealth risk management group, the assessed level of risk for this review has changed from **High** to **Medium**.	D Wilson
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.	C Lauder

	Note of Change May Changes to the controls to reflect the effectiveness of current mitigation controls even though still functioning in business continuity mode. There is no backlog and the national contract will now not be in effect until 1st August 2019. The risk has now been reduced from **High** to **Medium**.	
1587	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, and recently the nursing workforce, 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. Note of Change May There is a significant issue emerging through nursing vacancies within this service. The risk has been increased from **Medium** to **High**.	V DeSouza

ii)   NHSL Corporate Risk Register Profile as at 15th May 2019

The corporate risk profile is shown for the period May 2018 to 15th May 2019 below:
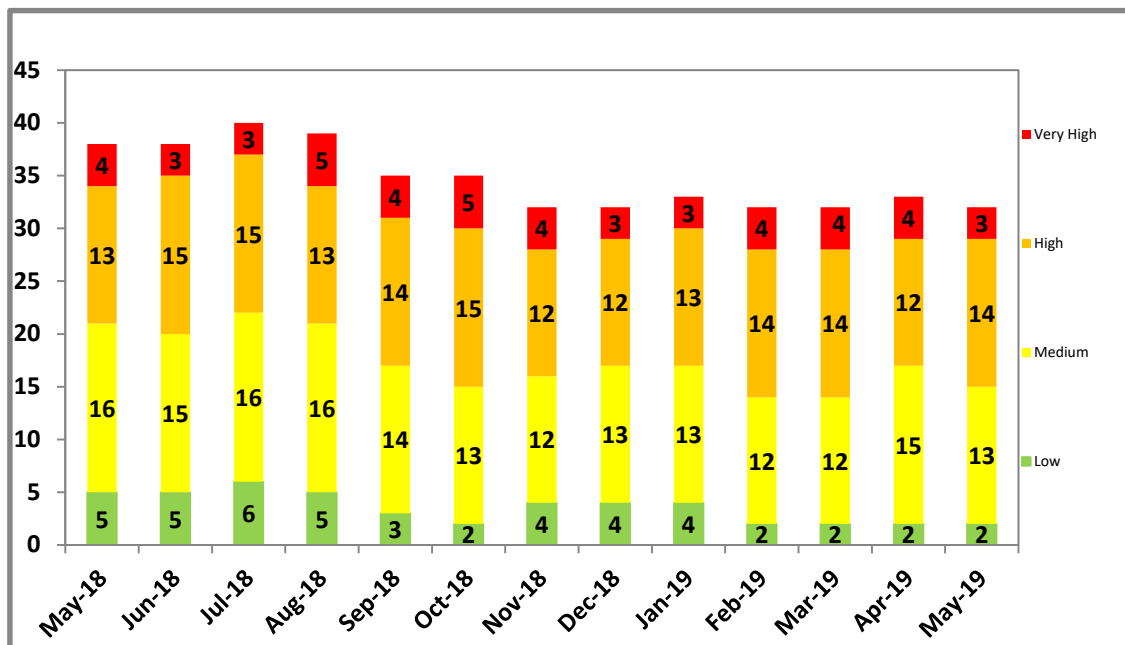
Risk Heat map

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
Almost Certain	5			1	1	
Likely	4			5	3	
Possible	3		1	6	8	
Unlikely	2			3	3	
Rare	1		1	1		

(LIKELIHOOD — vertical label along the rows Almost Certain / Likely / Possible / Unlikely / Rare)

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	2	4	7	2	15
Person - Centred	0	0	0	0	0
Safe	0	9	7	1	17
Totals	2	13	14	3	32

Risk Types

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

	Low	Medium	High	Very High	Totals
Business	1	10	10	3	24
Clinical	1	2	2	0	5
Reputation	0	1	2	0	3
Staff	0	0	0	0	0
Totals	2	13	14	3	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			5	2	
	Possible	3		1	6	8	
	Unlikely	2			3	3	
	Rare	1		1	1		

Whilst there are 17 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	• 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

<u>Very High Graded Risks on the Corporate Risk Register as at 15th May 2019</u>

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
1450	Ability to maintain existing GM Services across NHS Lanarkshire	14/11/2016	Very High	1. Executive group established to highlight and enact potential solutions 2. 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. 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. 5. New abbreviated procurement process approved and in place 6. Review of GP Leased Premises to reduce burden on GP's now going through the national process 7. Procurement of a community information system to optimise contribution to community services 8. Work with NES to re-instate the GPST trainees.	Medium	C Campbell

ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
1669	Compliance with Data Protection Legislation	16/08/2018	Very High	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. In April 2019 a further two IG roles have been approved to provide support for General Practice. 5. The GDPR Programme has been completed. All outstanding actions have been formally passed on to respective owners and will be governed via the IG Committee. 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 have completed a Review of Information Assurance 2018/2019 - (L25 - 19) which provides substantial assurance that objectives are being achieved. There were 7 findings which will be fully addressed. 9. IG Breach incident recording and reporting through IG Committee.	Low	D Wilson
1727	Ability of NHS Lanarkshire to realise the required savings within year 2019/20 and deliver a balanced budget	05/02/19		1. Continuous Financial Planning, including plans for covering any loss of savings 2. Organisation wide efficiency drive with defined programme structure, overseen through CMT 3. Requirements for nationally mandated initiatives and policy changes that facilitate the realisation of the balance of the total efficiency savings requirement 4. Assessment of service impact from savings, with CRES schemes being risk assessed 5. Regular financial scrutiny by Chief Executive, Director of Finance and Director of Strategic Planning through scheduled scrutiny panels meetings.	Low	L Ace

Very High Graded Risks across NHSL as at 15th May 2019

There are 2 very high graded operational risks for the Acute Operating Division as set out below. There are no very high graded risks for the North or South Health & Social Care Partnerships.

ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk Level (Tolerance)	Owner	Op Div
1012	Treatment Time Guarantee	28/01/2013	Very High	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 as at 23rd April 2019. 2. Weekly and monthly submission of elective performance reporting to SG Access Support Team on going at 23rd April 2019. 3. Regular reporting to governance and operational committees on going at 23rd April 2019. 4. Monthly site capacity meetings ongoing to monitor performance and agree any additional support ongoing at 23rd April 2019. 5. 24 month waiting times improvement capacity plan being developed and submitted to DMT and COE in March 2019. 6. Contracts agreed for first and second quarters with independent sectors: (Per Quarter - ophthalmology 250, orthopaedics 250, General Surgery 125, ENT 200, Gynaecology 150, Urology 100, OMFS 75). 7. Ongoing discussions with SG colleagues at 23rd April 2019.	Medium	Mrs J Park	Acute Operating Division
1716	OOH Interventional Radiology Service	04/12/2018		1. Two interventional radiology posts were advertised for NHS Lanarkshire, however, there is a national shortage of radiologist and there were no applicants. 2. Efficiency and throughput of existing lists is being maximised at 23rd April 2019 3. Approaches have been made to colleagues in NHS GC&C to consider a regional solution and/or a case by case basis continuing at 23rd April 2019. 4. Discussions with NHSL Lothian regarding formalising TIPSS. 5. Contingency plans in place.	Medium	Mrs H Knox	Acute Operating Division

iv)   Business Critical Project Risk:

There is one (1) orthopaedic redesign project risk that has been increased from high to very high as set out below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Level (Tolerance)	Risk Owner
1697	Availability of Clinical Space	28/07/18	Very High	1. Work Collaboratively with interdependent projects to ensure appropriate use of clinical space. 2. Test of concept of new models prior to implementation e.g. ambulatory care and day surgery 3. Explore the use of shared space where appropriate 4. Review beds on UHW site as part of the UHW site plan 5. Explore capital projects including provision of additional beds within medical records area 6. Explore the use of beds in UH Monklands (redirect medical patients)	Medium	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 2, sorted in descending order of the risk level (current) from very high to high, accurate as at 15th May 2019.

4.   STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	LDP		Government Policy	
Government Directive		Statutory Requirement		AHF/Local Policy	
Urgent Operational Issue		Other: Corporate Governance	X		

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)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
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		Governance and accountability	x
Use of resources	x	Performance management	x	Equality	
Sustainability					

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		Identify further actions	
Note	x	Accept the risk identified		Ask for a further report	

Specifically:
- Noting the summary of significant material changes to the Corporate Risk Register, including the position of new and/or closed risks since the last reporting period
- Any other changes to the corporate risk register for this reporting period are recorded in Appendix 1
- 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 15th May 2019
- 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 15th May 2019, set out in Appendix 2.

13.   FURTHER INFORMATION

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

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