



RISK MANAGEMENT

ANNUAL REPORT 2018/2019

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1. ASSURANCE STATEMENT

As outlined within the Audit & Assurance Committee Handbook, Scottish Government, (2018), a key role of the NHS Lanarkshire (NHSL) Audit Committee is to support the Board and Accountable Officer to maintain a sound system of internal control, demonstrated through assurance, defined as “an evaluated opinion, based on evidence gained from review, on the organisation governance, risk management and control framework”.

The Corporate Management Team (CMT) agreed, at its meeting on February 2019, an annual evaluation of the risk management arrangements to assure the Audit Committee, enable an evaluated opinion and ultimately support the Chief Executive in the completion of the annual Corporate Governance Statement. This annual evaluation was set out in the “Key Lines of Enquiry”, based on Annex F of the new Audit & Assurance Committee Handbook. This completed evaluation was agreed by the CMT members in February 2019 and was received by the NHSL Audit Committee in March 2019.

Based on the core requirements of the framework already in place, the following are the areas of work undertaken this year (2018/2019), and areas of work identified for improvement in 2019/2020 to continue to strengthen the risk management framework.

Strengthening of the Risk Management Framework is directed through the CMT as the responsible group for risk management, where the following risk business has been discussed, considered, approved and/or noted:

- Monthly Corporate Risk Register Report, noting changes to the Corporate Risk Register, including new and closed risks
- Monthly Corporate Policies Report
- Quarterly Process Compliance Reports, based on the Key Performance Indicators for Risk Register, Corporate Policies and Adverse Events
- Quarterly Summary Report Prepared for the Audit Committee
- Annual Key Lines of Enquiry (annual evaluation of the effectiveness of the risk management systems)
- Risk Management Annual Report 2017-2018
- Review of the Risk Management Strategy
- Risk Management reports prior to onwards reporting to the Audit Committee, Board and the Planning, Performance and Resource Committee (PPRC)
- Updates on improvement work for the transfer of the corporate policies from the Firstport site to the public website
- The delivery and facilitation of a Learning and Development Network for the mentoring programme for all risk management facilitators across NHSL, including H&SCP
- Internal Audit Findings and Management Actions for Corporate Policies
- Inclusion of Corporate Risk Manager as part of the Chief Executive Quarterly Performance Review Team, with a focus on mitigation of risks

- Delivery of risk register workshops for management and professional teams, Human Resources; Finance; PSSD; NMAHP's and eHealth
- Application of an internally developed Risk Register Self-Assessment Tool
- Reflection on the risk management systems as part of the overall baseline assessment for the implementation of the national Blueprint for Corporate Governance
- Development and implementation of an improved integrated risk register approach with IJB / H&SCP's (Memorandum of Agreement)
- Development and implementation of improved risk register and corporate policies Key Performance Indicators (KPI's) with improved reporting through CMT and the Audit Committee
- Review of the Firstport Corporate Policies site when policies transferred to Public Website for signposting and providing templates
- Review of the Risk Management Firstport website with a restricted section for sharing information and blogging for the risk management facilitators across NHSL
- Review of all North H&SCP health risks with the Senior Management Team and in partnership with internal audit

The Corporate Risk Manager meets quarterly with every Director (owners of corporate risks) to ensure all corporate risks are adequately assessed, controlled and / or closed and continue to reflect the risks facing NHSL. For very high graded risks, review is undertaken monthly.

Category 1 Adverse Events were reported on a weekly basis through the CMT huddle, with performance against SAER management and closure of Category 1 adverse events. The type/trends/outcomes/SAER's/learning and improvements from adverse events is reported on through the Healthcare Quality Assurance & Improvement Committee (HQAIC).

Areas identified for continuous improvement in 2019-2020:

- Maintain good practice for governance and operational risk register reporting, including reporting on all very high graded risks and risks above risk appetite
- Review of risk appetite and risk tolerance
- Annual review of the risk management strategy
- Review of the NHSL Policy for Developing Organisation Policies and updating of the template and 'how to' guidance
- Continuous monitoring of corporate policies
- Develop and implement process for aligning actions from Circulars to assessing the need for a NHSL Corporate Policy and record and monitor system.
- Continuous development for the mentoring programme for all risk management facilitators across NHSL, including H&SCP
- Implementation of management actions as agreed through internal audit findings and recommendations
- Contributing to improved assurance as set out in the national blueprint for corporate governance

- Improve the reporting format for risk register reporting to the Board and PPRC: implement a change of record as an Appendix to enable a sharper focus on the detail within the report.
- Development of WEB based risk register reporting and management team reporting with the risk management facilitators
- Review of all South H&SCP health risks with the Senior Management Team
- Review reporting of Category 1 adverse events and SAER management through CMT

Significant risk for NHS Lanarkshire in the year 2018-2019 are predominantly: whole system patient flow (unscheduled care and delayed discharge); uncertainty of impact on NHS from the European union withdrawal (Brexit); clinical workforce, in particular GP's and emergency medicine; delivery of a balanced budget; cyber threat and resilience; Monklands refurbishment / replacement planning and compliance with new legislation (GDPR & Duty of Candour).

Based on the 'tone from the top' and 'tone at the middle' principles, leadership and behaviours for an effective risk management culture is demonstrated through the Corporate Management Team in leading, influencing, analysing and interpreting the corporate risks to NHSL in a collaborative transparent way, modelling the approach at middle management level.

From the work undertaken during the year, the agreed evaluation through the Key Lines of Enquiry and the Internal Control Evaluation 18/19 Report, the CMT can confirm that there were adequate and effective risk management arrangements in place throughout 2018 -2019.

2. INTRODUCTION

The duty of the NHS Lanarkshire (NHSL) Board is to deliver healthcare both within the law, and without causing harm or loss to the Organisation and all it represents. It does this by ensuring there is an effective Governance Framework, and the operating of a Corporate Governance and Risk Management System. This report sets out to confirm that there have been adequate and effective risk management arrangements in place throughout the year and highlights material areas of risk.

Good risk management has the potential to impact on performance improvement, leading to:

- Improvement in service delivery
- More efficient and effective use of resources
- Improved safety of patients, staff and visitors
- Promotion of innovation within a risk management framework
- Reduction in management time spent 'fire-fighting'
- Assurance that information is accurate and that controls and systems are clear and defensible.

Application of the risk management framework will ensure the Organisation's management understands the risks to which it is exposed and deals with them in an informed, proactive manner. Staff are empowered to use their professional judgement in deciding which risks are significant.

The complete elimination of risk will not be a feasible goal for the Board, however in certain circumstances calculated and balanced risk taking and risk mitigation will be required to achieve creative or innovative solutions that will help to improve the services to patients, as expressed through the risk appetite statement. In seeking to deliver these objectives, the CMT will advise on/oversee and/or support:

- Implementation of the Risk Management Strategy & Framework
- Management of risk in partnership with the Integrated Joint Boards (IJB's)
- The NHSL Corporate Risk Register
- Risks assessed as very high throughout the organisation
- Risk appetite and risk tolerance measures, specifically the high and very high graded risks
- Quarterly process compliance reporting of the risk Key Performance Indicators (KPI's)
- Category 1 adverse event reporting and management

Application of risk management at all levels in NHS Lanarkshire will further underpin the success of 'Achieving Excellence: A Plan for Person-Centred, Innovative Healthcare to Help Lanarkshire flourish', March 2017, the IJB Commissioning Plans and the NHSL Transforming Patient Safety & Quality of Care Strategy in NHS Lanarkshire, by defining the amount of balanced risk that can be taken to achieve the strategic aims.

NHSL will endeavour to continue to strengthen the risk management framework at strategic, corporate, commissioning and delivery level to identify risks and to put in place control measures to mitigate their impact.

There are designated risk management facilitators across the operational sites/units/divisions/corporate services and business critical projects, to facilitate and support:

- Implementation of risk policies and procedures
- Partnership working with IJB / H&SCP
- Monitoring of compliance with the risk KPI's
- Operational risk reporting
- Use of local data for continuous quality improvement

Continued contributions from all staff groups across NHSL is essential to respond to the many challenges NHSL will face in delivering safe, effective and person-centred care in the years ahead; in particular within the financial constraints with delivery of cash releasing efficiency schemes (CRES); developments between health and the integrated health and social care partnerships (H&SCP); strategic planning for Monklands refurbishment or replacement; clinical workforce; high cost drugs; regional planning; any change in legislation and the continuing uncertainty around the UK exit from the European Union (Brexit).

3. STRATEGY AND FRAMEWORK YEAR 2018-2019

3.1 Risk Management Strategy Review

NHSL has in place an approved Risk Management Strategy with a scheme of delegation. The Strategy has been subject to review in year with minor changes to reflect the collaborative working with the North and South Integrated Joint Boards (IJB) and the Health & Social Care Partnership (H&SCP).

The Risk Management Strategy sets-out:

- risk management guiding principles
- aims and objectives
- scheme of delegation
- framework, including the risk register matrix
- risk appetite and risk tolerance

The Strategy is accessible through the Risk Management web page and is supported by:

- risk register policy
- adverse events policy
- policy for developing organisation policies

3.2 Organisational Structure: Risk Management Reporting

The accountability and reporting structure for the risk management function is outlined in the risk management strategy, with the CMT having the responsibility to develop, refine, review and oversee the implementation of the Strategy in support of the Board and in collaboration with the Governance Committees. The CMT has a collective responsibility to support and promote risk management across NHSL.

The Audit Committee has overall responsibility to evaluate the System of Internal Control and Corporate Governance, including the Risk Management Strategy, Framework and Processes.

Core risk management reporting through the year is outlined below:

- The CMT have received standard monthly risk reports:
 - Corporate Risk Register Report
 - Corporate Policies Report
- A schedule of reporting for CMT and onward reporting to the Audit Committee is in place and included:
 - Quarterly Risk Management Process Compliance Report
 - Quarterly Risk Management Report
 - Annual Review of the Strategy
 - Annual Key Lines of Enquiry
 - Annual Report Internal Audit Reports

3.3 Electronic Risk Management System: DATIX & Data Reporting

NHSL continues to use Datix as the electronic Risk Management System, utilising the following modules:

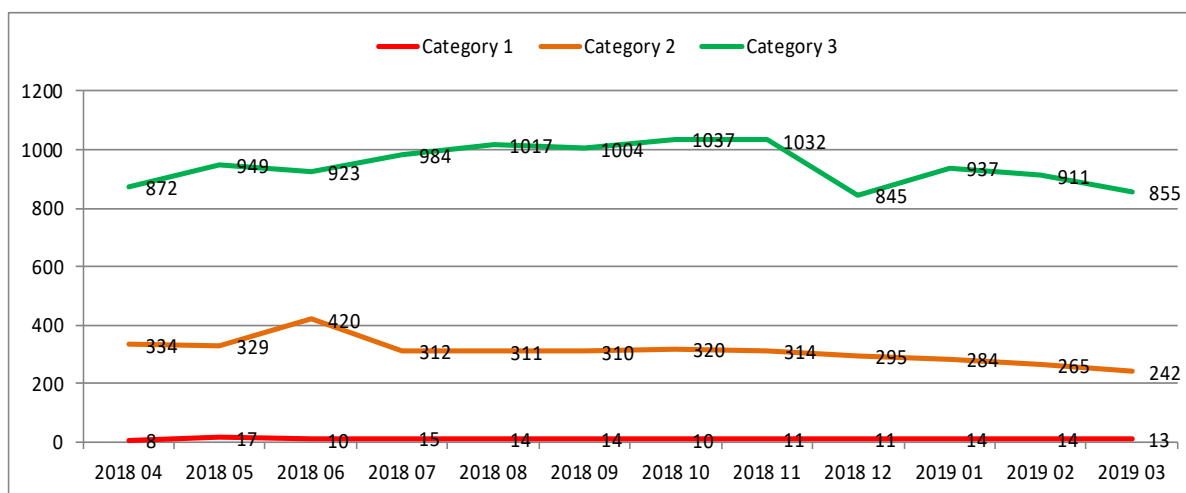
- Risk Register module
- Incident recording module
- Claims module
- Complaints module
- PALS module (as a general enquiry line)

The web based Claims, Complaints and Alerts modules have been purchased for implementation in 2019-2010.

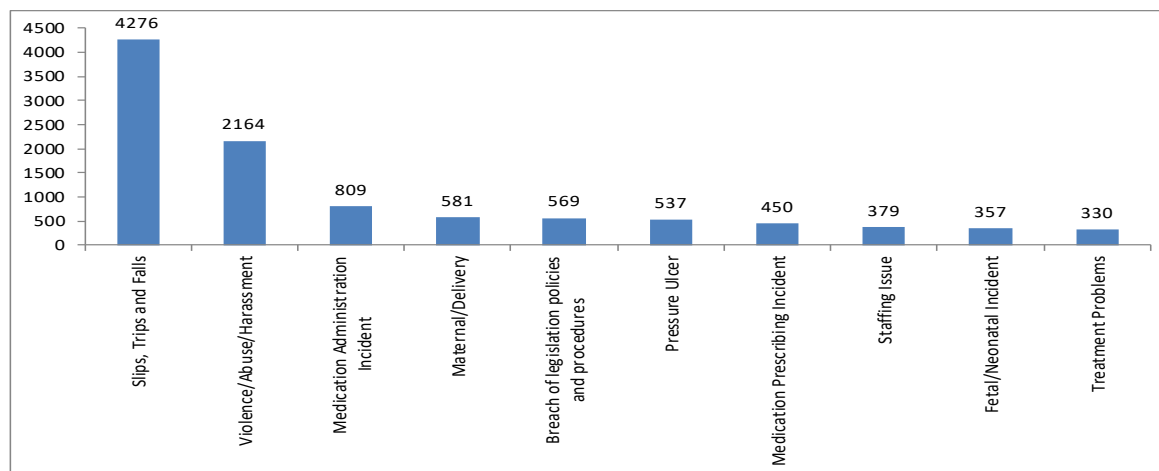
3.3.1 Adverse Event Data

The adverse event recording process, as with other Health Board areas, is a voluntary recording system dependent on the culture of the organisation and may not represent all adverse events that actually occur, or some types of adverse events may be overly represented. The following table 1 outlines the overall number of incidents recorded for the period 1st April 2018 – 31st March 2019 for Category 1, Category 2 and Category 3 incidents by month.

Table 1



The top ten reported category of incident occurring across NHSL is set out in the chart below:



Slips Trips & Falls, Violence/Abuse/Harassment continue to be the adverse events that are consistently recorded across NHSL and are the top 2 recorded events in numbers. The other categories have been consistent with the last 2-3 years of reporting.

Category 1 Adverse Events were reported on a weekly basis through the CMT huddle, with reporting on performance against SAER management and closure of Category 1 adverse events. The type/trends/outcomes/SAER’s/learning and improvements from adverse events is reported on through the Healthcare Quality Assurance & Improvement Committee (HQAIC).

3.3.2 Risk Registers

The Chief Executive for NHS Lanarkshire is the Lead for the NHSL Corporate Risk Register. NHSL has a level of organisation risk registers that are defined and assessed using the same matrix and can be escalated and / or de-escalated dependent on the nature of the risk and effectiveness of mitigation. There are relevant designated leads and owners of risks agreed within these levels as set out in Table 2 below:

Table 2

Level of Risk Register	
Level 1	Corporate Risk Register
Level 2	Operating Divisional Risk Register Corporate Support Services Risk Register H&SCP Unit Risk Register (health component) (included business critical project risks)
Level 3	Acute Hospital Site Risk Register Service and Function Risk Register

All corporate risks have an identified Assurance Committee (governance committee) who receive a risk report at every meeting with a focus on risks above appetite and those risks that are aligned to the specific Governance Committee.

Within the year, a review was undertaken of the NHSL governance arrangements and the inception of the new Population Health, Primary Care & Community Services Governance Committee. Commensurate with this, a review of the identified assurance committee for each corporate risk was undertaken with risk reporting to this committee commencing from September 2018.

Through a schedule of reporting to CMT and the Governance Committees of the Board, the risk register reports generally include:

- risk profile and heatmap
- stratification of risks by corporate objective and type of risk
- significant material changes
- risks above appetite with mitigating controls (very high and high graded risks)
- full corporate risk register as an appendix to the main report

The taxonomy for reporting corporate risks and all very high graded risks across NHSL is set out in Table 3

Table 3		
Assessed Level of Risk	Risk Appetite & Tolerance	Level & Frequency of Review / Assurance
Very High 16 - 25	<p>Risk level exceeds corporate risk appetite and requires immediate corrective action to be taken with monitoring at CMT and Board Level. This includes all very high graded risks within the Corporate Risk Register and across NHSL.</p> <p>Individual risks can be tolerated at high, but only where CMT propose acceptance of tolerance graded high for any one specific risk in exceptional circumstances and final approval must be through the Board of NHS Lanarkshire.</p>	<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
High 10-15	<p>Risk level exceeds corporate risk appetite and requires measures be put in place to reduce exposure with monitoring at Corporate Management Team and appropriate NHS Board Governance Committee.</p> <p>Individual risks can be tolerated at high, but only where CMT propose acceptance of tolerance graded high for any one specific risk in exceptional circumstances and final approval must be through the Board of NHS Lanarkshire.</p>	<ul style="list-style-type: none"> • Every PPRC for decision-making and assurance • Every Audit Committee through the presentation of the full Corporate Risk Register • Monthly CMT for discussion and review of mitigation controls, triggers and assessment <p>PPRC, Audit Committee and/or CMT can escalate any individual high graded risk to the Board as required</p>
Medium 5-9	<p>Risk level within corporate risk appetite and will be subject to regular active monitoring measures by responsible Director and Managers</p>	<ul style="list-style-type: none"> • CMT through the presentation of the full Corporate Risk Register • Board through Annual Report • Audit Committee through quarterly risk profile reporting and Annual Report
Low 1-4	<p>Risk level within corporate risk appetite and subject to regular passive monitoring measures</p>	<ul style="list-style-type: none"> • CMT through the presentation of the full Corporate Risk Register • Board through Annual Report • Audit Committee through quarterly risk profile reporting and Annual Report

3.3.3 Horizon Scanning

Through the business of the CMT and the governance committees of the Board, consideration is given to potentially new and emerging risks e.g.

- Changes to legislation
- New CEL's or other notification
- Adverse incidents, clinical outcomes
- Adverse publicity affecting reputation
- Political changes impacting on Health Board business
- Changes by professional bodies
- Reviews / outcomes /findings from external scrutiny and review reports
- Findings from internal and/or external audit
- Regional Planning
- GMS Contract: released November 2017
- European Union Withdrawal (Brexit)
- Historic Abuse Inquiry
- Mortality Related to 'Pigeon Droppings' NHS Greater Glasgow and Clyde

Until 31st March 2019

3.3.4 Business Critical Project and Programme Risks

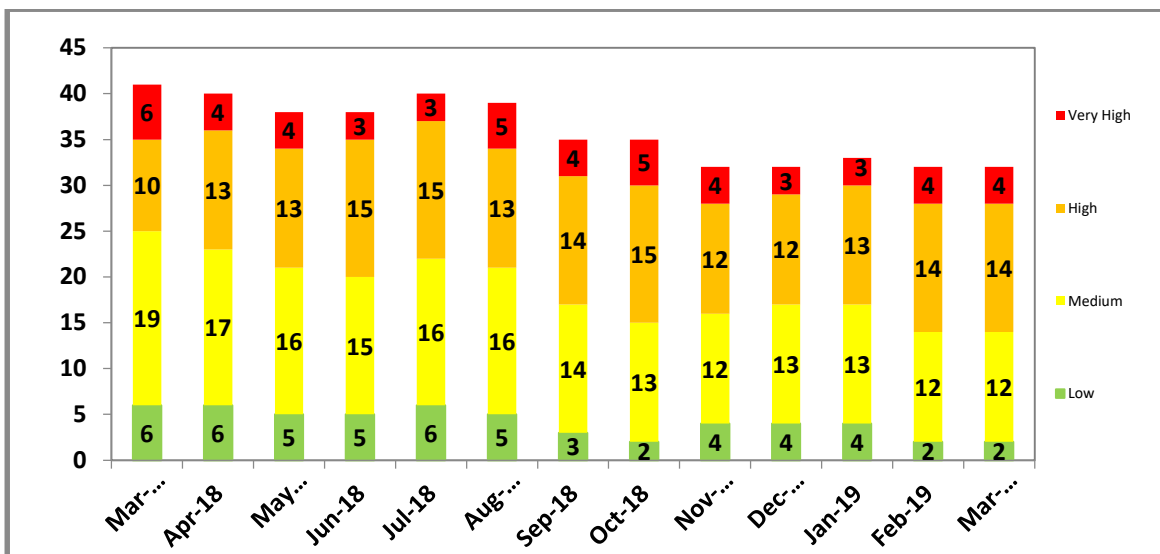
Within this year the following business critical project and programme risks have been transferred to the Datix system and are subject to the same scrutiny and review as all NHSL corporate and operational risks:

- Monklands Replacement / Refurbishment Project (MRRP)
- Trauma & Orthopaedic Programme risks
- General Surgery Re-design risks

The Monklands Business Continuity risks have recently been subject to review and prepared for transfer to the Datix system.

3.3.5 NHSL Corporate Risk Profile

The chart below outlines the changing NHSL corporate risk profile from 1st April 2018 to 31st March 2019, highlighting the overall fluctuation in number of risks and the number of very high and high graded risks (those above appetite) over the year.



As at the end of 31st March 2019, there was 32 live Corporate Risks with the profile demonstrated in the heatmap by likelihood x impact as below:

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
		Score	1	2	3	4	5
LIKELIHOOD	Almost Certain	5	0	0	1	1	0
	Likely	4	0	0	4	3	0
	Possible	3	0	1	5	9	0
	Unlikely	2	0	0	2	4	0
	Rare	1	0	1	1	0	0

Corporate Objectives

All risks continue to be aligned to the 3 primary corporate objectives agreed this year as Effective, Person – centred, Safe and as at 31st March 2019 the risk profile against corporate objectives is set out below:

	Low	Medium	High	Very High	Totals
Business	1	10	9	4	24
Clinical	1	2	2	0	5
Reputation	0	0	3	0	3
Staff	0	0	0	0	0
Totals	2	12	14	4	32

Risk Types

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

	Low	Medium	High	Very High	Totals
Effective	2	6	6	2	16
Person - Centred	0	0	0	0	0
Safe	0	6	8	2	16
Totals	2	12	14	4	32

The 4 very high graded corporate risks for NHSL as at the 31st March 2019 are set out below:

ID	Title	Likelihood x Impact	Risk Type	Corporate Objective
1450	Ability to maintain existing GM Services across NHS Lanarkshire	4x4 Very High	Business	Safety
1669	Compliance with Data Protection Legislation	5x4 Very High	Business	Effectiveness
1727	Ability of NHS Lanarkshire to realise the required savings within year 2019/20 and deliver a balanced budget	4x4 Very High	Business	Effectiveness
1661	European Union Exit (Brexit) Impact on NHS	4x4 Very High	Business	Safe

The following very high graded risk is owned and managed through the Acute Operating Division:

ID	Title	Likelihood x Impact	Risk Type	Corporate Objective
1012	Treatment Time Guarantee	5x4 Very High	Business	Safety

3.4 Risk Management Key Performance Indicators (KPIs)

Within this year, there was a review of the Key Performance Indicators (KPI's) for risk registers and corporate policies, including the frequency of reporting.

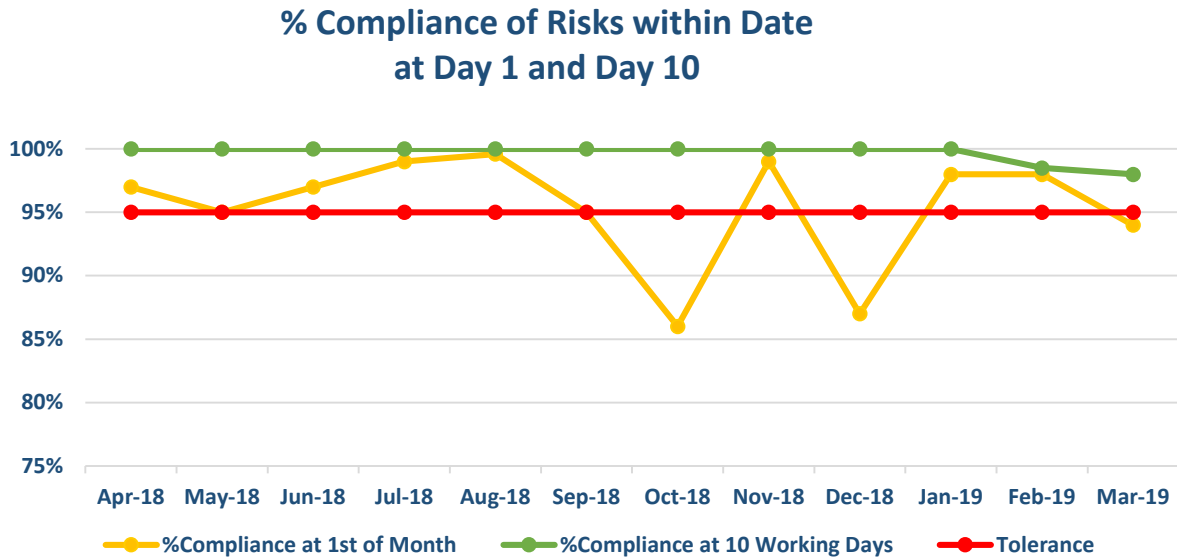
3.4.1 Risk Register & Corporate Policies KPI's

KPI	Reported To	Frequency
Risk Register		
1. All risks are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold has been adjusted to 95%.	CMT	Monthly
	Audit Committee	Quarterly
2. All risks held within the Datix system must have a scheduled review date commensurate with the assessed level of risk. <i>Effective from June 2018*</i>	CMT	Monthly
	Audit Committee	Quarterly
3. Designated Assurance Committees receive a risk register report aligned to the governance reporting framework at every meeting.	CMT	Quarterly
	Audit Committee	Quarterly
Corporate Policies		
1. All corporate policies are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold has been endorsed as 95%. <i>Effective from September 2018*</i>	CMT	Monthly
	Audit Committee	Quarterly

*KPI's reviewed and implemented in year

Compliance with Risk Register KPI 1

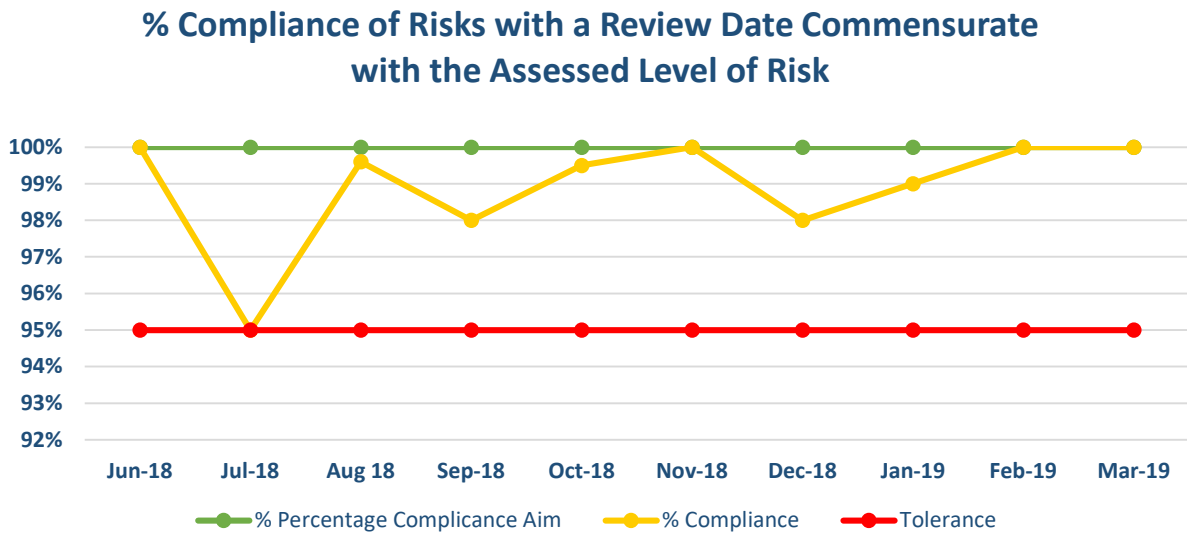
All risks are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold has been adjusted to 95%.



Compliance with Risk Register KPI 2

All risks held within the Datix system must have a scheduled review date commensurate with the assessed level of risk as follows:

Very High	Within the month
High	No longer than 3 months
Medium	No longer than 6 months
Low	No longer than 12 months



Compliance with Risk Register KPI 3

Designated Assurance Committees receive a risk register report aligned to the governance reporting framework at every meeting.

Committee/Group, Purpose & Frequency		Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	
CMT	Review at every meeting with a focus on risks above appetite	√	√	√	√	√	√	√	√	√	√	√	√	
Board	Very High Risks Only at every meeting for assurance/decision-making		√			√			√		√		√	
PPRC	All risks above appetite for review and assurance at every Meeting	√		√			√					√		
Audit Committee	Risks with Audit Committee as Assurance Source at every meeting			√			√			√			√	
HQAIC	Risks with HQAIC as the Assurance source at every meeting		√		√		√		√				√	
Staff Governance Committee	Risks with Staff Governance Committee as Assurance source at every meeting			√		√		√		√		√		
Population Health, Primary Care & Community Services Governance Committee	Risks with PH,PC & CS Governance Committee as Assurance source at every meeting	Reporting to commence from September 2018						√		√				√
Acute Governance Committee	All Acute Divisional Risks including relevant Corporate risks for assurance at every meeting		√		√		√		√			√		

 - No meeting scheduled/changes to schedule of Meetings

3.4.2 Risk Management Facilitators Development & Learning Network

In continuing to embed the principles of risk management across NHSL, operational sites and units have designated risk management facilitators. The Corporate Risk Manager invited all risk management facilitators and project risk managers to a meeting and proposed a risk management development and learning network for the risk management facilitators, with an initial focus on risk register management. This was extremely well received and supported by individual managers.

The inaugural network meeting took place in February 2018 and resulted in the development of a Network Charter and agreement to have a 2 hour meeting every 2 months. Risk management facilitators identified some of their development and learning needs with the Corporate Risk Manager delivering and / or facilitating a range of presentations and discussions over the year. This was fully supported by the CMT with dedicated sessions delivered by the Chief Executive, Board Secretary and the Head of Organisation Development. Six sessions were arranged and they were interactive, involved small group working and included topics as set out below:

- Risk Management in Context
 - Origins
 - Crown immunity / crown indemnity
- Risk Management Processes and Monitoring
 - Defining risk, issues or problems
 - Risk analysis cycle
 - Risk register matrix
- Good Governance
 - Principles of 'no surprises'
 - Annual corporate governance statement Transparency
 - Informed decision-making
 - Performance & assurance frameworks
 - Annual accountability reviews
- Accountable Officer
 - Role
 - Responsibility
 - Dependency on operational systems & processes
 - Annual corporate governance statement
- Making It All Work!
 - Simple
 - Consistency in approach
 - Organisation values
 - Tone at the top, tone at the middle and tone on the floor!
- Critique of Others Risk Registers
 - Critical review of a range of risk registers for public sector, private sector and healthcare registers using the NHSL self-assessment criteria
- Considered when 'things go wrong'
 - Reflection on NHS Tayside and Highland reviews
- Reflected and considered own influencing style and skills
 - Involved critical look at individual styles and how best to influence managers and peers, specific to risk register management, recognising how these skills are transferrable within all roles

At the March 2019 meeting, members took the opportunity to share their own risk management learning and developments from the network, through the delivery of presentations about their risk management journey and improvements.

The risk management webpage has a restricted function available to all risk management facilitators to 'blog' and share risk information.

3.4.3 Risk Management Facilitators Development & Learning Network

Senior managers across the organisation have requested risk management support in promoting the principles of risk management within their areas of responsibility and improving their risk management approach. Throughout 2018-2019, the Corporate Risk Manager has delivered presentations and workshops to:

- Director of Finance with Heads of Function
- HR Director with Heads of Function and contribution to the CPD programme for all staff within the Directorate
- Director of NMAHPS with Professional Leads
- Director of PSSD with Heads of Function
- Director of ehealth with Heads of Function
- Mental Health Management Team

3.5 **Management and Improvement of NHSL Corporate Policies**

Within the year, the CMT approved an approach to moving all corporate policies from the internal Firstport site to the new Wordpress public website. A Short-Life Working Group was set up and chaired by the Corporate Risk Manager, reporting to CMT.

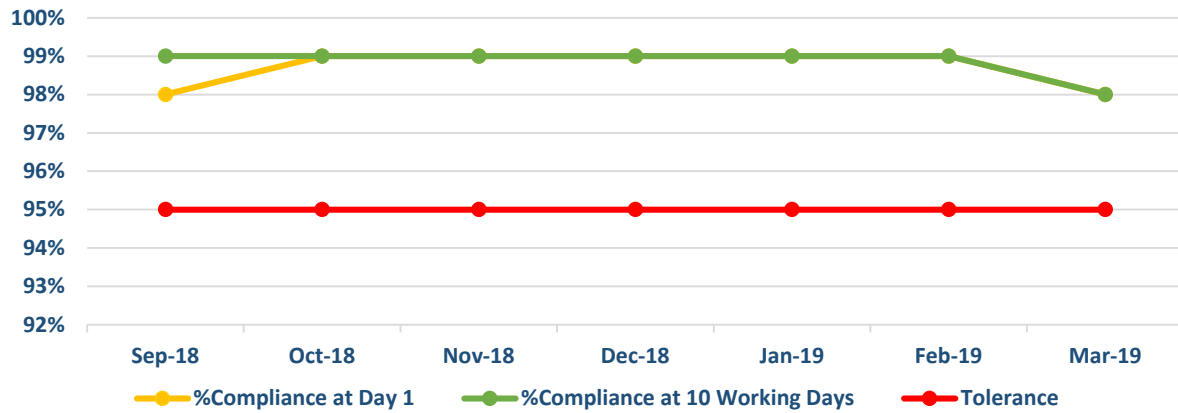
An improvement plan was set out that included undertaking a full quality review of each policy against a criteria to ensure that any policy transferred to the public website was correctly designated as a policy and was in the correct format that was suitable for public reading. Responsible Directors were fully engaged and confirmed policies met the criteria prior to transfer.

Effective from 1st February 2019, policies are now accessible on the public website. Monitoring of policies continues through a new KPI effective from September 2018. The Short – Life Working Group members will continue to meet on a quarterly basis to the end of December 2019 to monitor the effectiveness of the change and oversee any access issues.

Compliance with Corporate Policies KPI 1

All corporate policies are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold has been endorsed as 95%.

**% Compliance of Policies within Date
at Day 1 and Day 10**



4. WORK ACTIVITY FOR YEAR 2019-2020

This year, there will be the maintenance of the current systems with some development that will focus on assurance on effectiveness of mitigation for risks above appetite, review of risk appetite and risk tolerance, contribution to the implementation of the national blueprint for corporate governance.

In summary, the activity for 2019 -2020 will be based around:

- Maintenance of good practice for governance, corporate and operational risk register reporting, including reporting on all very high graded risks and risks above risk appetite
- Annual review of the risk management strategy
- Review of risk appetite and risk tolerance aligned to improved assurance mapping
- Review of the NHSL Policy for Developing Organisation Policies and updating of the template and 'how to' guidance
- Continuous monitoring of corporate policies
- Develop and implement process for aligning actions from Circulars to assessing the need for a NHSL Corporate Policy and record and monitor system.
- Working in collaboration, continue to provide subject expertise to the North and South H&SCP to support a consistent approach to risk register management across the partner agencies
- Continuous development for the mentoring programme for all risk management facilitators across NHSL, including H&SCP
- Implementation of management actions as agreed through internal audit findings and recommendations
- Review of all South H&SCP health risks with the Senior Management Team