

NHS Board: 30 May 2018

Lanarkshire 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 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 March 2018. Since then, the Corporate Management Team have considered the corporate risk register in April and May 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 May 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 38 risks set out in the NHSL Corporate Risk Register, accurate as at 14th May 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 38 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
<p><u>Risk ID 1581 – Impact to NHSL resulting from the Bield Housing and Care Review : Care Transformational Strategy.</u> This risk was reviewed and closed as the risk did not materialise.</p>
<p><u>Risk ID 1592 - Ability to Meet the Diabetic Retinopathy Screening Uptake Target for Year 2017/18:</u> this risk was reviewed and closed recognising that whilst targets were not met for year 17/18, there is capacity with maximising of staff to meet the targets for 2018/19.</p>
<p><u>Risk ID 1480 -Impact on NHSL Cytology Services resulting from National Change:</u> NHS Lanarkshire has been successful in its bid to be one of the 2 test centres in Scotland. The risk is now closed although move towards this will require a full change management plan.</p>
<p><u>Risk ID 1462 - NHSL Ability to realise the required savings within year 2017/18:</u> recognising the savings were slightly less than initially targeted, the year end achievement was sufficient to maintain expenditure within budget. This risk has now been closed. For year 2018/19, the financial risk has been agreed and remains very high (Risk ID 1590).</p>
<p><u>Risk ID 1413 – Unscheduled Care Performance 2017/18:</u> This risk was set out for locally adjusted performance targets for 17/18. It was agreed to close this risk for 17/18 and open a new risk with revised controls for 18/19 (Risk ID 1611).</p>
<p><u>Risk ID 1469 - Delivery of the LDP 2017/2018:</u> This risk was set out for performance against the Local Delivery Plan (LDP) for the year 2017/18. This risk has now been closed and opened as a new risk for the year 2018/19, and reflects the change from LDP to the Annual Operating Plan (AOP).</p>
New Corporate Risks Identified
<p><u>Risk ID 1597 –</u> There is a risk that NHSL cannot sustain the additional workload that has arisen from the implementation of the new bowel screening FIT test kit. This has the potential to adversely impact on patient waits to be investigated and on the reputation of the Lanarkshire bowel screening programme. This risk is assessed as Medium and the owner is Gabe Docherty.</p>
<p><u>Risk ID 1611 -</u> There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled for the year 18/19, with the potential to adversely impact on patient experience and the reputation of NHSL. This risk is assessed as High, is owned by H Knox and replaces Risk ID 1413.</p>
<p><u>Risk ID 1618 -</u> There is a risk that delivery of the Annual Operating Plan (AOP) 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 risk is assessed as High, is owned by the Corporate Management Team and replaces Risk ID 1469.</p>

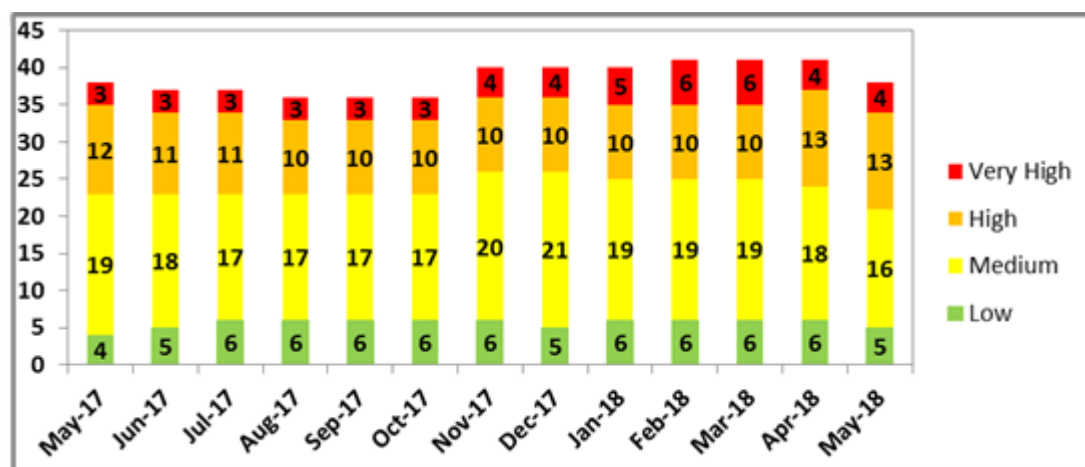
Material Changes of Note for Specific Risks Resulting from a Scheduled Quarterly Review		
Risk ID	Description of the Risk and Note of Change	Risk Owner (s)
1413	<p>There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled over the year 17/18.</p> <p><u>Note of Change April 2018</u> This risk has been reviewed and assessed level of risk reduced from Very High to High, and will be subject to further review to assess for year 18/19.</p>	H Knox
1379	<p>There is a collective risk that NHSL, and North and South H&SCP's will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers.</p> <p><u>Note of Change April 2018</u> Aligned to current performance and the improvement plan, this risk has been reduced from Very High to High.</p> <p><u>Note of Change May 2018</u> Mitigating controls reviewed and updated to reflect the current improvements within this review period.</p>	C Campbell / V DeSouza / J Hewitt
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 GMPs, 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 April 2018</u> Recognising the continuing changing position, this risk has been increased from Medium to High.</p>	C Campbell / V DeSouza / J Hewitt
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 April 2018</u> Additional Mitigating Control : South IJB to review designation of Lockhart Hospital in response to the ability to recruit and retain GP staff.</p> <p><u>Note of Change May 2018</u> Additional Mitigating Controls: 1. Advice sought from Scottish Health Council, and engagement with local communities has commenced to consider alternative services to be hosted in Lockhart Hospital with initial output expected June 2018. Work ongoing as part of Clydesdale Locality Plan to re-designate Lockhart and link to other bed provision in the locality.</p>	C Campbell / V DeSouza / J Hewitt

1450	<p>There is an increasing risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL, resulting from a range of changes including a change in portfolio career arrangements, age profile of the existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in a number of practices ‘closing their list’ which has consequences for other neighbouring practices, with some practices alerting NHSL to say they believe their ongoing sustainability as a practice is in serious doubt. Additionally, many of the staff who may be identified as potentially offering support to cover GP vacancies are also in short supply eg Advanced Nursing Practitioners.</p> <p><u>Note of Change April 2018</u> Mitigating controls fully reviewed and updated to reflect the impact and implementation of the new GMS contract through an NHSL Implementation Group with Action Planning, including spread of the GP sustainability plan.</p> <p><u>Note of Change May 2018</u> New mitigating control: 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.</p>	C Campbell / V DeSouza /J Hewitt
1364	<p>There is an ongoing risk of malicious intrusion into data stored on NHSL digital systems resulting from inherent IT vulnerabilities that could be exploited to cause maximum disruption and/or theft of data, with the potential for NHSL to have significant service disruption and impact adversely on the organisational reputation.</p> <p><u>Note of Change April 2018</u> As part of the overall mitigation, the implementation date for the firewall change has been rescheduled to end of April 2018.</p> <p><u>Note of Change May 2018</u> Mitigating controls fully updated to reflect contemporary position with the completion of the firewall at University Hospital Hairmyres and the projected completion date for University Hospital Monklands.</p>	C Sloey
1323	<p>There is a risk that NHSL will not be able to continue to provide clinical services required because of the availability, recruitment and retention of clinical staff, including loss of GP ST trainees and the 46 hour break between night/dayshift, with the potential to adversely impact on patient care and the overall corporate objectives for NHSL.</p> <p><u>Note of Change April 2018</u> Description of risk changed to reflect the forthcoming loss of GP ST trainees.</p>	C Campbell
1469	<p>There is a risk that delivery of the LDP for the year 2017/18 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 LDP standards and targets.</p> <p><u>Note of Change April 2018</u> Risk remains unchanged for this month, will be reviewed again to reflect the new Annual Operating Framework for year 18/19.</p>	Corporate Management Team

643	<p>There is a risk that even by implementing each new Prescribing Action Plan, the full expected savings will not be realised resulting from uncertainties around the capacity of all General Medicine practices to carry out the work to achieve improvements in prescribing quality & spend.</p> <p><u>Note of Change May 2018</u> Risk Description changed to reflect the current position regarding the capacity of all practices to carry out the work to achieve improvements in prescribing quality and spend. The mitigating controls have been updated to align with the programme risk register.</p>	I Wallace
1363	<p>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 May 2018</u> New mitigating controls outlining testing of contingency plans and the output from recent recruitment.</p>	C Sloey
1491	<p>There is a risk that the developing community bed re-provision for Lanarkshire will not be directly aligned to the balance of care need, adversely impacting on unscheduled care, delayed discharge and the principles of shifting the balance of care.</p> <p><u>Note of Change May 2018</u> Two new controls to confirm the conclusion of the work undertaken for bed provision at Udston Hospital and the North Lanarkshire Intermediate Care Review.</p>	C Campbell / V DeSouza /J Hewitt
1584	<p>There is a risk that NHSL will be non-compliant with the legislative requirements within the General Data Protection Regulations (2017), required by May 2018, as the Data Protection Bill has yet to be fully finalised, and there is no appointed Data Protection Officer as an enabler for compliance. This has the potential to adversely impact on both the financial position and reputation of NHSL if financial penalties are applied.</p> <p><u>Note of Change May 2018</u> New controls to reflect the progression of GDPR training, appointment of Data Protection Officer and recruitment of information governance staff.</p>	C Sloey
1582	<p>There is a risk that NHSL will not be in a position to fully implement the Duty of Candour legislation resulting from a delay in the issue of national guidance that supports the legislation. This has the potential to adversely impact on the ability of NHSL to comply with the legislative requirements, effective from 1st April 2018.</p> <p><u>Note of Change May 2018</u> New controls to reflect the progression of the release of the national guidance with the development of local supporting guidance. New field in Datix to record events that trigger the duty, with monitoring and oversight arrangements in place.</p>	I Wallace

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

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



Risk Heatmap

From the 38 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	2	
	Likely	4		0	4	2	
	Possible	3		3	7	8	
	Unlikely	2		3	2	4	
	Rare	1		1	1		

Corporate Objectives

All corporate risks are aligned to the 3 primary corporate objectives agreed as Effective, Person Centred and Safe:

	Low	Medium	High	Very High	Totals
Effective	3	9	7	1	20
Person - Centred	0	0	0	0	0
Safe	2	7	6	3	18
Totals	5	16	13	4	38

Risk Types

The 38 risks have been further described and set out as risk types below:

	Low	Medium	High	Very High	Totals
Business	1	8	11	4	24
Clinical	4	7	1	0	12
Reputation	0	1	1	0	2
Staff	0	0	0	0	0
Totals	5	16	13	4	38

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

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

			IMPACT				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
LIKELIHOOD	Almost Certain	5			1	2	
	Likely	4		0	4	2	
	Possible	3		3	7	8	
	Unlikely	2		3	2	4	
	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	<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 14th May 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
1590	Ability of NHSL to realise the required savings within year 2018/2019 and deliver a balanced budget	30/01/2018	Very High	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. Requirement 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.	Medium	L Ace

1412	GP input to sustain current community hospital clinical model of service.	13/06/2016	Very High	<p>1. Advice sought from Scottish Health Council, and engagement with local communities has commenced to consider alternative services to be hosted in Lockhart with initial output expected June 2018.</p> <p>2. Focus on maintaining delayed discharges at low level.</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. Commissioning of Service Model Options Appraisal integrated within the Strategic commissioning Plan 2019-2022</p> <p>5. Community Bed Modelling Plan</p> <p>6. Community Hospital Refresh Strategy that outlines alternative approaches including advanced nurse practitioners and consideration for nurse-led model of care.</p> <p>7. Work ongoing as part of Clydesdale Locality Plan to re-designate Lockhart and link to other bed provision in the locality based on the current information on bed usage/need.</p>	Medium	C Campbell / V DeSouza / J Hewitt
1450	Ability to maintain existing GM Services across NHS Lanarkshire	14/11/2016	Very High	<p>1. Executive group established to highlight and enact potential solutions.</p> <p>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.</p> <p>3. A GMS Implementation group has been established and on track to produce a Primary Care Improvement Plan linked to Transforming Primary Care Aims</p> <p>4. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years.</p> <p>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.</p>	Medium	C Campbell / V DeSouza / J Hewitt
1364	Risk of cyber attack in respect of stored NHSL data	09/11/2015	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. Our security provider has confirmed that the features enabled across our estate would prevent a Cyber Attack which we experienced in May and August 2017. This work is complete. We will continue to undertake monthly reviews with our security provider to ensure the products are fine tuned and our staff are fully trained.</p> <p>3. The firewall changes at UHH were implemented week ending 27th of April. Changes at UHM have passed local change control and are now scheduled for 29th of May.</p> <p>4. eHealth have recently completed the Pre-assessment exercise for Cyber Essentials Plus Accreditation and are in the process of developing a detailed action plan based on the highlighted outcomes. This work will then be allocated to individuals within eHealth and progress against actions formally tracked.</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

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

One very high graded risk within the Acute Division, previously reported on has been downgraded from **very high** to **high**: Risk ID 1408 : Ophthalmology Reviews at the University Hospital Hairmyres, and a new risk ID 1616 has emerged regarding cervical screening (as above). There are now 3 very high graded risks across NHSL with mitigating controls shown below:

ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk Level (Tolerance)	Owner	Op Div
1140	Emergency Medicine Medical Senior Decision Makers	05/09/2014	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 16th April, both WGH and Hairmyres continue to be on government monitoring. 5. Team building and management development plan in place at Wishaw for Emergency Medicine. Trauma Lead advertised for phase 1B. Interviews arranged 18th May 2018. 6. T&O Stakeholder engagement event being planned early 2018, discussed at DMT in April 2018. 7. Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties. 8. Currently recruiting to 2 consultant vacancies at Monklands with expectation of successful appointment May 2018. 9. Phased return of EM consultants from long term sickness. Phased return open ended. 	Medium	Dr J Burns	Acute 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. 2. Weekly and monthly submission of elective performance reporting to SG Access Support Team. 3. Regular reporting to governance and operational committees. 4. Monthly capacity meetings arranged from May 2018 to agree any external support 	Medium	Mrs J Park	Acute Op Div
1616	Cervical Screening - Cross boundary implications	26/01/18 Opened in Date May 2108		<ol style="list-style-type: none"> 1. A manual work around by NHSL RMS (referral management service) staff to identify an approximate additional 180-200 DR messages to NHS Lanarkshire, (which previously would have been appointed automatically to Great Glasgow and Clyde colposcopy clinics), and manually re direct them via SCI gateway to GGC commenced on 29-10-17. 2. Call recall staff will check colposcopy appointment failsafe reports weekly. 	Medium	Dr J Darnborough	Public Health Screening

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**

Risk ID 1538 : Failure to reach a full clinical output specification for the Monklands Replacement or Refurbishment Project has been subject to continuous review and agreed through the Project Board to reduce the likelihood of occurrence and the risk is now reduced from **very high** to **high**

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 May 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

The Board is asked to :

Approve	<input checked="" type="checkbox"/>	Endorset	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

Specifically:

- Note the summary of material changes to the Corporate Risk Register, including the position of new and/or closed risks since the last reporting period
- Approve 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 May 2018
- Receive assurance on the mitigation of all Very High graded risks across NHSL, noting the change of number of risks emerging, reviewed and downgraded within this review period.
- 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 May 2018, set out in Appendix 1.

13. FURTHER INFORMATION

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

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