NHS Board: 30 May 2018

Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB Telephone: 01698 855500 www.nhslanarkshire.org.uk



SUBJECT: RISK MANAGEMENT ANNUAL REPORT 2017/2018

1. **PURPOSE**

This paper is coming to the Board:

2. ROUTE TO BOARD

This paper has been:

Prepared	Reviewed	Endorsed	

By the following:

• Corporate Management Team at its meeting on 21st May 2018.

3. SUMMARY OF KEY ISSUES

The Risk Management Annual Report sets out the intention to provide assurance to Board Members about the way and the extent to which the management of risk remains a key focus for the Board and the wider organisation. In recognition of the dynamic nature of risk, the systems and processes which support and sustain risk management activity have been kept under ongoing review. As a result, some changes were introduced to further enhance and strengthen the risk management arrangements. These have previously been considered at, and endorsed by, the Corporate Management Team (CMT), the Audit Committee and the NHSL Board.

From the work undertaken during the year, the agreed evaluation through the Key Lines of Enquiry and the Interim Evaluation of Internal Control Framework 17/18 : Assessed Outcome for Corporate Governance : Risk Management Arrangements assessed as Level B, the CMT can confirm that there were adequate and effective risk management arrangements in place throughout 2017 -2018.

The CMT as the responsible group for overseeing the risk management systems, has received the following risk management reports throughout 2017/18:

- Monthly Corporate Risk Register Report, including the development of review of all very high graded risks across NHSL
- Monthly Corporate Policies Report
- Quarterly Process Compliance Reports, based on the Key Performance Indicators for Risk Register, Adverse Events and Corporate Policies

- Quarterly Summary Report Prepared for the Audit Committee
- Annual Key Lines of Enquiry (self-assessment of the effectiveness of the risk management systems)
- Risk Management Annual Report
- Review of the Risk Management Strategy

The CMT have also overseen and approved:

- Review of the Risk Register Policy
- Review of the Organisation Policies : Development & Monitoring
- Changes to the risk appetite and tolerance, including agreement for the 'boundary' method of risk appetite and tolerance
- A revised taxonomy of reporting commensurate with the risk appetite and tolerance, including the governance reporting for all corporate risks, including improved reporting
- Development and application of a process to improve Integrated Risk Registers with North and South Integrated Joint Boards (IJB)
- Development and application of a Risk Register Self- Assessment Tool
- A programme of mentoring for all project/site/division/unit/corporate services risk management facilitators across NHSL
- Review and full updating of the risk management webpage to include a 'blog' page and document page for the risk management facilitators across NHSL

Detail of the improvements to the NHSL risk management approach for 2017-2018 is contained throughout the report, concluding with the agreed improvement work for 2018-2019 in the Board's endeavour to enable maturity of its risk management systems.

4. STRATEGIC CONTEXT

This paper links to the following:

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

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe Effective Person Centred

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)	\square
Best use is made of available resources. (Effective)	\square

6. MEASURES FOR IMPROVEMENT

Monitoring of the risk management systems is through a set of agreed Key Performance Indicators (KPI's) for Risk Register, Adverse Event Management and Corporate Policies. Performance is reported on through a quarterly Risk Management Process Compliance Report prepared for, and reviewed by, the CMT with onwards reporting to the Audit Committee.

7. FINANCIAL IMPLICATIONS

There are no financial implications to consider with this paper for this meeting.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

No further risk analysis required.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership		Effective partnerships		Governance and	
				accountability	
Use of resources	\square	Performance management	\square	Equality	
Sustainability					

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

There is no requirement for an equality and diversity impact assessment as the content applies equally.

11. CONSULTATION AND ENGAGEMENT

The annual report has been considered by members of committees as described in Section 2.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	Endorse the Annual Report	Identify further risks	
Consider	Accept the risk identified		

Noting:

From the work undertaken during the year, the agreed evaluation through the Key Lines of Enquiry and the Interim Evaluation of Internal Control Framework 17/18 : Assessed Outcome for Corporate Governance : Risk Management Arrangements assessed as Level B, the CMT can confirm that there were adequate and effective risk management arrangements in place throughout 2017 -2018.

13. FURTHER INFORMATION

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

Mr Calum Campbell	Mrs C McGhee
Chief Executive	Corporate Risk Manager
01698 858176	01698 858099