

NHS Lanarkshire
29 January 2020

Lanarkshire NHS Board
NHS Board
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SUBJECT: NHSL CORPORATE RISK REGISTER

1. PURPOSE

This paper is coming to the Board:

For assurance	<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 October 2019 (with a PPRC Risk Register report received in December 2019). Since then, the Corporate Management Team have considered the corporate risk register in November and December 2019 and January 2020. 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 16th January 2020
- 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/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register

- v) Facilitate reference to the 23 risks set out in the NHSL Corporate Risk Register, accurate as at 16th January 2020 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 23 risks, with the summary of significant material changes during November and December 2019 and January 2020 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
<p>Risks Closed in November 2019: Five (5) risks have been closed:</p> <p><u>Risk ID 244</u> – There is a risk that NHSL does not comply fully with statutory requirements and obligations potentially exposing NHSL to prosecution, improvement notices and / or corporate homicide. This Medium graded risk was fully considered at CMT and members agreed to closure of this risk noting that all new legislation is considered as an individual risk until controls are in place.</p> <p><u>Risk ID 1799</u> – There is a risk that the contracted company ISS are not able to deliver and maintain the necessary range of support services to UHH through effective business continuity planning in the event that industrial action is confirmed. Loss of support services has the potential to adversely impact on other staff members and continuity of delivery of clinical services across UHH. This Low graded risk has been closed as NHSL has received confirmation of resolution of the matter.</p> <p><u>Risk ID 1128</u> – There is a risk that NHSL will be unable to appoint to vacancies in medical staffing and retain existing medical staff resulting from the overall available medical resource, including training and non-training grades.</p> <p>&</p> <p><u>Risk ID 1323</u> – 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 GPST trainees, the 48 hour break between night/dayshift, pension changes encouraging early retirement and within the demographics showing more people are retiring than joining the service. This has the potential to adversely impact on patient care and the overall corporate objectives for NHSL.</p> <p>&</p> <p><u>Risk ID 1466</u> - There is a risk that NHSL will not be compliant with the imminent Health and Care (Staffing) (Scotland) Bill that will ensure appropriate number of suitably trained staff are in place, irrespective of where care is received, resulting from retirement levels; sickness/absence levels; recruitment and retention of nursing staff and the higher than expected use of supplementary staffing. These combined factors have the ability to result in adverse impact on the continuity of safe and consistent delivery of care.</p>

These 3 risks have all been considered for amalgamation into 1 single Clinical Workforce risk in response to the Health and Care (Staffing) (Scotland) Act 2019. These risks have been closed and are superseded by a new risk ID 1832 as set out below.

Risks Closed in December 2019:

No risks were closed within the December period.

Risks Closed in January 2020:

Two (2) risks have been closed within this reporting period:

Risk ID 1828 - Compliance with Health & Safety Regulations : Moving & Handling. Subsequent to the most recent performance reviews and the H&S Report outlining compliance with targets at CMT December 2019 this **Medium** graded risk has been closed. Operational units to consider if the risk requires to be added to local risk registers.

Risk ID 1492 - Consistent provision of high quality care, minimising harm to patients. Subsequent to discussion, this **Medium** risk has been closed noting that it is wide ranging and non-specific. Consideration was given to the systems in place that would identify issues through a set of indicators and clinical dashboards. Specific risks will be assessed on their own merit as they are identified.

De-escalated Risks

Risks De-escalated in November 2019:

Three (3) risks have been de-escalated to function/service/project level

Risk ID 1702 - Impact From Failure of Clinical Waste Management Contractors to Uplift Clinical Waste as Specified. This Medium graded risk will be managed and monitored at PSSD Management level until the national contract is fully phased in.

Risk ID 1431 - Sustaining a safe trauma and orthopaedic service for patients across NHSL. This Medium graded risk will now be managed and overseen through the Orthopaedic Redesign project group and programme Board respectively.

Risk ID 1363 - Increasing Reliance on IM&T. This Medium graded risk has been managed to a level that can now be monitored through the ehealth risk management group with oversight through the ehealth strategic group.

Risks De-escalated in December 2019:

No risks were de-escalated within the December period.

Risks De-escalated in January 2020:

One (1) risk has been de-escalated

Risk ID 1582 - Implementation of the Duty of Candour Legislation effective from 1st April 2018. This risk has been reduced from **Medium** to **Low** and de-escalated from the corporate risk register to the quality department risk register and will continue to be overseen through the Healthcare Quality, Assurance and Improvement Committee via Annual reporting.

New Corporate Risks Identified

New Risks in November 2019:

There is one new risk set out for this reporting period which replaces risks ID 1128, 1323 & 1466 as above. These risks have been amalgamated to become a single risk around Clinical Workforce as determined by the Health and Care (Staffing) (Scotland) Act 2019:

Risk ID 1832 - 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 to comply with the Health & Care (Staffing) (Scotland) Bill with the potential to result in adverse impact on the continuity of the delivery of safe and consistent care.

This risk is graded as a **High** risk and is owned at present by I Barkby and L Findlay (J Burns).

New Risks in December 2019:

No new risks were opened within the December period

New Risks in January 2020:

No new risks were opened within the January period

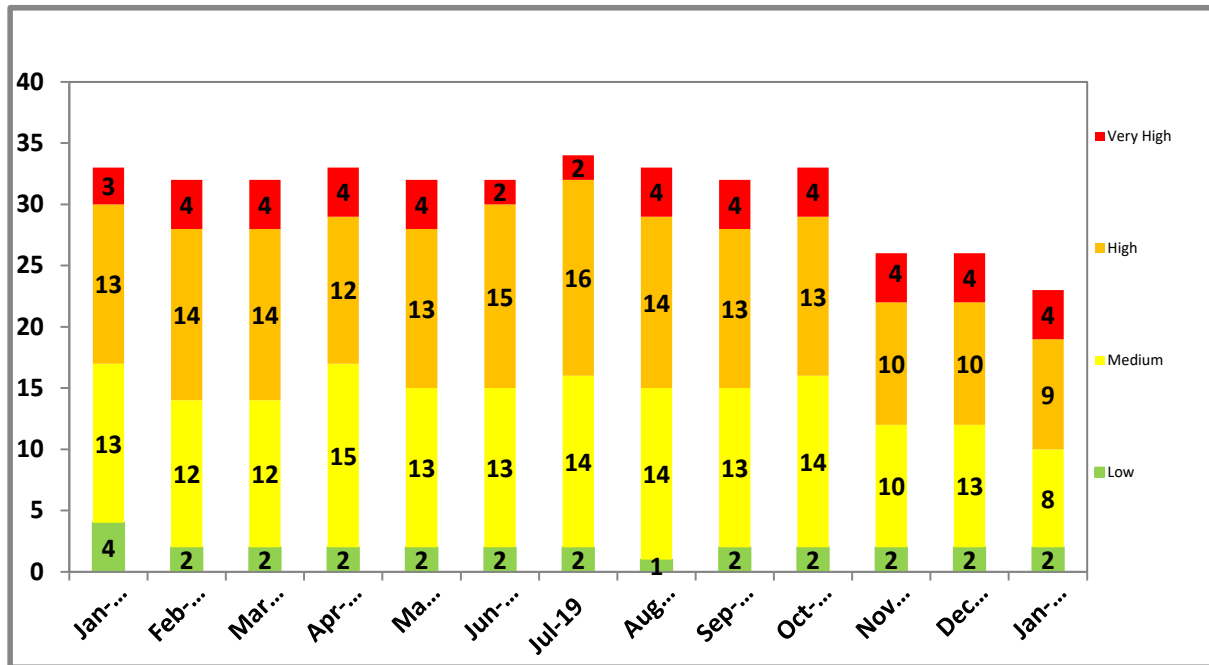
Significant Material Note of Change for Specific Risks Since the Last Reporting Period

Risk ID	Description of the Risk and Note of Change Within the Review Period	Risk Owner
1661	<p>Brexit presents a level of risk that is not containable by NHS Lanarkshire alone, 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.</p> <p><u>Note of Change/Update November 2019</u> Full review of the risk and in light of the changing political environment, the assessed level of risk has been reduced from Very High to High, with the tolerance being reduced from High to Medium. Noted that there is an interim suspension of the Gold Command until post general election and the extension period to January 2020.</p> <p><u>Note of Change/Update January 2020</u> Subsequent to the outcome from the general election in December 2019, the assessed level of risk has been reduced from High to Medium with NHSL remaining in live incident mode in suspension with a move to maintenance and monitoring mode that will enable a quick response to any significant change.</p>	C Campbell

1724	<p>There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government.</p> <p><u>Note of Change/Update November 2019</u> Full review of the controls noting the significant change in that there is now a new MRP Committee of the Board who have oversight of the implementation plan from the Independent Review. The Assurance Committee to change from PPRC to the new MRP Committee. Controls fully updated to be more contemporary and focus on the implementation plan. Remains a High graded risk.</p>	C Campbell
1749	<p>There is a risk that without SG agreement of local targets, overall 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 that are increasingly difficult to meet. 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/Update November 2019</u> In terms of overall performance, as demonstrated through the Annual Review, the risk has been reduced from High to Medium, whilst recognising the unscheduled care performance has had targets adjusted and is performing below trajectory. Refer to risk ID 1611.</p>	C Lauder
1611	<p>There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled for the year 19/20, with the potential to adversely impact on patient experience and the reputation of NHSL.</p> <p><u>Note of Change/Update November 2019</u> Whilst there has been adjustment to the performance targets (93.5% for UHM and 91.5% for UHW & UHH) the 3 sites are currently performing at 84%-85%. This risk has been increased from High to Very High. Controls fully reviewed noting that a control regarding the potential of a pilot to move AWI patients from Acute to Nursing Home where appropriate has not been supported by the local Mental Welfare Commission and has been removed as a control until further national discussions conclude. A further control for redirect plus - patients redirected to treatment room facilities has also been removed as this is not in place. There is in place the discharge to assessment for North which is expected to increase to approx. 50 patients per week.</p>	H Knox
1727	<p>There is a risk that NHS Lanarkshire will not be able to realise the required savings for 2019/2020 and deliver a balanced budget, with the potential to impact adversely on current and subsequent years financial planning.</p> <p><u>Note of Change/Update in November 2019</u> In considering the mid-year review, funding of the Winter Plan and the avoidance of the Brexit impact, it is predicted that for year 2019/20 there will be delivery of a balanced budget, with any new drug costs being incurred in the next financial year. This risk has been reduced from High to Low with the tolerance being reduced from Medium to Low.</p>	L Ace

ii) **NHSL Corporate Risk Register Profile as at 16th January 2020**

The corporate risk profile is shown for the period January 2019 to 16th January 2020 below:



Risk Heat map

From the 23 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heat map below:

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
		Score	1	2	3	4	5
LIKELIHOOD	Almost Certain	5	1	1	1	1	1
	Likely	4	1	1	1	1	1
	Possible	3	1	1	1	1	1
	Unlikely	2	1	1	1	1	1
	Rare	1	1	1	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	2	4	6	1	13
Person - Centred	0	0	0	0	0
Safe	0	4	3	3	10
Totals	2	8	9	4	23

Risk Types

The 23 risks have been further described and set out as risk types below:

	Low	Medium	High	Very High	Totals
Business	1	6	5	4	16
Clinical	1	1	1	0	3
Reputation	0	1	2	0	3
Staff	0	0	1	0	1
Totals	2	8	9	4	23

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	
	Likely	4			3	2	1
	Possible	3		1	4	6	
	Unlikely	2			1	2	
	Rare	1		1	1		

Whilst there are 13 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 16th January 2020

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	<p><u>Controls</u></p> <ol style="list-style-type: none"> Executive group established to highlight and enact potential solutions 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. A GMS Implementation group has been established and on track to produce a Primary Care Improvement Plan linked to Transforming Primary Care Aims Additional Pharmacists and ANPs are being deployed to assist practices in difficulty New abbreviated procurement process approved and in place to enable acceleration of appointments of GP's Review of GP Leased Premises to reduce burden on GP's now going through the national process Procurement of a community information system to optimise contribution to community services Work with NES to optimise the equity in GP trainee allocation <p><u>Actions</u></p> <ol style="list-style-type: none"> Roll out of the community information system over 2020/21 effective from 1st April 2020 Consideration to a future NHSL model for invoking 2C eg locality or central management model in response to any practice contract being returned to the Board 	Medium	C Campbell
1587	Sustainability of the 2 site Model for OOH Service	13/12/2017	Very High	<ol style="list-style-type: none"> Rates of Pay have been maintained at summer rates until end of Sept 2019. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&E. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception report against this will also be put in place. Workforce action plan in place - linked to GMS sustainability. Senior Management and team are continuing to work on securing sufficient staff/reconfigure jobs to maximise the workforce coverage. Regular reporting mechanism for North and South IJBs. OOH performance reporting will be a standing item on the performance and audit sub committee. There is a weekly update meeting on the OOH risk register and action plan which includes operational managers and professional leads. There is work ongoing with NHS 24 to review processes and procedures in relation to triage. Workforce Planning with a focus on securing sufficient staff/reconfigure jobs to maximise the workforce cover.. 	Medium	V DeSouza

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ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
1815	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	14/08/19	Very High	<ol style="list-style-type: none"> 1. Early Identification of Savings Programme 2. Set-up of Programme Management Office with Programme Lead & Project Plan 3. Dedicated CMT Financial Meetings 4. Intelligence gathering and scenario planning 	Medium	L Ace
1611	Unscheduled Care Performance	30/04/18	Very High	<ol style="list-style-type: none"> 1. Unscheduled care plan developed against 6 key essentials approved through the Joint Unscheduled Care / Delayed Discharge Improvement Board. 2. Site specific action plans written, approved and implemented 3. Service improvement support for unscheduled care deployed to all 3 sites 4. Fortnightly performance calls with sites below 92% as part of overall internal monitoring. 5. On-going dialogue at senior level with Health & Social Care Partnerships aimed at tackling delayed discharge through the joint Unscheduled Care / Delayed Discharge Improvement Board. 6. Implementation of the REACT and same day admission across all 3 sites. 7. 24/48 hour business continuity arrangements in place for each site and Board wide escalation in place, with testing of BCP's, including winter planning 8. Improvement Teams on site with new Programme Manager for Unscheduled Care 9. Daily site huddles on all 3 sites supported by duty managers 10. MINTS/MAJOR nursing to support middle grade medical staff 11. Short term sustainability recruitment action plan in place 12. Extended hours and range of Ambulatory Care on all sites 13. Integrated improvement plan for delayed discharge (Risk ID 1379) will have an impact on the performance for this risk. 14. 'Pull' Model implemented to enable stable patients to move to nursing and residential care in times of crisis. 15. Capacity identified beyond winter surge beds on all 3 sites. 16. Two initiatives to maintain continuous flow : Pilot to move AWI patients from Acute to Nursing Home where appropriate and increased on-site presence of H&SCP staff at weekends 17. Discharge to Assess Model in North 18. Investment in REACT room with triaging by Medical Consultants 19. Additional staffing for Flow 20. Overnight additional ED staffing being tested 21. Introduction of Significant Incident Protocol. 	Medium	H Knox

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Very High Graded Risks across NHSL as at 16th January 2020

Acute

There are 3 very high graded risks owned and managed within the Acute Division as below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1804	Acute Waiting Times Improvement Plan (Outpatients)	07/08/19	Very High	<ol style="list-style-type: none"> 1. Patient pathways being redesigned. Work continues at 25th November 2019. 2. Monitoring process in place with the independent sector partners to ensure contracts are delivered on time through monthly information updated. Next submission due end November 2019. 3. Regular updates provided to DMT continues at 25th November 2019. 4. Regular reports provided to Acute Governance Committee. Last update 20th November 2019. Next update due March 2020. 5. Contracts awarded for Quarter 3 and 4 for Gastroenterology, Neurology, Ophthalmology. 	J Park
1716	OOH Interventional Radiology Service	04/12/18	Very High	<ol style="list-style-type: none"> 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. 3. Ongoing discussions with the WoS Regional group. Paper being developed by Director of Regional Planning, expected early 2020. 	J Park
1220	Emergency Care	03/11/14	Very High	<ol style="list-style-type: none"> 1) Full Capacity Protocol in place. 2) Increased use of ambulatory care in medicine and surgery has been implemented. 3) Opportunity to raise immediate concerns at the daily union meeting for escalation. 4) Real time monitoring of ED performance in place. 5) The DMT have a weekly oversight of performance. 6) The site continues to advertise posts for ED and Medical Consultants and is considering initiatives, such as altering the sub-specialty of posts, to fill long term consultant vacancies. 7) Presently looking at the necessary staffing numbers to better match capacity with demand. 8) Revised escalation process agreed and implemented. 9) Full Capacity Protocol reviewed on 10/12/19. 	R Coultard

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North / South Health & Social Care Partnership

For this reporting period, there is one (1) very high graded risk for South Health & Social Care Partnerships arising through the Primary Care Implementation Plan:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Executive group established to highlight and enact potential solutions. 2. 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 is now under way. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 4. GP recruitment and retention group meets regularly. 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. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board. 7. Procurement of a community information system to optimise contribution to community services. <p>Action</p> <ol style="list-style-type: none"> 1. Increasing numbers of "last GP left standing situations" and exploration regarding this and clarification of contractual position and succession or other plans currently being explored. 	V De Souza

For this reporting period, there are no very high graded risks within North Health & Social Care Partnership.

Business Critical Project/Redesign Risks Assessed as Very High

There is currently no very high graded business critical project/redesign risks

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Monklands Business Continuity Risks Assessed as Very High

There are now 7 very high graded risks on the Monklands business continuity risk register as set out below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1763	Current fire alarm cause and effect does not reflect how staff should react in the event of fire.	27/06/19*	Very High	1. Control book holders are regularly briefed by a local Fire Officer on fire procedure. 2. Regular training tailored to patient/ ward areas has been commissioned. 3. NHSL Fire Officers will prepare a Cause and Effect document for the Towers identifying how areas should react etc. This will then be issued to GC for survey and establishing current arrangements and works required.	C Lauder
1765	Fire compartment condition of area under the ward towers, ground and lower ground floor.	27/06/19*	Very High	1. FSW 7 (1B): design for 60min compartmentation within the GF and LGF have been completed. Works programmed to commence in November 2019.	C Lauder
1784	Access to maintain fire dampers	27/06/19*	Very High	Estates programme of improvements to allow access to known fire damper locations will be completed by 27th September.	C Lauder
1773	Deterioration/failure of cast iron pipes	27/06/19*	Very High	1. Priority areas of work have been identified and completed in March 18 and Sept 18. 2. Priorities for the next Phase of works in 19/20 have been identified and surveys completed and report reviewed with NHSL. 3. Programme for Stage 2 access to be developed.	C Lauder
1788	Loss of endoscopy service due to drainage issues	27/06/19*	Very High	Issues have reoccurred following initial NHSL Estates works. Brief developed for Graham to progress a design solution to isolate the use of the problematic drainage.	C Lauder
1789	Loss of RDVU service due to drainage issues	27/06/19*	Very High	Issues have reoccurred following initial NHSL Estates works. Brief developed for Graham to progress a design solution to isolate the use of the problematic drainage.	C Lauder
1783	Day Surgery theatre ventilation non-compliant and risk of failure	27/06/19*	Very High	Feasibility survey and annual validation have highlighted the poor condition and risk of noncompliant performance/breakdown. Graham instructed to review roof structure for locating 2nr new AHUs on the roof.	C Lauder

* date transferred to datix.

iv) 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 16th January 2020.

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
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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 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 as 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 16th January 2020
- 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 Corporate Risk Register, accurate as at 16th January 2020, set out in Appendix 2.

13. FURTHER INFORMATION

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

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