RISK MANAGEMENT

ANNUAL REPORT
2019/2020

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Approved By Corporate Management Team	June 2020
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Endorsed By NHSL Board	June 2020

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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 2020, 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 2020 and was received by the NHSL Audit Committee in March 2020.

 Based on the core requirements of the framework already in place, the following are the areas of work undertaken this year (2019/2020), and areas of work identified for improvement in 2020/2021, albeit improvement work will be limited as resources are diverted to ensure adequate risk managements arrangements remain in place in response to the Covid-19 pandemic.

 Strengthening of the Risk Management Framework was 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 (the March report was not completed due to significant review of all risks in response to Covid-19 pandemic)
- Monthly Corporate Policies Report (the March report was not completed due to significant review of all risks in response to Covid-19 pandemic)
- 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 2018-2019
- 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)
- The delivery and facilitation of a Learning and Development Network for the mentoring programme for all risk management facilitators across NHSL, including H&SCP
- Risk management reporting and accountability through the CE Performance Reviews
- Application of an internally developed Risk Register Self-Assessment Tool

- Progression of assurance work in collaboration with NHS Tayside, Forth Valley and Fife, including internal audit.
- Progression of risk register assurance work aligned to the national Blueprint for Corporate Governance, with an approved outline of an assurance framework for implementation (Appendix 1)
- NHSL contribution to the NES development of a risk and audit learning module for non-executive directors across Scotland

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

Category 1 Adverse Events were reported 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 2020-2021:

Effective from 18th March 2020 all health boards in Scotland were placed on emergency footing invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978, in response to the COVID-19 pandemic. Risk resource will have a focus on maintaining and development for the following:

- Covid-19 risk register
- EU Withdrawal risk register
- Corporate risk register
- Recovery/redesign risk management
- Risk register reporting through the revised governance arrangements (during Covid-19)
- Debriefing on the effective of the risk management systems supporting the major incident toolkit, and revise as necessary

Dependent on the materiality of an expected 2nd wave of Covid-19, the required response and capacity, the following will be considered for progression in 2020-21:

- Annual review of the risk management strategy
- Review of risk appetite and risk tolerance
- Resuming continuous monitoring of corporate policies
- Resuming continuous monitoring of risk register KPI's
- Progression of the improved assurance as set out in the national blueprint for corporate governance

Significant risks for NHS Lanarkshire in the year 2019-2020 were predominantly: whole system patient flow visa via unscheduled care, delayed discharge, sustainability of general practice and OOH in primary care; uncertainty of impact on NHS from the european union withdrawal (Brexit); clinical workforce risk in relation to compliance with the Health & Care (Staffing) (Scotland) Bill and delivery of a balanced budget; pace of change for the replacement of the University Hospital Monklands whilst maintaining the estate to a safe level and the capacity to respond to the uncertainty of the impact of Covid-19 pandemic.

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 2019-2020 Report, the CMT can confirm that there were adequate and effective risk management arrangements in place throughout 2019 -2020.

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 have advised on/overseen and/or supported:

- 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 has supported the delivery 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 endeavours 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 was essential to respond to the many challenges NHSL faced in delivering safe, effective and person-centred care in the current year. This will be even more critical in the years ahead as NHSL:

- Maintains and sustains a response position to Covid-19;
- Prepares for longer term impact from Covid-19, including social distancing, staff health & wellbeing, public health & wellbeing, longer term clinical sequale;
- Recovers and redesigns services that had been suspended during the initial phase of Covid-19 and aligns to the strategic aims;
- Recovers performance against the Annual Operating Plan
- Delivers on the immediate and longer term requirements of the Covid-19 Test and Protect work programme;
- Recovers the financial sustainability programme;
- Aims to deliver a balanced budget;
- Delivers on the planning for the University Hospital Monklands replacement; complies with the Health & Care (Staffing) (Scotland) Bill;
- Responds to the challenges of the Coronavirus Act 2020 with regards to the Board supporting Care Homes and Care at Home and;
- The continuing uncertainty around the UK exit from the European Union (Brexit)

3. STRATEGY AND FRAMEWORK YEAR 2019-2020

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 only this year.

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:
  o Corporate Risk Register Report
  o Corporate Policies Report

- A schedule of reporting for CMT and onward reporting to the Audit Committee is in place and included:
  o Quarterly Risk Management Process Compliance Report
  o Quarterly Risk Management Report
  o Annual Review of the Strategy
  o Annual Key Lines of Enquiry
  o 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
- Adverse recording module
- Claims module
- Complaints module
- PALS module (as a general enquiry line)

3.3.1 <u>Adverse Event Data</u>

Adverse event reporting is one of the key methods for alerting an organisation to issues that, if left unattended, may pose a serious risk to either the patients in its care, the staff it employs or to others for which it has a responsibility e.g. visitors, contractors, volunteers etc. Without an effective system, the organisation may be blind to some of this risk exposure, and cannot make the necessary improvements to support safety.

The term Category 1 refers to a perceived patient outcome in terms of harm (death or severe harm) and although events where patients have suffered severe harm are a good indicator of an event that requires a robust review, these are not the only events that should have a robust review. It can be by luck that some serious events do not result in serious harm for example the same significant medication error could seriously harm one patient and not another. The learning that can be gained from investigating these events could prevent a serious harm in the future.

It is important that we carry out a review of these events in a timely manner in order that we can take prompt remedial action, support patients and/or their families/carers and staff when adverse events occur, and to ensure learning for quality improvement so that recurrence of adverse events is minimised.

The chart below outlines the overall number of incidents recorded for NHSL for the period 1st April 2019 – 31st March 2020 for Category 1, Category 2 and Category 3 incidents by month.
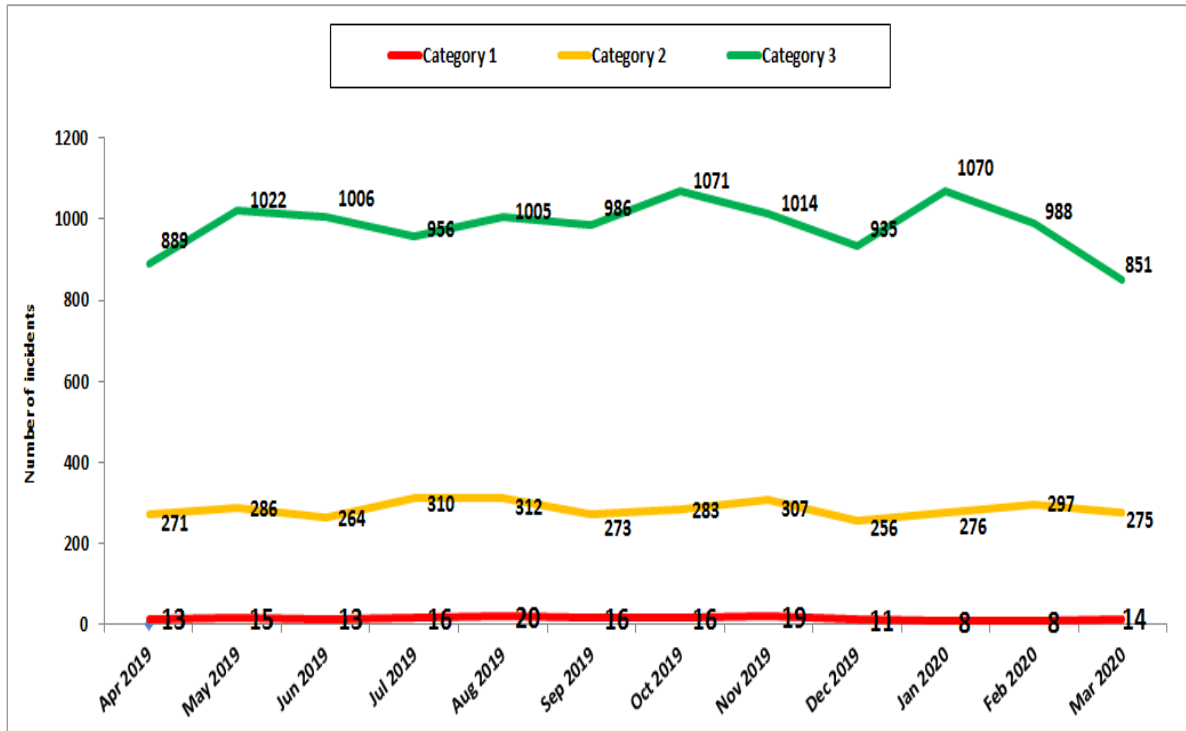
The top ten reported category of incident occurring across NHSL is set out in the chart below:
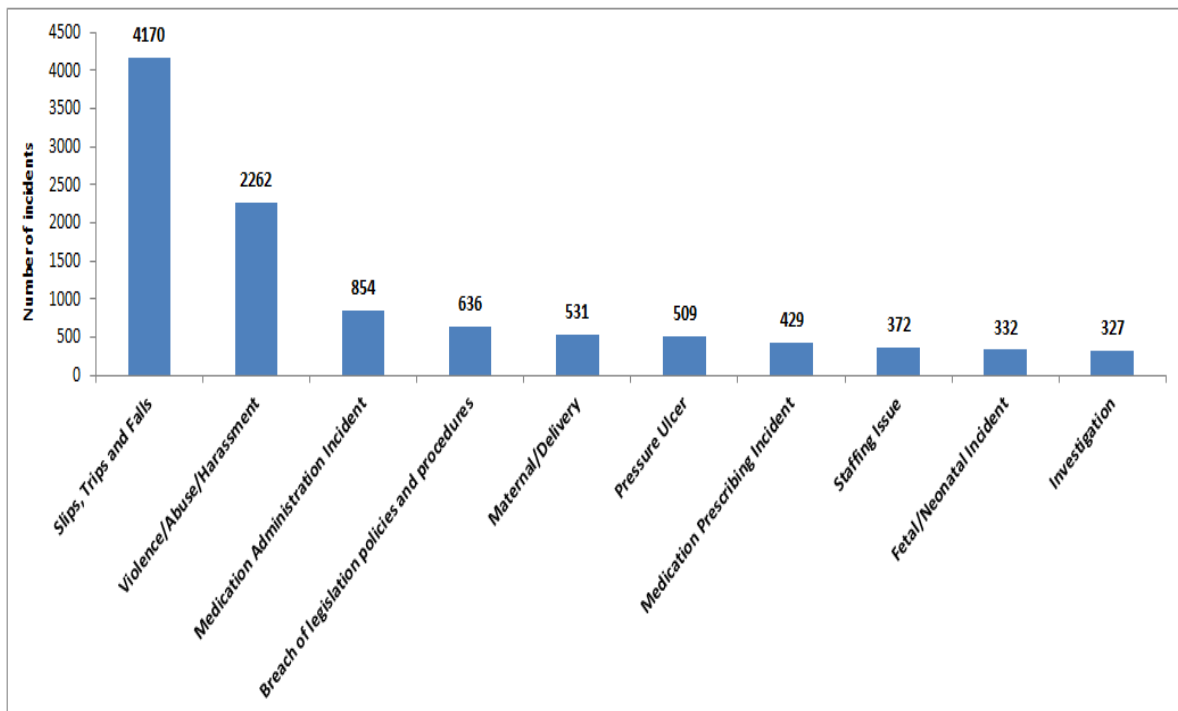
Slips Trips & Falls, Violence/Abuse/Harassment continue to be the type of adverse events that are consistently recorded across NHSL and are the top 2 recorded events in numbers. The other categories have been consistent with the last 2-3 years of reporting.

Category 1 Adverse Events were reported on a weekly basis through the CMT huddle, with reporting on performance against SAER management produced on a monthly basis.

The SAER reports were reviewed and updated, the way the data is presented and demonstrated on the charts changed and additional reports were included to clearly identify the problem areas. Listed below are the current reports produced on a monthly basis and are shared with the service management.

- Number of SAER's commissioned
- Timelines for SAER's (open & on target; time taken to complete & close; number open & overdue)
- Status Report (overdue reviews with reasons for delays)
- SAER's with Causation codes (number of avoidable incidents)
- Completed SAERs (more than 150 days taken to complete and close)

The type/trends/outcomes/SAERs/learning and improvements from adverse events and an annual report on Duty of Candour is overseen by 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.

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	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. 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.	• 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	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. 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.	• 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 PPRC, Audit Committee and/or CMT can escalate any individual high graded risk to the Board as required
Medium 5-9	Risk level within corporate risk appetite and will be subject to regular active monitoring measures by responsible Director and Managers	• 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	Risk level within corporate risk appetite and subject to regular passive monitoring measures	• 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
- Historic Abuse Inquiry
- European Union Withdrawal (Brexit), in particular the General Election outcome December 2019
- Winter Planning
- Novel coronavirus(2019-nCov)

Extract from CMT risk register report February 2020

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 Business Continuity risks register

3.3.5   NHSL Corporate Risk Profile

The chart below outlines the changing NHSL corporate risk profile from 1st April 2019 to 9th April 2020, highlighting the overall fluctuation in number of risks and the number of very high and high graded risks (those above appetite) over the year.
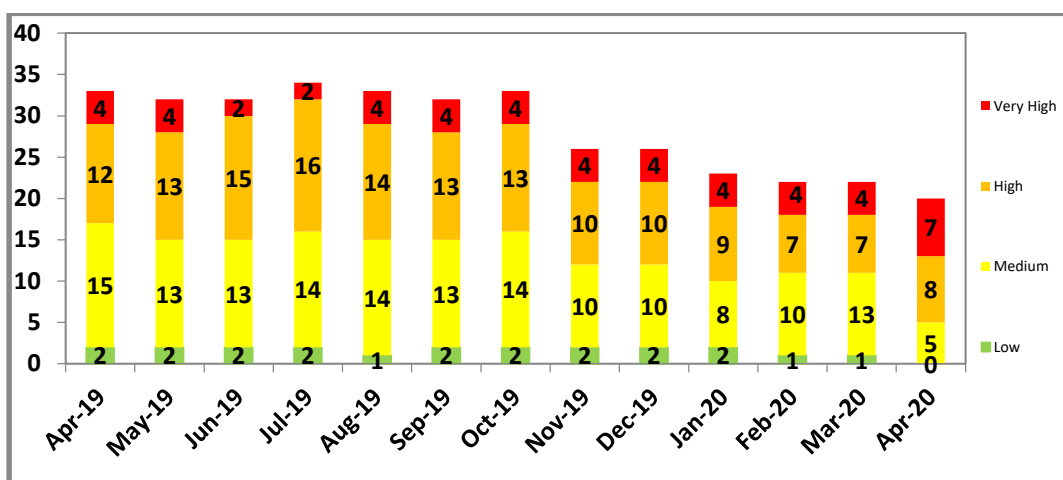
As at 9th April 2020, there was 20 live Corporate Risks with the profile demonstrated in the heatmap by likelihood x impact as below. The figures in brackets give the comparative figure for April 2019.

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
		Score	1	2	3	4	5
LIKELIHOOD	Almost Certain	5			0 (1)	4 (1)	1 (0)
	Likely	4			4 (4)	1 (3)	1 (0)
	Possible	3		0 (1)	3 (7)	4 (7)	
	Unlikely	2			0 (3)	2 (4)	
	Rare	1		0 (1)	0 (1)		

The 6 very high graded corporate risks for NHSL as at the 9th April 2020 are set out below:

ID	Title	Likelihood x Impact	Risk Type	Corporate Objective
1450	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	Very High (5 x 4)	Business	Safety
623	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19.	Very High (5 x 5)	Clinical	Effective
1815	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	Very High (4 x 5)	Business	Effective
1587	Sustainability of the 2 Site Model for OOH Service	Very High (5 x 4)	Business	Safe
1871	Recovery of Performance 2020 - 2021	Very High (4 x 4)	Business	Effective
285	Standing risk that external factors may adversely affect NHSL financial balance	Very High (5 x 4)	Business	Effective

**3.4   Risk Management Key Performance Indicators (KPIs)**

Compliance reporting on the Key Performance Indicators (KPI's) for risk registers and corporate policies were reported as set out below. The monthly CMT report due for March 2020 was not completed due to the rapidly changing situation of the Covid-19 pandemic and effective from April 2020, all KPI reporting has been suspended.

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 is 95% compiance	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.	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 is 95% compliance.	CMT	Monthly
	Audit Committee	Quarterly

The compliance reporting is accurate as at 17th February 2020 as the March CMT report was not produced due to Covid-19.
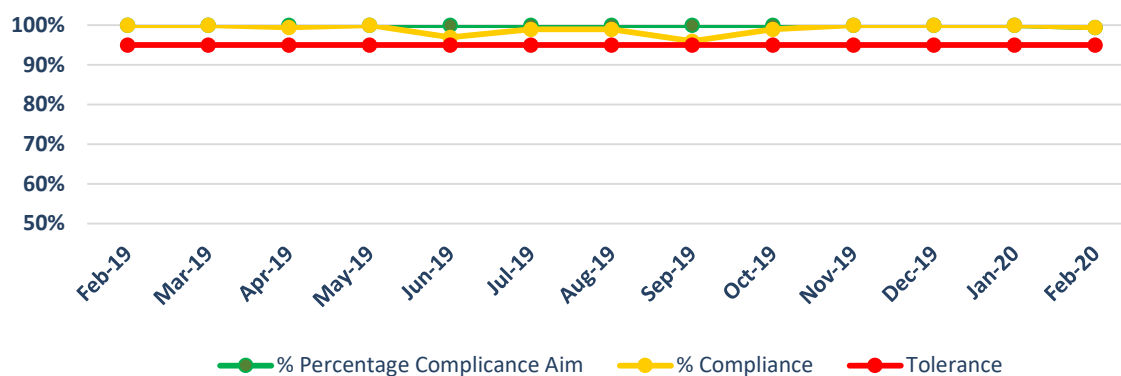
Compliance with Risk Register KPI 1 - *All risks are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold has been adjusted to 95%.*

% Compliance of Risks within Date at Day 1 and Day 10
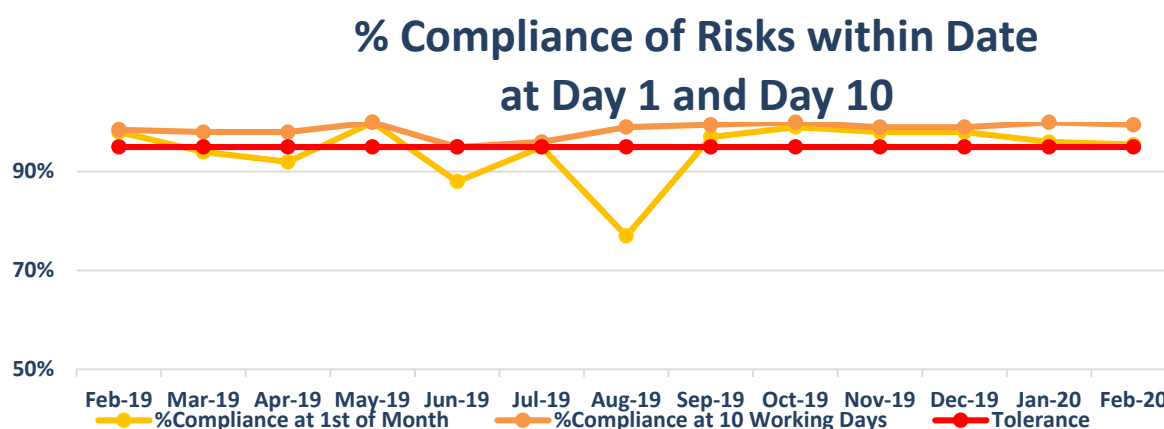
Compliance with Risk Register KPI 2- *All risks held within the Datix system must have a scheduled review date commensurate with the assessed level of risk as follows:*

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

% Compliance of Risks with a Review Date Commensurate with the Assessed Level of Risk

— % Percentage Complicance Aim — % Compliance — Tolerance

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 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
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	-	√	-	√	-	√	-	√	-		-	**
Acute Governance Committee	All Acute Divisional Risks including relevant Corporate risks for assurance at every meeting	-	√	-	√	-	√	-	√	-	√	-	**

** denotes meeting cancellations / no report produced due to Covid-19

        Denotes 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 set- up a risk management facilitator development and learning network in 2018 and has continued until January 2020.

Four (4) sessions were held. The sessions were interactive, involved small group working, had invited guests in attendance and internal audit delivered a session in January 2020. The topics this year included:

From Strategy To Reality
- Critique of others risk register reports
- Principles of governance and risk register reporting

Report Writing: Risk Register
- Purpose of Reports
- Characteristics of a Good Report
- Risk Register Reporting
- NHSL Standard Risk Register Report Writing

Risk & Assurance
- Defining Assurance
- NHSL Risk Assurance
- Risk Register Assurance
- Introduction to 1st, 2nd & 3rd line defence

Role of the Audit Committee
- Role and Function of the Audit Committee
- Internal Control & Assurance
- View from the Chair of the Audit Committee, Mr B Moore

Internal Audit & Risk Interface – delivered by M Holmes
- Collaborative Working
- Internal Audit Function
- Evaluated Opinion on Risk Assurance

Counter-fraud & Risk – delivered by NHS Counter-fraud Team
- Organised Crime
- Organisation Vulnerabilities & Opportunities
- Risks and Threats to Large Public Sector Organisations
- Examples of Cases
- Reflection on personal vulnerabilities

Members have also shared their own risk management learning and developments within 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.

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

Effective from 1st February 2019, all NHSL Policies are now accessible through the new Corporate Policies page on the Public Website. Where Policies are marked 'OFFICIAL SENSITIVE' they are accessible through the Firstport Policies site.

The Corporate Policies Improvement SLWG, chaired by the Corporate Risk Manager, had overseen significant improvement work throughout 2017 / 2019 as reported through CMT. Effective from January 2019, the group changed to become the Corporate Policy Monitoring SLWG and set out to have 4 meetings throughout 2019 to undertake a range of monitoring of the overall effectiveness of managing the corporate policies subsequent to the change to the public website from 1st February 2019.

The group met on 3 occasions (1 cancellation due to unexpected circumstances) and overseen, discussed and/or received reports on:

- Issues and solutions on accessing policies within the public website from go-live in February 2019
- Review of the NHSL Policy for Developing Policies including:
    - Changes from EDIA to EQIA
    - Definitions of policy, guidance, protocol
    - Route map to NHSL endorsing bodies
    - Process assurance implementation
    - Policy template
    - Guidance on how to write a policy
    - Hosting of Official: Sensitive Policies
- Updating of the Firstport Policies site
- Updating of the notification letters to include guidance on the process assurance and completion of EQIA for all new and revised policies
- Internal audit recommendations

A joint publication by Carol McGhee and Amanda Minns has been accepted for the March 2020 edition of the Evidence Based Library & Information Practice International Journal that outlines the connectivity of risk management leadership, use of evidence and the work undertaken by the library services, supported by the CMT in NHSL to enable effective management of corporate policies, (see Appendix 2).

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
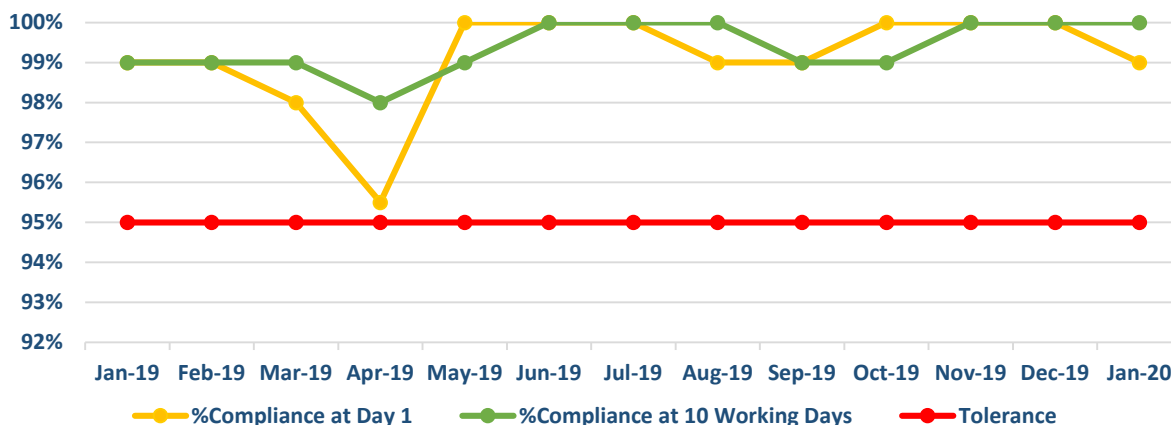
4. WORK ACTIVITY FOR YEAR 2020-2021

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- Corporate risk register
- Recovery/redesign risk management
- Risk register reporting through the revised governance arrangements (during Covid-19)
- Debriefing on the effective of the risk management systems supporting the major incident toolkit, and revise as necessary

Dependent on the materiality of an expected 2nd wave of Covid-19, the required response and capacity, the following will be considered for progression in 2020-21:

- Annual review of the risk management strategy
- Review of risk appetite and risk tolerance
- Resuming continuous monitoring of corporate policies
- Resuming continuous monitoring of risk register KPI's
- Progression of the improved assurance as set out in the national blueprint for corporate governance