

NHS Lanarkshire
25th March 2020

Lanarkshire NHS Board
NHS Board
Kirklands
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SUBJECT: NHSL CORPORATE RISK REGISTER

PLEASE NOTE THAT THE RISK REGISTER WAS COLLATED AND UPDATED BY OFFICERS, AT A POINT IN TIME, BUT THE COVID-19 RISKS HAVE BEEN REVIEWED AND INCLUDED IN THE COVID-19 UPDATE ON THE AGENDA.

1. PURPOSE

This paper is coming to the Board:

For assurance	x	For endorsement		To note	
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2. ROUTE TO BOARD

This paper has been:

Prepared	x	Reviewed		Endorsed	
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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 January 2020. Since then, the Corporate Management Team have considered the corporate risk register in February 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 5th March 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 22 risks set out in the NHSL Corporate Risk Register, accurate as at 5th February 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 22 risks, with the summary of significant material changes 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

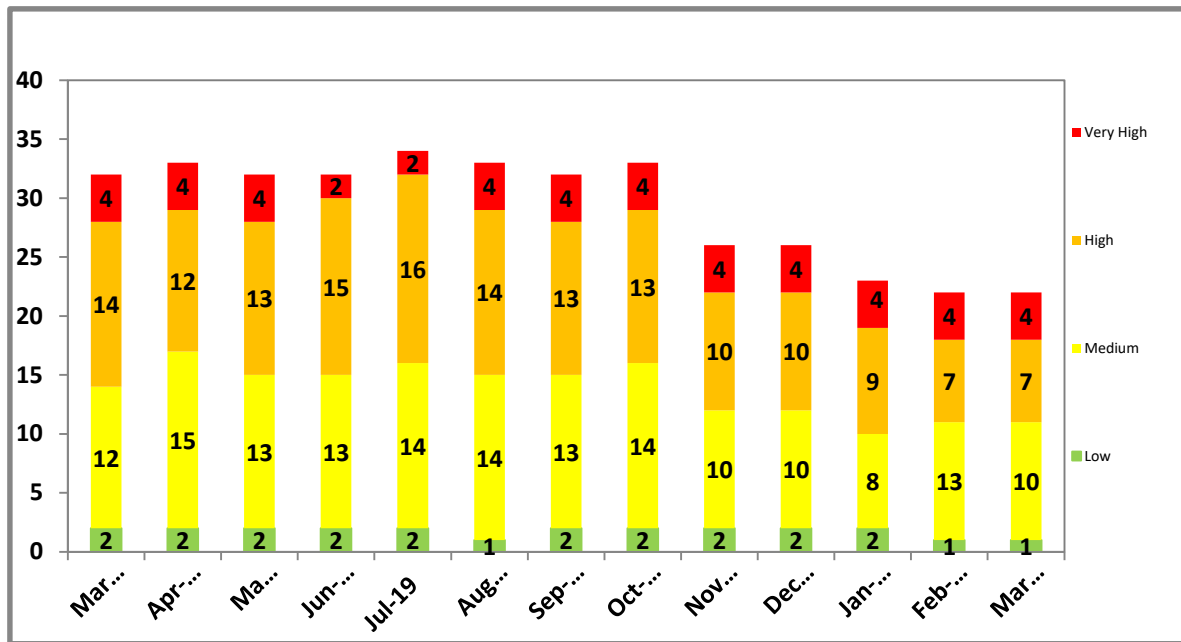
Closed Risks		
<p>One (1) risk was closed: Risk ID 643 – There is a risk that even by implementing each new Prescribing Action Plan, a suite of prescribing efficient actions and the work of the PQEB, the full expected savings will not be realised resulting from uncertainties across all prescribing areas to carry out the work to achieve improvements in prescribing quality & spend.</p> <p>This risk was reduced from High to Medium and in further discussion with key leads including L Findlay & C Gilmour, this risk was closed as it is essentially business as usual with continuous oversight of actions in year. There is a detailed plan for 2020/21 that will be monitored and any significant variance from trajectory will be escalated as necessary.</p>		
De-escalated Risks		
No risks were de-escalated in February		
New Corporate Risks Identified		
No new risks were identified in February		
Significant Material Note of Change for Specific Risks Since the Last Reporting Period		
<p>Effective from February reporting there has been significant change of personnel due to an interim secondment of the Chief Executive and retirement of the Director of HR. The corporate risk register lead has changed from C Campbell to H Knox as interim Chief Executive. Risks owned by C Campbell are now owned by H Knox. Risks owned by H Knox are now owned by Judith Park, interim Director of Acute Services. All risks owned by J White are now owned by K Sandilands as the incoming Director of HR.</p>		
Risk ID	Description of the Risk and Note of Change Within the Review Period	Risk Owner
1815	There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2020/21 and deliver a balanced budget.	L Ace

	<p><u>Note of Change/Review</u> Full review, however no significant change at present until full allocation known. Remains graded as Very High.</p>	
1728	<p>There is a risk that contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an immediate need to transition current patients to alternative provision.</p> <p><u>Note of Change/Review</u> Full review of controls noting the NHSL Full Capacity Protocol and the contingency planning for relocation, with new action to develop contingency plan for Carrickstone. Risk reduced from High to Medium.</p>	R McGuffie
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/Review</u> Noted new action for quarterly EU withdrawal risk monitoring, reporting through CMT, effective from February 2020. Remains a Medium graded risk.</p>	C Campbell H Knox from February 2020
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/Review</u> Noted new action regarding, communication, engagement and scoring of options commencing and for completion by end of summer 2020. Remains a High graded risk.</p>	C Campbell H Knox from February 2020
623	<p>There is a risk that NHSL is unable to prevent or contain infectious disease in the community at large, at institutional level (hospital, care home, etc) and in vulnerable groups, in particular responding to the current WHO declaration of international concern of the Novel coronavirus (Covid-19). This has the potential to result in increased morbidity and mortality in the population; disruption to the delivery of health & social care and a potential to adversely impact on front line staff.</p> <p><u>Note of Change/Review</u> Risk description, controls and grade fully reviewed to reflect the current position regarding the WHO international concern of, and uncertainty around the Novel coronavirus (Covid-19). Risk now graded as High</p>	G Docherty
1832	<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 to comply with the Health & Care (Staffing) (Scotland) Bill with</p>	J White K Sandilands

	<p>the potential to result in adverse impact on the continuity of the delivery of safe and consistent care.</p> <p><u>Note of Change/Review</u> Full review of controls by J White and I Barkby. Some general updates to the controls with a new action to set up the Healthcare Staffing Oversight Board, noting the new Head of Workforce will take up post in March 2020. The Assurance Committee for this risk has changed from HQAIC to Staff Governance. Remains a High graded risk.</p>	from February 2020
594	<p>There is a risk that NHSL fails to prevent, appropriately identify, investigate and report fraud, bribery and corruption. This has the potential to adversely affect clinical care, staff, the Board's financial position, and the reputation and public perception of NHSL.</p> <p><u>Note of Change/Review</u> Update to controls noting the recent annual review with the counter fraud services in January 2020. Remains a Medium graded risk</p>	L Ace
1684	<p>There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.</p> <p><u>Note of Change/Review</u> Review of the controls and what is now in place. The risk has been reduced from a High graded risk to Medium. New action for Development and implementation of a Professional escalation process.</p>	I Barkby
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/Review</u> Three new actions regarding the national audit, improved software and penetration testing within 2020. Remains a Medium graded risk.</p>	D Wilson

ii) **NHSL Corporate Risk Register Profile as at 5th March 2020**

The corporate risk profile is shown for the period March 2019 to 5th March 2020 below:



Risk Heat map

From the 22 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	0	0	0	1	1
	Likely	4	0	0	2	2	1
	Possible	3	0	1	6	5	0
	Unlikely	2	0	0	1	2	0
	Rare	1	0	0	1	0	0

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	1	7	5	1	14
Person - Centred	Low	Medium	High	Very High	Totals
Safe	0	5	2	5	12
Business	1	7	3	4	15
Totals	1	10	7	4	22
Clinical	0	1	2	0	3
Reputation	0	2	1	0	3
Staff	0	0	1	0	1
Totals	1	10	7	4	22

Risk Types

The 22 risks have been further described and set out as risk types below:

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			2	2	1
	Possible	3		1	6	5	
	Unlikely	2			1	2	
	Rare	1			1		

Whilst there are 11 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 5th March 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>Controls</p> <ol style="list-style-type: none"> 1. GMS sustainability group in place to highlight and enact potential solutions 2. Progression of the Primary Care Improvement Plan with workload moving from GP through a Memorandum of Understanding and continuous tests of change modelling 3. Review of GP Leased Premises to reduce burden on GP's now going through the national process 4. Work with NES to optimise the equity in GP trainee allocation 5. Support packages offered to practices in difficulty <p>Actions</p> <ol style="list-style-type: none"> 1. Roll out of the community information system (MORSE) over 2020/21 effective from 1st April 2020 2. 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 3. Refresh of the GMS Sustainability Strategy June 2020 	Medium	H Knox
1587	Sustainability of the 2 site Model for OOH Service	13/12/2017	Very High	<ol style="list-style-type: none"> 1. Rates of Pay have been maintained at summer rates until end of Sept 2019. 2. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&E. 3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception report against this will also be put in place. 4. 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. 5. Regular reporting mechanism for North and South IJBs. 6. OOH performance reporting will be a standing item on the performance and audit sub-committee. 7. There is a weekly update meeting on the OOH risk register and action plan which includes operational managers and professional leads. 8. There is work ongoing with NHS 24 to review processes and procedures in relation to triage. 9. Workforce Planning with a focus on securing sufficient staff/reconfigure jobs to maximise the workforce cover. 	Medium	V DeSouza
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

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ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
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. Implementation of Significant Incident Protocol. <p>Action</p> <ol style="list-style-type: none"> 1. Formal review of the NHSL Significant Incident Protocol by the Resilience Team 	Medium	J Park

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Very High Graded Risks across NHSL as at 5th March 2020

Acute

There are now 4 very high graded risks owned and managed within the Acute Division as below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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. 	M Mark
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 onion 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
1836	Gastroenterology PRL	03/12/19	Very High	<p>Mitigating Controls</p> <ul style="list-style-type: none"> • Data quality – regular weekly checks to manage DQ of the PRL lists to maximise efficiencies • Recruitment: recruitment is currently progressing for x2 consultant vacancies (new add), and should be live ASAP, currently with HR. This will be a continuous recruitment until the post are filled. Two doctors have been on a recent walk round. • Discussed at the following meetings: • Gastroenterology Service meetings • Weekly site waiting times • Planned care delivery group (NHS Lanarkshire wide) – monthly This runs monthly and is a standard agenda item. • Monklands governance groups – QAIPS and HMT <p>Actions</p> <ul style="list-style-type: none"> • Monitor recruitment. • Continue to share report with clinical team however, addtionality not likely. Prioritise urgents. <p>Possible however likely to be very restricted due to medical staff shortages.</p> <p>Longer term – potential redesign of profiles. There is likely to be some clinic redesign within sub specialties and clinic profiles to create additional return capacity however, this will impact on new patient capacity. Ongoing substantive recruitment.</p>	N Summers

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ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1837	Dermatology PRL	03/12/19	Very High	<ul style="list-style-type: none"> • Clinical Review: • Clinical lead undertakes regular formal and informal reviews to streamline patients where appropriate to other sub specialties and care providers i.e. specialty doctors/nurses. Last review undertaken November 2019. • Additional Clinics: clinical lead and juniors have undertaken additional clinics, so far the number of additional clinics that have been undertaken is. Additional clinics from September. There has been clinics before this period also. <ul style="list-style-type: none"> 18.09.19 4 doctors 21.09.19 4 doctors 25.09.19 4 doctors 05.10.19 4 doctors 23.10.19 4 doctors 16.11.19 4 doctors 30.11.19 4 doctors 14.12.19 4 doctors • Recruitment: recruitment is currently progressing for x2 consultant vacancies (new add), and should be live ASAP, currently with HR. This will be a continuous recruitment until the post are filled. Note that recruitment is a regional crisis for Dermatology. • Discussed at the following meetings: <ul style="list-style-type: none"> • Dermatology internal meeting – monthly • Planned care delivery group (NHS Lanarkshire wide) – monthly This runs monthly and is a standard agenda item. • Monklands governance groups – QAIPS and HMT Actions <ul style="list-style-type: none"> • Review recruitment campaign – Sharlene Smart to action by end of February 2020 • Review option of service level agreement with other health boards via the planned care delivery group. 	N Summers

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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

The very high graded risks on the Monklands Business Continuity Risk Register (MKBC) have significantly increased from seven (7) to twelve (12) following a recent review of the register, identifying new risks ID 1825, 1850 & 1851, with 2 risks ID 1769 & 1760 being increased from high to very high as set out below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1760	Roof Deterioration in Isolated Areas Above the Automated Lab	27/06/2019*	Very High	1. Localised repairs above labs roof were completed previously (under FS 2, FRR2 2014) 2. Condition report has been completed by GRAHAM to allow review of the risk by NHSL. 3. GRAHAM are currently progressing the Stage 1B design solution for the works. NHSL has asked that this capture proposed solutions for both the pitched and flat roofs, as well as the drainage the drainage system - based on current condition.	J Paterson
1763	Current fire alarm cause and effect does not reflect how staff should react in the event of fire	27/06/2019*	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.	J Paterson
1765	Fire compartment condition of area under the ward towers, ground and lower ground floor.	27/06/2019*	Very High	1. FSW 7 (1B): design for 60min compartmentation within the GF and LGF have been completed. Works programmed to commence in February 2020.	J Paterson
1769	West Tower Roof - deterioration of roof covering	27/06/2019*	Very High	1. Localised repairs have been completed previously to address risks. 2. Condition report completed in March 2019 highlights deterioration and notes that the roof is nearing the end of its serviceable life. 3. Detailed design of Lightwell replacement completed by GRAHAM and works pending instruction to commence in February 2020."	J Paterson
1773	Deterioration/failure of cast iron pipes	27/06/2019*	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. Works to replace pipework is programmed to commence in Feb 2020	J Paterson
1783	Day Surgery theatre ventilation non-compliant and risk of failure	27/06/2019*	Very High	Feasibility survey and annual validation have highlighted the poor condition and risk of non -compliant performance/breakdown. 2. Graham are currently preparing a Stage 1B design for the AHU replacement.	J Paterson

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ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1787	Failure of the steam and heating pipework	27/06/2019*	Very High	1. Feasibility survey instructed to establish condition of line and identify options for improvement. 2. Following identified leaks arrangements are in place for a temporary repair. 3. Design solution for replacement of the main to be developed.	J Paterson
1788	Loss of endoscopy service due to drainage issues	27/06/2019*	Very High	1. NHSL has carried out works to remove damaged timbers, prevent ingress and isolate problematic lines. 2. GRAHAM are surveying the drainage line as part of the below ground drainage surveys ongoing in 19/20. 3. Works to complete the relocation/deprovision of the Renal WC have been instructed under HAI Improvement Works (21.01.20). 4. Remedial works to problematic lines will be identified as part of the surveys.	J Paterson
1789	Loss of RDVU service due to drainage issues	27/06/2019*	Very High	1. NHSL has carried out works to remove damaged timbers, prevent ingress and isolate problematic lines. 2. GRAHAM are surveying the drainage line as part of the below ground drainage surveys ongoing in 19/20. 3. Works to complete the relocation/deprovision of the Renal WC have been instructed under HAI Improvement Works (21.01.20). 4. Remedial works to problematic lines will be identified as part of the surveys.	J Paterson
1825	Failure of condensate receivers	17/09/2019	Very High	1. Detailed design solution currently being prepared. Design and cost for Stage 2 works will be completed in March 2020.	J Paterson
1850	Ward 16 - Ventilation not compliant with SHTM 03-01	20/01/2020	Very High	1. GRAHAM/Cundall are currently progressing an options appraisal for improving the current system a) to achieve SHTM 03-01 air changes and pressure b) to achieve SHTM 2025 air changes and pressure. 2. Outline proposal for complete system to be developed for NHSL review.	J Paterson
1851	Gaps in compliance with guidance for CoE patients facilities	20/01/2020	Very High	1. NHSL have instructed initial improvement works to be completed by Graham Marshall. 2. NHSL FO's have reviewed with the clinical team and management procedures are in place. 3. Option appraisal for W14, 20, 21 & 22 prepared by NHSL FO's. 4. Action plan being developed.	J Paterson

* 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 5th March 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 5th March 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 5th March 2020, set out in Appendix 2.

13. FURTHER INFORMATION

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

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