<table>
<thead>
<tr>
<th>Author:</th>
<th>Corporate Risk Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Lead Executive Director:</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Endorsing Body:</td>
<td>Corporate Management Team</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>July 2015</td>
</tr>
<tr>
<td>Version Number:</td>
<td>Version 2</td>
</tr>
<tr>
<td>Review Date:</td>
<td>September 2020</td>
</tr>
<tr>
<td>Responsible Person</td>
<td>Corporate Risk Manager</td>
</tr>
</tbody>
</table>
RISK REGISTER POLICY

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GLOSSARY OF TERMS

**Assurance.** Stakeholder confidence in our service gained from evidence showing that risk is well managed.

**Contingency.** An action or arrangement that can be implemented to minimise impact and ensure continuity of service when things go wrong.

**Consequence.** Most predictable consequence to the individual or organisation if the circumstances in question were to occur.

**Controls.** An existing process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities.

**Governance.** The system by which organisations are directed and controlled to achieve objectives and meet the necessary standards of accountability, probity and openness in all areas of governance.

**Impact.** Most predictable consequences to the individual, service, function or organisation, were the circumstances in question to occur.

**Incident.** Occurrence of a particular set of circumstances.

**Internal Control.** Corporate governance arrangements designed to manage the risk of failure to meet NHS Lanarkshire’s objectives.

**Likelihood.** Used as a general description of probability or frequency which can be expressed quantitatively or qualitatively.

**Mitigating controls.** An action undertaken that will reduce risk, or maintain the risk at its tolerance level.

**Partnership.** Way of working where staff at all levels, and their representatives, are involved in developing and putting into practice the decisions and policies which affect their working lives and intended outcome.
RISK REGISTER POLICY

**Risk.** The chance of something happening that will have an impact on the organisation's ability to achieve its objectives.

**Risk Assessment.** The overall process of risk identification, risk analysis, risk evaluation.

**Risk Escalation.** The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impossible or impractical to manage locally.

**Risk Level.** The classification of a risk expressed as a combination of its likelihood and severity of consequence:
- Risk level initial – based on the likelihood x impact, this is the assessed level of risk if there were no controls in place (inherent risk)
- Risk Level Current - based on the likelihood x impact, this is the assessed level of risk remaining after implementation of controls (residual risk)

**Risk Management.** The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.

**Risk Register.** A portfolio of risk assessments which allows the register and active management of risks that face NHSL at any one time. Its purpose is to help managers prioritise available resources to minimise risk to best effect and provide assurances that progress is being made.

**Risk Tolerance.** The acceptable level of variation relative to the achievement of a specific objective, and will be set at the time of assessment of a risk.

**Stakeholder.** Those people and organisations who may affect, be affected by, or perceive themselves to be affected by a decision, activity or risk.
### CONSULTATION AND DISTRIBUTION RECORD

<table>
<thead>
<tr>
<th>Contributing Author/Authors</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Carol McGhee, Corporate Risk Manager</td>
<td></td>
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<table>
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<tr>
<th>Consultation Process/ Stakeholders: SLWG: Risk Register Review</th>
<th></th>
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<tr>
<td>Consultation through the Staff Briefing</td>
<td>Tom Steele, Non-Executive Director, (Chair)</td>
<td></td>
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<tr>
<td></td>
<td>Carol McGhee, Corporate Risk Manager</td>
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<tr>
<td></td>
<td>Sharon Steven, Risk Management Service Support</td>
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<tr>
<td></td>
<td>Andrea Fyfe, Site Director, MDGH</td>
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<td></td>
<td>Dr Hakim Ben Younes, Site Chief Medical Officer, WGH</td>
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<tr>
<td></td>
<td>Susan Friel, Site Chief Nurse, Hairmyres</td>
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<td></td>
<td>Craig McKay, Communication Officer</td>
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<td></td>
<td>Dr Linda Findlay, Associate Medical Director, Medical Education</td>
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<td></td>
<td>Ian McKenzie, Forensic Services Manager</td>
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<td>John Gray, Risk Management Facilitator, Hairmyres</td>
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<td></td>
<td>Stephen Boyd, Operational Service Manager, Mental Health</td>
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<tr>
<td></td>
<td>Harry Campbell, Head of Technical Services, PSSD</td>
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<td></td>
<td>Fraser McLellan, Head of Function, ehealth</td>
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<td></td>
<td>Margo Cranmer, Partnership Representation</td>
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<tr>
<td></td>
<td>Ross McGuffie, Head of Planning, North H&amp;SCP</td>
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<tr>
<td></td>
<td>Craig Cunningham, Head of Planning, South H&amp;SCP</td>
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<td></td>
<td>Gordon Smith, Head of Finances</td>
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<tr>
<td>Corporate Management Team</td>
<td></td>
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<tr>
<td>March 16</td>
<td>Carol McGhee</td>
<td>Interim Reflection and Review through SLWG. No material changes at this time</td>
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<tr>
<td>March 17</td>
<td>Carol McGhee</td>
<td>Full Review through SLWG, limited material changes, noted that risk appetite statement will be reviewed with the strategy in April, matrix to be tested from recent update and the Policy will require an interim update March 18</td>
<td>1a</td>
</tr>
<tr>
<td>March 2018</td>
<td>Carol McGhee</td>
<td>Some changes to reflect H&amp;SCP, updated matrix, front page and the risk appetite statement. Full review of the introduction that has been updated to reflect comments received. Commensurate with the review of the risk appetite and tolerance, the frequency and monitoring of risk registers has been updated in section 4.7.</td>
<td>2</td>
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<tr>
<td>July 2018</td>
<td>Carol McGhee</td>
<td>Updated to reflect GDPR Legislation : Section 3 changed</td>
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<tr>
<td>May 2020</td>
<td>K. Torrance</td>
<td>Extended until September 2021 (COVID-19)</td>
<td>2</td>
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SUMMARY

A Risk Register is defined as ‘a collated record of information about identified risks’. Within NHS Lanarkshire (NHSL), the current level of organisation risk registers is outlined below:

A risk is defined as:
‘a potential event or set of circumstances which could adversely affect the ability of the organisation to achieve its objectives’.

Not everything is a risk:
Identification of risks can be through lots of sources:

- internal audit
- safety or management walk-roun ds
- risk assessments
- safety data
- staff/patient survey
- near-miss recording
- performance data
- health and safety control book risk assessments
- dashboard monitoring

- routine complaints, comments, concerns, claims data
- incidents by number and category
- serious incidents, events, exceptional situations
- outcomes from investigations

- benchmarking
- external audit
- mandatory targets
- legislative compliance

- safety alerts
- SC investigations
- media interest

When risks are identified, they need to be described:

There is a risk that [something could happen], because of [explain why this could happen], resulting in [describe the impact if the risk happens].

When the risk is described, it is assessed for the initial level of risk:

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Negligible (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Extreme (5)</th>
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<tbody>
<tr>
<td>Almost Certain (5)</td>
<td>Medium (5)</td>
<td>High (10)</td>
<td>High (15)</td>
<td>Very High (20)</td>
<td>Very High (25)</td>
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<td>Likely (4)</td>
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<td>Medium (8)</td>
<td>High (12)</td>
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<td>Possible (3)</td>
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<td>Medium (6)</td>
<td>Medium (9)</td>
<td>High (12)</td>
<td>High (15)</td>
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<td>Unlikely (2)</td>
<td>Low (2)</td>
<td>Medium (4)</td>
<td>Medium (6)</td>
<td>Medium (8)</td>
<td>High (10)</td>
</tr>
<tr>
<td>Rare (1)</td>
<td>Low (1)</td>
<td>Low (2)</td>
<td>Low (3)</td>
<td>Medium (4)</td>
<td>Medium (5)</td>
</tr>
</tbody>
</table>
RISK REGISTER POLICY

Mitigating controls for the risk need to be identified:

- What are we doing just now to prevent the risk happening?
- Can we do more?
- Are there any gaps?

Re-assess again judging the effectiveness of the controls to identify the current level of risk:

- Is an action plan needed to further reduce the likelihood of the risk happening?

Assess the level of risk that is judged to be acceptable, identifying the risk tolerance level:

- Is the current level of risk higher than the tolerance?
- What more can be done?

Risks are recorded on the Datix system and by working through this process the risk register develops. All risk registers need then to be monitored and reviewed through governance and operational committees / groups.

As risk registers are reviewed:

- The assessment may change up or down
- Controls may change
- There may be no change
- Discussion might indicate escalation to a higher level
- External or internal reports may give you assurance on the adequacy of the controls, or not!
- Controls may demonstrate sustained improvement and the risk can be closed
- Review dates may be required earlier than ‘routine’
1. INTRODUCTION

Risk is present throughout an organisation, in its building, equipment, policies, systems, processes, staff, patients and visitors. NHS Lanarkshire (NHSL) recognises that the management of risk is vital to good management practice and is therefore, an integral part of all the functions and activities of NHSL.

The Risk Register policy is designed to enable NHSL to minimise the frequency and effect of adverse events occurring and to identify improvements in procedures and service delivery in order to ensure the efficiency and effectiveness of service delivery in pursuit of its three principal objectives: Safe, Efficient and Patient-Centred Care.

The assessment of risks and the associated Risk Registers are a component part of the NHSL Risk Management Strategy and is a recognised management tool that enables the organisation to be aware of its comprehensive risk profile, supporting decision-making on how resources should be allocated.

The management of risks includes the culture, processes and organisational structures, which contribute to the effective management of potential opportunities, threats and adverse events. It allows stakeholders to identify, prioritise, mitigate, manage and monitor risks and actions in pursuit of NHSL’s objectives.

2. AIM, PURPOSE AND OUTCOMES

2.1 The aim of the policy is to manage and/or reduce the likelihood of identified events or circumstances occurring which could threaten achievement of NHSL’s objectives.

2.2 The purpose of the policy is to provide a consistent process for recording and reporting of risks including a web-enabled IT system (Datix), definition of terms, risk identification and quantification, and risk management.

2.3 Outcomes from the policy:
- Enhanced achievement of objectives by prioritising and managing risks which may threaten them;
- Providing NHSL Board and governance committees with a process which can assure them that risks are being managed appropriately;
- Maximising safety for patients, staff and visitors;
- Protecting the assets and reputation of NHSL;
- Supporting the professional and legal duties for NHSL;
- Ensuring visibility of risks at the correct level in the organisation;
- Ensuring that management controls are put in place and are effective in managing risk to agreed tolerances;
- Identifying risk types, risk ownership, responsible manager and assurance committee;
- Consistent reporting and presentation of risks throughout the organisation;
3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

This policy is intended to provide support and build capability for a range of accountable officers, senior decision makers, operational managers and clinicians who are responsible for:

- receiving reports on risks
- making decisions based on the risk reports
- receiving and/or providing assurance on management of risk

3.2 The Key Stakeholders

The Board Members of NHSL and the Corporate Management Team (Level 1):
- Chair
- Non-Executive Directors
- Chief Executive
- Chief Officers for the North & South Integrated Joint Boards (IJB)
- Executive Directors
- Operational Directors
- Local Authority Partners

Divisional Management Teams (Level 2):
- Acute Site Directors
- H&SCP Unit General Managers
- Professional Leads
- Relevant Senior Clinicians

Corporate Services Management Teams (Level 2):
- Directors / General Managers
- Heads of Functions

Site and Unit Management Teams (Level 3):
- Healthcare Management Teams
- Clinical Leads
- Service Managers
- Senior Nurses

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.
4. PRINCIPAL CONTENT

4.1 Defining risk

For the purpose of this policy, a risk is defined as:

‘a potential event or set of circumstances which could adversely affect the ability of the organisation to achieve its objectives’

The following table sets out the operational definitions to differentiate between an issue, a problem and a risk and to highlight the potential escalating nature of any matter arising.

Table 1

<table>
<thead>
<tr>
<th>Operational Definitions</th>
<th>Issue</th>
<th>Problem</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Matter of concern or contention</td>
<td>A Matter that is difficult to manage and can create a dilemma</td>
<td>A known escalating matter or an emerging unexpected event</td>
<td></td>
</tr>
<tr>
<td>Management on a day-to-day basis and can be resolved</td>
<td>Senior management decisions are required to support day-to-day management with action planning to manage safely and effectively</td>
<td>Requires a quantification of the risk, level of risk recording of mitigating controls and actions to be taken for improvement and subsequent monitoring of the effectiveness of the controls and actions</td>
<td></td>
</tr>
</tbody>
</table>

A serious incident
- Significant complaint
- Breach of a performance target

Cluster of serious incidents /complaints
- Increasing Trend of incidents
- No sustainable performance

Resolution is difficult and the matter is persistent
- Unexpected occurrence
- Change in legislation
- SG Directive
4.2 Risk appetite and tolerance

NHS Lanarkshire risk appetite is described as the amount of risk that NHSL is prepared to accept, tolerate or be exposed to at any one time in the pursuit of its three principal objectives: Safe, Effective and Person-Centred Care.

Risks with a current risk matrix score of 10, or greater, is considered to exceed NHSL’s level of risk appetite and further actions must be taken to mitigate to the lowest possible level. Risks with a score of 9, or less, are considered to be within NHSL’s level of risk appetite and are subject to regular monitoring.

Where new risks, or further risks to ongoing activities are identified, NHSL will always attempt to mitigate such risks to a level judged to be acceptable in the prevailing conditions and in the context of a risk aware organisational attitude. An individual risk may have the tolerance set above the risk appetite and must be approved by the Board of NHS Lanarkshire.

4.3 Risk identification

Information that will influence or inform risks will be available through a number of sources either internally or external. Additionally, risk information can be referred to as either proactive or reactive as demonstrated in Table 2:

Table 2
4.4 Risk Register definition

A Risk Register is defined as ‘a portfolio of risk assessments which allows the registering and active management of risks that face NHSL at any one time. Its purpose is to help managers prioritise available resources to minimise risk to best effect and provide assurances that progress is being made’

(NHSL Glossary)
## 4.5 Core information

A risk register is a management tool, enabling the organisation at different levels, to quantify, mitigate and manage its risk portfolio. Each risk must have the following recorded as core information:

<table>
<thead>
<tr>
<th>Core Information</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Identification Number</td>
<td>This is generated through the electronic repository system – Datix</td>
</tr>
<tr>
<td>Related Corporate Objective</td>
<td>The high level corporate objective potentially affected by the risk (see Appendix 1)</td>
</tr>
<tr>
<td>Date the risk is opened</td>
<td>When the risk was identified and first assessed</td>
</tr>
</tbody>
</table>
| Description of the Risk       | All risks are described in a standardised way as set out below:  
  "There is a risk that..." What event could happen that creates uncertainty as to the achievement of the stated objective?  
  "because..." Why and/or how could this event occur?  
  "leading to...” What would the consequence be if the event occurred |
| Initial Risk Level            | Based on likelihood x impact (see Appendix 2). This is the risk level when the risk is first recorded in the risk register. This is sometimes referred to as 'inherent' risk |
| Mitigating Controls           | Review what is in place to reduce the likelihood of the risk occurring; what is in place to reduce the impact should the risk materialise?     |
|                               | Record what is in place                                                                                                                  |
|                               | Identify any gaps; what is missing and what actions can be put in place to minimise the consequences?                                     |
|                               | Add relevant documentation to evidence effectiveness of the mitigating controls                                                           |
| Current Risk Level            | Based on likelihood x impact (see Appendix 2). This is the assessed level of risk at the most recent review of the mitigating controls in place. This is sometimes referred to as 'residual' risk |
| Risk Tolerance Level          | Based on likelihood x impact (see Appendix 2). This is the highest level of risk that is judged to be acceptable, but would not normally be above Medium (score of 9). Higher level of tolerance must be approved by the NHSL Board |
| Risk Owner                    | This is the person who has day-to-day operational management of the risk                                                                    |
| Risk Lead                     | Level 1 Corporate Risk Register: the Chief Executive  
  Level 2 Acute Divisional Director, Head of Health for H&SCP  
  Level 3 Site Directors, Unit General Managers, Director/General Manager for Corporate Services eg. PSSD, eHealth |
| Risk Review Date              | This is the date by which the next review must take place (see paragraph 4.6)                                                            |
| Risk Type / Sub Type          | Categorised by Business, Clinical, Staff and Reputation (see Appendix 3 for sub types and guidelines on impact levels)                     |
| Operating Division            | The part of the organisation responsible for the risk                                                                                  |
4.6 Mitigating controls

Every risk must have a record of the mitigating controls that will reduce the risk, or maintain the risk at its tolerance level. Where existing controls are not considered to be adequate to mitigate the risk, a SMART (specific, measurable, agreed, realistic and time related) improvement plan should be considered and monitored. Controls described should be as specific as possible to enable the reader to be assured of the control and the intention of the control to reduce the likelihood and/or impact.

Improvement actions should be clear, and reviewed to assess their effectiveness. Effectiveness can be based on internal audit outcomes, external audit outcomes, other external scrutiny reports, self-assessment, or demonstrable measures of improvement. Any supporting documentation, internal and/or external reports, business cases, follow-up actions etc can be attached to the documentation section within each risk record in the Datix system.

4.7 Frequency of monitoring and review of risks

A general guide to the frequency of review commensurate with the assessed level of risk (current) is outlined below:

<table>
<thead>
<tr>
<th>Assessed Level of Risk (current)</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>Monthly</td>
</tr>
<tr>
<td>High</td>
<td>2-3 monthly</td>
</tr>
<tr>
<td>Medium</td>
<td>5-6 monthly</td>
</tr>
<tr>
<td>Low</td>
<td>Up to 1 year (if continues low, consider closing)</td>
</tr>
</tbody>
</table>

Operational Units must have in place an agreed schedule of monitoring and review of their Risk Registers that includes review through the respective management team and/or governance committee.

Commensurate with the boundary risk appetite and tolerance, the NHSL Corporate Risk Register will be monitored through the Corporate Management Team with oversight through the following assurance reporting:
4.8 Recording Outcomes of review

At each review, a record of change, including who reviewed the risk, date of review and a summary of discussions and outcomes, should be held in the electronic notepad for each risk. Supporting documentation, internal and/or external reports, business cases, minutes of meetings, etc can be attached to the documentation section within each risk record.

4.9 Risk Closure

When an entry in the risk register is no longer considered relevant, the risk can be closed. The electronic record (notepad in Datix) must be updated accordingly, with sufficient detail on the reasoning for the closure of the risk. The risk will remain on the electronic system to enable a historical view of the risk, and will be culled in line with the Retention & Management of Records Policy.

4.10 Risk Escalation Process

Risk escalation is a process that can be followed to ensure that risks requiring intervention from a higher authority are identified promptly. The risk escalation process will be put into effect when the mitigating controls for a risk are proving to be ineffective and the risk is not being reduced or removed as expected, or the risk owner requests that the risk be escalated resulting from inability to control at the current level.

It is entirely reasonable for risks to be escalated to a higher level of risk register, and similarly, risks can be de-escalated back to originating level for monitoring purposes if a sustainable risk level has been achieved at or below the risk tolerance.

### Risk Appetite and Tolerance Descriptor

<table>
<thead>
<tr>
<th>Assessed Level of Risk</th>
<th>Risk Appetite and Tolerance Descriptor</th>
<th>Level &amp; Frequency of Review / Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High 16 - 25</td>
<td>Risk level exceeds corporate risk appetite and requires immediate corrective action to be taken with monitoring at CMT and Board Level.</td>
<td>Every Board Meeting for decision-making and assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Every PPRC meeting for decision-making and assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Every Audit Committee meeting for assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly CMT for discussion and review of mitigation controls, triggers and assessment</td>
</tr>
<tr>
<td>High 10-15</td>
<td>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 and specific risk in exceptional circumstances and final approval must be through the Board of NHS Lanarkshire.</td>
<td>Every PPRC for decision-making and assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Every Audit Committee for assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly CMT for discussion and review of mitigation controls, triggers and assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPRC, Audit Committee and/or CMT can escalate any individual high graded risk to the Board as required</td>
</tr>
<tr>
<td>Medium 5-9</td>
<td>Risk level within corporate risk appetite and subject to regular active monitoring measures by responsible Director and Managers</td>
<td>CMT quarterly with assurance report from the risk owner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Board through Annual Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audit Committee through quarterly risk profile reporting and Annual Report</td>
</tr>
<tr>
<td>Low 1-4</td>
<td>Risk level within corporate risk appetite and subject to regular passive monitoring measures</td>
<td>CMT 6 monthly through the presentation of the full Corporate Risk Register</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Board through Annual Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audit Committee through quarterly risk profile reporting and Annual Report</td>
</tr>
</tbody>
</table>
level. Appropriate escalation of risks through the organisation ensures that relevant levels of management are well informed and have the opportunity to take further action.

Escalation

- Is it agreed by the lead and owner that the area does not have the resource to manage the risk?
- Are the consequences so severe that it is essential for the risk to be visible at a higher level?
- Is there evidence to justify the likelihood score of the risk?
- Have all controls and local solutions been implemented?
- Are there any alternative controls?
- Does this risk impact on other areas of business?
- The escalation of the risk has been fully discussed with the new lead and transferred through Datix, completing the question set.

De-escalation

- The risk has been reviewed by the next level lead and owner
- The risk has had further mitigating action and has now been reduced with monitoring required over a period of time
- The risk will be transferred (outsourced) and/or closed
- The risk is acceptable and will be de-escalated back to source with tolerance and assurance monitoring.
5. ROLES AND RESPONSIBILITIES

NHS Lanarkshire Board has a statutory requirement to take all steps to minimise the risks to which patients, staff and others are exposed as a result of the Board’s undertakings.

5.1 Chief Executive

As the Accountable Officer, the Chief Executive is responsible for ensuring that all senior managers and relevant staff in NHSL are aware of the risk management process and that procedures are in place to promote its effective and accurate implementation.

The Chief Executive is also the designated lead for the Corporate Risk Register, who will, in conjunction with the Executive Directors and the members of NHS Lanarkshire Board, ensure that risks which would influence the ‘business’ aspects of managing the organisation, or have serious consequences, are recognised and addressed. These risks may derive from:

- Recognition of threats to the corporate objectives
- Risks to the organisation’s key investment and improvement projects
- Key risks arising from the need to comply with legislation and external standards
- Significant risks escalated from operating directorates

The Chief Executive shall delegate the responsibility for the implementation of the risk management framework and processes through the Executive Directors and Management Structure.

5.2 Executive Directors & Chief Operating Officers

As delegated, the Executive Directors and Chief Operating Officers will
- be responsible owners (or co-owners) for relevant risks on the Corporate Risk Register
- maintain a service delivery, service redesign or function risk register where appropriate
- escalate risks to the Corporate Management Team as necessary
- promote the implementation of the risk management framework and processes through their areas of responsibility
- identify emerging risks through their portfolio, including health and social care integration risks.

5.3 Divisional Directors

Divisional Directors are the designated Leads for Level 2 risk registers and will identify when risks are required to be escalated to Level 1 (Corporate Risk Register). They will ensure continuous review of the Divisional Risk Register with the Divisional Management Team (DMT) and ensure effective risk based decision making at every DMT. The DMT members will give consideration to Level 3 risks that require to be escalated to Level 2.
5.4 Corporate Services Directors
Corporate Services Directors are the designated Leads for Level 2 risk registers and will identify when risks are required to be escalated to Level 1 (Corporate Risk Register). They will ensure continuous review of their Operating Risk Register with their Senior Management Team (SMT) and ensure effective risk based decision making at every SMT. The SMT members will give consideration to Level 3 risks that require to be escalated to Level 2.

5.5 Site Directors
Site Directors are the designated leads for Level 3 site based risk registers and will identify when risks are required to be escalated to Level 2 (Divisional Risk Register). They will ensure continuous review with the Site Management Team and ensure effective risk based decision making at every management team meeting. They will be supported by the designated site lead facilitators.

5.6 Designated Risk Management Facilitators
The designated risk management facilitators have the responsibility to support their site director, or function / locality / service / project leads in maintaining an up-to-date risk register, through Datix, and preparing the risk register for review at the agreed management / project meetings.

5.7 Service Managers and Health & Social Care Managers
Service Managers and H&SC Managers are the designated leads for Level 3 based risk registers and will identify when risks are required to be escalated to Level 2 (Divisional Risk Register). They will ensure continuous review of their risk registers with their respective Management Teams and ensure effective risk based decision making through the business of the management team meetings. They will be supported by their designated risk management facilitator to maintain the management of up-to-date risk registers.

5.8 Chairs of Governance Committees
The responsibility of the Chairs of the Governance Committees will be to ensure that the committees receive either the full Corporate Risk Register (Audit Committee), or the component part of the Corporate Risk Register (PPRC, Clinical Governance Committee or Staff Governance Committee) for assurance and understanding of the contemporary risk profile for NHSL. Additionally, they will have the opportunity to advise on escalation of risks, identify other emerging risks through the committee business and direct further quantification through the Corporate Risk Manager.
5.9 **Corporate Risk Manager**

The Corporate Risk Manager is pivotal to the continuous improvement and monitoring of the organisation’s internal control system: risk management, that ensures clarity and understanding of the NHSL risk profile to enable the Board to properly fulfil its responsibility in having a sound understanding of the principal risks facing NHSL. To achieve this, the corporate risk manager has the responsibility to:

- Set out the Risk Management Strategy and Framework for approval by the Corporate Management Team, including the Risk Register Policy
- Systematically review the Risk Register Policy with stakeholders
- Oversee effective operation of the Risk Register Policy
- Provide expert advice to directors and senior managers on all aspects of the risk register process
- Maintain an electronic system that is fit for purpose
- Prepare risk reports which will include the Corporate Risk Register (or relevant component part) for the Board, and its Governance Committees and the Corporate Management Team.
- Undertake risk reviews (with the relevant risk leads) as called for by the Board, Chairs of Governance Committees or the Corporate Management Team
- Call for assurance reports on behalf of the Corporate Management Team
- Have as a minimum, quarterly formal meetings with all owners of risks on the Corporate Risk Register to sense check the position
- Set, and monitor the standards for the overall management of risk registers
- Monitor the KPI’s and report performance to the Corporate Management Team with onwards reporting to the Audit Committee
- Undertake an annual self-assessment of the effectiveness of the risk management systems on behalf of the Corporate Management Team
- Prepare an annual report for the Corporate Management Team and the Audit Committee that provides

6. **RESOURCE IMPLICATIONS**

All improvements for the implementation of this Policy will be met within the existing resource at Corporate and Operational Level. At operational level, the role of the Designated Risk Management Facilitator has been made available to continue to improve on the overall risk management function.

Any financial implications identified are likely to be individual risk specific and will be considered as usual through the responsible management teams financial planning.

7. **COMMUNICATION PLAN**

This Policy is accessible on the NHS Lanarkshire website Firstport for access by all staff. The full cascade of communication of the policy will be through the staff briefing.
8. QUALITY IMPROVEMENT – Monitoring and Review

Compliance with the policy will be monitored through a set of Key Performance Indicators (KPIs), reported through CMT and onwards reporting to the Audit Committee.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire’s EDIA

10. SUMMARY OR FREQUENTLY ASKED QUESTIONS

N/A.

11. REFERENCES


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Primary Corporate Objectives

Within NHSL, there are three primary corporate objectives which must be identified for each risk on the risk register. They are:

- Safe
- Effective
- Patient-centred
Quantification of Risk

A risk is assessed as **Likelihood x Impact.**

**Likelihood**

<table>
<thead>
<tr>
<th>Rare (1)</th>
<th>Unlikely (2)</th>
<th>Possible (3)</th>
<th>Likely (4)</th>
<th>Almost Certain (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can’t believe this event would happen – will only happen in exceptional circumstances.</td>
<td>Not expected to happen, but definite potential exists – unlikely to occur.</td>
<td>May occur occasionally, has happened before on occasions – reasonable chance of occurring.</td>
<td>Strong possibility that this could occur – likely to occur.</td>
<td>This is expected to occur frequently / in most circumstances – more likely to occur than not.</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>Possible but improbable</td>
<td>Might happen</td>
<td>Strong possibility</td>
<td>Expected</td>
</tr>
</tbody>
</table>

**Impact**

Impact is assessed as, Negligible, Minor, Moderate, Major or Extreme. See Appendix 3 for guidelines on how to assess impact in relation to different risk types and sub types

**Risk Level**

The 5 x 5 matrix used by NHSL is based on the AUS/NZ Standard, and adapted for the use by NHS Lanarkshire for assessment of risk levels.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Negligible (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Extreme (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Certain (5)</td>
<td>Medium (5)</td>
<td>High (10)</td>
<td>High (15)</td>
<td>Very High (20)</td>
<td>Very High (25)</td>
</tr>
<tr>
<td>Likely (4)</td>
<td>Medium (4)</td>
<td>Medium (8)</td>
<td>High (12)</td>
<td>Very High (16)</td>
<td>Very High (20)</td>
</tr>
<tr>
<td>Possible (3)</td>
<td>Low (3)</td>
<td>Medium (6)</td>
<td>Medium (9)</td>
<td>High (12)</td>
<td>High (15)</td>
</tr>
<tr>
<td>Unlikely (2)</td>
<td>Low (2)</td>
<td>Medium (4)</td>
<td>Medium (6)</td>
<td>Medium (8)</td>
<td>High (10)</td>
</tr>
<tr>
<td>Rare (1)</td>
<td>Low (1)</td>
<td>Low (2)</td>
<td>Low (3)</td>
<td>Medium (4)</td>
<td>Medium (5)</td>
</tr>
</tbody>
</table>
## Risk Register Policy

### Appendix 3

#### Risk Types and Sub Types with Impact Guidelines

<table>
<thead>
<tr>
<th>Risk Type</th>
<th>Risk Sub-Type</th>
<th>Negligible (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Impact</th>
<th>Extreme (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUSINESS</strong></td>
<td></td>
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<tr>
<td>Project</td>
<td></td>
<td>Very low increase in costs and/or timescale. No reduction in scope</td>
<td>Increase in costs and/or timescale of &lt; 10%. Minor reduction in scope</td>
<td>Increase in costs and/or timescale of 10% - 20%. Objectives threatened</td>
<td>Increase in costs and/or timescale of 20% - 50%. Objectives significantly threatened</td>
<td>Increase in costs and/or timescale of &gt; 50%. Objectives cannot be achieved</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>Low financial loss (&lt; £10k)</td>
<td>Minor financial loss (£10-100k)</td>
<td>Significant financial loss (£100 - 250k)</td>
<td>Major financial loss (£250k - £1m)</td>
<td>Severe financial loss (&gt; £1m)</td>
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<tr>
<td><strong>CLINICAL</strong></td>
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<tr>
<td>Patient Safety</td>
<td>Very minor injury or near-miss of harm. No treatment required</td>
<td>Minor injury or harm. First-aid treatment required</td>
<td>Injury or harm. Medical treatment and/or care intervention required</td>
<td>Extensive injury or major harm. Significant medical treatment or care intervention required</td>
<td>Extensive injury or major harm leading to permanent incapacity or death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Locally resolved complaints or observations</td>
<td>Justified written complaint peripheral to, or involving clinical care</td>
<td>Below excess claim. Several justified similar complaints involving lack of appropriate care.</td>
<td>Claim above excess level. Multiple justified similar complaints. Problem themes developing, informed from more than one source</td>
<td>Multiple claims or single major claim above excess level. Confirmed problem themes informed from more than one source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Interruption</td>
<td>Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service</td>
<td>Short term disruption to service with minor impact on patient care</td>
<td>Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service</td>
<td>Sustained loss of service which has serious impact on delivery of service and patient care resulting in major contingency plans being invoked</td>
<td>Permanent loss of core service or facility. Total failure of service provision with significant “knock on” effect elsewhere in the system</td>
<td></td>
</tr>
<tr>
<td><strong>STAFF</strong></td>
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<td></td>
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<tr>
<td>Staff Safety</td>
<td>Very minor injury or harm</td>
<td>Minor H&amp;S incident as a result of unsafe environment or working practice</td>
<td>H&amp;S incident with harm as a result of unsafe environment or working practice</td>
<td>H&amp;S incident with severe harm as a result of unsafe environment or working practice</td>
<td>H&amp;S incident causing death as a result of unsafe environment or working practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing Levels</td>
<td>Temporary delay in recruiting staff</td>
<td>Short term vacancy (&lt; 6 months)</td>
<td>Vacancies open for some time (&gt;6 months)</td>
<td>Unable to recruit to key roles for extended periods (&gt;9 months)</td>
<td>Sustained loss of key staff groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Competency</td>
<td>Individual training issues</td>
<td>Small number of staff affected by training deficiencies</td>
<td>Moderate number of staff affected by training deficiencies</td>
<td>Significant number of staff affected by training deficiencies</td>
<td>Very significant training deficiencies throughout the organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Complaints</td>
<td>Individual complaints</td>
<td>Small number of staff making similar complaints</td>
<td>Unrest in staff groups. Threat of industrial action</td>
<td>Industrial action</td>
<td>Prolonged industrial action</td>
<td></td>
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<tr>
<td><strong>REPUTATION</strong></td>
<td></td>
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</tr>
<tr>
<td>Reputation</td>
<td>Rumours, no media coverage. Little effect on staff morale.</td>
<td>Local media coverage – short term. Minor effect on staff morale / public attitudes</td>
<td>Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.</td>
<td>National media adverse publicity, less than 3 days. MSP concern</td>
<td>National and international media adverse publicity, for more than 3 days. MSP questions in parliament Court Enforcement. Public Inquiry/FAI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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