

Western Isles Health Board

| Meeting: | BOARD MEETING | | |
|--------------------------|---|---------------------|--|
| Date: | 27.06.18 | | |
| Agenda Item: | 10.1 + 10.1.1 + | 10.1.2 | |
| Paper Number: | | | |
| Location of Full Re | eport: attached | | |
| Author: | Ms. Ellena Macdonald | , Risk Manager | |
| Executive Sponsor | : Mrs. Chrisanne Campb | ell, Nurse Director | |
| | | CACHED ANNE ANA | |
| TITLE: CO | RPORATE RISK RE | EGISTER- JUNE 2018 | |
| | | | |
| Purpose: | | | |
| | To discuss and note the June Corporate Risk Register. | | |
| | | | |
| D1-4' | TI D 1/C '44 | | |
| Recommendation: | The Board / Committee is invited to: | | |
| | Note for Information / | $\sqrt{}$ | |
| | Assurance | | |
| | Approve | | |
| | Discuss | | |
| | | | |
| | | | |
| Summary / Key Points: | This should provide sufficient information to enable the committee to understand the key points of the paper being presented. If covering a large complex document specific pages or sections of relevance should be highlighted. This should enable members to | | |
| | contribute to a focused discussion and, if necessary, make an informed decision. | | |
| | Risk assessment updates have been received for risk numbers 001, 002A and 002B, 005, 006, 011, | | |
| | 013, 015 and 016. Awaiting update for 018 | | |
| | For all the updates received there has been no change in any for their risk ratings. | | |
| | | | |
| | | | |
| Risk: | Are there any significant risks related to this topic? ✓ | | |
| | Yes No _√_ | | |
| | If yes, please describe be | elow: | |
| | | | |
| | | | |
| | Risk Register – If the risk on the Corporate Risk Register please detail, including the specific Risk ID | | |
| | Specific Linit 12 | | |
| | | | |
| | | | |



Western Isles Health Board

| Competence | Does the topic have any impact on the following Governance Standards: 🗸 | | | |
|--------------------------|--|------------------|--|--|
| Financial Impact | Yes No If yes, please describe below: Any relevant financial impact will be included in the individual risk assessments | | | |
| Clinical Impact | Yes √ No ☐ If yes, please describe below: | | | |
| Human Resource Impact | Yes | | | |
| Approval Pathways | Committees presented to: | Date: | | |
| | Committees to be presented to: Corporate Management Team | Date: 19/06/2018 | | |