

NHS Lanarkshire
29th April 2020

Lanarkshire NHS Board
NHS Board
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SUBJECT: NHS LANARKSHIRE (NHSL) CORPORATE RISK REGISTER

1. PURPOSE

This paper is coming to the Board:

For assurance	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the Corporate Risk Manager, on behalf of the Corporate Management Team

3. SUMMARY OF KEY ISSUES

The Corporate Risk Register was previously presented to NHSL Board in March 2020, reporting on the corporate risk register that was prepared on 5th March 2020, with a focus on very high graded risks and set out the Very High graded risks across NHSL.

On 18th March 2020 NHS 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. The NHSL Corporate Risk Register was then subject to further review to re-assess in light of the impact of being on emergency footing and the COVID-19 pandemic.

Effective from 2nd March 2020 NHSL invoked its Strategic (Gold) Command Control generating a COVID-19 incident specific risk register as part of the overall major incident management. Within the major incident plan, there is an agreed taxonomy of recording, reporting, oversight and escalation of the level of risk for each command group that requires reporting of Very High graded incident risks to be escalated to the Board through the risk register reporting.

To ensure the organisation is well placed to recover at the earliest opportunity from the aforementioned pandemic response, work has begun in relation to capturing COVID -19 Clinical Service Models Reconfiguration and Recovery Plans. In understanding the threats and risks whilst operating on an emergency footing, a risk analysis aligned to each service has been undertaken to contribute to the recovery plan.

This risk report will therefore:

- 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 accurate as at 16th April 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 20 risks set out in the NHSL Corporate Risk Register, accurate as at 16th April 2020 and sorted in descending order by the assessed level of risk (current) from very high to low (appendix 2)
- vi) Set-out for information, the COVID-19 incident specific risk profile with the risks that are graded very high, and will track for reference, the very high graded risks that have been reduced through effective mitigation
- vii) Briefly outline the risk profile of the clinical functions and service processes as identified through the reconfiguration and recovery planning.

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 20 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. There has been a full review of all risks to reflect the impact of the COVID-19 pandemic and the emergency footing position.

Summary of the Significant Material Changes within the NHSL Corporate Risk Register

Closed Risks
<p>Three (3) risks have been closed within this reporting period:</p> <p><u>Risk ID 1727 - Ability of NHS Lanarkshire to realise the required savings within year 2019/20 and deliver a balanced budget.</u> There is a risk that NHS Lanarkshire will not be able to realise the required savings for 2019/2020 and deliver a balanced budget, with the potential to impact adversely on current and subsequent years financial planning.</p> <p>This low graded risk was closed as savings were delivered with potential for slight deviation of residual risk from last few weeks of year due to COVID-19.</p> <p><u>Risk ID 1611- Unscheduled Care.</u> There is a risk that NHSL will not meet and sustain the agreed locally adjusted unscheduled care performance targets as profiled for the year 19/20, with the potential to adversely impact on patient experience and the reputation of NHSL.</p> <p>This risk was closed as it was relevant for 2019/20 and is now inherently within a new risk ID 1871 re the ability to recover from COVID & impact on performance & outcomes for year 2020/21.</p> <p><u>Risk ID 1749 – Delivery of the Annual Operational Plan (AOP).</u> There is a risk that without SG agreement of local targets, overall delivery of the Annual Operational Plan (AOP) for the year 2019-2020 will not be fully realised because of the continuous challenges of the necessary cash releasing efficiency schemes and the range of waiting times targets that are increasingly difficult to meet. This could result in decreased capacity and potential for failure to meet some of the AOP standards and targets.</p> <p>This risk was closed as it was relevant for 2019/20 and has been replaced with a new risk ID 1871 - Recovery of Performance 2020 – 2021, graded Very High.</p>
Risks De-escalated To Level 2 or Level 3 Risk Registers
<p>No risks have been de-escalated since the last reporting period.</p>

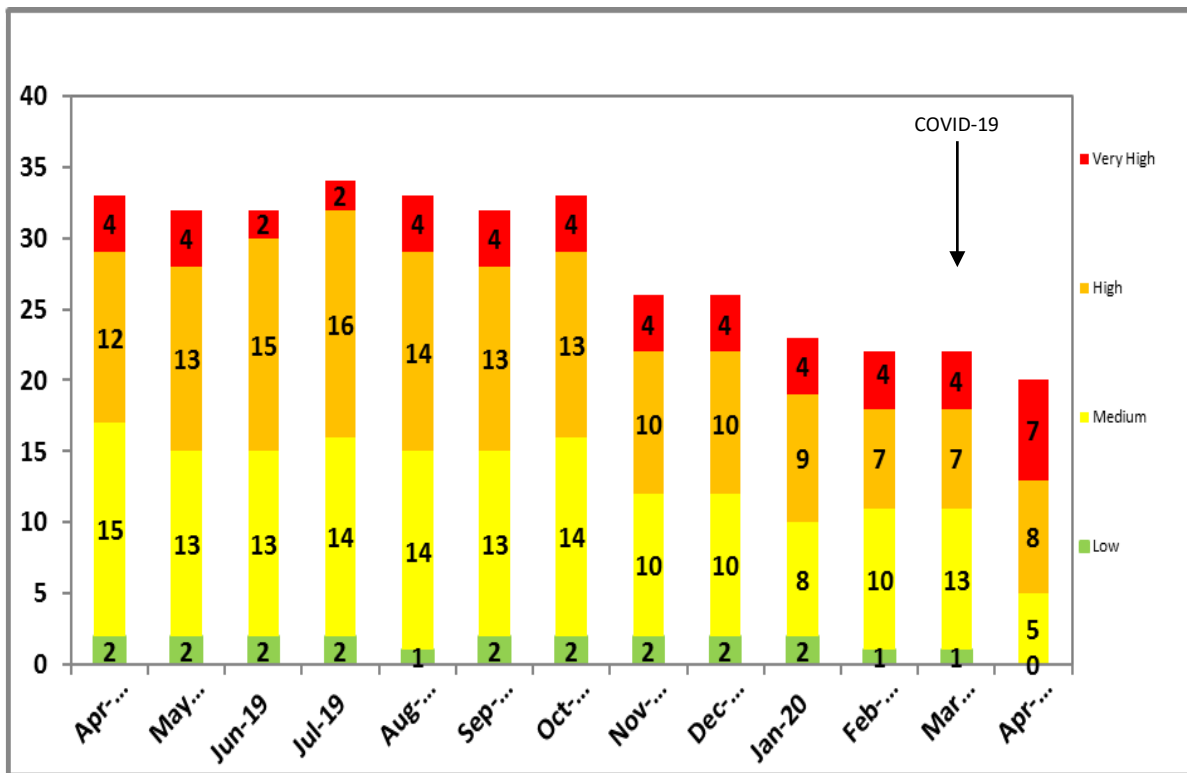
New Corporate Risks Identified		
<p>One (1) new risk has been set out:</p> <p><u>Risk ID 1871</u> - There is a risk that NHSL will be unable to recover performance during the first half of the year re delivery of services resulting from significant change to existing service delivery in response to the COVID-19 pandemic and being placed on emergency footing by the SG as invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978. This will significantly impact on the strategic direction, outcomes and performance for 2020/21.</p> <p>This risk is assessed as Very High and is owned by C Lauder.</p> <p>-----</p> <p>Following discussion with Non-Executive Directors on 15th April, risks around staff health and wellbeing, and inequalities are being further considered for reporting at a future meeting.</p>		
Significant Change for Risks Reviewed within this Reporting Period.		
<p>Within this reporting period there has been a change of personnel due to return from interim secondment of the Chief Executive and retirement of the Director of NMAHP's. The corporate risk register lead has changed from H Knox as interim Chief Executive to C Campbell. Risks owned by H Knox are now owned by C Campbell. Risks owned by J Park, interim Director of Acute Services are now owned by H Knox. All risks owned by I Barkby are now owned by E Docherty the incoming Director of NMAHP's.</p> <p>All corporate risks have been reviewed in light of the emergency footing position effective from 18th March and the impact of COVID-19 pandemic.</p>		
Risk ID	Description of the Risk and Note of Change	Risk Owner
1450	<p>There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.</p> <p><u>Note of Change</u> Description of the risk has changed to reflect COVID-19, with updating to the controls. Risk likelihood increased and the risk tolerance now increased to High. This risk remains assessed as Very High.</p>	C Campbell
1815	<p>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 resulting from the initial identified gap to be filled by efficiency which has been exacerbated by having to suspend all programmes requiring heavy service input to allow staff to concentrate on the COVID-19.</p> <p><u>Note of Change</u> The description and the controls for this risk have been amended and updated to reflect the current pandemic position. The likelihood for this risk has been increased to almost certain and the tolerance has been increased to High. Remains graded as Very High.</p>	L Ace

623	<p>There is a risk that NHSL will not have the capacity to respond to the rapidly changing number of current and predicted cases of COVID-19 as the demand on services are expected to overwhelm the available resources, including bed capacity and workforce. This is likely to lead to increased morbidity and mortality in the population: loss of and disruption to the delivery of health & social care with adverse impact on front-line staff.</p> <p><u>Note of Change</u> Change to the risk description of the risk with additional controls to reflect the potential impact from the COVID-19 pandemic. Both the risk level and the risk tolerance are assessed as Very High.</p>	G Docherty
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</u> Controls noted to continue in place, however, CFS have identified higher level of fraudulent activity during the pandemic period and NHSL staff asked to maintain vigilance. Level of risk moved from a Medium graded risk to a High graded risk.</p>	L Ace
659	<p>There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.</p> <p><u>Note of Change</u> Risk description, controls, risk level and risk tolerance all updated to reflect the pandemic position and ability to respond to any major emergency. This risk has changed from a Medium graded risk to a High graded risk, with the tolerance increased to Medium.</p>	G Docherty
1379	<p>There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan.</p> <p><u>Note of Change</u> The risk description has changed to reflect the current position, noting the emergency footing and the expectations for management of delayed discharges. For this point in time, and the necessity to release beds, the risk is now assessed as Very High.</p>	C Campbell

1710	<p>There is a risk that NHSL could fail to identify harm to any vulnerable person, child or adult, or prevent harm to others resulting from the complexities of opportunity lost due to the current reprioritising of services in response to COVID-19 with the potential for harm to occur, impacting adversely on the reputation of NHSL.</p> <p><u>Note of Change</u> Change to risk description to reflect current position and service controls that remain in place. Level of risk increased from Medium to a High graded risk.</p>	E Docherty
285	<p>There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance (eg superannuation and national insurance and other legislative changes and pay awards), but increasingly new high cost drugs will require to be managed on a rolling basis through horizon scanning. For 2020/21 the COVID 19 pandemic will have a significant impact on the NHS's expenditure though there will be Government funding.</p> <p><u>Note of Change</u> The description, controls, risk level and tolerance have all be updated to reflect the current pandemic position and impact on financial balance, noting there is a new Tactical (silver) command group led by the Director of Finance. This risk is now graded Very High and the tolerance assessed as High.</p>	L Ace
1587	<p>There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which is exacerbated by the current COVID pandemic.</p> <p><u>Note of Change</u> Description of risk changed, and noted in controls that routine controls are currently superceded by retention of response to Urgent's with a new way of working through setting up of community hubs and assessment centres. Remains a Very High graded risk.</p>	V DeSouza
1364	<p>There is an increased risk of opportunistic malicious intrusion into data stored on NHSL digital systems resulting from diversion of resources to respond to the COVID-19 pandemic 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</u> Change to the description of this risk and the risk level moving from a Medium graded risk to a High graded risk.</p>	D Wilson

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

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



Risk Heat map

From the 20 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	4	4	4	4	1
	Likely	4	4	4	4	1	1
	Possible	3	4	3	4	4	4
	Unlikely	2	4	4	2	4	4
	Rare	1	4	4	4	4	4

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

Whilst there are 15 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, noting that during the emergency footing, there will be interim governance arrangements and all very high risks will be filtered through the monthly Board meetings.

Assessed Level of Risk	Risk Tolerance Descriptor	Level & Frequency of Review / Assurance
Very High 16 - 25	Risk level exceeds corporate risk appetite and requires immediate corrective action to be taken with monitoring at CMT and Board Level	<ul style="list-style-type: none"> • Every Board Meeting for decision-making and assurance • Every PPRC meeting for decision-making and assurance • Every Audit Committee meeting for assurance • Monthly CMT for discussion and review of mitigation controls, triggers and assessment

Very High Graded Risks on the Corporate Risk Register as at 16th April 2020

There are 7 very high graded risks on the corporate risk register are shown below with the mitigating controls. It is also noteworthy that whilst in emergency footing, the risk tolerance for 5 of these risks has been increased as proposed through CMT:

ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
623	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of COVID-19.	01/06/09	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Declared a major incident 2. Invoked the Gold Command structure with daily meetings 3. Gold Command action log reviewed & monitored daily 4. Established an Incident Management Team for containment phase that will transform to Scientific & Technical Advisory Cell (STAC) 5. Local Resilience Partnerships commenced, linking to the National resilience groups 6. Designated point of contact (Director of Public Health) liaising with NHS Resilience on a daily basis 7. Continued community surveillance of covid-19 through influenza spotter practices 8. Management plans based on national guidance 9. Implementation and continuous oversight of a NHSL COVID-19 mobilisation plan <p>Action</p> <ol style="list-style-type: none"> 1. Scoping and implementation of and Emergency Reconfiguration & Recovery Plan 	Very High ↑	G Docherty
1450	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	14/11/2016	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Interim reconfigured service in place in response to COVID-19' including Community Hub, Community Assessment Centres, Video/Telephone Consultations 2. Mobilisation Plan <p>Actions</p> <ol style="list-style-type: none"> 1. NHSL Emergency Reconfiguration & Recovery Strategic Map 2020/21 	High ↑	C Campbell

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ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
1815	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	14/08/19	Very High	<p>Mitigating controls in operation until March 2020</p> <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 <p>After March 2020 all but 4 above suspended with resources diverted to COVID mobilisation plan with oversight through the new Tactical (Silver) Command Group. COVID expenditure and funding will be built into 2020/21 plan once known. Savings work will recommence once service stabilised.</p>	High ↑	L Ace
285	Standing risk that external factors may adversely affect NHSL financial balance, specifically COVID-19	01/04/08	Very High	<p>Controls after March 2020 remain but will continue at a slower pace and with greater uncertainty. A process for capturing expenditure implication of COVID is in place with an expectation of SG funding.</p> <ol style="list-style-type: none"> 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: <ul style="list-style-type: none"> Regional planning Scottish Government Networking with other Health Boards 4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs. 	High ↑	L Ace
1871	Recovery of Performance 2020 - 2021	30/03/20	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL gold command planning, including mobilisation plan <p>Actions</p> <ol style="list-style-type: none"> 1. Receive further instructions from SG on emergency footing status 2. Set out, approve and implement a NHSL Emergency Reconfiguration & Recovery Strategic Map & Step Enhancement Plan 	High ↑	C Lauder

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ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
1379	Delayed Discharge Performance and Impact	14/12/15	Very High	<p>Controls – through emergency footing, there is an accelerated programme for discharge, however, well COVID +ve patients require step down pathway managed through the mobilisation plan.</p> <ol style="list-style-type: none"> 1. CMT have continuous oversight of performance, reasons for delays and discuss action 2. Pan-Lanarkshire Unscheduled Care and Discharge Group 3. IJB Commissioning Plans 4. Implementation of transfer of AWI patients from Acute to Nursing Home where appropriate in the early stages of the AWI process to free up capacity of acute beds has commenced effective from early February 2019. 5. On-site presence of H&SCP staff at weekends to support continuous flow at discharge <p>Action</p> <ol style="list-style-type: none"> 1 Implementation of the mobilisation plan 	Medium	C Campbell
1587	Sustainability of the 2 site Model for OOH Service	13/12/2017	Very High	<p>Controls, the routine controls are currently superceded by retention of response to Urgent's and a new way of working through setting up of community hubs and assessment centres.</p> <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. <p>Action</p> <ol style="list-style-type: none"> 1. Emergency Reconfiguration & Recovery Strategic Map 2020/21 	Medium	V DeSouza

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

Acute

There is one (1) 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	<p>Controls:</p> <ol style="list-style-type: none"> 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. <p>Actions:</p> <ol style="list-style-type: none"> 1. Ongoing discussions with the WoS Regional group. Paper being developed by Director of Regional Planning, expected early 2020. 	M Mark

North / South Health & Social Care Partnership

For this reporting period, there is one (1) very high graded risk for South Health & Social Care Partnerships 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.

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iv) Business Critical Project/Redesign Risks Assessed as Very High

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

Monklands Business Continuity Risks Assessed as Very High

The very high graded risks on the Monklands Business Continuity Risk Register (MKBC) have reduced from twelve (12) to seven (7) resulting from a brief review undertaken to reflect on work commissioned 2019-2020, work completed and/ or remedial work and any other contingencies on the impact of the risk. One other risk, (ID 1864) was increased to very high following a significant loss of mains water.

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. 4. Programme of work to be completed in 2020.	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
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/reprovision 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 drainage line 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

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ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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
1864	Loss of mains water	20/02/2020	Very High	Implementation of BCP for loss of water. 2. Survey commissioned to identify single points of failure for hospital services - to be complete by 31st March 2020	J Paterson

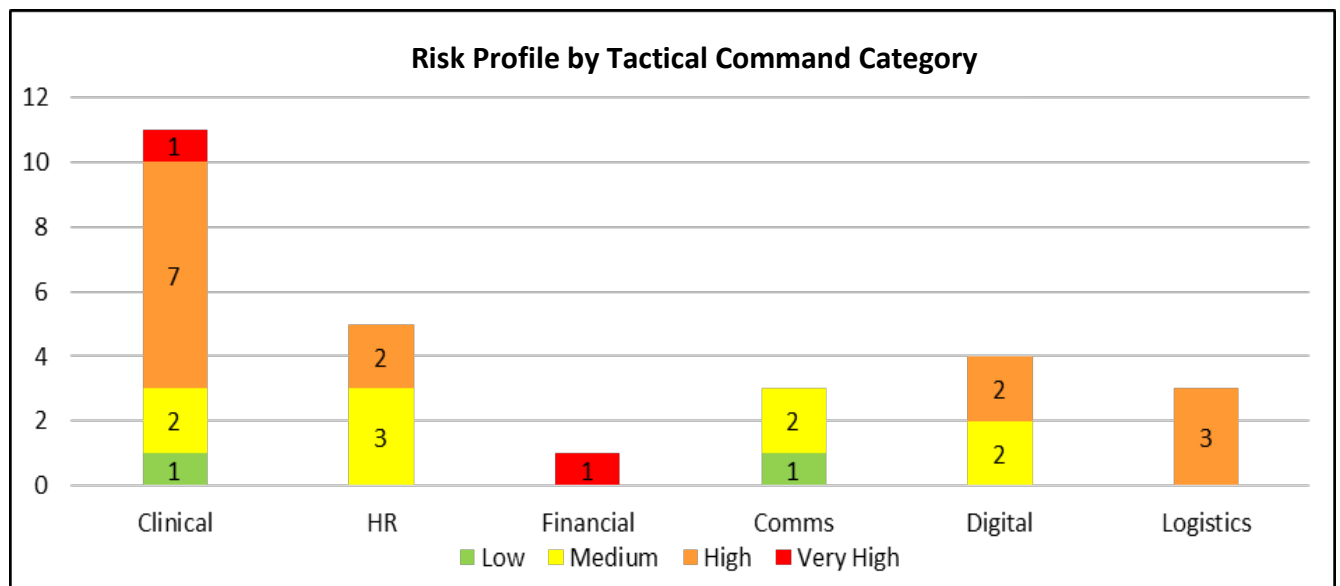
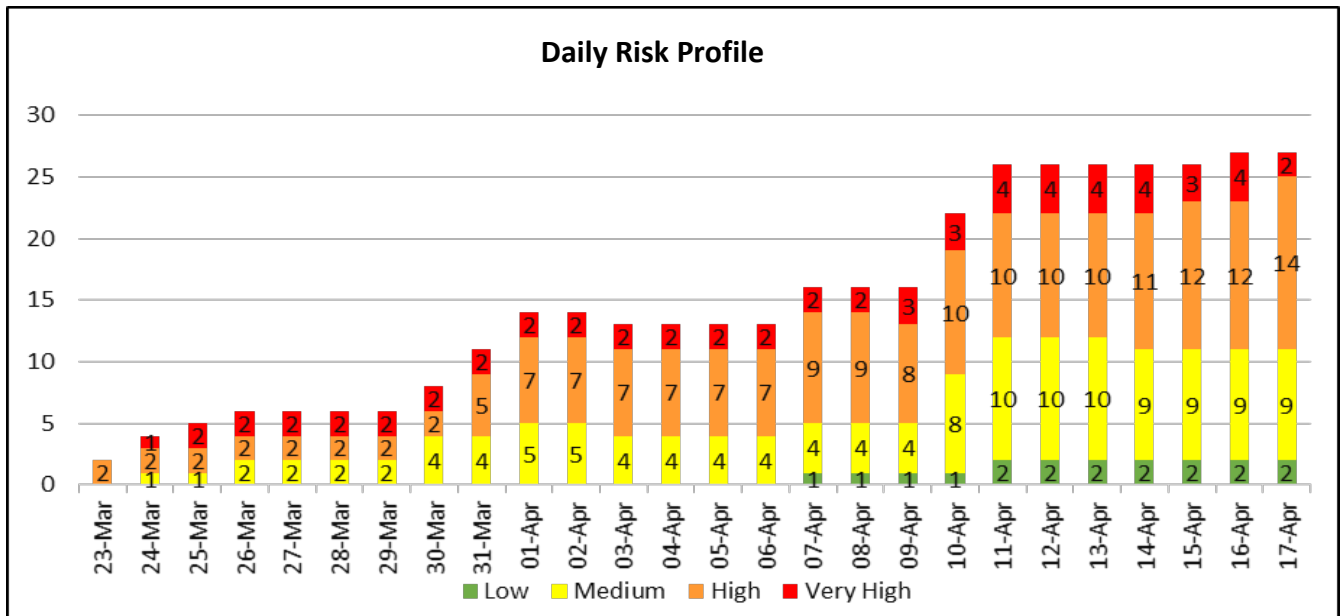
* date transferred to datix.

v) NHS Lanarkshire Corporate Risk Register

The full NHS Lanarkshire Corporate Risk Register is subject to continuous review and overseen by the Corporate Management Team. The Register is set out in Appendix 2, sorted in descending order of the risk level (current) from very high to high, accurate as at 16th April 2020.

vi) COVID-19 Incident Specific Risks

NHSL has developed a toolkit for the effective management of Major Incidents that includes a risk register recording, reporting, oversight & escalation process. Within this taxonomy, very high graded risks will be reported to the Board and where necessary, the Scottish Government. The COVID-19 incident specific risk profile reported as at 17th April is set out below followed by detail on the very high graded risks.



Very High Graded Risks

Four risks have been assessed as being very high, with 2 since being reduced through effective mitigation. Tracked changes and the live COVID specific very high graded risks are set out below.

Risk ID	Opened	Risk	Category	Risk Level	Change of Risk Level	Date of Change
HR/01	24/03/2020	Workforce supply if demand exacerbated by high absence rate and clinical workload exceeds capacity. Service delivery may be compromised	HR	Very High 4 x 5	High 3 x 5	16 th April 2020
CL/PH/02	25/03/2020	Capacity of piped oxygen in hospitals may be incapable of meeting demand.	Clinical	Very High 4 x 5	High 3 x 5	16 th April 2020
CL/PHSC/06	10/04/2020	Local Care Homes may have such significant problems with staffing levels that they are unable to staff the homes and look to NHSL/H&SCP for assistance to maintain patient care and outbreak management and control.	Clinical	Very High 4 X 5	Remains very high	
FC/01	14/04/2020	There is a risk that COVID-19 will adversely influence NHSL's ability to sustain recurring financial balance for 2020/21 with significant impact on expenditure.	Finance	Very High 5 x 5	Remains very high	

vii) Reconfiguration and Recovery Risk Analysis

To ensure the organisation is well placed to recover at the earliest opportunity from the aforementioned pandemic response, work has begun in relation to capturing COVID-19 Clinical Service Models Reconfiguration and Recovery Plans. In understanding the threats and risks whilst operating on an emergency footing, a risk analysis aligned to each service has been undertaken to contribute to the recovery plan.

In undertaking the risk analysis, some general principles were taken into consideration as listed below:

- ‘the bigger picture’
- Proportionality and scale of services
- Nature of the disease/condition
- Self-managing disease
- Impact on patients where delays in diagnosis and treatment are expected
- Impact on other essential services
- Certainty that risks will occur
- Proximity to when the risks might materialise
- What mitigation plans are in place; including level of service sustained; prioritising of urgent cases; new ways of working and new care pathways,
- Vulnerability
- Known impacts

A total of 76 Operational Functions have been captured accounting for 222 Service Processes (See Separate Spreadsheet for details) all of which have been considered on the basis of the aforementioned risk profiles and accurate as at 17th April 2020.

Table 1 Highlights the split of functions and processes across the Health Functions

	Operational Functions	Service Processes
Acute	38	119
Community	34	87
Corporate	4	16
Total Number	76	222

Table 2 Provides a high level overview of the risk profile associated with the changes.

	Acute Service Processes (119)	Community Service Processes (87)	Corporate Service Processes (16)
Very High Risk	10%	5%	12%
High Risk	50%	70%	38%
Medium	24%	10%	32%
Low	2%	2%	6%
No Risk	14%	13%	12%

This work will continue to be reported to the Board through the CMT, by the interim Director who is leading on the work.

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

Normally, very high graded risks will be considered in terms of exceeding the defined corporate risk appetite level with review of the adequacy of mitigating controls and action planning identifying a more intensive supported approach to mitigation. However, there is a significant change to the financial position for NHSL resulting from the emergency footing position and consequent response to the COVID-19 pandemic with associated costs that are being collated and submitted to the Scottish Government.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There is a significant change in the assessed level of risks for NHSL, including risk tolerance for 5 corporate risks. A new set of risks are identified specific to the COVID-19 incident response and the clinical service reconfiguration and recovery planning.

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		Performance management	x	Equality	
Sustainability	x				

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 emergency footing position in response to the COVID-19 pandemic and the consequent wider risk profile for NHSL through:

- The summary of significant material changes to the Corporate Risk Register, aligned to the impact from COVID-19, and 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, including the increased levels of tolerance for 5 very high graded risks as at 16th April 2020
- Note the very high graded risks across NHSL
- Note the COVID-19 incident specific risk profile including the very high graded risks
- Note the clinical service risk profile in the context of the reconfiguration and recovery planning
- Note the Corporate Risk Register, accurate as at 16th April 2020, set out in Appendix 2.

13. FURTHER INFORMATION

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

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