

NHS Lanarkshire  
26<sup>th</sup> August 2020

Lanarkshire NHS Board  
NHS Board  
Kirklands  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



**SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT RISK REGISTERS**

**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"/>
---------------	-------------------------------------	-----------------	--------------------------	---------	-------------------------------------

**2. ROUTE TO BOARD**

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	-------------------------------------	----------	--------------------------	----------	--------------------------

By the Corporate Risk Manager, on behalf of the Corporate Management Team

**3. SUMMARY OF KEY ISSUES**

<b>Closed Risks</b>		
No risks have been closed since the last reporting period.		
<b>Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register</b>		
No risks have been escalated to or de-escalated from the corporate risk register since the last reporting period.		
<b>New Corporate Risks Identified</b>		
There are no new risks within this reporting period.		
<b>Material Note of Change for Risks Reviewed within this Reporting Period.</b>		
Material changes noted below:		
Risk ID	Description of the Risk and Note of Change	Risk Owner
623	Covid second wave	G Docherty
1903	Test & Protect (T&P) programme	G Docherty

The Corporate Risk Register was previously presented to NHSL Board in July 2020, reporting on material changes to the corporate risk register with a focus on very high and high graded risks, including all very high graded risks across NHSL and major incident specific Covid-19 and EU Withdrawal risks that are graded very high.

On 18<sup>th</sup> 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 and continues to be on emergency footing. NHSL had invoked their major incident plan, including identifying and managing related risks.

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, and this report includes Covid-19 risks that are graded very high.

NHSL has revised their governance arrangements during the period of emergency footing. Both the Planning, Performance and Resource Committee and the Population Health and Primary Care Committee have been stood down and will resume from September 2020. All corporate risks have an identified assurance committee for oversight and during this interim period, risks that have either of these Committees identified as the assurance committee remain the responsibility of the Board until September 2020.

This risk 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, with a record of other changes set out in Appendix 1 (page 3 & 4)
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 12<sup>th</sup> August 2020 (page 4)
- 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 (page 6 to 9)
- iv) Set-out for consideration very high graded risks through operational units, business critical projects/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register (pages 9 & 10)
- v) Facilitate reference to the 33 risks set out in the NHSL Corporate Risk Register, accurate as at 12<sup>th</sup> August 2020 and sorted in descending order by the current assessed level of risk from very high to low, as seen in appendix 2
- vi) Set-out for information, the COVID-19 incident specific risk profile with the risks that are graded very high (pages 11 to 13), provide a copy of the most recent weekly CMT report referenced to the detailed COVID-19 risk register see appendix 3
- vii) Report on EU Withdrawal the one (1) very high graded risk with risk profile as at 12<sup>th</sup> August 2020
- viii) Facilitate reference to the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care Committee as the assurance committees to maintain a level of oversight by the Board as set out in appendix 1

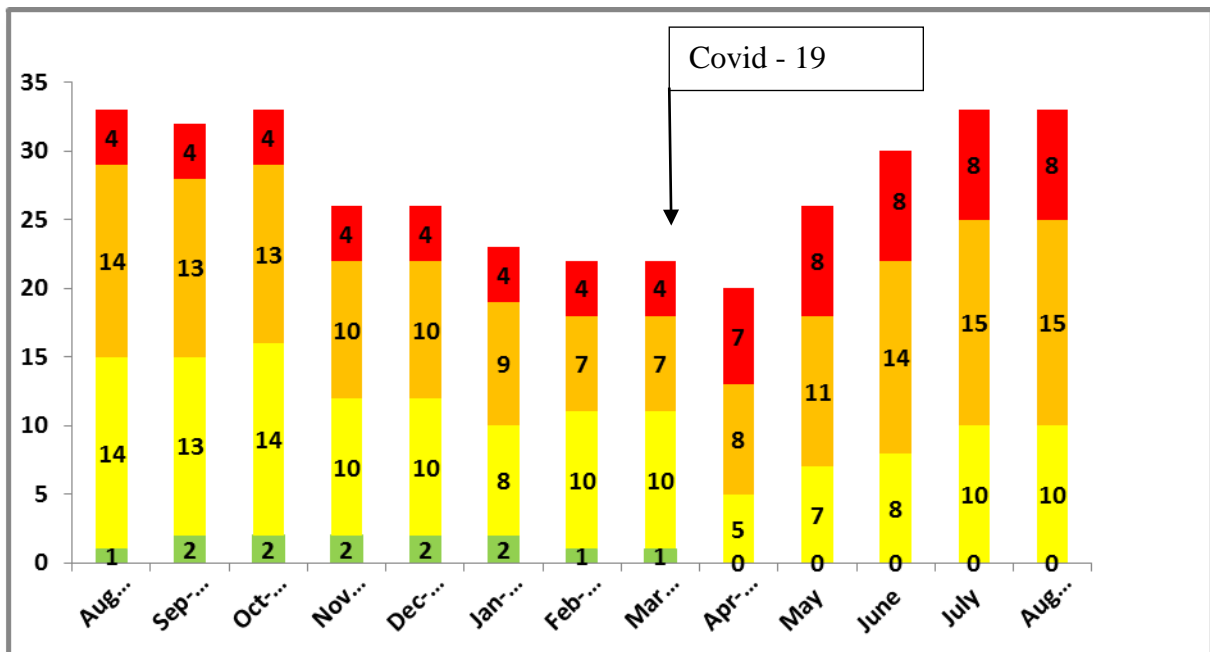
**i) Summary of Significant Material Changes to the Corporate Risk Register Since the Last Reporting Period**

For this reporting period there is a total of 33 risks, with the summary of significant material changes below:

<b>Closed Risks</b>		
No risks have been closed since the last reporting period.		
<b>Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register</b>		
No risks have been escalated to or de-escalated from the corporate risk register since the last reporting period.		
<b>New Corporate Risks Identified</b>		
There are no new risks within this reporting period.		
<b>Material Note of Change for Risks Reviewed within this Reporting Period.</b>		
Material changes noted below:		
<b>Risk ID</b>	<b>Description of the Risk and Note of Change</b>	<b>Risk Owner</b>
623	<p>There is a risk that NHSL will not have the capacity to respond to a second wave of COVID-19 as the demand on services could overwhelm the available resources, including bed capacity and workforce.</p> <p>This is could lead to:</p> <ul style="list-style-type: none"> <li>-increased morbidity and mortality in the population;</li> <li>-increased health inequalities;</li> <li>-loss of and disruption to the delivery of health &amp; social care;</li> <li>-short and longer term impact on the health and wellbeing of front-line staff.</li> </ul> <p><u>Note of Change</u> Change to the wording of the description from 'likely' to 'could' in terms of consequence of the risk materialising. Full review and update of controls and the risk <b>tolerance</b> reduced from <b>Very High</b> to <b>High</b>. Risk remains assessed as <b>Very High</b>.</p>	G Docherty
1903	<p>There is a risk that NHSL cannot deliver as expected on the national and local Test &amp; Protect (T&amp;P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) and appropriate funding to maintain and sustain the T&amp;P service. This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire.</p> <p><u>Note of Change</u> Change in description to add 'appropriate funding to maintain and sustain the T&amp;P service'. Full review of controls and risk remains assessed as <b>Very High</b>.</p>	G Docherty

ii) **NHSL Corporate Risk Register Profile as at 12<sup>th</sup> August 2020**

The corporate risk profile is shown for the period July 2019 to 12<sup>th</sup> August 2020 below:



Risk Heat map

From the 33 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			1 ↔	3 ↔	1 ↔
	Likely	4			6 ↔	4 ↔	
	Possible	3			6 ↔	8 ↔	
	Unlikely	2			2 ↔	2 ↔	
	Rare	1					

Directional Arrows denote change in level of assessment for the overall risk profile from the previous report.

**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	2	3	4	5
	Likely	4	1	2	3	4	5
	Possible	3	1	2	3	4	5
	Unlikely	2	1	2	3	4	5
	Rare	1	1	2	3	4	5

Whilst there are 23 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"> <li>• Every Board Meeting for decision-making and assurance</li> <li>• Every PPRC meeting for decision-making and assurance</li> <li>• Every Audit Committee meeting for assurance</li> <li>• Monthly CMT for discussion and review of mitigation controls, triggers and assessment</li> </ul>

iii) **Very High Graded Risks on the Corporate Risk Register as at 12<sup>th</sup> August 2020**

There are 8 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 five (5) of these risks are above the normal tolerance levels during this pandemic period.

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level Tolerance	Risk Owner
285	Standing risk that external factors may adversely affect NHSL financial balance	01/04/2008	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"> <li>1. Regular Horizon Scanning</li> <li>2. Financial Planning &amp; Financial Management</li> <li>3. Routine Engagement with external parties: <ul style="list-style-type: none"> <li>Regional planning</li> <li>Scottish Government</li> <li>Networking with other Health Boards</li> </ul> </li> <li>4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs.</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Care Home and Test &amp; Protect predicted costs for implementation of new Policy to be submitted to SG.</li> </ol>	High	L Ace
623	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19.	01/06/2009	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Declared a major incident and still ongoing</li> <li>2. Invoked the Gold Command structure with daily meetings until 28th May, and weekly reporting of actions, risks and issues from Tactical groups commenced through CMT</li> <li>3. Gold Command action log reviewed &amp; monitored daily until 28th May, with remaining Tactical groups retaining logs</li> <li>4. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave</li> <li>5. Local Resilience Partnerships commenced, linking to the National resilience groups</li> <li>6. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience on a daily basis</li> <li>7. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes</li> <li>8. Management plans based on national guidance</li> <li>9. Implementation and continuous oversight of a NHSL COVID-19 mobilisation plan</li> <li>10. New Public Health Test &amp; Protect and Care Home Tactical Groups set up</li> <li>11. Implementation of the recovery process through the NHSL Response, Recovery and Redesign Oversight Group</li> <li>12. Continuous communications briefings</li> <li>13. Maintain oversight of test and protect and care home risks and issues through the new</li> </ol>	High	G Docherty

ITEM 7A

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level Tolerance	Risk Owner
				tactical groups		
1450	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	14/11/2016	Very High	Controls 1. Reconfigured service in place in response to COVID-19' including: Community Hub, Community Assessment Centres Video/Telephone Consultations with an increased capability for use of 'Near-Me' 2. Implementation of the recovery process through the setting up of a Joint H&SCP Recovery and Clinical Reference/Prioritisation Groups all feeding into the NHSL Response, Recovery and Redesign Oversight Group 3. Majority of practices now moved o provision of level 1 services 4. Review and recovery of the Primary Care Implementation Plan in view of the current response and management of Covid-19 pandemic	High	H Knox

ITEM 7A

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level Tolerance	Risk Owner
1587	Sustainability of the 2 Site Model for OOH Service	13/12/2017	Very High	<p>Controls</p> <p>In response to Covid-19, there are community hubs and community assessment centres in place with 1 site OOH model in place, with the following being retained or recovered:</p> <ol style="list-style-type: none"> <li>1. BCP in place and work is currently underway to develop an escalation plan for any redirection to A&amp;E.</li> <li>2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception report against this will also be put in place.</li> <li>3. 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.</li> <li>4. Regular reporting mechanism for North and South IJBs.</li> <li>5. OOH performance reporting will be a standing item on the performance and audit sub committee.</li> <li>6. There is a weekly update meeting on the OOH risk register and action plan which includes operational managers and professional leads.</li> <li>7. There is work ongoing with NHS 24 to review processes and procedures in relation to triage.</li> <li>8. Workforce Planning with a focus on securing sufficient staff/reconfigure jobs to maximise the workforce cover.</li> <li>9. Implementation of the recovery process through the setting up of a Joint H&amp;SCP Recovery and Clinical Reference/Prioritisation Groups all feeding into the NHSL Response, Recovery and Redesign Oversight Group</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Recovery of the OOH function, opening Airdrie HC</li> <li>2. Optimise remote access working for GMP's to enable working in OOH</li> <li>3. Remodel the tele consultations, working with NHS24 for improved triaging</li> </ol>	High	V DeSouza



ITEM 7A

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	14/08/2019	Very High	<p>Mitigating controls in operation until March 2020</p> <ol style="list-style-type: none"> <li>1. Early Identification of Savings Programme</li> <li>2. Set-up of Programme Management Office with Programme Lead &amp; Project Plan</li> <li>3. Dedicated CMT Financial Meetings</li> <li>4. Intelligence gathering and scenario planning</li> </ol> <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. Finance framework developed for Redesign and Recovery.</p> <p>Action</p> <ol style="list-style-type: none"> <li>1. Recovery of the CE Scrutiny Meetings and Sustainability Plans.</li> </ol>	Very High	L Ace
1871	Recovery of Performance 2020 - 2021	30/03/2020	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Work within the prioritised instructions set out by the SG whilst on emergency footing.</li> <li>2. Work within the NHSL gold command planning, including mobilisation plan</li> <li>3. Response, Recovery and Redesign Oversight Group with operational sub structure in place effective from 7th May 2020.</li> <li>4. Resumed Chief Executive Performance Reviews from June 2020.</li> <li>5. Invited by SG to set out performance for August 2020 - March 2021.</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Set out remobilisation plan for August 2020 - March 2021 and agree with Scottish Government</li> </ol>	Medium	C Lauder

ITEM 7A

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level Tolerance	Risk Owner
1903	Delivery of the essential Test & Protect programme of work	18/05/2020	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Lanarkshire Resilience Partnership Oversight Board</li> <li>2. NHSL Test &amp; Protect group with public health tactical group</li> <li>3. NHSL Priority Testing Plan</li> <li>4. Appointment of a NHSL workforce cohort for local testing</li> <li>5. NHSL laboratory capacity has been increased</li> <li>6. National Mutual Aid Agreement</li> <li>7. Interim funding within NHSL to appoint 1wte lead consultant, 6 wte nurses and retain staff currently deployed</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Continue to receive advice from SG on the launch and progression of the national programme to inform, review and adapt local programme</li> </ol>	Medium	G Docherty
1924	Delivery of the Influenza Vaccination Programme 2020/2021	15/07/2020	Very High	<p>Controls:</p> <ol style="list-style-type: none"> <li>1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme</li> <li>2. Vaccination Transformation Programme Steering Group</li> <li>3. NHSL Vaccination Lead</li> <li>4. Collaborative approach with Infection Prevention &amp; Control</li> <li>5. Reporting through CMT</li> <li>6. Governance reporting through Population Health &amp; Primary Care Committee</li> <li>7. Initial test of change commenced as part of the managed services</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Develop and implement a plan based on current and predicted numbers of influenza vaccinations required</li> <li>2. Set out an outline for procurement of an external influenza booking system, seek approval and progress as early as possible.</li> </ol>	Medium	G Docherty

ITEM 7A

ITEM 7A

**v) Very High Graded Risks across NHSL as at 16<sup>th</sup> July 2020**

**Acute** There is one (1) very high graded risk 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"> <li>1. Part time short term Locum interventional radiologist in place.</li> <li>2. Site Contingency plans in place.</li> </ol> <p>Actions:</p> <ol style="list-style-type: none"> <li>1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas.</li> </ol>	J Park

**North / South Health & Social Care Partnership** There is one (1) very high graded risk for South Health & Social Care Partnerships through the Primary Care Implementation Plan and no very high graded risks within North Health & Social Care Partnership.

:

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><u>Controls</u></p> <ol style="list-style-type: none"> <li>1. Executive group established to highlight and enact potential solutions.</li> <li>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.</li> <li>3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years.</li> <li>4. GP recruitment and retention group meets regularly.</li> <li>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.</li> <li>6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board.</li> <li>7. Procurement of a community information system to optimise contribution to community services.</li> </ol> <p><u>Action</u></p> <ol style="list-style-type: none"> <li>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.</li> </ol>	V De Souza

ITEM 7A

**Business Critical Programme/Re-Design Risks Assessed as Very High**

One current risk from the Monklands Replacement Programme has been increased from high to very high during this reporting period as set out below.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1565	Failure to deliver a workforce model which supports NHS Lanarkshire's clinical model aspirations and longer term strategy.	06/09/17	Very High	<ol style="list-style-type: none"> <li>1. Working in close collaboration and engaging with all staff groups to identify efficient working practices and flexible workforce solutions based on the design of the technology-enabled hospital which allows safe and effective patient care to be delivered in the most efficient way.</li> <li>2. Undertake workforce scenario based planning in close collaboration with associated professional and service leads which will be evaluated based on affordability, adaptability and availability for approval by NHS Lanarkshire Board ahead of OBC submission. Updates will be reported to MROB members including Director of Finance.</li> <li>3. A communication strategy to leverage the benefits of the new digital hospital attracting staff to work there, becoming a hospital of choice. Harnessing all education and people development opportunities to ensure effective people development and succession planning, whilst embracing the wellbeing of employees.</li> <li>4. In recognition of the size and layout proposed for the new hospital including single rooms, it is anticipated that Nursing and Support Services will be the two staff groups most impacted by the proposed changes.</li> <li>5. Collaborative work with Senior Nursing colleagues and Project Team around single rooms and occupancy targets to project staffing numbers and skill mix required for new wards.</li> <li>6. Continue to work with PSSD to reflect additional workforce needs as part of FM strategy. Benchmarking data will be used to support this work.</li> <li>7. Continue to review scenarios following COVID-19 lessons learned review of 1:200 department designs. Initial outputs expected from the lessons learned review in September 2020.</li> <li>8. Explore advanced practice and flexible roles such as peripatetic care assistants and workers who seamlessly straddle health and social care to deliver services in communities, hospitals and homes.</li> </ol>	C Lauder

## ITEM 7A

It should be noted that the Primary Care Implementation Programme Risk Register is currently under review and when agreed through the Programme Board, will be transferred to the Organisation Risk Management system (Datix) by the end of September 2020.

### Monklands Business Continuity Risks Assessed as Very High

There are 8 very high graded risks on the Monklands business continuity risk register. These risks are 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	<ol style="list-style-type: none"> <li>1. Localised repairs above labs roof were completed previously (under FS2, FRR2 2014).</li> <li>2. Condition Report has been completed by GRAHAM the pitched roof has reached the end of it's serviceable life.</li> <li>3. Stage 1B design solution completed.</li> <li>4. CIG budget identified for Stage 2 repair works to progress in 20/21.</li> </ol>	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	<ol style="list-style-type: none"> <li>1. Control book holders are regularly briefed by a local Fire Officer on fire procedure.</li> <li>2. Regular training tailored to patient/ ward areas has been commissioned.</li> <li>3. Surgical Tower Cause and Effect re-programmed to reflect horizontal evacuation (completed June 2020) - fire alarm and door activation addressed.</li> <li>4. Medical Tower re-programming progressing in 20/21.</li> </ol>	J Paterson
1765	Fire compartment condition of area under the ward towers, ground and lower ground floor.	27/06/2019*	Very High	<ol style="list-style-type: none"> <li>1. FSW 7 works are progressing on site to improve 60mins compartmentation in the areas below the Towers. Works programmed to complete in September 2020.</li> </ol>	J Paterson
1789	Loss of RDVU service due to drainage issues	27/06/2019*	Very High	<ol style="list-style-type: none"> <li>1. NHSL has carried out works to remove damaged timbers, prevent re-ingress and isolate problematic lines.</li> <li>2. Surveys of drainage line within the area have been completed and condition status provided.</li> <li>3. Works progressing to relocate the Renal WC due to be complete in Aug 20.</li> </ol>	J Paterson
1825	Failure of condensate receivers	17/09/2019	Very High	<ol style="list-style-type: none"> <li>1. Detailed design solution prepared, reviewed and accepted- July 2020.</li> <li>2. CIG budget identified for replacement in 20/21.</li> </ol>	J Paterson
1850	Ward 16 - Ventilation not compliant with SHTM 03-01	20/01/2020	Very High	<ol style="list-style-type: none"> <li>1. GRAHAM/Cundall are currently progressing a Stage 1B design for replacement of the ventilation system.</li> <li>2. Phasing strategy to be developed with the stakeholder group in order to facilitate works.</li> <li>3. CIG budget identified for progressing works in 20/21.</li> </ol>	J Paterson
1851	Gaps in compliance with guidance for CoE patients facilities	20/01/2020	Very High	<ol style="list-style-type: none"> <li>1. NHSL have instructed initial improvement works to be completed by Graham Marshall.</li> <li>2. NHSL FO's have reviewed with the clinical team and management procedures are in place.</li> <li>3. Option appraisal for W14, 20, 21 &amp; 22 prepared by NHSL FO's.</li> <li>4. Action plan being developed.</li> </ol>	J Paterson

ITEM 7A

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1864	Loss of mains water	20/02/2020	Very High	1. Implementation of BCP for loss of water. 2. Survey completed to identify single points of failure for hospital services and findings issued to NHSL for review.	J Paterson

\* date transferred to datix.

**Major Incident: Covid-19 Very High Graded Risks**

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
FC/01	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.	14/04/20	Very High	A process for capturing expenditure implication of Covid-19 against every change is in place aligned to the mobilisation plan. We are linking with SG to ensure additional expenditure is fed back to them in the required format. We are participating in the weekly national finance calls to help shape national thinking and learn from others.	Strategic / Finance
CH/01	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.	07/04/20	Very High	Supporting Care homes which have an outbreak of Covid 19 Supporting via Care Home Liaison Service that now has additional capacity through the nursing bank Meeting between MD/CO of the H&SCP to review and increase ability to support care homes in these circumstances	Tactical / Care Home
CH/03	Testing asymptomatic care home residents as announced today by the First Minister may result in more care homes declaring a Covid outbreak and being closed. This may increase delayed discharge numbers putting additional pressure on acute site capacity and impacting on recovery plans	01/05/20	Very High	Group meeting to review cohorting and offsite solutions H&SCP asked to link with larger care homes to review ability to have red and green areas to allow part of the home to offer services to non Covid patients	Tactical / Care Home

## ITEM 7A

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/PHSC /18	There is a risk that the existing resources in community and primary care – both physical footprint and resources – will be overwhelmed by observing social distancing whilst standing back up services which involve significant numbers of people all requiring face to face consultation. Examples would include 100k flu vacs in an 8 week window; >10k smears/month; > 10k treatment room presentations/month; other immunisation programmes etc	07/05/20	Very High	A clinical reference group has been established to identify clinical prioritisation of which services to stand up first and the degree as to how much of it requires to be stood up. For example, does review of fragile diabetic patients, CHD patients; re-establishing treatment room services; etc trump national screening programmes. If national programme set up, do we prioritise some patients therein, e.g. certain age groups of women for smears? Regardless of mitigation, it is inevitable that current resources would not meet demand and observe social distancing.	Tactical / Clinical

. The Covid-19 very high graded risks are subject to continuous review and overseen through CMT

### Major Incident: EU Withdrawal Very High Graded Risk

ID	Title	Risk level (current)	Mitigating Controls	Command & Category
CL/PHSC /17	Finance - Potential increases in costs creating additional pressures on Financial sustainability, with immediate, medium and long term impact on our ability to deliver services	Very High	<ul style="list-style-type: none"> <li>• All associated financial management processes to be followed in terms of budgetary planning and monitoring.</li> <li>• Escalation of financial impact through the control mechanism. (Bronze, Silver, Gold etc)</li> <li>• Consider escalation to Scottish Government</li> </ul>	Strategic / Clinical

The EU Withdrawal risks are currently under review and will form a key part of the resilience workshop scheduled for 7<sup>th</sup> September, with a further scheduled review for November 2020 in assessing continuous preparation for the imminent deadline on trade deal(s) outcome and impact by December 2020.

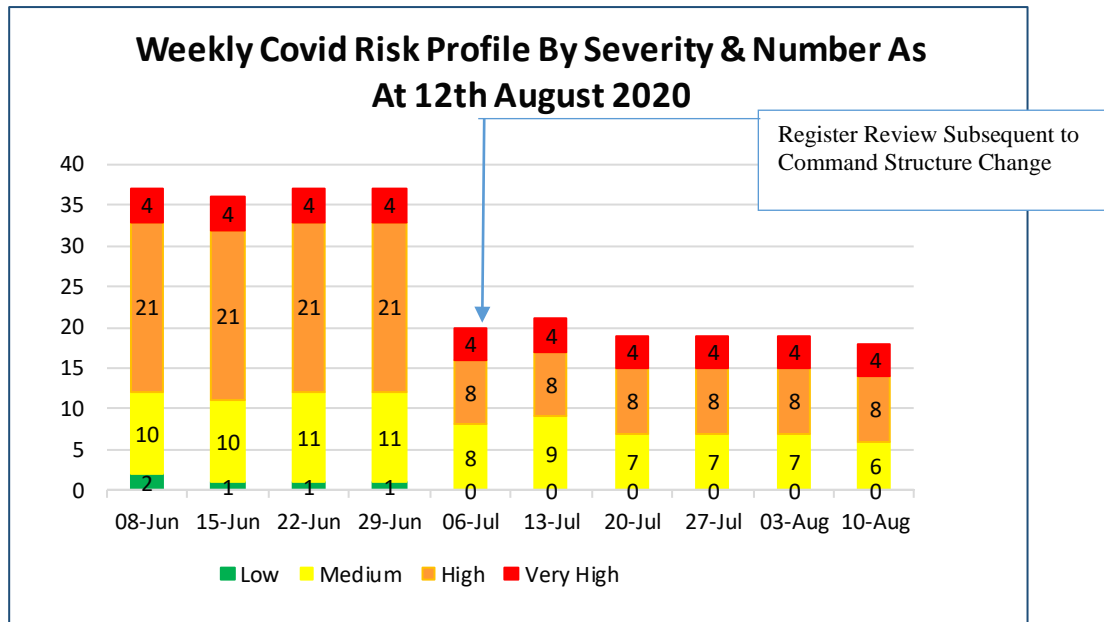
### vi) Risk Profile of Major Incident COVID-19 Risks as at 12<sup>th</sup> July 2020



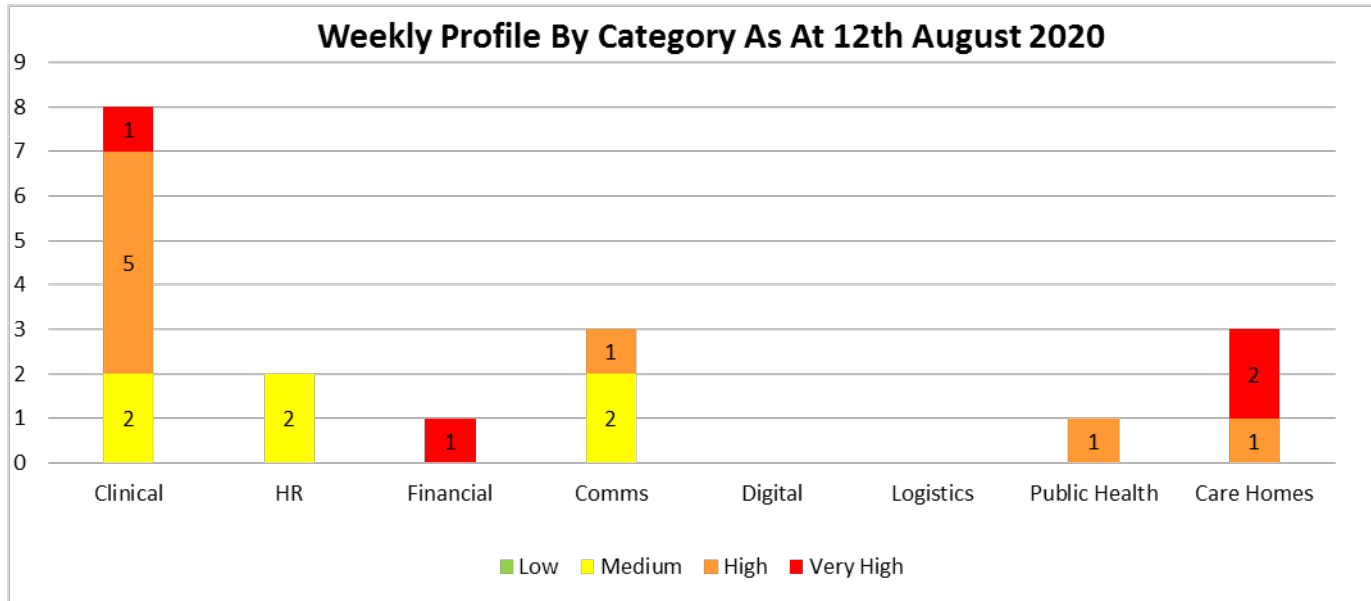
## ITEM 7A

Effective from 28<sup>th</sup> May, the Strategic command and appropriate other tactical groups have been suspended, with new public health tactical and operational groups, but remains 'live' in the event the groups have to be reconvened. Following discussion at CMT, it was agreed the Covid -19 risk register will now be overseen through CMT on a weekly basis. The most recent weekly report dated 12<sup>th</sup> August can be seen in appendix 3.

There are now 18 live risks directly related to COVID-19 on the major incident risk register. The risk profile is set out below by severity & number and also by category.



ITEM 7A



## vii) Assurance and Oversight During Emergency Footing

All corporate risks have an identified assurance committee that receives a risk report at every meeting. During the period of emergency footing, NHSL has revised its governance arrangement with the Planning, Performance and Resource Committee and the Population Health and Primary Care Committee being stood down, it remains the responsibility of the Board to provide that oversight until September 2020 when these Committees are re-enacted.

## 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
------	---	-----------	---	----------------	---

### *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

Planned improvement work has been suspended until NHSL has moved to recovery phase from the COVID-19 pandemic and realistic resuming of improvement work is agreed through CMT:

- Assurance Mapping
- Risk Register Protocols for Low Graded Risks on the Corporate Risk Register and Very High Graded Risks Across NHSL

A timeline for resuming current improvement work and new improvement work has been considered and agreed at CMT on 17<sup>th</sup> August 2020.

## 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

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		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 have been subject to discussion and have been reviewed in light of the COVID-19 pandemic. The governance committee reviews of the risk register will be adjusted throughout the emergency footing period, commensurate with the interim governance arrangements in place and resume again from September 2020.

**12. ACTIONS FOR THE BOARD**

Board members are asked to:

Approval		Endorse	x	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, noting the record of other changes in appendix 1
- Endorsement of the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance
- Noting the very high graded risks across NHSL
- Noting the Corporate Risk Register, accurate as at 12<sup>th</sup> August, set out in appendix 2
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks
- Noting the most recent Covid-19 risk register summary report prepared for CMT meeting on a weekly basis, dated 17<sup>th</sup> August 2020, appendix 3
- Noting the COVID-19 risk profile
- Noting the one (1) very high graded EU Withdrawal risk and the scheduled reviews pre December 2020
- Providing oversight for the risks that have either Planning, Performance and Resource Committee and the Population Health and Primary Care Committee identified as the assurance committee until a Board decision has been taken to re-enact the committees

**13. FURTHER INFORMATION**

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

Mrs H Knox  
Interim Chief Executive  
01698 858176

Mrs C McGhee  
Corporate Risk Manager  
01698 858094

Mr Paul Cannon  
Board Secretary  
01698 858181