NHS Lanarkshire
27th May 2020

Lanarkshire NHS Board
NHS Board
Kirklands
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk

NHS
Lanarkshire

SUBJECT: NHS LANARKSHIRE CORPORATE & COVID-19 RISK REGISTERS

1.   PURPOSE

This paper is coming to the Board:

For assurance	x	For endorsement		To note	x

2.   ROUTE TO BOARD
This paper has been:

Prepared	x	Reviewed		Endorsed	

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 April 2020, reporting on the corporate risk register accurate as at 16th April, with a focus on very high and high graded risks, including all very high graded risks across NHSL and major incident specific Covid-19 risks that are graded very high.

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.

Prior to this and 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, a risk analysis aligned to each clinical service has been undertaken to contribute to the recovery process that is now progressing through the new Redesign and Recovery Oversight Group.

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 (page 3 & 4) 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 21st May 2020 (page 5)

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 7 to 11)

iv) Set-out for consideration, any emerging 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 11 & 12)

v) Facilitate reference to the 26 risks set out in the NHSL Corporate Risk Register, accurate as at 21st May 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 13 to 15) and provide a copy of the daily gold command report referenced to the detailed COVID-19 risk register, see appendices 3 & 4

vii) Refer to the a paper considered by the Audit Committee at a meeting arranged for 20th May 2020, (page 16, Section 8) to be assured of the adequacy of the risk management systems during emergency footing and for recovery, see appendix 5.

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 26 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.

Closed Risks
No risks have been closed since the last reporting period.

Risks De-escalated To Level 2 or Level 3 Risk Registers
No risks have been de-escalated since the last reporting period.

New Corporate Risks Identified
Six (6) new Covid-19 specific risks have been identified and set out as below: Risk ID 1882 - There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwards movement of patients 'fit for transfer' to care homes (14 days isolation and 2 -ve tests pre transfer), protection of those shielded and are inpatients within acute wards and the number of care homes that are in outbreak situation and closed to admissions. This has the potential to impact on recovery planning for some clinical services that may require admission to acute care. This risk is assessed as **High** and is owned by C Campbell. --- Risk ID 1898 – There is a risk that existing Governance arrangements will not provide the Board with the necessary assurance and oversight of the response to COVID-19 and that the Senior Leadership Team will be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continue to service existing Governance arrangements and the range of Governance Committees. This risk is assessed as **Medium** and is owned by C Campbell. ---- Risk ID 1899 –There is a risk that recovery of services may not be progressed as expected due to the residual impact from Covid-19, including predicted 2nd wave and workforce capacity, increasing incidence and prevalence of community level of Covid-19 and TTIS; the requirement for zoning and safe distancing, hot and cold flows through hospital care, management and increased demand for some services (eg renal, respiratory and psychological services) resulting from complications of Covid-19, that could all impact on the overall delivery of safe, effective and person-centred care across NHSL. This risk is assessed as **High** and is owned by C Campbell. --- Risk ID 1903 – There is a risk that NHSL cannot deliver as expected on the national and local TTIS 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). This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases continuing to impact on morbidity and mortality across the population of Lanarkshire. This risk is assessed as **Very High** and is owned by G Docherty.

Risk ID 1904 - There is a risk that there is a lack of clarity regarding the recent change of accountability, role and function of the Board of NHSL, specifically Executive Nurse Director, for Care Homes and Care At Home resulting from the continuing impact from Covid-19. This has the potential to adversely impact on cost pressures, professional infrastructure, governance and assurance processes and ultimately the reputation of NHSL.

This risk is assessed as **Very High** and is owned by E Docherty.

Risk ID 1905 - There is a risk to NHSL staff, visitors and patients in the event of a fire due to change in the SFRS SOP from 6/5/2020. The response to automatic fire alarm activations at non-sleeping premises will be a single fire engine unless activation is accompanied by a 999 call confirming there is a fire.

This risk is assessed as **High** and is owned by C Lauder.

Material Note of Change for Risks Reviewed within this Reporting Period.
Material changes noted below:

Risk ID	Description of the Risk and Note of Change	Risk Owner
623	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 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; -increased health inequalities; -loss of and disruption to the delivery of health & social care; -short and longer term impact on the health and wellbeing of front-line staff. Note of Change Further change to the risk description, including the predicted 2nd wave of Covid-19. Both the risk level and the risk tolerance remain assessed as **Very High**.	G Docherty
1379	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 Note of Change At this point in time, this risk is reduced from **Very High** to **Medium** and is linked to the new risk ID 1882 as the bed availability has become the focus.	C Campbell

ii)   **NHSL Corporate Risk Register Profile as at 21st May 2020**

The corporate risk profile is shown for the period April 2019 to 21st May 2020 below:
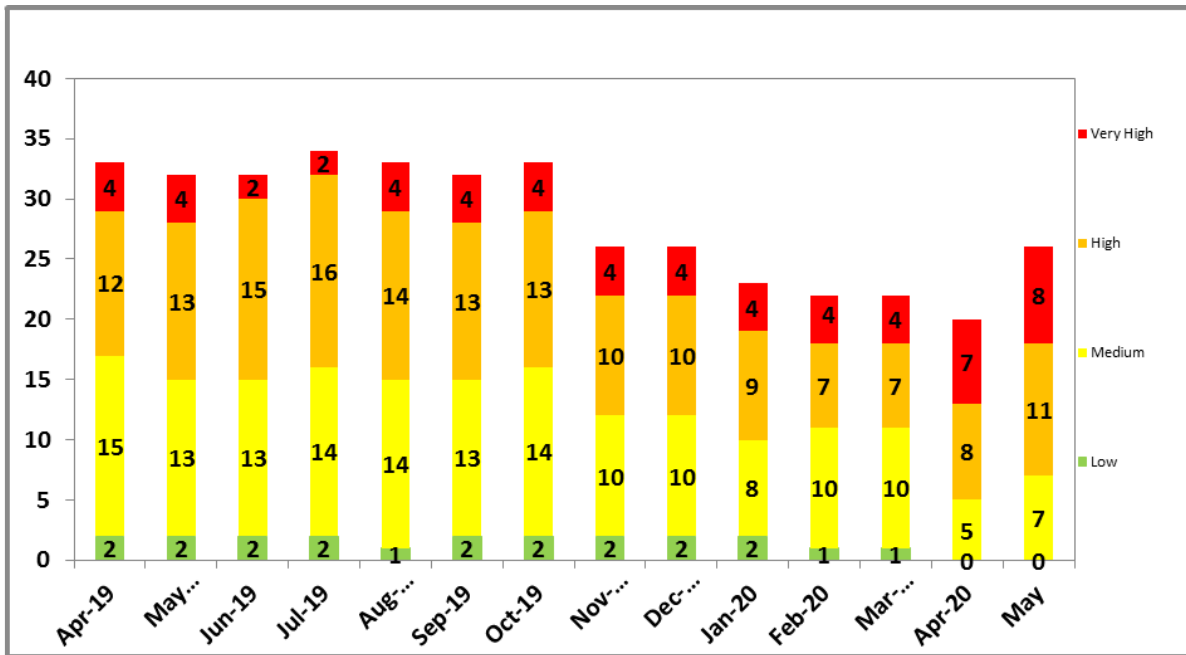
Risk Heat map

From the 26 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				3 ↓	1 ↔
	Likely	4			6 ↑	1 ↔	1 ↔
	Possible	3			4 ↑	4 ↔	
	Unlikely	2			1 ↑	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				3	2
	Likely	4			6	2	1
	Possible	3			4	5	
	Unlikely	2			1	2	
	Rare	1					

Whilst there are 19 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	• 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 21st May 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 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
623	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of COVID-19.	01/06/09	Very High	Controls 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 10. Redesign and Recovery Process approved and being implemented through the Redesign and Recovery Oversight Group and operational structure in place effective from 7th May 2020.	Very High	G Docherty
1904	Impact on Board of NHSL & Executive Nurse Director Role In Response to Changes by SG.	18/05/2020	Very High	Controls 1. Enhanced Care Home Liaison Team 2. Infection Prevention & Control Advisory Support 3. Approved Indemnity 4. Discussions on single assurance system with Chief Executives of NHSL, NLC&SLC Actions 1. Escalation to SG & Chief Nurse Directorate for clarity 2. Early mapping of impact and requirements 3. Setting - out proposals for reviewed professional infrastructure and associated financial modelling.	Very High	E Docherty
1903	Delivery of the essential TTIS programme of work.	18/05/2020	Very High	Controls 1. Partnership Oversight Board 2. NHSL TTIS group 3. NHSL Priority Testing Plan 4. Early identification of an initial workforce cohort 5. Purchase of additional analyser within local laboratory with capacity building Actions 1.Business case and planning for longer term requirements with financial modelling.	Very High	G Docherty

ID	Title	Opened Date	Risk level (current)	Mitigating Controls	Risk level (tolerance)	Risk Owner
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. Interim reconfigured service in place in response to COVID-19' including Community Hub, Community Assessment Centres, Video/Telephone Consultations 2. Mobilisation Plan 3. Redesign and Recovery Process approved and being implemented through the Redesign and Recovery Oversight Group and operational structure in place effective from 7th May 2020.	High	C Campbell
1815	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	14/08/19	Very High	Mitigating controls in operation until March 2020 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 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.	Very High	L Ace

285	Standing risk that external factors may adversely affect NHSL financial balance, specifically COVID-19	01/04/08	Very High	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.
				
				1. Regular Horizon Scanning
				2. Financial Planning & Financial Management
				3. Routine Engagement with external parties:
				   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	Controls 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 3. Redesign and Recovery Process approved and being implemented through the Redesign and Recovery Oversight Group and operational structure in place effective from 7th May 2020. Actions 1. Continue to receive further instructions from SG on emergency footing status	High	C Lauder

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	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. 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. 10. Redesign and Recovery Process approved and being implemented through the Redesign and Recovery Oversight Group and operational structure in place effective from 7th May 2020.	High	V DeSouza

Very High Graded Risks across NHSL as at 21st May 2020

Acute

There are five (5) 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	Controls: 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. Actions: 1. Ongoing discussions with the WoS Regional group. Paper being developed by Director of Regional Planning, expected early 2020.	J Park
1880	Anaesthetic Staffing	30/04/20	Very High	1. Additional Anaesthetics staff, locum agency or redeployment	S Peebles
1881	Bed Pressures	30/04/20	Very High	1. Highlight need for diversion of services to free up capacity.	S Peebles
1886	General Surgery – FY1 Staffing	30/04/20	Very High	1. Redeployment/Additional FY1s	S Peebles
1888	General Surgery – Middle Grade Staffing	30/04/20	Very High	1. Redeployment of Middle Grades from UHH and UHM	S Peebles

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	Controls 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. Action 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.

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

There are now 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	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
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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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.

Risk Profile of Major Incident COVID-19 Risks as at 21st May 2020

There are 39 live risks directly related to COVID-19 on the major incident risk register. These risks are collated daily by grading as shown below:
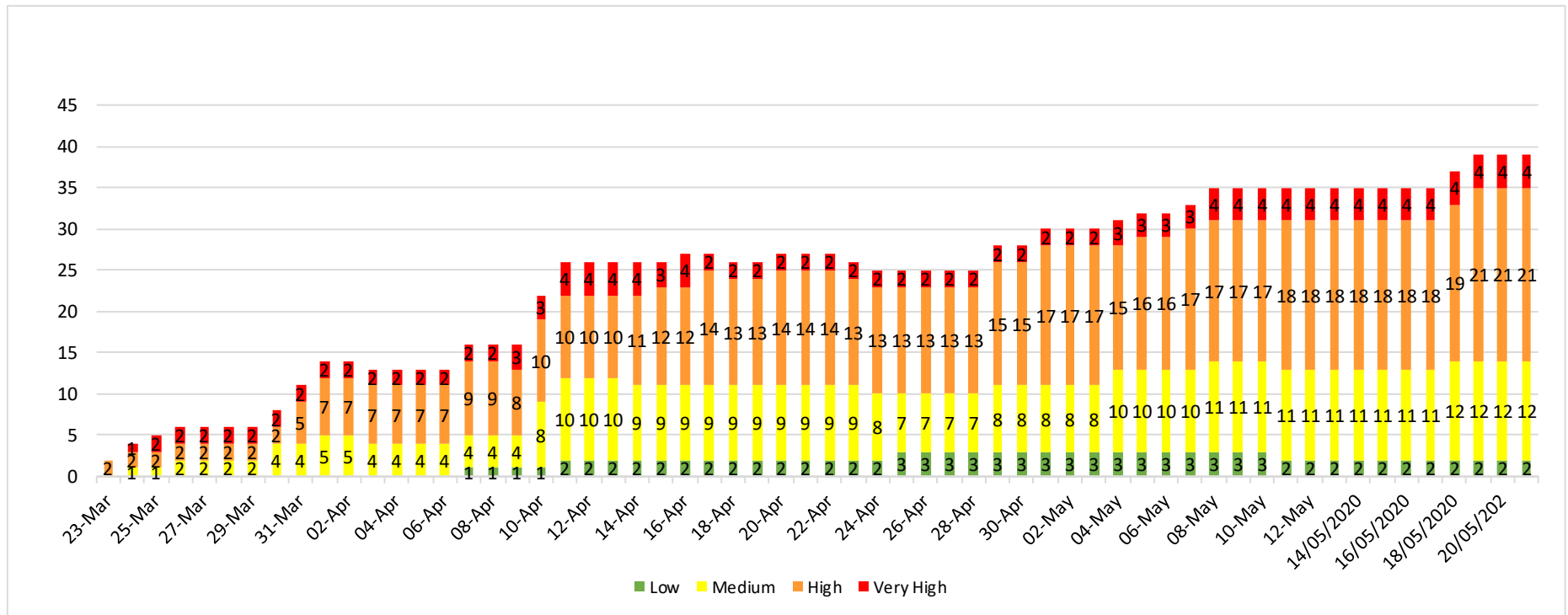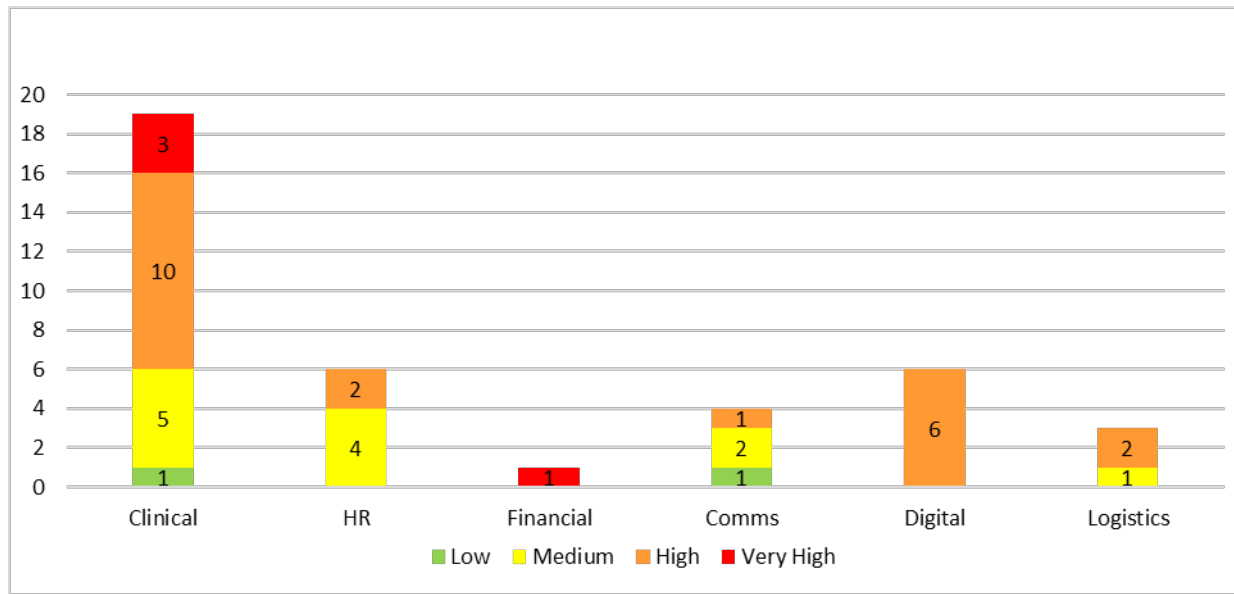
Risk Profile by Category as at 21st May 2020

The chart below sets out the number and grading by category as set out within the major incident planning.

Bar chart showing COVID-19 risks by category (Clinical, HR, Financial, Comms, Digital, Logistics) graded Low, Medium, High, Very High.

This information, with a summary of new risks, closed risks, and the very high (strategic) and high (tactical) risks are presented at every Strategic Command meeting. Report dated 21st May can be seen in appendix 3. For ease of viewing further detail, each risk within this report has been referenced to the COVID-19 risk register in appendix 4.

Major Incident: COVID-19 Very High Graded Risks

The very high graded risks are set out below and the full COVID-19 risk register can be seen in appendix 4.

ID	Title	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
CL/PHSC /06	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	Strategic / Clinical
CL/PHSC /15	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	Strategic / Clinical
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.	Strategic / Clinical

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

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

Good corporate governance requires assurance on the effectiveness and adequacy of the risk management systems contributing to the overall assurance process in the form of the annual governance statement.

Whilst on emergency footing and responding to the management and recovery from Covid-19, it has been essential to maintain adequate governance arrangements, including risk management. A new risk has been set out with the mitigation to ensure these arrangements are working as intended.

As part of the mitigation, the Audit Committee met on Wednesday 20th May to consider a paper prepared by the Corporate Risk Manager that set out the current risk management arrangements during the response to Covid-19, and in preparation for recovery. This paper is attached in Appendix 5. After consideration of this paper, the Audit Committee agreed that they were assured of the adequacy of the risk management systems in place during this time.

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 outcome of the governance review.

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
- Any other changes to the corporate risk register for this reporting period as recorded 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 21st May, set out in appendix 2
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks
- Noting the summary report prepared for every Strategic Command meeting, appendix 3
- Noting the COVID-19 Risk Register, accurate as at 21st May, set out in appendix 4
- Noting that the Audit Committee, through consideration of a paper in appendix 5, can confirm adequacy of the risk management systems in place during the covid-19 response and the recovery period.

13.   FURTHER INFORMATION

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

Mr C Campbell
Chief Executive
01698 858176

Mrs C McGhee
Corporate Risk Manager
01698 858094

Mr Paul Cannon
Board Secretary
01698 858181