NHS LANARKSHIRE INCIDENT RISK REGISTER TOOLKIT

INCIDENT	COVID-19	LOCATION	PAN LANARKSHIRE	START DATE	02/03/2020	CLOSED	

CREATED			REVIEWED		DESCRIPTION	RISK & THREAT ASSESSMENT				RISK CALCULATION			CONTROLS				
REF ID No	DATE	TIME	DATE	TIME		PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	AT RISK GROUP(S)	IMPACT	PROB.	RATE	ACTION	COMMAND OVERSIGHT	RISK OWNER COMMAND GROUP	MITIGATION & COMMENTS	STATUS
CL/PH/01	23/03/2020	13:00	09/04/2020	19:20	Ceased the supervision of opioid substitution therapy consumption within community pharmacies.	DEATH	INJURY	REPUTATION	STAFF & PATIENTS	5	3	15	MANAGE &MITIGATE	TACTICAL	CLINICAL	1) Addictions teams applying Covid 19 Substance Misuse prescribing guidance. (Prescribers providing phone/video contact with clients). 2) SOP for collection & delivery of ORT to clients self-isolating in place from 14/4/20 3) Addiction Services caseloads prioritised according to level of risk/complexity of needs. Frequency of contact with clients in response to their current level of priority. Escalation process in place if contact with client cannot be made or is broken dependant on level of risk/need. 4) Addictions services adopting vigorous risk assessment/risk management process & review in response to any change in	LIVE
CL/PH/02	25/03/2020	09:00	01/05/2020	16:30	Capacity of piped oxygen in hospitals may be incapable of meeting demand.	DEATH	PATIENT CARE	INJURY	PATIENT	5	1	5	MONITOR & MANAGE	OPERATIONAL	CLINICAL	NHSL is involved with National Task Force to consider this issue. Consider potential use of alternative equipment for patients with lower O2 needs to support ventilator capacity. Situation is under continual monitoring. Local task force is established. Site plans and audits are now in place. All sites are now monitored and O2 use has not risen above 20% on UHH&W and has not risen above 26% at UHM. The likelihood has therefore further dropped.	LIVE
CL/PH/04	07/04/2020	16:00			There is a risk that NHSL may not be able to secure the medications necessary for the increased ITU capacity.	DEATH	REPUTATION	REPUTATION	PATIENT	5	2	10	MANAGE &MITIGATE	TACTICAL	CLINICAL	Dr Burns and Christine Gilmour (DOP) have been in discussion. Through advanced planning there is currently sufficient supply of the 9 most commonly used medications for the increase in ITU beds, with the usual just in time supply chain replenishing the supply going forward. This has reduced the risk from very high to the current level	LIVE
CL/PHSC/05	07/04/2020	16:05			Independent contractor staff working within the Covid Assessment Centres may wish to bring their own PPE and if not able to do the same will not provide the service. There is a need to keep patients and staff safe and ensure service delivery.	DISRUPTION	PATIENT CARE	REPUTATION	STAFF & PATIENTS	3	1	3	TOLERATE & MONITOR	OPERATIONAL	CLINICAL	Decision at Gold Command that: 1) PPE will be provided to HPS Guidance level. 2) Where staff wish to wear their own PPE, IPCT will give a view on the suitability of the PPE. 3) If it meets or exceeds HPS Guidance level they will be allowed to use their own PPE. 4) If it does not meet 3) above, the use of the personal PPE will not be supported and staff will be asked to use the PPE provided or leave the area.	LIVE
CL/PHSC/06	07/04/2020	16:11	01/05/2020	16:41	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.	PATIENT CARE	DISRUPTION	REPUTATION	PATIENT	5	5	25	ADDITIONAL CONTROLS	STRATEGIC	CLINICAL	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.	LIVE
CL/PHSC/07	09/04/2020	18:30			The Covid Act allows easement of the AWI(S)A 2000. As an additional safe guard, this part of the Act will not come into force unless agreed by the Minister for MH. There is a risk that if patients who are waiting for guardianship are not moved, that they will be at increased risk and that beds will not be freed in time to meet the Covid related	PATIENT CARE	DISRUPTION		PATIENT	3	3	9	MONITOR & MANAGE	OPERATIONAL	CLINICAL	Work has been undertaken by the partnerships to prepare these patients to move. The Silver group has been tasked with deciding on a trigger point to approach the Minister for agreement to ease the AWIA.	LIVE
CL/AC/08	09/04/2020	18:40	01/05/2020	16:35	There is a risk that ITU capacity will fall short of that needed during the pandemic.	PATIENT CARE	DEATH	REPUTATION	PATIENT	5	2	10	MANAGE &MITIGATE	TACTICAL	CLINICAL	The ITU capacity has been increased in line with the mobilisation plan. Modelling work ongoing with University of Strathclyde and nationally to better understand the need. Detailed workforce modelling is being undertaken to understand the staffing needed to move to 80 and 98 ITU beds in Lanarkshire. The outcome of this modelling will alter risk level. Peak of the current wave of the pandemic appears to have passed and demand reducing therefore likelihood reduced.	LIVE
CL/CRG/09	09/04/2020	18:50			NHSL has taken the decision, in line with the Resuscitation Council UK recommendations that FFP3 level of PPE is required when CPR. This may result in a delay in full CPR being delivered.	REPUTATION	DEATH	REPUTATION	PATIENT	5	2	10	MANAGE &MITIGATE	TACTICAL	CLINICAL	Guidance has been issued regarding new Resusc advice which will allow shocks to be delivered where appropriate, ahead of staff donning appropriate PPE to administer chest compressions. Key staff in community areas such as hubs and CACs are being face fit tested to allow a cohort of staff in these areas to be able to give CPR in line with guidelines Necessary PPE available on hospital sites already review in light of any new evidence at Gold command.	LIVE

CLINICAL

CL/PHSC/10	10/04/2020	09:00			Temporary cessation of oral health improvement programmes in nurseries, schools, communities and dental practices e.g. Childsmile, toothbrushing programmes, and routine dental appointments.	DISRUPTION	PATIENT CARE	REPUTATION	PUBLIC	2	4	8	MONITOR & MANAGE	OPERATIONAL	CLINICAL	Oral health messages promoted to children and families, diet and toothbrushing, via online platforms Ensure families are aware of how to access urgent dental care, their GDP will be the first port of call in an emergency.	LIVE
CL/AC/11	10/04/2020	12:30	01/05/2020	16:30	There is a risk that availability of RRT machines will inhibit the expansion of ITU capacity. Data from China suggests 10-30% of ITU patients with COVID 19 will require RRT. Lanarkshire figures are currently 30-40% of patients. NHSL currently has 10 machines. To increase the ITU bed base to 70 across NHSL and model on 30% usage we would require 21 machines at the peak. There is a risk that due to high national usage, our ITUs may run out of Haemofiltration Circuits. This could lead to patients in renal failure deteriorating and possibly could lead to the death of some patients.	DEATH	PATIENT CARE	REPUTATION	PATIENT	5	1	5	MONITOR & MANAGE	OPERATIONAL	CLINICAL	This risk can potentially be managed in the event of additional machines not arriving: 1) Further HD points in UHM main ICU to allow more patients to be managed with this modality. This would require security of the renal nurse workforce or upskilling of other workforce. 2) Intermittent haemofiltration or haemodiafiltration can be delivered via the Prismaflex machines. This entails greater workload and consumption of consumables and in some patients may not be feasible. 3) Some reports from England indicate peritoneal dialysis is being used. This would require surgical placement of catheters and involvement of renal physicians in managing treatment as there is no experience of this modality in Lanarkshire ICUs. 4) Interhospital transfer of Prismaflex machines. This carries risk of damage to delicate components and would require a carefully described and enacted process to minimise this risk with appropriate packaging and handling. SBAR to silver command to carry forward recommendations to support mitigations above. Extra Haemofiltration Circuits have been sourced. More patients are being put on Haemodialysis at UHM, freeing up circuits. We have now at least 2 weeks of supplies Facilities for Haemodialysis are being commisioned at Hairmyres and Wishaw which will act as an alternative for Haemofiltration. This should be in place in 2 weeks. Currently have capacity to deliver the required RRT. Additional Renal Dialysis machines will be available from mid-May.	LIVE
CL/AC/12	28/04/2020	11:00			There is a risk of delay in transfer of patients to care homes, despite being 'fit to transfer', as the implementation of the HPS guidance requires 14 days of isolation and 2 negative tests before transfer, impacting on available beds.	PATIENT CARE	DISRUPTION	REPUTATION	PATIENT	3	4	12	MANAGE &MITIGATE	TACTICAL	CLINICAL	Currently monitoring impact as numbers are fairly low at present Proposal to capture this through trackcare being developed.	LIVE
CL/AC/13	28/04/2020	11:00			There is a risk of reduced bed availability across sites as they strive to protect shielded persons when they are inpatients.	PATIENT CARE	DISRUPTION	REPUTATION	PATIENT	3	4	12	MANAGE &MITIGATE	TACTICAL	CLINICAL	Silver command have set out interim guidance to cohort shielded patients. This is being considered by sites and awaiting comments to move to approved guidance.	LIVE
CL/HSCP/14	30/04/2020	16:00			There is a risk that if enhanced PPE (table 4, HPS guidance) is required for delivery of all community health and social care (including care home support) as a result of the predicted population prevalence of COVID-19 with potential for sustained transmission, that demand for PPE could outstrip supply, impacting on safety for staff and patients across NHSL.	PATIENT CARE	REPUTATION	NON COMPLIANCE	PEOPLE & ORGANISATION	4	3	12	MANAGE &MITIGATE	TACTICAL	CLINICAL	Continuous risk assessment Discussions with NHS procurement Escalation to Strategic Command for considered advise and direction on approach	LIVE
CL/PHSC/15	01/05/2020	17:06			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.	DISRUPTION	PATIENT CARE		PATIENT	5	5	25	ADDITIONAL CONTROLS	STRATEGIC	CLINICAL	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	LIVE
CL/AC/16	04/05/2020	10:30			There is a risk that NHSL does not have the capacity to immediately comply with the national testing programme at both local and regional laboratory level, with the potential for non-compliance with the imminent Test, Trace & Isolate (TTI) programme as this is workforce intensive.	NON COMPLIANCE	PATIENT CARE	REPUTATION	STAFF & PATIENTS	3	5	15	MANAGE &MITIGATE	TACTICAL	CLINICAL	Interim guidance Guidance on COVID-19 Testing Prioritisation in NHSL Acute Hospitals Awaiting delivery of analyser Preparing for implementation of TTI, including mobilising of military units to support testing	LIVE
CL/PHSC/17	06/05/2020	15:42			Approximately 200 children, some of whom have learning disabilities and autism are in pain from dental caries or associated infection and are unable to access urgent dental treatment under general anaesthesia. A significant number have had 4-5 antibiotics as palliative measures but are now urgently requiring treatment. There is a risk that if we are not able to reinstitute treatment that some of these children will suffer systemic complications.	PATIENT CARE			PATIENT	3	4	12	MANAGE &MITIGATE	TACTICAL	CLINICAL	These patients are being managed by a combination of advice, analgesia and antimicrobials but these measures are beginning to fail. In addition a small number of young children have attempted to have treatment carried out with local anaesthesia but this has proved very traumatic for the children, their parents and indeed the clinicians involved	LIVE
CL/PHSC/18	07/05/2020	11:30			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.	PATIENT CARE	REPUTATION	DEATH	STAFF & PATIENTS	5	5	25	ADDITIONAL CONTROLS	STRATEGIC	CLINICAL	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.	LIVE

CL/AC/19	18/05/2020	11:45			There is a risk that the Laboratories with are involved with Covid 19 testing (Microbiology and Histopathology) and Covid 19 antibody testing (Biochemistry) will be become overwhelmed as normal NHSL activity starts to resume. This could result in delays to turnaround times which could impact on patient care.	PATIENT CARE	DISRUPTION	NON COMPLIANCE	PATIENT	4	3	12	MANAGE &MITIGATE	TACTICAL	CLINICAL	Laboratories are currently considering staff rotas to ensure that adequate numbers of staff are available. Biochemistry are considering moving testing for some specialist samples to UHH and UHM to allow Covid 19 antibody testing to be undertaken in UHW Microbiology and Histopathology are increasing their out of hours cover to meet the demands of Covid 19 testing and still maintain throughput of non Covid 19 samples.	LIVE
CL/AC/20	18/05/2020	11:45			There is a risk that the Laboratories which are involved with Covid 19 testing will not have a robust supply of the reagents required to carry out testing. This could result in fewer Covid 19 being tested which will impact on patient care, bed management and sickness absence levels within NHSL.	PATIENT CARE	DISRUPTION	NON COMPLIANCE	PATIENT	2	3	6	MONITOR & MANAGE	OPERATIONAL	CLINICAL	Microbiology are in the process of validating another analyser which will increase Covid 19 test capacity. This analyser also has a more secure reagent supply chain. Histopathology are currently moving to implement Covid 19 testing on two of the HPV analyser platforms. This will increase testing by a further 700 samples / day. This platform has a robust reagent supply chain.	LIVE
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HR/01	24/03/2020				Workforce supply if demand exacerbated by high absence rate and clinical workload exceeds capacity. Service delivery may be compromised.	DEATH	INJURY	PATIENT CARE	STAFF & PATIENTS	5	3	15	MANAGE &MITIGATE	TACTICAL	HUMAN RESOURCES	1) Redeployment of staff with key skills into vulnerable areas. 2) Recruiting to boost bank, fixed term and substantive posts. 3) Recruitment process fast track system in place. 4) Addition HR resource dedicated to support recruitment. 5) Link with retired or due to retire colleagues to return/remain in work place. 6) Retraining and up skilling of staff to work in key areas. 7) Media campaign across traditional an social media for recruitment and volunteers. 8) Bank staff offered fixed term contracts to incentivise additional working. 9) Supporting NES employment of final year medical, nursing and AHP.	LIVE
HR/O2	24/03/2020				Streamlined recruitment process with fast tracked premeployment is less robust than standard process.	DEATH	INJURY	NON COMPLIANCE	STAFF & PATIENTS	4	2	8	MONITOR & MANAGE	OPERATIONAL	HUMAN RESOURCES	1) All employees to complete a disclaimers and provide reference. 2) Full pre-employment checks will completed when in post. 3) Falsification of information will lead to disciplinary action.	LIVE
HR/03	30/03/2020				In the absence of a formal face to face Corporate induction programme there is a risk that some staff do not complete their online learning before commencing employment in the organisation.	INJURY	NON COMPLIANCE	PATIENT CARE	STAFF & PATIENTS	2	2	4	MONITOR & MANAGE	OPERATIONAL	HUMAN RESOURCES	1) All new staff currently booked to attend the Corporate Induction programme and their line managers were contacted by email to confirm cancellation. Induction checklists were sent to managers, this includes information on compulsory learning requirements. All new staff have been sent their LearnPro numbers and guidance on how to access the system. 2) A notification to be circulated via the Daily Covid-19 brief to alert managers to the change of current corporate induction delivery and remind managers to ensure staff complete compulsory learning. 3) Additional guidance will be included in the HR guidance for managers advising of the temporary changes to Corporate Induction programme. 4) All new staff commencing employment via Bank are currently being provided with an overview of the online learning required before commencing employment – this is a continuation of the current process. 5) Temporary LearnPro access numbers will be issued to staff in the paperwork/appointment letter issued by Human Resources, this will ensure there is no delay in new staff commencing these modules.	LIVE
HR/04	30/03/2020				Withdrawal of public transport affecting staff attendance	DISRUPTION	PATIENT CARE		STAFF & PATIENTS	2	2	4	MONITOR & MANAGE	OPERATIONAL	HUMAN RESOURCES	Engage with Logistics to seek solutions and work with public transport providers and other agencies as appropriate. Although there was some early changes to public transport further changes were made to accommodate shift patterns.	LIVE
HR/06	09/04/2020	11:30			There is a lack of overall strategy around the range of elements of COVID testing, pace of testing and the person-dependent aspect of reporting of test results taken through the Glasgow Airport centre, creating delays for effective staff management.	DISRUPTION	PATIENT CARE	REPUTATION	PEOPLE & ORGANISATION	3	4	12	MANAGE &MITIGATE	TACTICAL	HUMAN RESOURCES	1. Criteria for testing 2. Increased laboratory capacity 3. Incremental programme of testing in place 4. PH surveillance 5. National Testing @ Glasgow Airport with workaround on receiving outcomes from testing	LIVE
HR/07	28/04/2020	15:00			There is a concern that due to low levels of annual leave taken in the March/April 2020, that all staff leave will not be taken in 2020/21. This may present a financial and service delivery risk for 2020/21 and / or 2021/22.	FINANCIAL	PATIENT CARE	REPUTATION	PATIENT	3	3	9	MONITOR & MANAGE	OPERATIONAL	CLINICAL	Developing guidance for managers. Analysed current position and recommended 17% annual leave level for rest of year. Further analysis to be undertaken in August and November 2020.	LIVE
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FC/01	14/04/2020	16:30			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.	FINANCIAL	REPUTATION	LEGISLATIVE DUTIES	ORGANISIATION	5	5	25	ADDITIONAL CONTROLS	STRATEGIC	FINANCE	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.	LIVE
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COM/01	09/04/2020	16:00			Risk of conflicting or out-of-date information being shared to staff via the various platforms the guidelines could be posted/shared on.	PATIENT CARE	REPUTATION			3	3	9	MONITOR & MANAGE	OPERATIONAL	COMMS	1) Fast tracking the creation of an NHS Lanarkshire App for clinical guidelines. 2) Review of COVID-19 clinical guidance on FirstPort and creation of a dedicated section for the guidelines managed by Knowledge Services. Signposting the COVID-19 section of FirstPort. 3) Then to the to the app, once available, from the Daily Briefing.	LIVE
COM/03	09/04/2020/	16:00	22/04/2020	15:00	Risk of disruption and reputational issues around lack of clarity on PPE which could affect safety and staff morale.	PATIENT CARE	REPUTATION		PEOPLE & ORGANISATION	1	3	3	TOLERATE & MONITOR	OPERATIONAL	COMMS	Daily Briefing as the main source of new information on PPE content approved by Gold Commander Review of PPE guidance on FirstPort. - PPE Q&A being developed.	LIVE
COM/04	22/04/2020	15:00			Reputational risk re testing in light of further communications requirements and feedback of lack of staff knowledge and understanding	REPUTATION			ORGANISIATION	2	2	4	MONITOR & MANAGE	OPERATIONAL	COMMS	Update and reissue information on testing in staff briefing. Provide further updates to staff as required.	LIVE
COM/05	06/05/2020	17:00			COVID-19 poses a significant risk to the sustainability of care home services with any impacts likely to be widely felt across both HSCPs and the wider partnership. This could lead to severe service disruption and has the potential to lead to reputational damage in the eyes of the media, public and service users.	REPUTATION	PATIENT CARE		ORGANISIATION	4	3	12	MANAGE &MITIGATE	TACTICAL	COMMS	A detailed, and wide ranging, communications plan is being developed. This will outline how positive media releases will be crafted to increase the amount of positive media coverage of pan-Lanarkshire care homes. The comms plan will also detail the process for responding to negative media enquiries and clearly set out a streamlined and flexible approval process for all comms activities.	LIVE
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REF ID No	DATE	TIME	DATE	TIME		PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	AT RISK GROUP(S)	IMPACT	PROB.	RATE	ACTION	COMMAND OVERSIGHT	RISK OWNER COMMAND GROUP	MITIGATION & COMMENTS	STATUS
IDT/03	31/03/2020	09:30	20/04/2020	08:30	There is a risk that eHealth staff could be exposed to COVID if no sustainable supply of PPE is available.	DEATH	INJURY	DISRUPTION	STAFF	5	2	10	MANAGE &MITIGATE	TACTICAL	INFO. & DIGITAL TECH.	Staff follow rules re social distancing. Initial supply of PPE sourced. Staff to be supplied with PPE as required based on the work being undertaken. Risk remains open. The hotspot area for eHealth in this regard is A&E reception staff who are still to receive PPE or be trained in its use. Whilst the staff are partially protected by a glass screen they have to dispense face masks to potentially covid patients through a gap in the screen. They also come into contact with clinicians who are treating Covid patients. Risk to remain unchanged. Whilst additional controls are in place in respect of A&E at the 3 main sites confirmation is required in respect of having an established supply chain and whether current controls comply with infection control standards.	LIVE
IDT/04	31/03/2020	09:30	07/05/2020	14:50	"Given the changes in the Health Boards Infrastructure that are being implemented in support of service developments in response to Covid -19 and an increase in the external threat level informed by NCSC, there is an increased risk to Cyber security."	PATIENT CARE	DISRUPTION	REPUTATION	PEOPLE & ORGANISATION	3	4	12	MANAGE &MITIGATE	TACTICAL	INFO. & DIGITAL TECH.	All technical changes will be evaluated as part of change control and security risks evaluated as part of this process. Comms sent to staff to alert them of email phishing attempts and fake websites, general cyber security tips for awareness, home working policies and guidelines for using Teams and not to use Zoom where possible. Additional mitigations to be added reflect the work eHealth has done in respect of Network and Information Security Regulations (NIS), 80% to 90% compliant. Also achievement of Cyber essentials accreditation. Following review 06 05 2020, it has been requested that the risk statement be changed to reflect the increase in the cyber security threat level based on national guidance from National Cyber Security Centre (NCSC), i.e. "Given the changes in the Health Boards Infrastructure that are being implemented in support of service developments in response to Covid -19 and an increase in the external threat level informed by NCSC, there is an increased risk to Cyber security."	LIVE
IDT/06	17/04/2020	14:55	24/04/2020	08:30	There is an Information Governance risk which applies to GP practices that have created additional Key Information Summary (KIS) Records, without patient consent in accordance with CMO guidance. In certain instances, where the patient records contain highly sensitive clinical information, the latter will be shared with other systems and services.	NON COMPLIANCE	REPUTATION		PATIENT	4	3	12	MANAGE &MITIGATE	TACTICAL	INFO. & DIGITAL TECH.	Issue has been reported to the ICO for advice and guidance by the Boards DPO, 17th of April. Issue will be raised nationally through NSS given the national dimension in respect of initial guidance, as well as the likely impact in respect of other Health Boards. Additional mitigations to be added: The SBAR outlining the issue has been shared with Scottish government given that it is believed this risk will also affect other Boards. The Data Protection Manager had forwarded the issue to the CLO for advice.	LIVE
IDT/07	30/04/2020	15:40	07/05/2020	14:50	There is a risk that due to the instability and performance problems within the Microsoft Teams platform, key information is missed or interpreted incorrectly leading to decision making on business and clinical issues being compromised.	PATIENT CARE	DISRUPTION	REPUTATION	PEOPLE & ORGANISATION	3	4	12	MANAGE &MITIGATE	TACTICAL	INFO. & DIGITAL TECH.	Work is ongoing with support partners to establish the root cause of the problem and provide resolution. Staff have been asked to retain telephone conference options for critical meetings which require key decisions to be made. Following additional remedial work, involving suppliers, Team performance has stabilised from 06/05/2020. Additional diagnostic tools have been deployed to more closely monitor performance going forward.	LIVE
IDT/08	14/05/2020				There is a risk that end users, using unauthorised software, could access the Health Board network. This has been highlighted by the use of remote access software "Splashtop" by a single GP Practice in NHSL.	DISRUPTION	PATIENT CARE	NON COMPLIANCE	STAFF & PATIENTS	3	4	12	MANAGE &MITIGATE	TACTICAL	INFO. & DIGITAL TECH.	Remote access using the software identified has been ceased by changes to local infrastructure. Work is underway to identify other instances of similar software that may be being used to access the Boards network. Continued rollout of the Health Boards managed solution for remote access.	LIVE
IDT/09	14/05/2020				There is a risk caused by the increase in SMS text messaging usage within the Health Board following the Covid outbreak in March. The increased usage has led a 900% increase in costs between February and March this year. There is also concern about the volume of texts being sent to patients and that the purposes are in line with Information Governance legislation.	FINANCIAL	PATIENT CARE	LEGISLATIVE DUTIES	PEOPLE & ORGANISATION	3	4	12	MANAGE &MITIGATE	TACTICAL	INFO. & DIGITAL TECH.	SBAR prepared for Silver command group, tabled 13/05/2020 Highest users contacted in respect of usage. SBAR to be shared with Silver Clinical group	LIVE
												0	0	0			

CLINICAL

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												0	0	0			
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NHS LANARKSHIRE INCIDENT RISK REGISTER TOOLKIT

INCIDENT	COVID-19	LOCATION	PAN LANARKSHIRE	START DATE	02/03/2020	CLOSED	

CREATED			REVIEWED		DESCRIPTION	RISK & THREAT ASSESSMENT				RISK CALCULATION			CONTROLS				
REF ID No	DATE	TIME	DATE	TIME		PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	AT RISK GROUP(S)	IMPACT	PROB.	RATE	ACTION	COMMAND OVERSIGHT	RISK OWNER COMMAND GROUP	MITIGATION & COMMENTS	STATUS
LOG/PRO/01	23/03/2020	13:00	19/05/2020	08:30	There is a risk that we have a shortage or exhaust supplies of PPE for protection against COVID 19.	DEATH	INJURY	NON COMPLIANCE	STAFF	2	3	6	MONITOR & MANAGE	OPERATIONAL	LOGISTICS	We are taking daily (moving to twice daily) stock counts of critical PPE in our acute hospitals to understand our stock on hand position. 1) We are using the stock on hand data to allow us to manage supply between hospital departments and areas. 2) We are also using the data to model and forecast consumption rates to allow us to forward forecast demand. 3) We are in the process of extending the stock counting process to the primary care areas and new community assessment centres. 4) We have are implementing a local PPECovid email box to channel all extraordinary requests for triage to respond quickly to any shortages. 5) We continue to communicate with our colleagues at the National Distribution Centre to express our ongoing requirements. 6) We are actively sourcing alternative direct supply of some products. 7) We are continuing to enforce the message that PPE should only be used appropriately in line with HPS guidance. 8) Delivery of PPE has been sporadic and, given the fragility of the supply chain, there is potential for business dis-continuity. The situation has improved during mid-April with clear lines of communication between NHSL and NDC. No lines of PPE have been exhausted, with masks, gloves and aprons in good stock. Supply of gowns remains problematic. Supply of gowns has now also been secured.	LIVE
LOG/PSSD/03	10/04/2020	08:50			Change to New National Clinical waste Contract during current Covid - 19 Crisis	NON COMPLIANCE	DISRUPTION		ORGANISIATION	4	3	12	MANAGE &MITIGATE	TACTICAL	LOGISTICS	Discussions with NSS as to concerns from Board over the change from clinical waste contingency arrangements to new clinical waste contract have taken place. JP Issued a letter of concern from Chief Executive to NSS highlighting the risks associated. NSS to carry out a risk review with NHS Lanarkshire. Date to be confirmed.	LIVE
LOG/PSSD/04	06/05/2020	09:00			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.	DEATH	DISRUPTION	PATIENT CARE	STAFF & PATIENTS	4	3	12	MANAGE &MITIGATE	TACTICAL	LOGISTICS	Risks associated cannot be mitigated as fire evacuation procedures cannot require staff to remain in premises once the fire alarm has been activated. NHSL Gold Command will escalate to the Chief Officer of SFRS and through the NHS Chief Executives Group. A scripted message for staff to use on the telephone call to SFRS advising they are unable to confirm whether or not there is a fire will be considered.	LIVE
																	LIVE
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CLINICAL

												0	0	0			
												0	0	0			
												0	0	0			

Clinical

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	0	1	1
Death	5	2	1
Property Damage	0	0	0
Financial	0	0	1
Non Compliance	1	0	3
Legislative Duties	0	0	0
Disruption	3	7	0
Reputation	1	3	11
Patient Care	10	6	0
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	1
ORGANISIATION	0
PUBLIC	1
STAFF	0
PATIENT	14
STAFF & PATIENTS	4
ALL	0
OTHER	0

RATE
3 Red
11 Amber

Command Group totals
3 STRATEGIC
11 TACTICAL
6 OPERATIONAL

HR

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	1	2	0
Death	2	1	0
Property Damage	0	0	0
Financial	1	0	0
Non Compliance	0	1	1
Legislative Duties	0	0	0
Disruption	3	0	0
Reputation	0	0	2
Patient Care	0	3	3
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	1
ORGANISIATION	0
PUBLIC	0
STAFF	0
PATIENT	1
STAFF & PATIENTS	5
ALL	0
OTHER	0

RATE
0 Red
2 Amber

Command Group totals
0 STRATEGIC
2 TACTICAL
5 OPERATIONAL

Financial

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	0	0	0
Death	0	0	0
Property Damage	0	0	0
Financial	1	0	0
Non Compliance	0	0	0
Legislative Duties	0	0	0
Disruption	0	0	0
Reputation	0	1	0
Patient Care	0	0	0
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	0
ORGANISIATION	1
PUBLIC	0
STAFF	0
PATIENT	0
STAFF & PATIENTS	0
ALL	0
OTHER	0

RATE
1 Red
0 Amber

Command Group totals
1 STRATEGIC
0 TACTICAL
0 OPERATIONAL

Comms

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	0	0	0
Death	0	0	0
Property Damage	0	0	0
Financial	0	0	0
Non Compliance	0	0	0
Legislative Duties	0	0	0
Disruption	0	0	0
Reputation	3	2	0
Patient Care	2	1	0
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	1
ORGANISIATION	3
PUBLIC	0
STAFF	0
PATIENT	0
STAFF & PATIENTS	0
ALL	0
OTHER	0

RATE
0 Red
1 Amber

Command Group totals
0 STRATEGIC
1 TACTICAL
4 OPERATIONAL

InfoDigitalTech

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	0	1	0
Death	1	0	0
Property Damage	0	0	0
Financial	0	0	0
Non Compliance	1	0	1
Legislative Duties	0	0	0
Disruption	2	3	1
Reputation	0	1	2
Patient Care	3	2	0
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	4
ORGANISIATION	0
PUBLIC	0
STAFF	2
PATIENT	1
STAFF & PATIENTS	2
ALL	0
OTHER	0

RATE
0 Red
6 Amber

Command Group totals
0 STRATEGIC
6 TACTICAL
2 OPERATIONAL

Logistics

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	0	1	0
Death	3	0	0
Property Damage	0	0	0
Financial	0	0	0
Non Compliance	1	0	1
Legislative Duties	0	0	0
Disruption	0	2	0
Reputation	0	0	1
Patient Care	0	1	1
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	0
ORGANISIATION	1
PUBLIC	0
STAFF	1
PATIENT	0
STAFF & PATIENTS	2
ALL	0
OTHER	0

RATE
0 Red
3 Amber

Command Group totals
0 STRATEGIC
3 TACTICAL
1 OPERATIONAL

Total

Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	1	5	1

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	7

Total no.	*Group*
4	STRATEGIC

Death	11	3	1	ORGANISIATION	5
Property Damage	0	0	0	PUBLIC	1
Financial	2	0	1	STAFF	3
Non Compliance	3	1	6	PATIENT	16
Legislative Duties	0	0	0	STAFF & PATIENTS	13
Disruption	8	12	1	ALL	0
Reputation	4	7	16	OTHER	0
Patient Care	15	13	4		
Other	0	0	0		

23	TACTICAL
18	OPERATIONAL

COMMAND LEVEL	RECORDING	REPORTING	OVERSIGHT	ESCALATION
STRATEGIC	Recorded and updated by owners with the corporate risk manager under the control of the strategic lead	Brief report prepared for every meeting including: • All very high graded risks • All risks with major or extreme impact Discuss, consider & approve mitigation plans	PROBABILITY / IMPACT M H H VH VH L M H VH VH L M M H H L M M M H L L L M M	Chief Executive will report and escalate very high graded risks to the Board and the Scottish Government where necessary.
TACTICAL	Recorded and updated by owners under the control of the tactical lead	Brief report on: • New high graded risks or risks increased to high • Risks changing status from high to very high • Medium risks with major or extreme impact, monitoring any changes	PROBABILITY / IMPACT M H H VH VH L M H VH VH L M M H H L M M M H L L L M M	Very high graded risks escalated to Gold – Strategic. Medium with major/extreme impact will also be overseen by Strategic
OPERATIONAL	Recorded and updated by owners	Brief report summarising: • Number of risks by assessed level of risk • Monitoring and oversight through Operational Command Groups	PROBABILITY / IMPACT M H H VH VH M M H VH VH L M M H H L M M M H L L L M M	High graded risks escalated to Silver – Tactical Medium with major/extreme impact will also be overseen by Tactical

VH	Additional Controls
H	Manage & Mitigate *
M	Monitor / Manage
L	Make Do / Accept

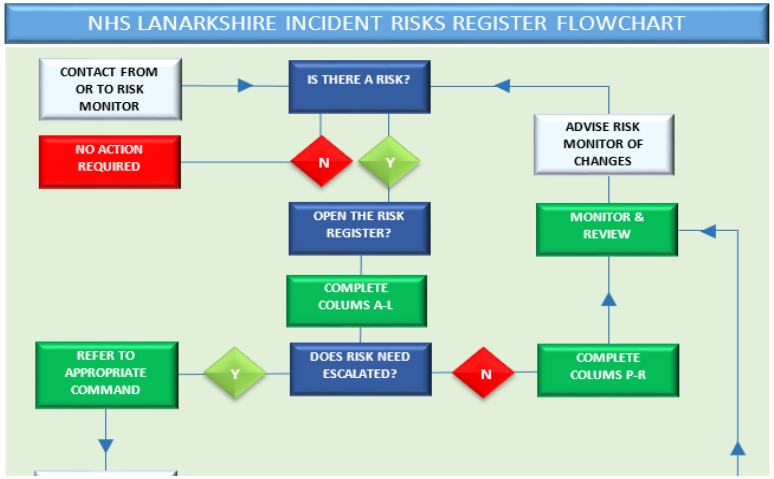
*note the tolerance for the corporate risk is assessed as high recognising mitigation will be challenging due to the external nature of the risk

PROBABILITY \ IMPACT	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

M	Risk impact severe enough to require monitoring at all levels

REFERENCE NUMBERING

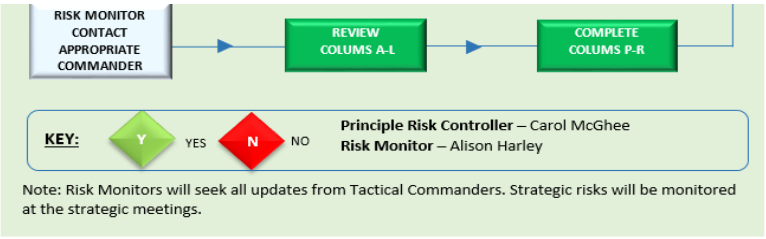
STRATEGIC	**Ref.**
Strategic	STR
TACTICAL	**Ref.**
Clinical	CL
Communications	COM
Financial Control	FC
Human Resource	HR
Logistics	LOG
Information & Digital Technology	IDT
OPERATIONAL	**Ref.**
Clinical Reference Group	CRG
Acute	AC
Public Health	PH
UH Monklands	UHM
UH Hairmyres	UHH
UH Wishaw	UHW
Pharmacy	PH
Primary Care & HSCP	PHSC



Extproviders/transport/decontamination	EXPT
Procurement	PRO
PSSD	PSSD

REFERENCE NUMBER MAKE UP

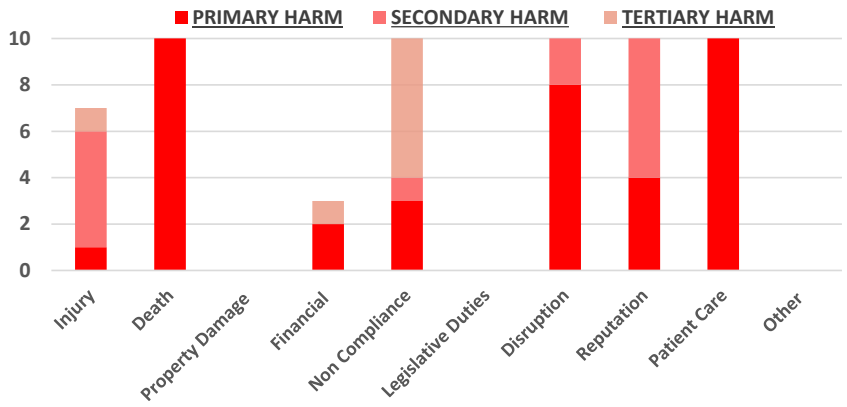
Example	Tactical group ref	Operational group ref	Number
	CRG	UHM	01



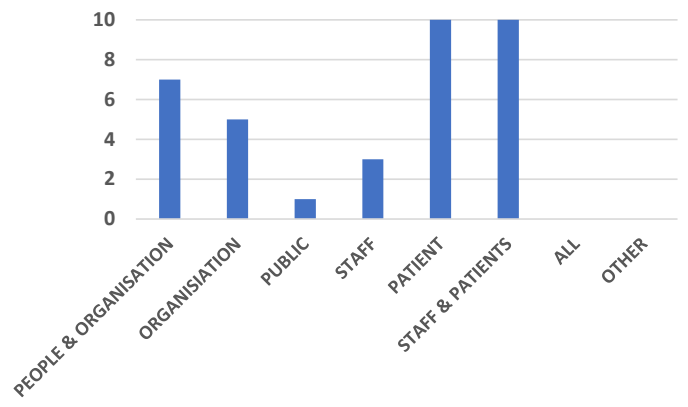
Note: Risk Monitors will seek all updates from Tactical Commanders. Strategic risks will be monitored at the strategic meetings.

NHS LANARKSHIRE COVID-19 INCIDENT RISK RESGISTER DASHBOARD

RISK & THREAT ASSESSMENT



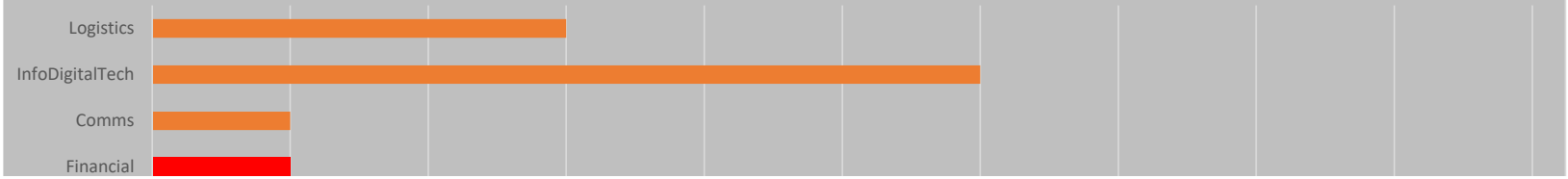
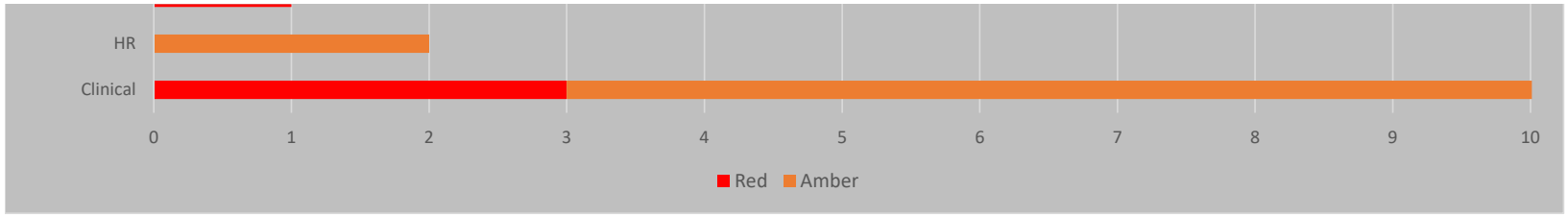
AT RISK GROUPS



Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM
Injury	1	5	1
Death	11	3	1
Property Damage	0	0	0
Financial	2	0	1
Non Compliance	3	1	6
Legislative Duties	0	0	0
Disruption	8	12	1
Reputation	4	7	16
Patient Care	15	13	4
Other	0	0	0

Category:	AT RISK GROUP(S)
PEOPLE & ORGANISATION	7
ORGANISIATION	5
PUBLIC	1
STAFF	3
PATIENT	16
STAFF & PATIENTS	13
ALL	0
OTHER	0

Risks by Rating: Very High & High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