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# Review of Assurance on Adequacy of Risk Systems During Emergency Footing and Recovery

## **Background**

The purpose of this paper is to provide NHS Lanarkshire (NHSL) Audit Committee with an overview of the risk management systems in place during emergency footing (effective from 18<sup>th</sup> March 2020), in response to the Covid-19 pandemic, and to ensure that this contribution to the overall governance arrangements effectively supports the Board's management of the public health emergency whilst providing essential scrutiny and assurance.

There are three (3) key areas of focus for risk management during this challenging time that are outlined within this report that aims to provide assurance to the Audit Committee on the maintenance of corporate risk management, specifically risk register function, and on the effectiveness of the risk management applied to both the immediate management of the incident and the preparedness for the redesign and recovery of services:

- i) Corporate risk management;
- ii) Major incident Risk Management
  - a. Covid-19 pandemic
    - b. EU Withdrawal
- iii) Redesign and recovery risk management.

## i) <u>Corporate Risk Management</u>

NHSL has in place an approved risk management strategy with supporting framework for risk analysis implemented across the management and operational arrangements with a reporting structure aligned to the governance structure.

During the emergency response and the recovery period, all available staff hours will be utilised to areas of differing need until NHSL resumes business to its new normal. Initially, within the period of emergency response, the Corporate Management Team (CMT) have considered and approved key areas of risk register to be maintained and/or set up for corporate governance with the following applied:

- Maintain oversight of very high and high graded risks through CMT, Strategic Command and NHSL Board reporting;
- Review all current corporate risks and assess in light of the changed position;
- Development and monitoring of major incident COVID-19 incident specific risk register and reconfiguration and recovery risk analysis;

• Maintain oversight of the EU Withdrawal risk register

In the essential viring of the risk management resource, other areas have been considered and approved by CMT for suspension or extension:

- Suspend monthly monitoring of risk register KPI's for risk review within date & review date commensurate with assessed level of risk;
- Suspend development of the assurance mapping work;
- Suspend / extend annual review of the Risk Management Strategy;
- Extend review dates for all 'routine' medium risks to end of December 2020 (low graded risks are already within a year review period).

### Update position:

In late March early April, all corporate risks were reviewed in light of the rapidly changing situation. A number of risks were increased in assessed level, and significantly a number of risks had an increased level of tolerance. These were reported through CMT and the Board of NHSL April 29<sup>th</sup> April 2020.

Commensurate with the revised governance arrangements for maintaining risk reporting to the Board, Staff Governance Committee and the Healthcare Quality Assurance & Improvement Committee risk reporting now includes both the corporate risk register and the relevant risks from the major incident: covid-19 risk register, effective from week commencing 11<sup>th</sup> May 2020.

All very high and high graded risks continue to be monitored monthly by the Corporate Risk Manager, with a more flexible approach to ensuring business critical risks are reviewed timeously.

The Risk Management Annual Report will be maintained to contribute to the overall assurance of the adequacy of the risk management systems for 2019/2020, scheduled for consideration at CMT in May with onwards reporting to the June Audit Committee, rescheduled to 16<sup>th</sup> June 2020.

#### ii) Background and Overview of the Risk Process for Responding to Major Incidents

#### **Background**

Critical to the management of any major incident, there is a fundamental requirement to identify, record, quantify and take mitigating action as far as is possible (noting that often external influences can impede mitigation in a major incident situation) to prevent the risk occurring and escalating.

NHSL has an approved Major Incident Toolkit with a dedicated risk management section that is based on elements of the NHSL risk management framework, review of best practice for risk analysis during major incidents and experiential learning through the major incident management of the EU Withdrawal risks in 2019. The risk management section has been subject to further review and throughout responding to the Covid-19 pandemic, the systems have continued to evolve further and will be fully reviewed through the learning debriefs to continue to strengthen our major incident response, including risk management.

#### Overview of the Risk Process for Covid -19

The risk process is aligned to the Strategic (Gold) Command structure for identification, monitoring and oversight of the risks and is implemented as set out below:

Risk Process	Process in Action
Risk Identification, Analysis & Stratification	A risk proforma has been developed for completion when a risk is identified and collects a range of relevant information for new risks and maintains an audit trail when risks are closed or have material changes. The risks are stratified as Strategic, Tactical or Operational, and
	sub-categorised into Clinical, HR, Finance, Communications, Information/Digital and Logistics. Risks can be identified through the business at any level of command.
Master Risk Register Covid-19	When complete, the proforma is forwarded to a single point of contact <u>incident.command@lanarkshire.scot.nhs.uk</u> where it is received by the resilience team and recorded on the master covid-19 risk register. This document is an excel spreadsheet and is updated before 9.30 every morning with the previous version archived. This document is available as read only with controlled editing rights to maintain both the accuracy and integrity of the document during the period of the incident and an up-to-date register hosted on the Covid-19 major incident webpage.
Reporting of Incident Risks Covid- 19	A summary report of the Covid-19 risks is presented at every Strategic Command meeting (mainly Mon-Fri). This report includes the risk profile over time, new and closed risks and material changes to risks with a listing of all very and high graded risks.
Review of Risks	Risks can be reviewed as part of the business of any of the command meetings. On a more formal basis, the Corporate Risk Manager sends the relevant extract from the register to the Silver Commanders on a weekly basis, where at least once a week, the full component part register is subject to review.
Escalation / Reporting of Very High graded risks.	The current governance arrangements for reporting very high graded risks to the Board of NHS Lanarkshire includes the Covid-19 very high graded risks as commenced in April 2020.

#### Overview of the Risk Process for EU Withdrawal

NHSL invoked the Strategic Command in 2019 in response to major incident: EU Withdrawal, developing an incident specific risk register in support of the Corporate risk ID 1661 - European Union Exit (Brexit) Impact on NHSL.

Following the general election in December 2019, the position was reviewed and it was proposed and approved that NHSL would remain in 'live' incident mode with a suspension of command control until relevant to reverse suspension. In the interim, it was agreed through CMT that a maintenance and monitoring mode would be retained, specific to the monitoring of the EU withdrawal risk register on a quarterly basis.

Some review work was commenced in February 2019, however, in responding to the immediate emergency response to COVID-19, there has been an essential diversion of priorities with a temporary loss of review around the scheduled EU Withdrawal risk review period for March/April 2020. CMT considered a paper outlining the position and agreed that a full review of this risk register would be completed by the end of May 2020, with further review scheduled for August, including review of the corporate risk in the event of the changing position closer to the December 2020 EU exit deadline.

#### Lessons Learned De-Briefing

An opportunity for review of the risk management systems during major incidents will be taken at a session arranged for 22<sup>nd</sup> May 2020 and facilitated by the resilience team, noting improvements and changes already implemented during the Covid-19 response. A further consideration will be moving from an excel spreadsheet to a pre-designed database to enable more ownership of the processes and improve reporting.

#### iii) Redesign and Recovery Risk Management

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

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

- 'the bigger picture'
- Proportionality and scale of services
- Nature of the disease/condition
- Self-managing disease
- Impact on patients where delays in diagnosis and treatment are expected
- Impact on other essential services
- Certainty that risks will occur
- Proximity to when the risks might materialise

- What mitigation plans are in place; including level of service sustained; prioritising of urgent cases; new ways of working and new care pathways,
- Vulnerability
- Known impacts

At the time of reporting there was a total of 76 Operational Functions have been captured accounting for 222 Service Processes (See Separate Spreadsheet for details) all of which have been considered on the basis of the aforementioned risk profiles.

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

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

lable 2 Provides a high level	l overview of the risk profile	e associated with the changes.

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

The initial risk assessments are reflective of threats and impact as services were stood down, partially retained or fully retained where there would be no risk identified. Through rapid progression of moving towards redesign and recovery, a proforma has been designed that integrates risk assessment, as part of a wider criteria, to enable the Redesign and Recovery Oversight Group in their decision-making.

This work will continue to be reported to the Board through the CMT, by the responsible Directors.

#### **Recommendation**

The Audit Committee members are asked to note:

- The risk work undertaken across the three (3) key areas of governance whilst on emergency footing, and in the response to covid-19;
- Consider if this provides scrutiny, assurance and oversight of the organisations response in relation to the management of risks and safety issues; contribution to corporate governance oversight of redesign and recovery plans.

Carol McGhee, Corporate Risk Manager, 14<sup>th</sup> May 2020.