

NHS Lanarkshire
25th November 2020

Lanarkshire NHS Board
NHS Board
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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"/>
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2. ROUTE TO BOARD

This paper has been:

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

3. SUMMARY OF KEY ISSUES

The Corporate Risk Register was previously presented to NHSL Board in October 2020, reporting on material changes to the corporate risk register with a focus on very 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 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 and continues to be on emergency footing extended to March 2021. 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 revised their governance arrangements during the period of emergency footing. The Planning, Performance and Resource Committee (PPRC) remains stood down. All corporate risks have an identified assurance committee for oversight and during this interim period, risks that have the PPRC identified as the assurance committee remain the responsibility of the Board until it is agreed when this Committee will resume.

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 (pages 3 & 4) noting there are no other changes
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 17th November 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 5 to 9)
- iv) Set-out for consideration and assurance the very high graded risks through operational units, business critical programmes of work/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register (pages 10 to 12)
- v) Report on EU Withdrawal risks, noting the change to the previously reported very high graded risk with risk profile as at 17th November 2020 (page 13)
- vi) Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high (pages 13 to 15). Full details in Covid Risk Register Appendix 2.

This report will also facilitate reference to the 34 risks set out in the NHSL Corporate Risk Register, accurate as at 17th November 2020 and in sort order of the Planning, Performance and Resource Committee as the assurance committee 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

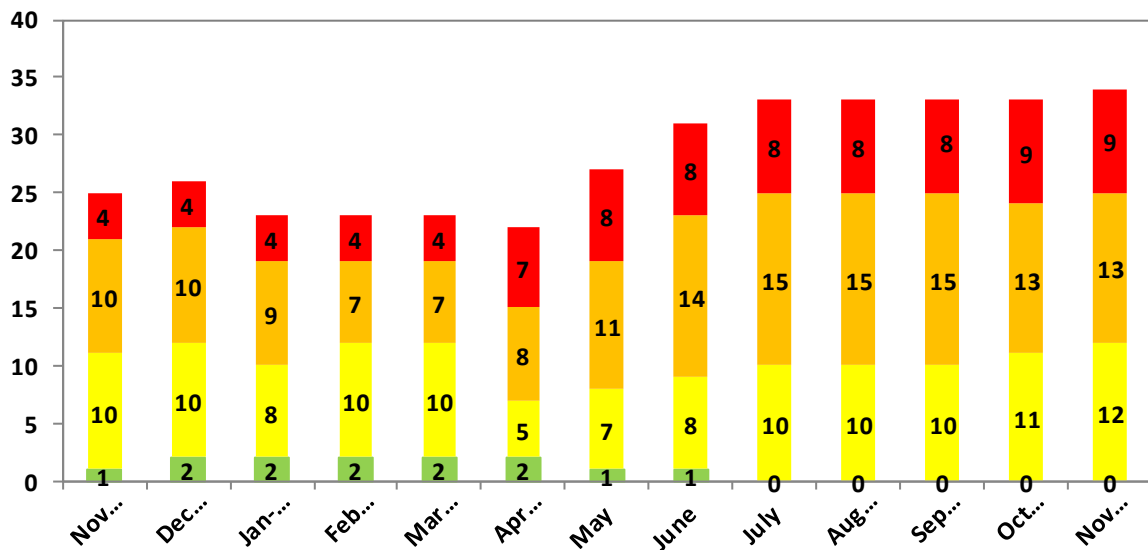
For this reporting period there is a total of 34 risks. The summary of significant material change to risks are set out below. There are no other changes to note.

Closed Risks		
No risks have been closed since the last reporting period.		
Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register		
No risks have been escalated to or de-escalated from the corporate risk register since the last reporting period.		
New Corporate Risks Identified		
There is one (1) new risk:		
<p>Risk ID 1960 -There is a risk of reputational harm to NHSL with regards to the delivery of the 2020 influenza vaccination programme. This results from a range of factors including errors and delays in the SIRS recall system and the requirement to deliver from alternative premises where travel is required for many people, leading to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.</p> <p>This risk is assessed as Medium and is owned by C Brown.</p>		
Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Description of the Risk and Note of Change	Risk Owner
1871	<p>There is a risk that NHSL will be unable to recover performance during the year re delivery of services resulting from significant change to existing service delivery in response to the COVID-19 pandemic and being placed on emergency footing by the SG as invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978. This will significantly impact on the strategic direction, outcomes and performance for 2020/21.</p> <p><u>Note of Change</u> Actions updated to reflect the discussions with SG and awaited adjustments to performance targets expected around 26th November. Risk remains assessed as Very High.</p>	C Lauder
1661	<p>Brexit presents a level of risk that is not containable by NHS Lanarkshire alone, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services across NHSL.</p> <p><u>Note of Change</u> Controls fully updated noting the move to resuming live incident status through Strategic Command and the 3 key areas of concern identified through SG as workforce, legislative and logistics / supplies,</p>	H Knox

	noting that there has been work undertaken by SG to mitigate. Remains a Very High graded risk.	
1882	<p>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.</p> <p><u>Note of Change</u> New controls to reflect the collaborative test of change and roll –out of the Planned Date of Discharge initiative. Remains a High graded risk at present.</p>	H Knox

ii) **NHSL Corporate Risk Register Profile as at 17th November 2020**

For this reporting period, there are 34 corporate risks. The risk profile is shown for the November 2019 to 17th November 2020 below:



Risk Heat map

From the 34 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 ↔	5 ↔	
	Possible	3			8 ↑	7 ↔	
	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				
			Negligible	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
LIKELIHOOD	Almost Certain	5				3	1
	Likely	4			6	5	
	Possible	3			8	7	
	Unlikely	2			2	2	
	Rare	1					

Whilst there are 22 risks that are assessed above the boundary risk appetite, commensurate with the approved taxonomy for governance and oversight of the assessed risks, the focus for this report will be on very high graded risks as below, noting that during the emergency footing, there will be interim governance arrangements and all very high risks will be filtered through the monthly Board meetings.

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

iv) **Very High Graded Risks on the Corporate Risk Register as at 17th November 2020**

There are 9 very high graded risks on the corporate risk register as shown below with the mitigating controls. It is also noteworthy that whilst in emergency footing, the risk tolerance for seven (7) 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"> 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: <ul style="list-style-type: none"> Regional planning Scottish Government Networking with other Health Boards 4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs. <p>Action</p> <ol style="list-style-type: none"> 1. Continuous financial submissions to SG 	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"> 1. Declared a major incident and still ongoing 2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups 3. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave 4. Local Resilience Partnerships commenced, linking to the National resilience groups 5. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience 6. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes 7. Management plans based on national guidance 8. Review of the NHSL COVID-19 mobilisation plan 9. Maintain oversight of test and protect and care home risks and issues through the new tactical groups 10. Continuous communications 11. Recruitment to T&P and PH teams 12. Staff on re-deployment register have been re-deployed to the T&P team 	High	G Docherty

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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	<p>Controls</p> <ol style="list-style-type: none"> 1. Reconfiguration of service to maintain response to COVID-19' and recovery of GP services including: Community Assessment Centres Video/Telephone Consultations with an increased capability for use of 'Near-Me' 2. Review and recovery of the Primary Care Implementation Plan in view of the current response, management of 2nd wave of Covid-19 pandemic and imminent winter pressures 	High	H Knox
1661	European Union Exit (Brexit) Impact on NHSL	12/07/2018	Very High	<p>Control</p> <ol style="list-style-type: none"> 1. Early preparatory work as directed by, and with SG completed throughout 2019 with full assessment of level of preparedness reported to SG in September 2019 2. Co-ordinated issue and risk process local to NHSL and for reporting to Scottish Government 3. Maintenance of live incident status but in suspension with updating of the EU Withdrawal Command & Control with webpage updating during transition period 4. Maintenance of Brexit risk register though CMT during transition period 5. Resilience workshop in September 2020 6. Preparedness around the planning assumptions of 'Yellowhammer' continue 7. Ongoing review at national level throughout 2020 identifying 3 key areas: workforce, legislative & logistics/supplies 8. Work through SG mitigating the potential for disruption in these 3 key areas 9. Move back into 'live' strategic command for EU Withdrawal effective from November 2020 <p>Actions</p> <ol style="list-style-type: none"> 1. Horizon scanning on progress of trade deal negotiations, outcomes and potential impact, including potential for societal unrest 	High	H Knox

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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>In continuing to respond to Covid-19, community assessment centres are being retained impacting on the ability to maintain 2 site OOH model with the following being retained or recovered:</p> <ol style="list-style-type: none"> 1. BCP in place with planned redirection to A&E. 2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. 3. OOH performance monitoring and reporting 4. Improved triaging jointly with NHS 24 5. Recovery to 2 site model as and when staffing allows 6. Full project plan that includes workforce planning 7. Recruitment of salaried GP's 8. Increase number of ANP's 9. Communication & engagement strategy <p>Actions</p> <ol style="list-style-type: none"> 1. Progression of convergence of urgent care and OOH care aligning to national model 2. Dialogue with acute clinicians to support upstream OOH service 	High	V DeSouza
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 place post initial phase of covid-19</p> <ol style="list-style-type: none"> 1. Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through second wave of Covid 2. Continue with intelligence gathering and scenario planning 3. Resume dedication CMT financial meetings 4. Finance framework developed for redesign and recovery <p>Actions</p> <ol style="list-style-type: none"> 1. Recovery of the CE Scrutiny Meetings and Sustainability Plans. 2. COVID expenditure and funding will be built into 2020/21 plan once known. 	Very High	L Ace

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level Tolerance	Risk Owner
1871	Recovery of Performance 2020 - 2021	30/03/2020	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL strategic command and CMT planning, including mobilisation plan 3. Chief Executive Performance Reviews resumed from June 2020. 4. Performance plan for August 2020 - March 2021 with remobilisation plan submitted to Scottish Government, followed by detailed discussion on what is achievable and tolerable <p>Action</p> <ol style="list-style-type: none"> 1. Awaiting SG adjusted performance targets, guidance expected around 26th November 	High	C Lauder
1903	Delivery of the essential Test & Protect programme of work	18/05/2020	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Lanarkshire Resilience Partnership Oversight Board 2. NHSL Test & Protect group with public health tactical group 3. NHSL Priority Testing Plan 4. Appointment of an initial NHSL workforce cohort for T&P with additional recruitment approved September 5. NHSL laboratory capacity has been increased 6. National Mutual Aid Agreement 7. Additional recruitment to the PH Department 8. Monitoring of a set of indicative measures (KPI's) <p>Actions</p> <ol style="list-style-type: none"> 1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround 2. Development of a matrix to manage demand and capacity 	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"> 1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme 2. Vaccination Transformation Programme Steering Group 3. NHSL Vaccination Lead 4. Collaborative approach with Infection Prevention & Control 5. Reporting through CMT 6. Governance reporting through Population Health & Primary Care Committee 7. Initial test of change commenced as part of the managed services 8. Implement blended approach to recall for those cohorts required to have influenza vaccination 	Medium	G Docherty

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Acute

There are two (2) very high graded risks owned and managed within the Acute Division as set out below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. <p>Actions:</p> <ol style="list-style-type: none"> 1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas. 2. Work carried out to prepare an NHSL response regarding WOS proposal paper. Draft paper submitted to Director of Acute Services for review and discussion with Jane Burns in advance of a discussion at CMT. 	J Park
1933	Treatment Time Guarantee	20/08/20	Very High	<ol style="list-style-type: none"> 1. Additional capacity agreed in the Independent Sector. 2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group. 	J Park

For this reporting period, there is one (1) very high graded risk for South Health & Social Care Partnerships arising through the Primary Care Implementation Plan outlined below:

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"> 1. Executive group established to highlight and enact potential solutions. 2. A Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services is now under way. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 4. GP recruitment and retention group meets regularly. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board. 7. Procurement of a community information system to optimise contribution to community services. <p><u>Action</u></p> <ol style="list-style-type: none"> 1. Increasing numbers of "last GP left standing situations" and exploration regarding this and clarification of contractual position and succession or other plans currently being explored. 	V De Souza

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

One current risk from the Monklands Replacement Programme remains 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	<p>1. 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.</p> <p>2. For all job families, 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.</p> <p>3. 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.</p> <p>Patient facing workforce: * Consider the reference design of the hospital including ward layouts and how this will impact the workforce requirements in terms of where the staff will be stationed and visibility throughout the ward for observations.</p> <p>* 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.</p> <p>* Explore digital solutions that could support and enhance the workforce through improving efficiency and releasing time to care, reviewing evidence where it exists from tests of change or best practice from other health boards. For example: eObs trial at Monklands, patient trak reviews, exploring hotel services electronic systems etc.</p> <p>Non-patient facing workforce: * Consider the building design of the hospital including what is in scope for sanitary areas, ventilation and the locations of departments, and review how this will impact the workforce requirements in terms of maintaining the building and logistics for services such as portering and laundry that require to circulate around the building.</p> <p>* Continue to work with PSSD to reflect additional workforce needs as part of FM strategy. Benchmarking data will be used to support this work.</p> <p>* Further engagement with PSSD colleagues required to ensure that the workforce requirements relate only to what's in scope for the new hospital and do not take into account correcting the ongoing challenges with maintaining Monklands hospital in it's current state. Linked to considering building design and materials</p> <p>* The potential for support services staff to be dual skilled could present cost efficiencies in addition to operational flexibility.</p>	C Lauder

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Monklands Business Continuity Risks Assessed as Very High

There are 9 very high graded risks on the Monklands business continuity risk register as 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 FS2, FRR2 2014). 2. Condition Report has been completed by GRAHAM the pitched roof has reached the end of it's serviceable life. 3. Stage 1B design solution completed. 4. CIG budget identified for Stage 2 repair works to progress in 20/21.	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. Surgical Tower Cause and Effect re-programmed to reflect horizontal evacuation (completed June 2020) - fire alarm and door activation addressed. 4. Medical Tower re-programming progressing in 20/21.	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 works are progressing on site to improve 60mins compartmentation in the areas below the Towers. Works programmed to complete in September 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 re-ingress and isolate problematic lines. 2. Surveys of drainage line within the area have been completed and condition status provided. 3. Works progressing to relocate the Renal WC due to be complete in Aug 20.	J Paterson
1825	Failure of condensate receivers	17/09/2019	Very High	1. Detailed design solution prepared, reviewed and accepted- July 2020. 2. CIG budget identified for replacement in 20/21.	J Paterson
1850	Ward 16 - Ventilation not compliant with SHTM 03-01	20/01/2020	Very High	1. GRAHAM/Cundall are currently progressing a Stage 1B design for replacement of the ventilation system. 2. Phasing strategy to be developed with the stakeholder group in order to facilitate works. 3. CIG budget identified for progressing works in 20/21.	J Paterson
1851	Gaps in compliance with guidance for CoE patients facilities	20/01/2020	Very High	1. NHSL have instructed initial improvement works to be completed by Graham Marshall. 2. NHSL FO's have reviewed with the clinical team and management procedures are in place. 3. Option appraisal for W14, 20, 21 & 22 prepared by NHSL FO's. 4. Action plan being developed.	J Paterson
1864	Loss of mains water	20/02/2020	Very High	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

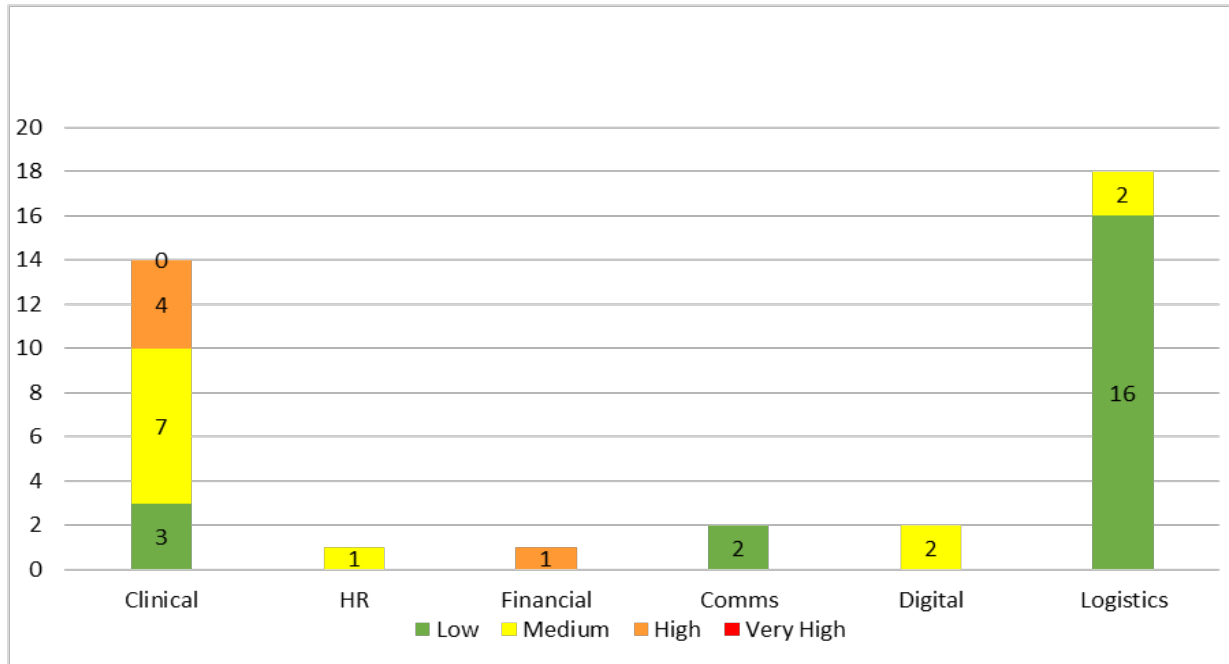
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ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1930	Endoscopy Ventilation	04/08/2020	Very High	1. Identified as a feasibility study Stage 1A for 20/21	J Paterson

v) Major Incident: EU Withdrawal Very High Graded Risk

The previously reported clinical very high graded risk related to financial impact on operational units. This has been reviewed again and has been closed and integrated with the whole system EU withdrawal financial risk that is graded as High at present. The EU Withdrawal risk register is currently under review as scheduled for November to assess the key threats, noting the work the SG has undertaken in preparation for 31st December 2020. Strategic command for EU Withdrawal risks has resumed on a fortnightly basis and will oversee the associated risks. The risk profile is shown below:

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vi) Major Incident: Covid-19 Very High Graded Risks

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
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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/06	Asymptomatic weekly screening of care home staff may lead to false/ weak positive results which can result in unnecessary restrictions placed on care homes. This would result in restrictions on resident's movements and visiting. This may also impact on the credibility of the test and protect programme if following further investigation restrictions and guidance for contacts changes.	11/08/20	Very High	HPT are undertaken local investigations using NHS labs to retest weak positive cases as soon as possible to minimise disruption to care homes and residents T&P team providing potential cases with full rational of changes to guidance issued.	Tactical / Care Home
CH/07	As community prevalence increases and we are seeing a rise in local clusters there is an increased risk that Covid19 will be re-introduced to care homes and we will see further new outbreaks	21/09/20	Very High	Care Home assurance team undertaking support visits to all care homes – action plan prepared for each individual home Escalate any concerns to CI/ CSWO Reinforce need for high standard IPC All care homes advised to use table 4 PPE All staff advised to remain socially distanced during breaks Indoor visiting delayed by DPH	Tactical / Care Home
CL/22	There is a risk that there will be insufficient staff to provide the required cover priority areas over winter	29/09/20	Very High	<ul style="list-style-type: none"> •Silver command stood up to address the specific risk •Priority Areas (T&P/PH, Care Homes, Flu Vaccination, CAC) to product table of staff groups and skills required and shifts/times to be covered. •Template being devised for each operating division to prioritise services, to include clinical impact of stepping down/staff skills freed if stepped down/contribution impact on clinical priorities to allow a prioritisation recommendations and plan 	Tactical / Clinical

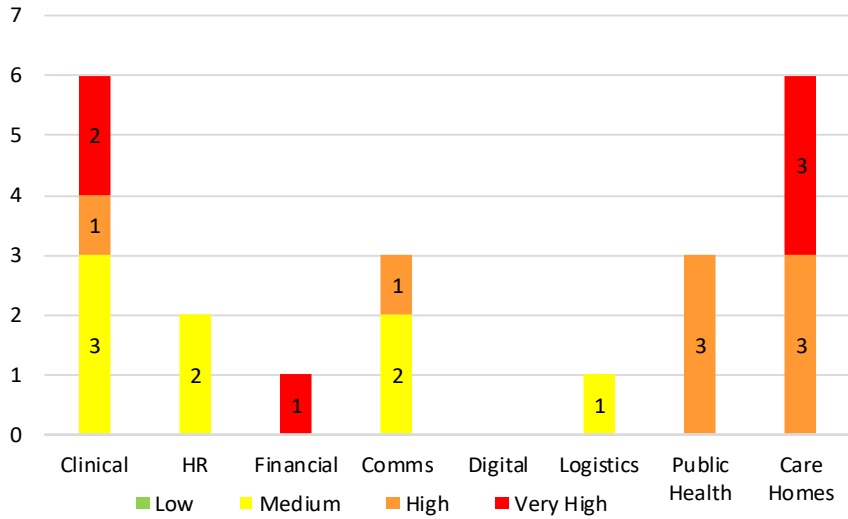
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ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/23	There is a risk that NHSL does not have sufficient workforce to continue usual business and meet Covid demand in the Acute Division and both H&SCP. This is due to both increased demand on services and staff absence either through Covid or other illness and the need to self-isolate	05/11/20	Very High	<ul style="list-style-type: none"> • Templates have been devised and tables at Gold Command, to allow decisions about standing down services to be made. • Each divisional area is moving staff when needed to cover services on a “case by case” basis • Comms messages reinforcing IPC messaging and the need for strict observation of the same • Request that the Workforce Silver command is stood up. Prioritisation of services through clinical silver command with continuity planning for services that may need to be stood down 	Tactical / Clinical

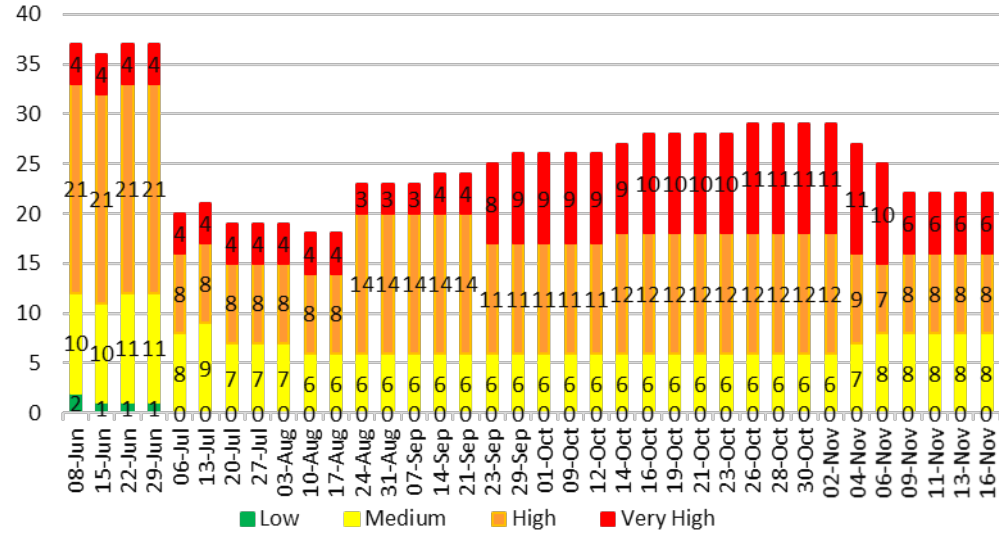
The Covid-19 very high graded risks are subject to continuous review and are overseen through the Covid-19 Strategic Command meetings re-convened since 16th September 2020 and the relevant tactical groups. There are now 22 live risks directly related to COVID-19 on the major incident risk register. The risk profile is set out below by severity & number and also by category and the full risk register can be seen in Appendix 2.

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Profile By Category As At 17th November 2020



Covid Risk Profile By Severity & Number As At 17th November 2020



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 arrangements and the Planning, Performance and Resource Committee remains ‘stood down’ at present. In the interim, it remains the responsibility of the Board to provide that oversight until re-enactment of the Committee will be considered.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	LDP		Government Policy	
Government Directive		Statutory Requirement		AHF/Local Policy	
Urgent Operational Issue		Other: Corporate Governance	X		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	x	Effective	x	Person Centred	x
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	x
Best use is made of available resources. (Effective)	x

6. MEASURES FOR IMPROVEMENT

Planned improvement work was suspended until NHSL moved to recovery phase from the COVID-19 pandemic and realistic resuming of improvement work has been set out, considered and agreed at CMT.

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

It is expected that in resuming the protocol for the monitoring of very high graded risks that all responsible Directors will be in a position to validate the assessment to ensure more accurate reporting on very high graded risks.

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

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 the new risk ID 1960 – Reputation risk from the delivery of the influenza vaccination programme.
- 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 and the changes from the last reporting period
- Noting the Corporate Risk Register, accurate as at 17th November, set out in appendix 1
- Noting the change to the previously reported very high graded EU Withdrawal risk, the current risk profile by category, severity and number with the scheduled review in November
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks
- Noting the COVID-19 risk profile by number, severity and category and Covid risk register in Appendix 2
- Providing oversight for the risks that have the Planning, Performance and Resource Committee identified as the assurance committee until a Board decision has been taken to re-enact this Committee

13. FURTHER INFORMATION

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

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