NHS									NHS LA	NARKSH	IRE INCI	DENT	RISK REGISTE	R TOOLKIT				
Lanarkshire	INCIDENT				COVID-19	LOCATION		PAN LANARKSHIRE	:	START DATE	02/03/2	020	CLOSED				1	
	CREATED		REVIE	WED	DESCRIPTION			AT ASSESSMENT			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/CRG/09	09/04/2020	18:50	05/11/2020	12:00	NHSt. has taken the decision, in line with the Resuscitation Council U.K. recommendations that FFFS level of PPE is required when CPR. This may result in a delay in full CPR being delivered.	REPUTATION	DEATH	REPUTATION	PATIENT	5	1		MONITOR & MANAGE	OPERATIONAL	CLINICAL	Guidance has been issued regarding new Rescus advice which will allow shocks to be delivered where appropriate, whend of staff domning appropriate PPE to administed critical compressions. Rey staff in community instances such as hads and CACS are being face fit tested to be considered to the community and the community of staff in these areas to be able to give CPR in line with publications. Necessary PPE available on hospital sites already. The guidance has been reviewed and updated by the Rescus Committee and the Clinical Reference Groups within the command structure.	Propose reduce likelihood of this risk from 2 to 1, risk impact stays a 5, risk level now reduced from High to Medium.	UVE
CL/PHSC/17	06/05/2020	15:42	05/11/2020		disabilities and autism are in pain from dental caries or associated infection and are unable to access upen dental treatment under general anesthesia. A significant number have had 4.5 antibiotics application as pallative measures but are now urgenty 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	5		MANAGE &MITIGATE	TACTICAL		1. Conservative symptom management with advice, analgesia and antimicrobials. 2. Some children have had local anaesthesia (traunatic for child, family and clinicians) 3. Review of waiting list and prioritisation of children against needs and effectiveness of conservative management 4. Triage and prioritisation of new referrals 5. Continuous review of the waiting list 6. Prioritising pre-assessment and GA sessions	Miligation updated as above. For continuous review of waiting lists and availability of GA sessions during 2nd wave of Covid	LIVE
CL/PHSC/18	07/05/2020	11:30	05/11/2020	12:00	There is a risk that the existing resources in community and primary care – Doth physical foliprint 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 1000 flux ucs is an 8 week window, 250t smarry/month; 210t treatment troop presentations/month, other immunisation programmes etc.	PATIENT CARE	REPUTATION	DEATH	STAFF & PATIENTS	3	3	9	MONITOR & MANAGE	OPERATIONAL	CLINICAL	A clinical reference group has been established to identify clinical prioritisation of which services Issain up first and the degree as to how much of it requires to be stood up. Alternative ways of working, including home working to minimise footfall and environment change/improvements. Environmental waitrounds to assess physical enhange required and undertaken their of counts distribute for large scale vaccination programmes. National and local papers and the state of court is destined for large scale vaccination programmes. National and local papers and the state of the state of the covering for patients/public applications of the state of the	Reduce risk likelihood from 5 to 3 and the impact from 5 to 3. Risk reduced from Very High to Medium.	LIVE
CL/PHSC/21	07/07/2020	09:22	05/11/2020	12:00	There is a risk of sustainability of some primary care services, including General Medical Practice, Optometry, Pharmacy, If primary care clinicans with characteristic that increase their risk from Covid-13 (including reasons of health, age and ethnicity) are required to reduce face to face contact, or through infection and for contact tracing practices have to be closed.	DISRUPTION	PATIENT CARE	REPUTATION	STAFF & PATIENTS	4	2	8	MONITOR & MANAGE	OPERATIONAL	CLINICAL	Risk Assessment for relevant clinicians with advice through Occupational Health 2. Practice contact through locality teams and wider comms to advise of support available. Including SAUS input where appropriate 3. GF Sustainability. Meeting fornightly (Continuous preparation for 2nd wave including staff safety. 5. Input from the Primary Care office. 6. Updated Guidence on Shelding(1)(404/2020)	Reviewed with no change. Mitigation updated.	LIVE
CL/22	29/09/2020	09:00	05/11/2020	12:00	There is a risk that there will be insufficient staff to provide the required cover priority areas over winter	PATIENT CARE	DEATH	REPUTATION	PATIENT	5	4	20	ADDITIONAL CONTROLS	STRATEGIC	CLINICAL	Silver command stood up to address the specific risk Priority Areas (T&P/PR, Care Homes, Flu Vaccination, CAC) to product table of staff groups and skills required and shifty/times to be covered. Templates have been devided and tables of Gold Command T&P recruitment drive Voldridizer plan for in lave: Recruitment has began for clinical fellows	Reviewed with change to likelihood and impact scoring: Likelihood changed from 5 to 4 and impact changed from 4 to 5, still very high graded risk. Updated mitigation	LIVE
CL/AC/23	26/10/2020	06:45	05/11/2020	12:00	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 MSOT. This is due toobs increased demand on services and staff absence either through Covid or other illness and the need to self-isolate	PATIENT CARE	DEATH	REPUTATION	PATIENT	5	5	25	ADDITIONAL CONTROLS	STRATEGIC	CLINICAL	 Templates have been deviced and tables at closed Command, to allow decisions about standing one services to be made of a command, to allow decisions about standing on services to a standard services. Each divisional area is moving staff when needed to cover services on a "case by case" basis. Comman messager reinforcing IPC messaging and the need for strict observation of the same. Request that the Worldrost Silver command is stood up. Prioritisation of services through foundational silver command with continuity planning for services that may need to be stood down. 	Reviewed with change to likelihood and impact scoring: Likelihood remains at 5 and impact changed from 4 to 5, still very high graded risk. Updated mitigation	UVE
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	INCIDENT				COVID-19	LOCATION		PAN LANARKSH	IRE	START	02/03/	/2020	CLOSED					
	CREATED		REVIE	WED	DESCRIPTION		RISK & T	HREAT ASSESSMENT			CALCULAT					CONTROLS		
REF ID No	DATE	TIME	DATE	TIME		PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	AT RISK GROUP(S)	IMPACT	PROB.	RATE	ACTION	COMMAND OVERSIGHT		MITIGATION	COMMENTS	STATUS
.OG/EXPT/06	12/10/2020	10:00	03/11/2020	12:00	There is a risk that Roche, who are the main supplier of the labs managed service contract, will not be able to fulfil all contractual supplies due to logistics and IT issues associated with their new distribution plant.	DISRUPTION	PATIENT CARE	DEATH	PATIENT	3	3	9	MONITOR & MANAGE	OPERATIONAL	LOGISTICS	Daily calls with NSS, procurement and users to manage stock levels across Scotland Roche have recently undertaken to deliver direct to users. Continuous monitoring.	Discussion with I Park on update of Roche. There is a planned meeting to review the direct delivery arrangements and noted no adverse impact at present. Likelihood of risk reduced from 140 To resulting in assessed level of risk being reduced from 140 To resulting in assessed level of risk being reduced from 140 To reduce the reduced from 140 To redu	LIVE
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	INCIDENT				COVID-19	LOCATION		PAN LANARKSHIF	RE	START DATE	02/0	03/2020	CLOSED					
	CREATED		REVIEW	WED	DESCRIPTION		RISK & THREA	T ASSESSMENT		RIS	K CALCULAT	TION				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
HR/03	30/03/2020				in the absence of a formal face to face Corporate induction programme there is an isk that some safeth one to complete their online learning before commencing employment in the organisation.	INURY	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 manages were contacted by entit to confirm cancellation, induction checklists were sent to manages, this includes information on compulsory learning requirements. All new staff have been sent their Learning on university and guidance on how to access the system. 2) A notification to be circulated via the Bailty Could-19 brief to afert 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 commercing employment via Bain are currently being commercing employment with Bain are currently being commercing employment—this is a confination of the current process. 5) Temporary Learning continuation of the current process. 5) Temporary Learning current process. 5) Temporary Learning current process. 5) Temporary Learning currently cacces in under the size of the primary Recovery. Six will ensure there is no delay in new staff commencing these modules.		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	100	9	MONITOR & MANAGE	OPERATIONAL		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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Carranksriii	INCIDENT				COVID-19	LOCATION		PAN LANARKSHI	IIRE	START DATE	02/03	3/2020	CLOSED					
	CREATED		REVIEW	VED	DESCRIPTION		RISK & THRE	AT ASSESSMENT	•	RISK	CALCULAT	TION				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
P8H/02	05/08/2020	14:32	03/11/2020		Current & surge capacity, it is evident from recent outbreaks there is a risk that the resilience of the Health Protection Farm and associated public health services could be adversely impacted on as the team continue to respond to the COVID-19 pandemic, providing the wide range of services required to manage outbreaks and clusters in settings such as: schools, businesses and other 'at risk' settings. This will impact on the Health Protection Team and the ability to associate public health services to protect the health of the population of Lanarishire and fulfill its legislative duties as required by Public Health er. (Scotland) Act 2008. Doubling of cases every 7 days is at point of overwhelming current capacity. This cursals the ability to effectively manage incidents jointly with partners.	DISRUPTION	PATIENT CARE	LEGISLATIVE DUTIES	STAFF & PATIENTS	4	3	12	MANAGE &MITIGATE	TACTICAL		1. Public Health Tactical Plan 2. Debriefing and issons learned from the response to previous clusters and outbreaks 3. Implement more strammlined process for managing clusters. 4. Formulate battle rhythm for daily working. 5. Establish daily Plat tactical commander to ensure resources meet priorities. 6. Enhanced surveillance through the Test & Protect Case Management system to enable preparedness for surge, including daily reporting to 1963 7. Collaborative working with all Health Protection Teams across Scotland 8. Investment to increase Health Protection Teams expected from Collaborative working with all Health Protection Teams across Scotland 8. Investment to increase Health Protection of allocation, or received in advance) 9. Communication Plan with additional dedicated public health comms resource 10. CMT support to extend and fund staff allocated to PH from redeployment 11. Agree protocols with Environmental Health and Further Education on joint working.	Reviewed by M Donaghy at Tartical Lead. There has been some investment for investigation lead with supporting structure and the numbers have slightly dropped. The likelihood can be reduced from 4 to 3 and the risk level reduced from very high to high. Mitigation updated to reflect investment.	LIVE
PBH/04	05/08/2020	15:15	09/11/2020	12:00	Lack of staffling resource to maintain the Test & Protect Service. This presents uncertainty over the sustainability of the service in the medium to longer term due to absence of committed finance required to retain current staff allocated through redeployment; employ and train new staff whilst working with the HR guidance and meeting the increasing demands that include an expected increase in testing and contact tracing; potential impact from PH regland changes and liaison with 'Community' & reversation' facilities egy pubs, restaurants and school. The falling percentage of cases being interviewed within 24 hours, the growth in both the number of cases and the backling in interviews and the stretch that this puts on the T&P service are eroding the PH effectiveness of this intervenion. This has an experie impact on the	INJURY	DISRUPTION		STAFF & PATIENTS		5		MANAGE &MITIGATE			September and further staff being taken on to enable 50 tracers per day by the 2nd of October, to enable 50 tracers per day to operate over 12 how, to enable 50 tracers per day to operate over 12 how of the 10 hours working in T&P. Expand T&P workforce to enable weekend working to clear backlog and the predicted exponential increase in cases. 3. Improve effectiveness of 17&P by ensuring that at least 90% of cases are interviewed within 24 hours of notification. 4. Improve effectiveness of programme to interview at least 90% of contacts are interviewed within 24 hours of interview at least 90% of contacts are interviewed within 24 hours of interviewing a case,	Lead. There has been a review of structure with investment in both the T&P and a General Manager, investigation Lead and supporting structure. Likelihood reduced from 4 to 3. Risk level now moved from Very High to High. Mitigation updated to reflect overall additional staffing.	LIVE
РВН/05	07/08/2020	11:00	22/09/2020		There is a risk that there is lack of co-ordination and integration of both the NHSL and the Scottish date on the local epidemiology, response and impact of COVID-19 with the potential to hinder access to and analysis of the intelligence required to effectively manage the current maintenance of the low levels of infection ampeare for a second wave. In particular, the development of an early warning system is dependent upon this. An added pressure is the requirement to evaluate the PH impact of the current additional social restrictions implemented in Linux/shire	DISRUPTION	DISRUPTION	REPUTATION	STAFF & PATIENTS	3	4	12	MANAGE &MITIGATE	TACTICAL		I Nationally agreed methodology for assessing the impact of social restriction measures in Lanarishive and report by Friday 25th of September 2000. Zhalatonal Test B, Portoct (T&P) Case Management System set up through builc Health Scotland (PHS) working on feedback to provide intelligence on craes and emerging clusters / outbreaks routinely (imminent) and the second strength of the second strength and provide and second strength of A Beacymous Chrough daily enhanced surveillance system (final format to be signed off near week) and A Response Script with Triggers to enable the response level commensurate with the impact assessment S. EVS dashboard developed by HSp provides additional intelligence to compare rates across Scotland Actions 1. Local Early Warming System (EWS) for NHSS. being developed in		LIVE
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NHS NHS LANARKSHIRE INCIDENT RISK REGISTER TOOLKIT COVID-19 LOCATION PAN LANARKSHIRE START 02/03/2020 CLOSED INCIDENT CONTROLS CREATED REVIEWED DESCRIPTION RISK CALCULATION RISK & THREAT ASSESSMENT RIMARY HARM SECONDARY TERTIARY HARM AT RISK GROUP(S) IMPACT PROB. RATE ACTION COMMAND OVERSIGHT RISK OWNER COMMAND OVERSIGHT GROUP REF ID No DATE TIME DATE TIME SAll care homes have been reviewing their BCP and have managed to mitigate any staffing issues internally. Agreed process is in place to access NHS staff via staff bank or care. require isolation for 14 days. This will impact on workforce staff via SSCs portal if ECP fails. Origing work with care homes to support BCP. Access to staff bank to support staffing vacancies 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. CARE HOMES Outbreak is defined as 2 or more cases but we will act on a single case in a care home e.g. temporary restrictions until further investigation and testing of all residents has Subpreak is defined as 2 or more cases but we will act on a single case in care home e.g. temporary restrictions until further investigation and testing of all residents has taken place. If no evidence of transmission within the home, restrictions may be litted. Two or more cases confirmed would lead to restrictions for 14 days from last exposure to a case, including being closed to admissions and transfers. Laten place. If no evidence of transmission within the home, restrictions may give any exposure to a case, including being closed to admissions and transfers. Such place. If no evidence of transmission within the home, restrictions for 14 days from last exposure to a case, including being closed to admissions and transfers. 01/05/2020 12:00 05/08/2020 Testing asymptomatic care home residents as announced today (01/05/2020) 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 4 3 12 MANAGE & MITIGATE Number of care homes with confirmed cases have reduced significantly Care inspectorate has commenced its unannounced inspection of care homes which may result in requests for additional professional and clinical support to meet requirements of inspections. The current care home group has some capacity to provide this but as runuber of inspections increase there is a risk that we will not be able to support multiple care homes with significant support requirements particularly if this is in relation to leadership and management. CARE HOMES STAFF & PATIENTS CH/04 05/08/2020 12:00 MPLIANCE PATIENT CARE REPUTATION 3 5 15 MANAGE & MITIGATE TACTICAL CARE HOMES Staff have worked overtime to ensure all risk assessments completed for first phase of outdoor visiting. Working with care homes and local authorities to request assessments and plans for next phase saiss—56 announced next phase on a Statuday – additional staff diverted to support risk assessments. SG guidance on visiting in care homes has been issued but with the caveat that the HPT have to review all 94 care homes risk assessments and plans prior to them proceeding via each stage of the visiting plan. So has provided very little notice before enacting each stage and there is a risk that HPT cannot review all risk assessments within timescales. Particularly as announcements have been made on a Friday or weekends. PEOPLE & ORGANISATION 11/08/2020 12:00 DISRUPTION PATIENT CARE REPUTATION 3 5 15 MANAGE & MITIGATE HPT are undertaken local investigations using NHS labs to retest weak positive cases as soon as possible to minimise disruption to care komes and residents: Table team providing potential cases with full rational of changes to guidance issued. Asymptomatic weekly screening of care home staff may lead to fable/ week positive results which can result in unnecessary restrictions placed on care homes. This would result in restrictions on esident's movements and visiting. This may also impact on the credibility of the text and protect programmel following further investigation restrictions and guidance for contacts changes. PEOPLE & ORGANISATION 4 5 20 ADDITIONAL CONTROLS 11/08/2020 12:00 PATIENT CARE DISRUPTION REPUTATION STRATEGIC CARE HOMES Care Home assurance team undertaking support visits to all care homes – action plan prepared for each individual home DEATH PATIENT CARE REPUTATION STAFF & 5 4 20 ADDITIONAL CONTROLS 0 0 CH/07 21/09/2020 12:13 STRATEGIC 0

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Lananksnii	INCIDENT				COVID-19	LOCATION		PAN LANARKSHI	RE	START DATE	02/03/	2020	CLOSED					
	CREATED		REVIEW	/ED	DESCRIPTION		RISK & THREA	T ASSESSMENT			ALCULATI	ION				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
FC/01	14/04/2020	16:30	28/07/2020		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	against every change is in place aligned to the mobilisation plan.	28th July 2020 - reviewed by LAce. Note return of qtr I costs that determine covid funding is due early Aug and should know in September how much funding will be received for first part of year and what problems we will have, if any, it is articipated uncertainty, over the second half of the year will remain for some time. No change to the assessed level of risk or controls at present.	
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NHS	_						<u>NH</u>	S LANARK	SHIRE INC	IDENT	RISK	REGIS	TER TOOL	KIT				
	INCIDENT				COVID-19	LOCATION		PAN LANARKSH	IRE	START	02/0	3/2020	CLOSED					
	CREATED		REVIEW	VED	DESCRIPTION		RISK & THREAT	ASSESSMENT			CALCULA	TION				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
COM/05	06/05/2020	17:00	05/08/2020	15:00	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. This includes the risk of lack of understanding and knowledge regarding care home testing requirements and procedures.		PATIENT CARE		ORGANISIATION	4	3	12	MANAGE &MITIGATE	TACTICAL		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 dearly set out a streamlined and flexible approval process for all comms activities.	Risk description updated to explicitly mention care home testing. Other details unchanged.	LIVE
COM/06	27/05/2020	15:00			Reputational risk re contact tracing due to lack of public understanding a expectations	REPUTATION			ORGANISIATION	2	2	4	MONITOR & MANAGE	OPERATIONAL	COMMS	Update NHS Lanarkshire website re contact tracing. Use social media and other communications channels to communicate details of contact tracing.		LIVE
COM/07	10/06/2020	14:00			New risk identified in respect of a potential information gap as we reconfigure services in the new 'normal' working conditions. The interpretation and understanding about what the work environment should be - particularly taking into account physical distancing – needs to be carefully handled with all staff.	REPUTATION			PEOPLE & ORGANISATION	2	3	6	MONITOR & MANAGE	OPERATIONAL	COMMS	Support all operational groups – including logistics and HR - as they work through the requirements of physical distancing in the workplace to ensure clear communications to all staff. Continue to communicate via the daily staff briefing, FirstPort and social media for staff.		LIVE
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NHS							<u>N</u> H	IS LANARK	(SHIRE INC	IDENT I	RISK F	REGIST	TER TOO	<u>LKIT</u>				
	INCIDENT				COVID-19	LOCATION		PAN LANARKSH	IRE	START	02/03	/2020	CLOSED					
	CREATED		REVIEV	VED	DESCRIPTION		RISK & THRE	AT ASSESSMENT			CALCULAT	TON				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
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Clinical	Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	Category:	AT RISK GROUP(S)	RATE	Command Group totals
	njury	0	1	1	PEOPLE & ORGANISATION	1	4 Red	4 STRATEGIC
	Death	5	4	1	ORGANISIATION	0	11 Amber	11 TACTICAL
Р	Property Damage	0	0	0	PUBLIC	1		8 OPERATIONAL
	inancial	0	0	1	STAFF	0		23
N	Non Compliance	1	0	3	PATIENT	16		
	egislative Duties	0	0	0	STAFF & PATIENTS	5		
С	Disruption	4	7	0	ALL	0		
R	Reputation	1	3	14	OTHER	0		
P	Patient Care	12	7	0				
C	Other	0	0	0				
HR	Catagory	PRIMARY	SECONDARY	TERTIARY	Cotonomi	AT RISK	RATE	Command Croun totals
	Category:	HARM 1	HARM 2	HARM O	Category: PEOPLE & ORGANISATION	GROUP(S) 1	0 Red	Command Group totals 0 STRATEGIC
	njury Death	1 2	1		ORGANISIATION	0	2 Amber	2 TACTICAL
				0			2 Amber	
	Property Damage	0	0	0	PUBLIC	0		5 OPERATIONAL
	inancial	1	0	0	STAFF	0		7
	Non Compliance	0	1	1	PATIENT	1		
	egislative Duties	0	0	0	STAFF & PATIENTS	5		
	Disruption	3	0	0	ALL	0		
	Reputation	0	0	2	OTHER	0		
	Patient Care	0	3	3				
	Other	0	0	0				
		PRIMARY	SECONDARY	TERTIARY		AT RISK		
Financial	Category:	HARM	HARM	HARM	Category:	GROUP(S)	RATE	Command Group totals
li de la companya de	njury	0	0	0	PEOPLE & ORGANISATION	0	1 Red	1 STRATEGIC
D	Death	0	0	0	ORGANISIATION	1	0 Amber	0 TACTICAL
P	Property Damage	0	0	0	PUBLIC	0		0 OPERATIONAL
F	inancial	1	0	0	STAFF	0		1
N	Non Compliance	0	0	0	PATIENT	0		
L	egislative Duties	0	0	0	STAFF & PATIENTS	0		
	Disruption	0	0	0	ALL	0		

Reputation	0	1	0	OTHER	0		
Patient Care	0	0	0				
Other	0	0	0				
Category:	PRIMARY	SECONDARY	TERTIARY	Catagony	AT RISK	RATE	Command Group totals
Injury	harm 0	harm O	harm O	Category: PEOPLE & ORGANISATION	GROUP(S) 2	0 Red	0 STRATEGIC
Death	0	0	0	ORGANISIATION	4	1 Amber	1 TACTICAL
Property Damage	0	0	0	PUBLIC	0	1 Allibei	6 OPERATIONA
Financial	0	0	0	STAFF	0		7
			0				,
Non Compliance	0	0		PATIENT STAFF & PATIENTS	0		
Legislative Duties	0	0	0		0		
Disruption	0	0	0	ALL	0		
Reputation	5	2	0	OTHER	0		
Patient Care	2	1	0				
Other	0	0	0				
6.	PRIMARY	SECONDARY	TERTIARY		AT RISK	B 4 T 5	
Category:	HARM	HARM	HARM	Category:	GROUP(S)	RATE	Command Group totals
Injury	0	2	0	PEOPLE & ORGANISATION	4	0 Red	0 STRATEGIC
Death -	2	0	0	ORGANISIATION	1	7 Amber	7 TACTICAL
Property Damage	0	0	0	PUBLIC	0		3 OPERATION
Financial	0	0	0	STAFF	2		10
Non Compliance	1	0	1	PATIENT	1		
Legislative Duties	0	0	0	STAFF & PATIENTS	3		
Disruption	2	3	1	ALL	0		
Reputation	0	1	3	OTHER	0		
Patient Care	3	3	1				
Other	0	0	0				
	PRIMARY	SECONDARY	TERTIARY		AT RISK		
Category:	HARM	HARM	HARM	Category:	GROUP(S)	RATE	Command Group totals
Injury	0	1	0	PEOPLE & ORGANISATION	0	0 Red	0 STRATEGIC
Death	3	0	1	ORGANISIATION	1	3 Amber	3 TACTICAL
Property Damage	0	0	0	PUBLIC	0		3 OPERATION
Financial	0	0	0	STAFF	1		6
Non Compliance	1	0	2	PATIENT	1		

Comms

InfoDigitalTech

Logistics

Legislative Duties	0	0	0	STAFF & PATIENTS	3
Disruption	2	2	0	ALL	0
Reputation	0	0	1	OTHER	0
Patient Care	0	3	1		
Other	0	0	0		

PH Care Homes	Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	Category:	AT RISK GROUP(S)	RATE	Command Group totals
	Injury	0	0	0	PEOPLE & ORGANISATION	2	3 Red	3 STRATEGIC
	Death	1	0	0	ORGANISIATION	0	4 Amber	4 TACTICAL
	Property Damage	0	0	0	PUBLIC	0		0 OPERATIONAL
	Financial	0	0	0	STAFF	0		7
	Non Compliance	2	0	0	PATIENT	1		
	Legislative Duties	0	0	0	STAFF & PATIENTS	4		
	Disruption	2	2	0	ALL	0		
	Reputation	0	0	6	OTHER	0		
	Patient Care	2	5	0				
	Other	0	0	0				
Public Hoalth	Catagory	PRIMARY	SECONDARY	TERTIARY	Catagory	AT RISK	DATE	Command Group totals
								2 STRATEGIC
Public Health	Disruption Reputation Patient Care	2 0 2 0	2 0 5 0	0 6 0 0	ALL	0 0	RATE 2 Red	Command Grou 2 S

	PRIIVIARY	SECONDARY	TEKTIAKY		AI KISK
Category:	HARM	HARM	HARM	Category:	GROUP(S)
Injury	0	0	0	PEOPLE & ORGANISATION	2
Death	0	0	0	ORGANISIATION	0
Property Damage	0	0	0	PUBLIC	0
Financial	0	0	0	STAFF	0
Non Compliance	1	0	1	PATIENT	1
Legislative Duties	0	0	0	STAFF & PATIENTS	4
Disruption	5	3	0	ALL	0
Reputation	0	2	4	OTHER	0
Patient Care	0	2	1		
Other	0	0	0		

7

5 TACTICAL 0 OPERATIONAL

5 Amber

Total	Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	Category:	AT RISK GROUP(S)
	Injury	1	6	1	PEOPLE & ORGANISATION	8
	Death	12	5	2	ORGANISIATION	7
	Property Damage	0	0	0	PUBLIC	1
	Financial	2	0	1	STAFF	3
	Non Compliance	3	1	7	PATIENT	19
	Legislative Duties	0	0	0	STAFF & PATIENTS	16
	Disruption	11	12	1	ALL	0
	Reputation	6	7	20	OTHER	0
	Patient Care	17	17	5		
	Other	0	0	0		

Total no.	Group
7	STRATEGIC
29	TACTICAL
25	OPERATIONAL
<u>61</u>	

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

VH	Additional Controls
н	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

	IMPACT						
R		1	2	3	4	5	
O B	5	5	10	15	20	25	
A B	4	4	8	12	16	20	
1	3	3	6	9	12	15	
Ī	2	2	4	6	8	10	
T Y	1	1	2	3	4	5	

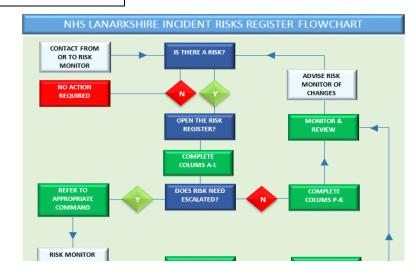
M	Risk impact severe enough to require monitoring at all levels	

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

PH

Pharmacy

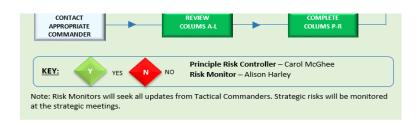
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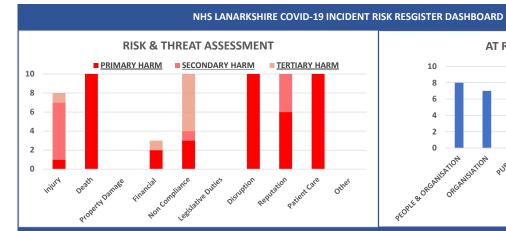


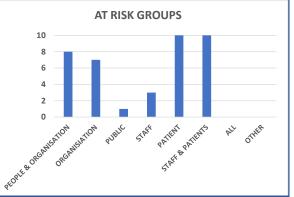
Primary Care & HSCP PHSC
Extproviders/transport/decontamination PRO
PSSD PSSD PSSD

REFERENCE NUMBER MAKE UP

Example	Tactical group ref	al group	Number	
LAUIIIPIE	group rei	ref		
	CRG	UHM	01	







Category:	PRIMARY HARM	SECONDARY HARM	TERTIARY HARM	Category:	AT RISK GROUP(S)
Injury	1	6	1	PEOPLE & ORGANISATION	8
Death	12	5	2	ORGANISIATION	7
Property Damage	0	0	0	PUBLIC	1
Financial	2	0	1	STAFF	3
Non Compliance	3	1	7	PATIENT	19
Legislative Duties	0	0	0	STAFF & PATIENTS	16
Disruption	11	12	1	ALL	0
Reputation	6	7	20	OTHER	0
Patient Care	17	17	5		
Other	0	0	0		

