

NHS Lanarkshire  
28<sup>th</sup> October 2020

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**SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT RISK REGISTERS**

**1. PURPOSE**

This paper is coming to the Board:

For assurance	x	For endorsement		To note	x
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**2. ROUTE TO BOARD**

This paper has been:

Prepared	x	Reviewed		Endorsed	
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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 September 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 18<sup>th</sup> 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 other changes are set out in appendix 1: Record of Change for information
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 14<sup>th</sup> October 2020 (page 5)
- iii) Set-out very high graded corporate risks that are above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making (page 6 to 10)
- 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 11 to 13)
- v) Facilitate reference to the 33 risks set out in the NHSL Corporate Risk Register, accurate as at 14<sup>th</sup> October 2020 and sorted in descending order by the current assessed level of risk from very high to low, as seen in appendix 2
- vi) Set-out for information, the COVID-19 incident specific risk profile with the risks that are graded very high noting the new very high graded risks ID CH/07, CL/22, PBH/02, PBH/04, PBH/06 & PBH/07 (pages 14 to 17), and provide for information a copy of the most recent Strategic Command report, see appendix 3
- vii) Report on EU Withdrawal the one (1) very high graded risk with risk profile as at 14<sup>th</sup> October 2020
- viii) Facilitate reference to the risks that have the Planning, Performance and Resource Committee as the assurance committees 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**

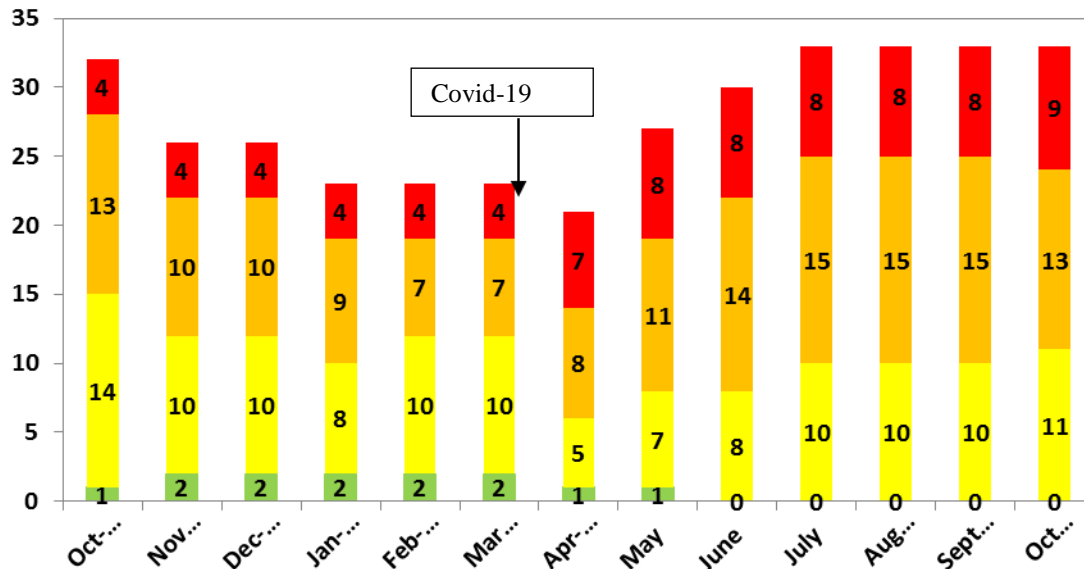
For this reporting period there is a total of 33 risks. The corporate risks have been subject to quarterly review with the summary of significant material changes below. Other changes are noted in appendix 1: Record of Change:

<b>Closed Risks</b>		
One (1) risk has been closed:		
<p><u>Risk ID 1910</u> - There is a risk that in the absence of a Covid-19 Recovery Accommodation / Space Utilisation Strategy for the Estate, there will be a delay in the recovery of all services, with the potential to adversely impact on staff, patients, the public and the reputation of NHSL.</p> <p>This <b>High</b> graded risk owned by C Lauder has been fully reviewed noting the progression and completion of the environmental walk-rounds with risk assessments supported by the technical staff that has enabled recovery of services to recalibrate to their level of capacity safely for staff, patients and the public. This risk can now be closed.</p>		
<b>Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register</b>		
No risks have been escalated to or de-escalated from the corporate risk register since the last reporting period.		
<b>New Corporate Risks Identified</b>		
There is one (1) new risk:		
<p><u>Risk ID 1946</u> –There is a risk that the overall resilience of NHSL could be compromised due to the potential for a number of events to occur at the same time moving into the acute winter period with winter pressures; impact from continuing to respond to and recover from Covid-19 pandemic; delivery of the influenza vaccination programme; adverse weather and the uncertain impact from Brexit, affecting ability to maintain the full range of services throughout the forthcoming 6-8 months.</p> <p>This is currently a <b>High</b> graded risk owned by H Knox.</p>		
<b>Material Note of Change for Risks Reviewed within this Reporting Period.</b>		
<b>Risk ID</b>	<b>Description of the Risk and Note of Change</b>	<b>Risk Owner</b>
1871	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.	C Lauder

	<p><u>Note of Change</u> The tolerance for this risk has changed from <b>High</b> to <b>Very High</b> and actions updated to reflect the discussions with SG and awaited adjustments to performance targets. Risk remains assessed as <b>Very High</b>.</p>	
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> The level of risk has increased from <b>Medium</b> to <b>Very High</b> with a tolerance of <b>High</b>. Controls fully updated noting the move to resuming live incident status through Strategic Command.</p>	H Knox
1669	<p>There is a risk that NHSL is not working in compliance with the data protection legislation, including General Data Protection Regulations (GDPR) and Data Protection Act 2018 (DPA2018), resulting from human error; lack of understanding; ineffective practice and process with the potential to adversely impact on the reputation of NHSL and incur significant financial penalties.</p> <p><u>Note of Change</u> This mitigation for this risk has progressed to an extent the risk has now been reduced from <b>High</b> to <b>Medium</b>.</p>	D Wilson
1905	<p>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.</p> <p><u>Note of Change</u> Noted that there will be no change in this approach from the SFRS. Fire Policy and SOP updated to ensure safe procedures in place. Move to business as usual and reduced from <b>High</b> to <b>Medium</b>.</p>	C Lauder

ii) **NHSL Corporate Risk Register Profile as at 14<sup>th</sup> October 2020**

For this reporting period, there are 33 corporate risks. The risk profile is shown for the period October 2019 to 14<sup>th</sup> October 2020 below:



**Risk Heat map**

From the 33 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			0 ↓	3 ↔	1 ↔
	Likely	4			6 ↔	5 ↑	
	Possible	3			7 ↑	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				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	0	1	2	3	4
	Likely	4	1	2	3	4	5
	Possible	3	2	3	4	5	6
	Unlikely	2	3	4	5	6	7
	Rare	1	4	5	6	7	8

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"> <li>• Every Board Meeting for decision-making and assurance</li> <li>• Every PPRC meeting for decision-making and assurance</li> <li>• Every Audit Committee meeting for assurance</li> <li>• Monthly CMT for discussion and review of mitigation controls, triggers and assessment</li> </ul>

ii) **Very High Graded Risks on the Corporate Risk Register as at 14<sup>th</sup> October 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"> <li>1. Regular Horizon Scanning</li> <li>2. Financial Planning &amp; Financial Management</li> <li>3. Routine Engagement with external parties: <ul style="list-style-type: none"> <li>Regional planning</li> <li>Scottish Government</li> <li>Networking with other Health Boards</li> </ul> </li> <li>4. Re-assessment of key risk areas e.g. drugs, superannuation modelling and boundary flow costs.</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Continuous financial submissions to SG.</li> </ol>	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"> <li>1. Declared a major incident and still ongoing</li> <li>2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups</li> <li>3. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave</li> <li>4. Local Resilience Partnerships commenced, linking to the National resilience groups</li> <li>5. Designated point of contact (now Emergency Planning Officer from June 2020) liaising with NHS Resilience</li> <li>6. Continued community surveillance of covid-19 through influenza spotter practices with regional and national surveillance programmes</li> <li>7. Management plans based on national guidance</li> <li>8. Review of the NHSL COVID-19 mobilisation plan</li> <li>9. Maintain oversight of test and protect and care home risks and issues through the new tactical groups</li> <li>10. Continuous communications</li> <li>11. Recruitment to T&amp;P and PH teams</li> <li>12. Staff on re-deployment register have been re-deployed to the T&amp;P team</li> </ol>	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"> <li>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'</li> <li>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</li> </ol>	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"> <li>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</li> <li>2. Co-ordinated issue and risk process local to NHSL and for reporting to Scottish Government, although suspended in the interim until there are any further developments/decisions</li> <li>3. Maintenance of live incident status but in suspension with updating of the EU Withdrawal Command &amp; Control with webpage updating during transition period</li> <li>4. Maintenance of Brexit risk register though CMT during transition period</li> <li>5. Resilience workshop in September 2020</li> <li>6. Preparedness around the planning assumptions of 'Yellowhammer' continue</li> <li>7. Moving into Strategic Command at a level commensurate with the EU exit developments</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Horizon scanning on progress of trade deal negotiations, outcomes and potential impact</li> </ol>	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"> <li>1. BCP in place with planned redirection to A&amp;E.</li> <li>2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place.</li> <li>3. OOH performance monitoring and reporting</li> <li>4. Improved triaging jointly with NHS 24</li> <li>5. Recovery to 2 site model as and when staffing allows</li> <li>6. Full project plan that includes workforce planning</li> <li>7. Recruitment of salaried GP's</li> <li>8. Increase number of ANP's</li> <li>9. Communication &amp; engagement strategy</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Progression of convergence of urgent care and OOH care aligning to national model</li> <li>2. Dialogue with acute clinicians to support upstream OOH service</li> </ol>	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"> <li>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</li> <li>2. Continue with intelligence gathering and scenario planning</li> <li>3. Resume dedication CMT financial meetings</li> <li>4. Finance framework developed for redesign and recovery</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Recovery of the CE Scrutiny Meetings and Sustainability Plans.</li> <li>2. COVID expenditure and funding will be built into 2020/21 plan once known.</li> </ol>	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"> <li>1. Work within the prioritised instructions set out by the SG whilst on emergency footing.</li> <li>2. Work within the NHSL strategic command and CMT planning, including mobilisation plan</li> <li>3. Chief Executive Performance Reviews resumed from June 2020.</li> <li>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</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Awaiting SG adjusted performance targets</li> </ol>	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"> <li>1. Lanarkshire Resilience Partnership Oversight Board</li> <li>2. NHSL Test &amp; Protect group with public health tactical group</li> <li>3. NHSL Priority Testing Plan</li> <li>4. Appointment of an initial NHSL workforce cohort for T&amp;P with additional recruitment approved September</li> <li>5. NHSL laboratory capacity has been increased</li> <li>6. National Mutual Aid Agreement</li> <li>7. Additional recruitment to the PH Department</li> <li>8. Monitoring of a set of indicative measures (KPI's)</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround</li> <li>2. Development of a matrix to manage demand and capacity</li> </ol>	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"> <li>1. Primary Care Implementation Plan Board with oversight of the Vaccination Transformation Programme</li> <li>2. Vaccination Transformation Programme Steering Group</li> <li>3. NHSL Vaccination Lead</li> <li>4. Collaborative approach with Infection Prevention &amp; Control</li> <li>5. Reporting through CMT</li> <li>6. Governance reporting through Population Health &amp; Primary Care Committee</li> <li>7. Initial test of change commenced as part of the managed services</li> <li>8. Implement blended approach to recall for those cohorts required to have influenza vaccination</li> </ol>	Medium	G Docherty

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**v) Very High Graded Risks across NHSL as at 14<sup>th</sup> October 2020**

Acute

There are two (2) very high graded risks owned and managed within the Acute Division as set out below, new risk ID 1933 re TTG:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	Controls: 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. Actions: 1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas. 2. Work being carried out to prepare an NHSL response regarding WOS proposal paper.	J Park
1933	Treatment Time Guarantee	20/08/20	Very High	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: The previously reported very high graded risk for the North: Risk ID 1599 – Community Paediatric Trakcare, has been reviewed and reduced to High.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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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"> <li>1. Executive group established to highlight and enact potential solutions.</li> <li>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.</li> <li>3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years.</li> <li>4. GP recruitment and retention group meets regularly.</li> <li>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.</li> <li>6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board.</li> <li>7. Procurement of a community information system to optimise contribution to community services.</li> </ol> <p><u>Action</u></p> <ol style="list-style-type: none"> <li>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.</li> </ol>	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
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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	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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.</li> <li>3. A communication strategy to leverage the benefits of the new digital hospital attracting staff to work there, becoming a hospital of choice. Harnessing all education and people development opportunities to ensure effective people development and succession planning, whilst embracing the wellbeing of employees.</li> <li>4. In recognition of the size and layout proposed for the new hospital including single rooms, it is anticipated that Nursing and Support Services will be the two staff groups most impacted by the proposed changes.</li> <li>5. 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.</li> <li>6. Continue to work with PSSD to reflect additional workforce needs as part of FM strategy. Benchmarking data will be used to support this work.</li> <li>7. 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.</li> <li>8. Explore advanced practice and flexible roles such as peripatetic care assistants and workers who seamlessly straddle health and social care to deliver services in communities, hospitals and homes.</li> </ol>	C Lauder

The Primary Care Implementation Programme (PCIP) Risk Register has been reviewed and endorsed through the Programmed Oversight Board. These risks will be transferred to the Organisation Risk Management system (Datix) by the end of November 2020 (originally September with some delays experienced).

Monklands Business Continuity Risks Assessed as Very High

There are now 8 very high graded risks on the Monklands business continuity risk register with risk ID 1930 – Endoscopy Ventilation at UHM being reduced in risk level and ID 1932 re challenges of physical distancing to maintain service delivery being closed. The current risks are set out below:

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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

\* date transferred to Datix

Two previously reported PSSD very high graded risks ID 1936 and 1937 regarding endoscopy ventilation in UHW and UHH have been reduced in risk level.

**Major Incident: EU Withdrawal Very High Graded Risk**

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ID	Title	Risk level (current)	Mitigating Controls	Command & Category
CL/PHSC/17	Finance - Potential increases in costs creating additional pressures on Financial sustainability, with immediate, medium and long term impact on our ability to deliver services	Very High	<ul style="list-style-type: none"> <li>• All associated financial management processes to be followed in terms of budgetary planning and monitoring.</li> <li>• Escalation of financial impact through the control mechanism. (Bronze, Silver, Gold etc)</li> <li>• Consider escalation to Scottish Government</li> </ul>	Strategic / Clinical

The EU Withdrawal risks continue to be subject to review, with a preparatory focus group being held with tactical leads on Monday 19<sup>th</sup> October to resume work around planning assumptions and update risks relative to the expected impact. A further review is scheduled for November 2020 in assessing continuous preparation for the imminent deadline on trade deal(s) outcome and impact by December 2020.

**Major Incident: Covid-19 Very High Graded Risks**

Since the last reporting period there has been one (1) risk (ID CH/03) re testing in care homes reduced from very high to high whilst there are six (6) new very high graded risks (ID CH/07, CL/22, PBH/02, PBH/04, PBH/06 & PBH/07) bringing the total of very high graded major incident : Covid-19 risks to ten (10) as set out below:

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



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ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
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/PHSC /18	There is a risk that the existing resources in community and primary care – both physical footprint and resources – will be overwhelmed by observing social distancing whilst standing back up services which involve significant numbers of people all requiring face to face consultation. Examples would include 100k flu vacs in an 8 week window; >10k smears/month; > 10k treatment room presentations/month; other immunisation programmes etc	07/05/20	Very High	A clinical reference group has been established to identify clinical prioritisation of which services to stand up first and the degree as to how much of it requires to be stood up. For example, does review of fragile diabetic patients, CHD patients; re-establishing treatment room services; etc trump national screening programmes. If national programme set up, do we prioritise some patients therein, e.g. certain age groups of women for smears? Regardless of mitigation, it is inevitable that current resources would not meet demand and observe social distancing.	Tactical / Clinical
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"> <li>•Silver command stood up to address the specific risk</li> <li>•Priority Areas (T&amp;P/PH, Care Homes, Flu Vaccination, CAC) to product table of staff groups and skills required and shifts/times to be covered.</li> <li>•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</li> </ul>	Tactical / Clinical

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ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
PBH/02	Current & surge capacity. It is evident from recent outbreaks there is a risk that the resilience of the Health Protection Team 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 Lanarkshire and fulfil its legislative duties as required by Public Health etc. (Scotland) Act 2008. Doubling of cases every 7 days is at point of overwhelming current capacity. This curtails the ability to effectively manage incidents jointly with partners.	22/09/20	Very High	<ol style="list-style-type: none"> <li>1. Public Health Tactical Plan</li> <li>2. Debriefing and lessons learned from the response to previous clusters and outbreaks</li> <li>3. Implement more streamlined process for managing clusters.</li> <li>4. Formulate battle rhythm for daily working.</li> <li>5. Establish daily PH tactical commander to ensure resources meet priorities.</li> <li>6. Enhanced surveillance through the Test &amp; Protect Case Management system to enable preparedness for surge, including daily reporting to HPS</li> <li>7. Collaborative working with all Health Protection Teams across Scotland</li> <li>8. Investment to increase Health Protection Teams expected from SG (although not yet agreed proportion of allocation, or received in advance)</li> <li>9. Communication Plan with additional dedicated public health comms resource</li> <li>10. CMT support to extend and fund staff allocated to PH from redeployment</li> <li>11. Agree protocols with Environmental Health and Further Education on joint working.</li> <li>12. Increase staffing levels as indicated in risk PBH/6</li> </ol> <p>Actions Develop a knowledge management approach and sharing of core information</p>	Tactical / Public Health
PBH/04	Lack of staffing 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 England changes and liaison with 'community & recreation' facilities eg pubs, restaurants and school. The falling percentage of cases being interviewed within 24 hours, the growth in both the number of cases and the backlog in interviews and the stretch that this puts on the T&P service are eroding the PH effectiveness of this intervention. This has a negative impact on the effectiveness of current social restrictions. The doubling of cases every 7 days will further diminish the efficiencies of T&P	22/09/20	Very High	<ol style="list-style-type: none"> <li>1. Enhance capacity to clear backlog and meet envisaged doubling of cases every 7 days by implementing agreed workforce model with additional 38 tracers being operational by Monday 28th of 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 hours.</li> <li>2. Address weekend and out of hours working in T&amp;P. Expand T&amp;P workforce to enable weekend working to clear backlog and the predicted exponential increase in cases.</li> <li>3. Improve effectiveness of T&amp;P by ensuring that at least 90% of cases are interviewed within 24 hours of notification.</li> <li>4. Improve effectiveness of programme to interview at least 90% of contacts are interviewed within 24 hours of interviewing a case, by enhancing capacity and introducing automatic texting. By agreeing with NCTC to manage these contacts by introducing automatic texting and completion protocol.</li> <li>5. Share metrics to allow daily monitoring of performance</li> <li>6. Introduce a more rapid training of recruits so that they become operational more quickly.</li> <li>7. Improve CMS data outputs to more rapidly detect clusters and common exposures</li> <li>8. Move to enhanced single system working by agreeing with NCTC mutual aid and other arrangements.</li> <li>9. Continue to modify scripts to streamline interview process.</li> </ol>	Tactical / Public Health

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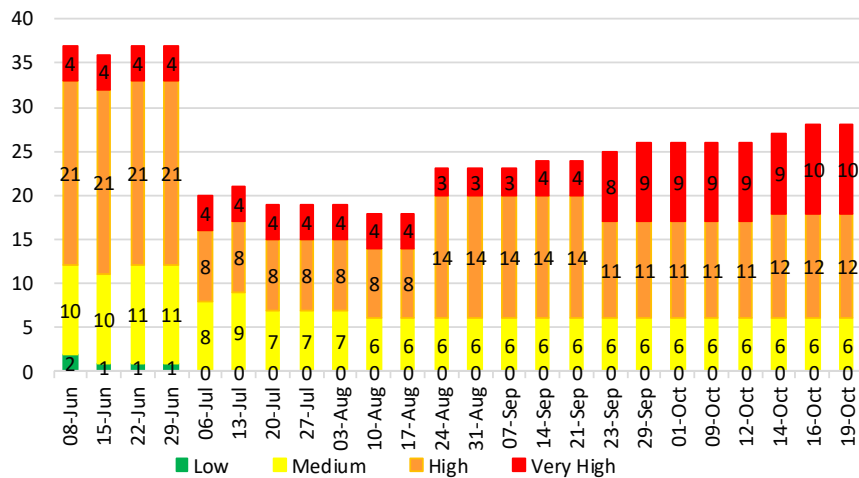
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
PBH/06	<p>The pressure on the staffing resource within NHS Lanarkshire Public Health Department has become critical. Existing pressures on this resource were being managed prior to the pandemic, however seven months into management of the situation it is clear that if additional staff are not put in place immediately the service will become overwhelmed. The effectiveness of public health interventions is threatened especially Outbreak and Cluster management and Test and Protect. To address this risk the Director of Public Health has identified a critical need for 4.0 wte Band 4 staff on a seven day working pattern, to be deployed immediately.</p>	15/09/20	Very High	<p>Strategic Command support to identify admin staff who can be redeployed Strategic Command support for funding of 4 x Band 4 Support Staff on a seven day working pattern</p>	Tactical / Public Health
PBH/07	<p>There is a risk of significant adverse impact on the mental health and wellbeing of the public health team resulting from the increased pace of work effective since January 2020 that has continued throughout the year and is intensifying commensurate with the incidence, clusters and outbreaks of Covid-19. This has the potential to lead to sickness /absence and loss of key clinicians and support staff at a critical time in effective management of the Covid-19 pandemic creating unintended consequence.</p>	16/10/20	Very High	<ul style="list-style-type: none"> <li>• Continuous workforce gap analysis and recruitment</li> <li>• Seeking surge support throughout Organisation as supported at Strategic Command</li> <li>• Full range of occupational health and wellbeing support offered to all staff</li> <li>• Monitoring of sickness /absence</li> <li>• Viring staff to areas of priority within the department</li> </ul>	Tactical / Public Health

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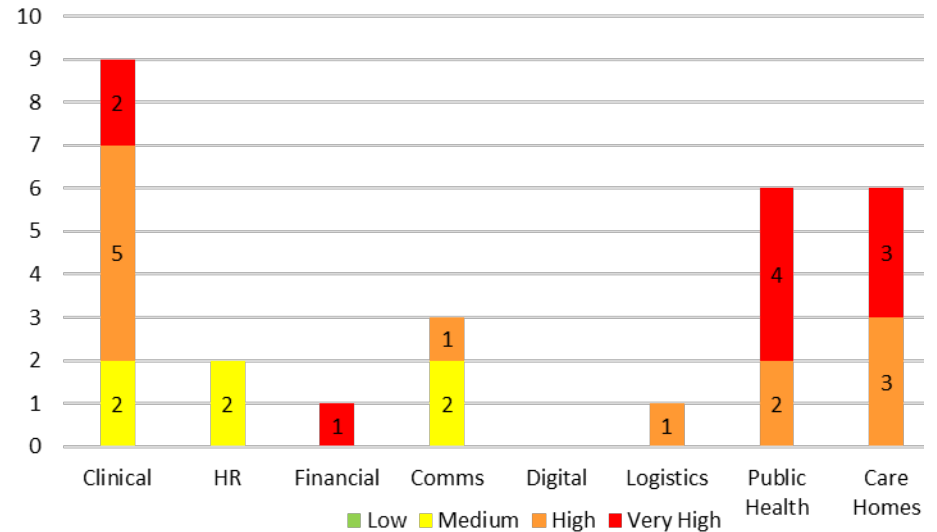
vi) Risk Profile of Major Incident COVID-19 Risks as at 19<sup>th</sup> October 2020

On 28<sup>th</sup> May, the Strategic command and appropriate other tactical groups were suspended, with new public health tactical, new care home and communication tactical continuing to meet. Strategic command remained 'live' and was reconvened on 16<sup>th</sup> September. The risk report will continue to be monitored through the relevant command groups with oversight at Strategic Command. The most recent Strategic Command report dated 19<sup>th</sup> October can be seen in Appendix 2. There are now 28 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.

Covid Risk Profile By Severity & Number As At 19<sup>th</sup> October 2020



Profile By Category As At 19<sup>th</sup> October 2020



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**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 was agreed.

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

A timeline for resuming current improvement work and new improvement work effective from September has been considered and agreed at CMT.

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 new and/or closed risks since the last reporting period, referring to appendix 1 for the note of all other changes.
- 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 14<sup>th</sup> October, set out in appendix 1
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks, including the new very high graded Covid-19 risks - ID CH/07, CL/22, PBH/02, PBH/04, PBH/06 & PBH/07
- Noting the most recent Covid-19 risk register summary report prepared for Strategic Command, dated 19<sup>th</sup> October 2020, appendix 2
- Noting the COVID-19 risk profile by number, severity and category
- Noting the one (1) very high graded EU Withdrawal risk and the scheduled reviews pre December 2020
- 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**

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