

NHS Lanarkshire  
28 April 2021

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**SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT RISK REGISTER REPORT**

**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 March 2021, 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.

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 as at this reporting period. 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.

During this period of emergency footing, NHS Lanarkshire has revised their governance arrangements. The Planning, Performance and Resource Committee (PPRC) has been stood down effective from April 2020. The Population Health, Primary Care & Community Services Governance Committee (PHPC&CSGC) has received one (1) risk report in September 2020 but was stood down since that date. However, the Population Health, Primary Care & Community Services Governance Committee will be reconvening on 6 May 2021. All corporate risks have an identified assurance committee for oversight and during this interim

period, risks that have the PPRC or PHPC&CSGC identified as the assurance committee remain the responsibility of the Board until it is agreed when these Committees will resume.

The Acute Governance Committee was also stood down in early 2020/21, but held meetings in September 2020, January 2021, and March 2021.

The Board received a full report on the risks that would normally be overseen by PPRC and the PHPC&CSGC groups at its meeting in February 2021 and these risks will be highlighted within the report bi-monthly until the full governance arrangements resume. This report will therefore outline risks with PPRC & PHPC&CSGC as the assurance committee within the report for oversight by the Board. All corporate risks can be reviewed in Appendix 1.

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 3-6)
- 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> April 2021 (pages 7-8)
- 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 8-10)
- 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 11-14)
- v) Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high, (pages 15 to 17)
- vi) Set-out specifically, the risks that have the Board as the assurance committee, including PPRC and PHPC&CSGC (page 18 -25)

For reference, the full Corporate Risk Register, in descending order from Very High, is set out in Appendix 1, accurate as at 14<sup>th</sup> April 2021.

### **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 corporate risks. The corporate risk register has been subject to a quarterly review and the summary of closed, de-escalated and new risks with significant material change to current risks are set out below. There are no other changes to be recorded.

#### **Closed Risks**

There are five (5) risks closed within this reporting period:

Risk ID 1898 - There is a risk that existing Governance arrangements will not provide the Board with the necessary assurance and oversight of the response to COVID-19 and that the Senior Leadership Team will be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continue to service existing Governance arrangements and the range of Governance Committees.

This was a **Medium** graded risk owned by H Knox. Reflecting on the arrangements in place during 2020, continuing arrangements and the output from the internal audit report, this was no longer considered a risk and was closed.

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Risk ID 1724 - There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government.

This was a **Medium** graded risk owned by H Knox and was closed as NHSL is progressing to OBC.

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Risk ID 1919 - There is a risk of increased Covid exposure for patients attending ED if the attendances continue to increase, impacting on the safety and risk of infection to all those attending. There is a dependency on the functioning of the Community Assessment Centres to reduce the attendance at ED.

This **High** graded risk owned by J Park was closed as the numbers of Covid-19 cases has reduced significantly and with the numbers attending ED, it was no longer considered a risk.

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Risk ID 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.

This **Very High** graded risk was pertinent to the year 2020/21 and was closed, being superseded by a new risk ID 2014 for year 2021/22.

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Risk ID 1969 - There is a risk that NHSL will not be enabled to effectively and timeously deliver the Covid-19 vaccination programme as expected because of the logistics around the model of delivery e.g. accommodation, priority matrix for cohorts of those to be vaccinated and the immediacy of beginning the vaccination programme with the potential to result in a continuously changing environment with delays in delivery and adverse public perception resulting in a reputation risk for NHSL.

This **High** graded risk was opened at an early stage of delivery of the Covid Vaccination Programme with a change in the risk issues now. The risk has been closed with a new risk opened to outline the contemporary position (Risk ID 2015)

#### **Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register**

Two (2) risks have been de-escalated from the corporate risk register to operational level:

Risk ID- 1702 – There is a risk that as NHSL move out of transition arrangements to the new clinical waste contract, there is the potential for compliance issues resulting from the time required to release staff for training.

This **Medium** graded risk owned by C Lauder has been de-escalated to PSSD management level for continuous monitoring with review for closure within the next 6 months if progress without adverse impacts is maintained.

Risk ID- 1728 -There is a risk that critical contracted NHS beds and out of area placements could be lost because of the Four Seasons Healthcare Group's current financial challenges, leading to the loss of capacity of care of the elderly and mental health continuing care capacity and an urgent need to enable alternative provision.

The position of this **Medium** graded risk appears to be stable at present with no indication of impact on Lanarkshire Homes. The risk has been de-escalated to H&SCP operational level for gatekeeping and oversight of any change to the position. This will be escalated to corporate again as required. This risk is owned by R McGuffie who will maintain updates to J Park.

#### **New Corporate Risks Identified**

Two (2) new risks have been identified and set out:

Risk ID 2014 - 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 2021/22.

This is assessed as **Very High** and is owned by C Lauder.

Risk ID 2015 - There is a risk that NHSL will not be enabled to sustain longer term delivery of the Covid-19 vaccination programme as expected due to the current national vaccine supply issues, workforce issues as other services recover and sustained use of current community accommodation. This has the potential to result in changes to pace and a changing environment with unintended delays in delivery and adverse public perception of NHSL.

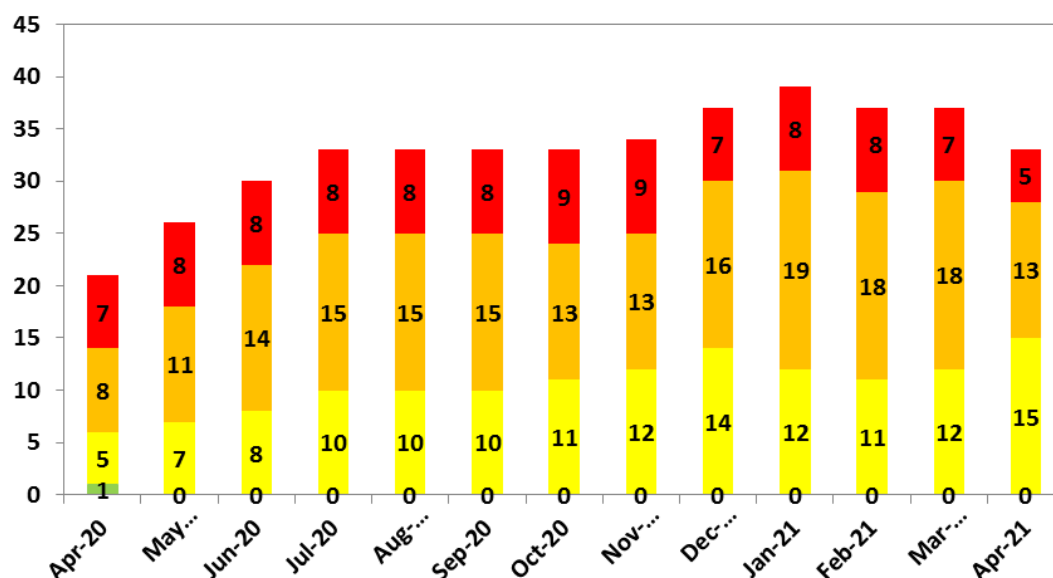
This **High** graded risk replaces risk ID 1969 and is owned by J Burns.

Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Description of the Risk and Note of Change	Risk Owner
659	<p>There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.</p> <p>This risk has been reduced from <b>High</b> to <b>Medium</b> as Covid cases have reduced significantly and NHSL is in a much better position to respond to any major emergency.</p>	G Docherty
623	<p>There is a risk that NHSL will not have the capacity to respond to a second / third wave of COVID-19 as the demand on services could overwhelm the available resources, including bed capacity and workforce.</p> <p>This risk has been reduced from <b>High</b> to <b>Medium</b> as over the period December 20 to March 21 NHSL responded to, and effectively managed a significantly higher number of positive hospitalised cases than the first wave. The tolerance has also been reduced from <b>High</b> to <b>Medium</b>.</p>	G Docherty
1946	<p>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; delivery of the Covid-19 vaccination programme; impact from continuing to respond to and recover from Covid-19 pandemic; 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>Moving out of a critical Covid-19 priority period and out of winter pressures with a stable workforce, this risk has been reduced from <b>High</b> to <b>Medium</b>.</p>	H Knox
1450	<p>There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.</p> <p>Reflecting on the alternative ways of working this risk has been reduced from <b>Very High</b> to <b>High</b> at this point in time.</p>	H Knox
1912	<p>There is the potential for an increase in the number of complaints received as a consequence of an expectation that services will return to normal capacity which will currently not be possible. There is a risk that the standards for response may not be met if demand exceeds capacity.</p> <p>Noting that the number of complaints remains stable at present, this risk has been reduced from <b>High</b> to <b>Medium</b>, with continuous monitoring</p>	E Docherty

1987	<p>There is a risk the change to new 111 service cannot meet the demand of patients due to workforce issues that could potentially adversely impact on patient outcome and impact on the Emergency Departments, negating the purpose of the 111 service.</p> <p>Since the inception of the 111 service, this risk has not materialised and has been reduced from <b>High</b> to <b>Medium</b>. The title of the risk changed to better reflect the actual risk.</p>	C Lauder
1984	<p>There is a risk that as NHSL has to step down non-urgent services to respond to the increasing trend and severity of Covid-19 in wave 3 delays in diagnostics and treatment will be experienced by some patients.</p> <p>Recovery work is progressing that reduces this risk from <b>High</b> to <b>Medium</b>. The tolerance was also reduced from <b>High</b> to <b>Medium</b>.</p>	J Park
1986	<p>There is a risk of reputational harm to NHSL with regards to the delivery of the Covid Vaccination Programme. This results from a range of factors including vaccine supply, mobilisation of workforce, designated centres that might require travel for many people and the change to the follow-up 2nd vaccination to meet the SG vaccination timelines for each cohort. This has the potential to lead to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.</p> <p>Reviewing the current position, this risk remains graded <b>High</b> with the tolerance being increased from <b>Low</b> to <b>Medium</b>.</p>	C Brown
1989	<p>There is a risk that NHSL will not be able to sustain and maintain the necessary workforce to meet the changing priorities and demands in responding to Covid-19 cases and contacts, mass vaccination programme and recovery and remobilisation, with the potential to adversely impact on patient, staff and continuity of services.</p> <p>Moving out of the current Covid-19 wave, the title and description of this risk has been changed and the assessed level of risk has reduced from <b>Very High</b> to <b>High</b>. Controls updated to reflect the inherent workforce planning within the recovery &amp; remobilisation plan, with a new action on submission of a workforce planning template to SG by the end of April 2021.</p>	K Sandilands

ii) **NHSL Corporate Risk Register Profile as at 14<sup>th</sup> April 2021**

For this reporting period, there are now 33 corporate risks. The risk profile is shown for the period April 2020 to 14th April 2021 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				3	1
	Likely	4			3	1	
	Possible	3			13	10	
	Unlikely	2				2	
	Rare	1					

The risks are categorised by type as shown below:

Risk Type	Low	Medium	High	Very High	Totals
Business	-	5	7	3	15
Clinical	-	2	2	-	4
Staff	-	-	1	-	1
Reputation	-	1	-	-	1
Covid-19	-	6	3	2	11
Brexit	-	1	-	-	1
<b>Totals</b>	<b>0</b>	<b>15</b>	<b>13</b>	<b>5</b>	<b>33</b>

The risks are further categorised by the three (3) overarching corporate objectives as shown below:

Corporate Objective	Low	Medium	High	Very High	Totals
Safe	-	5	7	2	<b>14</b>
Effective	-	9	6	3	<b>18</b>
Person Centred	-	1	-	-	<b>1</b>
<b>Totals</b>	<b>0</b>	<b>15</b>	<b>13</b>	<b>5</b>	<b>33</b>

### iii) 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			3	1	
	Possible	3			13	10	
	Unlikely	2				2	
	Rare	1					

Whilst there are 18 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>



## Very High Graded Risks on the Corporate Risk Register as at 14<sup>th</sup> April 2021

There are 5 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 each of these risks is above the normal tolerance levels and adjusted higher during this pandemic period.

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, the community assessment centre (now called Acute Respiratory Illness Centre - ARIC) is currently being retained impacting on the ability to maintain 2 site OOH model with the following in place:</p> <ol style="list-style-type: none"> <li>1. BCP in place with planned redirection to A&amp;E.</li> <li>2. OOH daily huddles with Senior Management Team</li> <li>3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place.</li> <li>4. OOH performance monitoring and reporting</li> <li>5. Improved triaging jointly with NHS 24 (This has resulted in a significant reduction in the number of people requiring a face to face intervention.)</li> <li>6. Recovery to 2 site model as and when staffing allows</li> <li>7. Full project plan that includes workforce planning</li> <li>8. Recruitment of salaried GP's ongoing.</li> <li>9. Increased number of ANPs</li> <li>10. Communication &amp; engagement strategy</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Longer-term progression of convergence of urgent care and OOH care aligning to national model</li> <li>2. Continuous dialogue with acute clinicians to support upstream OOH service</li> </ol>	High	V DeSouza
285	Standing risk that external factors may adversely affect NHSL financial balance	01/04/2008	Very High	<p>Controls</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. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Financial modelling</li> <li>2. Continuous financial submissions to SG.</li> </ol>	High	L Ace

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1990	Ability of NHS Lanarkshire to realise the required savings within year 2021/22 and deliver a balanced budget	21/01/2021	Very High	<p>Controls</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 the management of the Covid pandemic</li> <li>2. Continue with intelligence gathering and scenario planning</li> <li>3. Finance framework developed for redesign and recovery</li> <li>4. Financial modelling including predictions on Covid expenditure</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Resume dedicated CMT financial meetings</li> <li>2. Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is reasonably possible</li> </ol>	High	L Ace
2004	Potential Impact On Patients Resulting From Disruption of Day to Day Clinical Care In Response To Covid Priorities	22/02/2021	Very High	<ol style="list-style-type: none"> <li>1. Priority risk assessment of services with 'red line' approved through Strategic Command</li> <li>2. Early warning surveillance to enable preparedness for management of surges of cases / waves</li> <li>3. Public Health Tactical Planning for early identification and suppression of Covid-19</li> <li>4. Covid Vaccination Implementation Plan</li> <li>5. NHS Scotland Partnership working across Special Health Boards and Independent Sector to maintain elements of service delivery</li> <li>6. Alternative, safe ways of working/contact with patients eg Near Me</li> <li>7. Workforce responsiveness &amp; capacity planning (including partner agencies &amp; independent sector)</li> <li>8. Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints</li> <li>9. Rapid investigation of emerging issues</li> <li>10. Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy</li> </ol>	High	H Knox

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
2014	Recovery of Performance 2021 - 2022	13/04/2021	Very High	<p>Controls</p> <p>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</p> <p>3. Chief Executive Performance Reviews resumed from April 4. Remobilisation plan submitted to Scottish Government April 2021, outlining what is achievable and tolerable.</p> <p>Action 1. Continue to monitor performance</p>	High	C Lauder

#### iv)All Other Very High Graded Risks

#### Acute and Health & Social Care Partnership

There are now three (3) very high graded risks owned and managed within the Acute Division as below. There is one (1) very high graded risk for South Health and Social Care Partnership.

ID	Title	Open Date	Risk level current	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	<p>Controls:</p> <p>1. Part time short term Locum interventional radiologist in place.</p> <p>2. Site Contingency plans in place.</p> <p>Actions:</p> <p>1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas.</p> <p>2. NHSL confirmed that they wish to participate in Regional Service, workforce being reviewed to enable this.</p>	J Park

ID	Title	Open Date	Risk level current	Mitigating Controls	Risk Owner
1933	Treatment Time Guarantee	20/08/20	Very High	<ol style="list-style-type: none"> <li>1. Additional capacity agreed in the Independent Sector and at GJHN.</li> <li>2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group.</li> <li>3. Prioritisation letter issued to P4 patients updating on clinical prioritisation status. Urology complete. Orthopaedics, Ophthalmology, Gynaecology and General Surgery planned on phased basis.</li> </ol>	J Park
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	<p>Radiologist posts currently at advert with view to interview Feb 2021 but may be Aug 21 before able to start if only Registrars that have applied.</p> <p>Radiologists at UHM and UHW being asked to help support UHH - both within normal hours and at weekends with additional payments being offered</p> <p>If unable to fill gaps with local staff consider going to Agency for cover and also consider outsourcing to Medica/4Ways for same day turnaround reporting for acute images</p>	J Park
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	<p>Controls</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>Action</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> <li>2. Maintain plan as far as reasonably possible noting Scot Gov/SGPC have agreed to delay by a year in recognition of Covid 19</li> </ol>	V De Souza

There is one (1) SALUS risk that has been set out below:

ID	Title	Open Date	Risk level current	Mitigating Controls	Risk Owner
1982	Significant financial risk - Personal Independence Payment (PIP) site lease 160 Dundee St Edinburgh.	05/01/21	Very High	NHSL PSSD are talks with NHS Lothian regarding lease assignation for the premises. Site visits completed, now awaiting final sign off from NHS Lothian PSSD to proceed. Dilapidation report received, with final costs payable to be agreed. IAS have indicated they will contribute a yet to be determined amount to the final dilapidations bill.	M Kennedy

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 each shortlist site. Final scenarios will be presented for approval by the NHS Lanarkshire Board following the site selection outcome and final bed complement. This will be ahead of the OBC submission. A final report ratified by professional leads in each area and the Director will be provided to the Project Team and MROB members including Director of Finance.</p> <p>2. For all job families, continue to review scenarios following COVID-19 lessons learned review and final 1:200 department designs following site selection. The final schedule of accommodation is expected to be ratified in February 2021 which will determine the final requirements in each department and ward.</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>Clinical workforce: * Consider the reference design of the hospital for example ward layouts and peri operative suite, and how this will impact the workforce requirements in terms of where the staff will be stationed and visibility throughout the areas for observations.</p> <p>* Collaborative work with Senior Nursing colleagues and Project Team around single rooms and occupancy targets to project staffing numbers and consider the skill mix required for new wards and department layouts.</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-clinical workforce (PSSD): * 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 and meetings have commenced in Jan 2021.</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> <p>Non- clinical (A&amp;C, procurement and eHealth):</p> <p>*Engagement with all 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 within Monklands hospital in its current state.</p> <p>Consideration should be taken to Covid-19 lessons learned and models and ratios successfully implemented at other boards.</p>	C Lauder

Monklads Business Continuity Risks Assessed as Very High

There are three (3) very high graded business continuity risks for UHM.

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.	S McMillan
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 completed in December 2020 to improve 60mins compartmentation in the areas below the West Surgical Tower. Remaining compartmentation areas below East Medical Tower to be captured in forthcoming FSW phase 8.	S McMillan
1825	Failure of condensate receivers	17/09/2019	Very High	1. Detailed design solution prepared, reviewed and accepted- July 2020. 2. Stage 1B works underway for the replacement of 4 no. outstanding condensate receivers with a view to works progressing FY 21/22.	S McMillan

\*date recorded on Datix

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

At this reporting period there is five (5) very high graded Covid-19 risks

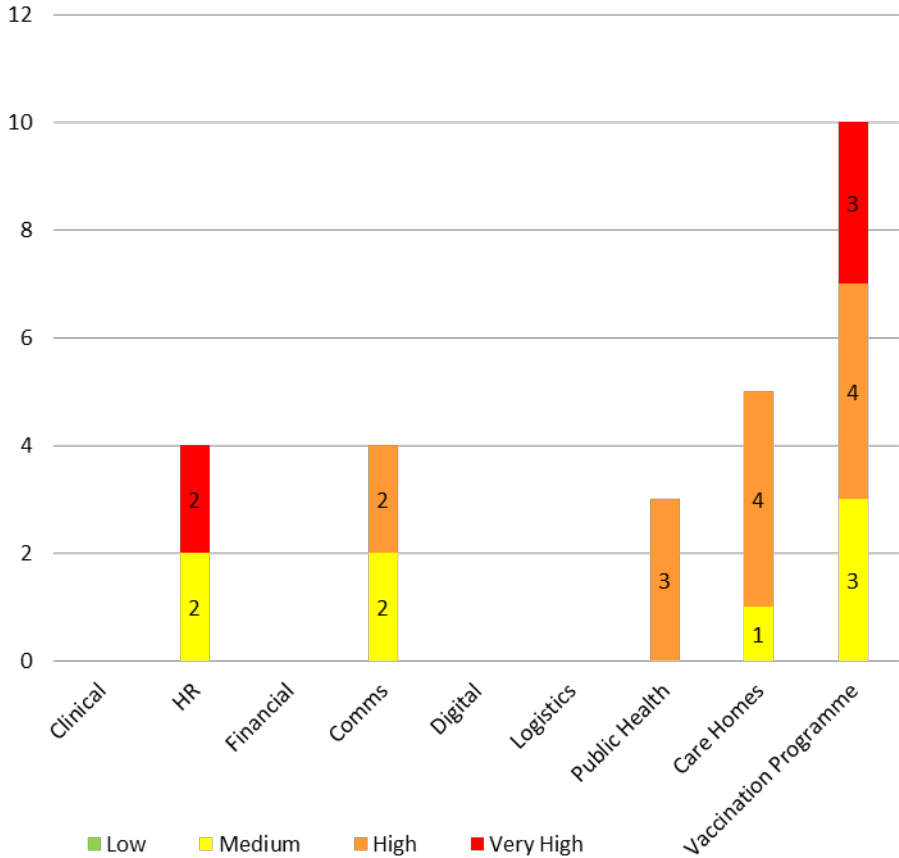
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CV/02	This is a risk that unplanned variations in supply due to manufacturer supply problems or delivery failure could cause us to be unable to fulfil booked appointments.	16/01/21	Very High	<p>Close monitoring of supply through Flow Control Unit</p> <p>Booking only so far ahead as is required to give adequate notice to patients until supply secure</p> <p>Build buffer through early growth phase to ensure a least a week's supply of all vaccines in use in Lanarkshire held locally. Further mitigation: Undertaking daily stocktakes and daily planning meetings.</p> <p>Switching centres between vaccines as required.</p> <p>Retrieving all stock held by GPs for Over 80s vaccinations.</p> <p>Liaising with National Programme on national planning of vaccine distribution</p>	Tactical / Covid-19 Vaccination Programme
CV/11	There is a risk due to the number of vacant posts, ongoing recruitment, staff new in to leadership roles and high number of sessional staff that there will be an inability to provide adequate clinical leadership and adequate supervision of inexperienced nursing staff and vaccinators resulting in compromised patient safety	09/02/21	Very High	<ul style="list-style-type: none"> <li>• Redeployment of senior nurses/AND's and nurse directors until all team leaders are in posts. This is time limited and increase risk in other areas</li> <li>• Source additional staff to perform registrant role including dentists, Band 5 nurses</li> <li>• Deployment of staff across directorates to increase registrant staffing for next 3 weeks</li> <li>• Leadership development for new team leader's session planned 17/02/21, coaching on site by senior nurses and establishing supervision network.</li> <li>• Aid memoir developed for clinical lead roles to support safety brief and ensure consistency across all sites</li> <li>• Ongoing recruitment of Band 6 and 7 nursing staff</li> </ul>	Tactical / Covid-19 Vaccination Programme
CV/12	There is a risk that patients who have not been scheduled for 1st dose via the national scheduling system, ServiceNow resulting in the patient not receiving an appointment for their 2nd dose.	02/03/21	Very High	<p>Mitigation:</p> <p>Local process to schedule &gt;80's from 22nd March is required.</p> <p>Regular Mop up files must be passed to SNOW for processing and scheduling. This will now be built in as part of the weekly missed letters process that has been established w/c 22nd Feb. The national team have yet to confirm end to end process. Patients that feel they have been missed must report via the NHS Informs webpage as this allows a single list be collated and processed via SNOW.</p> <p>2nd dose scheduling – must be based on VMT data and not what has been scheduled via SNOW. VMT data is the most reliable source to understand who has been vaccinated and date of vaccination.</p>	Tactical / Covid-19 Vaccination Programme



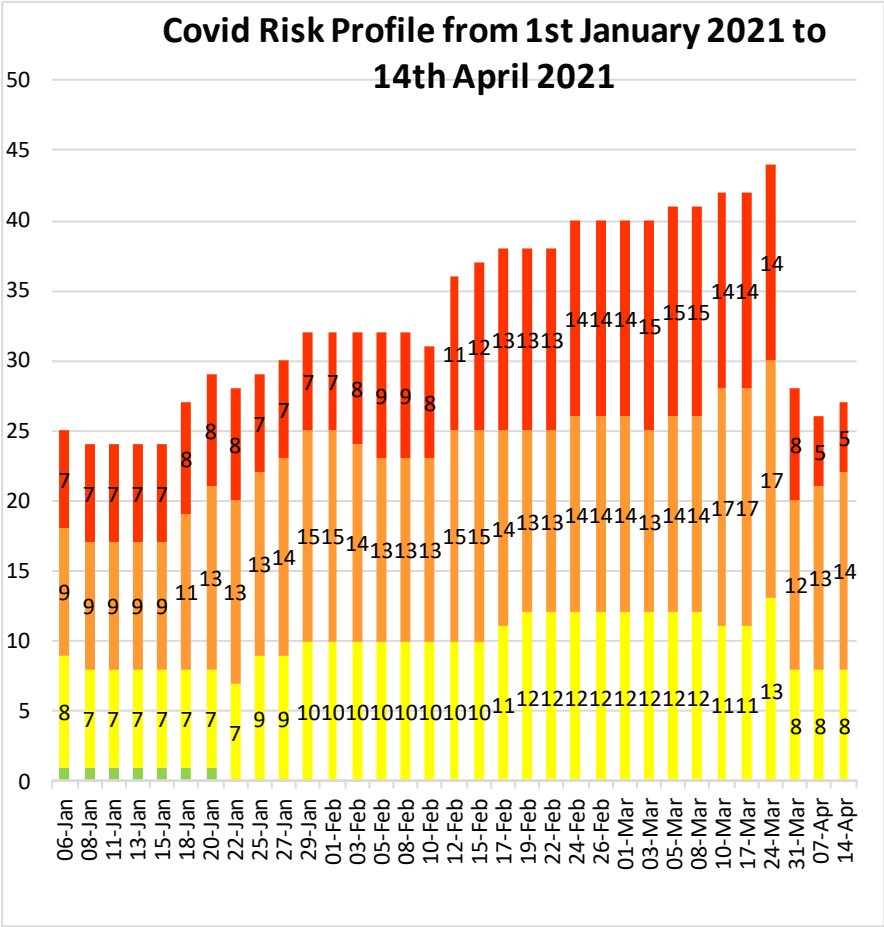
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
HR/08	Staff are extremely fatigued having come through 2 waves of Covid and there is an increased risk to staff resilience in a third wave. This could significantly increase staff absence and consequently reduce workforce capacity.	17/12/20	Very high	1. Range of staff support services locally and nationally – SALUS, spiritual care, psychological services, PROMIS 2. Rest and recuperation areas 3. Peer support network 4. Staff health and wellbeing group	Tactical / HR & Wellbeing
HR/09	NHSL are required to move to a more resilient supply of FFP3 masks. 4 Masks have been identified as procurement preference. As such over 4,000 staff must undergo further Face Fit testing on the new masks by April 2021 when existing range expires. Successful “fit” with the new masks is averaging at 75%, resulting in 25% requiring another solution. Re-testing of staff is unlikely to complete by the 31st March as testing is dependent upon staff release/availability from clinical areas already under Covid related pressures.	02/02/2020	Very high	Testing programme in place to ensure “Testing” targets are met. Additional staff in training to provide increased capacity. Site Directors and relevant heads of service are aware of requirement to release staff where safe to do so. Support in place from NSS testers. Weekly reporting by site of uptake, monitored and reported at Silver Workforce Forum. Other suitable sustainable masks/equipment sought for the 30% unable to obtain a desired “fit” of mask. Update 02/02/2021 Additional staff in training to provide increased capacity. Site Directors and relevant heads of service are aware of requirement to release staff where safe to do so prior to 31st March. Weekly reporting by site of uptake, monitored and reported at Silver Workforce Forum. Alternative powered and re-usable respirators being procured. Issue of re-usable alternative respirators to staff who requiring an alternative to disposable FFP3 mask. Consideration of an extension of current pandemic stocks for a limited number of staff until alternative respiratory protection can be provided.	Tactical / HR & Wellbeing

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 16<sup>th</sup> September 2020 and the relevant tactical groups. . Effective from week commencing 8<sup>th</sup> March, the Strategic Command meeting have been reduced with some tactical groups being stood down. The risks for the groups that have been stood down have been reviewed and either closed, transferred to operational risk registers or referred to within the corporate risk registers. There are now 27 live risks directly related to COVID-19 on the major incident risk register, accurate as at 14<sup>th</sup> April 2021. The current risk profile is set out by category and severity and number below:

Profile By Category As At 14th April 2021



Covid Risk Profile from 1st January 2021 to 14th April 2021



**iv) Assurance and Oversight of Risks 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 with the Planning, Performance and Resource Committee, the Population Health and Primary Care & Community Services Governance Committee and the Acute Governance Committee remaining 'stood down' at present. In the interim, it has been the responsibility of the Board to provide that oversight until re-enactment of these Committees, noting that the Acute Governance Committee met in January 2021 and delivered a summarised presentation to members.

For the purpose of this report, there are no risks that have the Board identified as the assurance committee. The focus for this reporting period is for risks that the PPRC or PHPC&CSGC is identified as the Assurance Committee as set out below.

Risks that have the Planning Performance and Resource Committee as the Assurance Committee:

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
285	There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance eg significant changes to drug tariffs, superannuation and national insurance and other legislative changes eg care homes, safe staffing and pay awards, but increasingly backlog of activity will require to be managed on a rolling basis. For 2021/22 the COVID 19 pandemic will have a significant impact on the NHS's expenditure with uncertainty of the impact of Brexit.	01/04/2008	Very High	Controls 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: Regional planning Scottish Government Networking with other Health Boards 4. Re-assessment of key risk areas e.g. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs Action 1. Financial modelling 2. Continuous financial submissions to SG.	High	L Ace
1990	There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2021/22 and deliver a balanced budget whilst maintaining essential services, meeting	21/01/2021	Very High	Controls 1. Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through the management of the Covid pandemic 2. Continue with intelligence gathering and scenario planning	High	L Ace

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
	legislative requirement and meeting additional costs related to the continuing Covid-19 pandemic.			3. Finance framework developed for redesign and recovery 4. Financial modelling including predictions on Covid expenditure Actions 1. Resume dedicated CMT financial meetings 2. Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is reasonably possible		
2014	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 2021/22.	13/04/2021	Very High	Controls 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 plan3. Chief Executive Performance Reviews resumed from April 4. Remobilisation plan submitted to Scottish Government April 2021, outlining what is achievable and tolerable.Action 1. Continue to monitor performance	High	C Lauder
1974	There is a risk that as surveys of the identified NHSL properties built with reinforced autoclaved aerated concrete (RAAC), as commissioned by Health Facilities Scotland (HFS), are progressed there is the potential that there will be the requirement to undertake immediate remedial work at significant financial cost and disruption to service as the work is completed.	14/12/2020	High	1. PSSD commissioned early review with external company 2. CIG informed of the position and preparedness for Stage 1, moving to Stage 2 Actions 1. Progression of early review when Health Facilities Scotland (HFS) provides the technical specification required.	Medium	C Lauder
1986	There is a risk of reputational harm to NHSL with regards to the delivery of the Covid Vaccination Programme. This results from a range of factors including vaccine supply, mobilisation of workforce, designated centres that might require travel for many people and the change to the follow-up 2nd vaccination to meet the SG vaccination timelines for each cohort. This has the potential to lead to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.	21/01/2021	High	1. Full communication plan including: -information to the general population on the priority areas, changes to the timing of the 2nd vaccine, promoting the need for vaccination, where and how this would be delivered and what to expect in terms of appointments and recall -a social media campaign incorporating strong messaging -scheduling of communication through a range of methods to support the Covid vaccination roll out -a new weekly MSP briefing to ensure they are informed 2. New network of Covid Champions in the Community with regular network/briefing meetings 3. Continuous monitoring of queries, issues, complaints with a managed process for responding 4. Executive and senior management attendance by invite to Community Boards/public meetings 5. Continuous oversight and management of risks and issues through the Communications Tactical Group	Medium	C Brown

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
1905	The wider application of the SFRS UFAS policy has resulted in a reduction of the pre-determined attendance of fire appliances to community health centres from two appliances to one. This pre-determined attendance would be increased to normal levels on confirmation that the fire alarm activation is the result of an actual fire. The absence of suitable arrangements within health centres to investigate the cause of alarm and provide a confirmation call to SFRS using the 999 system presents a risk to staff, patients and visitors.	21/05/2020	Medium	Controls & Actions 1. Senior Site Responsible Person to identify suitable staff who can investigate the cause of a fire alarm activation and, when confirmed that it is an actual fire, to provide a back up call to SFRS 2. NHSL Fire Safety Team to provide suitable training in order that the task detailed under point 1 above can be fulfilled 3. These requirements should be underpinned by NHSL Fire Safety Policy, which is currently subject to review by the Senior Fire Adviser.	Medium	C Lauder
1911	There is a risk that there will be an increase in claims lodged post Covid-19 with the potential to adversely impact on the CNORIS premium.	10/06/2020	Medium	Controls: 1. Maintain current claims systems 2. Monitor over a longer period of time to identify increase in numbers and types of claims	Medium	P Cannon
1923	There is a risk that information is not disseminated timeously as services require to be stepped down and recovered in response to each Covid wave with the potential to adversely impact on the expectations of the public and the reputation of NHSL.	15/07/2020	Medium	Controls 1. Oversight of Communication issues and risks continue through the Tactical Communications Group, chaired by the Director of Communication 2. Firstport site with weekly listing of services in recovery 3. Weekly listing of services in recovery on the public website 4. Internal process on timeous preparation of the communication of services being stepped down, or in recovery 5. New staff covid section on the NHSL public website to improve access	Medium	C Brown
1946	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; delivery of the Covid-19 vaccination programme; impact from continuing to respond to and recover from Covid-19 pandemic; adverse weather and the uncertain impact from Brexit, affecting ability to maintain the full range of services throughout the forthcoming 6-8 months.	25/09/2020	Medium	Controls 1. Resilience & site/area business continuity planning 2. Series of resilience workshops held, including a CMT workshop in January 2021 3. Redesign of Urgent Care Nationally and Locally, including Community Assessment Centres 4. Delivery of the patient and staff influenza vaccination programme. 5. Investment for recruitment to Test & Protect & Public Health Teams 6. Winter Plan 2020/21 8. Major Incident Planning with Protocols 9 In 'live' Strategic Command for Covid-19 pandemic 10. Review of performance targets with SG 11. Programme for staff wellbeing 12. Continuous monitoring of staff sickness /absence 13. Commencement of staff, care home and >80yrs Covid Vaccination Programme 14. Responsiveness to communicating and managing adverse weather warnings & conditions 15. Local logistical planning for delivery of the mass Covid Vaccination programme	Medium	H Knox

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
659	There is a risk that NHS Lanarkshire is unable to prevent or effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.	01/08/2009	Medium	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Major Emergency Plan <ul style="list-style-type: none"> <li>- Resilience Group meets regularly to review actions</li> <li>- Evaluate and review Plan regularly</li> <li>- Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP)</li> </ul> </li> <li>2. COMAH sites major incident plans <ul style="list-style-type: none"> <li>- Monitor, evaluate and revise site plans</li> <li>- Ensure Public Health staff aware of specific responsibilities</li> </ul> </li> <li>3. Staff education and training <ul style="list-style-type: none"> <li>- Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module.</li> <li>- Monitor, evaluate and revise education and training</li> </ul> </li> <li>4. NHSL exercises <ul style="list-style-type: none"> <li>- Undertake, monitor, evaluate and revise exercises</li> </ul> </li> <li>5. Multi-agency exercises <ul style="list-style-type: none"> <li>- Undertake, monitor, evaluate and revise exercises</li> </ul> </li> <li>6. Joint Health Protection Plan</li> <li>7. BCP plans tested at Corporate and Divisional level</li> <li>8. Multi-agency monitoring Group</li> <li>9. Completed Review of the NHSL Resilience Group function and Term of Reference</li> <li>10. The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place</li> <li>11. Revised Primary Care Mass Casualty Plans</li> <li>12. Through the NHSL Resilience Group, there is commissioning with oversight of: <ul style="list-style-type: none"> <li>-internal audit recommendations</li> <li>-GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents</li> <li>-Continuous self-audit</li> </ul> </li> <li>13. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed through CMT</li> <li>14. Continued investment in resilience through extension to temporary contracts of Resilience Advisers</li> <li>15. A resilience Business Improvement Plan has been prepared and signed off by CMT and the Resilience Group. Progress of this plan shall be scrutinised via the governance arrangements in place through the Resilience Group</li> <li>16. New Significant Incident Protocol approved and implemented</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Invoke the Mutual Aid Agreement if required</li> <li>2. Development and strengthening of a supporting training plan</li> </ol>	Medium	G Docherty

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
286	There is a risk that the level of capital and non-recurring investment set aside for Monklands Hospital will not be sufficient as  a) Monklands is an ageing property / facility  b) Development of the clinical strategy for future services requires extensive financial capital not yet quantified.	01/04/2008	Medium	Controls - in 2021/22 the need to play in hospital space and support resource to the immediate threats from COVID-19 is likely to slow the planned maintenance programme which will reduce the risk of running out of capital. 1. Detailed risk assessment of Monklands estate issues 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority 3. Investment programme overseen through the Capital Investment Planning Group (CIG) 4. Framework partner appointed to work through phases of estates work. Actions 1. Evaluate the capital plans to include additional requirements for Covid-19 2. Evaluate the capital plans in 3 years (2023) 3. Progression to Outline Business Case (OBC)	Medium	L Ace
1987	There is a risk the change to new 111 service cannot meet the demand of patients due to workforce issues that could potentially adversely impact on patient outcome and impact on the Emergency Departments, negating the purpose of the 111 service.	21/01/2021	Medium	1. Continuous monitoring and feedback to NHS 24 2. Established lines of communication and national meetings to oversee and resolve issues 3. Public awareness heightened regarding the change in service.	Medium	C Lauder

Risks that have the Population Health Primary Care and Community Services Governance Committee as the Assurance Committee:

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
1587	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which has been exacerbated by the current COVID pandemic.	13/12/2017	Very High	In continuing to respond to Covid-19, the community assessment centre (now called Acute Respiratory Illness Centre - ARIC) is currently being retained impacting on the ability to maintain 2 site OOH model with the following in place: 1. BCP in place with planned redirection to A&E. 2. OOH daily huddles with Senior Management Team 3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. 4. OOH performance monitoring and reporting 5. Improved triaging jointly with NHS 24 (This has resulted in a significant reduction in the number of people requiring a face to face intervention.) 6. Recovery to 2 site model as and when staffing allows 7. Full project plan that includes workforce planning 8. Recruitment of salaried GP's ongoing. 9. Increased number of ANPs 10. Communication & engagement strategy Actions	High	V DeSouza

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				1. Longer-term progression of convergence of urgent care and OOH care aligning to national model 2. Continuous dialogue with acute clinicians to support upstream OOH service		
2015	There is a risk that NHSL will not be enabled to sustain longer term delivery of the Covid-19 vaccination programme as expected due to the current national vaccine supply issues, workforce issues as other services recover and sustained use of current community accommodation. This has the potential to result in changes to pace and a changing environment with unintended delays in delivery and adverse public perception of NHSL.	14/04/2021	High	Controls 1. National priority framework 2. Local Planning process 3. Professional oversight group 4. Covid Tactical command group 5. Communication Plan 6. Continuous briefings to Board 7. Implementation Plan as reviewed through CMT and Gold Command 8. Four (4) nations investment in securing multiple types of available vaccines Actions 1. Continuous review of, and agility in responding to a changing implementation plan dependent on situation 2. Early consideration of the required physical capacity	Medium	J Burns
1992	There is a risk there will be loss of continuity of management and oversight of essential public health functions (screening, immunisation, BBV, health protection, non-covid epidemiology and surveillance, resilience) due to public health resource being prioritised to the pandemic response as covid-19 continues to mutate and spread. This has the potential to adversely impact on population health outcomes, identification and early alert to non-covid emerging health protection issues and widening of health inequalities.	25/01/2021	High	1. Investment for General Manager position 2. RAG assessment of all public health functions outlining controls in place 3. National lockdown with expected +ve impact 4. LRP oversight with EHO engagement and local authority/ community actions 5. National and local media campaigns for societal and behaviour measures Action:PH review process underway to review job planning and a modified business plan in preparation for a 'new normal' way of working.	High	G Docherty
1450	There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.	14/11/2016	High	Controls 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 continuous waves/surge of Covid-19, imminent winter pressures and the mass vaccination programme.	High	H Knox



ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
1703	There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity.	18/10/2018	High	Controls 1.Scottish Government Strategic Resilience Direction / Guidance 2.Designated Executive Lead 3.NHSL Resilience Committee 4.Local Business Continuity Plans 5.Local Emergency Response Plan 6.Currently undertaking a Gap Analysis to set out action plan(s) and solutions 7. Seek national support for these low frequency high impact potential situations 8. Major Incident Plan has dedicated section on 'Deliberate Release of Chemical, Biological or Radioactive Materials' with guiding principles 9. Development of this section within the Major Incident Plan on Decontamination of Persons at Hospital Sites, noting there is no specific national guidelines 10. Panned risk based approach is being considered at hospital sites in consultation with relevant site staff to build capability and capacity should this low frequency high impact risk situation occur. Action 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination.	Low	G Docherty
1882	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 or at risk and are inpatients within acute wards and the number of care homes that are in outbreak situation and closed to admissions. This position can be exacerbated by the closure of wards in the acute hospitals due to high numbers of Covid-19 / outbreaks of infection. This has the potential to impact on continuing recovery of services, ability to meet the 'routine' demand, winter demand and the anticipated higher demand required for response to both Covid-19 and patients that are within the waiting times for diagnostics and/or treatment.	28/04/2020	High	Controls 1. Continuous monitoring and oversight of delayed discharges with a focus on the PDD 2. NHSL support to care homes through liaison service, including infection control / outbreak advice & support, access to staff banks 3. Cohorting of 'shielded' patients and review of cohorting of patients awaiting testing results 4. Testing for Care Home residents and Staff 5. Preparation for intermediate care /step down beds at other non-acute hospital sites across NHSL. 6. Continuous viring for maintaining delivery of services in NHSL 7. Standing down some non-urgent services (gradual increase in theatre effective from April 2021)	Medium	J Park
1903	There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) and appropriate funding	18/05/2020	Medium	Controls 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	Medium	G Docherty

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
	to maintain and sustain the T&P service. This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire.			7. Additional recruitment to the PH Department 8. Monitoring of a set of indicative measures (KPI's) 9. Major increase in T&P workforce capacity achieved Actions 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		
623	There is a risk that NHSL will not have the capacity to respond to a second / third wave of COVID-19 as the demand on services could overwhelm the available resources, including bed capacity and workforce.  This could lead to: -increased morbidity and mortality in the population; -increased health inequalities; -loss of and disruption to the delivery of health & social care; -short and longer term impact on the health and wellbeing of front-line staff.	01/06/2009	Medium	Controls 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 / third 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 now well advanced 12. Staff on re-deployment register have been re-deployed to the T&P team 13. Strathclyde Modelling	Medium	G Docherty
1379	There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan.	14/12/2015	Medium	Controls - 1. CMT have continuous oversight of performance, reasons for delays and discuss action 2. Planned Date of Discharge rolled out across whole Hairmyres site 3. Pan-Lanarkshire PDD implementation group now in place 4. Weekly site PDD implementation groups in place involving both acute and partnership staff 5. PDDs now in place in wards 9 and 10 in Wishaw, with roll out plans to expand to the rest of the site 6. PDDs now in place in ward 20 in Monklands, with roll out plans to expand to the rest of the site 7. Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date 8. Winter plan for 2020/2021 is based on a whole system basis Action 1. Monitoring through CMT and CE Quarterly Performance Reviews	Medium	H Knox

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
1988	There is a risk that that there is still uncertainty of the medium and long term impact on the NHS due to EU Withdrawal, with the potential to have disruption of the supply chain, but also the economic impact that could adversely impact on health inequalities creating higher demand on the NHS or incite public disorder impacting on healthcare.	21/01/2021	Medium	<ol style="list-style-type: none"> <li>1. Continuous oversight and management of all supply chains locally and with the National Centre</li> <li>2. Early escalation of, and continuity planning for disruption to supply chains</li> <li>3. Health surveillance over time concurrent with socio-economic changes</li> </ol>	Medium	H Knox

#### 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

Individual risks will have improvement plans or be subject to management actions through the strategic and / or tactical command. The assurance mapping for risk register has resumed.

#### 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, including investment. Due to the emergency footing and consequent response to the COVID-19 pandemic, all associated costs are 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 continue to be 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 closed, de-escalated, new risks and significant material changes to the Corporate Risk Register
- 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
- Consideration of the very high graded risks across NHSL
- Noting the Corporate Risk Register, accurate as at 14<sup>th</sup> April 2021, set out in Appendix 1
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 14<sup>th</sup> April 2021
- Providing oversight for the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care & Community Services Governance Committee identified as the assurance committee on a bi-monthly basis until a Board decision has been taken to re-enact these Committees

**13. FURTHER INFORMATION**

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

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