

NHS Lanarkshire
25th August 2021

Lanarkshire NHS Board
NHS Board
Kirklands
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT (COVID-19) 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 June 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 18th March 2020 NHS Boards in Scotland were placed on emergency footing invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978, in response to the COVID-19 pandemic and continues to be on emergency footing as at this reporting period. NHS Lanarkshire 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.

For a number of weeks throughout July and August 2021, there has been unprecedented demand for urgent and emergency services, compounded by workforce issues, resulting in NHSL operating 'in extremis' with an increase in the number of very high and high graded risks.

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 11th August 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 (pages 8-15);
- iv) Set-out for consideration and assurance the very high graded risks through operational units and business critical programmes of work/redesign that includes Monklands Business Continuity, Monklands Replacement Programme and the Primary Care Improvement Plan (pages 16-20);
- v) Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high, (pages 21-23);
- vi) Set-out specifically, the risks that have the Board as the assurance committee (page 24).

For reference, the full Corporate Risk Register is set out in Appendix 1, accurate as at 11th August 2021.

i) Summary of Significant Material Changes to the Corporate Risk Register Since the Last Reporting Period

This reporting period includes changes reported through CMT in July and August 2021. As at 11th August, there is a total of 39 corporate risks. A summary of significant material change to current risks from the last report (June 2021) is set out below.

Closed Risks

July 2021

Four (4) risks have been closed in this reporting period

Risk ID 2009 - There is a risk that there will be limited oversight of NMAHP professional governance and development as professional governance processes such as those overseeing safe staffing legislation and Excellence in Care have been significantly reduced as a result of continuously managing the range of emerging and changing priorities throughout the Covid-19 pandemic.

This **Medium** graded risk was closed as the governance arrangements have resumed to business as usual.

Risk ID 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.

This **High** graded risk has been closed and replaced with new risk ID 2057 (below) to reflect the contemporary position.

Risk ID 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.

This **Medium** graded risk has been closed and replaced with new risk ID 2058 (below) to reflect the contemporary position.

Risk ID 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.

This **Medium** graded risk has been closed and replaced with new risk ID 2060 (below) to

reflect the contemporary position.

August 2021

No risks were closed in this reporting period.

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

July 2021

There were no risks reported as being escalated, de-escalated or transferred to the Corporate Risk Register.

August 2021

One (1) risk has been escalated from Gold Command (through Bronze Command) to the Corporate Risk Register:

Risk ID 2066 - There is a risk that public & media perception and understanding of the lifting of restrictions expected on 9th August 2021 results in a significant further pressure on Community and Primary Care Services to deliver safe & sustainable services within the current SG guidelines as the expectations are likely to be the resuming of delivery of services to pre-pandemic position. This has the potential to result in dissatisfaction and adverse impact on staff and the reputation of NHSL.

This risk is assessed as **High** and is owned by C Brown.

New Corporate Risks Identified

July 2021

Five (5) new risks have been identified:

Risk ID 2053 - There is continuously increasing risk that NHSL cannot continue to sustain a workforce to operate the Acute Respiratory Illness Centres (ARIC's) as expected within the extant directive by the SG. For a range of reasons, NHSL is experiencing loss of the necessary ANP's, GP fellows and GP's to maintain this service and there has been a change in the patients referred. Combined, these factors have the potential to impact adversely on clinical flow, more redirection and impact on all other services, including provision routine GP services.

This risk is assessed a **Very High** and owned by S Soumen.

Risk ID 2062 - There is a risk that there is an inability to resource strategy/services due to current Covid pressures and capacity across the whole system, adversely impacting on the progression of the development of the new Strategy: Our Health Together.

The risk is assessed as **High** and is owned by C Lauder.

Risk ID 2057- There is a risk of reputational harm to NHSL with regards to the delivery of the Covid Booster Vaccination Programme. This results from the logistics required to align with other winter vaccinations eg influenza, and changes to the delivery model and consequently designated centres. This has the potential to lead to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.

This risk replaces risk ID 1986, is assessed as **Medium** and owned by C Brown.

Risk ID 2058- There is a reputational risk emerging around managing public expectations for access to services (in particular primary care GP services) and recovery of elective services as the current wave of the pandemic continues to require some services to be stepped down and recovered in response to each Covid wave.

This risk replaces risk ID 1923, is assessed and **High** and is owned by C Brown.

Risk ID 2060- There is a risk that the overall resilience of NHSL could be compromised due to the continuing waves of Covid requiring change to service demands whilst there are workforce issues creating difficulty in recovery.

This risk replaces risk ID 1946, is assessed as **Medium** and is owned by H Knox.

August 2021

No further new risks have been identified from the last reporting period, noting the escalated risk ID 2066 above.

Material Note of Change for Risks Reviewed within this Reporting Period.

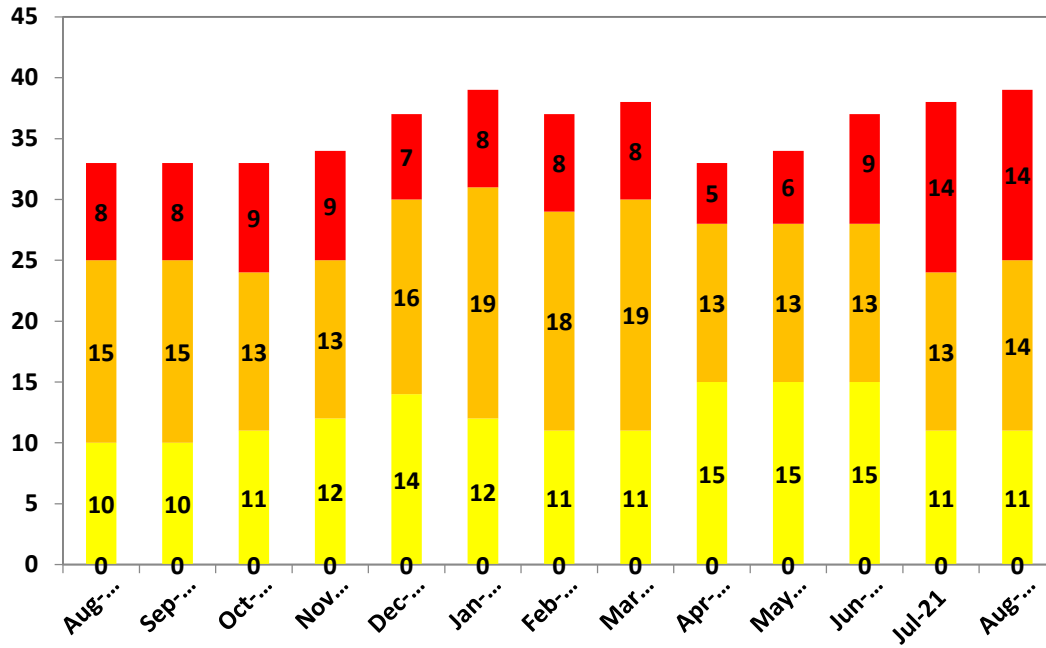
Risk ID	Description of the Risk and Note of Change	Risk Owner
July 2021		
1989	<p>There is a risk that NHSL will not be able to sustain and maintain the necessary workforce to meet the changing priorities and demands in responding to Covid-19 cases and contacts, mass vaccination programme and recovery and remobilisation, with the potential to adversely impact on patient, staff and continuity of services.</p> <p><u>Note of Change</u> In response to the critical nature of sustaining workforce at this point in time, this risk has been increased from High to Very High.</p>	K Sandilands
1882	There is a risk that there could be significant impact on the availability of acute beds due to delays experienced for onwards movement of patients 'fit for transfer' to care homes, those requiring care at home, exacerbated by rising cases of Covid and high demand. This has the potential to impact on continuing	J Park

	<p>recovery of services, ability to meet the 'routine' 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.</p> <p><u>Note of Change</u> In response to the critical NHSL position at this point in time, this risk has been increased from High to Very High.</p>	
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><u>Note of Change</u> In response to the critical NHSL position at this point in time, this risk has been increased from Medium to High.</p>	J Park
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><u>Note of Change</u> In response to the critical NHSL position within ED and bed occupancy, at this point in time, this risk has been increased from Medium to Very High.</p>	J Logan (for G Docherty)
623	<p>There is a risk that NHSL will not have the capacity to respond to a continuing third wave of COVID-19 as the demand on services could overwhelm the available resources, including bed capacity and workforce.</p> <p><u>Note of Change</u> In response to the critical NHSL position at this point in time, this risk has been increased from Medium to Very High.</p>	J Logan (for G Docherty)
1904	<p>There is a risk that there is a lack of clarity regarding the recent change of accountability, role and function of the Board of NHSL, specifically Executive Nurse Director, for Care Homes and Care At Home resulting from the continuing impact from Covid-19. This has the potential to adversely impact on cost pressures, professional infrastructure, governance and assurance processes and ultimately the reputation of NHSL.</p> <p><u>Note of Change</u> As this position has stabilised, with funded professional infrastructure in place until March 2022, the assessed level of risk was reduced from High to Medium and tolerance reduced</p>	E Docherty

	from High to Medium .	
1379	<p>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 e.g. 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.</p> <p><u>Note of Change</u> For this period of time, there has been an increase in delayed discharges and the risk has been increased from Medium to High.</p>	H Knox
August 2021		
2014	<p>There is a risk that NHSL will be unable to recover performance during the year re delivery of services resulting from significant change to existing service delivery in response to the COVID-19 pandemic and being placed on emergency footing by the SG as invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978. This will significantly impact on the strategic direction, outcomes and performance for 2021/22.</p> <p>Following review, this Very High graded risk has 2 new controls: -Resume Recovery Coordination Group meetings 9/8/21 -Develop risk based prioritisation for patients on waiting lists</p>	C Lauder

ii. **NHSL Corporate Risk Register Profile as at 11th August 2021**

For this reporting period, there are 39 corporate risks. The risk profile is shown for the period August 2020 to 11th August 2021 below:



Risk Heat Map

From the 39 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heat map below:

		Score	IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
LIKELIHOOD	Almost Certain	5				2	2
	Likely	4			7	8	2
	Possible	3			9	7	
	Unlikely	2				2	
	Rare	1					

The risks are categorised by type as shown below:

Risk Type	Low	Medium	High	Very High	Totals
Business	-	3	8	3	14
Clinical	-	-	1	4	5
Staff	-	-	1	-	1
Reputation	-	-	-	1	1
Covid-19	-	7	4	6	17
Brexit	-	1	-	-	1
Totals	0	11	14	14	39

It is of note that 17 out of 39 (44%) of the current corporate risks are as a direct consequence of the Covid-19 pandemic.

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

Corporate Objective	Low	Medium	High	Very High	Totals
Safe	-	6	10	7	23
Effective	-	4	4	7	15
Person Centred	-	1	-	-	1
Totals	0	11	14	14	39

ii) Very High Graded Risks Across NHSL, and Mitigating Controls

NHS Lanarkshire has agreed the boundary corporate risk appetite and tolerance below:

		Score	IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5				2	2
	Likely	4			7	8	2
	Possible	3			9	7	
	Unlikely	2				2	
	Rare	1					

There are 28 (72%) 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 the tolerance for these risks has been adjusted accordingly.

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

Very High Graded Risks on the Corporate Risk Register as at 11th August 2021

There are 14 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 the majority 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"> 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 11. Implementation of revised salary scale for NHSL employed GP's and progression to go to advert with revised rate. <p>Actions</p> <ol style="list-style-type: none"> 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 	High	S Sengupta

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
623	Capacity within NHSL to respond to the rapidly changing number of current and predicted cases of Covid-19, including new wave	01/06/2009	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Declared a major incident and still ongoing 2. Re-enacted Gold Command structure effective from 16th September, with reporting of actions, risks and issues from Tactical groups 3. Established an Incident Management Team for containment phase of the ongoing pandemic and is subject to review in preparation for a second wave / 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	J Logan for G Docherty
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"> 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: <ul style="list-style-type: none"> Regional planning Scottish Government Networking with other Health Boards 4. Re-assessment of key risk areas e.g. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs <p>Action</p> <ol style="list-style-type: none"> 1. Financial modelling 2. Continuous financial submissions to SG. 	High	L Ace
659	Failure to deal effectively with major emergency	01/08/2009	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Major Emergency Plan <ul style="list-style-type: none"> - Resilience Group meets regularly to review actions - Evaluate and review Plan regularly - Standards and monitoring in place with external scrutiny by HIS CGRM Review and West of Scotland Regional Resilience Partnership (RRP) 2. COMAH sites major incident plans <ul style="list-style-type: none"> - Monitor, evaluate and revise site plans - Ensure Public Health staff aware of specific responsibilities 	High	J Logan for G Docherty

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				3. Staff education and training - Ensure appropriate cohorts of staff receive education and training, including completion of the new learnpro module. - Monitor, evaluate and revise education and training 4. NHSL exercises - Undertake, monitor, evaluate and revise exercises 5. Multi-agency exercises - Undertake, monitor, evaluate and revise exercises 6. Joint Health Protection Plan 7. BCP plans tested at Corporate and Divisional level 8. Multi-agency monitoring Group 9. Completed Review of the NHSL Resilience Group function and Term of Reference 10. The building of the resilience infrastructure that includes the appointment of a Resilience Manager and supporting site resilience facilitators is now in place 11. Revised Primary Care Mass Casualty Plans 12. Through the NHSL Resilience Group, there is commissioning with oversight of: -internal audit recommendations -GAP Analysis for Decontamination of Persons Exposed to Radiological, Chemical or Biological Agents -Continuous self-audit 13. Resulting from preparedness for Brexit, moving into Gold Command situation effective when appropriate and agreed through CMT 14. Continued investment in resilience through extension to temporary contracts of Resilience Advisers 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 16. New Significant Incident Protocol approved and implemented Actions 1. Invoke the Mutual Aid Agreement if required 2. Development and strengthening of a supporting training plan		
1990	Ability of NHS Lanarkshire to realise the required savings within year 2021/22 and deliver a balanced budget	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 3. Finance framework developed for redesign and recovery 4. Financial modelling including predictions on Covid expenditure Actions 1. Re-assess the financial position after Quarter 1	High	L Ace

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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"> 1. Priority risk assessment of services aligned to the remobilisation plan 2. Early warning surveillance to enable preparedness for management of surges of cases / waves 3. Public Health Tactical Planning for early identification and suppression of Covid-19 4. Covid Vaccination Implementation Plan 5. NHS Scotland Partnership working across Special Health Boards and Independent Sector to maintain elements of service delivery 6. Alternative, safe ways of working/contact with patients eg Near Me 7. Workforce responsiveness & capacity planning (including partner agencies & independent sector) 8. Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints 9. Rapid investigation of emerging issues 10. Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy 	High	H Knox
2014	Recovery of Performance 2021 - 2022	13/04/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL strategic command and CMT planning, including mobilisation plan 3. Chief Executive Performance Reviews resumed from July 2021 4. Remobilisation plan V4 in train for submission to Scottish Government October 2021, outlining what is achievable and tolerable. 5. Work undertaken to determine the number of people who are on waiting lists in primary, community, mental health, screening and acute services and develop means of consistent and appropriate prioritisation for treatment. 6. Resume recovery Coordination Group meetings 9/8/21 7. Develop risk based prioritisation for patients on waiting lists <p>Action</p> <ol style="list-style-type: none"> 1. Development of demand & capacity plans 2. Continue to monitor performance 	High	C Lauder
2030	Potential Impact From Rising Cases of the New Delta Covid Variant	17/05/2021	Very High	<ol style="list-style-type: none"> 1. Increase population testing programme 2. Trace contacts of contacts with advice on isolating 3. Maintain current infrastructure for managing Covid-19 cases 4. Minimise Hospital / Healthcare premise visiting and attendance 5. Manage access to hospital and promote 'Test To Protect' through meet & greet staff 6. Consider implementation of asymptomatic lateral flow testing prior to hospital visiting and/or attendance 7. Accelerate vaccination programme, including bringing forward 2nd dose from 12 week schedule to 8 week schedule and target high risk areas for transmission; lower uptake areas & age specific groups 8. Targeted / combined communication plan for national and local restrictions and safety measures to be taken 9. Continuous surveillance, including respiratory calls logged via the 111 service 10. Oversee through Strategic Command <p>Actions</p>	High	H Knox

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				1. Continuous review of controls through SG direction and local decision - making to reflect the changing position		
2039	Staff Fatigue, Resilience & Wellbeing	28/05/2021 *transferred from Covid-19 RR	Very High	<ol style="list-style-type: none"> 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. Strategic staff health and wellbeing group 5. New SLWG with targetted approach for immediate actions 	High	K Sandilands
2038	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	03/06/2021	Very High	<ol style="list-style-type: none"> 1. SBAR prepared for Private Board Meeting, with agreement to progress the recommendations outlined in the paper; <ol style="list-style-type: none"> a) Agree to seek an extension to the current over-arching Labs Managed Service Contract until end of March 2023 to provide service continuity and ensure adequate time is there to pursue whichever procurement process is agreed b) Authorise the Labs Managed Service Contract Steering Group to commence structured, robustly-governed negotiations with Roche Diagnostics, with the intention of directly awarding a contract should an acceptable agreement be negotiated. The final award of any contract will remain conditional upon Board approval. c) Agree to the Project Resource costs that are set out in this paper in order to adequately resource the project 2. Programme Manager appointed and took up post in June 2021. 3. Progress of work will be monitored through DMT, CMT and PPRC. 	Medium	J Park
2044	Insufficient preparation for large scale event COP26 being held in Scotland	28/05/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. SBAR prepared for CMT highlighting known detail of the event. 2. NHS Lanarkshire has adopted a planning assumption that the event goes ahead as expected in its fullest planned format. 3. NHS Lanarkshire have established a preparatory group to consider key areas of preparation in the absence of confirmed information and planning assumptions. 4. CMT receive regular progress reports. 5. NHS Lanarkshire are liaising with multi-agency partners through established Resilience fora. 6. NHS Lanarkshire have, at the Scottish Government Health Resilience Unit Forum, raised that we would have welcomed being involved in planning workshops held. It was also requested that information be supplied and remove the need to seek information. A monthly update is being considered. 7. NHS Lanarkshire, at the strategic Regional Resilience Partnership Forum, have requested a dedicated briefing session. 	High	M Gordon for G Docherty

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
1882	Acute Sector Bed Capacity	28/04/2020	Very High	<p>Controls</p> <ol style="list-style-type: none"> 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, however, this is workforce availability dependent 6. Continuous viring for maintaining delivery of services in NHSL 7. Standing down some non-urgent services 	High	J Park
1989	Ability to Maintain a Workforce Commensurate with the Need to Suppress Covid, Deliver Vacc Programme, Recover & Remobilise	21/01/2021	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Prioritising of and stepping down of services, releasing staff 2. Measured management of all leave whilst maintaining wellbeing 3. Responsive recruitment 4. Managing staff availability to vire across services 5. Redeployment of staff to priority areas within skill sets 6. Strategic Staff Health & Wellbeing Committee 7. New SLWG for Wellbeing with targetted approach for immediate actions 	Medium	K Sandilands
2053	Sustaining a workforce to operate Acute Respiratory Illness Centres (ARIC's) as expected within the extant directive by the SG	28/06/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Maintain current business continuity arrangements 2. Continuous update to CMT <p>Actions</p> <ol style="list-style-type: none"> 1. NHSL recommends any NHS 24 referrals be routed through the FNC. 2. Continuous discussion / local negotiation with GP Sub re stand down of pathway if routing through FNC is accepted 3. Liaison with SG informing on the criticality of the situation (await any changes to the directive and implement changes) 4. Continuous Monitoring of capacity, attendance and outcomes 	Medium	S Sengupta

iii) All Other Risks Graded Very High Across NHSL

There are now five (5) very high graded risks owned and managed within the Acute Division as below.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. <p>Actions:</p> <ol style="list-style-type: none"> 1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas. 2. NHSL actively working with WOS Planning team and other Boards to confirm an implementation date for the Regional Interventional Radiology Service rota. 	J Park
1933	Treatment Time Guarantee	20/08/20	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Additional capacity agreed in the Independent Sector and at GJHN. 2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group. 3. Prioritisation letter issued to P4 patients updating on clinical prioritisation status across all specialties. 	J Park
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Ongoing discussion with teams to assess options to try to improve recruitment and retention 2. Consultant Radiologist appointed, taking up post in August 2021. 3. Further Radiologist appointed pending CCT, taking up post Oct 2021 4. Medica & 4ways contract agreed for outpatient reporting. 5. Contract agreed with Medica to outsource reporting of urgent examinations during normal working hours if required. 6. Scottish National Radiologist Reporting Services (SNRRS) planned for go live end May 2021. 7. Workforce review in progress, paper will be developed for DMT. 8. Radiologists at UHM and UHW being asked to help support UHH, within normal hours and at weekends. 9. Use of Agency staff. 	J Park
2042	Unscheduled Care	04/06/21	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. SLWG being established to review ED workforce requirements to support safe patient flow. 2. Acute huddles arranged 3 times a week. 3. Daily whole system Conference Calls arranged with subsequent Acute conference calls arranged as necessary. 4. Weekly performance review at DMT. 5. Weekly performance report submitted to CMT. 6. Urgent Care Redesign work ongoing, with Flow Navigation Centres in place. 7. Consultant connect process in place. 8. Reporting to Acute Governance Committee, PPRC and Board. 9. Recovery Remobilisation Redesign Co-ordinating Group established to adopt a whole system approach. 	J Keaney

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1848	Staff Resilience	07/01/20		<p>Controls</p> <ol style="list-style-type: none"> 1. Promotion of NHS Lanarkshire Staff Care and Wellbeing services. 2. Additional staff rostered wherever possible to provide support and mitigate risk. 3. Track staff rostered through site weekly Workforce Governance Groups. 4. Monitor and provide governance in relation to nurse and midwifery staffing levels through the monthly Acute Nurse & Midwifery Governance Group. 5. Monitor sickness absence through Divisional Management. 6. Communication with SG colleagues regarding reinstating review of workforce and workload tools to confirm nurse staffing levels are adequate. 7. Wellbeing areas in acute hospital sites. 8. Recruitment paper to enable recruitment of newly qualified registered nurses approved by DMT in May 2021. Recruitment processes for newly qualified nurses underway. 9. Engagement with HR Director to work through and agree innovative solutions. 10. ED SLWG established to review ED workforce model in response to significant increase in ED attendances. 	J Park

There are three (3) very high graded risks for the South Health & Social Care Partnership.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Executive group established to highlight and enact potential solutions. 2. A Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services is now under way. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 4. GP recruitment and retention group meets regularly. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board. 7. Procurement of a community information system to optimise contribution to community services. <p>Action</p> <ol style="list-style-type: none"> 1. Increasing numbers of "last GP left standing situations" and exploration regarding this and clarification of contractual position and succession or other plans currently being explored. 2. Maintain plan as far as reasonably possible noting Scot Gov/SGPC have agreed to delay by a year in recognition of Covid 19 	S Sengupta

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2027	Financial risk to the Health Board	05/05/21	Very High	Controls: NHSL has undertaken survey of all GP premises and alerted them to key issues. GPs have been advised of need to maintain premises to appropriate standard. Practice loans are available to assist.	S Sengupta
2029	ICST workforce	07/05/21	Very High	Controls: SG uplift funding provides financial support to grow the workforce rapidly. The national transforming nursing roles for community nursing papers and being reviewed and a SLWG lead by Joanne Jenkins is considering required service transformation. All caseloads are being profiles and reviewed for complexity to offer support and assist in workforce planning. Additional professional leads have been employed to support higher numbers of district nursing trainees.	S Sengupta

Monklands Business Continuity (MKBC) Risks Assessed as Very High

There are now two (2) risks remaining on the MKBC risk register assessed as very high

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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. 2. FSW 8 Stage 2 Works commence from 4th May to complete 60mins compartmentation in ground & lower ground floor areas below East Medical Tower, with Contract Completion Date of 18th August.	S McMillan
1825	Failure of condensate receivers	17/09/2019	Very High	1. Detailed design solution prepared, reviewed and accepted- July 2020. 2. Stage 2 works underway - due to complete August 2021.	S McMillan

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

There is one (1) very high graded risks on the Monklands Replacement Programme (MRP).

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 numeric and qualitative evaluation based on affordability, adaptability and availability. 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. * 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. *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. *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. *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 *The potential for support services staff to be dual skilled could present cost efficiencies in addition to operational flexibility.</p> <p>Non- clinical (A&C, procurement and eHealth): *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 it's current state. Consideration should be taken to Covid-19 lessons learned and models and ratios successfully implemented at other boards.</p>	C Lauder

Business Critical Primary Care Improvement Plan (New GMS Contract) Programme Risks

Through review of the PCIP through the Programme Board, two (2) risks have been increased to very high.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2048	Delivery of GMS2018 Contract - Pharmacotherapy Services (GMS2018-016)	07/04/2021	Very High	<ol style="list-style-type: none"> 1. Pharmacotherapy Workstream continued as maintenance step during COVID response stood back in full January 2021. 2. Early escalation of concerns to GMS Oversight Executive Group - as of July 2020 Oversight Executive Group stood up and aware of challenges. 3. January 2021 - First Hub in Airdrie being progressed as a test site, focus on specifically establishing standardised processes and informing digital requirements/solutions. 4. March 2021 – Serial Prescribing review to inform consideration of how to best support increasing uptake across practices and number of patients on a serial prescription, exercise carried out to capture current position at the 38 practices that are currently identified as serial prescribing practices. This exercise has identified the opportunities to build on and share learning and improvement, this is to be taken forward utilising a qi approach. Report to be presented at May 2021 workstream meeting. 5. April 2021 - Recruitment and retention concerns discussed in detail at workstream meeting and recognised the need to be further explored via staff survey. Report anticipated end May 2021. 6. May 2021 - Pharmacotherapy Audit (Level 1) to be carried out w/c 7 June, this will inform a picture of understanding of gap between what is in place and what is outline in the joint BMA / Cab Sec letter. Audit will also capture enablers and barriers to allow depth of understanding on best utilisation of resource. Report anticipated end of June 2021. 7. May 2021 – GMS Oversight Executive Group requested paper detailing Hub model to be reviewed and as appropriate revised, specifically detailing impact of Covid considerations and contingency plans principles, along with timescales, barriers to progressing and detailed mitigation. 8. May 2021 – National webinar on digitalisation of prescribing and dispensing pathways to be considered and where possible mitigated against advised no timeline for delivery; was raised in recent call with Scottish Government. 9. May 2021 - Accommodation requirements discussed with PDS who have indicated a hub space in each locality should be able to be found. 	L Findlay
2051	GMS 2018-PREM-002 -- Maintenance of premises by GPs (GMS2018-019)	*07/04/2021 Identified March 2018	Very High	<p>Workstreams Identified Mitigations:</p> <p>Raise the issue whenever possible at national meetings and take advice of BMA and GP Sub.</p> <p>21/07/2020 - At times guidance has not been timeous eg. on sustainability loans. This has meant progress has not been as good as it could have been. This risk may become greater as staff and structures change in Scottish Government.</p> <ol style="list-style-type: none"> 1. GMS Oversight Executive Group considered the risk which was reported as Very High and concluded that the scoring and nature of the risk required it to be reported on the Programme Risk Register. 	L Findlay

*risk transferred to Datix

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

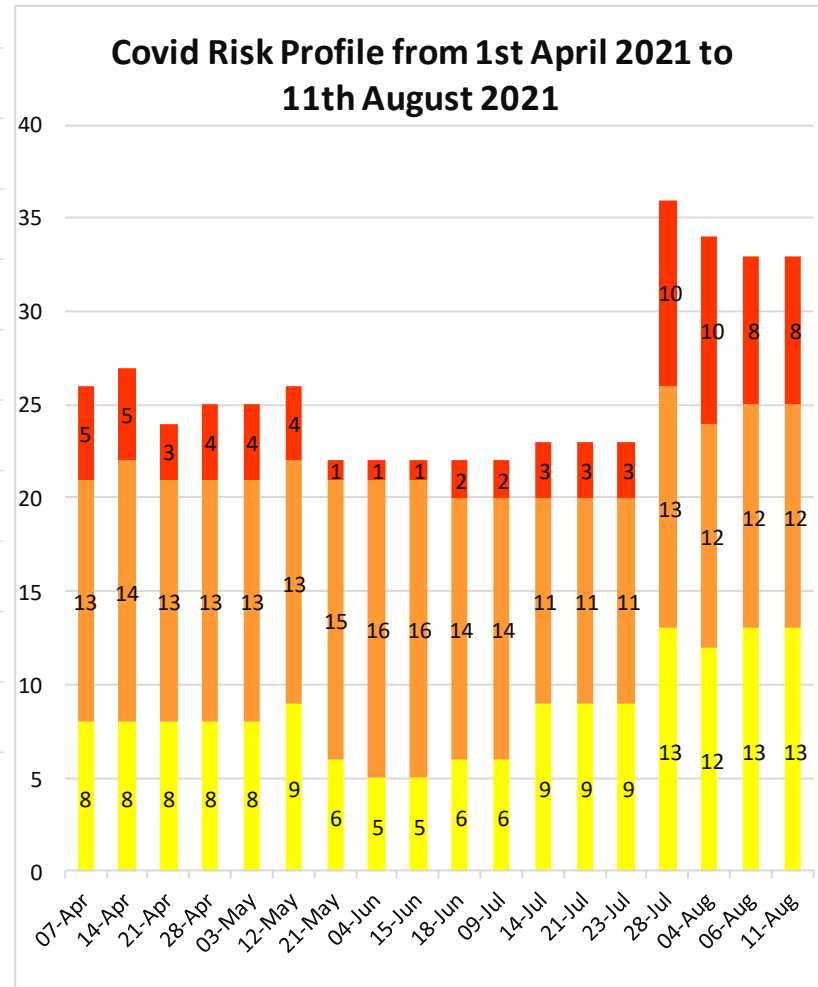
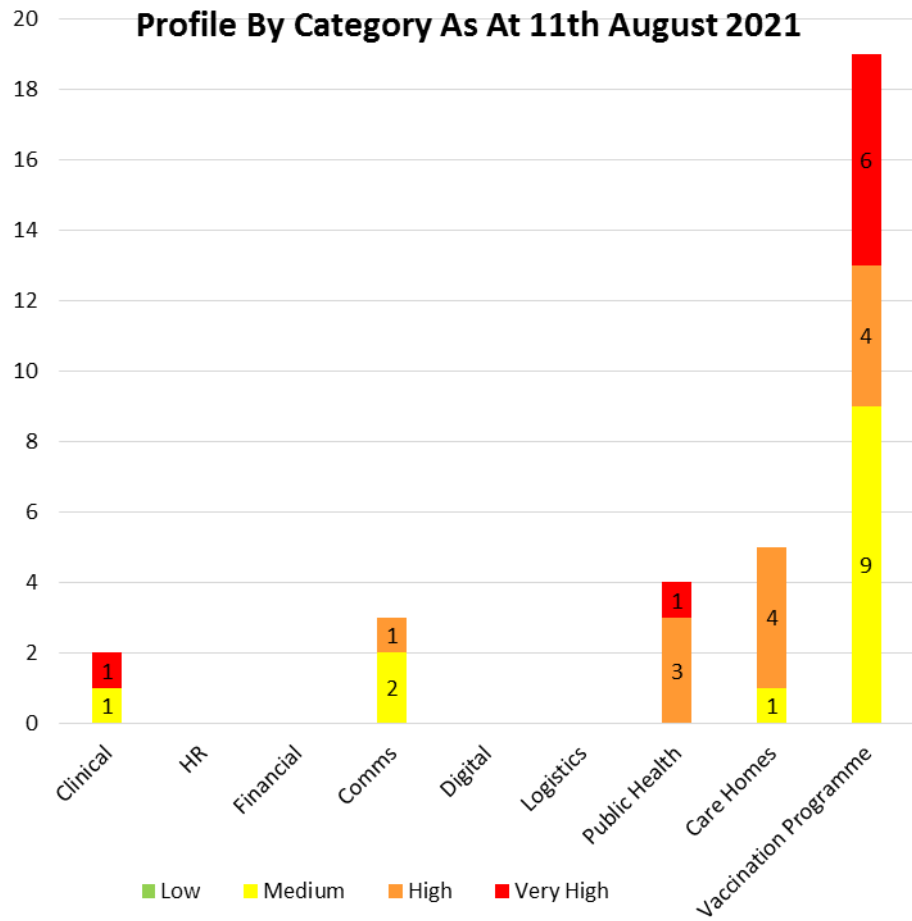
The number of very high graded risks on the Covid-19 risk register has risen, primarily due to the preparation / planning for the forthcoming Covid-19 booster & concurrent flu vaccination as set out below.

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/34	There is a risk that the neonatal service cannot be sustained during this critical period of staff shortages, with the potential to adversely impact on clinical care and outcome.	09/07/2021	Very High	<ol style="list-style-type: none"> 1. Continuous monitoring of staff availability and staff shortages 2. Use of agency and bank staff 3. Recall of available trained neonatal staff from other areas 4. Maintain existing staff wellbeing including provision of food and drinks 	Tactical / Clinical
PH/06	A NCTC proposal to allocate Covid cases and contacts from other HBs to NHSL CT staff to call will undermine NHSL ability to manage clusters of infection and increase the risk of further spread in Lanarkshire. NHSL CT staff are not covered through employment contracts to provide services outwith NHSL.	15/06/2021	Very High	<ol style="list-style-type: none"> 1. T&P recruit and train staff to maximise NHSL T&P response in identifying and closing clusters 2. Staff capacity is monitored daily and maximised to meet CT demand. 3. T&P report to SG on weekly CT staffing numbers. 4. Risk assessments based on local engagement with employers and EH depts. are required to manage and close down clusters 5. Calls to cases and contacts ensure local intelligence is gathered and informs cluster management. 6. Calls during isolation increases adherence to testing and social distancing guidance. 	Tactical / Public Health
CV/17/+ Flu	There has been continuous recruitment to the Vaccination Programme due to the rate of attrition of staff and our inability to recruit to the Registrant role. There is risk is that we are unable to recruit staff in time to enable a September start to the Autumn Flu and Covid Vaccination Programme resulting in failure to meet national timescales for the delivery of the programme.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Early extension of staff contracts to March 2022 2. Work with Scottish Government to develop an early plan and stream of funding for vaccinations beyond March 2022 which would allow awarding of permanent contracts 3. Front-loading of vaccination campaign to ensure early completion of scheduled campaign ensuring that only mop-up falls towards end of staff contract. 4. Rolling/regular recruitment to attempt to maintain approved WTE levels 5. Development on expanded bank of staff willing to undertake sessional work 6. Consideration of maintenance of part of independent contractor workforce to preserve this as contingency 	Tactical / Vaccination Programme
CV/19/+ Flu	There is a risk that there is SG expectation of a very high output through multiple channels at the start of the Autumn/Winter Flu and Covid vaccination programme which will impact on the delivery of other services	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Undertake early modelling to inform both local and national discussions regarding pace of delivery to attempt to reduce number of simultaneous delivery channels 2. Ensure recruitment timed to ensure that peak staff volumes are available early in the programme. 3. Consider retention of independent contractors within early part of programme to reduce risk. 	Tactical / Vaccination Programme

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CV/20/+ Flu	There is a risk that, unless there is a significant national change of direction with regard to the respective roles and responsibilities of non-registered and registered staff, NHS Lanarkshire will be unable to concentrate registered staff activity with mass vaccination in areas of patient care in which they add the most value, resulting in low job satisfaction causing high staff turnover which could affect the viability of the programme.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Build staff development time into vaccination scheduling 2. Examine feasibility of day release to other community teams to facilitate retention and development of skills 3. Explore and pilot novel models within existing National Protocol framework. 4. Development on expanded bank of staff willing to undertake sessional work 5. Consideration of maintenance of part of independent contractor workforce to preserve this as contingency 	Tactical / Vaccination Programme
CV/22/+ Flu	There is a risk that the dual workforce demands of delivery of the influenza and covid booster programmes simultaneously with winter pressures, which may be more severe this year, may make delivery of both difficult.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Early recruitment to full approved workforce 2. Workforce in post monitoring as key metric by Tactical Group to ensure this is maintained 3. Explore and pilot novel models within existing National Protocol framework. 4. Development on expanded bank of staff willing to undertake sessional work 5. Consideration of maintenance of part of independent contractor workforce to preserve this as contingency 6. Front-loading of programme to complete before winter pressures arise 	Tactical / Vaccination Programme
CV/23/+ Flu	There is a risk that reduction in number of flu clinic venues from multiple clinics per locality may impact vaccine uptake rate and there may be a significant volume of enquires and complaints from both patients and elected members.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Early engagement with community to frame delivery as a more localised approach than was possible for covid (though this will be challenging specifically in respect of those over 80 whose covid vaccinations were delivered by their General Practice in the majority of cases) 2. Briefing sessions for elected members and MSPs/MPs 3. Consider more localised outreach/mop up campaign when flow rate of vaccinations drops. 	Tactical / Vaccination Programme
CV/26/+ Flu	There is an ongoing risk that the apparent lack of accuracy of the National Helpline in interactions with Lanarkshire residents over recent months results reputational damage to NHS Lanarkshire.	20/07/2021	Very High	<p>Engagement with NVH on</p> <ol style="list-style-type: none"> a) Prioritisation of caller problem resolution b) Clear SOPs on transfer to local helpline c) Clear SOPs with RMS helpline team on call resolution d) Creation of complex enquiries team within core programme admin team 	Tactical / Vaccination Programme

The Covid-19 very high graded risks are subject to continuous review and are overseen through the Covid-19 Strategic Command meetings, CMT and/or the relevant tactical groups that continue to be in place, although effective from 20th July 2021 the full Command & Control structure was re-instated during a critical period of activity both Covid-19 and non-Covid-19 related.

The Covid-19 risk profile is set out below, accurate as at 11th August 2021.



v) **Assurance and Oversight of Risks During Emergency Footing**

All corporate risks have an identified assurance committee that receives a risk report at every meeting. There are no corporate risks that have the Board of NHS Lanarkshire identified as the assurance committee.

Whilst it was agreed to resume to business as usual for the governance committee arrangements and risk reporting, during this current critical period the Acute Governance Committee and the Performance, Planning and Resource Committee have been postponed for the month of August.

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.

Progression of the very high graded risk assurance work continues to contribute to the aim set out in the national blueprint for good governance. The purpose of the risk work is to:

‘enable the Board to oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated’ (A Blueprint for Good Governance, January 2019).

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.

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:

- Noting the new risks and closed risks
- Noting the summary of 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 11th August 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 11th August 2021

13. FURTHER INFORMATION

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

Mrs H Knox
Chief Executive
Telephone: 01698 752870
Internal Extension 402281

Mrs C McGhee
Corporate Risk Manager
Telephone: 01698 752871
Internal Extension 402871

Mr Paul Cannon
Board Secretary
Telephone: 01698 752868
Internal Extension 402868
