

NHS Lanarkshire
24 February 2021

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



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"/>
---------------	-------------------------------------	-----------------	--------------------------	---------	-------------------------------------

2. ROUTE TO BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	-------------------------------------	----------	--------------------------	----------	--------------------------

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 January 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 extended to March 2021. NHSL had invoked their major incident plan, including identifying and managing related risks.

Within the major incident plan, there is an agreed taxonomy of recording, reporting, oversight and escalation of the level of risk for each command group that requires reporting of very high graded incident risks to be escalated to the Board through the risk register reporting, and this report includes Covid-19 risks that are graded very high.

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 and Primary Care & Community Services Governance Committee (PHPC&CSGC) has received one (1) risk report in September 2020 and both Committees remain in stand down. 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 has also been stood down, with one (1) meeting held in September 2020 and a summarised presentation to Committee members in January 2021, including a risk report.

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) with other changes noted in the Record of Change in Appendix 1
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 9th February 2021 (pages 6 - 7)
- 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)
- 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 9 to 15)
- v) Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high, (pages 16 to 19)
- vi) Report on the current position with the EU Withdrawal risk register (page 19)
- vii) Set-out specifically, the risks that have the PPRC and the PHPC&CSGC as the assurance committees to enable Board oversight as NHS Lanarkshire continues to operate within revised governance arrangements during the pandemic (pages 20 – 32)

For reference, the full Corporate Risk Register, in descending order from Very High, is set out in Appendix 2, accurate as at 9th February 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 37 risks. The summary of closed, de-escalated and new risks with significant material change to current risks are set out below, noting this includes the outputs from the quarterly review concluding late January 2021. A record of other changes can be seen in Appendix 1

Closed Risks

January Quarterly Review

Three (3) risks were closed:

Risk ID 1973 – There is a risk that there will be a period of Covid surge post Tier 4 restrictions and post Festive period if behaviours in the population are contrary to the tier 3 (or less) restrictions and outwith the relaxed restrictions for the limited Christmas period. This has the potential to adversely impact on the ability of NHSL to continue to manage Covid care concurrent with delivery of non Covid services.

This High graded risk owned by G Docherty was relevant to a point in time and has since been closed noting the increasing trend of new variant Covid-19 and the subsequent national lockdown position.

Risk ID 1960 – There is a risk of reputational harm to NHSL with regards to the delivery of the 2020 influenza vaccination programme. This results from a range of factors including errors and delays in the SIRS recall system and the requirement to deliver from alternative premises where travel is required for many people, leading to a higher number of enquiries / complaints / elected member queries and dissatisfaction from the general population and staff.

This Medium graded risk owned by C Brown, was closed subject to the progression of time and management of the issues.

Risk ID 1661 - Brexit presents a level of risk that is not containable by NHS Lanarkshire alone, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services across NHSL.

This Very High graded risk owned by H Knox, was reviewed and closed in light of a trade deal being reached before 31st December. A new risk ID 1988 has been opened in the event of uncertain medium to longer term socio-economic impact that could adversely affect health status and health inequalities.

February Updates

One (1) risk was closed:

Risk ID 1924- There is a risk that NHS Lanarkshire will not be able to fully deliver the influenza vaccination programme due to a range of contributing factors including: available clinical workforce for both clinical band and wte; increased national awareness through Covid-19 with a predicted increase in uptake; SG change to the eligible age groups >50ys; disruption to the scheduled transformation of the vaccine programmes due to Covid-19; securing accommodation necessary for administration within the socially distancing requirements; and the need to outsource the booking system. These factors have the potential to adversely impact on population

health and avoidance of hospital admissions during the winter period.

This **Medium** graded risk was reviewed because of progress made, this risk has now been closed.

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

January Quarterly Review

One (1) risk has been reduced to **Low** and de-escalated to department level:

Risk ID 1800 – There is a risk that NHSL fails to optimise engagement with internal and external stakeholders in the pursuit of its objectives, with the potential for adverse reputation and delay in progressing strategic objectives.

The NHSL Strategy has been endorsed and implemented. This risk has now been de-escalated to department level for continuous monitoring, including reflection on engagement during the Covid-19 pandemic. This risk is owned, and will be monitored by C Brown.

February Updates

One (1) risk has been reduced to **Low** and de-escalated to department level for monitoring and likely to be closed in March 2021 in response to receipt of the letter of confirmation of the allocation of funding for Covid from SG:

Risk ID 1815- There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2020/21 and deliver a balanced budget resulting from the initial identified gap to be filled by efficiency which been exacerbated by having to suspend all programmes requiring heavy service input to allow staff to concentrate on the covid 19.

New Corporate Risks Identified

January Quarterly Review

Seven (7) new risks have been identified:

Risk ID 1984 – 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. This risk is assessed as **High** and is owned by J Park.

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

Risk ID 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. This risk is assessed as **High** and is owned by C Lauder.

Risk ID 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. This risk is assessed as **Medium** and is owned by H Knox.

Risk ID 1989 – There is a risk that NHSL will not be able to sustain and maintain the necessary workforce to meet the changing and increasing priorities and demands in responding to the current wave of the Covid-19 pandemic, with the potential to adversely impact on patient, staff and continuity of services. This risk is assessed as **Very High** and is owned by K Sandilands.

Risk ID 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 legislative requirement and meeting additional costs related to the continuing Covid-19 pandemic. This risk is assessed as **Very High** and is owned by L Ace.

Risk ID 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.

This risk is assessed as **High** and is owned by G Docherty.

February Updates

No new risks identified during this review period.

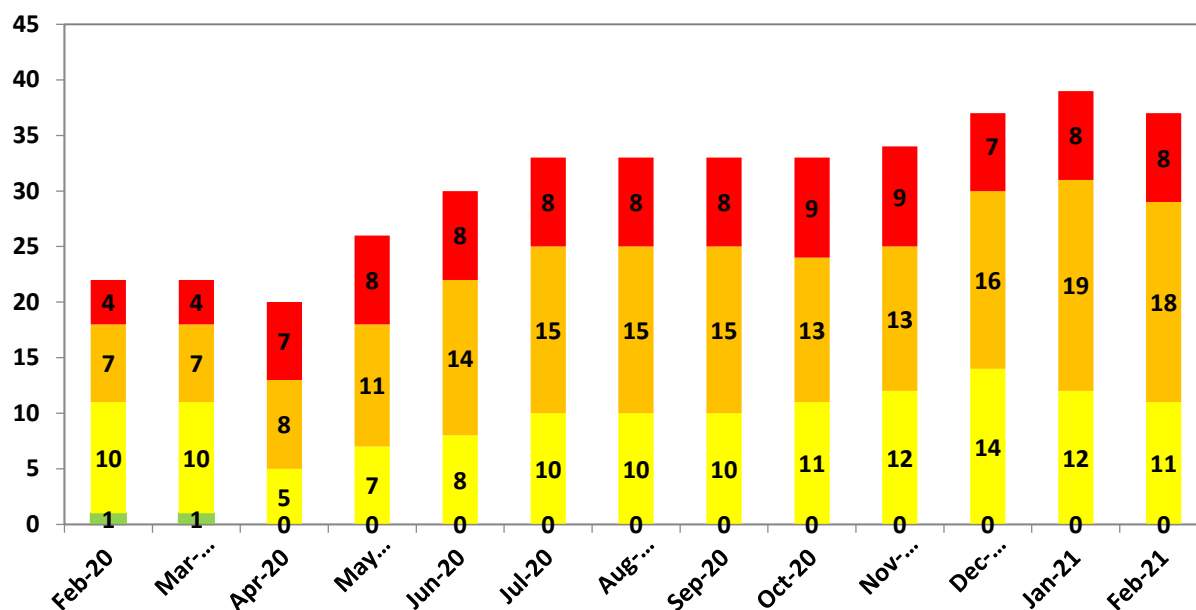
Material Note of Change for Risks Reviewed within this Reporting Period.

Risk ID	Description of the Risk and Note of Change	Risk Owner
1684	<p><u>January Quarterly Review</u></p> <p>There is a risk that in the absence of relevant data sets, including failure to escalate, there will be limited professional (NMAHP) assurance with the potential to adversely impact on safe delivery of care and the reputation of NHSL.</p> <p><u>Note of Change</u></p> <p>The level of this risk has increased significantly as the system is not agile enough to maintain adequate oversight of staff during the continuously changing environment arising through the Covid-19 pandemic. Risk increased from Medium to Very High.</p>	E Docherty
1882	<p><u>January Quarterly Review</u></p> <p>There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwards movement of patients 'fit for transfer' to care homes (14 days isolation and 2 +ve tests pre transfer), protection of those shielded and are inpatients within acute wards and the number of care homes that are in outbreak situation and closed to admissions. This has the potential to impact on recovery planning for some clinical services that may require admission to acute care.</p> <p><u>Note of Change</u></p> <p>The description and assessed level of risk for this risk has changed to include the current position regarding the loss of available beds due to the outbreaks, closure of wards and the number of Covid-19 positive patients. The risk has increased from High to Very High at this point in time and owned by J Park.</p>	J Park

1724	<p><u>February Update</u></p> <p>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.</p> <p><u>Note of Change</u></p> <p>Subsequent to the confirmation received from the Cabinet Secretary on the preferred option for the replacement of UHM, this risk has been reduced from High to Medium, and controls updated to note the next stage of progressing with the outline business case.</p>	H Knox
------	--	--------

ii) NHSL Corporate Risk Register Profile as at 9th February 2021

For this reporting period, there are now 37 corporate risks. The risk profile is shown for the period February 2020 to 9th February 2021 below:



Risk Heat Map

From the 37 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				5	1
	Likely	4			6	2	
	Possible	3			7	11	1
	Unlikely	2			2	2	
	Rare	1					

The risks are categorised by type as shown below:

Risk Type	Low	Medium	High	Very High	Totals
Business	-	5	7	5	17
Clinical	-	-	4	1	5
Staff	-	-	1	-	1
Reputation	-	1	1	1	3
Covid-19	-	4	5	1	10
Brexit	-	1	-	-	1
Totals	-	11	18	8	37

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

Corporate Objective	Low	Medium	High	Very High	Totals
Safe	-	2	12	3	17
Effective	-	9	5	5	19
Person Centred	-	-	1	-	1
Totals	-	11	18	8	37

iii) **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				5	1
	Likely	4			6	2	
	Possible	3			7	11	1
	Unlikely	2			2	2	
	Rare	1					

Whilst there are 23 risks that are assessed above the boundary risk appetite, commensurate with the approved taxonomy for governance and oversight of the assessed risks, the focus for this report will be on very high graded risks as below, noting that during the emergency footing, there will be interim governance arrangements and all very high risks will be filtered through the monthly Board meetings.

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

v) **Very High Graded Risks on the Corporate Risk Register as at 9th February 2021**

There are 8 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 five (5) of these risks are 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
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
1450	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	14/11/2016	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Reconfiguration of service to maintain response to COVID-19¹ and recovery of GP services including: <ul style="list-style-type: none"> 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

ITEM 7A

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1587	Sustainability of the 2 Site Model for OOH Service	13/12/2017	Very High	<p>In continuing to respond to Covid-19, community assessment centres are being retained impacting on the ability to maintain 2 site OOH model with the following 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 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 9. Increased number of ANP's 10. Communication & engagement strategy <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	V DeSouza
1871	Recovery of Performance 2020 – 2021	30/03/2020	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL strategic command and CMT planning, including mobilisation plan 3. Chief Executive Performance Reviews resumed from June 2020, however are currently postponed to enable the necessary operational response to the increasing Covid demands. 4. Performance plan for August 2020 - March 2021 with remobilisation plan submitted to Scottish Government, followed by detailed discussion on what is achievable and tolerable <p>Action</p> <ol style="list-style-type: none"> 1. Continue to monitor performance 	High	C Lauder
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"> 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. Resume dedication CMT financial meetings 4. Finance framework developed for redesign and recovery 5. Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is reasonably possible 6. Financial modelling including predictions on covid expenditure 	High	L Ace

ITEM 7A

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. 6. Implementation, roll-out and monitoring of Planned date of Discharge (PDD) initiative 7. Continuous viring for maintaining delivery of services in NHSL 8. Standing down some non-urgent services 9. Implementation of preferred options to release bed capacity at acute hospital sites 	Medium	J Park
1989	Ability of NHLS to maintain a workforce commensurate with the immediate needs for this wave of Covid and Vacc Programme	21/01/2021	Very High	<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. Cross-cutting tactical group (workforce, clinical & planning) 	Medium	K Sandilands
1684	NMAHP Contribution to Good Corporate Governance	06/09/2018]	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Continuance with the developments set out through the NMAHP Strategic Leaders Summit 2. Improved Professional Governance Infrastructure eg NMAHP PGG 3. Reporting and ensuring visibility of NMAHP professional contribution to good corporate governance 4. Development and implementation of a mechanism for articulating levels of assurance and data sets required, adopted categories as used by internal audit. 5. Workforce Governance Gap Analysis for minimum dataset 6. NMAHP Professional Governance Group to have oversight of all initiatives, set out in a dedicated PID template highlighting areas of change, reason, expected outcomes, value for money 7. Partial implementation of a Professional escalation process aligned to safe staffing levels 	Low	E Docherty

Acute and Health & Social Care Partnership

There are three (3) very high graded risks owned and managed within the Acute Division and one (1) for South Health & Social Care Partnership as set out below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. <p>Actions:</p> <ol style="list-style-type: none"> 1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas. 2. NHSL confirmed that they wish to participate in Regional Service, workforce being reviewed to enable this. 	J Park
1933	Treatment Time Guarantee	20/08/20	Very High	<ol style="list-style-type: none"> 1. Additional capacity agreed in the Independent Sector. 2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group. 	J Park
1982	Radiologist Staffing at UH Hairmyres NEW	9/12/20	Very High	<p>Radiologist posts currently at advert with view to interview Feb 2021but 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

ITEM 7A

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 	V De Souza

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
----	-------	-----------	----------------------	---------------------	------------

ITEM 7A

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
5	<p>Failure to deliver a workforce model which supports NHS Lanarkshire's clinical model aspirations and longer term strategy.</p>	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&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. Consideration should be taken to Covid-19 lessons learned and models and ratios successfully implemented at other boards.</p>	C Lauder

Monklands Business Continuity Risks Assessed as Very High

There are 9 very high graded risks on the Monklands business continuity risk register as set out below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1760	Roof Deterioration in Isolated Areas Above the Automated Lab	27/06/2019	Very High	<ol style="list-style-type: none"> 1. Localised repairs above labs roof were completed previously (under FS2, FRR2 2014). 2. Condition Report has been completed by GRAHAM the pitched roof has reached the end of it's serviceable life. 3. Stage 1B design solution completed. 4. CIG budget identified for Stage 2 repair works to progress in 20/21. 	J Paterson
1763	Current fire alarm cause and effect does not reflect how staff should react in the event of fire	27/06/2019	Very High	<ol style="list-style-type: none"> 1. Control book holders are regularly briefed by a local Fire Officer on fire procedure. 2. Regular training tailored to patient/ ward areas has been commissioned. 3. Surgical Tower Cause and Effect re-programmed to reflect horizontal evacuation (completed June 2020) - fire alarm and door activation addressed. 4. Medical Tower re-programming to be completed end of FY 20/21. 	J Paterson
1765	Fire compartment condition of area under the ward towers, ground and lower ground floor.	27/06/2019	Very High	<ol style="list-style-type: none"> 1. FSW 7 works are progressing on site to improve 60mins compartmentation in the areas below the Towers. Works programmed to complete in December 2020. Only area remaining is X-Ray left to be completed on GF in forthcoming FSW phase 8. 	J Paterson
1825	Failure of condensate receivers	17/09/2019	Very High	<ol style="list-style-type: none"> 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. 	J Paterson
1850	Ward 16 - Ventilation not compliant with SHTM 03-01	20/01/2020	Very High	<ol style="list-style-type: none"> 1. Stage 1B design for replacement of the Ward 16 ventilation system progressing. Design has been reviewed and agreed by NHSL Clinical Team. Enabling Works under review to progress works on site. Decant accommodation for works to progress under review. 2. Single phase (with enabling works package) strategy is being developed with the stakeholder group in order to facilitate works. 	J Paterson
1864	Loss of mains water	20/01/2020	Very High	<ol style="list-style-type: none"> 1. Implementation of BCP for loss of water. 2. Survey completed to identify single points of failure for hospital services and findings issued to NHSL for review. 	J Paterson
1930	Endoscopy Ventilation	04/08/2020	Very High	<ol style="list-style-type: none"> 1. Stage 1A Feasibility study completed Sept 2020. Preferred option identified. 2. Stage 1B progressing to develop design solution and market testing stage. 3. Stage 2 works to progress FY 21/22 	J Paterson
1935	Bariatric Patient CoE Ward Fire Escape	31/08/2020	Very High	<ol style="list-style-type: none"> 1. Stage 1A Feasibility study to install evacuation bed lifts within existing UMH building underway - due to complete early Dec 2020. 2. Current control measure to locate bariatric patients at ground floor level. 	J Paterson

ITEM 7A

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1972	Single Points of Failure	04/08/2020	Very High	1. Single Points of Failure Report produced - subject to review.	J Paterson

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

At this reporting period there is 8 very high graded Covid-19 risks

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CH/01	Local Care Homes may have such significant problems with staffing levels that they are unable to staff the homes and look to NHSL/H&SCP for assistance to maintain patient care and outbreak management and control.	07/04/20	Very High	All care homes have been reviewing their BCP and have managed to mitigate any staffing issues internally. Agreed process is in place to access NHS staff via staff bank or care staff via SSSC portal if BCP fails. Ongoing work with care homes to support BCP. Access to staff bank to support staffing vacancies	Tactical / Care Home
CH/07	As community prevalence increases and we are seeing a rise in local clusters there is an increased risk that Covid19 will be re-introduced to care homes and we will see further new outbreaks	21/09/20	Very High	Care Home assurance team undertaking support visits to all care homes – action plan prepared for each individual home Escalate any concerns to CI/ CSWO Reinforce need for high standard IPC All care homes advised to use table 4 PPE All staff advised to remain socially distanced during breaks Indoor visiting delayed by DPH	Tactical / Care Home
CL/25	There is a risk that there will be insufficient staff to provide the required cover priority areas over winter. With new modelling data those areas are ARICs, Covid vaccination, Acute sites	22/01/21	Very High	<ul style="list-style-type: none"> • Silver command stood up to twice weekly meetings • All divisions requested to review contingency plans • Recruitment for vaccinators ongoing • Further meeting with UoS to review modelling (14th January) • Review of site footprints • Review cohorting • Review staffing. Risk mitigation to be updated to include: • New Cross – Cutting Group: Staff Deployment (22/01/2021) • ToR with purpose for new Cross Cutting Group (Workforce, Clinical & Planning) • Linked to new corporate risk ID1989 	Tactical / Clinical

ITEM 7A

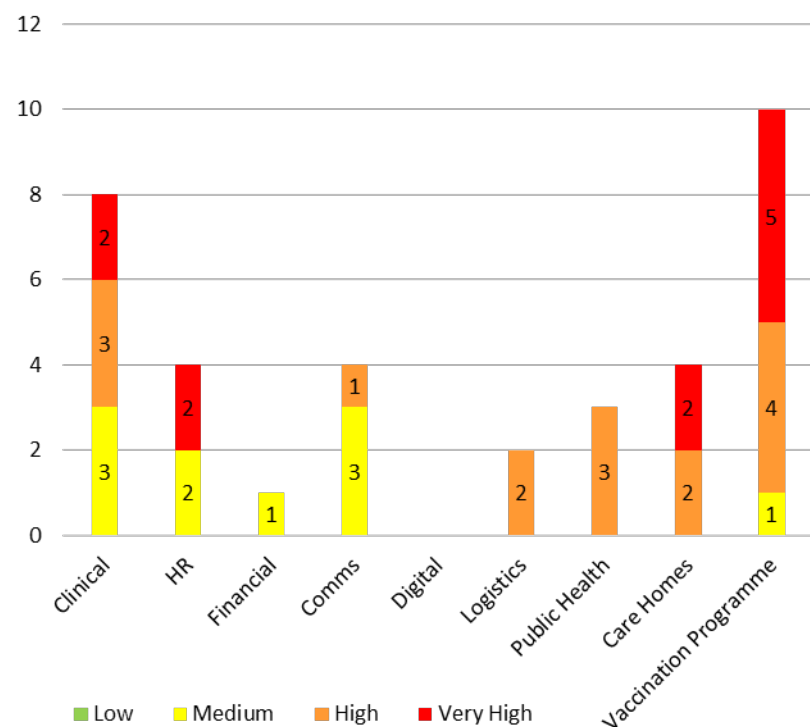
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/23 NEW	There is a risk that NHSL does not have sufficient workforce to continue usual business and meet Covid demand in the Acute Division and both H&SCP. This is due to both increased demand on services and staff absence either through Covid or other illness and the need to self-isolate	05/11/20	Very High	<ul style="list-style-type: none"> • Templates have been devised and tables at Gold Command, to allow decisions about standing down services to be made. • Each divisional area is moving staff when needed to cover services on a “case by case” basis • Comms messages reinforcing IPC messaging and the need for strict observation of the same • Request that the Workforce Silver command is stood up. Prioritisation of services through clinical silver command with continuity planning for services that may need to be stood down 	Tactical / Clinical
CV/01	This is a risk that appointments for early covid-19 vaccination clinics will arrive with patients after the date of clinic, that they will be for sites distant from the patients home, and that they will be unable to access national booking lines to alter them, due to the compressed timescales for rollout of wave 2 which may result in late posting, misallocation and failure to detect through the lack of a verification period and overwhelming demand for the national rebooking line	16/01/2021	Very High	<ul style="list-style-type: none"> • Ensure national deadlines are kept and raise risk nationally, seeking earlier posting date • Request access to the testing environment to understand the functioning of the system, draft of the user manual, access to the allocation algorithm. Ensure excess clinic availability in every clinic • Raise nationally likely scaling of call centre required, scope options for board enquires call handling as fallback 	Tactical / Covid-19 Vaccination Programme
CV/02 INCREASED FROM HIGH TO VERY HIGH	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.	16/01/2021	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.</p>	Tactical / Covid-19 Vaccination Programme
CV/06 NEW	This is a risk that NHS Lanarkshire’s planned vaccination trajectory will be disrupted by a switch to national determination of vaccination rates, driven by early vaccine use by other boards beyond sustainable supply. NHS Lanarkshire has taken a more progressive approach to building capacity and the population delivery would therefore be disadvantaged by an early cap.	11/02/2021	Very High	<p>Ongoing careful stewardship of remaining supply</p> <p>Make equity of access argument to national programme regarding start of programme as baseline date for population share</p> <p>Engage in national vaccine allocation group to attempt to shape equitable policy</p>	Tactical / Covid-19 Vaccination Programme

ITEM 7A

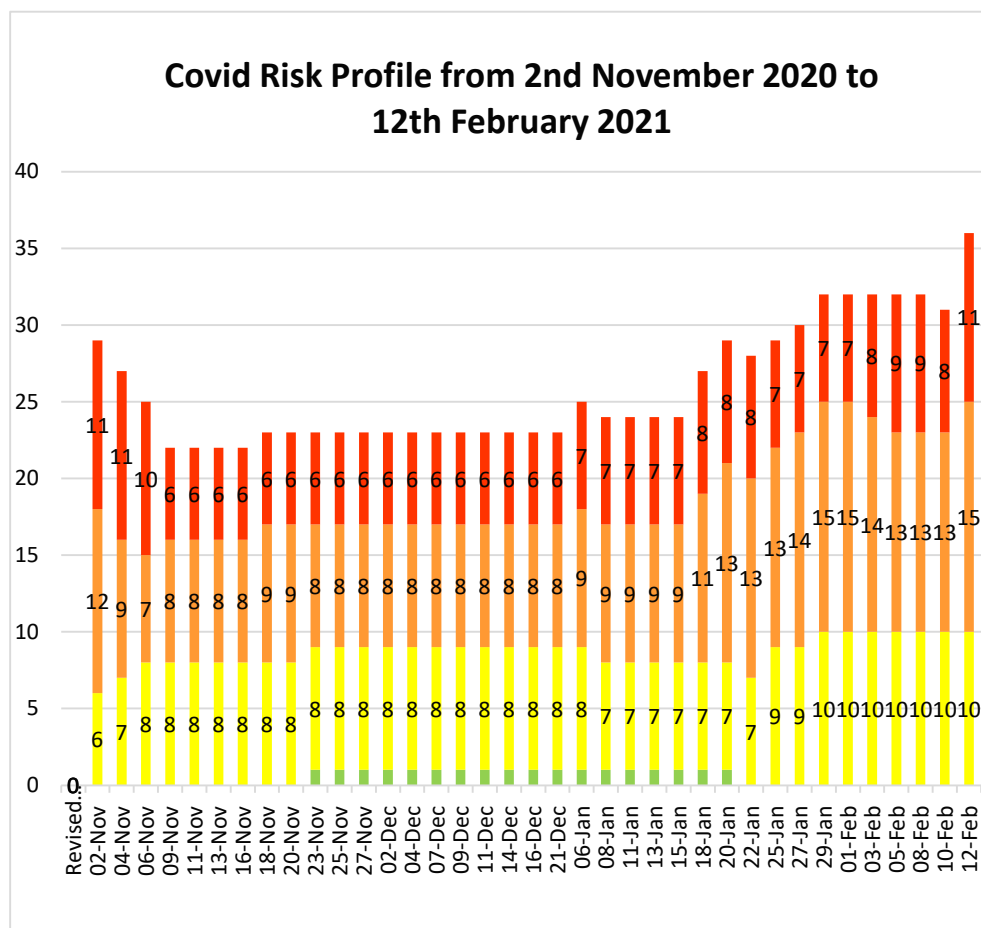
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CV/07 NEW	There is a risk that we have to close clinics at short notice due to rescheduling of clinics or insufficient staff to operate safely resulting short notice cancellations of appointments, patients attending a clinic which is closed in the event that we cannot make telephone contact, justified complaints and short term adverse publicity.	11/09/2021	Very High	Introduce 72-hour lockout on significant capacity or delivery changes and second working daily lockout on changes to centre processes (unless clinical emergency over-rides)	Tactical / Covid-19 Vaccination Programme
CV/05 NEW	There is a risk that the national team does not issue Lanarkshire data for future cohorts in sufficient time to validate the data prior to it being uploaded to Service Now resulting in misallocation of patients to vaccination centres and inability to plan vaccination locations and supply efficiently and equitably.	04/02/2021	Very High	<ul style="list-style-type: none"> • Raise risk nationally and seek assurance that cohort data will be released timeously • Raise risk with National Cohort Group at the weekly meetings • Ensure Lanarkshire meets national deadlines 	Tactical / Covid-19 Vaccination Programme
HR/09 INCREASED FROM HIGH TO VERY HIGH	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
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.	17/12/2020	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. Staff health and wellbeing group 	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 reconvened since 16th September 2020 and the relevant tactical groups. There are now 36 live risks directly related to COVID-19 on the major incident risk register, accurate as at 12th February 2021. The risk profile is set out by category and severity and number below:

Profile By Category As At 12th February 2021



Covid Risk Profile from 2nd November 2020 to 12th February 2021



vi) Major Incident: EU Withdrawal Very High Graded Risk

There are zero very high graded EU Withdrawal risks subsequent to the trade agreement reached prior to 31st December 2021. The Strategic Command has been stood down effective from 3rd February 2021 and the current risk register is under review with all tactical leads to consider what risks can be closed, integrated with current ‘business as usual risks’ or transferred to an operational risk register. The output of this review will be reported on at a future CMT meeting.

vii) 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. This section will therefore focus on assurance for risks that have the Board, PPRC or PHPC&CSGC identified as the Assurance Committee.

There is one (1) risk that has the Board identified as the Assurance Committee:

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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.	13/05/2020	Medium	Controls 1. Review of governance arrangements and capacity to maintain existing arrangements 2. Considerations of options to maintain governance with an approved preferred option at Board meeting 29th April that satisfies compliance with the legal framework 3. Implementation of the preferred option effective from 29th April 4. Continuous review of the governance arrangements throughout the changing nature of the pandemic and priorities 5. Regular Non-Executive Briefings	Medium	H Knox

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner

The Board of NHS Lanarkshire has met regularly during the period of the revised arrangements and have considered a risk report at every meeting that included the full risk register. For the purpose of this report, the risks that would normally have been overseen by the PPRC or the PHPC&CSGC have been explicitly set out below for ease of reference and consideration by the Board.

Risks Assigned to 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
----	---------------------	-------------	--------------------	---------------------	----------------------	------------

ITEM 7A

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 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
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.	30/03/2020	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 plan 3. Chief Executive Performance Reviews resumed from June 2020, however are currently postponed to enable the necessary operational response to the increasing Covid demands. 4. Performance plan for August 2020 - March 2021 with remobilisation plan submitted to Scottish Government, followed by detailed discussion on what is achievable and tolerable Action 1. Continue to monitor performance	High	C Lauder
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 legislative requirement and meeting additional costs related to the continuing Covid-19 pandemic.	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. Resume dedication CMT financial meetings 4. Finance framework developed for redesign and recovery 5. Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is	High	L Ace

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				reasonably possible 6. Financial modelling including predictions on covid expenditure		
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	High	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
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	Medium	C Lauder

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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 and media winter campaign incorporating strong messaging -proactive broadcast campaign aimed to show the reality of inside our hospitals -scheduling of communication through a range of methods to support the Covid vaccination roll out -A new weekly MSP briefly to ensure they are informed	Low	C Brown
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	High	1. Continuous monitoring and feedback to NHS 24 2. Established lines of communication and national meetings to oversee and resolve issues	Medium	C Lauder
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.	25/06/2020	High	Controls 1. Maintaining primary care hubs, assessment centres, near me and care at home to minimise attendance to essential attendance only 2. Hot and cold zoning within Emergency Departments 3. Whole system planning and implementation of new Community Assessment Centres (CAC's) 4. Shoring up of ED staff 5. Implementation of the national and local redesigned urgent care pathways 6. Communication plans to utilise all media channels help the public understand the risks without deterring from attending for emergency care when required.	Medium	J Park

ITEM 7A

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	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 3. Staff education and training <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - Undertake, monitor, evaluate and revise exercises 5. Multi-agency exercises <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> -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 	Medium	G Docherty

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				<p>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</p> <p>16. New Significant Incident Protocol approved and implemented</p> <p>Actions</p> <ol style="list-style-type: none"> 1. Invoke the Mutual Aid Agreement if required 2. Development and strengthening of a supporting training plan 		
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.	12/10/2018	High	<p>Controls</p> <ol style="list-style-type: none"> 1. Full transition plan with timeline set out and agreed for implementation. <p>Action:</p> <ol style="list-style-type: none"> 1. Monitor implementation of the new contract 	Low	C Lauder
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, a position exacerbated by COVID-19, 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	07/02/2019	Medium	<p>Controls - the key controls at present is the NHSL mobilisation plan, noting work to date through the controls below:</p> <ol style="list-style-type: none"> 1. Discussions with the group being led nationally by SG, COSLA and Care Inspectorate 2. Homes affected placed on additional monitoring by SW QA team 3. Communication channels opened with COSLA and Care Inspectorate with a NHSL representative 4. Locality teams informed and undertaking service user reviews to further monitor maintenance of quality provision 5. Historically strong Care Inspectorate grading's across both facilities and no management changes at either home at present time 6. NHSL Full Capacity protocol 7. Contingency Plan for relocation 	Medium	R McGuffie
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	<p>Controls - in 2020/21 and 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.</p> <ol style="list-style-type: none"> 1. Detailed risk assessment of Monklands estate issues 2. Phased investment plan to ensure highest risks and greatest benefits addressed as a priority 3. Monklands Investment Programme Board established to oversee the process 	Medium	L Ace

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				4. Framework partner appointed to work through phases of estates work. 5. Progression of Monklands Hospital Replacement with NHSL Board recommendations on preferred option submitted to the Cabinet Secretary in December 2020. Awaiting response. Actions 1. Evaluate the capital plans to include additional requirements for Covid-19 2. Evaluate the capital plans in 3 years (2023)		
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	Medium	C Brown
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 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 undertaken safely and at the minimum risk. These requirements should be underpinned by NHSL Fire Safety Policy, which is currently subject to review by the Senior Fire Adviser. At present the risk cannot be completely mitigated because Senior Site Responsible Persons have not been able to identify suitable staff to undertake this task and associated training.	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

Risks Assigned to the Population Health and Primary Care and Community Services Governance Committees as the Assurance Committee

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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	Very 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

ITEM 7A

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	<p>In continuing to respond to Covid-19, community assessment centres are being retained impacting on the ability to maintain 2 site OOH model with the following 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 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 9. Increased number of ANP's 10. Communication & engagement strategy <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	V DeSouza
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	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. 6. Implementation, roll-out and monitoring of Planned date of Discharge (PDD) initiative 7. Continuous viring for maintaining delivery of services in NHSL 8. Standing down some non-urgent services 9. Implementation of preferred options to release bed capacity at acute hospital sites 	Medium	J Park

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
	that are within the waiting times for diagnostics and/or treatment.					
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 eg 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.	25/11/2020	High	<ol style="list-style-type: none"> 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. 	Medium	J Burns
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	<p>Controls</p> <ol style="list-style-type: none"> 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. Planned 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. <p>Action</p> <ol style="list-style-type: none"> 1. Development, implementation and monitoring of a full Standard Operating Procedure for Decontamination. 	Low	G Docherty

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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 is could lead to:</p> <ul style="list-style-type: none"> -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	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 	High	G Docherty
1992	<p>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.</p> <p>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.</p>	25/01/2021	High	<ol style="list-style-type: none"> 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 	High	G Docherty

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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 though CMT and CE Quarterly Performance Reviews	Medium	H Knox
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.	21/01/2021	Medium	1. Continuous oversight and management of all supply chains locally and with the National Centre 2. Early escalation of, and continuity planning for disruption to supply chains 3. Health surveillance over time concurrent with socio-economic changes	Medium	H Knox

ITEM 7A

ID	Description of Risk	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
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 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.	18/05/2020	Medium	<p>Controls</p> <ol style="list-style-type: none"> 1. Lanarkshire Resilience Partnership Oversight Board 2. NHSL Test & Protect group with public health tactical group 3. NHSL Priority Testing Plan 4. Appointment of an initial NHSL workforce cohort for T&P with additional recruitment approved September 5. NHSL laboratory capacity has been increased 6. National Mutual Aid Agreement 7. Additional recruitment to the PH Department 8. Monitoring of a set of indicative measures (KPI's) 9. Major increase in T&P workforce capacity achieved <p>Actions</p> <ol style="list-style-type: none"> 1. Continue to receive advice from SG on the national programme testing capacity aiming for a minimum of 24 hour turnaround 2. Development of a matrix to manage demand and capacity 	Medium	G Docherty

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
------	---	-----------	---	----------------	---

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, including the record of change in Appendix 1
- 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 9th February, set out in appendix 2
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 12th February
- Noting the updated position for the EU Withdrawal risk register and current review
- 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 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:

Mrs H Knox
Interim Chief Executive
01698 858176

Mrs C McGhee
Corporate Risk Manager
01698 858094

Mr Paul Cannon
Board Secretary
01698 858181

