

NHS Lanarkshire
27th January 2021

Lanarkshire NHS Board
NHS Board
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SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT RISK REGISTERS

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 November 2020, reporting on material changes to the corporate risk register with a focus on very high graded risks, including all very high graded risks across NHSL and major incident specific Covid-19 and EU Withdrawal risks that are graded very high. A report on EU Withdrawal risk was also presented to an extr-ordinary Board meeting in December 2020.

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.

NHSL revised their governance arrangements during the period of emergency footing. 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) report in September 2020 and at present is 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.

This risk report will:

- i) Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period (pages 3 & 4) noting there are no other changes
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 18th January 2021 (page 4)
- 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 5 to 9)
- 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 10 to 12)
- v) Report on EU Withdrawal risk profile as at 18th January 2021 (page 13)
- vi) Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high, noting the four new very high graded risks since the last report (pages 13 to 15).

This report will also facilitate reference to the 37 risks set out in the NHSL Corporate Risk Register, accurate as at 18th January 2021 to maintain a level of oversight by the Board as set out in appendix 1. The Corporate Risk Register is currently under review with completion expected 22nd January 2021, reporting to CMT on 25th January 2021.

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

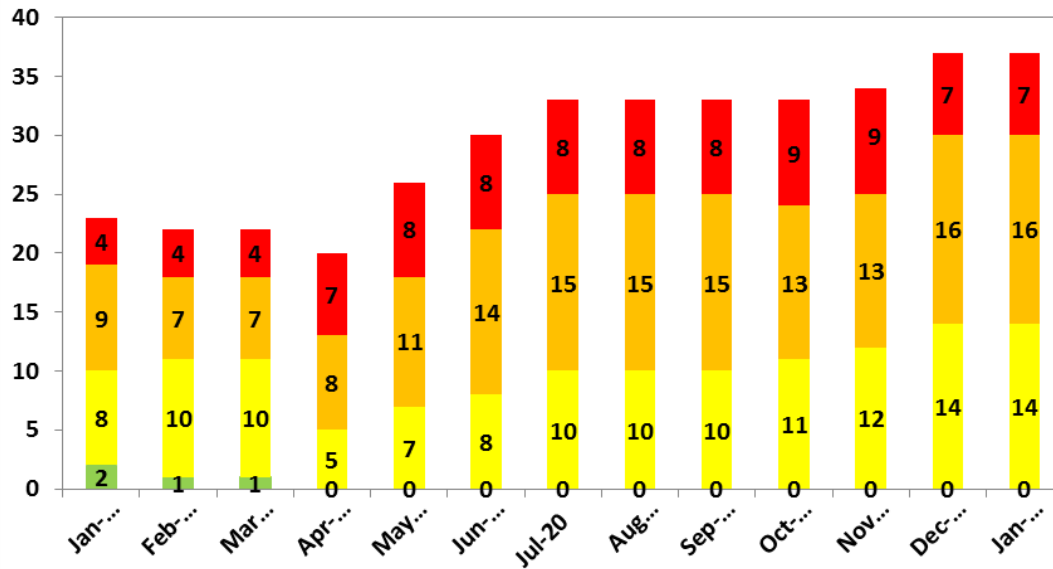
For this reporting period there is a total of 37 risks. The summary of significant material change to risks are set out below. There are no other changes to note.

Closed Risks		
No risks have been closed since the last reporting period.		
Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register		
No risks have been escalated to or de-escalated from the corporate risk register since the last reporting period.		
New Corporate Risks Identified		
There are three (3) new risks since the last report:		
<p>Risk ID 1969 –There is a risk that NHSL will not be enabled to effectively and timeously deliver the Covid-19 vaccination programme as expected because of the logistics around the stability of the vaccine, licence issues, 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 & adverse public perception resulting in a reputation risk for NHSL.</p> <p>This risk was opened on 25th November and was initially assessed as Very High, however from the progression over the past 2 weeks it is now assessed as High and is owned by J Burns.</p> <p>---</p> <p>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.</p> <p>This risk has been assessed as High and is owned by G Docherty.</p> <p>---</p> <p>Risk ID 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.</p> <p>This risk has been assessed as High and is owned by C Lauder.</p>		
Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Description of the Risk and Note of Change	Risk Owner
1661	<p>Brexit presents a level of risk that is not containable by NHS Lanarkshire alone, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services across NHSL.</p> <p><u>Note of Change</u> Controls have been reviewed noting the move to resuming live incident status through Strategic Command and the 3 key areas of concern identified through SG as workforce, legislative and logistics /</p>	H Knox

	<p>supplies, noting that there has been work undertaken by SG to mitigate. Remains a Very High graded risk.</p> <p>Currently under review and likely to be closed prior to next reporting period.</p>	
1882	<p>There is a risk that there could be significant impact on the availability of acute beds due to shifting requirements for onwads 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> 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 and is owned by J Park.</p>	J Park
623	<p>There is a risk that NHSL will not have the capacity to respond to a second 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. <p><u>Note of Change</u> Between the month of November and early December, this risk has been reduced from Very High to High, although will continue to be under review dependent on the expected surge(s) from the change of Tier 4 to Tier 3 and the festive relaxations.</p>	G Docherty
1903	<p>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.</p> <p><u>Note of Change</u> At this present time (early December) this risk can be reduced from Very High to Medium , however, it is dependent on the potential for increased surge(s) over the December / January period and will be subject to continuous review.</p>	G Docherty

ii) **NHSL Corporate Risk Register Profile as at 18th January 2020**

For this reporting period, there are 37 corporate risks. The risk profile is shown for the January 2020 to 18th January 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	Yellow	Orange	Orange	4 ↑	0 ↓
	Likely	4	Green	Yellow	5 ↓	2 ↓	1 ↓
	Possible	3	Green	Yellow	10 ↑	9 ↑	2 ↑
	Unlikely	2	Green	Green	2 ↔	2 ↔	Orange
	Rare	1	Green	Green	Green	Yellow	Yellow

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	4	3	2	1	0
	Likely	4	5	4	3	2	1
	Possible	3	10	9	8	7	6
	Unlikely	2	2	1	1	1	1
	Rare	1	1	1	1	1	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

iv) **Very High Graded Risks on the Corporate Risk Register as at 18th January 2021**

There are 7 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 six (6) of these risks are above the normal tolerance levels during this pandemic period.

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
285	Standing risk that external factors may adversely affect NHSL financial balance	01/04/2008	Very High	<p>Controls after March 2020 remain but will continue at a slower pace and with greater uncertainty. A process for capturing expenditure implication of Covid is in place with an expectation of SG funding.</p> <ol style="list-style-type: none"> 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. drugs, superannuation modelling and boundary flow costs. <p>Action</p> <ol style="list-style-type: none"> 1. 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-19' 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 2nd wave of Covid-19 pandemic and imminent winter pressures 	High	H Knox

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1587	Sustainability of the 2 Site Model for OOH Service	13/12/2017	Very High	<p>In continuing to respond to Covid-19, community assessment centres are being retained impacting on the ability to maintain 2 site OOH model with the following being retained or recovered:</p> <ol style="list-style-type: none"> 1. BCP in place with planned redirection to A&E. 2. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place. 3. OOH performance monitoring and reporting 4. Improved triaging jointly with NHS 24 5. Recovery to 2 site model as and when staffing allows 6. Full project plan that includes workforce planning 7. Recruitment of salaried GP's 8. Increase number of ANP's 9. Communication & engagement strategy <p>Actions</p> <ol style="list-style-type: none"> 1. Progression of convergence of urgent care and OOH care aligning to national model 2. Dialogue with acute clinicians to support upstream OOH service 	High	V DeSouza
1661	European Union Exit (Brexit) Impact on NHSL	12/07/2018	Very High	<p>Control</p> <ol style="list-style-type: none"> 1. Early preparatory work as directed by, and with SG completed throughout 2019 with full assessment of level of preparedness reported to SG in September 2019 2. Co-ordinated issue and risk process local to NHSL and for reporting to Scottish Government 3. Maintenance of live incident status but in suspension with updating of the EU Withdrawal Command & Control with webpage updating during transition period 4. Maintenance of Brexit risk register though CMT during transition period 5. Resilience workshop in September 2020 6. Preparedness around the planning assumptions of 'Yellowhammer' continue 7. Ongoing review at national level throughout 2020 identifying 3 key areas: workforce, legislative & logistics/supplies 8. Work through SG mitigating the potential for disruption in these 3 key areas 9. Move back into 'live' strategic command for EU Withdrawal effective from November 2020 <p>Actions</p>	High	H Knox

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
				1. Horizon scanning on progress of trade deal negotiations, outcomes and potential impact, including potential for societal unrest		
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. 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. Awaiting SG adjusted performance targets, guidance expected around 26th November 	High	C Lauder

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1815	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	14/08/2019	Very High	<p>Mitigating controls in place post initial phase of covid-19</p> <p>1.Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through second wave of Covid</p> <p>2.Continue with intelligence gathering and scenario planning</p> <p>3.Resume dedication CMT financial meetings</p> <p>4.Finance framework developed for redesign and recovery</p> <p>Actions</p> <p>1.Recovery of the CE Scrutiny Meetings and Sustainability Plans.</p> <p>2.COVID expenditure and funding will be built into 2020/21 plan once known.</p>	High	L Ace
1882	Acute Sector Bed Capacity	28/04/2020	Very High	<p>Controls</p> <p>1. Continuous monitoring and oversight of delayed discharges</p> <p>2. NHSL support to care homes through liaison service, including infection control / outbreak advice & support, access to staff banks</p> <p>3. Cohorting of 'shielded' patients and review of cohorting of patients awaiting testing results</p> <p>4. Testing for Care Home residents and Staff</p> <p>5. Udston as a step down care hospital</p> <p>6. Implementation of Planned date of Discharge initiative</p> <p>7. Current option appraisal for maintaining delivery of services in NHSL</p> <p>Action</p> <p>1.Conclude on preferred option for maintaining services and implement</p>	Medium	J Park

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1815	Ability of NHS Lanarkshire to realise the required savings within year 2020/21 and deliver a balanced budget	14/08/2019	Very High	<p>Mitigating controls in place post initial phase of covid-19</p> <ol style="list-style-type: none"> 1.Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through second wave of Covid 2.Continue with intelligence gathering and scenario planning 3.Resume dedication CMT financial meetings 4.Finance framework developed for redesign and recovery <p>Actions</p> <ol style="list-style-type: none"> 1.Recovery of the CE Scrutiny Meetings and Sustainability Plans. 2.COVID expenditure and funding will be built into 2020/21 plan once known. 	High	L Ace

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Acute and Health & Social Care Partnership

There are two (2) 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
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	<p><u>Controls</u></p> <ol style="list-style-type: none"> 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><u>Action</u></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

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

One current risk from the Monklands Replacement Programme remains very high during this reporting period as set out below.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1565	Failure to deliver a workforce model which supports NHS Lanarkshire's clinical model aspirations and longer term strategy.	06/09/17	Very High	<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 approval by NHS Lanarkshire Board ahead of OBC submission. Updates will be reported to MROB members including Director of Finance.</p> <p>2. For all job families, continue to review scenarios following COVID-19 lessons learned review of 1:200 department designs. Initial outputs expected from the lessons learned review in September 2020.</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>Patient facing workforce: * Consider the reference design of the hospital including ward layouts and how this will impact the workforce requirements in terms of where the staff will be stationed and visibility throughout the ward for observations.</p> <p>* Collaborative work with Senior Nursing colleagues and Project Team around single rooms and occupancy targets to project staffing numbers and skill mix required for new wards.</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-patient facing workforce: * 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.</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>	C Lauder

Monklands Business Continuity Risks Assessed as Very High

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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
1972	Single Points of Failure	04/08/2020	Very High	<ol style="list-style-type: none"> 1. Single Points of Failure Report produced - subject to review. 	J Paterson

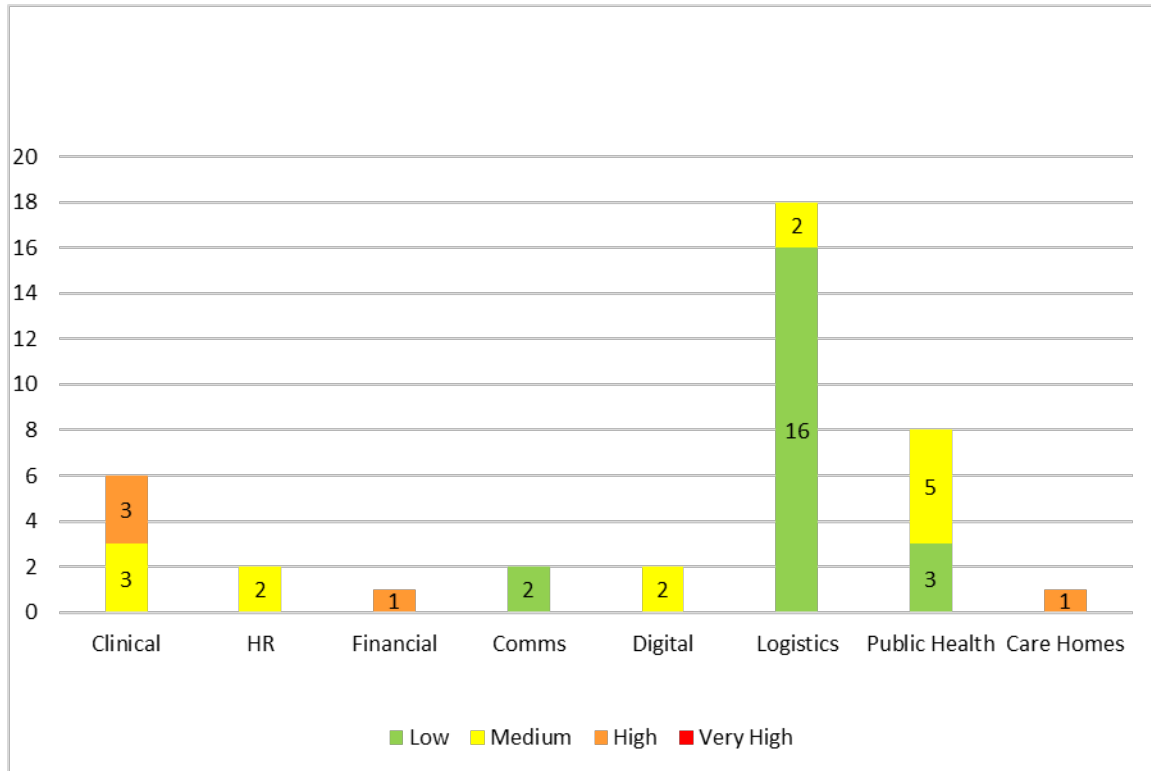
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iv) Major Incident: EU Withdrawal Very High Graded Risk

During the transition period ending 31st December 2020, the EU Withdrawal risk register was subject to continuous review through the Corporate Management Team as the Strategic Command was in 'live' suspension. In November, the EU Withdrawal Strategic Command was re-enacted with a risk report prepared for every Strategic meeting.

The EU Withdrawal risk register was updated and reported on at an extra-ordinary Board meeting held on 16th December 2020 and it should now be noted that the risks will be subject to 4 weekly review aligned to the review of the Strategic Command.

There is now 40 risks recorded on the EU Withdrawal risk register as set out by category below.



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

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
FC/01	There is a risk that COVID-19 will adversely influence NHSL's ability to sustain recurring financial balance for 2020/21 with significant impact on expenditure.	14/04/20	Very High	A process for capturing expenditure implication of Covid-19 against every change is in place aligned to the mobilisation plan. We are linking with SG to ensure additional expenditure is fed back to them in the required format. We are participating in the weekly national finance calls to help shape national thinking and learn from others.	Strategic / Finance
CH/01	Local Care Homes may have such significant problems with staffing levels that they are unable to staff the homes and look to NHSL/H&SCP for assistance to maintain patient care and outbreak management and control.	07/04/20	Very High	Supporting Care homes which have an outbreak of Covid 19 Supporting via Care Home Liaison Service that now has additional capacity through the nursing bank Meeting between MD/CO of the H&SCP to review and increase ability to support care homes in these circumstances	Tactical / Care Home
CH/06	Asymptomatic weekly screening of care home staff may lead to false/ weak positive results which can result in unnecessary restrictions placed on care homes. This would result in restrictions on resident's movements and visiting. This may also impact on the credibility of the test and protect programme if following further investigation restrictions and guidance for contacts changes.	11/08/20	Very High	HPT are undertaken local investigations using NHS labs to retest weak positive cases as soon as possible to minimise disruption to care homes and residents T&P team providing potential cases with full rational of changes to guidance issued.	Tactical / Care Home
CH/07	As community prevalence increases and we are seeing a rise in local clusters there is an increased risk that Covid19 will be re-introduced to care homes and we will see further new outbreaks	21/09/20	Very High	Care Home assurance team undertaking support visits to all care homes – action plan prepared for each individual home Escalate any concerns to CI/ CSWO Reinforce need for high standard IPC All care homes advised to use table 4 PPE All staff advised to remain socially distanced during breaks Indoor visiting delayed by DPH	Tactical / Care Home

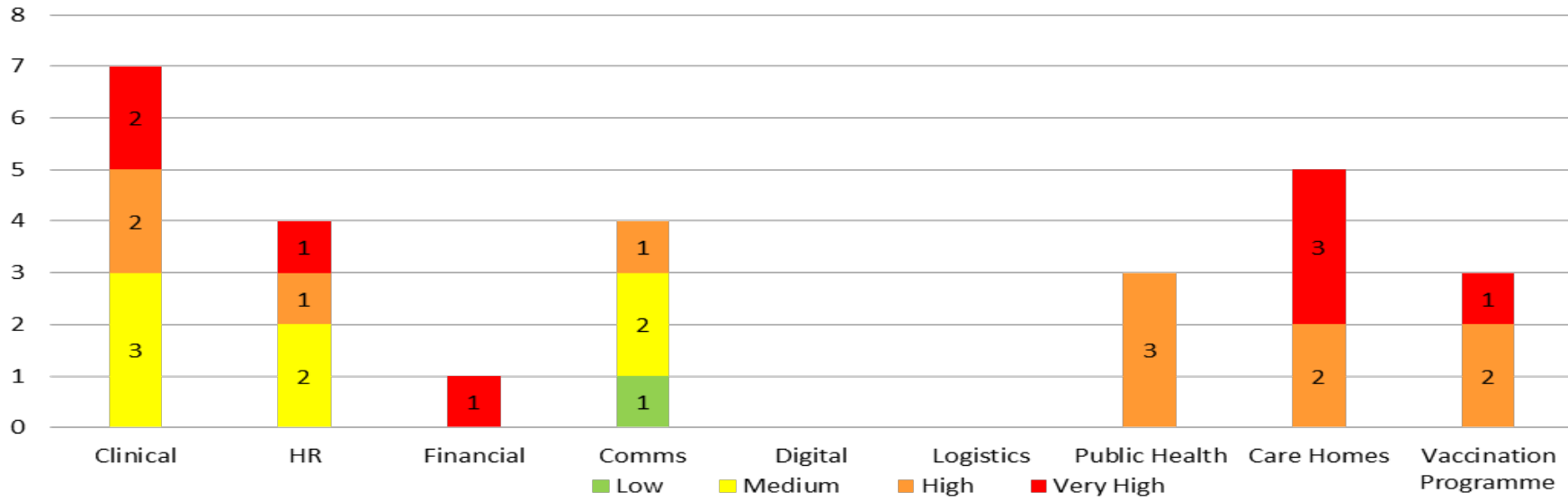
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ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/24 NEW	There is a risk that NHSL could be in an early period of full capacity as available bed capacity is reduced at UHW due to ward closures and high numbers of Covid-19 positive patients and staff that will impact on all admissions to Lanarkshire hospitals	15/12/21	Very High	<ol style="list-style-type: none"> 1. Daily huddle & monitoring 2. Continuous Senior Management & Clinical Decision maker review 3. Re-direct protocol 4. Review of safe cohorting during Covid testing period & discharge planning 5. Review of cleaning requirements 6. Invoke full capacity protocol when assessed as necessary 7. Invoke mutual aid when assessed as necessary 	Tactical / Clinical
CL/25 NEW	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	08/01/21	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 	Tactical / Clinical
HR/08 NEW	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.	17/12/21	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
CV/01 NEW	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	16/01/21	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 Vaccine Programme

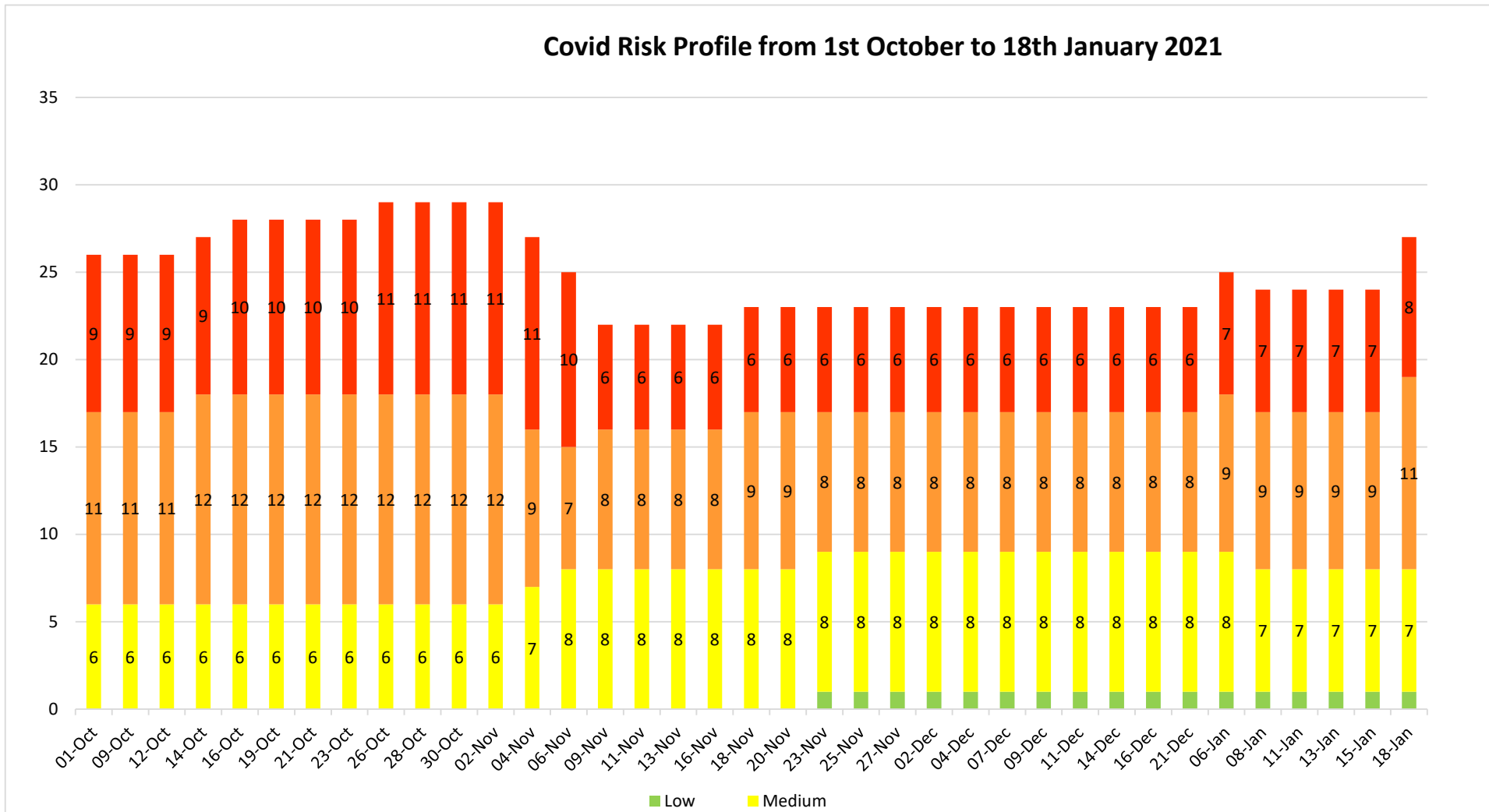
The Covid-19 very high graded risks are subject to continuous review and are overseen through the Covid-19 Strategic Command meetings re-convened since 16th September 2020 and the relevant tactical groups. There are now 37 live risks directly related to COVID-19 on the major incident risk register, accurate as at 18th January 2021. The risk profile is set out below by category and severity and number below:

ITEM 8A

Profile By Category As At 18th January 2021



ITEM 8A



ITEM 8A

vii) Assurance and Oversight During Emergency Footing

All corporate risks have an identified assurance committee that receives a risk report at every meeting. During the period of emergency footing, NHSL has revised its governance arrangements and both the Planning, Performance and Resource Committee and the Population Health and Primary Care & Community Services Governance Committee remains ‘stood down’ at present. In the interim, it remains the responsibility of the Board to provide that oversight until re-enactment of these Committees.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	LDP		Government Policy	
Government Directive		Statutory Requirement		AHF/Local Policy	
Urgent Operational Issue		Other: Corporate Governance	X		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	x	Effective	x	Person Centred	x
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	x
Best use is made of available resources. (Effective)	x

6. MEASURES FOR IMPROVEMENT

Planned improvement work for the risk management framework was suspended until NHSL moved to recovery phase from the COVID-19 pandemic and realistic resuming of improvement work has been set out, considered and agreed at CMT.

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. However, there is a significant change to the financial position for NHSL resulting from the emergency footing position and consequent response to the COVID-19 pandemic with associated costs that are being collated and submitted to the Scottish Government.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

No further risk analysis is required.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	x	Effective partnerships		Governance and accountability	x
Use of resources		Performance management	x	Equality	
Sustainability	x				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment is not required for this paper as the risks apply equally.

11. CONSULTATION AND ENGAGEMENT

The risks expressed and quantified within the register have been subject to discussion and have been reviewed in light of the COVID-19 pandemic. The governance committee reviews of the risk register will be adjusted throughout the emergency footing period, commensurate with the interim governance arrangements in place

12. ACTIONS FOR THE BOARD

Board members are asked to:

Approval		Endorse	x	Identify further actions	
Note	x	Accept the risk identified		Ask for a further report	

Specifically noting the emergency footing position in response to the COVID-19 pandemic and the consequent wider risk profile for NHSL through:

- The summary of significant material changes to the Corporate Risk Register, aligned to the impact from COVID-19, and the three (3) new risks
 - ID 1969 – Delivery of the Covid Vaccination Programme
 - ID 1973 – Impact from the relaxation of restrictions during the festive period
 - ID 1974 – Remedial work required for premises built with RAAC
- Endorsement of the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance
- Noting the very high graded risks across NHSL and the changes from the last reporting period
- Noting the Corporate Risk Register, accurate as at 18th January, set out in appendix 1
- Noting the risk profile for the EU Withdrawal risks by category, severity and number
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks, noting the four (4) new very high graded risks
 - CV/01 – Covid Vaccine Scheduling
 - CL/24 – Early full bed capacity due to increasing numbers and loss of beds due to ward closures
 - CL/25 – Workforce to provide priority cover over winter: ARIC's; Covid Vaccination and Acute site
 - HR/08 – Workforce resilience
- Noting the COVID-19 risk profile by number, severity and category
- 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:

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