



# **RISK MANAGEMENT**

## **ANNUAL REPORT 2020/2021**

|  |   |
|--|---|
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| <b>Approved By Corporate Management Team</b> | <b>May 2021</b>                                 |
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## 1. ASSURANCE STATEMENT

- 1.1 As outlined within the Audit & Assurance Committee Handbook, Scottish Government, (2018), a key role of the NHS Lanarkshire (NHSL) Audit Committee is to support the Board and Accountable Officer to maintain a sound system of internal control, demonstrated through assurance, defined as “an evaluated opinion, based on evidence gained from review, on the organisation governance, risk management and control framework”.

The year 2020/2021 was contingent on an effective governance, risk management and control framework as 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. NHSL invoked its major incident management and functioned within a much changed landscape, responding to continuous and rapid change, including changes to the risk management arrangements.

The Corporate Management Team (CMT) oversee the implementation, review, new developments/improvement and monitoring of the risk management strategy, risk register policy and framework, and are accountable to the Audit Committee for the risk management arrangements. Initially, within the period of emergency response, the Corporate Management Team considered and approved key areas of risk management that could be suspended and those areas that required to be maintained for effective governance.

At its meeting on February 2021, CMT considered and endorsed an annual evaluation of the risk management arrangements maintained throughout the year. This was undertaken to provide information to the Audit Committee on the risk management arrangements in place, and to enable an evaluated opinion by the Audit Committee on the adequacy and effectiveness of the risk management systems and, ultimately support the Chief Executive in the completion of the annual Corporate Governance Statement.

This annual evaluation was set out in the “Key Lines of Enquiry”, based on Annex F of the new Audit & Assurance Committee Handbook and was endorsed by CMT in February 2021 and was received by the NHSL Audit Committee in March 2021.

This report highlights the areas of work undertaken this year (2020/2021) within the changing environment, and areas of work identified for improvement in 2021/2022.

- 1.2 CMT maintained oversight of the risk management arrangements during 2020/2021 through discussion, consideration and/or endorsement of the following:
- Monthly Corporate Risk Register Report, noting significant changes to the existing risks and the continuously changing risk profile in response to the Covid-19 pandemic
  - Monthly Board Risk Register Reports
  - Quarterly Process Compliance Reports, albeit limited with some areas of monitoring suspended for a period of time
  - Quarterly Summary Reports Prepared for the Audit Committee

- Annual Key Lines of Enquiry (annual evaluation of the effectiveness of the risk management systems)
- Risk Management Annual Report 2019/2020
- Review of the Risk Management Strategy
- Reports on Major Incident: EU Withdrawal Risk Register
- Reports on Major Incident: Covid-19 Reports  
Progression of assurance work in collaboration with NHS Tayside, Forth Valley and Fife, including internal audit
- Progression of risk register assurance work aligned to the national Blueprint for Corporate Governance, with an approved outline of an assurance framework for implementation

Quarterly review of the corporate risk register was maintained through discussion with every Director (owners of corporate risks) to ensure all corporate risks were adequately assessed, controlled and / or closed and continued to reflect the risks facing NHSL, including the impact on business from the covid-19 pandemic. For very high graded risks, monthly review was maintained.

Critical to the management of any major incident, there is a fundamental requirement to identify, record and quantify risks, whilst taking mitigating action as far as is possible to prevent the risk occurring and escalating. This process was set up very early on in the pandemic and has been maintained throughout the year.

Category 1 Adverse Events performance against SAER management and closure of Category 1 adverse events reporting was maintained throughout the year with the type/trends/outcomes/SAER's/learning and improvements from adverse events being reported through the Healthcare Quality Assurance & Improvement Committee (HQAIC).

1.3 Health Boards in Scotland remain on emergency footing with no indicative end date. This status will carry through to 2021/2022 and the risk resource will have a focus on maintaining and development for the following:

- Covid-19 risk register
- Corporate risk register
- Recovery/redesign risk management
- Risk register reporting through the re-enacted governance arrangements
- Annual review of the risk management strategy, including review of risk appetite and risk tolerance
- Progression of the risk register assurance aligned to the national blueprint for corporate governance with the range of system and process changes required to enable this improvement work
- Review of the risk register policy
- Resume the learning and development network for risk management facilitators

1.4 Significant risks to NHS Lanarkshire for the year 2020/2021 were whole system with an emphasis on maintaining critical services whilst rapidly responding to the continuously changing priorities of the Covid-19 pandemic. The nature of these fluctuating risks included safe patient flows for unscheduled care & delayed discharge (red and green pathways); maintaining a sustainable and agile workforce; ability to respond to the rapidly changing

service demands of Covid-19; providing safe environments for staff and patients; rapid re-design of services with alternative ways of working; ability to deliver a financial balance for year end; bed capacity to meet demand through surges of Covid-19; population screening, contact tracing and vaccination management; organisational resilience whilst responding to Covid-19, uncertainty of the impact of EU Withdrawal, fatigued staff and the routine winter pressures; potential impact on expected health outcomes as some services are stepped down whilst minimising delays to the progression of the Monklands Replacement Planning.

Based on the 'tone from the top' and 'tone at the middle' principles, leadership and behaviours for an effective risk management culture is demonstrated through the Corporate Management Team through leading, influencing, analysing and interpreting the corporate risks in a collaborative transparent way, modelling the approach at middle management level. The risk management culture has been strengthened by responding to Covid-19 pandemic engaging staff at all levels across the organisation through the Strategic, Tactical and Bronze Command structure.

- 1.5 From the work undertaken during the year, the agreed evaluation through the Key Lines of Enquiry and the Internal Control Evaluation 2020/2021 Report, the CMT can confirm that there were adequate and effective risk management arrangements in place throughout 2020/2021.

## 2. INTRODUCTION

2.1 The duty of the NHS Lanarkshire (NHSL) Board is to deliver healthcare both within the law, and without causing harm or loss to the Organisation and all it represents. It does this by ensuring there is an effective Governance Framework, and the operating of a Corporate Governance and Risk Management System. This report sets out to confirm that there have been adequate and effective risk management arrangements in place throughout the year and highlights material areas of risk, taking cognisance of the emergency footing position and the changing nature of Covid-19.

Good risk management has the potential to impact on performance improvement, leading to:

- Improvement in service delivery
- More efficient and effective use of resources
- Improved safety of patients, staff and visitors
- Promotion of innovation within a risk management framework
- Reduction in management time spent 'fire-fighting'
- Assurance that information is accurate and that controls and systems are clear and defensible

Application of the risk management framework will ensure the Organisation's management understands the risks to which it is exposed and deals with them in an informed, proactive manner. Staff are empowered to use their professional judgement in deciding which risks are significant.

The complete elimination of risk will not be a feasible goal for the Board, however in certain circumstances calculated and balanced risk taking and risk mitigation will be required to achieve creative or innovative solutions that will help to improve the services to patients.

2.2 In seeking to deliver against these principles, the CMT have advised on/overseen and/or supported/endorsed areas of risk management set out below:

- Implementation of the Risk Management Strategy & Framework, specifically advising on areas of work that were essential to maintain during the covid-19 pandemic and areas that were suspended
- Management of risk in partnership with the Integrated Joint Boards (IJB's)
- The NHSL Corporate Risk Register and the governance reporting
- Risks assessed as very high throughout the organisation
- Risk appetite and risk tolerance measures, specifically the high and very high graded risks
- Quarterly process compliance reporting of the risk Key Performance Indicators (KPI's)
- Major incident: Covid-19 risk reports
- Major incident: EU Withdrawal risk reports
- Category 1 adverse event reporting and management

2.3 NHSL invoked the major incident plan for the covid-19 pandemic in March 2020 that included the gold command structure:

- Strategic (gold)
- Tactical (silver)
- Operational (bronze)

Through this command structure NHSL refined the categories of risk aligned to the relevant level of command groups:

- Clinical
- HR & Wellbeing
- Communications
- Logistics
- Digital
- Public Health
- Care Homes
- Covid-19 Vaccination Programme (Covid-19 only)

The identification, recording, management and reporting of covid-19 risks was integral to this structure and enabled decision making around the balance of risk taking to support the achievement of the defined national and local priorities

2.4 There are designated risk management facilitators across the operational sites/units/divisions/corporate services and business critical projects, to facilitate and support:

- Implementation of risk policies and procedures
- Partnership working with IJB/H&SCP
- Monitoring of compliance with the risk KPI's
- Operational risk reporting
- Use of local data for continuous quality improvement

However, continued contributions from all staff groups across NHSL has been essential to respond to the many challenges NHSL faced in the year to reduce risk to the lowest possible level for patients, staff, members of the public and the reputation of NHS Lanarkshire.

These challenges have included maintaining safe and effective critical services during lockdown; responding to the continuously rapidly changing position arising from Covid-19; managing a changing physical environment; maintaining staff resilience and wellbeing; communicating with the public and managing expectations; reducing footfall with alternative ways of working in delivering care in a safe and effective way for patients and staff.

2.5 Managing these challenges will be even more critical for NHSL in the longer term to ensure future sustainability of the Board and will require to:

- Maintain and sustain a response position to Covid-19;
- Prepare for longer term impact from Covid-19, including social distancing, staff health & wellbeing, public health & wellbeing, longer term clinical sequale;
- Recover and redesign services that had been suspended during the initial phase of Covid-19 and align to the strategic aims;
- Recover performance against the Annual Operating Plan
- Deliver on the immediate and longer term requirements of the Covid-19 Test and Protect work programme;
- Recover the financial sustainability programme;
- Aim to deliver a balanced budget;
- Deliver on the planning for the University Hospital Monklands replacement;
- Comply with the Health & Care (Staffing) (Scotland) Bill;
- Respond to the challenges of the Coronavirus Act 2020 with regards to the Board supporting Care Homes and Care at Home and;
- Plan for and implement transformational change



### 3. STRATEGY AND FRAMEWORK YEAR 2020/2021

#### 3.1 Risk Management Strategy Review

NHSL has in place an approved risk management strategy with a scheme of delegation. The strategy was subject to a light review in year with minor changes only, noting that there will be a full review in 2021/2022 to align with the risk register assurance work that had been suspended during the early response period to the Covid-19 pandemic.

The risk management strategy sets-out:

- Risk management guiding principles
- Aims and objectives
- Scheme of delegation
- Framework, including the risk register matrix
- Risk appetite and risk tolerance

The strategy is accessible through the risk management web page and is supported by:

- Risk register policy
- Adverse events policy

#### 3.2 Organisational Structure: Risk Management Reporting

The accountability and reporting structure for the risk management function is outlined in the risk management strategy, with the CMT having the responsibility to develop, refine, review, monitor and oversee the implementation of the Strategy in support of the Board and in collaboration with the Governance Committees. The CMT has a collective responsibility to support and promote risk management across NHSL.

The Audit Committee has overall responsibility to evaluate the System of Internal Control and Corporate Governance, including the Risk Management Strategy, Framework and Processes.

Core risk management reporting through the year is outlined below:

- CMT have received standard monthly risk reports
  - Corporate risk register report
- A schedule of report for CMT and onward reporting to the Audit Committee was maintained and included:
  - Quarterly risk management process compliance report
  - Quarterly risk management summary report
  - Annual review of the strategy
  - Annual key line of enquiry
  - Annual report

### 3.3 Electronic Risk Management System: DATIX & Data Reporting

NHSL continues to use Datix as the electronic Risk Management System, utilising the following modules:

- Adverse event recording module
- Risk register module
- Claims module
- Complaints module
- PALS module (as a general enquiry line)

This report will focus on outputs from the adverse event and risk register module.

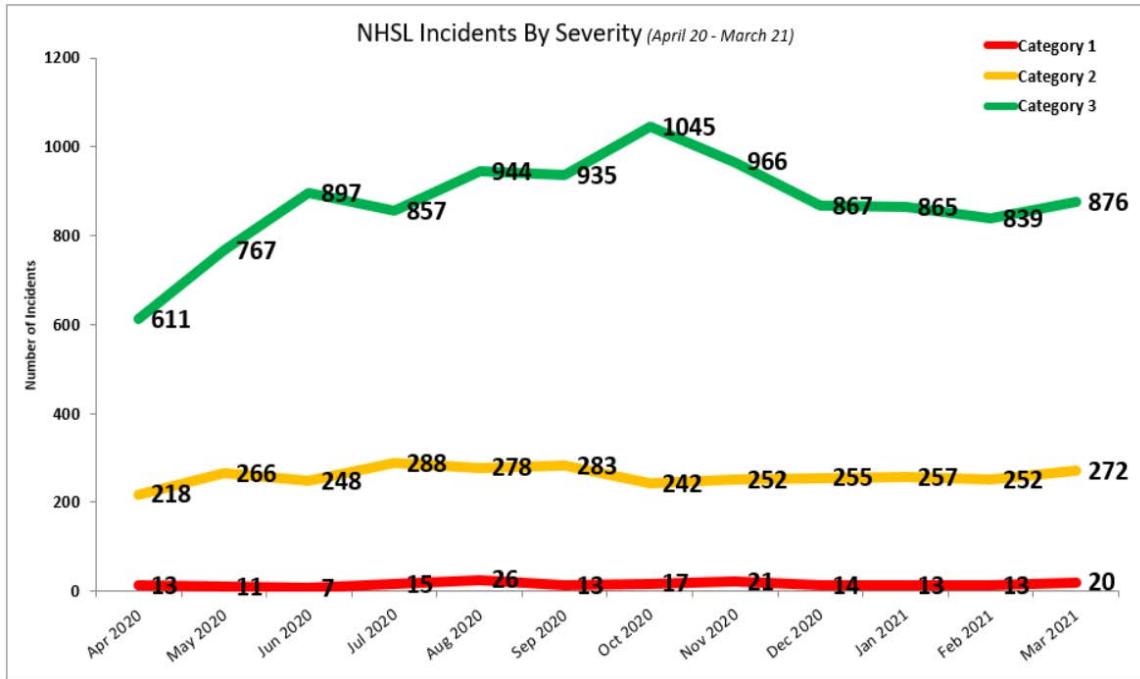
#### 3.3.1 Adverse Event Data

Adverse event reporting is one of the key methods for alerting an organisation to issues that, if left unattended, may pose a serious risk to either the patients in its care, the staff it employs or to others for which it has a responsibility e.g. visitors, contractors, volunteers etc. Without an effective system, the organisation may be blind to some of this risk exposure, and cannot make the necessary improvements to support safety.

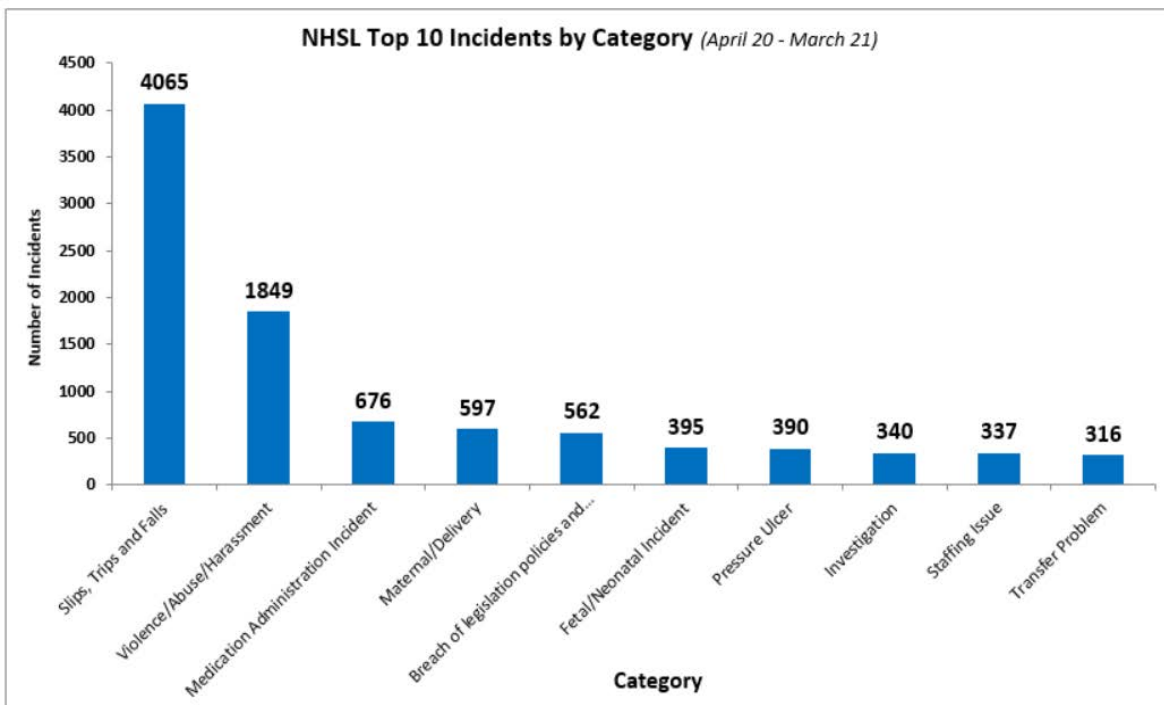
The term Category 1 refers to a perceived patient outcome in terms of harm (death or severe harm) and although events where patients have suffered severe harm are a good indicator of an event that requires a robust review, these are not the only events that should have a robust review. It can be by luck that some serious events do not result in serious harm for example the same significant medication error could seriously harm one patient and not another. The learning that can be gained from investigating these events could prevent a serious harm in the future.

It is important that we carry out a review of these events in a timely manner in order that we can take prompt remedial action, support patients and/or their families/carers and staff when adverse events occur, and to ensure learning for quality improvement so that recurrence of adverse events is minimised.

The chart below outlines the overall number of incidents recorded for NHSL for the period 1st April 2020 – 31st March 2021 for Category 1, Category 2 and Category 3 incidents by month.



The top ten reported category of incident occurring across NHSL is set out in the chart below:



Slips Trips & Falls, Violence/Abuse/Harassment continue to be the type of adverse events that are consistently recorded across NHSL and are the top 2 recorded events in numbers. The other categories have been consistent with the last 3-4 years of reporting.

Category 1 Adverse Events were reported on a weekly basis through the CMT huddle, with reporting on performance against SAER management produced on a monthly basis.

The SAER reports were reviewed and updated, the way the data is presented and demonstrated on the charts changed and additional reports were included to clearly identify the problem areas. Listed below are the current reports produced on a monthly basis and are shared with the service management.

- Number of SAER's commissioned
- Timelines for SAER's (open & on target; time taken to complete & close; number open & overdue)
- Status Report (overdue reviews with reasons for delays)
- SAER's with Causation codes (number of avoidable incidents)
- Completed SAERs (more than 150 days taken to complete and close)

The type/trends/outcomes/SAERs/learning and improvements from adverse events and an annual report on Duty of Candour is overseen by the Healthcare Quality Assurance & Improvement Committee (HQAIC).

### 3.3.2 Risk Registers

The Chief Executive for NHS Lanarkshire is the Lead for the NHSL Corporate Risk Register. NHSL has a level of organisation risk registers that are defined and assessed using the same matrix and can be escalated and / or de-escalated dependent on the nature of the risk and effectiveness of mitigation. There are relevant designated leads and owners of risks agreed within these levels as set out below:

| Level of Risk Register |   |
|------------------------|---|
| Level 1                | Corporate Risk Register   |
| Level 2                | Operating Divisional Risk Register<br>Corporate Support Services Risk Register<br>H&SCP Unit Risk Register (health component)<br>(included business critical project risks) |
| Level 3                | Acute Hospital Site Risk Register<br>Service and Function Risk Register   |

Whilst on emergency footing, NHSL revised their governance arrangements. The Planning, Performance and Resource Committee (PPRC), Population Health and Primary Care Committee (PHPCC) and the Acute Governance Committee were stood down from April 2020. All corporate risks have an identified assurance committee for oversight and during the year risks that had these committees identified as the assurance committee were reported through the Board. Risk reports for 2020/21 were received through the governance arrangements as below:

| Governance Committee  | Revised Arrangements & Risk Reporting   |
|---|---|
| The Board   | The Board has convened 9 formal meetings since April 2020 and has had oversight of risks for both PPRC and PHPCCSC.   |
| The Audit Committee   | The Audit Committee has continued to meet with the frequency as scheduled (December 20 meeting rescheduled to January 21) and received Risk Management Summary Reports with the full Corporate Risk Register. The Risk Management Process Compliance Report was suspended for the June and September meeting. |
| The Healthcare Quality, Assurance and Improvement Committee (HQAIC)                 | HQAIC has continued to meet with the frequency as scheduled, (with 2 extra-ordinary meetings) receiving the routine risk report and new relevant Covid Clinical risks at the scheduled meetings.  |
| Planning, Performance and Resource Committee (PPRC)                                 | This Committee was stood down with the Board of NHSL having the responsibility of oversight of the risks until this Committee is resumed.   |
| Population Health, Primary Care & Community Services Governance Committee (PHPCCSC) | This Committee was stood down with the Board of NHSL having the responsibility of oversight of the risks until this Committee is resumed. One Committee meeting was held in September and a risk register report received.  |
| Staff Governance  | The Staff Governance Committee has continued to meet with the frequency as scheduled receiving the routine risk report and new relevant Covid HR & Wellbeing risks.   |
| Acute Governance Committee  | This Committee was stood down, with one meeting held in November 2020 and January 2021. Risks continued to be managed through Divisional Management Team meetings.  |

Through a schedule of reporting to CMT and the Governance Committees of the Board, the risk register reports generally include:

- risk profile and heatmap
- stratification of risks by corporate objective and type of risk
- significant material changes to the corporate risk register
- risks above appetite with mitigating controls (very high and high graded risks)
- full corporate risk register as an appendix to the main report

The taxonomy for reporting corporate risks and all very high graded risks across NHSL is set out below:

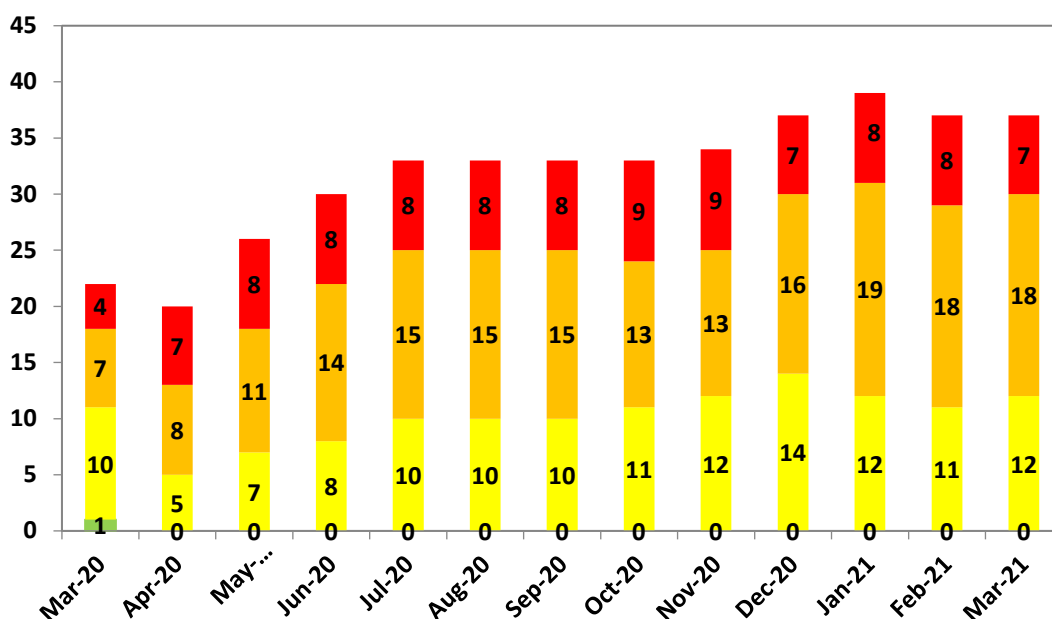
| Assessed Level of Risk | Risk Appetite & Tolerance  | Level & Frequency of Review / Assurance   |
|------------------------|--|---|
| Very High<br>16 - 25   | <p>Risk level exceeds corporate risk appetite and requires immediate corrective action to be taken with monitoring at CMT and Board Level. This includes all very high graded risks within the Corporate Risk Register and across NHSL.</p> <p>Individual risks can be tolerated at high, but only where CMT propose acceptance of tolerance graded high for any one specific risk in exceptional circumstances and final approval must be through the Board of NHS Lanarkshire.</p> | <ul style="list-style-type: none"> <li>• Every Board Meeting for decision-making and assurance</li> <li>• Every PPRC meeting for decision-making and assurance</li> <li>• Every Audit Committee meeting for assurance</li> <li>• Monthly CMT for discussion and review of mitigation controls, triggers and assessment</li> </ul>   |
| High<br>10-15          | <p>Risk level exceeds corporate risk appetite and requires measures be put in place to reduce exposure with monitoring at Corporate Management Team and appropriate NHS Board Governance Committee.</p> <p>Individual risks can be tolerated at high, but only where CMT propose acceptance of tolerance graded high for any one specific risk in exceptional circumstances and final approval must be through the Board of NHS Lanarkshire.</p>                                     | <ul style="list-style-type: none"> <li>• Every PPRC for decision-making and assurance</li> <li>• Every Audit Committee through the presentation of the full Corporate Risk Register</li> <li>• Monthly CMT for discussion and review of mitigation controls, triggers and assessment</li> </ul> <p>PPRC, Audit Committee and/or CMT can escalate any individual high graded risk to the Board as required</p> |
| Medium<br>5-9          | <p>Risk level within corporate risk appetite and will be subject to regular active monitoring measures by responsible Director and Managers</p>  | <ul style="list-style-type: none"> <li>• CMT through the presentation of the full Corporate Risk Register</li> <li>• Board through Annual Report</li> <li>• Audit Committee through quarterly risk profile reporting and Annual Report</li> </ul>   |
| Low<br>1-4             | <p>Risk level within corporate risk appetite and subject to regular passive monitoring measures</p>  | <ul style="list-style-type: none"> <li>• CMT through the presentation of the full Corporate Risk Register</li> <li>• Board through Annual Report</li> <li>• Audit Committee through quarterly risk profile reporting and Annual Report</li> </ul>   |

As noted earlier, reporting has been adjusted to align with the revised governance arrangements during 2021/2022.

3.3.3 NHSL Corporate Risk Profile

Throughout the year of rapid response to a continuously changing environment, the corporate risk profile has increased in severity with an unprecedented number of very high & high graded risks, and a higher level of tolerance for a number of severe risks. The number and severity of risks has also increased across NHS Lanarkshire.

The chart below outlines the changing NHSL corporate risk profile from April 2020 to March 2021, highlighting the overall fluctuation in number of risks and the number of very high and high graded risks (those above appetite) over the year. Whilst there was a high number of risks assessed as above appetite, the risk tolerance was adjusted for these risks.



As at the end of March 2021, there was 37 live corporate risks with the profile demonstrated in the heatmap by likelihood x impact as below. The figures in brackets give the comparative figure for March 2020.

|            |                |   | IMPACT     |       |          |        |         |
|------------|----------------|---|------------|-------|----------|--------|---------|
|            |                |   | Negligible | Minor | Moderate | Major  | Extreme |
| Score      |                |   | 1          | 2     | 3        | 4      | 5       |
| LIKELIHOOD | Almost Certain | 5 |            |       |          | 4 (4)  | 1 (1)   |
|            | Likely         | 4 |            |       | 6 (4)    | 2 (1)  | 0 (1)   |
|            | Possible       | 3 |            |       | 8 (2)    | 11 (4) | 1 (0)   |
|            | Unlikely       | 2 |            |       | 1 (0)    | 3 (2)  |         |
|            | Rare           | 1 |            |       |          |        |         |

The corporate risks are categorised by type as shown below with a new ‘Covid-19’ code added from April 2020. From the 37 risks, 10 (27%) are as a direct consequence of the Covid-19 pandemic.

| Risk Type     | Low | Medium    | High      | Very High | Totals    |
|---------------|-----|-----------|-----------|-----------|-----------|
| Business      | -   | 5         | 7         | 5         | 17        |
| Clinical      | -   | -         | 5         | -         | 5         |
| Staff         | -   | -         | 1         | -         | 1         |
| Reputation    | -   | 2         | -         | -         | 2         |
| Covid-19      | -   | 4         | 5         | 2         | 11        |
| Brexit        | -   | 1         | -         | -         | 1         |
| <b>Totals</b> | -   | <b>12</b> | <b>18</b> | <b>7</b>  | <b>37</b> |

The 7 very high graded corporate risks for NHSL as at the end of March 2021 are summarised below:

| ID   | Title   | Risk Level | Risk Type | Corporate Objective |
|------|---|------------|-----------|---------------------|
| 1450 | Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.  | Very High  | Business  | Safe                |
| 1587 | Sustainability of the 2 Site Model for OOH Service  | Very High  | Business  | Safe                |
| 1871 | Recovery of Performance 2020 - 2021   | Very High  | Business  | Effective           |
| 2004 | Disruption to Day to Day Clinical Care and Potential Impact   | Very High  | Covid-19* | Safe                |
| 285  | Standing risk that external factors may adversely affect NHSL financial balance   | Very High  | Business  | Effective           |
| 1989 | Ability of NHLS to maintain a workforce commensurate with the immediate needs for this wave of Covid and Vacc Programme | Very High  | Covid-19* | Effective           |
| 1990 | Ability of NHS Lanarkshire to realise the required savings within year 2021/22 and deliver a balanced budget            | Very High  | Business  | Effective           |

\*new category for type of risk introduced in April 2020

### 3.3.4 All Very High Graded Risks Across NHS Lanarkshire

Throughout the year, there has been a fluctuation in the number of very high graded risks commensurate not only with the nature of the changing business with Covid-19, but also reflecting the core business of NHSL. This included risks around the business for the Monklands Refurbishment / Replacement planning, managing the current Monklands Hospital estate and ensuring essential services across NHSL were available and staffed, whilst meeting the Time to Treatment Guarantee (TGG). The number of very high graded risks (including the corporate risks and the covid-19 risks) ranged from 23 – 32 per month with an average of 27 per month.



### 3.4 Risk Management Key Performance Indicators (KPIs)

Compliance reporting on the Key Performance Indicators (KPI's) for risk registers was suspended from April 2020, with monitoring resuming in September 2020 and reporting effective again from October 2020.

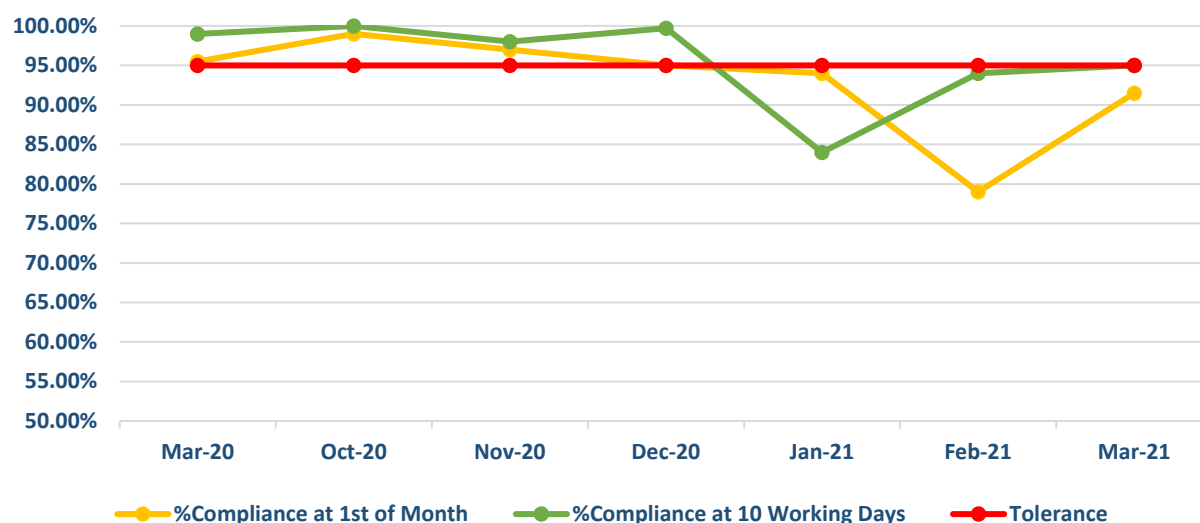
All corporate policies due for review between April 2020 and December 2020 were granted an extension to 2021 and whilst the KPI cannot be reported on within this annual report, it should be noted that the system for notification of policies due for review and subsequent monitoring was resumed in January 2021.

#### 3.4.1 Risk Register KPI's

| KPI   | Reported To     | Frequency |
|---|-----------------|-----------|
| <b>Risk Register</b>  |                 |           |
| 1. All risks are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold is 95% compliance | CMT             | Monthly   |
|   | Audit Committee | Quarterly |
| 2. All risks held within the Datix system must have a scheduled review date commensurate with the assessed level of risk.                                   | CMT             | Monthly   |
|   | Audit Committee | Quarterly |
| 3. Designated Assurance Committees receive a risk register report aligned to the governance reporting framework at every meeting.                           | CMT             | Quarterly |
|   | Audit Committee | Quarterly |

Compliance with Risk Register KPI 1 - *All risks are reviewed within the review date, and no later than 10 working days of the scheduled review date. The tolerance threshold has been adjusted to 95%.*

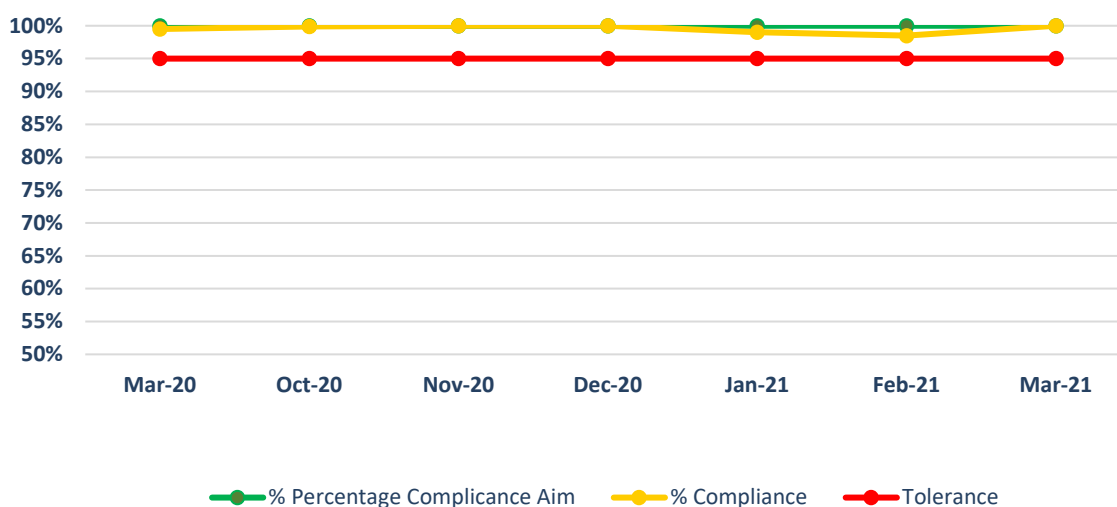
### % Compliance of Risks within Date at Day 1 and Day 10



Compliance with Risk Register KPI 2- All risks held within the Datix system must have a scheduled review date commensurate with the assessed level of risk as follows:




|           |                          |
|-----------|--------------------------|
| Very High | Within the month         |
| High      | No longer than 3 months  |
| Medium    | No longer than 6 months  |
| Low       | No longer than 12 months |

### % Compliance of Risks with a Review Date Commensurate with the Assessed Level of Risk



Compliance with Risk Register KPI 3 -*Designated Assurance Committees receive a risk register report aligned to the governance reporting framework at every meeting.*

| Committee/Group, Purpose & Frequency                                      |  | Apr 20 | May 20 | Jun 20 | Jul 20 | Aug 20 | Sep 20 | Oct 20 | Nov 20 | Dec 20 | Jan 21 | Feb 21 | Mar 21 |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| CMT   | Review at every meeting with a focus on risks above appetite                                 | √      | √      | √      | √      | √      | √      | √      | √      | √      | √      | √      | √      |
| Board   | Very High Risks Only at every meeting for assurance/decision-making                          | -      | √      | √      | √      | √      | √      | √      | √      |        | √      | √      | √      |
| PPRC  | All risks above appetite for review and assurance at every Meeting                           |        |        |        |        |        |        |        |        |        |        |        |        |
| Audit Committee   | Risks with Audit Committee as Assurance Source at every meeting                              | -      | -      | √      | -      | -      | √      | -      | -      |        | √      | -      | √      |
| HQAIC   | Risks with HQAIC as the Assurance source at every meeting                                    | -      | √      | -      | √      | -      | √      | -      | √      | -      | -      | -      | √      |
| Staff Governance Committee  | Risks with Staff Governance Committee as Assurance source at every meeting                   | -      | √      | -      | -      | √      | -      | -      | √      | -      | -      | -      | √      |
| Population Health, Primary Care & Community Services Governance Committee | Risks with PH,PC & CS Governance Committee as Assurance source at every meeting              |        |        |        |        |        | √      |        |        |        |        |        |        |
| Acute Governance Committee  | All Acute Divisional Risks including relevant Corporate risks for assurance at every meeting |        |        |        |        |        |        |        | √      |        | √      | -      |        |

-  Committee stood down in the interim
-  No meeting scheduled
-  Meeting re-scheduled

### 3.4.2 Risk Management Facilitators Development & Learning Network

The Corporate Risk Manager set- up a risk management facilitator development and learning network in 2018, continuing into early 2020. However, due to the Covid-19 pandemic there has been no network meetings during the year, with support provided by the corporate risk manager on an ad hoc basis.

### 3.5 Management and Improvement of NHSL Corporate Policies

As NHSL was placed on emergency footing in response to the COVID-19 pandemic CMT approved:

- Suspension of routine monthly reporting for corporate policies
- Extended review dates for all polices due for review from March – December 2020
- notification process to commence from January 2021
- where there is no known change, polices can be fast – tracked through the routine process as directed by the author

During this period, the corporate risk manager and head of evidence agreed to maintain the current ‘managing’ position until January 2021 for handover of policy management from risk management to quality directorate to minimise any further disruption and in the interim have:

- re-allocated review dates for policies and watermarked the relevant policies to this effect
- written to authors and executive leads to advise on updating any policies in this interim period that require to be reviewed with respect to changes arising from the Covid-19 pandemic, supported by staff briefing
- re-enacted the notification process from January 2021
- continued with some preparations for continuous improvements that will be progressed by the head of evidence, including review of KPI’s, maintenance of policy records & compliance monitoring through the development of a new database and reporting frequency & format
- considered a change to the reporting frequency from monthly to quarterly effective from April 2021 (reporting for quarter Jan-March 2021) with exception reporting as necessary

### 3.6 Major Incident Management

NHSL has an approved Major Incident Toolkit with a dedicated risk management section that is based on elements of the NHSL risk management framework, outputs from a review of best practice for risk analysis during major incidents and experiential learning through the major incident management of the EU Withdrawal risks in 2019.

The risk management section was subject to review in year and throughout responding to the Covid-19 pandemic, the systems continued to evolve further and will be fully reviewed through the learning debriefs to continue to strengthen the major incident response, including risk management.

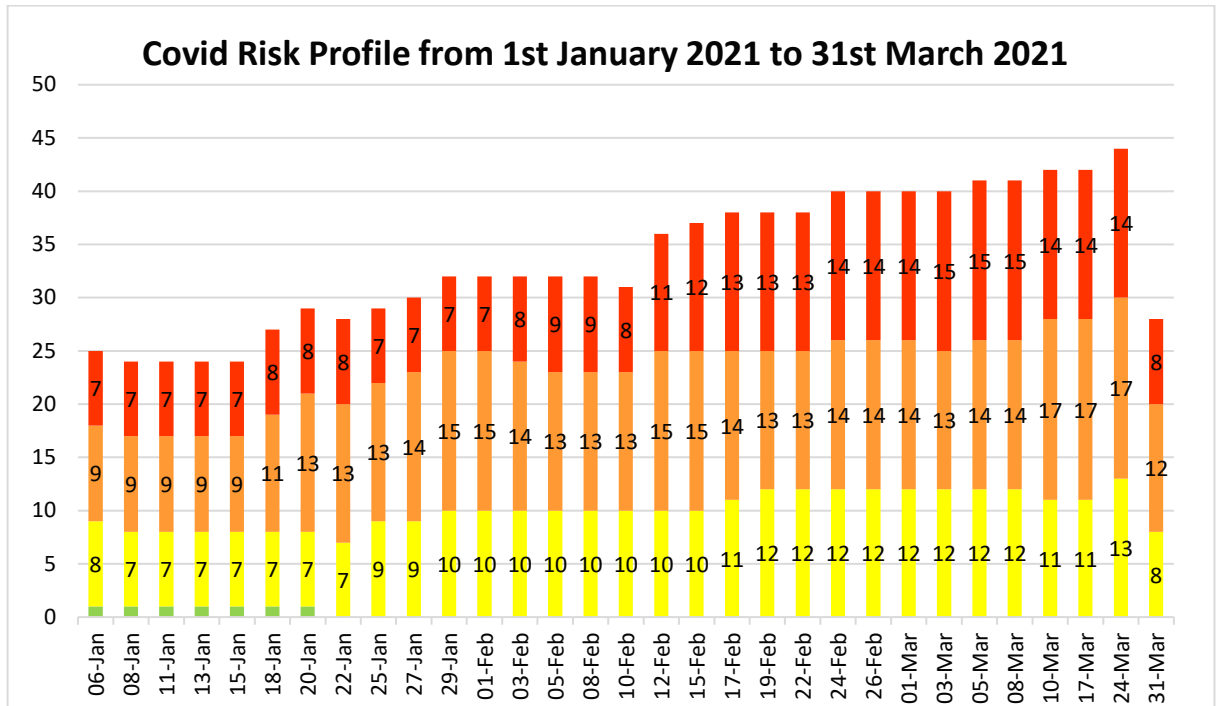
Overview of the Risk Process for Covid -19

The risk process is aligned to the Strategic (Gold) Command structure for identification, monitoring and oversight of the risks and is implemented as set out below:

| Risk Process                                      | Process in Action  |
|---|--|
| Risk Identification, Analysis & Stratification    | <p>A risk proforma was developed for completion when a risk is identified and collected a range of relevant information for new risks, maintaining an audit trail when risks are closed or have material changes.</p> <p>The risks were stratified as Strategic, Tactical or Operational, and sub-categorised into Clinical, HR, Finance, Communications, Information/Digital, Logistics, Public Health, Care Homes and Covid Vaccination Programme (Covid-19 response only). Risks can be identified through the business at any level of command.</p>  |
| Master Risk Register Covid-19                     | <p>When complete, the proforma is forwarded to a single point of contact <a href="mailto:incident.command@lanarkshire.scot.nhs.uk">incident.command@lanarkshire.scot.nhs.uk</a> where it is received by the resilience team and recorded on the master covid-19 risk register. This document is an excel spreadsheet and is updated before 9.30 every morning with the previous version archived. This document is available as read only with controlled editing rights to maintain both the accuracy and integrity of the document during the period of the incident and an up-to-date register hosted on the Covid-19 major incident webpage.</p> |
| Reporting of Incident Risks Covid-19              | <p>Summarised risk reports are prepared for every Strategic Command meeting (mainly Mon-Fri). This report includes the risk profile over time, new and closed risks and material changes to risks with a listing of all very and high graded risks.</p>  |
| Review of Risks                                   | <p>Risks can be reviewed as part of the business of any of the command meetings. On a more formal basis, the Corporate Risk Manager sends the relevant extract from the register to the Silver Commanders on a weekly basis, where at least once a week, the full component part register is subject to review.</p>  |
| Escalation / Reporting of Very High graded risks. | <p>The current governance arrangements for reporting very high graded risks to the Board of NHS Lanarkshire includes very high graded risks for any major incident.</p>  |

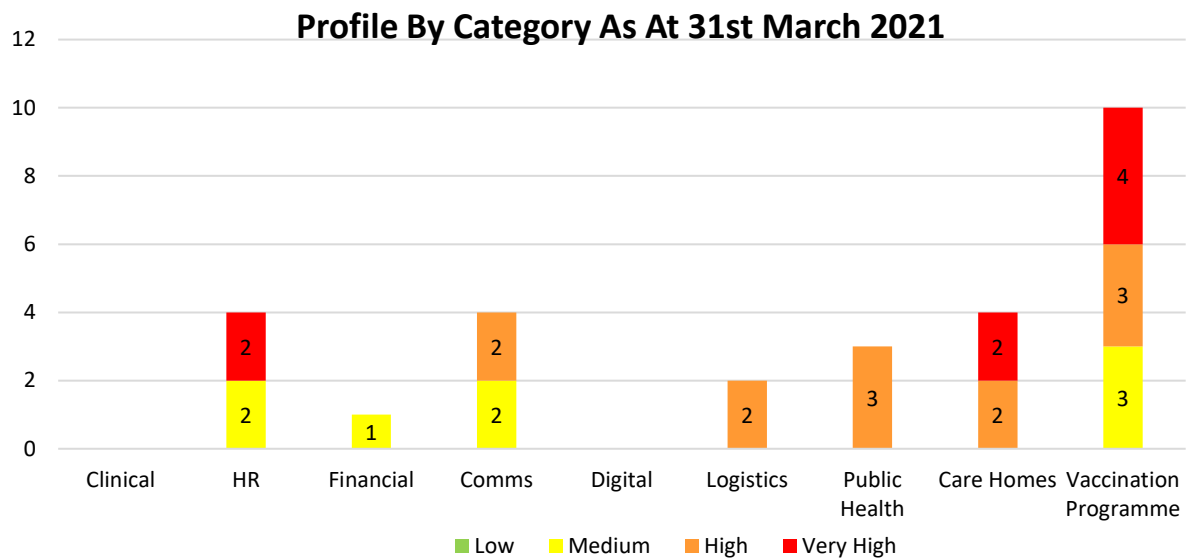
3.6.1 Covid-19 Risk Register Profile

The risk profile has been extremely dynamic over time. For the purpose of this report the risks by number and severity are set out below for the period 1<sup>st</sup> January to 31<sup>st</sup> March 2021.



\*Note this is for the last quarter in 2020/21 only.

The profile by category as at 31<sup>st</sup> March 2021 is set out below, noting that in response to the standing down of the clinical tactical group, the clinical risks were fully reviewed and considered for closure or transfer to operational risk registers. The output of this review was reported through CMT.

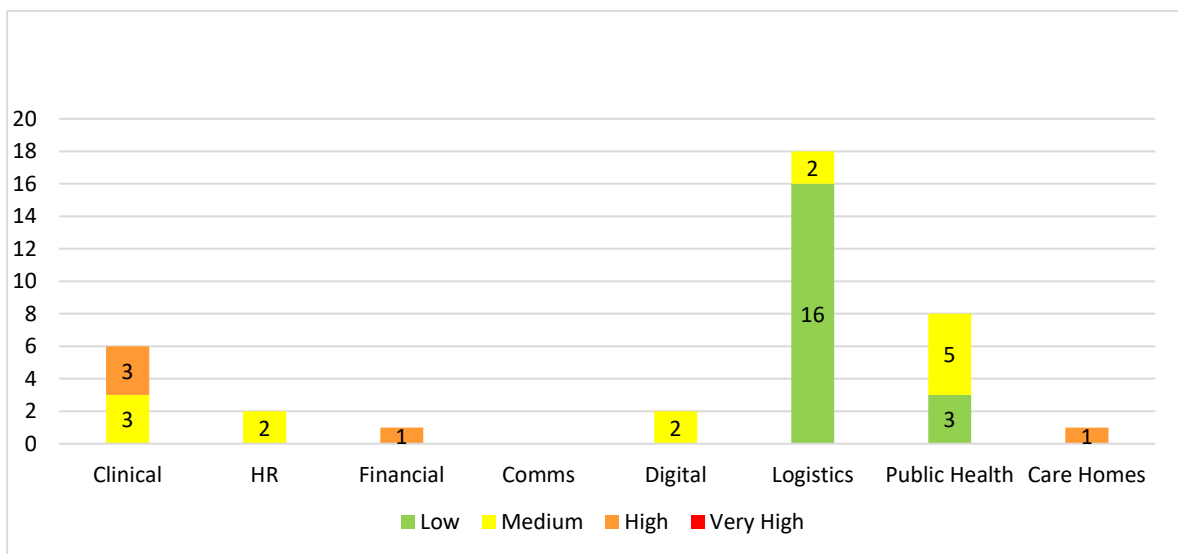


3.6.2 EU Withdrawal Risk Profile

NHSL invoked the Strategic Command in 2019 in response to major incident: EU Withdrawal. Following the general election in December 2019, the position was reviewed and it was proposed and approved that NHSL would remain in ‘live’ incident mode with a suspension of command control until relevant to reverse suspension. In the interim, it was agreed through CMT that a maintenance and monitoring mode would be retained, specific to the monitoring of the EU withdrawal risk register on a quarterly basis.

Review was undertaken in May, August and December 2020, with Strategic Command being re-enacted in December 2020 and continuous review of the risks. Final review was undertaken in February with all risks being closed as strategic command proposed closure of the gold command.

The EU Withdrawal risk profile as at 3<sup>rd</sup> February is shown below by number, severity and category.



**4. WORK ACTIVITY FOR YEAR 2021/2022**

Health Boards in Scotland remain on emergency footing with no indicative end date. This status will carry through into 2021/2022 and the risk resource will have a focus on maintaining and development for the following

- Covid-19 risk register
- Corporate risk register
- Recovery/redesign risk management
- Risk register reporting through the re-enacted governance arrangements
- Annual review of the risk management strategy, including review of risk appetite and risk tolerance
- Progression of the risk register assurance aligned to the national blueprint for corporate governance with the range of system and process changes required to enable this improvement work
- Review of the risk register policy
- Resume the learning and development network for risk management facilitators

CMT will continue to oversee the progression of the proposed areas for maintenance and development in 2021/2022, and authorise any adjustments necessary whilst on emergency footing.

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