NHS Lanarkshire   **Lanarkshire NHS Board**
31st March 2021   **NHS Board**
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SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT RISK REGISTER REPORT

1.   PURPOSE

This paper is coming to the Board:

For assurance	x	For endorsement		To note	x

2.   ROUTE TO BOARD
This paper has been:

Prepared	x	Reviewed		Endorsed	

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 February 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. The emergency footing status has been extended to 30 June 2021.

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.

The Board received a full report on the risks that would normally be overseen by PPRC and the PHPC&CSGC groups at its meeting in February 2021 and these risks will be highlighted within the report bi-monthly until the full governance arrangements resume. This month, all corporate risks can be reviewed in Appendix 1.

This risk report will:

i)   Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period (pages 3)

ii)   Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 22nd March 2021 (pages 4- 5)

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 6-9)

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 13)

v)   Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high, (pages 13 to 17)

vi)   Report on the current position with the EU Withdrawal risk register (page 17)

vii)   Set-out specifically, the risks that have the Board as the assurance committee (page 18) (excluding PPRC and PHPC&CSGC as this will be bi-monthly)

For reference, the full Corporate Risk Register, in descending order from Very High, is set out in Appendix 1, accurate as at 22nd March 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 corporate risks. The summary of closed, de-escalated and new risks with significant material change to current risks are set out below. There are no other changes to be recorded.

Closed Risks
There are two (2) closed risk: Risk ID 1684- 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. This **Very High** graded risk was reviewed with the Senior NMAHP leaders and agreed this risk can be closed as the focus has changed and a new risk was subsequently opened (Risk ID 2009). Risk ID 1724 -There is a risk that the delay in progressing the Monklands Replacement will adversely impact on the Board's delivery of strategic change outlined in 'Achieving Excellence'. The poor fabric of the building and the ever deteriorating plumbing & fire evacuation challenges continue to be well documented and escalated to Scottish Government. This **Medium** graded risk was closed following discussion at CMT, noting the changed position now moving to OBC.

Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register
There have been no risks escalated or de-escalated to the corporate risk register.

New Corporate Risks Identified
Two (2) new risks have been identified: Risk ID 2004 - There is a risk that the delivery of day to day clinical care across all services is considerably disrupted as NHSL continues to respond to rapidly and continuously changing priorities in identifying, managing and preventing population spread of Covid-19. This has the potential to lead to unintended consequence for some patients with poorer outcomes and presents short, medium & longer term challenges for all in the recovery of services and expected health outcomes. This risk is assessed as **Very High** and is owned by H Knox. Risk ID 2009 - There is a risk that there will be limited oversight of NMAHP professional governance and development as professional governance processes such as those overseeing safe staffing legislation and Excellence in Care have been significantly reduced as a result of continuously managing the range of emerging and changing priorities throughout the Covid-19 pandemic. This risk is assessed as **Medium** and is owned by E Docherty.

Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Description of the Risk and Note of Change	Risk Owner
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 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. Note of Change Current position is improving and risk reduced from **Very High** to **High.**	J Park
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. Note of Change Through continuous monitoring, there has been no significant service impact and this risk has been reduced from **High** to **Medium**.	C Lauder

ii)   NHSL Corporate Risk Register Profile as at 22ⁿᵈ March 2021

For this reporting period, there are now 37 corporate risks. The risk profile is shown for the period March 2020 to 22nd March 2021 below:
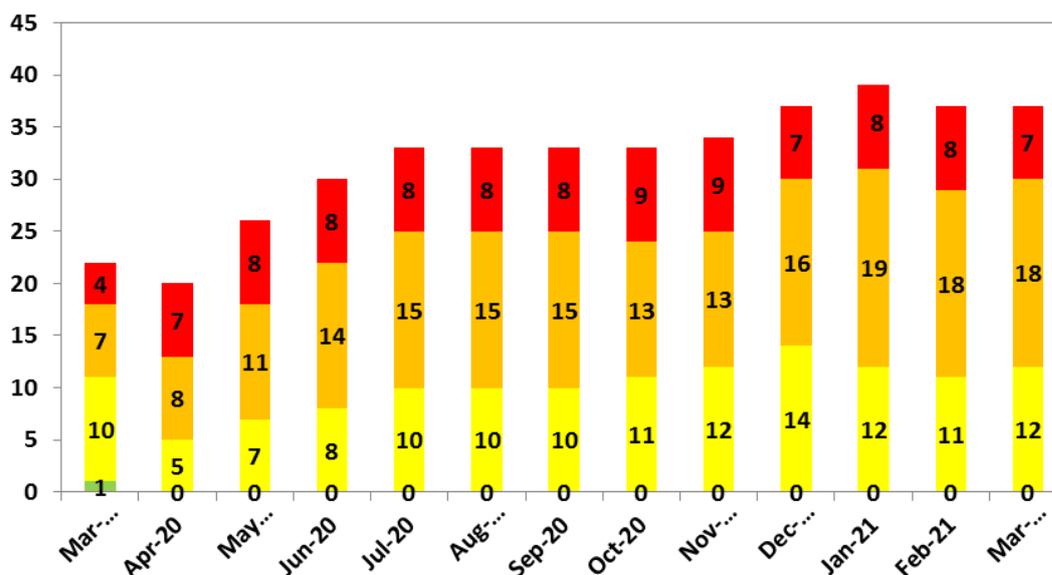
Risk Heat Map

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				4	1
	Likely	4			6	2	
	Possible	3			8	11	1
	Unlikely	2			1	3	
	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	-	-	5	-	5
Staff	-	-	1	-	1
Reputation	-	2	-	0	2
Covid-19	-	4	5	2	11
Brexit	-	1	-	-	1
Totals	**-**	**12**	**18**	**7**	**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	-	4	11	3	18
Effective	-	8	6	4	18
Person Centred	-	-	1	-	1
Totals	**-**	**12**	**18**	**7**	**37**

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

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

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

Whilst there are 25 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	• 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 22nd March 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 and adjusted higher during this pandemic period.

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1450	Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing.	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 2nd wave of Covid-19 pandemic and imminent winter pressures	High	H Knox
1587	Sustainability of the 2 Site Model for OOH Service	13/12/2017	Very High	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: 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 with 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 Actions 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

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1871	Recovery of Performance 2020 - 2021	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
2004	Disruption to Day to Day Clinical Care and Potential Impact	22/02/2021	Very High	1. Priority risk assessment of services with 'red line' approved through Strategic Command 2. Early warning surveillance to enable preparedness for management of surges of cases / waves 3. Public Health Tactical Planning for early identification and suppression of Covid-19 4. Covid Vaccination Implementation Plan 5. NHS Scotland Partnership working across Special Health Boards and Independent Sector to maintain elements of service delivery 6. Alternative, safe ways of working/contact with patients eg Near Me 7. Tactical Cross-Cutting Group (planning, clinical & workforce) continuously risk assessing service changes 8. Workforce responsiveness & capacity planning (including partner agencies & independent sector) 9. Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints 10. Rapid investigation of emerging issues 11. Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy	High	H Knox

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	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
1989	Ability of NHLS to maintain a workforce commensurate with the immediate needs for this wave of Covid and Vaccination Programme	21/01/2021	Very High	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	Medium	K Sandilands
1990	Ability of NHS Lanarkshire to realise the required savings within year 2021/22 and deliver a balanced budget	21/01/2021	Very High	Controls 1. Resume progress with sustainability plans and savings programme as far as is possible to do so whilst meeting priorities arising through the management of the Covid pandemic 2. Continue with intelligence gathering and scenario planning 3. 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

Acute and Health & Social Care Partnership

There are now four (4) very high graded risks owned and managed within the Acute Division as below. Risk ID 1959 was increased from High to Very High on 25th February 2021. There is one (1) very high graded risk for South Health and Social Care Partnership.

ID	Title	Open Date	Risk level (current	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	Controls: 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. Actions: 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	1. Additional capacity agreed in the Independent Sector. 2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group.	J Park
1978	Radiology Staffing at UH Hairmyres	9/12/20	Very High	Radiologist posts currently at advert with view to interview Feb 2021 but may be Aug 21 before able to start if only Registrars that have applied. Radiologists at UHM and UHW being asked to help support UHH - both within normal hours and at weekends with additional payments being offered 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	J Park
1959	Consistent Availability of Reagents For Covid Testing	3/11/202		Microbiology are in the process of reviewing possibility of Lumira DX POC tests to aide admission testing	E Connelly

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	Controls 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. Action 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

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

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

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

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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner

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	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. 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. 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. Clinical workforce: * Consider the reference design of the hospital for example ward layouts and peri operative suite, and how this will impact the workforce requirements in terms of where the staff will be stationed and visibility throughout the areas for observations. * Collaborative work with Senior Nursing colleagues and Project Team around single rooms and occupancy targets to project staffing numbers and consider the skill mix required for new wards and department layouts. *Explore digital solutions that could support and enhance the workforce through improving efficiency and releasing time to care, reviewing evidence where it exists from tests of change or best practice from other health boards. For example: eObs trial at Monklands, patient trak reviews, exploring hotel services electronic systems etc. Non-clinical workforce (PSSD): * Consider the building design of the hospital including what is in scope for sanitary areas, ventilation and the locations of departments, and review how this will impact the workforce requirements in terms of maintaining the building and logistics for services such as portering and laundry that require to circulate around the building. *Continue to work with PSSD to reflect additional workforce needs as part of FM strategy. Benchmarking data will be used to support this work and meetings have commenced in Jan 2021. *Further engagement with PSSD colleagues required to ensure that the workforce requirements relate only to what's in scope for the new hospital and do not take into account correcting the ongoing challenges with maintaining Monklands hospital in it's current state. Linked to considering building design and materials *The potential for support services staff to be dual skilled could present cost efficiencies in addition to operational flexibility. Non- clinical (A&C, procurement and eHealth): *Engagement with all colleagues required to ensure that the workforce requirements relate only to what's in scope for the new hospital and do not take into account correcting the ongoing challenges within Monklands hospital in its current state. Consideration should be taken to Covid-19 lessons learned and models and ratios successfully implemented at other boards.	C Lauder

Monklands Business Continuity Risks Assessed as Very High

There has been a review of the very high graded risks on the Monklands business continuity risk register, led by C Lauder and M Meek, supported by specialist support. Six (6) risks have been reduced in risk level with the following three (3) risks remaining assessed as very high:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1760	Roof Deterioration in Isolated Areas Above the Automated Lab	27/06/2019 *	Very High	1. Localised repairs above labs roof were completed previously (under FS2, FRR2 2014). 2. Condition Report has been completed by GRAHAM the pitched roof has reached the end of it's serviceable life. 3. Stage 1B design solution completed. 4. CIG budget identified for Stage 2 repair works to progress in 20/21.	S McMillan
1765	Fire compartment condition of area under the ward towers, ground and lower ground floor.	27/06/2019 *	Very High	1. FSW 7 works are completed in December 2020 to improve 60mins compartmentation in the areas below the West Surgical Tower. Remaining compartmentation areas below East Medical Tower to be captured in forthcoming FSW phase 8.	S McMillan
1825	Failure of condensate receivers	17/09/2019	Very High	1. Detailed design solution prepared, reviewed and accepted- July 2020. 2. Stage 1B works underway for the replacement of 4 no. outstanding condensate receivers with a view to works progressing FY 21/22.	S McMillan

*date recorded on Datix

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

At this reporting period there is 11 very high graded Covid-19 risks

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category

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	• 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
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	• 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

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
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	•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 able to fulfil booked appointments.	16/01/2021	Very High	Close monitoring of supply through Flow Control Unit Booking only so far ahead as is required to give adequate notice to patients until supply secure Build buffer through early growth phase to ensure a least a week's supply of all vaccines in use in Lanarkshire held locally.	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	Ongoing careful stewardship of remaining supply Make equity of access argument to national programme regarding start of programme as baseline date for population share Engage in national vaccine allocation group to attempt to shape equitable policy	Tactical / Covid-19 Vaccination Programme
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

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
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	• 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	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 re-convened since 16th September 2020 and the relevant tactical groups. There are now 42 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 17th March 2021

Covid Risk Profile from 1st January 2021 to 17th March 2021
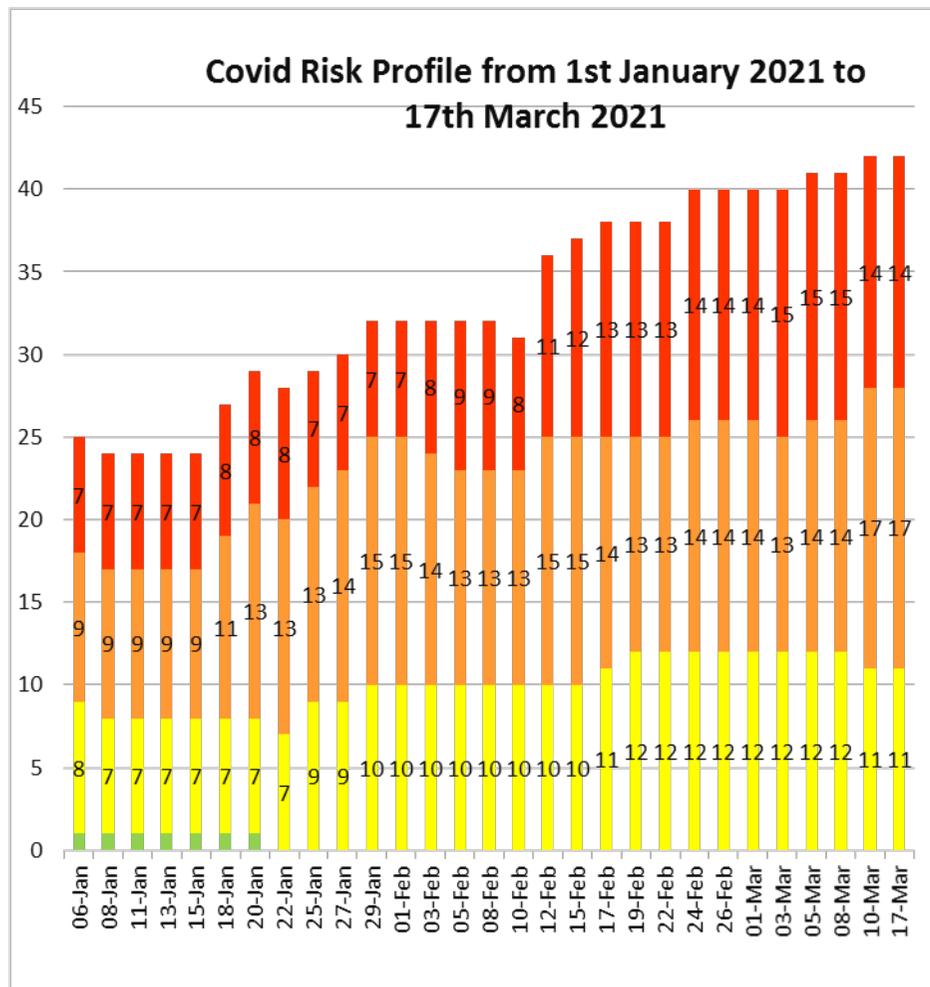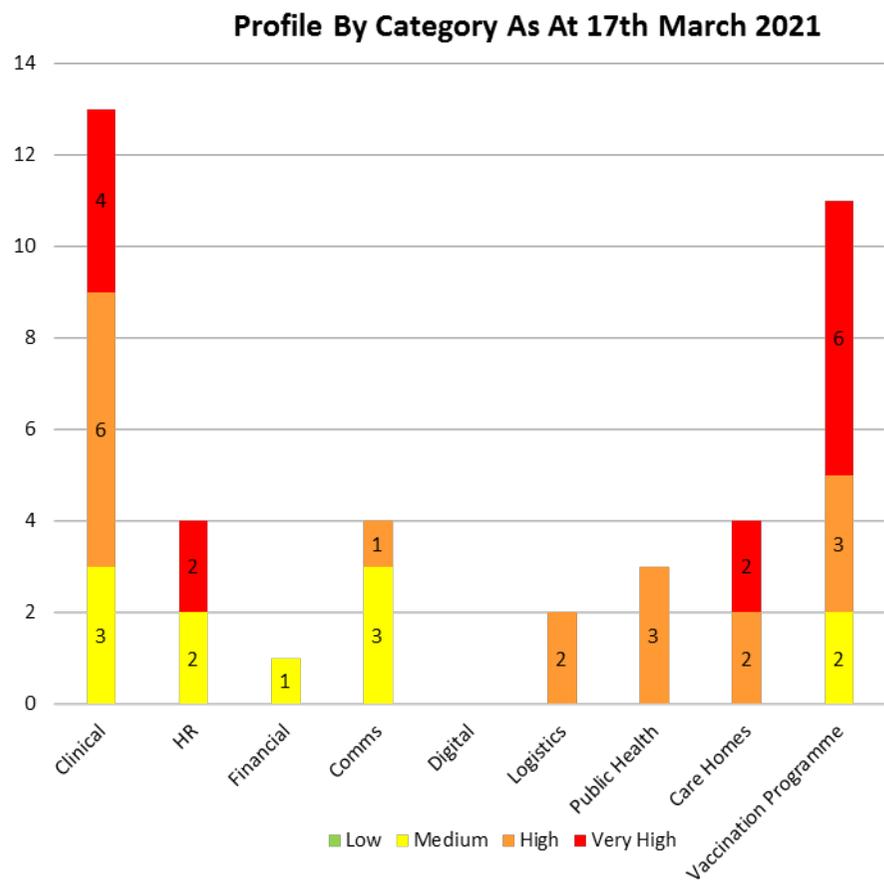
vi)   Major Incident: EU Withdrawal Very High Graded Risk

The Strategic Command has been stood down effective from 3rd February 2021 with a review of the risks undertaken 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 has been reported to the CMT at its meeting on 22nd March 2021, concluding the risk business to support the formal closure of the major incident.

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.

For the purpose of this report, there will be a focus on assurance for risks that have the Board identified as the assurance committee with future bi-monthly reporting for risks that the PPRC or PHPC&CSGC is 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

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

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
- 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 22nd March 2021, set out in appendix 1
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 22nd March
- Noting the updated position for the EU Withdrawal risk register with completion of the review, reporting to CMT and concluding risk business for the major incident
- Providing oversight for the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care & Community Services Governance Committee identified as the assurance committee on a bi-monthly basis until a Board decision has been taken to re-enact these Committees

13.   FURTHER INFORMATION

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

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