

NHS Lanarkshire  
26<sup>th</sup> May 2021

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**SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT RISK REGISTER REPORT**

**1. PURPOSE**

This paper is coming to the Board:

For assurance	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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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 April 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 18<sup>th</sup> March 2020 NHS Boards in Scotland were placed on emergency footing invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978, in response to the COVID-19 pandemic and continues to be on emergency footing as at this reporting period. NHS Lanarkshire had invoked their major incident plan, including identifying and managing related risks.

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

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 met on 6 May 2021. This was a development session, and there was no risk paper on the agenda. A schedule of meetings for the remainder of 2021/22 is in place so effectively the Committee has, from 1 May 2021, been stood back up. There is a paper on

the agenda for the May 2021 Board meeting on governance arrangements, which confirms the position; and that the Acute Governance Committee has now been formally stood up. The paper will also recommend that the PPRC is formally stood up from 1 June 2021, while acknowledging that it has been meeting to provide oversight of the development of the Monklands Project Outline Business Case and the Committee terms of reference will be revised to reflect this.

During the pandemic, all corporate risks have an identified assurance committee for oversight where the PPRC or PHPC&CSGC was identified as the assurance committee.

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 April 2021 and these risks will be highlighted within the report bi-monthly until the full governance arrangements are in place.

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 (page 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 17<sup>th</sup> May 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 (pages 5-7)
- 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 8-11)
- v) Set-out for information, the COVID-19 incident specific risk profile, heat map and the risks that are graded very high, (pages 12-13)
- vi) Set-out specifically, the risks that have the Board as the assurance committee (page 14)

For reference, the full Corporate Risk Register, in descending order from Very High, is set out in Appendix 1, accurate as at 17<sup>th</sup> May 2021.

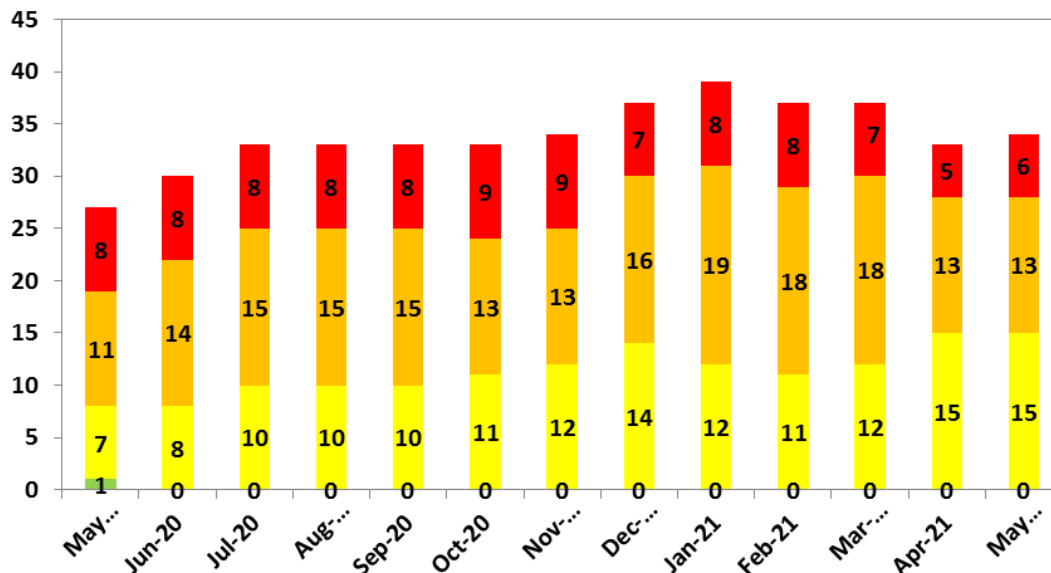
**i) Summary of Significant Material Changes to the Corporate Risk Register Since the Last Reporting Period**

For this reporting period there is a total of 33 corporate risks. A summary of significant material change to current risks are set out below.

<b>Closed Risks</b>		
No risks have been closed in this reporting period.		
<b>Risks Escalated To of De-escalated From the Level 1 Corporate Risk Register</b>		
No risks have been escalated or de-escalated to or from the corporate risk register.		
<b>New Corporate Risks Identified</b>		
One (1) new risk has been identified:		
<p><u>Risk ID 2030</u> - There is a serious threat to Covid suppression and healthcare recovery due to an emerging variant of Covid (Indian Variant) that is highly virulent/transmissible with little evidence of protection from the current vaccination. This has the potential to adversely impact on the population and subsequently overwhelm NHSL healthcare services.</p> <p>This risk is assessed as <b>Very High</b> and is owned by H Knox.</p>		
<b>Material Note of Change for Risks Reviewed within this Reporting Period.</b>		
<b>Risk ID</b>	<b>Description of the Risk and Note of Change</b>	<b>Risk Owner</b>
2014	<p>There is a risk that NHSL will be unable to recover performance during the year re delivery of services resulting from significant change to existing service delivery in response to the COVID-19 pandemic and being placed on emergency footing by the SG as invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978. This will significantly impact on the strategic direction, outcomes and performance for 2021/22.</p> <p>New control to reflect the current planning and remobilisation position: <i>Begin to determine the number of people who are on waiting lists in primary, community, mental health, screening and acute services and develop means of consistent and appropriate prioritisation for treatment.</i> At present risk remains assessed as <b>Very High</b>.</p>	C Lauder
1587	<p>There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and session GMPs which has been exacerbated by the current COVID pandemic.</p> <p>New Actions around progressing agreement to revising salary scale for NHSL employed GP's and going to advert with revised rate to attract more salaried staff. Risks remains assessed as <b>Very High</b>.</p>	V de Souza
2004	<p>There is an emerging legacy recovery risk resulting from disruption to delivery of day to day clinical care as NHSL continuously responded to managing Covid-19 cases 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 &amp; longer term challenges for all in the recovery of services and expected health outcomes.</p> <p>Review of risk description to reflect the more contemporary position. Remains a <b>Very High</b> graded risk.</p>	H Knox

ii) **NHSL Corporate Risk Register Profile as at 17<sup>th</sup> May 2021**

For this reporting period, there are 34 corporate risks. The risk profile is shown for the period May 2020 to 17th May 2021 below:

**Risk Heat Map**

From the 34 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				3	1
	Likely	4			3	1	1
	Possible	3			13	10	
	Unlikely	2				2	
	Rare	1					

The risks are categorised by type as shown below:

Risk Type	Low	Medium	High	Very High	Totals
Business	-	5	7	3	15
Clinical	-	2	2	-	4
Staff	-	-	1	-	1
Reputation	-	1	-	-	1
Covid-19	-	6	3	3	12
Brexit	-	1	-	-	1
<b>Totals</b>	<b>0</b>	<b>15</b>	<b>13</b>	<b>6</b>	<b>34</b>

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

Corporate Objective	Low	Medium	High	Very High	Totals
Safe	-	5	7	3	<b>15</b>
Effective	-	9	6	3	<b>18</b>
Person Centred	-	1	-	-	<b>1</b>
<b>Totals</b>	<b>0</b>	<b>15</b>	<b>13</b>	<b>6</b>	<b>34</b>

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

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

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
LIKELIHOOD	Almost Certain	5				3	1
	Likely	4			3	1	1
	Possible	3			13	10	
	Unlikely	2				2	
	Rare	1					

Whilst there are 18 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"> <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>

## Very High Graded Risks on the Corporate Risk Register as at 17<sup>th</sup> May 2021

There are 6 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 each of these risks is above the normal tolerance levels and adjusted higher during this pandemic period.

ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
1587	Sustainability of the 2 Site Model for OOH Service	13/12/2017	Very High	<p>In continuing to respond to Covid-19, the community assessment centre (now called Acute Respiratory Illness Centre - ARIC) is currently being retained impacting on the ability to maintain 2 site OOH model with the following in place:</p> <ol style="list-style-type: none"> <li>1. BCP in place with planned redirection to A&amp;E.</li> <li>2. OOH daily huddles with Senior Management Team</li> <li>3. OOH report on anticipated weekend activity and staffing at CMT weekly. Exception reporting against this in place.</li> <li>4. OOH performance monitoring and reporting</li> <li>5. Improved triaging jointly with NHS 24 (This has resulted in a significant reduction in the number of people requiring a face to face intervention.)</li> <li>6. Recovery to 2 site model as and when staffing allows</li> <li>7. Full project plan that includes workforce planning</li> <li>8. Recruitment of salaried GP's ongoing.</li> <li>9. Increased number of ANPs</li> <li>10. Communication &amp; engagement strategy</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Longer-term progression of convergence of urgent care and OOH care aligning to national model</li> <li>2. Continuous dialogue with acute clinicians to support upstream OOH service</li> <li>3. Agreement to revising salary scale for NHSL employed GP's</li> <li>4. Go to advert with revised rate to attract more salaried staff</li> </ol>	High	V De Souza
285	Standing risk that external factors may adversely affect NHSL financial balance	01/04/2008	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Regular Horizon Scanning</li> <li>2. Financial Planning &amp; Financial Management</li> <li>3. Routine Engagement with external parties: <ul style="list-style-type: none"> <li>Regional planning</li> <li>Scottish Government</li> <li>Networking with other Health Boards</li> </ul> </li> <li>4. Re-assessment of key risk areas e.g. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Financial modelling</li> </ol>	High	L Ace

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
				2. Continuous financial submissions to SG.		
1990	Ability of NHS Lanarkshire to realise the required savings within year 2021/22 and deliver a balanced budget	21/01/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>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</li> <li>2. Continue with intelligence gathering and scenario planning</li> <li>3. Finance framework developed for redesign and recovery</li> <li>4. Financial modelling including predictions on Covid expenditure</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Resume dedicated CMT financial meetings</li> <li>2. Recovery of the CE Scrutiny Meetings and Sustainability Plans as far as is reasonably possible</li> </ol>	High	L Ace
2004	Potential Impact On Patients Resulting From Disruption of Day to Day Clinical Care In Response To Covid Priorities	22/02/2021	Very High	<ol style="list-style-type: none"> <li>1. Priority risk assessment of services with 'red line' approved through Strategic Command</li> <li>2. Early warning surveillance to enable preparedness for management of surges of cases / waves</li> <li>3. Public Health Tactical Planning for early identification and suppression of Covid-19</li> <li>4. Covid Vaccination Implementation Plan</li> <li>5. NHS Scotland Partnership working across Special Health Boards and Independent Sector to maintain elements of service delivery</li> <li>6. Alternative, safe ways of working/contact with patients eg Near Me</li> <li>7. Workforce responsiveness &amp; capacity planning (including partner agencies &amp; independent sector)</li> <li>8. Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints</li> <li>9. Rapid investigation of emerging issues</li> <li>10. Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy</li> </ol>	High	H Knox
2014	Recovery of Performance 2021 - 2022	13/04/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Work within the prioritised instructions set out by the SG whilst on emergency footing.</li> <li>2. Work within the NHSL strategic command and CMT planning, including mobilisation plan</li> <li>3. Chief Executive Performance Reviews resumed from April</li> <li>4. Remobilisation plan submitted to Scottish Government April 2021, outlining what is achievable and tolerable.</li> <li>5. Begin to determine the number of people who are on waiting lists in primary, community, mental health, screening and acute services and develop means of consistent and appropriate prioritisation for treatment.</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>1. Continue to monitor performance</li> </ol>	High	C Lauder

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ID	Title	Opened Date	Risk level current	Mitigating Controls	Risk level tolerance	Risk Owner
2030 NEW	Potential Impact From Rising Cases of the New Indian Covid Variant	17/05/2021	Very High	<ol style="list-style-type: none"> <li>1. Increase population testing programme</li> <li>2. Trace contacts of contacts with advice on isolating</li> <li>3. Maintain current infrastructure for managing Covid-19 cases</li> <li>4. Minimise Hospital / Healthcare premise visiting and attendance</li> <li>5. Manage access to hospital and promote FACTS through meet &amp; greet staff</li> <li>6. Consider implementation of asymptomatic lateral flow testing prior to hospital visiting and/or attendance</li> <li>7. Accelerate vaccination programme, including bringing forward 2nd dose from 12 week schedule to 8 week schedule and target high risk areas for transmission; lower uptake areas &amp; age specific groups</li> <li>8. Targeted / combined communication plan for national and local restrictions and safety measures to be taken</li> <li>9. Continuous surveillance, including respiratory calls logged via the 111 service</li> <li>10. Oversee through Strategic Command</li> </ol> <p>Actions</p> <ol style="list-style-type: none"> <li>1. Continuous review of controls through SG direction and local decision - making to reflect the changing position</li> </ol>	High	H Knox

iv) All Other Very High Graded Risks

There are now four (4) very high graded risks owned and managed within the Acute Division as below. Risk ID 2019 has been transferred to the operational risk register from the Covid-19 risk register.

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"> <li>1. Part time short term Locum interventional radiologist in place.</li> <li>2. Site Contingency plans in place.</li> </ol> <p>Actions:</p> <ol style="list-style-type: none"> <li>1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas.</li> <li>2. NHSL confirmed that they wish to participate in Regional Service, workforce being reviewed to enable this.</li> </ol>	J Park
1933	Treatment Time Guarantee	20/08/20	Very High	<ol style="list-style-type: none"> <li>1. Additional capacity agreed in the Independent Sector and at GJHN.</li> <li>2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group.</li> <li>3. Prioritisation letter issued to P4 patients updating on clinical prioritisation status. Urology complete. Orthopaedics, Ophthalmology, Gynaecology and General Surgery planned on phased basis.</li> </ol>	J Park



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ID	Title	Open Date	Risk level current	Mitigating Controls	Risk Owner
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	<ol style="list-style-type: none"> <li>1. Consultant Radiologist appointed, taking up post in August 2021.</li> <li>2. Interview arrange for Consultant Radiologist in June 2021.</li> <li>3. Medica &amp; 4ways contract agreed for outpatient reporting.</li> <li>4. Contract agreed with Medica to outsource reporting of urgent examinations during normal working hours if required.</li> <li>5. Scottish National Radiologist Reporting Services(SNRRS)planned for go live end May 2021.</li> <li>6. Workforce review in progress, paper will be developed for DMT.</li> <li>7. Radiologists at UHM and UHW being asked to help support UHH, within normal hours and at weekends.</li> <li>8. Use of Agency staff.</li> </ol>	J Park
2019	Disruption to hospital flow if point of care covid test allocation is reduced	28/04/21 Transferred from Covid-19 RR	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. A risk based approach to testing taking into account consequences of infection in individual patients. This would include age, frailty and vaccination status.</li> <li>2. Placement of patients in single rooms until COVID-19 status known.</li> </ol>	J Park

There remains 1 very high graded risk for South H&SCP.

ID	Title	Open Date	Risk level current	Mitigating Controls	Risk Owner
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	<p>Controls</p> <ol style="list-style-type: none"> <li>1. Executive group established to highlight and enact potential solutions.</li> <li>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.</li> <li>3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years.</li> <li>4. GP recruitment and retention group meets regularly.</li> <li>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.</li> <li>6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board.</li> <li>7. Procurement of a community information system to optimise contribution to community services.</li> </ol> <p>Action</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Maintain plan as far as reasonably possible noting Scot Gov/SGPC have agreed to delay by a year in recognition of Covid 19</li> </ol>	V De Souza

SALUS Risk ID 1982- 'Significant financial risk - Personal Independence Payment (PIP) site lease 160 Dundee St Edinburgh' was recorded as a very high graded risk within the last report. This has since been reviewed and in light of the controls in place, the efforts to sub-let the lease, and the financial provision set aside to cover the cost of the lease from

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2023 – 2026 should this not be possible, this has been reduced from Very High to Medium. All other leases involving delivery of this service have been checked and all have annual break clauses.

### 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
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 each shortlist site. Final scenarios will be presented for approval by the NHS Lanarkshire Board following the site selection outcome and final bed complement. This will be ahead of the OBC submission. A final report ratified by professional leads in each area and the Director will be provided to the Project Team and MROB members including Director of Finance.</p> <p>2. For all job families, continue to review scenarios following COVID-19 lessons learned review and final 1:200 department designs following site selection. The final schedule of accommodation is expected to be ratified in February 2021 which will determine the final requirements in each department and ward.</p> <p>3. Working in close collaboration and engaging with all staff groups to identify efficient working practices and flexible workforce solutions based on the design of the technology-enabled hospital which allows safe and effective patient care to be delivered in the most efficient way.</p> <p>Clinical workforce: * Consider the reference design of the hospital for example ward layouts and peri operative suite, and how this will impact the workforce requirements in terms of where the staff will be stationed and visibility throughout the areas for observations.</p> <p>* Collaborative work with Senior Nursing colleagues and Project Team around single rooms and occupancy targets to project staffing numbers and consider the skill mix required for new wards and department layouts.</p> <p>*Explore digital solutions that could support and enhance the workforce through improving efficiency and releasing time to care, reviewing evidence where it exists from tests of change or best practice from other health boards. For example: eObs trial at Monklands, patient trak reviews, exploring hotel services electronic systems etc.</p> <p>Non-clinical workforce (PSSD): * Consider the building design of the hospital including what is in scope for sanitary areas, ventilation and the locations of departments, and review how this will impact the workforce requirements in terms of maintaining the building and logistics for services such as portering and laundry that require to circulate around the building.</p> <p>*Continue to work with PSSD to reflect additional workforce needs as part of FM strategy. Benchmarking data will be used to support this work and meetings have commenced in Jan 2021.</p> <p>*Further engagement with PSSD colleagues required to ensure that the workforce requirements relate only to what's in scope for the new hospital and do not take into account correcting the ongoing challenges with maintaining Monklands hospital in it's current state. Linked to considering building design and materials</p> <p>*The potential for support services staff to be dual skilled could present cost efficiencies in addition to operational flexibility.</p> <p>Non- clinical (A&amp;C, procurement and eHealth):</p> <p>*Engagement with all colleagues required to ensure that the workforce requirements relate only to what's in scope for the new hospital and do not take into account correcting the ongoing challenges within Monklands hospital in its current state.</p> <p>Consideration should be taken to Covid-19 lessons learned and models and ratios successfully implemented at other boards.</p>	C Lauder

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### Monklands Business Continuity Risks Assessed as Very High

There are now two (2) very high graded business continuity risks for UHM. Risk ID 1760- 'Roof Deterioration in Isolated Areas Above the Automated Lab' as recorded in the April report has since been reviewed and closed on 17<sup>th</sup> May 2021.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1765	Fire compartment condition of area under the ward towers, ground and lower ground floor.	27/06/2019*	Very High	1. FSW 7 works are completed in December 2020 to improve 60mins compartmentation in the areas below the West Surgical Tower. Remaining compartmentation areas below East Medical Tower to be captured in forthcoming FSW phase 8. 2. FSW 8 Stage 2 Works commence from 4th May to complete 60mins compartmentation in ground & lower ground floor areas below East Medical Tower, with Contract Completion Date of 18th August.	S McMillan
1825	Failure of condensate receivers	17/09/2019	Very High	1. Detailed design solution prepared, reviewed and accepted- July 2020. 2. Stage 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

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

There are currently four (4) very high graded risks on the Covid-19 Risk Register as below:

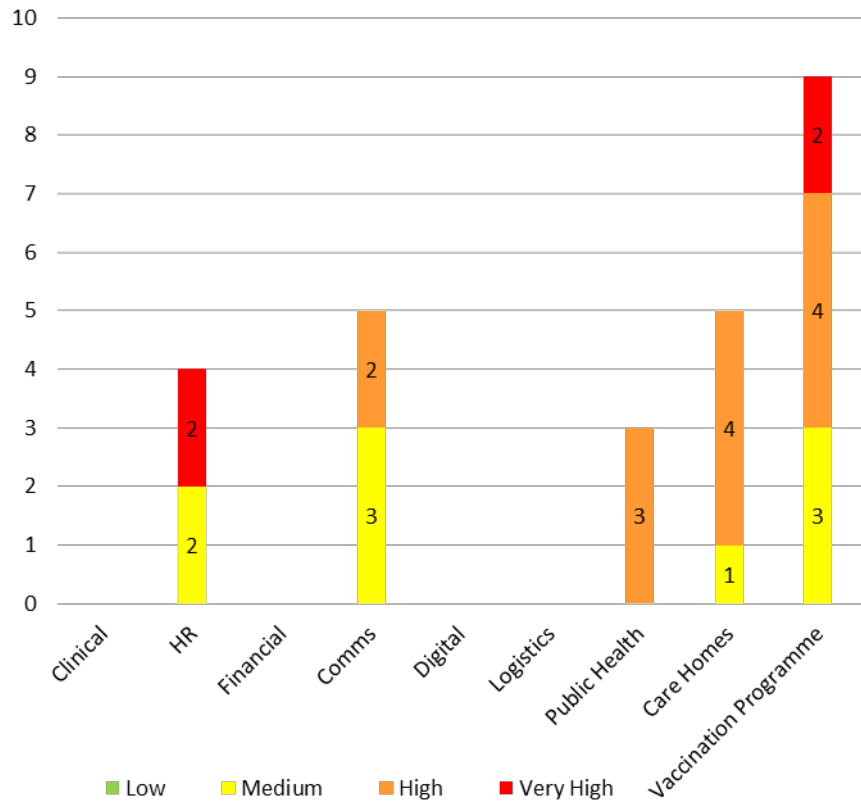
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CV/02	This is a risk that unplanned variations in supply due to manufacturer supply problems or delivery failure could cause us to be unable to fulfil booked appointments.	16/01/21	Very High	Close monitoring of 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. Further mitigation: Undertaking daily stocktakes and daily planning meetings. Switching centres between vaccines as required. Retrieving all stock held by GPs for Over 80s vaccinations. Liaising with National Programme on national planning of vaccine distribution	Tactical / Covid-19 Vaccination Programme
CV/14	There is a risk that the eHealth resource required to support the ongoing delivery of Covid-19 vaccinations is unsustainable as non-Covid services are remobilised resulting in a failure to provide critical eHealth support to enable the scheduling of vaccination appointments, provide of Out of Hours Support to vaccination centres; and provide a telephone call handling service.	20/04/21	Very High	Establish a dedicated eHealth resource with the relevant skillset and knowledge to the critical support required.	Tactical / Covid-19 Vaccination Programme
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.	17/12/20	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

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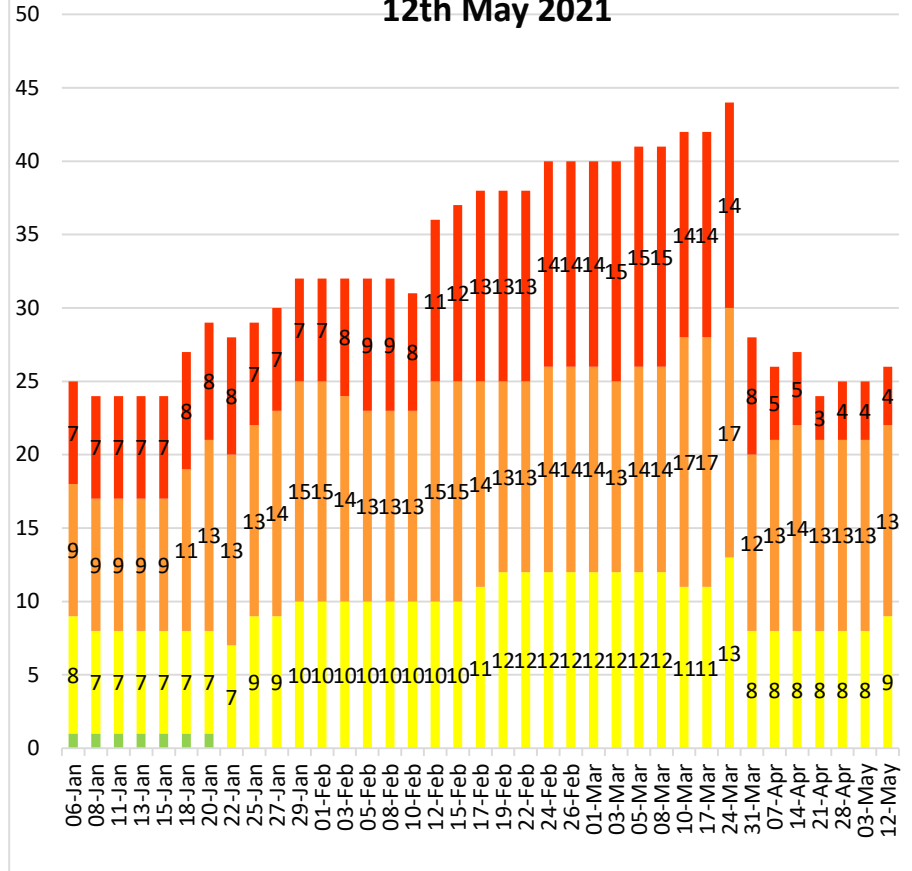
ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
HR/09	NHSL are required to move to a more resilient supply of FFP3 masks. 4 Masks have been identified as procurement preference. As such over 4,000 staff must undergo further Face Fit testing on the new masks by 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	<p>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.</p> <p>Weekly reporting by site of uptake, monitored and reported at Silver Workforce Forum.</p> <p>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.</p> <p>Weekly reporting by site of uptake, monitored and reported at Silver Workforce Forum. Alternative powered and re-usable respirators being procured.</p> <p>Issue of re-usable alternative respirators to staff who requiring an alternative to disposable FFP3 mask.</p> <p>Consideration of an extension of current pandemic stocks for a limited number of staff until alternative respiratory protection can be provided.</p>	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, CMT and/or the relevant tactical groups that continue to be in place.

**Profile By Category As At 12th May 2021**



**Covid Risk Profile from 1st January 2021 to 12th May 2021**



**vi) 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 (PPRC), the Population Health and Primary Care & Community Services Governance Committee (PHPC&CSGC) and the Acute Governance Committee were ‘stood down’. The Population Health and Primary Care & Community Services Governance Committee (PHPC&CSGC) has received one (1) risk report in September 2020 and met for the first time on 6 May 2021. This was a development session, and there was no risk paper on the agenda. A schedule of meetings for the remainder of 2021/22 is in place so effectively the Committee has, from 1 May 2021, been stood back up. There is a paper on the agenda for the May 2021 Board meeting on governance arrangements, which confirms the position; and that the Acute Governance Committee has now been formally stood up. The paper will also recommend that the PPRC is formally stood up from 1 June.

For the purpose of this report, there are no risks that have the Board identified as the assurance committee. The risks that the PPRC or PHPC&CSGC is identified as the Assurance Committee are overseen by the Board until the governance arrangements are fully re-enacted. These risks were considered at the Meeting of the Board of NHS Lanarkshire in April 2021.

**4. STRATEGIC CONTEXT**

This paper links to the following:

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

**5. CONTRIBUTION TO QUALITY**

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

**Three Quality Ambitions:**

Safe	x	Effective	x	Person Centred	x
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**Six Quality Outcomes:**

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

## 6. MEASURES FOR IMPROVEMENT

Individual risks will have improvement plans or be subject to management actions through the strategic and / or tactical command. 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:

- Noting the new risk ID 2030 - Potential Impact From Rising Cases of the New Indian Covid Variant
- Noting the summary of significant material changes to the Corporate Risk Register
- Endorsement of the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance
- Consideration of the very high graded risks across NHSL
- Noting the Corporate Risk Register, accurate as at 17<sup>th</sup> May 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 12<sup>th</sup> May 2021
- 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 noting there will be consideration at the May Board meeting to confirm the position on resuming these Committees.

**13. FURTHER INFORMATION**

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

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