

NHS Lanarkshire
27th October 2021

Lanarkshire NHS Board
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SUBJECT: NHS LANARKSHIRE CORPORATE & MAJOR INCIDENT (COVID-19) 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 August 2021, and the Planning, Performance & Resource Committee (PPRC) in September, 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 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.

The recent months have seen unprecedented demand for urgent and emergency services, compounded by workforce issues, resulting in NHSL operating within a highly pressurised system. There is an associated number of very high and high graded risks.

This risk report will:

- i) Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the September (PPRC) reporting period with a summary of other changes in Appendix 1 (pages 3-6);
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 14th October 2021 (pages 7-8);
- 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 8-15);
- iv) Set-out for consideration and assurance the very high graded risks through operational units and business critical programmes of work/redesign that includes Monklands Business Continuity, Monklands Replacement Programme and the Primary Care Improvement Plan (pages 16-20);
- v) Set-out for information, the COVID-19 incident specific risk profile, and the risks that are graded very high, (pages 21-23);
- vi) Set-out specifically, the risks that have the Board as the assurance committee (page 24).

For reference, the full Corporate Risk Register is set out in Appendix 2, accurate as at 14th October 2021.

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

The detail below highlights the material changes since the PPRC report in September, noting all risks have been subject to quarterly review. There remains a high number of very high graded risks reflecting the critical position for sustaining delivery of care across all areas within NHSL whilst operating within a highly pressurised system. There are now 39 risks on the corporate risk register.

Closed Risks

Six (6) risks have been closed since the last report:

Risk ID 2058 – There is a reputational risk emerging around managing public expectations for access to services (in particular primary care GP services) and recovery of elective services as the current wave of the pandemic continues to require some services to be stepped down and recovered in response to each Covid wave.

This risk has been considered out of date and closed. Replaced with new risk ID 2076.

Risk ID 2066 – There is a risk that public & media perception and understanding of the lifting of restrictions expected on 9th August 2021 results in a significant further pressure on Community and Primary Care Services to deliver safe & sustainable services within the current SG guidelines as the expectations are likely to be the resuming of delivery of services to pre-pandemic position. This has the potential to result in dissatisfaction and adverse impact on staff and the reputation of NHSL.

This risk has been considered out of date and closed. Replaced with new risk ID 2076.

Risk ID 2030 – There is a serious threat to Covid suppression and healthcare recovery due to an emerging variant of Covid (Delta Variant) that is highly virulent/transmissible with uncertainty of protection from the current vaccination. This has the potential to adversely impact on the population and subsequently overwhelm NHSL healthcare services.

This risk has been closed as the Delta variant materialised with expected consequences. Potential for new variants included in risk ID 2085.

Risk ID 1450 – There is an increased risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL resulting from a range of changes, but in particular since 18th March, being placed on emergency footing to respond to the COVID-19.

This risk has been superseded by a new risk (ID 2086) as the GMS recover from Covid-19/ closure of the ARIC flow

Risk ID 623 – There is a risk that NHSL will not have the capacity to respond to a continuing third wave of COVID-19 as the demand on services could overwhelm the available resources, including bed capacity and workforce.

This risk has been superseded by a more contemporary risk (ID 2085)

Risk ID 2053 – There is continuously increasing risk that NHSL cannot continue to sustain a workforce to operate the Acute Respiratory Illness Centres (ARIC's) as expected within the extant directive by the SG. For a range of reasons, NHSL is experiencing loss of the necessary ANP's, GP fellows and GP's to maintain this service and there has been a change in the patients referred. Combined, these factors have the potential to impact adversely on clinical flow, more redirection and impact on all other services, including provision routine GP services.

This risk has been closed as the ARIC's have been stood down.

Note – a new risk around personnel changes to the Board members, in particular Non-Executive Directors, is currently being considered.

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

No risks have been escalated to, de-escalated from or transferred to the corporate risk register since the last reporting period.

New Corporate Risks Identified

Four (4) new risks have been identified and assessed:

Risk ID 2076 – There is a risk that NHSL will be subject to negative publicity as they strive to maintain effective communication for the public on the continuous changing position essential to sustain services whilst managing the covid-19 response. This has the potential to adversely impact on the reputation of NHS Lanarkshire.

This risk is much more contemporary and replaces risks ID 2058 & 2066. It is assessed as a **High** graded risk owned by C Brown.

Risk ID 2085 - There is a risk that NHSL will not have the capacity to respond to the ongoing COVID-19 pandemic, delta variant and other variants, as well as other respiratory pathogens, particularly over the winter period. This increase in new and previous respiratory conditions will exacerbate demand on services, risks overwhelming the available resources, so impacting on bed capacity and further testing resilience of the workforce.

This could lead to:

- loss of and disruption to the delivery of health & social care;
- further loss of daily routine services
- negatively impact capacity for recovery and to manage backlog as a result of continued service disruption
- increased morbidity and mortality in the population;
- increased health inequalities;
- short and longer-term impact on the health and wellbeing of front-line staff.

This risk has replaced risk ID 623, is assessed as **Very High** and is owned by H Knox.

Risk ID 2086 – There is a risk that GP services will be overwhelmed and unable to resume to the full range of conventional ways of working as there is insufficient capacity with an increasing demand on primary care services during this highly pressurised period. This has the potential to limit access to GP services, consequently impacting on other primary care services and hospital services.

This is a **Very High** graded risk owned by H Knox and replaces risk ID 1450.

Risk ID 2087 – Through information sharing, there is an increasing risk that there will be industrial actions taken by public sector employees of local authorities and Scotrail employees. If this occurs, the impact will be concurrent with the existing pressures of the Covid-19 pandemic, winter 21/22 pressures and COP26 potentially affecting the ability of NHSL to meet their statutory duties as a category one responder responder as required through the Civil Contingencies Act 2004 and Contingency Planning Regulations

This risk is currently graded as **High** and owned by H Knox.

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

Risk ID	Description of the Risk and Note of Change	Risk Owner
1379	<p>There is a collective risk that NHSL will not achieve the expected national performance for delayed discharges, resulting from a range of issues, including the undertaking of Community Care Assessments, provision of homecare packages, care home placements, AWI and internal hospital issues eg pharmacy delays. This has the potential to adversely impact on patient outcomes, loss of acute beds, waiting times, treatment time guarantee, hospital flow and reputation of the service providers. Effective from the 18th March the NHS is on emergency footing with an accelerated plan to improve delayed discharge set out through the mobilisation plan, however, this risk is exacerbated whilst working under the sustained whole system pressures.</p> <p><u>Note of Change</u> Full review of controls to reflect the current position and new action – CE to seek pre-approval from SG for rapid change if required eg movement of AWI patients. Risk remains graded as Very High.</p>	H Knox
2060	<p>There is a risk that the overall resilience of NHSL could be compromised due to sustained whole systems pressure exacerbated by imminent winter pressures, uncertainty of events resulting through COP26 and limited mutual aid across Scotland with the potential to be unable to respond to any other significant surge or emergency activity.</p> <p><u>Note of Change</u> Review of all controls with additional action for CE to seek pre-approval of some rapid changes that would release capacity if required. Description updated to reflect contemporary position in relation to COP26 and winter pressures. Risk remains High at present.</p>	H Knox
2004	<p>There is a legacy 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 cumulative unintended consequence for some patients with higher level of acuity, poorer outcomes and presents short, medium & longer term challenges for all in recovery of services and maximising health outcomes.</p> <p><u>Note of Change</u> Minor changes to description and controls, with an action for</p>	H Knox

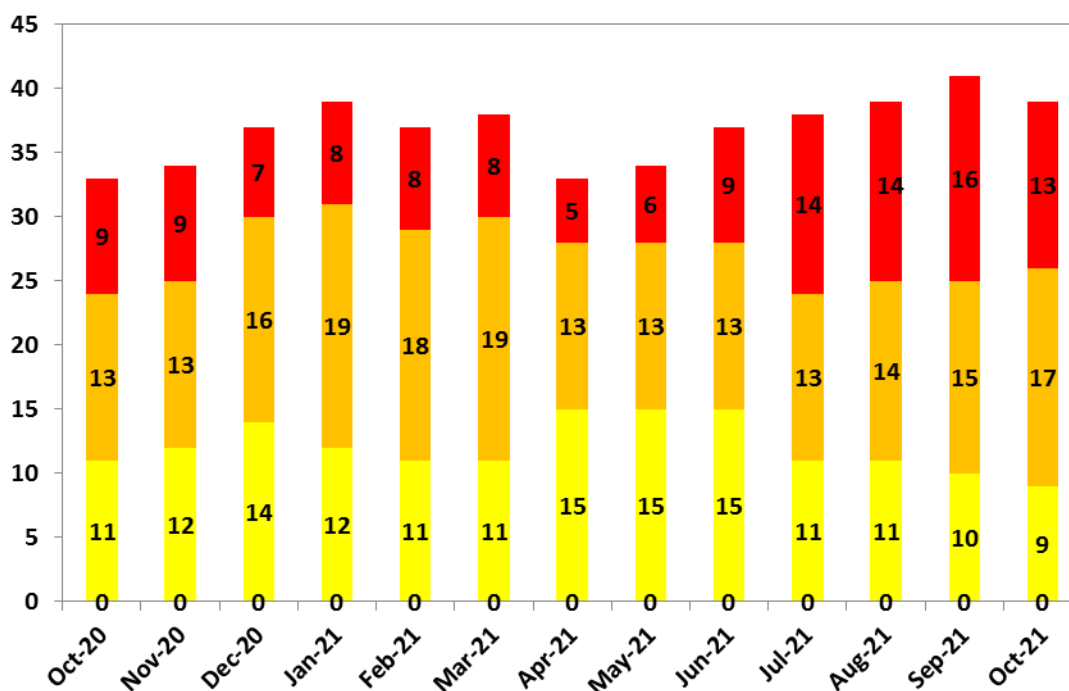
	commissioning Strathclyde University to undertake an evaluation to understand the current patient presentation and impact on capacity to previous years. Risk remains Very High .	
1903	<p>There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) and appropriate funding to maintain and sustain the T&P service. This has the potential to create delays in identification of cases and contacts resulting in clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire.</p> <p><u>Note of Change</u> Likelihood for the risk has been increased with the risk level changed from Medium to High. There is one new control around support from the NTTC through mutual aid.</p>	J Logan for G Docherty
2044	<p>Due to proximity of the planned date and lack of information and detail regarding the arrangements for COP 26 there is a risk that NHS Lanarkshire may be underprepared for potential impacts associated with this global event being hosted in Scotland. NHS Lanarkshire have been informed we will be required to provide Scottish Government with a preparedness statement.</p> <p><u>Note of Change</u> No immediate changes to the level of risk, controls note that NHSL have had a briefing session Tuesday 5th October and a Workshop Thursday 14th October to review and test preparedness. Remains a Very High graded risk.</p>	J Logan for G Docherty
1989	<p>There is a risk that NHSL will not be able to sustain and maintain the necessary workforce to meet the changing priorities and demands in responding to Covid-19 cases and contacts, mass vaccination programme and recovery and remobilisation, with the potential to adversely impact on patient, staff and continuity of services.</p> <p><u>Note of Change</u> The tolerance for this risk has been changed from Medium to High. The controls have been updated to reflect the cross-cutting group with action. Risk remains assessed as Very High.</p>	K Sandilands
2039	<p>There is a risk that staff are extremely fatigued having come through significant waves of Covid and there is an increased risk to staff resilience, wellbeing & safety in any subsequent waves whilst trying to recover / maintain services and manage increased public need, expectations and tensions . This could significantly adversely impact on staff, increase staff absence and consequently reduce workforce capacity.</p> <p><u>Note of Change</u> New controls for the allocation of funds from SG for wellbeing and the launch of a new NHSL webpage for Wellbeing. Risk remains assessed as Very High.</p>	K Sandilands

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><u>Note of Change</u> Note within the controls (number 4) updated that the RMP4 has now been submitted and change to action number 1 as the capacity and demand plans were developed as part of the overall RMP4. Risk remains assessed as Very High.</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><u>Note of Change</u> Full review and update of the controls to reflect the contemporary position noting the ARIC has now been closed. Risk remains graded as Very High</p>	S Sengupta
1990	<p>There is a significant risk that NHS Lanarkshire will be unable to realise the required savings for year 2021/22 and deliver a balanced budget whilst maintaining essential services, meeting legislative requirement and meeting additional costs related to the continuing Covid-19 pandemic.</p> <p><u>Note of Change</u> Noted that there has been notification of additional funding to be released from SG for covid and winter that will support the financial balance for in year. Risk changed from Very High to High.</p>	L Ace
285	<p>There is a risk that external factors may adversely influence NHSL's ability to sustain recurring financial balance eg significant changes to drug tariffs, superannuation and national insurance and other legislative changes eg care homes, safe staffing and pay awards, but increasingly backlog of activity will require to be managed on a rolling basis. For 2021/22 the COVID 19 pandemic will have a significant impact on the NHS's expenditure with uncertainty of the impact of Brexit.</p> <p><u>Note of Change</u> Risk remains assessed as Very High noting that there is currently the national banding issue around Band 2's who undertake clinical work to Band 3's, The financial impact is not fully certain with no agreement on backdate period yet, but is expected to be significant.</p>	L Ace
1904	<p>There is a risk that there is a lack of clarity regarding the recent change of accountability, role and function of the Board of NHSL, specifically Executive Nurse Director, for Care Homes and Care At Home resulting from the continuing impact from Covid-19. This has the potential to adversely impact on cost pressures, professional infrastructure, governance and assurance processes and ultimately</p>	L Thomson for E Docherty

	<p>the reputation of NHSL.</p> <p><u>Note of Change</u> New Action to 'Consider outcomes from the National Care Service consultation on the role and function of the Executive Director (and wider structure). No change to the assessed level of risk remaining at Medium.</p>	
1912	<p>There is the potential for an increase in the number of complaints received as a consequence of an expectation that services will return to normal capacity which will currently not be possible.</p> <p>There is a risk that the standards for response may not be met if demand exceeds capacity.</p> <p><u>Note of Change</u> Noted new control around the initial response letter highlighting an interim change in response times to inform and minimise potential for complaints to escalate. Remains a Medium risk.</p>	L Thomson for E Docherty

ii) **NHSL Corporate Risk Register Profile as at 14th October 2021**

For this reporting period, there are now 39 corporate risks. The risk profile is shown for the period October 2020 to 14th October 2021 below:



Risk Heat Map

From the 39 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			8	9	
	Possible	3			7	9	
	Unlikely	2				2	
	Rare	1					

The risks are categorised by type as shown below:

Risk Type	Low	Medium	High	Very High	Totals
Business	-	3	8	5	16
Clinical	-	-	1	3	4
Staff	-	-	1	-	1
Reputation	-	-	2	1	3
Covid-19	-	5	5	4	14
Brexit	-	1	-	-	1
Totals	0	9	17	13	39

It is of note that 37% of the current corporate risks are as a direct consequence of the Covid-19 pandemic.

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	10	6	20
Effective	-	4	7	7	18
Person Centred	-	1	-	-	1
Totals	0	9	17	13	39

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			8	9	
	Possible	3			7	9	
	Unlikely	2				2	
	Rare	1					

There are 30 (77%) 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 the tolerance for these risks has been adjusted accordingly.

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

Very High Graded Risks on the Corporate Risk Register as at 14th October 2021

There are thirteen (13) 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 the majority of these risks is above the normal tolerance levels and adjusted higher during this continuing 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>Controls:</p> <p>The availability & retention of clinical staffing resources are impacting on the ability to maintain a 2 site OOH model. The ongoing Covid 19 pandemic has impacted further on the staffing within this fragile service. The following mitigations/controls are in place:</p> <ol style="list-style-type: none"> 1. BCP in place with planned redirection to EDs. Further analysis provided on presentation at EDs. 2. OOH daily updates with Senior Management Team. 3. OOH performance monitoring and reporting. 4. Improved triaging jointly with NHS 24. 5. Recovery to 2 site model as and when staffing allows 6. Full project plan that includes workforce planning 7. Increased number of Senior Advanced Nurse Practitioners and Advanced Nurse Practitioners hours within service. 8. Communication & engagement strategy in place. 9. Implementation of revised salary scale for NHSL employed GP's, actively recruiting additional salaried GPs. 10. Enhanced Winter rates proposed for 3 month period to retain sessional GP cover. <p>Actions:</p> <ol style="list-style-type: none"> 1. Longer-term progression of convergence of urgent care and OOH care aligning to national model 2. Continuous dialogue with acute clinicians to support upstream OOH service 	High	S Sengupta
285	Standing risk that external factors may adversely affect NHSL financial balance	01/04/2008	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Regular Horizon Scanning 2. Financial Planning & Financial Management 3. Routine Engagement with external parties: <ul style="list-style-type: none"> Regional planning Scottish Government Networking with other Health Boards 4. Re-assessment of key risk areas e.g. legislative costs re safe staffing, care homes, pay awards, additional activity and additional covid costs <p>Action</p>	High	L Ace

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				1. Financial modelling 2. Continuous financial submissions to SG.		
659	Failure to deal effectively with major emergency	01/08/2009	Very High	Controls 1. Major Emergency Plan - Resilience Group meets regularly to review actions - Evaluate and review Plan regularly - Standards (Civil Contingencies Act 2004/NHS Scotland Resilience Standards/Preparing Scotland Guidance) and monitoring in place with external scrutiny from Scottish Government. 2. COMAH sites major incident plans 3. Staff education and training - Major incident plans exercised within each locality. Learn-pro module available for staff. 4. NHSL exercises - Undertake and evaluate exercises 5. Multi-agency exercises - Participate in multi-agency exercises. 6. Health Protection Plan 7. Business Continuity Plans (BCP) 8. Governance arrangements through NHSL's Resilience Group implemented 9. Provision of the Response Resilience and Preparedness Function to support individual Directorate and risk owners 10. Through the NHSL Resilience Group, there is commissioning with oversight of: -internal audit recommendations 11. Development and formalisation of the command and control process (incident response protocol) 12. Continued investment in resilience through extension to temporary contracts of RRP Support Officer and recruitment of RRP Officers(temporary) 13. A draft Resilience Business Improvement Plan has been prepared. Progress of this plan shall be scrutinised via the governance arrangements in place through the Resilience Group 14. New Significant Incident Protocol approved and implemented 15. Memorandum of understanding for Mutual Aid (refreshed February 2020)	High	J Logan for G Docherty

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
2004	Potential Impact On Patients Resulting From Disruption of Day to Day Clinical Care In Response To Covid Priorities	22/02/2021	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Priority risk assessment of services aligned to the remobilisation plan V4, with capacity and demand planning 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 & Booster 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. Workforce responsiveness & capacity planning (including partner agencies & independent sector) 8. Continuous oversight of SMSR data; a range of other health indices; adverse events and complaints 9. Rapid investigation of emerging issues 10. Extensive communication releases, especially highlighting available emergency services and access to alternative services to minimise disease progression eg pharmacy 11. NHSL whole system approach planning and negotiation with special health boards to maintain essential services <p>Action</p> <ol style="list-style-type: none"> 1. Commissioning Strathclyde University to undertake an evaluation to understand the current patient presentation and impact on capacity to previous years. 	High	H Knox
2014	Recovery of Performance 2021 - 2022	13/04/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Work within the prioritised instructions set out by the SG whilst on emergency footing. 2. Work within the NHSL strategic command and CMT planning, including mobilisation plan 3. Work undertaken 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. 4. Resume recovery Coordination Group meetings 9/8/21 5. Implement risk based prioritisation for patients on waiting lists 6. Submission of Remobilisation Plan Version 4 to Scottish Government, including capacity and demand plans. <p>Action</p> <ol style="list-style-type: none"> 1. Continue to monitor performance 	High	C Lauder

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
2039	Staff Fatigue, Resilience & Wellbeing	28/05/2021 *transferred from Covid-19 RR	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Range of staff support services locally and nationally - SALUS, spiritual care, psychological services, PROMIS 2. Rest and recuperation areas 3. Peer support network 4. Strategic staff health and wellbeing group 5. New SLWG with targeted approach for immediate actions 6. New SLWG to review staff V&A incidents (as part of OHS annual review) 7. Continued surveillance of staff wellbeing and safety through data review, through executive walkrounds and the consideration of a 'safe card' system 8. Communications plan, including release of NHSL Video featuring staff and heightened awareness of Zero Tolerance safety messaging from the Chair of the Board of NHSL 9. Funding released by SG for staff wellbeing (allocation NRAC based) 10. New NHSL Wellbeing webpage launched 	High	K Sandilands
2038	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	03/06/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. SBAR prepared for Private Board Meeting, with agreement to progress the recommendations outlined in the paper; <ol style="list-style-type: none"> a) Agree to seek an extension to the current over-arching Labs Managed Service Contract until end of March 2023 to provide service continuity and ensure adequate time is there to pursue whichever procurement process is agreed b) Authorise the Labs Managed Service Contract Steering Group to commence structured, robustly-governed negotiations with Roche Diagnostics, with the intention of directly awarding a contract should an acceptable agreement be negotiated. The final award of any contract will remain conditional upon Board approval. c) Agree to the Project Resource costs that are set out in this paper in order to adequately resource the project 2. Programme Manager appointed and took up post in June 2021. 3. Progress of work will be monitored through DMT, CMT and PPRC, PPRC with reporting to the Audit Committee 	Medium	J Park
2044	Insufficient preparation for large scale event COP26 being held in Scotland	28/05/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. SBAR prepared for CMT highlighting known detail of the event. 2. NHS Lanarkshire has adopted a planning assumption that the event goes ahead as expected in its fullest planned format. 3. NHS Lanarkshire have established a preparatory group to consider key areas of preparation in the absence of confirmed information and planning assumptions. 4. CMT receive regular progress reports. 5. NHS Lanarkshire are liaising with multi-agency partners through established Resilience fora. 6. NHS Lanarkshire have, at the Scottish Government Health Resilience Unit Forum, raised 	High	M Gordon for G Docherty

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				that we would have welcomed being involved in planning workshops held. It was also requested that information be supplied and remove the need to seek information. A monthly update is being considered. 7. NHS Lanarkshire, at the strategic Regional Resilience Partnership Forum, have requested a dedicated briefing session. 8. NHSL Briefing Session completed 6th October and workshop on 14th October.		
1882	Acute Sector Bed Capacity	28/04/2020	Very High	Controls 1. Continuous monitoring and oversight of delayed discharges with a focus on the PDD 2. NHSL support to care homes through liaison service, including infection control / outbreak advice & support, access to staff banks 3. Cohorting of 'shielded' patients and review of cohorting of patients awaiting testing results 4. Testing for Care Home residents and Staff 5. Preparation for intermediate care /step down beds at other non-acute hospital sites across NHSL, however, this is workforce availability dependent 6. Continuous viring for maintaining delivery of services in NHSL 7. Standing down some non-urgent services 8. Working with SG to consider rapid interm response for movement of some patients eg AWI.	High	J Park
2086	Sustaining GP Services	08/10/2021	Very high	Controls: 1. Whole system review through Gold Command 2. GMS sustainability meetings 3. NHSL support to GP practices 4. Review and recovery of the Primary Care Implementation Plan (PCIP) 5. Winter Planning 2021/22	High	H Knox
1989	Ability to Maintain a Workforce Commensurate with the Need to Suppress Covid, Deliver Vacc Programme, Recover & Remobilise	21/01/2021	Very High	Controls: 1. Prioritising of and stepping down of services, releasing staff 2. Measured management of all leave whilst maintaining wellbeing 3. Responsive recruitment 4. Managing staff availability to vire across services 5. Redeployment of staff to priority areas within skill sets 6. Strategic Staff Health & Wellbeing Committee 7. New SLWG for Wellbeing with targetted approach for immediate actions 8. Wellbeing bronze command re-instated 9. Cross-cutting group identifying priority service areas and workforce actions reporting to Gold Command	High	K Sandilands
1379	Delayed Discharge Performance and Impact	14/12/2015	Very High	Controls: 1. CMT have continuous oversight of performance, reasons for delays and discuss action 2. Planned Date of Discharge rolled out across NHSL	Medium	H Knox

ID	Title	Opened Date	Risk level Current	Mitigating Controls	Risk level Tolerance	Risk Owner
				3. Both partnerships have now established daily operational calls to review every delay and ensure progress towards the agreed discharge date 4. Acceleration of PDD and upstream actions through Gold Command during critical period from July 2021. Actions: 1. Monitoring though CMT and CE Quarterly Performance Reviews 2. CE to seek pre-approved changes to support rapid change when required eg movement of AWI patients.		
2085	Capacity within NHSL to respond to the ongoing challenges of the Covid-19 pandemic including Delta variant, other variants and r	05/10/2021	Very High	Controls 1.NHSL declared a live incident on 2nd March 2020 2.Strategic Command and supporting structure in place, structure effective, with reporting of actions, risks and issues from all groups – scaled up and scaled down depending on prevailing circumstances. 3.Maintenance of Strategic Log throughout the pandemic established. 4.Review of the NHSL COVID-19 mobilisation plan 5.Maintain oversight of test and protect and care home risks and issues through the tactical and operational groups 6.Local Resilience Partnerships commenced, linking to the National resilience groups. This group also flexes up and down to match prevailing circumstances 7.Continued community surveillance of covid-19 through Test and Protect, Public Health Scotland and national systems and use of local and national intelligence including modelling from Strathclyde University to inform planning and decision making. 8.Management plans continue to be based on national guidance 9.Continuous communications 10.Workforce flexibility through continued recruitment, redeployment and re-training to allow covid plans to be implemented. 11.Mutual aid from local partners and National Contact Tracing Centre continues to support capacity within services, enabling annual leave and supporting staff wellbeing. 12.Managed recovery through proactive planning across the organisation	High	J Logan for G Docherty

iv) All Other Risks Graded Very High Across NHSL

There are five (5) very high graded risks owned and managed within the Acute Division as below:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Part time short term Locum interventional radiologist in place. 2. Site Contingency plans in place. <p>Actions:</p> <ol style="list-style-type: none"> 1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas. 2. NHSL actively working with WOS Planning team and other Boards to confirm an implementation date for the Regional Interventional Radiology Service rota. 	J Park
1933	Treatment Time Guarantee	20/08/20	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Additional capacity agreed in the Independent Sector and at GJHN. 2. Clinical Prioritisation work being undertaken by Clinical Reference Group and Theatre Allocate Group. 3. Prioritisation letter issued to P4 patients updating on clinical prioritisation status across all specialties. 	J Park
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Ongoing discussion with teams to assess options to try to improve recruitment and retention 2. Consultant Radiologist appointed, taking up post in August 2021. 3. Further Radiologist appointed pending CCT, taking up post Oct 2021 4. Medica & 4ways contract agreed for outpatient reporting. 5. Contract agreed with Medica to outsource reporting of urgent examinations during normal working hours if required. 6. Scottish National Radiologist Reporting Services (SNRRS) planned for go live end May 2021. 7. Workforce review in progress, paper will be developed for DMT. 8. Radiologists at UHM and UHW being asked to help support UHH, within normal hours and at weekends. 9. Use of Agency staff. 	J Park

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2042	Unscheduled Care	04/06/21	Very High	Controls: 1. SLWG being established to review ED workforce requirements to support safe patient flow. 2. Acute huddles arranged 3 times a week. 3. Daily whole system Conference Calls arranged with subsequent Acute conference calls arranged as necessary. 4. Weekly performance review at DMT. 5. Weekly performance report submitted to CMT. 6. Urgent Care Redesign work ongoing, with Flow Navigation Centres in place. 7. Consultant connect process in place. 8. Reporting to Acute Governance Committee, PPRC and Board. 9. Recovery Remobilisation Redesign Co-ordinating Group established to adopt a whole system approach.	J Keaney
1848	Staff Resilience	07/01/2020		Controls 1. Promotion of NHS Lanarkshire Staff Care and Wellbeing services. 2. Additional staff rostered wherever possible to provide support and mitigate risk. 3. Track staff rostered through site weekly Workforce Governance Groups. 4. Monitor and provide governance in relation to nurse and midwifery staffing levels through the monthly Acute Nurse & Midwifery Governance Group. 5. Monitor sickness absence through Divisional Management. 6. Communication with SG colleagues regarding reinstating review of workforce and workload tools to confirm nurse staffing levels are adequate. 7. Wellbeing areas in acute hospital sites. 8. Recruitment paper to enable recruitment of newly qualified registered nurses approved by DMT in May 2021. Recruitment processes for newly qualified nurses underway. 9. Engagement with HR Director to work through and agree innovative solutions. 10. ED SLWG established to review ED workforce model in response to significant increase in ED attendances.	J Park

There are four (4) very high graded risks for the South H&SCP. Risk ID 1944 was increased from High to Very High at the SMT August review.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Executive group established to highlight and enact potential solutions. 2. A Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services is now under way. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 4. GP recruitment and retention group meets regularly. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board. 7. Procurement of a community information system to optimise contribution to community services. <p>Action</p> <ol style="list-style-type: none"> 1. Increasing numbers of "last GP left standing situations" and exploration regarding this and clarification of contractual position and succession or other plans currently being explored. 2. Maintain plan as far as reasonably possible noting Scot Gov/SGPC have agreed to delay by a year in recognition of Covid 19 	S Sengupta
2027	Financial risk to the Health Board	05/05/21	Very High	<p>Controls:</p> <p>NHSL has undertaken survey of all GP premises and alerted them to key issues. GPs have been advised of need to maintain premise to appropriate standard. Practice loans are available to assist.</p>	S Sengupta
2029	ICST workforce	07/05/21	Very High	<p>Controls</p> <p>ICST in south HSCP over 50% of district nursing posts are either vacant or filled by trainee district nurses. this is coupled with a n age profile showing 48% of the band 5 and 6 staff are over the age 50. Recruitment and retention to band 6 posts is increasingly challenging with a minimum of 12 month post graduate training programme required for all nurses wishing to become district nurses. Without investment in band 6 training in the next 12-24 months there is a significant risk of the vacancy rate within the service impacting staff and patient safety.</p> <p>In addition the Scottish Government has offered funding to expand community nursing teams by 12% in the next 5 years.</p> <p>Care being offered in the community is increasing in complexity as care transitions from acute to community settings. if this is not addressed there is a risk to patient safety and the ability to meet safe staffing legislation.</p>	S Sengupta

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1944	Medical Staffing Levels	27/08/21	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Daily monitoring of week ahead cover levels by CAP service manager, combined with regular review with clinical leads and OOHS management to discuss identified gaps and agree actions to resolve, in place. 2. Identification and utilisation of cross cover arrangements between CAP and OOHS, established and on-going. 3. Call outs to GPs via rotatmater and direct calling to highlight available sessions, established and on-going. 4. Locum agencies to be utilised provide cover, established and on-going. 5. Call outs to Secondary Care Colleagues to highlight available sessions, established and on-going. 6. Expansion of agency option by completion of REtinue Agency application form; completed. 7. Provided detail of specific shifts that secondary care cover is required. 8. Clinical Fellow posts being established to provide cover across CAC/Acute/development such that it will provide additional medical cover 9. GPs agreed to do 'in hours' triage of potential C19 patients without need to access CAC. 10 Increased risk associated with seasonal viral illness activity which could be confused with Covid and therefore additional pressure on CACs 11 Increased Covid inpatients in acute settings, thereby reducing ability for acute medical staff to support CACs 12 Additional managerial staff identified to assist in seeking to maximise fill rates in rotas 	S Sengupta

Monklands Business Continuity (MKBC) Risks Assessed as Very High

There is now only one (1) risk remaining on the MKBC risk register assessed as very high. Risk ID 1825 – Failure of Condensate Receivers was closed at the last review.

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	<p>Controls</p> <ol style="list-style-type: none"> 1. FSW 7 works are completed in December 2020 to improve 60mins compartmentation in the areas below the West Surgical Tower. 2. Compartmentation below East Medical Tower to be completed 2/09/21 through FSW 8 works. 	S McMillan

Business Critical Primary Care Improvement Plan (New GMS Contract) Programme Risks

Through review of the PCIP through the Programme Board, two (2) risks have been increased to very high.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2048	Delivery of GMS2018 Contract - Pharmacotherapy Services (GMS2018-016)	07/04/2021	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Pharmacotherapy Workstream continued as maintenance step during COVID response stood back in full January 2021. 2. Early escalation of concerns to GMS Oversight Executive Group - as of July 2020 Oversight Executive Group stood up and aware of challenges. 3. January 2021 - First Hub in Airdrie being progressed as a test site, focus on specifically establishing standardised processes and informing digital requirements/solutions. 4. March 2021 – Serial Prescribing review to inform consideration of how to best support increasing uptake across practices and number of patients on a serial prescription, exercise carried out to capture current position at the 38 practices that are currently identified as serial prescribing practices. This exercise has identified the opportunities to build on and share learning and improvement, this is to be taken forward utilising a qi approach. Report to be presented at May 2021 workstream meeting. 5. April 2021 - Recruitment and retention concerns discussed in detail at workstream meeting and recognised the need to be further explored via staff survey. Report anticipated end May 2021. 6. May 2021 - Pharmacotherapy Audit (Level 1) to be carried out w/c 7 June, this will inform a picture of understanding of gap between what is in place and what is outline in the joint BMA / Cab Sec letter. Audit will also capture enablers and barriers to allow depth of understanding on best utilisation of resource. Report anticipated end of June 2021. 7. May 2021 – GMS Oversight Executive Group requested paper detailing Hub model to be reviewed and as appropriate revised, specifically detailing impact of Covid considerations and contingency plans principles, along with timescales, barriers to progressing and detailed mitigation. 8. May 2021 – National webinar on digitalisation of prescribing and dispensing pathways to be considered and where possible mitigated against advised no timeline for delivery; was raised in recent call with Scottish Government. 9. May 2021 - Accommodation requirements discussed with PDS who have indicated a hub space in each locality should be able to be found. 	L Findlay

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2051	GMS 2018-PREM-002 -- Maintenance of premises by GPs (GMS2018-019)	*07/04/2021 Identified March 2018	Very High	<p>Workstreams Identified Mitigations:</p> <p>Raise the issue whenever possible at national meetings and take advice of BMA and GP Sub.</p> <p>21/07/2020 - At times guidance has not been timeous eg. on sustainability loans. This has meant progress has not been as good as it could have been. This risk may become greater as staff and structures change in Scottish Government.</p> <p>1. GMS Oversight Executive Group considered the risk which was reported as Very High and concluded that the scoring and nature of the risk required it to be reported on the Programme Risk Register.</p>	L Findlay

*risk transferred to Datix

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

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

v) **Major Incident : Covid-19 Very High Graded Risks (as at 15th October 2021)**

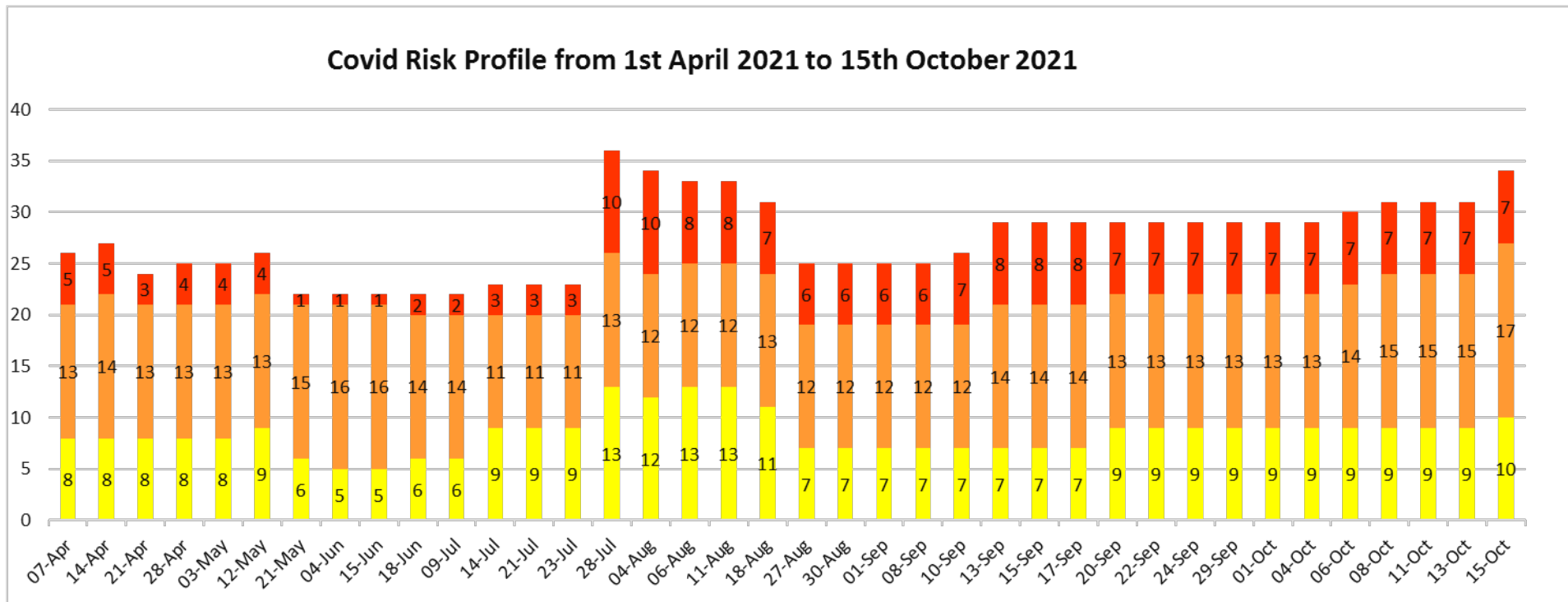
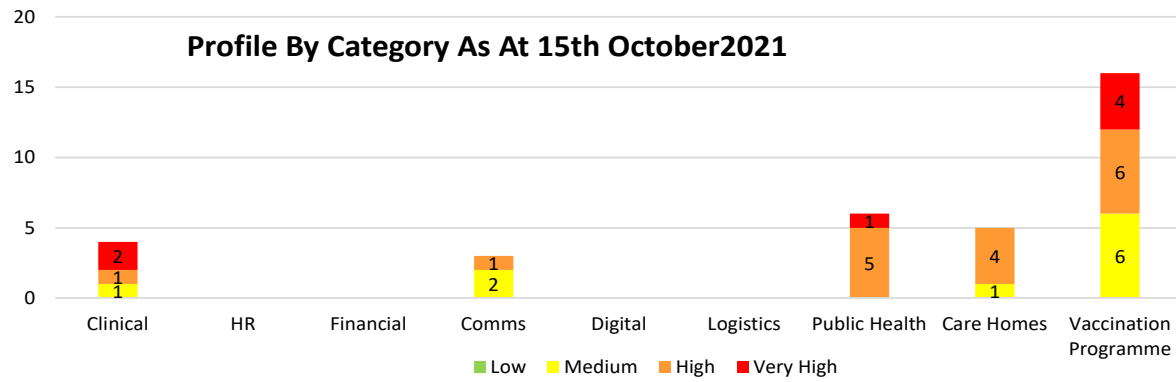
The risks on the Covid-19 risk register fluctuate due to the planning for the current Covid-19 booster & concurrent flu vaccination and the public health changes. The very high graded risks are set out below:

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/34	There is a risk that the neonatal service cannot be sustained during this critical period of staff shortages, with the potential to adversely impact on clinical care and outcome.	09/07/2021	Very High	<ol style="list-style-type: none"> 1. Continuous monitoring of staff availability and staff shortages 2. Use of agency and bank staff 3. Recall of available trained neonatal staff from other areas 4. Maintain existing staff wellbeing including provision of food and drinks 	S Sengupta
CL/35	Ability to sustain safe clinical staffing levels (in particular RGN's) across the range of wards and departments during this period of extremis resulting from re-deployment of clinical staff to high priority areas, continued staff sickness/ absence and continuous increasing numbers/severity of Covid and non-Covid patients with no available mutual aid. This has the unintended potential to compromise professional standards and patient care.	08/09/2021	Very high	<ol style="list-style-type: none"> 1. Escalation to CMO & SG 2. Continuous monitoring through RAG rated risk assessment to identify clinical priority areas with deploying of clinical staff appropriate to need 3. Active recruitment of student nurses (nearing graduation) to Band 4 in the interim and progressing to Band 5 employment 4. Pull back of clinical staff seconded to special health boards 5. Redeployment of admin staff to clinical areas to undertake non-clinical duties and release clinical time 6. Continuous consideration of novel ways of working including use of military for specific tasks to release clinical time 7. Individual / personal discussions with other professional staff to vire as required commensurate with skill set 	J Park
PH/06	A NCTC proposal to allocate Covid cases and contacts from other HBs to NHSL CT staff to call will undermine NHSL ability to manage clusters of infection and increase the risk of further spread in Lanarkshire. NHSL CT staff are not covered through employment contracts to provide services outwith NHSL.	15/06/2021	Very High	<ol style="list-style-type: none"> 1. T&P recruit and train staff to maximise NHSL T&P response in identifying and closing clusters 2. Staff capacity is monitored daily and maximised to meet CT demand. 3. T&P report to SG on weekly CT staffing numbers. 4. Risk assessments based on local engagement with employers and EH depts. are required to manage and close down clusters 5. Calls to cases and contacts ensure local intelligence is gathered and informs cluster management. 6. Calls during isolation increases adherence to testing and social distancing guidance.G Docherty 	G Docherty

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CV/17/ + Flu	There has been continuous recruitment to the Vaccination Programme due to the rate of attrition of staff and our inability to recruit to the Registrant role. There is risk is that we are unable to recruit staff in time to enable a September start to the Autumn Flu and Covid Vaccination Programme resulting in failure to meet national timescales for the delivery of the programme.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Early extension of staff contracts to March 2022 2. Work with Scottish Government to develop an early plan and stream of funding for vaccinations beyond March 2022 which would allow awarding of permanent contracts 3. Front-loading of vaccination campaign to ensure early completion of scheduled campaign ensuring that only mop-up falls towards end of staff contract. 4. Rolling/regular recruitment to attempt to maintain approved WTE levels 5. Development on expanded bank of staff willing to undertake sessional work 6. Consideration of maintenance of part of independent contractor workforce to preserve this as contingency 	S Sengupta
CV/20/ + Flu	There is a risk that, unless there is a significant national change of direction with regard to the respective roles and responsibilities of non-registered and registered staff, NHS Lanarkshire will be unable to concentrate registered staff activity with mass vaccination in areas of patient care in which they add the most value, resulting in low job satisfaction causing high staff turnover which could affect the viability of the programme.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Build staff development time into vaccination scheduling 2. Examine feasibility of day release to other community teams to facilitate retention and development of skills 3. Explore and pilot novel models within existing National Protocol framework. 4. Development on expanded bank of staff willing to undertake sessional work 5. Consideration of maintenance of part of independent contractor workforce to preserve this as contingency 	S Sengupta
CV/22/ + Flu	There is a risk that the dual workforce demands of delivery of the influenza and covid booster programmes simultaneously with winter pressures, which may be more severe this year, may make delivery of both difficult.	20/07/2021	Very High	<ol style="list-style-type: none"> 1. Early recruitment to full approved workforce 2. Workforce in post monitoring as key metric by Tactical Group to ensure this is maintained 3. Explore and pilot novel models within existing National Protocol framework. 4. Development on expanded bank of staff willing to undertake sessional work 5. Consideration of maintenance of part of independent contractor workforce to preserve this as contingency 6. Front-loading of programme to complete before winter pressures arise 	S Sengupta
CV/26/ + Flu	There is an ongoing risk that the apparent lack of accuracy of the National Helpline in interactions with Lanarkshire residents over recent months results reputational damage to NHS Lanarkshire.	20/07/2021	Very High	<p>Engagement with NVH on</p> <ol style="list-style-type: none"> a) Prioritisation of caller problem resolution b) Clear SOPs on transfer to local helpline c) Clear SOPs with RMS helpline team on call resolution d) Creation of complex enquiries team within core programme admin team 	S Sengupta

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, although effective from 20th July 2021 the full Command & Control structure was re-instated during a critical period of activity both Covid-19 and non-Covid-19 related.

The Covid-19 risk profile is set out below, accurate as at 15th October 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. There is one (1) corporate risk that has the Board of NHS Lanarkshire identified as the assurance committee. Board members should consider the mitigation, effectiveness of the mitigation and if there are any other actions to be taken:

ID	Corporate Objectives	Opened Date	Title	Description of Risk	Risk level (initial)	Mitigating Controls	Risk level (current)	Risk level (Tolerance)	Review Date	Risk Owner	Assurance Committee
2076	Effective	01/10/2021	Minimise Adverse Reputation to NHSL Whilst Continuing in Emergency Footing	There is a risk that NHSL will be subject to negative publicity as they strive to maintain effective communication for the public on the continuous changing position essential to sustain services whilst managing the covid-19 response. This has the potential to adversely impact on the reputation of NHS Lanarkshire.	High	Controls: 1. Co-ordinated Whole System Communication Strategy including: -Winter planning, including other respiratory viruses -Access to Services -Service Pressures -Staff Information	High	Medium	31/12/2021	Calvin Brown	Board

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 operational units / CMT, the strategic and / or tactical command.

Progression of the very high graded risk assurance work continues to contribute to the aim set out in the national blueprint for good governance. The purpose of the risk work is to:

‘enable the Board to oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated’ (A Blueprint for Good Governance, January 2019).

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.

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 risks and closed risks
- Noting the summary of significant material changes to the Corporate Risk Register with reference to other changes in Appendix 1
- Endorsement of the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance
- Consideration of the very high graded risks across NHSL
- Noting the Corporate Risk Register, accurate as at 14th October 2021, set out in Appendix 2
- Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 15th October 2021

13. FURTHER INFORMATION

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

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