

NHS Lanarkshire
26th January 2022

Lanarkshire NHS Board
NHS Board
Kirklands
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



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 October 2021, and the Planning, Performance & Resource Committee (PPRC) in November 2021, reporting on material changes to the corporate risk register with a focus on very high graded risks, including all very high graded risks across NHSL.

On 18th March 2020 NHS Boards in Scotland were placed on emergency footing, invoked through Section 1 and Section 78 of the National Health Service (Scotland) Act 1978, in response to the COVID-19 pandemic and continues to be on emergency footing 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 and high incidence and prevalence of the new Omicron variant of Covid, 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 sets out all changes endorsed at CMT in December 2021 and January 2022 and will:

- i) Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the November (PPRC) reporting period (pages 3-5);
- ii) Set out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 12th January 2022 (pages 5-6);
- 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 7-13);
- 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 13-18);
- v) Set-out for information, the COVID-19 incident specific risk profile, and the risks that are graded very high, (pages 19-21);
- vi) Set-out specifically, the risks that have the Board as the assurance committee (page 22).

For reference, the full Corporate Risk Register is set out in Appendix 1, accurate as at 12th January 2022.

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 November, noting all risks are currently 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 40 risks on the corporate risk register.

Closed Risks

December 2021

Four (4) risks were closed. Three of these risks were very short time-limited during the period of COP26 and another related for preparedness for COP26 has also been closed below:

Risk ID – 2091 There is a risk that the already critical workforce issues in NHSL will be exacerbated by external threats arising through the national logistical planning for COP26 creating travel disruption for some staff in getting to their hospital/site base and the potential for industrial action (Scotrail & local authority employees) that will further compound travel issues. The local authority industrial action could impact locally on school and child care. These threats have the potential to significantly impact on the overall workforce, reducing ability to sustain services and mobilise additional support if during COP26, a major incident with mass casualties occurs.

This risk was graded **Very High** and owned by K Sandilands/CMT.

Risk ID – 2089 There is a risk that NHSL will require to be highly agile and responsive to the range of potential threats and impact arising through COP26 around egg mass casualty, disruption and injury from arranged events/protests, proposed industrial action, opportunistic cyber-attack, whilst already operating within an already significantly pressurised system. Any single event or cumulative events will have the potential to adversely impact on sustaining service delivery and workforce.

This risk was graded **High** and owned by H Knox/CMT.

Risk ID – 2092 There is an increased risk to the population health of NHSL if during COP26 there is malicious hazardous events / incidents carried out with intent to cause harm and disruption within the Lanarkshire radius of the conference epicentre. Additionally, residents of Lanarkshire participating in the range of events occurring during this period has the potential to increase the incidence of Covid-19 (and any emerging variants). These types of events, and the health impacts will continue to contribute adversely to an already highly pressurised healthcare system.

This risk was graded as **Medium** and owned by H Knox/CMT.

Risk ID 2044 – Due to the proximity of the planned date and lack of information and detail regarding the arrangements for COP 26, there is a risk that NHSL may be underprepared for potential impacts associated with this global event being hosted in Scotland. NHSL have been informed we will be required to provide SG with a preparedness statement.

This risk was graded Very High and owned by H Knox/CMT.

January 2022

No risks closed in this reporting period.

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

December 2021

One (1) risk was escalated from operational level to Corporate level.

Risk ID 2059 - Fire broke out at Clinical Waste Contractor processing plant 9th July 21 with extensive damage to the site. The building has been deemed irretrievable and all equipment and consumables stored on the facility. Contingency has been enacted but has identified the risks;

Contingency Plant - unable to cope with the diverted waste loads

Bin Exchange - Lack of bins in the system to allow a full bin exchange

Consumables - Lack of consumables available to contractor to allow pharmacy/ private GP/ Dental exchanges to occur

This risk has been increased to **Very High** and is owned by C Lauder.

January 2022

No risks escalated or de-escalated in this reporting period.

New Corporate Risks Identified

December 2021

No new risks identified in December 2021.

January 2022

One new risk was set out:

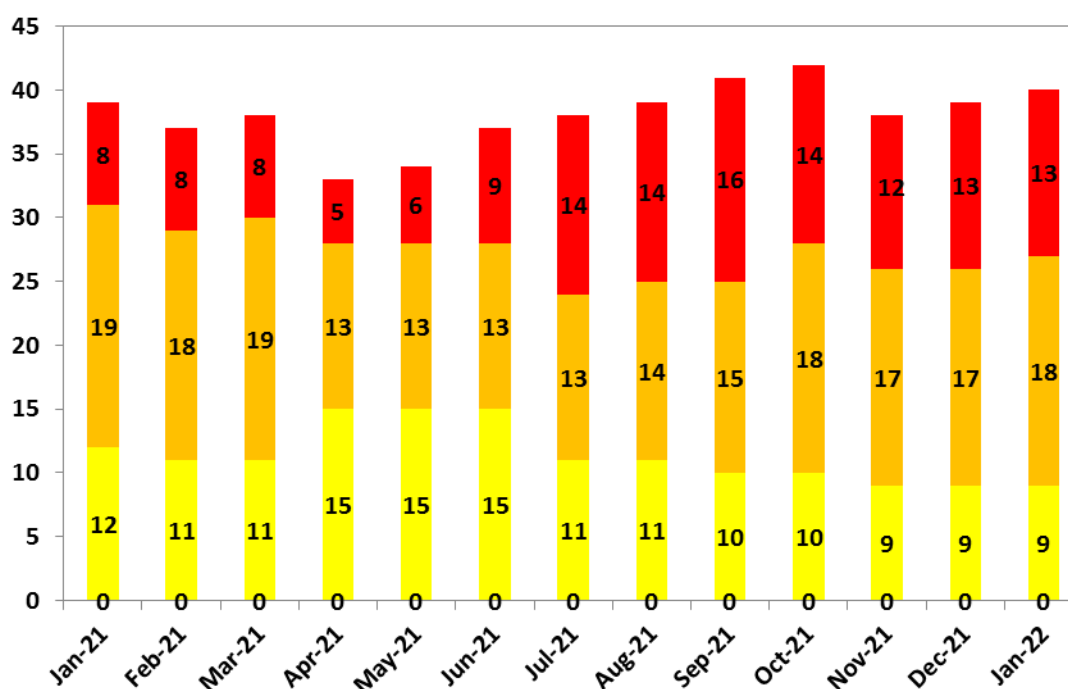
Risk ID – 2115 -There is a risk that the CAMHS service cannot meet the increasing clinical demands due to a significantly high number of cumulative staff vacancies for both clinical and non-clinical posts and challenges recruiting to new posts identified through the national recovery and renewal fund. This is impacting on community, in- patient and out-patient care with the potential to adversely affect response time to referrals; longer waiting times; poorer outcomes; delays in redesign and reputation of NHSL.

This risk is assessed as **Very High** and owned by R McGuffie.

Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Description of the Risk and Note of Change	Risk Owner
659	<p>There is a risk that NHS Lanarkshire is unable to prevent and effectively manage a major emergency, potentially resulting from the current pressure on resource due to COVID-19; the passive nature of the threat and/or the nature or scale of the major emergency and could result in excess morbidity and mortality.</p> <p><u>Note of Change</u> This risk has been reduced from Very High to High noting the preparatory work and scenario planning undertaken for COP26 with a level of confidence in ability to respond.</p>	H Knox

ii) **NHSL Corporate Risk Register Profile as at 12th January 2022**

For this reporting period, there are now 40 corporate risks. The risk profile is shown for the period January 2021 to 12th January 2022 below:



Risk Heat Map

From the 40 live corporate risks, the profile, plotted by likelihood x impact = assessed level of risk, is shown in the heat map below:

			IMPACT				
			Negligible	Minor	Moderate	Major	Extreme
		Score	1	2	3	4	5
LIKELIHOOD	Almost Certain	5				4	1
	Likely	4			8	8	
	Possible	3			7	10	
	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	6	17
Clinical	-	-	2	3	5
Staff	-	-	1	-	1
Reputation	-	-	2	-	2
Covid-19	-	5	5	4	14
Brexit	-	1	-	-	1
Totals	0	9	18	13	40

It is of note that 36% 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	11	5	20
Effective	-	4	7	8	19
Person Centred	-	1	-	-	1
Totals	0	9	18	13	40

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				4	1
	Likely	4			8	8	
	Possible	3			7	10	
	Unlikely	2				2	
	Rare	1					

There are 31 (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 12th January 2022

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	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
1989	21/01/2021	Ability to Maintain a Workforce Commensurate with the Need to Suppress Covid, Deliver Vacc Programme, Recover & Remobilise	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	Medium	31/01/2022	Kay Sandilands
1882	28/04/2020	Acute Sector Bed Capacity	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 interim response for movement of some patients eg AWI. 9. Review options to increase footprint at UHW 10. Review full NHSL estate to consider movement of office accommodation to release bed space & and consider bed space off - acute site.	High	31/01/2022	Judith Park

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2085	05/10/2021	Capacity to respond to ongoing challenges of Covid-19 pandemic, new variants & other respiratory pathogens	Very High	<p>Controls</p> <ol style="list-style-type: none"> 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 13. Rapid identification of contacts of the positive cases of the new Omicron variant of Covid-19 within NHSL with full assessments and isolation measures implemented. 	High	31/01/2022	Heather Knox
1379	14/12/2015	Delayed Discharge Performance and Impact	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. CMT have continuous oversight of performance, reasons for delays and discuss action 2. Planned Date of Discharge rolled out across NHSL 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. <p>Actions:</p> <ol style="list-style-type: none"> 1. Monitoring though CMT and CE Quarterly Performance Reviews 2. Development of the management team and infrastructure to implement the SG initiative for Discharge Without Delay (DWD Programme) 	Medium	31/01/2022	Heather Knox

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2004	22/02/2021	Potential Impact On Patients Resulting From Disruption of Day to Day Clinical Care In Response To Covid Priorities	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 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	31/01/2022	Heather Knox
2038	03/06/2021	Procurement of a new NHS Lanarkshire Labs Managed Service Contract	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	31/01/2022	Judith Park

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2115	12/01/2022	Delivery of CAMHS Service	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Prioritisation of referrals; all referrals vetted daily with urgent referrals seen 2. Active review of skill mix to utilise medical staff only when required for highly complex patients. 3. Vacancy gap analysis 4. Continuous recruitment with investment <p>Action</p> <ol style="list-style-type: none"> 1. Accelerate recruitment and set timescales for improvement 	Medium	28/02/2022	R McGuffie
2014	13/04/2021	Recovery of Performance 2021 – 2022	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	31/01/2022	Colin Lauder
2039	28/05/2021	Staff Fatigue, Resilience, Wellbeing & Safety	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 	Medium	31/01/2022	Kay Sandilands

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
285	01/04/2008	Standing risk that external factors may adversely affect NHSL financial balance	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> <ol style="list-style-type: none"> 1. Financial modelling 2. Continuous financial submissions to SG. 	High	31/01/2022	Laura Ace
1587	13/12/2017	Sustainability of the 2 Site Model for OOH Service	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	31/01/2022	Soumen Sengupta

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2086	08/10/2021	Sustaining GP Services	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	31/01/2022	Heather Knox
2059	14/07/2021	Clinical Waste Contract Delivery	Very High	A number of boards have been moved to Containers/Trailers to allow the central boards to remain as bin exchange. Lanarkshire Bin Exchange. Consumables - NP working alongside contractor to deliver consumables. Lanarkshire has a stock of consumables set aside to ensure continuity if required. Tradebe staff have now been inducted to the contingency site and are bulk moving incineration waste to their plant in Wrexham	Low	31/01/2022	Colin Lauder

iv) All Other Risks Graded Very High Across NHSL

There are seven (7) very high graded risks owned and managed within the Acute Division as below, with a new very high graded risk, ID 2100 opened since the last report:

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1716	OOH Interventional Radiology Service	04/12/18	Very High	Controls: 1. Currently advertising for 6 Radiologists posts 1. Part time short term Locum interventional radiologist in place. 3. Site Contingency plans in place. Actions: 1. Ongoing discussions with the WoS Regional group. A draft Regional Paper has been circulated with further work ongoing regarding rotas. 2. NHSL 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	Controls: 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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	Controls: 1. 6 Posts currently out to advert 2. Ongoing discussion with teams to assess options to try to improve recruitment and retention 3. Consultant Radiologist appointed, taking up post in August 2021. 4. Further Radiologist appointed pending CCT, taking up post Oct 2021 5. Medica & 4ways contract agreed for outpatient reporting. 6. Contract agreed with Medica to outsource reporting of urgent examinations during normal working hours if required. 7. Scottish National Radiologist Reporting Services (SNRRS) now providing some support for NHSL 8. Workforce review in progress, paper will be developed for DMT. 9. Radiologists at UHM and UHW being asked to help support UHH, within normal hours and at weekends. 10. Use of Agency staff.	J Park
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. 10. Risk escalated and highlighted to Strategic Command.	J Keaney
1848	Staff Resilience	07/01/20	Very High	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. 11. MACA support implemented and extended until 17th December 2021. 12. Acute Division is exploring alternative roles, e.g. CSW support teams and admin support for senior charge nurse.	J Park

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2094	Mobilisation of winter capacity ward -UHM	27/10/21	Very High	Controls 1. Weekly review of live staffing position across UHM wards and departments 2. Ongoing recruitment, including exploration of international recruitment	S Peebles
2108 NEW	There is a Risk to Acute site (UHM) staffing with the emergence of covid new variant Omicron	17/12/21	Very High	Clear definition of "critical workforce": Members of the team who are integral in that time period to that service to deliver (1) Front door/Unscheduled care and/or(2) Scheduled care Agreed stratification of "critical workforce" to allow local staff testing whilst ensuring access to timely testing for patients is not compromised (see above) Continued review/implementation and communication of rapidly changing testing and isolation guidance	S Peebles

There is now three (3) very high graded risks for the South H&SCP. Risk ID 1944 has been closed since the last report as the ARIC's have been stood down.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
1793	PCIP - Ability to maintain existing GM Services across NHS Lanarkshire	18/07/19	Very High	Controls 1. Executive group established to highlight and enact potential solutions. 2. A Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services is now under way. 3. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 4. GP recruitment and retention group meets regularly. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. Premises workstream of the PCIP is reviewing GP Premises leases, with 4 currently being taken over by the Board. 7. Procurement of a community information system to optimise contribution to community services. Action 1. Increasing numbers of "last GP left standing situations" and exploration regarding this and clarification of contractual position and succession or other plans currently being explored. 2. Maintain plan as far as reasonably possible noting Scot Gov/SGPC have agreed to delay by a year in recognition of Covid 19	S Sengupta
2027	Financial risk to the Health Board	05/05/21	Very High	Controls: NHSL has undertaken survey of all GP premises and alerted them to key issues. GPs have been advised of need to maintain premises to appropriate standard. Practice loans are available to assist.	S Sengupta

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2029	ICST workforce	07/05/21	Very High	<p>Controls: SG uplift funding provides financial support to grow the workforce rapidly.</p> <p>The national transforming nursing roles for community nursing papers and being reviewed and a SLWG lead by Joanne Jenkins is considering required service transformation. In addition model review and workforce plans are being considered pan Lanarkshire.</p> <p>All caseloads are being profiles and reviewed for complexity to offer support and assist in workforce planning and a daily safety huddle utilizing SG tools is being completed.</p> <p>Additional professional leads have been employed to support higher numbers of district nursing trainees. South HSCP have recruited a significant number of DN trainees (9) in September 2021 and aiming for a further 8 in January 2022. In addition to employing approximately 20 newly qualified nurses in to staff nurse posts.</p>	S Sengupta

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

Through review of the PCIP through the Programme Board, there is now (3) risks assessed as very high.

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>Risk Identified by Premises Workstream - March 2018.</p> <p>Workstreams Identified Mitigations: Raise the issue whenever possible at national meetings and take advice of BMA and GP Sub. 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

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
2019 NEW	GMS2018-PHARM-013 - Staff Morale/Retention (GMS2018-022)	03/11/2021	Very High	<ol style="list-style-type: none"> 1. March 2021 - emphasis on staff education and training in NHSL including 'Grow Your Own' initiative. Development of a range of unique roles, including Pharmacy Support Workers, within Pharmacotherapy Hubs which would be attractive if could be successfully progressed. 2. September 21 - consideration of what is required to stand down and step up the prescribing strategy and the impact on staff morale. 3. November 21 - SBAR to GMS Oversight Executive Group asking if can over recruit pharmacists to retain staff levels (if applicants are available). 4. November 21 - give further consideration to how role can be enhanced, including how the Hubs can reduce the volume of tasks undertaken by the pharmacists. 5. November 21 - CG & JC to meet with Linda Findlay to bring the prescribing strategy and pharmacotherapy work together with a view to producing a way forward for the pharmacotherapy roles. 	L Findlay

*risk transferred to Datix

Information and Digital Technology

One (1) new very high graded risk has emerged through the information and digital department register

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2114 NEW	LOG4J2 - Cybersecurity	29/12/2021	Very High	Controls Ongoing checking of local application vulnerability with suppliers. Scan of public facing addresses in search of vulnerability, commissum. Ongoing programme of patching/applying work arounds based upon supplier advice. Establishment if local incident management team to monitor progress and to apply recommendations as necessary Establishment of local tracker to monitor progress in respect of individual Lanarkshire systems. Membership of and contribution to national teams channel to receive and share advice.	D Wilson

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).

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>Controls</p> <ol style="list-style-type: none"> 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. 2. For all job families, continue to review scenarios following COVID-19 lessons learned review and final 1:200 department designs following site selection. The final schedule of accommodation is expected to be ratified in February 2021 which will determine the final requirements in each department and ward. 3. Working in close collaboration and engaging with all staff groups to identify efficient working practices and flexible workforce solutions based on the design of the technology-enabled hospital which allows safe and effective patient care to be delivered in the most efficient way. <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

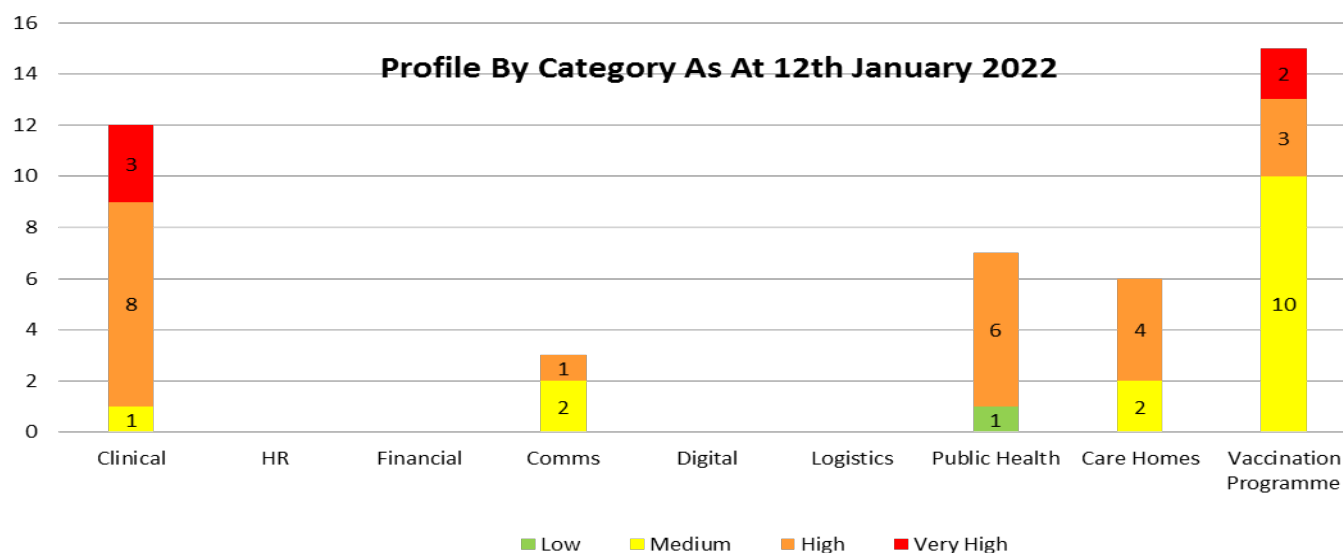
i) Major Incident: Covid-19 Very High Graded Risks (as at 12th January 2021)

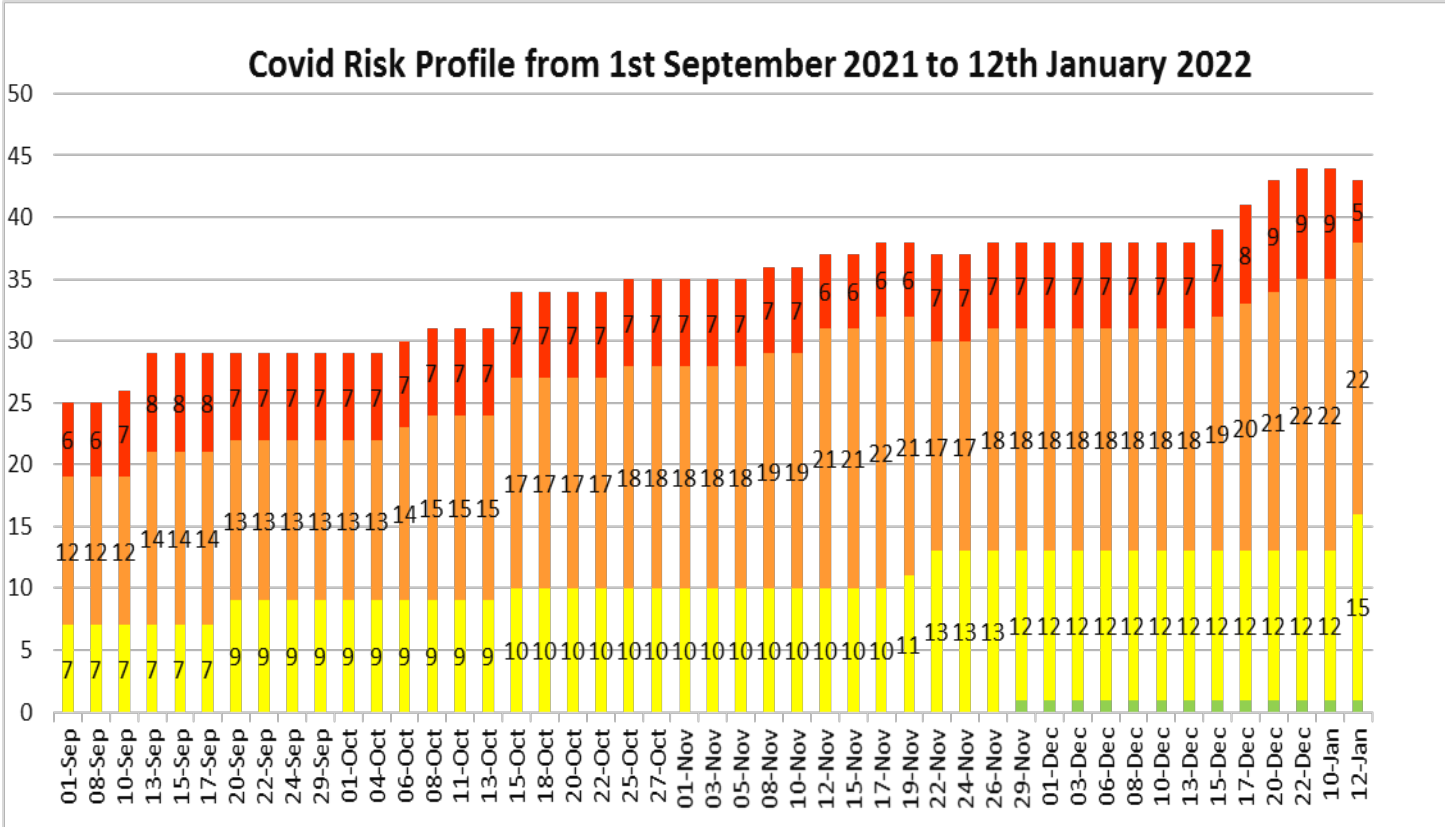
The risks on the Covid-19 risk register fluctuate in response to the fast pace of change. The very high graded risks are set out below:

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CL/37	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.	17/12/2021	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 8. Ongoing prioritisation discussions via Crosscutting 9. MACCA in place 	Tactical / Clinical
CL/43	There is a risk that there may be gaps in the service and as such treatment times may be breached. This because all parts of the I/V nMAB pathway for non-hospitalised patients are fragile due to staffing.	17/12/2021	Very High	Each area will require to have a mitigation in place for their part in the pathway. This will require senior support and a decision around prioritisation of the pathway.	Tactical / Clinical
CL/45	There is an inevitable risk that staff undertaking planning and delivery of this pathway (nMAB/av) are taken away from their normal activities. This includes; MD, DoP, ID staff, GPs and other clinicians in the FNC.	17/12/2021	Very High	Costs will be scoped and submitted through the command structure of additional staff	Tactical / Clinical
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 	Tactical / Vaccination Programme

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CV/36	This is a risk that NVSS will issue vaccination appointment letters late, providing insufficient notice of appointments, resulting in an increased number of DNSs, increased demand for re-booking, reduced uptake, failure to meet target timescales and multiple complaints.	09/11/2021	Very High	Ensure national deadlines are kept and raise risk nationally, seeking earlier posting date Escalate to national programme	Tactical / Vaccination Programme

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 12th January 2022.





v) **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	01/10/21	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	31/01/22	Calvin Brown	Board

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	AOP		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)	x
Staff feel supported and engaged; (Effective)	x
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. However, during this highly pressurised time, some delays are expected. 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’ (Implementation of the Blueprint for Good Governance, May 2021)

CMT have considered a proposal to undertake a critical review of the corporate risk register over the months of January and February to bring together some risks on the register that have emerged as a ‘single’ entity at different points in time over the period of emergency footing. It is proposed to theme these risks around business critical areas such of whole system patient flow; sustainable & resilient workforce; performance & service delivery; financial balance & sustainability; clinical outcomes; strategy & recovery and reputation.

7. FINANCIAL IMPLICATIONS

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.

Whilst in emergency footing and implementing change in 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 since November 2021;
- 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 12th January 2022, 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 12th January 2022;

- Noting the proposed review of the risk register over January and February 2022

13. FURTHER INFORMATION

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

Mrs H Knox
Chief Executive
Telephone: 01698 752870
Internal Extension 402281

Mrs C McGhee
Corporate Risk Manager
Telephone: 01698 752871
Internal Extension 402871

Mr Paul Cannon
Board Secretary
Telephone: 01698 752868
Internal Extension 402868

