

NHS Lanarkshire
30th March 2022

Lanarkshire NHS Board
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 January 2022, and the Planning, Performance & Resource Committee (PPRC) in February 2022 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 continuous demand for urgent and emergency services, high incidence and prevalence of the Omicron variant of Covid, workforce issues all 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 February & March, and will:

- i) Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the February (PPRC) reporting period;
- ii) Set –out the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 17th March 2022;
- iii) Set-out very high graded corporate risks with all very high graded risks across NHSL;
- iv) Set-out for information 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;
- v) Set-out for information, the COVID-19 incident specific risks that are graded very high.

For reference, the full Corporate Risk Register is set out in Appendix 1, accurate as at 17th March 2022.

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

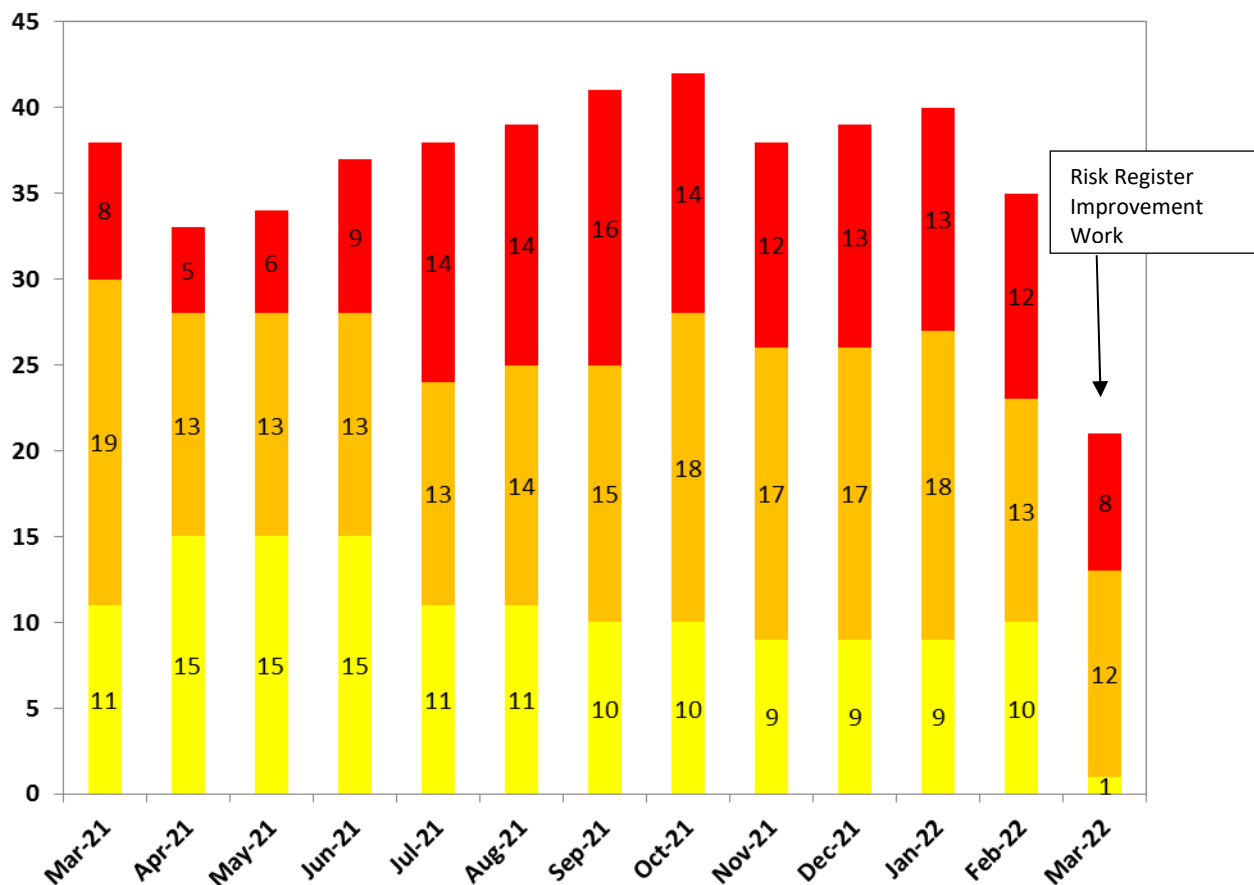
The detail below highlights the material changes since the last report. The corporate risk register has been subject to review in preparation for progression of the assurance improvement work with the material changes as below.

Closed Risks
<p>Risk ID 1379- 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>Note This very high graded risk owned by H Knox, has been closed and replaced by a new composite risk ID 2129 as part of the current review.</p> <p>---</p> <p>Risk ID 1882-There is a risk that there could be significant impact on the availability of acute beds due to delays experienced for onwards movement of patients 'fit for transfer' to care homes and those requiring care at home, exacerbated by both outbreak and workforce issues respectively. This has the potential to impact on the ability to meet the 'routine' and increasing demand for more unwell patients and the ability to recover services.</p> <p>Note This very high graded risk owned by J Park, has been closed and replaced by a new composite risk ID 2129 as part of the current review.</p> <p>---</p> <p>Risk ID 285-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>Note This very high graded risk, owned by L Ace, has been fully considered and closed. NHSL will be required to develop a 3 (or 5) year financial plan over the next few months and submit to SG. Where appropriate, a new risk will be considered and adjusted as any significant factors arise with actions to manage within the period of the financial plan.</p> <p>---</p> <p>Risk ID 2014- 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>Note This very high graded risk owned by C Lauder, has been closed as the risk has materialised, out of date and a new performance framework is expected imminently. This will be considered and reassessed.</p>

Risks Escalated To, De-escalated From or Transferred To the Level 1 Corporate Risk Register		
<p>As approved at CMT on 14th March, nine (9) risks that had recently been reviewed with the assessed level of risk being within the tolerance level, were de-escalated to operational level for continuous monitoring and / or consideration for closure. The detail for these risks are set out in Appendix 2.</p> <p>Further to this, two (2) other risks were de-escalated to operational level following review.</p> <p>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 Increase financial implications</p> <p>This risk has been de-escalated to operational level for continuous monitoring as the contingency plans in place have sustained the service. The risk was also reduced from Very High to High and expected to reduce further.</p> <p>---</p> <p>Risk ID 1974-There is a risk that as surveys of the identified NHSL properties built with reinforced autoclaved aerated concrete (RAAC), as commissioned by Health Facilities Scotland (HFS), are progressed there is the potential that there will be the requirement to undertake immediate remedial work at significant financial cost and disruption to service as the work is completed.</p> <p>This risk has been de-escalated to operational level for continuous monitoring as early findings indicate very limited areas identified NHSL properties built with reinforced autoclaved aerated concrete (RAAC). The risk has also been reduced from High to Medium.</p> <p>---</p>		
New Corporate Risks Identified		
<p>There is one (1) new risk opened below:</p> <p>Risk ID 2129 - There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks and care @ home workforce capacity to meet the demand. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.</p> <p>This very high graded risk is owned by H Knox and is a composite risk replacing risks ID 1882 & 1379.</p> <p>---</p>		
Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Risk Description & Note of Change	Risk Owner
There are no further significant material changes to note for this reporting period.		

ii) NHSL Corporate Risk Register Profile as at 17th March 2022

For this reporting period, there are now 21 corporate risks. The risk profile is shown for the period March 2021 to 17th March 2022 below:



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

NHS Lanarkshire has agreed the boundary corporate risk appetite below:

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

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.

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 (noting that frequency of reporting will be subject to review) • 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 17th March 2022

There are eight (8) very high graded risks on the corporate risk register as shown below with the mitigating controls

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2129	15/03/2022	Sustaining Whole System Patient Flow	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients 2. Commissioning of intermediate care / step down beds at other non-acute sites across NHSL, however this is workforce dependent 3. Local planned date of discharge (PDD) and national discharge without delay (DWD) programme implemented 4. CMT & gold command have continuous oversight of performance, reasons for delay and consider further actions 5. Continuous oversight of hospital outbreaks and infection prevention and control advise 6. Workforce planning with continuous monitoring of sickness/absence during surge periods 	Medium	29/04/2022	H 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	29/04/2022	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	Controls 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 Action 1. Accelerate recruitment and set timescales for improvement	Medium	29/04/2022	R McGuffie
2039	28/05/2021	Staff Fatigue, Resilience, Wellbeing & Safety	Very High	Controls 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	29/04/2022	Kay Sandilands
2123	04/02/2022	Ability of NHS Lanarkshire to Deliver a Balanced Budget Within Year 2022/2023	Very High	Controls 1. Resume activity around sustainability and savings plans 2. Financial modelling for recovery and redesign 3. Intelligence gathering and scenario planning 4. Regular horizon scanning Actions 1. Continuous review of financial quarters	Medium	29/04/2022	Laura Ace

ID	Opened Date	Title	Risk level (current)	Mitigating Controls	Risk level (Tolerance)	Review Date	Risk Owner
2124	04/02/2022	Sustaining a Safe Workforce	Very High	Controls 1. Workload and workforce planning using national tools on a cyclical basis 2. GP sustainability action plan overseen through the Primary Care Implementation Plan 3. National and International Recruitment 4. Responsive recruitment 5. Responsive redeployment of staff 6. Wellbeing initiatives supporting staff and supporting attendance 7. Monitoring of attrition and sickness/absence 8. Gold, Silver & Bronze Command structure maintained at present, supporting critical clinical & staff decisions 9. Negotiations with local universities to increase intake of NMAHP per year. Action 1. Workforce planning will align with the development of the new NHSL Strategy	Medium	29/04/2022	Kay Sandilands
2126	08/02/2022	Sustaining Out of Hours Primary Care Service	Very High	Controls 1. Invoking contingency arrangements 2. Winter Plan 2021/22 3. AHP Project Plan 4. Performance monitoring 5. National and local re-design of services, including Urgent care Action 1. Review of PC OOH Improvement Project Plan (including modelling of a blended workforce) with stakeholders	Medium	29/04/2022	Soumen Sengupta
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	29/04/2022	Heather Knox

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.

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. Currently advertising for 6 Radiologists posts 1. Part time short term Locum interventional radiologist in place. 3. 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. 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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2042	Unscheduled Care	04/06/21	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 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	<p>Controls</p> <ol style="list-style-type: none"> 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
2094	Mobilisation of winter capacity ward -UHM	27/10/21	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Weekly review of live staffing position across UHM wards and departments 2. Ongoing recruitment, including exploration of international recruitment 	S Peebles

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2108	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 Availability of “live link” to current guidance on NHSL App	S Peebles

There are four (4) very high graded risks for the South H&SCP.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
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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 premises to appropriate standard. Practice loans are available to assist.</p>	S Sengupta
2029	ICST workforce	07/05/21	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. SG uplift funding provides financial support to grow the workforce rapidly. 2. 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. 3. 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. 4. Additional professional leads have been employed to support higher numbers of district nursing trainees. 5. 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. 	S Sengupta

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2022	Management of children awaiting dental care	28/04/21	Very High	Controls 1. Conservative symptom management with advice, analgesia and antimicrobials (based on the clinical indications and appropriateness of each). 2. Some children have had local anaesthesia or inhalational sedation (traumatic for child, family and clinicians) 3. Review of waiting list and prioritisation of children against needs and effectiveness of conservative management 4. Triage and prioritisation of new referrals 5. Continuous review of the waiting list 6. Prioritising pre-assessment and GA sessions 7. Paper on current issues to be raised with Chief Dental Officer via Directors of Dentistry meeting on 18/01/22.	S Sengupta & Director of Dentistry

Information and Digital Technology

There is one (1) very high graded risk recorded on the information and digital department register.

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2114	LOG4J2 - Cybersecurity	29/12/2021	Very High	Controls 1. Ongoing checking of local application vulnerability with suppliers. 2. Scan of public facing addresses in search of vulnerability, commissum. 3. Ongoing programme of patching/applying work arounds based upon supplier advice. 4. Establishment if local incident management team to monitor progress and to apply recommendations as necessary 5. Establishment of local tracker to monitor progress in respect of individual Lanarkshire systems. 6. 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) new very high graded risks on the Monklands Replacement Programme (MRP).

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2119	Increased revenue costs could make the project unaffordable to NHS Lanarkshire.	14/01/22	Very High	Controls 1. Conduct a comprehensive review of costs to confirm accuracy of current costs projections. 2. Conduct a value for money assurance review with the Leadership Group. 3. Review and consider alternative costs strategies can be applied to reduce costs. 4. Review market conditions and consider if these are projected to improve over time and if feasible for the project to be delayed. 5. Ensure there has been independent scrutiny of the space standards and design capacity calculations. 6. Conclude the workforce scenario based planning across all job families and present through project governance and NHS Lanarkshire governance for acceptance and approval. 7. Continue to work collaboratively with all staff groups to identify efficient working practices and flexible workforce solutions based on the design of the technology-enabled hospital which ensures safe and effective patient care to be delivered in the most efficient way. 8. Identify opportunities to test new ways of working, including the use of digital systems and technologies that offer workforce efficiency.	C Lauder

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
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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 timely 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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2019	GMS2018-PHARM-013 - Staff Morale/Retention (GMS2018-022)	03/11/2021	Very High	<p>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.</p> <p>2. September 21 - consideration of what is required to stand down and step up the prescribing strategy and the impact on staff morale.</p> <p>3. November 21 - SBAR to GMS Oversight Executive Group asking if can over recruit pharmacists to retain staff levels (if applicants are available).</p> <p>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.</p> <p>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.</p>	L Findlay

*risk transferred to Datix

i) Major Incident : Covid-19 Very High Graded Risks (as at 18th March 2021)

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	<p>1. Escalation to CMO & SG</p> <p>2. Continuous monitoring through RAG rated risk assessment to identify clinical priority areas with deploying of clinical staff appropriate to need</p> <p>3. Active recruitment of student nurses (nearing graduation) to Band 4 in the interim and progressing to Band 5 employment</p> <p>4. Pull back of clinical staff seconded to special health boards</p> <p>5. Redeployment of admin staff to clinical areas to undertake non-clinical duties and release clinical time</p> <p>6. Continuous consideration of novel ways of working including use of military for specific tasks to release clinical time</p> <p>7. Individual / personal discussions with other professional staff to vire as required commensurate with skill set</p> <p>8. Ongoing prioritisation discussions via Crosscutting</p>	Tactical / Clinical

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
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
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
CV/41	There is a national delay in relation to the decision to agree ongoing local funding for the Flu and Covid Vaccination Service in 2022-23 which is causing extreme uncertainty for Vaccination Service staff who are on temporary contracts ahead of the existing termination date of 31st March 2022. Current staff turnover is running at 35% and anecdotal evidence suggests that this is rapidly increasing. This will not only cause significant “knock on” effect elsewhere in the system but will also likely incur Political and reputational damage to NHS Lanarkshire and elevate clinical risk.	01/07/2020	Very High	CMT paper drafted outlining ongoing requirement. Decision is required on moving to substantive workforce or extending fixed term contracts. Communication with existing workforce. Discussion ongoing with Director of Finance and Chief Executive seeking confirmation of future service model and respective staffing. Discussion ongoing between Director of Finance and Scottish Government with a view to obtaining confirmation of available funding	Tactical / Vaccination Programme

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
CH/01	Local care homes may have such significant problems with staffing levels that they are unable to staff the homes	01/07/2020	Very High	Risk increased to 20. Existing mitigation continues and care homes have been accessing staff bank and using agency. Minimum but not optimal staffing levels have been achieved across some areas. Community nursing has been providing in reach support to residential care areas	Care Homes / Tactical
CH/07	Potential for new outbreaks in care homes as community prevalence and associated clusters increase	21/09/2021	Very High	1.Care Home assurance team undertaking support visits to all care homes – action plan prepared for each individual home 2.Escalate any concerns to CI/CSWO 3.Reinforce need for high standard IPC 4.All care homes advised to see table 4 PPE 5.All staff advised to remain socially distanced during breaks 6.Indoor visiting delayed by DPH 19/11/20 - all concerns re compliance with IPC/PPE/outbreak management continue to be escalated to CI and Gold made aware of concerns.	Care Homes / Tactical
CH/08	There is a risk of reduced vigilance with and adherence to SICPs in care homes as the enhanced staff screening programme for care homes is implemented increasing the workload and creating a potential for complacency as negative results from the testing becomes the normal. This is further complicated by the competency of undertaking of the testing as prescribed. This could result in an increase in outbreaks, care home closures, impact on delayed discharges, an increased demand on NHSL, including professional oversight and the reputation of the respective organisations.	04/02/21	Very High	1. Concerns regarding the enhanced testing programme discussed at CH tactical and paper presented to Strategic command, Scot Gov. and DPH care home group. 2. SLWG established to support homes with implementation and guidance materials circulated. 3. All communications are clear on the importance of maintaining SICPs to a high standard. 4. Joint care home assurance and social work supportive visits.	Care Homes / Tactical

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.

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)	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 have been experienced. The purpose of this 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).

Review of risks on the corporate register that have emerged as a ‘single’ entity at different points in time over the period of emergency footing have been reviewed over the last month and will continue in preparation for the progression of the assurance reporting planned for this year.

Concurrent with this, there will be a review of risk reporting to the Board and the governance committees that will include the format, frequency of reporting and the content of the reports in continuing to improve the current risk management scrutiny and assurance systems.

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	

- Note the new risks, closed risks and de-escalated risks since February 2022;
- Endorse the NHS Lanarkshire Corporate Risk Profile;
- Note the very high graded risks across NHSL, including the major incident: Covid-19 risks;
- Note the Corporate Risk Register, accurate as at 17th March 2022, set out in Appendix 1;
- Consider and approve the work identified to improve risk reporting to the Board and the governance committees that includes format, frequency of reporting and the content of the reports to improve scrutiny and assurance.

13. FURTHER INFORMATION

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

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