

NHS Lanarkshire
25th May 2022

Lanarkshire NHS Board
NHS Board
Kirklands
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SUBJECT: NHS LANARKSHIRE CORPORATE RISK REGISTER

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 March 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.

Since the last report, NHS Lanarkshire is no longer on emergency footing and after considered review of the current position, has moved out of BLACK status.

This risk report sets out recent changes, and will:

- i) Provide a summary of significant material changes to the Corporate Risk Register, including new and closed risks, reported in May;
- 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 May 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 May 2022.

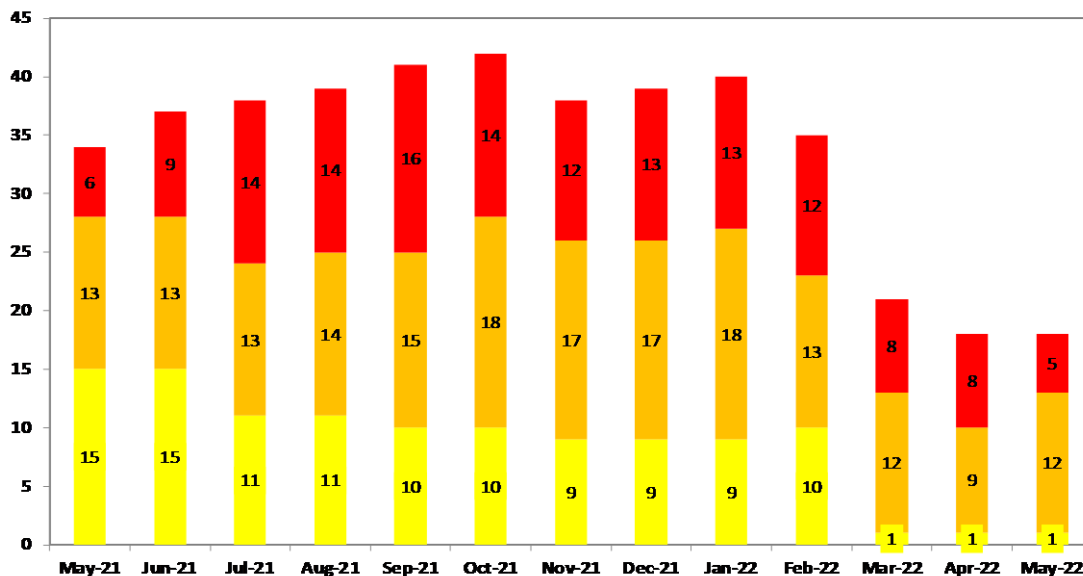
i) Summary of Significant Material Changes to the Corporate Risk Register

The detail below highlights the material changes over the last month.

Closed Risks		
<p>Risk ID 2086 – There is a risk that GP services will be overwhelmed and unable to resume to the full range of conventional ways of working as there is insufficient workforce capacity with an increasing demand on primary care services during this highly pressurised period. This has the potential to limit access to GP services, consequently impacting on other primary care services and hospital services.</p> <p><u>Note</u> – Noted the changed position at point in time with a change in the nuance of the risk being sustainability specific to recruitment and retention of primary care clinicians. This risk was closed with risk ID 2150 opened to supersede this risk.</p>		
Risks Escalated To, De-escalated From or Transferred To the Level 1 Corporate Risk Register		
No change to note.		
New Corporate Risks Identified		
<p>Risk ID <u>2150</u> - There is a risk that some GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention) issues as they respond to clinical requirements. This has the potential for loss of provision of primary care services.</p> <p><u>Note</u>- This new high graded risk owned by H Knox, supersedes risk ID 2086 as above.</p>		
Material Note of Change for Risks Reviewed within this Reporting Period.		
Risk ID	Risk Description & Note of Change	Risk Owner
2039	<p>There is a risk that staff are extremely fatigued having come through significant waves of Covid and there is an increased risk to staff resilience, wellbeing & safety in any subsequent waves whilst trying to recover / maintain services and manage increased public need, expectations and tensions . This could significantly adversely impact on staff, increase staff absence and consequently reduce workforce capacity.</p> <p><u>Note</u> – Review of the measures in place and change in sickness / absence has resulted in reducing the likelihood of this risk. It has now been reduced from very high to high.</p>	K Sandilands
2124	<p>There is a risk that NHSL will not be able to sustain the necessary safe workforce to meet the changing priorities resulting from the pandemic response and service demands moving into recovery. This has the potential to adversely impact on patients, staff, continuity of services and ability to comply with the forthcoming Health & Care (Staffing) (Scotland) Bill.</p> <p><u>Note</u> – At this point in time and the change in sickness / absence, this risk has been reduced from very high to high, noting that it will be reviewed again against the NHSL Strategy. The description to be further reviewed as NHSL moves out of immediate pandemic response to remobilisation.</p>	K Sandilands

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

For this reporting period, there remains 18 corporate risks. The risk profile is shown for the period May 2021 to 17th May 2022 below:



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

NHS Lanarkshire has agreed the boundary corporate risk appetite below:

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

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 May 2022

There is now five (5) 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. Local planned date of discharge (PDD) and national discharge without delay (DWD) programme implemented 3. CMT & gold command have continuous oversight of performance, reasons for delay and consider further actions 4. Continuous oversight of hospital outbreaks and infection prevention and control advise 5. Workforce planning with continuous monitoring of sickness/absence during surge periods 7. Surge beds in University Hospital Hairmyres extended until end of May 2022 	Medium	30/06/2022	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 4. Moving towards tender process. 	Medium	31/05/2022	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. Commenced programme of work and implementation of a more structured partnership approach through Choices & Partnership Approach (CAPA) service model, with tier 1 & 2 referred through 3rd sector and interfacing with North & South Education Departments 3. Secured significant national investment to fully implement new service model 4. Active review of skill mix to utilise medical staff only when required for highly complex patients 5. Vacancy gap analysis with active recruitment commenced. Expected to have recruited 50% of gap by end of May 2022 6. Continuous review and validation of the waiting list 7. Waiting list validation exercised completed in April 2022 8. New SL CAMHS facility at Udston Hospital will become operational from w/b 20th June (this is a vital development to create physical capacity for implementation of the new CAMHS model) <p>Action</p> <ol style="list-style-type: none"> 1. Incremental implementation of the new service model 	Medium	30/06/2022	R McGuffie
2123	04/02/2022	Ability of NHS Lanarkshire to Deliver a Balanced Budget Within Year 2022/2023	Very High	<p>Controls</p> <ol style="list-style-type: none"> 1. Financial modelling for recovery and redesign 2. Maximise financial management opportunities in the short-term 3. Intelligence gathering and scenario planning 4. Regular horizon scanning <p>Actions</p> <ol style="list-style-type: none"> 1. Continuous review of financial quarters 2. Resume activity around sustainability and savings plans when is reasonably appropriate 	Medium	31/05/2022	Laura Ace
2126	08/02/2022	Sustaining Out of Hours Primary Care Service	Very High	<p>Controls</p> <ol style="list-style-type: none"> 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 <p>Action</p> <ol style="list-style-type: none"> 1. Review of PC OOH Improvement Project Plan (including modelling of a blended workforce) with stakeholders 	Medium	30/06/2022	Soumen Sengupta

iv) **All Other Risks Graded Very High Across NHSL**

There are now eleven (11) very high graded risks owned and managed within the Acute Division as below with site risks currently under review.

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. Apr 2022 - potentially 2 IR Radiologists interested, interview date June 29th but aim to try and start as Locum ahead of this time 2. In discussion with GGC around potential for an OOH SLA until UHH Radiologist join WoS IR OOH rota or sufficient IR at UHH to start NHSL OOH service 3. Planning further recruitment process for Consultant Radiologists. 4. Part time short term Locum interventional radiologist in place. 5. 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. 3. OOH SLA arrangements being revisited as an alternative to full regional amalgamation 4. Recruitment ongoing for IR staff 	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. We continue to recover Theatre capacity. 	J Park
1978	Radiologist Staffing at UH Hairmyres	9/12/20	Very High	<p>Controls:</p> <ol style="list-style-type: none"> 1. Continual recruitment for Consultant Radiologists. 2. Medica & 4ways contract agreed for outpatient reporting. 3. Contract agreed with Medica to outsource reporting of urgent examinations during normal working hours if required. 4. Scottish National Radiologist Reporting Services (SNRRS) now providing some support for NHSL 5. Workforce review in progress, paper will be developed for DMT. 6. Radiologists at UHM and UHW being asked to help support UHH, within normal hours and at weekends. 7. 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. A paper reviewing ED workforce requirements has been written and is awaiting submission to CMT. Ongoing discussions with Board CE & Finance Director. 2. Acute huddles arranged Monday to Friday (daily). 3. Daily whole system Conference Calls arranged twice daily (7 days a week. With subsequent Acute conference calls arranged as necessary. 4. Monitoring performance weekly at DMT & CMT. 5. Urgent Care Redesign work ongoing, with Flow Navigation Centres in place. 6. Consultant connect process in place to improve communication with GPs. 7. Escalating concerns to Acute Governance Committee, PPRC and Board. 8. 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 was presented to DMT, to be updated and shared with chief executive prior to going to CMT. 9. Recruitment processes for newly qualified nurses underway. 10. Engagement with HR Director to work through and agree innovative solutions. 11. ED SLWG produced paper outlining revised ED workforce model in response to significant increase in ED attendances and acuity. ongoing discussions with Board CE & Director of Finance. 12. Acute Division continues to review alternative roles, e.g. CSW support teams and admin support for senior charge nurse. A pilot to assess the role commenced in April 2022. 13. Bank Workforce weekly pay pilot underway. Initial pilot commenced in January 2022. A further extension of staff access to this pilot in May 2022. 14. A group has been established to support international recruitment of registered nurses. The first 8 nurses will commence in May 2022. 	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	<ol style="list-style-type: none"> Weekly review of live staffing position across UHM wards and departments is undertaken in order to make changes to staff ward allocation to move staff across site. This will continue until extra beds can be closed. Ongoing recruitment, including exploration of international recruitment is being undertaken to recruit new staff to UHM. No timescale is available for this at the current time. 	S Peebles
2108	There is a Risk to Acute site (UHM) staffing with the emergence of covid new variant Omicron	17/12/21	Very High	<p>The emergence of the new covid variant (Omicron) together with the evolving guidance represents a risk to the ability of the site to staff critical areas on the acute site (UHM)</p> <p>New variant Omicron is reported to have increased transmission rates leading to an increase in contacts and evolving guidance on testing and self-isolation.</p> <p>This will have an impact on the availability of staff to work on the acute site (UHM) after a contact</p>	S Peebles
2138 NEW	General Surgery Emergency Service	05/04/22	Very High	There is a risk that the General Surgery Emergency Service at UHM cannot be sustained due to consultant absences and training requirements mandated by NES/Deanery resulting in increased risks for patients.	J Keaney
2137 NEW	Finance 2022/2023	05/04/22	Very High	<ol style="list-style-type: none"> The Board approved in March 2022 an initial approach for quarter one, with the expectation that a firmer plan will be brought back at the end of the first quarter. This informs the Acute Divisional Strategy. Deputy Director of Finance developing financial plans for 3 Acute sites and Access Division and will monitor progress through Acute Divisional Management Team and regular finance meetings with sites and Access Division. 	J Park
2142 NEW	Renal Dietetics – Reduction & Withdrawal of Services	19/04/22	Very High	<p>There has been agreement that the 0.4 wte Renal Dietician can work an additional 5 hours per week, but again this is limited to Monday and Tuesday only and will not provide the cover that is needed. Other mitigations have been considered, such as cross cover, reducing lower priority services and the use of agency staff, all of have been to no avail. Paediatric Renal colleagues are unable to support. Mitigating controls are extremely limited as described above.</p> <p>A Business Case for adequate staffing is required to be produced by the Dietetics Team as soon as possible to bring the staffing levels to an appropriate and recommended baseline and to allow for resilience in terms of sickness etc.</p>	S Peebles
2018 NEW	Impact on diagnosis and treatment as services were stepped down during acute covid response	28/04/21	Very High	<ol style="list-style-type: none"> Maintaining essential services. Prioritisation of services for cancer and other high clinical patient groups. Implementation of the National Clinical Prioritisation Framework. Implementation of communication strategies to inform the public of service access. Waiting List validation continually being carried out and monitored through capacity meetings. Planned care recovery plan continues to maximise access to diagnosis and treatment for patients. 	J Park

There is now three (3) very high graded risks for the South H&SCP. Risk ID 2022 - Management of children awaiting dental care has been reduced from Very High to High since the last report.

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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2029	ICST workforce	07/05/21	Very High	Controls: 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

Information and Digital Technology

There is now two (2) 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	29/12/21	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

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2135 NEW	Ukraine Conflict - Heightened Cyber Threat	29/03/22	Very High	Adopting NCSC advice in respect of heightened threat level: Ensure patching of all desktop hardware and software is performed in a timely manner in keeping with current policy. Ensure where possible that all key business systems are patched in line with current policy. Ensure all internet facing services are patched. Ensure AV software is deployed and up-to-date Alert staff to the heightened risk level especially in connection with unusual e-mails or visiting web sites when prompted by unexpected e-mails Monitor which third party suppliers have access to our network, seek assurance that such companies have taken appropriate steps given the heightened threat. Monitor early warning information sources such as those provided by NCSC and CISP Check for Russian commercial involvement in any of the Boards Digital supply chains.	D Wilson

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

There is one (1) very high graded risk on the Monklands Replacement Programme (MRP).

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
2119	Increased revenue costs could make the project unaffordable to NHS Lanarkshire.	14/01/22	Very High	<p>Controls</p> <ol style="list-style-type: none"> 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 two (2) risks assessed as very high – Risk ID 2051 - GMS 2018-PREM-002 -- Maintenance of premises by GPs (GMS2018-019) was closed at review period on 4th May 2022.

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
2048	Delivery of GMS2018 Contract - Pharmacotherapy Services (GMS2018-016)	07/04/21	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. 10. April 2022 - GANTT chart detailing timeline to full delivery and included in Highlight report each month with update and detail of mitigation. 	L Findlay

ID	Title	Open Date	Risk level (current)	Mitigating Controls	Risk Owner
2046	Nursing Workforce (GMS2018-014)	30/03/21	Very High	1. 30/03/2021 - monitor this risk and be aware. 2. 30/03/2021 - add timeline for this into the VTP Project Plan 3. 30/03/2021 - relationship between covid and flu programme s to be clarified. 4. May 2021 - awaiting decision from Board. 5. November 2021 – Scottish Government advice re permanency of mass vaccination programme (covid / flu) staff received and now be worked through, which in turn will inform confirmation of level of and timeframe for return of PCIP nursing workforce. 6. March 2022 – mitigation discussed and approved at GMS Oversight Group (2/3); Utilise returning staff to carry out a test of change to progress with the establishment of a service in one locality while also exploring and learning the possibilities for staff mix, Make a bid for 30wte new graduates, Go out to recruit Band 5, Communicate the impact and mitigation to GP, and establish a regular follow of updates, Priorities the locality profile exercise so ensure future planning is fully informed. 7. April 2022 - Review final numbers of staff who opted to return from covid vaccination programme to inform future mitigation.	L Findlay

*risk transferred to Datix

i) Major Incident : Covid-19 Very High Graded Risks (as at 17th May 2021)

There is one (1) very high graded risk as set out below:

ID	Risk Description	Open Date	Risk level (current)	Mitigating Controls	Command & Category
PBH/12	Capacity of PH Department to meet its obligations in the national VAM Plan and effectively respond to surge in number of COVID-19 cases as the existing arrangements for testing, contact tracing and providing advice and support to Care Homes and others are stood down/reorganised and existing staff are transferred, redeployed or let go by 1st May 2022.	20/04/2022	Very High	1) Scottish Variation and Mutation Plan submitted to Scottish Government at the end of March 2022 but funding not yet approved 2) PH Workforce SBAR submitted to NHSL Strategic Group and recommendations approved on 20/04/22 re provision of local arrangements pending allocation of national resources by SGov for VAM plan	Tactical / Clinical

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

Risk Register Assurance

Improving assurance reporting for risks. This work was paused during critical periods of response to the pandemic and system pressures. This work has since re-commenced and will be supported with briefings through CMT and a scheduled Board briefing on improving risk management, scrutiny and assurance, June 2022.

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.

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 considered against the current position of remobilisation.

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 risk, closed risk and material changes to current risks;
- Endorse the NHS Lanarkshire Corporate Risk Profile;
- Note the very high graded risks across NHSL, including the major incident: Covid-19 risks;
- Refer to the Corporate Risk Register, accurate as at 17th May 2022, as necessary and 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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