NHS Greater Glasgow & Clyde	Paper No. 20/21
Meeting:	Interim Board
Date of Meeting:	19th May 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Director of Finance

NHSGGC COVID-19 Risk Register

Recommendation

The Interim Board is asked to note the NHSGGC COVID-19 Risk Register.

Purpose of Paper

The purpose of the paper is to present to the Interim Board the latest COVID-19 Risk Register for consideration.

Key Issues to be considered

The COVID-19 Risk Register is drawn mainly from the work of the Strategic Executive Group (SEG) which oversees the overall NHSGGC response to the COVID-19 position. This Register is reviewed by the SEG and presented to the Interim Board on a monthly basis.

The current Corporate Risk Register has been reviewed in light of the COVID-19 position and was shared with the Interim Board last week. This will be considered by the Risk Management Steering Group on 19th May 2020.

Any Patient Safety /Patient Experience Issues

As detailed within the Register.

Any Financial Implications from this Paper

As detailed within the Register.

Any Staffing Implications from this Paper

As detailed within the Register.

Any Equality Implications from this Paper

As detailed within the Register.

Any Health Inequalities Implications from this Paper

As detailed within the Register.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

N/A

Highlight the Corporate Plan priorities to which your paper relates

Improving quality, efficiency and effectiveness.

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Date   **May2020**

NHS Greater Glasgow and Clyde COVID-19 Risk Register May 15th 2020   **Strategic Executive Group - Weekly review- Oversight by Interim Board**

Note that this SEG Risk Register is in addition to all departmental Risk Registers that have been updated to reflect the COVID-19 position.

Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	**1.0 Maintenance of governance.**	**4x5=20**	**4x4=16 reduction from 21st April 3x4=12**	**Review** **SEG biweekly**
Jane Grant	Pandemic declared 11th March. • 1.1The intensity of the required response to COVID 19 could result in a failure of governance impacting on patient and staff safety. • 1.2There is a risk that routine processes for ensuring quality and safety through clinical governance become overwhelmed.	• GGC COVID -19 IMT setup 26th January Public Health Protection Unit enacted their BCP 27th February. • Corporate response throughout early March and formally enacted Strategic Executive Group (SEG) and COVID-19 Governance framework 17th March. • Board level governance review undertaken through ARC 17th March, Chairman's communication to full Board with agreement to Interim Board. • First meeting held 8th April and fortnightly thereafter. • Approach and position shared with Scottish Govt. internal and external Audit. • Arrangements to support the tactical groups in maintaining governance over newly approved/adapted clinical guidelines • Focus continues on routine infection control monitoring and reporting across all sites • Review undertaken of duty of candour/SCI actions to ensure support and consistency and ethical decision making considered by	• Robust documentation process established through SEG and tactical groups, Action and Decision logs in place. Core agenda considering system wide response. • Governance Framework updated regularly as groups re focus – e.g. establishment of Recovery Tactical Group • Board governance and Interim Board approach will be reviewed in June 2020. • Corporate Management Team meetings maintained • Fortnightly Clinical Governance monitoring report for SEG and CMT established – update to Interim Board 2nd June.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	
		• SEG. • Ethics Forum established for use as required to support ethical decision making.		
Risk Level/Score	**2.0 Acute Capacity.**	**4x5=20**	**4x6=16 reduction from 21ˢᵗ April to 4x3=12**	**Review** **SEG biweekly**
Jonathan Best	• 2.1 There is a risk that demand for inpatient beds will outstrip availability and impact of patient safety.	• Mobilisation Plan completed and submitted to SG (with supporting financial projections) and updated on a weekly basis. • Elective operating ceased 23rd March. • Patient placement process in place. • All major sites have red and green pathways created to ensure separation of suspected COVID patients. • Focus continues on ED capacity and performance.	• Working in partnership with HSCPs to reduce delayed discharges in Acute services. • GGC response to national modelling led by PH to identify future need and required staff to support. • Core activity reduced through EDs during Lockdown, red pathways remains busy but performance stable. • Capacity has been maintained throughout the first phase to date – focus moving to recovery.	
	• 2.2 There is a risk that demand for ICU beds will outstrip availability and impact of patient safety.	• Doubling ICU capacity by 6th April. • Plan to quadruple ICU beds submitted to SG. • Relocation of staff to support activity noting ceasing of elective capacity.	• GJNH ICU capacity available for West of Scotland, though limited, with GGC core to WoS planning– available April 2020. • Daily GGC ICU call and regular West of Scotland ICU call to plan patient capacity and any transfers. • Demand gradually falling.	Reviewed daily on morning Acute call
	• 2.3 The recovery and resumption of any elective services will require ICU impacting on additional need	• Ongoing assignment of additional staff to ICU. Recovery planning process and structure for agreement of resumption of elective	• Ability to scale up ICU capacity again at pace critical if further wave of COVID impact.	

		services. (see recovery risk 10)		
	• 2.4 There is a risk that there will be insufficient mortuary capacity at some point over the period. Note: *Hospital Mortuaries – NHS facilities where the deceased remain under the care of the NHS, and* *Additional Body Storage – Local Authority Facilities where the care of the deceased has been transferred to the Local Authority*	• 511 core mortuary capacity NHSGGC. Multiagency working to secure additional capacity. • Relocation of the stores facility at Hillington to Dava St with Hillington established as a temporary mortuary managed by Glasgow City Council. 2000 capacity established.	• Further capacity sourced for Louisa Jordan Hospital on SEC site.(230) • Core capacity has been sufficient to date. • Hillington facility being mothballed at present	
Owner	**Risk Description**	**Current Controls to mitigate**	**Further mitigation**	
Risk Level/Score	**3.0 Equipment**	**4x5=20 reduction from 21st April to 3x4=12**	**4x4=16 reduction from 5th May to 3x3=9**	**Review** **SEG** **biweekly**
Anne Harkness	3.1 There is a risk that as the demand increases, there will be insufficient equipment for key areas e.g. ventilators, pumps	• Core part of Mobilisation Plan, additional ventilators and other equipment requested. • 100 anaesthetic machines converted for use as ventilators • Orders placed to enhance equipment availability with ongoing dialogue with NSS • Sourcing from the private sector • Additional pumps bought and those that were mainly in ward areas moved to ICU.	• GGC core to daily regional ICU calls reviewing demand • Equipment core to daily SEG agenda • Additional sourced from National Procurement.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	<u>**4.0 Workforce**</u>	4x5=20	4x4=16	**Review** **SEG biweekly**
Anne MacPherson	There are number of workforce risks across all services that could impact on staff and patient safety; • 4.1 Increased staff absence due to self-isolation, shielding or having household member with symptoms. • 4.2 Insufficient skills mix to respond to demand in speciality, such as ICU.	 • Daily monitoring and reporting of all absence. • COVID19 codes included on SSTS to capture data and regular communications to managers to encourage real time reporting. • Information contained on COVID19 website, FAQs and core briefs. • Staff and household testing in place and process agreed for maximising referrals. • Early retraining of clinicians undertaken and reassignment in place.	 • Further report to monitor impact of testing. • Rollout of self-referral testing process. • Engagement with COVID19 positive staff members. • Review of those absent undertaken by Heads of HR and HR managers' daily and ongoing engagement and support through Management team. —+ • Reassignment Guide has been developed for clinical staff to reflect principles and ensure appropriate consideration of skills and ensure orientation. • Returner and potential candidates provided through National Accelerated Recruitment Portal. • NHSGGC completed sifting process of circa 3,000 candidates across multiple job families and specialties. • Looking to place depending on skill mix and demand,	

			with focus on priority 10%.	
	• 4.3 Demands on resource due to requirement to support workforce at NHS Louisa Jordan.	• Initial lists provided for 40 bed model. Expect further requests to consider escalation. • Current resources to be provided from existing substantive resource, key numbers around nursing and healthcare support workers, but includes all job families.	• Potential to include returner and potential candidates provided through National Accelerated Recruitment Portal for future lists. • Identification complete of potential candidates suitable for NHS Louisa Jordan to ease pressure on own workforce.	
	• 4.4 High levels of unused annual leave resulting in increased staff absence post COVID-19.	• Ability to carry over more than 5 days approved and in place. • Encouraging staff to take leave where possible. • Public holidays taken where possible.	• Consideration of longer term annual leave usage being reviewed by STAC.	
	• 4.5 Ineffective matching of additional staff to areas of greatest demand.	• Mapping exercise reviewing all modelling underway to match capacity to demand.	• Regular communications of what is accessible, monitoring of uptake and availability.	
	• 4.6 Negative impact on staff wellbeing	• Number of interventions in place, including relaxation and recuperation hubs, on-line support, dedicated email, psychology staff support, occupational health support, counselling, chaplaincy, mindfulness and stress reduction.	• Consideration to be given to longer term initiatives, post pandemic.	

	• 4.6 Lack of corporate management capacity and resilience to co-ordinate organisational response.	• Establishment of senior team deputy structure ensure consistency and continuity of COVID response. Focus on team wellbeing.	• Under continual review.	
	• 4.7. Lack of clinical management capacity and resilience ensuring safe staffing.	• GGC wide approach to managing staffing risk • Safe staffing consideration at every huddle with escalation processes in place.		
	• 4.8 Assurance that appropriate advice and guidance on general fitness to work with COVID19 patients given to staff and managers who have identified health conditions.	• Application of risk assessment as per Health Protection Scotland and NHSGCC guidance.	• Support from occupational health consultant regarding complex health conditions and medication regimes.	
	• 4.10 Compliance with KSF PDP&R	• Appraisal activity currently paused and will therefore impact on KSF PDP&R compliance levels in organisation with Agenda for Change for staff.	• Ongoing provision of Turas appraisal/KSF helpdesk support via LE support as required for staff and reviewers. • In addition guidance continues to be available on HR connect. • Although micro strategy reporting not active for KSF at this time monitoring can be continued via Turas appraisal to provide an overall organisational compliance figure. • Consideration to be given to recovery of compliance.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	**5.0 Staff Testing**	4x4=16	4x3=12	**Review** **SEG biweekly**
Linda de Caestecker	Staff Testing • 5.0.1 There is a risk that the demand for staff testing will exceed supply.	• Initial sizing of available capacity undertaken. • Approach to staff testing originally agreed for symptomatic household contacts through West ACH. • Extended availability at Drive Thru at Stobhill via management referral for staff of household contact. The criteria have now been widened to include symptomatic staff. • Further site at GGH now open.	• Continue to monitor demand and capacity as criteria extended to symptomatic health and care staff • Support from Military personnel to co-ordinate response and action. • Liaise with national centre at Glasgow Airport. • Capacity has been sufficient to meet demand to date. • NHS lab capacity enhanced with further capacity through the Lighthouse lab	
Risk Level/Score	**5.1 Community Testing**	4x5=20	4x4=16	**Review** **SEG biweekly**
	• 5.1.1 Capacity within public health to support and deliver TTIS contact tracing over a prolonged period of time and potential impact on core public health activities through recovery.	• Review of requirement's for TTIS including , testing, tracing isolating and follow-up over incubation +/- symptoms • Support for households that are quarantined as a result of contact, as well as maintaining broader societal support for contact tracing as an intervention over an extended period.	• Service due to start end of May • For the first phase, 120 members of staff to be deployed redeployed to carry out the contact tracing. Additional staffing being sourced supported by HR. • National approach to be adopted in due course.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	**6.0 Personal Protective Equipment (PPE)**	**5x5=25**	**5x4=20 reduced since 21st April to 4x4=16**	**Review** **SEG biweekly**
Mark White	Key risks relate to availability of PPE and Guidance; • 6.1 There is a risk that there is insufficient PPE in the right areas at the right times.	• Director of Finance appointed to oversee Procurement Function and act as single point of contact. • PPE & Essential Supplies Sub Group established consisting of medical, clinical, nursing, infection controls and H&S membership – daily calls. • Working with NSS re Primary and social care access. • Twice weekly call with national procurement leads securing available PPE • Site co-ordinators on all major sites coordinating access to supplies. • Logistics support received from the Military • Reshaping of procurement team to focus on local sourcing.	• Working through line management structures to support staff to use the right PPE for their area. • Extensive work to secure local supply routes of existing and alternative PPE, ensuring appropriate quality, value for money and governance. • Ongoing liaison with the SG to support the FM daily briefing. • Core consideration through recovery planning process.	
	• 6.2 There is a risk due to fast moving guidance changes of what type of PPE is required means demand and supply do not match.	• Significant work undertaken by Infection control staff working with national colleagues and HPS to clarify the position. • Videos developed to support staff in donning and doffing supported by Comms staff.	• Continual overview and revision of approach to Comms to ensure message and guidance is clear.	

	• 6.4 There is a risk that the capacity to perform Face Fit Testing is not adequate.	• Regular Core Briefs and dedicated place on the webpage advising staff on updated guidance. • Capacity maximised and additional support provided by the Military. • Records improved and greater choice of masks available.	• Military supporting rapid Face Fit testing successful.	
	• 6.5 Large volume of requests from MSPs/media regarding PPE.	• Robust and swift communication re PPE with key stakeholders e.g. MSPs/MPs, staff.	• Weekly MSP/MP update.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	Review SEG biweekly
Suzanne Millar/Beth Culshaw	**7.0 HSCPs ;** Risk relate to the following key areas. Note HSCPs core part of Mobilisation Plan (scored separately)			
Risk Level/Score	**7.1 Primary Care**	**4x4=16**	**4x3=12**	
	• 7.1.1 There is a risk to capacity in primary care regarding both availability of staff and the impact on premises should COVID patients attend impacting on the ability to care for patients safely.	• Primary Care Escalation Plan submitted to SG and enacted. *Level 1 Suspension of core activity, Level 2 Managed suspension of services, Level 3 Full suspension of services*. • 235 Practices at Level 1, 9 at level 2. Close monitoring of any Escalation to ensure swift management of impact. • Full roll out of Attend Anywhere to facilitate ongoing care in Practices and limit face to face contact.	• Escalation status reviewed daily and utilisation of Attend Anywhere monitored across the 235 practices. • If the number of Level 2 Practises increases, HSCPs will work with their Practices to ensure arrangements are supported through a 'buddy' system in line with national guidance. • Primary care work stream supporting HSCP Tactical Group providing professional support and advice. • Review of the quality of interaction assessed at each appointment.	

Risk Level/Score	7.2 Hubs /Clinical Assessment Centres	4x4=16	4x3=12	Review SEG biweekly
	• 7.2.1There is a risk that the capacity to establish and run the Triage Hub and Assessment Centres will not be timely and efficient.	• Significant work undertaken supported by Estates, eHealth and HSCPs to established Hub (23rd March) and CACs (first one 23rd March) with 7 now up and running.	• Daily monitoring of activity and assessment of staffing. • Any issues regarding capacity to meet demand being escalated.	
	• 7.2.2 The focus on staffing of the HUB and CACs may impact on ability to staff Out of Hours Services.	• Single Chief Officer overseeing staffing of all facilities including Out of Hours with ability to flex resources. • Encouraging GPs who have signed up to CACs to also support OoH. • Upscaling patient triaging to manage demand.	• Close monitoring to OoH services. • Recruitment underway increase in ANPs and Salaried GPs.	
Risk Level/Score	7.3 Delayed Discharges	4x4=16	4x4=16	
	• 7.3.1 There is a risk that the level of delayed discharges across the Board continues to impact on Acute capacity. *Note: A significant number (32%) of people are waiting to be discharged in NHSGGC awaiting*	• All HSCPs are working to protect social work input into hospitals and enhance it where possible and to ensure there are no delays to decision making on discharge or delays to placement. • Impact of patients requiring 2 negative COVID tests prior to discharge to care homes	• Dialogue continues with the Scottish Government to consider emergency powers re AWI. • Daily Monitoring. • Impact on delay recording due to testing prior to discharge for COVID patients being monitored.	

	decisions in line with AWI legislation.	on length of stay		
Risk Level/Score	**7.4 Care Homes**	**5x4=20**	**4x4=16**	
	• 7.4.1 As COVID infection rates increase in care homes there are increasing risks in terms of capacity, PPE, staffing impacting on both hospital and community services with an increase in deaths in care homes. Significant media interest nationally.	• Commissioning Teams and Community Services are supporting care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed COVID19. • Significant support also being provided by Public Health, Infection Control and Procurement. • Testing of all residents and staff in care homes underway. • Director of Public Health leading response to enhanced assurance as per SG request	• All 196 care homes contacted with programmed support to individual homes as required. • FAQs and Webinars in place • Multiagency tactical group established. • Clinical support and leadership through general practice and district nursing. • Local proactive support arrangements for infection control, training, practice and supervision. • Local support for implementing social distancing and other measures such as reduced or no visiting. • Local arrangements for access to appropriate PPE • Advice on guidance regarding staff and patient testing • Dashboard being developed across GGC to allow identification of any COVID 'hotspots'.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	Review SEG biweekly
Risk Level/Score	**8.0 Estates**	**4x4=16**	**4x4=16**	
William Edwards	• 8.1 Further to the UK Government instruction that only essential workers should travel and building sites should close there is a risk that this impacts on key GGC projects.	• Work undertaken to review non-essential construction works on acute sites once they were made safe and secure. Key projects completed as approved by SEG and Interim Board updated.	• Ongoing dialogue with the contractor and the Scottish Government to confirm the completion date for wards 2A/B in the RHC.	
Owner	Risk Description	Current Controls to mitigate	Further mitigation	Review SEG biweekly
Risk Level/Score	**9.0 Finance**	**4x5=20**	**4x5=20**	
Mark White	• 9.1 The risk of the financial impact of COVID - 19 is beyond an affordable level. • The Board is responsible for collating all HSCP financial projections without detailed knowledge or visibility of the	• SG have developed a template and guidance for predicting, capturing and monitoring COVID-19 related spend, across the whole of the Health and Social Care environment. • The Board finance team structure has been amended and a COVID lead appointed to	• A detailed review of all assumptions underpinning the projections is underway, including an assessment of the impact and return of additional spend. • Comparison to month 1 actuals and links to latest SG	

social care element.	oversee the process.	COVID patient projections being made.	
	• Participation in national benchmarking meetings to assess social care projections.		
9.2 Expenditure in relation to other stakeholders is not reimbursed.	• Detailed reports on spend have been established.	• Ongoing discussion with the SG to ensure full appreciation of cost.	

Owner	Risk Description	Current Controls to mitigate	Further mitigation	Review SEG biweekly
Risk Level/Score	**11.0 Recovery Planning**	4x5=20	4x4=16	

Jennifer Armstrong	• 11.1 Key risks to recovery planning as COVID – 19 precautions continue;
	
	    • Patient factors; Patient anxiety to attend, clinical issues (eg risk of acquiring COVID outweigh risk of elective procedure due to patient related factors)
	
	    • Staff Factors; AGP and PPE, impact of COVID on how we do things e.g. need to scale
		• Recovery Tactical Group established, reporting to SEG
		
		• Robust framework in place to capture learning and maintain innovation
		
		• Workforce analysis underway
		
		• Template established to consider local service learning and requirements for restarting activity when able - acknowledging infection control, social distancing etc.
		
		• Impact assessments to be in place to capture
			• Dedicated time at SEG weekly on recovery planning
			
			• Standard update to Interim Board.
			
			• Recovery Plan for presentation to CMT and the Interim Board for onward submission to the Scottish Government.	

	up at speed and redirect staff to ITU as well as need for social distancing which will reduce the throughput • 11.2 Failure to use the learning from COVID-19 in transforming services at pace ensuring that innovation that has been implemented is maintained.	impact on level 2 and level 3 care, PPE and workforce.		