

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/10</b>
<b>Meeting:</b>	<b>Interim Board</b>
<b>Date of Meeting:</b>	<b>21<sup>st</sup> April 2020</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Director of Finance</b>

### **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 first 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 will be reviewed weekly by the SEG and presented to the Interim Board on a monthly basis. The current Corporate Risk Register is currently being reviewed in light of the COVID-19 position and will be presented to the Interim Board on the 5<sup>th</sup> 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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<b>Date</b>	<b>April 2020</b>

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	Review SEG wkly
Risk Level/Score	<b>1.0 Maintenance of governance.</b>	<b>4x5=20</b>	<b>4x4=16</b>	
Jane Grant	<p>Pandemic declared 11th March.</p> <ul style="list-style-type: none"> <li>1.1The intensity of the required response to COVID 19 could result in a failure of governance impacting on patient and staff safety.</li> <li>1.2There is a risk that routine processes for ensuring quality and safety through clinical governance become overwhelmed.</li> </ul>	<ul style="list-style-type: none"> <li>GGC COVID -19 IMT setup 26<sup>th</sup> January Public Health Protection Unit enacted their BCP 27<sup>th</sup> February.</li> <li>Corporate response throughout early March and formally enacted Strategic Executive Group (SEG) and COVID-19 Governance framework 17th March.</li> <li>Board level governance review undertaken through ARC 17th March, Chairman's communication to full Board with agreement to Interim Board.</li> <li>First meeting held 8th April.</li> <li>Approach and position shared with Scottish Govt. internal and external Audit.</li> <li>Arrangements to support the tactical groups in maintaining governance over newly approved/adapted clinical guidelines</li> <li>Focus continues on routine infection control monitoring and reporting across all sites</li> <li>Review undertaken of duty of candour/SCI actions to ensure support and consistency and ethical decision making considered by SEG.</li> </ul>	<ul style="list-style-type: none"> <li>Robust documentation process established through SEG and tactical groups, Action and Decision logs in place. Core agenda considering system wide response.</li> <li>Governance Framework updated regularly as groups re focus – e.g. Incident Management Team now Scientific Technical Advisory Cell ( STAC).</li> <li>Board governance and Interim Board approach will be reviewed in June 2020.</li> <li>Fortnightly Clinical Governance monitoring report for SEG being established.</li> </ul>	

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Owner	Risk Description	Current Controls to mitigate	Further mitigation	Review
		<ul style="list-style-type: none"> <li>Ethics Forum established for use as required for ethical decision making.</li> </ul>		
Risk Level/Score	<u>2.0 Acute Capacity.</u>	4x5=20	4x4=16	Review SEG wkly
Jonathan Best	<ul style="list-style-type: none"> <li>2.1 There is a risk that demand for inpatient beds will outstrip availability and impact of patient safety.</li> <li>2.2 There is a risk that demand for ICU beds will outstrip availability and impact of patient safety.</li> <li>2.3 If predictions are correct there is a risk that there will be insufficient mortuary</li> </ul>	<ul style="list-style-type: none"> <li>Mobilisation Plan completed and submitted to SG 30th March (with supporting financial projections) and updated on a weekly basis.</li> <li>Elective operating ceased 23rd March.</li> <li>Patient placement process in place.</li> <li>All major sites have red and green pathways created to ensure separation of suspected COVID patients.</li> <li>Focus continues of ED capacity and performance.</li> <li>Doubling ICU capacity by 6th April.</li> <li>Update to Mobilisation Plan to quadruple ICU beds submitted to SG.</li> <li>Relocation of staff to support activity noting ceasing of elective capacity.</li> <li>511 core mortuary capacity NHSGGC. Multiagency working to secure additional capacity.</li> <li>Relocation of the stores facility at Hillington to Dava St with Hillington established as a</li> </ul>	<ul style="list-style-type: none"> <li>Working in partnership with HSCPs to reduce delayed discharges in Acute services.</li> <li>GGC response to national modelling led by PH to identify future need at peak and required staff to support.</li> <li>Core activity reduced through EDs during Lockdown, red pathways remains busy but performance stable.</li> <li>Support to the Louisa Jordan Hospital being provided creating additional capacity across Scotland.</li> <li>GJNH ICU capacity available for West of Scotland, though limited, with GGC core to WoS planning– now in use from April 2020.</li> <li>Daily GGC ICU call and regular West of Scotland ICU call to plan patient capacity and any transfers.</li> <li>Further capacity sourced for Louisa Jordan Hospital on SEC site.(230)</li> </ul>	Reviewed daily on morning Acute call

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	<p>capacity.</p> <p>Note:  <i>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</i></p>	<p>temporary mortuary managed by Glasgow City Council. 2000 capacity being established.</p>		
<b>Owner</b>	<b>Risk Description</b>	<b>Current Controls to mitigate</b>	<b>Further mitigation</b>	
<b>Risk Level/Score</b>	<b><u>3.0 Equipment</u></b>	<b>4x5=20</b>	<b>4x4=16</b>	<b>Review SEG wkly</b>
Anne Harkness	<p>3.1 There is a risk that as the demand increases, there will be insufficient equipment for key areas e.g. ventilators, pumps</p>	<ul style="list-style-type: none"> <li>• Core part of Mobilisation Plan, additional ventilators procured</li> <li>• 100 anaesthetic machines converted for use as ventilators</li> <li>• Orders placed to enhance equipment availability with ongoing dialogue with NSS</li> <li>• Sourcing from the private sector</li> <li>• Additional pumps bought and those that were mainly for elective use also in use across sites.</li> </ul>	<ul style="list-style-type: none"> <li>• GGC core to daily regional ICU calls reviewing demand</li> <li>• Equipment core to daily SEG agenda</li> </ul>	
<b>Owner</b>	<b>Risk Description</b>	<b>Current Controls to mitigate</b>	<b>Further mitigation</b>	
<b>Risk Level/Score</b>	<b><u>4.0 Workforce</u></b>	<b>4x5=20</b>	<b>4x4=16</b>	<b>Review SEG wkly</b>
Anne MacPherson	<p>There are number of workforce risks across all services that could impact on staff and patient</p>			

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	<p>safety;</p> <ul style="list-style-type: none"> <li>• 4.1 Staff absence due to isolation either by being symptomatic or having a household member who is symptomatic or falling into the Shielding categories.</li> <li>• 4.2 Insufficient skill mix for an increase in patients requiring care in ICU.</li> <li>• 4.3 Insufficient supply of additional staff to cover absences and increase in overall activity.</li> <li>• 4.4 Ineffective matching of</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of staff absence – national additions to SSTS to capture COVID – 19.</li> <li>• Guidance and support to staff ,regular core briefs, dedicated webpage, FAQs.</li> <li>• Staff testing underway, Drive Thrus set up Stobhill and Gartnavel – management referral approach in place( see associated risk on testing).</li> <li>• Early retraining of key clinicians for ICU work.</li> <li>• Reassignment approach for staff in non-essential roles to be reassigned developed in partnership.</li> <li>• Significant work undertaken recruiting all staff groups, 1500 to commence btw 3<sup>rd</sup> to 30<sup>th</sup> April – orientation and induction processes in place.</li> <li>• Introduction of 600+ student nurses and midwives 3<sup>rd</sup> year at Band 4, also 600 second years Band 3 all SG funded - support and supervision to these cohorts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff testing supporting returns – numbers decreasing into April – ceasing management referral and moving to self -referral will see further increase.</li> <li>• Support provided to small number of COVID positive staff.</li> <li>• Ongoing review of requirements, as intensity of ICU activity increases. Impact of Staffing of Louisa Jordan under consideration.</li> <li>• Engagement with Scottish Government Team on the returners scheme – likely impact of GGC to process.</li> <li>• Remodelling underway from latest SG predictions.</li> </ul>	
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	<p>additional staff to areas of greatest demand.</p> <ul style="list-style-type: none"> <li>4.5 Negative impact of staff wellbeing.</li> <li>4.6 Lack of corporate management capacity and resilience to co-ordinate organisational response.</li> <li>4.7. Lack of clinical management capacity and resilience ensuring safe staffing.</li> </ul>	<ul style="list-style-type: none"> <li>Mapping exercise reviewing all modelling underway to match capacity to demand.</li> <li>Wellbeing support in place – Relaxation and Recuperation Hubs, On-line support, Psychology staff support, Occupational Health counselling, Chaplaincy, Mindfulness Stress Reduction.</li> <li>Establishment of senior team deputy structure ensure consistency and continuity of COVID response. Focus on team wellbeing.</li> <li>GGC wide approach to managing staffing risk</li> <li>Safe staffing consideration at every huddle with escalation processes in place.</li> </ul>	<ul style="list-style-type: none"> <li>Regular comms of what is accessible, monitoring of uptake and availability.</li> <li>Under weekly review.</li> <li>Under continual review every shift.</li> </ul>	
<b>Owner</b>	<b>Risk Description</b>	<b>Current Controls to mitigate</b>	<b>Further mitigation</b>	
<b>Risk Level/Score</b>	<b>5.0 Staff Testing</b>	<b>4x5=20</b>	<b>4x4=16</b>	<b>Review SEG wkly</b>
Linda de Caestecker	5.1 There is a risk that the demand for staff testing will	<ul style="list-style-type: none"> <li>Initial sizing of available capacity undertaken.</li> <li>Approach to staff testing originally agreed for</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor demand and capacity as criteria extended to symptomatic health and care staff</li> </ul>	

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	exceed supply.	<p>symptomatic household contacts through West ACH.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Further site at GGH now open.</li> </ul>	<ul style="list-style-type: none"> <li>Seek support from Military personnel to co-ordinate response and action.</li> <li>Liase with national centre at Glasgow Airport.</li> </ul>	
<b>Owner</b>	<b>Risk Description</b>	<b>Current Controls to mitigate</b>	<b>Further mitigation</b>	
<b>Risk Level/Score</b>	<b><u>6.0 Personal Protective Equipment (PPE)</u></b>	<b>5x5=25</b>	<b>5x4=20</b>	<b>Review SEG wkly</b>
Mark White	<p>Key risks relate to availability of PPE and Guidance;</p> <ul style="list-style-type: none"> <li>6.1 There is a risk that there</li> </ul>	<ul style="list-style-type: none"> <li>Director of Finance appointed to oversee Procurement Function and act as single point of contact.</li> </ul>	<ul style="list-style-type: none"> <li>Working through line management structures to support staff to use the right PPE for their area.</li> </ul>	



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	<p>is insufficient PPE in the right areas at the right times.</p> <ul style="list-style-type: none"> <li>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.</li> <li>6.4 There is a risk that the capacity to perform Face Fit Testing is not adequate.</li> <li>6.5 Large volume of requests from MSPs/media regarding PPE.</li> </ul>	<ul style="list-style-type: none"> <li>PPE &amp; Essential Supplies Sub Group established consisting of medical, clinical, nursing, infection controls and H&amp;S membership – daily calls.</li> <li>Working with NSS re Primary care access.</li> <li>Twice weekly call with national calls securing available PPE</li> <li>Site co-ordinators on all major sites coordinating access to supplies.</li> <li>Logistics support received from the Military</li> <li>Significant work undertaken by Infection control staff working with national colleagues and HPS to clarify the position.</li> <li>Videos developed to support staff in donning and doffing supported by Comms staff.</li> <li>Regular Core Briefs and dedicated place on the webpage advising staff on updated guidance.</li> <li>Capacity maximised and additional support to be provided by the Military subject to clarity with the MOD and CLO.</li> <li>Robust and swift communication re PPE with key stakeholders e.g. MSPs/MPs, staff.</li> </ul>	<ul style="list-style-type: none"> <li>Extensive work to secure local supply routes of existing and alternative PPE, ensuring appropriate quality, value for money and governance.</li> <li>Ongoing liaison with the SG to support the FM daily briefing.</li> <li>Continual overview and revision of approach to Comms to ensure message and guidance is clear.</li> <li>Military will support rapid Face Fit testing as of Friday 17 April.</li> </ul>	
Owner	Risk Description	Current Controls to mitigate	Further mitigation	Review SEG wkly
Suzanne Millar/Beth	<b>7.0 HSCPs</b> ; Risk relate to the following key areas. Note HSCPs			

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Culshaw	core part of Mobilisation Plan (scored separately)			
<b>Risk Level/Score</b>	<b><u>7.1 Primary Care</u></b>	<b>4x4=16</b>	<b>4x3=12</b>	
	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care Escalation Plan submitted to SG and enacted. <i>Level 1 Suspension of core activity, Level 2 Managed suspension of services, Level 3 Full suspension of services.</i></li> <li>235 Practices at Level 1, 9 at level 2. Close monitoring of any Escalation to ensure swift management of impact.</li> <li>Full roll out of Attend Anywhere to facilitate ongoing care in Practices and limit face to face contact.</li> </ul>	<ul style="list-style-type: none"> <li>Escalation status reviewed daily and utilisation of Attend Anywhere monitored across the 235 practices.</li> <li>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.</li> <li>Primary care workstream supporting HSCP Tactical Group providing professional support and advice.</li> <li>Review of the quality of interaction assessed at each appointment.</li> </ul>	
<b>Risk Level/Score</b>	<b><u>7.2 Hubs /Clinical Assessment Centres</u></b>	<b>4x4=16</b>	<b>4x3=12</b>	
	<ul style="list-style-type: none"> <li>7.2.1 There is a risk that the capacity to establish and run the Triage Hub and Assessment Centres will not be timely and efficient.</li> </ul>	<ul style="list-style-type: none"> <li>Significant work undertaken supported by Estates, eHealth and HSCPs to established Hub (23<sup>rd</sup> March) and CACs (first one 23<sup>rd</sup> March) with 7 now up and running.</li> </ul>	<ul style="list-style-type: none"> <li>Daily monitoring of activity and assessment of staffing.</li> <li>Any issues regarding capacity to meet demand being escalated.</li> </ul>	

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	<ul style="list-style-type: none"> <li>7.2.2 The focus on staffing of the HUB and CACs may impact on ability to staff Out of Hours Services.</li> </ul>	<ul style="list-style-type: none"> <li>Single Chief Officer overseeing staffing of all facilities including Out of Hours with ability to flex resources.</li> <li>Encouraging GPs who have signed up to CACs to also support OoH.</li> <li>Upscaling patient triaging to manage demand.</li> </ul>	<ul style="list-style-type: none"> <li>Close monitoring to OoH services.</li> <li>Focus to relaunch increase in ANPs and Salaried GPs.</li> </ul>	
<b>Risk Level/Score</b>	<b><u>7.3 Delayed Discharges</u></b>	<b>4x4=16</b>	<b>4x4=16</b>	
	<ul style="list-style-type: none"> <li>7.3.1 There is a risk that the level of delayed discharges across the Board continues to impact on Acute capacity.</li> </ul> <p><i>Note: A significant number (32%) of people are waiting to be discharged in NHSGGC awaiting decisions in line with AWI legislation.</i></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Dialogue continues with the Scottish Government to consider emergency powers re AWI.</li> <li>Daily Monitoring.</li> </ul>	
<b>Risk Level/Score</b>	<b><u>7.4 Care Homes</u></b>	<b>5x4=20</b>	<b>4x4=16</b>	
	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Further work underway to review additional support:</p> <ul style="list-style-type: none"> <li>Clinical support and leadership through general practice and district nursing.</li> <li>Local proactive support arrangements for infection control, training, practice and supervision.</li> </ul>	

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	and community services with an increase in deaths in care homes. Significant media interest nationally.	<ul style="list-style-type: none"> <li>Support also being provided by Public Health, Infection Control and Procurement.</li> </ul>	<ul style="list-style-type: none"> <li>Local proactive support for implementing social distancing and other measures such as reduced or no visiting.</li> <li>Access to appropriate workforce advice and support through the NES hub.</li> <li>Local arrangements for access to appropriate PPE</li> <li>Advice on guidance regarding staff and patient testing</li> <li>Dashboard being developed across GGC to allow identification of any COVID 'hotspots'.</li> </ul>	
<b>Owner</b>	<b>Risk Description</b>	<b>Current Controls to mitigate</b>	<b>Further mitigation</b>	
<b>Risk Level/Score</b>	<b>8.0 Estates</b>	<b>4x4=16</b>	<b>4x4=16</b>	
William Edwards	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing dialogue with the contractor and the Scottish Government to confirm the completion date for wards 2A/B in the RHC.</li> </ul>	
<b>Owner</b>	<b>Risk Description</b>	<b>Current Controls to mitigate</b>	<b>Further mitigation</b>	
<b>Risk Level/Score</b>	<b>9.0 Finance</b>	<b>4x5=20</b>	<b>4x5=20</b>	
Mark White	<ul style="list-style-type: none"> <li>9.1 The risk of the financial impact of COVID - 19 will be significant.</li> <li>The Board is responsible for</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Work underway to present year end and impact on 20/21 overall position.</li> <li>A detailed review of all assumptions underpinning the projections is underway, including an assessment of the</li> </ul>	

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	collating all HSCP financial projections without detailed knowledge or visibility of the social care element.	<ul style="list-style-type: none"><li>• The Board finance team structure has been amended and a COVID lead appointed to oversee the process.</li></ul>	impact and return of additional spend.	
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