Borders NHS Board

Meeting Date: 7 May 2020

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COVID-19 RISK REGISTER

Purpose of Report:

The purpose of this report is to brief the Board on the risk register associated with the COVID-19 Pandemic.

Recommendations:

The Board is asked to:

- **approve** the strategic risk linked to COVID 19; and
- **note** the risks associated with COVID 19

Approval Pathways:

This report has been reviewed by the Board Executive Team on 28 April 2020 and the risks have been reviewed by the COVID-19 Pandemic Committee on 22 April 2020.

Executive Summary:

COVID 19 is significantly impacting on the business of NHS Borders resulting in a rapid pace of change into unchartered public health and service issues. The key risks for NHS Borders associated with COVID 19 need to be identified and addressed.

A strategic risk assessment relating to COVID-19 has been entered within the corporate risk register as an overarching risk assessment to the current overall risk to NHS Borders, which has been graded as a very high risk.

To support the organisation to manage this risk a COVID-19 risk register has been created.

- Due to pace and capacity the COVID 19 risk register is a rationalised format of the full risk register with a view to documenting only critical issues.
- As at 27th April 2020, 28 risks have been recorded on the risk register of which 1 is considered very high risk.
- The ownership of risks will sit with members of the Pandemic Committee and senior management of Clinical Boards.
- The Pandemic Committee will review risks on a weekly basis.
- Health and safety risks that have long term implications arising will continue to be recorded under the normal risk assessment process to ensure we are covering our legal responsibilities of providing suitable and sufficient risk assessments.

Impact of item/issues on:	
Strategic Context	As part of the COVID-19 response, a new risk register has been created to ensure that risk identification is recorded and monitored.
Patient Safety/Clinical Impact	This will ensure that any significant patient safety and clinical impacts directly relating to COVID-19 response are recorded and actioned
Staffing/Workforce	Risk management is included in existing managerial duties. Additional duties to cover COVID-19 risk register will require risk owners to liaise with the risk team
Finance/Resources	Requires no extra resources.
Risk Implications	Risk appetite tolerance levels have been highlighted for this risk register to ensure focus is given to the most significant risks
Equality and Diversity	Does not affect any persons/groups adversely
Consultation	Consultation with the Board Executive Team, Risk owners and Risk Management Board
Glossary	Risk Register – Tool to allow risks to be recorded. This enables risk to be quantified and ranked. It provides a structure as to how these risks should be treated, managed, monitored and how resources should be allocated.

Situation

COVID-19 is significantly impacting on the business of NHS Borders resulting in a rapid pace of change into unchartered public health and service issues.

Background

The key risks for NHS Borders associated with COVID-19 need to be identified and addressed. To support the organisation to do this a COVID-19 risk register, which is in a rationalised format, has been created.

Risks shall be entered centrally by the risk team following identification of organisational and service risks at the Pandemic Committee. Risk owners will liaise with the risk team to ensure all appropriate and specialist information is captured within these risks.

Assessment

A strategic risk relating to COVID-19 has been entered within the corporate risk register as an overarching risk assessment of the current overall risk to NHS Borders. This is currently graded as a very high risk and can be viewed in Appendix 1.

Due to pace and capacity the COVID-19 register is a rationalised format of the full risk register with a view to documenting only key issues.

NHS Borders Board should note the following linked to the COVID-19 risk register:

- Risks will be reviewed and updated following input from the risk owner and discussion at Pandemic Committee. The ownership of risks will sit with members of

the Pandemic Committee and senior management of clinical boards. A list of all risk owners will be made available through the risk team intranet site.

- Risks that have been mitigated will be removed from the system but held by the risk team for a period of 2 years.

- Training in entering and managing risks within the risk register is being offered to all risk owners by the Risk Team.

As at 29th April 2020, the COVID-19 risk register has 26 risks recorded within it. These can be broken down as follows:

Current Grading	Number of Risks
Very High	0
High	13
Medium	13
Low	0

Diagram1: Risk levels as at 29.04.2020

The types of risks have been categorised to support the Pandemic Committee in monitoring the risks effectively. This is populated in a weekly report to the Pandemic Committee, a copy of which is attached as Appendix 2.

Type of Risk	Number of Risks
Business as usual	9
Financial governance	1
IT	1
ITU capacity	1
Medication	2
Oxygen	1
PPE	3
Reputational	1
Safety	4
Training	1
Wellbeing	1
Workforce	1

Diagram 2: Type of risks as at 29.04.2020

The full COVID-19 risk register is included as Appendix 3.

The Board is asked to note the following:

- Two risks have been identified relating to the patient mix within the Huntlyburn inpatient unit. The older adults normally cared for in Lindean ward within BGH are currently in the acute mental health unit in Huntlyburn. The second risk relates to Learning Disability patients boarding within Huntlyburn. As at Monday 27th April, older adults are due to return to the Lindean unit which will address the risks identified for Huntlyburn patient mix.

- Organisational Personal Protective Equipment (PPE) risk has been reduced from a very high risk to a high risk due to numerous controls, processes and monitoring in place to ensure that PPE is available to all appropriate staff in NHS Borders.

It should be noted that all health and safety risks that have long term implications arising should continue to be recorded under the normal risk assessment process to ensure we are covering our legal responsibilities of providing suitable and sufficient risk assessments, included in Appendix 4. There is currently one health and safety risk that has been identified as a result of COVID-19 response associated with the purchase of beds through national procurement where aspects of the bed set up differ from NHS Borders usual Enterprise 5000 beds. The risk also highlights training in using these beds and moving and handling issues associated with them. This risk is graded as a very high risk with a view to managing this risk down by removing the beds from use and only using them in exceptional circumstances.

COVID19 Strategic Risk
As at 27.04.2020.

ID	Clinical Board	Risk Owner	Title of Risk	Description
1682	Strategic Risk Register *Board Executive Team Use Only*	Patterson, Tim	Coronavirus and COVID-19	On 31 December 2019, World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus (SARS coronavirus-2 (SARS-CoV-2)) was subsequently identified from patient samples. In early January 2020, the cause of the outbreak was identified as a new coronavirus. While early cases were likely infected by an animal source in a 'wet market' in Wuhan, ongoing human-to-human transmission is now occurring. There are a number of coronaviruses that are transmitted from human-to-human which are not of public health concern. However COVID-19 can cause respiratory illness of varying severity. Currently, there is no vaccine and no specific treatment for infection with the virus. On the 30 January 2020 the World Health Organization declared that the outbreak constitutes a Public Health Emergency of International Concern. 11 March 2020 WHO declared COVID-19 a pandemic. WHO risk assessment 17 March 2020 is very high. Since early March the UK (including the Borders) has experienced a large outbreak of Covid-19 disease resulting in large number of cases, deaths and pressure on UK health systems.

ID	Source of Risk (hazard/ problem/ concern)	Risks Arising
1682	Highly transmissible novel virus that may also be spread by asymptomatic patients, Limited information on virus characteristics and impacts, High levels of uncertainty on future direction of mitigation/lock down measures and their impact on UK epidemic, Reliance on government to respond to extra financial and resource implications, mortuary capacity, Difficulies in joint planning between all organisations, Hospital treatment capacity may be overwhelmed especially ITU, Additional need for infection control facilities and equipment, Continuing uncertainty over most effective PPE protection for staff and public, National shortage of PPE, National shortage of oxygen/ ventilators, Lack of communications to the public so they know processes to follow/ where to be seen/treated, Public not following advice when given, Capacity of primary care to meet demand, Capacity of inpatent units to meet the demand for beds, Limited ability to staff clinical areas appropriately, Critical support services fail: catering, general services, estates, laundry, Impact of staff restriction of travel, Impact of restriction on staff placements due to social distancing, Work from home initiatives, Staff Testing capacity, Public/ patient/ staff anxiety, Effect on supply chains, Staff members have to look after vulnerable family members/ children, Increase in staff sickness due to covid-19, Decrease in staff wellbeing especially in staff mental illheath, Patients cared for in their own homes putting pressure on GPs/NHS capacity to treat all patients, Increased demand for social and community care service, Depletion of numbers of informal carers to care for family members, Closure of schools/lack of childcare, Increase in hackers/scammers/phishing emails, Logistical problems due to interruption of supplies and utilities, food supplier, energy resources, clinical waste, funeral directors, Pressure on mortality facilities, Adverse effects on public health due to lock down measure, Increase in morbidity and mortality due to members of public not presenting to services for non covid disease, Business as usual affected across NHS Borders, Significant spread within Borders care homes	Large volume of staff contract disease (anticipated 10% of healthcare staff will contract disease), Nowhere to store deceased patients,Infection spreads more rapidly than can be managed,Inability to effectively resource wards, Demand outstrips capacity leading to poor quality care, Unsustainable workload in community due to increased number of patients being cared for at home and increase in patient acuity, Delays in clinical care, Increased cases of aggression and violence towards staff, Staff with personal caring responsibilities unable to attend work, Incubation period unknown – case count increases, Testing capacity is overstretched due to lack of equipment/staff/resource, Large scale quarantines, Travel restrictions, Social distancing measures, Concentrating on immediate issue with no outlook to long term planning which may also be critical, Social distancing may impact on vulnerable groups, patient home visits, community working, Breakdown of established systems with healthcare partners/ emergency services leading to greater demand and capacity, Unacceptable means of managing the deceased with dignity leading to media attention and complaints, Case growth continues potentially overwhelming healthcare systems, Equipment sourced in high risk areas where production has been halted or minimised impacts on delivery of goods, increased inflation, restrictions remain that will prevent resumption of normal activity, Lowered trucking capacity to deliver goods from factories to ports for delivery, delays in delivery, Escalation mechanisms understood in theory but not in reality, Working in organisational silos leads to different assumptions being made dependent on specialities without necessarily looking organisational wide, Increased financial pressure, Increased corporate liabilities, Increased anxiety throughout the community resulting in poor and sustained media coverage, Working from home for non front line staff may impact on needs of NHS Borders, No tabletop simulation undertaken so this has not been experienced before. Manager's may find this difficult to respond to correctly, Unable to treat sick patients as not got correct medication/equipment available, Cybersecurity breach,Business as usual services impacted which will affect the long term health of the population.

ID	Impact and Consequences of Risks Arising	What is the type of risk?	Opened	Consequence (current)	Likelihood (current)	Risk level (current)	Risk level (Target)	Risk Status
1682	Staff absence/ Staffing issues, Staff exhaustion, Unable to make required savings, Costs to NHS Borders increase to deal with demand, Increased avoidable morbidity/deaths Reputational damage at a national level, Organisational reputation/ adverse publicity due to strong public reaction, NHS Borders clinical / support services may be overwhelmed by the pandemic leading to severe disruption for services and serious impact on ability to provide care to patients with virus and patients without virus Cancellations of routine appointments/ elective and non urgent surgery, Litigation being enforced, Parts/ medication/food shortages, Critical strategies not being implemented at the correct time, Unable to cope with the demand for care, Rapid escalation not reaching correct people, Loss of data	Adverse publicity/ reputation, Business Continuity, Financial/ Economical (including damage, loss, fraud), Inequalities, Legal, OH&S Environment and Equipment, Patient Safety/ Clinical Risk/ Clinical Activity, Political, Staffing and Competence, Technological	17/03/2020	Extreme (5)	Almost Certain (5 This is expected to occur frequently)	V High (25)	High (15)	Managed (Treat)

ID	Controls in place	Adequacy of controls	Gap Analysis	Review date	Expected date of target level acheived or closed
1682	Operational plans in place, Regular update to the Health board, Governance structures in place e.g. COVID-19 Pandemic Committee, Joint working with SBC, BGH Coronavirus hub – weekly meetings and updates, surge resources where needed, work streams redirected where appropriate, emergency planning roles, supply chain monitoring, long term resiliency, focus on output and discipline and does not tolerate meetings that achieve neither, PPE coordination group also meets 3 times a week, Workforce protection – PPE, escalation criteria in place, multichannel communications, staggered work times, health checks for front line staff, home working where available, Public health official engagement both nationally and locally, OH support for staff members, Supply chain stabilisation – order management, critical equipment identification, local optimisation, sourcing plans, resilience planning, Scottish government support, Public/ Patient engagement – communications to the public through national and local means, scenario based risk communications, training, fact based reports on issues, situation communications, Financial – Relevant scenarios based on latest epidemiological and economic outlooks, working capital requirements, government support, Day-to-day working reprioritised to ensure coverage for pandemic situation, Business continuity plans in place, Emergency planning undertaken, Social distancing to be adhered to, Health and well support to staff, Support to care homes for public health and infection control advice, New SBC mortuary capacity in place	No	Virus mutation unknown Government initiatives impact on outcome No community testing to give true figure of public infected Uncertainty over national modelling and future direction of community infection Uncertainty over virus characteristics eg. asymptomatic, pre-symptomatic spread; atypical presentation; extent of population infection and subsequently immunity Lack of available PPE/wrong PPE used/no PPE used Patients moved to incorrect wards increasing likelihood of infection	01/06/2020	31/03/2022

ID	Risk Action Plan	Date Risk Awaiting Final Approval	Date risk finally approved
1682	Recovery plan for NHS Borders created, Monitor government financial packages being put in place to assist in COVID-19 pandemic, Pandemic planning updated to reflect most up to date information from the government, Monitor national effort in producing medical equipment, Communications to all staff regarding alternative roles that can be undertaken to assist in demand on NHS Borders during pandemic, Workforce planning being developed in line with national planning, Digital transformation involved in resilience planning for pandemic situation, Horizon scanning/ forecasting to be undertaken for short, medium and long term planning, Lessons learnt to be monitored continually to ensure learning from all scenarios, Continued cross collaboration with partners e.g. SBC, NHS Scotland, Scottish Government, Ensure access to most up to date information on the progress of the virus communicated to staff, Forecast local potential absenteeism to gain insight on virus being transmitted to staff; tolerance of risk versus health of workers, Operational risks being developed in relation to infection control/PPE	27/04/2020	27/04/2020

Crisis Risk Management

Very High and High Risks, concerns and issues 29.04.2020.

	11 12	1 4	2 3 6	
		10	5 7	
			8 9	

Very High

High

Medium

Low

Risks/Concerns/Issues

1. PPE

- Supply/ Infection control/ safety
- Transmission amongst staff and patients

2. Business as usual

- Laundry/catering /residences income
- Public Health services

-Elective and urgent surgeries

3. Financial governance

4. Training

-Stat/mand requirements

5. Medication

- Supply and demand

6. Safety

- COVID outbreaks/clusters
- Testing service for staff and patients
- Contact and tracing management

7. Workforce

- Specialist ITU staffing levels

8. ITU Capacity

9. Oxygen

10. IT

11. Reputational

12. Wellbeing

ID	Risk Owner	Dept / Ward	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Sources	Actions and Controls	Risk Status	Type of Risk
1702	Clinkscale, Gareth	Acute	SACT staff are at high risk of being a carrier of COVID-19 additional steps are required to protect fellow staff but especially patients in this high risk category. Patients receiving SACT and their family members have already been advised to isolate.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	Control	Implement social distancing measures wherever possible	Managed (Treat)	PPE
							Control	Ensure appropriate PPE available		
							Control	Staff training in PPE usage		
							Control	Reduce footfall to Borders Macmillan Centre		
1716	Bone, Andrew	Organisational wide	Some areas of normal financial control have been temporarily suspended in order to allow key staff to focus on areas of clinical priority. Interim arrangements have been put in place for revised governance however there is a risk that these may not be fully complied with in current circumstances, leading to unwarranted variation. In addition, national uncertainty over financing of Covid-19 related expenditure means that there is a risk that the board's annual plan may no longer be deliverable	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	Action	Weekly return submitted to Scottish Government; highlighting issues requiring agreement from Scottish Government	Managed (Treat)	Financial governance
							Control	Authorisation limits in place		
							Action	Enforce authorisation limits		
							Action	Reviewing spend and commitments to confirm requirement. Agree scope and timescales for implementation of any changes to interim financial governance arrangements.		
1727	Gillie, Carol	Support Services	Laundry department averages £300,000 per annum income from external contractors such as the hotel industry through laundering items. As these premises are currently closed income is not being accrued. Target incomes are not being met which will impact on budgets and savings. There is a risk that this custom will not return to expected levels due to possibilities of businesses not reopening or losing custom during this period of	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	Action	Reduce staff levels through reduction in excess hours and overtime, reducing temporary staffing and suspend replacement of staff leavers	Managed (Treat)	Business as usual
							Control	Reduction in supply costs		
							Control	Finance continue to monitor the ledger regularly, if there are any changes in assumptions these are reflected within the modelling		
1730	Patterson, Tim	Organisational wide	COVID19 outbreak management. Large outbreaks/ clusters may occur in various settings including NHS premises, care homes or other community settings. This would have detrimental impact on staff, patients, service and reputation of NHS Borders. Availability of appropriately trained public health staff. Access to infection control advice and control limited.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	Control	Early detection systems in place	Managed (Treat)	Safety
							Control	Staff training/ hygiene		
							Control	Outbreak management protocols		
							Control	Environmental and social distancing measures		
							Control	Staff working from home where appropriate		
							Control	Monitoring staffing levels		
							Control	Memorandum of understanding with local health boards and regular discussions with infection control team		
1734	Clinkscale, Gareth	Acute	Currently not all urgent outpatient services running and therefore a risk to patient care.	Likely (4 Strong possibility that	Major (4)	High (16)	Action	All urgent outpatient waits being reviewed by clinical leads.	Tolerate	Business as usual
							Action	Plan to restart all urgent lists in next two weeks.		
1735	Clinkscale, Gareth	Acute	Routine inpatient & outpatients electives not running. Risk as patients move from routine to urgent. Patients may not want to come to appointments as don't want to come to hospital. Longer delay as unable to see 'normal' numbers due to social isolating and clinicians dealing with urgents.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	Action	Routine lists being reviewed to identify patients who require priority elective	Tolerate	Business as usual
1719	Sharp, Dr Cliff	Organisational wide	The increased number of patients needing critical care has increased the demand for drugs used in both anaesthesia and critical care and this demand will need to be managed carefully. The UK medicine supply chain has operated on a 'just in time' basis for many years and recently there have been several challenges with medicines shortages. The UK Government has reserved responsibility for supply and NHS England are leading on this on behalf of the UK. NHS Borders has been acting in line with advice from National Procurement and Scottish Government during this time. The advice was to not stockpile as there was work on going to manage stocks across the UK and any excessive ordering could affect the supply. NHS Borders medicines supply model has operated with a 'just in time approach'. With the additional critical care beds coming on stream, there have been moves to increase the stock for some critical medicines in an incremental basis so as not to destabilise the supply chain. Attempts to order a significant additional quantity of these medicines has been challenged by National Procurement and at UK level.	Possible (3 May occur occassionally)	Major (4)	High (12)	Action	Continue to follow advice from National Procurement and Scottish Government during this time	Managed (Treat)	Medication
1731	Patterson, Tim	Organisational	Contact tracing and management.	Possible (3 May	Major (4)	High (12)	Action	Additional staff being identified to support contact tracing	Managed	Safety

1731	Patterson, Tim	wide	There will be a requirement to re-establish contact tracing services within	occur	Major (4)	High (12)	Action	Working with national advisory group on methodology	(Treat)	Safety
1718	Horan, Sarah	Acute	National guidance to have nurse ratios of no lower than 1 ITU trained nurse per 6 patients with other staff making up a total ratio of 1:2 and a supervising nurse in charge. At this level care will be significantly lower than normal and there is a risk that patients may come to serious harm	Possible (3 May occur occassionally)	Major (4)	High (12)	Control	Monitor staffing levels	Tolerate	Workforce
							Control	Patient: Nursing ratio 1:1, however, due to there being half ITU trained nurses and half non-trained ITU staff then patient: trained staff ratio is 1:2.		
1729	Patterson, Tim	Organisational wide	Testing service for staff and patients. Laboratory capacity not available in NHS Borders to undertake appropriate tests. Staffing for testing service may not have capacity to undertake appropriate tests.	Possible (3 May occur occassionally)	Major (4)	High (12)	Action	Increase laboratory capacity in NHS Borders	Managed (Treat)	Safety
							Action	Increasing testing staff numbers and training		
							Control	Deploy staff from other areas to support		
1726	Patterson, Tim	Support Services	Impact on business as usual services such as: Reduced uptake of childhood vaccination rates Pausing of national screening programs Disruption to health and well being services Pausing of diabetes prevention strategy	Possible (3 May occur occassionally)	Major (4)	High (12)	Action	Review of current vaccination uptake rates	Managed (Treat)	Business as usual
							Action	Review of ADP commisioned services		
							Action	National screening programs under continuous review at national level		
							Action	Review of impact that COVID19 has on health inequalities		
1710	Berry, Nicky	Organisational wide	4 hour induction training period for staff mobilisation in response to COVID-19 does not meet NHS Borders policy or statutory/legal requirements regarding information, instruction, training and supervision e.g. moving and handling, PMAV, basic life support, health and safety. Statutory/mandatory training suspended during pandemic meaning staff requiring full training will not necessarily receive training. Potential for claims to be made against the organisation.	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	Control	Compulsory Moving & Handling Awareness Sessions for Covid-19 HCSW Cohort	Tolerate	Training
							Control	Staff whom undertake a full contract following the COVID-19 period will be required to undertake the full Statutory/Mandatory Training		
							Action	COVID 19 recovery plan NHS Borders statutory/mandatory training consideration to bringing training back in place with appropriate social distancing needs considered.		
1700	Berry, Nicky	Organisational wide	The availability of Personal Protective Equipment across NHS Borders has been impacted due to global nature of Covid-19. In addition the usage of PPE has changed daily/weekly due to Department of Health guidance, along with the need for wider usage to protect staff during the outbreak. NHS Borders moved to sustained transmission across Health and Social Care resulting in an increase in PPE use.	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	Control	PPE review process developed	Managed (Treat)	PPE
							Control	Board to review and agree cleaning of single use PPE. Cleaning to stop as soon as additional stock levels arrive		
							Control	Process for cleaning face shields agreed and guidance issued		
							Control	Regular COVID-19 briefing sessions		
							Control	PPE safety officers introduced to check ward stock and correct wearing of PPE		
							Control	Latest Department of Health guidance issued to all staff		
							Control	PPE donning and doffing training		
							Control	Face Fit Testing – Qualitative and now Quantitative testing available		
							Control	Occupational Health notified of FFP3 stocks to allow changing face fit tests onto new products		
							Control	Jupiter system available for staff unable to be fit tested		
							Control	ITU/Theatres and ASDU trained to clean Jupiters and users trained to inspect Jupiter head tops for damage prior to use. Single use headtops monitored for damage due to cleaning		
							Control	Process for requesting PPE stocks has been formalised		
							Control	Models of PPE usage being developed and linked to monitoring system of PPE stock		
							Control	Tristel Fuse used for cleaning/disinfection does not cause the same level of damage as other cleaners		
							Control	Occupational Health management system for self/management referral		
							Control	Single point of contact at health board contact for PPE		
							Control	Additional PPE on order e.g. Jupiter head tops		
							Control	PPE committee meets 3 times per week with representation from the 3 clinical boards and social care		
							Control	PPE usage modelled against bed occupancy with dashboard developed showing use and stock available		
							Action	PPE stock supplied 24/7. Supply available on request with control measures.		
1728	Gillie, Carol	Organisational wide	Traceability of equipment currently being issued for COVID-19 response is not being accurately recorded on equipment registers. There is a potential for equipment to remain after the response unregistered in the	Possible (3 May occur occassionally)	Moderate (3)	Medium (9)	Action	Process to be put in place to ensure the location of equipment issued during COVID-19 response is recorded	Tolerate	Business as usual
							Action	Audit of current equipment locations		
			There is a short window of intervention and can prevent complications for newborns and are part of routine antenatal and post natal care. Therefore universal national neonatal screening programmes are to continue during the current COVID-19 contingencies.	Possible (3 May			Control	A space has now been sourced in OH Newstead to provide a 2 times a week clinic for babies to be brought to.		
							Control	PPE is now available for community clinic and transport has been arranged to get staff to the clinic.		

1704	Clinkscale, Gareth	Acute	The hearing screening programme is affected due to increased 6 hour discharge rates, community reluctance to attend hospital for appointments and the lack of space available in the community to run follow up clinics. Babies will miss screening and hearing loss will not be identified in the time frame set out in the current programme therefore preventing	Possible (3 May occur occassionally)	Moderate (3)	Medium (9)	Control	Liaison with national programme leads to ensure our service remains equitable with others within Scotland.	Managed (Treat)	Business as usual
							Control	Pathway has been agreed with NHS Lothian for our patients from NHS Borders		
							Action	Audit of community clinic uptake by our service users and feedback to the national team		
1706	Burt, Mr Simon	Mental Health & Learning Disabilities	Covid-19 and government advice - Due to Covid-19 and government advice re self isolating we are have to work in a completely alien way running with far more risk and making decisions that are out with the orange guide lines and usual pharmacy dispensing. We have to drastically	Possible (3 May occur occassionally)	Moderate (3)	Medium (9)	Action	Contacting pharmacies to ask to supervise for the most at risk.	Tolerate	Medication
							Control	Offer a locked medicine box to the most vulnerable if they are having to have a few days ORT kept at there home.		
							Control	Staff will deliver if required to patients self isolating		
1712	Messer, Kevin	Organisational wide	Single points of failure - there is limited cover for some skills Infrastructure - Remote working is increasing the pressure on infrastructure. Trak configuration – the speed of making floor plan changes to Trak has left us with a possible data legacy issue that may take some time to unpick	Possible (3 May occur occassionally)	Moderate (3)	Medium (9)	Control	Third party can offer partial support to infrastructure	Managed (Treat)	IT
							Action	Increase bandwidth		
							Action	Send organisational instructions for remote working to all staff		
							Control	Follow Scottish Government and national security team guidance		
							Action	Product for extra layer of security being issued by the Scottish Government		
1715	Clinkscale, Gareth	Acute	ITU capacity for patients currently sits as 20 beds. Potential for capacity to be reached with introduction of vertical lists being reintroduced for urgent surgery. Current occupancy rates low. Daily modelling does not indicate that this will increase above capacity.	Unlikely (2 Not expected to happen)	Major (4)	Medium (8)	Control	Continual monitoring of bed occupancy	Managed (Treat)	ITU capacity
							Control	Option to stop urgent surgery if required		
							Control	Continue to monitor actual demand against a daily updated model and trajectories on a daily basis so that we can quickly assess if this is diverging from the expected rate		
							Control	Use of a private hospital in Edinburgh for high priority elective cases		
							Control	Trigger points in place; when demand for general hospital beds is at 100 and separately when ITU bed demand is at 13		
							Control	Request mutual aid from other Health Boards or Scottish Government assistance if required.		
							Action	Agree matrix to stop vertical booking (decision by 01.05.20)		
							Action	Review anaesthetic staffing resources		
1717	Roberts, Ralph	Organisational wide	Providing an adequate supply of oxygen per minute to meet predicted demand within the BGH. The key problem is the rate of oxygen flow into the piped supply may be insufficient. Capacity dependent on volume and acuity of patients receiving oxygen supply. Using adapted anaesthetic machines to support ITU patients require high flows of oxygen, require soda lime and have a large footprint for a small bed space. In the absence of further new ventilators we will be required to continue using the adapted machines noting their limitations.	Unlikely (2 Not expected to happen)	Major (4)	Medium (8)	Control	Local daily modelling	Managed (Treat)	Oxygen
							Action	Order of more efficient ventilators		
							Control	Downstream usage on oxygen where possible, including access to cylinder oxygen		
							Control	Modifications to the oxygen plant that have been recommended to ensure the maximum distribution of oxygen from it		
							Action	Should the BGH approach the maximum delivery from our plant then we would be seeking urgent discussions regionally / nationally to consider transporting Borders patient to other facilities before compromising the care of patients within the BGH		
							Control	Patients on low-flow oxygen are supported with the cylinders rather than putting additional demand on the piped supply		
							Control	RHSC Edinburgh donated 4 anaesthetic machines that are oxygen efficient and have high ITU quality ventilators		
							Control	Escalation procedure based on oxygen usage trigger points in place		
							Control	Audit of oxygen usage carried out across NHS Borders		
1720	Carter, Andy	Organisational wide	COVID-19 threatens all operations as a result of its potential impact on duty of care and staff wellbeing. There is a potential for staff to contract the virus resulting in a rise in absences across NHS Borders and impacting on the staffing levels within services. Specialist services may not be able to fill these gaps. Staff become overwhelmed/anxious impacting on mental health and emotional wellbeing. Staff deployed into new areas may require additional support. Increased concern from staff about contracting the virus/ vulnerable	Likely (4 Strong possibility that this could occur)	Minor (2)	Medium (8)	Control	Occupational Health support to all staff	Managed (Treat)	Wellbeing
							Control	Ensure daily situational updates sent to all staff via COVID19 update		
							Control	Here4U emotional support (drop in sessions, telephone and online chats) staffed by Psychology, Occupational Health Nurses and Counsellors		
							Control	Creation of wobble rooms, enabling staff to find some quiet time during their working day		
							Control	Free access to Wellbeing Apps		
							Control	Covid microsite and FAQs regularly updated		
							Control	Training for staff being deployed from other areas		
							Control	Refreshment trolleys located throughout organisation		

ID	Owner	Area	Description	Likelihood	Impact	Rating	Type	Control / Action	Treatment	Category
			Increased concern from staff about contracting the virus/ vulnerable family members. Traumatic bereavement of family members could impact on staff wellbeing. Change from business as usual, rapid change throughout organisation can impact on the mental health of staff. Emotional impact of caring for sick and dying patients.	this could occur)			Control	Practical advice available on microsite including information around childcare, accommodation, financial, transport etc		
							Control	NHSB is engaged with the National Recruitment Portal, organised by NES, and through this has deployed 2nd and 3rd Year Nursing Students and FY1 doctors to augment local services		
							Control	Bank Workers and Volunteers on stand-by should clinical activity levels increase substantially		
							Control	In an attempt to minimise transmission, staff are encouraged to engage in appropriate social distancing, good hand hygiene and to isolate where necessary		
1723	Sharp, Dr Cliff	Organisational wide	Patients with COVID-19 who suffer a cardiac arrest will be offered CPR following guidelines where staff must be wearing full PPE in order to apply chest compressions or undertake airway procedures. The guidance permits staff to defibrillate patients with shockable rhythms before donning PPE but they must wear level 3 PPE prior to undertaking chest compressions or airway procedures. There is a potential for patients to experience an additional delay in receiving CPR whilst staff put on the higher-level of PPE, which may result in higher mortality. This is balanced by the lower risks to key staff undertaking CPR who would otherwise be subject to potentially higher viral loads if using lower-level PPE for chest	Unlikely (2 Not expected to happen)	Major (4)	Medium (8)	Control	Local guidance follows Resuscitation Council UK guidance	Managed (Treat)	Business as usual
							Control	Do not undertake chest compression/airway procedures without appropriate PPE in situ		
							Control	Dissemination of guidance to staff		
							Control	Endorsed by NHS Borders aneasthetics Department and ITU staff		
							Control	Full anticipatory care planning for early detection of acutely ill patients with Covid-19 to avoid unnecessary resuscitation attempts and identify those at risk of acute deterioration and cardiac arrest		
							Control	Review and approval at NHS Borders Ethics Support Group		
1725	Oliver, Clare	Organisational wide	Negative press published can impact on the reputation of NHS Borders. Social media posts influence public perception and anxiety by amplifying negative press/ personal experiences/ opinions. Decisions made at Scottish Government level could adversely impact public perception at a local level (e.g. PPE). Information available to the public on a UK national level may not reflect local situation. Impact of people's reaction to COVID-19 has potentially reduced presentations in A&E. Staff are misinformed/ do not understand the information received. Fake news being spread through social media outlets can have a detrimental effect on the public's opinion of NHS Borders.	Likely (4 Strong possibility that this could occur)	Minor (2)	Medium (8)	Control	Daily staff update via C19 newsletter	Managed (Treat)	Reputational
							Control	Communications team central point for all information coming from NHS Borders		
							Control	Social media posts monitored and investigate any complaints made		
							Control	Ensure public informed of NHS Borders official information as required		
							Control	Daily report to journalists		
							Control	Regular media briefings and interviews		
							Control	Agreed program in place for social media posts from NHS Borders		
							Control	Ensure NHS Borders promotes services still running/ attending A&E if n need of urgent medical assistance		
							Control	Engage twice weekly with Scottish Government and Heads of Communication for NHS Scotland to discuss any issues		
							Control	Report fake news to media outlets		
							Control	Increase in interactions with public to ensure the correct information is being distributed		
							Action	Issue information on recovery plan to staff		
							Action	Ensure public aware of service arrangements in recovery period		
1703	Clinkscale, Gareth	Acute	Based on knowledge from other Coronaviruses the greatest risk to laboratory workers arises from aerosols produced while dealing with upper and lower respiratory samples. All respiratory and blood culture samples are processed at full containment level 3 (CL3) regardless of Covid 19 status. Studies have shown that RNA from a similar Coronavirus (Mers-CoV) has been detected in the blood, faeces and urine of infected individuals. At present all urine's, faeces, blood and nasopharyngeal secretions are processed and handled on the bench in the open laboratory at CL2 level unless isolation of a Hazard Group 3 organism is suspected, in which case, work is immediately transferred into the CL3 cabinet.	Unlikely (2 Not expected to happen)	Moderate (3)	Medium (6)	Control	Strict adherence to good laboratory practice (cleanliness, use of PPE)	Tolerate	PPE
							Control	Strict adherence to Standard Operational Procedures		
							Control	Procedures carried out by trained staff		
							Control	Urines: Small volumes involved(<100ul) - Always clean benches before and after dispensing urine's. Gloves must be worn while dispensing urine's.		
							Control	Faeces: Small volumes involved. If sample appears overfilled/gassy do not process, reject sample as aerosols are produced from such specimens. Always clean benches before and after processing faeces. Gloves must be worn when processing faeces samples.		
							Control	Swabs: No risk of aerosols		
							Control	Sterile fluids: Decant supernatant in the CL3 cabinet. Increased care when filling counting chamber (no aerosols should be produced during this procedure).		
							Control	RSV's: Nasopharyngeal samples for RSV testing will now all be processed in the CL3 cabinet. These samples, although respiratory, do not carry a risk of TB so have historically been processed on the open bench.		

						Control	Blood samples (excluding blood cultures): Increased care when handling blood samples. Gloves must be worn.		
1707	Berry, Nicky	Organisational wide	Staff are driving a vehicle with a Covid+ or suspected+ patient from hospital to home. Covid+/ suspected+ patient in vehicle with staff. Driving unfamiliar vehicle, may have faults, may run out of fuel, staff are anxious, exposed to coronavirus, exposed to violence and aggression, exposed to other viruses/diseases, staff are fatigued, wearing mask for long journeys.	Possible (3 May occur occassionally)	Minor (2)	Medium (6)	Control	Safe system of work	Tolerate	Safety
							Control	Staff in pairs (removes need for PMAV training at level 2)		
							Control	Infection control training		
							Control	Masks can be removed for journey home if journey has been an hour as long as windows are open		
							Control	Appropriate PPE utilised		
							Control	PPE training for all staff		
							Control	Training on cleaning		
							Control	PMAV advice and support		
							Control	Mobile phones available to staff		
							Control	Occupational Health support		
							Control	Supervision		
1722	Pratt, Sandra	Primary & Community Services	Due to COVID 19 redeployment measures the health visiting service is running as per Scot Gov guidance at very minimum levels and currently deemed to be unsafe by team lead.	Unlikely (2 Not expected to happen)	Moderate (3)	Medium (6)	Control	Management monitoring staffing levels	Managed (Treat)	Business as usual
							Action	Weekly monitoring of situation by management		
							Control	Follow Scottish Government guidance		
1721	Pratt, Sandra	Primary & Community Services	Patients currently access the dental centres via the front door passing reception. This increases the risk of cross infection and also increases chance of interaction with others and risking passing the infection to others.	Unlikely (2 Not expected to happen)	Minor (2)	Medium (4)	Control	All patients during the community transmission phase of COVID-19 pandemic are escorted individually from their transport/vehicle into the building by appropriately protected staff. Patients remain in their vehicles in specific 'coned' areas of car park until staff member meets them. Patients are provided with a FSFM to wear prior to entering the building. Patients entering and leaving do not come into contact with any other patients as flow is strictly monitored.	Managed (Treat)	Business as usual
							Control	Patients seen by invitation only after thorough telephone triage. Front door/public access locked with appropriate signage asking patients to telephone dental enquiry line. Staff entering via different access to patients.		
							Control	Telephone triage according to national guidance reducing the requirement for patients to attend dental centres.		
							Control	Separate surgeries for AGP and non-AGP dental care.		

ID	Clinical Board	Risk Owner	Title of Risk	Description	Source of Risk (hazard/ problem/ concern)	Risks Arising	Impact and Consequences of Risks Arising	What is the type of risk?	Opened	Consequence (current)	Likelihood (current)	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Expected date of target level acheived or closed	Risk Action Plan	Date Risk Awaiting Final Approval	Date risk finally approved
1701	COVID-19 (Health and Safety Risks only)	Berry, Nicky	Additional Covid-19 beds	Additional Hill-Rom and Medstrom beds have been brought into the BGH for Covid-19 Wards, these differ from the standard Arjo Enterprise 5000 bed used in most of the hospital.	**Hill Rom** Top section of bed rail swings out from bed when lowering/raising. Lower section pivots around from storage position to deployed and must be pushed fully into bracket to lock it into place. Two buttons must be pressed for bed rails, first one to unlock lower section which is a dark grey colour and does not stand out from bed frame. Second button is hidden by the lower section of the bed rail when it is lowered, only visible once lower section is stowed, dark grey colour of the button does not stand out against the grey of the bed rail. Button is stiff and difficult to press to unlock the top section, requires rails to be jiggled to allow button to be fully pressed to drop the rails. Mattress does not fit in the frame guides, as a result of the larger mattress size they push on the raised bed rails which may affect operation. Manual CPR handle did not operate on one of the beds in Ward 16, requiring significant strength to pull and at times did not activate override. Query over bed maintenance prior to being supplied to the BGH. No nurse control unit at the foot of the bed, control different from standard beds. Controls vary between the Hill Rom beds, no CPR function on controller, unable to identify if controls can be locked out to prevent operation. The beds are a different make and model from the standard BGH beds, staff have no training on the beds. **Medstrom 5000** Bed rails do not retract to the same level as the bed frame. Gap between edge of mattress and bed rails. CPR handle in a different position from standard beds, located at the top of the bed. No nurse control unit at the foot of the bed, control different from standard beds. Locking out functions appears to require a special tool. Bed can be lowered into an ultra low position. The beds are a different make and model from the standard BGH beds, staff have no training on the beds. Estates Team have no training to maintain these beds and hold no spare parts.	**Hill Rom** The top section of bed could catch on equipment/furniture as it swings out of the bed. Moving the lower section could result in Lines/tubing can be caught and dislodged. If the lower section of the rail is not properly engaged patients could fall from the bed. If the rails are not correctly stored/deployed they could become damaged. The lack of clear markings for the bed rails buttons could result in staff failing to see them and trying to force the rails up/down or to manually over ride them. The stiff button requires staff to jiggle the rails to get the button to release which also jiggles the mattress and patient. The over sized mattress makes locking the rails into place and lowering them difficult and could lead to musculoskeletal injuries. The damaged CPR override may prevent the bed from being placed in the optimum position for resuscitation. Or lead to musculoskeletal injuries as staff members attempt to operate it. The lack of control unit at the bottom of the bed requires the staff member to get to the head of the bed, close to the patient to operate it. Or will result in them leaning over the bed/patient to operate it if they are on the other side. The inconsistent controls between the Hill-Rom beds may confuse staff and lead to delays in operating the bed or the bed left in a less then optimal position for the patient. The lack of control lock out, could result in a patient lowering the bed when they are liable to be crushed. The lack of staff familiarity and training on the beds may lead to delays while staff work out how to operate the beds. In particular staff will be unfamiliar that they must use a manual CPR pull on the frame to lower the bed due to the lack of button on the controller. Staff are at risk of musculoskeletal injuries as they may be unfamiliar with the handling characteristics of the bed. **Medstrom 5000** As the bed rails do not retract level with the frame, patients whilst transferring lateral from the bed across the rails are at risk of discomfort/pain and skin damage as place their weight effectively onto the rail when the mattress compresses. The gap between the bed rail and mattress could result in patients arms and for some patients legs becoming entrapped. The different location and style of manual CPR control could result in delays in positioning the bed for resuscitation. The lack of control unit at the bottom of the bed requires the staff member to get to the head of the bed, close to the patient to operate it. Or will result in them leaning over the bed/patient to operate it if they are on the other side. The requirement to use a special tool to lock out controls, could result in a patient lowering the bed when they are liable to be crushed. Equipment or items below the bed could be crushed when it is positioned in an ultra low position. The lack of staff familiarity and training on the beds may lead to delays while staff work out how to operate the beds. In particular staff will be unfamiliar that they must use a manual CPR pull on the frame to lower the bed due to the lack of button on the controller. Staff are at risk of musculoskeletal injuries as they may be unfamiliar with how to place the bed into the correct mode for lateral movement. The lack of maintenance training for the beds, means contractors must be brought into repair the units and no spare are available to repair damaged items, e.g. controllers in a timely manner.	- Patients could die if they operate the bed whilst they are under the bed or if it cannot be placed in an optimal CPR position. - Patients may attempt to grab staff when they are at the head of the bed using the controls. - Poor care experience - Bad publicity - Sickness/absence - Claims - Financial loss - Prosecution under the Health and Safety at Work Act, Provision and Use of Equipment Regulations and the Manual Handling Operations Regulations	Adverse publicity/ reputation, Financial/ Economical (including damage, loss, fraud), Legal, OH&S Activity, Patient Safety/ Clinical Risk/ Clinical Activity, Staffing and Competence	09/04/2020	Extreme (5)	Likely (4 Strong possibility that this could occur)	V High (20)	High (12)	Tolerate	- Staff are trained in manual handling. - Resuscitation training will cover that manual CPR handles are fitted to electric profiling beds in case of power loss. - Control units are fixed to the frame on the Hill Rom beds. - Power could be switched off to bed to prevent a patient operating the control unit. - Staff aware to check area for obstructions/caught items prior to lowering bed or rails. - Falls assessment completed on admission - Staff would transfer patient if bed couldn't be placed into correct CPR position. -Staff would already be wearing PPE when approaching close to patient. - PMAV training - Medstrom bed has a CPR button on the control unit.	No	**Hill Rom** - Bed rails difficult to operate if unfamiliar with bed. - Size of mattress impacts on bed rail use. - Damaged manual CPR on makes the bed inconsistent in placing in resuscitation position. - Staff unfamiliar with controls. - Unable to lock controls out. **Medstrom** - Height of bed rails for patient transfer - Gap between mattress and rails on Medstrom bed. - Staff unfamiliar with controls. - Unable to lock controls out without tool. - Lack of maintenance support and parts availability on site.	01/10/2020	01/10/2020	Identify where these beds are remove off site with control regarding only using in extreme situations.	27/04/2020	27/04/2020