

COVID-19 Risk Register
As at 29.09.2020.

ID	Dept / Ward	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Could the level of this risk escalate and if so to what level?	Risk level (Target)	Sources	Actions and Controls	Risk Status	Type of Risk
1834	Organisational wide	<p>Implementation of flu vaccination across NHS Borders cannot be fully planned for as no definitive steer has been issued by the Scottish Government on the age range to be prioritised. Verbal information from the Scottish Government suggests this will be 55+, whereas England has been advised 50+. There is therefore confusion on who needs the vaccination and the impact this will have on capacity, resource and funding.</p> <p>NHS Borders does not have sufficient storage for vaccinations for vaccinations and this issue has been raised over a number of years without any action being implemented to mitigate this risk. This has now become a critical issue in NHS Borders being able to deliver the winter flu programme. Local refrigeration capacity for vaccines and vaccine delivery schedules are crucial components in the seamless steady administration of vaccines to patients.</p> <p>Public confidence in NHS Borders may be impacted leading to adverse publicity and reputational damage.</p> <p>Decision making and leadership direction to be strengthened in regards to seasonal flu programme requirements.</p> <p>Staffing required to support the programme is not available, capacity to undertake increased activity not sustainable for flu programme. Any large-scale vaccination programme will need to be delivered by a workforce which is facing additional demand due to the longer-term impacts of the COVID-19 pandemic and lockdown, and which may have reduced capacity, due to the need to protect vulnerable staff from frontline work and for potentially infected staff to self-isolate.</p> <p>Vaccination journey extended due to new processes in place in line with COVID19 restrictions. In the context of social distancing, use of personal protective equipment and increased time necessary for immunisers to</p>	Likely (4 Strong possibility that this could occur)	Extreme (5)	V High (20)	Very High	High (15)	Action	Seek definitive steer from Scottish Government on age range	Managed (Treat)	Business as usual
								Action	Flu immunisation plan in place by October 2020		
								Action	Purchase of fridge to store vaccines		
								Action	Investigate the use of mitiary colleagues to assist in delivering vaccinations programme		
								Action	Investigate where funding is coming from and how much is available		
1813	Mental Health & Learning Disabilities	<p>Impact of COVID-19 on existing MH patient population and the impact on the general population's mental health is likely to rapidly increase. This will put pressure on primary care and secondary care MH services.</p> <p>Learning Disability population are experiencing long term increased isolation causing pressure on informal and formal carers as well as their own mental wellbeing. Resilience of care arrangements are highly likely to be compromised increasing the risk of breakdown.</p> <p>Insufficient clinical space to undertake face to face consultations due to the impact of COVID-19 on the operation of health centers and social distancing.</p> <p>Unable to deliver face to face groups/virtual groups due to COVID-19 restrictions and lack of Near Me functionality.</p> <p>LD and MH day centres are closed due to COVID-19 restrictions resulting in increased pressure on formal and informal carers with the likely result of increase carer breakdown and phychological/ mental distress</p>	Likely (4 Strong possibility that this could occur)	Extreme (5)	V High (20)	Very High	Medium (9)	Control	Use of Near Me	Managed (Treat)	Safety
								Control	Training for Near Me		
								Control	Use of PPE to allow face to face visits		
								Control	Clinical space at Cauldshiels		
								Action	Expand use of Near Me to allow group work and improvement in IT connection		
								Action	Increase clinical space for face to face appointments		
								Action	MH primary care options appraisal and implement preferred option		
								Control	Wellbeing plus service in place		
								Control	Utilising local area coordinators and mobilisation of day service staff to support people in the community		
								Control	Additional care packages for vulnerable adults with learning disabilities		
								Control	Temporary respite arrangements in place		
								Action	Further develop the mobilisation plan to accomodate the anticipated increase in service demand		

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								Control	Weekly recovery meetings in mental health and learning disability services		
1815	Mental Health & Learning Disabilities	Testing and clinical support arrangements have been delivered to older adults and learning disability registered care homes. However, similar risks remain in supported living arrangements for adults with learning disabilities as evidenced by increased mortality during pandemic so these risks may be reduced if testing and clinical support was expanded to supported living services.	Almost Certain (5 This is expected to occur frequently)	Major (4)	V High (20)	No escalation expected	High (12)	Control	Weekly COVID-19 provider support group to ensure all national and local guidance and support is in place to reduce the risk of infection	Managed (Treat)	Safety
								Action	Escalated to Gold Command and public health with a request to role testing to supported living environments		
1730	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)	No escalation expected	Medium (6)	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		
1861	Support Services	Public Health protection resilience compromised due to uncertain capacity to face future challenges and outbreaks. Expectation of multiple outbreaks in Autumn will impact on resource of certain public health teams such as Health Protection, Test and Protect and Testing all requiring ability to flex capacity should outbreaks occur.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	No escalation expected	Medium (8)	Action	Health protection and testing temporary contract recruitment to be undertaken	Managed (Treat)	Workforce
								Action	Health Protection Nurses business case with focus on tracing to be approved and recruitment undertaken		
								Control	Mutual aid between health boards in place		
1702	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. Risk of fatal neutropenic sepsis greater in someone who has COVID-19.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	No escalation expected	Medium (8)	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	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 within available resources.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	No escalation expected	Medium (9)	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	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 uncertainty. Catering department has reduced footfall in canteen, reduction in use of vending machines and no orders for meeting refreshments which impacts on income targets.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	No escalation expected	Medium (9)	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		

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1748	Mental Health & Learning Disabilities	Patients within the mental health wards have often got no capacity to understand the current risks with the COVID 19 Pandemic. Patients may require restraint by nurses to protect harm to themselves or others. This does not comply with social distances government requirements. Staff could be at risk of infection if they have to restrain patients, there could be delay in restraint to allow staff to put PPE on and increased risk of harm to patient or other if staff are unable to intervene quickly with PPE on. Increased risk of abscondions, self harm, injury to staff and patients during restraint.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	No escalation expected	Medium (9)	Control	Supply of PPE given to all wards with eye protection shields	Managed (Treat)	Safety
								Control	staff have been given training in requirements of correct usage of PPE		
								Action	arrange infection control walk rounds to ensure compliance of PPE and correct usage of infection control measures		
								Action	ensure all wards have SOP in place for restraint procedure during covid 19		
								Control	Daily risk assessment of patients using safety care plan		
								Control	All staff trained in de escalation and PMAV		
								Control	Personall alarms on ward for staff		
1763	Acute	Covid requires a different model of staffing which will result in an increased financial expenditure, while it is anticipated that funding may be available from Scottish Government this is currently unclear whether this will meet the level of expenditure. Increase costs ongoing in relation to PPE and different models of care will require increase funding. Unable to meet agreed budget. Resulting in the organisation meeting its statutory financial targets.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	No escalation expected	Medium (9)	Control	All increased expenditure agreed by Q & monitored regularly and fed into Gold Command.	Managed (Treat)	Financial governance
1823	Mental Health & Learning Disabilities	Huntlyburn ring fenced bed for in patient detox put on hold until further notice.	Likely (4 Strong possibility that this could occur)	Major (4)	High (16)	Very High	Medium (8)	Control	Regular monitoring of patients	Managed (Treat)	Business as usual
								Action	Recommendation of in-patient detoxification in Huntlyburn		
1765	Mental Health & Learning Disabilities	Disruption to clinical input across the CAMH service and potential impact on targets due to poor internet connection and speed and lack of any wifi in the Andrew Lang Unit.	Almost Certain (5 This is expected to occur frequently)	Moderate (3)	High (15)	No escalation expected	Medium (9)	Control	Encouraging staff to work from home	Managed (Treat)	IT
								Control	Using clinic space within Cauldshields		
								Action	Look for additional clinical space as it becomes available		
								Action	Liaise with IT as required		
1890	Support Services	Expected increase in COVID-19 positive cases has encouraged the Scottish Government to ask health boards to prepare for this scenario. This requires the Trace and Protect team to be fully staffed to manage the expected demand which if it does arrive will happen suddenly without time to reactively get staff in place. To prepare the Trace and Protect team will be required to pull in staffing resource from clinical boards and support services where staff has had experience of working within this team previously. This has the potential to impact on clinical boards recovery planning and return to business as usual. <u>If clinical boards are unable to release staff, this would risk the mandatory</u>	Almost Certain (5 This is expected to occur frequently)	Moderate (3)	High (15)	No escalation expected	Medium (9)	Action	Calling in people from tracing bank	Managed (Treat)	Workforce
								Action	Recalling people from substantive post who have previous experience in tracing team		
								Action	Recruit 6 x band 6 health protection nurses and additional staff		
								Control	Liaising daily with national contact tracing centre around capacity and need for mutual aid		
								Action	Escalate to national level for patients being referred cross border via national groups and HPS		
		Use of PPE in mental health wards during the COVID 19 pandemic. Government guidance recommends that all patients should be considered as a positive case within the inpatient wards and staff should be 2 metres away						Control	staff training in PPE and how to put this on		
								Action	weekly walkround spot checks using infection control process to ensure staff are adhering to guidance		

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1747	Mental Health & Learning Disabilities	<p>from patients. If staff are not able to comply with 2 metres distance PPE should be worn at times and sessional use would apply when providing general care.</p> <p>The risks of not using the PPE correctly increase when patients are unable to comply or understand the 2 metre guidance which means staff will have to wear this all the time.</p> <p>No clear sessional use in mental health wards leads to staff confusion regarding the use of PPE.</p>	Possible (3 May occur occasionally)	Extreme (5)	High (15)	No escalation expected	Medium (6)	Control	regular updates from Health improvement Scotland on ppe guidance	Managed (Treat)	Safety
								Control	Infection control group specifically for PPE		
								Action	contact other boards to see what challenges mental health units have using ppe.		
								Control	Staff safety briefing		
								Control	safety huddle daily to escalate concerns or issues in wards		
1821	Acute	<p>McKinley T34 pumps:</p> <ol style="list-style-type: none"> 1. A significant number of pumps missing within NHS Borders 2. National shortage of infusion lines due to Covid 3. New version 3 of the pumps have software issues and version 2 are no longer being manufactured (therefore if we have issues if we need to replace or increase stock). 	Possible (3 May occur occasionally)	Major (4)	High (12)	No escalation expected	Low (2)	Control	National there is a T34 SLWG that have a clinical lead and procurement lead per board which are monitoring the supply of the infusion lines	Managed (Treat)	Medication
								Control	Locally there is creation of task and finish group this is through Alis Nichol (PMO). Looking to centralise a pump register to identify the activity and know where stock is. This is across Acute & Community.		
								Action	There is a National Order of the v.3 model, but would require a software update once we get these.		
1811	Acute	<p>Aerosol generation procedures within the ward require precautions to be in place to protect staff from the particles which have the potential to cause infection. Within ward 15 there are no bed areas with either negative pressure or double sets of doors to minimise aerosol generating particles spreading directly into the ward corridor.</p> <p>This is an ongoing risk for the paediatric ward as the winter viral season</p> <p>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.</p>	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	No escalation expected	Medium (6)	Action	Trying to find a suitable device to mitigate some of the risks including the redi room.	Managed (Treat)	PPE
								Action	Liaise with Estates and Infection Control around actions to minimise risk		
								Action	Liaise with other teams in the hospital dealing with similar situations		
1729	Organisational wide	<p>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.</p>	Possible (3 May occur occasionally)	Major (4)	High (12)	No escalation expected	Medium (6)	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		
		<p>Contact Tracing Service (Test and Protect)</p> <p>There was a requirement from Scottish Government for NHS Borders to re-</p>						Action	Additional staff being identified from across the organisation to support with contact tracing.		
								Action	Working with national advisory group on methodology.		
								Action	Request to PHS to provide weekly forecasts of how demand may change so HPTs can be responsive to this.		
								Action	Request the provision of escalation capacity from PHS to support boards where demand significantly exceeds capacity.		
								Control	Monitor staff time/call duration over the initial period of the service to check assumptions made in the initial service proposal.		
								Action	Rotate non-shielding staff through allocated on-site office to support with training and supervision.		

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1731	Organisational wide	<p>There was a requirement from Scottish Government for HNS borders to establish contact tracing. This is now operational and capacity within this service is gradually being increased. Staff are being redeployed from across the organisation to support this service.</p> <p>Whilst the service is operational, there are a number of risks to highlight and manage in the running of the service. These are outlined in the section below.</p> <p>Failure of contact tracing may lead to a resurgence of COVID19 infection. It is a government requirement that we have a local contact tracing service.</p>	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	No escalation expected	Medium (4)	Control	Escalation to chief executives and DPH group and PHS if appropriate.	Managed (Treat)	Safety
								Control	Escalate issues via national contact tracing group and chief executives and DPH group if required		
								Control	Supervision in place from HPT trained staff and Consultant. Regular staff huddles to support learning and support		
								Control	Promote and facilitate home working for all control tracing staff.		
								Control	When contact tracers are on site they will not share an office or equipment (laptops/headsets), to reduce transmission in the workforce.		
								Control	Home working guidance issued to staff and home working risk assessments to be completed.		
								Action	Constantly review service provision as new guidance issued. Ensure staff aware that it is a developing and changing service from the outset.		
								Action	Secondment arrangements to be put in place for each member of staff.		
								Control	Requests for staff to return to substantive role must be co located through PMO/HR deployment process.		
								Control	Monitor service spend and activity.		
1726	Support Services	<p>Impact on business as usual services such as:</p> <p>Reduced uptake of childhood vaccination rates</p> <p>Pausing of national screening programs</p> <p>Disruption to health and well being services</p> <p>Pausing of diabetes prevention strategy</p> <p>Disruption to ADP commissioned services</p>	Possible (3 May occur occasionally)	Major (4)	High (12)	No escalation expected	Medium (8)	Action	Review of current vaccination uptake rates	Managed (Treat)	Business as usual
								Action	Review of ADP commissioned services		
								Action	National screening programs under continuous review at national level		
								Action	Review of impact that COVID19 has on health inequalities		
1753	Primary & Community Services	Risk of a surge of assessment demand should "lockdown" relaxation precipitate a surge in Covid-19 infection rates, plus a return to previous levels of non covid activity during the out of hours period	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	No escalation expected	Medium (6)	Control	Demand and capacity plan	Managed (Treat)	Business as usual
								Control	Accommodation available to "surge" into		
								Control	Add additional shift		
								Control	Can pull back ANP from BGH		
								Control	Access GP and nursing volunteer pools		
								Control	Use of "Near Me" technology		

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1719	Organisational wide	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Possible (3 May occur occasionally)	Major (4)	High (12)	No escalation expected	Medium (8)	Action	Continue to follow advice from National Procurement and Scottish Government during this time	Managed (Treat)	Medication
1706	Mental Health & Learning Disabilities	<p>Covid-19 and government advice - Due to Covid-19 and government advice re self isolating we 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 reduce our usual dispensing guidelines providing up to 14 days of 'holiday prescriptions' for people self isolating due to Covid-19.</p> <p>Pharmacies are no longer able to offer daily supervised and we have to</p>	Possible (3 May occur occasionally)	Major (4)	High (12)	High	Medium (9)	Action	Contacting pharmacies to ask to supervise for the most at risk.	Managed (Treat)	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		
1710	Organisational wide	<p>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.</p> <p>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.</p> <p>Staffing levels for teams which offer statutory training are single points of failure.</p>	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	No escalation expected	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.		
1839	Primary & Community	Community Hospitals - Minimal reduction in beds within community	Possible (3 May occur occasionally)	Major (4)	High (12)	No escalation expected	Medium	Control	Pre admission testing	Managed	Business as
								Control	Over 70s testing		
								Control	Redesign of ward layout to adhere to social distancing where possible		
								Control	Cohorting of patients		

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1859	Community Services	hospitals affects ability to adequately social distance	Occur occasionally)	Major (4)	High (12)	expected	(8)	Control	Minimising patient visiting	(Treat)	usual
								Control	Use of appropriate PPE		
								Action	Review of shared space within community hospitals		
								Control	Signage in place		
1871	Acute	Covid Ward - CV4 (Ward 12) temporarily closed due to low numbers of patients (based on modelling) and organisation taking opportunity to decant Ward 4 into Ward 12 for refurbishment of Ward 4. Covid-19 positive patients - cohort 1 and / or cohort 2 - probable Covid-19 with negative PCR, high risk score above 4 on medical criteria will be admitted to cubicles 7 & 8 in MKU, under general medicine.	Possible (3 May occur occasionally)	Major (4)	High (12)	No escalation expected	Medium (6)	Control	Ensure that cubicles 7 & 8 are sectioned off from the rest of the unit by double doors on either side	Managed (Treat)	Safety
								Control	Door from front of MKU/BSU signposted as no entry so it is not used for access		
								Control	Droplet precautions signage to use used for cubicle doors when in use		
								Control	PPE available outside rooms for staff to use		
								Action	Domestic services aware of room use and need for enhanced cleaning and should clean other areas first before Covid cubicles		
								Control	Staff who have previously been shielding will not work within these cubicles and wok in BSU / are not rostered onto night duty when there is less cover		
								Action	Covid resus trolley is in place		
1841	Acute	Unscheduled Care attendances and admissions returning to pre-covid levels.	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	No escalation expected	Medium (6)	Control	Single point of triage and that routes the patient to the correct pathway	Managed (Treat)	Safety
								Control	Increased footprint within ED to 23 cubicles & increased staffing within ED to support early assessment		
								Action	Social media and communication advising people not to attend ED unless it is an emergency		
								Control	Referral to the Covid hub for appropriate patients.		
								Action	All patients admitted are having a Covid swab prior to transferral to admission ward. This is to assist in early cohorting and treatment plan		
								Action	Covid cohorting tool - patients who have a negative swab but have diagnostic features of covid		
								Action	Refresh of the Daily Dynamic Discharge to plan and identify patients that could be discharged in the morning rather than the afternoon to stop maintain flow through the system		
								Action	Working with Integrated Hub to ensure patients are identified early who require intermediate care or enablement (including transfers to community hospitals)		

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								Action	At ward level put in place key points of day know where next bed/bay is and if they can't then they escalate to their line manager		
								Action	In ED we have refreshed the escalation process to ensure timely review with expectations by 3 hours a plan that patient will be admitted or discharged.		
1700	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)	No escalation expected	Medium (8)	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		

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								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.		
1819	Mental Health & Learning Disabilities	There is assumption with limited literature nationally that there will be an increase in demand on community and in patient mental health services post Covid-19. There is a risk that demand will outstrip capacity within the community and in patient setting. Unexpected presentations have been of a higher acuity and have been first presentation psychosis and relapse alongside predicted conditions of anxiety, depression, increase in suicidality and PTSD and EUBPD.	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)	No escalation expected	Medium (6)	Action	Bed modelling being undertaken by Philip Lunts for anticipated demand	Managed (Treat)	Workforce
								Action	Bid in for funding for additional staffing into recovery group for Huntlyburn		
								Control	Some staffing capacity been provided		
								Control	Employed half time social worker via reinvestment from Cauldshiels closure to expedite discharges on Melburn and Lindean		
								Control	Temporary respite contract for LDS		
								Action	Additional funding request to recovery plan for additional staffing for CAMHs		
								Control	Temporarily suspended detox admissions to Hunlyburn		
								Action	Recruiting additional permanent half time psychologist to CAMHs		
								Action	SG review for CAMHs for 21.08.2020 to support improving processes and make efficiencies		
								Action	Agreed to deliver a primary care MH service funded by PCIP and Action 15 to begin service delivery from September 2020		
1770	Mental Health & Learning Disabilities	Since the start of COVID we have had our Consultant Psychiatrist increase his time here from 4 sessions to full time. The impact this has had on the team at such an unbelievably difficult time has been pivotal for us to be able to, as a team ,work together and deliver the best and safest service/treatment in a time when the very way we had known how to work was taken from underneath us. At present this still feels very fragile and the changes we have made and starting to move back to a more 'normal' way of working could change almost at any time, and all this whilst still meeting all the HEAT standards. It has also allowed us to see what we need to do as a team moving forward and how much the need for a Consultant Psychiatrist is if we are to offer a mental health service to our most vulnerable in society and with that keeping the doors of A&E and Adult Mental Health freer . We also must take into account the recent DRD during COVID which has undoubtedly spiked. We also have approx.65 more people on Prescriptions in the last 12 months a jump of almost 23% which we can only see increasing. With a Consultant in BAS fulltime we have also been able to be one of the leading health boards in introducing a treatment options such as Buvidal and this was during COVID, our ability to offer and supply such a service would be greatly hindered (if we could do this at all) without having the increased hours of Cons Psych. We also have funding for	Likely (4 Strong possibility that this could occur)	Moderate (3)	High (12)		Medium (4)			Tolerate	Safety
1782	Mental Health &	Photocopier in managers room and closer than 2 meters from desk, only photocopier in base and all use this, also very noisy and difficult to hear	Almost Certain (5 This is expected)	Minor (2)	High (10)	No escalation	Low (1)	Control	Social distancing risk assessment completed	Terminate	Business as
								Action	Move photocopier to spare office		

COVID-19 Risk Register
As at 29.09.2020.

ID	Dept / Ward	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Could the level of this risk escalate and if so to what level?	Risk level (Target)	Sources	Actions and Controls	Risk Status	Type of Risk
1702	Learning Disabilities	photocopier in base and all use this, also very noisy and difficult to hear when using video conferencing and 'Teams'.	to occur frequently)	Minor (2)	High (10)	expected	Low (1)	Action	Top desk to IM&T to add internet cable to spare office	Terminate	usual
1745	Acute	With the expansion of ICU capacity across NHS Scotland and the significantly increased demand on critical care beds in Scotland and globally, shortages in the availability and supply of essential ICU consumables has been noted. There is no back orders and is a weekly order. There is no back order allowed and there is a short turnaround for the shortage report.	Unlikely (2 Not expected to happen)	Extreme (5)	High (10)	No escalation expected	Medium (8)	Action	SOP by Shona Milne will have escalation triggers. Complete	Managed (Treat)	ITU capacity
								Action	Sourced alternative makes & supplies		
								Action	National Procurement will advise if other hospitals have the same products		
								Control	We've given National Procurement estimated usage based on potential demand figures		
1704	Acute	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. 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 interventions to occur. We typically find 1 - 2 babies each year with bilateral hearing loss that are subsequently found to have neurosensory loss requiring long term intervention, early intervention is beneficial to the long term outcomes. Referral pathways are also affected due to NHS Lothian taking the decision Single points of failure - there is limited cover for some skills	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (4)	Control	A space has now been sourced in OH Newstead to provide a 2 times a week clinic for babies to be brought to.	Managed (Treat)	Business as usual
								Control	PPE is now available for community clinic and transport has been arranged to get staff to the clinic.		
								Control	Liaison with national programme leads to ensure our service remains equitable with others within Scotland.		
								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		
1712	Organisational wide	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 and recover from which could affect all our reporting as we try to go back to more usual definition of beds	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Low (2)	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		
1728	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 maintenance log thus not being adequately maintained. This could	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	High	Low (3)	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		
1740	Acute	Staff are unable to socially distance themselves due to the layout of the BGH building. This includes stairwells, offices, corridors.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Action	Audit of all areas to assess ability to socially distance	Managed (Treat)	Safety
								Action	Considering options to create more socially distanced space		
								Action	Handover spaces identified on all three floors		
								Action	Microsoft Teams being implemented for all business meetings		
								Action	A SLWG has been set up to discuss how we can implement social distancing		

COVID-19 Risk Register
As at 29.09.2020.

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								Control	Signage is now in place throughout the hospital to keep left and highlighting where hand gels are. Signage for visitors to wear a face mask is also in situ		
1752	Mental Health & Learning Disabilities	As part of our COVID response the current crisis service function was moved into the CMHTs. The staff from the crisis service were then able to manage and staff the out of hours service covering the hours 13.00 to 09.00 everyday and 24 hours at the weekend. This means that the current crisis team staff are working only late shifts and night shifts. There is a risk that this staff group will not be able sustain this, sickness could increase and there could be detrimental effect on their wellbeing following this shift	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	High	Medium (9)	Control	regular supervision with staff	Managed (Treat)	Wellbeing
								Control	offer of rotation of staff from other teams		
								Control	Staff completing off duty and staff able to take annual leave		
								Action	team and mental health managers review current system with staff within the next 4 weeks		
1754	Primary & Community Services	As a consequence of a higher than normal level of staff sickness, the build up of outstanding staff annual leave due to current controls and pull back of staff from other services, the pool of employees available to over the service may become diminished.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (6)	Control	Demand and capacity Plan	Managed (Treat)	Workforce
								Control	Buddy system for management team		
								Control	Volunteer GP/Nursing pools established		
								Control	Existing BECS escalation procedure		
1755	Primary & Community Services	Closure of Covid-19 Centre and the return of BECS, incorporating Covid-19 assessment centre, to its' original location.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Control	BECS/Covid-19 Centre currently in Day Hospital	Managed (Treat)	Business as usual
1827	Acute	Potential risk of spread of Covid-19 to staff, patients & public due to visiting taking place within an Planned Care environment.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Control	Allocating visiting slots, with staggered times, limiting the number of visitors on a ward at any one time	Managed (Treat)	Business as usual
								Action	Dedicated visitor needs to be identified by patient & documented in notes		
								Action	Communication sent out to visitors & staff regarding expectations & processes		
								Action	Identify a visitor coordinator for each shift		
								Action	Covid screening questions with each visitor prior to them entering the ward. Entry only allowed if visitors asymptomatic and not had contacts with anyone confirmed or suspected of having Covid over previous 14 days		
								Action	Staff will advise visitors of hand hygiene requirements and they must wear a face mask whilst in the hospital		
								Control	Beds in bays at 4 to assist in social distancing		
								Action	Nursing staff available to help support patients unable to understand the requirements for social distancing		
								Control	Signage displayed in corridors to promote 2m distancing		
								Control	Restricting the days people can visit and number of visitors per bay. Patients are only allowed 1 designator visitor		
								Control	There is a booking system for the designator visitor to book a visit through		
								Action	Placement of the visitor to allow 2m socially distance space		

COVID-19 Risk Register
As at 29.09.2020.

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1828	Acute	Reintroduction of visiting to unscheduled care ward areas during Covid-19 pandemic.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Control	Visitors to wear facemask whilst in the hospital	Managed (Treat)	Business as usual
								Control	In CV4 as per National guidelines there is no visiting unless under exceptional circumstances. If there is a visitor, then patient likely to be moved to a cubicle and PPE required for visitor		
								Control	MKU have their own entrance which is locked and staff can buzz visitors in		
								Action	MKU will offer an appointment system to ensure control of amount of people visiting. These can be pre-booked in advance		
1829	Acute	Patient visiting in the ED Department	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Control	Essential visiting in place (end of life care, vulnerable patients, etc) where they can be 2 visitors per patient	Managed (Treat)	Business as usual
								Control	Restricted & managed volumes of patients in department waiting rooms & one family member per patient unless required due to patient being vulnerable, etc, in line with phased reintroduction of patient centred visiting		
								Control	All relatives are asked for their contact details in order to assist with Track & Trace (if required) and are screened using the appropriate Government guidance		
								Control	Bed spacing: 1 trolley per cubicle except in Resus 1 & 2 and Room 12 where there are 2 per space. Patients are risk assessed who can go into Resus 1 & 2 and Room 12 to minimise the risk of infection spread.		
								Control	Current general precautions: rigorous cleaning of rooms		
								Control	All relatives remains in the cubicle at all times until the patient is either discharged or admitted		
1830	Acute	Potential risk of spread of Covid-19 to staff, patients & public due to visiting taking place within Ward 15 & SCBU.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Control	SCBU & Ward 15 only allowing parents / guardians permitted and should remain with the child at all times	Managed (Treat)	Business as usual
								Control	Signage displayed in corridors to promote 2m distancing		
1831	Acute	Potential risk of spread of Covid-19 to staff, patients & public due to visiting taking place within Labour Ward & Ward 16 Maternity	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (9)	Control	Labour Ward: In addition to birth partner, allowed a second birth partner as long as no Covid symptoms & maintain physical distancing	Managed (Treat)	Business as usual
								Control	Ward 16 Maternity: In addition to birth partner, one designated visitor is permitted, as long as no Covid symptoms and maintain physical distancing		

COVID-19 Risk Register
As at 29.09.2020.

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								Control	Fask masks should be worn by visitors and staff will remind visitors about hand hygiene		
1850	Primary & Community Services	Community staffing running at unsafe levels. Staff reluctant to forgo annual leave as have previously done this in the pandemic. Currently 4 complex patients on caseload in Peebles all with syringe drivers requiring lengthy reviews. 1-2 trained members of staff working in each area - no capacity to assist each other as often 6 staff only working across locality. Increasing pressure on community nursing workload from GPS and consultants which community staff cannot meet due to situation. High levels of staff within the team - risk of increased sickness.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (6)	Control	Current workload reviewed - visits to be put on priority one, essential visits only	Managed (Treat)	Business as usual
								Control	Practice staff made aware of staffing issues		
								Action	Staff requested to take on extra shifts		
								Action	Bank shifts put out		
								Control	Marie Curie contacted for staffing support		
								Action	Shielding staff reviewed with occupational health support to assess ability to return to work		
								Control	Staffing reviewed and relocated on daily basis as per needs of service and skill mix requirements		
								Control	Staffing support across localities requested		
1884	Support Services	Catering kitchen staff are unable to socially distance due to job requirements. Some staff working are unable to wear masks, and as such may require to be relocated to a different role for their safety impacting on staffing levels within catering department.	Possible (3 May occur occasionally)	Moderate (3)	Medium (9)	No escalation expected	Medium (4)	Control	Advise from public health to use PPE within department	Managed (Treat)	Safety
								Control	Advise from Infection Control on what is appropriate PPE to use		
								Action	For staff unable to wear PPE within kitchens, alternative job role to be considered		
								Action	Risk to be raised at BET huddle		
								Action	Risk to be raised at Gold Command		
								Action	OH referrals to be undertaken urgently for staff unable to wear masks		
								Action	NHS Guidance for PPE within catering facilities to be made available		
								Action	Explore if screens could reduce risk within kitchen setting		
								Action	Explore the option of taking staff temperatures at start of shifts		
								Control	Business continuity plan in place should staffing levels be depleted		
								Action	Discussion around option for shift work with HR, Public Health, Infection Control, H&S as part of continuity plan		
								Action	Toolbox talks to be undertaken by H&S		
								Control	Textured food pre-made and delivered		
								Control	Sandwiches supplied by external provider		
								Control	PPE being worn by staff		
								Control	OH support for staff		
								Action	Heat within department for staff in PPE will require to be monitored to ensure staff well being/ hydration/ regular breaks		
								Control	Continue to record adverse events including PPE related events		
								Control	Occupational Health support to all staff		

COVID-19 Risk Register
As at 29.09.2020.

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1720	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 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. Staff working alternative hours/overtime.	Likely (4 Strong possibility that this could occur)	Minor (2)	Medium (8)	No escalation expected	Medium (4)	Control	Ensure daily situational updates sent to all staff via COVID19 update	Managed (Treat)	Wellbeing
								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		
								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		
1715	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)	High	Medium (6)	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		
								Control	Local guidance follows Resuscitation Council UK guidance		

COVID-19 Risk Register
As at 29.09.2020.

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1723	Organisational wide	Patients with COVID-19 who suffer a cardiac arrest will be offered CPR following guidelines where staff in hospitals and GP or GDP practice settings must be wearing full PPE in order to apply chest compressions or undertake airway procedures. The guidance permits staff to trigger a 2222 or 999 call and 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 compressions. Based on the current level of risk from COVID in the community setting community staff coming across an arrest in the general community or whilst attending a patients home must call 999, if access to a community defibrillator is in the near vicinity staff can administer defibrillation and commence chest compressions only CPR using full PPE. If full PPE is not immediately available HCWs must as minimum wear standard PPE including a fluid resistant mask and provide chest compression only CPR ensuring a covering or fluid resistant mask is placed across the patients mouth, as recommended by the Resuscitation Council UK, guidance for first aid and community settings.	Unlikely (2 Not expected to happen)	Major (4)	Medium (8)	No escalation expected	Medium (8)	Control	Do not undertake chest compression/airway procedures without appropriate PPE in situ	Tolerate	Business as usual
								Control	Dissemination of guidance to staff and GPs		
								Control	Endorsed by NHS Borders anaesthetics 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		
								Action	Face fit testing of all registered nurses and HCSWs in community hospitals, Huntlyburn and East Brig		
								Action	Face fit testing of all GPs		
								Action	Paper justifying decisions in relation to each pathway to be presented to BET for approval		
								Action	Agreement from GPs that they will attend health board outpatient clinics if cardiac arrest occurs in outpatient setting		
								Action	Discuss at Board Clinical Governance Committee		
Action	Discuss at NHS Borders Board										
Control	Advise community staff of appropriate precautions in event that they choose to carry out chest compressions in line with Resus Council UK										
1725	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)	No escalation expected	Medium (4)	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		

COVID-19 Risk Register
As at 29.09.2020.

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								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		
1847	Primary & Community Services	Test and Protect programme leads to practice closure. Should a member of staff be positive for Covid-19 in one of the primary care practices, and staff in the practice are advised to self-isolate, then there is a risk that the practice will need to close.	Unlikely (2 Not expected to happen)	Major (4)	Medium (8)	High	Medium (4)	Control	Infection Prevention and Control measures being adopted within primary care	Managed (Treat)	Business as usual
								Control	Social distancing		
								Control	Liaison with local public health team		
								Action	Develop contingency plan		
1848	Acute	Increasing patient waits for routine Outpatient and Inpatient/Day Case appointments. In light of the COVID restrictions imposed on the country, NHS Borders has suspended routine outpatient clinics and operations. This has resulted in increasing waits for these patients and an increasing number of patients breaching their outpatient 12 week target and surgical Treatment Time Guarantee dates.	Likely (4 Strong possibility that this could occur)	Minor (2)	Medium (8)	No escalation expected	Medium (8)	Control	Clinicians reviewing list and contacting patients via telephone or Near Me consultations to	Tolerate	Business as usual
								Control	Re-categorisation of patients on waiting lists in order of potentially worsening conditions.		
								Control	Urgent and Cancer appointments and surgery continuing and adequate capacity allocated		
								Action	Recovery plans underway to re-start routine clinical capacity to reduce waits		
1849	Primary & Community Services	Clinical risk associated to reduced patient access to primary care. There is a risk that the reduced demand for primary care services, and the reduced access including: - use of virtual consultation (telephone /Near Me assessment) in GP practices - dentists and optometrists that were closed during the initial covid response leads to clinical risk to patients, including missed or delayed	Unlikely (2 Not expected to happen)	Major (4)	Medium (8)	No escalation expected	Medium (8)	Control	GPs have continued to manage their demand throughout the pandemic and have prioritised urgent cases	Tolerate	Business as usual
								Control	Emergency Dental and Eye Care Treatment Centres have managed emergency dental		
								Control	Remobilisation of dental services and optometrists reduces the likelihood of this risk		
1717	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 in response to demand from COVID patients. 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)	High	Medium (8)	Control	Local daily modelling	Tolerate	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		

COVID-19 Risk Register
As at 29.09.2020.

ID	Dept / Ward	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Could the level of this risk escalate and if so to what level?	Risk level (Target)	Sources	Actions and Controls	Risk Status	Type of Risk
								Control	Audit of oxygen usage carried out across NHS Borders		
								Control	Close monitoring of flow rates and usage implemented to control risk		
1866	Acute	Home for Hearing Screening Programme Since the start of COVID escalations, the location of the neonatal hearing screening programme service was moved to Newstead (occupational health). The newborn hearing screeners have now been asked to move out of Newstead as occupational health return to seeing patients and the hearing screener are left without a location to undertake their screening programme - We therefore propose to commence our programme using available space in outpatients A on a Saturday morning. This space is available and we have staff from our service are also available at this time, but risks include lone working in the department at this time while no other services are running.	Possible (3 May occur occasionally)	Minor (2)	Medium (6)	No escalation expected	Medium (4)	Control	Area with safe space located within main outpatient area to carryout the clinic and to continue the service	Managed (Treat)	Safety
								Control	Estates staff are monitoring the clinic to ensure safety of staff		
								Control	PPE in line with national guidance is in use by staff members		
								Control	Liaison with national programme leads to ensure out service remains equitable with others within Scotland		
								Control	Pathway has been agreed with NHS Lothian for our patients from NHS Borders		
1872	Acute	Temporary reduction of available downstream telemetry beds during Ward 4 decant to CV4 (Ward 12) - 10.08.20 to 16.09.20 - 21.09.20 (latest)	Unlikely (2 Not expected to happen)	Moderate (3)	Medium (6)		Low (1)	Action	Staff need to follow telemetry protocol	Managed (Treat)	Safety
								Action	Need to review all patients daily as minimum re: need to continue on telemetry and remove if clinically safe to discontinue		
								Action	Nursing staff must follow telemetry review process & document		
								Action	Medical staff to ensure daily review re: ongoing need for telemetry		
								Action	Use advice of cardiac nurse specialists if unsure / unclear telemetry required / can be removed		
								Action	Staff to remove timely when identified as no longer needed and highlight to Site & Capacity, patient can then downstream		
								Action	Ward 5 / MAU to add to Safety Brief to highlight issue if unable to remove telemetry		
								Action	There will likely be a need to review patients telemetry use overnight to identify possible downstream patients - Nursing / medical / HAN team to review each night		
								Action	Patients should not be admitted to Ward 5 unless they require monitoring or HDU level care		
								Action	Patients who are suitable to be discharged from Ward 5 to a downstream ward without ongoing monitoring should be prioritised for downstream beds		
		Transport Hub risks associated to role of transporting COVID-19 positive or suspected positive patients to and from the Covid Assessment						Control	Safe system of work		
								Control	Infection control training		

COVID-19 Risk Register
As at 29.09.2020.

ID	Dept / Ward	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Could the level of this risk escalate and if so to what level?	Risk level (Target)	Sources	Actions and Controls	Risk Status	Type of Risk
1707	Organisational wide	<p>Centres; Patients being discharged from ED1 (suspected Covid) and discharges from Covid wards; Transportation of Dialysis Patients previously carried by volunteer drivers; Delivery of COVID-19 swab tests to NHS Lothian and Glasgow; Delivery of Cytotoxic Drugs (Chemotherapy) to patient homes; Co-ordination of Community Pharmacy prescription deliveries by Borders College to patient; Delivery of doorstep COVID-19 test kits; Transportation of patients to and from emergency dental and optometrist centres; Transportation of equipment for Covid patients and where capacity allows, provide transport for some non-COVID discharged BGH patients.</p> <p>Risks:</p> <p>1. Vehicles:</p> <p>1.1 Vehicles not meeting national standards</p> <p>1.2 Cleaned correctly in line with national and local infection control guidance to prevent cross contamination</p> <p>1.3 Used for appropriate patient groups (Covid +/- suspected and non covid) to prevent cross contamination</p> <p>1.4 correct storage and maintenance of vehicles so available for transportation of patients</p> <p>1.5 Emergency procedures should anyone become ill, if in an accident, vehicle fault or run out of fuel</p> <p>1.6 Staff safety as drive through testing</p> <p>2. Drivers and passengers:</p> <p>2.1 Exposure to covid-19 and other viruses/diseases, PMAV, staff</p>	Possible (3 May occur occasionally)	Minor (2)	Medium (6)	No escalation expected	Medium (6)	Control	Masks can be removed for journey home if journey has been an hour as long as windows are open	Tolerate	Safety
								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		
								Control	When in vehicle with bulkhead, driver on own in front and does not need to wear PPE unless accompanied by HCSW in front of vehicle. As per HPS guidance		
								Control	Transport Hub SOPs		
								Control	Mobile Phones issued for each transport hub car		
								Control	SatNavs in each car		
								Control	Use of safe shores system		
1722	Primary & Community Services	Due to COVID 19 redeployment measures the health visiting service workforce is reduced as the team are supporting testing. Children are at increased risk of physical, emotional, sexual harm and neglect during COVID restrictions. Domestic abuse and child protection	Unlikely (2 Not expected to happen)	Moderate (3)	Medium (6)	No escalation expected	Low (3)	Control	Management monitoring staffing levels	Managed (Treat)	Business as usual
								Action	Weekly monitoring of situation by management		
								Control	Follow Scottish Government guidance		
1721	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)	No escalation expected	Low (2)	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.		

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ID	Dept / Ward	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Could the level of this risk escalate and if so to what level?	Risk level (Target)	Sources	Actions and Controls	Risk Status	Type of Risk
								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.		
1761	Acute	Lack of speciality footprint within the Acute site. Provision of specialty specific care may not occur leading to adverse events, increased length of stay, lack of continuity of care and poor patient experience.	Unlikely (2 Not expected to happen)	Minor (2)	Medium (4)	High	Medium (9)	Action	Bed plan factors in when speciality wards can re-open	Managed (Treat)	Safety
1718	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 or death. Staffing from the intensive care nurse workforce for long as the demand for them in intensive care will increase and this is a finite workforce resource.	Unlikely (2 Not expected to happen)	Negligible (1)	Low (2)	High	Low (2)	Control	Monitor staffing levels		
								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.	Tolerate	Workforce
								Action	Patient levels in ITU are back to normal, however, if there is a second peak of Covid then the plans would be brought back.		