

NHS Greater Glasgow & Clyde	Paper No. 20/32
Meeting:	Interim Board Meeting
Date of Meeting:	16th June 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Director of Finance

NHSGGC COVID-19 Risk Register

Recommendation

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

Purpose of Paper

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

Key Issues to be considered

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

The Interim Board are asked to consider the updates made to the COVID-19 Risk Register and to note the changes.

Any Patient Safety /Patient Experience Issues

As detailed within the Register.

Any Financial Implications from this Paper

As detailed within the Register.

Any Staffing Implications from this Paper

As detailed within the Register.

Any Equality Implications from this Paper

As detailed within the Register.

Any Health Inequalities Implications from this Paper

As detailed within the Register.

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

N/A

Highlight the Corporate Plan priorities to which your paper relates

Improving quality, efficiency and effectiveness.

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Date	June 2020

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

Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	<u>1.0 Maintenance of governance.</u>	4x5=20	3x4=12	Review SEG Bi Weekly
Jane Grant	<p>Pandemic declared 11th March.</p> <ul style="list-style-type: none"> 1.1 The intensity of the required response to COVID 19 could result in a failure of governance impacting on patient and staff safety. 1.2 There is a risk that routine processes for ensuring quality and safety through clinical governance become overwhelmed. 	<ul style="list-style-type: none"> GGC COVID -19 IMT setup 26th January Public Health Protection Unit enacted their BCP 27th February. Corporate response throughout early March and formally enacted Strategic Executive Group (SEG) and COVID-19 Governance framework 17th March. Board level governance review undertaken through ARC 17th March, Chairman's communication to full Board with agreement to Interim Board. First meeting held 8th April and fortnightly thereafter. Approach and position shared with Scottish Govt. internal and external Audit. Arrangements to support the tactical groups in maintaining governance over newly approved/adapted clinical guidelines Focus continues on routine infection control monitoring and reporting across 	<ul style="list-style-type: none"> Robust documentation process established through SEG and tactical groups, Action and Decision logs in place. Core agenda considering system wide response. Governance Framework updated regularly as groups re focus – e.g. establishment of Recovery Tactical Group Corporate Management Team meetings maintained Summary of approach submitted to national Corporate Governance Steering Group and onwards to Scottish Government. Board governance approach will be reviewed in June 2020. Fortnightly Clinical Governance monitoring report for SEG and CMT established – update to Interim Board 2nd June. 	

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		<p>all sites</p> <ul style="list-style-type: none"> • Review undertaken of duty of candour/SCI actions to ensure support and consistency and ethical decision making considered by SEG. • Ethics Forum established for use as required to support ethical decision making. 		
Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	2.0 Acute Capacity.	4x5=20	4x3=12	<p>Review</p> <p>SEG</p> <p>Bi Weekly</p>
Jonathan Best	<ul style="list-style-type: none"> • 2.1 There is a risk that demand for inpatient beds will outstrip availability and impact of patient safety. • 2.2 There is a risk that demand for ICU beds will outstrip availability and 	<ul style="list-style-type: none"> • Mobilisation Plan completed and submitted to SG (with supporting financial projections) and updated on a weekly basis. • Elective operating ceased 23rd March. • Patient placement process in place. • All major sites have red and green pathways created to ensure separation of suspected COVID patients. • Focus continues on ED capacity and performance. • Doubling ICU capacity by 6th April. • Plan to quadruple ICU beds submitted to SG. • Relocation of staff to support activity noting ceasing of elective capacity. 	<ul style="list-style-type: none"> • Working in partnership with HSCPs to reduce delayed discharges in Acute services. • GGC response to national modelling led by PH to identify future need and required staff to support. • Core activity reduced through EDs during Lockdown, red pathways remains busy but performance stable. • Capacity has been maintained throughout the first phase to date – focus moving to recovery. • GJNH ICU capacity available for West of Scotland, though limited, with GGC core to WoS planning– available April 2020. • Daily GGC ICU call and regular West of Scotland ICU call to plan patient capacity and any transfers. 	

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	<p>impact of patient safety.</p> <ul style="list-style-type: none"> 2.3 The recovery and resumption of any elective services will require ICU impacting on additional need for beds - no period of recovery for staff. 2.4 There is a risk that there will be insufficient mortuary capacity at some point over the period. <p>Note: <i>Hospital Mortuaries – NHS facilities where the deceased remain under the care of the NHS, and Additional Body Storage – Local Authority Facilities where the care of the deceased has been transferred to the Local Authority</i></p>	<ul style="list-style-type: none"> Ongoing assignment of additional staff to ICU. Recovery planning process and structure for agreement of resumption of elective services. (see recovery risk 10) 511 core mortuary capacity NHSGGC. Multiagency working to secure additional capacity. Relocation of the stores facility at Hillington to Dava St with Hillington established as a temporary mortuary managed by Glasgow City Council. 2000 capacity established. 	<ul style="list-style-type: none"> Demand now reduced and beds reduced to base with escalation plans remaining in place. Ability to scale up ICU capacity again at pace critical if further wave of COVID impact. Further capacity sourced for Louisa Jordan Hospital on SEC site.(230) Core capacity has been sufficient to date. Hillington facility being mothballed at present 	
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Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	<u>3.0 Equipment</u>	3x4=12	3x3=9	Review SEG Bi Weekly
Anne Harkness	3.1 There is a risk that as the demand increases, there will be insufficient equipment for key areas e.g. ventilators, pumps	<ul style="list-style-type: none"> • Core part of Mobilisation Plan, additional ventilators and other equipment requested. • 100 anaesthetic machines converted for use as ventilators • Orders placed to enhance equipment availability with ongoing dialogue with NSS • Sourcing from the private sector • Additional pumps bought and those that were mainly in ward areas moved to ICU. 	<ul style="list-style-type: none"> • GGC core to daily regional ICU calls reviewing demand • Equipment core to daily SEG agenda • Additional sourced from National Procurement. • Equipment being returned to base locations 	
Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	<u>4.0 Workforce</u>	4x5=20	4x3=12	Review SEG Bi Weekly
Anne MacPherson	There are number of workforce risks across all services that could impact on staff and patient safety; <ul style="list-style-type: none"> • 4.1 Increased staff 	<ul style="list-style-type: none"> • Daily monitoring and reporting of all absence. 	<ul style="list-style-type: none"> • Further report to monitor impact of testing. 	

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	<p>absence due to self-isolation, shielding or having household member with symptoms.</p> <ul style="list-style-type: none"> • 4.2 Insufficient skills mix to respond to demand in speciality, such as ICU. • 4.3 Demands on resource due to requirement to support workforce at NHS Louisa Jordan. 	<ul style="list-style-type: none"> • COVID19 codes included on SSTS to capture data and regular communications to managers to encourage real time reporting. • Information contained on COVID19 website, FAQs and core briefs. • Staff and household testing in place and process agreed for maximising referrals. • Early retraining of clinicians undertaken and reassignment in place. • Initial lists provided for 40 bed model. Expect further requests to consider escalation. • Current resources to be provided from existing substantive resource, key numbers around nursing and healthcare support workers, but includes all job families. 	<ul style="list-style-type: none"> • Rollout of self-referral testing process. • Engagement with COVID19 positive staff members. • Review of those absent undertaken by Heads of HR and HR managers' daily and ongoing engagement and support through Management team. • Revised risk assessments being carried out with staff in this group and routinely reviewed as circumstances change. • Reassignment Guide has been developed for clinical staff to reflect principles and ensure appropriate consideration of skills and ensure orientation. • Returner and potential candidates provided through National Accelerated Recruitment Portal. • NHSGGC completed sifting process of circa 3,000 candidates across multiple job families and specialties. • Looking to place individuals depending on skill mix and demand. • Potential to include returner and potential candidates provided through National Accelerated Recruitment Portal for future lists. • Identification of potential candidates complete for NHS Louisa Jordan to ease pressure on own workforce. 	
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	<ul style="list-style-type: none"> • 4.4 High levels of unused annual leave resulting in increased staff absence post COVID-19. • 4.5 Ineffective matching of additional staff to areas of greatest demand. • 4.6 Negative impact on staff wellbeing • 4.7 Lack of corporate management capacity and resilience to co-ordinate organisational response. 	<ul style="list-style-type: none"> • Ability to carry over more than 5 days approved and in place. • Encouraging staff to take leave where possible. • Public holidays taken where possible. • Mapping exercise reviewing all modelling underway to match capacity to demand. • Number of interventions in place, including relaxation and recuperation hubs, on-line support, dedicated email, psychology staff support, occupational health support, counselling, chaplaincy, mindfulness and stress reduction. • Establishment of senior team deputy structure ensure consistency and continuity of COVID response. Focus on team wellbeing. 	<ul style="list-style-type: none"> • Revised Guidance produced by STAC. Confirmation that payment and carry over (above 5 days) only relates to 2019/2020 allowance. All leave for 2020/21 to be utilised and staff encouraged to take leave. • Regular communications of what is accessible, monitoring of uptake and availability. • Staff will be given appropriate training and guidance whilst in post • Consideration to be given to longer term initiatives, post pandemic. • Under continual review. • Forecasting leave and building contingency to ensure safe staffing levels for patients and staff. 	
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	<ul style="list-style-type: none"> • 4.8 Lack of clinical management capacity and resilience ensuring safe staffing. • 4.9 Assurance that appropriate advice and guidance on general fitness to work with COVID19 patients given to staff and managers who have identified health conditions. • 4.10 Compliance with KSF PDP&R impacted due to reduced staffing levels. 	<ul style="list-style-type: none"> • GGC wide approach to managing staffing risk • Safe staffing consideration at every huddle with escalation processes in place. • Application of risk assessment as per Health Protection Scotland and NHSGCC guidance. • Appraisal activity currently paused and will therefore impact on KSF PDP&R compliance levels in organisation with Agenda for Change for staff. 	<ul style="list-style-type: none"> • Support from occupational health consultant regarding complex health conditions and medication regimes. • Regular communication between managers and staff to identify concerns and remedial action taken to protect staff. • Ongoing provision of Turas appraisal/KSF helpdesk support via LE support as required for staff and reviewers. • In addition guidance continues to be available on HR connect. • Although micro strategy reporting not active for KSF at this time monitoring can be continued via Turas appraisal to provide an overall organisational compliance figure. • Consideration to be given to recovery of compliance. 	
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	<ul style="list-style-type: none"> 4.11 Assurance that appropriate support and guidance for BAME staff members is in place. 4.12 Capacity for OH to undertake pre-employment screening 4.13 Capacity of H&S to support fitting of FFP3 masks 	<ul style="list-style-type: none"> Revised risk assessment developed and managers undertaking discussions with staff members. Consideration in relation to adjustments or wider support in relation to health and wellbeing. Risk assessment process undertaken with prioritisation of high risk clearance requirements. All non-essential routine work paused. Rota system introduced to cover all key sites. Increased training sessions to train fit testers. 	<ul style="list-style-type: none"> Routine OH activity paused to focus on high risk assessments. Use of IT solutions to continue OH assessments. Staff requiring to work at home monitoring Datix and progressing any urgent health and safety issues. 	
Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	5.0 Staff Testing	4x4=16	4x3=12	Review SEG Bi Weekly
Linda de Caestecker	<p>Staff Testing</p> <ul style="list-style-type: none"> 5.0.1 There is a risk that the demand for staff testing will exceed supply. 	<ul style="list-style-type: none"> Initial sizing of available capacity undertaken. Approach to staff testing originally agreed for symptomatic household contacts through West ACH. Extended availability at Drive Thru at Stobhill via management referral for staff 	<ul style="list-style-type: none"> Continue to monitor demand and capacity as criteria extended to symptomatic health and care staff. Support from Military personnel to co-ordinate response and action. Contribute to national testing operational delivery group. Capacity has been sufficient to meet demand to date. 	

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		<p>of household contact. The criteria have now been widened to include symptomatic staff.</p> <ul style="list-style-type: none"> GGH site closed due to falling demand, it will reopen at short notice if demand increases. HSCP testing hubs established Some care homes asked to use UKG social care portal. 	<ul style="list-style-type: none"> NHS lab capacity enhanced with further capacity through the Lighthouse lab. 	
Risk Level/Score	5.1 Community Testing	4x5=20	4x4=16	Review SEG Bi Weekly
	<ul style="list-style-type: none"> 5.1.1 Capacity within public health to support and deliver Test and Protect contact tracing over a prolonged period of time and potential impact on core public health activities through recovery. 	<ul style="list-style-type: none"> Review of requirement's for Test and protect including, testing, tracing isolating and follow-up over incubation +/- symptoms. Support for households that are quarantined as a result of contact, as well as maintaining broader societal support for contact tracing as an intervention over an extended period. 	<ul style="list-style-type: none"> Service due to start end of May. For the first phase, 120 members of staff to be deployed redeployed to carry out the contact tracing. Additional staffing being sourced supported by HR. National approach to be adopted in due course. 	

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Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	6.0 Personal Protective Equipment (PPE)	4x5= 20	4x3=12	Review SEG Bi Weekly
Mark White	<p>Key risks relate to availability of PPE and Guidance;</p> <ul style="list-style-type: none"> 6.1 There is a risk that there is insufficient PPE in the right areas at the right times. 6.2 There is a risk due to fast moving guidance changes of 	<ul style="list-style-type: none"> Director of Finance appointed to oversee Procurement Function and act as single point of contact. PPE & Essential Supplies Sub Group established consisting of medical, clinical, nursing, infection controls and H&S membership. Twice weekly call with national procurement leads securing available PPE. Site co-ordinators on all major sites coordinating access to supplies. Logistics support received from the Military Reshaping of procurement team to focus on local sourcing. Detailed demand modelling completed demonstrating demand. Significant work undertaken by Infection control staff working with national colleagues and HPS to clarify the 	<ul style="list-style-type: none"> Working through line management structures to support staff to use the right PPE for their area. Extensive work to secure local supply routes of existing and alternative PPE, ensuring appropriate quality, value for money and governance. Ongoing liaison with the SG to support the FM daily briefing. Core consideration through recovery planning process. Primary Care hubs now fully functional supporting community services. Continual overview and revision of approach to Comms to ensure message and guidance is clear. 	

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	<p>what type of PPE is required means demand and supply do not match.</p> <ul style="list-style-type: none"> 6.4 There is a risk that the capacity to perform Face Fit Testing is not adequate. 6.5 Large volume of requests from MSPs/media regarding PPE. 	<p>position.</p> <ul style="list-style-type: none"> Videos developed to support staff in donning and doffing supported by Comms staff. Regular Core Briefs and dedicated place on the webpage advising staff on updated guidance. Records improved and greater choice of masks available. Robust and swift communication re PPE with key stakeholders e.g. MSPs/MPs, staff. Public Affairs team coordinating all requests. 	<ul style="list-style-type: none"> Military supporting rapid Face Fit testing successful. Now underway for increasing elective programme modelling. Weekly MSP/MP update. 	
Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Suzanne Millar/Beth Culshaw	<p>7.0 HSCPs ; Risk relate to the following key areas. Note HSCPs core part of Mobilisation Plan (scored separately)</p>			

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Risk Level/Score	<u>7.1 Primary Care</u>	4x4=16	4x3=12	Review SEG Bi Weekly
	<ul style="list-style-type: none"> 7.1.1 There is a risk to capacity in primary care regarding both availability of staff and the impact on premises should COVID patients attend impacting on the ability to care for patients safely. 	<ul style="list-style-type: none"> Primary Care Escalation Plan submitted to SG and enacted. <i>Level 1 Suspension of core activity, Level 2 Managed suspension of services, Level 3 Full suspension of services.</i> 235 Practices at Level 1, 9 at level 2. Close monitoring of any Escalation to ensure swift management of impact. Full roll out of Attend Anywhere to facilitate ongoing care in Practices and limit face to face contact. 	<ul style="list-style-type: none"> Escalation status reviewed daily and utilisation of Attend Anywhere monitored across the 235 practices. If the number of Level 2 Practises increases, HSCPs will work with their Practices to ensure arrangements are supported through a ‘buddy’ system in line with national guidance. Primary care work stream supporting HSCP Tactical Group providing professional support and advice. Review of the quality of interaction assessed at each appointment. Reports provided by ehealth to inform current usage and embedding the use of digital technology to support the integration in day to day limited service activity. Maximisation of VPN (virtual patient management) across Acute and community services approved. An Implementation oversight group will monitor progress weekly. 	
Risk Level/Score	<u>7.2 Hubs /Clinical Assessment Centres</u>	4x4=16	3x3=9	Review SEG Bi Weekly
	<ul style="list-style-type: none"> 7.2.1 There is a risk that the capacity to establish and run the Triage Hub and 	<ul style="list-style-type: none"> Significant work undertaken supported by Estates, eHealth and HSCPs to established Hub (23rd March) and CACs (first one 23rd March) with 7 now up and 	<ul style="list-style-type: none"> Daily monitoring of activity and assessment of staffing. Any issues regarding capacity to meet demand being escalated. Monitoring of current demand of CACs highlighted a 	

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	<p>Assessment Centres will not be timely and efficient.</p> <ul style="list-style-type: none"> 7.2.2 The focus on staffing of the HUB and CACs may impact on ability to staff Out of Hours Services. 	<p>running.</p> <ul style="list-style-type: none"> Chief Officer overseeing staffing of all facilities including Out of Hours with ability to flex resources supported the Deputy Medical Director for primary care. Encouraging GPs who have signed up to CACs to also support OoH. Upscaling patient triaging to manage demand. 	<p>reduction in capacity with the result 2 of the 7 CACs have been closed leaving 5 in operation with reduced capacity. Approved by the SEG on 3rd June.</p> <ul style="list-style-type: none"> Close monitoring to OoH services. Recruitment underway to increase in ANPs and Salaried GPs. 	
Risk Level/Score	7.3 Delayed Discharges	4x4=16	4x4=16	Review SEG Bi Weekly
	<ul style="list-style-type: none"> 7.3.1 There is a risk that the level of delayed discharges across the Board continues to impact on Acute capacity. <p><i>Note: A significant number (32%) of people</i></p>	<ul style="list-style-type: none"> All HSCPs are working to protect social work input into hospitals and enhance it where possible and to ensure there are no delays to decision making on discharge or delays to placement. Impact of patients requiring 2 negative COVID tests prior to discharge to care 	<ul style="list-style-type: none"> Daily Monitoring by Chief Officer and Acute Colleagues. Impact on recording of the delays due to testing prior to discharge for COVID patients being monitored by Discharge team and escalated accordingly. 	

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	<i>are waiting to be discharged in NHSGGC awaiting decisions in line with AWI legislation.</i>	homes on length of stay		
Risk Level/Score	<u>7.4 Care Homes</u>	5x4=20	4x4=16	Review SEG Bi Weekly
	<ul style="list-style-type: none"> 7.4.1 As COVID infection rates increase in care homes there are increasing risks in terms of capacity, PPE, staffing impacting on both hospital and community services with an increase in deaths in care homes. Significant media interest nationally. 	<ul style="list-style-type: none"> Commissioning Teams and Community Services are supporting care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed COVID19. Significant support also being provided by Public Health, Infection Control and Procurement. Testing of all residents and staff in care homes underway. Weekly testing of all staff implemented across GGC w/c 8th June. Director of Nursing is leading the response to enhanced assurance as per SG request. 	<ul style="list-style-type: none"> All 196 care homes contacted with programmed support to individual homes as required. FAQs and Webinars in place Multiagency assurance group established. Clinical support and leadership through general practice and district nursing. Local proactive support arrangements for infection control, training, practice and supervision. Local support for implementing social distancing and other measures such as reduced or no visiting. Local arrangements for access to appropriate PPE is in place and monitored locally and feeding into the overarching board PPE process established. Advice on guidance regarding staff and patient testing Dashboards being developed across GGC to allow identification of any COVID 'hotspots'. Arrangements in place for nursing, public health and care inspectorate supported across all partnerships to ensure consistency of application and approach. The Board's Public Health Director provides a RAG status to the SG weekly. 	

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	<ul style="list-style-type: none"> 7.4.2 Due to the current process in the social care portal data we are unavailable to get assurance that testing has taken place. 	<ul style="list-style-type: none"> Self reporting promoted and staff to share results until direct access can become available. 	<ul style="list-style-type: none"> eHealth team are working with NSS to have direct access to results from care home testing. 	
Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	8.0 Estates	4x4=16	4x3=12	Review SEG Bi Weekly
William Edwards	<ul style="list-style-type: none"> 8.1 Further to the UK Government instruction that only essential workers should travel and building sites should close there is a risk that this impacts on key GGC projects. 	<ul style="list-style-type: none"> Work undertaken to review non-essential construction works on acute sites once they were made safe and secure. Key projects completed as approved by SEG and Interim Board updated. 	<ul style="list-style-type: none"> Ongoing dialogue with the contractor and the Scottish Government to confirm the completion date for wards 2A/B in the RHC. 	

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Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	9.0 Finance	4x5=20	4x5=20	Review SEG Bi Weekly
Mark White	<ul style="list-style-type: none"> • 9.1 The risk of the financial impact of COVID - 19 is beyond an affordable level. • 9.2 The Board is responsible for collating all HSCP financial projections without detailed knowledge or visibility of the social care element. • 9.3 Expenditure in relation to other stakeholders is not reimbursed. 	<ul style="list-style-type: none"> • SG have developed a template and guidance for predicting, capturing and monitoring COVID-19 related spend, across the whole of the Health and Social Care environment. • The Board finance team structure has been amended and a COVID lead appointed to oversee the process. • Participation in national benchmarking meetings to assess social care projections. • Detailed reports on spend have been established. 	<ul style="list-style-type: none"> • A detailed review of all assumptions underpinning the projections is remains a regular ongoing piece of work, including an assessment of the impact and return of additional spend. • Comparison to actuals and links to latest SG COVID patient projections being made. • Detailed revised projections completed up to month 6. • Ongoing discussion with the SG to ensure full appreciation of cost. • Option to distribute COVID funds on an NRAC basis may prove challenging for NHS GGC. 	

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Owner	Risk Description	Current Controls to mitigate	Further mitigation	
Risk Level/Score	10.0 Recovery Planning	4x5=20	4x4=16	Review SEG Bi Weekly
Jennifer Armstrong	<ul style="list-style-type: none"> • 10.1 Key risks to recovery planning as COVID – 19 precautions continue; <ul style="list-style-type: none"> • Patient factors; Patient anxiety to attend, clinical issues (eg risk of acquiring COVID outweigh risk of elective procedure due to patient related factors) • Staff Factors; AGP and PPE, impact of COVID on how we do things e.g. need to scale up at speed and redirect staff to ITU as well as need for social distancing which will reduce the throughput 	<ul style="list-style-type: none"> • Recovery Tactical Group established, reporting to SEG. • Workforce analysis underway. • Template completed to consider local service learning and requirements for restarting activity when able - acknowledging infection control, social distancing etc. • Impact assessments to be in place to capture impact on level 2 and level 3 care, PPE and workforce. 	<ul style="list-style-type: none"> • Dedicated time at SEG weekly on recovery planning • Standard update to Interim Board. • Presentation of the Remobilisation plan to the Interim Board on 10th June. • Following the submission of the Remobilisation plan to the Scottish Government, positive feedback was received at this stage. 	

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	<ul style="list-style-type: none"> • 10.2 Failure to use the learning from COVID-19 in transforming services at pace ensuring that innovation that has been implemented is maintained. • 10.3 There is a risk that a 2nd wave of COVID-19 will lead to a further impact to patient treatment. • 10.4 There is a risk of widening health inequalities as a consequence of the 	<ul style="list-style-type: none"> • Robust framework in place to capture learning and maintain innovation. • Flexible, and new ways of working to continue to treat patients. • Continue to use dedicated pathways for emergency patients. • Continue to work in partnership with HSCPs to reduce delayed discharges in Acute Services. Ongoing treatment of clinically urgent cases. • New ways of working to continue to treat patients optimally (e.g. the use of digital technology). • Development of recovery plans; Support of independent sector and GJNH. • Planning for the short, medium and long-term societal impacts and developing evidence based responses to increased poverty and health inequalities; collaboration with the community 	<ul style="list-style-type: none"> • On-going support of independent sector and GJNH. • Recovery plan templates reviewed, Blood service established across multiple sites as a result. • Near Me (Attend Anywhere) roll out programme accelerating to support recovery plans. 	
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	pandemic.	planning partners to reach the most vulnerable groups and monitoring impact in the population and in population sub-groups.		
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