Appendix 1

Perth & Kinross Health & Social Care Partnership COVID-19 Risk Register

	Critical	5	10	15	20	25				
	Major	4	8	12	16	20				
+	Moderate	3	6	9	12	15				
pac	Minor	2	4	6	8	10				
트	Insignificant	1	2	3	4	5				
		Very Low	Low	Medium	High	Very High				
	Probability									

ID	Risk Title	Prob	Impact	Score	Mitigation	Prob	Impact	Score
1	Workforce Resilience	4	5	20	Establish a partnership Workforce Matching Unit to facilitate workforce review and any accelerated redeployment of staff as required. Develop and deliver relevant training to support redeployment of staff. Implement remote/virtual team working arrangements where appropriate to do so. Ensure the wellbeing of staff by communicating regularly the range of comprehensive support available (including links to third sector organisations) in relation to mental, physical and financial wellbeing. Develop an effective integrated learning team to understand the learning and practice development need/demands of staff and to develop an integrated and inclusive learning platform. Ensure clinical training/placement opportunities are maximised and prioritised for nursing staff.	3	5	15
2	Unsustainable access to appropriate PPE	4	5	20	Maintain established HUBs and processes for distribution. Maintain regular contact with staff, services and stakeholders. Review update and communicate guidance to staff and wider stakeholders. Support access to specialist PPE training and supply locally. Support 3rd Party Care providers to ensure ongoing sustainable access to appropriate PPE.	2	5	10
3	Covid expenditure not fully funded by SG	4	5	20	Regular submission of financial forecasts to Scottish Government. Robust review and scrutiny of planned covid expenditure through GOLD Command. Very strong joint working with PKC Finance and NHST Finance to ensure mutual understanding of forecast costs and financial risks. Effectively participate and support SG HSCP Benchmarking work programme, Undertake detailed Quarter 1 Review of forecast cost based on actual expenditure to date.	3	5	15

4	Safe Capacity and Flow exceeded	3	5	15	Ensure whole system view is taken to optimise patient flow. Minimise deployed discharges. Create new "Front door model" to minimise admissions. Review and optimise AHP In-patient and Community Services model. Enhance Locality Integrated Care Service to support deteriorating patients in the community. Review and optimise Health and Social Care community based service models	2	5	10
5	Increasing vulnerability,, substance use and resultant service demand	4	4	16	Produce and publish information campaign. Review multi-agency assessment clinic and triage reflecting service demand. Implement recovery and renewal plan for substance use services. Ensure HSCP representation on Lic. Forum.	4	3	12
6	Sustainable Digital Solutions	4	4	16	Identify service areas which would most benefit from better use of technology, implement and ensure staff have appropriate knowledge, skills and insight to support patient and service users. Review pre-existing new or replacement technology projects to ensure they meet COVID-19, and future, business requirements. Fully roll out Technology Enabled Care ensuring digital solutions are key to any future commissioning models. Review digital requirements of workforce to maximise efficiency during the ongoing pandemic response and further embed new ways of working accordingly. Enable staff to gain knowledge, skills and insight into the opportunities presented via investment in Digital Technology to improve future service delivery across localities.	3	4	12
7	Care Home Support	4	5	20	Ensure effective communication with visiting health professionals. Ensure Homes are informed and operating to the most recent guidance. Nursing and Social Work to undertake a joint care support visits to all care homes. Ensure daily contact with care homes to provide support and early mitigation of emerging issues. Ensure staff and service users are tested in accordance with current guidance. Jointly (PKHSCP, PKC & NHST) ensure clinical and care resources are provided to Care Homes if necessary to maintain safe and effective care.	3	5	15
8	Provider Sustainability	4	4	16	Close collaborative working with Care providers. Implementation of effective and timely review mechanism for payment claims. Employ additional resource to ensure claims reviewed robustly with supporting evidence. Work closely with providers during transition/tapering period.	4	3	12

9	Infection prevention, control and safer working	5	5	25	Establish and maintain safer working group. Ensure consistent safer working and physical distancing documentation and guidance is updated and disseminated appropriately. Undertake risk assessments and alterations to physical environments in-line with guidance.	2	5	10
10	Insufficient preparedness for future COVID-19 (or other pandemic) pressures	3	5	15	Undertake scenario planning to scope out impact on service capacity and workforce availability based on Scottish Government modelling. Maintain readiness of Work Matching Unit and related staffing support. Review and maintain service prioritisation through "collapsible hierarchy" process. Create "Outbreak Response Plan" to assist in management of HSCP Governance and decision making throughout cluster/outbreaks.	2	5	10
11	Governance arrangements not sufficient	5	5	25	Establish and maintain crisis management command, control, communicate structure	1	5	5
12	Increased unmet Adult Protection demand	4	4	16	A Multi agency public protecting group has been established and is led by the Chief Social Work Officer. A risk register has been developed to address the changes in landscape brought about by COVID-19 pandemic. Increased communication with staff, partners and public (including social media) to broaden opportunities for raising concern.	3	4	12
13	Widening Health Inequalities	4	4	16	In conjunction with third sector, identify the most vulnerable groups and provide support through lockdown, easing of lockdown and any future pandemic pressures. Identify areas where Third Sector activities have had to cease and assist them to offer appropriate alternatives, for example using technology to offer virtual support or identifying alternative premises where social distancing can be maintained. Ensure Third sector involvement in strategic planning, service development and service delivery to ensure health inequalities are met effectively.	3	4	12