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Public Board Meeting		29 July 2020 Item 06
THIS PAPER IS FOR APPROVAL		
CORPORATE RISK REGISTER JULY 2020 COVID-19 RISK REGISTER JULY 2020		
Lead Director Author	Julie Carter – Director of Finance, Logistics & Strategy Sarah Stevenson – Risk Manager	
Action required	<p>The Board is asked to:-</p> <ul style="list-style-type: none"> • approve the updated Corporate Risk Register following the previous discussions at recent Board meetings and updates from the Performance and Planning Steering Group. Restricted risks will be discussed in private. • note the work required from each assurance group or committee to routinely report on actions and risk rating. • note the Risk Register for COVID-19. This was previously presented to the Board in private as it was a dynamic Risk Register reviewed daily by the Executive Team. • agree the next steps that include a future Board risk workshop to review the Service risk appetite and this is being planned for the August development session. 	
Key points	<p>The Corporate Risk Register (CRR) was last presented to the Board in May 2020. Since then the Corporate Risk Register has been updated to reflect progress on outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meeting on the 21st July 20.</p> <p>In addition, in line with our approved new Risk Management Policy, the Corporate Risk Register now includes, more focus on those outstanding actions that are required to reduce to the risk level to within tolerance this includes risk actions leads and dates for completion.</p>	
Timing	Corporate Risk Register is a standing item.	
Link to Corporate Objectives	The Corporate Objectives linked to each risk are to be confirmed, based upon the new format of the CRR.	
Contribution to the 2020 vision for Health and Social Care	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of occurrence.	
Benefit to Patients	Identification and management of patient safety risks.	
Equality and Diversity	None identified.	

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SCOTTISH AMBULANCE SERVICE BOARD

**CORPORATE RISK REGISTER JULY 2020 – CORPORATE RISK
REGISTER (Public)
COVID-19 RISK REGISTER**

**JULIE CARTER – DIRECTOR OF FINANCE, LOGISTICS & STRATEGY
SARAH STEVENSON – RISK MANAGER**

SECTION 1: PURPOSE

This paper is to present the updated Corporate Risk Register.

SECTION 2: RECOMMENDATIONS

The Board is asked to

- Approve the updated Corporate Risk Register following review by the Risk Owners and the Performance and Planning Steering Group. Restricted risks will be discussed in the Private Session.
- The Corporate Risk Register has been updated to include more information on outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meeting on the 21st July prior to the Board meeting.
- Note the work required from each assurance group or committee to routinely report on actions and risk rating.
- Note the Risk Register for COVID-19. This was previously presented to the Board in private as it was a dynamic Risk Register reviewed daily by the Executive Team.
- Agree the next steps that include a future Board risk workshop in August 2020 to review the Service risk appetite.

SECTION 3: BACKGROUND

In line with our approved Good Governance report and improvement action plan approved by the Board in April 2019 we agreed the following actions under the Assessing and Assuring Risk section:

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- Approve the Board risk appetite and tolerances – *Risk appetite statement was approved at the Board meeting in May 2019 and work in developing the risk tolerances agreed*
- Complete the Review of the Corporate Risks to reduce variability in grading, ensuring risks are more tangible and assess in line with Board agreement on risk tolerance and risk appetite
- Approve and monitor the implementation of the revised Risk Management Policy across the Service to spread knowledge of updated practice and ensure underpinning risk governance reporting is in place.

These points have now been actioned and the Corporate Risk Register has been updated to include more clearly

- The current controls
- The further actions necessary to reduce the risk level to within tolerance and
- Dates and responsibilities for these actions

SECTION 4: DISCUSSION

The Updated Corporate Risk Register as at July 2020.

The current risks for the Service are as follows:

ID	Risk Description and Impact	Current risk level
4634	There is a risk that we do not achieve our financial targets in 2020-21. This is an unacceptable position with SG resulting in sanctions likely to include lower than required levels of funding in future years. This has direct impact on our ability to; Ensure Financial Sustainability and Improve Value.	High (12) Possible (3) x Major (4)
4636	There is a risk that the Service is unable to effectively support the health and wellbeing of staff, resulting in; <ul style="list-style-type: none"> • High levels of sickness absence • Low staff engagement and morale • Potential risk to the Service's reputation • High levels of overtime 	High (12) Likely (4) x moderate (3)
4637	There is a risk that staff are not effectively supported by line managers, resulting in; <ul style="list-style-type: none"> • Difficulty implementing changes in working practices and productivity improvements • High levels of sickness absence • Low staff engagement and morale • Potential risk to the Service's reputation • High levels of overtime 	High (12) Possible (3) x Major (4)
4638	There is a risk that changes to other parts of the whole system create new demand pressures on SAS, resulting in the following; <ul style="list-style-type: none"> • Insufficient staffing and longer response times • Increased journey times to hospitals as a result of centralisation of clinical services • Longer turnaround times at busy large hospitals 	High (12) Likely (4) x Moderate (3)

	<ul style="list-style-type: none"> Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan 	
4639	There is a risk of cyber threats and or a significant data breach resulting in the loss of systems or data, Service disruption and reputational damage.	Very High (16) Likely (4) x Major (4)
4640	There is a risk of slippage in the UK Government Emergency Service Communications Programme (ESMCP), resulting in Service delivery impact with the slippage impacting upon the airwave contract and internal systems.	High (12) Possible (3) x Major (4)
4641	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.	High (12) Possible (3) x Major (4)
4651	There is a risk that SAS cannot consistently deliver patient centred care, where increased demand exceeds available capacity resulting in the potential for adverse patient outcomes.	Very High (16) Likely (4) x Major (4)

All risks have been reviewed and actions updated to reflect business as usual activities re-commencing following the Services response to COVID 19.

Amendments to the Corporate Risk Register are as follows:

- Risk 4634 – risk mitigations updated to reflect the fact that budgets have been allocated with 1st quarter reporting to Scottish Government due middle August.
- Risk 4637 – risk mitigations updated to reflect the establishment of a wellbeing and support group whilst i-matter and staff experience activity has been suspended due to COVID 19.
- Risk 4638 – risk mitigations updated to reflect the emerging scheduling of urgent care work and the implementation of card 46.
- Risk 4639 – Risk mitigations updated to reflect the recently conducted network and information systems (NIS) audit and the improvement work which will be taken forward as a result of the findings.
- Risk 4640 – risk mitigations updated to reflect the requirement to complete commissioning of a new ICCS.
- Risk 4641 – Risk mitigations updated to reflect the extension of the delivery of the Diploma Higher Education programme from August 21 to May 22 by the HCPC.
- Risk 4651 – Risk mitigations updated to reflect the progression of the demand and capacity review, which will require to be updated in light of COVID 19 and the recruitment of additional clinical staff.

The Performance and Planning Steering Group has reviewed the high and very high risks from a Regional 'live' risk register in parallel with the current corporate risks to ensure no risk status in the Corporate Risk Register has changed and that no additional risks require escalation.

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Audit Committee members asked for an update on the ESN risk (4640) given the continued delays in the UK wide programme. This was discussed in detail at the Enabling Technology Board and it was agreed that no further actions or mitigations could be put in place until we received the UK wide Business Case for review. This is now planned for August 2020. There was also discussion and agreement that it is likely the current Airwave contract is being extended to 2024 adding this was constantly being reviewed by the Scottish and UK wide groups and this provides further resilience and time for the wider ESMCP to be implemented.

COVID-19 is a Global Pandemic to which the Service is contributing to the response. The COVID-19 Risk Register is presented at Appendix 2.

The detailed Corporate Risk Register is attached at **Appendix 1** with amendments highlighted red. This describes the additional actions required, by whom and when to reduce the risk level to within our current risk tolerance.

It is also useful to note that there are also ‘rolling’ mitigating controls for these existing Corporate Risks. These are summarised below:

ID	Risk Description	Current mitigating controls
4634	There is a risk that we do not achieve our financial targets in 2020-21. This is an unacceptable position with SG resulting in sanctions likely to include lower than required levels of funding in future years. This has direct impact on our ability to; Ensure Financial Sustainability and Improve Value.	<ul style="list-style-type: none"> • Detailed monitoring arrangements in place with all Budget Holders • Best Value (BV) Programme is operational • Performance is monitored through the BV Steering Group and BV Operational Group • Reported to Exec Team on a weekly basis as Senior Budget Holders • Monthly budget review meetings with Local Budget Holders • Regular meetings with SG Health Finance Team about income received and planning assumptions. • Forecast in August which will incorporate income assumptions, saving assumptions, and forecast spend.
4636	There is a risk that the Service is unable to effectively support the health and wellbeing of staff	<ul style="list-style-type: none"> • Implementation of the refreshed wellbeing strategy. • Absence management policies in place with recovery plans and task force actions fully completed • A wide range of wellbeing and mental health support mechanisms are available to all staff
4637	There is a risk that staff are not effectively supported by line managers	<ul style="list-style-type: none"> • Implementing our Foundation Leadership & Management Development Programme with delivery recommencing from October 2020 and continuing over 2020 to 2021. • Implementing a new and updated partnership agreement between Management and Staff Side. • Chief Exec and Chair engaging with Staff across the Service to find out what matters to them • Local engagement initiatives through iMatter and What Matters to You programme are being actioned through local forums.

		<ul style="list-style-type: none"> iMatter implementation, reporting and feedback in place to regional managers and through to Staff Governance Committee.
4638	There is a risk that changes to other parts of the whole system create new demand pressures on SAS	<ul style="list-style-type: none"> Working with LIST to present SAS data at IJB level – this has been tested with very positive results and now being shared through Regional Director's teams with IJB's. Regional Directors engaging with IJB's on primary care improvement plans. Paramedics embedded within primary care setting to allow more efficient resource utilisation. Regional directors engaging with IJB's, Partners, NHS Boards, Regional Delivery Groups and SG. HALO position in post with majority of Health Boards and working as an interface between Health Boards and SAS operations at A&R Clinical Decision Making Framework has now been published within the Organisation which is designed to support staff to make the correct decisions for patient pathways and safety netting. Stroke bundle rolled out in all divisions, focussing on clinical care rather than time based targets.
4639	There is a risk of cyber threats and/or a significant data breach resulting in the loss of systems or data, Service disruption and reputational damage.	<ul style="list-style-type: none"> Director of Finance & Logistics has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. Cyber security is now a standing Resilience Committee agenda item. Security governance arrangements have been consolidated. The Security Governance Group ToR has been updated to reflect the fact that it's remit involves overseeing physical, personnel and cyber security matters and reporting on these to the Resilience Committee. Following the internal audit carried out in relation to Cyber Resilience during 2017, an IT Security Management Plan has been created and is now proactively managed by the Head of ICT Infrastructure and Security. Cyber resilience awareness raising communications are now being issued to all staff on a weekly basis. Fortnightly calls involving the Executive Lead for Cyber Resilience, the SIRO and other relevant senior managers have taken place to ensure appropriate preparation is carried out for the independent NIS audit. Documentation relating to the first independent NIS audit has been collated and submitted. The audit will be completed by mid-July 2020.
4640	There is a risk of slippage in the UK Government Emergency Service Communications	<ul style="list-style-type: none"> SAS Emergency Service Network (ESN) Project team established with active engagement in ESMCP meetings and groups to keep abreast of the current situation.

	Programme (ESMCP),	<ul style="list-style-type: none"> • Member of key working groups with Scottish Government, Police Scotland and SFRS to ensure Scottish interests are fully represented. • Increased strategic level engagement with Scottish Government lead ESMCP Director. • The Airwave contract was previously extended until December 2022. However, SAS staff are now engaged in work, led at UK government level, with a view to extending the Airwave contract again (possibly until end 2024). • ESMCP 'Plan B' options are being investigated. • Engagement is ongoing with Airwave regarding the ongoing sustainability of the current Airwave terminals. • Work is underway to replace the current Airwave ICCS (which is end of life) with a new ESN compatible ICCS.
4641	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.	<ul style="list-style-type: none"> • Maximising training intakes and staff completing training through the Academy from now until 2022 • Recruiting as many new graduates from GCU programmes starting in 2020 • Increase direct qualified recruitment targets to manage any shortfall in numbers • Monitoring ongoing staff turnover and student attrition figures to ensure workforce forecasts accurately identify the ongoing requirements
4651	There is a risk that SAS cannot consistently deliver patient centred care, where increased demand exceeds available capacity, resulting in the potential for adverse patient outcomes.	<ul style="list-style-type: none"> • Workforce Development Programme Board is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place and supporting the workforce strategy, including Demand & Capacity implementation. • Workforce Plans are reviewed and updated annually (building into our three-yearly Workforce Plan return for Scottish Government), in acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors. • Robust clinical Governance arrangements in place within the Organisation and clear prioritisation of the local delivery plan process. • Ongoing Continuous Professional Development (CPD) programme in place through Learning in Practice (LIP) to improve clinical examination, assessment and shared clinical decision making with patients and carers - running 2019 - 2023. • Demand Management and Resource Escalatory Plans in place and actioned when appropriate

On a monthly basis, the Performance and Planning Steering Group reviews the Corporate Risk Register with a focus on the Corporate Risk Register profile, very high and high graded risks and those risks where the assessed level of risk exceeds the Board risk appetite. The 2020 Steering Group reviews the current programme/project risks. All escalation and review processes are described within our recently approved new Risk Management Policy.

The Performance and Planning Steering Group also regularly review the high and very high risks from the regional and national risk registers. At the meeting in July discussions took place around the recording of vehicle cleaning, fleet capacity, management capacity, national and local policies and the services property strategy. Further discussions are being planned through the Operational Leadership Team.

As anticipated the majority of high and very high risks within the local risk registers relate to the risks contained within the Corporate risk register, those that are currently scored very high relate primarily to the demand and capacity risk – Risk 4651 and the restricted Risk ID 4635.

Building upon the above rolling and embedded controls, **Appendix 1** details the additional 'live' actions in place, which, when completed should reduce the risk to within tolerance. Timescales and responsibilities are also included.

APPENDICES:

Appendix 1 – Detailed risk register (Restricted risks will be presented to the Board in Private).

Appendix 2 – COVID-19 Risk Register.

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APPENDIX 1 – DETAILED RISK REGISTER

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Tolerance	Risk Owner	Assurance Committee	Last Review Date
4634	There is a risk that we do not achieve our financial targets in 2020-21. This is an unacceptable position with SG resulting in sanctions likely to include lower than required levels of funding in future years. This has direct impact on our ability to; Ensure Financial Sustainability and Improve Value.	High (12) 3x4	<p>1. Budgets all allocated and now being formally reported against with the first Quarter reporting to SG due mid-August and then each month thereafter. Key variances will be identified and corrective actions agreed.</p> <p>2. COVID financial monitoring and reporting in place to SG and internal approval process in place. This includes the financial impact of non delivery of efficiency savings. This will be consolidated by end of August into the full year forecast and allocations agreed with SG by September 2020.</p> <p>3. Updating capital forecast outturn planning - M. Barnes (Monthly) and a full year forecast completed by end August 2020.</p>	1x4 Medium (4)	<p>1. J Carter By mid-August 2020</p> <p>2. J. Carter September 2020</p> <p>3. M. Barnes August 2020</p>	<p>Director of Finance & Logistics</p> <p>Exec Team Meetings</p> <p>Audit Committee</p> <p>PPSG</p>	06/07/2020

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date
			4. Best Value Group reporting and escalation of savings implementation has been reinstated fully from July. Updates will be provided monthly to the Board and weekly to the Exec team from end July onwards. Escalation processes in line with the governance document will be reinstated.	4. K. Brogan end July 2020				
4636	<p>There is a risk that the Service is unable to effectively support the health & wellbeing of staff, resulting in;</p> <ul style="list-style-type: none"> • High levels of sickness absence • Low staff engagement and morale • Potential risk to the Service's reputation • High levels of overtime 	4x3 High (12)	<p>1. Implementation of the refreshed SAS Wellbeing strategy to deliver actions to improve staff wellbeing across the Service.</p> <p>2. Absence Management Recovery plans and task force in place with continued review at PPSG and Exec meeting.</p>	<p>1. L. Davies September 2020</p> <p>2. K Reith Throughout 2020 / 2021</p>	2x3 Medium (6)	Director of Workforce	Staff Governance Committee	01/07/2020

4637	<p>There is a risk that staff are not effectively supported by line managers, resulting in;</p> <ul style="list-style-type: none"> • Difficulty implementing changes in working practices and productivity improvements • High levels of sickness absence • Low staff engagement and morale • Potential risk to the Service's reputation • High levels of overtime 	<p>High (12) 3x4</p>	<ol style="list-style-type: none"> 1. Draft Organisational Development Plan 2020/21 for approval at September Staff Governance Committee and monitoring until March 2021. 2. Working Practices Steering Group Workplan delivery with key actions monitored by the Workforce Development Programme Board. 3. Implementing our Foundation Leadership & Management Development Programme. 4. Implementing a new and updated partnership agreement and engagement process monitored through the Staff Governance Committee. 5. Staff Wellbeing and Support group established to ensure all necessary steps are taken to support staff wellbeing during COVID-19 and whilst iMatter and staff experience activity suspended. 	<ol style="list-style-type: none"> 1. A. Ferahi March 21 2. K Reith March 2021 3. A Ferahi (Starting Oct 20 following suspension of activity due to COVID-19 4. J. Riggins & L. Lauder Throughout 2020 5. L. Lauder & A. Ferahi (April 2020) 	<p>Medium (8) 2x4</p>	<p>Director of Workforce</p>	<p>Staff Governance Committee</p>	<p>06/07/2020</p>
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ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date	
4638	<p>There is a risk that changes to other parts of the whole system create new demand pressures on SAS, resulting in the following;</p> <ul style="list-style-type: none"> • Insufficient staffing and longer response times • Increased journey times to hospitals as a result of centralisation of clinical services • Longer turnaround times at busy large hospitals • Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan 	<p style="text-align: center;">High (12) 4x3</p>	<p>1. Insufficient Staffing - Regional Directors prioritising recruitment and recruitment actions, sickness absence reduction plans, and demand & capacity modelling.</p> <p>2. Engaging regional planning teams in the demand and capacity modelling and outputs.</p> <p>3. Developing clinical pathways due to increased journey times to / from hospitals through specific developments including</p> <ul style="list-style-type: none"> • Major Trauma Networks (Peter Lindle) • Stroke Thrombectomy (Craig Henderson) • Vascular / Paediatrics etc (Regional Directors & Drew Wemyss) <p>updated and monitoring through the remobilisation plan.</p>	<p>1. Regional Directors supported by HR Teams Throughout 2020 – with a focus on October in advance of winter pressures</p> <p>2. Regional Directors supported by the D&C project team</p> <p>3. Various owners as outlined – Status update provided end July 2020</p>	<p style="text-align: center;">Medium (6) 2x3</p>	Medical Director	Clinical Governance Committee	Exec Team – PPSG – Workforce Development Group	01/07/2020

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date
			<p>4. In addressing Longer Turnaround Times:</p> <ul style="list-style-type: none"> 6 Essential Actions Work (Milne Weir), HALO, Non ED Conveyance Options (Jim Ward & Regional Directors) <p>5. Other Healthcare Services recruiting Paramedics - Rotational Model to retain AP's (F Dodd), Rural Paramedics Support Model (Dahlrene Tough), Commissioning framework for IJB's to secure paramedic resource (Julie King).</p> <p>6. The emerging scheduling of urgent care work brings both opportunity and uncertainty around a platform that could support redesign efforts that SAS would like to pursue (card 46 re GP urgent flow) but also bring risks in terms of partner expectations around SAS being able to support a scheduling model alongside other 999 and PTS commitments.</p>	<p>4. M Weir / J Ward / Regional Directors</p> <p>5. Various owners as outlined – status update in July 2020 as part of the remobilisation plan</p> <p>6. Card 46 implementation due October 2020</p>				

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee		Last Review Date
4639	There is a risk of cyber threats and or a significant data breach resulting in the loss of systems or data, Service disruption and reputational damage.	Very High (16) 4x4	<p>1. The preparation for the NIS audit included the completion of a self-assessment which identified potential areas for improvement across cyber compared to best in class. This is currently a working document and will be updated following feedback from the NIS audit. This is due week commencing the 13th July. The security governance group is charged with monitoring performance against this plan and the next meeting is scheduled for the 18th August.</p> <p>2. Work with KPMG as internal auditors following the NIS feedback to agree a deep dive into one of the improvement areas to provide an assessment of current baseline and industry standards recognising our risk impact and reported back to the audit committee at the October meeting.</p>		High (12) 3x4	Director of Finance & Logistics	Audit Committee Resilience Committee Security Governance Group		03/07/2020

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date
4640	There is a risk of slippage in the UK Government Emergency Service Communications Programme (ESMCP), resulting in Service delivery impact with the slippage impacting upon the airwave contract and internal systems.	High (12) 3x4	<p>1. Continued proactive engagement with all relevant stakeholders - ET Team monitored by the Enabling Technology Board</p> <p>2. Increased Executive Level involvement in Scottish Strategic Group and Strategic Finance Group meetings.</p> <p>3. Revised GB-wide ESMCP Full Business Case planned for presenting to the SAS Board in Summer 2020 so they can give assurance to the Scottish Government that ESN will meet SAS requirements.</p> <p>4. Contingency planning if delays continue. Will assess SG timelines and develop SAS plan to present to Board by the end of 2020.</p> <p>5. Complete commissioning of new ESN compatible ICCS by Q1 2021.</p>	<p>1. Enabling Technology Team (throughout 2020)</p> <p>2. J. Carter (due to be started in August 2020)</p> <p>3. J Carter (August 2020)</p> <p>4. J Baker and M Barnes by December 2020</p> <p>5. ET Team (June 2021)</p>	2x4 Medium (8)	Director of Finance & Logistics	2020 Strategy – Exec Team	06/07/2020

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date
4641	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.	High (12) 3x4	1. Driving and mentoring programmes being developed - T. Devine (June 2020) 2. Reviewing our workforce model in line with COVID recovery plans - F. Dodd July 2020 3. The HCPC have extended the delivery of the Dip HE programme which will allow us to take new entries until May 2022, this was previously set for August 2021.	1. T. Devine June 2020 2. F. Dodd July 2020	Medium (8) 2x4	Director of Care, Quality & Performance	202030 Steering Group Exec Team	03/07/2020

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date
4651	There is a risk that SAS cannot consistently deliver patient centred care, where increased demand exceeds available capacity, resulting in the potential for adverse patient outcomes.	Very High (16) 4x4	<p>1. Demand and Capacity Implementation underway. Business case approved by SG and programme plan in place and being implemented. Updated Programme plan being redrafted as part of Covid 19 recovery.</p> <p>2. Pursuing the recruitment and education of additional clinical staff as part of the revised workforce plan.</p> <p>3. Work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues The recruitment of additional clinical staff will improve compliance with rest break protocols and this will be closely monitored. October 2020 (reference action above)</p>	<p>1. L. Campbell July 20</p> <p>2. Regional Directors and Head of Education by October 2020 in advance of winter pressures</p> <p>3. L. Lauder, J. Ward, Regional Directors & Staff-side Colleagues February 2020.</p>	2x3 Medium (6)	Chief Executive	PPSG – Exec Team	01/07/2020

ID	Description	Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Tolerance	Risk Owner	Assurance Committee	Last Review Date
			<p>4. Ongoing Continuous Professional Development (CPD) programme in place through Learning in Practice (LIP) is being reviewed to improve clinical examination, assessment and shared clinical decision making with patients and carers - running 2019 - 2023 F. Dodd by October 2020</p> <p>5. Additional triage and referral pathways being utilised during Covid 19 are being reviewed based on the lessons learned which will be embedded into new practice and included within the updated remobilisation plan.</p>	<p>4. F Dodd – ongoing throughout 2020</p> <p>5. F. Dodd & J. Ward due to be reviewed end July 2020</p>				

APPENDIX 2

ID	Objective	Risk Subtype	Description	Controls in place	Likelihood	Consequence	Risk level	Further Action Planning	Likelihood (Target)	Consequence (Target)	Risk level (tolerance)	Opened	Review date	Action owner	Risk Owner
R1	S1, S2	Operational	There is a risk that SAS does not have the required capacity to deal with the transport needs of suspected / confirmed COVID-19 patients due to an insufficient number of operational staff with the required level of FFP3 masks, this is due to supply chain issues for preferred mask and high failure rate for substitute masks resulting in an adverse impact on Service Delivery to patients and associated patient care interventions.	<p>FFP3 Face fitting being monitored at Local, Regional & National level through the regional tactical cells with national coordination</p> <p>FFP3 Fitted crews are identified on GRS & C3 to ensure the correct staff are allocated to the correct patients. Service adopted sustained transmission precautions to support staff caring for patients where COVID-19 status is not clear. Additionally triage appropriate purple and covid calls to reduce front line exposure when this adds no clinical value.</p> <p>6 additional portacount machines in service across Scotland to support additional face fitting Centurion hoods now in place for staff who have been unable to be successfully face fit tested.</p>	Rare (1)	Major (4)	Medium (4)	<p>Ensure that clinical guidance re interventions where FFP3 equipment is needed is up to date, clear and in line with national (HPS) guidance. On going work with procurement to identify types of FFP3 masks coming into service. and the testing of emerging FFP3 masks supplies is being undertaken by the Service. Regions are continually reviewing stock and distribution requirements across stations to ensure robustness of supply and Tactical cells are supporting moving stock across the region and the country to meet internal deficits.</p> <p>Face fitting continues against second masks.</p> <p>90% target for 2nd mask added resilience in East and North with anticipated completion July 2020, the West due by September 2020. Risk level will be reviewed following this.</p> <p>Additional review also being undertaken to identify staff who have only passed 1 mask with a view to maximising access to this reduced number of masks. May have option to access a new type of mask.</p>	Rare (1)	Major (4)	Medium (4)	17/02/2020	03/08/2020		Director of Care Quality & Professional Dev & Regional Directors
R2	S1, S4, S6	Operational	There is a risk that SAS is unable to maintain adequate stock of mission critical PPE, due to supplier demand, resulting in a decrease response level potentially leading to patient safety issues.	<p>Procurement continues regular discussions with suppliers and working with National Procurement on national stock to support SAS supply.</p> <p>Local and National Procurement widening available suppliers to support robust supplies.</p> <p>National stock being coordinated via National Procurement</p> <p>Identified demand with National Procurement and monitoring of usage in Service with a view to accessing national supplies if required.</p> <p>SAS assigned PPE single point of contact</p>	unlikely (2)	Major (4)	Medium (8)	<p>Overall good supply of PPE, modelling for PPE use continues to evolve in accuracy.</p> <p>SAS continue to monitor PPE supplies and stock twice weekly. 2 weekly SPOC PPE calls with National Procurement to assess risk across NHS Scotland. SAS PPE meeting every two weeks looking at all aspects of PPE supply, demand, products, usage, confidence, face fit testing and regional feed back. Remaining SAS concerns relates to any global or national shortages and SAS have developed resilience approaches to support alternative supply chains and alternative products. SAS working with other NHS Boards to coordinate supply issues and support collaboration in supply. Risk level will be reviewed again in September.</p>	Rare (1)	Major (4)	Medium (4)	17/02/2020	03/08/2020	Drew Wemyss and Brian Laughland	Director of Care Quality & Professional Dev

R4	S1, S3	There is a risk that staff are anxious about responding to Covid19 patients resulting in harm to Ambulance staff.	<p>Identified patients are tasked to staff who have been trained and fitted with appropriate PPE.</p> <p>Staff guidance has been issued to staff with guidance as to the actions on dealing with a suspected COVID-19 patient. Daily Clinical Updates on PPE requirements and other clinical guides.</p> <p>Additional call-script in place to better identify at-risk patients across all 999 calls.</p> <p>Put in place regular communications and feedback systems to identify where concerns may be and increase education and communications.</p> <p>List of approved Social Tactical Deployment Points in place based on ability to follow social distancing measures.</p> <p>PHE/HPS PPE guidance Table 4. sustained transmission now in place.</p> <p>Scottish Government mental well being hub in place for health and social care workers and communicated to all staff.</p> <p>Physical distancing guidance in place.</p> <p>Staff HWB resources published and distributed with emphasis on pro active mental health support. Significant expansion and promotion of resources available to staff during pandemic period to be consolidated in long term plan.</p> <p>Staff Testing programme continues to operate successfully through regional cell referrals.</p> <p>Covid 19 staff abstractions in steady decline.</p>	possible (3)	Moderate (3)	Medium (9)	<p>Regional teams are continuing conduct training/fitting of frontline staff as ongoing business as usual activities.</p> <p>Staff wellbeing being led by the Director of Workforce.</p> <p>Agreed that the review of the current risk level aiming to reduce to target likelihood, will be undertaken in September this will be following</p> <p>(a) completion of physical distancing risk assessments</p> <p>(b) completion of SAS Health and Wellbeing Strategy. Specific KPIs will also be in place by the end of year.</p> <p>In parallel to this continue to work closely with Partnership / staff side colleagues through a regular informal and formal meetings structure which will address issues of concern to staff and ensure continuous communications and engagement which will facilitate service change and development.</p>	Unlikely (2)	Moderate (3)	Medium(6)	29/02/2020	03/08/2020	Operational Team	Executive Directors
R7	S3, S4	There is a risk of increased staff absence, due to COVID response pressures, resulting in uncontrolled abstractions.	<p>Continued staff guidance to counter any 'fake-news' and reduce anxiety</p> <p>Staff Testing available through Occupational Health</p> <p>GRS monitoring staff abstraction due to 'Test & Protect'.</p> <p>Reduction in COVID related absence.</p>	Possible (3)	Major (4)	High (12)	<p>Review the impact of test and protect and staff abstractions in relation to abstraction levels and impact.</p> <p>Focus on supporting Attendance Management through HR support and Health and Wellbeing interventions for individuals and teams and targeted intervention for individual cases.</p> <p>Programme established to facilitate and support the return to work of shielding staff where possible.</p> <p>Restart of Once for Scotland Policy training and development for managers and supervisors to facilitate staff to return to work.</p>	Unlikely (2)	Major (4)	Medium (8)	03/03/2020	14/07/2020	Operational teams	Executive Directors

R10	S0, S2, S3, S4, S6	There is a risk that demand for unwell patients outstrips our capacity.	<p>Undertake detailed forecasting to predict future demand (as far as possible). Develop actions and progress these to mitigate against worst case modelling assumptions.</p> <p>protocol 36 (national pandemic triage protocol) now live.</p> <p>Advanced Paramedics now in ACC and Tactical Cell operating 24/7 providing additional pre-dispatch triage capacity and capability, ensuring that front line resources are used effectively particularly at times of increased demand.</p> <p>Pandemic call escalation plan active 16/4/20.</p> <p>29 Technicians deployed to LJH to support movement of patient, reduce demand on operations.</p> <p>SFRS Training Piloted.</p> <p>Updated mobilisation plans against demand and capacity modelling.</p> <p>SFRS memorandum of understanding agreed for COVID-19 response.</p> <p>Emerging Infectious Disease Surveillance tool has gone live in ACC</p> <p>West region have trained additional D2 drivers to support A&E capacity.</p>	Possible (3)	Major (4)	high (12)	<p>range of DCR arrangements to prioritise response and signpost patients to appropriate partner interventions / additionally triage calls where an immediate response is unlikely to be the optimal clinical or operational requirement.</p> <p>Continued work on use of urgent care advanced practitioners to support pre dispatch triage, work on sustainability of this provision.</p> <p>Work on education provision/prioritisation to enable mobilisation of staff from regional mobilisation plans.</p> <p>Weekly active updates to mobilisation plans. Modelling re-cast to show lower impact based on physical distancing measures. Continued decline in COVID attendance.</p> <p>Mobilisation plans in place to provide capacity for future surges and assessing impact of winter. Continue the training/development of resources identified in these plans.</p> <p>Review regional positions against demand and capacity modelling and mobilisation plans for future reductions.</p> <p>Consider reviewing yellow calls and time waiting to assess changes to likelihood. Demand and capacity work commenced pre COVID and is being updated for feedback in August 2020. Risk will be reviewed following remobilisation plan and demand and capacity work commencing.</p>	unlikely (2)	Moderate (3)	Medium (6)	03/03/2020	03/08/2020	Operational teams	Executive Directors
R12	S4	There is a risk that health boards will make changes to their patient flow to support their Covid mobilisation plans resulting in an impact on performance due to the changes in service delivery.	<p>As part of our recovery plan, SAS will consider the opportunities that arise from alternate patient flows and this will be modelled into our demand and capacity work and future strategy.</p> <p>Recovery Phase working group set up to review/continue work that has changed due to COVID-19.</p>	Likely (4)	Moderate (3)	High (12)	<p>Ensure SAS is fully engaged with (a) community covid Hubs, both strategically, locally and via ACC. (b) National clinical cell generating overarching clinical guidance (c) With Health Boards re changes both covid and non covid acute pathways.</p> <p>Remobilisation plans submitted to end July 2020 with no HB specific issues identified. Working on updated remobilisation plan to end of March and engaging across all Health Boards through Directors of Planning to ensure SAS impacts are being considered. This is working well. Final review of all remobilisation plans due to be completed by August 2020 and risk level will be reviewed then. Regions also continue to have good engagement at a local level.</p>	Possible (3)	Moderate(3)	Medium (9)	02/04/2020	03/08/2020	Julie King / Lewis Campbell	Medical Director

Closed Risks														
R6	S3, S5, S6		There is a risk that parts of our Critical National Infrastructure may fail, due to staff symptomatic of COVID infecting fellow staff, resulting in an inability to maintain mission critical functions.	PTS Control are currently using BC Fall-Back sites to limit exposure. HPS Guidance regarding sharing of food enforced. Hand hygiene stations. Social Media messaging to reinforce the importance of hand hygiene. Encouraging importance of self-isolation upon first signs of infection. Communicated with staff on absence management regarding COVID related illness.	Possible (3)	Extreme (5)	High (15)	A&E Control are looking at implementing the use of BC Fall-Back sites. Continually monitor staffing levels for trigger to active BC Plans. 30.3.20 - Looking at alternative locations for ACC / Social Distancing being observed 2/04/20 work to bring on additional call handlers.			High (10)	02/03/2020	14/03/2020	Operational teams Director, National Operations
R11	S1,S5 S6		Incorporated in to R4 There is a risk that staff are anxious about responding to Covid19 patients	Put in place regular communications and feedback systems to identify where concerns may be. Increase education and communications.	Likely (4)	Moderate (3)	High (12)	Develop and continually update Communications and education plan 29/03/20 Engage with Staff Side Colleagues to ensure Consistent Messaging. 30/03/20 Work to commence from communications on staff welfare.			High (10)	03/03/2020	15/03/2020	Operational teams Executive Directors
R3	S1, S2	Operational	There is a risk that A&E resources are unnecessarily tasked to less acute patients, due to ACA staff not having the required PPE, resulting in increased demand on A&E and SORT resources.	HPS Guidance now recommends the use of surgical face mask for transportation of COVID-19 Patients, providing they maintain a distance of 1.5m or greater. Territorial Health Boards have cancelled non-urgent elective surgery therefore releasing capacity in PTS resources. Regions confirmed PTS staff have access to appropriate PPE.	Rare (1)	Minor (2)	Low (2)	Review of PTS guidance in relation to COVID 19. Closed 10/06/2020	Rare (1)	Minor (2)	Low (2)	17/02/2020	08/06/2020	Regional Directors Director of Care Quality & Professional Dev & Regional Directors
R5	S0, S3		There is a risk that there is insufficient staffing numbers for the Strategic, Tactical & Operational Command Cells, due to there only being a limited number of on-call staff, resulting in increased staff fatigue and reduced operational delivery.	REAP Level 3 Nationally Business Continuity Plans have been invoked to release pressures on staffing. Re-deploying additional into ACC to maintain critical Call-Taking function. Tactical Cell now staffed 12/7, Strategic 12/7. Plans in place for de-escalation of cells.	Rare (1)	Moderate (3)	Low (3)	Identifying mission critical functions and how these can be supported from non-critical staff members. Closed 10/06/2020.	Rare (1)	Moderate (3)	Low (3)	01/03/2020	08/06/2020	Burnham, John Director, National Operations
R9	S1, S4		There is a risk of delays/reductions on other critical supplies	Stock management and future orders in place for other supplies. Close monitoring of supplies market (domestic and international) Engagement with national procurement.	unlikely (2)	Major (4)	Medium (8)	Increase controls in stock management and usage. Order advance stock in high use areas. Closed 10/06/2020.	unlikely (2)	Major (4)	Medium (8)	03/03/2020	08/06/2020	Brian Laughland Director Finance
R8	S0, S3,S4		There is a risk that we cannot maintain vehicles due to staff absence	Fleet Business Continuity plan enacted with level 2 controls in place. Further controls and mitigations moving from level 2 to level 4 can be actioned if necessary. Fleet operating as business as usual, No issues reported In relation to absence levels.	Rare (1)	Moderate (3)	low (3)	Further resilience plans being considered including use of external suppliers and reduction in maintenance 02/04/2020 Impact of SECC hospital on vehicle requirements. Review overall vehicle figures. 03/04/2020 - Sourced 4 vehicles for SEC Hospital, 4 extra vehicles already released for COVID, 5 other vehicles could be available for future use.	Rare (1)	Moderate (3)	Low (3)	03/03/2020	03/08/2020	Trevor Spowart Director of Finance