

## NOT PROTECTIVELY MARKED

<b>Public Board Meeting</b> <span style="float: right;"><b>27 May 2020</b> <b>Item 05</b></span>	
<b>THIS PAPER IS FOR APPROVAL</b>  <b>CORPORATE RISK REGISTER MAY 2020</b>	
<b>Lead Director Author</b>	Julie Carter – Director of Finance, Logistics & Strategy John Perritt – National Risk Manager
<b>Action required</b>	The Board is asked to:- <ul style="list-style-type: none"> <li>• <b>approve</b> the updated Corporate Risk Register following the previous discussions at recent Board meetings and Board workshop. Restricted risks will be discussed in Private Session.</li> <li>• <b>Confirm</b> the corporate risk profile and risk appetite status including a heat map on the risk profile and note this will be presented at each Board meeting.</li> <li>• <b>Note</b> the work required from each assurance group or committee to routinely report on actions and risk rating.</li> <li>• <b>Note</b> the draft Risk register for COVID-19 and this will be reviewed and approved within the private Board meeting. This will then be added to the restricted risk register.</li> <li>• <b>Agree</b> the next steps that include a future Board risk workshop to review the Service risk appetite.</li> </ul>
<b>Key points</b>	<p>The Corporate Risk Register (CRR) was last presented to the Board in March 2020. Since then 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 at the Executive Team meeting on the 12<sup>th</sup> May and will be presented to the Performance and Planning Steering Group meeting on the 19<sup>th</sup> May prior to the Board meeting.</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>
<b>Timing</b>	Corporate Risk Register is a standing item.
<b>Link to Corporate Objectives</b>	The Corporate Objectives linked to each risk are to be confirmed, based upon the new format of the CRR.
<b>Contribution to the 2020 vision for Health and Social Care</b>	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of occurrence.
<b>Benefit to Patients</b>	Identification and management of patient safety risks.
<b>Equality and Diversity</b>	None identified.

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**SCOTTISH AMBULANCE SERVICE BOARD**

**CORPORATE RISK REGISTER MAY 2020 – CORPORATE RISK  
REGISTER (Public)**

**JULIE CARTER – DIRECTOR OF FINANCE, LOGISTICS & STRATEGY**  
**JOHN PERRITT – NATIONAL RISK MANAGER**

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## **SECTION 1: PURPOSE**

This paper is to present the new and updated Corporate Risk Register, building on the work described in previous Board meetings and Board workshops.

## **SECTION 2: RECOMMENDATIONS**

The Board is asked to

- approve the updated Corporate Risk Register following the previous discussions at recent Board meetings and Board workshop. Restricted risks will be discussed in 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 at the Executive Team meeting on the 12<sup>th</sup> May and presented to the Performance and Planning Steering Group meeting on the 19<sup>th</sup> May prior to the Board meeting.
- Confirm the corporate risk profile and risk appetite status including a heat map on the risk profile and note this will be presented at each Board meeting.
- Note the work required from each assurance group or committee to routinely report on actions and risk rating.
- Note the draft Risk register for COVID-19 and this will be reviewed and approved within the private Board meeting. This will then be added to the restricted risk register.
- Agree the next steps that include a future Board risk workshop 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:

- 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 May 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 Scottish Government resulting in sanctions likely to include lower than required levels of funding in future years with the key focus on returning to financial balance.	High (12)
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"><li>• High levels of sickness absence</li><li>• Low staff engagement and morale</li><li>• Potential risk to the Service's reputation</li><li>• High levels of overtime</li></ul>	High (12)
4637	There is a risk that staff are not effectively supported by line managers, resulting in; <ul style="list-style-type: none"><li>• Difficulty implementing changes in working practices and productivity improvements</li><li>• High levels of sickness absence and overtime</li><li>• Low staff engagement and morale</li></ul>	High (12)

4638	There is a risk that changes to other parts of the whole system create new demand pressures on the Service, resulting in the following; <ul style="list-style-type: none"> <li>• Insufficient staffing and longer response times</li> <li>• Increased journey times to hospitals as a result of centralisation of clinical services</li> <li>• Longer turnaround times at busy large hospitals</li> <li>• Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan</li> </ul>	High (12)
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)
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)
4641	There is a risk that the Service 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)
4651	There is a risk that the Service cannot consistently deliver patient centred care, due to reduced capacity because of increasing demand, resulting in the potential for adverse patient outcomes.	Very High (16)

Amendments to the Corporate Risk Register are as follows:

- Risk 4634 – this refers to delivery of the financial targets in financial year 2019/20 and is a rolling risk in to 2020/21. Given the financial risks of COVID-19 and the likelihood and impact, it is proposed this risk would remain as High – Likelihood of 3 and impact of 4, total score is 12. The risk description has been updated to reflect this.
- the Performance and Planning Steering Group has reviewed the COVID-19 ‘live’ risk register in parallel with the current corporate risks to ensure no risk status in the Corporate Risk Register has changed. Discussion took place concerning the heightened risk of fraudulent and cyber activities. Whilst this does not change the risk rating or definitions of the Corporate risks it has been reflected in the mitigating actions and controls.
- COVID-19 is a Global Pandemic to which the Service is contributing to the response. The COVID-19 Strategic Intent & Risk Register will be discussed within the restricted session of the Board meeting.

The detailed Corporate Risk Register is attached at **Appendix 1**. 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.	<ul style="list-style-type: none"> <li>Detailed monitoring arrangements in place with all Budget Holders</li> <li>Best Value (BV) Programme is operational</li> <li>Financial Position Reported to Exec Team on a weekly basis as Senior Budget Holders</li> <li>Monthly budget review meetings with Local Budget Holders</li> <li>Regular meetings with SG Health Finance Team about income received and planning assumptions.</li> <li>Approved 2020-23 Financial Plan</li> <li>Budgets have been issued to budget holders and review meetings in place</li> <li>COVID costs and funding assumptions reported regularly to SG Health team</li> </ul>
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"> <li>Implementation of the refreshed wellbeing strategy.</li> <li>Absence management policies in place with recovery plans and task force actions fully completed</li> <li>A wide range of wellbeing and mental health support mechanisms are available to all staff</li> </ul>
4637	There is a risk that staff are not effectively supported by line managers	<ul style="list-style-type: none"> <li>Implementing our Frontline Management Programme (DFLM) underway with delivery planned from October 2020 and continuing over 2020 to 2021</li> <li>Implementing a new and updated partnership agreement between Management and Staff Side.</li> <li>Chief Exec and Chair engaging with Staff across the Service to find out what matters to them</li> <li>Local engagement initiatives through iMatter and What Matters to You programme are being actioned through local forums.</li> <li>iMatter implementation, reporting and feedback in place to regional managers and through to Staff Governance Committee</li> </ul>
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"> <li>Working with LIST to present SAS data at IJB level – this has been tested with very positive results and now being shared through Regional Directors' teams with IJBs.</li> <li>Regional Directors engaging with IJBs on primary care improvement plans.</li> <li>Paramedics embedded within primary care setting to allow more efficient resource utilisation.</li> <li>Regional Directors engaging with IJB's, Partners, NHS Boards, Regional Delivery Groups and SG.</li> <li>HALO position in post with majority of Health Boards and working as an interface between Health Boards and SAS operations at A&amp;E</li> <li>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.</li> </ul>

		<ul style="list-style-type: none"> <li>Stroke bundle rolled out in all divisions, focussing on clinical care rather than time based targets.</li> </ul>
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"> <li>Director of Finance, Logistics &amp; Strategy has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters.</li> <li>An internal audit was carried out in relation to Cyber Resilience during 2017 and improvements made in line with the recommendations made</li> <li>A new Head of ICT Infrastructure and Security role has been introduced and is now filled, this role will lead on the ICT aspects of cyber resilience.</li> <li>Cyber resilience awareness sessions have been carried out and included as part of regular communications to staff</li> <li>Firewall management / review process has been created and implemented.</li> <li>Appointment of Records Manager and implementation of Records Management and Information Governance plans.</li> <li>Project Manager assigned to assist with NIS self-assessment and cyber resilience improvement plan development.</li> </ul>
4640	There is a risk of slippage in the UK Government Emergency Service Communications Programme (ESMCP),	<ul style="list-style-type: none"> <li>SAS Emergency Service Network (ESN) Project team established with active engagement in ESMCP meetings and groups to keep abreast of the current situation.</li> <li>Member of key working groups with Scottish Government, Police Scotland and SFRS to ensure Scottish interests are fully represented.</li> <li>Increased strategic level engagement with Scottish Government lead ESMCP Director.</li> <li>Airwave contract has been extended until December 2020 with 6-month extension option.</li> <li>*ESMCP 'Plan B' under development as part of revised Full Business Case development process.</li> </ul>
4641	There is a risk that the Service 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"> <li>Maximising training intakes and staff completing training through the Academy from now until 2022</li> <li>Recruiting as many new graduates from GCU programmes starting in 2020</li> <li>Increase direct qualified recruitment targets to manage any shortfall in numbers</li> <li>Monitoring ongoing staff turnover and student attrition figures to ensure workforce forecasts accurately identify the ongoing requirements</li> </ul>
4651	There is a risk that the Service cannot consistently deliver patient centred care, due to reduced capacity	<ul style="list-style-type: none"> <li>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 &amp; Capacity implementation.</li> </ul>

	because of increasing demand, resulting in the potential for adverse patient outcomes.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Robust clinical Governance arrangements in place within the Organisation and clear prioritisation of the local delivery plan process.</li> <li>• 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.</li> <li>• Demand Management and Resource Escalatory Plans in place and actioned when appropriate</li> </ul>
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On a monthly basis, the Performance and Planning Steering Group reviews the Corporate Risk Register with a focus on the Corporate Risk Register profile, 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. All key risks have been incorporated within the corporate risks. During the month of May 2020, given the current COVID-19 pressures these high and very high risks on the operational risk registers have also been reviewed by the Executive Team with no issues to escalate to the Board or Corporate Risk Register. For information this review has highlighted that a 'housekeeping' review of owners and actions also needs to be undertaken. This will be actioned by the risk leads.

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.

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.

Actions have been updated to include

- COVID-19 financial risks (incorporated in the risk 4634)
- Actions and timescales updated to reflect implications of COVID-19
- Actions completed or slipped due to COVID-19 pressures

## APPENDICES:

**Appendix 1** – Detailed risk register (Restricted risks will be presented to the Board in Private including the COVID-19 risk register).

Doc: 2020-05-27 Corporate Risk Register	Page 6	Author: Risk Manager
Date: 2020-05-27	Version 01	Review Date:

## 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 with the key focus on returning to financial balance.	High (12)	1. 2020/21 financial plan approved with budget statements issued to budget holders and final sign-off meetings in place  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  3. Updating capital forecast outturn planning - Melanie Barnes  4. Best Value Group reporting and escalation of savings implementation has been stalled current COVID pressures	1. J Carter By end of May 2020  2. J. Carter Monthly  3. M. Barnes June 20  K. Brogan June 20	Medium (4)	Director of Finance & Logistics	PPSG Audit Committee Exec Team Meetings	19/05/2020
4636	There is a risk that the Service is unable to effectively support the health and wellbeing of staff, resulting in; •High levels of sickness absence •Low staff engagement and morale •Potential risk to the Service's reputation •High levels of overtime	High (12)	1. Implementation of the refreshed SAS Wellbeing strategy to deliver actions to improve staff wellbeing across the Service.  2. Absence Management Recovery plans and task force in place with continued review at PPSG and Exec meeting	1. L. Davies September 20  2. D. Joy Throughout 2020	Medium (6)	Director of Workforce	Staff Governance Committee	19/05/2020



4637	<p>There is a risk that staff are not effectively supported by line managers, resulting in;</p> <ul style="list-style-type: none"> <li>• Difficulty implementing changes in working practices and productivity improvements</li> <li>• High levels of sickness absence and overtime</li> <li>• Low staff engagement and morale</li> </ul>	High (12)	<p>1. Organisational Development Plan 2019/20 initiatives being delivered and Organisational Development Plan 2020/21 initiatives being delivered and monitored through the Staff Governance Committee.</p> <p>2. Working Practices Steering Group Work plan delivery with key actions monitored by the Workforce Development Programme Board.</p> <p>3. Implementing our DFLM Programme</p> <p>4. Implementing a new and updated partnership agreement and engagement process monitored through the Staff Governance Committee.</p>	<p>1. A. Ferahi March 20</p> <p>2. A. Ferahi Summer 20</p> <p>3. A Ferahi commencing Oct 20</p> <p>4. J. Riggins &amp; L. Lauder Throughout 2020</p>	Medium (8)	Director of Workforce	Staff Governance Committee	19/05/2020
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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"> <li>• Insufficient staffing and longer response times</li> <li>• Increased journey times to hospitals as a result of centralisation of clinical services</li> <li>• Longer turnaround times at busy large hospitals</li> <li>• Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan</li> </ul>	High (12)	<ol style="list-style-type: none"> <li>1. Insufficient Staffing - Regional Directors prioritising recruitment and recruitment actions, sickness absence reduction plans, and demand &amp; capacity modelling.</li> <li>2. Engaging regional planning teams in the demand and capacity modelling and outputs.</li> <li>3. Developing clinical pathways due to increased journey times to / from hospitals through specific developments including <ul style="list-style-type: none"> <li>• Major Trauma Networks (Peter Lindle),</li> <li>• Stroke Thrombectomy (Craig Henderson),</li> <li>• Vascular / Paediatrics etc (Regional Directors &amp; Drew Wemyss)</li> </ul> </li> <li>4. In addressing Longer Turnaround Times: 6 Essential Actions Work (Milne Weir), HALO, Non ED Conveyance Options (Jim Ward &amp; Regional Directors)</li> <li>5. Other Healthcare Services recruiting Paramedics - Rotational Model to retain AP's (F Dodd), Rural Paramedics Support Model (Dahrlene Tough), Commissioning framework for IJB's to secure paramedic resource (Julie King).</li> </ol>	<ol style="list-style-type: none"> <li>1. Regional Directors supported by HR Teams Throughout 20</li> <li>2. Regional Directors supported by the D&amp;C project team</li> <li>3. Clinical Team supported by Jim Ward and Regional Directors by October 2020</li> <li>4. Regional Directors and J Ward – throughout 2020</li> <li>5. October 2020</li> </ol>	Medium (6)	Medical Director	<p>Exec Team – PPSC – Workforce Development Group</p> <p>Clinical Governance Committee</p>	19/05/2020
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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. (note attached paper as further information)	Very High (16)	<p>1. Consolidation of information governance, security governance and cyber security (IT security) into a single group with clear accountability actions and reporting to the resilience Committee</p> <p>2. NIS fortnightly calls in place to review and action NIS gaps from the self- assessment against Scottish Government NIS compliance framework with a view to producing a 'cyber-resilience improvement plan'.</p> <p>3. work with KPMG as internal auditors to review and assess baseline against industry standards and external peer review</p>	<p>1. A. Shields Terms of reference presented to the Resilience Committee in June 2020 and put in place thereafter</p> <p>2. J Carter and F Dodds, A Shields, K Barclay and John Baker (will reassess position by August 2020)</p> <p>3. J Carter and J Baker – July 2020</p>	High (12)	Director of Finance & Logistics	Security Governance Group Resilience Committee Audit Committee	19/05/2020
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4640	<p>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.</p> <p>(Attached assurance paper for noting)</p>	High (12)	<p>1. Continued engagement through SG working groups with all relevant stakeholders.</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 now delayed likely until the end of summer. This is gained to provide 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 summer 2020.</p>	<p>1. Enabling Technology Team (throughout 2020)</p> <p>2. J. Carter (throughout 2020)</p> <p>3. J Carter (summer 2020)</p> <p>4. J Baker and M Barnes by summer 2020</p>	Medium (8)	Director of Finance & Logistics	2020 Strategy – Exec Team	19/05/2020
4641	<p>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 &amp; person centred care.</p>	High (12)	<p>1. Driving and mentoring programmes being developed and updated for post COVID planning.</p> <p>2. Reviewing and updating our workforce model in line with COVID recovery plans</p>	<p>1. T. Devine June 2020</p> <p>2. F. Dodd June 2020</p>	Medium (8)	Director of Care, Quality & Performance	202030 Steering Group Exec Team	19/03/2020

4651	There is a risk that SAS cannot consistently deliver patient centred care, due to reduced capacity because of increasing demand, resulting in the potential for adverse patient outcomes.	Very High (16)	<p>1. Demand and Capacity Implementation underway. Business case approved by SG and programme plan in place and being implemented. Programme plan being redrafted as part of Covid 19 recovery</p> <p>2. Work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues</p> <p>3. 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.</p> <p>4. additional triage and referral pathways being utilised during Covid 19 which will be embedded into new practice</p>	<p>1. L. Campbell February 20</p> <p>2. L Lauder, J Ward and Regional Directors and Staff side colleagues</p> <p>3. F Dodd – ongoing throughout 2020</p> <p>4. F Dodd/ J Ward started, initial evaluation underway and next steps expected to be proposed by end May 2020</p>	Medium (6)	Chief Executive	PPSG – Exec Team	19/05/2020
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