

Corporate Risk

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Agenda item 7

20/05/2020

Purpose

To ensure an effective and consistent approach to risk management, Public Health Scotland requires a risk management framework. A starting Corporate Risk Register has been prepared, which covers the top level risks for the organisation.

Recommendation

The Public Health Scotland Board is asked to approve the Risk Management Approach (Annex 1) and the starting Corporate Risk Register (Annex 2).

The Public Health Scotland Board's Risk Categories and Risk Appetite are set out Section 4 and 5 of Annex 1 of the Risk Management Approach.

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Corporate Risk

1. Financial and resource implications

There are no financial or resource implications directly resulting from this paper.

However, risks related to finances and resources are covered throughout the starting Corporate Risk Register (Annex 2). The impact of COVID-19 on Staff Wellbeing and Morale is covered in starting Corporate Risk Register risk 20-5.

2. Risk assessment and management

This paper presents the Public Health Scotland Risk Management Approach (Annex 1) for approval by the Board.

Once approved, the approach will be used to manage risk across the organisation. This will involve a review of lower level legacy risks held by the organisations brought together to form Public Health Scotland, the identification and addition of new risks and the transfer of these to a single electronic platform for risk management.

The starting Corporate Risk Register (Annex 2) has been developed in line with the Risk Management Approach, alongside consideration of the top level risks held by the legacy organisations and by the Public Health Reform team. It has subsequently been revised following discussions at the Public Health Scotland COVID-19 Leadership Group, the Senior Leadership Team and with colleagues in Shared Services. The Register includes Risk Owners, Categories, Scores and Mitigating Actions.



PHS

Risk Management Approach V 0.3

Final draft

Public Health Scotland Risk Management Approach	
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Approved by	Board (TBC)

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11/05/2020	0.3	New draft Approach to Risk Management finalised for Public Health Scotland	DR/JJ

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1. Introduction

Risk management is the culture, processes and structures we use to manage risk. The implementation of a comprehensive and effective risk management approach is part of best practice at strategic level, as well as at operational and project level, as a means of improving business activities.

Public Health Scotland (PHS) has an ambitious agenda, bringing together all of the national public health domains into one organisation and to deliver a step change in the effort to improve Scotland's health record. It has also come together at the time of a global pandemic with enormous immediate and lasting consequences for the public's health.

With dual accountability to the Scottish Government and to COSLA and with an ambition to work differently across the whole public service landscape, Public Health Scotland is required to challenge the received norms of operation of a health board and of its predecessor organisations from the outset. It is also required to put its organisational values of Respect, Innovation, Integrity, Excellence and Collaboration into practice from the outset. The way that we set our Risk Management Approach and commit to embedding risk management as a key part of the organisation's philosophy and business processes is a key part of all of this.

2. Purpose

The purpose of the PHS's Risk Management Approach is to ensure that risk is identified and assessed consistently at all levels throughout the organisation, from strategic through to operational and project levels. This document defines the PHS Risk Management Approach.

This Risk Management Approach will be reviewed annually to ensure that it is effective in supporting the needs of PHS and complies with best practice.

3. Principles and Objectives

Risk management proactively reduces identified risk to an acceptable level by creating a culture founded on assessment and prevention rather than reaction and remedy, but also on creating and then managing opportunities in a proactive way.

PHS will systematically identify, analyse, evaluate, control and monitor those risks that potentially endanger or have a detrimental effect upon its stakeholders, property, reputation and financial stability, but also those risks that could act to hold the organisation back from taking opportunities that will have the greatest impact on improving health and wellbeing outcomes.

PHS's key objectives in relation to risk management are:

- To use risk management to identify and explore opportunities for innovation.
- To help hold staff at all levels accountable for the decisions they make with regard to the organisation's reputation and impact.
- To manage risk in partnership with staff, stakeholders, the public and other organisations.
- To identify the Risk Appetite for each defined risk topics and to manage the risk within those levels.
- To promote a culture of effective management of risk, where risks are managed at an appropriate level, with escalation processes clear and easy

to use but proportionate so that risks are managed locally where appropriate.

- To identify, train and support key staff to ensure that risk management is part of the delivery of PHS's services.
- To establish systems of monitoring and evaluating risk management through the creation of clear accountability arrangements which report to the Board via the PHS Senior Leadership Team and relevant governance Committees.
- To maintain an open culture of communication around risks, their controls and the value of effective and proactive risk management.

4. Risk Categories

PHS's risks are assessed and categorised under four headings – Business, Workforce, Clinical and Reputational.

Business	Workforce	Clinical	Reputational
<p>Risks which impact on strategic, financial and operational performance.</p> <p>Examples: IT, information governance, external/political risk, business continuity, business</p>	<p>Risks which impact on staff governance or the ability of the organisation to get the optimum impact from its most valuable asset, its people.</p> <p>Examples: Training, safe working</p>	<p>Risks which impact on the public either directly or indirectly.</p> <p>Examples: Impact on services to the general public or provision of professional clinical advice to</p>	<p>Risks which have an impact on the reputation of the organisation.</p> <p>Examples: Events causing adverse publicity; situations where the organisation fails to capitalise on an opportunity to build credibility</p>

Business	Workforce	Clinical	Reputational
processes, regulatory requirements	environment, culture, staff resilience.	other parts of the system.	and credence with key stakeholders.

5. Risk Appetite

Risk appetite is the amount of risk that PHS is willing to seek or accept in the pursuit of its long term objectives. It is the responsibility of the Board to set the risk appetite and to ensure that the exercise of risk management throughout the organisation is consistent with that appetite.

The level of risk will be continually assessed and reviewed through the strategic planning process. The PHS risk appetite will be set by the Board and thereafter reviewed on at least an annual basis.

Risk appetite is about recognising the opportunities facing the organisation and taking well thought through risks where the long term rewards are expected to be greater than any short term losses. We define our 'risk appetite' as the amount of risk that we are prepared to accept, tolerate or be exposed to at any point in time.

The risk appetite for each category is presented below:

Risk Category	Appetite	Why
Business	High	To deliver PHS's strategic objectives we will need to be innovative and excellent in what we do. This means we need to be very open to exploring opportunities to move away from

Risk Category	Appetite	Why
		established roles and services that do not have the impact required. We also need to be very open to improving the services we currently provide.
Workforce	Medium	Our people are critical to achieving our vision. We therefore encourage initiatives and opportunities which support and empower our staff to be innovative and influential and to work in very different ways with new partners, whilst ensuring that we retain a safe and well governed working environment.
Clinical	Low	Public safety is paramount and we place a high importance on using and handling information properly as well as developing and disseminating safe and effective information. A low risk appetite is set to safeguard the public, sensitive data and ensure regulatory compliance is maintained.
Reputational	Medium	PHS seeks to conduct its activities to ensure a reputation for high quality, factual and useful information, evidence and engagement, maintaining the trust and confidence of its customers and stakeholders. However as we strive to have influence over public health in Scotland it is accepted that some risk exposure is taken.

It is the Nett risk scores that are compared to the expressed appetite for risk. Routine reporting to the Board and relevant governance committees will highlight any risks with a Nett score exceeding the risk appetite.

Where a risk has been controlled such that the Nett risk score is the same or lower than the appetite, this risk is deemed to be controlled and no further control measures are necessary.

6. Risk Management Approach

6.1 Risk Assessment

Risks are assessed as a combination of the likelihood of an event occurring and the impact of the event, before any controls are introduced. Establishing how we assess likelihood and impact is key to determining the risk score and subsequent actions to be taken.

6.1.1 Likelihood

The likelihood of a risk or event occurring once can be assessed either quantitatively (% occurrence) or qualitatively (chance of occurrence). The most appropriate method should be selected in each case. The assessment of the current likelihood of a risk occurring should take into account the controls currently in place to prevent it.

Having assessed the likelihood of the event happening, the following table should be used to determine the likelihood score (1-5) for the event. For example, if the chance of an event happening was 50% the score would be 3.

Likelihood			
Score	Description	% Occurrence	Chance of Occurrence
1	Rare	0 – 15%	Hard to imagine this event happening – will only happen in exceptional circumstances.

Likelihood			
Score	Description	% Occurrence	Chance of Occurrence
2	Unlikely	15 – 35%	Not expected to occur but might – unlikely to happen.
3	Possible	35 – 60%	May occur – reasonable chance of occurring.
4	Likely	60 – 80%	More likely to occur than not.
5	Almost Certain	80 – 100%	Hard to imagine this event not happening.

6.1.2 Impact

The Business, Workforce, Clinical and Reputational impact on the organisation of a risk or event happening should be assessed using the criteria in the following table. The impact score (1-5) can then be determined for each category. The assessment of the current impact of a risk occurring should take into account the controls currently in place to minimise the impact.

Impact					
		Category			
Score	Description	Business	Workforce	Clinical	Reputational
1	Negligible	<ul style="list-style-type: none"> • Financial impact/ penalties/ fines of <£10k • Project delays <2% of remaining timescales • Minimal impact - no operational disruption • IG Adverse Event with negligible business impact 	<ul style="list-style-type: none"> • No obvious harm to staff • Minimal disruption to staff • Very minor delay in recruiting staff • IG Adverse Event with negligible staff privacy impact 	<ul style="list-style-type: none"> • Interruption to a service which does not impact on the delivery of services to the public or the ability to continue to provide service • No obvious harm to public • IG Adverse Event with negligible privacy/ clinical impact 	<ul style="list-style-type: none"> • Rumours generated on social media - no interest to the mainstream media • No damage to reputation with stakeholders • Overspend of <5% of Budget • IG Adverse Event with negligible reputational impact
2	Minor	<ul style="list-style-type: none"> • Financial impact /penalties/ fines of £10k-£100k • Project delays 2%-5% of 	<ul style="list-style-type: none"> • Minor H&S or wellbeing incident • Minor staff complaint • Short term vacancy 	<ul style="list-style-type: none"> • Short term disruption to service with minor impact on delivery of services to public 	<ul style="list-style-type: none"> • Some public embarrassment • Minor damage to reputation with stakeholders • Overspend of 5-15% of Budget

Impact					
		Category			
Score	Description	Business	Workforce	Clinical	Reputational
		remaining timescales <ul style="list-style-type: none"> • Minor impact on service provision • IG Adverse Event with minor business impact 	<ul style="list-style-type: none"> • Small number of staff not taking the opportunity to attend training • Minor number of staff redeployed • IG breach with personal data relating to <10 staff that poses low privacy risk 	<ul style="list-style-type: none"> • Minor injury – first aid treatment required • IG breach with personal data relating to <10 individuals that pose low risk to privacy and has no impact on their health or safety but causes localised inconvenience or delays 	<ul style="list-style-type: none"> • IG breach which results in an adverse finding but no enforcement action by an external regulator
Score	Description	Business	Workforce	Clinical	Reputational
3	Moderate	<ul style="list-style-type: none"> • Financial impact/ penalties/ fines of £100k-£250k 	<ul style="list-style-type: none"> • H&S/wellbeing incident with some harm • Staff/trade union unrest • Key post vacant for some time 	<ul style="list-style-type: none"> • Some disruption in service with unacceptable impact on delivery of 	<ul style="list-style-type: none"> • Regional media – long-term adverse publicity • Moderate damage to reputation with

Impact					
		Category			
Score	Description	Business	Workforce	Clinical	Reputational
		<ul style="list-style-type: none"> • Project delays 5%-20% of remaining timescales • Some operational objectives partially achievable • IG Adverse Event with moderate business impact 	<ul style="list-style-type: none"> • Moderate number of staff not attending training • IG breach with personal data or privacy/ data integrity breach relating to between 10-100 staff members • IG breach with sensitive staff information causing negative staff impact 	<ul style="list-style-type: none"> services to public • Medical treatment and/or counselling required • IG breach with personal data or privacy / data integrity breach relating to between 10-100 individuals • IG breach with sensitive clinical information 	<ul style="list-style-type: none"> local Stakeholders • MP concern • Overspend of 15-40% of Budget • IG Breach which results in enforcement action with no monetary penalties taken by an external regulator
4	Major	<ul style="list-style-type: none"> • Financial impact / penalties/ fines of £250k-£1,000k 	<ul style="list-style-type: none"> • Severe H&S or wellbeing incident • Unable to recruit skilled staff to key 	<ul style="list-style-type: none"> • Sustained loss of service which has serious impact on delivery of 	<ul style="list-style-type: none"> • Scottish media – adverse publicity of less than 3 days

Impact					
Score	Description	Category			
		Business	Workforce	Clinical	Reputational
		<ul style="list-style-type: none"> • Project delays 20%-50% of remaining timescales • Significant impact on service provision • Significant impact on Strategic objectives 	<ul style="list-style-type: none"> • roles for extended period • Very disengaged workforce at organisational level • Significant number of staff not attending training • IG breach with personal data or privacy / data integrity breach relating to >100 staff members • IG breach with highly sensitive personal information which could affect the health or safety of >1 individual 	<ul style="list-style-type: none"> • services to public • Extensive injury/ major harm • IG breach with personal data or privacy/ data integrity breach relating to >100 individuals • IG breach with highly sensitive personal information which could affect the health or safety of >1 individual 	<ul style="list-style-type: none"> • Major impact on reputation with stakeholders • Overspend of 40-60% of Budget • IG breach with maximum enforcement action by an external regulator

Impact					
Score	Description	Category			
		Business	Workforce	Clinical	Reputational
5	Catastrophic	<ul style="list-style-type: none"> Financial impact / penalties/ fines of >£1,000k Project delays >50% of remaining timescales Unable to function/ total failure in service provision including irrecoverable loss of operational data Unable to achieve agreed strategic goals 	<ul style="list-style-type: none"> Loss of life/ life changing injuries to a member of staff Prolonged industrial action Sustained loss of key staff groups Loss/ integrity of data or privacy breach relating to several organisations or on a national scale that impacts large numbers staff 	<ul style="list-style-type: none"> Permanent loss of service or facility Incident leading to death or major permanent incapacity Loss/ integrity of data or privacy breach relating to several organisations or on a national scale that could impact large numbers of individuals 	<ul style="list-style-type: none"> UK wide /International media – adverse publicity of more than 3 days. Ministerial concern Court enforcement Public inquiry. Severe impact on reputation and stakeholder relations Overspend of >60% of Budget

6.1.3 Risk Score

The risk score is calculated by multiplying the likelihood score by the impact score.

Depending upon the score risks are classified as High (Red), Medium (Amber) or Low (Green). The score determines the action to be taken as outlined in the table below.

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
		Score	1	2	3	4	5
Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

Risk rating	Combined Score	Action/Treatment
High	15-25	Poses a serious threat. Requires immediate action to reduce/mitigate the risk.
Medium	9-12	Poses a threat and should be pro-actively managed to reduce/mitigate the risk.
Low	1-8	Poses a low threat and should continue to be monitored.

All risks are scored Gross before any controls are introduced. A Nett score is also calculated which reflects the effect of any mitigating actions or implementing controls.

6.2 Risk Registers

PHS has two risk registers:

- Corporate Risk Register (CRR): This register records risks that might affect the organisation as a whole at a strategic level. It should have few high level risk identified.
- Master Risk Register (MRR): This register contains all the risks identified at a directorate, operational and project level. These are collated to form

an overall picture of risk within the organisation.

Given the risks on the MRR will cover directorate, operational and project levels there will be the ability to *flag* risks to allow for them to be identified and reported to management for review and governance. Initially flags will include:

Flag	Description
Directorate	Risks which may affect the whole directorate or organisation but are not strategic so not on the CRR. As well as routine review by the risk owner, these risks would be reported to, reviewed and monitored by the PHS Senior Management Team.
Clinical	As well as those risks categorised as clinical, this flag will be added to all risks with a clinical dimension, to highlight that the risk should be reviewed and monitored from a clinical perspective. As well as routine review by the risk owner these risks will be routinely reviewed by the <i>Clinical Governance Committee or PHS equivalent</i> .
Information Governance	Any risk which has an Information Governance (IG) element should have this flag added. As well as routine review by the risk owner these risks will be routinely reviewed by the <i>IG Committee or PHS equivalent</i> .

Both Risk Registers will be recorded on the Corporate Planning Tool (CPT).

6.3 Risk Recording

This section will detail the process for recording and monitoring risks on both registers. It will be added at a later date.

7. Roles and Responsibilities

7.1 Context

The responsibility for risk management lies with all members of staff, with the Chief Executive having overall responsibility for ensuring effective risk management in the organisation. The key roles and responsibilities are summarised below:

7.2 Staff

All staff have responsibility to report events, incidents or accidents which have or could lead to Business, Workforce, Clinical or Reputational risks for the organisation, its staff and stakeholders. This includes:

- Reporting general risks identified including near misses, operational risks, health and safety risks, information governance risks and regulatory issues;
- Reporting to Directors, programme/project leads where applicable to ensure that risk registers are kept up to date; and
- Developing risk awareness through training where necessary.

7.3 Risk Owner

The Risk Owner is the named individual assigned to manage a risk. For the CRR this should be a direct report of the Chief Executive. The Risk Owner's role includes:

- Managing all aspects of the risk(s) assigned to them including the action plan;

- Determining and/or authorising the actions needed to mitigate the risk;
- Ensuring that risks assigned to them are kept up to date; and
- Escalating risks as and when appropriate.

7.4 PHS Risk Manager/or equivalent

The *PHS Risk Manager/or equivalent* is responsible for leading on the Risk Management Approach. This includes:

- Managing the processes required to support the PHS Risk Management Approach;
- Providing support and advice to management and staff;
- Ensuring that training is provided for staff where required;
- Preparing the risk reports for *various groups/committees* and PHS Board; and
- Driving continuous improvement in risk management.

7.5 Programme/Project Leads

Programme and Project Leads are appointed to manage specific areas of work. This includes:

- Identifying, recording, monitoring and reviewing risks associated with the programme/project;
- Ensuring actions are taken to manage the risks, including development of contingency plans; and
- Escalating and reporting risks to Directors, senior management and other relevant stakeholders such as Programme and Project Boards where appropriate

7.6 Directors and Heads of Service

Directors and Heads of Service are responsible for ensuring that risk registers are maintained and reviewed, and that appropriate risk management strategies and practices are adopted within their areas. This role also includes:

- Ensuring that key business objectives and new commissions have been risk assessed;
- Establishing a risk management process for identifying, evaluating, monitoring and reviewing risks for inclusion on the PHS Risk Registers.
- Assessing risks monthly with support from Risk Manager, Risk Owners, Project/Programme leads and staff.
- Reporting on risk to the Senior Leadership Team (SLT) and Management Groups for review where appropriate.
- Ensuring that risk registers are kept up to date and clearly flagged for action by the SLT;
- Reporting any urgent risks directly to the Chief Executive and relevant Risk Lead(s);
- Advising risk owners, where appropriate, of outcomes from SLT and Management Group meetings;

7.7 Management Groups

The role of the Management Groups in relation to risk management is to challenge and review risks on the CRR and MRR raised in their respective areas of focus (Business, Workforce, Clinical, Reputation and Information Governance risks). This includes:

- Reviewing risk, action plans and progress and
- Challenging risk ratings and for consistency accuracy and action plans for effectiveness

7.8 Senior Leadership Team (SLT)

The SLT meets weekly and comprises the Chief Executive, Directors and Head of Strategy, Governance and Performance. Their role includes:

- Reviewing the CRR and MRR Directorate level Red and new Amber risks monthly through the Risk Register;
- Escalating to the Board any risks they consider to be strategic;
- Advising on the appropriateness of the actions to be taken; and
- Providing advice on or taking actions in relation to risks where requested by Directors

8. Risk Ownership, Review & Escalation

8.1 Context

The PHS Directors, Head of Strategy, Governance & Performance and Risk Owners are responsible for the day to day management of individual risks. Risk Management is also supported by reviews from Directorates, Management Groups and the SLT.

8.2 Risk Review

Directors should engage with their senior teams and risk owners monthly to review risk ratings and risk action plans and ensure risks are being managed effectively. Directors should also engage with Management Groups where applicable.

The SLT reviews the CRR on a monthly basis as well as all Directorate level Red and New Amber risks recorded on the MRR.

In the event of any urgent emerging risk that requires immediate escalation, Directors should contact the Chief Executive directly. Requirement to inform external stakeholders should also be considered.

The table below provides details of the content and frequency of risk reviews undertaken.

Risk Review	Risks Reported and Reviewed	Frequency (minimum)
Directors and Head of Strategy, Governance and Performance	<ul style="list-style-type: none"> • Directorate level risks on MRR. • Key Project/Programme risks on MRR – Director/Head decides 	Monthly
Management Groups		
<i>HR or equivalent</i>	Staff risks on MRR that are Red and new Amber.	Quarterly
<i>Clinical Leadership Team or equivalent</i>	Clinical risks on MRR that are Red and new Amber.	Quarterly
<i>Finance or equivalent</i>	Business risks on MRR that are Red and new Amber.	Quarterly
<i>Communications Group or equivalent</i>	Reputational risks on MRR that are Red and new Amber.	Quarterly
Information Governance Group or equivalent	All IG flagged risks on MRR.	Quarterly
SLT	All risks on CRR. All Directorate level risks on MRR.	Quarterly Monthly

Risk Review	Risks Reported and Reviewed	Frequency (minimum)
	All risks that are Red and new Amber on MRR.	Monthly

8.3 Risk Escalation

All staff have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to stakeholders where necessary.

Directors have overall responsibility for establishing effective risk escalation procedures supported by risk reviews at directorate, management group and SLT levels.

9. Risk Governance & Challenge

The Chief Executive is responsible for reviewing the effectiveness of the system of internal control, which includes the maintenance of a risk register for the organisation and associated risk mitigation strategy. The Governance Committees of the Board have may a role in reviewing and challenging specific aspects of the Public Health Scotland Risk Registers. This is to be determined, but could follow something of the outline in the table below.

Risk Challenge	PHS Risks Reported and Reviewed	Frequency
<i>Staff Governance Committee or PHS Equivalent</i>	All staff risks on CRR. All Directorate level Red and new Amber staff risks on MRR.	Quarterly

Risk Challenge	PHS Risks Reported and Reviewed	Frequency
<i>Clinical Governance Committee or PHS Equivalent</i>	All clinical risks on CRR. All Directorate level Red and new Amber clinical risks on MRR.	Quarterly
<i>Information Governance Committee or PHS Equivalent</i>	All IG flagged risks on CRR. All Directorate level Red and new Amber IG flagged risks on MRR.	Quarterly
<i>Audit and Risk Committee or PHS Equivalent</i>	All reputational risks on CRR. All Directorate level Red and new Amber reputational risks on MRR. Risk Appetite.	Quarterly Annually
<i>Finance, Procurement & Performance Committee or PHS Equivalent</i>	All business Risks on CRR. All Directorate level Red and new Amber business risks on MRR.	Quarterly
PHS Board	All risks on CRR. All Directorate level Red risks. Risk Appetite.	Quarterly Annually

Annex 2

Public Health Scotland Corporate Risk Register

CRR 2020/21 Risk Description	Risk Category (Appetite)	Risk Owner	Gross Score (L x I)	Mitigating Actions	Nett Score
20-1 As a result of loss of resilience in key teams such as Health Protection and a lack of understanding and coordination of the full resource available to PHS on day 1, there is a risk that resource is not moved and utilised effectively across the organisation on priority areas, resulting in priority operational delivery being hindered.	Business (High)	Head of Strategy, Governance and Performance	4x4 = 16	Temporary recruitment for HPS underway and 'fast track' support process agreed between service managers in HPS and people team; Delivery Groups/Cells coordination process in place to support rapid movement of PHS staff around organisation as needed.	3x4= 12

CRR 2020/21 Risk Description	Risk Category (Appetite)	Risk Owner	Gross Score (L x I)	Mitigating Actions	Nett Score
20-2 As result of the ARHAI function not being part of Protecting Health within PHS, there is a risk that the viability and effectiveness of Health Protection is adversely impacted, resulting in reduced capacity and resilience to support both routine and emergency Protecting Health functions as well as knowledge and understanding across the whole of health protection being diminished through the loss of routine working links between teams previously in one organisation.	Clinical (Low)	Clinical Director	4x5 = 20	Map out the immediate consequences for current phase of response; longer term full review of entire service and implications and establish new coordinating function. Maintain close working with the team within NSS.	3x4= 12
20-3 As result of PHS being launched during COVID-19 and delays in bringing key elements of the governance arrangements together from day 1, there is a risk of lack of clarity from new and untried sponsorship arrangements.	Reputational (Medium)	CEO	4x3 = 12	COSLA board recruitment underway and rest of board in place; positive relationship with Director of Population Health, SG,.	3x3= 9

CRR 2020/21 Risk Description	Risk Category (Appetite)	Risk Owner	Gross Score (L x I)	Mitigating Actions	Nett Score
20-4 As a result of a multiplicity of asks from various policy groups and leads regarding the COVID-19 response, there is a risk that coordination of asks and engagement results in duplication or dilution of maximum impact of effort.	Business (High)	Director DDI & Director of Place & Wellbeing	4x4 = 16	COVID Cells coordination system in place; working in partnership with Director of Population Health, SG,.	4x3= 12
20-5 As a result of COVID-19, there is a risk of significant and prolonged staff absence and reduced resilience in key teams, resulting in operational delivery failure.	Workforce (Medium)	Head of Strategy, Governance and Performance	4x4 = 16	Supporting staff to work remotely and maintaining business critical services. Regular guidance to staff on keeping safe and well; Staff instructed to work from home wherever possible; Plans in place to bolster resilience of key teams; COVID testing protocol agreed; regular messaging re annual leave; People team supporting with advice re overtime management. Agree with shared services and	3x3= 9

CRR 2020/21 Risk Description	Risk Category (Appetite)	Risk Owner	Gross Score (L x I)	Mitigating Actions	Nett Score
				implement regular management information reporting of staff hotspots/issues.	
20-6 As a result of catastrophic failure in the networks or systems supporting remote working, there is a risk that staff cannot work from home or office settings.	Business (High)	Head of Strategy, Governance and Performance	3x4 = 12	Work with NSS to ensure early identification and resolution of problems staff are having; and ensure full disaster recovery plans in place. Ensure that business continuity and recovery plans for relevant shared services tie in with PHS business continuity processes.	3x3= 9
20-7 As a result of COVID19, there is a risk that the Annual Operational Plan 2020/21 does not reflect priority work actually undertaken.	Business (High)	All Directors	4x3 = 12	Linked to the updating of the strategy, action undertaken to flag business critical work projects; regular reports to the Board and sponsors.	3x3= 9

CRR 2020/21 Risk Description	Risk Category (Appetite)	Risk Owner	Gross Score (L x I)	Mitigating Actions	Nett Score
20-8 As a result of COVID19, the opening budget does not reflect realistic budget for the organisation. Furthermore with PHS inheriting the PHI mixed funding model of baselined and non-baselined funding there is a risk of being unable to change this approach quickly enough as a result of COVID19, resulting in difficulties in channelling investment to address future priorities and desired ways of working.	Business (High)	Head of Strategy, Governance and Performance	5x4=20	Work being undertaken to update budget; COVID cost codes established; Business Operations Group established to ensure organisational overview; regular review at Senior Leadership Team. Agree processes of COVID cost identification and management across shared service and PHS	4x3=12
20-9 As a result of lack of opportunity to bring staff together face to face to discuss and support change, there is a risk that the cultural changes required in the development of Public Health Scotland are delayed.	Workforce (Medium)	CEO	4x4 = 16	Momentum had been built with engagement sessions and will be picked back up; 'Cultural shift' project instigated with regular reporting on staff deployment; regular communications re 'new ways of working' and celebrating success of new approaches.	3x3=9

CRR 2020/21 Risk Description	Risk Category (Appetite)	Risk Owner	Gross Score (L x I)	Mitigating Actions	Nett Score
20-11 As a result of a lack of stakeholder awareness and engagement as a result of a soft launch due to COVID19, there is a risk that the organisation's contribution to the pandemic is not fully understood.	Reputational (Medium)	Head of Strategy, Governance and Performance	4x4 = 16	Engagement with Director of Population Health and others SG on PHS role and contribution; developing role and potential visibility on comms and marketing; communications strategy under regular review as COVID develops.	3x3= 9