



NOT PROTECTIVELY MARKED

Public Board Meeting		29 November 2023
		Item 07
THIS PAPER IS FOR APPROVAL		
CORPORATE RISK REGISTER - PUBLIC		
Lead Director Author	Julie Carter, Director of Finance, Logistics and Strategy Sarah Stevenson, Risk Manager	
Action required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Review the Corporate Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively. We have also recently included detail on the percentage completion of the mitigating actions within the Corporate Risks. This is similar to the approach internal audit use within the follow up report as assurance on completion of the actions. This was presented to the Audit and Risk Committee in October 2023 who approved this addition, therefore feedback on the usefulness of this development from Board members is welcomed. • Approve the delegation of 2 Corporate Risks - Equality and Diversity (5652) and Workforce Planning and Demographics (5651) to the Staff Governance Committee. 	
Key points	<p>The attached Corporate Risk Register provides:</p> <ul style="list-style-type: none"> - Detail of the highest level of risks the Board is currently managing in delivering our agreed outcomes. - Assurance on the risk management mitigations and considers if they are effective and efficient. - the gaps between the current risk level and our risk tolerance (defined as the risk level after taking account of the controls in place) and to agree if any further work is required to address the current gaps. - Confirmation of the corporate risk profile and risk appetite status with a heat map on the risk profile in month. 	
Timing	All risks have been reviewed and are planned for review via a schedule in accordance with policy	
Associated Corporate Risk Identification	Details the risks contained in the public Corporate Risk Register.	

Link to Corporate Ambitions	Links to all 2030 Ambitions
Link to NHS Scotland's Quality Ambitions	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of recurrence.
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 NOVEMBER 2023 (Public)

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

SECTION 1: PURPOSE

This paper is to present the Corporate Risk Register to the Board.

The attached Corporate Risk Register (**Appendix A**) provides:

- Detail of the highest level of risks the Board is currently managing in delivering our agreed outcomes
- Assurance on the risk management mitigations to consider if they are effective and efficient
- The gaps between the current risk level and our risk tolerance (defined as the risk level after taking account of the controls in place) and agree if any further work is required to address the current gaps
- The corporate risk profile and risk appetite status with a heat map on the risk profile in month

This enables the Board to oversee the key corporate risks of the Service and:

- Be assured that the description, mitigating controls, assessed level of risk and individual risk tolerance reflect the actual risk
- Seek assurance from the risk owner that the mitigating controls remain in place and are operating as intended.

SECTION 2: RECOMMENDATIONS

The Board is asked to:

- **Review the Corporate Risk Register and note** the actions in place and the assurance being received that the risks are being controlled effectively. We have also recently included detail on the percentage completion of the mitigating actions within the Corporate Risks. This is similar to the approach internal audit use within the follow up report as assurance on completion of the actions. This was presented to the Audit and Risk Committee in October 2023 who approved this addition, therefore feedback on the usefulness of this development from Board members is welcomed.

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Date 2023-11-29	Version 1.0	Review Date: N/A

- **Approve** the delegation of 2 Corporate Risks - Equality and Diversity (5652) and Workforce Planning and Demographics (5651) to the Staff Governance Committee.

SECTION 3: BACKGROUND

The overall purpose of the report is to support the Board to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes. To deliver this the Board require a clear and complete understanding of the risks faced by the Service.

In line with the Service approved risk management policy, all very high risks are reviewed on a monthly basis, high risks every 3 months, medium risks every 6 months and low risks up to 1 year. All risks scored medium and low have oversight at a Local, Regional and/or Project level. All risks scored high and very high have oversight at a national level through escalation to the Performance and Planning Steering Group and to the Board. All risks scored very high have oversight at the Board and sub-committee level.

There are a number of risk registers in operation across all levels within the Service. The risk escalation process is described within the policy, with escalation taking effect when:

- the mitigating controls are proving to be ineffective.
- the risk is not being reduced or removed as expected.
- the risk owner requests that the risk be escalated resulting from inability to control at the current level.

Appropriate escalation of risks through the organisation ensures that relevant levels of management are well informed and have the opportunity to take further action. The Corporate Risk Register is the highest level of risk escalation within the Service. The Performance and Planning Steering Group review the Corporate risks every month with a focus on the Corporate risk register profile, very high graded risks and those risks where the assessed level of risk exceeds the corporate risk tolerance.

Appendix A contains the updated Corporate Risk Register, as at November 2023.

Appendix B contains the risk assessment matrix.

SECTION 4: DISCUSSION

4.1 Corporate Risk Register

The Corporate Risk Register shows 'the risk on a page' to include:

- The description of the risk including the cause and implications
- The risk tolerance level and how it was derived from the updated corporate risk appetite
- The risk appetite
- The linked corporate risks
- Links to the 2030 strategy ambitions
- The actions required to reduce the risk level to within tolerance and the effect this action will have on the risk including its expected delivery date
- The last risk review date, this is also in line with our risk policy with very high risks reviewed on a monthly basis and high risks reviewed on a quarterly basis

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- The committees and groups owning the actions and providing the assurance to the Board that the actions have been completed
- Risk owner and leads if the actions have been delegated.

4.2 Update on previous work requested by Board Members

Board members requested the following changes / considerations are taken forward:

- Consider combining the 2 new risks in relation to Organisational Culture and Equality and Diversity – In actioning this the Risk Manager has met with the Director of Workforce and Director of Care, Quality and Professional Development and approval of a proposal to delegate the Equality and Diversity (5652) and Workforce Planning and Demographics (5651) risks to the Staff Governance Committee is sought.
- Consider digital transformation risks, this is being linked to the work of the Short Life Working Group on setting the conditions for transformation, and in addition will be reviewed following the internal audit linked to the digital maturity assessment feedback.
- Consider how we build in the public and patient perception of risk assessment and risk appetite – initial discussions have taken place and the use of a PFPI is being scoped. We will aim to feedback on this over the next few months.
- Test out, in a specific service risk register, the risk assessment of gross and net risks, defining a gross risk level as a risk with no controls in place and the net risk level when the controls have been fully implemented.

The current public corporate risk descriptions and levels are shown below.

ID	Descriptor	Current Level
4638	<p>Hospital Handover Delays There is a risk to patient safety Because of Delays in handing over patients at hospital beyond the 15-minute patient safety standard Resulting in the following;</p> <ul style="list-style-type: none"> • Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition. • Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals. • Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments. • Poor staff experience as staff are unable to be rested within rest break windows or experience long shift overruns affecting both ongoing Ambulance availability and work-life balance. 	Very High
5062	<p>Failure to achieve financial target There is a risk that we do not achieve our financial targets and our 3-year financial plan Because of non-delivery of efficiency savings and coping with increasing cost, operational and whole system pressures Resulting in an inability to ensure Financial Sustainability and Improve Value.</p>	Very High

5602	<p>Service's defence against a Cyber Attack</p> <p>There is a risk that the Service's digital and/or communications estate suffers a cyber attack</p> <p>Because of ineffective security controls</p> <p>Resulting in an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.</p>	High
5603	<p>Maintaining required service levels (Business Continuity)</p> <p>There is a risk that The Service will not be able to maintain required service levels</p> <p>Because of disruption to the Service's ICT solutions (e.g., due to a cyber-attack or power outage)</p> <p>Resulting in an impact on patient and staff safety, public / political confidence and the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation.</p>	High
4636	<p>Health and wellbeing of staff affected</p> <p>There is a risk that the health and wellbeing of our staff is being negatively affected</p> <p>Because of working conditions dealing with system pressures and the cost-of-living crisis. This in combination with the mental and physical health demands of working in an emergency ambulance service, i.e. managing rest breaks and education and training pressures</p> <p>Resulting in an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	High
5651	<p>Workforce Planning and Demographics</p> <p>There is a risk that we are unable to attract, retain and employ sufficient numbers of Paramedics</p> <p>Because of attrition for the University courses and unpredicted loss of staff to primary care who have qualified as Advanced Practitioners due to salary discrepancies</p> <p>Resulting in lack of Skill Mix ratios required for safe staffing legislation and an impact on service delivery and patient safety.</p>	High
5653	<p>Organisational Culture</p> <p>There is a risk that Service staff feel unable to speak-up about issues they experience</p> <p>Because of an unhealthy culture</p> <p>Resulting in a negative impact on staff welfare, patient care, sickness absence and retention levels</p>	High
5652	<p>Equality and Diversity</p> <p>There is a risk that we are unable to attract and employ staff from diverse backgrounds</p> <p>Because we have been unable to attract employees from a range of communities including BAME communities for a variety of reasons</p>	High

	<p>Resulting in</p> <ol style="list-style-type: none"> 1. A less diverse workforce which does not represent the diversity of communities across Scotland and 2. Limited access to those communities in order to provide high quality care. 	
5519	<p>Statutory and Mandatory Training</p> <p>There is a risk of harm to staff</p> <p>Because there is limited statutory and mandatory training in place across the Service</p> <p>Resulting in an impact to patient care, staff confidence in the Service and legal action.</p>	Very High

The Performance and Planning Steering Group met on 17 October and 9 November 2023 where they reviewed and approved the Corporate Risk Register. In addition, and in line with the plan, the group reviewed the high and very high risks from Service risk registers. No risks were required to be escalated.

4.3 Corporate Risk Profile as of November 2023

The Heatmap below shows the 9 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as of November 2023.

Risk is measured as:

$$\text{likelihood} \times \text{impact} = \text{assessed level of risk}$$

This clearly identifies the risks within the high and very high-risk levels. Of all the Public Corporate Risks, 3 sit within the very high-risk rating and 6 within the high-risk rating.

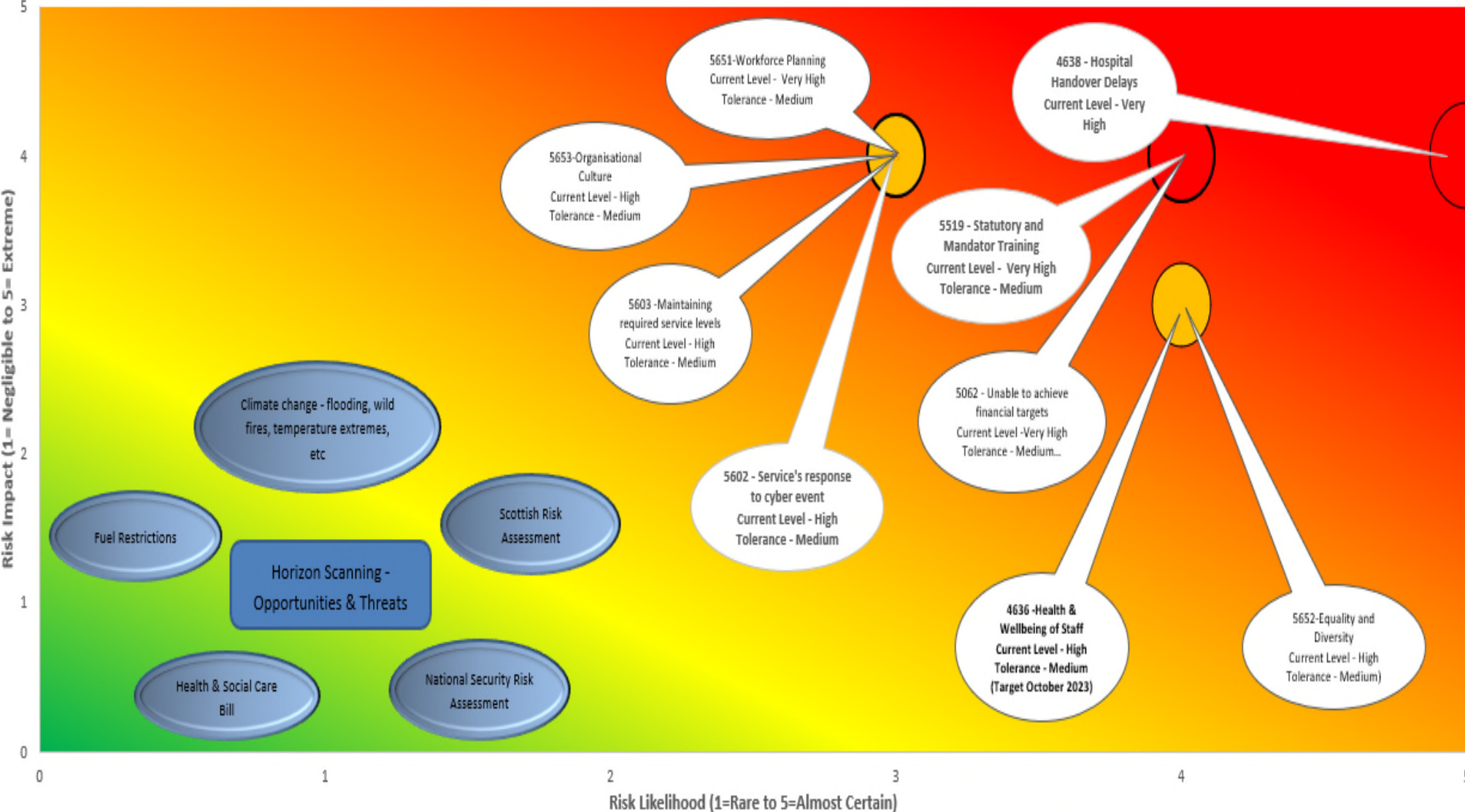
		Impact/Consequences				
		Negligible	Minor	Moderate	Major	Extreme
Likelihood	Almost Certain				1	
	Likely			2	2	
	Possible				4	
	Unlikely					
	Rare					

Presentation of the risks in this format provides a graphical overview of the risks and can support prioritisation where necessary. This also visualises the big picture of the Board and enables focused discussions and decision making.

The risk register score underpinning these risk levels is shown in **Appendix B**.

This is further modelled in the heat map below that also includes horizon scanning information identifying external factors and scenarios that we are aware of as we manage our key risks.

Public Corporate Risks - 'Heatmap' - November 2023



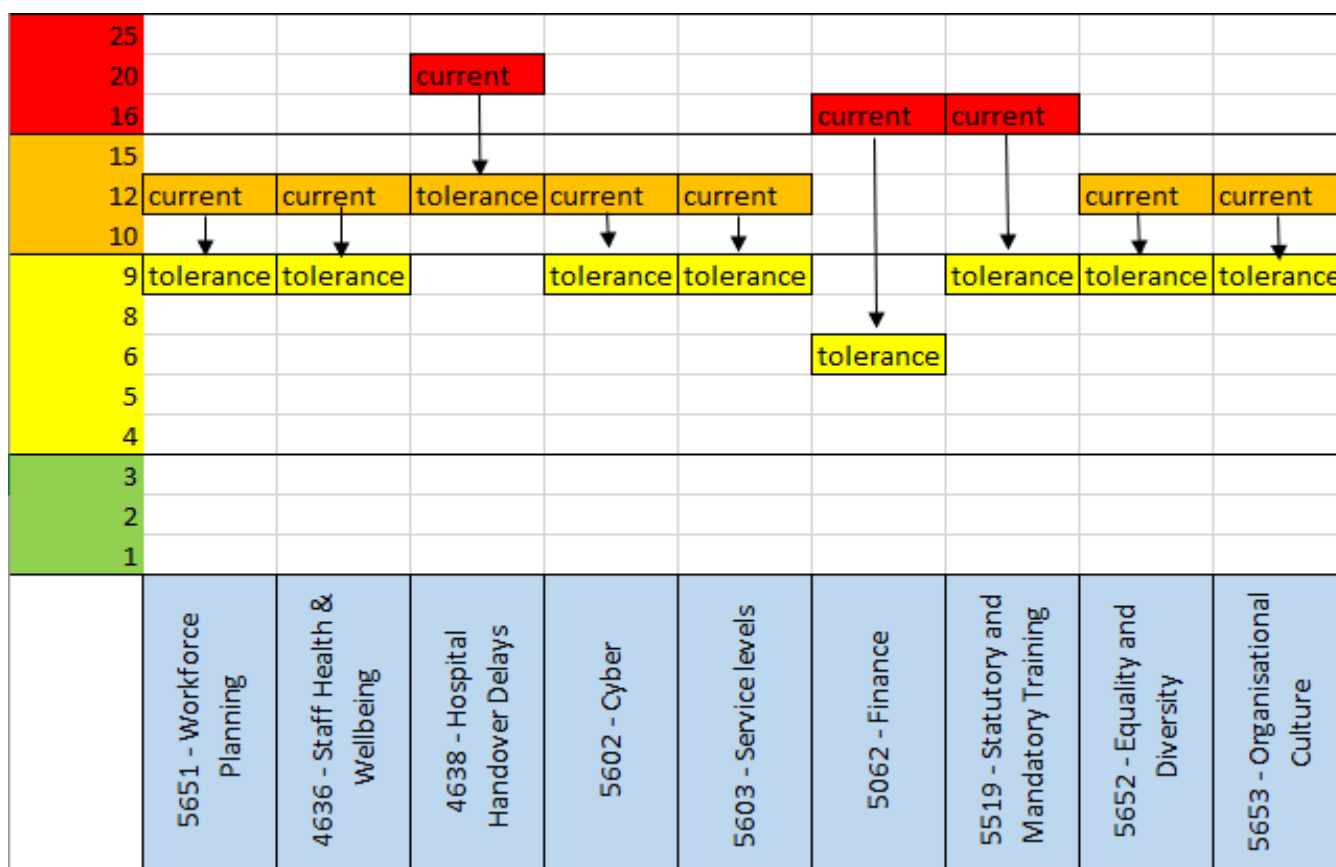
4.4 Risk Dashboard – Risk Waterfall Chart

This diagram shows the gap between the current risk level and the risk tolerance, this is assumed to be our target risk level after all controls have been implemented. This highlights the distance between the Service tolerance for the risk and our current position.

Where there is a high-level gap, this is recognised and there is confidence that the actions will take us to within tolerance. This also shows how effective the internal control environment is working within the organisation as the risk owners have confirmed that the controls are working effectively, and the risks are well managed which is where we need to be.

It is important however to note that the controls are applied by management, so the Board needs to ensure they are receiving the appropriate assurance, through our **developing assurance framework**. Importantly the assurance is also provided independently through internal audit and other third line assurance. The groups and committees providing the assurance against each action is shown on the Corporate Risk Register – **Appendix A**.

The waterfall chart is also noting that Hospital Handover Delays, the Finance and Statutory and Mandatory Training risks are the Service’s biggest risks so work continues to be done and this is reflected in the detailed action plan.



4.5 Interconnected and Future Risks

As part of the development of our risk framework and Board reporting we are also considering **interconnected risks** within our Corporate Risks. This is to identify those that require focussed attention. The diagram below shows our current risks interconnected against our level 1 risk appetite and is aiming to show that the risks with the higher impact across the range of risk headings should have our most focus.

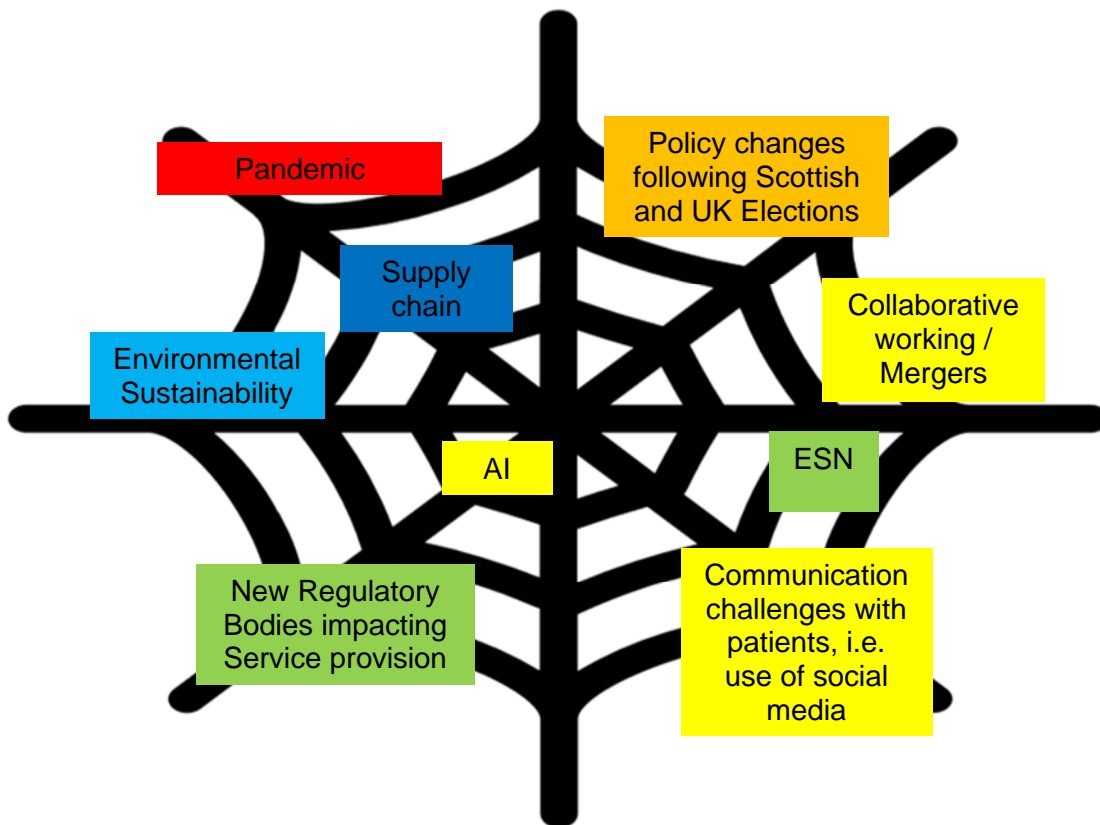
Risk descriptors (Risk Appetite) Level 1	Current Risk Appetite	What level of impact does this risk have on our level 1 risk appetite? Aiming to show those risks that have a higher impact across the range of risk headings should have our most focus (this will be dynamic)								
		Risk 4638 Hospital Handover Delays	Risk 5062 failure to achieve financial targets	Risk 5602 Cyber risk	Risk 5603 Maintaining required service levels	Risk 4636 Health and Wellbeing of staff	Risk 5651 Workforce planning and Demographics	Risk 5653 Org Culture	Risk 5652 Equality & Diversity	Risk 5519 Statutory & Mandatory training
Financial – <i>how much risk are we willing to take in pursuit of our objective for financial sustainability?</i>	2	Impacting on ability to break even	Impact on financial delivery	Impact on financial delivery depending on severity of cyber attack	Would have some impact	Likely some impact	Impact on financial delivery	No impact	No impact	Likely some impact
Workforce Experience – <i>how much risk are we willing to accept in the pursuit of our objective to maximise our workforce experience?</i>	5	Impacting on rest breaks, shift overruns	Limited impact as all decisions would be risk assessed	Would likely have some impact	Would likely have some impact	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience
Reputation – <i>how much risk are we willing to accept to maintain our good reputation?</i>	3	Likelihood of adverse media and public comms	Mitigated at the moment as impacting most public bodies	Could have significant reputational damage	Could have significant reputational damage	Some impact likely	Some impact likely	Could have significant reputational damage	Could have significant reputational damage	Could have significant reputational damage
Patient Experience (including safety and quality) – <i>how much</i>	3	High risk of patient experience	Unlikely to impact on patient	Would likely have	Would likely have	Would aim to be mitigated	Would likely have some impact	Would aim to be mitigated	Would likely have some impact	Would aim to be mitigated through LIP

<i>risk are we willing to accept to ensure we deliver a good patient experience?</i>		in turnaround times	experience	some impact	some impact					
<i>Service Delivery – how much risk are we willing to accept to ensure we deliver service quality standards?</i>	4	Ambulances blocked at A&E and impacting on response times	Unlikely to impact on service delivery	Would likely have some impact	Would likely have some impact	Would likely have some impact	Impacting on response times	Would aim to be mitigated	Would aim to be mitigated	Would likely have some impact

So what is this telling us? And what do we do about it?

- ❖ Risk 4638 – delayed handover times is our greatest risk and should have our most focus (4 high impact areas);
- ❖ As expected, most of our risks would aim to mitigate the impact on patient experience and performance delivery;
- ❖ Shows us that workforce, finance and reputation looking across the way are likely to have the greatest impact from our current corporate risks;
- ❖ This allows the Service to visually show these risks are reduced as we develop and implement our actions.

Another area we have developed a reporting tool for is ‘**future risks**’ and their **proximity**, i.e. when is the risk most likely to happen and also when will it cease or become a risk. The spider diagram below shows the areas we are monitoring as ‘future risks’ with areas towards the centre more likely to happen. This is a dynamic document and will be reviewed for each meeting. As risks move towards the centre we will initiate a deep dive review into the risk, considering the likelihood and impact. For this reporting period there are no significant movement in any of the future risks.



4.5 Risk Appetite

As a reminder to Board members, the following definitions are:

Risk Appetite – The amount of risk that the Service is willing to accept in the pursuit of its goals and objectives

Risk Tolerance – The acceptable level of variation relative to the achievement of a specific objective and will be set at the time of assessment of a risk and this will reflect the risk level we are willing to accept and aim to achieve.

The Service’s Risk appetite is reported against level 1 (primary) and level 2 (secondary) clusters measured against the following risk appetite:

RISK CLUSTERS	← Unacceptable to take risks Higher Willingness to take risks →									
RISK LEVEL	LOW				MEDIUM				HIGH	
Risk Appetite	Averse		Cautious		Moderate		Open		Willing	
	1	2	3	4	5	6	7	8	9	10

The higher the number, the more likely the organisation is to accept a higher level of risk, i.e., has more appetite. Conversely, the lower the number, the less appetite the Service has for risk, therefore the Service can be considered “Averse” to that risk and will require that the risk is reduced to a low level, if it cannot eliminate it completely. The risk tolerance set should be able to be considered against this appetite.

The following shows the current risks against the risk appetite clusters relevant to that risk, and the risk appetite scoring.

No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
4636	Health and wellbeing of staff affected	<ul style="list-style-type: none"> Workforce Experience - Cautious–Moderate <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
4638	Hospital Handover Delays	<ul style="list-style-type: none"> Reputation – Cautious Patient Experience – Cautious Service Delivery – Cautious - Moderate Emergency and Critical Care – Cautious - Moderate Partner Relations – Moderate - Open Whole System Transformation – Mod – open <p>Current Appetite: Moderate (Medium)</p>	<p>High</p> <p>Likelihood – Possible (3) Impact – Major (4)</p> <p>Score 12</p>
5602	Cyber Attack	<ul style="list-style-type: none"> Reputation – Cautious Clinical Technology – Moderate - Open Patient Experience – Cautious 	<p>Medium</p>

		<ul style="list-style-type: none"> Emergency and Critical Care – Cautious - Moderate <p>Current Appetite: Moderate (Medium)</p>	<p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5603	Maintaining required service levels	<ul style="list-style-type: none"> Reputation – Cautious Clinical Technology – Moderate - Open Patient Experience – Cautious Emergency and Critical Care – Cautious - Moderate <p>Current Appetite: Moderate (Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5062	Failure to achieve financial target	<ul style="list-style-type: none"> Financial – Averse <p>Current appetite: Averse (Low)</p>	<p>Medium</p> <p>Likelihood – Unlikely (2) Impact – Moderate (3)</p> <p>Score 6</p>
5651	Workforce Planning and Demographics	<ul style="list-style-type: none"> Service Delivery – Cautious - Moderate Workforce Experience - Cautious–Moderate Patient Experience – Cautious <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5653	Organisational Culture	<ul style="list-style-type: none"> Workforce Experience - Cautious–Moderate <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5652	Equality and Diversity	<ul style="list-style-type: none"> Workforce Experience - Cautious–Moderate <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5519	Statutory and Mandatory Training	<ul style="list-style-type: none"> Regulation - Averse Reputation – Cautious Workforce Experience - Cautious–Moderate 	<p>Medium</p> <p>Likelihood – Possible (3)</p>

		<ul style="list-style-type: none"> • Patient Experience – Cautious <p>Current Appetite: Cautious</p>	<p>Impact – Moderate (3)</p> <p>Score 9</p>
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APPENDIX A – Corporate Risk Register

Risk Register: **Corporate Risk Register**
 Last Updated: **6th November 2023**

<p>Link to 2030 Strategy Ambitions</p> <p>We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.</p> <p>We will work collaboratively with citizens and our partners to create healthier and safer communities.</p>	<p>Corporate Risk ID No: 4638</p> <p>Risk Title Hospital Handover Delays</p> <p>Risk Description</p> <p>There is a risk to patient safety Because of Delays in handing over patients at hospital beyond the 15-minute patient safety standard Resulting in the following;</p> <ul style="list-style-type: none"> Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition. Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals. Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments. Poor staff experience as staff are unable to be rested within rest break windows or experience long shift overruns affecting both ongoing Ambulance availability and work-life balance. 	<p>Risk Assessment (Current, Appetite and Tolerance Levels)</p> <p>Current Risk Level Likelihood – Almost Certain (5) / Impact – Major (4) = Very High (20)</p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>Very High (20)</td> <td>Very High (25)</td> </tr> <tr> <td>Likely (4)</td> <td>Low (4)</td> <td>Medium (8)</td> <td>High (12)</td> <td>Very High (16)</td> <td>Very High (20)</td> </tr> <tr> <td>Possible (3)</td> <td>Low (3)</td> <td>Medium (6)</td> <td>Medium (9)</td> <td>High (12)</td> <td>High (15)</td> </tr> <tr> <td>Unlikely (2)</td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td>Medium (8)</td> <td>High (10)</td> </tr> <tr> <td>Rare (1)</td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table>	Likelihood	Impact					Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)	Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p>Risk Appetite</p> <p>Averse Cautious Moderate Open Willing</p> <p>Medium</p>																																					
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Assurance and Review Groups 1: Demand and Capacity Programme Board 2: PPSG 3: 2030 Steering Group 4: OLT 5: Executive Team	Risk Owner Chief Operating Officer / Deputy Chief Executive	Risk Handler Regional Directors	Last Review Date 03/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Implementation of the SG Guidance: Principles for Safe Transfer to Hospital: Ensuring Timeous Handover of Ambulance Patients	Implementation of actions by NHS Boards is ongoing with communications continuing. SAS actions are being progressed and updates provided at monthly PPSG and reporting at Executive Meetings. Percentage completion of action: action plans are in place across all regions, Service local actions at 100% completion. NHS Board actions at varying stages of completion based upon local needs and demands.	Implementation of these principles by NHS Boards is fundamental to reducing the risk	Medical Director
SAS Integrated Clinical Hub to support improved management of patients both at point of call and on-scene – The Hub Manager has been appointed with full operational optimisation by Winter 2023.	The business case for recurring funding from 2023/24 was approved by the Board in March 2023 and submitted to Scottish Government thereafter. Discussion with Scottish Government have confirmed up to £3.8m of funding in 2023/24, as part of a wider funding allocation, noting this also includes the pathway funding. This was to ensure continuity into 2023/24. An implementation plan was approved at the Executive Team meeting on 6 June 2023 and this has commenced.	Impact on Risk: Improved patient safety, reduction in ambulance dispatch through calls closed at point of call; increased ambulance availability; utilising alternatives to ED. Reduces likelihood / consequence of risk	Medical Director

	<p>Percentage completion of action: Clinical Hub in place with close monitoring over the winter assessing the full impact of this and 100% optimisation (within agreed funding levels) expected full implementation by Winter 2023.</p>		
<p>National Integrated Urgent & Unscheduled Care Collaborative - SAS aligned to the programme to deliver the 8 High Impact Changes identified by national programme to optimise flow end to end from pre-hospital care delivering care closer to home. Improvement plan developed with a focus on alternatives to ED including SDEC developments, ED interface and community pathways. Funding was allocated and improvements implemented. The learning from these will be applied in the planning for winter 2023. The work on improving and maximising Flow Navigation Centres is also included within this action update.</p>	<p>Winter plan approved and implementation work commenced. A Scottish Government programme for Redesign of Urgent Care Phase 2 has commenced. SAS contributions to this through 'Call Before Convey', Clinical Hub and use of Flow Navigation Centres will be key actions within this programme. The programme will be an extension to the work that SAS is already actively taking forward in a number of Boards and we are at the planning stages with a number of other Boards to support improved flow. This work is being prioritised over April to September 2023 to ensure sustainable model in place across all areas. Priority Actions and timescales for the Service were presented to the May 2030 Steering Group and will be updated as winter approaches.</p> <p>Percentage completion of action: Call Before Convey is fully established in Ayrshire and Arran and NHS Grampian Area and additional pathways developed. Work continues with other NHS Boards.</p>	<p>Impact on risk: mitigations in place to minimise the service pressure impact</p>	<p>Clinical Services Transformation Manager</p>

<p>Turnaround times. Joint SAS / Acute site handover action plans have been developed and being implemented. Regional Cells and SOM in daily contact with acute sites re active management / escalation. Board updates on Turnaround Times. Additional funding (noted above) to alleviate pressures i.e. HALOs / additional ops Managers. This also includes the safe handover guidance issue and implementation.</p>	<p>The output from the Short Life working group led by the Medical Directors approved the clinical handover recommendations to ensure a consistent, safe and timely agreed approach as described in action 1 above.</p> <p>The Delayed Patient Handover Escalation Policy have been reviewed by NCOGG and CAG with an aim to have Executive and Operational Leadership Team approval by the end of November 2023.</p>	<p>Reduce impact and likelihood</p>	<p>Medical Director/Chief Operating Officer</p>
<p>Full implementation of the SAS navigation pathway hub. Central navigation hub and regional pathway leads in place. Aim is connecting patients with services including falls referrals, Alcohol and Drug partnerships. Improved connections with social services in place and working well.</p>	<p>Business case supporting the continuity of this was included within the clinical hub business case approved by the Board in March 2023. Funding has been confirmed into 2023/24 with the implementation plan approved at the Executive Team meeting on 6 June 2023.</p> <p>Percentage completion of action: whilst this is demonstrating increased use across regions and pathways further work is taking place to maximise this across the country.</p>	<p>Reduce impact</p>	<p>Clinical Services Transformation Manager</p>
<p>There are many moving parts to this risk in order to achieve tolerance. There is a level of variance of issues across the Country and the Service continues to ensure close liaison with SG and Health Boards in order to deliver the actions for improvement.</p>			

Link to 2030 Strategy Ambitions

We will innovate to continually improve our care and enhance the resilience and sustainability of our services.

Linked Risks:

ID 4638
ID 4636

Corporate Risk ID No: 5062

Risk Title

Failure to achieve financial target

Risk Description

There is a risk that we do not achieve our financial targets and our 3-year financial plan
Because of non-delivery of efficiency savings and increasing costs in operational and whole system pressures
Resulting in an inability to ensure Financial Sustainability and Improve Value.

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Likely (4) / Impact – Major (4) = **Very High (16)**

Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Appetite

- Averse
- Cautious
- Moderate
- Open
- Willing
- Low

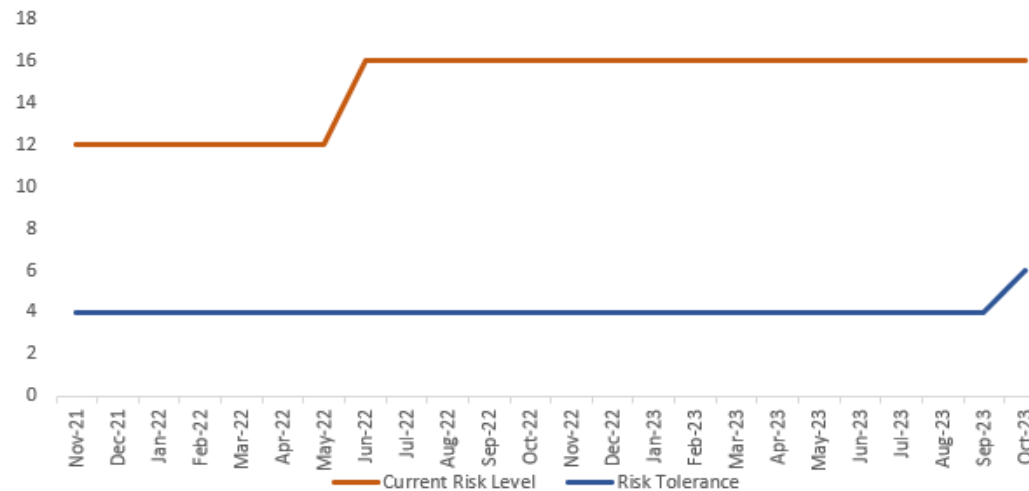
Risk Tolerance

Likelihood – Unlikely (2)
Impact – Moderate (3)

Score **Medium – 6**

Risk Performance over time chart

Risk ID 5062 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Averse)



Assurance and Review Groups 1: Best Value Project Group 2: Executive Team 3: PPSG	Risk Owner Director of Finance, Logistics and Strategy	Risk Handler Deputy Director of Finance	Last Review Date 06/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
The 3-year draft financial plan for 2023-2026 was submitted to Scottish Government in February 2023. A SG review meeting has taken place and the final plan was presented to the Board in March and submitted to Scottish Government. This is forecasting a balanced plan over the 3 years with a deficit forecast in 23/24. It is anticipated the financial plan will be approved by Scottish Government following submission of the Annual Delivery Plan in June 2023.	Final financial plan was submitted in March. Annual Delivery Plan approval was provided end September 2023. All actions described within the plan are being implemented and will be reported to the Board, Performance and Planning Steering Group and Audit and Risk Committee. Percentage completion of action: 100%	Reduce impact	Director of Finance, Logistics and Strategy
In relation to efficiency savings, a back to balance action plan is in place with agreed efficiency plans for up to 70% of the current target. Best Value mandates are being completed for those new projects with existing mandates being actioned. Progress is being reported through the best value steering group and reported to the PPSG and Board.	Updates on progress are in place with some plans being implemented. A trajectory of savings has been developed for the second quarter reporting in September 2023 and a full year forecast has been completed and reported to the Board from September 2023. Best Value meetings in place and reporting on progress monthly to the PPSG. Percentage completion of action: 70% (as reported at month 7)	Reduce impact	Director of Finance, Logistics and Strategy
In relation to COVID/system pressures, this continues to be closely monitored and a bid is being presented to the SGHSC management team led by SG finance and the SAS sponsor team.	An additional £5m of non-recurring funding was received in August 2023. These remaining unfunded costs continue to be closely monitored and	Reduce impact	Director of Finance, Logistics and Strategy

	expenditure reported monthly to the PPSG and then to the Board.		
In relation to high overspend areas, a detailed priority list has been developed with Executive leads allocated. Action plans have been put in place with reporting through the Best Value Steering Group and the 2030 portfolio boards. The financial reports will report on progress against these targets.	The financial reports will identify if actions are being implemented. If necessary, corrective action will be necessary at pace to progress these and will be identified in the finance reporting. Some cost reductions have been reported to month 7 and assumed within the financial forecast.	Reduce impact	Director of Finance, Logistics and Strategy
Following the first 5 months financial performance, a detailed forecast is being completed by end of August and reported from September 2023 to the appropriate governance and scrutiny groups. This will also be shared with Scottish Government.	Completed and reported from September 2023 and reported monthly thereafter.	Reduce impact	Director of Finance, Logistics and Strategy
The Service recognises through our 3-year financial plan that it will be unlikely to achieve tolerance until end of the 3-year period. The detailed actions above demonstrate the Services commitment to achieving this aim and the ongoing scrutiny and reporting in place in the Service.			

<p>Link to 2030 Strategy Ambitions</p> <p>We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p>Corporate Risk ID No: 5602</p> <p>Risk Title</p> <p>Service’s defence against a Cyber Attack</p> <p>Risk Description</p> <p>There is a risk that the Service’s digital and/or communications estate suffers a cyber attack Because of ineffective security controls Resulting in an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.</p>	<p>Risk Assessment (Current, Appetite and Tolerance Levels)</p>																																										
<p>Linked Risks:</p>		<p>Current Risk Level</p> <p>Likelihood – Possible (3) / Impact – Major (4) = High (12)</p>	<p>Risk Appetite</p> <p>Averse Cautious Moderate Open Willing Low</p>																																									
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Assurance and Review Groups 1: Digital Board 2: Resilience Committee 3: PPSG	Risk Owner Director of Finance Logistics and Strategy	Risk Handler Head of Infrastructure and Security	Last Review Date 06/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Proactively maintain NIS Cyber Resilience Framework controls at compliance level above 80% for the organisation through annual audit and action planning cycle.	Frequency: Annual Audit. Updates on progress of the action plans will be presented to each Resilience Committee and Audit and Risk Committee meeting. A monthly highlight report is also presented to the Digital, Data, Innovation and Research Portfolio Board and reported to the 2030 Steering Group. Currently at 84% compliance. Percentage completion of action: 100% completion on the action plan. Monitoring of progress against the actions in place.	Reduce likelihood and consequence	Head of Infrastructure and Security with governance through Security Governance Group
Proactively maintain a strong cyber security posture, identifying areas of explicit risk and remediating where possible.	Frequency: Annual Audit and reporting as noted in above actions to a number of governance committees. In addition, external factors and advice will be reported through the cyber lead and learning actions implemented.	Reduce likelihood	Head of Infrastructure and Security
Proactively maintain the ICT Information Security Management System and the controls which are governed by it on a recurring monthly cycle of review and improvement.	Frequency: Cyclic monthly review. Identify any improvements and take corrective action.	Reduce likelihood	Head of Infrastructure and Security
Provision of mandatory cyber-security training courses for all staff, with completion recording and KPI provision to SGG.	Frequency: Bi-Annual completion requirement as agreed by through statutory and mandatory training short life working group. Percentage completion to be reported at Security Governance Group.	Reduce likelihood	ICT Governance and Compliance Manager

Link to 2030 Strategy Ambitions

We will innovate to continually improve our care and enhance the resilience and sustainability of our services.

Linked Risks:

Corporate Risk ID No: 5603

Risk Title

Maintaining required service levels – Business Continuity

Risk Description

There is a risk that SAS will not be able to maintain required service levels **Because of** disruption to SAS ICT solutions (e.g., due to a cyber-attack or power outage) **Resulting in** an impact on patient and staff safety, public / political confidence and the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation.

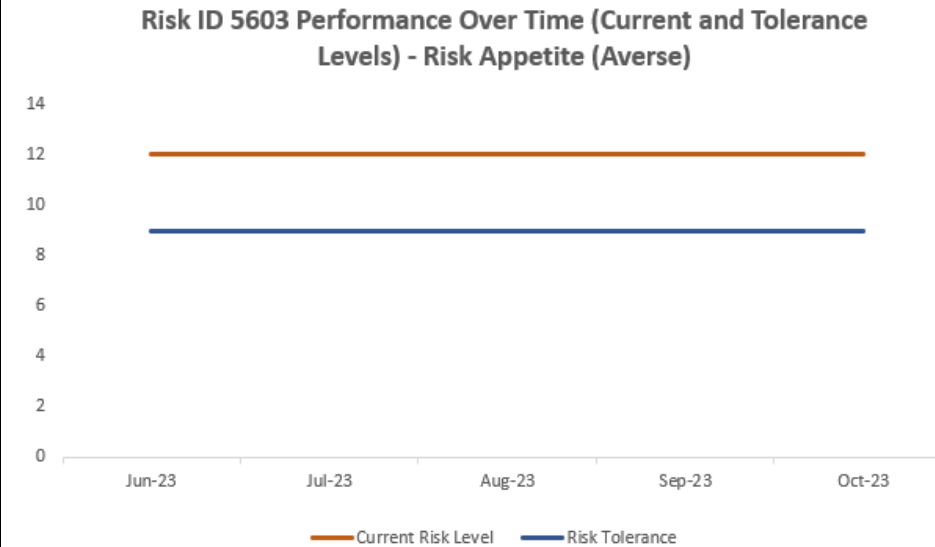
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Possible (3) / Impact – Major (4) = **High (12)**

Likelihood	Impact				
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Risk Performance over time chart



Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

Likelihood – Possible (3)
Impact – Moderate (3)

Score
Medium - 9

Assurance and Review Groups 1: Security Governance Group 2: Resilience Committee 3: Audit Committee	Risk Owner Director of National Operations	Risk Handler Business Continuity Manager	Last Review Date 01/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Migrate existing Business Continuity Plans to the Business Continuity Management System (BCMS) Continuity2.	Frequency: Annual Review Percentage completion of action: 42%	Reduce Impact	Business Continuity Manager
Provide Key Performance Indicator (KPI) reports to SGG to ensure functional areas have plans which are prepared and reviewed at regular intervals.	Frequency: Bi-Monthly Percentage completion of action: The system is showing at an overall rate of 32% completion. This is based on 4 elements - completed and signed off Business Impact Analysis (BIA), completed and signed off Plan, completed and signed off Exercise and tested call tree. The BIA and Plan sections are sitting at 42% each. Others have been completed but still await the sign off and others have been started. In progress plans do not contribute to the overall % figures.	Reduce Impact	Business Continuity Manager
Exercise BCPs within functional areas to identify areas of good practice and areas for improvement and or amendment.	Frequency: Annual Exercise and reporting to Resilience Committee if corrective action required. Exercising is showing in the system as 25% and Call Tree testing is showing as 21%. Exercises have been held with Health and Safety, ICT and Scheduled Care (3 sites) and Organisational Development and Wellbeing. An Exercise is planned with Infection Prevention and Control.	Reduce Impact	Business Continuity Manager

Link to 2030 Strategy Ambitions

We will be a great place to work, focusing on staff experience, health and wellbeing.

Linked Risks:

ID 4638

Corporate Risk ID No: 4636

Risk Title

Health and wellbeing of staff affected

Risk Description

There is a risk that the health and wellbeing of our staff is being negatively affected
Because of working conditions dealing with system pressures and the cost-of-living crisis. This in combination with the mental and physical health demands of working in an emergency ambulance service, i.e. managing rest breaks and education and training pressures
Resulting in an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.

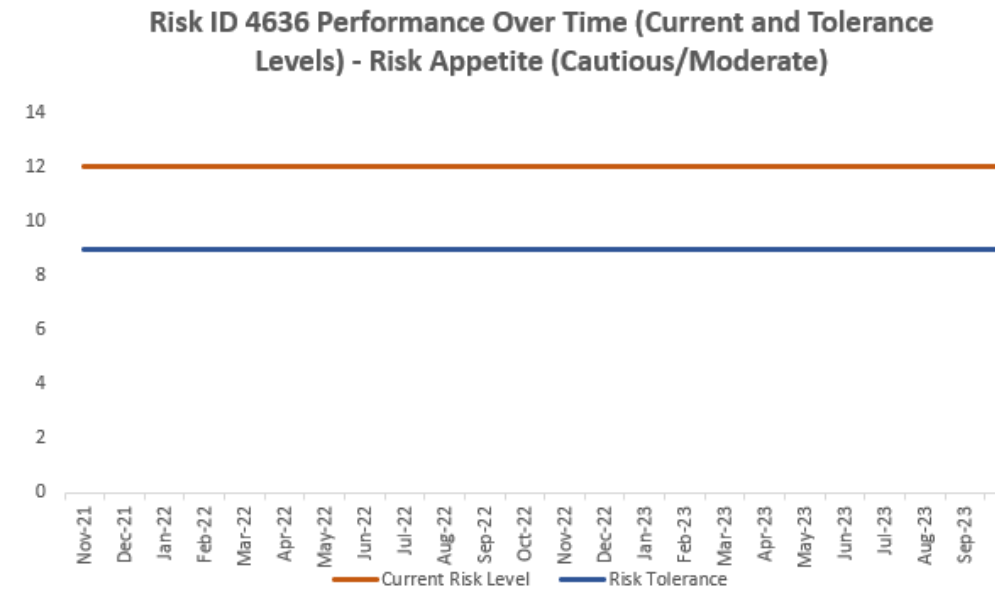
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Likely (4) / Impact – Moderate (3) = **High (12)**

Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
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Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Performance over time chart



Risk Appetite

- Averse
- Cautious**
- Moderate**
- Open
- Willing
- Low – Medium

Risk Tolerance

Likelihood – Possible (3)
 Impact – Moderate (3)

Score

Medium – 9

Assurance and Review Groups 1: Staff Governance 2: PPSG	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 02/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
<p>Significant work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues. Review meetings are in place with some modelling and solutions being pursued. A further test of change is in place to test enhanced protection during breaks and has incorporated the principle of a cut-off point at the end of the rest break window with further protection being given in this instance. Programme board continues to be in place as a result with all convenors including Medical Director, Workforce Director, Senior Managers and Regional Directors.</p> <p>Rest break compliance has improved significantly as a result of the 1st 8-week trial and further improvements are expected from the next 4 week test of change incorporating the principle of the cut of point at the end of the rest break window (total 12 weeks).</p>	<p>A meeting is taking place on the 22 November 2023 to discuss the evaluation of the 12 week test of change – linked to ongoing and continuous improvements of rest break compliance and incremental project plan.</p>	<p>Reduce likelihood – Implementation of this action plan is critical to being able to reduce the risk to within tolerance.</p>	<p>Director of Workforce</p>
<p>Implementation of the Workforce Health and Wellbeing Strategy. A new strategy for 24-27 is being developed.</p>	<p>Throughout 2023-2024 and reported on progress to the Board and the Staff Governance Committee, with corrective actions where necessary.</p> <p>Percentage completion of action: % estimate of work completion on the new strategy to be confirmed.</p>	<p>Reduce likelihood</p>	<p>Director of Workforce</p>

Link to 2030 Strategy Ambitions

We will be a great place to work, focusing on staff experience, health and wellbeing.

Linked Risks:

ID 4636

Corporate Risk ID No: 5519

Risk Title

Statutory and Mandatory Training

Risk Description

There is a risk of harm to staff **Because** there is limited statutory and mandatory training in place across the Service **Resulting in** an impact to patient care, staff confidence in the Service and legal action.

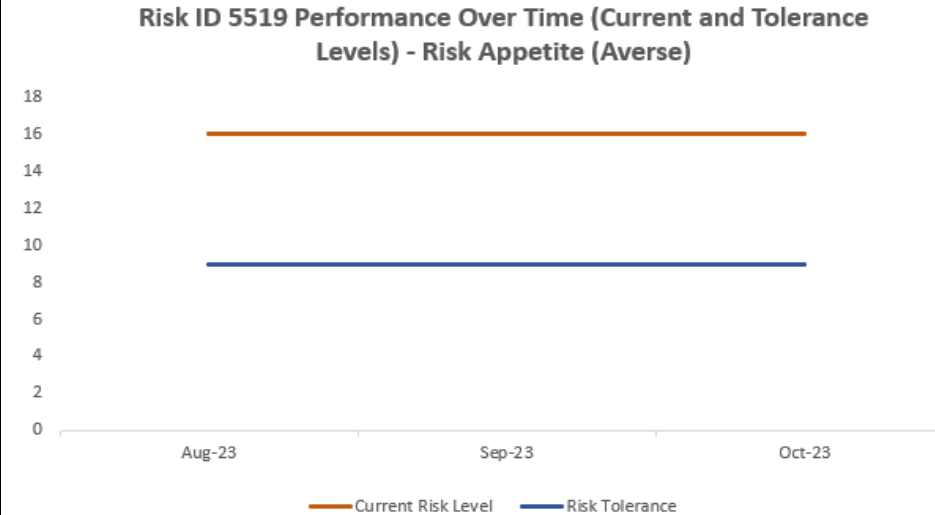
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Likely (4) / Impact – Major (4) = **Very High (16)**

Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium(8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Performance over time chart



Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

Likelihood – Possible (3)
Impact – Moderate (3)

Score
Medium - 9

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 02/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Working with NHS Education for Scotland to migrate to Turas Learn. All staff Statutory and Mandatory training being developed by subject matter experts across the Service. Working Group in place to oversee statutory and mandatory development. All Staff Statutory and Mandatory is on Turas and went live on 2/11/2023.	Paper approved by Exec Team 23rd August 2023 to request additional funding for support infrastructure to take this work forward and is currently being implemented. Action plan has been presented to the Executive Team in September and is in progress with all TURAS modules now live. Work will then focus on developing a reporting structure by end March 2024. Ongoing review and development process also being developed.	Reduce Impact	Director of Workforce
Statutory and mandatory training is to be incorporated into the corporate induction programme.	Implementation by end of Quarter 4 23-24	Reduce Impact	Director of Workforce

Link to 2030 Strategy Ambitions

We will be a great place to work, focusing on staff experience, health and wellbeing.

Linked Risks:

ID 4636
ID 5653

Corporate Risk ID No: 5652

Risk Title

Equality and Diversity

Risk Description

There is a risk that
We are unable to attract and employ staff from diverse backgrounds
Because
we have been unable to attract employees from a range of communities including BAME communities for a variety of reasons
Resulting in
1. A less diverse workforce which does not represent the diversity of communities across Scotland and
2. Limited access to those communities in order to provide high quality care.

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Likely (4) / Impact – Moderate (3) = **High (12)**

Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium(8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Appetite

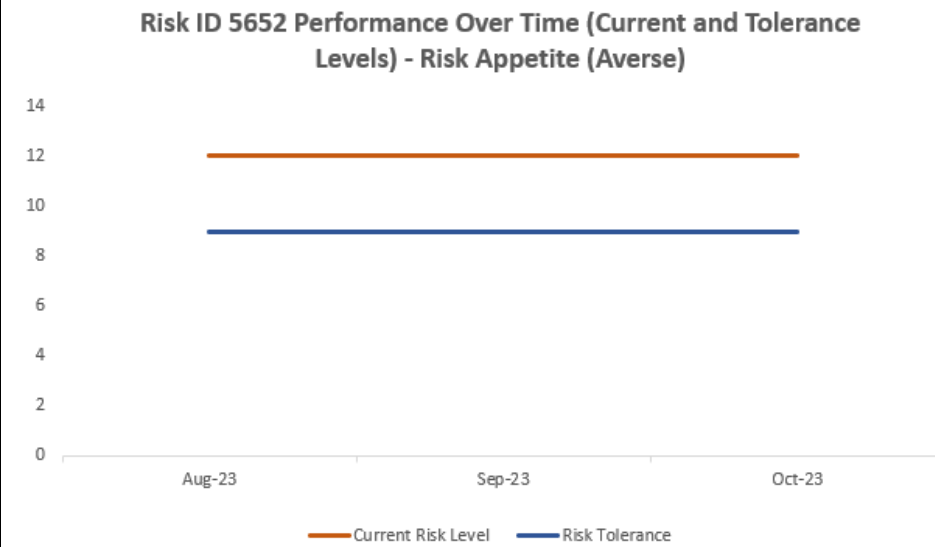
Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

Likelihood – Possible (3)
Impact – Moderate (3)

Score
Medium - 9

Risk Performance over time chart



Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 02/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Board approved the proposals recommending a range of options to deliver the Technician to Paramedic programme which will widen access to diverse communities across Scotland. Discussions are taking place with a range of stakeholders within Scottish Government and Education institutions to develop this programme further.	Discussions continue with the key stakeholders and a stocktake of the current position will be undertaken by March 2024.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Review of our recruitment processes to ensure we are attracting and employing the correct people for the correct posts.	This work is ongoing with a final completion date being developed and agreed.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Working with Universities to ensure that they are encouraging where possible applications from diverse backgrounds.	These discussions are taking place across a range of workstreams.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Monitoring the Equality Monitoring Action Plan	Quarterly through Staff Governance Committee	Reduce likelihood	Director of Workforce

Link to 2030 Strategy Ambitions

We will be a great place to work, focusing on staff experience, health and wellbeing.

Linked Risks:

5652

Corporate Risk ID No: 5653

Risk Title

Organisational Culture

Risk Description

There is a risk that SAS staff feel unable to speak-up about issues they experience **Because of** an unhealthy culture **Resulting in** a negative impact on staff welfare, patient care, sickness absence and retention levels

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Possible (3) / Impact – Major (4) = **High (12)**

Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium(8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Appetite

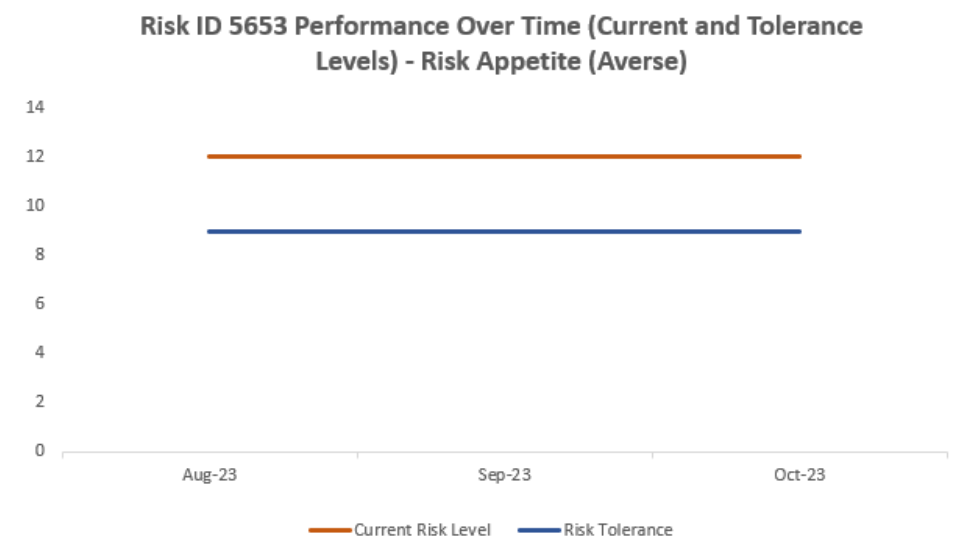
Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

Likelihood – Possible (3)
Impact – Moderate (3)

Score
Medium - 9

Risk Performance over time chart



Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 02/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Whistleblowing Policies and Processes in place, including process for contacting the Independent National Whistleblowing Officer (INWO)	In place with ongoing monitoring	Reduce likelihood	Director of Care Quality and Professional Development
HR policies and procedures in place	In place with ongoing monitoring Percentage completion of action: review of HR policy and procedures in place	Reduce likelihood	Director of Workforce
Annual Speak up Week	Took place in October 2023 – takes place annually	Reduce likelihood	Director of Care Quality and Professional Development
Complaints process in place.	In place with ongoing monitoring Percentage completion of action: 100%		Director of Care Quality and Professional Development
Delivering the Foundation and Aspiring Leadership Programmes.	Programmes in place	Reduce likelihood	Director of Workforce
'Service now' digital system being put in place to monitor timescales of policies and procedures (case work).	End of Quarter 4 2023-24	Reduce likelihood	Director of Workforce

Link to 2030 Strategy Ambitions

We will be a great place to work, focusing on staff experience, health and wellbeing.

Linked Risks:

ID 4636

Corporate Risk ID No: 5651

Risk Title
Workforce planning and demographics

Risk Description
There is a risk that we are unable to attract, retain and employ sufficient numbers of Paramedics
Because of attrition for the University courses and unpredicted loss of staff to primary care who have qualified as Advanced Practitioners due to salary discrepancies
Resulting in lack of Skill Mix ratios required for safe staffing legislation and an impact on service delivery and patient safety.

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Possible (3) / Impact – Major (4) = **High (12)**

Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium(8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Appetite

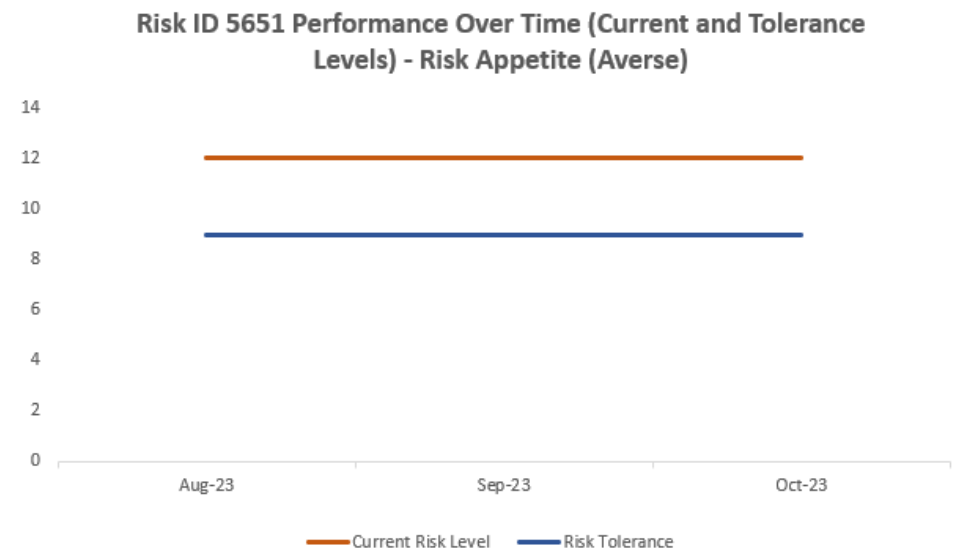
Averse
Cautious
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Open
Willing

Risk Tolerance

Likelihood – Possible (3)
Impact – Moderate (3)

Score
Medium - 9

Risk Performance over time chart



Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 02/11/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Board approved the proposals recommending a range of options to deliver the Technician to Paramedic programme which will widen access to diverse communities across Scotland. Discussions are taking place with a range of stakeholders within Scottish Government and Education institutions to develop this programme further.	Discussions continue with the key stakeholders and a stocktake of the current position will be undertaken by March 2024.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Ongoing engagement with Scottish Government regarding planning for other access routes to paramedicine and understanding attrition rates at HEIs.	Discussions continue with a range of stakeholders.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development

Appendix B

Risk Assessment Matrix

	Impact				
Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)