



NOT PROTECTIVELY MARKED

Public Board Meeting		30 March 2022 Item 06
THIS PAPER IS FOR APPROVAL		
CORPORATE RISK REGISTER		
Lead Director Author	Julie Carter, Director of Finance, Logistics & Strategy Rebecca Board, Risk Manager	
Action required	The Board is asked to:- <ul style="list-style-type: none">• approve the updated risks on the Corporate Risk Register (CRR). All amendments are highlighted red and restricted risks will be discussed in private;• note that feedback from the Board at the meeting in January 2022, will be actioned in parallel with the plan to review the Corporate Risk Appetite, the Risk Management Policy and all risk registers. A Board risk workshop with the Internal Auditors is planned for April.	
Key points	<p>The Corporate Risk Register (CRR) was last presented to the Board in January 2022. Since then the Corporate Risk Register has been updated to reflect feedback from the previous Board meeting and progress on current controls, outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meetings in February and March 2022 and feedback from the previous Board meeting incorporated into the risks.</p> <p>Changes to the Risks</p> <p>Changes are highlighted red.</p>	
Timing	Corporate Risk Register is a standing item.	
Link to Corporate Objectives	In relation to RMP4: 5062: All Objectives under Finance. 4651: Cuts across all Corporate Objectives. 4639: All Objectives under Digital. 4640: All Objectives under Digital. 4641: All Objectives under Performance, Pandemic Response & Winter Planning. 4638: Cuts across all Corporate Objectives. 4636: All Objectives under Mental Health & Performance. 3852: Cuts across all Corporate Objectives.	

Contribution to the 2020 vision for Health and Social Care	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of occurrence.
Benefit to Patients	Identification and management of patient safety risks.
Equality and Diversity	None identified.



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SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER MARCH 2022 (Public)

JULIE CARTER, DIRECTOR OF FINANCE, LOGISTICS & STRATEGY
REBECCA BOARD, RISK MANAGER

SECTION 1: PURPOSE

This paper is to present the updated Corporate Risk Register (CRR).

SECTION 2: RECOMMENDATIONS

The Board is asked to:

- **approve** the updated risks on the Corporate Risk Register (CRR). All amendments are highlighted red and restricted risks will be discussed in private. The Restricted Risks were reviewed by the Performance and Planning Steering Group (PPSG) in February and March 2022
- **note** that feedback from the Board at the meeting in January 2022, will be actioned in parallel with the plan to review the Corporate Risk Appetite, the Risk Management Policy and all risk registers. A further review of the CRR is planned for the April Board development session.

SECTION 3: BACKGROUND

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

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

These actions are complete, but will be reviewed in the next couple of months.

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At the recent Audit Committee and the January Board, the following requirements were highlighted:

- **A test of change of a high level ‘Issues Log’** has been initiated but there are no further updates due to current capacity pressures and REAP4 priorities. This will be picked up post March 2022.
- **All mitigating activities are to be more “SMART” in nature with clear timescales and accountability.** Engagement is ongoing, with each of the risk owners to implement this change. In order to ensure sustainability of this change, other work includes: a review of Datix and Risk Management Training, and a governance review to ensure that information and data effectively flows through the system. Ongoing support is being provided to risk owners regarding department scheduling of risk reviews.
- **A Board review of the Risk Appetite and a risk workshop** is planned for the April Board development session. A similar session is planned with the PPSG.
- **Peer review of risk monitoring regarding 4639-cyber risk** to reflect the amount of work undertaken and to identify triggers. There has been significant work over the last few weeks given the heightened risk due to the Ukraine conflict and this risk has been increased to very high recognising the likelihood increasing. A number of action plans have been completed describing further mitigations.
- **Action enhanced graphical representation of risk.** This is also under development and will be included in the revamped report planned for May PPSG meeting.

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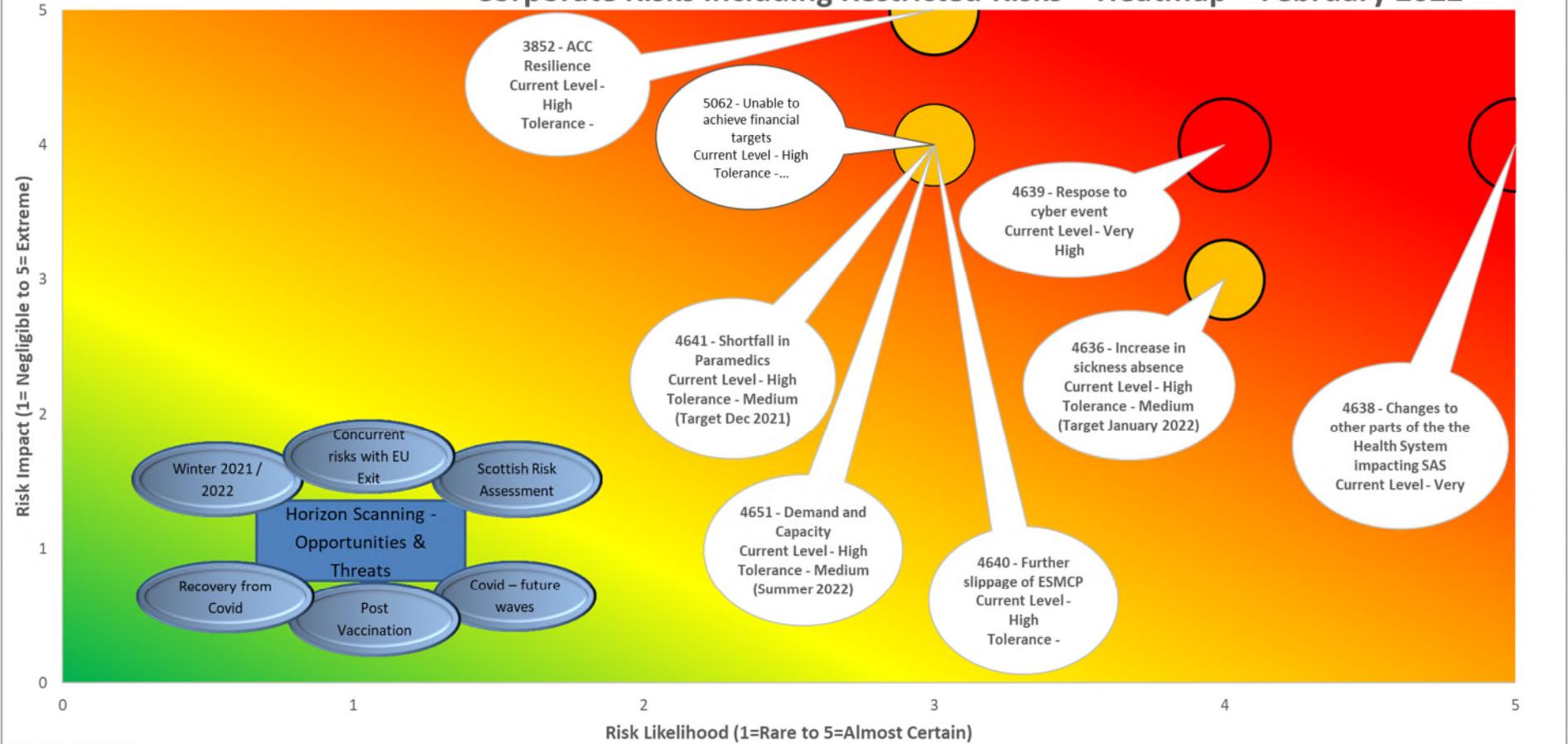
Section 1 – Discussion

1a. Public Corporate Risk Heatmap, Dashboard and Overview – February 2022

The Heatmap below shows the 8 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) at the end of February 2022. 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. We have also included horizon scanning information identifying external factors and scenarios that we are aware of as we manage our key risks. Please note that the format of the graphical representations, the horizon scanning and risk appetite are all to be reviewed within the next couple of months. This work will be undertaken in parallel with the Risk Management Policy review.

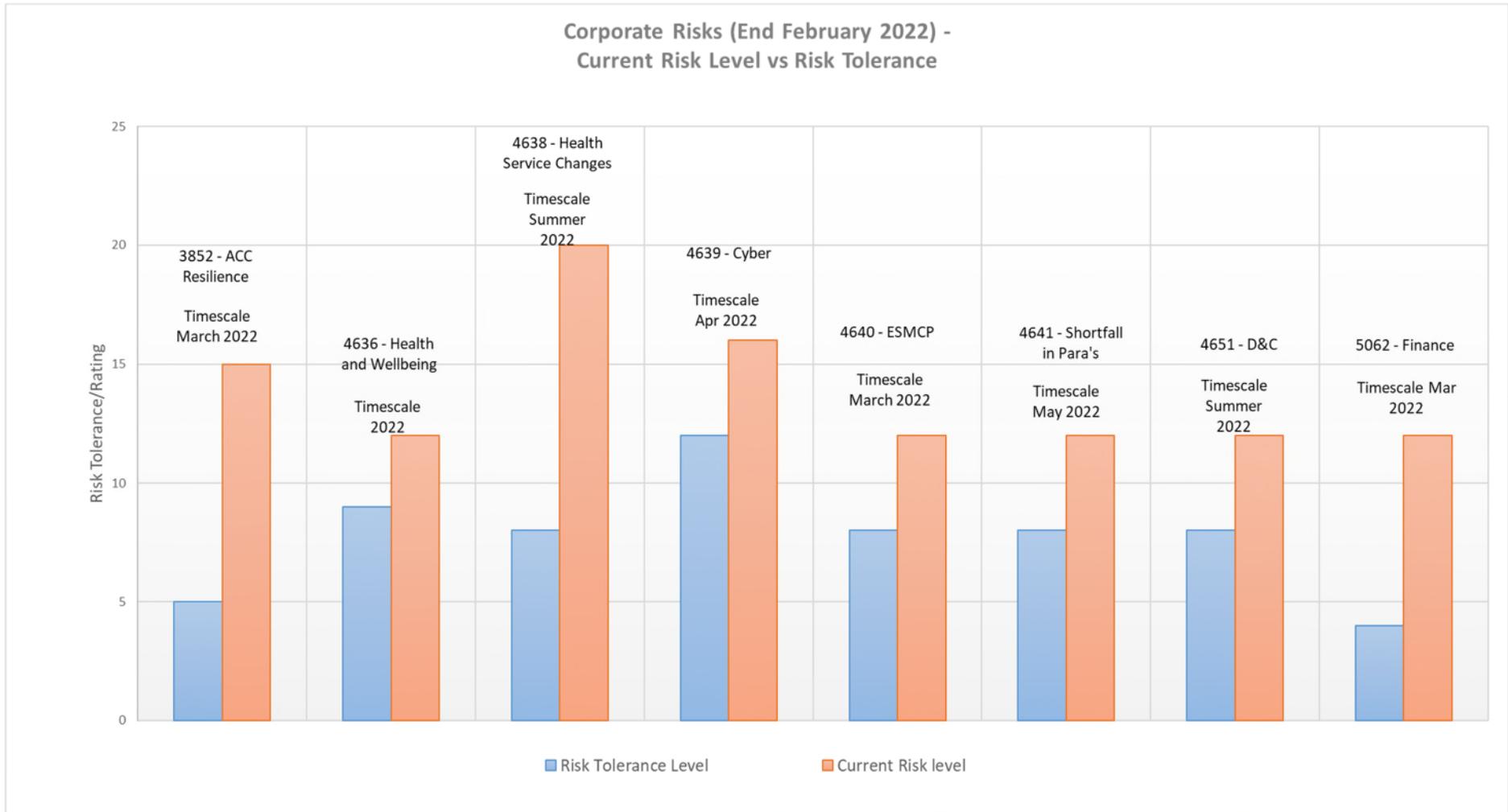
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Corporate Risks Including Restricted Risks - 'Heatmap' - February 2022



1b. Risk Dashboard

The Dashboard below shows the 8 public Corporate Risks assessed against their current and tolerance risk levels at February 2022.



Tolerance for each risk is informed by the corporate risk appetite against our clusters, as noted below. There are plans to refresh the risk appetite in 2022/23.

1c. Current Corporate Risk Appetite

RISK CLUSTERS	← Unacceptable to take risks Higher Willingness to take risks →									
	LOW				MEDIUM				HIGH	
Risk Appetite	Averse		Cautious		Moderate		Open		Willing	
	1	2	3	4	5	6	7	8	9	10
Generic Clusters										
Regulation- <i>how much risk are we willing to take regarding complying/breaching legislation?</i>										
Financial – <i>how much risk are we willing to take in pursuit of our objective for financial sustainability?</i>										
Clinical Technology – <i>how much risk are we willing to accept in the pursuit of our objective to be a leading technology driven organisation?</i>										
Digital Transformation – <i>how much risk are we willing to accept in the pursuit of our objective to be a leading technology driven organisation?</i>										
Workforce – <i>how much risk are we willing to accept in the pursuit of our objective to increase and redesign our workforce</i>										
Health and Wellbeing - <i>how much risk are we willing to accept in the pursuit of our objective to improve the health and wellbeing of our staff?</i>										
Reputation – <i>how much risk are we willing to accept to maintain our good reputation?</i>										
Patient safety and Quality – <i>how much risk are we willing to accept to ensure we deliver high quality and safe services?</i>										
Population Health - <i>how much risk are we willing to accept in our objective to improve and maximise Population health?</i>										

RISK LEVEL	LOW				MEDIUM				HIGH	
Risk Appetite	Averse		Cautious		Moderate		Open		Willing	
Specific Clusters	1	2	3	4	5	6	7	8	9	10
Patient / User Experience – <i>how much risk are we willing to accept in our objective to maximise patient and user experience?</i>										
Partner Relations – <i>how much risk are we willing to accept our aim to improve and maximise partner relations?</i>										
Innovation and Research – <i>how much risk are we willing to accept in our objective to increase innovation and research?</i>										
Emergency / Critical Care - <i>how much risk are we willing to accept in the pursuit of our objective and activities in emergency care?</i>										
Urgent Care - <i>how much risk are we willing to accept in the pursuit of our objectives and activities in urgent care?</i>										
Elective Care - <i>how much risk are we willing to accept in the pursuit of our objective and activities in elective care?</i>										
Mental Health – <i>how much risk are we willing to accept in the pursuit of our objective to ensure we deliver improved mental health services?</i>										
Primary and Community Care Transformation - <i>how much risk are we willing to accept in the pursuit of our objective to ensure we deliver our primary & community care transformation plans?</i>										
Education and Professional Development - <i>how much risk are we willing to accept in the pursuit of our objective and activities in education and professional development?</i>										
Remote and Rural – <i>how much risk are we willing to accept in pursuit of our objectives and activities in remote and rural care?</i>										
Specialist Response – <i>how much risk are we willing to accept in pursuit of our objectives and activities in specialist response care?</i>										

RISK LEVEL	LOW				MEDIUM				HIGH	
Risk Appetite	Averse		Cautious		Moderate		Open		Willing	
Specific Clusters	1	2	3	4	5	6	7	8	9	10
<i>Aeromedical Services – how much risk are we willing to accept in pursuit of our objectives and activities in Aeromedical Services?</i>										

1d. Corporate Risks, Current Controls and Current Risk Levels

The table below describes the Corporate Risks for the Service along with the mitigating controls currently in place to manage the risk. It also shows the current risk level in terms of the likelihood and impact of exposure. We have also added our current risk appetite following the approval of this at the Board in November 2020. A review of risk appetite has been proposed by the Board for early 2022, as soon as capacity allows.

The Corporate Risk Register was also reviewed at the Audit Committee on the 19th January 2022.

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
3852	The continuity of ACC operations is impacted because of infrastructure failing (e.g. power outage) resulting in the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation to avoid the possibility of loss of service provision affecting patient care inflicting reputational, clinical, operational and political damage.	<ol style="list-style-type: none"> 1. Robust Business Continuity Plans, ACC procedures, ACC training, Business Continuity support provided via NRRD. 2. Disaster Recovery plans updated to reflect a reduction in the facilities available due to increased use due to social distancing. 3. East expansion complete and is able to function as West failover site. 4. North ACC failover also in place. 5. Additional call handling staff training in progress for completion May 2021. 	High	<ol style="list-style-type: none"> 1. On-going activity with Business Continuity (BC), ACC and ICT to undertake detailed review and update of current BC processes. Immediate actions have been implemented with ongoing work part of BAU. Owner: Head of ACC/Head of Estates and GM ICT final work to be completed by March 2022. 2. Any future development and implementation of new digital developments will have appropriate supporting reference documents and staff 	Medium	07/02/2022	Resilience Committee Exec Team	Director - National Operations

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				<p>training and awareness completed prior to go-live. Work is now in place to ensure this happens. Owner: General Manager ICT and Head of ACC. Completed</p> <p>3. West ACC expansion plans are being developed with business case being completed. A shortlife business case working group has been set up. The ACC service model will be influenced by the demand and capacity review due March 2022. In the interim additional space requirements in the West ACC site are being pursued with some enabling work completed for winter expansion measures completed. In addition space work</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				<p>with NHS24 and GG&C is taking place. An update on the West space availability should be available by December 2021. Owner: Head of ACC by December 2021.</p> <p>4. Internal review of all offsite disaster recovery sites given social distancing changes. Due by end July 2021 and will be reported to the next Resilience Committee. Owner: Head of ACC by January 2022</p> <p>5. Document all generator testing and power outage processes and ensure business continuity plans are in place and regularly tested. This has been documented and the actions being progressed by SAS, NHS24 and the</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				Landlord(s). An action plan has been completed and has been presented to the August Resilience Committee.				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
4636	There is a risk that the health and wellbeing of our staff is affected because of the immediate and longer-term impact of the Covid-19 pandemic. This in combination with the pressures of working in an emergency service possibly resulting in an increase in absence levels, lower morale and resilience and reduced service capacity.	<ul style="list-style-type: none"> Implementation of the refreshed Health and Wellbeing Strategy and Road map which is underpinned by an evaluation framework. Supportive attendance management policies and training for managers are in place. An increased focus on staff mental health and wellbeing and provision of support services such as well SAS and lifelines. <p>Ongoing work to identify and support employees who have been on long term sickness.</p> <p>4 Wellbeing posts filled - individuals starting March 2022 OD Advisers will be released from Wellbeing duties to do Organisational Development including management</p>	High	<p>1. Implementation of Year One of the SAS Health and Wellbeing Strategy and implementation road map with particular emphasis on mental health to deliver actions to improve staff health and wellbeing across the Service. Recruitment of additional wellbeing leads for the Service. Action Owners: A. Ferahi Evaluation process being developed. Update provided at end of first year in March 2022</p> <p>2. Demand and Capacity Programme being implemented with subsequent positive impact on rest break management and shift runs. Additional actions underway through the rest</p>	Medium	07/02/2022	Staff Governance Committee	Director of Workforce

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<p>training and identify priorities for OD moving forward</p> <p>Attendance Management post in place due to end March 2022</p> <p>Covid abstractions not as high as previously modelled</p> <p>Additional Ambulance Technicians recruited</p> <p>Additional BSE Student resources in place Long Term is highest absence and is being addressed - slowly reducing</p> <p>Additional MACA support in place until March 2022</p> <p>Blue light drivers bank recruitment in progress - approx. 200 individuals shortlisted throughout Scotland - Interviews are taking place. Long Term is the highest absence and is being addressed - slowly reducing</p>		<p>break improvement working group. W Quinn working ongoing with review periods in place with post winter review due in early 2022/23</p> <p>3. Recruitment of additional ACAs, Technicians, Paramedics as part of the workforce plan resulting in increased capacity across the Service. A Keen, K Brogan/ Regional Mgt Teams. End of March 2022 (D&C Timescales)</p> <p>4. Recruitment of Attendance Management staff for the Service - G Ferguson - January 2022</p> <p>5. Significant work on rest break compliance and control underway. Agreed</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				joint action plan with staff side colleagues. Fatigue working group in place with a fatigue Framework developed. The recruitment of additional clinical staff, through the demand and capacity programme will improve compliance with rest break protocols and this will be closely monitored with a review of improvements by March 2022. Owner: L. Lauder, J. Ward, Regional Directors & Staff-side Colleagues.				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
4638	<p>Wider system changes and pressures: There is a risk of increased service pressures on SAS because of changes to other parts of the whole system resulting in the following;</p> <ul style="list-style-type: none"> • Insufficient staffing and longer response times • Increased journey times to hospitals as a result of centralisation of clinical services • Longer turnaround times at hospitals • Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan 	<ul style="list-style-type: none"> • IJB level data now being produced and shared across the Health System. • Regional directors and planners engaging with IJB's, Partners, NHS Boards, Regional Delivery Groups and Scottish Government. • HALO position in post with majority of Health Boards and working as an interface between Health Boards and SAS operations at A&E • Clinical Decision Making Framework has now been published within the Organisation which is designed to support staff to make the correct decisions for patient pathways and safety netting. • Stroke bundle rolled out in all Regions, focussing on improving clinical outcomes. 	Very High	<p>1. Developing clinical pathways due to increased journey times to / from hospitals through a range of developments included below:</p> <p>1.1. Major Trauma Network now live, no logistical issues raised.</p> <p>1.2. Thrombectomy – ARI flow to Ninewells now established. Lothian network established, no change to existing pathways in Lothian.</p> <p>2. SAS RUC subgroup established and workplan agreed, which will increase SAS access to Board flow navigation centres. Navigator support for pathway access introduced in November 2021. Impact assessment being reviewed and updated by March 2022 – J King</p>	Medium	07/03/2022	Exec Team – PPSG – Workforce Development Group Clinical governance Committee	Medical Director

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<ul style="list-style-type: none"> • Commissioning framework in place for IJB's to secure paramedic resource. • SAS key partner in the Redesign of Urgent Care programme arrangements. • Stroke Thrombectomy (Craig Henderson) Business case 2021/2022 approved re drawdown of resources in mitigation of additional journey times. BC for 2022 and beyond accepted in principle by SG. • Site specific turnaround improvement plans in place for key sites 		<p>3. Funding announcement of £20m from the Scottish Government as part of the NHS Recovery Plan has been confirmed for 21/22 and a detailed action plan and risk register is in place. Twice weekly operational pressures meetings (reduced to weekly meetings commencing March 22) have been set up to deal with and resolving operational issues in the delivery of this plan with an associated risk register.</p> <p>4. 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</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				<p>active management / escalation</p> <p>5. Mental Health monies have been sourced and confirmed to develop support for safeguarding vulnerable patients who currently are high intensity user of the service, as well as the development of ACC call coordination of mental health calls and the development of regional mental health cars to support patients in crisis, reducing the overall service demand. Work continues to develop AP cohort to develop alternative methods of supporting patients not requiring conveyance. SAS have worked with NHS 24 to be able to support patients to access mental health support by connecting SAS</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				<p>staff and patients with NHS 24. SAS are rolling out Mental Health First Aid training to support staff to care for patients in Mental Health crisis. Mental Health Strategy approved by Board and now in implementation phase over next 3 years. Owner: F Dodd</p> <p>6. Additional unscheduled care monies have been received to increase HALO posts across the regions hours, increase discharge capacity, additional data analytics support and additional ACC support. Funding ends March 22 Action: Regional Directors - March 2022 Links to action 4.</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
4639	There is a risk that the Service's response to an adverse cyber event because of identified capability gaps resulting in the Service being unable to timeously fully recover from the loss of ICT systems or data, causing extended service disruption and reputational damage	<ul style="list-style-type: none"> Director of Finance, Logistics and Strategy has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. Cyber security is now a standing Resilience Committee agenda item. Security governance arrangements have been consolidated. Director of Finance, Logistics and Strategy has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. Cyber security is now a standing Resilience Committee agenda item. Security governance 	very high (16)	<ol style="list-style-type: none"> The action plan relating to the 2021 NIS audit has been created, delivery of the plan is now being monitored by the Security governance group. Owners: R Kay, A. Shields & SGG Members by April 22. The cyber security awareness raising materials for staff that are available on e-learning will be made mandatory in line with a KPMG cyber audit action. Action Owners: R. Kay (September 2022) The Cyber Incident Response Team and Process created during 2021 will be reviewed and exercised by end August 2022. Action Owner: R. Kay (by August 2022) 	Medium	03/03/2022	Security Governance Group Resilience Committee Audit Committee	Director of Finance & Logistics

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<p>arrangements have been consolidated. The Security Governance Group Terms of Reference now reflects the fact that its remit involves overseeing physical, personnel and cyber security matters and reporting on these to the Resilience Committee.</p> <ul style="list-style-type: none"> • Cyber resilience awareness raising communications are now being issued to all staff on a regular basis. • Following the independent NIS audits now being conducted annually on behalf of Scottish Government, annual action plans are created. These action plans are being progressed by action owners with progress being monitored at every Security 		<p>4. A cyber strategy / plan will be created in line with the related KPMG cyber audit action . Action owner: J. Baker (August 2022).</p> <p>5. Work regarding recording of Business Continuity Management into Continuity Squared is continuing to progress. Action Owner - L McCann Target Date - First Quarter 2022/23</p> <p>6. Currently engaging with UK Ambulance Trusts, NHSScotland Security Leads, Police and Fire, to ensure risk management, progress updates and reporting is consistent and comparable. Action owner - R Kay, Target Date - April 2022</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<p>Governance Group Meeting.</p> <ul style="list-style-type: none"> • Interdependencies between Information Governance and Security Governance understood and mechanism in place to ensure shared understanding across both groups. • Microsoft Defender and Advanced Threat Protection software has been deployed to the majority of SAS end-points e.g. laptops. This has been deployed to all applicable SAS endpoints • End points (computers/laptops) are operating on up to date Operating Software which is being patched regularly, in line with NCSC guidance. • Work ongoing to review and reinforce Business Continuity 						

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<p>measures across all functional areas. Rollout of updated Continuity Squared software to support continuity of Service delivery in the event of a successful cyber-attack.</p> <ul style="list-style-type: none"> • Intelligence sharing between Service ICT team and Intelligence & Security Team. • Incident Security Management Team created. • Regular staff communication on cyber-resilience via CEO bulletins. • Ransomware exercises conducted. • A Cyber Incident Response Team is now in place, with clear remit and linkages to the wider Major Incident Plan • Held Cyber tabletop exercise in June 2021 for Leadership team (business focussed) 						

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		and in February 2022 for ICT Team (technical focussed) <ul style="list-style-type: none"> •KPMG carried out a Cyber related internal audit late 2021, this was reported to the January 2022 Audit Committee and an action plan was agreed. 						

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
4640	There is a risk of further slippage in the UK Government Emergency Service Communications Programme (ESMCP), because of ongoing technical and delivery challenges, resulting in the need to further extend Airwave service provision and the cost pressures and potential operational challenges this involves.	<ul style="list-style-type: none"> SAS Emergency Service Network (ESN) Project team established with active engagement in ESMCP meetings and groups to keep abreast of the current situation - The Enabling Technology Board have approved the creation of a SAS ESN Programme and this is now being progressed through appropriate governance. SAS staff are members of key working groups with Scottish Government (SG), Police Scotland and SFRS to ensure Scottish interests are fully represented. . Strategic level engagement with Scottish Government ESMCP SRO through the Scottish Strategic Group. The Airwave contract was 	High	<ol style="list-style-type: none"> Continued proactive engagement with all relevant stakeholders - ESN Team is governed by the Enabling Technology Board. A dedicated SAS ESN Programme is being established Q1 2022, it will report into a new SAS Digital Board. Action Owner: Director of Finance, Logistics and Strategy (Q1 - 2022) Increased Executive Level involvement in Scottish Strategic Group and Strategic Finance Group meetings with a number of meetings taking place on a regular basis. Action Owner: J. Carter (2022). Contingency planning is taking place with regard to 	Medium	03/03/2022	2030 Strategy Exec Team	Director of Finance, Logistics & Strategy

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<p>previously extended until December 2022, this has now been extended by the Home Office to 2026 following consultation with SAS.</p> <ul style="list-style-type: none"> ESMCP 'Plan B' options have been investigated, no other viable option, beyond Airwave service continuation have been identified to date, however SG plan to revisit this in 2022 and SAS are fully engaged in this work . Engagement is ongoing with Airwave regarding the ongoing sustainability of the current Airwave 'Bundle 2 contract covering ICCS (Integrated Communications Control System), hand-held terminals & vehicle terminals. The ICCS is due to be replaced in April 2022. 		<p>extending Airwave Bundle 2 terminal provision beyond December 2022. Owner: GM, ICT (December 2022)</p> <p>4. Complete commissioning of new ESN compatible ICCS by end April 2022. Owner: Director of Finance, Logistics and Strategy (April 2022)</p> <p>5. SAS are fully engaged in SG work to revisit ESN 'Plan B' options assessment. Owner: GM, ICT (October 2022)</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		Discussions are ongoing regarding the terminal contracts which expire in December 2022.						

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
4641	There is a risk that SAS may suffer a shortfall in Paramedics because of the potential of unable to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person-centred care.	<ul style="list-style-type: none"> • Maximising training intakes and staff completing training through the Academy from now until 2022 • Ongoing recruitment of new graduates from GCU programme • Increase direct qualified recruitment targets to manage any shortfall in numbers • Monitoring ongoing staff turnover and student attrition figures to ensure workforce forecasts accurately identify the ongoing requirements • Driving and mentoring programmes developed • Workforce model reviewed in line with COVID-19 recovery plans. • Working with SG colleagues to agree future intakes based on demand and Capacity profiling 	High	<p>1. The HCPC have extended the delivery of the Dip HE programme which will allow us to take new entries until May 2022, this was previously set for August 2021. Aim for all cohorts started by May 22 with slippage time built in. All intakes are at capacity and recruitment to the final cohort is nearing completion. Owner: Associate Director Of Education & Prof Dev. May 2022</p> <p>2. SAS are continuing to explore the education facilities and online opportunities to maximise the numbers of staff that can be trained at one time, with detailed scheduling of activity in line with Covid-19</p>	Medium	03/03/2022	2030 Steering Group Exec Team	Director of Care, Quality & Performance

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<ul style="list-style-type: none"> Regular external recruitment drives in place to meet workforce projections SAS have developed a transition programme for Newly Qualified Graduate Paramedics, which is fully operational, this supports the recruitment of NQPs from Scotland and elsewhere. 		<p>restrictions. July 19th changes will ease restrictions to support less constraints due to social distancing. Owner: Associate Director Of Education & Prof Dev Ongoing – will be reviewed again at March 2022</p> <p>3. SAS are exploring the recruitment of registered professionals from other disciplines to supplement any shortfall in paramedic training numbers and to develop a more multi-professional workforce. First round was fairly successful and going back out to recruitment again. A SLWG is being developed to explore this further for the board. Owner: F Dodd March 21, longer ambition March 22</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				<p>4. SAS are developing the work of the advanced practitioners to manage demand, increase hear and treat and therefore reduce the conveyance demand, reducing the sole reliance on this type of response and implementation of a rotational model. SAS are recruiting to the advanced practitioner training cohort as well as attracting fully qualified advanced practitioners into the Service. Owner: F. Dodd ongoing development additional recruitment planned for March 2022</p> <p>5. SAS are accepting the over recruitment by Universities in 2020 intake (57) and ongoing support</p>				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
				<p>required. The 2021/22 Undergraduate intake has been increased to 300 in line with additional funding from SG. SAS working with SG colleagues to understand future undergraduate programme requirements to meet demand up to 2025. SAS are also developing the infrastructures to support learners across the Service through a SLWG to develop systems and processes to support students. SAS working with NES on developments in support for students, feedback mechanisms and consistency across Universities to support the undergraduate programmes. Owner: 5 & 6. F. Dodd final</p>				

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				agreements due by early 2022/23.				

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
4651	Demand and Capacity: There is a risk that SAS cannot consistently deliver a timely response to patients because of increased demand which exceeds available capacity, resulting in the potential for adverse patient outcomes.	<ul style="list-style-type: none"> • Demand and Capacity Programme Board is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place to support the Demand & Capacity implementation. • Funding announcement of £20m from the Scottish Government as part of the NHS Recovery Plan. • Workforce Plans are reviewed and updated annually (building into our three-yearly Workforce Plan return for Scottish Government), in acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors. 	High	<p>1. Demand and Capacity Implementation plans are well underway. D&C Programme Board established and chaired by the Chief Exec with non-exec membership. Funding for phase 1 and 2 has been received from Scottish Government. The addendum for phase 3 (22/23) has commenced with submission to the Scottish Government in December 2021. Awaiting feedback. Owner: W. Quinn – expected May 2022</p> <p>2. Agreed education and workforce plan in place to support the training and education of additional clinical staff. Additional staffing due to commence with supporting fleet and</p>	Medium	03/03/2022	PPSG Exec Team	Chief Executive

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
		<ul style="list-style-type: none"> • Robust Clinical Governance arrangements in place within the Service and clear prioritisation of the local delivery plan process. • Ongoing Continuous Professional Development (CPD) programme in place through Learning in Practice (LIP) to improve clinical examination, assessment and shared clinical decision making with patients and carers - running 2019 - 2023. • Demand Management and Resource Escalatory Plans in place and actioned when appropriate. • National Escalation Plan (NEP) in place organisationally and enacted by the ACC to manage demand and capacity. 		<p>estates infrastructure. Additional staff are being prioritised into those areas with greatest challenges and a detailed implementation plan has been agreed. Owner: Regional Management Teams supported by HR by April 2022</p> <p>3. In relation to re-rostering, the majority of Working Parties across the regions have been completed. remainder by May 2022 Owner: W Quinn, May 2022</p> <p>4. Demand and Capacity Reviews to be undertaken within ACC's and PTS over the coming months with plans for this to be completed by March 2022 Owner W Quinn .</p>				

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		<ul style="list-style-type: none"> Enhanced arrangements are now in place through re-design of urgent care to manage urgent presentations. Additional management and support service capacity agreed for the recent COVID-19 expansions in services including Mobile Testing Units. 						

ID	Description	Controls in place	Risk level (current)	Action Planning (Future Controls)	Risk Tolerance	Date Risk was last reviewed	Assurance Committee	Risk Owner Title
5062	There is a risk that we do not achieve our financial targets in 2022-23 because of non-delivery of efficiency savings, increasing cost pressures and no funding to support the increased costs of COVID within the Service resulting in an inability to ensure Financial Sustainability and Improve Value.	<ul style="list-style-type: none"> •Detailed monitoring arrangements in place with all Budget Holders. •Best value procedures and processes updated and approved. •Performance is monitored through the BV Operational group and reported to the PPSG and Audit Committee •Monthly budget review meetings with Local Budget Holders. •Regular meetings with SG Health Finance Team regarding funding due and assumptions in relation to future funding •Forecast from June 2022, which will incorporate income assumptions, saving 	High	<p>The final draft financial plan 2022/23 is due to be presented to the Board in March 2022. This will describe the delivery plan to meet our financial targets. The detailed risks in delivery of the plan have been articulated with the highest risk relating to non-delivery of efficiency savings. The following mitigating actions are being progressed</p> <ul style="list-style-type: none"> • Clear financial plan and ideas list being collated with leads and actions agreed. by end of June 2022 • Best Value Programme structure with clear governance, escalation and actions will be refreshed and launched in April 2022 linked to the 2030 strategy work. 	Medium	07/02/2022	PPSG Audit Committee Exec Team Meetings	Director of Finance, Logistics and Strategy

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		assumptions, and forecast spend.		<ul style="list-style-type: none"> Detailed project plan with dedicated programme support and reporting process in place, will be completed fully by end of June 2022. In relation to COVID funding the following actions are being progressed - Continue with the covid exit finance group to critically review the requirement for funding and how this will be spent, reported and stopped depending on policy changes and other triggers - March 2022 Putting in place a clear tracking and reporting process of all COVID related expenditure – actioned and currently in place Undertake a clear risk assessment against each level of 				

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				expenditure and describe the benefits and risks of this – actioned with ongoing review of benefits being collated				