



# **NOT PROTECTIVELY MARKED**

Public Board Mee	<u> </u>		
	Item 07		
THIS PAPER IS F	OR APPROVAL		
CORPORATE RIS	SK REGISTER - PUBLIC		
Lead Director Author	Julie Carter, Director of Finance, Logistics and Strategy Sarah Stevenson, Risk Manager		
Action required	<ul> <li>The Board is asked to:</li> <li>Approve the Corporate Risk Register</li> <li>Note the actions in place and the assurance being received that the risks are being controlled effectively.</li> </ul>		
Key points Timing	<ul> <li>The attached Corporate Risk Register provides:</li> <li>Detail of the highest level of risks the Board is currently managing in delivering our agreed outcomes.</li> <li>Assurance on the risk management mitigations and considers if they are effective and efficient.</li> <li>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.</li> <li>Confirmation of the corporate risk profile and risk appetite status with a heat map on the risk profile in month.</li> <li>All risks have been reviewed and are planned for review via a schedule in accordance with policy</li> </ul>		
Associated Corporate Risk Identification	Details the risks contained in the public Corporate Risk Register.		
Link to Corporate  Ambitions	Links to all 2030 Ambitions  Ensuring the delivery of Sofe Services by identifying organizational		
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 MAY 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 and approve the Corporate Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.

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#### 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 May 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
- 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.

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#### 4.2 Update on previous work requested by Board Members

- Demonstrate the % achievement towards tolerance for each of the mitigating actions on the
  corporate risk register, this is similar to what we do in the audit follow up actions. This
  approach will provide further assurance to Board members on the effectiveness of the
  actions in place and provide an indication of the actions which require to be prioritised to
  reduce the risk level. The Risk Manager is currently supporting the development of this in
  conjunction with risk owners and action leads.
- 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 Patient Focus Public Involvement (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 Risk Manager is testing this out with the Project Management Office following a risk management session in May 2023.

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

ID	Descriptor	Current Level
4638	Wider system changes and pressures. There is a risk of service pressures beyond our safe staffing levels as funded by Scottish Government through the Demand and Capacity review Because of changes to other parts of the whole system and system pressures, including hospital turnaround times and time on scene Resulting in the following; Increased risks to patient safety 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	Very High
5296	Escalating industrial relations concerns. There is a risk of escalating Industrial Relations concerns across the wider public sector Because of a volatile economic climate and associated increased costs of living Resulting in the potential for industrial action within the wider NHSScotland and the Service	Medium
5062	Failure to achieve financial target. There is a risk that we do not achieve our financial targets in 2022-23, 2023-24 and our 3-year financial plan Because of non-delivery of efficiency savings, increasing cost pressures and no funding to support the increased costs of COVID within the Service and the phase 3 demand and capacity programme Resulting in an inability to ensure Financial Sustainability and Improve Value.	Very High

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4639	Service's response to a cyber incident.  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	Very High
4640	Risk sustaining Airwave provision. There is a risk of cost pressures and operational challenges Because of the need to extend Airwave provision due to further slippage in UK Government ESMCP Resulting in requirement to develop and implement additional contingency plans	Very High
3852	Continuity of ACC operations impacted.  There is a risk that 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.	High
4636	Health and wellbeing of staff affected.  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, increased fatigue, lower resilience and reduced service capacity at all levels.	High

The Performance and Planning Steering Group met on 13 April and 11 May 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 at May 2023

The Heatmap below shows the 7 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as at 11 May 2023.

Risk is measured as:

## likelihood x impact = assessed level of risk

This clearly identifies the risks within the high and very high-risk levels. Of all the Corporate Risks, 4 sit within the very high-risk rating, 2 within the high-risk rating and 1 within the medium risk rating.

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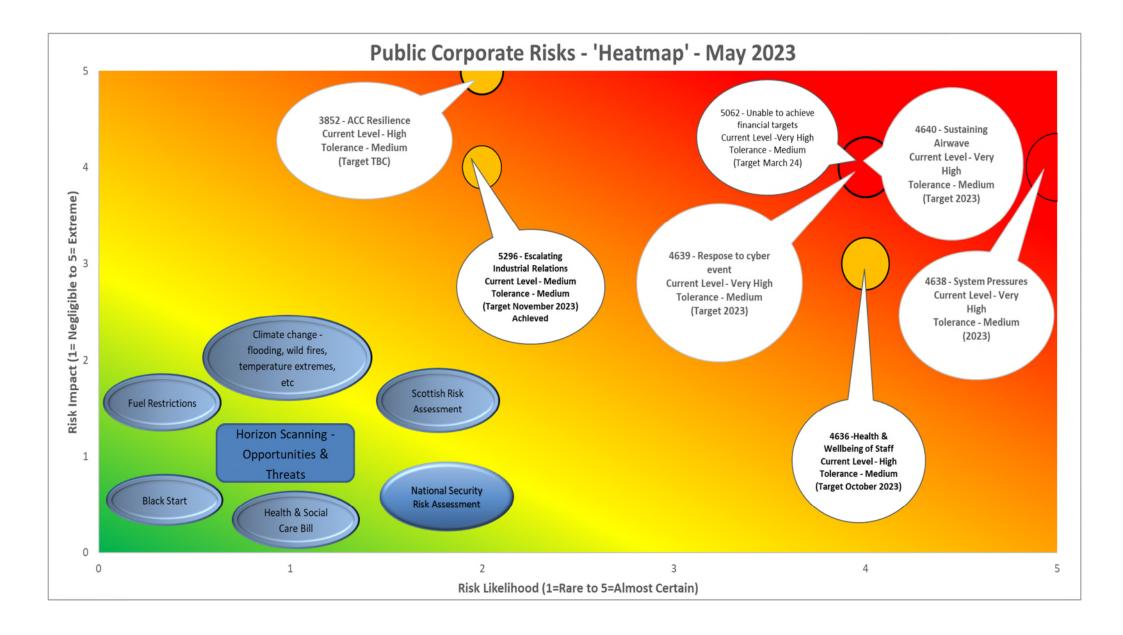
		Impact/Consequences				
Score		Negligible	Minor	Moderate	Major	Extreme
-	Almost Certain				1	
300	Likely			1	3	
ii	Possible					
Likelihood	Unlikely				1	1
_	Rare					

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.

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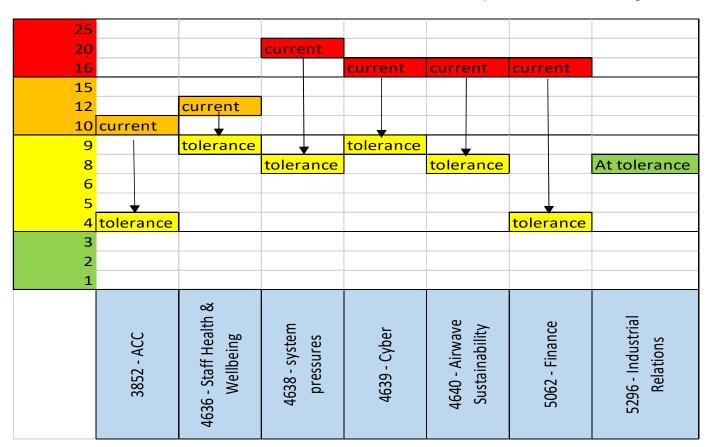
#### 4.4 Risk Dashboard – Risk Waterfall Chart

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 noting that Risk 4638: "Risk of wider and whole system pressures leading to reduced Service performance" and Risk 5062: "Failure to achieve financial targets" are the Service's biggest risks and the tolerance threshold within these are set to medium so there continues work to be done which is reflected in the detailed action plan within the risk register.



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#### 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	← Unacceptable to take risks Higher Willingness to take risks →									
CLUSTERS										
RISK LEVEL	LOW	LOW MEDIUM HIGH								
Risk Appetite	Averse Cautious			ous	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.

Now we have agreed the risk appetite for each cluster for the coming year the key question 'is our risk tolerance the risk level we are willing to accept given our risk appetite levels' for each of the risks on the corporate risk register. The following table outlines the risk appetite and tolerance levels for each of our current public Corporate Risks.

No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
3852	Continuity of ACC operations impacted	<ul> <li>Reputation – Cautious</li> <li>Patient Experience – Cautious</li> <li>Service Delivery – Cautious</li> </ul>	Medium  Likelihood -Rare (1)  Impact – Major (4)
		Current Appetite: Cautious (Low)	Score 4
4636	Health and wellbeing of staff affected	<ul> <li>Workforce Experience - Cautious– Moderate</li> </ul>	Medium  Likelihood –
		Current Appetite: Cautious-Moderate (Low-Medium)	Possible (3) Impact – Moderate (3)
			Score 9

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4638	Wider system changes and pressures	<ul> <li>Reputation – Cautious</li> <li>Patient Experience – Cautious</li> <li>Service Delivery – Cautious</li> <li>Emergency and Critical Care – Cautious</li> <li>Partner Relations - Moderate</li> <li>Whole System Transformation – Mod – open</li> </ul> Current Appetite: Cautious-Moderate (Low-	Medium  Likelihood –  Unlikely (2)  Impact – Major (4)  Score  8
4639	Service's response to a cyber incident	<ul> <li>Reputation – Cautious</li> <li>Clinical Technology – Cautious–         Moderate</li> <li>Patient Experience – Cautious</li> <li>Emergency and Critical Care – Cautious</li> </ul> Current Appetite: Cautious (Low)	Medium  Likelihood – Possible (3) Impact – Moderate (3)  Score 9
4640	Risk of operational and cost pressures sustaining Airwave provision	<ul> <li>Clinical Technology – Cautious- Moderate</li> <li>Digital Transformation – Moderate-Open</li> <li>Patient Experience – Cautious</li> <li>Workforce Experience - Cautious– Moderate</li> </ul> Current Appetite: Cautious-Moderate (Low-Medium)	Medium  Likelihood – Unlikely (2) Impact – Major (4)  Score 8
5062	Failure to achieve financial target	Financial – Averse  Current appetite: Averse (Low)	Medium  Likelihood – Rare (1) Impact – Major (4)  Score 4
5296	Escalating industrial relations concerns	<ul> <li>Reputation – Cautious</li> <li>Patient Experience – Cautious</li> <li>Workforce Experience - Cautious– Moderate</li> </ul> Current appetite: Cautious (Low)	Medium  Likelihood - Unlikely (2) Impact – Major (4)  Score 8

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**APPENDIX A – Corporate Risk Register** 

Corporate Risk Register Risk Register:

Last Undated:

Last Updated			.1						
Link to 2030	Corporate Risk ID	Risk Assessmen	Current, Appetite and Tolerance Levels)						
Strategy	No: 4638	• • • • • • • • • • • • • • • • • • • •		ance Leve	eis)			Risk Appetite	
Ambitions			urrent Risk Level kelihood – Almost Certain (5) / Impact – Major (4) = Very High (20)						
	Risk Title	Likelihood – Almos							
We will provide									
the people of	Wider system changes		Impact						
Scotland with	and pressures	Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	Moderate	
compassionate,			00 ()	` ,	` '		( )	Open	
safe and	Risk Description	Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High	Very High (25)	Willing	
effective care		. ,	` '	g , ,	0 ( )	(20)	, , ,		
where and	There is a risk of	Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)	Low – Medium	
when they	service pressures		(-)	(-,		,	,		
need it.	beyond our safe staffing	Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)		
	levels as funded by SG								
We will work	through the Demand	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)		
collaboratively	and Capacity review	D (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)		
with citizens	Because of	Rare (1)	LOW (1)	LOW (2)	LOW (3)	iviedium (4)	iviedium (5)		
and our	changes to other parts	Risk Performance	ce over time	chart					
partners to	of the whole system and	Diel	ID 4620 Day	of a way a man	Over Time	(Current or	- d		
create healthier	system pressures,				e Over Time	•			
and safer	including hospital	Tolera	nce Levels)	- Risk App	etite (Cauti	ous/Mode	rate)		
communities.	turnaround times and	25							
Linked	time on scene	20						Risk Tolerance	
Risks:	Resulting in	15							
	the following;	13						Likelihood –	
ID 4636	<ul> <li>Increased risks to</li> </ul>	10						Unlikely (2)	
1D 4000	patient safety	5	<u> </u>		<u> </u>			Impact – Major (4)	
	Insufficient staffing and								
	longer response times	0	1 1	1 1	1 1	1 1		Score	
	Increased journey	Oct. Thoush becar lang	1 22 ,22 ,22	,22 ,22 ,22	r , 22 , 22 , 22	22 22 23	N N N	Medium - 8	
	times to hospitals as a	Oct 40, Dec 134	top Way by M	101 JUL 1011	MAR SEL OCT MA	2, Osc 18, 46	o May bb,		
	result of centralisation of		Cur	rent Risk Level	Risk Tolera	nce			
	clinical services								

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<ul> <li>Longer turnaround times at hospitals</li> <li>Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan</li> </ul>			
Assurance and Review Groups  1: Demand and Capacity Programme Board  2: PPSG  3: 2030 Steering Group  4: OLT  5: Executive Team	Risk Owner Medical Director	Risk Handler Clinical Services Transformation Manager	Last Review Date 11/05/2023
Mitigating Controls with Indication of Time Mitigating Controls	escales and Effect Delivery Date	Effect on Risk	Owner
Service Integrated Clinical Hub to support improved management of patients both at point of call and on-scene - supporting patients to the right care, first time. Priority work implemented pre-Winter 2022.	Phase 1 is due for implementation pre-Winter 2022. Phase 2 will follow early 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. This was to ensure continuity into 2023/24.	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
National Integrated Urgent & Unscheduled Care Collaborative – the Service 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.	Funding bids actioned and learning for preparation of winter 2023 has commenced. A Scottish Government programme for Redesign of Urgent Care Phase 2 is being actioned. 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	Impact on risk: mitigations in place to minimise the service pressure impact	Clinical Services Transformation Manager

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Improvement plan developed with a focus on alternatives to ED including Same Day Emergency Care 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.	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.		
Flow Navigation Centres, alternative end points through to supporting discharge without delay. Improved patient safety, reduction in ambulance dispatch through calls closed at point of call; increased ambulance availability; utilising alternatives to ED.	Priority Actions pre-Winter 2022 will be assessed and lessons learned will be presented through the SG led Redesign of Urgent Care Phase 2 programme as referenced above.	Impact on risk: Improved patient safety, reduction in ambulance dispatch through calls closed at point of call; increased ambulance. Reduces both likelihood/consequence	Clinical Services Transformation Manager
Turnaround times. Joint Service / 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 systems pressures i.e. HALOs / additional ops Managers.	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. This is due to be live across all hospital sites by August 2023.  Updates on progress at monthly PPSG and reporting at Executive Meetings.	Reduce impact and likelihood	Medical Director/Chief Operating Officer
Full implementation of the Service's 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.	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 pending final approval of the Business case by Scottish Government.	Reduce impact	Clinical Services Transformation Manager

There are many moving parts to this risk in order to achieve tolerance. The Service continues to ensure close liaison with SG and Health Boards in order to deliver the actions for improvement.

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# Link to 2030 Strategy Ambitions Cuts across all ambitions

Links to all

risks

# Corporate Risk ID No: 5296

#### **Risk Title**

Escalating industrial relations concerns

# **Risk Description**

Linked across the wider public sector

Because of

a volatile economic climate and associated increased costs of living

There is a risk of escalating

Resulting in

the potential for industrial action within the wider NHSScotland and Service.

# **Risk Assessment**

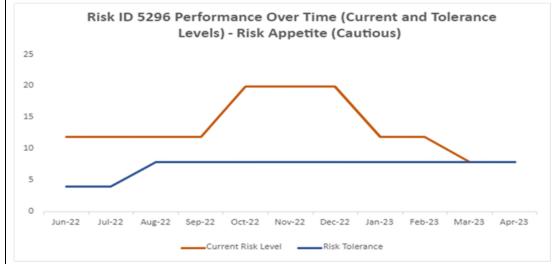
(Current, Appetite and Tolerance Levels)

#### **Current Risk Level**

<u>Likelihood – Unlikely (2) / Impact – Major (4) = Medium (8)</u>

	Impact				
Likelihood	Negligibl e (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

Low

#### Risk Tolerance

Likelihood – Unlikely (2) Impact – Major (4)

Score

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Assurance and Review Groups  1: Executive Team  2: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 11/05/2023						
3: PPSG									
Mitigating Controls with Indication of Timescales and Effect									
Mitigating Controls	Delivery Date	Effect on Risk	Owner						
National pay negotiations are led by Scottish Government for NHSScotland. These negotiations have led to a pay proposal for 2023/24 which Unions are consulting members on. We continue to progress: - Fortnightly meetings with partnership to review the hot topics list to gauge and react to additional tensions and heat in the system. The format of these meetings is being reviewed to ensure more effective engagement. Monitoring progress of actions and project plan against the hot topic list. This is being monitored by National Partnership Forum and Staff Governance Committee.	Weekly monitoring remains in place.	Reduce likelihood and impact	Director of Workforce						
Monitor through the national HRD meetings the UK and SG discussion of the non-pay elements of the pay deal and identify to Executive Team if any risks associated with this. There is a particular concern around the Junior Doctors strikes and the impact on SAS, for example Hospital Turnaround Times, System Pressures etc and these will be continually monitored.	March 2024.	Reduce likelihood	Director of Workforce						
Revisit and refresh the business continuity plans and ensure up to date and fit for purpose.	June 2023.	Reduce consequence	Director of Workforce supported by Business Continuity Manager						
Although this risk is within tolerance we are proposing to of the deal and Junior Doctor strikes.	keep the risk on the register for monitori	ing due to the potential imp	pacts of the non-pay elements						

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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 in 2022-23, 2023-24 and our 3-year financial plan Because of non-delivery of efficiency savings, increasing cost pressures and no funding to support the increased costs of COVID within the Service and the phase 3 demand and capacity programme 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)

		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)	

**Risk Appetite** 

# Cautious Moderate Open Willing

Low

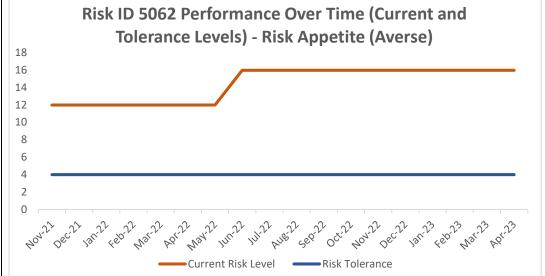
#### **Risk Tolerance**

Likelihood – Rare Impact – Major (4)

Score

Medium – 4

KISK	Pertorm	iance ove	er time chai	rt



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Assurance and Review Groups  1: Best Value Project Group  2: Executive Team	Risk Owner Director of Finance, Logistics and Strategy	Risk Handler Deputy Director of Finance	Last Review Date 11/05/2023
3: PPSG  Misigasing Controls with Indication of Timescales and E	iff and		
Mitigating Controls with Indication of Timescales and E	Delivery Date	Effect on Risk	Owner
Mitigating Controls	Delivery Date	Ellect oll Kisk	Owner
An approved financial plan 2022/23 is in place. This describes 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. A further new risk of lack of Covid funding. (Note this is the trigger moving the risk to very high):	Continue to deliver the financial plan with monthly updates provided to the SAS Board and the Performance and Planning Steering Group. The Service received confirmation of additional non-recurring COVID funding in February 2023. The Service has revised the full year financial forecast for 22/23 with a likelihood of a balanced position for financial year 22/23 pending the final audit position.	Reduce likelihood	Director of Finance, Logistics and Strategy
Detailed savings plan with dedicated programme support and reporting process in place, with highlight reports completed for all projects by August 2022 and progress reported monthly thereafter with monthly best value meetings and weekly operational meetings	Progress updates provided monthly to Performance and Planning Steering Group. End March 23 and reported by end April 2023. This action for 2022/23 is now closed and a new action in place for the financial year 2023/24.	Reduce likelihood	Director of Finance, Logistics and Strategy
In relation to COVID funding, SG have confirmed the full year Covid value for the service this is £8.6m. Using the current run rate, the current forecast for covid expenditure would be £14m. An updated forecast continues with a forecast COVID funding gap. Discussions continue with Scottish Government focusing on the ACC gap, with a meeting scheduled in November and a paper being produced for the timed admissions (card 46) resource due to be submitted to Scottish Government by mid-November and a further meeting scheduled thereafter.	Financial forecast completed and submitted to Scottish Government at end of November. ACC review meeting with SG taken place and timed admissions paper to be submitted to Scottish Government in early 2023. Scottish Government have confirmed additional funding of £m received in January 2023 and a further £1.5m received in March 2023 with the full COVID funding confirmed for 2022/23. A new action is now however in place for 2023/24.	Reduce likelihood	Director of Finance, Logistics and Strategy

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Demand and capacity funding has been confirmed by Scottish Government in September 2022. However, the full funding package of £45m supports committed expenditure of £47.7m and the financial gap has been included within the updated forecast.	End September funding confirmed, and financial gap included within updated full year forecast being presented to the Board in November 2022. Funding gap being reviewed on a monthly basis up to March 2023. Scottish Government have confirmed £45m funding should be planned for in 23/24. This action is also now completed.	Reduce likelihood	Director of Finance, Logistics and Strategy
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 2023 and submitted to Scottish Government. This is forecasting a balanced plan over the 3 years with a deficit forecast in 2023/24.	Final financial plan was submitted in March. Awaiting approval from Scottish Government. In the meantime, the actions described within the plan are being implemented.	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 is being developed for the first quarter reporting in June 2023.	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.	Bid is being collated and a timescale for completion is being followed up with SG finance. These costs continue to be closely monitored.	Reduce impact	Director of Finance, Logistics and Strategy
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 first financial reports produced for the end of May will produce an indication of the progress of this.	The first 2 months financial reports will identify if actions have been implemented. If necessary, corrective action will be necessary at pace to progress these and will be identified in the month 2 finance report.	Reduce impact	Director of Finance, Logistics and Strategy
The Service recognises through our 3-year financial plan that it was above demonstrate the Services commitment to achieving this ai			detailed actions

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

# Linked Risks:

ID 3852 (ACC Resilience)

ID 4640 (ESN)

#### Corporate Risk ID No: 4639

#### **Risk Title**

Service's response to a cyber incident

# **Risk Description**

There is a risk that the Service's response to an adverse cyber event

Because of identified capability gaps Results in

the Service being unable to timeously fully recover from the loss of ICT systems or data, causing extended service disruption and reputational damage

# **Risk Assessment**

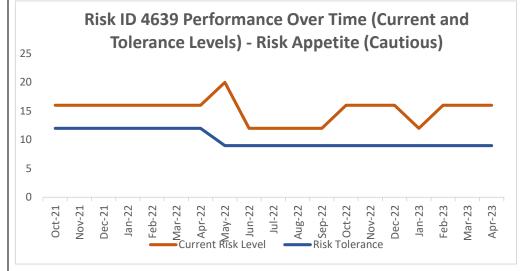
(Current, Appetite and Tolerance Levels)

#### **Current Risk Level**

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

		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)		

# **Risk Performance over time chart**



# Risk Appetite

Averse

#### Cautious

Moderate Open Willing

Low

#### Risk Tolerance

Likelihood – Possible (3) Impact – Moderate

3)

Score

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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 11/05/2023					
Mitigating Controls with Indication of Timescales and Effect								
Mitigating Controls	Delivery Date	Effect on Risk	Owner					
NIS Regulations requirements provides continuous improvements in multiple aspects of Incident Response and Business Continuity. Completion of recent audit and updated action plan being completed by end of November 2022. Full audit scheduled for 2023 gap identification and remediation activities to follow.	NIS audit documentation submitted in line with agreed timescales. Feedback from the NIS Audit which took place in April 2023 is due mid-late May. This will identify progress and further actions.	Reduces likelihood	Head of Infrastructure and Security & SGG Members					
Regular testing of Incident Response, Business Continuity Planning, and protective measures as per requirements within Cyber Resilience Framework. Annual review, exercise, improvement. The risk level has been reviewed following the debrief and risk assessment from the cyber exercise in November 2022 and recommendation to reduce likelihood, however PPSG advised to keep the risk at current level due to the service impact over a potentially long period of time. The exercise had a positive outcome confirming the plans were fit for purpose and audit actions are on track for completion. Actions gaining assurance on longevity now need to be considered.	Improvements from the cyber debrief plan to be developed into an action plan with timescales and leads identified. The impact of these actions on the corporate risk and the output of the NIS audit will be considered by the end of June 2023.	Reduce likelihood	General Manager ICT/Head of Infrastructure and Security					
Improvements identified from CIRP simulation exercise and full debrief reports. Alongside formal review by KPMG, recommendations to be implemented.	Actions reported to the April Audit Committee meeting and considered for closure/extension.	Reduce likelihood and impact	Head of Infrastructure and Security					

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# Link to 2030 Strategy Ambitions We will innovate to

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

# Linked Risks:

ID 3852 (ACC Resilience)

ID 4640 (ESN)

# Corporate Risk ID No: 4640

#### **Risk Title**

Risk of further slippage in ESMCP

## **Risk Description**

contingency plans

There is a risk of cost pressures and operational challenges Because of the need to extend Airwave provision due to further slippage in UK Government ESMCP Resulting in requirement to develop and implement additional



#### **Current Risk Level**

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

	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)

# **Risk Appetite**

Averse

Cautious Moderate

Open Willing

Low – Medium

#### **Risk Tolerance**

Likelihood – Unlikely (2)

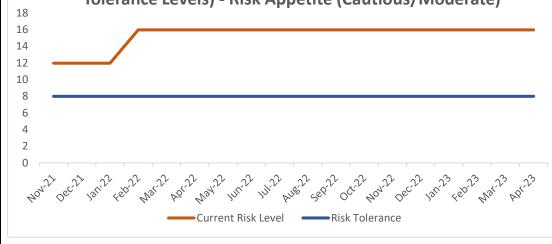
Impact – Major (4)

#### Score

Medium - 8

#### **Risk Performance over time chart**

Risk ID 4640 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Cautious/Moderate)



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1: DDIR Portfolio Board 2: 2030 Steering Group 3: PPSG	Director of Finance, Logistics and Strategy	General Manager - ICT	Review Date 11/05/2023
4: Airwave and ESN Governance Group			
Mitigating Controls with Indication of Timescales and	Effect		
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Activity: Formal SAS Airwave Sustainability Project in place to deliver:	The agreed action dates are noted below	Reduces likelihood and consequence	GM ICT
<ol> <li>Terminal provision beyond December 2023. The approved approach is to develop a hybrid (SAS &amp; 3rd Party supplier) model for Airwave terminal support that will be in place by Q4 2023</li> </ol>	New Airwave terminal support model in place by end Q4 2023		
<ol> <li>Complete commissioning of new ESN compatible ICCS by June 2023. Current ICCS provision is in place until end July 2023.</li> </ol>	Current ICCS go live date is planned for June 2023		
<ol> <li>Activity: Maintaining Air to Ground capability when current provision is ceased. TBC</li> </ol>	<ol><li>Maintaining air to ground capacity due Q3/Q4 2024</li></ol>		
Continued proactive engagement with all relevant stakeholders, e.g. SG, 3ESS, HO ESMCP Team.	Ongoing until ESN go-live	Reduces likelihood	COO
The Airwave contract for core network provision has been extended by the Home Office to 2026, SAS are now engaged with HO colleagues to extend this until 2029 in line with the latest ESN go-live estimates from the HO.  A detailed review of the ESN risks and the new emerging operations.	Q3 2023	Reduces likelihood	GM, ICT

Risk Owner

Risk Handler

Last

**Assurance and Review Groups** 

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2028 when ESN is due to be completed is being undertaken. This was presented to the March 2030 Steering Group. Following agreement on the above actions this risk level will be reviewed at end June 2023. If the current plans for ICCS (June 2023) & Airwave terminals (Dec 2023) are implemented as

planned, it is expected that the rating of this risk will be brought within tolerance.

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

# Linked Risks:

Links to all Corporate Risks Corporate Risk ID No: 3852

## **Risk Title**

**Continuity of ACC operations impacted** 

# **Risk Description**

#### There is a risk that

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.

#### **Risk Assessment**

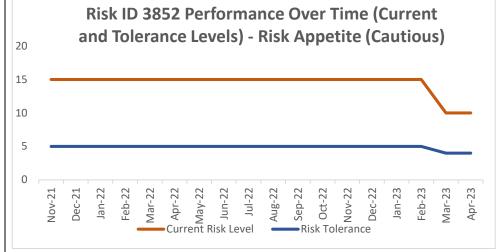
(Current, Appetite and Tolerance Levels)

#### **Current Risk Level**

<u>Likelihood – Unlikely (2) / Impact - Extreme (5) = High (10)</u>

		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)	

#### **Risk Performance over time chart**





Cautious Moderate Open Willing

Averse

Low

#### **Risk Tolerance**

Likelihood – Rare (1) Impact – Major (4)

# Score

Doc: 2023-05-31	Corporate Risk Register Public
Date 2023-05-31	

1: Resilience Committee 2: Executive Team 3: Capital Group 4: PPSG	Risk Owner Head of ACC	Risk Handler Head of ACC	Last Review Date 11/05/2023
<b>Mitigating Controls with Indication of Timescales</b>	and Effect		
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Detailed activity with Business Continuity (BC), ACC and ICT to undertake detailed review and update of current BC processes. Continuous improvement to both the estate and system stability is being undertaken by both the ACC SLT and ICT Teams. Immediate actions have been implemented with ongoing work part of BAU. Develop an assurance process with live scenarios and testing. A planned live cyber event took place on 2 <sup>nd</sup> November 2022 and following the debrief and risk assessment the risk level will be reviewed.	Develop an assurance process with live scenarios and testing. Live testing completed in November and internal audit review and recommendations will be implemented. Timescales being agreed following the debrief report which was presented to the Resilience Committee in April 2023. Dependency mapping also actioned and aligned to ACC business continuity plans.	Reduces likelihood and consequence	Head of ACC
ACC expansion plans and a business case supporting the increased staffing. ACC business case expansion plans was approved and due to commence mid-April 2023.	Works commenced in April 2023 and due to be completed by August/September 2023.	Impact likely to be reduced as the business resilience will be improved	Head of ACC/Head of Estates
A business case supporting the increased staffing in call handling has been approved by the Board in July and has been submitted to Scottish Government. The funding has been allocated against the COVID allocation for 2022/23 but currently remains unfunded on a recurring basis. Scottish Government is producing a paper for review by their management board.	November 2022 – to be reviewed and updated using updated demand information, capacity analysis and benchmarking information arising from the ORH review. This is being updated and is broadly in line with the previously approved business case. Scottish Government is developing a paper to present this to their management board including the other related system cost pressures.	Ensuring that our estate and systems are as current, reliable, and as stable as possible is essential for ACC functionality.	Head of ACC
A simulated mains failure is planned for January 2023 to test the power outage continuity plans.	The January test was postponed and is currently being rescheduled.	Consequence and likelihood reduction	Head of Estates

We are carrying out further mains failure testing and the business continuity plans are in place and robust. We require to test the longevity of the plans and once we have assurance around those the risk can be further reviewed and potentially reduced to within tolerance. This is due to be reviewed and presented to the June Performance and Planning Steering Group.

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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 affected Because of system pressures and the cost of living crisis. This in combination with the pressures of working in an emergency service possibly Resulting in an increase in absence

levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.

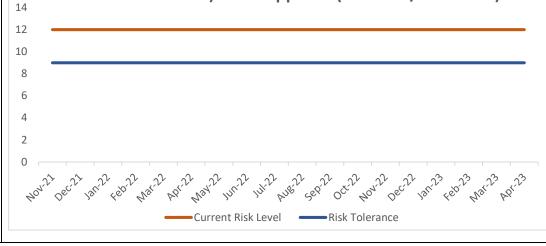
# Risk Assessment (Current, Appetite and Tolerance Levels)

# **Current Risk Level** Likelihood – Likely (4) / Impact – Moderate (3) = High (12)

		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)

# **Risk Performance over time chart**

Risk ID 4636 Performance Over Time (Current and **Tolerance Levels) - Risk Appetite (Cautious/Moderate)** 



# **Risk Appetite**

Averse Cautious Moderate

Open Willing

Low - Medium

#### Risk Tolerance

Likelihood – Possible Impact - Moderate (3)

# Score

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Assurance and Review Groups 1: Staff Governance 2: PPSG	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 11/05/2023
Mitigating Controls with Indication of Timescales	and Effect		
Mitigating Controls	Delivery Date	Effect on Risk	Owner
An Attendance Management process evaluation and review has been completed. Review is ongoing with a detailed action plan being led by the dedicated HR post. Further work has been requested with a stocktake undertaken in October where the impact of this dedicated HR post aims to be demonstrated. The dedicated post has been extended to March 2023 and end at that point. The ongoing work from this review will now revert to business-as-usual activity.	Monthly updates being presented to the Performance and Planning Steering Group to review and monitor progress.	Reduce likelihood of absence level increasing	Director of Workforce
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 test of change regarding the SOP has been assessed post festive season. Short life working group has made recommendations to the Programme Board to look at flexibility of where rest breaks are taken and how rest break compliance can be achieved. Programme board in place as a result with all convenors including Medical Director, Workforce Director, Senior Managers and Regional Directors.  A follow up meeting was due to take place at the end of March 23 with ACAS but was rescheduled due to ACAS unavailability.	Outcome date to be agreed with Programme Board – linked to ongoing and continuous improvements of rest break compliance.	Reduce likelihood – Implementation of this action plan is critical to being able to reduce the risk to within tolerance.	Director of Workforce
Cost of living crisis paper being developed as part of the 2030 Strategy.	This has been presented to the 2030 portfolio boards and actions are being progressed.	Reduce likelihood	Director of Finance, Logistics & Strategy
Implementation of the Workforce Health and Wellbeing Strategy	Throughout 2023-2024	Reduce likelihood	Director of Workforce

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# 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)

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