Scottish Ambulance Service
University National NHS Board

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**25 January 2023** **Item 07**
THIS PAPER IS FOR APPROVAL	
CORPORATE RISK REGISTER - PUBLIC	
Lead Director **Author**	Julie Carter, Director of Finance, Logistics and Strategy Sarah Stevenson, Risk Manager
Action required	The Board is asked to: • Approve the Corporate Risk Register • Note the actions in place and the assurance being received that the risks are being controlled effectively.
Key points	The attached Corporate Risk Register provides: - Detail of the highest level of risks the Board is currently managing in delivering our agreed outcomes - Assurance on the risk management mitigations and considers if they are effective and efficient - the gaps between the current risk level and our risk tolerance (defined as the risk level after taking account of the controls in place) and to agree if any further work is required to address the current gaps - Confirmation of the corporate risk profile and risk appetite status with a heat map on the risk profile in month The Audit Committee reviewed the risk register and the risk appetite at its meeting on 13 January 2023.
Timing	All risks have been reviewed and are planned for review via a schedule in accordance with policy
Associated Corporate Risk Identification	Details the risks contained in the public Corporate Risk Register.
Link to Corporate Ambitions	Links to all our 2030 Ambitions

Link to NHS Scotland's Quality Ambitions	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of recurrence.
Benefit to Patients	Identification and management of patient safety risks.
Equality and Diversity	None identified

Scottish Ambulance Service
University National NHS Board

NHS SCOTLAND

SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER JANUARY 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

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 January 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

4.2 Update on Corporate Risk Reporting

At the Board meeting in November 2022 a request was made to more clearly articulate patient safety within the Corporate Risks. Therefore, the wording of Risk 4638 (wider system pressures) has been reviewed and amended as a result.

Board Members have also enquired about the landscape of risk in NHS Scotland, particularly how our appetite for risk and corporate risks compare. Therefore, the Risk Manager is currently attempting to carry out some benchmarking with other boards.

Other outstanding areas discussed at the Board meetings and to be considered over the next few months include:

- 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 PFPI is being scoped. We will aim to feedback on this over the next few months.
- Consider how we monitor and report on those ‘big’ risks with significant impact but low likelihood. As we develop this we have expanded the use of our risk horizon scanning reporting and including these significant risks and events including for example, the impact of climate change.
- 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.

We have also agreed an action working with the risk owners, focusing on our very high risks, to describe what actions would need to be undertaken to get to within tolerance and appetite. This will include timings, responsible leads and impacts. We would aim to conclude this by March 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** increased service pressures on SAS **Because of** changes to other parts of the whole system **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**
5062	**Failure to achieve financial target.** **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 and the phase 3 demand and capacity programme **Resulting in** an inability to ensure Financial Sustainability and Improve Value.	**Very High**
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 of further slippage in ESMCP.** **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.	**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	**High**

	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.	
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 NHSS and SAS	**High**

The Performance and Planning Steering Group met on 13 December 2022 and 12 January 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 January 2023

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

Risk is measured as:

likelihood x impact = assessed level of risk

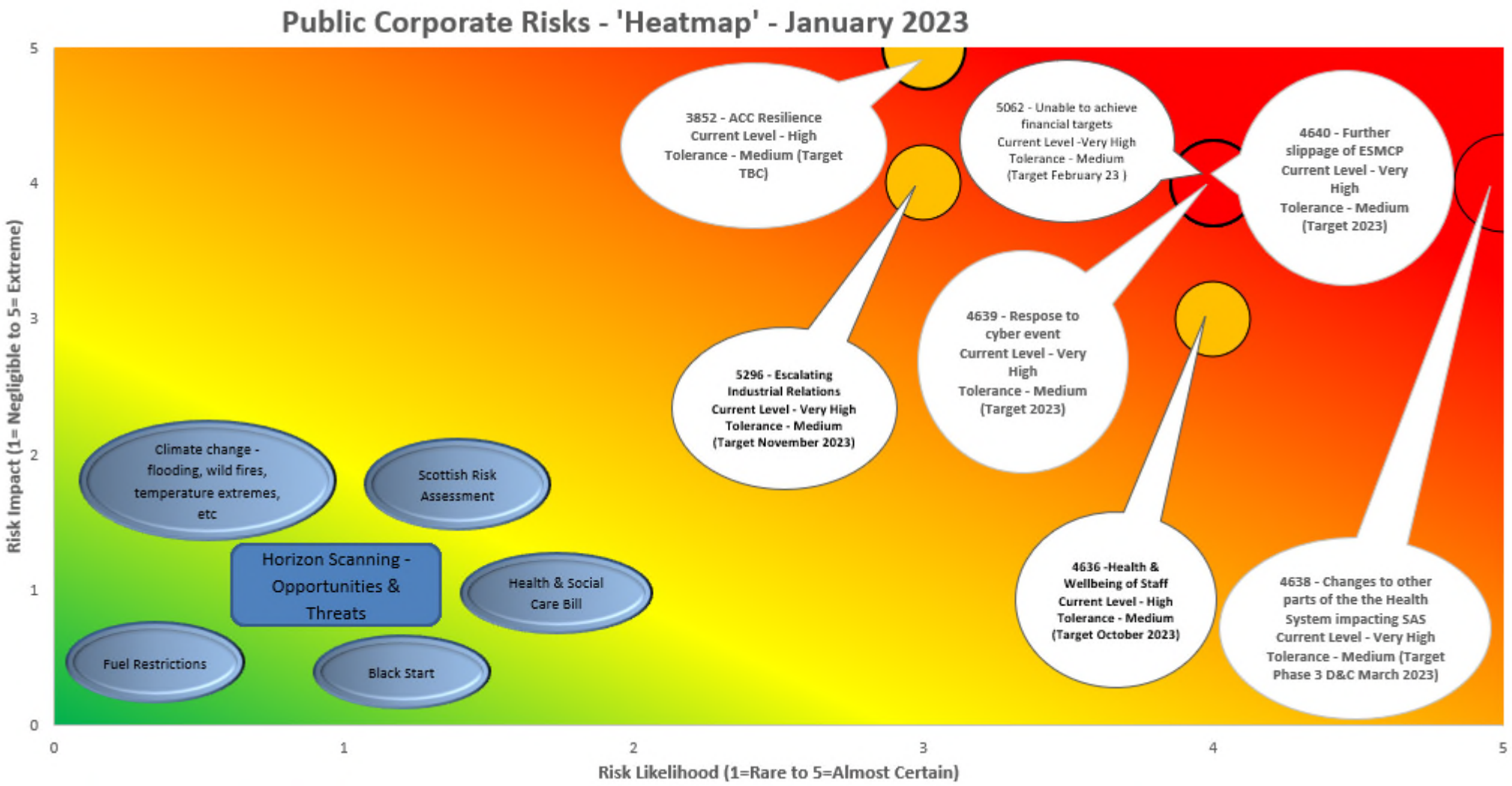
This clearly identifies the risks within the high and very high-risk levels. Of all the Public Corporate Risks, 3 sit within the high-risk rating and 4 within the very high-risk rating.

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

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

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

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

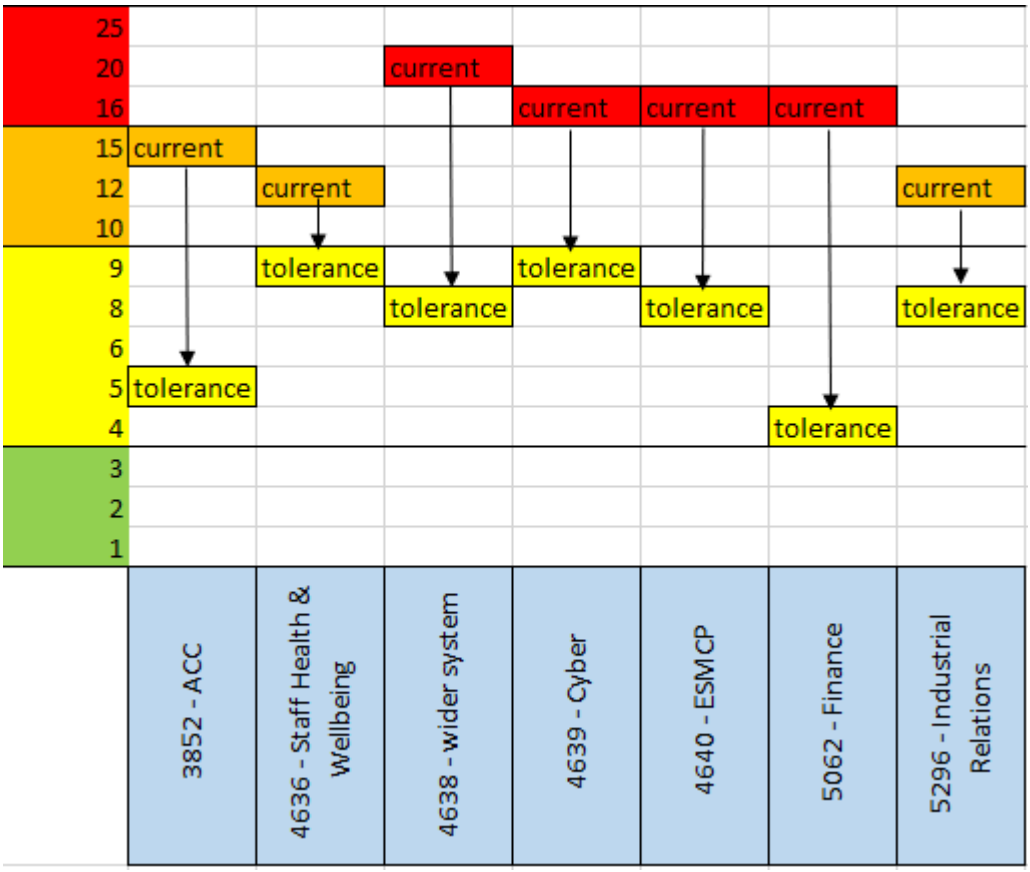

Public Corporate Risks - 'Heatmap' - January 2023
Risk Impact (1= Negligible to 5= Extreme)
Risk Likelihood (1=Rare to 5=Almost Certain)
0
1
2
3
4
5
3852 - ACC Resilience
Current Level - High
Tolerance - Medium (Target TBC)
5062 - Unable to achieve financial targets
Current Level -Very High
Tolerance - Medium
(Target February 23)
4640 - Further slippage of ESMCP
Current Level - Very High
Tolerance - Medium
(Target 2023)
4639 - Respose to cyber event
Current Level - Very High
Tolerance - Medium
(Target 2023)
5296 - Escalating Industrial Relations
Current Level - Very High
Tolerance - Medium
(Target November 2023)
4636 -Health & Wellbeing of Staff
Current Level - High
Tolerance - Medium
(Target October 2023)
4638 - Changes to other parts of the the Health System impacting SAS
Current Level - Very High
Tolerance - Medium (Target Phase 3 D&C March 2023)
Climate change - flooding, wild fires, temperature extremes, etc
Scottish Risk Assessment
Horizon Scanning - Opportunities & Threats
Health & Social Care Bill
Fuel Restrictions
Black Start

4.4 Risk Dashboard – Risk Waterfall Chart

The diagram below shows the gap between the current risk level and the risk tolerance, with our risk tolerance 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. Generally, a high level of gap shows that the risk owner is confident of the actions in place to mitigate the risk down and controls are in place through the actions on the risk register to reduce this risk over time as the actions are implemented. 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”, Risk 5062: “Failure to achieve financial target” and Risk 5296 – “escalating industrial actions” 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. The detailed actions in the register describe this work.



4.5 Update on Risk Appetite

The Service reviewed the level of risk it is willing to take in pursuit of our objectives, our risk appetite, at the Board risk workshop on 26 October 2022. Following feedback on the risk appetite statement at the private session of the November 2022 Board meeting changes have been applied and the Board will then be asked to review and approve our updated risk appetite statement at the private session. This will then inform our decision making and our balance of risks as we operate within the context of operational and financial challenges.

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

Once we agree the risk appetite for each cluster the key question will be **'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 SAS Risk appetite is reported against level 1 (primary) and level 2 (secondary) clusters measured against the following risk appetite:

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

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

The following table outlines the risk appetite and tolerance levels for each of our current Risks.

No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
3852	**Continuity of ACC operations impacted**	• Reputation – Cautious • Patient Experience – Cautious • Service Delivery – Cautious **Current Appetite: Cautious (Low)**	**Medium** **Likelihood -Rare (1)** **Impact - Extreme (5)** **Score 5**

4636	**Health and wellbeing of staff affected**	• Workforce Experience - Cautious–Moderate **Current Appetite: Cautious–Moderate (Low-Medium)**	**Medium** **Likelihood – Possible (3)** **Impact – Moderate (3)** **Score 9**
4638	**Wider system changes and pressures**	• Reputation – Cautious • Patient Experience – Cautious • Service Delivery – Cautious • Emergency and Critical Care – Cautious • Partner Relations - Moderate • Whole System Transformation – cautious –open **Current Appetite: Cautious-Moderate (Low-Medium)**	**Medium** **Likelihood – Unlikely (2)** **Impact – Major (4)** **Score 8**
4639	**Service's response to a cyber incident**	• Reputation – Cautious • Clinical Technology – Cautious–Moderate • Patient Experience – Cautious • Emergency and Critical Care – Cautious **Current Appetite: Cautious (Low)**	**Medium** **Likelihood – Possible (3)** **Impact – Moderate (3)** **Score 9**
4640	**Risk of further slippage in ESMCP**	• Clinical Technology – Cautious-Moderate • Digital Transformation – Moderate-Open • Patient Experience – Cautious • Workforce Experience - Cautious–Moderate **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**	• Reputation – Cautious • Patient Experience – Cautious • Workforce Experience - Cautious–Moderate **Current appetite: Cautious (Low)**	**Medium** **Likelihood - Unlikely (2)** **Impact – Major (4)** **Score 8**

APPENDIX A – Corporate Risk Register (Risk on a Page)
Risk Register: Corporate Risk Register
Last Updated: January 2023

Link to 2030 Strategy Ambitions

We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.

We will work collaboratively with citizens and our partners to create healthier and safer communities.

Linked Risks:

ID 4636

Corporate Risk ID No: 4638

Risk Title

Wider system changes and pressures

Risk Description

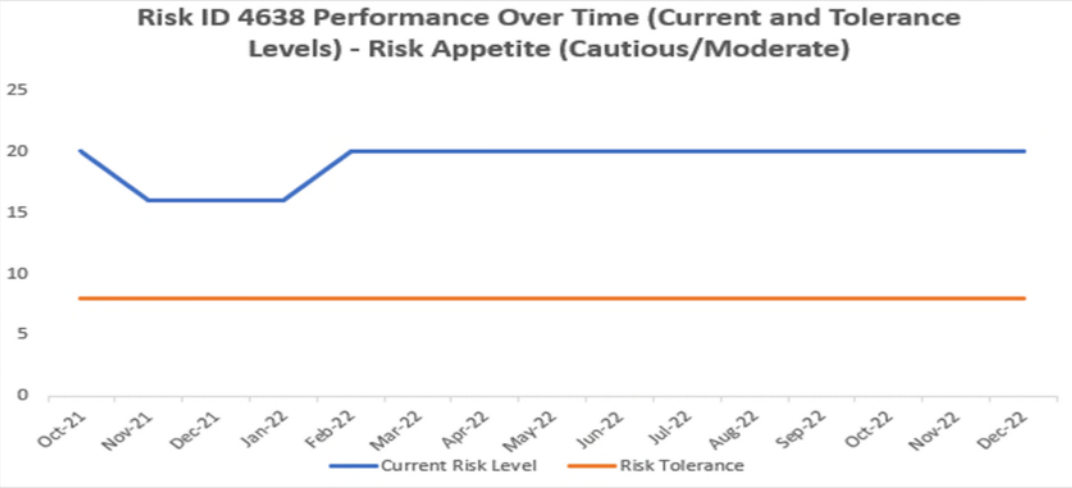
There is a risk of increased service pressures on SAS
Because of changes to other parts of the whole system
Resulting in the following;
• Increased risks to patient safety
• Insufficient staffing and longer response times
• Increased journey times to hospitals as a result of centralisation of clinical services
• Longer turnaround times at hospitals
• Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level
Likelihood – Almost Certain (5) / Impact – Major (4) = **Very High (20)**

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

Risk Performance over time chart



Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Low – Medium

Risk Tolerance

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

Score
Medium - 8

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** 12/01/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**Owner**
SAS 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 is being completed and due to be presented to the Board in January 2023 and submitted to Scottish Government thereafter.	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 - SAS aligned to the programme to deliver the 8 High Impact Changes identified by national programme to optimise flow end to end from pre-hospital care delivering care closer to home. Improvement plan developed with a focus on alternatives to ED including SDEC developments, ED interface and community pathways. Funding has been allocated and bids have been received and assessed.	November 2022 and funding allocated to successful bids by end November 2022 with implementation thereafter. Reporting is in place.	Impact on risk: mitigations in place to minimise the service pressure impact	Clinical Services Transformation Manager
Flow Navigation Centres, alternative end points through to supporting discharge without delay. Improved patient safety, reduction in ambulance dispatch through	Priority Actions pre-Winter 2022.	Impact on risk: Improved patient safety, reduction in ambulance dispatch	Clinical Services Transformation Manager

calls closed at point of call; increased ambulance availability; utilising alternatives to ED.		through calls closed at point of call; increased ambulance. Reduces both likelihood/consequence	
Turnaround times. Joint SAS / Acute site handover action plans have been developed and being implemented. Regional Cells and SOM in daily contact with acute sites re active management / escalation.	Update on progress at January PPSG and reporting at weekly executive meetings.	Reduce impact and likelihood	Medical Director/Chief Operating Officer
Full implementation of the SAS navigation pathway hub. Central navigation hub and regional pathway leads in place. Aim is connecting patients with services including falls referrals, Alcohol and Drug partnerships. Currently exploring improved connections with social services.	By end November 2022, business case supporting this is included within the clinical hub business case due to be completed by January 2023.	Reduce impact	Clinical Services Transformation Manager

Link to 2030 Strategy Ambitions
Cuts across all ambitions

Linked Risks:

Links to all risks

Corporate Risk ID No: 5296

Risk Title

Escalating industrial relations concerns

Risk Description

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 NHSS and SAS

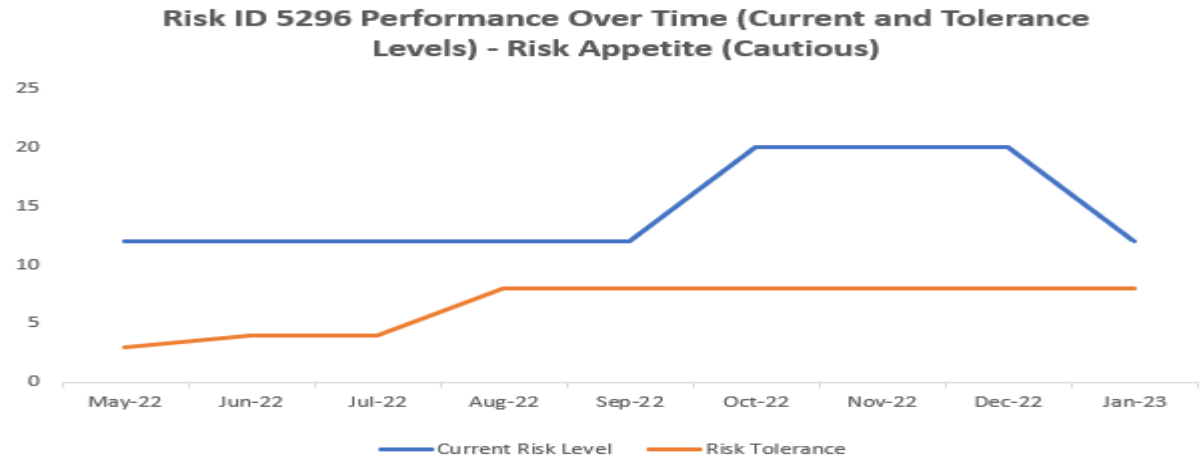
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

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

Risk Performance over time chart



Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Low

Risk Tolerance

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

Score
Medium - 8

Assurance and Review Groups 1: Executive Team 2: Staff Governance Committee 3: PPSG	**Risk Owner** Director of Workforce	**Risk Handler** Director of Workforce	**Last Review Date** 18/01/2023
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 NHSS. These negotiations are ongoing for 22/23. In addition, we are progressing - Fortnightly meetings with partnership to review the hot topics list to gauge and react to additional tensions and heat in the system. Monitoring progress of actions and project plan against the hot topic list. The necessity for these weekly meetings will be considered at key milestones. This is being monitored by NPF and Staff Governance	February 2023 and weekly monitoring currently in place.	Reduce likelihood and impact	Director of Workforce
Monitor through the national HRD meetings the UK and SG discussion on pay award/uplift and identify to Executive Team if any risks associated with this.	February 2023.	Reduce likelihood	Director of Workforce
Revisit and refresh the business continuity plans and ensure up to date and fit for purpose.	February 2023.	Reduce consequence	Director of Workforce supported by Business Continuity Manager

Link to 2030 Strategy Ambitions

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

Linked Risks:

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
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.

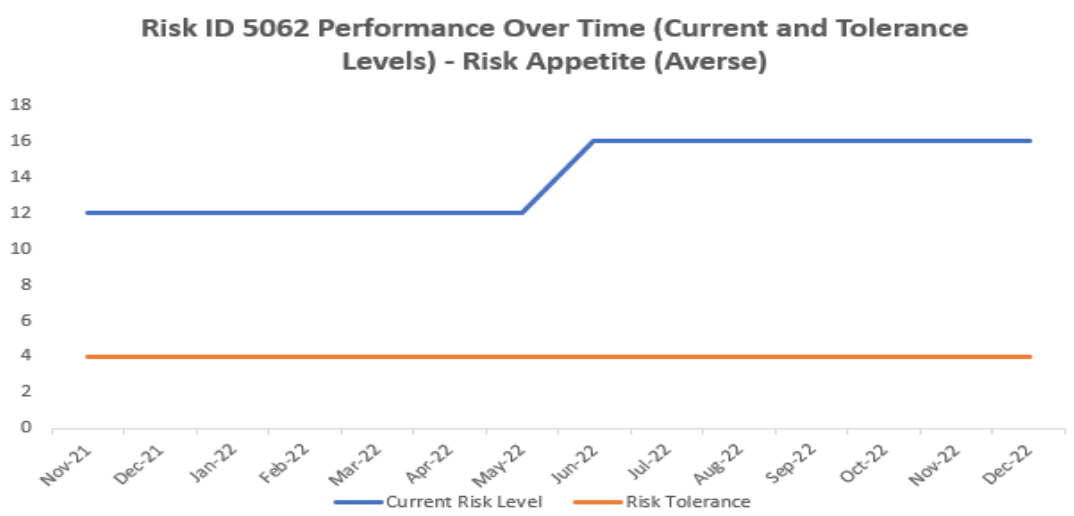
Risk Assessment (Current, Appetite and Tolerance Levels)

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 Performance over time chart



Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Low

Risk Tolerance

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

Score
Medium - 4

Assurance and Review Groups 1: Best Value Project Group 2: Executive Team 3: PPSG	**Risk Owner** Director of Finance, Logistics and Strategy	**Risk Handler** Deputy Director of Finance	**Last Review Date** 12/01/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**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.	Reduce likelihood	Director of Finance, Logistics and Strategy
Updated detailed forecast completed in July and September 2022 and submitted to SG, with a recovery plan submitted at end September 2022. In addition a detailed forecast was presented to the Board in November 2022.	November 2022 action completed and monthly updates being provided to the Board and the Performance and Planning Steering Group up to March 2023.	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	Reduce likelihood	Director of Finance, Logistics and Strategy
In relation to COVID funding, SG have confirmed the full year Covid value for the Service is £8.6m. The current forecast for expenditure is circa £14m. An updated forecast continues with a forecast COVID funding gap. Discussions continue with Scottish Government focusing on the ACC gap, and the timed admissions (card 46) resource. Monthly finance review meetings with SG are in place between now and March 2023.	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 SG in early 2023.	Reduce likelihood	Director of Finance, Logistics and Strategy Delivery
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.	Reduce likelihood	Director of Finance, Logistics and Strategy

Link to 2030 Strategy Ambitions

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

Linked Risks:

ID 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

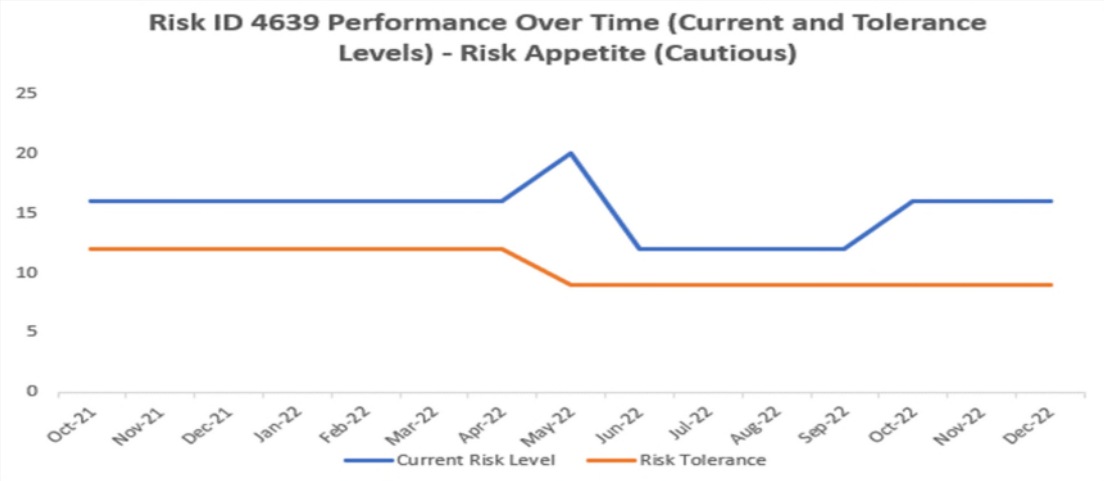
Risk Assessment (Current, Appetite and Tolerance Levels)

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
Medium - 9

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** 12/01/2023
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.	Progress update at January 2023.	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 will be reviewed following the debrief and risk assessment from the cyber exercise in November 2022.	February 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.	March 2023	Reduce likelihood and impact	Head of Infrastructure and Security

Link to 2030 Strategy Ambitions

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

Linked Risks:

ID 3852 (ACC Resilience)

ID 4640 (ESN)

Corporate Risk ID No: 4640

Risk Title

Risk of further slippage in ESMCP

Risk Description

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.

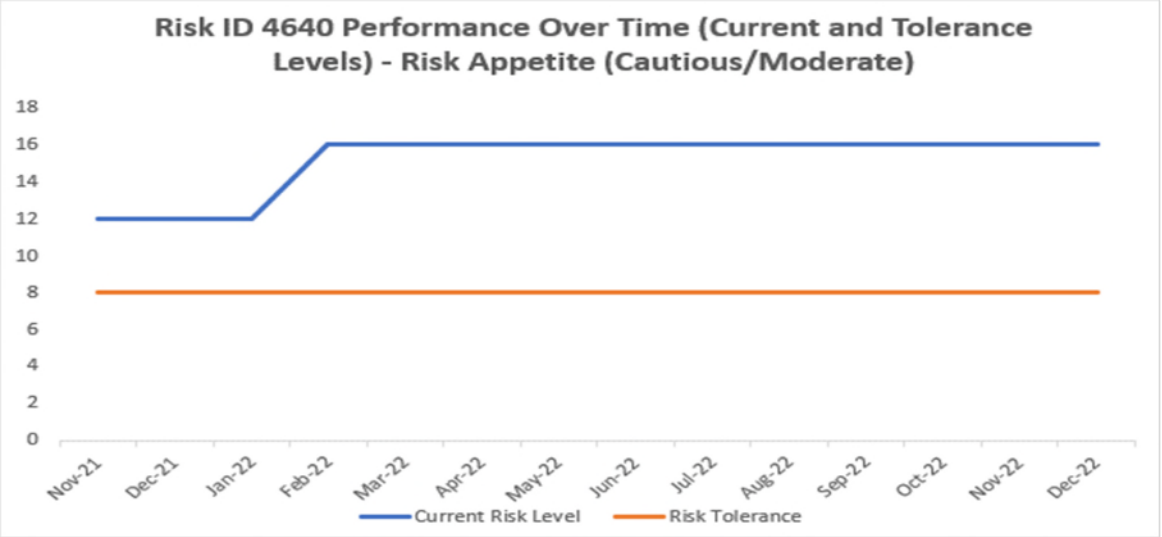
Risk Assessment (Current, Appetite and Tolerance Levels)

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 – Medium

Risk Tolerance

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

Score
Medium - 8

Assurance and Review Groups 1: DDIR Portfolio Board 2: 2030 Steering Group 3: PPSG	**Risk Owner** Director of Finance, Logistics and Strategy	**Risk Handler** General Manager - ICT	**Last Review Date** 12/01/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**Owner**
Continued proactive engagement with all relevant stakeholders - ESN Team governance to be aligned with new wider 2030 Governance arrangements from Q4 2022.	Q4 - 2022	Reduces likelihood	COO
Contingency planning is taking place with regard to terminal provision beyond December 202**3**. The intention is to develop a business case to bring Airwave terminal support in-house from Q4 2023	March 2023	Reduce consequence	GM, ICT
Activity: Complete commissioning of new ESN compatible ICCS by June 2023. Extend current ICCS provision from end December 2022 until end July 2023.	April 2023	Reduce consequence	Director of Finance, Logistics and Strategy
Activity: Commission a formal SAS Airwave Sustainability Project.	January 2023	Reduces likelihood and consequence	Head of PMO & GM ICT
Estimated time to get within tolerance = 6months and likelihood of further slippage reduces over time.			

Link to 2030 Strategy Ambitions

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

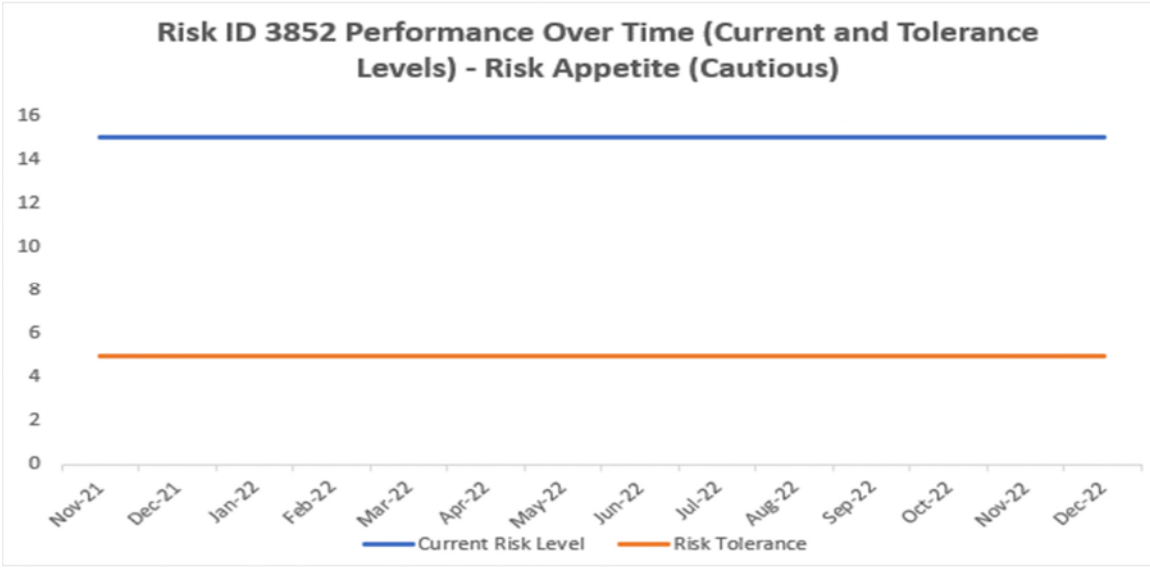
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Possible (3) / Impact - Extreme (5) = **High (15)**

	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 – Rare (1)
Impact – Major (5)

Score
Medium - 5

Assurance and Review Groups 1: Resilience Committee 2: Executive Team 3: Capital Group 4: PPSG	**Risk Owner** Head of ACC	**Risk Handler** Head of ACC	**Last Review Date** 12/01/2023
Mitigating Controls with Indication of Timescales 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 with a planned live cyber event taking place on 2nd 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 is due to be presented to the Resilience Committee in February.	Reduces likelihood and consequence	Head of ACC
ACC expansion plans and a business case supporting the increased staffing. ACC business case expansion plans were presented to the SAS Executive team on the 15th November. The business case has been approved in principle by the capital group. An update on costs has been provided following the completion of the tender report. This is currently being reviewed by the Executive Team with a final decision due by end January 2023.	To be reviewed and updated to better understand timelines for West ACC expansion and winter planning, all staff now back within the West ACC freeing up vital capacity within Paisley. Updated business case due to be presented to Executive team by end of January 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 2022 and has been submitted to Scottish Government. The funding has been allocated against the COVID allocation but currently remains unfunded and discussions continue with Scottish Government. A formal review of the business case was due completed by the end of November 2022, however this has been extended to include ORH modelling.	November 2022 – to be reviewed and updated using updated demand information, capacity analysis and benchmarking information arising from the ORH review. Update to be provided by end February 2023.	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.	January 2023 planned and in place.	Consequence and likelihood reduction	Head of Estates

Link to 2030 Strategy Ambitions

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

Linked Risks:

ID 4638

Corporate Risk ID No: 4636

Risk Title

Health and wellbeing of staff affected

Risk Description

There is a risk that the health and wellbeing of our staff is 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.

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 Appetite

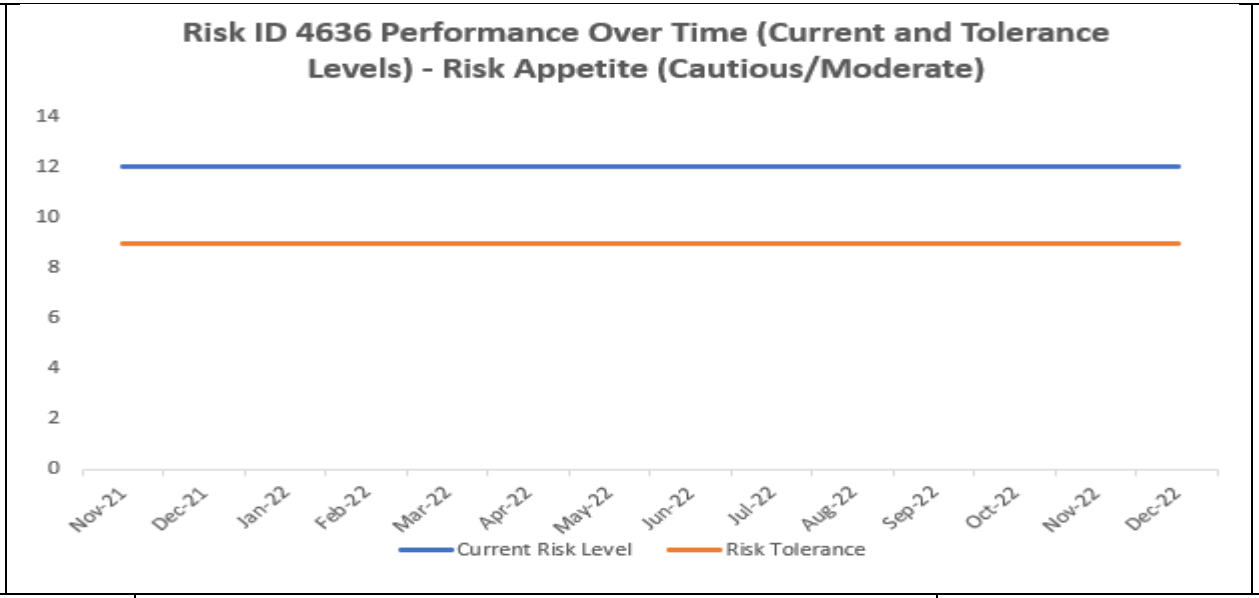
Averse
Cautious
Moderate
Open
Willing

Low - Medium

Risk Tolerance

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

Score
Medium - 9



Assurance and Review Groups	Risk Owner	Risk Handler	Last Review Date
1: Staff Governance 2: PPSG	Director of Workforce	Director of Workforce	12/01/2023

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.	October 2023 and presented in November 2022 with monthly updates being presented to the Performance and Planning Steering Group. A review of the impact of the additional post will be completed by end March 2023.	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 is ongoing and will be assessed after 4 weeks. Meeting took place in August with ACAS and an action plan developed. Short life working group being implemented 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.	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

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)**