NOT PROTECTIVELY MARKED

Public Board Meeting	24 November 2021 Item 06
THIS PAPER IS FOR APPROVAL **CORPORATE RISK REGISTER - OCTOBER 2021**	
Lead Director **Author**	Julie Carter, Director of Finance, Logistics & Strategy Rebecca Board, Risk Manager
Action required	The Board is asked to:- • **approve** the updated risks on the Corporate Risk Register (CRR). The risks were reviewed by the Performance and Planning Steering Group (PPSG) in November 2021 and feedback from the previous Board meeting incorporated into the risks. All amendments are highlighted red and restricted risks will be discussed in private; • **provide** feedback on the usefulness of the Dashboard on page 4; • **note** the work required from each assurance group or committee to routinely report on actions and risk rating.
Key points	The Corporate Risk Register (CRR) was last presented to the Board in September 2021. Since then the Corporate Risk Register has been updated to reflect feedback from the previous Board meeting and progress on current controls, outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meetings in October and November 2021. **Changes to the Risks** **Risk Descriptions** No change **Current Risk Level** No change All other changes are highlighted red.
Timing	Corporate Risk Register is a standing item.
Link to Corporate Objectives	5062: All Objectives under Finance. 4651: Cuts across all Corporate Objectives. 4639: All Objectives under Digital. 4640: All Objectives under Digital. 4641: All Objectives under Performance, Pandemic Response & Winter Planning.

	4638: Cuts across all Corporate Objectives. 4636: All Objectives under Mental Health & Performance. 3852: Cuts across all Corporate Objectives.
Contribution to the 2020 vision for Health and Social Care	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of occurrence.
Benefit to Patients	Identification and management of patient safety risks.
Equality and Diversity	None identified.

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SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER NOVEMBER 2021 (Public)

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

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SECTION 1:   PURPOSE

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

SECTION 2:   RECOMMENDATIONS

The Board is asked to:

- **approve** the updated risks on the CRR. The risks were reviewed by the Performance and Planning Steering Group (PPSG) in October and November 2021 with feedback from the previous Board meeting incorporated into the review of the risks;
- **provide** feedback on the usefulness of the Dashboard on page 4;
- **note** the work required from each assurance group or committee to routinely report on actions and risk rating.

SECTION 3:   BACKGROUND

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

- Approve the Board risk appetite and tolerances – this was approved at the September 2020 Private Board meeting.
- Complete the Review of the Corporate Risks to reduce variability in grading, ensuring risks are more tangible and assess in line with Board agreement on risk tolerance, forecast and risk appetite. An updated Heat Map and Dashboard is also now included. This is aimed to show the risk register as a visual picture and movement monitored 'at a glance'.
- Approve and monitor the implementation of the revised Risk Management Policy across the Service to spread knowledge of updated practice and ensure underpinning risk governance reporting is in place.

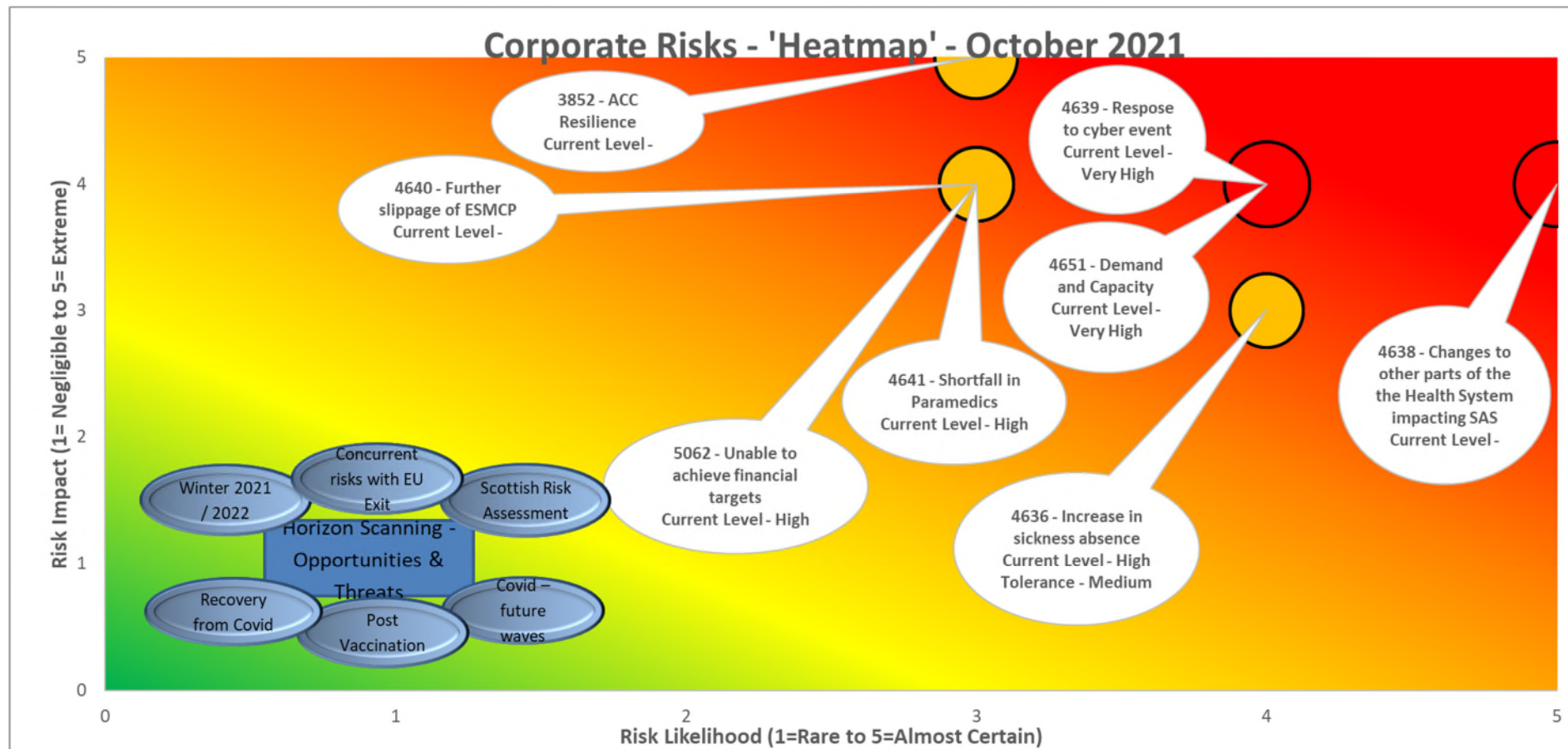These points have now been actioned and the Corporate Risk Register has been updated to include more clearly:

- Risk Appetite and Tolerance
- Target dates and responsibilities for mitigating actions
- Change of format to risk graph
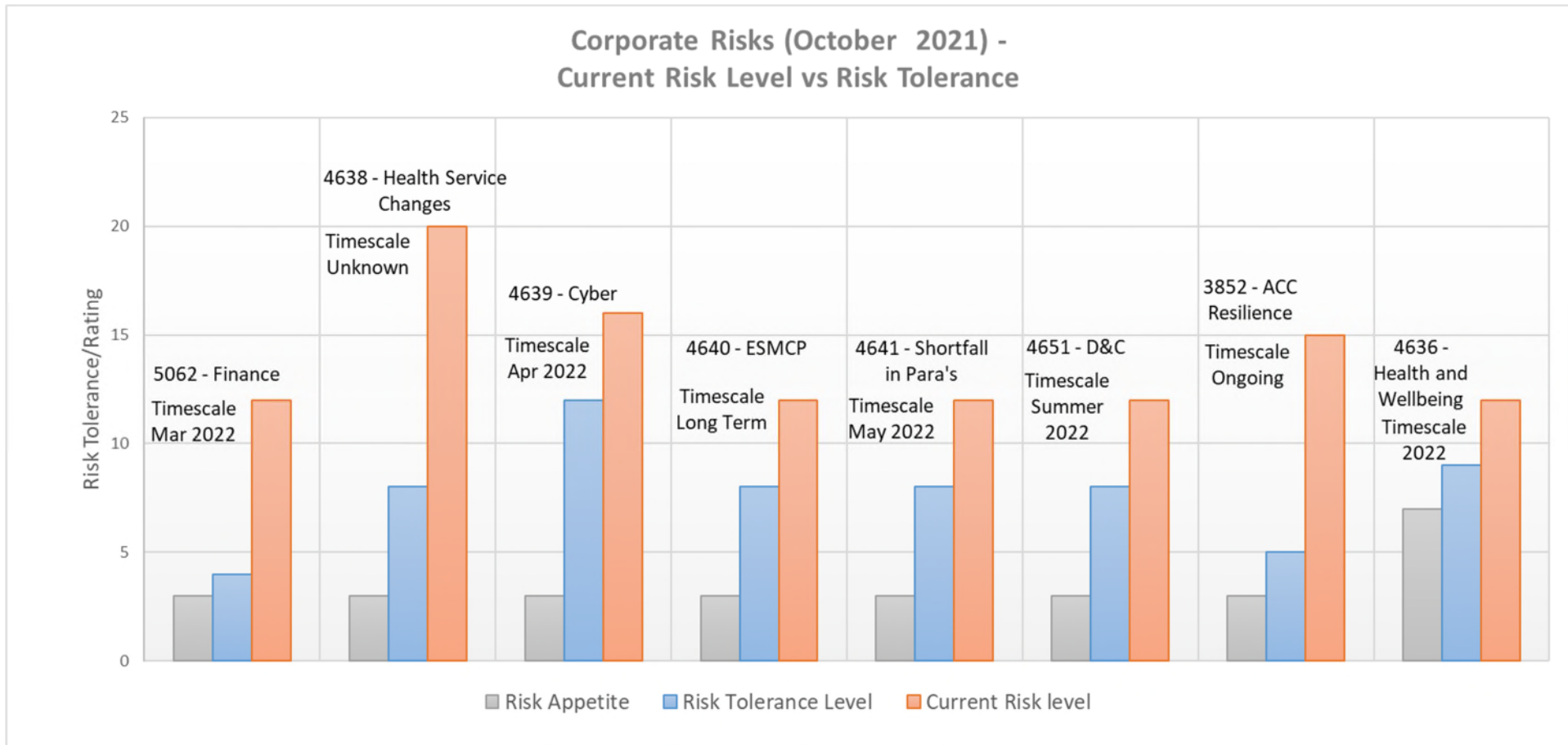
SECTION 4:   DISCUSSION

4a.   Public Corporate Risk Heatmap

The Heatmap below shows the 8 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) at the end of October 2021. Presentation of the risks in this format provides a graphical overview of the risks and can support prioritisation where necessary. This also visualises the big picture of the Board and enables focused discussions and decision making. We have also included horizon scanning information identifying external factors and scenarios that we are aware of as we manage our key risks.

Corporate Risks - 'Heatmap' - October 2021

Risk Impact (1= Negligible to 5= Extreme)

- 3852 - ACC Resilience Current Level -
- 4640 - Further slippage of ESMCP Current Level -
- 4639 - Respose to cyber event Current Level - Very High
- 4651 - Demand and Capacity Current Level - Very High
- 4641 - Shortfall in Paramedics Current Level - High
- 4638 - Changes to other parts of the the Health System impacting SAS Current Level -
- 5062 - Unable to achieve financial targets Current Level - High
- 4636 - Increase in sickness absence Current Level - High Tolerance - Medium

Horizon Scanning - Opportunities & Threats

- Winter 2021 / 2022
- Concurrent risks with EU Exit
- Scottish Risk Assessment
- Recovery from Covid
- Post Vaccination
- Covid – future waves

Risk Likelihood (1=Rare to 5=Almost Certain)

4b.   Corporate Risk Dashboards

The Dashboard below shows the 8 Public Corporate Risks assessed against their current risk level, compared to corporate risk appetite and tolerance risk levels at October 2021. Presentation of the risks in this format provides an overview of all the corporate risks, at a glance. Feedback on the usefulness of the updates to this graphs is sought from Board members.

Corporate Risks (October 2021) - Current Risk Level vs Risk Tolerance

Risk Tolerance/Rating

- 5062 - Finance, Timescale Mar 2022
- 4638 - Health Service Changes, Timescale Unknown
- 4639 - Cyber, Timescale Apr 2022
- 4640 - ESMCP, Timescale Long Term
- 4641 - Shortfall in Para's, Timescale May 2022
- 4651 - D&C, Timescale Summer 2022
- 3852 - ACC Resilience, Timescale Ongoing
- 4636 - Health and Wellbeing, Timescale 2022

Legend: Risk Appetite | Risk Tolerance Level | Current Risk level

4c.   Corporate Risks, Current Controls and Current Risk Levels

The table below describes the Corporate Risks for the Service along with the mitigating controls currently in place to manage the risk. It also shows the current risk level in terms of the likelihood and impact of exposure. All amendments are highlighted red. We have also added our current risk appetite and tolerance levels following the approval of this at the Board in September 2020.

Following discussion at the Demand and Capacity Programme Board in October, it was agreed that the Demand and Capacity risk 4651 should focus only on the programme implementation which we identified was one of our key risks and opportunity to mitigate a number of the other risks. Given the significant work on this implementation it is proposed this risk level is reduced from very high to high risk. Actions and mitigations that had been incorporated into this risk mitigation which related to other risks such as hospital turnaround times have been reallocated to the appropriate risk, mostly risk 4648, given the current operational pressures in the wider system, this risk remains as very high, with a significant amount of focus by the Service, incorporated within the current mitigations.

ID	Risk Description and Impact	Current mitigating controls	Current risk level
5062	There is a risk that we do not achieve our financial targets in 2021-22 due to non-delivery of efficiency savings and increasing cost pressures within the Service resulting in an inability to ensure Financial Sustainability and Improve Value.	- Detailed monitoring arrangements in place with all Budget Holders. - Best Value (BV) Programme for 2021/22 has been agreed and project mandates are being completed. - Best value procedures and processes updated and approved. - Performance is monitored through the BV Operational group and reported to the PPSG and Audit Committee - Monthly budget review meetings with Local Budget Holders. - Regular meetings with SG Health Finance Team about income received and planning assumptions with now final income allocations being concluded. - Forecast from June 2021, which will incorporate income assumptions, saving assumptions, and forecast spend.	High (12) Possible (3) x Major (4)

4636	There is a risk that the health and wellbeing of our staff is affected by the aftermath and longer-term impact of the COVID-19 pandemic. This in combination with the pressures of working in an emergency service may result in an increase in absence levels, lower morale and resilience and reduced service capacity.	• Implementation of the refreshed Health and Wellbeing Strategy and Road map which is underpinned by an evaluation framework. • Supportive attendance management policies and training for managers are in place. • An increased focus on staff mental health and wellbeing and provision of support services such as well SAS and lifelines.	High (12) Likely (4) x Moderate (3)
4638	Wider system changes and pressures: There is a risk of increased service pressures on SAS due to changes to other parts of the whole system resulting in the following; • 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	• IJB level data now being produced and shared across the Health System. • Regional directors and planners engaging with IJB's, Partners, NHS Boards, Regional Delivery Groups and Scottish Government. • HALO position in post with majority of Health Boards and working as an interface between Health Boards and SAS operations at A&E • Clinical Decision Making Framework has now been published within the Organisation which is designed to support staff to make the correct decisions for patient pathways and safety netting. • Stroke bundle rolled out in all Regions, focussing on improving clinical outcomes. • Commissioning framework in place for IJB's to secure paramedic resource. • SAS key partner in the Redesign of Urgent Care programme arrangements. • Stroke Thrombectomy (Craig Henderson) Business case 2021/2022 approved re drawdown of resources in mitigation of additional journey times. BC for 2022 and beyond accepted in principle by SG. • Site specific turnaround improvement plans in place for key sites	Very High (20) Almost Certain (5) x Major (4)
4639	There is a risk that the Service's response to an adverse cyber event results in the Service being unable to fully mitigate the loss of ICT systems or data, service disruption and reputational damage.	• Director of Finance, Logistics and Strategy has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. Cyber security is now a standing Resilience Committee agenda item. • Security governance arrangements have been consolidated. The Security Governance Group Terms of Reference now reflects the fact that its remit involves overseeing physical, personnel and cyber security matters and reporting on these to the Resilience Committee.	Very High (16) Likely (4) x Major (4)

		• Cyber resilience awareness raising communications are now being issued to all staff on a regular basis. • Following the independent NIS audits now being conducted annually on behalf of Scottish Government, annual action plans are created. These action plans are being progressed by action owners with progress being monitored at every Security Governance Group Meeting. • Interdependencies between Information Governance and Security Governance understood and mechanism in place to ensure shared understanding across both groups. • Microsoft Defender and Advanced Threat Protection software has been deployed to the majority of SAS end-points e.g. laptops. • End points (computers/laptops) are operating on up to date Operating Software which is being patched regularly, in line with NCSC guidance. • Work ongoing to review and reinforce Business Continuity measures across all functional areas. Rollout of updated Continuity Squared software to support continuity of Service delivery in the event of a successful cyber-attack. • Intelligence sharing between Service ICT team and Intelligence & Security Team. • Incident Security Management Team created. • Regular staff communication on cyber-resilience via CEO bulletins. • Ransomware exercises conducted. • A Cyber Incident Response Team is now in place, with clear remit and linkages to the wider Major Incident Plan	
4640	There is a risk of further slippage in the UK Government Emergency Service Communications Programme (ESMCP), due to 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.	• SAS Emergency Service Network (ESN) Project team established with active engagement in ESMCP meetings and groups to keep abreast of the current situation. • SAS staff are members of key working groups with Scottish Government, Police Scotland and SFRS to ensure Scottish interests are fully represented. The current focus is ESMCP FBC assessment / assurance / approval (SAS provided SG with a FBC assurance response by the June 2021 target date). • Increased strategic level engagement with Scottish Government ESMCP SRO.	High (12) Possible (3) x Major (4)

		• The Airwave contract was previously extended until December 2022. SAS staff are now preparing to engage in work, led at UK government level, with a view to extending the Airwave contract again (possibly into 2026). • ESMCP 'Plan B' options have been investigated, no other viable option, beyond Airwave service continuation have been identified. • Engagement is ongoing with Airwave regarding the ongoing sustainability of the current Airwave 'Bundle 2 contract covering ICCS (Integrated Communications Control System), hand-held terminals & vehicle terminals. • Work is underway to replace the current Airwave ICCS (which is end of life) with a new ESN compatible ICCS.	
4641	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person-centred care.	• Maximising training intakes and staff completing training through the Academy from now until 2022 • Ongoing recruitment of new graduates from GCU programme • Increase direct qualified recruitment targets to manage any shortfall in numbers • Monitoring ongoing staff turnover and student attrition figures to ensure workforce forecasts accurately identify the ongoing requirements • Driving and mentoring programmes developed • Workforce model reviewed in line with COVID-19 recovery plans. • Working with SG colleagues to agree future intakes based on demand and Capacity profiling • Regular external recruitment drives in place to meet workforce projections • SAS have developed a transition programme for Newly Qualified Graduate Paramedics, which is fully operational, this supports the recruitment of NQPs from Scotland and elsewhere.	High (12) Possible (3) x Major (4)
4651	**Demand and Capacity:** There is a risk that SAS cannot consistently deliver a timely response to patients, where increased demand exceeds available capacity resulting in the potential for adverse patient outcomes.	• Demand and Capacity Programme Board is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place to support the Demand & Capacity implementation. • Funding announcement of £20m from the Scottish Government as part of the NHS Recovery Plan. • Workforce Plans are reviewed and updated annually (building into our three-yearly Workforce Plan return for Scottish Government), in acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors.	High (12) possible(3) x Major (4)

		• Robust Clinical Governance arrangements in place within the Service and clear prioritisation of the local delivery plan process. • Ongoing Continuous Professional Development (CPD) programme in place through Learning in Practice (LIP) to improve clinical examination, assessment and shared clinical decision making with patients and carers - running 2019 - 2023. • Demand Management and Resource Escalatory Plans in place and actioned when appropriate. • National Escalation Plan (NEP) in place organisationally and enacted by the ACC to manage demand and capacity. • Enhanced arrangements are now in place through re-design of urgent care to manage urgent presentations. • Additional management and support service capacity agreed for the recent COVID-19 expansions in services including Mobile Testing Units.	
3852	There is a risk that continuity of ACC operations is impacted through infrastructure and /or staffing failings (e.g. power outage) resulting in the need to strengthen business continuity / disaster recovery arrangements for ACC to avoid the possibility of loss of service provision affecting patient care inflicting reputational, clinical, operational and political damage.	1. Robust Business Continuity Plans, ACC procedures, ACC training, Business Continuity support provided via NRRD. 2. Disaster Recovery plans updated to reflect a reduction in the facilities available due to increased use due to social distancing. 3. East expansion complete and is able to function as West failover site. 4. North ACC failover also in place. 5. Additional call handling staff training completed in May 2021.	High (15) Possible (3) x Extreme (5)

The Corporate Risk Register is attached at **Appendix 1** with amendments highlighted red.

This risk register describes the additional actions required, by whom and when (Column E) to reduce the risk level to within our risk tolerance level (Column F). Within this column we have also included the timescales of when we plan to achieve the tolerance level of each risk, further work is taking place around Risk ID 4638 to clearly articulate this due to the complex nature of this risk.

APPENDICES:
Appendix 1 – Corporate Risks (Restricted risks will be presented to the Board in Private)

				CORPORATE RISK REGISTER				
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
ID	**Risk Type**	**Description**	**Current Risk Level**	**Mitigating Control, Timescales and Responsibility (including Action Owner)**	**Risk Tolerance and Timing**	**Risk Owner**	**Assurance Committee**	**Last Review Date**
5062	Business Risk to the Organisation	There is a risk that we do not achieve our financial targets in 2021-22 due to non-delivery of efficiency savings and increasing cost pressures within the Service resulting in an inability to ensure Financial Sustainability and Improve Value.	High	1. The financial plan 2021/22 has been approved by the Board and agreed with SG. Devolved savings plans are incorporated into budgets and the central programmes agreed by the BV operational group with a total of 25 project mandates with 3 still being developed. Action Owner: J Carter - Dec 2021 for the remaining mandates 2. New programmes have been added to assist in the remaining balance being allocated. These are being tracked and updates are being included in the monthly reporting. In addition the current BV plans have been reprioritised in line with the current pressures and a revised target included within the full year forecast has been completed. The weekly BV group have been meeting and putting in improved quantification and tracking of these improvements. This will be updated between now and March 2022. Regular updates will be provided to the Board through the Board finance report. Action Owner: J Carter March 2022. 3. Updating capital forecast outturn planning - M. Barnes (Monthly) and a full year forecast completed and monitored monthly thereafter. Action Owner: M. Barnes March 2022 with updates provided through the Board finance report 4. Cost pressures are being reviewed each month with nothing significant to highlight at this stage.	Medium	Director of Finance, Logistics and Strategy	PPSG Audit Committee Exec Team Meetings	17/09/2021

					COVID and system related pressures are being charged appropriately to separate funding streams. This is being reviewed on a monthly basis. Action Owner J Carter December 2021				

CORPORATE RISK REGISTER

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4639	Business Risk to the Organisation	There is a risk that the Service's response to an adverse cyber event results in the Service being unable to fully mitigate the loss of ICT systems or data, service disruption and reputational damage.	Very High	1. The action plan relating to the 2021 NIS audit has been created, delivery of the plan is now being monitored by the Security governance group. Owners: R Kay, A. Shields & SGG Members by April 22. 2. Further Staff cyber security awareness raising materials are available on e-learning, awareness raising through the CEO Bulletin will continue throughout 2021/22. Action Owners: J. Baker (Ongoing) 3. A Cyber Incident Response Team and Process has been created, reviewed (by Sept) and exercised, by end 2021. Action Owner: J. Baker (by end 2021) 4. A cyber preparedness short life working group, chaired by the Director of Finance has been established with Service wide representatives. The Service business continuity manager is now working with group members to improve local business continuity planning covering the short-term and longer-term, impact on a successful cyber-attack. In addition, an ICT disaster priority recovery list has been agreed and incorporate into the Service major incident plans and due to be approved at the January Security Governance Group. A final meeting of the short life working group will take plan in Feb 2022 . Action Owner: J. Carter (by Feb 2022)	High	Director of Finance & Logistics	Security Governance Group Resilience Committee Audit Committee	22/10/2021

CORPORATE RISK REGISTER

	A	B	C	D	E	F	G	H	I
	ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
	4651	Business Risk to the Organisation	Demand and Capacity: There is a risk that SAS cannot consistently deliver a timely response to patients, where increased demand exceeds available capacity, resulting in the potential for adverse patient outcomes.	High	1. Demand and Capacity Implementation plans are well underway. D&C Programme Board established and chaired by the Chief Exec with non-exec membership. Funding for phase 1 and 2 has been received from Scottish Government. The addendum for phase 3 (22/23) has commenced with planned submission to the Scottish Government by December 2021. Owner: W. Quinn – December 2021 2. Agreed education and workforce plan in place to support the training and education of additional clinical staff. Additional staffing due to commence with supporting fleet and estates infrastructure. Additional staff are being prioritised into those areas with greatest challenges and a detailed implementation plan has been agreed. Owner: Regional Management Teams supported by HR. 3. In relation to re-rostering, Working Parties across the regions have commenced from March 2021 and due to be completed by February 2022. 63 of 100 completed to date. Owner: W Quinn, February 2022 4. Demand and Capacity Reviews to be undertaken within ACC's and PTS over the coming months with plans for this to be completed by March 2022 Owner W Quinn .	Medium	Chief Executive	PPSG – Exec Team	04/11/2021

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	CORPORATE RISK REGISTER								
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	4640	Business Risk to the Organisation	There is a risk of further slippage in the UK Government Emergency Service Communications Programme (ESMCP), due to 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.	High	1. Continued proactive engagement with all relevant stakeholders - ET Team governed by the Enabling Technology Board. A dedicated SAS Programme Board is planning on being established in early 2022/23. Action Owner: Director of Finance, Logistics and Strategy (2020-25) 2. Increased Executive Level involvement in Scottish Strategic Group and Strategic Finance Group meetings with a number of meetings taking place on a regular basis. Action Owner: J. Carter (2021). 3. Contingency planning is taking place with regard to extending Airwave services in line with the revised FBC, with an extension until 2026 being likely. Work is being led by the Home Office ESMCP commercial team. SAS are represented at commercial review group meetings and plans are being developed on a national basis. Owner: J Baker, T Robinson and M Barnes (Ongoing). 4. Complete commissioning of new ESN compatible ICCS by end March 2022. Owner: Director of Finance, Logistics and Strategy (March 2022)	Medium	Director of Finance, Logistics & Strategy	2030 Strategy Exec Team	17/09/2021

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ID	**Risk Type**	**Description**	**Current Risk Level**	**Mitigating Control, Timescales and Responsibility (including Action Owner)**	**Risk Tolerance and Timing**	**Risk Owner**	**Assurance Committee**	**Last Review Date**
4641	Business Risk to the Organisation	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person-centred care.	High	1. The HCPC have extended the delivery of the Dip HE programme which will allow us to take new entries until May 2022, this was previously set for August 2021. Aim for all cohorts started by May 22 with slippage time built in. All intakes are at capacity and recruitment to the final cohort is nearing completion. Owner: Associate Director Of Education & Prof Dev. May 2022 2. SAS are continuing to explore the education facilities and online opportunities to maximise the numbers of staff that can be trained at one time, with detailed scheduling of activity in line with Covid-19 restrictions. July 19th changes will ease restrictions to support less constraints due to social distancing. Owner: Associate Director Of Education & Prof Dev Ongoing – will be reviewed again at March 2022 3. SAS are exploring the recruitment of registered professionals from other disciplines to supplement any shortfall in paramedic training numbers and to develop a more multi-professional workforce. First round was fairly successful and going back out to recruitment again. A SLWG is being developed to explore this further for the board. Owner: F Dodd March 21, longer ambition March 22 4. SAS are developing the work of the advanced practitioners to manage demand, increase hear and treat and therefore reduce the conveyance demand,	Medium	Director of Care, Quality & Performance	2030 Steering Group Exec Team	17/09/2021

				reducing the sole reliance on this type of response and implementation of a rotational model. SAS are recruiting to the advanced practitioner training cohort as well as attracting fully qualified advanced practitioners into the Service. Owner: F. Dodd ongoing development additional recruitment planned for March 2022 5. SAS are accepting the over recruitment by Universities in 2020 intake (57) and ongoing support required. The 2021/22 Undergraduate intake has been increased to 300 in line with additional funding from SG. SAS working with SG colleagues to understand future undergraduate programme requirements to meet demand up to 2025. SAS are also developing the infrastructures to support learners across the Service through a SLWG to develop systems and processes to support students. SAS working with NES on developments in support for students, feedback mechanisms and consistency across Universities to support the undergraduate programmes. Owner: 5 & 6. F. Dodd final agreements due by early 2022/23.				

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3852	Business Risk to the Organisation	There is a risk that continuity of ACC operations is impacted through 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	1. On-going activity with Business Continuity (BC), ACC and ICT to undertake detailed review and update of current BC processes. Immediate actions have been implemented with ongoing work part of BAU. Owner: Head of ACC/Head of Estates and GM ICT final work to be completed by March 2022. 2. Any future development and implementation of new digital developments will have appropriate supporting reference documents and staff training and awareness completed prior to go-live. Work is now in place to ensure this happens. Owner: General Manager ICT and Head of ACC (Ongoing). 3. West ACC expansion plans are being developed with business case being developed. A shortlife business case working group has been set up. The ACC service model will be influenced by the demand and capacity review due March 2022. In the interim additional space requirements in the West ACC site are being pursued with some enabling work completed for winter expansion measures completed. In addition space work with NHS24 and GG&C is taking place. An update on the West space availability should be available by December 2021. Owner: Head of ACC by December 2021. 4. Internal review of all offsite disaster recovery sites given social distancing changes. Due by end July 2021 and will be reported to the next Resilience	Medium	Chief Executive	Resilience Committee Exec Team	17/09/2021

					Committee. Owner: Head of ACC by January 2022 5. Document all generator testing and power outage processes and ensure business continuity plans are in place and regularly tested. This has been documented and the actions being progressed by SAS, NHS24 and the Landlord(s). An action plan has been completed and has been presented to the August Resilience Committee.			

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4638	Business Risk to the Organisation	Wider system changes and pressures: There is a risk of increased service pressures on SAS due to changes to other parts of the whole system resulting in the following; • 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	Very High	1. Owner: Regional Directors supported by the D&C project team.

2. Developing clinical pathways due to increased journey times to / from hospitals through a range of developments included below:
3. Major Trauma Network now live, no logistical issues raised.

4. Thrombectomy – ARI flow to Ninewells now established. Lothian network established, no change to existing pathways in Lothian.

5. SAS RUC subgroup established and workplan agreed, which will increase SAS access to community pathways. Navigator support for pathway access introduced in November 2021. Impact assessment being reviewed and updated by March 2022 – J King

6. Funding announcement of £20m from the Scottish Government as part of the NHS Recovery Plan has been confirmed for 21/22 and a detailed action plan and risk register is in place. Twice weekly operational pressures meetings have been set up to deal with and resolving operational issues in the delivery of this plan with an associated risk register. | Medium | Medical Director | Exec Team – PPSG – Workforce Development Group Clinical Governance Committee | 05/11/2021 |

		to changes in their care delivery plan	██	An Incident Management Team has also been established to support this. This will likely be in place over winter. Owner Chief Operating Officer – reviewed in January 2022 7. Handover 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 8. Mental Health monies have been sourced and confirmed to develop support for safeguarding vulnerable patients who currently are high intensity user of the service, as well as the development of ACC call coordination of mental health calls and the development of regional mental health cars to support patients in crisis, reducing the overall service demand. Work continues to develop AP cohort to develop alternative methods of supporting patients not requiring conveyance. SAS have worked with NHS 24 to be able to support patients to access mental health support by connecting SAS staff and patients with NHS 24. SAS are rolling out Mental Health First Aid training to support staff to care for patients in Mental Health crisis. SAS have a first draft of the Mental Health Strategy, which is being shared with Mental Health advisors in Scottish Government to influence first draft for sharing with the Executive Team and the Clinical Governance Committee defining the way forward for SAS in the next 3 years. Owner: F Dodd – January 2022 8. In addressing Longer Turnaround Times: • 6 Essential Actions Work (Milne Weir)	██			

				• SG sponsored working group in place chaired by SAS MD regarding turnaround times in Glasgow and Ayrshire SLWG report concluded with recommendations for 15 handover safety indicator supported by Integrated Unscheduled Care Group and Health and Social Care Management Board • Regional teams working with Boards regarding Emergency Department flow in context of COVID-19 and patient safety. 9. Additional unscheduled care monies have been received to increase HALO hours, increase discharge hours, additional data analytics support and additional ACC support. Action: Regional Directors 10. A specific programme of work has been set up to progress and implement the different elements of RUC for SAS. Started in November 2020 and is ongoing. Action Owners: J. Ward / J. King Ongoing.			

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	A	B	C	D	E	F	G	H	I
	ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
	4636	Business Risk to the Organisation	There is a risk that the health and wellbeing of our staff is affected by the aftermath and longer-term impact of the Covid-19 pandemic. This in combination with the pressures of working in an emergency service may result in an increase in absence levels, lower morale and resilience and reduced service capacity.	High	1. Implementation of Year One of the SAS Health and Wellbeing Strategy and implementation road map with particular emphasis on mental health to deliver actions to improve staff health and wellbeing across the Service. Action Owners: A. Ferahi Evaluation process being developed. Update provided at end of first year in March 2022 2. Demand and Capacity Programme being implemented with subsequent positive impact on rest break management and shift runs. Additional actions underway through the rest break improvement working group. D Robertson working ongoing with review periods in place with post winter review due in early 2022/23 3. Recruitment of additional ACAs, Technicians, Paramedics as part of the workforce plan resulting in increased capacity across the Service. L Lauder / Regional Mgt Teams - ongoing 4. Ongoing work to identify and support employees who have been on long term sickness. G. Ferguson specific focus action plan in place with outcomes reviewed in March 2022. 5. Significant work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues. Fatigue working group in place with a fatigue Framework developed. The	Medium	Director of Workforce	Staff Governance Committee	17/09/2021

				recruitment of additional clinical staff, through the demand and capacity programme will improve compliance with rest break protocols and this will be closely monitored with a review of improvements by March 2022. Owner: L. Lauder, J. Ward, Regional Directors & Staff-side Colleagues.			