



**NOT PROTECTIVELY MARKED**

<b>Public Board Meeting</b>		<b>26 July 2023</b> <b>Item 07</b>
<b>THIS PAPER IS FOR APPROVAL</b>		
<b>CORPORATE RISK REGISTER - PUBLIC</b>		
<b>Lead Director Author</b>	Julie Carter, Director of Finance, Logistics and Strategy Sarah Stevenson, Risk Manager	
<b>Action required</b>	The Board is asked to: <ul style="list-style-type: none"><li>• Approve the Corporate Risk Register</li><li>• Approve the 2 new risks relating to Cyber – 5602 and 5603. Following the successful outcome of the NIS Audit it was agreed to review the Corporate Risk relating to Cyber (ID 4639) and split it into 2 risks. One being the risk of a cyber-attack (ID 5602) with the NIS audit output allowing the Service to reduce the likelihood from likely (4) to possible (3) and a 2<sup>nd</sup> risk focused on recovery and restoration of cessation of services (ID 5603). This risk also includes power outages as well as the impact of cyber.</li><li>• Note the actions in place and the assurance being received that the risks are being controlled effectively.</li></ul>	
<b>Key points</b>	The attached Corporate Risk Register provides: <ul style="list-style-type: none"><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></ul>	
<b>Timing</b>	All risks have been reviewed and are planned for review via a schedule in accordance with policy	
<b>Associated Corporate Risk Identification</b>	Details the risks contained in the public Corporate Risk Register.	

<b>Link to Corporate Ambitions</b>	Links to all 2030 Ambitions
<b>Link to NHS Scotland's Quality Ambitions</b>	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of recurrence.
<b>Benefit to Patients</b>	Identification and management of patient safety risks.
<b>Equality and Diversity</b>	None identified



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### SCOTTISH AMBULANCE SERVICE BOARD

### CORPORATE RISK REGISTER JULY 2023 (Public)

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

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## 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.
- **Approve** the 2 new risks relating to Cyber – ID 5602 and ID 5603. Following the successful outcome of the NIS Audit it was agreed to review the Corporate Risk relating to Cyber (ID 4639) and split it into 2 risks. One being the risk of a cyber-attack (ID 5602) with the NIS

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audit output allowing the Service to reduce the likelihood from likely (4) to possible (3) and a 2<sup>nd</sup> risk focused on recovery and restoration of cessation of services (ID 5603). This risk also includes, for example power outages as well as the impact of cyber.

- Note a Board Risk Workshop will be held at the August Board Development session to sense check the alignment of Corporate Risks against the Service’s Annual Delivery Plan 2023/24 and corporate objectives.

## **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 of 11 July 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

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- 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.

Following the successful outcome of the NIS Audit it was agreed to review the Corporate Risk relating to Cyber (ID 4639) and split it into 2 risks. One being the risk of a cyber-attack (ID 5602) with the NIS audit output allowing the Service to reduce the likelihood from likely (4) to possible (3) and a 2<sup>nd</sup> risk focused on recovery and restoration of cessation of services (ID 5603). This risk also includes power outages as well as the impact of cyber. These risks are described in detail in **Appendix A**.

#### 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 and this will be available for the September Board update.
- 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 their risk management session in May 2023.

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

ID	Descriptor	Current Level
4638	<p><b>Wider system changes and pressures.</b>  <b>There is a risk of</b> service pressures beyond our safe staffing levels as funded by Scottish Government through the Demand and Capacity review  <b>Because of</b> changes to other parts of the whole system and system pressures, including hospital turnaround times and time on scene  <b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <li>• Increased risks to patient safety</li> <li>Insufficient staffing and longer response times</li> <li>• Increased journey times to hospitals as a result of centralisation of clinical services</li> <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>	<b>Very High</b>

5296	<p><b>Escalating industrial relations concerns.</b>  <b>There is a risk of</b> escalating Industrial Relations concerns across the wider public sector  <b>Because of</b> a volatile economic climate and associated increased costs of living  <b>Resulting in</b> the potential for industrial action within the wider NHSScotland and the Service</p>	Medium
5062	<p><b>Failure to achieve financial target.</b>  <b>There is a risk that</b> we do not achieve our financial targets in 2022-23, 2023-24 and our 3-year financial plan  <b>Because of</b> 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  <b>Resulting in</b> an inability to ensure Financial Sustainability and Improve Value.</p>	Very High
5602	<p><b>NEW RISK</b>  <b>Service's response to a cyber incident</b>  <b>There is a risk that</b> the Service ICT estate suffers a cyber attack  <b>Because of</b> sub-optimal security controls  <b>Resulting in</b> an impact on CIA (Confidentiality, Integrity or Availability) of ICT Systems and information.</p>	High
5603	<p><b>NEW RISK</b>  <b>Maintaining required service levels</b>  <b>There is a risk that</b> SAS will not be able to maintain required service levels  <b>Because of</b> disruption to SAS ICT solutions (e.g., due to a cyber-attack)  <b>Resulting in</b> an impact on patient and staff safety and public / political confidence.</p>	High
4640	<p><b>Risk sustaining Airwave provision</b>  <b>There is a risk of</b> cost pressures and operational challenges  <b>Because of</b> the need to extend Airwave provision due to further slippage in UK Government ESMCP  <b>Resulting in</b> requirement to develop and implement additional contingency plans.</p>	Very High
3852	<p><b>Continuity of ACC operations impacted.</b>  <b>There is a risk that</b> the continuity of ACC operations is impacted  <b>Because of</b> infrastructure failing (e.g., power outage)  <b>Resulting in</b> 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.</p>	High
4636	<p><b>Health and wellbeing of staff affected.</b>  <b>There is a risk that</b> the health and wellbeing of our staff is affected</p>	High

	<p><b>Because of</b> the immediate and longer-term impact of the COVID-19 pandemic. This in combination with the pressures of working in an emergency service possibly</p> <p><b>Resulting in</b> an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	
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The Performance and Planning Steering Group met on 11 July 2023 where they reviewed and approved the Corporate Risk Register. In addition, and in line with the plan, the group reviewed the high and very high risks from Service risk registers. No risks were required to be escalated.

### 4.3 Corporate Risk Profile as of July 2023

The Heatmap below shows the 8 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as of July 2023.

Risk is measured as:

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

This clearly identifies the risks within the high and very high-risk levels. Of all the Corporate Risks, 3 sit within the very high-risk rating, 4 within the high-risk rating and 1 within the medium risk rating.

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

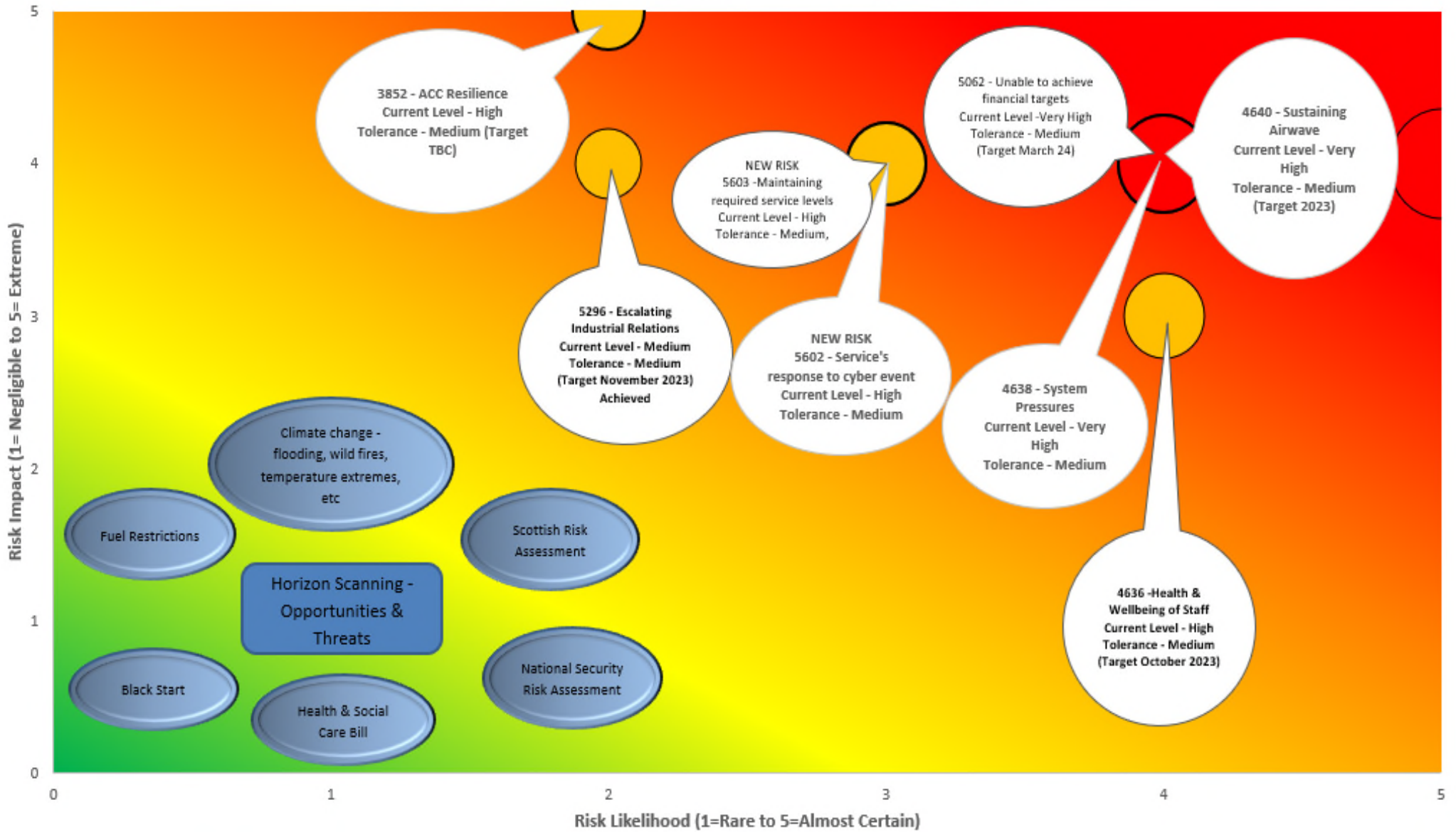
Presentation of the risks in this format provides a graphical overview of the risks and can support prioritisation where necessary. This also visualises the big picture of the Board and enables focused discussions and decision making.

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.



# Public Corporate Risks - 'Heatmap' - July 2023





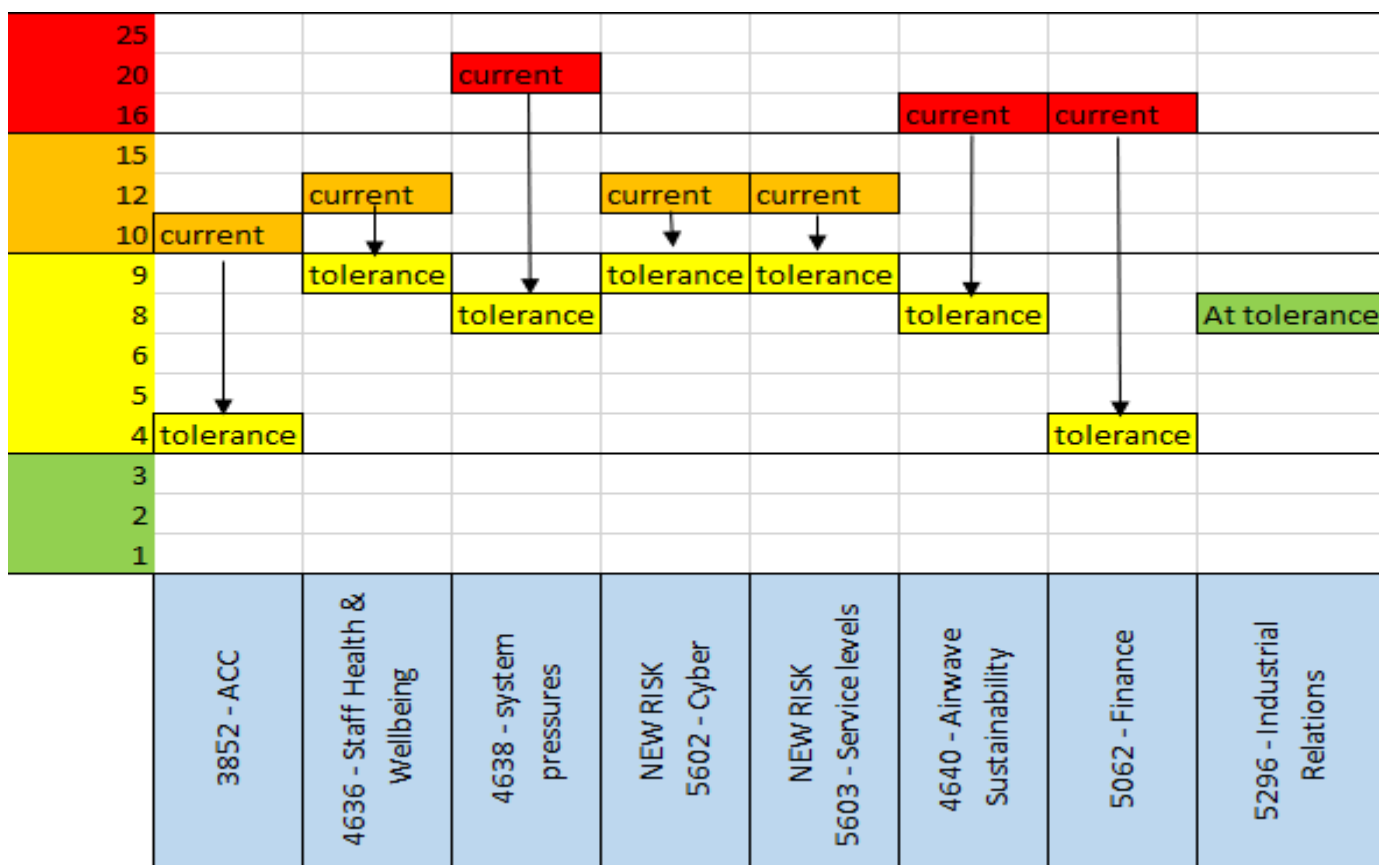
#### 4.4 Risk Dashboard – Risk Waterfall Chart

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

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

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

The waterfall chart is also noting that “Risk 4638: Risk of wider and whole system pressures leading to reduced Service performance” and the Finance risk are the Service’s biggest risks and the tolerance threshold here is set to medium so work continues to be done and this is reflected in the detailed action plan.



## 4.5 Risk Appetite

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

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

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

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

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

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

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.

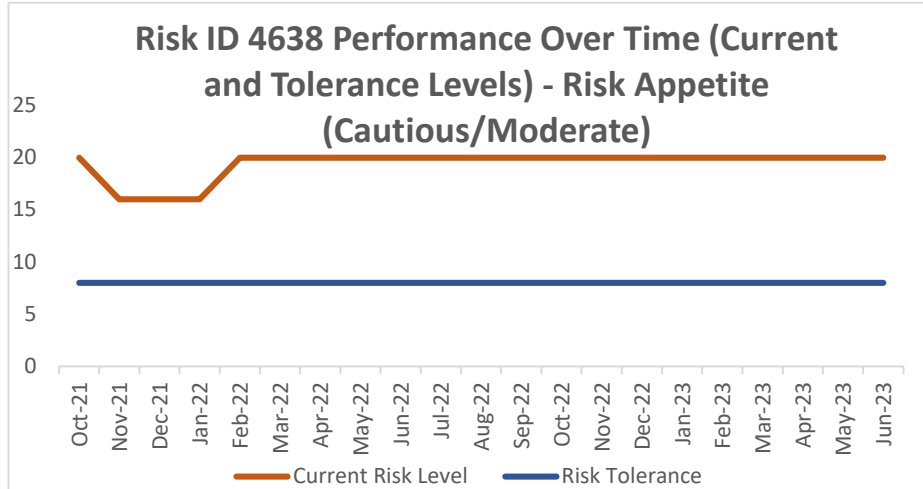
No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
3852	Continuity of ACC operations impacted	<ul style="list-style-type: none"> <li>Reputation – Cautious</li> <li>Patient Experience – Cautious</li> <li>Service Delivery – Cautious</li> </ul> <p>Current Appetite: Cautious (Low)</p>	<p>Medium</p> <p>Likelihood -Rare (1) Impact – Major (4)</p> <p>Score 4</p>
4636	Health and wellbeing of staff affected	<ul style="list-style-type: none"> <li>Workforce Experience - Cautious–Moderate</li> </ul> <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>

4638	<b>Wider system changes and pressures</b>	<ul style="list-style-type: none"> <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> <p><b>Current Appetite: Cautious-Moderate (Low-Medium)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Unlikely (2)</b> <b>Impact – Major (4)</b></p> <p><b>Score 8</b></p>
5602	<b>NEW RISK</b> <b>Cyber Attack</b>	<ul style="list-style-type: none"> <li>• Reputation – Cautious</li> <li>• Clinical Technology – Cautious–Moderate</li> <li>• Patient Experience – Cautious</li> <li>• Emergency and Critical Care – Cautious</li> </ul> <p><b>Current Appetite: Cautious (Low)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Possible (3)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 9</b></p>
5603	<b>NEW RISK</b> <b>Maintaining required service levels</b>	<ul style="list-style-type: none"> <li>• Reputation – Cautious</li> <li>• Clinical Technology – Cautious–Moderate</li> <li>• Patient Experience – Cautious</li> <li>• Emergency and Critical Care – Cautious</li> </ul> <p><b>Current Appetite: Cautious (Low)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Possible (3)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 9</b></p>
5062	<b>Failure to achieve financial target</b>	<ul style="list-style-type: none"> <li>• Financial – Averse</li> </ul> <p><b>Current appetite: Averse (Low)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Rare (1)</b> <b>Impact – Major (4)</b></p> <p><b>Score 4</b></p>
5296	<b>Escalating industrial relations concerns</b>	<ul style="list-style-type: none"> <li>• Reputation – Cautious</li> <li>• Patient Experience – Cautious</li> <li>• Workforce Experience - Cautious–Moderate</li> </ul> <p><b>Current appetite: Cautious (Low)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood - Unlikely (2)</b> <b>Impact – Major (4)</b></p> <p><b>Score 8</b></p>

**APPENDIX A – Corporate Risk Register**  
**Risk Register: Corporate Risk Register**  
**Last Updated: 11<sup>th</sup> July 2023**

<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.</p> <p>We will work collaboratively with citizens and our partners to create healthier and safer communities.</p>	<p><b>Corporate Risk ID No: 4638</b></p> <p><b>Risk Title</b></p> <p><b>Wider system changes and pressures</b></p> <p><b>Risk Description</b></p> <p><b>There is a risk of</b> service pressures beyond our safe staffing levels as funded by SG through the Demand and Capacity review</p> <p><b>Because of</b> changes to other parts of the whole system and system pressures, including hospital turnaround times and time on scene</p> <p><b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <li>• Increased risks to patient safety</li> <li>• Insufficient staffing and longer response times</li> <li>• Increased journey times to hospitals as a result of centralisation of clinical services</li> <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>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																										
<p><b>Linked Risks:</b></p> <p>ID 4636</p>		<p><b>Current Risk Level</b></p> <p>Likelihood – Almost Certain (5) / Impact – Major (4) = <b>Very High (20)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td><b>Very High (20)</b></td> <td>Very High (25)</td> </tr> <tr> <td>Likely (4)</td> <td>Low (4)</td> <td>Medium (8)</td> <td>High (12)</td> <td>Very High (16)</td> <td>Very High (20)</td> </tr> <tr> <td>Possible (3)</td> <td>Low (3)</td> <td>Medium (6)</td> <td>Medium (9)</td> <td>High (12)</td> <td>High (15)</td> </tr> <tr> <td>Unlikely (2)</td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td>Medium (8)</td> <td>High (10)</td> </tr> <tr> <td>Rare (1)</td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table>	Likelihood	Impact					Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	Almost Certain (5)	Medium (5)	High (10)	High (15)	<b>Very High (20)</b>	Very High (25)	Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)	Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Appetite</b></p> <p>Averse</p> <p><b>Cautious</b></p> <p><b>Moderate</b></p> <p>Open</p> <p>Willing</p> <p>Low – Medium</p>
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<p>Doc: Corporate Risk Register Public</p> <p>Date 2023-07-26</p>	<p>Page 10</p> <p>Version 1.0</p>	<p>Author: Risk Manager</p> <p>Review Date: N/A</p>	<p><b>Risk Tolerance</b></p> <p>Likelihood – Unlikely (2)</p> <p>Impact – Major (4)</p> <p><b>Score</b></p> <p><b>Medium - 8</b></p>																																									

**Risk Performance over time chart**



<b>Assurance and Review Groups</b> 1: Demand and Capacity Programme Board 2: PPSG 3: 2030 Steering Group 4: OLT 5: Executive Team	<b>Risk Owner</b> Medical Director	<b>Risk Handler</b> Clinical Services Transformation Manager	<b>Last Review Date</b> 11/07/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	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.	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. <b>An implementation plan was approved at the Executive Team meeting on 6 June 2023 and this has commenced.</b>	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 was allocated and improvements implemented. The learning from these will be applied in the planning for winter 2023. <b>The work on improving and maximising Flow Navigation Centres is also included within this action update.</b>	<b>Winter plan approved and implementation work has commenced.</b> A Scottish Government programme for Redesign of Urgent Care Phase 2 <b>has commenced.</b> SAS contributions to this through ‘Call Before Convey’, Clinical Hub and use of Flow Navigation Centres will be key actions within this programme. The programme will be an extension to the work that SAS is already actively taking forward in a number of Boards and we are at the planning stages with a number of other Boards to support improved flow. This work is being prioritised over April to	Impact on risk: mitigations in place to minimise the service pressure impact	Clinical Services Transformation Manager

	September 2023 to ensure sustainable model in place across all areas. <b>Priority Actions and timescales for the Service were presented to the May 2030 Steering Group and will be updated as winter approaches.</b>		
Turnaround times. Joint SAS / Acute site handover action plans have been developed and being implemented. Regional Cells and SOM in daily contact with acute sites re active management / escalation. Board updates on Turnaround Times. Additional funding (noted above) to alleviate systems pressures i.e. HALOs / additional ops Managers. <b>This also includes the safe handover guidance issue and implementation.</b>	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. SAS actions are being progressed and updates will be provided 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. <b>Funding has been confirmed into 2023/24 with the implementation plan approved at the Executive Team meeting on 6 June 2023.</b>	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.			



<p><b>Link to 2030 Strategy Ambitions</b> Cuts across all ambitions</p>	<p><b>Corporate Risk ID No: 5296</b></p> <p><b>Risk Title</b> <b>Escalating industrial relations concerns</b></p> <p><b>Risk Description</b> <b>There is a risk of escalating Industrial Relations concerns across the wider public sector</b></p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>					<p><b>Risk Appetite</b></p> <p>Averse <b>Cautious</b> Moderate Open Willing</p> <p>Low</p>																																									
<p><b>Linked Risks:</b></p> <p>Links to all risks</p>	<p><b>Because of</b> a volatile economic climate and associated increased costs of living</p> <p><b>Resulting in</b> the potential for industrial action within the wider NHSScotland and Service.</p>	<p><b>Current Risk Level</b> Likelihood – Unlikely (2) / Impact – Major (4) = <b>Medium (8)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td><b>Almost Certain (5)</b></td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>Very High (20)</td> <td>Very High (25)</td> </tr> <tr> <td><b>Likely (4)</b></td> <td>Low (4)</td> <td>Medium (8)</td> <td>High (12)</td> <td>Very High (16)</td> <td>Very High (20)</td> </tr> <tr> <td><b>Possible (3)</b></td> <td>Low (3)</td> <td>Medium (6)</td> <td>Medium (9)</td> <td>High (12)</td> <td>High (15)</td> </tr> <tr> <td><b>Unlikely (2)</b></td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td><b>Medium (8)</b></td> <td>High (10)</td> </tr> <tr> <td><b>Rare (1)</b></td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table>					Likelihood	Impact					Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	<b>Almost Certain (5)</b>	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	<b>Likely (4)</b>	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)	<b>Possible (3)</b>	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	<b>Unlikely (2)</b>	Low (2)	Low (4)	Medium (6)	<b>Medium (8)</b>	High (10)	<b>Rare (1)</b>	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Tolerance</b></p> <p>Likelihood – Unlikely (2) Impact – Major (4)</p> <p><b>Score</b> <b>Medium - 8</b></p>
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<b>Assurance and Review Groups</b> 1: Executive Team 2: Staff Governance Committee 3: PPSG	<b>Risk Owner</b> Director of Workforce	<b>Risk Handler</b> Director of Workforce	<b>Last Review Date</b> 11/07/2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
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.	March 2024.	Reduce likelihood	Director of Workforce
Revisit and refresh the business continuity plans and ensure up to date and fit for purpose.	August 2023.	Reduce consequence	Director of Workforce supported by Business Continuity Manager
Although this risk is within tolerance we are proposing to keep the risk on the register for monitoring due to the potential impacts of the non-pay elements of the agenda for change 2022 deal and Junior Doctor situation.			

<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5062</b></p> <p><b>Risk Title</b></p> <p><b>Failure to achieve financial target</b></p> <p><b>Risk Description</b></p> <p><b>There is a risk that we do not achieve our financial targets in 2022-23, 2023-24 and our 3-year financial plan</b></p> <p><b>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</b></p> <p><b>Resulting in an inability to ensure Financial Sustainability and Improve Value.</b></p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>	<p><b>Risk Appetite</b></p>																																																															
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<b>Assurance and Review Groups</b> 1: Best Value Project Group 2: Executive Team 3: PPSG	<b>Risk Owner</b> Director of Finance, Logistics and Strategy	<b>Risk Handler</b> Deputy Director of Finance	<b>Last Review Date</b> 11/07/2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
The 3-year draft financial plan for 2023-2026 was submitted to Scottish Government in February 2023. A SG review meeting has taken place and the final plan was presented to the Board in March and submitted to Scottish Government. This is forecasting a balanced plan over the 3 years with a deficit forecast in 23/24. <b>It is anticipated the financial plan will be approved by Scottish Government following submission of the Annual Delivery Plan in June 2023.</b>	Final financial plan was submitted in March. Awaiting final approval from Scottish Government <b>with an update provided to SG at the end of June 2023.</b> In the meantime, the actions described within the plan are being implemented <b>and will be reported to the Board, Performance and Planning Steering Group and Audit and Risk Committee.</b>	Reduce likelihood	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. <b>Best Value meetings in place and reporting on progress monthly to the PPSG.</b>	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 <b>and the Service has been involved in the collation of this.</b> 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 <b>3</b> 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 <b>3</b> finance report.	Reduce impact	Director of Finance, Logistics and Strategy
The Service recognises through our 3-year financial plan that it will be unlikely to achieve tolerance until end of the 3-year period. The detailed actions above demonstrate the Services commitment to achieving this aim and the ongoing scrutiny and reporting in place in the Service.			

<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5602</b></p> <p><b>Risk Title</b> <b>New Risk</b></p> <p><b>Cyber Attack</b></p> <p><b>Risk Description</b></p> <p><b>There is a risk that</b> the Service ICT estate suffers a cyber attack <b>Because of</b> sub-optimal security controls <b>Resulting in</b> an impact on CIA (Confidentiality, Integrity or Availability) of ICT Systems and information.</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																										
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<b>Assurance and Review Groups</b> 1: Digital Board 2: Resilience Committee 3: PPSG	<b>Risk Owner</b> Director of Finance Logistics and Strategy	<b>Risk Handler</b> Head of Infrastructure and Security	<b>Last Review Date</b> New July 2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
Proactively maintain NIS Cyber Resilience Framework controls at compliance level above 80% for the organisation through annual audit and action planning cycle.	Frequency: Annual Audit. Updates on progress of the action plans will be presented to each Resilience Committee and Audit and Risk Committee meeting. A monthly highlight report is also presented to the Digital, Data, Innovation and Research Portfolio Board and reported to the 2030 Steering Group.	Reduce likelihood and consequence	Head of Infrastructure and Security with governance through Security Governance Group
Proactively maintain a strong cyber security posture, identifying areas of explicit risk and remediating where possible.	Frequency: Annual Audit and reporting as noted in above actions to a number of governance committees.	Reduce likelihood	Head of Infrastructure and Security
Proactively maintain the ICT Information Security Management System and the controls which are governed by it on a recurring monthly cycle of review and improvement.	Frequency: Cyclic monthly review	Reduce likelihood	Head of Infrastructure and Security
Provision of mandatory cyber-security training courses for all staff, with completion recording and KPI provision to SGG.	Frequency: Bi-Annual completion requirement. An event is being planned for prewinter 2023.	Reduce likelihood	ICT Governance and Compliance Manager



<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5603</b></p> <p><b>Risk Title</b> <b>New Risk</b></p> <p><b>Maintaining required service levels</b></p> <p><b>Risk Description</b></p> <p><b>There is a risk that</b> SAS will not be able to maintain required service levels <b>Because of</b> disruption to SAS ICT solutions (e.g., due to a cyber-attack or power outage) <b>Resulting in</b> an impact on patient and staff safety and public / political confidence.</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																														
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<b>Assurance and Review Groups</b> 1: Security Governance Group 2: Resilience Committee 3: Audit Committee	<b>Risk Owner</b> Director of National Operations	<b>Risk Handler</b> Business Continuity Manager	<b>Last Review Date</b> New July 2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
Migrate existing Business Continuity Plans to the Business Continuity Management System (BCMS) Continuity2.	Frequency: Annual Review	Reduce Impact	Business Continuity Manager
Provide Key Performance Indicator (KPI) reports to SGG to ensure functional areas have plans which are prepared and reviewed at regular intervals.	Frequency: Bi-Monthly	Reduce Impact	Business Continuity Manager
Exercise BCPs within functional areas to identify areas of good practice and areas for improvement and or amendment.	Frequency: Annual Exercise and reporting to Resilience Committee if corrective action required.	Reduce Impact	Business Continuity Manager

<p><b>Link to 2030 Strategy Ambitions</b> We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 4640 (this risk has replaced the delays in ESMCP programme as referenced at previous meetings)</b></p> <p><b>Risk Title</b> <b>Risk of operational and cost pressures sustaining Airwave provision</b></p> <p><b>Risk Description</b></p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>	<p><b>Risk Appetite</b></p>																																																															
<p><b>Linked Risks:</b></p> <p>ID 3852 (ACC Resilience)</p> <p>ID 4640 (ESN)</p>	<p>There is a risk of cost pressures and operational challenges <b>Because of</b> the need to extend Airwave provision due to further slippage in UK Government ESMCP <b>Resulting in</b> requirement to develop and implement additional contingency plans</p>	<p><b>Current Risk Level</b> Likelihood – Likely (4) / Impact – Major (4) = <b>Very High (16)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>Very High (20)</td> <td>Very High (25)</td> </tr> <tr> <td>Likely (4)</td> <td>Low (4)</td> <td>Medium (8)</td> <td>High (12)</td> <td><b>Very High (16)</b></td> <td>Very High (20)</td> </tr> <tr> <td>Possible (3)</td> <td>Low (3)</td> <td>Medium (6)</td> <td>Medium (9)</td> <td>High (12)</td> <td>High (15)</td> </tr> <tr> <td>Unlikely (2)</td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td>Medium (8)</td> <td>High (10)</td> </tr> <tr> <td>Rare (1)</td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table>	Likelihood	Impact					Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)	Likely (4)	Low (4)	Medium (8)	High (12)	<b>Very High (16)</b>	Very High (20)	Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p>Averse Cautious Moderate Open Willing  Low – Medium</p>																						
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<b>Assurance and Review Groups</b> 1: DDIR Portfolio Board 2: 2030 Steering Group 3: PPSG 4: Airwave and ESN Governance Group	<b>Risk Owner</b> Director of Finance, Logistics and Strategy	<b>Risk Handler</b> General Manager - ICT	<b>Last Review Date</b> 11/07/2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
Activity: Formal SAS Airwave Sustainability Project in place to deliver: <ol style="list-style-type: none"> <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> <li>Complete commissioning of new ESN compatible ICCS by June 2023. Current ICCS provision is in place until end July 2023.</li> <li>Activity: Maintaining Air to Ground capability when current provision is ceased. TBC</li> </ol>	The agreed action dates are noted below  <ol style="list-style-type: none"> <li>New Airwave terminal support model in place by end Q4 2023</li> <li>LifeX ICCS went live June 2023</li> <li>Maintaining air to ground capacity due Q3/Q4 2024</li> </ol>	Reduces likelihood and consequence	GM ICT
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.	This will be completed by Q4 2023	Reduces likelihood	GM, ICT
A detailed review of the ESN related risks between now and 2028 when ESN is due to be completed has been undertaken. This was presented to the March 2030 Steering Group. Now that the LifeX ICCS has gone live the risk will be reviewed with a view to reducing it to from Very High to High. If the current plans for the Airwave terminals to be in-house by Dec 2023, goes to plan, it is expected that the rating of this risk will be brought within tolerance by January 2024.			

**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 – Unlikely (2) / Impact - Extreme (5) = **High (10)**

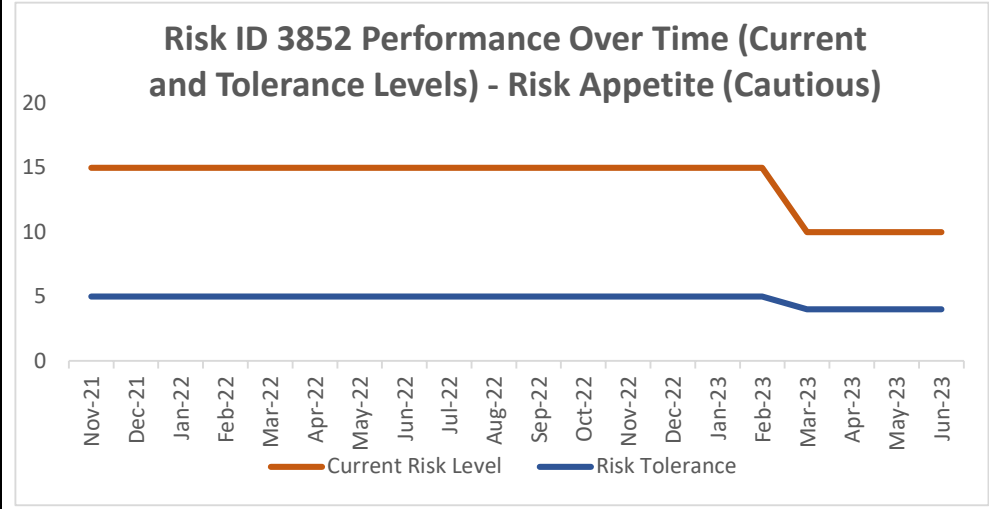
Likelihood	Impact				
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<b>Almost Certain (5)</b>	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
<b>Likely (4)</b>	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)
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<b>Unlikely (2)</b>	Low (2)	Low (4)	Medium (6)	Medium (8)	<b>High (10)</b>
<b>Rare (1)</b>	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

**Risk Appetite**

Averse  
**Cautious**  
 Moderate  
 Open  
 Willing

Low

**Risk Performance over time chart**



**Risk Tolerance**

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

**Score**  
**Medium - 4**

<b>Assurance and Review Groups</b> 1: Resilience Committee 2: Executive Team 3: Capital Group 4: PPSG	<b>Risk Owner</b> Head of ACC	<b>Risk Handler</b> Head of ACC	<b>Last Review Date</b> 11/07/2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
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. This action is now closed.	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 programme remains in line with the plan with this due to be completed by August 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.	This development is included within the Scottish Government funding paper to present this to their management board. The demand and capacity review requires to be completed and an update of the service provision will be undertaken reviewing current and future demands and aimed to be completed by September 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.	The January test was postponed and is currently being rescheduled.	Consequence and likelihood reduction	Head of Estates
It is proposed that the likelihood of the risk is reduced to unlikely given that the ACC West building Expansion plans have been approved, successful completion of ACC mains failure testing and the business continuity plans are in place and robust. The funding discussions should be concluded by end July and the building programme concluded by August 2023. The risk will be reviewed at that time.			



<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will be a great place to work, focusing on staff experience, health and wellbeing.</p>	<p><b>Corporate Risk ID No: 4636</b></p> <p><b>Risk Title</b></p> <p><b>Health and wellbeing of staff affected.</b></p> <p><b>Risk Description</b></p> <p><b>There is a risk that the health and wellbeing of our staff is affected Because of</b></p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>					<p><b>Risk Appetite</b></p> <p>Averse  <b>Cautious</b>  Moderate  Open  Willing</p> <p>Low - Medium</p>																																								
<p><b>Linked Risks:</b></p> <p>ID 4638</p>	<p>system pressures and the cost of living crisis. This in combination with the pressures of working in an emergency service possibly <b>Resulting in</b> an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	<p><b>Current Risk Level</b></p> <p>Likelihood – Likely (4) / Impact – Moderate (3) = <b>High (12)</b></p>					<p><b>Risk Tolerance</b></p> <p>Likelihood – Possible (3)  Impact – Moderate (3)</p> <p><b>Score</b></p> <p><b>Medium - 9</b></p>																																								
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<b>Assurance and Review Groups</b> 1: Staff Governance 2: PPSG	<b>Risk Owner</b> Director of Workforce	<b>Risk Handler</b> Director of Workforce	<b>Last Review Date</b> 11/07/2023
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
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. In the meantime internal discussions continue in partnership.	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

## Appendix B

### Risk Assessment Matrix

	Impact				
Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
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