Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	27 September 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 following output from the August Board Development session.
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.
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 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 BOARD

CORPORATE RISK REGISTER SEPTEMBER 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** following the output from the Board Development Session in August 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 September 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 from August Board Development Session

A Board Risk workshop took place as part of our August 2023 Board development session. The intended outputs of this session were:

- ✓ To update our Corporate Risk Register (CRR) to reflect the key risks in delivering our Annual Delivery Plan and 2030 programmes of work

- ✓ Anticipating our future risks (and timing)

- ✓ To review and update our risk appetite levels

We also considered the presentation and impact of interconnected risks and proximity of our risks.

A summary of the output from the session is summarised below:

- 2 corporate risks have been combined to create a generic Business Continuity Risk (ID 5603);
- Industrial Relations Risk (5296) has been delegated to committee level;
- Emergency Services Network (ESN) Risk (4640) has been identified as potential future risk;
- Risk descriptions have been updated on 6 risks;
- 4 new risks have been identified for the CRR;
- Our risk appetite has increased;
- As part of the Board future Risk reporting we have included interconnected risks and a spider diagram on future risks.

In addition, a further action was agreed as noted below and we will report back to the Board on this over the coming months, this was:

- Develop further the scope of the digital transformation risks.

All changes have been reflected in this paper and highlighted red for ease of identification.

4.3   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 October Audit Committee and presented to the Board thereafter.
- 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 currently testing this out with the Project Management Office.

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

ID	Descriptor	Current Level
4638	**Hospital Handover Delays** **There is a risk** to patient safety **Because of** Delays in handing over patients at hospital beyond the 15-minute patient safety standard **Resulting in** the following; • Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition. • Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals. • Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments. • Poor staff experience as staff are unable to be rested within rest break windows or experience long shift overruns affecting both ongoing Ambulance availability and work-life balance.	**Very High**
5062	**Failure to achieve financial target** **There is a risk that** we do not achieve our financial targets and our 3-year financial plan **Because of** non-delivery of efficiency savings and increasing costs from, operational and whole system pressures **Resulting in** an inability to ensure Financial Sustainability and Improve Value.	**Very High**
5602	**Service's defence against a Cyber Attack** **There is a risk that** the Service's digital and/or communications estate suffers a cyber attack **Because of** ineffective security controls **Resulting in** an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.	**High**
5603	**Maintaining required service levels (Business Continuity)** **There is a risk that** SAS will not be able to maintain required service levels **Because of** disruption to SAS ICT solutions (e.g., due to a cyber-attack or power outage) **Resulting in** an impact on patient and staff safety, public / political confidence and the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation.	**High**

4636	**Health and wellbeing of staff affected** **There is a risk that** the health and wellbeing of our staff is being negatively affected **Because of** working conditions dealing with system pressures and the cost-of-living crisis. This in combination with the mental and physical health demands of working in an emergency ambulance service, i.e. managing rest breaks and education and training pressures **Resulting in** an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.	**High**
5651	**NEW RISK** **Workforce Planning and Demographics** **There is a risk that** we are unable to attract, retain and employ sufficient numbers of Paramedics **Because of** attrition for the University courses and unpredicted loss of staff to primary care who have qualified as Advanced Practitioners due to salary discrepancies **Resulting in** lack of Skill Mix ratios required for safe staffing legislation and an impact on service delivery and patient safety.	**High**
5653	**NEW RISK** **Organisational Culture** **There is a risk that** SAS staff feel unable to speak-up about issues they experience **Because of** an unhealthy culture **Resulting in** a negative impact on staff welfare, patient care, sickness absence and retention levels	**High**
5652	**NEW RISK** **Equality and Diversity** **There is a risk that** we are unable to attract and employ staff from diverse backgrounds **Because** we have been unable to attract employees from a range of communities including BAME communities for a variety of reasons **Resulting in** 1. A less diverse workforce which does not represent the diversity of communities across Scotland and 2. Limited access to those communities in order to provide high quality care.	**High**
5519	**NEW RISK** **Statutory and Mandatory Training** **There is a risk of** harm to staff **Because** there is limited statutory and mandatory training in place across the Service **Resulting in** legal action and reputational risk.	**Very High**

The Performance and Planning Steering Group met on 14 September 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 September 2023

The Heatmap below shows the 9 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as of September 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 very high-risk rating and 6 within the high-risk rating.

	Score	Impact/Consequences				
		Negligible	Minor	Moderate	Major	Extreme
Likelihood	Almost Certain				1	
	Likely			2	2	
	Possible				4	
	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' - September 2023

Risk Impact (1= Negligible to 5= Extreme)

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

5603 -Maintaining required service levels
Current Level - High
Tolerance - Medium

4638 - Hospital Handover Delays
Current Level - Very High
Tolerance - High
(2023)

5062 - Unable to achieve financial targets
Current Level -Very High
Tolerance - Medium
(Target March 24)

5602 - Service's response to cyber event
Current Level - High
Tolerance - Medium

NEW RISK 5519 - Statutory and Mandator Training
Current Level - Very High
Tolerance - Medium
(Target TBC)

NEW RISK 5651-Workforce Planning
Current Level - High
Tolerance - Medium

NEW RISK 5653-Organisational Culture
Current Level - High
Tolerance - Medium

4636 -Health & Wellbeing of Staff
Current Level - High
Tolerance - Medium
(Target October 2023)

NEW RISK 5652-Equality and Diversity
Current Level - High
Tolerance - Medium)

Climate change - flooding, wild fires, temperature extremes, etc

Scottish Risk Assessment

Horizon Scanning - Opportunities & Threats

Fuel Restrictions

National Security Risk Assessment

Health & Social Care Bill

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 Hospital Handover Delays, the Finance and Statutory and Mandatory Training risks are the Service's biggest risks so work continues to be done and this is reflected in the detailed action plan.

Risk	Current risk level	Tolerance (target)
5651 – Workforce Planning	12	9
4636 – Staff Health & Wellbeing	12	9
4638 – Hospital Handover Delays	20	12
5602 – Cyber	12	9
5603 – Service levels	12	9
5062 – Finance	16	6
NEW RISK 5519 – Statutory and Mandatory Training	16	9
NEW RISK 5652 – Equality and Diversity	12	9
NEW RISK 5653 – Organisational Culture	12	6
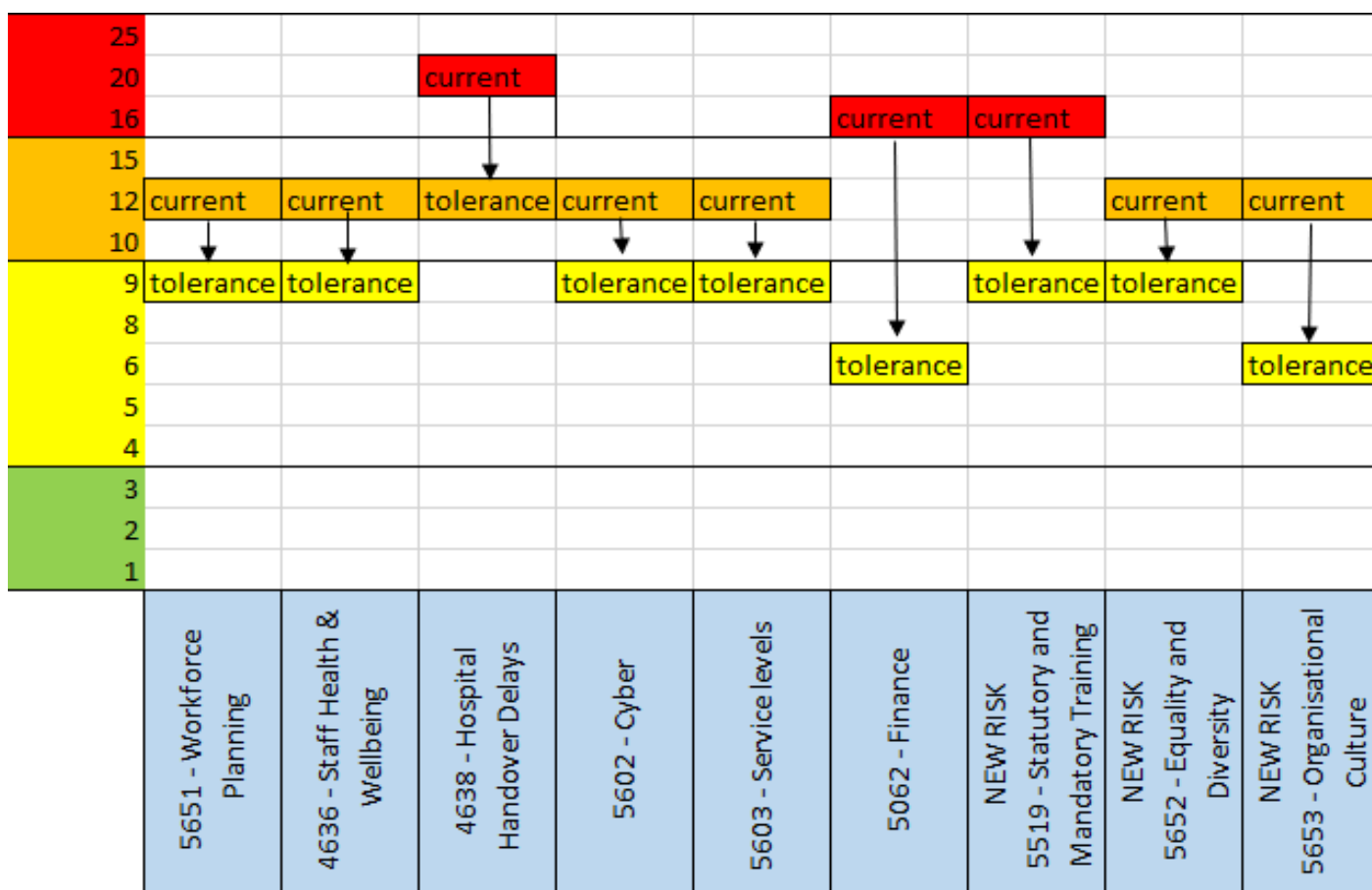
4.5 Interconnected and Future Risks

As part of the development of our risk framework and Board reporting we are also considering **interconnected risks** within our Corporate Risks. This is in order to identify those that require focussed attention. The diagram below shows our current risks interconnected against our level 1 risk appetite and is aiming to show that the risks with the higher impact across the range of risk headings should have our most focus.

Risk descriptors (Risk Appetite) Level 1	Current Risk Appetite	What level of impact does this risk have on our level 1 risk appetite? Aiming to show those risks that have a higher impact across the range of risk headings should have our most focus (this will be dynamic)								
		Risk 4638 Hospital Handover Delays	Risk 5062 failure to achieve financial targets	Risk 5602 Cyber risk	Risk 5603 Maintaining required service levels	Risk 4636 Health and Wellbeing of staff	Risk 5651 Workforce planning and Demographics	Risk 5653 Org Culture	Risk 5652 Equality& Diversity	Risk 5519 Statutory & Mandatory training
Financial – *how much risk are we willing to take in pursuit of our objective for financial sustainability?*	2	Impacting on ability to break even	Impact on financial delivery	Impact on financial delivery depending on severity of cyber attack	Would have some impact	Likely some impact	Impact on financial delivery	No impact	No impact	Likely some impact
Workforce Experience – *how much risk are we willing to accept in the pursuit of our objective to maximise our workforce experience?*	5	Impacting on rest breaks, shift overruns	Limited impact as all decisions would be risk assessed	Would likely have some impact	Would likely have some impact	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience
Reputation – *how much risk are we willing to accept to maintain our good reputation?*	3	Likelihood of adverse media and public comms	Mitigated at the moment as impacting most public bodies	Could have significant reputational damage	Could have significant reputational damage	Some impact likely	Some impact likely	Could have significant reputational damage	Could have significant reputational damage	Could have significant reputational damage

Patient Experience (including safety and quality) – *how much risk are we willing to accept to ensure we deliver a good patient experience?*	3	High risk of patient experience in turnaround times	Unlikely to impact on patient experience	Would likely have some impact	Would likely have some impact	Would aim to be mitigated	Would likely have some impact	Would aim to be mitigated	Would likely have some impact	Would aim to be mitigated through LIP
Service Delivery – *how much risk are we willing to accept to ensure we deliver service quality standards?*	4	Ambulances blocked at A&E and impacting on response times	Unlikely to impact on service delivery	Would likely have some impact	Would likely have some impact	Would likely have some impact	Impacting on response times	Would aim to be mitigated	Would aim to be mitigated	Would likely have some impact

So what is this telling us? And what do we do about it?

- ❖ Risk 4638 – delayed handover times is our greatest risk and should have our most focus (4 high impact areas);
- ❖ As expected, most of our risks would aim to mitigate the impact on patient experience and performance delivery;
- ❖ Shows us that workforce, finance and reputation looking across the way are likely to have the greatest impact from our current corporate risks;
- ❖ This allows the Service to visually show these risks are reduced as we develop and implement our actions.

Noting also we have assumed that the management of our current risks would not breach regulations or legislation and have therefore excluded this from our level 1 risk comparator.

Another area we have developed a reporting tool for is '**future risks'** and their **proximity**, i.e. when is the risk most likely to happen and also when will it cease or become a risk. The spider diagram below shows the areas we are monitoring as 'future risks' with areas towards the centre more likely to happen. This is a dynamic document and will be reviewed for each meeting.
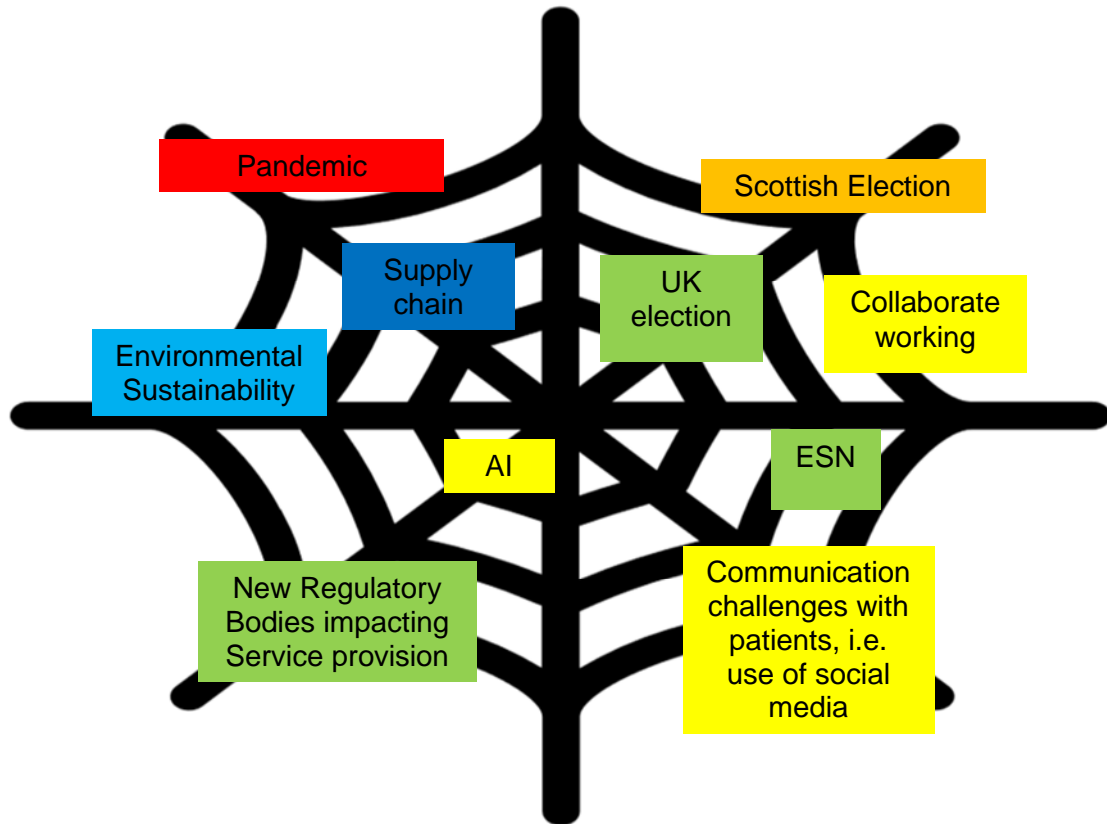
4.5   Risk Appetite

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. These have been updated following the August Board Development Session and the tolerance for Risk ID 4638 'Hospital Handover Delays' increased to High as shown below.

No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
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	**Hospital Handover Delays**	• Reputation – Cautious • Patient Experience – Cautious • Service Delivery – Cautious - Moderate • Emergency and Critical Care – Cautious - Moderate • Partner Relations – Moderate - Open • Whole System Transformation – Mod – open **Current Appetite: Moderate (Medium)**	**High** **Likelihood – Possible (3)** Impact – Major (4) **Score** **12**
5602	**Cyber Attack**	• Reputation – Cautious • Clinical Technology – Moderate - Open • Patient Experience – Cautious • Emergency and Critical Care – Cautious - Moderate **Current Appetite: Moderate (Medium)**	**Medium** **Likelihood – Possible (3)** **Impact – Moderate (3)** **Score** **9**
5603	**Maintaining required service levels**	• Reputation – Cautious • Clinical Technology – Moderate - Open • Patient Experience – Cautious • Emergency and Critical Care – Cautious - Moderate **Current Appetite: Moderate (Medium)**	**Medium** **Likelihood – Possible (3)** **Impact – Moderate (3)** **Score** **9**
5062	**Failure to achieve financial target**	• Financial – Averse - Cautious **Current appetite: Averse (Low)**	**Medium** **Likelihood – Unlikely (2)** **Impact – Moderate (3)** **Score** **6**
5651	**Workforce Planning and Demographics**	• Service Delivery – Cautious - Moderate • Workforce Experience - Cautious–Moderate • Patient Experience – Cautious **Current Appetite: Cautious–Moderate (Low-Medium)**	**Medium** **Likelihood – Possible (3)** **Impact – Moderate (3)** **Score** **9**
5653	**Organisational Culture**	• Workforce Experience - Cautious–Moderate **Current Appetite: Cautious–Moderate (Low-Medium)**	**Medium** **Likelihood – Unlikely (2)** **Impact – Moderate (3)** **Score** **6**

5652	**Equality and Diversity**	• Workforce Experience - Cautious–Moderate **Current Appetite: Cautious–Moderate (Low-Medium)**	**Medium** **Likelihood – Possible (3)** **Impact – Moderate (3)** **Score** **9**
5519	**Statutory and Mandatory Training**	• Regulation - Averse • Reputation – Cautious • Workforce Experience - Cautious–Moderate • Patient Experience – Cautious **Current Appetite: Cautious**	**Medium** **Likelihood – Unlikely (2)** **Impact – Moderate (3)** **Score** **6**

APPENDIX A – Corporate Risk Register

Risk Register: **Corporate Risk Register**

Last Updated: **07 September 2023**

Link to 2030 Strategy Ambitions	**Corporate Risk ID No: 4638**	**Risk Assessment (Current, Appetite and Tolerance Levels)**	

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

Hospital Handover Delays

Risk Description

There is a risk to patient safety
Because of
Delays in handing over patients at hospital beyond the 15-minute patient safety standard
Resulting in the following;

- Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition.
- Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals.
- Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments.
- Poor staff experience as staff are unable to be rested within rest break windows or experience long shift overruns affecting both ongoing

Risk Assessment (Current, Appetite and Tolerance Levels)

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

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)

Impact (column group header)

Risk Performance over time chart

Risk ID 4638 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Cautious/Moderate)

Risk Appetite

Averse
Cautious
<mark>Moderate</mark>
Open
Willing

Medium

Risk Tolerance

Likelihood – Possible (3)
Impact – Major (4)

Score
<mark>High - 12</mark>

	Ambulance availability and work-life balance.			

Assurance and Review Groups 1: Demand and Capacity Programme Board 2: PPSG 3: 2030 Steering Group 4: OLT 5: Executive Team	Risk Owner Chief Operating Officer / Deputy Chief Executive	Risk Handler Regional Directors	Last Review Date 07/09/2023

Mitigating Controls with Indication of Timescales and Effect

Mitigating Controls	Delivery Date	Effect on Risk	Owner
Implementation of the SG Guidance: Principles for Safe Transfer to Hospital: Ensuring Timeous Handover of Ambulance Patients	Implementation of actions by NHS Boards is ongoing with communications continuing. SAS actions are being progressed and updates provided at monthly PPSG and reporting at Executive Meetings.	Implementation of these principles by NHS Boards is fundamental to reducing the risk	Medical Director
SAS Integrated Clinical Hub to support improved management of patients both at point of call and on-scene – The Hub Manager has been appointed with full operational optimisation by Winter 2023.	The business case for recurring funding from 2023/24 was approved by the Board in March 2023 and submitted to Scottish Government thereafter. Discussion with Scottish Government have confirmed up to £3.8m of funding in 2023/24, as part of a wider funding allocation. This was to ensure continuity into 2023/24. An implementation plan was approved at the Executive Team meeting on 6 June 2023 and this has commenced. The funding envelope has potentially reduced and the clinical hub	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

	programme board are assessing the impact of this.		
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. The work on improving and maximising Flow Navigation Centres is also included within this action update.	Winter plan approved and implementation work commenced. A Scottish Government programme for Redesign of Urgent Care Phase 2 has commenced. 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 September 2023 to ensure sustainable model in place across all areas. Priority Actions and timescales for the Service were presented to the May 2030 Steering Group and will be updated as winter approaches.	Impact on risk: mitigations in place to minimise the service pressure impact	Clinical Services Transformation Manager
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. This also includes the safe handover guidance issue and implementation.	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 as described in action 1 above.	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. Improved connections with social services in place and working well.	Business case supporting the continuity of this was included within the clinical hub business case approved by the Board in March 2023. Funding has been confirmed into 2023/24 with the implementation plan approved at the Executive Team meeting on 6 June 2023.	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.			

Link to 2030 Strategy Ambitions	Corporate Risk ID No: 5062	Risk Assessment (Current, Appetite and Tolerance Levels)						Risk Appetite

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 and our 3-year financial plan **Because of** non-delivery of efficiency savings and increasing costs in operational and whole system pressures **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)**

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 ID 5062 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Averse)

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Low

Risk Tolerance

Likelihood – Unlikely (2)
Impact – Moderate (3)

Score
Medium – 6

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 18/09/2023

Mitigating Controls with Indication of Timescales and Effect

Mitigating Controls	Delivery Date	Effect on Risk	Owner
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. It is anticipated the financial plan will be approved by Scottish Government following submission of the Annual Delivery Plan in June 2023.	Final financial plan was submitted in March. Awaiting final approval from Scottish Government with an update provided to SG at the end of June 2023. In the meantime, the actions described within the plan are being implemented and will be reported to the Board, Performance and Planning Steering Group and Audit and Risk Committee. Likely approval aligned to the Annual Delivery plan should be within the first 6 months of the year.	Reduce impact	Director of Finance, Logistics and Strategy
In relation to efficiency savings, a back to balance action plan is in place with agreed efficiency plans for up to 70% of the current target. Best Value mandates are being completed for those new projects with existing mandates being actioned. Progress is being reported through the best value steering group and reported to the PPSG and Board.	Updates on progress are in place with some plans being implemented. A trajectory of savings has been developed for the first quarter reporting in June 2023 and a full year forecast has been completed and will be reported to the Board from September 2023. Best Value meetings in place and reporting on progress monthly to the PPSG.	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.	An additional £5m of non-recurring funding was received in August 2023. These remaining unfunded 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	The financial reports will identify if actions are being implemented. If necessary, corrective action will be necessary at	Reduce impact	Director of Finance,

Steering Group and the 2030 portfolio boards. The financial reports will report on progress against these targets.	pace to progress these and will be identified in the finance reporting.		Logistics and Strategy
Following the first 5 months financial performance, a detailed forecast is being completed by end of August and reported from September 2023 to the appropriate governance and scrutiny groups. This will also be shared with Scottish Government.	Completed and reported from September 2023 and reported monthly thereafter.	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.			

Link to 2030 Strategy Ambitions	Corporate Risk ID No: 5602	Risk Assessment (Current, Appetite and Tolerance Levels)	

Link to 2030 Strategy Ambitions

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

Linked Risks:

Corporate Risk ID No: 5602

Risk Title

Service's defence against a Cyber Attack

Risk Description

There is a risk that the Service's digital and/or communications estate suffers a cyber attack
Because of ineffective security controls
Resulting in an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level
Likelihood – Possible (3) / Impact – Major (4) = High (12)

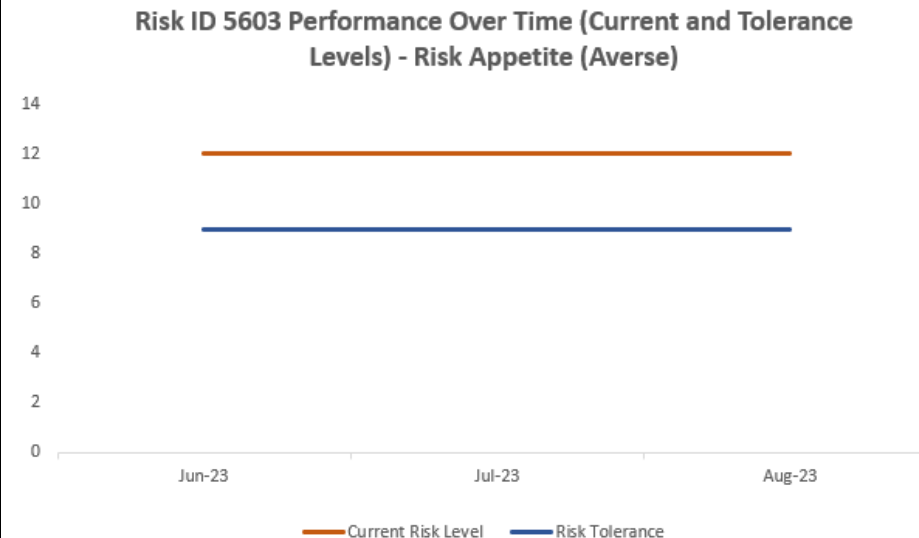| Likelihood	Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium(8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	**High (12)**	High (15)
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 ID 5602 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Averse)

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Low

Risk Tolerance

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

Score
Medium - 9

Assurance and Review Groups	Risk Owner	Risk Handler	Last Review Date
1: Digital Board 2: Resilience Committee 3: PPSG	Director of Finance Logistics and Strategy	Head of Infrastructure and Security	07/09/2023

Mitigating Controls with Indication of Timescales and Effect

Mitigating Controls	Delivery Date	Effect on Risk	Owner
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. Currently at 84% compliance.	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. In addition, external factors and advice will be reported through the cyber lead and learning actions implemented.	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. Identify any improvements and take corrective action.	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 as agreed by through statutory and mandatory training short life working group. Percentage completion to be reported at Security Governance Group.	Reduce likelihood	ICT Governance and Compliance Manager

Link to 2030 Strategy Ambitions	**Corporate Risk ID No: 5603**	**Risk Assessment (Current, Appetite and Tolerance Levels)**						
We will innovate to continually improve our care and enhance the resilience and sustainability of our services.	**Risk Title** **Maintaining required service levels** **Risk Description** **There is a risk that** SAS will not be able to maintain required service levels **Because of** disruption to SAS ICT solutions (e.g., due to a cyber-attack or power outage) **Resulting in** an impact on patient and staff safety, public / political confidence and the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation.	**Current Risk Level** Likelihood – Possible (3) / Impact – Major (4) **= High (12)**						**Risk Appetite** Averse **Cautious** Moderate Open Willing

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 ID 5603 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Averse)

Legend: — Current Risk Level — Risk Tolerance

Risk Tolerance

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

Score
Medium - 9

Linked Risks:

Assurance and Review Groups	Risk Owner		Risk Handler	Last Review Date
1: Security Governance Group 2: Resilience Committee 3: Audit Committee	Director of National Operations		Business Continuity Manager	07/09/2023
Mitigating Controls with Indication of Timescales and Effect				
Mitigating Controls	**Delivery Date**		**Effect on Risk**	**Owner**
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

Link to 2030 Strategy Ambitions	Corporate Risk ID No: 4636	Risk Assessment (Current, Appetite and Tolerance Levels)						Risk Appetite

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 being negatively affected

Because of working conditions dealing with system pressures and the cost-of-living crisis. This in combination with the mental and physical health demands of working in an emergency ambulance service, i.e. managing rest breaks and education and training pressures

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)**

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

—— Current Risk Level —— Risk Tolerance

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Low - Medium

Risk Tolerance

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

Score
Medium - 9

Assurance and Review Groups 1: Staff Governance 2: PPSG	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 07/09/2023

Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**Owner**
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 further test of change is now in place to test special breaks and incorporate the cut-off point at the end of the rest break window with further protection being given in this instance. Programme board continues to be in place as a result with all convenors including Medical Director, Workforce Director, Senior Managers and Regional Directors. Rest break compliance has improved significantly as a result of the 1st 8-week trial and further improvements are expected from the next 8 week test of change incorporating the cut of point at the end of the rest break window.	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
Implementation of the Workforce Health and Wellbeing Strategy. A strategy refresh for 2024-2027 is being developed.	Throughout 2023-2024 and reported on progress to the Board and the Staff Governance Committee, with corrective actions where necessary.	Reduce likelihood	Director of Workforce

Link to 2030 Strategy Ambitions	Corporate Risk ID No: 5519	Risk Assessment (Current, Appetite and Tolerance Levels)		
We will be a great place to work, focusing on staff experience, health and wellbeing.	**Risk Title** **NEW RISK** **Statutory and Mandatory Training** **Risk Description** **There is a risk of** harm to staff **Because** there is limited statutory and mandatory training in place across the Service **Resulting in** legal action and reputational risk.	**Current Risk Level** Likelihood – Likely (4) / Impact – Major (4) = **Very High (16)**		**Risk Appetite** Averse Cautious Moderate Open Willing

Current Risk Level
Likelihood – Likely (4) / Impact – Major (4) = **Very High (16)**

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
NEW RISK

Linked Risks:

4636

Risk Tolerance

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

Score
Medium - 9

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of HR		Risk Handler	Last Review Date 07/09/2023
Mitigating Controls with Indication of Timescales and Effect				
Mitigating Controls	**Delivery Date**		**Effect on Risk**	**Owner**
Working with NHS Education for Scotland to migrate to Turas Learn. All staff Statutory and Mandatory training being developed by subject matter experts across the Service. Working Group in place to oversee statutory and mandatory development. All Staff Statutory and Mandatory is on Turas and the Service has a transition plan in place. Working with HR and OD Team. 11.7.23. Awaiting communication to be agreed to go to all staff a short life working group has been convened to look at ownership and resource.	Paper approved by the Executive team on 23 August 2023 for additional resources to support the infrastructure to take this work forward. Implementation plan is in place and being actioned.		Reduce Impact	Head of Professional Practice

Link to 2030 Strategy Ambitions We will be a great place to work, focusing on staff experience, health and wellbeing.	**Corporate Risk ID No: 5652** **Risk Title** **NEW RISK** **Equality and Diversity** **Risk Description** **There is a risk that** We are unable to attract and employ staff from diverse backgrounds **Because** we have been unable to attract employees from a range of communities including BAME communities for a variety of reasons **Resulting in** 1. A less diverse workforce which does not represent the diversity of communities across Scotland and 2. Limited access to those communities in order to provide high quality care.	**Risk Assessment** **(Current, Appetite and Tolerance Levels)**	
		Current Risk Level Likelihood – Likely (4) / Impact – Moderate (3) **= High (12)** **Risk Performance over time chart** New Risk	**Risk Appetite** Averse ==Cautious== Moderate Open Willing
Linked Risks: 4636			**Risk Tolerance** Likelihood – Possible (3) Impact – Moderate (3) Score ==Medium -== 9

Risk matrix:

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)

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of HR	Risk Handler	Last Review Date 07/09/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**Owner**
Board approved the proposals recommending a range of options to deliver the Technician to Paramedic programme which will widen access to diverse communities across Scotland. Discussions are taking place with a range of stakeholders within Scottish Government and Education institutions to develop this programme further	Discussions continue with the key stakeholders and a stocktake of the current position will be undertaken by March 2024.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Review of our recruitment processes to ensure we are attracting and employing the correct people for the correct posts.	This work is ongoing with a final completion date being developed and agreed.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Working with Universities to ensure that they are encouraging where possible applications from diverse backgrounds.	These discussions are taking place across a range of workstreams.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development

Link to 2030 Strategy Ambitions	**Corporate Risk ID No: 5653**	**Risk Assessment** **(Current, Appetite and Tolerance Levels)**	
We will be a great place to work, focusing on staff experience, health and wellbeing.	**Risk Title** **NEW RISK** **Organisational Culture** **Risk Description** **There is a risk that** SAS staff feel unable to speak-up about issues they experience **Because of** an unhealthy culture **Resulting in** a negative impact on staff welfare, patient care, sickness absence and retention levels	**Current Risk Level** Likelihood – Possible (3) / Impact – Major (4) = High (12)	**Risk Appetite** Averse Cautious Moderate Open Willing
Linked Risks:		(risk matrix below)	**Risk Tolerance** Likelihood – Unlikely (2) Impact – Moderate (3) Score Medium - 6

Current Risk Level
Likelihood – Possible (3) / Impact – Major (4) = High (12)

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

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of HR		Risk Handler	Last Review Date 07/09/2023
Mitigating Controls with Indication of Timescales and Effect				
Mitigating Controls	**Delivery Date**		**Effect on Risk**	**Owner**
Whistleblowing Policies and Processes in place, including process for contacting the Independent National Whistleblowing Officer (INWO)	In place with ongoing monitoring		Reduce likelihood	Director of Care Quality and Professional Development
HR policies and procedures in place	In place with ongoing monitoring		Reduce likelihood	Director of HR
Annual Speak up Week	October 2023 - Annually		Reduce likelihood	Director of Care Quality and Professional Development
Complaints process in place.	In place with ongoing monitoring			Director of Care Quality and Professional Development

Link to 2030 Strategy Ambitions We will be a great place to work, focusing on staff experience, health and wellbeing.	**Corporate Risk ID No: 5651** **Risk Title** **NEW RISK** **Workforce planning and demographics** **Risk Description** **There is a risk that** we are unable to attract, retain and employ sufficient numbers of Paramedics **Because of** attrition for the University courses and unpredicted loss of staff to primary care who have qualified as Advanced Practitioners due to salary discrepancies **Resulting in** lack of Skill Mix ratios required for safe staffing legislation and an impact on service delivery and patient safety.	**Risk Assessment** **(Current, Appetite and Tolerance Levels)**	

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
New Risk

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

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

Score
Medium - 9

Linked Risks:

4636

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of HR	Risk Handler	Last Review Date 07/09/2023
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**Owner**
Board approved the proposals recommending a range of options to deliver the Technician to Paramedic programme which will widen access to diverse communities across Scotland. Discussions are taking place with a range of stakeholders within Scottish Government and Education institutions to develop this programme further	Discussions continue with the key stakeholders and a stocktake of the current position will be undertaken by March 2024.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development
Ongoing engagement with Scottish Government regarding planning for other access routes to paramedicine and understanding attrition rates at HEIs.	Discussions continue with a range of stakeholders.	Reduce likelihood	Directors of Workforce and Care Quality & Professional Development

Appendix B

Risk Assessment Matrix

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)