



**NOT PROTECTIVELY MARKED**

<b>Public Board Meeting</b>		<b>30 November 2022</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>• 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 our 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	



**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



## **SCOTTISH AMBULANCE SERVICE BOARD**

### **CORPORATE RISK REGISTER NOVEMBER 2022 (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
- Identify 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 CRR 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

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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 November 2022.

**Appendix B** contains the risk assessment matrix.

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## SECTION 4: DISCUSSION

### 4.1 Corporate Risk Register

The Corporate Risk Register shows ‘the risk on a page’ to include:

- The description of the risk including the cause and implications
- The risk tolerance level and how it was derived from the updated corporate risk appetite
- The risk appetite
- The linked corporate risks
- Links to the 2030 strategy ambitions
- The actions required to reduce the risk level to within tolerance and the effect this action will have on the risk including its expected delivery date
- The last risk review date, this is also in line with our risk policy with very high risks reviewed on a monthly basis and high risks reviewed on a quarterly basis
- The committees and groups owning the actions and providing the assurance to the Board that the actions have been completed
- Risk owner and leads if the actions have been delegated

### 4.2 Update on Corporate Risk Reporting

Following the Board development session in October 2022 Board members discussed the following for consideration.

- 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.

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

- Consider how we build in the public and patient perception of risk assessment and risk appetite – initial discussions have taken place and the use of a PFPI is being scoped. We will aim to feedback on this over the next few months.
- Consider how we monitor and report on those ‘big’ risks with significant impact but low likelihood. As we develop this we have expanded the use of our risk horizon scanning reporting and including these significant risks and events including for example, the impact of climate change.
- Test out, in a specific service risk register, the risk assessment of gross and net risks, defining a gross risk level as a risk with no controls in place and the net risk level when the controls have been fully implemented.

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The current 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> increased service pressures on SAS,  <b>Because of</b> changes to other parts of the whole system  <b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <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>	Very High
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 NHSS and SAS</p>	Very High
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.  <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
4639	<p><b>Service's response to a cyber incident.</b>  <b>There is a risk that</b> the Service's response to an adverse cyber event  <b>Because of</b> identified capability gaps  <b>Resulting in</b> the Service being unable to timeously fully recover from the loss of ICT systems or data, causing extended service disruption and reputational damage</p>	Very High
4640	<p><b>Risk of further slippage in ESMCP.</b>  <b>There is a risk of</b> further slippage in the UK Government Emergency Service Communications Programme (ESMCP),  <b>Because of</b> ongoing technical and delivery challenges,  <b>Resulting in</b> the need to further extend Airwave service provision and the cost pressures and potential operational challenges this involves.</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</p>	High

	loss of service provision affecting patient care inflicting reputational, clinical, operational and political damage.	
4636	<p><b>Health and wellbeing of staff affected.</b></p> <p><b>There is a risk that the</b> health and wellbeing of our staff is affected <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 <b>Resulting in</b> an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	<b>High</b>

The Performance and Planning Steering Group met on 11<sup>th</sup> October and 10<sup>th</sup> November 2022 where they reviewed and approved the Corporate Risk Register. In addition, and in line with the plan, the group reviewed the high and very high risks from service risk registers. No risks were required to be escalated.

### 4.3 Corporate Risk Profile as at 4<sup>th</sup> November 2022

The Heatmap below shows the 7 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as at November 2022.

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 Public Corporate Risks, 2 sit within the high-risk rating and 5 within the very high-risk rating.

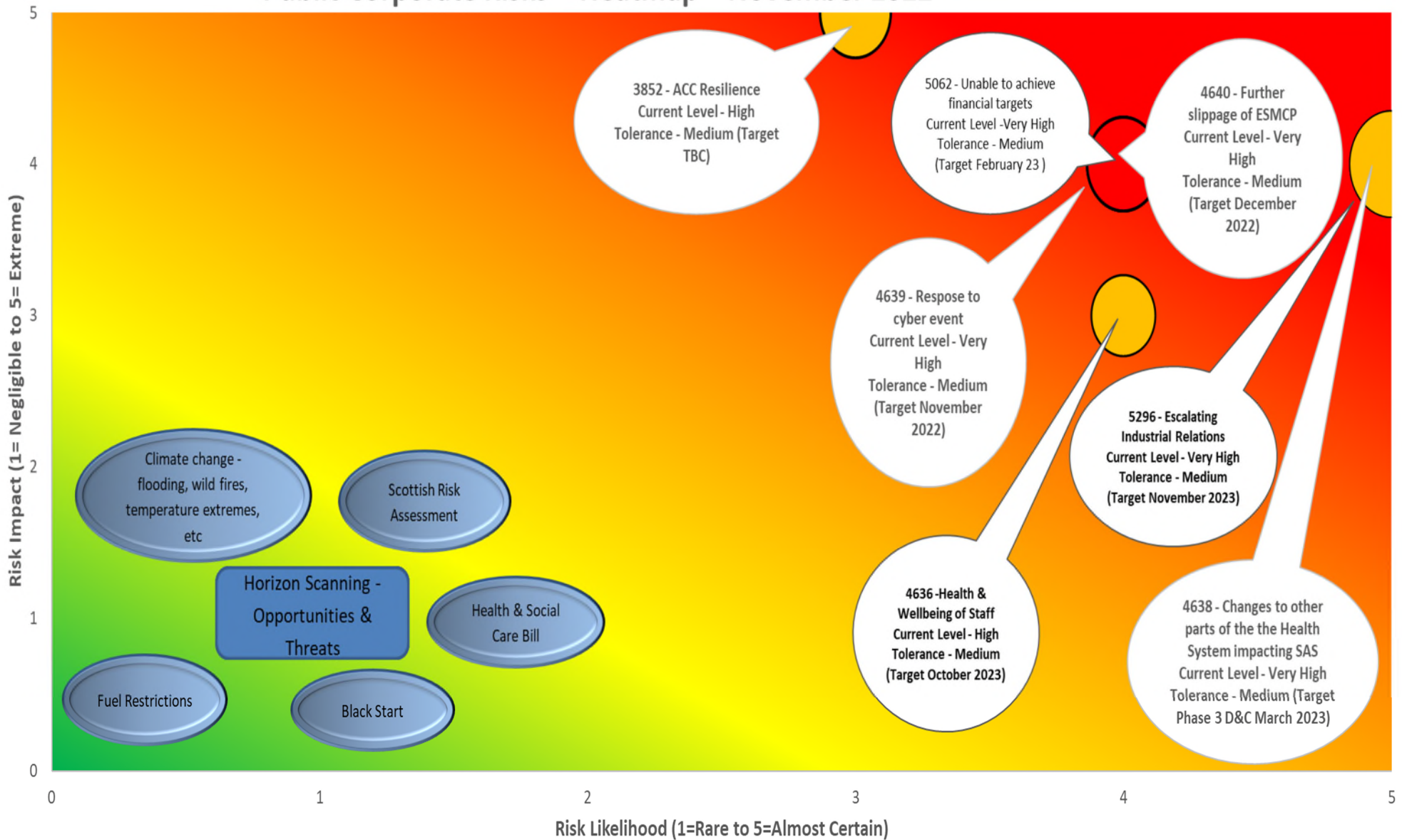
		Impact/Consequences				
		Negligible	Minor	Moderate	Major	Extreme
Likelihood	Almost Certain				2	
	Likely			1	3	
	Possible					1
	Unlikely					
	Rare					

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

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

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

## Public Corporate Risks - 'Heatmap' - November 2022



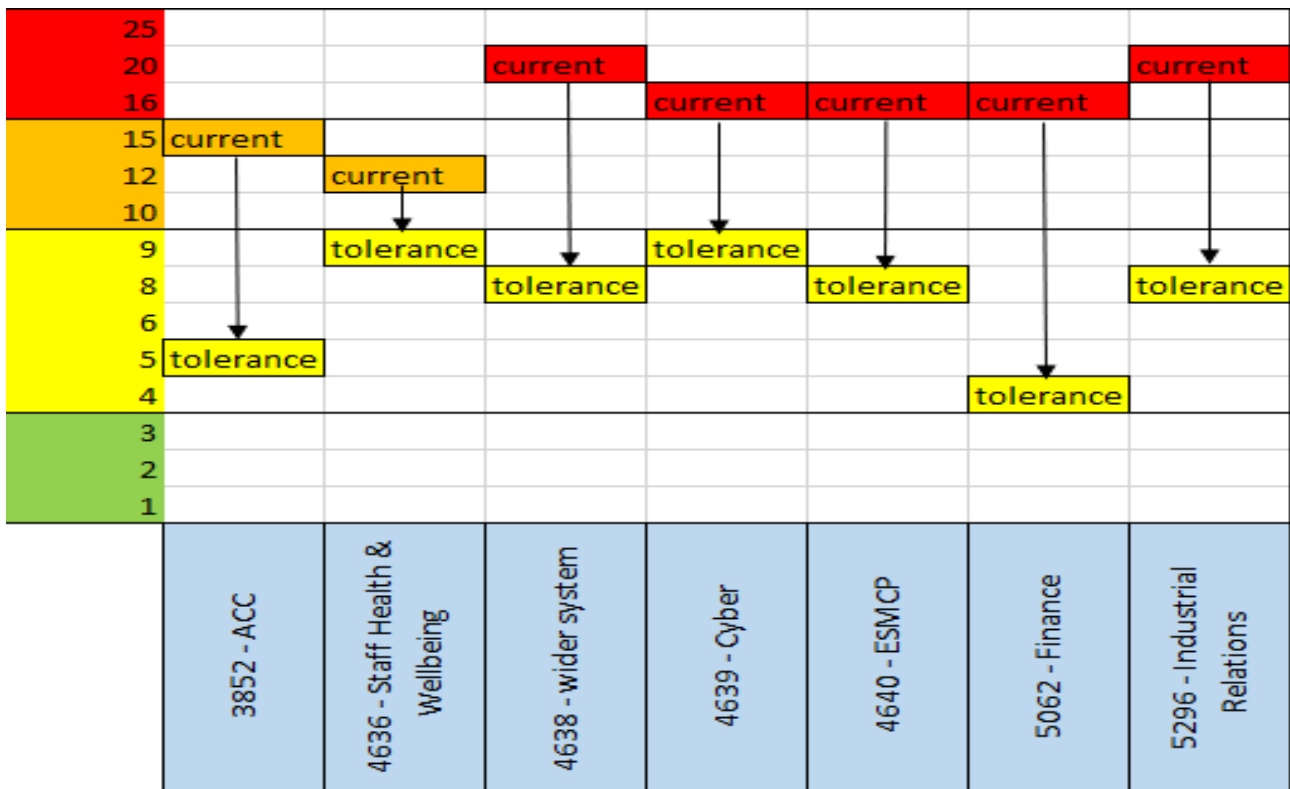


#### 4.4 Risk Dashboard – Risk Waterfall Chart

The diagram below 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. Generally, a high level of gap shows that the risk owner is confident of the actions in place to mitigate the risk down and controls are in place through the actions on the risk register to reduce this risk over time as the actions are implemented. This also shows how effective the internal control environment is working within the organisation as the risk owners have confirmed that the controls are working effectively, and the risks are well managed which is where we need to be.

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

The waterfall chart is noting that Risk 4638: “Risk of wider and whole system pressures leading to reduced Service performance”, Risk 5062: “Failure to achieve financial target” and Risk 5296 – “escalating industrial actions” are the Service’s biggest risks and the tolerance threshold within these are set to medium so there continues work to be done which is reflected in the detailed action plan. The detailed actions in the register describe this work.



#### 4.5 Update on Risk Appetite

The Service reviewed the level of risk it is willing to take in pursuit of our objectives, our risk appetite, at the Board development session on 26 October 2022. The Board will be asked to review and approve our updated risk appetite statement at the private session

which will then inform our decision making and our balance of risks as we operate within the context of operational and financial challenges.

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

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

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

Once we agree the risk appetite for each cluster the key question will be ‘**is our risk tolerance the risk level we are willing to accept given our risk appetite levels**’ for each of the risks on the corporate risk register.

The 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 →									
	LOW				MEDIUM				HIGH	
Risk Appetite	Averse		Cautious		Moderate		Open		Willing	
	1	2	3	4	5	6	7	8	9	10

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

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

No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
3852	Continuity of ACC operations impacted	<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 - Extreme (5)</p> <p>Score 5</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 <b>Experience</b> – Cautious</li> <li>• <b>Service Delivery – Cautious</b></li> <li>• Emergency and Critical Care – Cautious</li> <li>• Partner Relations - Moderate</li> <li>• Whole System Transformation – <b>cautious</b> –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>
4639	<b>Service's response to a cyber incident</b>	<ul style="list-style-type: none"> <li>• Reputation – Cautious</li> <li>• Clinical Technology – Cautious–Moderate</li> <li>• Patient <b>Experience</b> – 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>
4640	<b>Risk of further slippage in ESMCP</b>	<ul style="list-style-type: none"> <li>• Clinical Technology – Cautious-Moderate</li> <li>• Digital Transformation – Moderate-Open</li> <li>• Patient <b>Experience</b> – Cautious</li> <li>• Workforce <b>Experience - Cautious–Moderate</b></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>
5062	<b>Failure to achieve financial target</b>	<ul style="list-style-type: none"> <li>• Financial – <b>Averse</b></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 <b>Experience</b> – Cautious</li> <li>• Workforce <b>Experience - Cautious–Moderate</b></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 on a Page)

Risk Register: **Corporate Risk Register**

Last Updated: **November 2022**

<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> Wider system changes and pressures</p> <p><b>Risk Description</b> There is a risk of increased service pressures on SAS because of changes to other parts of the whole system resulting in the following;</p> <ul style="list-style-type: none"> <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>Current Risk Level</b> 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> <p><b>Risk Performance over time chart</b></p> <p><b>Risk Appetite</b> Averse Cautious Moderate Open Willing  Low – Medium</p>	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 Tolerance</b> Likelihood – Unlikely (2) Impact – Major (4)</p> <p><b>Score</b> Medium - 8</p>
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<p><b>Linked Risks:</b></p> <p>ID 4636</p>																																												

<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> 04/11/2022
<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>
SAS Integrated Clinical Hub to support improved management of patients both at point of call and on-scene - supporting patients to the right care, first time. Priority work implemented pre-Winter 2022.	Phase 1 is due for implementation pre-Winter 2022. Phase 2 will follow early 2023.	Impact on Risk: Improved patient safety, reduction in ambulance dispatch through calls closed at point of call; increased ambulance availability; utilising alternatives to ED.  Reduces likelihood / consequence of risk	Medical Director
National Integrated Urgent & Unscheduled Care Collaborative - SAS aligned to the programme to deliver the 8 High Impact Changes identified by national programme to optimise flow end to end from pre-hospital care delivering care closer to home.  Improvement plan developed with a focus on alternatives to ED including SDEC developments, ED interface and community pathways. Funding has been allocated and bids have been received and assessed.	November 2022 and funding allocated to successful bids by end November 2022 with implementation thereafter	Impact on risk: mitigations in place to minimise the service pressure impact	Clinical Services Transformation Manager
Flow Navigation Centres, alternative end points through to supporting discharge without delay. Improved patient safety, reduction in ambulance dispatch through	Priority Actions pre-Winter 2022	Impact on risk: Improved patient safety, reduction in ambulance dispatch	Clinical Services Transformation Manager

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

<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</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 NHSS and SAS</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																										
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<b>Rare (1)</b>	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)																																							

<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> 04/11/2022
<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 NHSS. These pre-negotiations are ongoing for 22/23. In addition, we are progressing - Fortnightly meetings with partnership to review the hot topics list to gauge and react to additional tensions and heat in the system. Monitoring progress of actions and project plan against the hot topic list. The necessity for these weekly meetings will be considered at key milestones This is being monitored by NPF and Staff Governance	Weekly monitoring	Reduce likelihood and impact	Director of Workforce
Action: Unite have informed that they will ask members to take continuous action in form of an overtime ban and work to rule from 25 November 2022 and GMB will take strike action on 28 November 2022. Discussions taking place with trade unions to discuss and agree emergency and essential cover.	November 2022	Reduce likelihood	Director of Workforce
Monitor through the national HRD meetings the UK and SG discussion on pay award/uplift and identify to Executive Team if any risks associated with this.	November 2022	Reduce likelihood	Director of Workforce
Revisit and refresh the business continuity plans and ensure up to date and fit for purpose.	November 2022	Reduce consequence	Director of Workforce supported by Business Continuity 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: 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</b></p> <p><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</p> <p><b>Resulting in</b> an inability to ensure Financial Sustainability and Improve Value.</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></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><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><b>Very High (16)</b></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>Medium (8)</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> <p><b>Risk Performance over time chart</b></p>	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)	<b>Very High (16)</b>	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)	Medium (8)	High (10)	<b>Rare (1)</b>	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Appetite</b></p> <p><b>Averse</b></p> <p>Cautious Moderate Open Willing</p> <p><b>Low</b></p>
Likelihood	Impact																																											
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<p><b>Linked Risks:</b></p> <p>ID 4638 ID 4636</p>	<p>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</p> <p><b>Resulting in</b> an inability to ensure Financial Sustainability and Improve Value.</p>	<p><b>Risk ID 5062 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Cautious)</b></p>	<p><b>Risk Tolerance</b></p> <p>Likelihood – Rare (1) Impact – Major (4)</p> <p>Score <b>Medium - 4</b></p>																																									

<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> 08/08/2022
<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>
An approved financial plan 2022/23 is in place. This describes the delivery plan to meet our financial targets. The detailed risks in delivery of the plan have been articulated with the highest risk relating to non-delivery of efficiency savings. <b>A further new risk</b> of lack of Covid funding. (Note this is the trigger moving the risk to very high):	<b>Continue to deliver the financial plan with monthly updates provided to the SAS Board and the Performance and Planning Steering Group.</b>	<b>Reduce likelihood</b>	Director of Finance, Logistics and Strategy
Updated detailed forecast completed in July <b>and September</b> and submitted to SG, <b>with a recovery plan submitted at end September 2022. In additional a detailed forecast is being updated and will be presented to the Board in November 2022.</b>	<b>November 2022</b>	Reduce likelihood	Director of Finance, Logistics and Strategy
Detailed savings plan with dedicated programme support and reporting process in place, with highlight reports completed for all projects by August 2022 and progress reported monthly thereafter <b>with monthly best value meetings and weekly operational meetings</b>	Update provided monthly <b>to Performance and Planning Steering Group,</b>	Reduce likelihood	Director of Finance, Logistics and Strategy
In relation to COVID funding, SG have confirmed the full year Covid value for the service this is £8.6m. Using the current run rate, the current forecast for covid expenditure would be £14m. <b>An updated forecast continues with a forecast COVID funding gap. Discussions continue with Scottish Government focusing on the ACC gap, with a meeting scheduled in November and a paper being produced for the timed admissions (card 46) resource due to be submitted to SG by mid November and a further meeting scheduled thereafter.</b>	<b>Financial forecast due to be completed and submitted to Scottish Government at end of November. ACC meeting with SG in mid November and Card 46 paper to be submitted mid November to SG.</b>	Reduce likelihood	Director of Finance, Logistics and Strategy Delivery
Demand and capacity funding <b>has been confirmed by Scottish Government in September 2022. However the full funding package of £45m supports committed expenditure of £47.7m and the financial gap has been included within the updated forecast.</b>	<b>End September funding confirmed and financial gap included within updated full year forecast being presented to the Board in November 2022.</b>	Reduce likelihood	Director of Finance, Logistics and Strategy

**Link to 2030 Strategy Ambitions**

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

**Linked Risks:**

ID 3852 (ACC Resilience)

ID 4640 (ESN)

**Corporate Risk ID No: 4639**

**Risk Title**

**Service's response to a cyber incident**

**Risk Description**

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

**Because of identified capability gaps Results in the Service being unable to timeously fully recover from the loss of ICT systems or data, causing extended service disruption and reputational damage**

**Risk Assessment (Current, Appetite and Tolerance Levels)**

**Current Risk Level**

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

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)

**Risk Appetite**

Averse

**Cautious**

Moderate

Open

Willing

Low

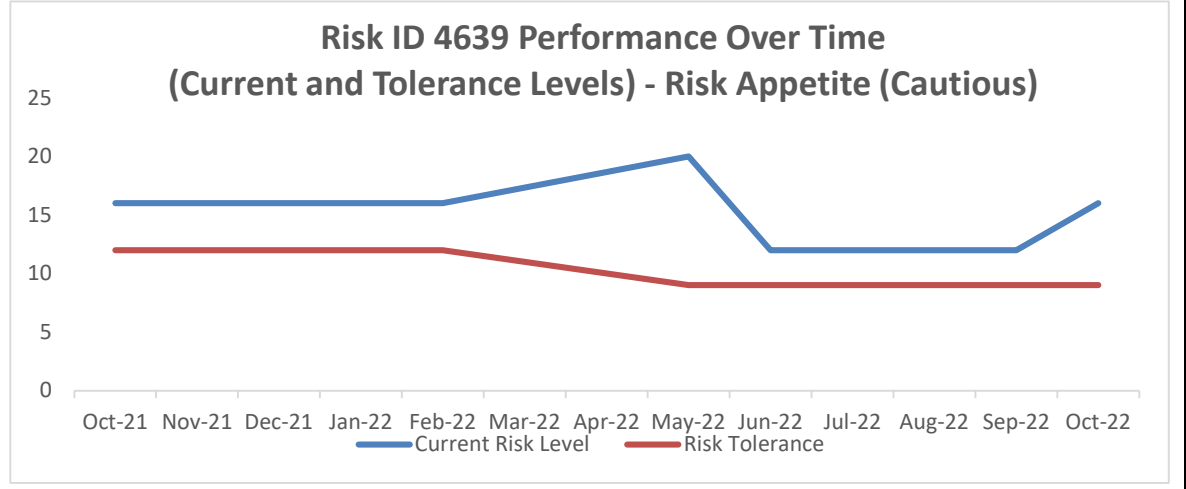
**Risk Tolerance**

Likelihood – Possible (3)

Impact – Moderate (3)

Score **Medium - 9**

**Risk Performance over time chart**



<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> 04/11/2022
<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>
NIS Regulations requirements provides continuous improvements in multiple aspects of Incident Response and Business Continuity. <b>Completion of recent audit and updated action plan being completed by end of November 2022</b>	Progress update at <b>November 2022</b>	Reduces likelihood	Head of Infrastructure and Security & SGG Members
Regular testing of Incident Response, Business Continuity Planning, and protective measures as per requirements within Cyber Resilience Framework. Annual review, exercise, improvement. <b>The risk level will be reviewed following the debrief and risk assessment from the cyber exercise in November 2022.</b>	November 2022	Reduce likelihood	General Manager ICT/Head of Infrastructure and Security

**Link to 2030 Strategy Ambitions**  
We will innovate to continually improve our care and enhance the resilience and sustainability of our services.

**Corporate Risk ID No: 4640**  
**Risk Title**  
**Risk of further slippage in ESMCP**  
**Risk Description**  
**There is a risk of further slippage in the UK Government Emergency Service Communications Programme (ESMCP), Because of ongoing technical and delivery challenges, Resulting in the need to further extend Airwave service provision and the cost pressures and potential operational challenges this involves.**

**Linked Risks:**  
  
ID 3852 (ACC Resilience)  
  
ID 4640 (ESN)

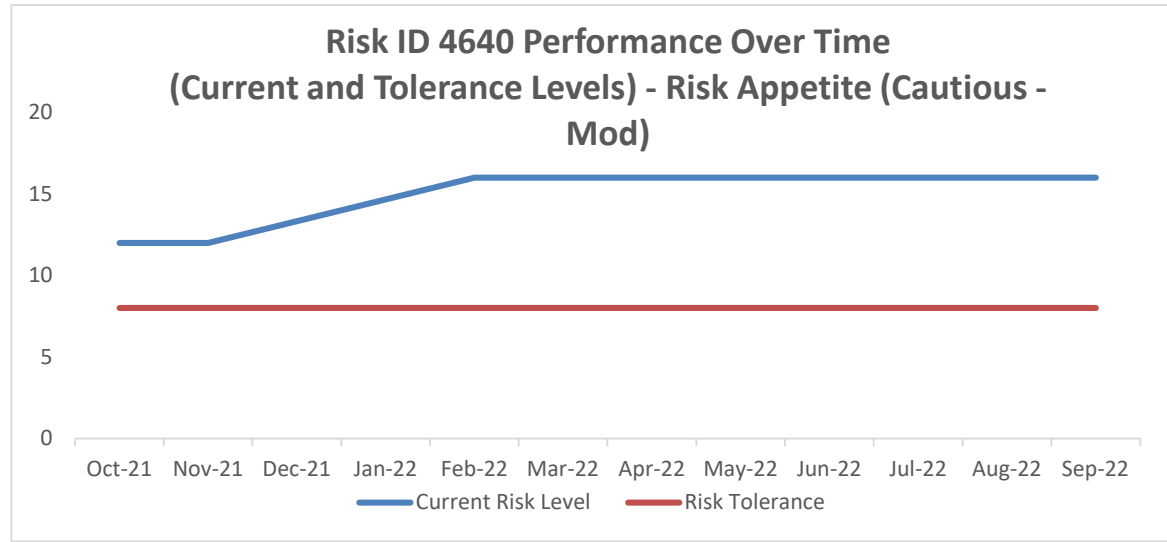
**Risk Assessment (Current, Appetite and Tolerance Levels)**

**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)	<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)

**Risk Appetite**  
Averse  
Cautious  
Moderate  
Open  
Willing  
  
Low – Medium

**Risk Performance over time chart**



**Risk Tolerance**  
Likelihood – Unlikely (2)  
Impact – Major (4)  
  
**Score**  
Medium - 8

<b>Assurance and Review Groups</b> 1: DDIR Portfolio Board 2: 2030 Steering Group 3: PPSG	<b>Risk Owner</b> Director of Finance, Logistics and Strategy	<b>Risk Handler</b> General Manager - ICT	<b>Last Review Date</b> 20/10/2022
<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>
Continued proactive engagement with all relevant stakeholders - ESN Team governance to be aligned with new wider 2030 Governance arrangements from Q4 2022.	Q4 - 2022	Reduces likelihood	COO
Contingency planning is taking place with regard to terminal provision beyond December 2023. The intention is to develop a business case to bring Airwave terminal support in-house from Q4 2023	December 2023	Reduce consequence	GM, ICT
Activity: Complete commissioning of new ESN compatible ICCS by April 2023. Extend current ICCS provision from end December 2022 until end April 2023.	April 2023	Reduce consequence	Director of Finance, Logistics and Strategy
Activity: SAS are fully engaged in SG work to revisit ESN 'Plan B' options assessment.	November 2022	Reduces likelihood and consequence	GM, ICT
Activity: Plan to include utilisation of current ESN Programme and Project resource to sustain Airwave until ESN is implemented.	Decision on using PMO resources - end November 2022.	Reduces likelihood and consequence	Head of PMO and GM ICT
Activity: Assess feasibility and efficacy of commissioning a formal SAS Airwave Sustainability Project.	December 2022	Reduces likelihood and consequence	GM ICT
Estimated time to get within tolerance = 6months and likelihood of further slippage reduces over time.			

**Link to 2030 Strategy Ambitions**  
We will innovate to continually improve our care and enhance the resilience and sustainability of our services.

**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.

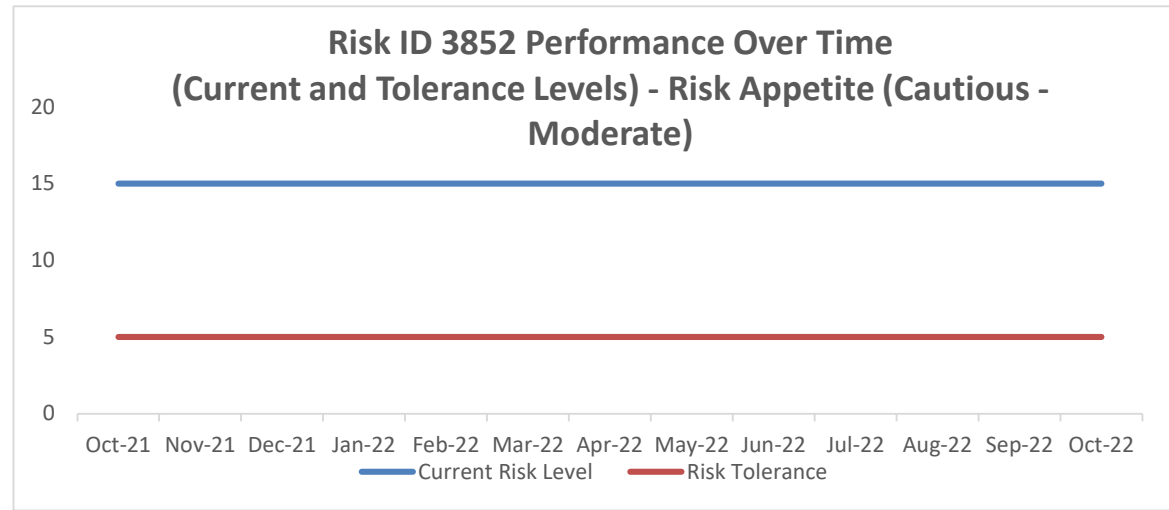
**Linked Risks:**  
Links to all Corporate Risks

**Risk Assessment (Current, Appetite and Tolerance Levels)**

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

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)
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<b>Unlikely (2)</b>	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
<b>Rare (1)</b>	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

**Risk Performance over time chart**



**Risk Appetite**  
Averse  
**Cautious**  
Moderate  
Open  
Willing  
  
Low

**Risk Tolerance**  
Likelihood – Rare (1)  
Impact – Major (5)  
  
**Score**  
**Medium - 5**

<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> 04/11//2022
<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. <b>Develop an assurance process with live scenarios and testing.</b> A planned live cyber event <b>took place on 2<sup>nd</sup> November 2022 and following the debrief and risk assessment the risk level will be reviewed.</b>	Develop an assurance process with live scenarios and testing.	Reduces likelihood and consequence	Head of ACC
<b>ACC expansion plans and a business case supporting the increased staffing. ACC business case expansion plans are being presented to the SAS Executive team on the 15<sup>th</sup> November. The business case has been approved in principle by the capital group.</b>	<b>To be reviewed and updated to better understand timelines for West ACC expansion and winter planning, all staff now back within the West ACC freeing up vital capacity within Paisley.</b>	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. <b>The funding has been allocated against the COVID allocation but currently remains unfunded and discussions continue with Scottish Government. A formal review of the business case is due to be completed by the end of November 2022.</b>	<b>November 2022 – to be reviewed and updated using updated demand information, capacity analysis and benchmarking information</b>	Ensuring that our estate and systems are as current, reliable, and as stable as possible is essential for ACC functionality.	Head of ACC
<b>A simulated mains failure is planned for January 2023 to test the power outage continuity plans.</b>	<b>January 2023</b>	<b>Consequence and likelihood reduction</b>	<b>Head of Estates</b>



**Link to 2030 Strategy Ambitions**

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

**Linked Risks:**

ID 4638

**Corporate Risk ID No: 4636**

**Risk Title**

**Health and wellbeing of staff affected**

**Risk Description**

**There is a risk that** the health and wellbeing of our staff is affected **Because of** the immediate and longer-term impact of the Covid-19 pandemic. This in combination with the pressures of working in an emergency service possibly **Resulting in** an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.

**Risk Assessment (Current, Appetite and Tolerance Levels)**

**Current Risk Level**

Likelihood – Likely (4) / Impact – Moderate (3) = **High (12)**

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)	<b>High (12)</b>	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)	Medium (8)	High (10)
<b>Rare (1)</b>	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

**Risk Appetite**

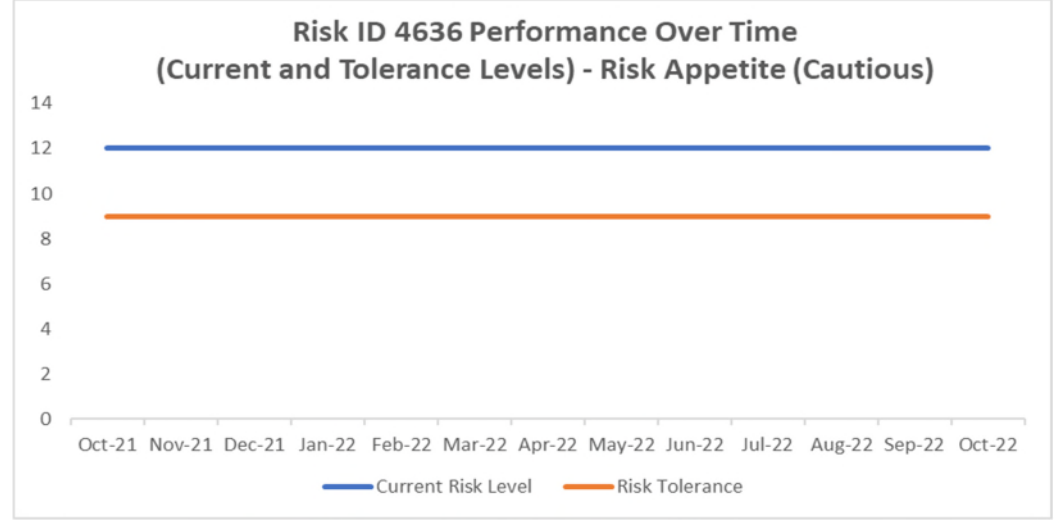
Averse  
**Cautious**  
 Moderate  
 Open  
 Willing  
 Low - Medium

**Risk Tolerance**

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

**Score**  
**Medium - 9**

**Risk Performance over time chart**



<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> 04/11/2022
<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>
An Attendance Management process evaluation and review has been completed. Review is ongoing with a detailed action plan being led by the dedicated HR post. Further work has been requested with a stocktake undertaken in October where the impact of this dedicated HR post aims to be demonstrated. The dedicated post has been extended to March 2023.	October 2023 and presented in November 2022.	Reduce likelihood of absence level increasing	Director of Workforce
Significant work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues. Review meetings are in place with some modelling and solutions being pursued. A test of change regarding the SOP is ongoing and will be assessed after 4 weeks. Meeting took place in August with ACAS and an action plan developed. Short life working group being implemented to look at flexibility of where rest breaks are taken and how rest break compliance can be achieved. Programme board in place as a result with all convenors including Medical Director, Workforce Director, Senior Managers and Regional Directors.	Outcome date to be agreed with Programme Board – linked to ongoing and continuous improvements of rest break compliance	Reduce likelihood – Implementation of this action plan is critical to being able to reduce the risk to within tolerance.	Director of Workforce

## Appendix B

### Risk Assessment Matrix

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