NOT PROTECTIVELY MARKED

Public Board Meeting	31 January 2024
	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:** • **Review the Corporate Risk Register and note** the actions in place and the assurance being received that the risks are being controlled effectively. We have also recently included a score against each action on the CRR in order to evaluate whether the controls and actions will effectively reduce the risk once implemented. This was presented to the PPSG meetings in December 2023 and January 2024 and endorsed by the Audit and Risk Committee, with further refinements advised, in January 2024. Feedback on the usefulness of this development from Board members is welcomed. • **Board members are also asked to note:** o the updated assurance and review groups within each risk following alignment with the recently reviewed Board Assurance Framework.
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

NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER JANUARY 2024 (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 the Corporate Risk Register and note** the actions in place and the assurance being received that the risks are being controlled effectively. We have also recently included a score against each action on the CRR in order to evaluate whether the controls and actions will effectively reduce the risk once implemented. This was presented to the PPSG meetings in December 2023 and January 2024 and endorsed by the Audit and Risk Committee, with further refinements advised, in January 2024. Feedback on the usefulness of this development from Board members is welcomed.

- **Board members are also asked to note:**
  - the updated assurance and review groups within each risk following alignment with the Board Assurance Framework.

SECTION 3: BACKGROUND

The overall purpose of the report is to support the Board to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes. To deliver this the Board require a clear and complete understanding of the risks faced by the Service.

In line with the Service approved risk management policy, all very high risks are reviewed on a monthly basis, high risks every 3 months, medium risks every 6 months and low risks up to 1 year. All risks scored medium and low have oversight at a Local, Regional and/or Project level. All risks scored high and very high have oversight at a national level through escalation to the Performance and Planning Steering Group and to the Board. All risks scored very high have oversight at the Board and sub-committee level.

There are a number of risk registers in operation across all levels within the Service. The risk escalation process is described within the policy, with escalation taking effect when:

- the mitigating controls are proving to be ineffective.
- the risk is not being reduced or removed as expected.
- the risk owner requests that the risk be escalated resulting from inability to control at the current level.

Appropriate escalation of risks through the organisation ensures that relevant levels of management are well informed and have the opportunity to take further action. The Corporate Risk Register is the highest level of risk escalation within the Service. The Performance and Planning Steering Group review the Corporate risks every month with a focus on the Corporate risk register profile, very high graded risks and those risks where the assessed level of risk exceeds the corporate risk tolerance.

Appendix A contains the updated Corporate Risk Register, as at January 2024

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 Action from Audit and Risk Committee

A request was made from the Audit and Risk Committee to implement a score against each action on the CRR in order to evaluate whether the controls and actions will effectively reduce the risk once implemented. The table below describes this with each action scored from 1-5 - 1 being not effective with 5 very effective. This was tested through the performance and planning steering group meetings in December and January 2024 with positive feedback and was further endorsed by the Audit and Risk Committee, with further refinements advised, in January 2024. Feedback on the usefulness of this development from Board members is welcomed.

Control Risk Rating	Description
5	**Very effective – reduces 81-100% of the risk**
4	**Effective – reduces 61-80% of the risk**
3	**Moderately Effective – reduces 41-60% of the risk**
2	**Marginally effective – reduces 21-40% of the risk**
1	**Not effective – reduces 20% or less of the risk**

4.3 Outstanding actions from Board meetings

Board members requested the following changes / considerations are taken forward:

- Consider digital transformation risks, this is being linked to the work of the short life working group on setting the conditions for transformation, and in addition will be reviewed following the completion of the internal audit on the digital maturity assessment output.
- Consider how we build in the public and patient perception of risk assessment and risk appetite. Initial discussions have taken place, and we will hold this as a reference point for the future.
- 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. This will be considered as part of review of the Risk Management Policy.

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.	**Very High**

	• 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.	
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 coping with increasing cost, 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** The Service will not be able to maintain required service levels **Because of** disruption to the Service's 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**
5653	**Organisational Culture** **There is a risk that** Service 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**

5519	**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** an impact to patient care, staff confidence in the Service and legal action.	**Very High**

The Performance and Planning Steering Group (PPSG) met on the 15th December 2023 and 16th January 2024 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. The Audit and Risk Committee now receive the Risk Management paper which is presented to PPSG for further assurance on the risk management processes in place within the Service.

4.4   Corporate Risk Profile as of January 2024

The Heatmap below shows the 7 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as of January 2024.

Risk is measured as:
<div align="center">

likelihood x impact = assessed level of risk

</div>

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 4 within the high-risk rating.
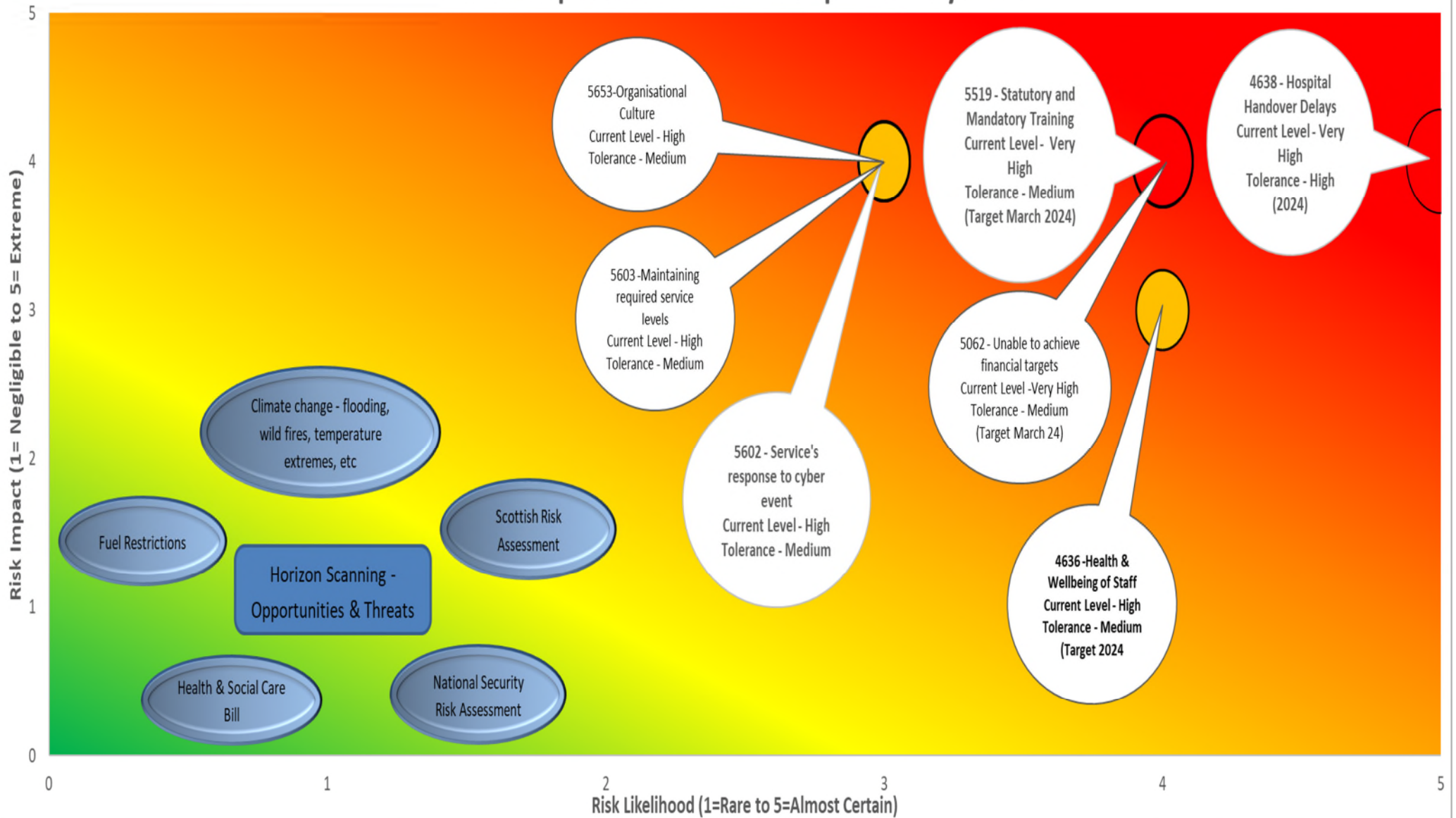

Presentation of the risks in this format provides a graphical overview of the risks and can support prioritisation where necessary. This also visualises the big picture of the Board and enables focused discussions and decision making.

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

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

Public Corporate Risks - 'Heatmap' - January 2024

Risk Impact (1= Negligible to 5= Extreme)

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

5653-Organisational Culture
Current Level - High
Tolerance - Medium

5519 - Statutory and Mandatory Training
Current Level - Very High
Tolerance - Medium
(Target March 2024)

4638 - Hospital Handover Delays
Current Level - Very High
Tolerance - High
(2024)

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

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

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

Scottish Risk Assessment

4636 -Health & Wellbeing of Staff
Current Level - High
Tolerance - Medium
(Target 2024

Fuel Restrictions

Horizon Scanning - Opportunities & Threats

Health & Social Care Bill

National Security Risk Assessment

4.5   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, as outlined by the score applied against each action, 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 **Board 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 and these have been updated and aligned to the reviewed Board Assurance Framework which was presented to the Audit and Risk Committee in January 2024 – **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.
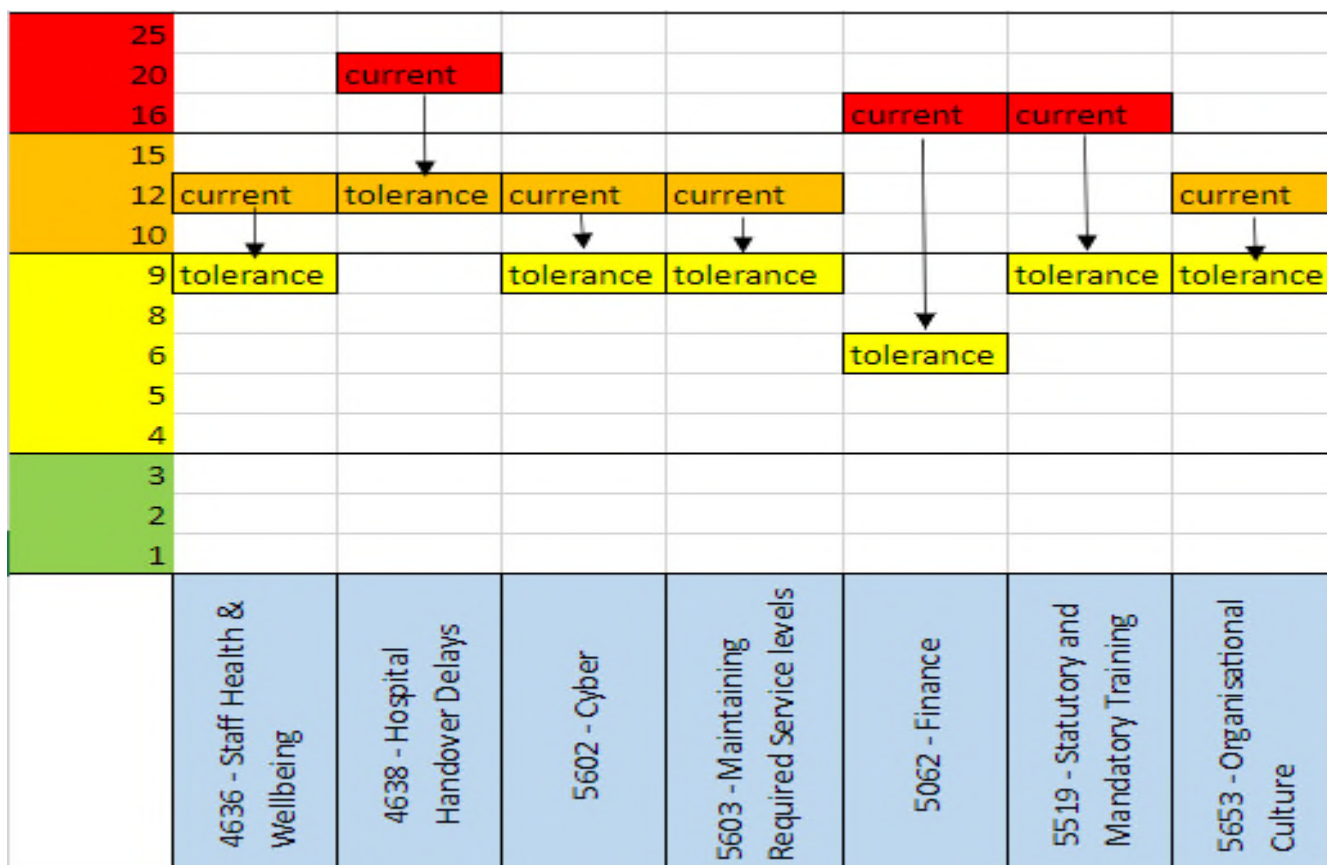
4.6　Interconnected and Future Risks

As part of the development of our risk framework and Board reporting we are presenting the **interconnected risks** within our Corporate Risks. This is in order to identify those that require the most 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 5519 Statutory & Mandatory training	Risk 5653 Org Culture	Restricted risks x3 assume similar risk impacts
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	Likely some impact	Likely some impact	Would be minimal 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	Likely some impact	Likely some impact	Likely some impact	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would have significant impact on workforce experience	Would be minimal impact
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	Likely some impact	Could have significant reputational damage	Could have significant reputational damage	Could have significant impact
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	Would aim to be mitigated	Likely some impact	Likely some impact	Would aim to be mitigated	Would aim to be mitigated through LIP	Would aim to be mitigated	Would have significant impact

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	Would likely have some impact	Would likely have some impact	Would likely have some impact	Would likely have some impact	Would likely have some impact	Would aim to be mitigated	Likely have significant impact

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

❖ Risk 4638 – delayed handover times is our greatest risk and currently has our most significant focus (4 high impact areas);

❖ As expected, but will continue to be monitored, that most of our risks would aim to mitigate the impact on patient experience and performance delivery;

❖ Demonstrates that workforce, finance and reputation looking across the way are likely to have the greatest impact from our current corporate risks;

❖ Given the significant financial challenges and the impact of the Scottish Budget 2024-25, the financial plans and annual delivery plan, describing our service delivery for 2024-25, are being commissioned together where service delivery targets given the financial constraints may be impacted. This has been updated and reflected in the schedule;

❖ Reporting this at each Performance and Planning Steering Group and Board meeting allows the Service to visually show these risks are reduced as we develop and implement our actions.

Another area we have developed is a reporting tool for identifying potential '**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. As risks move towards the centre we will initiate a deep dive review into the risk, considering the likelihood and impact. For this reporting period there are no significant movement in any of the future risks. The only area of note is the work on the Emergency Services Network with an update paper on assurance and strategic direction that was presented at the November Board meeting. This future risk continues to be closely monitored.
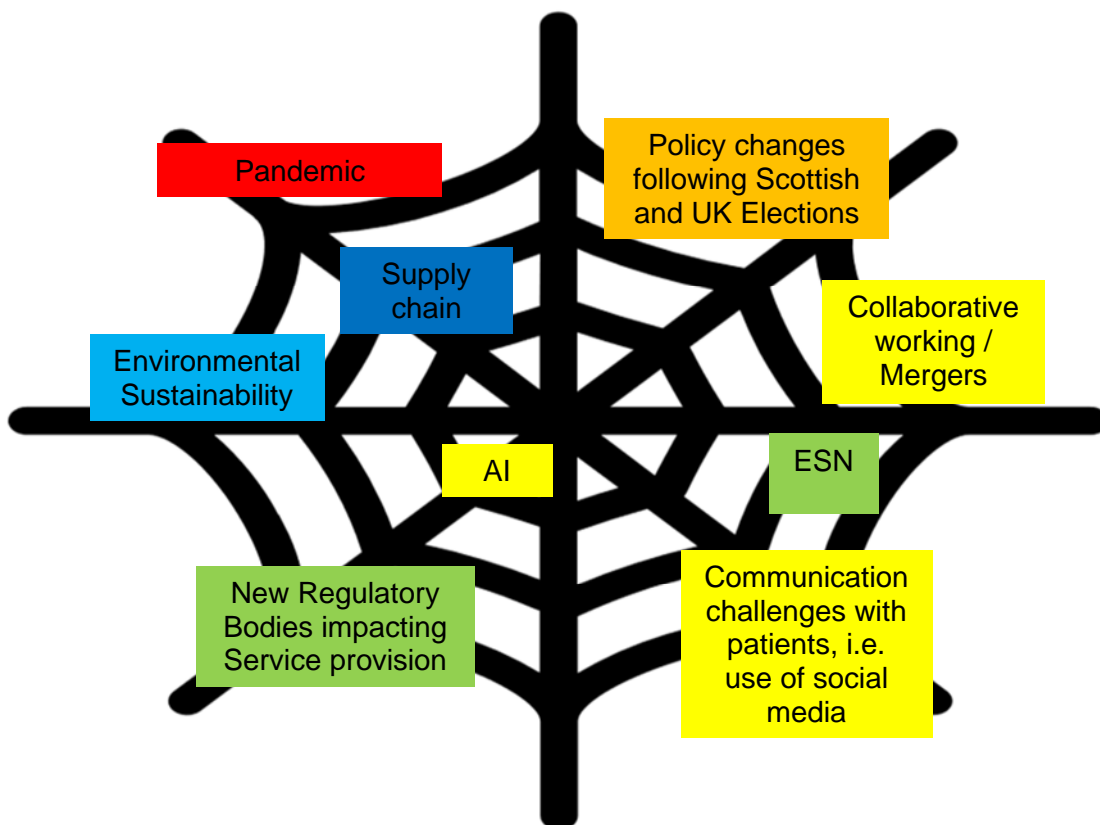
4.6   Risk Appetite

As a reminder to 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.

Now we agreed the risk appetite for each cluster the key question is **'is our risk tolerance the risk level we are willing to accept given our risk appetite levels'** for each of the risks on the corporate risk register.

The SAS Risk appetite is reported against clusters measured against the following risk appetite:

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

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

The following shows the current risks against the risk appetite clusters relevant to that risk, and the risk appetite scoring.

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 **Current appetite: Averse (Low)**	**Medium** **Likelihood – Unlikely (2)** **Impact – Moderate (3)** **Score** **6**
5653	**Organisational Culture**	• 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 – Possible (3)** **Impact – Moderate (3)** **Score** **9**

APPENDIX A – Corporate Risk Register

Risk Register: Corporate Risk Register
Last Updated: 18th January 2024

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 Ambulance availability and work-life balance.

Risk Assessment (Current, Appetite and Tolerance Levels)

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

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

Risk Performance over time chart

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

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Medium

Risk Tolerance

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

Score
High - 12

Assurance and Review Groups	Risk Owner	Risk Handler	Last Review Date
1. PPSG 2. 2030 Steering Group 3. OLT 4. Executive Team 5. CGC 6. SGC 7. ARC 8. Weekly data report to Board members	Chief Operating Officer / Deputy Chief Executive	Regional Directors	18/01/2024

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. Percentage completion of action: action plans are in place across all regions, SAS local actions at 100% completion. NHS Board actions at varying stages of completion based upon local needs and demands.	Implementation of these principles by NHS Boards is fundamental to reducing the risk 5 – very effective – reduces 80-100% of the risk – this score is applied based on completion of the action noting that full implementation of the action replies on NHS Boards.	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, noting this also includes the pathway funding. This was to ensure continuity into 2023/24. An implementation plan was approved at the	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

	Executive Team meeting on 6 June 2023 and this has commenced. A status report was presented to the PPSG with an evaluation report due in January/February 2024. Percentage completion of action: Clinical Hub in place with close monitoring over the winter assessing the full impact of this and 100% optimisation (within agreed funding levels) expected full implementation by Winter 2023.	4 – effective – reduces 61-80% of the risk	
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 has been prioritised to ensure a sustainable model is in place across all areas. Priority Actions and timescales for the Service were presented to the May 2030 Steering Group and have been incorporated into the winter plan. Percentage completion of action: Call Before Convey is fully established in	Impact on risk: mitigations in place to minimise the service pressure impact 4 – effective – reduces 61-80% of the risk	Clinical Services Transformation Manager

	Ayrshire and Arran and NHS Grampian Area and additional pathways developed. Work continues with other NHS Boards.		
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 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. The Delayed Patient Handover Escalation Policy has been approved by the relevant groups within the Service and has been communicated to staff including action cards and escalation processes.	Reduce impact and likelihood 3 – Moderately effective – reduces 41-60% of the risk	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. Percentage completion of action: whilst this is demonstrating increased use across regions and pathways further work is taking place to maximise this across the country.	Reduce impact 4 – effective – reduces 61-80% of the risk	Clinical Services Transformation Manager
There are many moving parts to this risk in order to achieve tolerance. There is a level of variance of issues across the Country and 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**

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)** | **Risk Appetite**

Averse
Cautious
Moderate
Open
Willing

Low

Risk Tolerance

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

Score
Medium – 6 |

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

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

Risk Performance over time chart

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

Assurance and Review Groups	Risk Owner	Risk Handler	Last Review Date
1. Best Value Project Group 2. Executive Team 3. PPSG 4. Audit and Risk Committee	Director of Finance, Logistics and Strategy	Deputy Director of Finance	18/01/2024

Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk & Effectiveness of action**	**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. Annual Delivery Plan approval was provided end September 2023. All 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. Percentage completion of action: 100%	Reduce impact 4 – effective – reduces 61-80% of the risk	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 remaining reporting periods and a full year forecast has been completed and reported to the Board from September 2023. Best Value meetings in place and reporting on progress monthly to the PPSG. Percentage completion of action: 80% (as reported at month 8)	Reduce impact 4 – effective – reduces 61-80% of the risk	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	An additional £5m of non-recurring funding was received in August 2023. These remaining unfunded costs	Reduce impact	Director of Finance,

management team led by SG finance and the SAS sponsor team.	continue to be closely monitored and expenditure reported monthly to the PPSG and then to the Board.	4 –effective – reduces 61-80% of the risk	Logistics and Strategy
In relation to high overspend areas, a detailed priority list has been developed with Executive leads allocated. Action plans have been put in place with reporting through the Best Value Steering Group and the 2030 portfolio boards. The financial reports will report on progress against these targets.	The financial reports will identify if actions are being implemented. If necessary, corrective action will be necessary at pace to progress these and will be identified in the finance reporting. Some cost reductions have been reported to month 8 and assumed within the financial forecast.	Reduce impact 3 – Moderately effective – reduces 41-60% of the risk	Director of Finance, 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 3 – Moderately effective – reduces 41-60% of the risk	Director of Finance, Logistics and Strategy
A financial recovery escalation plan is being completed describing the actions to be considered if the financial position deteriorates from the financial plan.	Draft document produced and with financial impact being considered by the finance team. Intent would be to present to the PPSG in February 2024.	Reduce impact 3- Moderately effective – reduces 41-60% of the risk	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)						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:

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)

Current Risk Level — Risk Tolerance

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

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

Score
Medium - 9

Assurance and Review Groups	Risk Owner	Risk Handler	Last Review
1. Security Governance Group 2. Resilience Committee 3. Audit and Risk Committee 4. PPSG 5. 2030 Steering Group	Director of Finance Logistics and Strategy	Head of Infrastructure and Security	**Date** 18/01/2024

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. Percentage completion of action: 100% completion on the action plan. Monitoring of progress against the actions in place.	Reduce likelihood and consequence 4 –effective – reduces 61-80% of the risk	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 4 –effective – reduces 61-80% of the risk	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 4 –effective – reduces 61-80% of the risk	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	Reduce likelihood	ICT Governance and

		short life working group. Percentage completion to be reported at Security Governance Group.	4 –effective – reduces 61-80% of the risk	Compliance Manager

Link to 2030 Strategy Ambitions We will innovate to continually improve our care and enhance the resilience and sustainability of our services. **Linked Risks:**	**Corporate Risk ID No: 5603** **Risk Title** **Maintaining required service levels – Business Continuity** **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.	**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

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

Risk Appetite
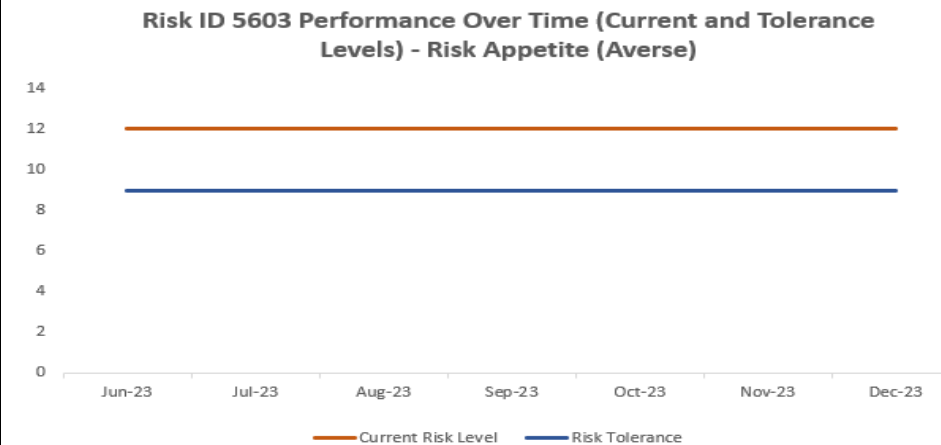
Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

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

Score
Medium - 9

Assurance and Review Groups 1: Security Governance Group 2: Resilience Committee 3: Audit and Risk Committee 4: 2023 Steering Group	Risk Owner Director of National Operations	Risk Handler Business Continuity Manager	Last Review Date 18/01/2024

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 Percentage completion of action: 42%	Reduce Impact 4 –effective – reduces 61-80% of the risk	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 Percentage completion of action: The system is showing at an overall rate of 26% completion. This is based on 4 elements - completed and signed off Business Impact Analysis (BIA), completed and signed off Plan, completed and signed off Exercise and tested call tree. The BIA and Plan sections are sitting at 42% each and tested call tree is sitting at 21%. Others have been completed but still await the sign off and others have been started. In progress plans do not contribute to the overall % figures.	Reduce Impact 4 –effective – reduces 61-80% of the risk	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. Percentage completion of action: 25% - Exercises have been held with Health and Safety, ICT and Scheduled Care (3 sites), Organisational Development and Wellbeing Team in the system. Exercises are planned with Infection Prevention and Control.	Reduce Impact 4 –effective – reduces 61-80% of the risk	Business Continuity Manager

Link to 2030 Strategy Ambitions	Corporate Risk ID No: 4636	Risk Assessment (Current, Appetite and Tolerance Levels)						
We will be a great place to work, focusing on staff experience, health and wellbeing.	**Risk Title** **Health and wellbeing of staff affected**	**Current Risk Level** Likelihood – Likely (4) / Impact – Moderate (3) = **High (12)**						**Risk Appetite** Averse **Cautious** **Moderate** Open Willing Low – Medium

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.
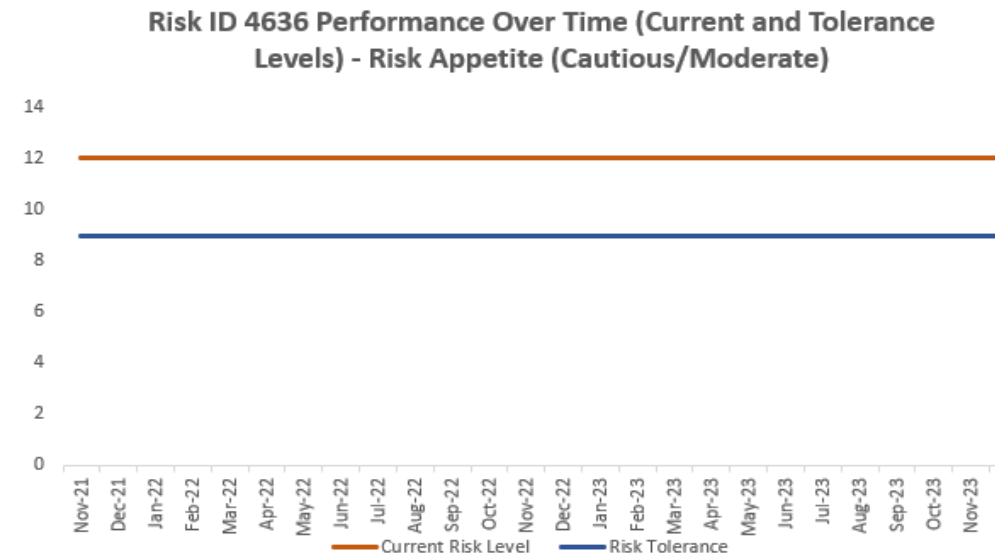
Linked Risks:

ID 4638

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

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

Risk Performance over time chart

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

Risk Tolerance

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

Score
Medium – 9

Assurance and Review Groups 1: Staff Governance 2: PPSG 3: 2030 Steering Group	Risk Owner Director of Workforce	Risk Handler Director of Workforce	Last Review Date 18/01/2024

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 has been formally evaluated and provides enhanced protection during breaks. This incorporates the principle of a 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 trial.	A meeting took place on the 22 November 2023 to discuss the evaluation of the 12 week test of change – linked to ongoing and continuous improvements of rest break compliance and incremental project plan. Programme Board will remain in place to continue to monitor rest break compliance. Additional discussions are to take place to provide similar safeguards for the 2nd rest break where appropriate.	Reduce likelihood – Implementation of this action plan is critical to being able to reduce the risk to within tolerance. 5 – very effective – reduces 80-100% of the risk	Director of Workforce
Implementation of the Workforce Health and Wellbeing Strategy. A new strategy for 24-27 is being developed.	Throughout 2023-2024 and reported on progress to the Board and the Staff Governance Committee, with corrective actions where necessary. An internal audit has also been completed and is being presented to the Audit and Risk Committee in January 2024, with follow up actions also agreed. Percentage completion of action: % estimate of work completion on the new strategy to be confirmed.	Reduce likelihood 4 –effective – reduces 61-80% of the risk	Director of Workforce

Link to 2030 Strategy Ambitions We will be a great place to work, focusing on staff experience, health and wellbeing.	**Corporate Risk ID No: 5519** **Risk Title** **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	**Risk Assessment** **(Current, Appetite and Tolerance Levels)**	

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level Likelihood – Likely (4) / Impact – Major (4) **= Very High (16)**	**Risk Appetite** Averse <mark>Cautious</mark> Moderate Open Willing

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)

Linked Risks:

ID 4636

Resulting in
an impact to patient care, staff confidence in the Service and legal action.

Risk Tolerance

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

Score
<mark>Medium - </mark>9

Risk Performance over time chart

Risk ID 5519 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Averse)

— Current Risk Level — Risk Tolerance

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce		Risk Handler	Last Review Date 18/01/2024
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 went live on 2/11/2023.	Paper approved by Exec Team 23rd August 2023 to request additional funding for support infrastructure to take this work forward and is currently being implemented. Action plan has been presented to the Executive Team in September and is in progress with all TURAS modules now live. Work will then focus on developing a reporting structure by end March 2024. Ongoing review and development process also being developed.		Reduce Impact 5 – very effective – reduces 80-100% of the risk	Director of Workforce
Statutory and mandatory training is to be incorporated into the corporate induction programme.	Implementation by end of Quarter 4 23-24		Reduce Impact 4 –effective – reduces 61-80% of the risk	Director of Workforce

Link to 2030 Strategy Ambitions	Corporate Risk ID No: 5653	Risk Assessment (Current, Appetite and Tolerance Levels)	

Link to 2030 Strategy Ambitions

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

Linked Risks:

Corporate Risk ID No: 5653

Risk Title

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.

Risk Assessment (Current, Appetite and Tolerance Levels)

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

Risk ID 5653 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Averse)

Legend: Current Risk Level, Risk Tolerance

Risk Appetite
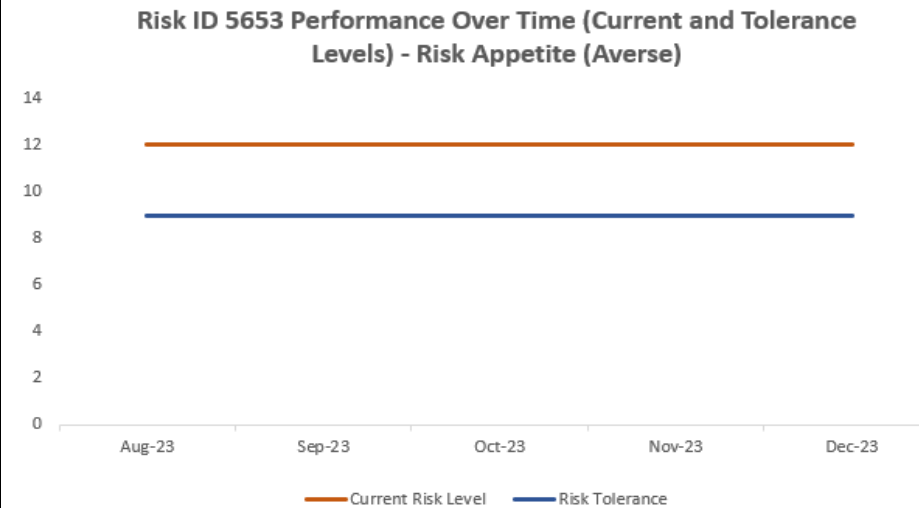
Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

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

Score Medium - 9

Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler	Last Review Date 18/01/2024
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 4 –effective – reduces 61-80% of the risk	Director of Care Quality and Professional Development
HR policies and procedures in place	In place with ongoing monitoring Percentage completion of action: review of HR policy and procedures in place.	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
Annual Speak up Week	Took place in October 2023 – takes place annually	Reduce likelihood 4 –effective – reduces 61-80% of the risk	Director of Care Quality and Professional Development
Complaints process in place.	In place with ongoing monitoring Percentage completion of action: 100%	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Care Quality and Professional Development
Delivering the Foundation and Aspiring Leadership Programmes.	Programmes in place	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
'Service now' digital system being put in place to monitor timescales of policies and procedures (case work).	End of Quarter 4 2023-24	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce

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)