Public Board Meeting	28 July 2021 Item 06
THIS PAPER IS FOR APPROVAL **CORPORATE RISK REGISTER JULY 2021**	

Lead Director Author	Julie Carter, Director of Finance, Logistics & Strategy Sarah Stevenson, Risk Manager
Action required	The Board is asked to:- • **approve** the updated risks on the Corporate Risk Register (CRR). The Risks were reviewed by the Performance and Planning Steering Group (PPSG) in June and July and feedback from the previous Board meeting incorporated into the risks. All amendments are highlighted red and restricted risks will be discussed in private. • **note** the work required from each assurance group or committee to routinely report on actions and risk rating.

Key points	The Corporate Risk Register (CRR) was last presented to the Board in May 2021. Since then the Corporate Risk Register has been updated to reflect feedback from the previous Board meeting and progress on current controls, outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meetings in June and July 2021.
	
	Changes to the Risks
	
	Risk Descriptions Updated
	
	    Risk ID 4639
	
	    From:
	    There is a risk that the Service's response to an adverse cyber event results in the loss of ICT systems or data, service disruption and reputational damage.
	
	    To:
	    There is a risk that the Service's response to an adverse cyber event results in the Service being unable to fully mitigate the loss of ICT systems or data, service disruption and reputational damage.
	
	All other changes are highlighted red.

Timing	Corporate Risk Register is a standing item.
Link to Corporate Objectives	5062: All Objectives under Goal 6. 4651: Cuts across all Corporate Objectives. 4639: All Objectives under Goal 2. 4640: All Objectives under Goal 2. 4641: All Objectives under Goal 3. 4638: Cuts across all Corporate Objectives. 4636: All Objectives under Goal 1 and Goal 4. 3852: Cuts across all Corporate Objectives.
Contribution to the 2020 vision for Health and Social Care	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of occurrence.
Benefit to Patients	Identification and management of patient safety risks.
Equality and Diversity	None identified.

NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER JULY 2021 (Public)

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

_____

SECTION 1:   PURPOSE

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

SECTION 2:   RECOMMENDATIONS

The Board is asked to:

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

SECTION 3:   BACKGROUND

In line with our approved Good Governance report and improvement action plan approved by the Board in April 2019 we agreed the following actions under the Assessing and Assuring Risk section:
- Approve the Board risk appetite and tolerances – this was approved at the September 2020 Private Board meeting.
- Complete the Review of the Corporate Risks to reduce variability in grading, ensuring risks are more tangible and assess in line with Board agreement on risk tolerance, forecast and risk appetite. An updated Heat Map is also now included. This is aimed to show the risk register as a visual picture and movement monitored 'at a glance'.
- Approve and monitor the implementation of the revised Risk Management Policy across the Service to spread knowledge of updated practice and ensure underpinning risk governance reporting is in place.

These points have now been actioned and the Corporate Risk Register has been updated to include more clearly:
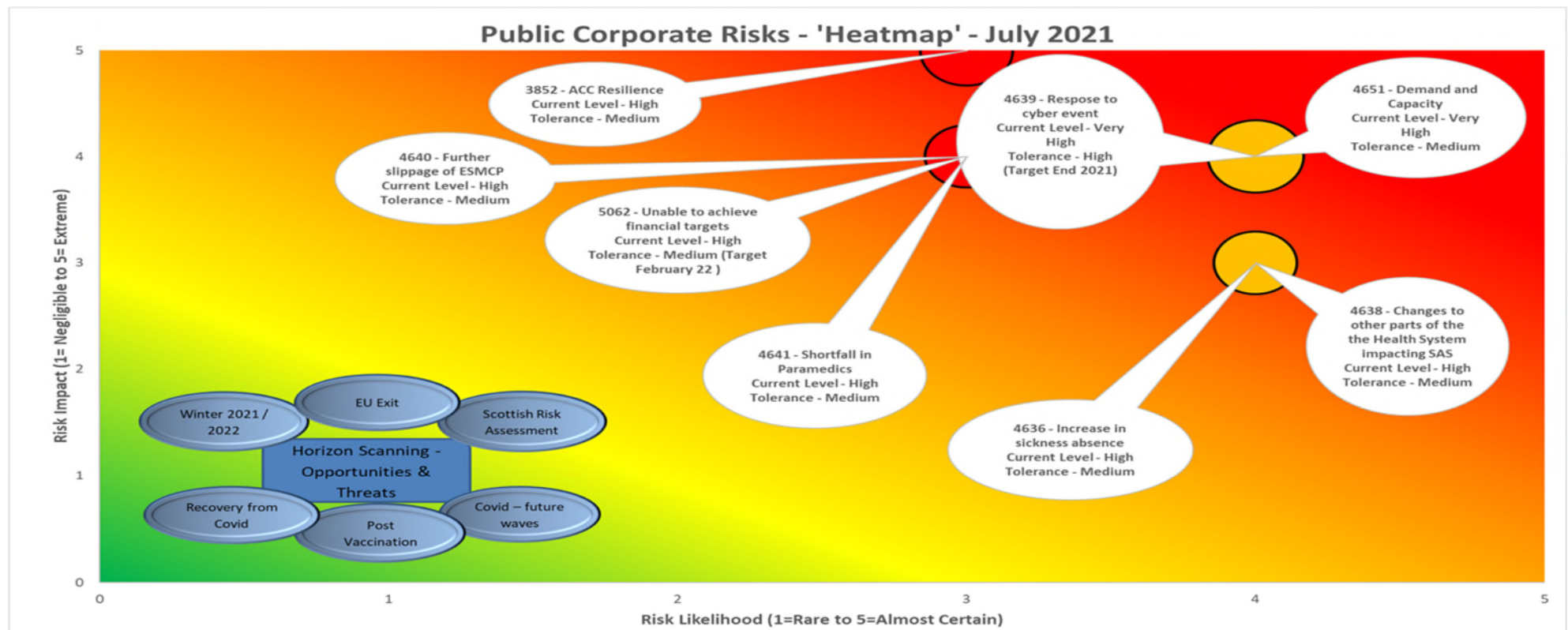
- The description of the risk
- The current controls in place
- The further actions necessary to reduce the risk level to within tolerance and drive continuous improvement, and
- Dates and responsibilities for these actions.

SECTION 4:   DISCUSSION

4a.   Public Corporate Risk Heatmap

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

Public Corporate Risks - 'Heatmap' - July 2021

- 3852 - ACC Resilience Current Level - High Tolerance - Medium
- 4640 - Further slippage of ESMCP Current Level - High Tolerance - Medium
- 5062 - Unable to achieve financial targets Current Level - High Tolerance - Medium (Target February 22)
- 4639 - Respose to cyber event Current Level - Very High Tolerance - High (Target End 2021)
- 4651 - Demand and Capacity Current Level - Very High Tolerance - Medium
- 4638 - Changes to other parts of the the Health System impacting SAS Current Level - High Tolerance - Medium
- 4641 - Shortfall in Paramedics Current Level - High Tolerance - Medium
- 4636 - Increase in sickness absence Current Level - High Tolerance - Medium

Risk Impact (1= Negligible to 5= Extreme)

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

Horizon Scanning - Opportunities & Threats
- Winter 2021 / 2022
- EU Exit
- Scottish Risk Assessment
- Recovery from Covid
- Post Vaccination
- Covid – future waves

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

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

ID	Risk Description and Impact	Current mitigating controls	Current risk level	Risk Appetite
5062	There is a risk that we do not achieve our financial targets in 2021-22 due to non-delivery of efficiency savings and increasing cost pressures within the Service resulting in an inability to ensure Financial Sustainability and Improve Value.	• Detailed monitoring arrangements in place with all Budget Holders. • Best Value (BV) Programme for 2021/22 has been agreed and project mandates are being completed. • Best value procedures and processes updated and approved. • Performance is monitored through the BV Operational group and reported to the PPSG and Audit Committee • Monthly budget review meetings with Local Budget Holders. • Regular meetings with SG Health Finance Team about income received and planning assumptions with now final income allocations being concluded. • Forecast from June, which will incorporate income assumptions, saving assumptions, and forecast spend.	High (12) Possible (3) x Major (4)	Cautious
4636	There is a risk that the health and wellbeing of our staff is affected by the aftermath and longer-term impact of the Covid-19 pandemic. This in combination with the pressures of working in an emergency service may result in an increase in absence levels, lower morale and resilience and reduced service capacity.	• Implementation of the refreshed Health and Wellbeing Strategy and Road map which is underpinned by an evaluation framework. • Supportive attendance management policies and training for managers are in place. • An increased focus on staff mental health and wellbeing and provision of support services such as well SAS and lifelines.	High (12) Likely (4) x Moderate (3)	Moderate

4638	There is a risk of increased service pressures on SAS due to changes to other parts of the whole system resulting in the following; • Insufficient staffing and longer response times • Increased journey times to hospitals as a result of centralisation of clinical services • Longer turnaround times at hospitals • Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan	• IJB level data now being produced and shared across the Health System. • Regional directors and planners engaging with IJB's, Partners, NHS Boards, Regional Delivery Groups and SG. • HALO position in post with majority of Health Boards and working as an interface between Health Boards and SAS operations at A&R • Clinical Decision Making Framework has now been published within the Organisation which is designed to support staff to make the correct decisions for patient pathways and safety netting. • Stroke bundle rolled out in all Regions, focussing on improving clinical outcomes. • Commissioning framework in place for IJB's to secure paramedic resource. • Part of Redesign of Urgent Care programme arrangements.	High (12) Likely (4) x Moderate (3)	Cautious
4639	There is a risk that the Service's response to an adverse cyber event results in the Service being unable to fully mitigate the loss of ICT systems or data, service disruption and reputational damage.	• Director of Finance, Logistics and Strategy has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. Cyber security is now a standing Resilience Committee agenda item. • Security governance arrangements have been consolidated. The Security Governance Group ToR now reflects the fact that its remit involves overseeing physical, personnel and cyber security matters and reporting on these to the Resilience Committee. • Cyber resilience awareness raising communications are now being issued to all staff on a regular basis. • Following the independent NIS audits now being conducted annually on behalf of the Scottish Government, annual action plans are created. These action plans are being progressed by action owners with progress being monitored at every Security Governance Group Meeting.	Very High (16) Likely (4) x Major (4)	Cautious

			- Interdependencies between Information Governance and Security Governance understood and mechanism in place to ensure shared understanding across both groups. - Microsoft Defender and Advanced Threat Protection software has been deployed to the majority of SAS end-points e.g. laptops. - End points (computers/laptops) are operating on up to date Operating Software which is being patched regularly, in line with NCSC guidance. - Work ongoing to review and reinforce Business Continuity measures across all functional areas. Rollout of updated Continuity Squared software to support continuity of Service delivery in the event of a successful cyber-attack. - Intelligence sharing between Service ICT team and Intelligence & Security Team. - Incident Security Management Team created. - Regular staff communication on cyber-resilience via CEO bulletins. - Ransomware exercises conducted.		
4640	There is a risk of further slippage in the UK Government Emergency Service Communications Programme (ESMCP), due to ongoing technical and delivery challenges, resulting in the need to further extend Airwave service provision and the cost pressures and potential operational challenges this involves.	- SAS Emergency Service Network (ESN) Project team established with active engagement in ESMCP meetings and groups to keep abreast of the current situation. - SAS staff are members of key working groups with Scottish Government, Police Scotland and SFRS to ensure Scottish interests are fully represented. The current focus is ESMCP FBC assessment / assurance / approval (SAS provided SG with a FBC assurance response by the June 2021 target date). - Increased strategic level engagement with Scottish Government ESMCP SRO. - The Airwave contract was previously extended until December 2022. SAS staff are now preparing to engage in work, led at UK government level, with a view to extending the Airwave contract again (possibly into 2026).	High (12) Possible (3) x Major (4)	Cautious

		• ESMCP 'Plan B' options have been investigated, no other viable option, beyond Airwave service continuation have been identified. • Engagement is ongoing with Airwave regarding the ongoing sustainability of the current Airwave 'Bundle 2 contract covering ICCS (Integrated Communications Control System), hand-held terminals & vehicle terminals. • Work is underway to replace the current Airwave ICCS (which is end of life) with a new ESN compatible ICCS.		
4641	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.	• Maximising training intakes and staff completing training through the Academy from now until 2022 • Recruited new graduates from GCU programme. • Increase direct qualified recruitment targets to manage any shortfall in numbers • Monitoring ongoing staff turnover and student attrition figures to ensure workforce forecasts accurately identify the ongoing requirements • Driving and mentoring programmes developed. • Workforce model reviewed in line with COVID recovery plans. • Working with SG colleagues to agree future intakes based on demand and Capacity profiling	High (12) Possible (3) x Major (4)	Cautious
4651	There is a risk that SAS cannot consistently deliver a timely response to patients, where increased demand exceeds available capacity resulting in the potential for adverse patient outcomes.	• Demand and Capacity Programme Board is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place to support the Demand & Capacity implementation. • Workforce Plans are reviewed and updated annually (building into our three-yearly Workforce Plan return for Scottish Government), in acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors. • Robust clinical Governance arrangements in place within the Organisation and clear prioritisation of the local delivery plan process. • Ongoing Continuous Professional Development (CPD) programme in place through Learning in Practice (LIP) to	Very High (16) Likely (4) x Major (4)	Cautious

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

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

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

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

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E		F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
5062	Financial	There is a risk that we do not achieve our financial targets in 2021-22 due to non-delivery of efficiency savings and increasing cost pressures within the Service resulting in an inability to ensure Financial Sustainability and Improve Value.	High (12) 3x4	1. Budgets being finalised and will be formally reported against with the first Quarter reporting to SG and then each month thereafter. Key variances will be identified and corrective actions agreed. 2. The financial plan 2021/22 has been approved by the Board and agreed with SG. Devolved savings plans are incorporated into budgets and the central programmes agreed by the BV operational group with project mandates being completed by the end of June 2021. 3. New programmes have been added to assist in the remaining balance being allocated. This will be reviewed between now and September 2021	1. J Carter July 2021 2. J Carter June 2021 3. J Carter Sept 2021	Medium (4) 1x4 Feb 22	Director of Finance, Logistics & Strategy	Exec Team Meetings Audit Committee PPSG	13/07/2021

APPENDIX 1 – CORPORATE RISK REGISTER								
A	B	C	D	E		F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
				4. Updating capital forecast outturn planning - M. Barnes (Monthly) and a full year forecast completed by end June 21 and monitored monthly thereafter.

5. Best Value Group reporting and escalation of savings implementation has been agreed and in place. Approval of the procedures and processes has been agreed by the BV operational group and being presented to the PPSG in May and then to the June Audit Committee. This includes a revised internal escalation process and detailed reporting to the Executive Leads. In addition a weekly delivery group has been set up. | 4. M. Barnes June 2021 & monthly updates provided

5. K. Brogan June processes finalised and plans in place by end of June 2021 | | | | |

				APPENDIX 1 – CORPORATE RISK REGISTER					
A	**B**	**C**	**D**	**E**			**F**	**G**	**H**	**I**
ID	**Risk Type**	**Description**	**Current Risk Level**	**Mitigating Control, Timescales and Responsibility (including Action Owner)**			**Risk Tolerance and Timing**	**Risk Owner**	**Assurance Committee**	**Last Review Date**
4636	workforce	There is a risk that the health and wellbeing of our staff is affected by the aftermath and longer-term impact of the Covid-19 pandemic. This in combination with the pressures of working in an emergency service may result in an increase in absence levels, lower morale and resilience and reduced service capacity	High (12) 4x3	1. Implementation of Year One of the SAS Health and Wellbeing Strategy and implementation road map with particular emphasis on mental health to deliver actions to improve staff health and wellbeing across the Service. 2. Demand and Capacity Programme being implemented with subsequent positive impact on rest break management and shift runs. 3. Recruitment of additional ACAs, Technicians, Paramedics as part of the workforce plan resulting in increased capacity across the Service. 4. Ongoing work to identify and support employees who have been on long term sickness.		1. A. Ferahi 2021 – 2023 2. D Robertson 2022 3. L Lauder / Regional Mgt Teams - ongoing 4. G. Ferguson Throughout 2021	Medium (9) 3x3 Forecast Achievement 2022	Director of Workforce	Staff Governance Committee	13/07/2021

APPENDIX 1 – CORPORATE RISK REGISTER								
A	B	C	D	E		F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
4638	Operational	There is a risk of increased service pressures on SAS due to changes to other parts of the whole system resulting in the following; • Insufficient staffing and longer response times • Increased journey times to hospitals as a result of centralisation of clinical services • Longer turnaround times at hospitals • Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan	High (12) 4x3	1. Engaging regional planning teams in the demand and capacity modelling and outputs with regional planning managers now in place. 2. Developing clinical pathways due to increased journey times to / from hospitals through specific developments including: • Major Trauma Networks (Peter Lindle) • Stroke Thrombectomy (Craig Henderson) • Vascular / Paediatrics etc (Regional Directors) • Community based pathways for falls / breathing difficulties / mental health and vulnerable patients (Julie King, Redesign of Urgent Care (RUC)) updated and monitoring through the remobilisation plan and redesign of urgent care engine room group.	1. Regional Directors supported by the D&C project team 2. Various owners as outlined – Status update provided as part of remob plan and progress reported to the Recovery Planning Group	Medium (6) 2x3 Forecast Achievement being explored and likely to consider a range of timescales this is due to the complexity and interdependencies of this risk	Medical Director	Exec Team – PPSG – Workforce Development Group Clinical Governance Committee	13/07/2021

				Modelling of impact on SAS by system changes to deliver the Major Trauma Centres and thrombectomy pathways and the impact of stroke and orthopaedic redesign. 3. In addressing Longer Turnaround Times: • 6 Essential Actions Work (Milne Weir), HALO, • SG sponsored working group in place chaired by SAS MD regarding turnaround times in Glasgow and Ayrshire • Regional teams working with Boards regarding Emergency Department flow in context of COVID-19 and patient safety. • Regional Director has set up short life working group to take forward specific actions in this area, including the escalation arrangements in place. • Additional unscheduled care monies have been received to increase HALO hours, increase discharge hours, additional data analytics support and additional ACC support	3. M Weir / J Ward / Regional Directors 4. Various owners as outlined – status update as part of the remob plan			

				4. Other Healthcare Services recruiting Paramedics - Rotational Model to retain AP's being developed, recruitment plans for additional APs out to recruitment, AP leadership roles recruited to support AP development at regional level with national direction (F Dodd), Rural Paramedics Support Model (G McLeod). 5. A specific programme of work has been set up to progress and implement the different elements of RUC for SAS. Started in November 2020 and is ongoing.	5. J. Ward / J. King Ongoing			

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E		F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
4639	Strategic	There is a risk that the Service's response to an adverse cyber event results in the Service being unable to fully mitigate the loss of ICT systems or data, service disruption and reputational damage.	Very High (16) 4x4	1. The action plan relating to the 2020 independent NIS audit has been updated following the review audit conducted during April 2021. The security governance group, which meets every two months, is now proactively monitoring delivery performance against this plan. 2. Cyber review meetings will be held with key leads in advance of the 2022 audit to ensure the key actions have been progressed in line with expectations. 3. Staff cyber security awareness raising materials are available on e-learning, awareness raising through the CEO Bulletin will continue throughout 2021/22. 4. A Cyber Incident Response Process is to be created, reviewed and exercised, by end 2021. 5. The Scottish Resilience Partnership has commissioned a cyber resilience risk and capability sub-group.	1. R Kay, A. Shields & SGG Members by April 22 2. J. Carter by March 2022 3. J. Baker (Ongoing) 4. R Kay (by end 2021)	High (12) 3x4 Forecast achievement – End 2021	Director of Finance, Logistics & Strategy	Audit Committee Resilience Committee Security Governance Group	13/07/2021

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
4640	Strategic	There is a risk of further slippage in the UK Government Emergency Service Communications Programme (ESMCP), due to ongoing technical and delivery challenges, resulting in the need to further extend Airwave service provision and the cost pressures and potential operational challenges this involves.	High (12) 3x4	1. Continued proactive engagement with all relevant stakeholders - ET Team governed by the Enabling Technology Board. 2. Increased Executive Level involvement in Scottish Strategic Group and Strategic Finance Group meetings. 3. Contingency planning is taking place with regard to extending Airwave services due to ongoing delays. Will assess SG timelines and develop SAS plan to present to Board by mid-2021 when we will have received and assessed the revised FBC. 4. Complete commissioning of new ESN compatible ICCS by end March 2022. 5. Identify a new Airwave Senior User to lead the SAS Airwave Governance group and ensure a proactive approach is taken to ensuring Airwave service provision remains fit for operational purpose until Airwave is replaced by ESN.	1. Enabling Technology Team (2020-25) 2. J. Carter (2021) 3. J Baker, T Robinson and M Barnes by end July 2021 4. ET Team (March 2022) 5. Chair of OLT (Aug 2021)	Medium (8) 2x4 Forecast achievement – Unlikely to achieve in next 12 months	Director of Finance, Logistics & Strategy	Exec Team	2020 Strategy	13/07/2021

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
4641	Education & Training	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.	High (12) 3x4	1. The HCPC have extended the delivery of the Dip HE programme which will allow us to take new entries until May 2022, this was previously set for August 2021. Aim for all cohorts started by May 22 with slippage time built in. All intakes are at capacity. 2. SAS are continuing to explore the education facilities and online opportunities to maximise the numbers of staff that can be trained at one time, with detailed scheduling of activity in line with Covid-19 restrictions. July 19th changes will ease restrictions to support less constraints due to social distancing. 3. SAS are exploring the recruitment of registered professionals from other disciplines to supplement any shortfall in paramedic training numbers and to develop a more multi-professional workforce. First round successful and going back out to recruitment again. A SLWG is being developed to explore this further for the board.	1. Head Of Education & Prof Dev 2. Head Of Education & Prof Dev Ongoing 3. F Dodd March 21, longer ambition March 22	Medium (8) 2x4 Forecast achievement Dec 2021	Director of Care, Quality & Performance	Exec Team	202030 Steering Group	14/07/2021

				4. SAS are developing the work of the advanced practitioners to manage demand, increase hear and treat and therefore reduce the conveyance demand, reducing the sole reliance on this type of response and implementation of a rotational model. SAS are recruiting to the advanced practitioner training cohort as well as attracting fully qualified advanced practitioners into the Service. 5. SAS are accepting the over recruitment by Universities in 2020 intake (57) and ongoing support required. The 2021/22 Undergraduate intake has been increased to 300 in line with additional funding from SG. SAS working with SG colleagues to understand future undergraduate programme requirements to meet demand up to 2025. SAS are also developing the infrastructures to support learners across the Service through a SLWG to develop systems and processes to support students. 6. SAS have developed a transition programme for Newly Qualified Graduate Paramedics, which has now commenced, this will support the recruitment of NQPs from Scotland and elsewhere.	4. F. Dodd ongoing development 5 & 6. F. Dodd ongoing development				

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
4651	Operational	There is a risk that SAS cannot consistently deliver a timely response to patients, where increased demand exceeds available capacity, resulting in the potential for adverse patient outcomes.	Very High (16) 4x4	1. Demand and Capacity Implementation underway. D&C Programme Board established and chaired by the Chief Exec with non-exec membership. Given the impact of COVID an addendum to the Business Case was submitted and approved by SG committing funding to 21/22 which describes the additional resources required. This will be an annual process. 2. Agreed workforce plan in place to support the training and education of additional clinical staff. Additional staffing due to commence over the next 2-3 years with supporting fleet and estates infrastructure being finalised. Additional staff will be prioritised into those areas with greatest challenges.	1. D. Robertson Ongoing 2. Regional Management Teams supported by HR.	Medium (8) 2x4 Forecast achievement – staged approach to implementation and reduction of risk – Benefits realised from April 21 to be completed by Summer 22	Chief Executive	PPSG – Exec Team	13/07/2021

			■	3. Working Parties across the regions have commenced from March 2021 and due to be completed by October 2021. 48 of 104 completed to date. 4. SAS working as a key partner in the redesign of urgent care. 5. Work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues. Fatigue working group in place with a fatigue Framework developed. The recruitment of additional clinical staff will improve compliance with rest break protocols and this will be closely monitored.	3. D Robertson Nov 2021 4. J Ward 5. L. Lauder, J. Ward, Regional Directors & Staff-side Colleagues	■			

				6. Mental Health monies have been sourced and confirmed to develop support for safeguarding vulnerable patients who currently are high intensity user of the service, as well as the development of ACC call coordination of mental health calls and the development of regional mental health cars to support patients in crisis, reducing the overall service demand. Work continues to develop AP cohort to develop alternative methods of supporting patients not requiring conveyance. SAS have worked with NHS 24 to be able to support patients to access mental health support by connecting SAS staff and patients with NHS 24. SAS are rolling out Mental Health First Aid training to support staff to care for patients in Mental Health crisis. Staff across Scotland have access to Distress Brief Intervention Infrastructures to support patients in distress to access support within 24 hours from Third Sector colleagues. SAS have a first draft of the Mental Health Strategy, which is being shared with Mental Health advisors in Scottish Government to influence first draft for sharing with	6. F Dodd – ongoing				

| | | | | the Executive Team and the Clinical Governance Committee defining the way forward for SAS in the next 3 years.

7. Regional Director has set up a short life working group to take forward detailed actions to manage demand and capacity through the Winter 2020/21 pressures.

8. Management structure and risk register in place to manage the increase in Organisational capacity required to manage the Mobile Testing Unit (MTU) workforce. | 7. M Weir (Ongoing)

8. General Manager and Head of Events | | | | |

APPENDIX 1 – CORPORATE RISK REGISTER

	A	B	C	D	E		F	G	H	I
	ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Risk Tolerance and Timing	Risk Owner	Assurance Committee	Last Review Date
	3852	Strategic	There is a risk that continuity of ACC operations is impacted through infrastructure failing (e.g. power outage) resulting in the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation to avoid the possibility of loss of service provision affecting patient care inflicting reputational, clinical, operational and political damage.	High (15) 3x5	1. On-going activity with Business Continuity (BC), ACC and ICT to undertake detailed review and update of current BC processes. Immediate actions have been implemented with ongoing work part of BAU. 2. Any future development and implementation of new digital developments to have appropriate supporting reference documents and staff training and awareness completed prior to go-live. 3. West ACC expansion plans are being developed with a joint paper with NHS24 being produced by Sept 2021. 4. Internal review of all offsite disaster recovery sites given social distancing changes. Due by end July 2021 and will be reported to the Resilience Committee.	1. Head of ACC/Head of Estates and GM ICT 2. General Manager ICT and Head of ACC (Ongoing) 3. Head of ACC by Sept 2021 4. Head of ACC by July 2021	Medium (5) 1x5	Chief Executive	Exec Team	Resilience Committee	13/07/2021

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E		F	G	H	I
ID	**Risk Type**	**Description**	**Current Risk Level**	**Mitigating Control, Timescales and Responsibility (including Action Owner)**		**Risk Tolerance and Timing**	**Risk Owner**	**Assurance Committee**	**Last Review Date**
				5. Document all generator testing and power outage processes and ensure business continuity plans are in place and regularly tested. This has been documented and the actions being progressed by SAS, NHS24 and the Landlord(s). An action plan has been completed and will be presented to the August Resilience Committee	5. Head of Estates by July 2021				