Scottish Ambulance Service
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NHS SCOTLAND

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PUBLIC BOARD MEETING **THIS PAPER IS FOR APPROVAL** **CORPORATE RISK REGISTER - PUBLIC**	**29 May 2024** **Item 08**
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. • **Review the Corporate Risk Register and note** the actions in place and the assurance being received that the risks are being controlled effectively. • **Approve** the reduction in risk level of **Risk ID 5519** – Statutory and Mandatory training. • **Approve the** removal of reference to rest breaks and the cost-of-living crisis in the description of **Risk ID 4636** – Health and Wellbeing of staff. • **Approve** the increased tolerance of the Finance Risk given the current pressures. • **Review** the additional narrative regarding consequential and projectional risk for Risks 4638 – Handover Delays and 5602 – Finance.
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

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SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER MAY 2024 (Public)

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

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.
- **Approve** the reduction in risk level of **Risk ID 5519** – Statutory and Mandatory training.
- **Approve the** removal of reference to rest breaks and the cost-of-living crisis in the description of **Risk ID 4636** – Health and Wellbeing of staff.
- **Approve** the increased tolerance of the Finance Risk given the current pressures.
- **Review** the additional narrative regarding consequential and projectional risk for Risks 4638 – Handover Delays and 5602 – Finance.

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 May 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 Effectiveness of Controls and Actions

We have now implemented 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 has been applied to each action within the Corporate Risk Register.

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 and Audit and Risk Committee meetings

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

- Consider digital transformation risks, this will be reviewed following the completion of the internal audit on the digital maturity assessment output and the associated action plan.
- It was also discussed at the March Board meeting, the consideration of consequential and projectional risks. This has been considered in the context of the Service's highest risks and therefore narrative has been included at the bottom of the Hospital Handover Delays and Finance risk. Feedback on this from members is welcomed.
- Audit and Risk Committee also did not approve the reduction of risk level of 5653 - Organisational Culture as they require further assurance and evidence on the actions being taken. Therefore, the risk has been changed back to High until there is further progression of the actions and this work is progressing.
- Audit and Risk Committee also requested a review of the actions relating to the Business Continuity (BC) risk in terms of the aim and improvement plan. The Risk Manager has reviewed this with the Business Continuity Manager and the BC KPIs are included in the narrative.
- The Risk Manager has also met with the Director of Workforce to review **Risk ID 4636** health and wellbeing risk and removed reference to the cost-of-living crisis and rest breaks within the narrative.
- We have also reduced risk level of **Risk ID 5519** – Statutory and Mandatory training from Very High to High given the online elements are now live. The risk will be further reviewed once the face-face elements are in place.

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;	**Very High**

	• 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.	
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** system pressures in combination with the mental and physical health demands of working in an emergency ambulance service **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** Some SAS staff feel unable to speak-up about issues they experience **Because of** a legacy culture that is unhealthy in some areas	**High**

	Resulting in staff not feeling valued in some areas, a negative impact on staff welfare, sickness absence and the potential to impact on patient care and safety.	
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.	**High**

The Performance and Planning Steering Group (PPSG) met on the 16th April and 16th May 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 and the Risk Management Key Performance Indicators (KPIs) to ensure the timely review of risks. No risks were required to be escalated. The Audit and Risk Committee also receive the Risk Management paper which is presented to PPSG for further assurance on the risk management processes in place within the Service.

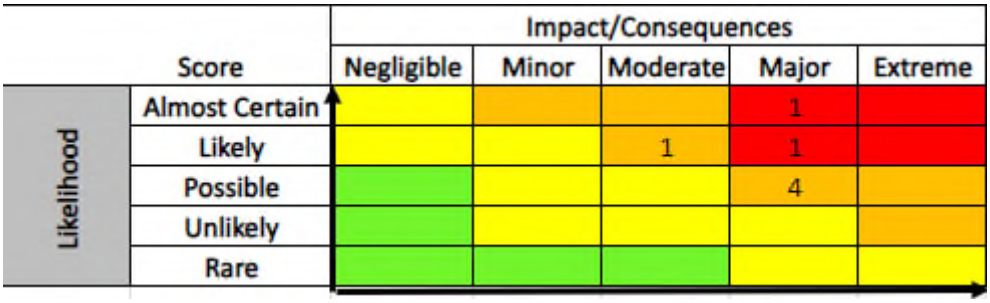
4.4 Corporate Risk Profile as of May 2024

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

Risk is measured as:

likelihood x impact = assessed level of risk

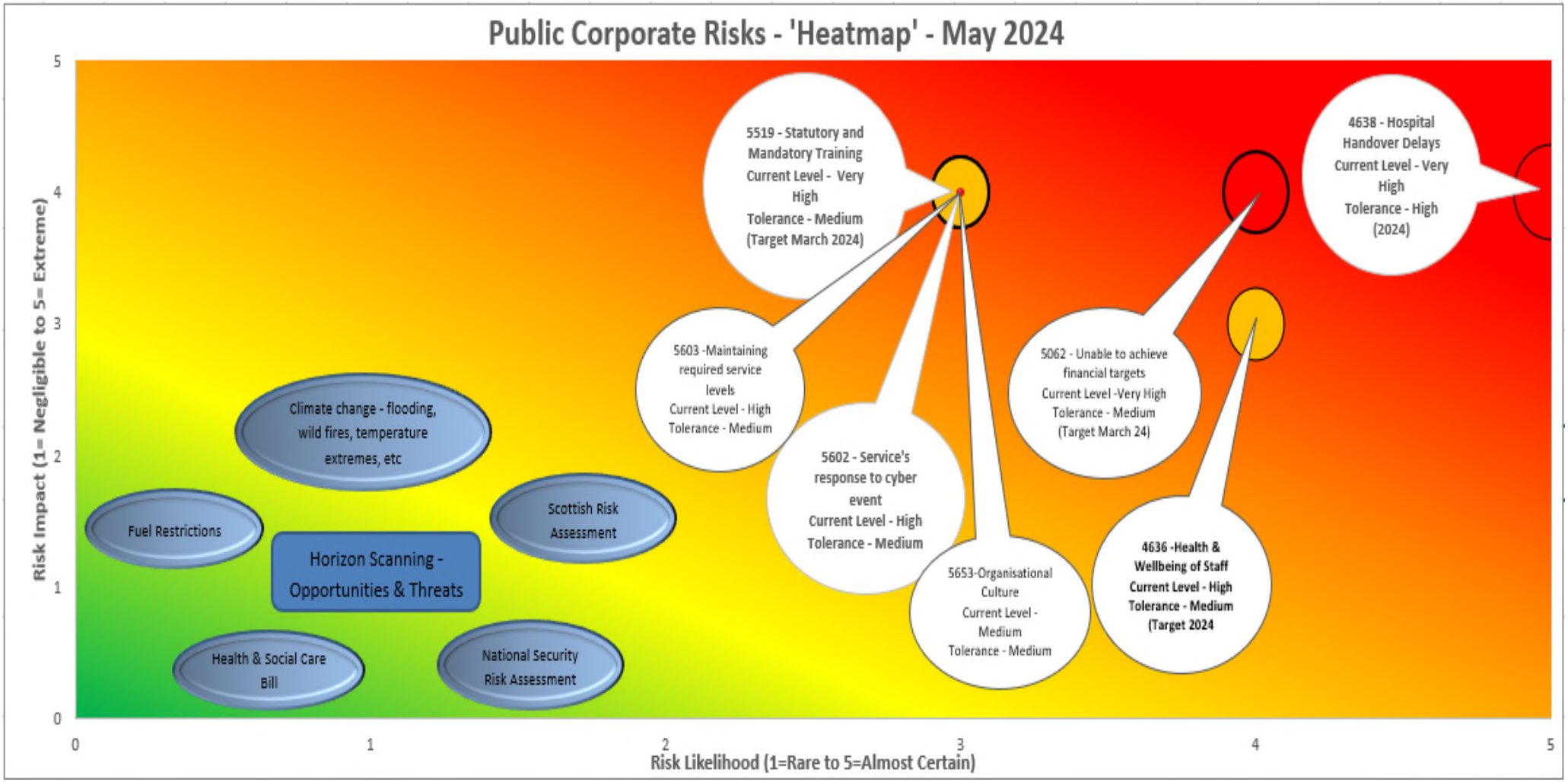
This clearly identifies the risks within the high and very high-risk levels. Of all the Public Corporate Risks, 2 sit within the very high-risk rating and 5 within the high-risk rating.



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' - May 2024
Risk Impact (1= Negligible to 5= Extreme)
Risk Likelihood (1=Rare to 5=Almost Certain)
0
1
2
3
4
5
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
5653-Organisational Culture Current Level - Medium Tolerance - Medium
4636 -Health & Wellbeing of Staff Current Level - High Tolerance - Medium (Target 2024
Climate change - flooding, wild fires, temperature extremes, etc
Fuel Restrictions
Scottish Risk Assessment
Horizon Scanning - Opportunities & Threats
Health & Social Care Bill
National Security Risk Assessment

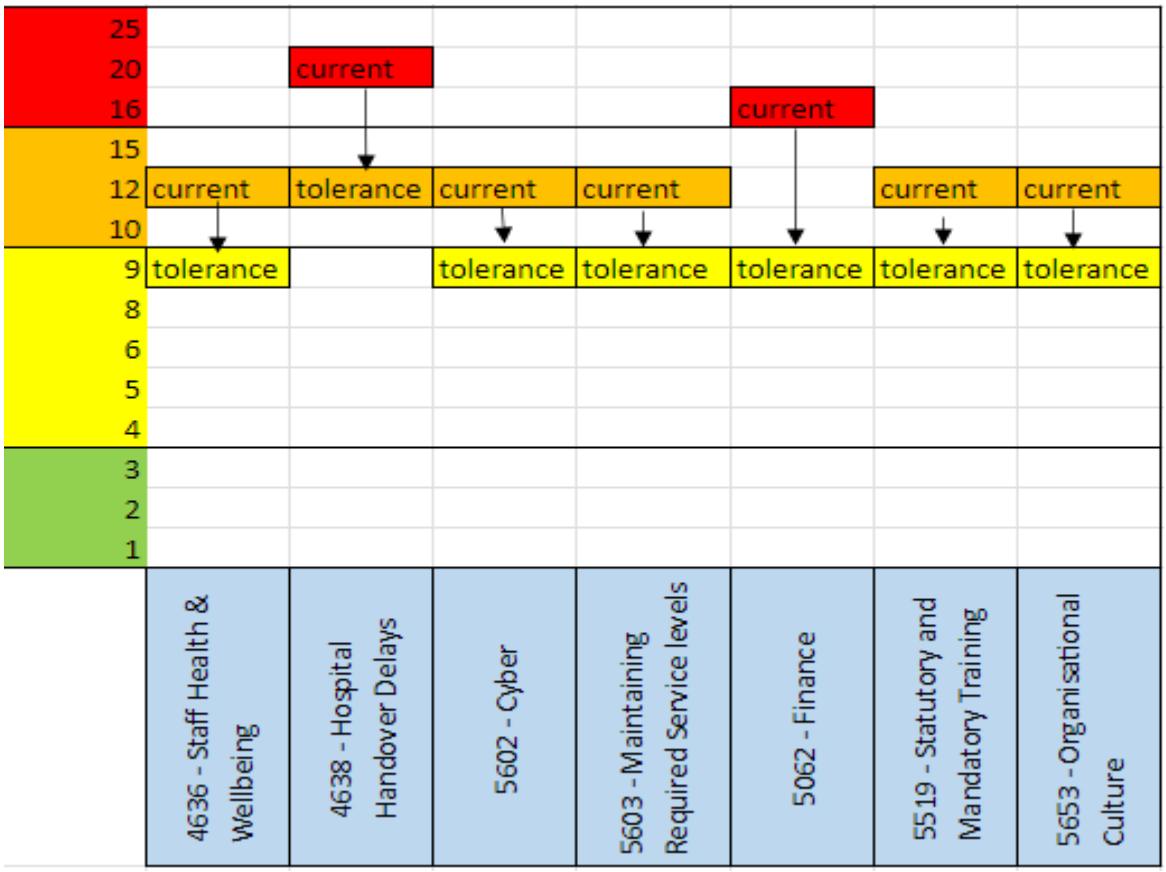
4.5 Risk Dashboard – Risk Waterfall Chart

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.

The waterfall chart is also noting that Hospital Handover Delays and the Finance risks are the Service's biggest risks therefore work continues to be done and this is reflected in the detailed action plan. Please note we have increased the tolerance of the Finance Risk given the current pressures.



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.

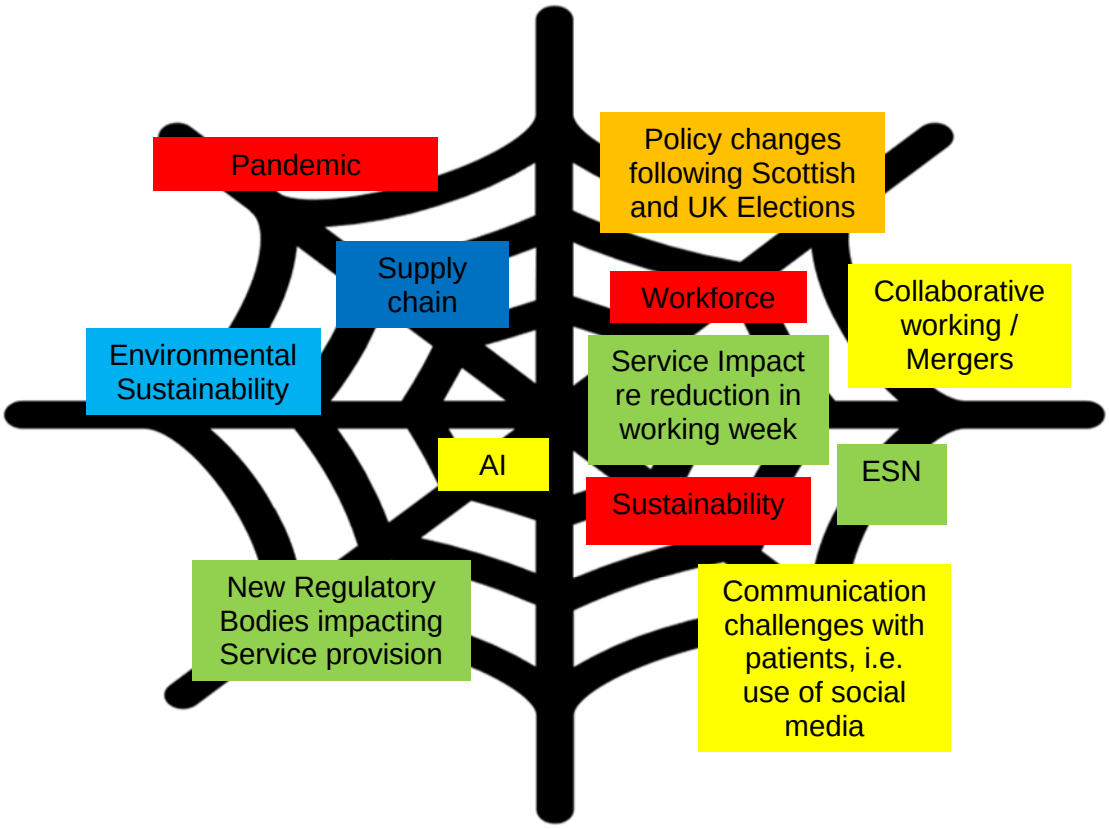
Risk descriptors (Risk Appetite) Level 1	**Current Risk Appetite**	**What level of impact does this risk have on our level 1 risk appetite? Aiming to show those risks that have a higher impact across the range of risk headings should have our most focus (this will be dynamic)**						
		Risk 4638 Hospital 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
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
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
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
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

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

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 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 and although a number of the consequences are amber this is being closely monitored;
- 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. We are currently working through a risk around the reduction in the working week.



The work in particular on the reduced working week is being implemented at pace, in line with the Scottish Government direction and a programme management approach has been put in place. This will focus on the development of the risk register and this may require escalation to the Corporate Risk Register as this is being implemented.

4.7 Risk Appetite

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

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

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

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. Please note we have increased the tolerance of the Finance risk given the current pressures.

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 – Possible (3)** **Impact – Moderate (3)** **Score 9**
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: 16th May 2024

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;

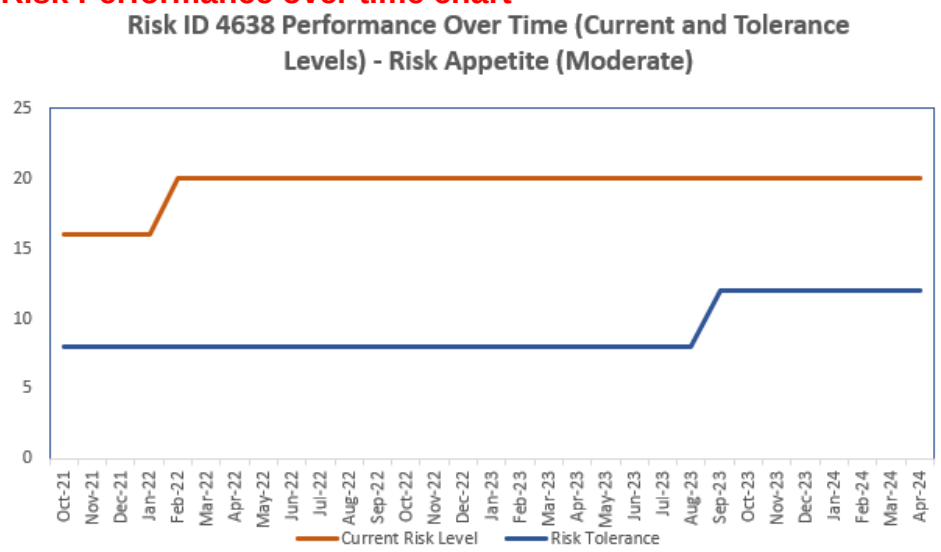
- Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition.
- Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals.
- 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 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	16/05/2024

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 and local agreed action plans continuing. SAS actions are being progressed and updates provided at monthly PPSG and reporting at Executive Meetings. 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 below) to alleviate pressures i.e. HALOs / additional ops Managers. This also includes the safe handover guidance issue and implementation. 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	Implementation of these principles by NHS Boards is fundamental to reducing the risk and therefore if Boards are unable to implement the principles improvements will not be achieved. 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

	processes. This is now being fully implemented. Percentage completion of action: action plans are in place across all regions, SAS local actions at 100% completion.		
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 Executive Team meeting on 6 June 2023 and this has commenced. A status report was presented to the PPSG with an evaluation report in February 2024. This will form the basis for the 24/25 resource plan, with an update evaluation report being concluded focusing on 3 options – funding to £2.1m, funding to £2.8m and funding to £3.1m describing the impact of each of these. 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)	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 4 – effective – reduces 61-80% of the risk	Medical Director

National Urgent & Unscheduled Care Collaborative - SAS aligned to the 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 work on improving and maximising Flow Navigation Centres is also included within this action update.	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 to support improved flow. This work has been prioritised to ensure a sustainable model is in place across all areas building upon the Priority Actions presented to the 2030 Steering Group. Further engagement also continues with the national Centre for Sustainable Delivery with workshop sessions being organised. Percentage completion of action: Call Before Convey is fully established in Ayrshire and Arran and NHS Grampian Area and additional pathways developed. Work continues with other NHS Boards.	Impact on risk: mitigations in place to minimise the service pressure impact 4 – effective – reduces 61-80% of the risk	Clinical Services Transformation Manager
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. Building upon the sustained improvement in performance during 23/24, funding of £0.9m has been	Reduce impact 4 – effective – reduces 61-80% of the risk	Clinical Services Transformation Manager

	approved for 24/25 with a further improvement in performance agreed. This continues to be rolled out across the Health Boards with sustained improvement in performance. We are continuing expansion and development of the SAS Pathways Hub to promote and improve proactive and preventative referrals. 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.		
Projectional Risk - 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. There are a small number of sites across the Country with the most challenging issues and the Service are in close liaison with them at a Senior level. Consequential – whilst the consequences of this risk impact our Service in a number of areas, as described in the risk description above, the delivery of the actions and improvements are externally focused and therefore the risk for the Service increases at key sites who are unable to implement the actions and improvements. Therefore, the staff and patient impacts will continue to be experienced in some areas until improvements are implemented.			

Link to 2030 Strategy Ambitions

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

Linked Risks:

ID 4638
ID 4636

Corporate Risk ID No: 5062

Risk Title

Failure to achieve financial target

Risk Description

There is a risk that
we do not achieve our financial targets and our 3-year financial plan
Because of
non-delivery of efficiency savings and increasing costs in operational and whole system pressures
Resulting in
an inability to ensure Financial Sustainability and Improve Value.

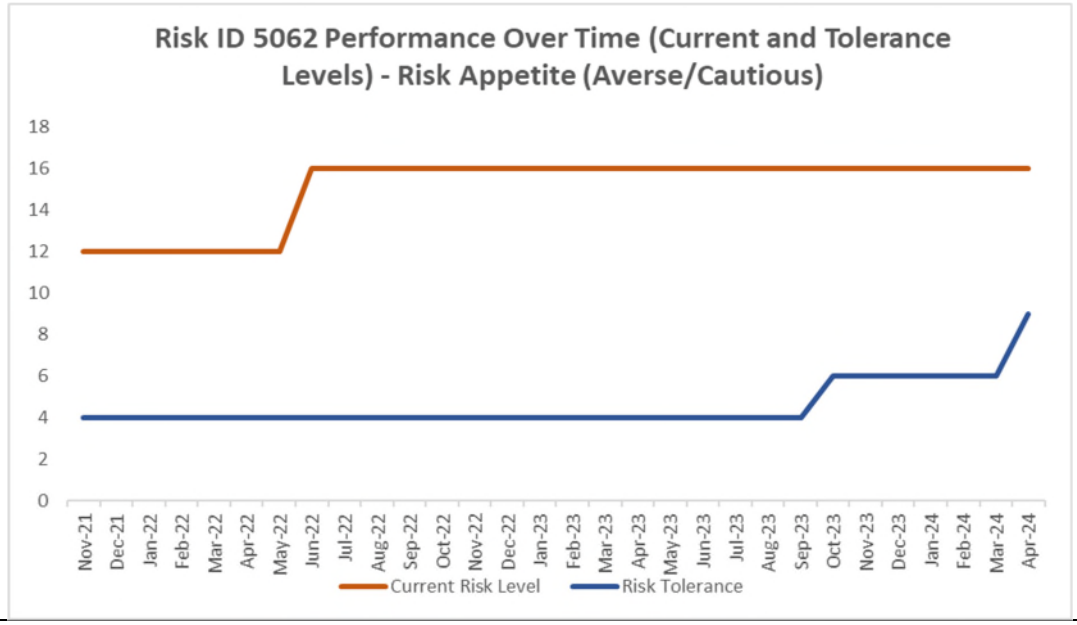
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

	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 Appetite

Averse
Cautious
Moderate
Open
Willing

Low

Risk Tolerance

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

Score
Medium – 9

Assurance and Review Groups 1. Best Value Project Group 2. Executive Team 3. PPSG 4. Audit and Risk Committee	**Risk Owner** Director of Finance, Logistics and Strategy	**Risk Handler** Deputy Director of Finance	**Last Review Date** 16/05/2024
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. Following year end completion this action will be replaced by the work on the 2024-27 financial plan. Percentage completion of action: 100%	Reduce impact 4 – effective – reduces 61-80% of the risk	Director of Finance, Logistics and Strategy
In relation to 23/24 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 position has been completed. Best Value meetings in place and reporting on progress monthly to the PPSG. Percentage completion of action: 15% (as reported at month 2)	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 with a further £8m of non-recurring	Reduce impact	Director of Finance,

management team led by SG finance and the SAS sponsor team.	funding received in March 2024. All additional system pressures have been funded on a non-recurring basis in 23/24. The 24/25 financial plan assumes, at this stage, no additional funding and the actions supporting this are described in the 24/25 financial plan.	4 –effective – reduces 61-80% of the risk	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. This was agreed by the Executive team in March 2024 and will be presented to the May 2024 Board meeting.	Reduce impact 3- Moderately effective – reduces 41-60% of the risk	Director of Finance, Logistics and Strategy
The draft financial plan for 2024-2027 has been approved by the Board in January 2024 and submitted to the Scottish Government. Feedback from Scottish Government was included in the final March plan approved at the March Board meeting	Feedback from Scottish Government on the January submitted plan is due by the end of February and will be incorporated into the final financial plan. Actions in delivering the plan from April 2024 is being supported by a weekly executive team finance meeting, due to be in place until end of March 2024.	Reduce impact 4 – effective – reduces 61-80% of the risk	Director of Finance Logistics and Strategy
Projectional risk – 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. Consequential of risk – if the Service are unable to achieve our efficiency savings a recovery plan would be implemented which may impact on operational delivery. There would also be a lack of trust and confidence in the Service from SG and our Partners and would likely have an impact on future funding which could stifle innovation and therefore the implementation of improvements in our Service.			

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.

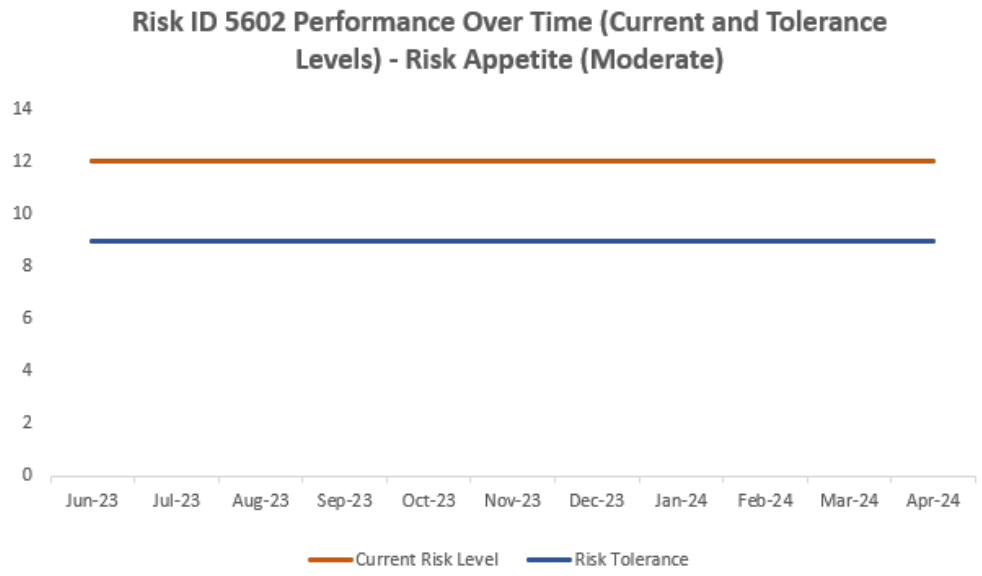
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Possible (3) / Impact – Major (4) = **High (12)**

	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 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 Date
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	16/05/2024
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. Training session have taken place with excellent feedback.	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, this includes the recent NHS cyber-attack at Dumfries and Gallloway.	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 Compliance Manager

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

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.

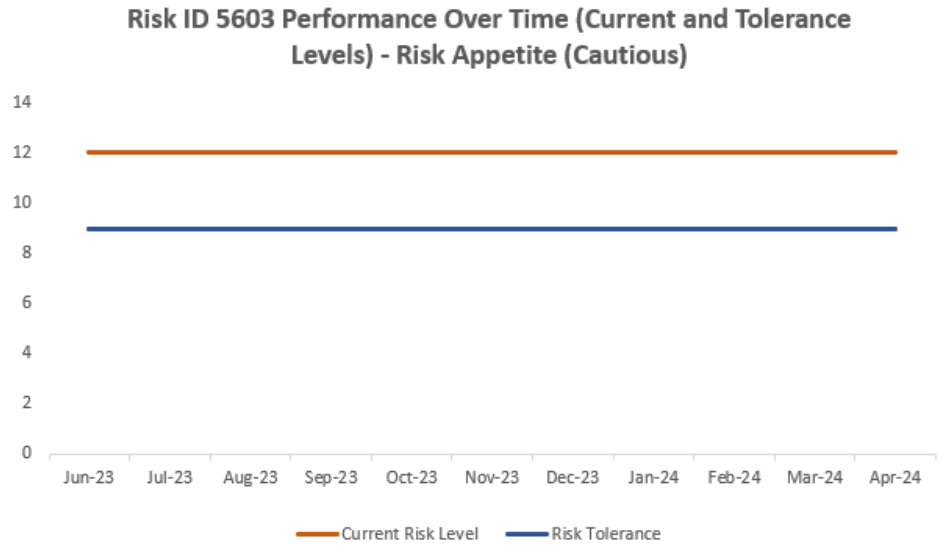
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Possible (3) / Impact – Major (4) = **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 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: 2030 Steering Group	**Risk Owner** Director of National Operations	**Risk Handler** Business Continuity Manager	**Last Review Date** 16/05/2024
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: 26%. The Business Continuity KPIs aim to have 75-100% of Business Impact Assessments and Business Continuity Plans completed and signed off by end October 2024. The plan is to prioritise the critical functions identified in REAP and other key corporate functions. For Exercising and Call Tree a target of 50%-75% has been set.	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 43% each and tested call tree is sitting at 22%. 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: 26% - 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

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

Linked Risks:

ID 4638

Corporate Risk ID No: 4636

Risk Title

Health and wellbeing of staff affected

Risk Description

There is a risk that
the health and wellbeing of our staff is being negatively affected
Because of
system pressures with the combination of mental and physical demands of working in an emergency ambulance service
Resulting in
an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.

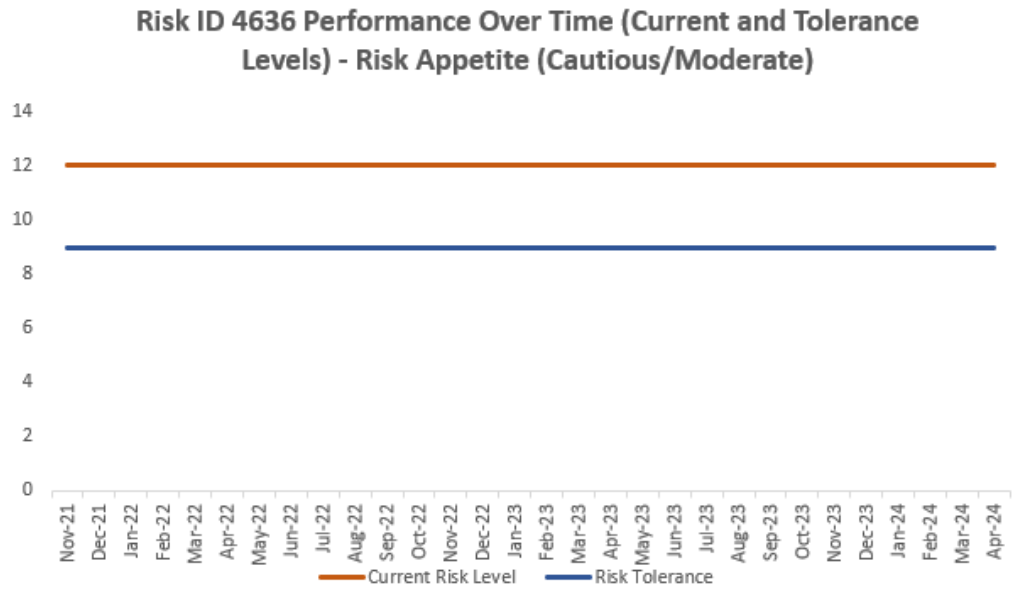
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

	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 Appetite

Averse
Cautious
Moderate
Open
Willing

Low – Medium

Risk Tolerance

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

Score
Medium – 9

Assurance and Review Groups 1: Staff Governance 2: PPSG 3: 2030 Steering Group	**Risk Owner** Director of Workforce	**Risk Handler** Director of Workforce	**Last Review Date** 16/05/2024
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 taking place to provide similar safeguards for the 2nd rest break where appropriate by Q1 24-25. 1st and 2nd Rest breaks are now in compliance over 90% on an ongoing basis.	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 was presented to the April Audit and Risk Committee with a special topic taking place at the March Staff Governance Committee. Percentage completion of action: The Group continues to meet with a draft Strategy due for approval at the SGC in June 2024 and therefore the percentage completion of the	Reduce likelihood 4 –effective – reduces 61-80% of the risk	Director of Workforce

	action will start at 0% from approval of the Strategy.		

Link to 2030 Strategy Ambitions

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

Linked Risks:

ID 4636

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

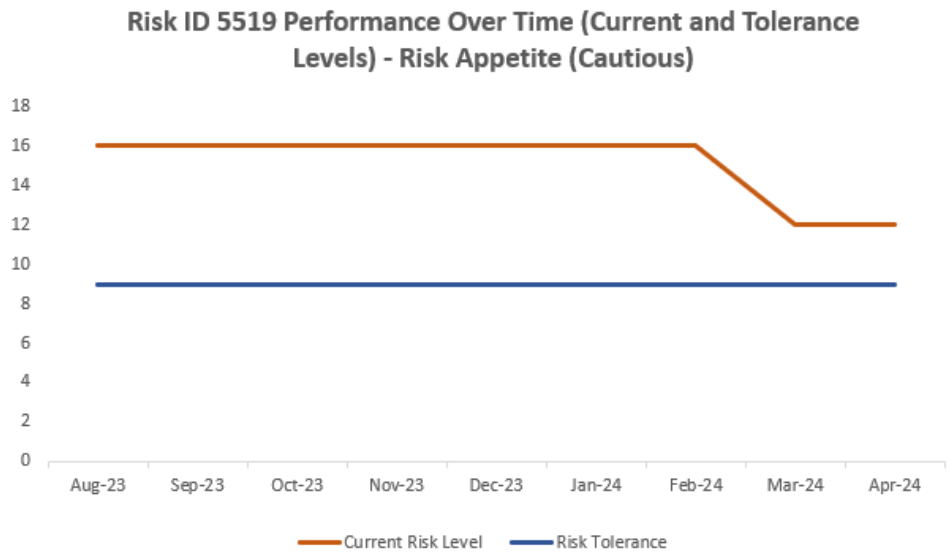
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

Likelihood – Likely (3) / Impact – Major (4) = **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 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** 16/05/2024
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 with staff completing the modules. Work is progressing to develop a reporting structure by Q1 24-25. Ongoing review and development process also being developed. Face to face statutory and mandatory training is still to be implemented which includes Violence and Aggression and Manual Handling. The risk level will be further reviewed at that stage.	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 1 24-25.	Reduce Impact 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.

Linked Risks:

Corporate Risk ID No: 5653

Risk Title

Organisational Culture

Risk Description

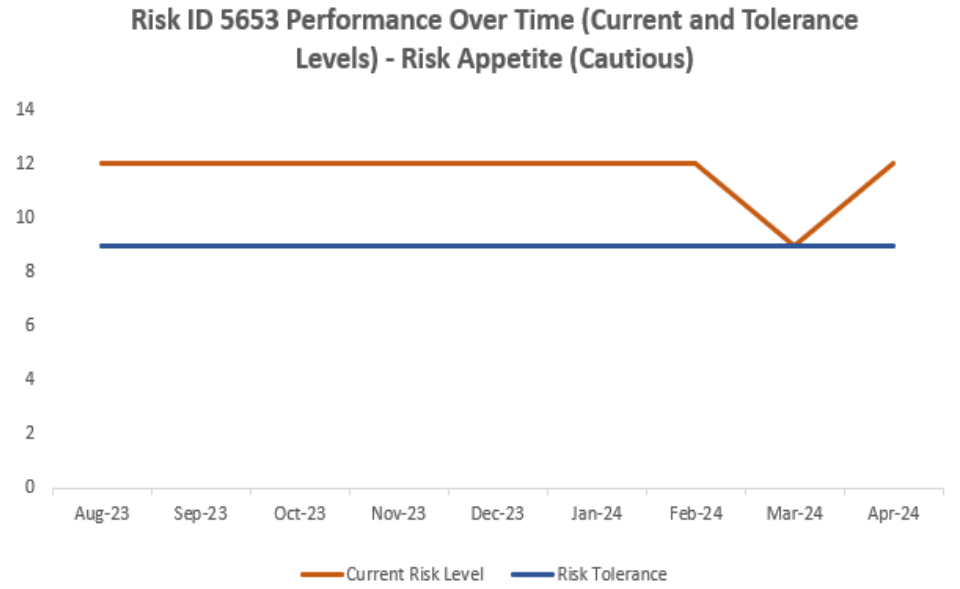
There is a risk that
Some SAS staff feel unable to speak-up about issues they experience
Because of a legacy culture that is unhealthy in some areas
Resulting in staff not feeling valued in some areas, a negative impact on staff welfare, sickness absence and the potential to impact on patient care and safety.

Risk Assessment
(Current, Appetite and Tolerance Levels)

Current Risk Level
Likelihood – Possible (3) / Impact – Major (4) = **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 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** 16/05/2024
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	**Delivery Date**	**Effect on Risk**	**Owner**
Whistleblowing Policies and Processes in place, including a process for contacting the Independent National Whistleblowing Officer (INWO). There is also a refreshed Confidential Contacts Network in place, which meets once per quarter and includes a more diverse group of staff from different roles across the Service.	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
Executive team have a program of work underway which focusses specifically on this issue. Ongoing	Summer 2025	Reduce likelihood	Executive Directors

work is in place across the Service which focuses on identifying areas of improvement.		4 –effective – reduces 61-80% of the risk	
The revamped virtual Induction Programme is being launched in Q1 24-25.	Q1 24-25	Reduce likelihood 4 –effective – reduces 61-80% of the risk	Director of Workforce

Appendix B

Risk Assessment Matrix

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