



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING		25 September 2024
		Item 07
THIS PAPER IS FOR APPROVAL		
CORPORATE RISK REGISTER - PUBLIC		
Lead Director Author	Julie Carter, Director of Finance, Logistics and Strategy Sarah Stevenson, Risk Manager	
Action required	The Board is asked to: <ul style="list-style-type: none">• Review the Corporate Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively. Changes made following previous presentation to the Board are highlighted red.	
Key points	The attached Corporate Risk Register provides: <ul style="list-style-type: none">- 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	This paper is aligned to all of the Service's corporate 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.	

Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	None identified.



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SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER SEPTEMBER 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. Changes made following previous presentation to the Board are highlighted red.

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SECTION 3: BACKGROUND

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

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

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

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

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

Appendix A contains the updated Corporate Risk Register, as at September 2024 with all changes since previous presentation to the Board highlighted red.

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.

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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 Committee meetings

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.
- Board members requested that the 'performance over time' charts display less history of the grading of the risk and more trajectory towards the aim to achieve tolerance and this has been included. They also requested additional information on the "effect of risk" column to include progress towards tolerance which has been included in some areas and this will be further reviewed and developed.
- The actions in Risk ID 5653 – Organisational Culture have been reviewed following discussion at the Staff Governance Committee in September.

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

ID	Descriptor	Current Level
4638	<p>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;</p> <ul style="list-style-type: none"> • Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition. • Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals. • Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments. • Poor staff experience as staff are unable to be rested within rest break windows or experience long shift overruns affecting both ongoing Ambulance availability and work-life balance. 	Very High
5062	<p>Failure to achieve financial target There is a risk that</p>	Very High
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	<p>we do not achieve our financial targets and our 3-year financial plan</p> <p>Because of non-delivery of efficiency savings and coping with increasing cost, operational and whole system pressures</p> <p>Resulting in an inability to ensure Financial Sustainability and Improve Value.</p>	
5602	<p>Service's defence against a Cyber Attack</p> <p>There is a risk that the Service's digital and/or communications estate suffers a cyber attack</p> <p>Because of ineffective security controls</p> <p>Resulting in an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.</p>	High
5603	<p>Maintaining required service levels (Business Continuity)</p> <p>There is a risk that The Service will not be able to maintain required service levels</p> <p>Because of disruption to the Service's ICT solutions (e.g., due to a cyber-attack or power outage or an event as a result of the impact of climate change)</p> <p>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.</p>	High
4636	<p>Health and wellbeing of staff affected</p> <p>There is a risk that the health and wellbeing of our staff is being negatively affected</p> <p>Because of system pressures in combination with the mental and physical health demands of working in an emergency ambulance service</p> <p>Resulting in an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	High
5653	<p>Organisational Culture</p> <p>There is a risk that Some SAS staff feel unable to speak-up about issues they experience</p> <p>Because of a legacy culture that is unhealthy in some areas</p> <p>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.</p>	High
5519	<p>Statutory and Mandatory Training</p> <p>There is a risk of harm to staff</p> <p>Because there is limited statutory and mandatory training in place across the Service</p> <p>Resulting in an impact to patient care, staff confidence in the Service and legal action.</p>	High

The Performance and Planning Steering Group (PPSG) met on the 15 August and 12 September 2024 where they reviewed and approved the Corporate Risk Register. In addition, and in line with

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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 September 2024

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

Risk is measured as:

$$\text{likelihood} \times \text{impact} = \text{assessed level of risk}$$

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

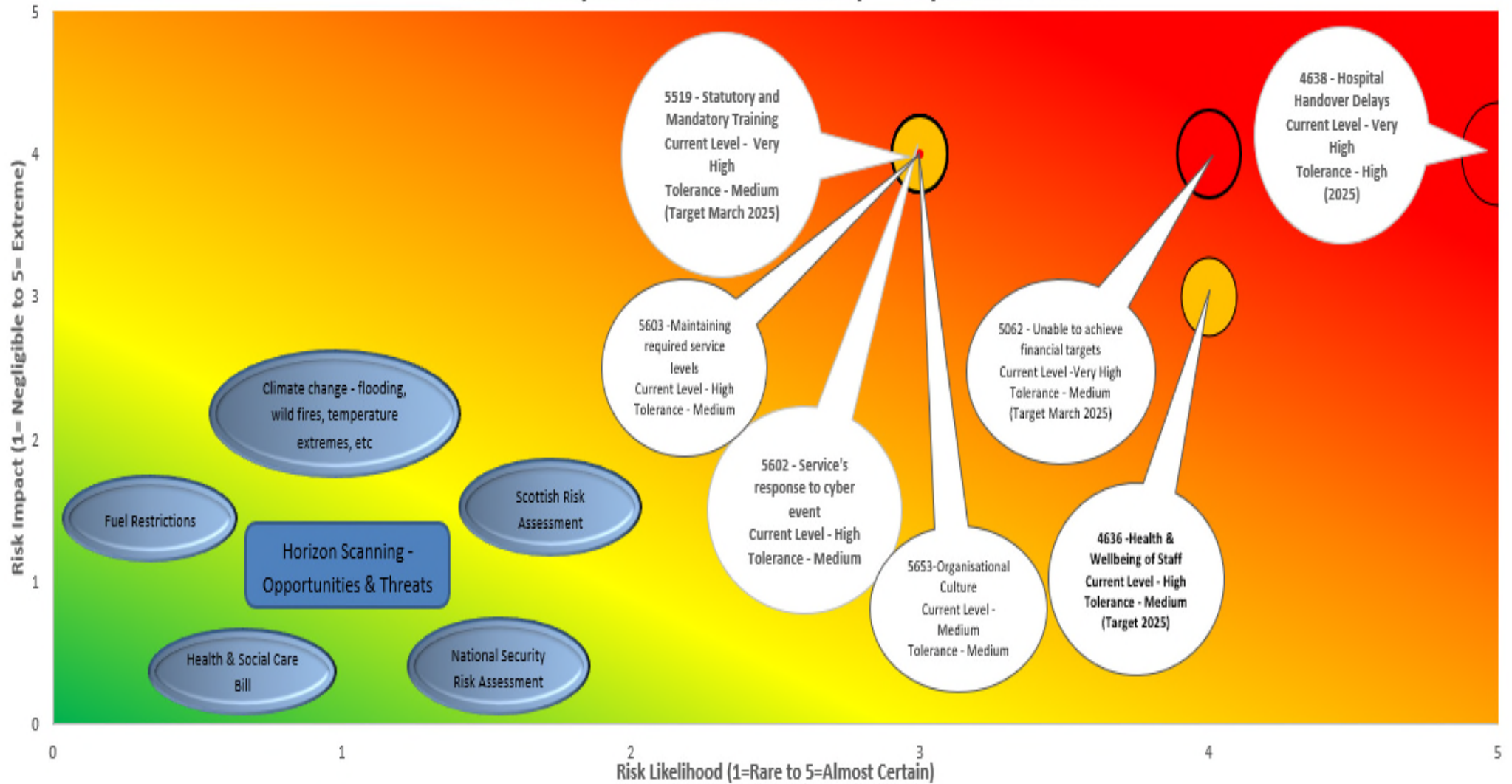
Score		Impact/Consequences				
		Negligible	Minor	Moderate	Major	Extreme
Likelihood	Almost Certain				1	
	Likely			1	1	
	Possible				4	
	Unlikely					
	Rare					

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

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

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

Public Corporate Risks - 'Heatmap' - September 2024



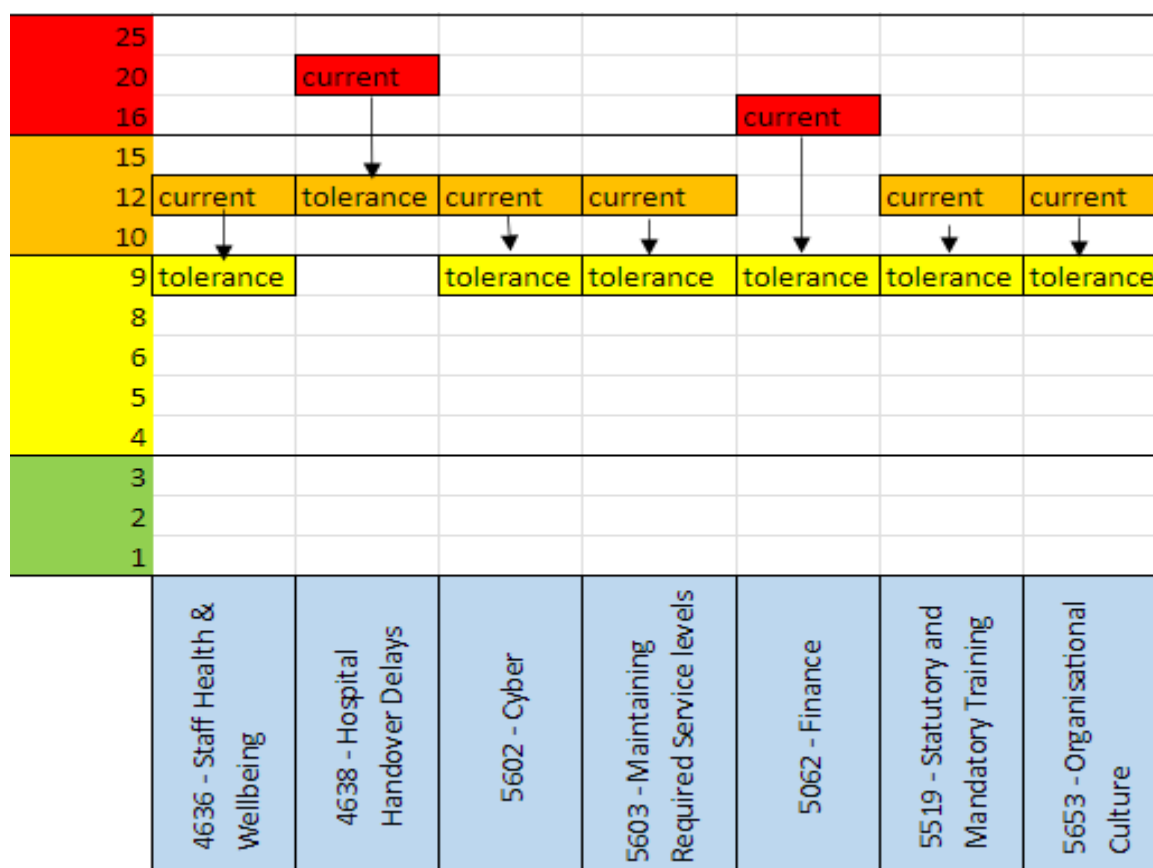
4.5 Risk Dashboard – Risk Waterfall Chart

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.



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.

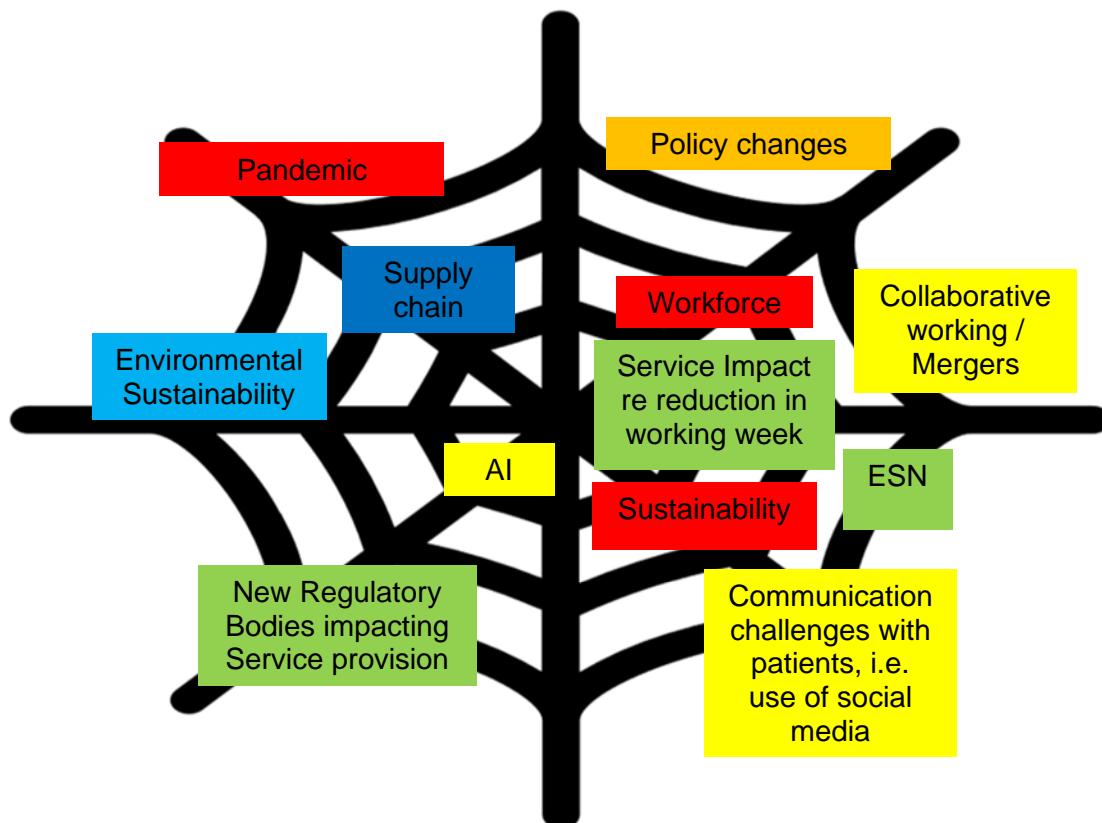
Risk descriptors (Risk Appetite) Level 1	Current Risk Appetite	What level of impact does this risk have on our level 1 risk appetite? Aiming to show those risks that have a higher impact across the range of risk headings should have our most focus (this will be dynamic)						
		Risk 4638 Hospital Handover 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 – <i>how much risk are we willing to take in pursuit of our objective for financial sustainability?</i>	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 – <i>how much risk are we willing to accept in the pursuit of our objective to maximise our workforce experience?</i>	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
Public Confidence – <i>how much risk are we willing to accept to maintain public confidence?</i>	3	Likelihood of adverse media and public comms	Mitigated at the moment as impacting most public bodies	Could have significant impact on public confidence	Could have significant impact on public confidence	Likely some impact	Could have significant impact on public confidence	Could have significant impact on public confidence
Patient Experience (including safety and quality) – <i>how much risk are we willing to accept to ensure we deliver a good patient experience?</i>	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
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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 public confidence 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	<ul style="list-style-type: none"> Workforce Experience - Cautious–Moderate <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
4638	Hospital Handover Delays	<ul style="list-style-type: none"> Public Confidence – Cautious Patient Experience – Cautious Service Delivery – Cautious - Moderate Emergency and Critical Care – Cautious - Moderate Partner Relations – Moderate - Open Whole System Transformation – Mod – open <p>Current Appetite: Moderate (Medium)</p>	<p>High</p> <p>Likelihood – Possible (3) Impact – Major (4)</p> <p>Score 12</p>

5602	Cyber Attack	<ul style="list-style-type: none"> Public Confidence – Cautious Clinical Technology – Moderate - Open Patient Experience – Cautious Emergency and Critical Care – Cautious - Moderate <p>Current Appetite: Moderate (Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5603	Maintaining required service levels	<ul style="list-style-type: none"> Public Confidence – Cautious Clinical Technology – Moderate - Open Patient Experience – Cautious Emergency and Critical Care – Cautious - Moderate <p>Current Appetite: Moderate (Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5062	Failure to achieve financial target	<ul style="list-style-type: none"> Financial – Averse <p>Current appetite: Averse (Low)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5653	Organisational Culture	<ul style="list-style-type: none"> Workforce Experience - Cautious–Moderate <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
5519	Statutory and Mandatory Training	<ul style="list-style-type: none"> Regulation - Averse Public Confidence – Cautious Workforce Experience - Cautious–Moderate Patient Experience – Cautious <p>Current Appetite: Cautious</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>

APPENDIX A – Corporate Risk Register

Risk Register: **Corporate Risk Register**

Last Updated: **6th September 2024**

<p>Link to 2030 Strategy Ambitions</p> <p>We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.</p> <p>We will work collaboratively with citizens and our partners to create healthier and safer communities.</p>	<p>Corporate Risk ID No: 4638</p> <p>Risk Title Hospital Handover Delays</p> <p>Risk Description</p> <p>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;</p> <ul style="list-style-type: none"> 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. 	<p>Risk Assessment (Current, Appetite and Tolerance Levels)</p> <p>Current Risk Level Likelihood – Almost Certain (5) / Impact – Major (4) = Very High (20)</p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>Very High (20)</td> <td>Very High (25)</td> </tr> <tr> <td>Likely (4)</td> <td>Low (4)</td> <td>Medium (8)</td> <td>High (12)</td> <td>Very High (16)</td> <td>Very High (20)</td> </tr> <tr> <td>Possible (3)</td> <td>Low (3)</td> <td>Medium (6)</td> <td>Medium (9)</td> <td>High (12)</td> <td>High (15)</td> </tr> <tr> <td>Unlikely (2)</td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td>Medium (8)</td> <td>High (10)</td> </tr> <tr> <td>Rare (1)</td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table>	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)	<p>Risk Appetite</p> <p>Averse Cautious Moderate Open Willing</p> <p>Medium</p>
Likelihood	Impact																																											
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)																																							
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Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)																																							
<p>Linked Risks:</p> <p>ID 4636</p>		<p>Risk Performance over time chart</p> <p>Risk ID 4638 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Moderate)</p> <p>The chart shows a constant Current Risk Level of 20 (Very High) and a constant Risk Tolerance of 12 (High) from September 2023 to December 2024. A vertical arrow points to the current risk level, labeled 'Projected risk levels'.</p>	<p>Risk Tolerance</p> <p>Likelihood – Possible (3) Impact – Major (4)</p> <p>Score High - 12</p>																																									

Assurance and Review Groups 1. PPSG 2. 2030 Steering Group 3. OLT 4. Executive Team 5. CGC 6. SGC 7. ARC 8. Weekly data report to Board members	Risk Owner Chief Operating Officer / Deputy Chief Executive	Risk Handler Regional Directors	Last Review Date 06/09/2024
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.	<p>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.</p> <p>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.</p> <p>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</p>	<p>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.</p> <p>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 relies on all NHS Boards.</p>	Medical Director

	<p>processes. This is now being fully implemented.</p> <p>Percentage completion of action: action plans are in place across all regions, SAS local actions at 100% completion, further detail on these actions are described below.</p>		
<p><u>Detailed Actions in place to address specific areas of concern regarding HTATs</u></p> <p>NHS Grampian</p> <ul style="list-style-type: none"> • Joint improvement work continues through Joint improvement plans although sustainable improvement is required. • Weekly joint meetings in place with SAS and NHS Grampian • Escalation framework developed with underpinning SOPs including escalation to the SAS CEO. This includes an agreed process for offloading a patient to allow for a conveying Ambulance to respond to a purple call. • Dedicated communications link between ARIH and SAS to improve the discharge of patients • Additional Clinical Team Leader in place in ARIH • SBAR developed by SAS around the admission priorities for patients who self-present to ED vs Ambulance patients • Frailty response car being tested • Cancer helpline being launched in Grampian • Alcohol specific pathway being drafted • Improved access to mental health support out of hours • Dynamic Divert Protocol agreed. 	<p>The actions outlined here in terms of ‘call before you convey’, use of ‘flow navigation centres’, the SAS ‘integrated clinical hub’, use of ‘advanced practitioners’, ‘pathways’ and the strengthening of NHS 24 collaboration are extremely effective in reducing the requirements for patients attending ED’s all within the principles of Right Care in the Right Place. However, improvements are required and Health Board engagement and delivery of their actions is key to this.</p> <p>Escalation processes are in place across the Country at the most senior level to tackle these issues.</p> <p>In addition, Chair and Chief Executive direct intervention has been actioned in relation to Grampian Health Board. Meetings involving Scottish Government are also taking place.</p>	<p>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.</p>	<p>Chief Operating Officer</p>

West Region - NHS Lanarkshire, NHS Ayrshire & Arran and NHS Greater Glasgow and Clyde

- SG improvement teams are co-located within key sites and the region continues to contribute to the delivery of the joint improvement plans as described above.
- Hospital Ambulance Liaison Officer rosters are being adjusted to better suit demand with gaps covered by clinical team leaders.
- Escalation is in place to the West Senior Leadership Team and the SAS Chief Operating Officer.
- Daily operational huddles in place.
- SAS are monitoring hospital handover screen compliance.
- TAT action plans in place and agreed through Regional Senior Leadership Team.
- QEUH – focused on waits longer than 120 mins with dedicated push at 90 minutes to arrange movement into ED.
- Patients are being managed at point of call, on scene and through pathways which are being optimised to reduce the requirement for ED attendance.
- Ambulance Clinicians continue to be engaged to support call before you convey initiatives with a particular focus on GG&C and Lanarkshire.
- There is consistent use of pathways which improves non-conveyance rates.
- Frailty pathway due to go live end July 2024
- NHS Lanarkshire developing Flow Navigation model and looking at increased virtual capacity.

East Region

- Joint improvement work continues through Joint improvement plans although improvement is required. Good engagement is taking place at all

<p>sites with a particular focus on Lothian, Forth Valley and Fife where the biggest impacts are experienced.</p> <ul style="list-style-type: none"> • From 1st July refreshed frailty and nursing home pathway went live in NHS Lothian which gave crews increased access to Prof to Prof support. • From 1st July SAS crews were able to refer in the Western General Medical Assessment Unit. • Daily reviews take place of PTS patients to increase discharge capacity from ERI. • Continuing to test use of consultant connect across Forth Valley addressing some initial challenges with the process with the acute site. • Dedicated prof to prof support went live in St Johns providing 24/7 access to a consultant. • Borders staff now have access to a 24/7 mental health pathway with ability to access relevant patient information via phone prior to attending the patient. • Across NHS Fife Paramedics now have access to prof to prof support for mental health calls via the UCAT Team. 			
<p>SAS Integrated Clinical Hub to support improved management of patients at point of call. The Hub Manager has been appointed with full operational optimisation by Winter 2023.</p>	<p>The funding position for 2023-24 implemented a multi-disciplinary clinical team supported by a Leadership and Management structure for the Hub. An evaluation report has been completed and the funding for a further two years has been approved by the Executive team.</p> <p>Percentage completion of action: Clinical Hub in place with close monitoring – further work to optimise in advance of Winter 24-25. This will be completed by September 2024.</p>	<p>Impact on Risk: Improved patient safety, reduction in ambulance dispatch through calls closed at point of call; increased ambulance availability; utilising alternatives to ED.</p> <p>Reduces likelihood / consequence of risk</p> <p>4 – effective – reduces 61-80% of the risk</p>	<p>Medical Director</p>

<p>National Urgent & Unscheduled Care Collaborative - national programme to optimise flow end to end from pre-hospital care delivering care closer to home.</p> <p>SAS are aligned to the National Unscheduled Care Programme designed to deliver Right Care in the Right Place and improve the unscheduled care experience of both patients and staff. This is strengthened by the work with individual health board partners as well as health and social care partnerships.</p> <p>Improving access to a range of community pathways as well as the continued implementation of Call Before You Convey through Board Flow Navigation Centres.</p> <p>Refreshed improvement plan in place for 2024-25. The work on improving and maximising Flow Navigation Centres is also included within this action update.</p>	<p>Priority Action remains ongoing to reduce variation across the country and promote use of alternative pathways for patients with urgent care needs. Improved numbers of patients managed on-scene during 2023-24 and refreshed action plan now in place.</p> <p>Call Before You Convey with access to senior decision support now available in majority of health board partners through FNCs (though configuration remains different). Improved utilisation and increased pathway availability remain key areas of focus.</p> <p>Pathways team established and working closely with SAS regional teams to understand and address local variation and implement principles of realistic medicine.</p> <p>Percentage completion of action: Call Before Convey is fully established in majority of health board areas with ongoing discussions to optimise access.</p>	<p>Impact on risk: mitigations in place to minimise the service pressure impact</p> <p>4 – effective – reduces 61-80% of the risk</p>	<p>Clinical Services Transformation Manager</p>
<p>Full implementation of the SAS navigation pathway hub. Central pathways hub established aligned to pathways team. Proactive and Preventative referrals with the aim of connecting patients with services that best meet their needs including falls referrals, Alcohol and Drug partnerships and emerging expanding work with third sector based on model. Improved connections with social services in place and working well.</p>	<p>Pathways Hub now well established within SAS providing a single point of contact for frontline clinicians to connect patients with services that best meet their needs. Building upon the sustained improvement in performance during 23/24, funding of £0.9m has been approved for 24/25 with a further improvement in performance agreed.</p>	<p>Reduce impact</p> <p>4 – effective – reduces 61-80% of the risk</p>	<p>Clinical Services Transformation Manager</p>

	<p>We are continuing expansion and development of the SAS Pathways Hub to promote and improve proactive and preventative referrals aligned to the aims of the Unscheduled Care programme of Right Care, Right Place.</p> <p>Work underway with significant partners in the third sector to improve the offering of the Pathways Hub and address gaps in provision.</p> <p>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.</p>		
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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.

The risk over time has been estimated as not reducing until specific key actions are in place from those specific Health Board areas.

Link to 2030 Strategy Ambitions

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

Linked Risks:

ID 4638
ID 4636

Corporate Risk ID No: 5062

Risk Title

Failure to achieve financial target

Risk Description

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

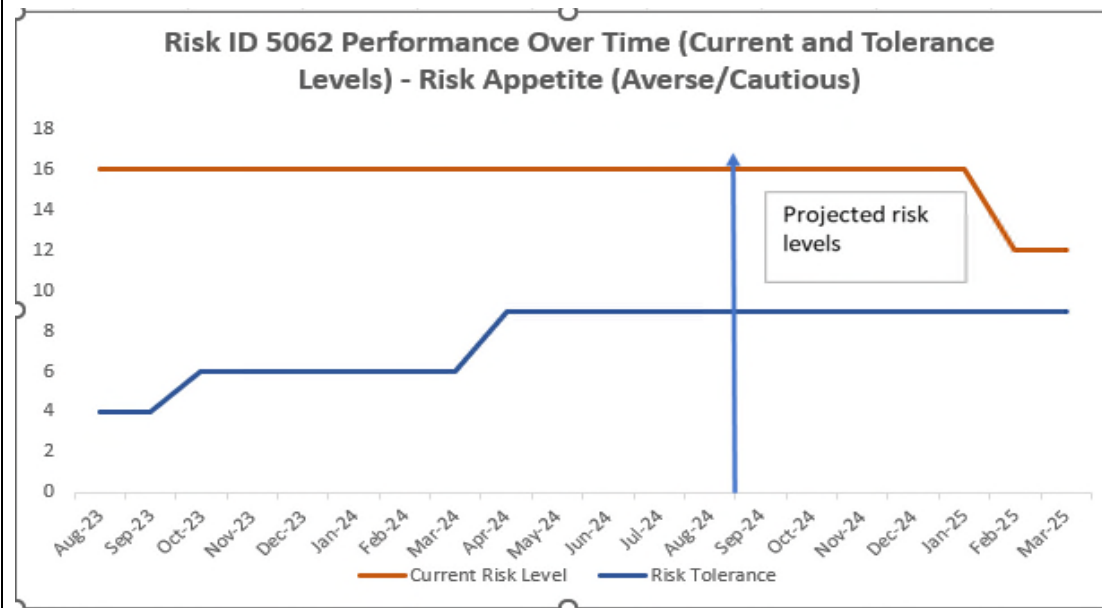
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

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

Risk Performance over time chart



Risk 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 06/09/2024
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk & Effectiveness of action	Owner
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. As part of the Quarter 1 financial reporting, a revised full year forecast has been completed on a best, likely and worst-case scenario. Delivery of the best-case scenario remains the key focus at this stage in the financial year.	Actions in delivering the plan from April 2024, as described within the financial plan. This is also now being supported by a weekly executive team finance meeting, this will focus on key financial and operational issues. Revised full year forecast has been agreed and the likely scenario is now being implemented. Whilst this has been agreed with Scottish Government, the focus remains on reducing this where possible.	Reduce impact 4 – effective – reduces 61-80% of the risk	Director of Finance, Logistics and Strategy
In relation to 24-25 efficiency savings, a back to balance action plan is in place with agreed efficiency plans for up to £9.1m of the full £12m annual 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.	Best Value meetings in place and reporting on progress monthly to the PPSG. Agreed governance processes have been approved at the BV Steering group meeting on the 5 th June. Mandates are completed for each programme. A full year trajectory has been completed and will be reviewed on a weekly/monthly basis. Percentage completion of action: 40% (as reported at month 5)	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. Discussions on funding will continue with	Additional recurring funding of £5m has been received in June 2024. The balance of the COVID pressures funding	Reduce impact	Director of Finance,

<p>Scottish Government. The total estimated cost in 24/25 is £12m.</p>	<p>remains outstanding and discussions will continue with Scottish Government, in addition to continual review of the expenditure and demonstration of the risks if removed.</p>	<p>4 –effective – reduces 61-80% of the risk</p>	<p>Logistics and Strategy</p>
<p>A financial recovery escalation plan is being completed describing the actions to be considered if the financial position deteriorates from the financial plan.</p>	<p>This was agreed by the Executive team in March 2024 and the Board in May 2024. Key triggers will be reviewed each month with a number of actions being pursued at the weekly exec meeting</p>	<p>Reduce impact 3- Moderately effective – reduces 41-60% of the risk</p>	<p>Director of Finance, Logistics and Strategy</p>
<p>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. This would likely impact on future funding and developments within the Service.</p>			

Link to 2030 Strategy Ambitions

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

Linked Risks:

Corporate Risk ID No: 5602

Risk Title

Service's defence against a Cyber Attack

Risk Description

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

Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

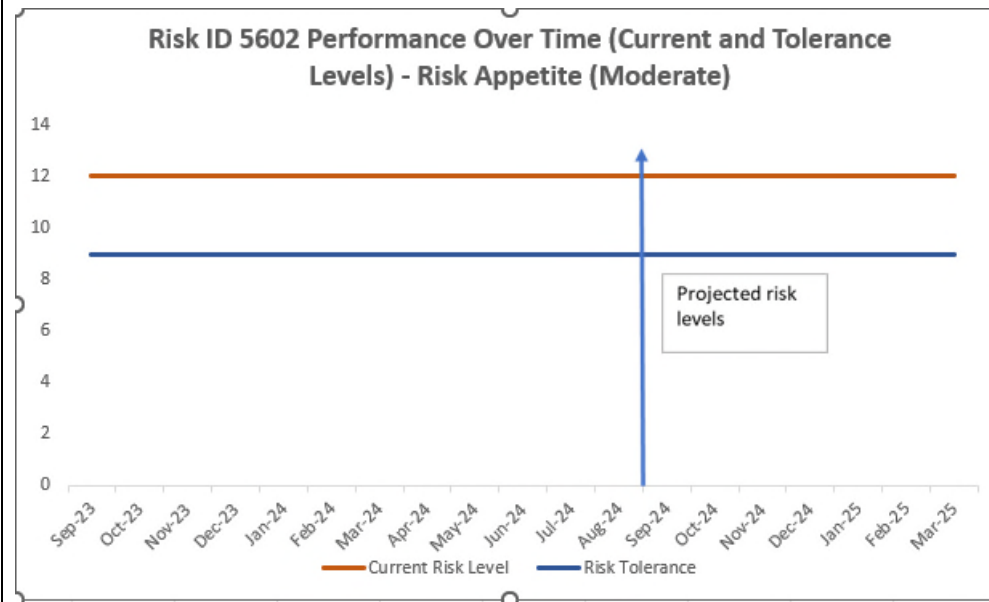
Likelihood – Possible (3) / Impact – Major (4) = **High (12)**

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

Risk Appetite

Averse
Cautious
Moderate
Open
Willing

Risk Performance over time chart



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. PPSG 5. 2030 Steering Group	Risk Owner Director of Finance Logistics and Strategy	Risk Handler Head of Infrastructure and Security	Last Review Date 06/09/2024
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 Galloway.	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	
Continue to progress removal of unsupported Windows Operating System from SAS estate.	Frequency: Works in progress with indicative target date of End 2024	Reduced likelihood	ICT Governance and Compliance Manager
Improvement in exposure and secure score baselines to meet the identified benchmark from Microsoft.	Frequency: Continuing element with monthly reporting via KPI.	Reduced likelihood	ICT Governance and Compliance Manager

Link to 2030 Strategy Ambitions

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

Linked Risks:

Corporate Risk ID No: 5603

Risk Title

Maintaining required service levels – Business Continuity

Risk Description

There is a risk that SAS will not be able to maintain required service levels **Because of** disruption to SAS ICT solutions (e.g., due to a cyber-attack or power outage) or an event as a result of the impact of climate change) **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)**

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 Appetite

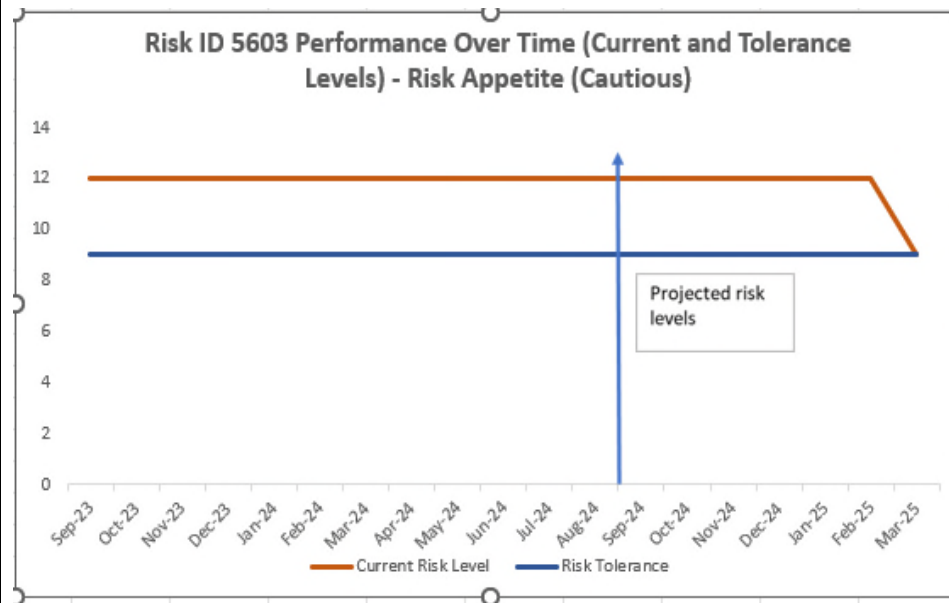
Averse
Cautious
Moderate
Open
Willing

Risk Tolerance

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

Score **Medium - 9**

Risk Performance over time chart



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 06/09/2024
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Migrate existing Business Continuity Plans to the Business Continuity Management System (BCMS) Continuity2.	Frequency: Annual Review Percentage completion of action: 42% . 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. Currently 78% of BIAs on system are signed off and 67% of BC Plans are signed off. 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 42% 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 BIAs are sitting at 78% and Plan section is sitting at 67% 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

<p>Exercise BCPs within functional areas to identify areas of good practice and areas for improvement and or amendment.</p>	<p>Frequency: Annual Exercise and reporting to Resilience Committee if corrective action required.</p> <p>Percentage completion of action: 42% - 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.</p>	<p>Reduce Impact</p> <p>4 –effective – reduces 61-80% of the risk</p>	<p>Business Continuity Manager</p>
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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.

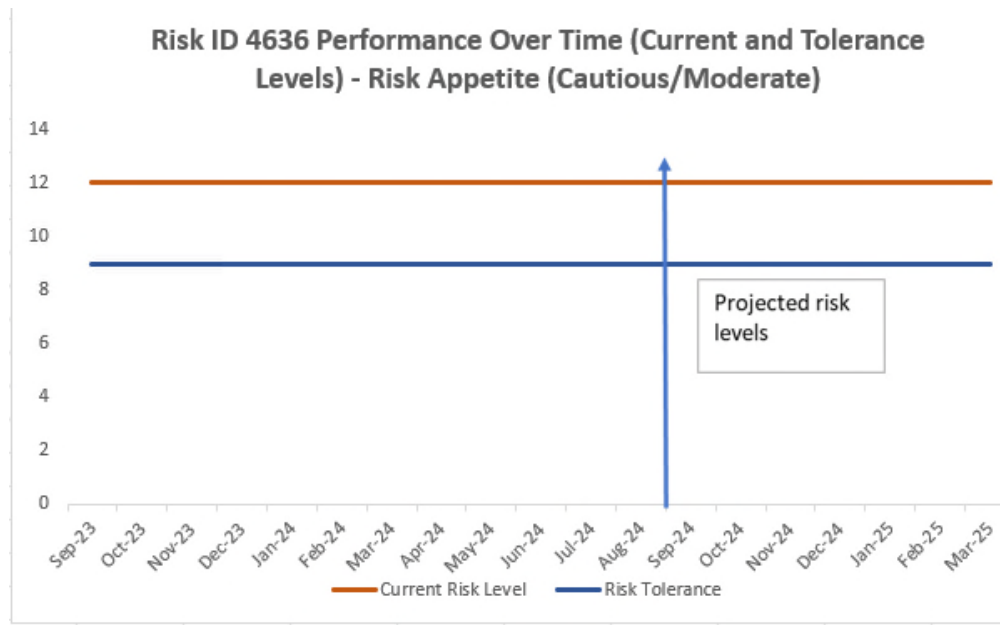
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

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
 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 06/09/2024
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
Rest Break compliance has improved significantly following implementation of the enhanced protection for staff. Once the Service is confident that compliance has stabilised this will be rolled into business as usual following a review in partnership.	September 2024	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
<p>A short life working group has been established to develop and implement a new enhanced absence reporting process by the end of September 24. The new process will include the reporting of absence directly to a manager to enable early support and intervention.</p> <p>In addition, a strategic planner has been put in place who will work with the Regions to support with a deep dive analysis into absence to help gain a better insight into patterns, absence drivers and the relationship between absence reasons and rates by various factors.</p> <p>A review of Occupational Health will run in parallel to this work.</p> <p>An escalation process is also in place to HR managers regarding absence.</p>	New process by September 2024 with SLWG in place through 2024-2025 reporting to the Best Value programme.	Reduce likelihood 4 –effective – reduces 61-80% of the risk	Director of Workforce
An escalation process is in place to senior HR Managers regarding Employment Relation (ER) cases with an ER Hub having a positive effect managing case loads.	Complete	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
The Reduction in Working Week programme has been put in place till March 2026 to take forward the reduction in hours for agenda for change staff.	Programme in place - March 2026	Reduce likelihood	Director of Workforce

		3 – Moderately effective – reduces 41-60% of the risk	
Fatigue policy to be agreed and implemented.	September 2024	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
Implementation of the Workforce Health and Wellbeing Strategy 2024-2027.	The new strategy was approved by the Board in July 2024. Percentage completion of action: 0%	Reduce likelihood Implementation of the actions contained within the strategy is fundamental to reducing the risk to within tolerance. 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:

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)**

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 Appetite

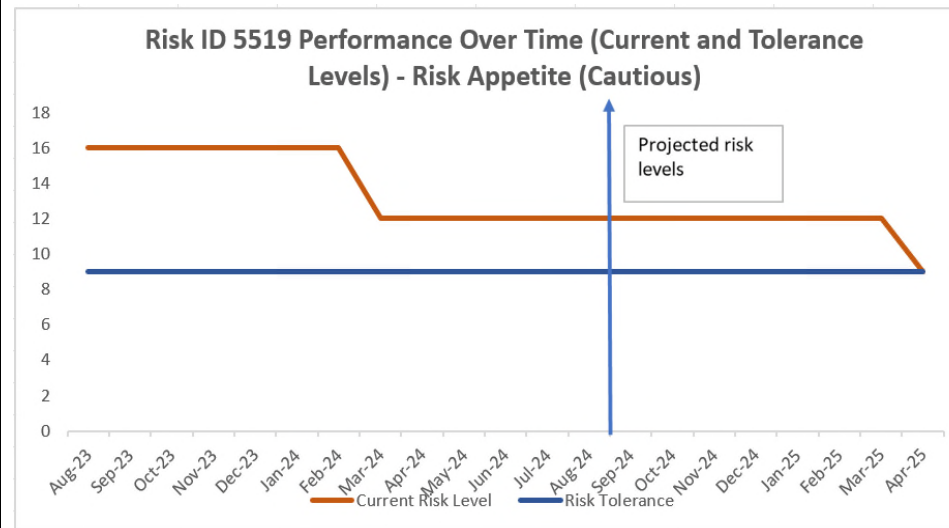
Averse
Cautious
 Moderate
 Open
 Willing

Risk Tolerance

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

Score
Medium - 9

Risk Performance over time chart



Assurance and Review Groups 1: Staff Governance Committee	Risk Owner Director of Workforce	Risk Handler	Last Review Date 04/09/2024
Mitigating Controls with Indication of Timescales and Effect			
Mitigating Controls	Delivery Date	Effect on Risk	Owner
<p>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.</p> <p>All Staff Statutory and Mandatory is on Turas and went live on 2/11/2023.</p>	<p>Action plan has been presented to the Executive Team in September 2023 and is in progress with all TURAS modules now live with staff completing the modules. A reporting structure is now in place with the first reports presented to the Staff Governance Committee in June 2024.</p> <p>Statutory & Mandatory training per job role is now being taken forward as part of Phase 2 with project management support in place. The first meeting took place in August 2024.</p> <p>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.</p>	<p>Reduce Impact</p> <p>5 – very effective – reduces 80-100% of the risk</p> <p>The risk level will be further reviewed once the face to face elements are in place which should reduce the risk to within tolerance.</p>	Director of Workforce
Statutory and mandatory training has been incorporated into the corporate induction programme and staff are informed that the statutory and Mandatory training is required to be completed within 4 weeks of joining SAS. This has also been added into the Induction Checklist.	Complete.	<p>Reduce Impact</p> <p>4 –effective – reduces 61-80% of the risk</p>	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.

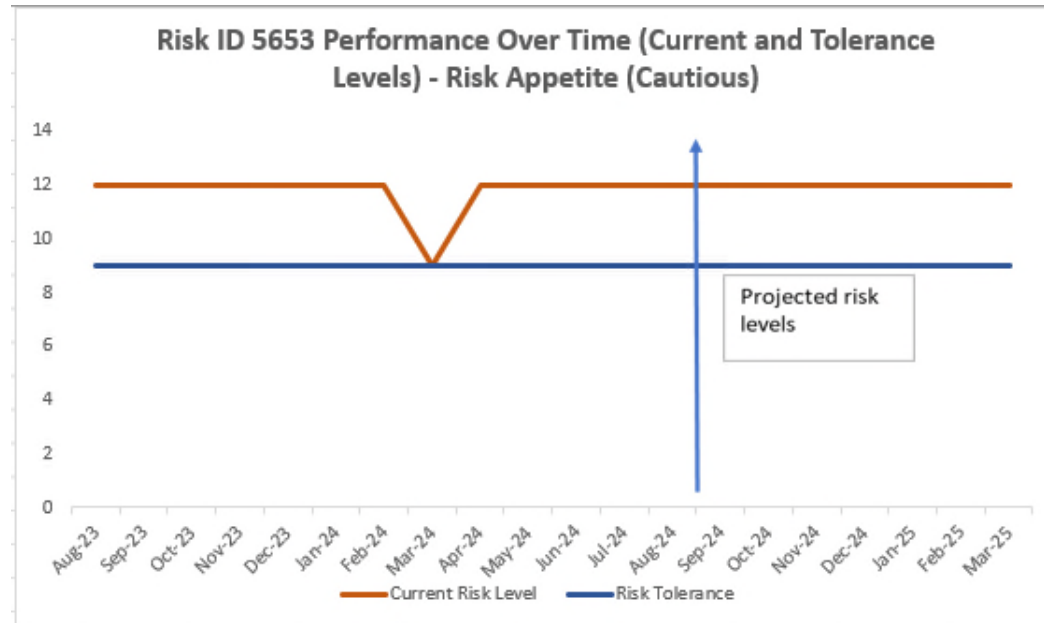
Risk Assessment (Current, Appetite and Tolerance Levels)

Current Risk Level

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

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

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 Director of Workforce	Last Review Date 06/09/2024
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
Review and monitoring of the compliance with Once for Scotland policies and procedures.	In place with ongoing monitoring	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
Policy Review Group reviews regular compliance with Service policies.	In place with ongoing monitoring	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
Executive team to launch major cultural program of work to embed culture change within the Organisation.	This includes the Annual Speak up Week Taking place in October 2024 – takes place annually and the Healthy culture week which took place in June 2024.	Reduce likelihood 4 –effective – reduces 61-80% of the risk This program of work is fundamental to reducing the risk to within tolerance.	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
The revamped virtual Induction Programme has been launched.	Programme went live on Turas in June 2024.	Reduce likelihood 4 –effective – reduces 61-80% of the risk	Director of Workforce

<p>The Board approved action plan following the good governance self-assessment has agreed a programme of work aiming to mitigate this risk</p>	<p>Programme of work defined with meetings taking place to describe actions and timescales. Overall timescale is March 2025.</p>	<p>Reduce likelihood 4 –effective – reduces 61-80% of the risk.</p>	<p>Director of Workforce</p>
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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)