



**NOT PROTECTIVELY MARKED**

<b>PUBLIC BOARD MEETING</b>		<b>28 January 2026</b>
		<b>Item 07</b>
<b>THIS PAPER IS FOR APPROVAL</b>		
<b>CORPORATE RISK REGISTER - PUBLIC</b>		
<b>Lead Director Author</b>	Julie Carter, Director of Finance, Logistics and Strategy Sarah Stevenson, Risk Manager	
<b>Action required</b>	The Board is asked to: <ul style="list-style-type: none"><li>• <b>Review and approve the Corporate Risk Register and note</b> the actions in place and the assurance provided that the risks are being managed and controlled effectively. The Board are asked to specifically note the updated risk descriptions for the workforce risks - IDs 5888 and 5889. All changes are highlighted red.</li></ul>	
<b>Key points</b>	The attached Corporate Risk Register provides: <ul style="list-style-type: none"><li>- Detail of the highest level of risks the Board is currently managing in delivering our agreed outcomes.</li><li>- Assurance on the risk management mitigations and considers if they are effective and efficient.</li><li>- The gaps between the current risk level and our risk tolerance (defined as the risk level after taking account of the controls in place) and to agree if any further work is required to address the current gaps.</li><li>- Confirmation of the corporate risk profile and risk appetite status with a heat map on the risk profile in month.</li></ul>	
<b>Timing</b>	All risks have been reviewed and are planned for review via a schedule in accordance with policy.	
<b>Associated Corporate Risk Identification</b>	Details the risks contained in the public Corporate Risk Register.	
<b>Link to Corporate Ambitions</b>	Links to all 2030 Ambitions.	

<b>Link to NHS Scotland's Quality Ambitions</b>	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of recurrence.
<b>Benefit to Patients</b>	Identification and management of patient safety risks.
<b>Equality and Diversity</b>	None identified



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## **SCOTTISH AMBULANCE SERVICE BOARD**

## **CORPORATE RISK REGISTER JANUARY 2026 (Public)**

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**SARAH STEVENSON, RISK MANAGER**

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### **SECTION 1: PURPOSE**

This paper is to present the Corporate Risk Register to the Board.

The attached Corporate Risk Register (**Appendix A**) provides:

- Detail of the highest level of risks the Board is currently managing in delivering our agreed outcomes.
- Assurance on the risk management mitigations to consider if they are effective and efficient.
- The gaps between the current risk level and our risk tolerance (defined as the risk level after taking account of the controls in place) and agree if any further work is required to address the current gaps.
- The corporate risk profile and risk appetite status with a heat map on the risk profile in month.

This enables the Board to oversee the key corporate risks of the Service and:

- Be assured that the description, mitigating controls, assessed level of risk and individual risk tolerance reflect the actual risk.
- Seek assurance from the risk owners that the mitigating controls and actions remain in place and are operating as intended.

### **SECTION 2: RECOMMENDATIONS**

The Board is asked to:

- **Review and approve 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.

### **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

Doc: Corporate Risk Register Public	Page 1	Author: Risk Manager
Date 2026-01-28	Version 1.0	Review Date: N/A

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 sub-committee level.

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

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

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

**Appendix A** contains the updated Corporate Risk Register, as at **January 2026** 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 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**

Doc: Corporate Risk Register Public	Page 2	Author: Risk Manager
Date 2026-01-28	Version 1.0	Review Date: N/A

We have 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

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

ID	Descriptor	Current Level
4638	<p><b>Hospital Handover Delays</b>  <b>There is a risk</b> to patient safety and staff wellbeing  <b>Because of</b>                      Delays in handing over patients at hospital beyond the 15-minute patient safety standard  <b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <li>• Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition.</li> <li>• Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals.</li> <li>• Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments.</li> <li>• 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. Also, staff are not trained or resourced to deliver continuing care, promoting job dissatisfaction.</li> </ul>	Very High
5062	<p><b>Failure to achieve financial target</b>  <b>There is a risk that</b>                      we do not achieve our financial targets and our 3-year financial plan  <b>Because of</b>                      non-delivery of efficiency savings and coping with increasing cost, operational and whole system pressures  <b>Resulting in</b>                      an inability to ensure Financial Sustainability and Improve Value.</p>	Very High
5602	<p><b>Service's defence against a Cyber Attack</b>  <b>There is a risk that</b>                      the Service's digital and/or communications estate suffers a cyber attack  <b>Because of</b>                      ineffective security controls  <b>Resulting in</b>                      an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.</p>	High

5603	<p><b>Maintaining required service levels (Business Continuity)</b></p> <p><b>There is a risk that</b> The Service will not be able to maintain required service levels</p> <p><b>Because of</b> disruption to the Service's or external 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><b>Resulting in</b> an impact on patient and staff safety and public / political confidence.</p>	High
4636	<p><b>Health and wellbeing of staff affected</b></p> <p><b>There is a risk that</b> the health and wellbeing of our staff is being negatively affected</p> <p><b>Because of</b> system pressures in combination with the mental and physical health demands of working in an emergency ambulance service</p> <p><b>Resulting in</b> an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	High
5653	<p><b>Organisational Culture</b></p> <p><b>There is a risk that</b> Some SAS staff feel unable to speak-up about issues they experience, including bullying, misogyny, sexual safety and discrimination</p> <p><b>Because of</b> a culture that is unhealthy in some areas</p> <p><b>Resulting in</b> 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
5887	<p><b>Service Transformation (Change Management)</b></p> <p><b>There is a risk that</b> we do not implement and embed change optimally</p> <p><b>Because of</b> a lack of capacity, skills, resources and time</p> <p><b>Resulting in</b> slower or no improvements in performance, resources being inefficient in some areas and an inability to respond optimally to innovations and digital implementation.</p>	High
5888	<p><b>Workforce Planning</b></p> <p><b>There is a risk that</b> we do not have the right workforce in place</p> <p><b>Because of</b> ineffective workforce modelling and forecasting</p> <p><b>Resulting in</b> higher vacancy rates leading to reduced performance, impact to Service delivery, increased costs and inefficient skills mix. <b>This also impacts on support Services, e.g. EPDD ability to strategically and operationally plan their resources.</b></p>	High
5889	<p><b>Future Workforce</b></p> <p><b>There is a risk that</b> we do not have the right workforce in place to meet our future needs</p> <p><b>Because of</b> the <b>uncertain national landscape and how this will impact the</b> changing skillset requirements of our workforce, including digital capability and the ability to respond to wider system and partner requirements</p> <p><b>Resulting in</b> the service not having the workforce we require to meet our changing demands.</p>	High
5891	<p><b>Collaborative Working</b></p> <p><b>There is a risk that</b> we don't maximise collective public service delivery for communities</p> <p><b>Because of</b> the lack of ability to work across public sector silos</p> <p><b>Resulting in</b> growing inequalities, poor delivery for communities and inefficient use of resources.</p>	High

The Performance and Planning Steering Group (PPSG) met on the 13<sup>th</sup> January 2026 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.

### 4.3 Corporate Risk Profile as of January 2026

The Heatmap below shows the 10 Public Corporate Risks assessed against their current likelihood and impact of exposure (current risk level) as of January 2026.

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 8 within the high-risk rating.

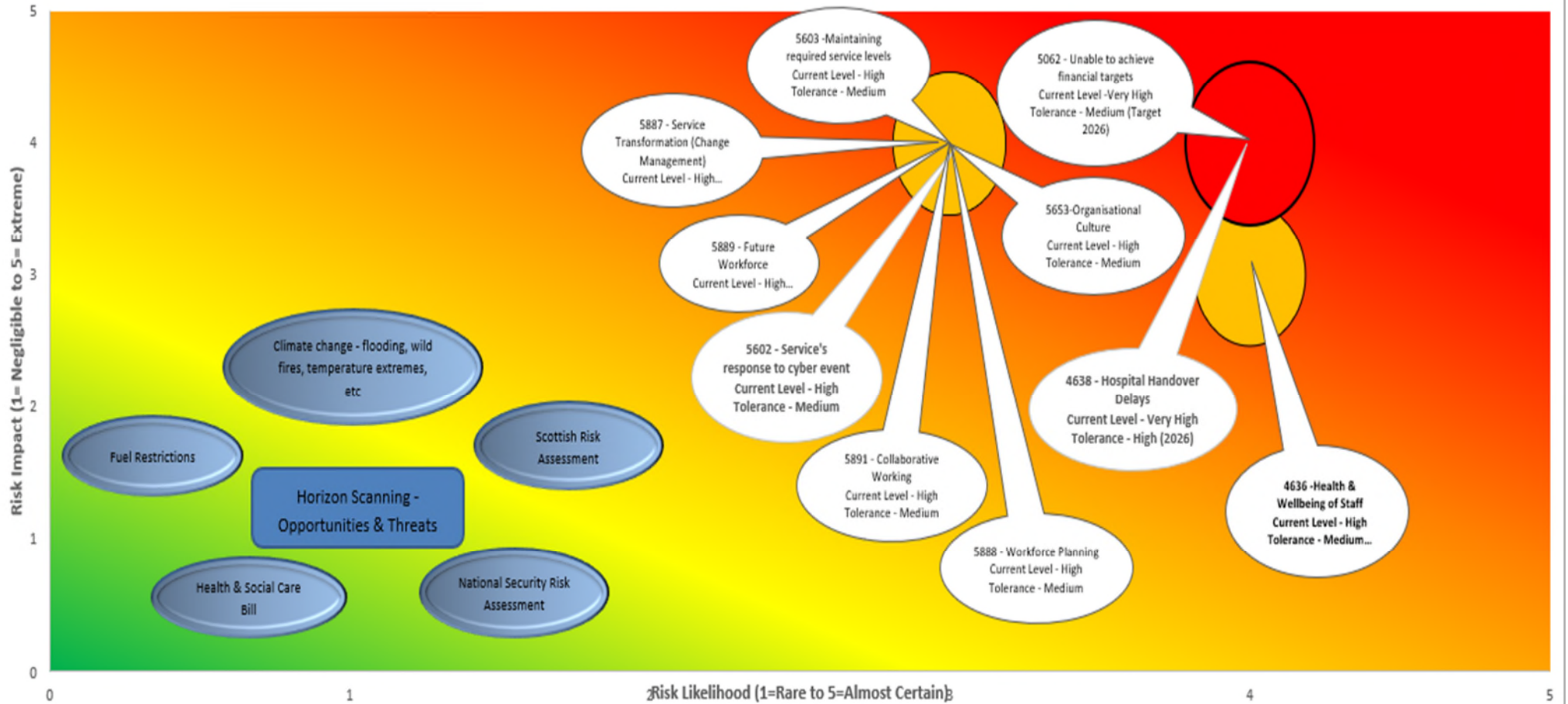
		Impact/Consequences				
		Negligible	Minor	Moderate	Major	Extreme
Likelihood	Almost Certain				1	
	Likely			1	1	
	Possible				7	
	Unlikely					
	Rare					

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 and enables focused discussions and decision making.

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

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

## Public Corporate Risks - 'Heatmap' - January 2026



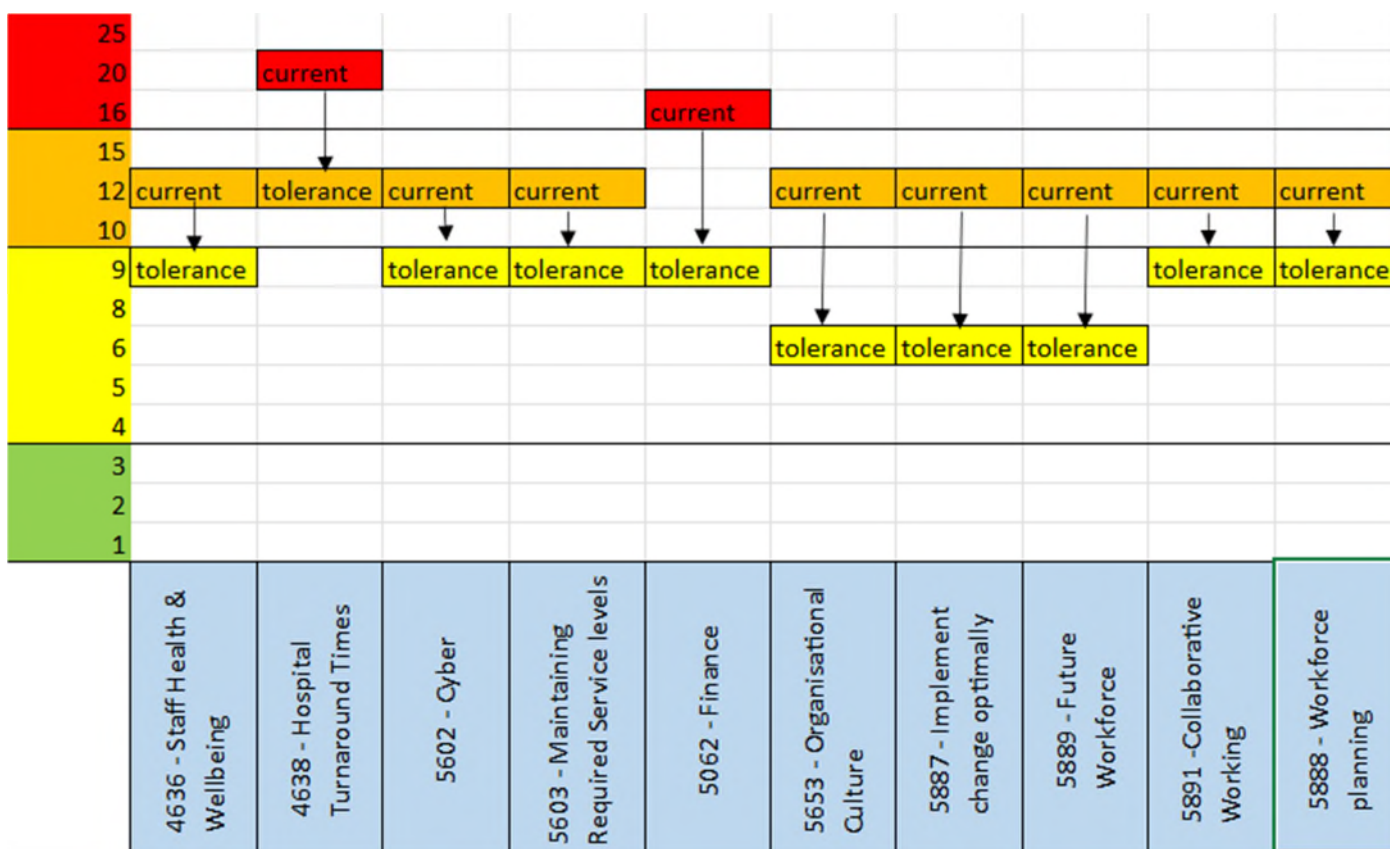
#### 4.4 Risk Dashboard – Risk Waterfall Chart

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.



## 4.5 Interconnected and Future Risks

We also review the reporting of our **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 the Services Strategic Outcomes. This is aiming to show that the risks with the higher impact across the range of risk headings and strategic outcomes 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)								
<i>Appetite for risk assessed within financial and regulatory compliance whilst maintaining high quality, safe, effective and person-centred services</i>		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 5653 Org Culture	Workforce Risks 5888 & 5889 x2 Workforce Planning	Risk 5887 Change Mgt	Risk 5891 Collab Working
Financial – <i>how much risk are we willing to take in pursuit of our objective for financial sustainability?</i>	Low to Cautious	Impacting on ability to break even	Impact on financial delivery	Impact on financial delivery depending on severity of cyber attack	Some impact	Some impact	Some impact	Significant impact	Some impact	Minimal impact
Workforce Experience – <i>how much risk are we willing to accept in the pursuit of our objective to maximise our workforce experience?</i>	Cautious to Moderate	Impacting on rest breaks, shift overruns	Some impact	Some impact	Some impact	Significant impact	Significant impact	Significant impact	Minimal impact	Some impact
Public Confidence – <i>how much risk are we willing to accept to maintain our public confidence?</i>	Cautious	Likelihood of adverse media and public comms	Mitigated at the moment as impacting all public bodies	Significant impact	Significant impact	Some impact	Some impact	Some impact	Minimal impact	Some impact

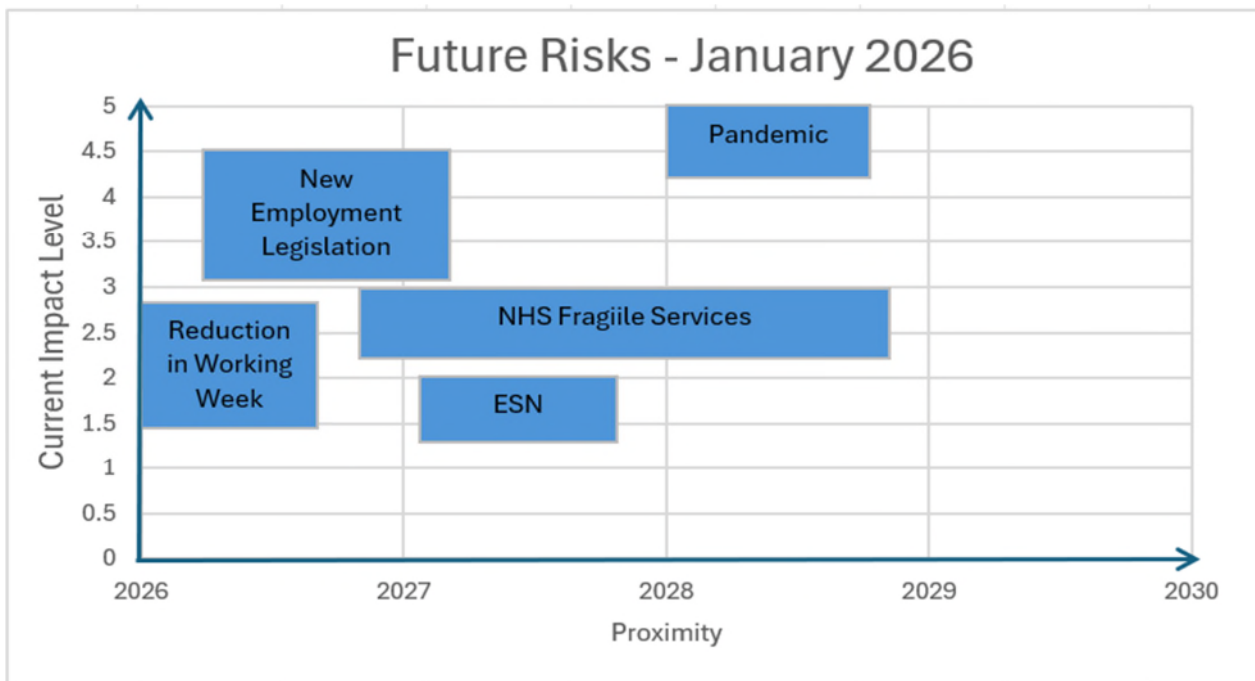
Patient Experience (including safety and quality) – <i>how much risk are we willing to accept to ensure we deliver a good patient experience?</i>	Cautious	High risk of patient experience in turnaround times	Minimal impact	Some impact	Some impact	Minimal impact	Minimal impact	Some impact	Some impact	Some impact
Service Delivery – <i>how much risk are we willing to accept to ensure we deliver service quality standards?</i>	Cautious to Moderate	Ambulances blocked at A&E and impacting on response times	Significant impact	Some impact	Some impact	Some impact	Minimal impact	Some impact	Some impact	Some impact
<b>Strategic Outcomes</b>										
<i>Save more lives</i>		Significantly Impacts	Minimal impact	Some impact	Some impact	Minimal impact	Minimal impact	Significantly Impacts	Minimal impact	Some impact
<i>Reduce inequalities</i>		Minimal impact	Minimal impact	Minimal impact	Minimal impact	Minimal impact	Minimal impact	Minimal impact	Minimal impact	Minimal impact
<i>Improve Health and Wellbeing</i>		Significantly Impacts	Some impact	Some impact	Some impact	Significantly Impacts	Significantly Impacts	Significantly Impacts	Minimal impact	Minimal impact

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

- ❖ Reading down the columns Risk 4638 – Hospital handover delays, is our greatest risk and currently has our most significant focus. This is because there are 4 high impact areas within our Risk Appetite Clusters and 2 high impact areas within our Strategic Outcomes rated red;
- ❖ 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 and associated public confidence;

- ❖ Reading across the columns within our Risk Appetite clusters workforce, finance, service delivery and public confidence are likely to have the greatest impact from our current corporate risks and when looking at our strategic outcomes improving health and wellbeing has the greatest impact from our Corporate Risks. Therefore, if these risks are realised there could be a significant impact on our progress, providing further assurance that the corporate risks are those most significant for the Service;
- ❖ Given the current financial challenges, the financial plans and annual delivery plan, describing our service delivery for 2025-26 are commissioned together where service delivery targets are agreed within the current financial plan;
- ❖ Reporting this at each Performance and Planning Steering Group, Audit and Risk Committee and Board meeting allows the Service to visually show these risks are reduced as we develop and implement our actions;
- ❖ Formal review of this reporting is undertaken throughout the year, however more specific reviews will be triggered during winter due to the extreme system pressures the Service faces. For example, we may identify there is a higher impact to our public confidence cluster as a result of the delayed handover risk during the winter period where the NHS system as a whole is under extreme pressure. This will continue to be reviewed at the Performance and Planning Steering Group throughout the Winter period;
- ❖ Following the Board development session, it was also agreed to consider the strategic aims of the Service, Saving More Lives, Reducing Inequalities and Improving Health and Wellbeing, against these risks, as part of the interdependency of risks review. This has been completed as noted above and will be reviewed on an ongoing basis.

Another area we have been refining our reporting of is our **'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 chart below shows the areas we are monitoring as 'future risks' with the 'x' axis displaying proximity which will assist in indicating a trigger date for review and the 'y' axis showing the potential impact level of the risk. As risks move closer in proximity we will initiate a deep dive review into the risk, considering the likelihood and impact. A brief description of what we mean by each risk area is shown below the table.



### Brief Description of Risk:

- Reduction in Working Week – currently a programme of work in place across the Service with the first half hour reduction in place, noting this may also be included within the current and future workforce risk analysis;
- NHS Fragile Services – this relates to the sustainability of some NHS Services and the subsequent impact this may have on the Service. It has been noted that this risk is likely to be spread over more than one year, as work progresses assessing specialty and/or location specific services. This has been reflected in the diagram above;
- ESN – implementation of the Emergency Services Network across the UK; The UK led business case is due to be received by the Service and a Board update was provided in September 2025 with a risk assessment undertaken. It was agreed this risk would remain as a future risk and formally reviewed following receipt of the updated business case;
- Pandemic – this remains on the UK National Risk Register;
- New Employment Legislation – this new Legislation is being proposed by the UK Government which may have significant Financial, Employment, Operational and Cultural implications for the Service.

This is a dynamic reporting tool and is reviewed for each meeting.

## 4.6 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 the reviewed tolerance levels highlighted red.

No	Descriptor	Suggested Related Risk Appetite Clusters and Score	Current Tolerance
4636	Health and wellbeing of staff affected	<ul style="list-style-type: none"> <li>Workforce Experience - Cautious–Moderate</li> </ul> <p>Current Appetite: Cautious–Moderate (Low-Medium)</p>	<p>Medium</p> <p>Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score 9</p>
4638	Hospital Handover Delays	<ul style="list-style-type: none"> <li>Public Confidence – Cautious</li> <li>Patient Experience – Cautious</li> <li>Service Delivery – Cautious - Moderate</li> <li>Emergency and Critical Care – Cautious - Moderate</li> <li>Partner Relations – Moderate - Open</li> <li>Whole System Transformation – Mod – open</li> </ul> <p>Current Appetite: Moderate (Medium)</p>	<p>High</p> <p>Likelihood – Possible (3) Impact – Major (4)</p> <p>Score 12</p>

5602	<b>Cyber Attack</b>	<ul style="list-style-type: none"> <li>Public Confidence – Cautious</li> <li>Clinical Technology – Moderate - Open</li> <li>Patient Experience – Cautious</li> <li>Emergency and Critical Care – Cautious - Moderate</li> </ul> <p><b>Current Appetite: Moderate (Medium)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Possible (3)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 9</b></p>
5603	<b>Maintaining required service levels</b>	<ul style="list-style-type: none"> <li>Public Confidence – Cautious</li> <li>Clinical Technology – Moderate - Open</li> <li>Patient Experience – Cautious</li> <li>Emergency and Critical Care – Cautious - Moderate</li> </ul> <p><b>Current Appetite: Moderate (Medium)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Unlikely (2)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 6</b></p>
5062	<b>Failure to achieve financial target</b>	<ul style="list-style-type: none"> <li>Financial – Averse</li> </ul> <p><b>Current appetite: Averse (Low)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Possible (3)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 9</b></p>
5653	<b>Organisational Culture</b>	<ul style="list-style-type: none"> <li>Workforce Experience - Cautious–Moderate</li> </ul> <p><b>Current Appetite: Cautious–Moderate (Low-Medium)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Unlikely (2)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 6</b></p>
5888	<b>Workforce Planning</b>	<ul style="list-style-type: none"> <li>Service Delivery – Cautious - Moderate</li> <li>Emergency and Critical Care – Cautious - Moderate</li> <li>Patient Experience – Cautious</li> <li>Workforce Experience - Cautious–Moderate</li> <li>Workforce redesign – Moderate - Open</li> <li>Remote &amp; Rural – Cautious - Moderate</li> </ul> <p><b>Current Appetite: Cautious–Moderate (Low-Medium)</b></p>	<p><b>Medium</b></p> <p><b>Likelihood – Possible (3)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 9</b></p>
5889	<b>Future Workforce</b>	<ul style="list-style-type: none"> <li>Service Delivery – Cautious - Moderate</li> <li>Emergency and Critical Care – Cautious - Moderate</li> <li>Patient Experience – Cautious</li> <li>Workforce Experience - Cautious–Moderate</li> <li>Workforce redesign – Moderate - Open</li> <li>Remote &amp; Rural – Cautious - Moderate</li> </ul>	<p><b>Medium</b></p> <p><b>Likelihood – Unlikely (2)</b> <b>Impact – Moderate (3)</b></p> <p><b>Score 6</b></p>

		<b>Current Appetite: Cautious–Moderate (Low-Medium)</b>	
5887	<b>Service Transformation (Change Management)</b>	<ul style="list-style-type: none"> <li>• Whole system transformation – Moderate – Open</li> <li>• Primary &amp; Community Care Transformation – Moderate - Open</li> <li>• Innovation and Research – Open</li> <li>• Digital Transformation – Moderate – Open</li> </ul> <b>Current Appetite: Moderate – Open (Medium)</b>	<b>Medium</b>  <b>Likelihood – Unlikely (2)</b> <b>Impact – Moderate (3)</b>  <b>Score 6</b>
5891	<b>Collaborative Working</b>	<ul style="list-style-type: none"> <li>• Whole system transformation – Moderate – Open</li> <li>• Partner Relations – Moderate - Open</li> <li>• Reducing Inequalities – Moderate – Open</li> <li>• Population Health – Moderate – Open</li> </ul> <b>Current Appetite: Moderate - Open (Medium)</b>	<b>Medium</b>  <b>Likelihood – Possible (3)</b> <b>Impact – Moderate (3)</b>  <b>Score 9</b>

# APPENDIX A – Corporate Risk Register

Risk Register: **Corporate Risk Register**

Last Updated: **13<sup>th</sup> January 2026**

<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.</p> <p>We will work collaboratively with citizens and our partners to create healthier and safer communities.</p>	<p><b>Corporate Risk ID No: 4638</b></p> <p><b>Risk Title</b> Hospital Turnaround Times</p> <p><b>Risk Description</b></p> <p><b>There is a risk</b> to patient safety and staff wellbeing <b>Because of</b> Delays in handing over patients at hospital beyond the 15-minute patient safety standard <b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <li>Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition.</li> <li>Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals.</li> <li>Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments.</li> <li>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</li> </ul>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p> <p><b>Current Risk Level</b> Likelihood – Almost Certain (5) / Impact – Major (4) = <b>Very High (20)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td><b>Very High (20)</b></td> <td>Very High (25)</td> </tr> <tr> <td>Likely (4)</td> <td>Low (4)</td> <td>Medium (8)</td> <td>High (12)</td> <td>Very High (16)</td> <td>Very High (20)</td> </tr> <tr> <td>Possible (3)</td> <td>Low (3)</td> <td>Medium (6)</td> <td>Medium (9)</td> <td>High (12)</td> <td>High (15)</td> </tr> <tr> <td>Unlikely (2)</td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td>Medium (8)</td> <td>High (10)</td> </tr> <tr> <td>Rare (1)</td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table> <p><b>Risk Performance over time chart</b></p> <p><b>Risk ID 4638 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Moderate)</b></p>	Likelihood	Impact					Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)	Almost Certain (5)	Medium (5)	High (10)	High (15)	<b>Very High (20)</b>	Very High (25)	Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)	Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Appetite</b></p> <p>Averse Cautious <b>Moderate</b> Open Willing</p> <p>Medium</p>
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<p><b>Linked Risks:</b></p> <p>ID 4636</p>	<p><b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <li>Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition.</li> <li>Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals.</li> <li>Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments.</li> <li>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</li> </ul>	<p><b>Risk Tolerance</b></p> <p>Likelihood – Possible (3) Impact – Major (4)</p> <p><b>Score</b> <b>High - 12</b></p>	<p><b>Risk Tolerance</b></p> <p>Likelihood – Possible (3) Impact – Major (4)</p> <p><b>Score</b> <b>High - 12</b></p>																																									

	work-life balance. Also, staff are not trained or resourced to deliver continuing care, promoting job dissatisfaction.		
<b>Assurance and Review Groups</b> 1. PPSG 2. 2030 Steering Group 3. OLT 4. Executive Team 5. CGC 6. SGC 7. ARC 8. Weekly data report to Board members	<b>Risk Owner</b> Chief Operating Officer / Deputy Chief Executive	<b>Risk Handler</b> Regional Directors	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
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. SOM in daily contact with acute sites re active management / escalation. Board updates on Turnaround Times  The Delayed Patient Handover Escalation Policy has been approved by the relevant groups within the Service	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 relies on all NHS Boards.	Medical Director

	<p>and has been communicated to staff including action cards and escalation 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><b><u>Detailed Actions in place to address specific areas of concern regarding Hospital Turnaround Times</u></b></p> <p><b>NHS Grampian</b></p> <ul style="list-style-type: none"> <li>• Joint improvement work continues through Joint improvement plans although sustainable improvement is required.</li> <li>• Weekly joint meetings in place with SAS and NHS Grampian along with tactical meetings. This plan includes a range of actions, one of which is to increase the number of available beds within the system.</li> <li>• 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.</li> <li>• Dedicated communications link between ARIH and SAS to improve the discharge of patients.</li> <li>• Additional Clinical Team Leader in place in ARIH.</li> <li>• Developing a shared dashboard.</li> <li>• New scheduling system being trialled to reduce the number of attendances at AMIA (Acute Medical Initial Assessment) at ARIH.</li> <li>• NHS Grampian cohorting test of change ongoing with capacity to take 3 patients into a corridor space. SAS requesting that this is increased to 6 at critical</li> </ul>	<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>

<p>points and in particular at SAS crew shift changeover times.</p> <ul style="list-style-type: none"> <li>• High Demand Escalation Table developed and running as a test of change for the Grampian area.</li> <li>• SBAR developed by SAS around the admission priorities for patients who self-present to ED vs Ambulance patients.</li> <li>• Frailty response car being tested</li> <li>• Cancer helpline being launched in Grampian</li> <li>• Alcohol specific pathway being drafted</li> <li>• Improved access to mental health support out of hours</li> <li>• Dynamic Divert Protocol agreed.</li> <li>• Continuing engagement with Health &amp; Social Care Partnerships and IJBs to develop new clinical pathways.</li> <li>• Work in place with NHS Highlands scoping the implementation of a Flow Navigation Centre</li> <li>• Continue to negotiate with NHS Grampian and ARI ED to have face to face triaging of patients by the consultant on duty at ARI.</li> <li>• Work has commenced between SAS and NHS Highland regarding a falls/frailty pathway.</li> <li>• Work to improve hospital flow through a Grampian transport hub.</li> <li>• <b>Additional HALOs in place at ARI.</b></li> </ul> <p>National Workstreams;</p> <ul style="list-style-type: none"> <li>• Further development of the High Intensity User programme in place with National Public Protection Team.</li> <li>• Thrombectomy Pathway being put in place to allow the Region to respond to the thrombectomy pathway to North Thrombectomy Centre in Dundee.</li> </ul>			
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<ul style="list-style-type: none"> <li>• Further work nationally on Hospital Arrival Hand Over Screen to link track care and C3 systems to further enhance quality of data.</li> </ul> <p><b>West Region - NHS Lanarkshire, NHS Ayrshire &amp; Arran and NHS Greater Glasgow and Clyde</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Hospital Ambulance Liaison Officer rosters are being adjusted to better suit demand with gaps covered by clinical team leaders.</li> <li>• Escalation is in place to the West Senior Leadership Team and the SAS Chief Operating Officer.</li> <li>• Daily operational huddles in place with NHSL, NHS GG&amp;C and NHS A&amp;A.</li> <li>• SAS are monitoring hospital handover screen compliance. An improvement plan is being developed, although technical issues remain regarding the accuracy and getting buy-in from ED staff to ensure compliance.</li> <li>• TAT action plans in place and agreed through Regional Senior Leadership Team.</li> <li>• QEUH – focused on waits longer than 120 mins with dedicated push at 90 minutes to arrange movement into ED.</li> <li>• Patients are being managed at point of call, on scene and through pathways which are being optimised to reduce the requirement for ED attendance.</li> <li>• Ambulance Clinicians continue to be engaged to support call before you convey initiatives with a particular focus on GG&amp;C and Lanarkshire. D&amp;G are also looking to develop a call before you convey model.</li> </ul>	<p>Regular meetings in place with NHS GG&amp;C, NHS Lanarkshire and NHS A&amp;A focussed on admission avoidance, FNC development and co-horting arrangements at point of crisis.</p> <p>Continued focus led by the RD and CTSM around co-design of Glasgow FNC, improvement in capacity and efficiency of existing FNC pathways and improvement in the Glasgow Falls Pathway.</p> <p>Ongoing co-ordination of the delivery of the revised FNC+ programme in NHS Lanarkshire and a revised AP integrated approach. Improved HALO cover and focus particularly around the Wishaw site.</p> <p>Regular dialogue with NHS A&amp;A at SAS COO level and continued focus locally in managing issues around performance at both Crosshouse and Ayr. HB/SAS winter event planned for mid-November to review and agree a revised action plan to reduce delays over winter. Regional winter plan developed to improve and enhance management and HALO capacity at key times.</p>		
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- Working with regional health board partners to improve our use of pathways supporting the principles of right care, right place.
- NHS Lanarkshire developing Flow Navigation model and looking at increased virtual capacity.
- We are working to improve call volume at Flow Navigation Centres.
- Continue to support ambulance clinicians in using these alternatives safely and through regional newsletters sharing examples of patient and crew experience.
- QEUH transport hub operational from 1<sup>st</sup> October 2025.

**East Region**

- Joint improvement work continues through Joint improvement plans although improvement is required. Good engagement is taking place at all sites with a particular focus on Lothian, Forth Valley and Fife where the biggest impacts are experienced.
- Across Fife and Lothian Frailty pathways are embedded as BAU. In Tayside and Forth Valley frailty is supported through consultant connect.
- SAS crews are able to refer in the Western General Medical Assessment Unit.
- Daily reviews take place of PTS patients to increase discharge capacity from ERI and The Victoria in Fife.
- Consultant connect now in place in Forth Valley and all available pathways being promoted locally.
- Dedicated prof to prof support in place at key sites.
- Winter escalation plans reviewed and tested.
- 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 all frontline staff now have access to prof to prof support for mental health calls via the UCAT Team.

<ul style="list-style-type: none"> <li>Tayside developing new pathways for district nursing, gynae and early pregnancy. Early stages of development.</li> </ul>			
<p>SAS Integrated Clinical Hub to support improved management of patients at point of call.</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. An internal audit has been completed and an action plan on the recommendations is in place.</p> <p>Test of Change in place over winter 2025/26 to expand the hub and improve triage capacity. <b>This has appeared to have had an impact on winter pressures and an evaluation report is being prepared.</b></p> <p>Percentage completion of action: Clinical Hub in place with close monitoring.</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 &amp; Unscheduled Care Collaborative - national programme to optimise flow end to end from pre-hospital care with the aim of delivering care closer to home.</p> <p>SAS work closely with the Centre for Sustainable Delivery and the programmes designed to deliver Right Care, 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>Priority Action remains ongoing to reduce variation across the country and promote use of alternative pathways for patients with urgent care needs. Number of patients managed on scene has remained stable and increasing in some areas.</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>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 work plan for 2025-26 with a focus on improved referrals to partners via FNCs, Primary Care, GPOOH and other alternatives to the ED.</p>	<p>Call Before You Convey with access to senior decision support now available in majority of health board partners through FNCs (though configuration of each FNC remains different). Improved utilisation and increased pathway availability as well as reliability remain key areas of focus.</p> <p>Percentage completion of action: Call Before Convey is in place in majority of health board areas with ongoing discussions to optimise access. However, variation in what is available as well as reliability of pathways can impact effectiveness.</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. We are seeing increasing numbers of referrals for Falls and Alcohol and Drug Pathways.</p> <p>We are continuing expansion and development of the SAS Pathways Hub to promote and improve proactive and preventative referrals aligned to our strategic aims as well as wider system.</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>Reduce impact</p> <p>4 – effective – reduces 61-80% of the risk</p>	<p>Clinical Services Transformation Manager</p>

	<p>Percentage completion of action: There are opportunities to increase the volume of referrals through the Pathways Hub and there is a focus at sub-region/station level to promote the benefits to patients and staff of utilising what is available.</p>		
<p>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.</p> <p>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.</p>			

<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5062</b></p> <p><b><u>Risk Title</u></b></p> <p><b>Failure to achieve financial target</b></p> <p><b><u>Risk Description</u></b></p> <p><b>There is a risk that we do not achieve our financial targets and our 3-year financial plan</b></p> <p><b>Because of non-delivery of efficiency savings and increasing costs in operational and whole system pressures</b></p> <p><b>Resulting in an inability to ensure Financial Sustainability and Improve Value.</b></p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>	<p><b>Risk Appetite</b></p>																																									
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<b>Assurance and Review Groups</b> <ol style="list-style-type: none"> <li>1. Best Value Project Group</li> <li>2. Executive Team</li> <li>3. PPSG</li> <li>4. Audit and Risk Committee</li> </ol>	<b>Risk Owner</b> Director of Finance, Logistics and Strategy	<b>Risk Handler</b> Deputy Director of Finance	<b>Last Review Date</b> <span style="color: red;">13/01/2026</span>
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk &amp; Effectiveness of action</b>	<b>Owner</b>
<p>Work on the 2025 - 2028 financial plan has been completed and describes the key financial pressures and planning assumptions and has been updated following the Scottish Government budget approval and confirmation of 25-26 funding assumptions. This financial plan has now been approved by Scottish Government.</p>	<p>The 3 year financial plan 2025-2028 was approved by Scottish Government on the 31<sup>st</sup> March 2025. Monitoring of progress against the plan is now reported on a monthly basis to the SAS Board and relevant governance groups. An updated financial forecast has been completed from month 4 and updated on a monthly basis. The month 6 forecast review has reduced the forecast deficit from £4.3m to £3.8m. <span style="color: red;">This has continued to be reviewed and updated on a monthly basis and the forecast position at the end of quarter 2 is reporting a break-even position by end March 2026.</span></p>	<p>Reduce impact</p> <p>4 – effective – reduces 61-80% of the risk</p>	<p>Director of Finance, Logistics and Strategy</p>
<p>In relation to 25-26 efficiency savings, a back to balance action plan is in place with agreed efficiency plans for up to £9m of the full £12.7m annual target.</p> <p>Best Value mandates have been completed. Progress is being reported through the best value steering group and reported to the PPSG and Board.</p>	<p>Best Value meetings in place and reporting on progress monthly to the PPSG. Updated governance processes have been approved at the July BV Steering group meeting. Mandates are completed for each programme. Plans have commenced and a fortnightly Exec meeting is in place to address issues and remove blockages for delivery.</p>	<p>Reduce impact</p> <p>4 – effective – reduces 61-80% of the risk</p>	<p>Director of Finance, Logistics and Strategy</p>

	Percentage completion of action: <b>75%</b> (as reported at month 9)		
A financial recovery escalation plan has been completed describing the actions to be considered if the financial position deteriorates from the financial plan.	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. An update on this has been completed for the 25-28 financial plan.	Reduce impact 3- Moderately effective – reduces 41-60% of the risk	Director of Finance, Logistics and Strategy
An update on the financial plan for 2026/27 has been completed.	This <b>was</b> presented to the Board in November 2026. Work has commenced on the savings plans for 26-27.	Reduce impact 3- Moderately effective – reduces 41-60% of the risk	Director of Finance, Logistics and Strategy
<b>A draft 3 year financial plan 2026-29 has been completed.</b>	<b>The draft 3 year financial plan is due to be presented to the SAS Board at the January 2026 meeting and then submitted to Scottish Government on the 2<sup>nd</sup> February 2026.</b>	<b>Reduce impact 4- Effective – reduces 80% of the risk</b>	<b>Director of Finance, Logistics and Strategy</b>
Projectional risk – The Service recognises through our 3-year financial plan that it plans to achieve financial balance by year 3. The 25/26 financial position <b>has been updated</b> and the risk level may be able to be <b>reduced pending the approval of the 26-29 financial plan</b> . 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.			

**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)	<b>High (12)</b>	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

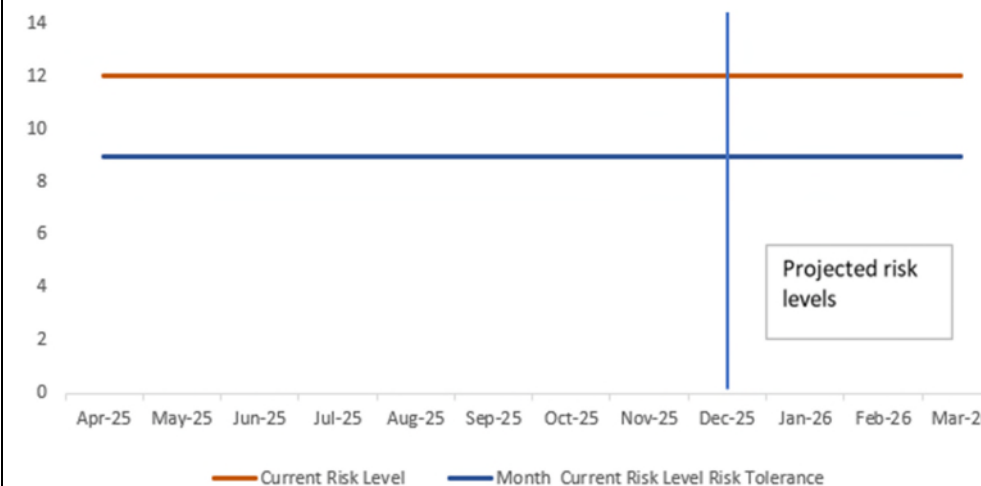
**Risk Tolerance**

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

Score  
**Medium - 9**

**Risk Performance over time chart**

**Risk ID 5602 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Moderate)**



<b>Assurance and Review Groups</b> 1. Security Governance Group 2. Resilience Committee 3. Audit and Risk Committee 4. PPSG 5. 2030 Steering Group	<b>Risk Owner</b> Director of Finance Logistics and Strategy	<b>Risk Handler</b> Head of Infrastructure and Security	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
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 93% 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 all recent cyber-attacks.	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: Continuous evaluation and request for out of support equipment from estate. Tracked through ICT Currency documentation. Review and update on quarterly basis.	Reduced likelihood	ICT Governance and Compliance Manager
Improvement in exposure and secure score baselines to meet the identified benchmark from Microsoft, this is being maximised but noting challenges in wider funding constraints. Provision of new “Technical Specialist” post to focus on challenging configuration changes which have not been progressing under current department staffing cohort.	Frequency: Continuing element with monthly reporting via KPI.	Reduced likelihood	ICT Governance and Compliance Manager
Action plan developed following the recent external audit review.	Frequency: Action plan in place with deliverables by March 2026	Reduce 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 or external 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 and public / political confidence.

**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)	<b>High (12)</b>	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**

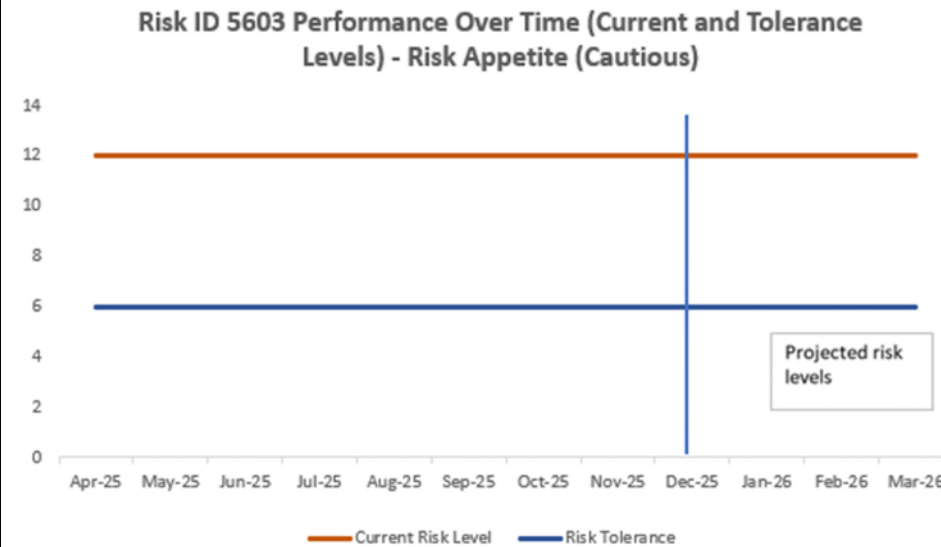
Averse  
**Cautious**  
Moderate  
Open  
Willing

**Risk Tolerance**

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

Score  
**Medium - 6**

**Risk Performance over time chart**



<b>Assurance and Review Groups</b> 1: Security Governance Group 2: Resilience Committee 3: Audit and Risk Committee 4: 2030 Steering Group	<b>Risk Owner</b> Director of National Operations	<b>Risk Handler</b> Business Continuity Manager	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
Migrate existing Business Continuity Plans to the Business Continuity Management System (BCMS) Continuity2.	Frequency: Annual Review  Percentage completion of action: 53%  The Business Continuity KPIs aim to have 75-100% of Business Impact Assessments and Business Continuity Plans completed and signed off by end October 2025. Currently 85% of BIAs on system are signed off and 77% of BC Plans are signed off. The plan is to prioritise the critical functions identified in REAP and other key corporate functions. The critical function rates are as follows. <ul style="list-style-type: none"> <li>• ACC’s completion rate is 67%, with BIA sign off at 100% and Plan sign off at 100%.</li> <li>• ICT completion rate is 75%, with BIA sign off at 100% and Plan sign off at 100%.</li> <li>• National E-Rostering completion rate 25%, with BIA sign off at 100% and Plan sign off at 0% (awaiting sign off)</li> <li>• Procurement completion rate is 67%, with BIA sign off at 100% and Plan sign off at 100%</li> <li>• Fleet have existing plans in place however still remain to be completed within the system.</li> </ul>	Reduce Impact 4 –effective – reduces 61-80% of the risk	Business Continuity Manager

<p>Provide Key Performance Indicator (KPI) reports to SGG to ensure functional areas have plans which are prepared and reviewed at regular intervals.</p>	<p>Frequency: Bi-Monthly</p> <p>Percentage completion of action: The system is showing at an overall rate of 53% completion. This is based on 3 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 85% and Plan section is sitting at 77%.</p> <p>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.</p>	<p>Reduce Impact</p> <p>4 –effective – reduces 61-80% of the risk</p>	<p>Business Continuity Manager</p>
<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>The service national winter exercise, Exercise Mammoths Tusk 6 was held on 8<sup>th</sup> October. Regions and departments across the service attended the exercise. ACCs continue to test BC arrangements through planned system updates and/or facilities work.</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>

**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.

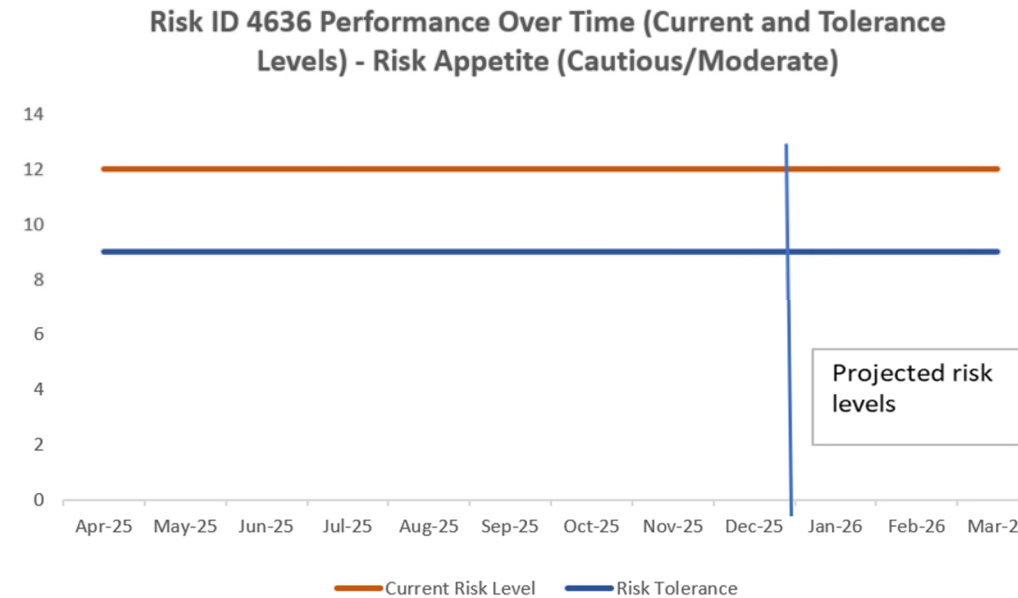
**Risk Assessment (Current, Appetite and Tolerance Levels)**

**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)	<b>High (12)</b>	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**

<b>Assurance and Review Groups</b> 1: Staff Governance 2: PPSG 3: 2030 Steering Group	<b>Risk Owner</b> Director of Workforce	<b>Risk Handler</b> Director of Workforce	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
Rest Break compliance has improved significantly following implementation of the enhanced protection for staff. There continues to be dialogue in partnership to improve this further. There have also been extensive discussions following staff sides notification they moved to a dispute in relation to rest breaks. As a result of recent discussions, the Service has now agreed a joint position with Trade Union partners and Scottish Government that all staff will receive a rest break after 6 hours on shift. Work is progressing at pace to develop a jointly agreed SOP.	Quarter 4 2025-2026	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
<p>The Executive oversight group has now been replaced by a formal Improving Attendance Programme Board and associated Project team. This is now fully integrated with the wider Board Assurance framework and provides strategic oversight over all attendance issues.</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. A new attendance management dashboard is currently being trialled.</p> <p>A review of the Occupational Health contract is currently in progress and is subject to further ongoing review – Director of Workforce.</p>	First meeting of Programme Board on 9 <sup>th</sup> October.  Oversight group <b>has been</b> formally dissolved.  January 2026	Reduce likelihood  4 –effective – reduces 61-80% of the risk	Director of Workforce / Regional Director - East
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 / COO

		3 – Moderately effective – reduces 41-60% of the risk	
Fatigue policy to be agreed and implemented.	Quarter 4 2025-2026	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce
Implementation of the Workforce Health and Wellbeing Strategy 2024-2027.	A detailed road map is in place to track delivery of key strategic actions.	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

<p><b>Link to 2030 Strategy Ambitions</b></p> <p>We will be a great place to work, focusing on staff experience, health and wellbeing.</p>	<p><b>Corporate Risk ID No: 5653</b></p> <p><b>Risk Title</b></p> <p><b>Organisational Culture</b></p> <p><b>Risk Description</b></p> <p><b>There is a risk that</b> Some SAS staff feel unable to speak-up about issues they experience, including bullying, misogyny, sexual safety, discrimination</p> <p><b>Because of</b> a culture that is unhealthy in some areas</p> <p><b>Resulting in</b> 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>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																										
<p><b>Linked Risks:</b></p> <p>ID 4636</p>		<p><b>Current Risk Level</b></p> <p>Likelihood – Possible (3) / Impact – Major (4) = <b>High (12)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>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><b>High (12)</b></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)	<b>High (12)</b>	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Appetite</b></p> <p>Averse  <b>Cautious</b>  Moderate  Open  Willing</p>
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		<p><b>Risk Performance over time chart</b></p> <p><b>Risk ID 5653 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Cautious)</b></p> <p>The chart displays two horizontal lines representing risk levels over time from April 2025 to March 2026. The orange line represents the 'Current Risk Level' at a score of 12. The blue line represents the 'Risk Tolerance' at a score of 6. A vertical blue line is drawn at December 2025, labeled 'Projected risk levels'.</p>	<p><b>Risk Tolerance</b></p> <p>Likelihood – Unlikely (2)  Impact – Moderate (3)</p> <p>Score  <b>Medium - 6</b></p>																																									

<b>Assurance and Review Groups</b> 1: Staff Governance Committee	<b>Risk Owner</b> Director of Workforce	<b>Risk Handler</b> Director of Workforce	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk</b>	<b>Owner</b>
Executive team to launch major cultural program of work to embed culture change within the Organisation.	<p>The Executive team currently developing individual portfolios to take forward the culture change program across the Service. Reporting of progress will take place through the WWB Board to 2030 Strategy.</p> <p>This also includes the Annual Speak up Week which took place in October 2025 – takes place annually and the Healthy culture week which took place in June 2025.</p> <p>Work is progressing to put in place a process for staff led ideas and change initiatives. The framework for taking this forward is being considered by the Executive Team.</p>	<p>Reduce likelihood 4 –effective – reduces 61-80% of the risk</p> <p>This program of work is fundamental to reducing the risk to within tolerance.</p>	Chief Executive and Executive Team
Complaints process in place.	<p>In place with ongoing monitoring</p> <p>Percentage completion of action: 100%</p>	<p>Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk</p>	Director of Care Quality and Professional Development
The Board approved action plan following the good governance self-assessment has agreed a programme of work aiming to mitigate this risk	Programme of work in place with meetings taking place to describe actions and timescales. This is being reviewed by the Chair of Staff Governance Committee and	<p>Reduce likelihood 4 –effective – reduces 61-80% of the risk.</p>	All Executive Directors

	the Interim Director of Workforce. Aim to be updated by March 2026.		
I-Matter review and relevance is ongoing.	This year's i-matter survey and action planning phase is now closed and detailed analysis was undertaken at Staff Governance Committee. <b>New pulse survey has just been launched across the Service with outputs presented to SGC.</b>	Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk	Director of Workforce

<p><b>Link to 2030 Strategy Ambitions</b> We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5887</b></p> <p><b>Risk Title</b> <b>Service Transformation (Change Management)</b></p> <p><b>There is a risk</b> that we do not implement and embed change optimally <b>Because of</b> a lack of capacity, skills, resources and time <b>Resulting in</b> slower or no improvements in performance, resources being inefficient in some areas and an inability to respond optimally to innovations and digital implementation.</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																																				
<p><b>Linked Risks:</b></p>		<p><b>Current Risk Level</b> Likelihood – Possible (3) / Impact – Major (4) = <b>High (12)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>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><b>High (12)</b></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)	<b>High (12)</b>	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Appetite</b></p> <p>Averse Cautious <b>Moderate Open</b> Willing</p>										
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<b>Assurance and Review Groups</b> Engine Room Portfolio Boards reporting to 2030 Strategy	<b>Risk Owner</b> Director of Finance, Strategy and Logistics	<b>Risk Handler</b> Head of Programmes / Director of Finance, Logistics and Strategy	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk &amp; Effectiveness of action</b>	<b>Owner</b>
Increase skills of PMO staff responsible for delivering change, by providing training. Training scheduled to be completed by all PMO staff by October 2025.	October 2025	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Head of Programmes
Develop a change toolkit that reflects industry best practice to be used by those involved in change initiatives. This will be completed based on learning from training referenced above.	March 2026	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Head of Programmes
Implement prioritisation tool. The tool has been built and is being applied to the portfolios.	February 2026	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Head of Programmes
PMO training material to be developed and training to be delivered to Managers and Specialists once content agreed and finalised.	December 2026	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Head of Programmes
Following the outputs for the recent digital maturity assessment a training programme is being set-up for digital champions across the Service to support them to deliver digital change. This has been completed.	October 2025 – this is now complete	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Head of ICT Development and Training
Service to undertake a review of a change initiative in place led by staff, with a presentation which took place to the Executive Team in May and a staff engagement session in June. This methodology will be reviewed by Executive team and then consideration how best to progress across the Service. Agreement on how to proceed has been agreed by the Executive Team	September 2025 – this is now complete	Reduce likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Finance, Logistics and Strategy

<p>Following Exec session undertake a capacity review to implement change initiatives to be reviewed across the Service, <b>this is linked to change initiatives in planning phase eg defib replacement and change initiatives with priorities identified from the annual delivery plan including AI and data.</b></p>	<p><b>January 2026 (linked to the updated annual delivery plan)</b></p>	<p>Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk</p>	<p>Director of Strategy, Planning and Programmes</p>
<p>To ensure Service engages and collaborates with our stakeholders to support delivery of change. A dedicated session has taken place with the Non-Executive lead and an action plan has been agreed and is in progress.</p>	<p><b>February 2026 linked to the updated action plan</b></p>	<p>Reduce likelihood 3 – Moderately effective – reduces 41-60% of the risk</p>	<p>Director of Strategy, Planning and Programmes</p>

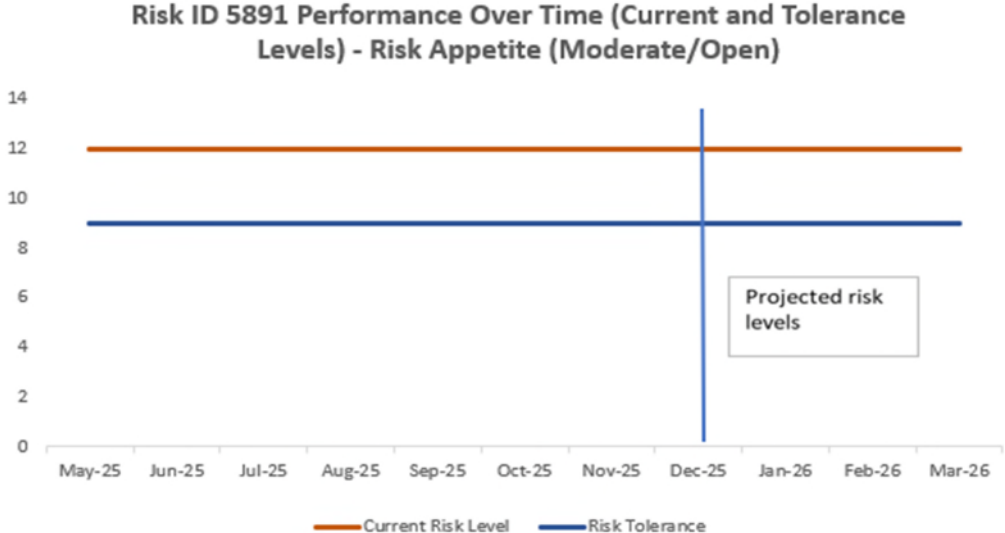
<p><b>Link to 2030 Strategy Ambitions</b> We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5888</b></p> <p><b>Risk Title</b> <u>Workforce Planning</u></p> <p><b>Risk Description</b> <b>There is a risk that</b> we do not have the right workforce in place <b>Because of</b> ineffective workforce modelling and forecasting <b>Resulting in</b> higher vacancy rates leading to reduced performance, impact to Service delivery, increased costs and inefficient skills mix and an impact on patient safety. <b>This also impacts on support Services, e.g. EPDD ability to strategically and operationally plan their resources.</b></p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																																				
<p><b>Linked Risks:</b> ID 5889</p>		<p><b>Current Risk Level</b> Likelihood – Possible (3) / Impact – Major (4) = <b>High (12)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Likelihood</th> <th colspan="5">Impact</th> </tr> <tr> <th>Negligible (1)</th> <th>Minor (2)</th> <th>Moderate (3)</th> <th>Major (4)</th> <th>Extreme (5)</th> </tr> </thead> <tbody> <tr> <td>Almost Certain (5)</td> <td>Medium (5)</td> <td>High (10)</td> <td>High (15)</td> <td>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><b>High (12)</b></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)	<b>High (12)</b>	High (15)	Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)	Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	<p><b>Risk Appetite</b></p> <p>Averse Cautious Moderate Open Willing</p>										
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<p>Reviewing sustainability of longer-term resourcing in remote and rural locations, including Oncall. This piece of work is ongoing and where new funding becomes available, the on-call data is reviewed and priority areas are identified for investment.</p>	<p>March 2026</p>	<p>Reduce impact  3 – Moderately effective – reduces 41-60% of the risk</p>	<p>Director of Operations – North</p>
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<p><b>Link to 2030 Strategy Ambitions</b> We will innovate to continually improve our care and enhance the resilience and sustainability of our services.</p>	<p><b>Corporate Risk ID No: 5889</b></p> <p><b>Risk Title</b> <u>Future Workforce</u></p> <p><b>Risk Description</b> <b>There is a risk</b> we do not have the right workforce in place to meet our future needs <b>Because of the uncertain national landscape and how this will impact the</b> changing skillset requirements of our workforce, including digital capability and the ability to respond to wider system and partner requirements <b>Resulting in</b> the service not having the workforce we require to meet our changing demands.</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p>																																										
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<b>Assurance and Review Groups</b> Engine Room 2030 Strategy	<b>Risk Owner</b> Director of Workforce	<b>Risk Handler</b> Director of Workforce	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk &amp; Effectiveness of action</b>	<b>Owner</b>
Skills mix review is ongoing to identify current and future Service requirements. This will be more closely defined in the next iteration of the workforce plan.	March 2026	Reduce impact  4 – effective – reduces 61-80% of the risk	Medical Director / Director of Care Quality and Professional Development
Develop a sustainable workforce plan > 3 years to ensure the Service understands what our workforce of the future looks like.  In light of recent conversations with Scottish Government there is no immediate requirement for a workforce plan for the next 12 months, however SAS is very clear that the Workforce Plan will drive the Financial and Annual Delivery Plan for the next 3 years and therefore is continuing development. An update was provided to the Staff Governance Committee in December 2025.	March 2026	Reduce impact  4 – effective – reduces 61-80% of the risk	Director of Workforce
Education & Professional Development Department reviews education requirements against current and future workforce trajectory > than 3 years.	March 2026	Reduce impact  3 – Moderately effective – reduces 41-60% of the risk	Head of Education and Professional Development

<p><b>Link to 2030 Strategy Ambitions</b> We will work collaboratively with citizens and our partners to create healthier and safer communities.</p>	<p><b>Corporate Risk ID No: 5891</b></p> <p><b>Risk Title</b> <b>Collaborative Working</b></p> <p><b>There is a risk that</b> we don't maximise collective public service delivery for communities <b>Because of</b> SAS role and requirement to engage with multiple stakeholders with competing priorities all working within a complex and challenging environment <b>Resulting in</b> growing inequalities, poor delivery for communities and inefficient use of resources.</p>	<p><b>Risk Assessment (Current, Appetite and Tolerance Levels)</b></p> <p><b>Current Risk Level</b> Likelihood – Possible (3) / Impact – Major (4) = <b>High (12)</b></p> <table border="1" data-bbox="846 300 1848 798"> <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><b>High (12)</b></td> <td>High (15)</td> </tr> <tr> <td>Unlikely (2)</td> <td>Low (2)</td> <td>Low (4)</td> <td>Medium (6)</td> <td>Medium (8)</td> <td>High (10)</td> </tr> <tr> <td>Rare (1)</td> <td>Low (1)</td> <td>Low (2)</td> <td>Low (3)</td> <td>Medium (4)</td> <td>Medium (5)</td> </tr> </tbody> </table> <p><b>Risk Appetite</b> Averse Cautious <b>Moderate</b> <b>Open</b> Willing</p> <p><b>Medium</b></p> <p><b>Risk Tolerance</b> Likelihood – Possible (3) Impact – Moderate (3)</p> <p>Score <b>Medium - 9</b></p> <p><b>Risk Performance over time chart</b> Risk ID 5891 Performance Over Time (Current and Tolerance Levels) - Risk Appetite (Moderate/Open)</p>  <p>The chart displays two horizontal lines: an orange line for 'Current Risk Level' at a score of 12 and a blue line for 'Risk Tolerance' at a score of 9. The x-axis represents time from May-25 to Mar-26. A vertical blue line is drawn at Dec-25, with a box labeled 'Projected risk levels' next to it.</p>	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)	<b>High (12)</b>	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)
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<p><b>Linked Risks:</b></p>																																											

<b>Assurance and Review Groups</b> Integrated Governance Committee	<b>Risk Owner</b> Director of Finance, Logistics and Strategy	<b>Risk Handler</b> Director of Strategy, Planning & Programmes	<b>Last Review Date</b> 13/01/2026
<b>Mitigating Controls with Indication of Timescales and Effect</b>			
<b>Mitigating Controls</b>	<b>Delivery Date</b>	<b>Effect on Risk &amp; Effectiveness of action</b>	<b>Owner</b>
Scottish Government issued a Letter outlining a renewed approach to population-based planning for services and therefore SAS requires to work collaboratively across all public sectors. In order to deliver this a Stakeholder analysis is to be completed to understand the complex landscape we're working in along with a review of our engagement priorities and how we will embed this. A workshop took place on the 22nd July and actions agreed. <b>The actions were presented to the Integrated Governance Group in November 2025.</b>	August 2025 and outputs from the workshop have been developed into an action plan due to be completed by <b>March 2026</b>	Reduce Likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Strategy, Planning & Programmes
Director of Strategy, Planning & Programmes is leading a piece of work to identify the engagement priorities for SAS, driven by the priorities within the approved annual delivery plan.	March 2025 for approval of annual delivery plan and June 2025 for wider engagement plan	Reduce Likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Strategy, Planning & Programmes
Develop guidance for Managers regarding the standards expected by the Service for engagement and ensure there is clear messaging aligned to the 2030 Strategy.	<b>February 2026</b>	Reduce Likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Strategy, Planning & Programmes
The Blueprint for Good Governance in NHS Scotland requires the Service to work collaboratively across all stakeholders, i.e. Local & National Government, Primary Care, Integration Authorities etc to integrate or align arrangements for the governance of the delivery of services and products. This requirement supports the Service to engage key partners	February 2026	Reduce Likelihood  3 – Moderately effective – reduces 41-60% of the risk	Director of Strategy, Planning & Programmes

across all sectors. Action plan has been agreed and a review of progress is being presented to a workshop in February 2026.

## Appendix B

### Risk Assessment Matrix

	Impact				
Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
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