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Public Board Meeting

30 September 2020

Item 06

THIS PAPER IS FOR APPROVAL

CORPORATE RISK REGISTER SEPTEMBER 2020

Lead Director Author	Julie Carter – Director of Finance, Logistics & Strategy Sarah Stevenson – Risk Manager
Action required	<p>The Board is asked to:-</p> <ul style="list-style-type: none">• approve the updated Corporate Risk Register following the previous discussions at recent Board meetings and updates from the Performance and Planning Steering Group. Restricted risks and the Board's risk appetite statement will be discussed in private.• note the work required from each assurance group or committee to routinely report on actions and risk rating.• note the update provided on the COVID-19 Risks.
Key points	<p>The Corporate Risk Register (CRR) was last presented to the Board in July 2020. Since then the Corporate Risk Register has been updated to reflect progress on outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meeting on 18 August and 15 September 2020.</p> <p>In addition, in line with our approved new Risk Management Policy, the Corporate Risk Register now includes more focus on those outstanding actions that are required to reduce to the risk level to within tolerance. This includes risk actions leads and dates for completion.</p> <p>The COVID-19 Risks which were previously presented to the Board have now been mapped across to the Remobilisation work streams and Remobilisation Risk Register. An update on the Remobilisation Plan is being provided to the Board in the private session.</p>
Timing	Corporate Risk Register is a standing item.
Link to Corporate Objectives	4635 (RESTRICTED): Corporate Objective 3.3 4642 (RESTRICTED): Cuts across all Corporate Objectives. 4634: All Objectives under Goal 6. 4651: Cuts across all Corporate Objectives. 4637: Corporate Objective 3.4 & 3.5 4639: All Objectives under Goal 2. 4640: All Objectives under Goal 2. 4641: All Objectives under Goal 3.

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	4638: Cuts across all Corporate Objectives. 4636: All Objectives under Goal 1 and Goal 4.
Contribution to the 2020 vision for Health and Social Care	Ensuring the delivery of Safe Services by identifying organisational risks and implementing measures to reduce the risk of occurrence.
Benefit to Patients	Identification and management of patient safety risks.
Equality and Diversity	None identified.



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SCOTTISH AMBULANCE SERVICE BOARD

CORPORATE RISK REGISTER SEPTEMBER 2020 – CORPORATE RISK REGISTER (Public)

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

SECTION 1: PURPOSE

This paper is to present the updated Corporate Risk Register.

SECTION 2: RECOMMENDATIONS

The Board is asked to

- Approve the updated Corporate Risk Register following review by the Risk Owners and the Performance and Planning Steering Group. Restricted risks and the risk appetite statement will be discussed in the Private Session.
- The Corporate Risk Register has been updated to include more information on outstanding actions, dates planned for completion and action leads. This has been reviewed by the Performance and Planning Steering Group meeting on 18 August and 15 September 2020 prior to the Board meeting.
- Note the work required from each assurance group or committee to routinely report on actions and risk rating.
- Note the update provided regarding the COVID-19 Risk Register.

SECTION 3: BACKGROUND

In line with our approved Good Governance report and improvement action plan approved by the Board in April 2019 we agreed the following actions under the Assessing and Assuring Risk section:

- Approve the Board risk appetite and tolerances – *A workshop took place with SAS Board members in August 2020 to develop the Risk appetite statement for 2020 – March 2021, the outcome of this is being presented at the September private Board meeting for discussion and approval.*

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- Complete the Review of the Corporate Risks to reduce variability in grading, ensuring risks are more tangible and assess in line with Board agreement on risk tolerance and risk appetite
- Approve and monitor the implementation of the revised Risk Management Policy across the Service to spread knowledge of updated practice and ensure underpinning risk governance reporting is in place.

These points have now been actioned and the Corporate Risk Register has been updated to include more clearly

- The current controls
- The further actions necessary to reduce the risk level to within tolerance and
- Dates and responsibilities for these action

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SECTION 4: DISCUSSION

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

The table below describes the Corporate Risks for the Service along with the mitigating controls currently in place to manage the risk. It also shows the current risk level in terms of the likelihood and impact of exposure. All amendments are highlighted red.

ID	Risk Description and Impact	Current mitigating controls	Current risk level
4634	There is a risk that we do not achieve our financial targets in 2020-21. This is an unacceptable position with SG resulting in sanctions likely to include lower than required levels of funding in future years. This has direct impact on our ability to; Ensure Financial Sustainability and Improve Value.	<ul style="list-style-type: none"> Detailed monitoring arrangements in place with all Budget Holders Best Value (BV) Programme is operational Performance is monitored through the BV Steering Group and BV Operational Group Reported to Exec Team on a weekly basis as Senior Budget Holders Monthly budget review meetings with Local Budget Holders Regular meetings with SG Health Finance Team about income received and planning assumptions. Forecast in August which will incorporate income assumptions, saving assumptions, and forecast spend. 	High (12) Possible (3) x Major (4)
4636	There is a risk that the global impact of COVID-19 and consequent health impacts will mean the Service experiences an increase in sickness absence with a resulting impact on staff morale and service capacity.	<ul style="list-style-type: none"> Implementation of the refreshed wellbeing strategy. Absence management policies and training for managers are in place with recovery plans and task force actions fully completed. A wide range of wellbeing and mental health support mechanisms are available to all staff. 	High (12) Likely (4) x Moderate (3)
4637	There is a risk SAS managers and leaders have not received enough training in leadership and management skills resulting in insufficient focus on staff health and wellbeing and lack of confidence in dealing with complex management issues.	<ul style="list-style-type: none"> Implementation of Foundation Leadership & Management Development Programme with delivery recommencing from November 2020 and continuing over 2021-22. Engagement of middle and senior managers to act as mentors for Foundation Programme participants and ensure they are getting the required support. Refreshing the partnership agreement between Management and Staff Side post Covid 19. 	High (12) Likely (4) x Moderate (3)

		<ul style="list-style-type: none"> • Staff Wellbeing and Support group directing actions to support staff wellbeing during COVID-19, and will use national Pulse survey in September 2020 to further inform additional activity. 	
4638	<p>There is a risk that changes to other parts of the whole system create new demand pressures on SAS, resulting in the following;</p> <ul style="list-style-type: none"> • Insufficient staffing and longer response times • Increased journey times to hospitals as a result of centralisation of clinical services • Longer turnaround times at busy large hospitals • Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan 	<ul style="list-style-type: none"> • Working with LIST to present SAS data at IJB level – this has been tested with very positive results and now being shared through Regional Director's teams with IJB's. • Regional Directors engaging with IJB's on primary care improvement plans. • Paramedics embedded within primary care setting to allow more efficient resource utilisation. • Regional directors engaging with IJB's, Partners, NHS Boards, Regional Delivery Groups and SG. • HALO position in post with majority of Health Boards and working as an interface between Health Boards and SAS operations at A&R • Clinical Decision Making Framework has now been published within the Organisation which is designed to support staff to make the correct decisions for patient pathways and safety netting. • Stroke bundle rolled out in all divisions, focussing on clinical care rather than time based targets. 	<p>High (12)</p> <p>Likely (4) x Moderate (3)</p>
4639	<p>There is a risk of cyber threats and or a significant data breach resulting in the loss of systems or data, Service disruption and reputational damage.</p>	<ul style="list-style-type: none"> • Director of Finance & Logistics has been designated Executive Lead for Cyber Resilience and the Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. Cyber security is now a standing Resilience Committee agenda item. • Security governance arrangements have been consolidated. The Security Governance Group ToR has been updated to reflect the fact that it's remit involves overseeing physical, personnel and cyber security matters and reporting on these to the Resilience Committee. • Following the internal audit carried out in relation to Cyber Resilience during 2017, an IT Security Management Plan has been created and is now proactively managed by the Head of ICT Infrastructure and Security. • Cyber resilience awareness raising communications are now being issued to all staff on a weekly basis. • An independent NIS audit was carried out in July 2020. 	<p>Very High (16)</p> <p>Likely (4) x Major (4)</p>

		<ul style="list-style-type: none"> • Interdependencies between Information Governance and Security Governance understood and mechanism in place to ensure shared understanding across both groups. 	
4640	There is a risk of slippage in the UK Government Emergency Service Communications Programme (ESMCP), resulting in Service delivery impact with the slippage impacting upon the airwave contract and internal systems.	<ul style="list-style-type: none"> • SAS Emergency Service Network (ESN) Project team established with active engagement in ESMCP meetings and groups to keep abreast of the current situation. • SAS staff are member of key working groups with Scottish Government, Police Scotland and SFRS to ensure Scottish interests are fully represented. The current focus is ESMCP FBC assessment / assurance / approval. • Increased strategic level engagement with Scottish Government lead ESMCP Director. • The Airwave contract was previously extended until December 2022. However, SAS staff preparing to engage in work, led at UK government level, with a view to extending the Airwave contract again (possibly until end 2024). • ESMCP 'Plan B' options continue to be investigated. • Engagement is ongoing with Airwave regarding the ongoing sustainability of the current Airwave network & terminals. • Work is underway to replace the current Airwave ICCS (which is end of life) with a new ESN compatible ICCS. • 	High (12) Possible (3) x Major (4)
4641	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.	<ul style="list-style-type: none"> • Maximising training intakes and staff completing training through the Academy from now until 2022 • Recruiting as many new graduates from GCU programmes starting in 2020 • Increase direct qualified recruitment targets to manage any shortfall in numbers • Monitoring ongoing staff turnover and student attrition figures to ensure workforce forecasts accurately identify the ongoing requirements • Driving and mentoring programmes developed. • Workforce model reviewed in line with COVID recovery plans. 	High (12) Possible (3) x Major (4)

4651	There is a risk that SAS cannot consistently deliver patient centred care, where increased demand exceeds available capacity resulting in the potential for adverse patient outcomes.	<ul style="list-style-type: none"> • Workforce Development Programme Board is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place and supporting the workforce strategy, including Demand & Capacity implementation. • Workforce Plans are reviewed and updated annually (building into our three-yearly Workforce Plan return for Scottish Government), in acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors. • Robust clinical Governance arrangements in place within the Organisation and clear prioritisation of the local delivery plan process. • Ongoing Continuous Professional Development (CPD) programme in place through Learning in Practice (LIP) to improve clinical examination, assessment and shared clinical decision making with patients and carers - running 2019 - 2023. • Demand Management and Resource Escalatory Plans in place and actioned when appropriate. 	<p>Very High (16)</p> <p>Likely (4) x Major (4)</p>
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4b. Amendments

High Level Amendments to the Corporate Risk Register are as follows:

- Risk ID **4637** – Current Risk level has been reviewed from Possible (3) x Major (4) to Likely (4) x Moderate (3) and Forecast impact changed to Moderate (3) as requested by the SAS Board at its meeting in July 2020.
- Risk ID **4651** – Forecast risk impact changed to Major (4) from Moderate (3) in line with the current impact level. This has made no change to the forecast risk level as Medium.
- Risk IDs **4636** and **4637** – the risk descriptions have been reviewed by the Director of Workforce, Deputy Director of Workforce and Risk Manager as requested by the Board at its meeting in July 2020. The new descriptions are described below.

Risk ID	Previous Risk Description	New Risk Description
4636	<p>There is a risk that the Service is unable to effectively support the health & wellbeing of staff, resulting in;</p> <ul style="list-style-type: none"> • High levels of sickness absence • Low staff engagement and morale • Potential risk to the Service's reputation • High levels of overtime 	<p>There is a risk that the global impact of COVID-19 and consequent health impacts will mean the Service experiences an increase in sickness absence with a resulting impact on staff morale and service capacity.</p>
4637	<p>There is a risk that staff are not effectively supported by line managers, resulting in;</p> <ul style="list-style-type: none"> • Difficulty implementing changes in working practices and productivity improvements • High levels of sickness absence • Low staff engagement and morale • Potential risk to the Service's reputation • High levels of overtime 	<p>There is a risk SAS managers and leaders have not received enough training in leadership and management skills resulting in insufficient focus on staff health and wellbeing and lack of confidence in dealing with complex management issues.</p>

- The Corporate Risk Register is attached at **Appendix 1** with amendments highlighted red. This describes the additional actions required, by whom and when to reduce the risk level to within our forecast risk level.

4c. Update from the Performance and Planning Steering Group (PPSG)

On a monthly basis, the Performance and Planning Steering Group reviews the Corporate Risk Register with a focus on the Corporate Risk Register profile and those risks where the assessed level of risk exceeds the Board risk appetite. All escalation and review processes are described within our Risk Management Policy which was approved by the Board in January 2020.

The Performance and Planning Steering Group also regularly review the high and very high risks from the regional and national risk registers. At the meetings in August and September the North Region and Project Risks graded High and Very High were discussed with further discussions planned through the Resilience Committee and the Operational Leadership Teams in September. The risks were reviewed in parallel with the current Corporate Risks to ensure no risk status in the Corporate Risk Register has changed and that no additional risks require escalation.

As anticipated the majority of high and very high risks within the local risk registers relate to the risks contained within the Corporate Risk Register, those that are currently scored very high relate primarily to the demand and capacity risk – Risk 4651 and the restricted Risk ID 4635.

Each risk outlined above also contains mitigating actions with owners and timescales, these are summarised in Column E in Appendix 1. These actions aim to reduce the risk to within the forecast set (Column F). All changes are highlighted red.

4d. Update on the COVID-19 Risk Register

COVID-19 is a Global Pandemic to which the Service is contributing to the response. The COVID-19 Risk Register was last presented to the Board in July 2020 and these risks have now been mapped across to the Workstreams within the Remobilisation Plan and a Remobilisation Risk Register has been created, the links are shown in the table below. An update on the Remobilisation Plan will be provided to the Board in private.

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COVID-19 Risk	Remobilisation Workstream and Risk Register
Risk ID 4742 (<i>Insufficient number of staff with the required level of FFP3 mask</i>)	Risk within tolerance – Linked to Personal Protective Equipment (PPE) and Procurement, Logistics and Distribution Workstreams
Risk ID 4744 (<i>PPE stock levels</i>)	Transferred onto Remobilisation Plan Register – Linked to PPE Workstream
Risk ID 4750 (<i>Health and Wellbeing of our staff</i>)	Mapped across to Remobilisation Risk ID 4910 – Linked to Staff Health and Wellbeing Workstream
Risk ID 4779 (<i>Increased absence</i>)	Mapped across to Corporate Risk ID 4636 - Linked to staff health and wellbeing Workstream
Risk ID 4768 (<i>Demand and capacity</i>)	Mapped across to Remobilisation Risk IDs 4908 & 4909 and Corporate Risk ID 4651 – Linked to Demand and Capacity Workstream
Risk ID 4780 (<i>Health Board changing patient flows</i>)	Mapped to Remobilisation risks 4916, 4917 and 4918 and Corporate Risk ID 4638.

APPENDICES:

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

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
4634	Financial	There is a risk that we do not achieve our financial targets in 2020-21. This is an unacceptable position with SG resulting in sanctions likely to include lower than required levels of funding in future years. This has direct impact on our ability to; Ensure Financial Sustainability and Improve Value.	High (12) 3x4	<ol style="list-style-type: none"> 1. Budgets all allocated and now being formally reported against with the first Quarter reporting to SG due mid-August and then each month thereafter. Key variances will be identified and corrective actions agreed. A formal review will be undertaken again in November. 2. COVID financial monitoring and reporting in place to SG and internal approval process in place. This includes the financial impact of non delivery of efficiency savings. This will be consolidated by end of August into the full year forecast and allocations agreed with SG by September 2020. 3. Updating capital forecast outturn planning - M. Barnes (Monthly) and a full year forecast completed by end August 20 and monitored monthly thereafter. 	Medium (4) 1x4	Director of Finance & Logistics	PSG Audit Committee Exec Team Meetings	15/09/2020

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E		F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)		Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
				4. Best Value Group reporting and escalation of savings implementation has been reinstated fully from July. Updates will be provided monthly to the Board and weekly to the Exec team from end July onwards. Escalation processes in line with the governance document will be reinstated.	4. K. Brogan end July 2020				

APPENDIX 1 – CORPORATE RISK REGISTER

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ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
4636	workforce	There is a risk that the global impact of COVID-19 and consequent health impacts will mean the Service experiences an increase in sickness absence with a resulting impact on staff morale.	High (12) 4x3	<ol style="list-style-type: none"> 1. Implementation of the refreshed SAS Wellbeing strategy to deliver actions to improve staff wellbeing across the Service. 2. Implementation plans in place for Once for Scotland Attendance Management policy roll out to support Regional/Directorate plans. 3. Sickness absence data deep dive to inform and direct prioritisation of attendance management activity. 4. Development work with regard to consistent use of GRS, tracking and reporting of absence to align with Once for Scotland policy requirements. 	Medium (6) 2x3	Director of Workforce	Staff Governance Committee	08/09/2020

4637	Workforce	There is a risk SAS managers and leaders have not received enough training in leadership and management skills resulting in insufficient focus on staff health and wellbeing and lack of confidence in dealing with complex management issues.	High (12) 4x3	<ol style="list-style-type: none"> 1. Draft Organisational Development Plan 2020/21 for approval at September Staff Governance Committee and monitoring until March 2021. 2. Working Practices Steering Group Workplan delivery with key actions monitored by the Workforce Development Programme Board. 3. Implementing our Foundation Leadership & Management Development Programme. 4. Implementing a new and updated partnership agreement and engagement process monitored through the Staff Governance Committee. 5. Staff Wellbeing and Support group established to ensure all necessary steps are taken to support staff wellbeing during COVID-19 and whilst iMatter and staff experience activity suspended. 	<ol style="list-style-type: none"> 1. A. Ferahi March 21 2. K Reith March 2021 3. A Ferahi (Starting Oct 20 following suspension of activity due to COVID-19 4. J. Riggins & L. Lauder Throughout 202038232 5. L. Lauder & A. Ferahi (April 2020) 	Medium (6) 2x3	Director of Workforce	Staff Governance Committee	08/09/2020
4638	Operational	There is a risk that changes to other parts of the whole system create new demand pressures	High (12) 4x3	<ol style="list-style-type: none"> 1. Insufficient Staffing - Regional Directors prioritising recruitment and recruitment actions, sickness 	<ol style="list-style-type: none"> 1. Regional Directors supported 	Medium (6) 2x3	Medical Director	Exec Team – PPSG – Workforce	08/09/2020

APPENDIX 1 – CORPORATE RISK REGISTER

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ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date	
		on SAS, resulting in the following; <ul style="list-style-type: none"> Insufficient staffing and longer response times Increased journey times to hospitals as a result of centralisation of clinical services Longer turnaround times at busy large hospitals Other Health Care Services attempting to recruit paramedics, due to changes in their care delivery plan 		absence reduction plans, and demand & capacity modelling. 2. Engaging regional planning teams in the demand and capacity modelling and outputs. 3. Developing clinical pathways due to increased journey times to / from hospitals through specific developments including <ul style="list-style-type: none"> Major Trauma Networks (Peter Lindle) Stroke Thrombectomy (Craig Henderson) Vascular / Paediatrics etc (Regional Directors) updated and monitoring through the remobilisation plan.	by HR Teams Throughout 2020 – with a focus on October in advance of winter pressures 2. Regional Directors supported by the D&C project team 3. Various owners as outlined – Status update provided end July 2020				

APPENDIX 1 – CORPORATE RISK REGISTER

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ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
				<p>4. In addressing Longer Turnaround Times:</p> <ul style="list-style-type: none"> 6 Essential Actions Work (Milne Weir), HALO, Non ED Conveyance Options (Jim Ward & Regional Directors) <p>5. Other Healthcare Services recruiting Paramedics - Rotational Model to retain AP's (F Dodd), Rural Paramedics Support Model (Dahrlene Tough), Commissioning framework for IJB's to secure paramedic resource (Julie King).</p> <p>6. The emerging scheduling of urgent care work brings both opportunity and uncertainty around a platform that could support redesign efforts that SAS would like to pursue (card 46 re GP urgent flow) but also bring risks in terms of partner expectations around SAS being able to support a scheduling model alongside other 999 and PTS commitments.</p>				

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
4639	Strategic	There is a risk of cyber threats and or a significant data breach resulting in the loss of systems or data, Service disruption and reputational damage.	4x4 Very High (16)	<p style="color: red;">1. Management responses and an action plan relating to the independent NIS audit conducted during July 2020 are being drafted for consideration by the SGG, the Resilience Committee and the Audit Committee during September & October 2020. The management responses will be submitted to the Scottish Government by the 1st of October. The security governance group, which meets every two months, is charged with monitoring performance against this plan.</p> <p>2. Progress delivery of NIS Audit Action Plan prior to full NIS Audit in April 2021</p>	3x4 High (12)	Director of Finance & Logistics	Security Governance Group Resilience Committee Audit Committee	09/09/2020

4640	Strategic	There is a risk of slippage in the UK Government Emergency Service Communications Programme (ESMCP), resulting in Service delivery impact with the slippage impacting upon the airwave contract and internal systems.	High (12) 3x4	<ol style="list-style-type: none"> Continued proactive engagement with all relevant stakeholders - ET Team monitored by the Enabling Technology Board. Increased Executive Level involvement in Scottish Strategic Group and Strategic Finance Group meetings. Revised GB-wide ESMCP Full Business Case planned for presenting to the SAS Board in Autumn 2020 so they can give assurance to the Scottish Government that ESN will meet SAS requirements. Contingency planning if delays continue. Will assess SG timelines and develop SAS plan to present to Board by the end of 2020. Complete commissioning of new ESN compatible ICCS by end Q1 21. 	<ol style="list-style-type: none"> Enabling Technology Team (throughout 2020) J. Carter (due to be started in October 2020) J Carter (before end 2020) J Baker and M Barnes by December 2020 ET Team (June 2021) 	Medium (8) 2x4	Director of Finance & Logistics	2020 Strategy – Exec Team	09/09/2020
4641	Education & Training	There is a risk that SAS may suffer a shortfall in Paramedics, due to the potential of not being able to recruit and train	High (12) 3x4	<ol style="list-style-type: none"> The HCPC have extended the delivery of the Dip HE programme which will allow us to take new entries until May 2022, this was previously set for August 2021. 	<ol style="list-style-type: none"> Head Of Education & Prof Dev 	Medium (8) 2x4	Director of Care, Quality &	Exec Team 202030 Steering Group	08/09/2020

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
		sufficient numbers in the transition period to the new Paramedic Education model arrangements, resulting in an inability to deliver safe, effective & person centred care.		<p style="color: red;">2. SAS are exploring the education facilities and online opportunities to maximise the numbers of staff that can be trained at one time, with detailed scheduling of activity.</p> <p style="color: red;">3. SAS are exploring the recruitment of registered professionals from other disciplines to supplement any shortfall in paramedic training numbers and to develop a more multi-professional workforce.</p> <p style="color: red;">4. SAS are developing the work of the advanced practitioners to manage demand, increase hear and treat and therefore reduce the conveyance demand, reducing the sole reliance on this type of response.</p>				

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
4651	Operational	There is a risk that SAS cannot consistently deliver patient centred care, where increased demand exceeds available capacity, resulting in the potential for adverse patient outcomes.	Very High (16) 4x4	<p>1. Demand and Capacity Implementation underway. Business case approved by SG and programme plan in place and being implemented. Updated Programme plan being redrafted as part of Covid 19 recovery.</p> <p>2. SAS recruiting to clinical leadership posts at a regional level to support organisational learning from events, focussing on the quality and safety of care, supporting clinical and professional leadership and leading improvement work within the region in response to learning from events.</p> <p>3. Pursuing the recruitment and education of additional clinical staff as part of the revised workforce plan. Additional staffing are being prioritised into those areas with greatest challenges.</p> <p>4. SAS working as a key partner in the redesign of urgent care, with enhanced arrangements to</p>	Medium (8) 2x4	Chief Executive	PPSG – Exec Team	09/09/2020

APPENDIX 1 – CORPORATE RISK REGISTER

A	B	C	D	E	F	G	H	I
ID	Risk Type	Description	Current Risk Level	Mitigating Control, Timescales and Responsibility (including Action Owner)	Forecast Risk Level	Risk Owner	Assurance Committee	Last Review Date
				<p>manage urgent presentations being planned to go live before Winter.</p> <p>5. Work on rest break compliance and control underway. Agreed joint action plan with staff side colleagues. The recruitment of additional clinical staff will improve compliance with rest break protocols and this will be closely monitored. October 2020 (reference action above)</p> <p>6. Mental Health monies being sourced to develop support for safeguarding vulnerable patients who currently are high intensity user of the service, as well as the development of ACC call coordination of mental health calls and the development of regional mental health cars to support patients in crisis, reducing the overall service demand. Work continues to develop AP cohort to develop alternative methods of supporting patients not requiring conveyance.</p>				