NOT PROTECTIVELY MARKED

Public Board Meeting	January 2019 Item No 07

THIS PAPER IS FOR APPROVAL

CORPORATE RISK REGISTER 2018-19

Lead Director Author	Pauline Howie, Chief Executive Sarah Stevenson, Risk Manager
Action required	The Board is asked to approve the changes to the Corporate Risk Register.
Key points	The Corporate Risk Register (CRR) was last presented to the Board in November 2018. Since then it has been reviewed by risk owners where the risks, current controls, risk rankings and mitigating actions were updated to reflect progress. As agreed at the meeting in November 2018, the risks have been presented to the Board in two formats to make them easier to read - the existing Excel spreadsheet and a report from Datix, which contains the same information. Summary of the changes to the CRR since previous presentation to SAS Board are shown below.

Closed Risks
No Corporate Risks have been closed.

New Risks
No new risks have been identified.

Note of Changes made		
Risk ID	**Summary of risk**	**Note of change**
4312	Systems and Data Security	**Contingency action added** Cyber security - Audit Committee discussed progress in implementing the agreed management actions from previous internal reports in relation to cyber security at its meeting on 16 February 2019. The Director of Finance has updated the Audit actions and this has been shared with the Committee.
4430	Lack of workforce availability	Wellbeing implementation plan moved from contingency actions to current controls.
3692	Health and Social Care plan	**Contingency actions amended** 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. Phase 1, 2 and 3 of New Clinical Response Model complete and we are in discussions with Scottish Government regarding final sign off.
		3693	Strategy funding risk	**Contingency actions amended** Scottish Government has confirmed the 2018/19 and 2019/20 strategy funding and phasing. Post 2020 discussions with Scottish Government have commenced.
		4431	Financial balance risk	**Contingency actions added** Outline budgets for 2019/20 being prepared with draft paper to January 2019 Board.
		3696	Engaging partners in Service developments	**Risk Description** Updated to include reference to the public based on discussions at Audit Committee. **Contingency actions added** Workshop to develop enhanced integration authority engagement planned for February 2019.
		4432	Demand and capacity risk	**Contingency action added** All short term actions within the plan were complete in advance of winter / festive / high demand period. Medium - long term actions now being progressed.
		4290	New Clinical Response Model	**Current Controls added** Endorsed by Clinical Advisory Group and Clinical Governance Committee. **Contingency actions added** Meetings with Scottish Government are progressing.
		3275	Sub-optimal Frontline leadership	**Contingency actions added** The latest workshop (Jan 18) provided principles for developing the next iteration of the leadership model. Operational teams and staff side are currently engaging with their teams and testing the principles, with results to be delivered in early Feb.
		4434	Organisational capacity	February 19 timescales added.

Risk Profile
For the current 16 risks identified in the 2018-19 Corporate Risk Register the risk profile against the risk type for the Service is shown below. This includes two restricted risks that will be presented to the Board in private.

		Low	Medium	High	Very High
	Strategic	0	3	5	0
	Clinical	0	0	1	0
	Operational	0	0	2	1
	Workforce	0	1	1	0
	Financial	0	0	2	0
Timing	2018-19 Corporate Risk Register is a standing item.				
Link to Corporate Objectives	The Corporate Objectives linked to each risk are shown below: **3692:** 1.2 / All objectives under Goal 3 / 5.1 / 5.2 **3693:** All objectives under Goal 6 **3695:** 3.4 / 3.5 / 6.3 **3696:** All objectives **3699:** All objectives under Goal 1 / 5.3 **4312:** All Goal 2 **4313:** Cuts across all Goals. **4430:** All objectives under Goal 3 **4431:** All objectives under Goal 6 **4432:** Cuts across all Goals. **4290:** Cuts across all Goals. **3275:** 3.4 / 3.5 **4433:** Cuts across all Goals. **4434:** Cuts across all Goals.				
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.				

NHS Scotland risk assessment matrix (produced by NHS QIS)

Table 1 – Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/ clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/ clinical outcome; short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects – expect recovery >1wk.	Unsatisfactory patient experience/ clinical outcome; continued ongoing long term effects
Objectives / Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/visitor/staff	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect.
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training/implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective/ service due to lack of staff. Major error due to ineffective training/ implementation of training.	Non-delivery of key objective/service due to lack of staff. Loss of key staff. Critical error due to ineffective training/ implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational/ personal financial loss. (£<1k). (NB. Please adjust for context)	Minor organisational/personal financial loss (£1-10k).	Significant organisational/personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/personal financial loss (£>1m).
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.

Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	.National/internation al media/adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Inquiry/ FAI.

Table 2 – Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	Can't believe this event would happen – will only happen in exceptional circumstances.	Not expected to happen, but definite potential exists – unlikely to occur.	May occur occasionally, has happened before on occasions – Reasonable chance of occurring.	Strong possibility that this could occur – Likely to occur.	This is expected to occur frequently / in most circumstances – more likely to occur than not.

Table 3 - Risk Matrix

Likelihood	Impact/Consequences				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Very High: Senior Management Action and notify Risk and / or Health and Safety
High: Senior Management Action and notify Risk and / or Health and Safety Manager
Medium: Management responsibility must be specified (e.g. Divisional /
Low: Managed by routine procedures (e.g. at Station level)

Risk Categories

Str - Strategic	Fin -Financial	HR – Human Resources	Ops - Operational	Cli – Clinical	Trn - Training
ACC - ACC					

Assurance Codes

Mon=Monitor and Review	Int = Internal Audit	Ext Audit = External Audit	Div = Review by DMT	Pro = Review by Project Team	Con = External Contractor
SFI = Standing Financial Instructions					

Corporate Risk Register 2018-19

Function	Corporate Risk Register
Title	Corporate Risk Register
Risk Log Owner	Chief Executive
Checked By	Risk Manager
Date	30/01/2019

Key

↑ Likelihood
↓ Likelihood
↑ Impact
↓ Impact
↔ No Change

Risk Log Title & Ref	Risk (Project or Business)	Risk Cat[2]	Risk Description *(There is a risk of x, because of y, resulting in z)*	Current Controls *Completion dates to be included where possible*	Current Risk Likelihood of Exposure	Current Risk Impact Consequence	Current Risk Risk Ranking	Change to CURRENT Risk Ranking (Example ↑↓↔) *cut and paste from* above	Action Planning: Contingency	Forecast Risk Likelihood of Exposure	Forecast Risk Impact Consequence	Forecast Risk Ranking [5]	Assurance Sources	Reviewed Date and next date to be reviewed	Risk Owner
Datix ID 4312	B	Strategic	There is risk of significant service disruption and damaged reputation because of malicious intrusion into SAS data system or a significant data breach resulting in the loss of systems or data.	**Actions to mitigate the risk** An internal audit was carried out in relation to Cyber Resilience during 2017 – The resulting actions are being progressed and are monitored by the Audit Committee. Cyber resilience awareness sessions have been carried out e.g. input to Senior Leadership Team, SAS Board, Resilience Committee and IG Committee. Cyber Security Risk Register created. Director of Finance & Logistics has been designated Executive Lead for Cyber Resilience. Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. The Service has been identified as a cyber catalyst. Anti-ransomware software deployed. Engagement with SG regarding EU Network and Information Security (NIS) directive obligations. Cyber Essentials accreditation achieved by October 2018 - target set by SG. Revised ICT Security Policy has been created. Firewall management / review process has been created and implemented.	Likely	Major	High	↔	**Actions to mitigate the risk** SAS cyber security management plan is under development. Full engagement in the ongoing cyber resilience related work being led by the Scottish Government and NHS NSS in partnership and other NHS Scotland Boards. Continued engagement in SG Cyber Catalyst activities. Senior stakeholder engagement by GM ICT through Exec Team, SAS Board, Resilience Committee, IG Committee, Audit Committee etc to raise awareness of the requirement to commit more resources to cyber resilience activities in general and EU NIS directive in particular. Appointment of Records Manager and implementation of Records Management and Information Governance plans. **Audit Committee discussed progress in implementing the agreed management actions from previous internal reports in relation to cyber security at its meeting on 16 February 2019. The Director of Finance has updated the Audit Actions and this has been shared with the Committee.**	Possible	Major	High	Ongoing Monitor and Review - 2020 Steering Group (SG)	March 18 - Identified Board Development April 18 - SAS Board scoring 15 May 18 - 2020 SG 30 May 18 - SAS Board Approval 17 July 18 - SAS Board Approval 04 September 18 - 2020 SG 26 September 18 - SAS Board 25 October 18 - Audit Committee 06 November 18 - 2020 SG 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Director of Finance & Logistics
Datix ID 4313	B	Operational	There is risk that pandemic influenza may place exceptional pressures on our system, resulting in service disruption and non-compliance with our duties under the Civil Contingencies Act.	**Actions to mitigate the risk** Pandemic Outbreak Plan in place which includes the measures taken to protect the Health and Wellbeing of our staff.	Possible	Major	High	↔	**Actions to mitigate the risk** Service would use the REAP plan to continue to deliver the best level of patient care within resource when experiencing capacity pressures. **Actions to monitor the risk** Service participate in Scottish Government led Pandemic Flu exercise programmes and will review plans in line with any new guidelines/framework. Pandemic outbreak plan is required to be tested in full every 3 years.	Possible	Major	High	Ongoing Monitor and Review - 2020 Steering Group	March 18 - Identified Board Development April 18 - SAS Board scoring 15 May 18 - 2020 SG 30 May 18 - SAS Board Approval 17 July 18 - SAS Board Approval 04 Sept 18 - 2020 26 Sept 18 - SAS Board 25th October 18 - Audit Committee 06 November 18 - 2020 SG 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Regional Director – National Operations
Datix ID 4430	B	Workforce	There is a risk of SAS failing to deliver safe and effective services because of the lack of workforce availability due to high sickness levels or increasingly marketable staff moving on resulting in potential patient harm.	**Actions to mitigate absence levels** Managing attendance policy in place. Global Rostering System in place as support and enabler. Toolkits in place to support stage 2 conversations – supported by the HR Service. Root Cause analysis has taken place to understand the top 3 reasons for absence. Rapid access to physio for muscular skeletal problems. **Wellbeing implementation plan.** **Actions to mitigate marketable staff turnover** Advanced practice group has been established to ensure all elements of support to deliver effective advanced practice paramedicine including clinical education and staff governance components are aligned to provide effective support for career development leading to high level experience. **Actions to monitor absence levels** Weekly reporting and discussion at Exec Team on absence levels. 6 monthly update to Staff Governance Committee on absence action plan. Regular local team meetings in place to discuss absence levels. **Actions to monitor marketable staff turnover** Workforce Development Programme in place - reported through 2020 SG.	Possible	Major	High	↔ Risk ID 3692 Split	**Actions to mitigate absence levels** Refresh of the promoting attendance action plan - monitored by Exec Team. Working practices delivery plan to address issues affecting staff wellbeing - monitored by working practices steering group. Local procedures with flow charts for absence reporting process to be put in place. Mandatory absence management training for all line managers – monitored through PDPs. Occupational Health providers to be further engaged to ensure they have full understanding of our Service prior to advising on return to work etc. Review availability of return to work training for long terms absence – i.e. clinical skills / moving and handling. **Actions to mitigate marketable staff turnover** Testing of a rotational model between Ambulance response and primary care roles is underway in Lanarkshire with a view to developing a model that will enable retention of increasingly marketable staff. Funding secured to test a rotational model of advanced practice in primary care - aimed at supporting retention of key staff and to provide primary care ambulance and potentially ACC role development. **Actions to monitor the risk** Measures to be implemented through the CST Group and reported to 2020 SG for overall co-ordination of work streams.	Unlikely	Major	Medium	2020 Steering Group	Risk ID 3692 split - created Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Director of HROD

Datix ID 3692	B	Clinical	There is a risk of SAS failing to deliver safe and effective services as the Health and Social Care Delivery plan is implemented, including remote and rural areas resulting in potential patient harm.	**Actions to mitigate the risk** 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. Tests of change re appropriate clinical deployment of specialists being designed and delivered April 2017. Specialist program has emerged from SAS' Practitioner model work, which largely was developed in remote and rural settings. Robust Governance arrangements in place within the Organisation and clear prioritisation of the local delivery plan process. General Managers engaged throughout the process. **Actions to monitor the risk** Clinical Services Transformation Group will monitor progress and report through the 2020 Steering Group.	Possible	Major	**High**	↔ Risk ID 3692 Split	**Actions to mitigate the risk** **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.** Service is looking at options for staff to access the JRCALC guidelines via an app due to the PDF versions no longer being produced. Comprehensive plan being developed regarding on call working. **Phase 1, 2 and 3 of New Clinical Response Model complete and we are in discussions with Scottish Government regarding final sign off.** Funding secured to test a rotational model of advanced practice in primary care - aimed at supporting retention of key staff and to provide primary care ambulance and potentially ACC role development - **Evaluation in place.**	Unlikely	Major	**Medium**	2020 Steering Group	Risk ID 3692 split - created Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Medical Director
Datix ID 3693	B	Financial	There is a risk that SAS does not get the necessary funding in future years, resulting in the failure to deliver the strategy or to resource existing commitments.	**Actions to mitigate the risk** Service prioritises key areas of impact through its Corporate Governance structures.	Possible	Major	**High**	↔	**Actions to mitigate the risk** Funding will be reviewed as part of the Strategy plan going forward and will be incorporated into the planning through the 2020 steering group. Scottish Government has confirmed the 2018/19 **and 2019/20** strategy funding and phasing. Financial and workforce plan being updated q3/q4 2018/19 to reflect the demand and capacity review. **Post 2020 discussions with Scottish Government have commenced.**	Unlikely	Major	**Medium**	Ongoing Monitoring and Review	Risk Carried forward 29 March 18 - Reviewed 29 April 18 - Scored 15 May 18 - 2020 SG 30 May 18 - SAS Board Approval 17 July 18 - SAS Board Approval 04 September 18 - 2020 SG 26 September 2018 - SAS Board 25th October 2018 - Audit Committee 06 November 2018 - 2020 SG 28 November 18- SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Chief Executive
Datix ID 4431	B	Financial	There is a risk that SAS does not achieve financial balance in 18-19.	**Actions to mitigate the risk** Service prioritises key areas of impact through its Corporate Governance structures.	Possible	Major	**High**	↔ New 18-19	**Actions to mitigate the risk** 2018/19 financial position being closely monitored and best value group developing plans and implementation arrangements to reduce overspends and improve efficiency. Forecast breakeven in 2018/19. **Outline budgets for 2019/20 being prepared with draft paper to January 2019 Board.**	Unlikely	Major	**Medium**	Ongoing Monitoring and Review	New - Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Chief Executive
Datix ID 3695	B	Strategic	There is a risk that SAS is unable to engage staff in changes in working practices and effect cultural change resulting in delays in Service delivery, poor decision making, patient harm and a negative impact on staff morale.	**Actions to monitor the risk** Strategic workforce engagement and cultural issues considered through the Workforce Development Steering Group, the Working Practices Steering Group and the National Partnership forum. Workforce Development Steering Group with a Healthy Organisational Culture workstream reviewing change initiatives in terms of engagement. Patient Safety Walk rounds feedback and iMatter reporting/leads feedback. iMatter Single Cohort approach completed May 2018, and results 64% participation and EEI of 67, local action plans developed with 86% completion achieved. **Actions to mitigate the risk** Local engagement initiatives are being progressed through local partnership forums and through implementation of the iMatter programme. Lessons learned from effective staff engagement e.g.CRM are being built in to 2020 Communication & Engagement approach. Refreshed Organisational Development Plan approved.	Possible	Major	**High**	↔	**Actions to mitigate the risk** Organisational Development Plan 2018/19 initiatives being delivered. Values toolkit train the trainer training completed. Local action plans are being developed from i-Matter feedback and good practice shared through the i-matter Group. Recruitment and succession planning for operational roles as enablers to support capacity for change. Managers focus on staff experience a key change driver for the development of a refreshed management model. Working Practices Workplan delivery. **Actions to monitor the risk** Working Practices Steering Group has developed a comprehensive programme for 2018-19 to prioritise and address improved working practices (in partnership). Clinical Services Transformation Group reviewing Staff Engagement through Clinical Model changes.	Unlikely	Major	**Medium**	Ongoing Monitoring and Review	Risk Carried forward. 29 March 2018 - Reviewed 29 April 2018 - Scored 15 May 2018 - 2020 30 May 2018 - SAS Board Approval 17 July 2018 - SAS Board Approval 04 Sept 18 - 2020 26 Sept 18 - SAS Board 25th October 18 - Audit Committee 06 Nov 18 - 2020 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Director of HR & OD
Datix ID 3999	B	Strategic	SAS does not have the right people, in the right roles, with the right skills because our workforce planning expectations are not met resulting in the organisation failing to achieve its operational and strategic objectives.	**Actions to monitor the risk** Workforce Plans at both a local and organisational level developed to allow SAS to assess its workforce needs. Workforce Development Steering group is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place and supporting the workforce strategy. Workforce Plans are reviewed and updated annually. **Actions to mitigate the risk** Career Framework is in place with an education model developed to support staff to progress. The launch of a full time paramedic degree programme in September 2017 via GCU means a new route for qualified staff will be available in future. Improvements are being made to the recruitment and selection process through a quality improvement initiative to support higher volumes of recruitment. Promoting and communicating recruitment options with SAS by now advertising roles using MyJobScotland.	Possible	Major	**High**	↔	**Actions to Monitor the risk** Working closely with partner Boards and Scottish Government regarding the progression of the National Health and Social Care workforce planning changes. Liaison with NHS Education to develop workforce planning in line with future Paramedic education model (see below). Monitoring of workforce delivery targets through Workforce Development Steering Group, escalating issues as appropriate to 2020 Steering Group. **Actions to mitigate the risk** Keeping our recruitment strategy for paramedic recruitment refreshed. Refreshing the succession and talent management plan to ensure critical posts are identified. SAS and NHS Education Scotland are developing options for the future commissioning and funding of degree level paramedic education. Delivery of advance practice education programme. Development of advance practitioner role/job description Workforce plans identifying the inclusion of primary care requirement. Work with SG on the commissioning framework for primary care activity Demand and Capacity Implementation planning initiated with Programme Board.	Unlikely	Moderate	**Medium**	Workforce Development Steering Group 2020 Steering Group	Risk Carried forward. 29 March 18 - Reviewed 29 April 18 - Scored 15 May 18 - 2020 Steering Group 30 May 18 - SAS Board Approval 17 July 18 - SAS Board Approval 04 September 18 - 2020 SG 26 September 18 - SAS Board 25th October 18 - Audit Committee 06 November 18 - 2020 SG 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Director of HR&OD

ID	B/P	Category	Risk Description	Actions to monitor/mitigate	Likelihood	Impact	Score	Trend	Actions to mitigate the risk	Likelihood	Impact	Score	Review	Dates	Owner
Datix ID 3696	B	Strategic	There is a risk that public and our partners do not support SAS' new models of care and clinical pathways because of sub optimal engagement which results in patient harm and the Service not realising its potential contribution.	**Actions to monitor the risk** Communication and Engagement Strategy for our stakeholders is complete. Senior Managers are actively engaged with integrated Joint Board (IJBs) Partners, NHS Boards, Regional Delivery Groups and SG.	Possible	Major	High	↔ No Change	**Actions to mitigate the risk** Communication and Engagement Strategy is in place with a programme of work being implemented. Quarterly stakeholder map review is in place, regional structures in place and working arrangements with regions, boards, and IJBs now becoming clearer. Significant interest around service transformation and demand management and new models being widely acclaimed. Considering options to further develop dynamic patient experience and improvement solutions. Stakeholder newsletter published July 2018. Service is reviewing the IJB Primary Care Improvement Plans (PCIPs) that were submitted to SG and engaging with IJBs to align our plans in light of these, we are also engaged with the regional and national collaboratives. Regional Directors feeding back their IJB engagement work through mid year reviews. In light of PCIPs publications SAS now developing more detailed primary care support. Further stakeholder newsletter will be circulated transformation plan to Q3. Service Transformation and Demand Management group has been enhanced with more input from primary and community care leaders. **Workshop to develop enhanced integration authority engagement planned for February 2019.** **Actions to monitor the risk** Patient opinion feedback and other measures as set out in Communications and Engagement strategy.	Unlikely	Moderate	Medium	Ongoing monitoring and review - 2020 steering group	Risk Carried forward. 29 March 18 - Reviewed 29 April 18 - Scored 15 May 18 - 2020 SG 30 May 18 - SAS Board Approval 17 July 18 - SAS Board Approval 04 September 18 - 2020 SG 26 September 18 - SAS Board 25th October 18 - Audit Committee 06 November 18 - 2020 SG 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Chief Executive
Datix ID 4432	B	Operational	There is a risk that we are unable to match projected demand with required capacity and productivity resulting in lengthened response times to lower acuity calls.	**Actions to mitigate the risk** Workforce Plans at both a local and Organisational level developed to allow SAS to assess its workforce needs. Workforce Development Steering group is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place and supporting the workforce strategy. Workforce Plans are reviewed and updated annually. In acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors.	Likely	Moderate	High	↔ New Nov 18	**Actions to mitigate the risk** Clinical risk and demand management action plan has been created co-led by the Medical Director and Regional Director - National Operations. This draws together a number of Organisational work streams in relation to managing demand and long response times - monitored through Exec Team with short term measures being put in place, this is key control for this risk. **All short term actions within the plan were complete in advance of winter / festive / high demand period. Medium - long term actions now being progressed.** Demand and Capacity Implementation planning initiated with Programme Board.	Unlikely	Moderate	Medium	Executive Team / 2020 SG	Identified Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Medical Director / Regional Director - National Operations
Datix ID 4290 **nCRM Risk Register**	P	Strategic	There is a risk that the New Clinical Response Model (NCRM) is not introduced as business as usual because the Scottish Government will ask SAS to revert back to the old working model due to a lack of perceived benefits being realised resulting in patient harm.	**Actions to mitigate the risk** Internal NCRM report and external Stirling evaluation report submitted to Scottish Government for comment ahead of publication **- endorsed by Clinical Advisory Group and Clinical Governance Committee.**	Unlikely	Major	Medium	↔ New Corporate Risk - Nov 18	**Actions to mitigate the Risk** Continue to improve the model and realise the benefits agreed during the project planning stage - **Meetings with Scottish Government are progressing.** The actions within this risk closely link to the actions within Risk ID 4432 regarding the Clinical Risk and Demand Management action plan.	Rare	Major	Medium	CST Programme Board / 2020 Steering Group	November 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Medical Director
Datix ID 3275 **DFLM Risk Register**	B	Workforce	There is a risk of sub-optimal front line leadership and management because of inconsistency within regions and variation in implementation of the Delivering Frontline Leadership and Management (DFLM) programme.	**Actions to mitigate the risk** DFLM activity monitored by the Workforce Development Steering Group. Senior Operational leads have been identified to lead the DFLM delivery plan. Review of leadership learning needs analysis to inform future leadership development framework. New business and logistics support arrangements are in place at Regional level.	Possible	Moderate	Medium	↔ New Nov 18	**Actions to mitigate the risk** Management / Staff Side / partnership to agree principles of new operational management model - **The latest workshop (Jan 18) provided principles for developing the next iteration of the leadership model. Operational teams and staff side are currently engaging with their teams and testing the principles, with results to be delivered in early Feb.** Exec Team approval to progress with management model proposals. Engagement with frontline managers regarding implementation of the new management model. Programme support developed to prioritise implementation of new arrangements. Complementary leadership development activities progressed through the new leadership development framework.	Unlikely	Moderate	Medium	Workforce Development Steering Group 2020 Steering Group	November 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Director of HROD
Datix ID 4433	B	Strategic	There is a risk that the Executive Team and Organisational construct is sub-optimal and unsustainable resulting in reduced quality to deliver Organisational Objectives.	**Actions to mitigate the risk** Executive team development facilitation has been agreed and commenced November 2018.	Possible	Moderate	Medium	↔ New Nov 18	**Actions to mitigate the risk** Implementation of recommendations from review.	Unlikely	Moderate	Medium	Executive Team / 2020 SG	Identified Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Chief Executive
Datix ID 4434	B	Strategic	There is a risk of sub-optimal delivery of business as usual, developmental and programme workstreams because of the lack of organisational capacity and misaligned skill mix to deliver the objectives.	**Actions to monitor the risk** Reviewed and monitored at 2020 programme Boards and Steering Group.	Possible	Moderate	Medium	↔ New Nov 28	**Actions to mitigate the risk** Delivery structures and capacity of programme Boards being **reviewed by February 19.** Skills mix and capacity being reviewed **by February 19.**	Unlikely	Moderate	Medium	Executive Team / 2020 SG	Identified Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board	Chief Executive
					Median Score for Log		High				**Median Score for Log**				

Risk Quotient **Risk Rating**

#	Rating		#	Rating
1	Low		1	Low
2	Low		2	Low
3	Low		3	Low
4	Medium		4	Medium
5	Medium		5	Medium
6	Medium		6	Medium
7	Error		7	Error
8	Medium		8	Medium
9	Medium		9	Medium
10	High		10	High
11	Error		11	Error
12	High		12	High
13	Error		13	Error
14	Error		14	Error
15	High		15	High
16	High		16	High
17	Error		17	Error
18	Low		18	Low
19	Low		19	Low
20	V High		20	V High
21	Error		21	Error
22	Error		22	Error
23	Error		23	Error
24	Error		24	Error
25	V High		25	V High

	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Almost Certain	5
Likely	4
Possible	3
Unlikely	2
Rare	1

Extreme	5
Major	4
Moderate	3
Minor	2
Negligible	1

↔ No Change
↑ Likelihood
↓ Likelihood
↑ Impact
↓ Impact

Low
Medium
High
Very High

Strategic
Financial
Operational
HR
Clinical
Training
ACC

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

indicates a mandatory field

Risk Details

ID	4312
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Baker, John - General Manager - CITSD
Risk Owner	Carter, Julie - Director of Finance & Logistics
Risk Owner Title	Director of Finance
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is risk of significant service disruption and damaged reputation because of malicious intrusion into SAS data system or a significant data breach resulting in the loss of systems or data.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk An internal audit was carried out in relation to Cyber Resilience during 2017 – The resulting actions are being progressed and are monitored by the Audit Committee. Cyber resilience awareness sessions have been carried out e.g. input to Senior Leadership Team, SAS Board, Resilience Committee and IG Committee. Cyber Security Risk Register created. Director of Finance & Logistics has been designated Executive Lead for Cyber Resilience. Resilience Committee confirmed as providing overall governance for Cyber Resilience matters. The Service has been identified as a cyber catalyst. Anti-ransomware software deployed. Engagement with SG regarding EU Network and Information Security (NIS) directive obligations. Cyber Essentials accreditation achieved by October 2018 target set by SG. Revised ICT Security Policy has been created. Firewall management / review process has been created and implemented.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk SAS cyber security management plan is under development. Full engagement in the ongoing cyber resilience related work being led by the Scottish Government and NHS NSS in partnership and other NHS Scotland Boards . Continued engagement in SG Cyber Catalyst activities. Senior stakeholder engagement by GM ICT through Exec Team, SAS Board, Resilience Committee, IG Committee, Audit Committee etc to raise awareness of the requirement to commit more resources to cyber resilience activities in general and EU NIS directive in particular. Appointment of Records Manager and implementation of Records Management and Information Governance plans. Audit Committee discussed progress in implementing the agreed management actions from previous internal reports in relation to cyber security at its meeting on

16 February 2019. The Director of Finance has updated the Audit Actions and this
has been shared with the Committee.

Last updated	Ms Sarah Stevenson 23/01/2019 08:41:31

Key Dates

Opened (dd/MM/yyyy)	30/05/2018
Date Risk was last Reviewed (dd/MM/yyyy)	23/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Likely = Strong possibility that this could occur - likely to occur
	44
	HIGH
Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹   ›

Adequacy of controls

Notepad

Notes	Assurance Sources
	Ongoing Monitor and Review - 2020 Steering Group

March 2018 - Identified Board Development
April 2018 - SAS Board scoring
15 May 2018 - 2020 Steering Group
30 May 2018 - SAS Board Approval
17 July 2018 - SAS Board Approval
04 September 2018 - 2020 Steering Group
26 September 2018 - SAS Board
25 October 2018 - Audit Committee
06 November 2018 - 2020 SG
28 November 18 - SAS Board
16 January 19 - Audit Committee
30 January 19 - SAS Board

Ms Sarah Stevenson

⊓ Datix

⚠ DATIX Risk Form (RISK2)

🔴 indicates a mandatory field

Risk Details

ID	4313
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Stevenson, Ms Sarah - National Risk Manager
Risk Owner	Bassett, Paul - Director - National Operations
Risk Owner Title	Director - National Operations
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is risk that pandemic influenza may place exceptional pressures on our system, resulting in service disruption and non-compliance with our duties under the Civil Contingencies Act.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk Pandemic Outbreak Plan in place which includes the measures taken to protect the Health and Wellbeing of our staff.
Action Planning (Future Controls) Controls being planned but not yet in place.	'Actions to mitigate the risk' Service would use the REAP plan to continue to deliver the best level of patient care within resource when experiencing capacity pressures. 'Actions to monitor the risk' Service participate in Scottish Government led Pandemic Flu exercise programmes and will review plans in line with any new guidelines/framework. Pandemic outbreak plan is required to be tested in full every 3 years.
Last updated	Ms Sarah Stevenson 16/01/2019 15:43:52

Key Dates

Opened (dd/MM/yyyy)	30/05/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Operational

Risk Grading

Current	
	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹   ›

Forecast	
	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹   ›

Adequacy of controls	Adequate

Notepad

Notes	Assurance Sources
	Ongoing Monitor and Review - 2020 Steering Group
	March 2018 - Identified Board Development
	April 2018 - SAS Board scoring
	15 May 2018 - 2020 Steering Group
	30 May 2018 - SAS Board Approval
	17 July 2018 - SAS Board Approval
	04 September 2018 - 2020 Steering Group
	26 September 2018 - SAS Board
	25 October 2018 - Audit Committee
	06 November 2018 - 2020 SG
	28 November 18 - SAS Board
	16 January 19 - Audit Committee
	30 January 19 - SAS Board

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

⭐ indicates a mandatory field

Risk Details

ID	4430
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Reith, Kevin - Deputy Director of HROD
Risk Owner	Douglas, Linda - Director of HR
Risk Owner Title	Director of HROD
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk of SAS failing to deliver safe and effective services because of the lack of workforce availability due to high sickness levels or increasingly marketable staff moving on resulting in potential patient harm.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate absence levels Managing attendance policy in place. Global Rostering System in place as support and enabler. Toolkits in place to support stage 2 conversations – supported by the HR Service. Root Cause analysis has taken place to understand the top 3 reasons for absence. Rapid access to physio for muscular skeletal problems. Wellbeing implementation plan. Actions to mitigate marketable staff turnover Advanced practice group has been established to ensure all elements of support to deliver effective advanced practice paramedicine including clinical education and staff governance components are aligned to provide effective support for career development leading to high level experience. Actions to monitor absence levels Weekly reporting and discussion at Exec Team on absence levels. 6 monthly update to Staff Governance Committee on absence action plan. Regular local team meetings in place to discuss absence levels. Actions to monitor marketable staff turnover Workforce Development Programme in place - reported through 2020 SG.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate absence levels Refresh of the promoting attendance action plan - monitored by Exec Team Working practices delivery plan to address issues affecting staff wellbeing - monitored by working practices steering group. Local procedures with flow charts for absence reporting process to be put in place. Mandatory absence management training for all line managers – monitored through PDPs. Occupational Health providers to be further engaged to ensure they have full understanding of our Service prior to advising on return to work etc. Review availability of return to work training for long terms absence – i.e. clinical skills / moving and handling.

Actions to mitigate marketable staff turnover
Testing of a rotational model between Ambulance response and primary care roles is underway in Lanarkshire with a view to developing a model that will enable retention of increasingly marketable staff.
Funding secured to test a rotational model of advanced practice in primary care - aimed at supporting retention of key staff and to provide primary care ambulance and potentially ACC role development.

Actions to monitor the risk
Measures to be implemented through the CST Group and reported to 2020 SG for overall co-ordination of work streams.

Last updated	Ms Sarah Stevenson 16/01/2019 15:45:14

Key Dates

Opened (dd/MM/yyyy)	12/11/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	HR

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹   ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	22

MEDIUM

Adequacy of controls

Notepad

Notes   Risk ID 3692 split, this risk created Nov 18.
                               28 November 18 - SAS Board
                               16 January 19 - Audit Committee
                               30 January 19 - SAS Board

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

indicates a mandatory field

Risk Details

ID	3692
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Stevenson, Ms Sarah - National Risk Manager
Risk Owner	Ward, Jim - Medical Director
Risk Owner Title	Medical Director
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk of SAS failing to deliver safe and effective services as the Health and Social Care Delivery plan is implemented, including remote and rural areas resulting in potential patient harm.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk 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. Tests of change re appropriate clinical deployment of specialists being designed and delivered April 2017. Specialist program has emerged from SAS' Practitioner model work, which largely was developed in remote and rural settings. Robust Governance arrangements in place within the Organisation and clear prioritisation of the local delivery plan process. General Managers engaged throughout the process. Actions to monitor the risk Clinical Services Transformation Group will monitor progress and report through the 2020 Steering Group
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk 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. Service is looking at options for staff to access the JRCALC guidelines via an app due to the PDF versions no longer being produced. Comprehensive plan being developed regarding on call working. Phase 1, 2 and 3 of New Clinical Response Model complete and we are in discussions with Scottish Government regarding final sign off. Funding secured to test a rotational model of advanced practice in primary care - aimed at supporting retention of key staff and to provide primary care ambulance and potentially ACC role development - Evaluation in place.
Last updated	Ms Sarah Stevenson 17/01/2019 12:30:07

Key Dates

Opened (dd/MM/yyyy)	28/06/2016
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Clinical

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	22
	MEDIUM
Adequacy of controls	Adequate

Notepad

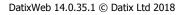|	
Notes	Assurance Sources 2020 Steering Group Risk split - created Nov 18 28 November 18 - SAS Board 16 January 19 - Audit Committee 30 January 19 - SAS Board

Ms Sarah Stevenson

⚠ DATIX Risk Form (RISK2)

✳ indicates a mandatory field

Risk Details

ID	3693
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Stevenson, Ms Sarah - National Risk Manager
Risk Owner	Howie, Mrs Pauline - Chief Executive
Risk Owner Title	Chief Executive
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that SAS does not get the necessary funding in future years, resulting in the failure to deliver the strategy or to resource existing commitments.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risks Service prioritises key areas of impact through its Corporate Governance structures.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk Funding will be reviewed as part of the Strategy plan going forward and will be incorporated into the planning through the 2020 steering group. Scottish Government has confirmed the 2018/19 and 2019/20 strategy funding and phasing. Financial and workforce plan being updated q3/q4 2018/19 to reflect the demand and capacity review. Post 2020 discussions with Scottish Government have commenced.
Last updated	Ms Sarah Stevenson 16/01/2019 15:49:49

Key Dates

Opened (dd/MM/yyyy)	28/06/2016
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Financial

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹   ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	22
	MEDIUM

Adequacy of controls

Notepad

Notes	Assurance Sources
	Ongoing Monitoring and Review
	Risk Carried forward from 2017-2018 register.
	29 March 2018 - Reviewed
	29 April 2018 - Scored
	15 May 2018 - 2020 Steering Group
	30 May 2018 - SAS Board Approval
	17 July 2018 - SAS Board Approval
	04 September 2018 - 2020 Steering Group
	26 September 2018 - SAS Board
	25 October 2018 - Audit Committee
	06 November 2018 - 2020 Steering Group
	28 November 18 - SAS Board
	16 January 19 - Audit Committee
	30 January 19 - SAS Board

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

✴ indicates a mandatory field

Risk Details

ID	4431
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Carter, Julie - Director of Finance & Logistics
Risk Owner	Howie, Mrs Pauline - Chief Executive
Risk Owner Title	Chief Executive
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that SAS does not achieve financial balance in 18-19.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk Service prioritises key areas of impact through its Corporate Governance structures.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk 2018/19 financial position being closely monitored and best value group developing plans and implementation arrangements to reduce overspends and improve efficiency. Forecast breakeven in 2018/19. Outline budgets for 2019/20 being prepared with draft paper to January 2019 Board.
Last updated	Ms Sarah Stevenson 16/01/2019 15:52:31

Key Dates

Opened (dd/MM/yyyy)	12/11/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Financial

Risk Grading

Current	Consequence (current):

Likelihood (current):

Rating (current):

Risk level (current):

Major = Major impact to Org or major injuries / long term incapacity or disability

Possible = May occur occasionally, has happened before on occasions - reasonable chanc

33

HIGH

‹   ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	22
	MEDIUM

Adequacy of controls

Notepad

Notes   New - Nov 18
                     28 November 18 - SAS Board
                     16 January 19 - Audit Committee
                     30 January 19 - SAS Board

Datix

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

indicates a mandatory field

Risk Details

ID	3695
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Reith, Kevin - Deputy Director of HROD
Risk Owner	Douglas, Linda - Director of HR
Risk Owner Title	Director of HROD
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that SAS is unable to engage staff in changes in working practices and effect cultural change resulting in delays in Service delivery, poor decision making, patient harm and a negative impact on staff morale.
Controls in place Current Control Measures in place to manage the risk.	'Actions to monitor the risk' Strategic workforce engagement and cultural issues considered through the Workforce Development Steering Group, the Working Practices Steering Group and the National Partnership forum. Workforce Development Steering Group with a Healthy Organisational Culture workstream reviewing change initiatives in terms of engagement. Patient Safety Walk rounds feedback and iMatter reporting/leads feedback. iMatter Single Cohort approach completed May 2018, and results 64% participation and EEI of 67, local action plans developed with 86% completion achieved. 'Actions to mitigate the risk' Local engagement initiatives are being progressed through local partnership forums and through implementation of the iMatter programme. Lessons learned from effective staff engagement e.g.CRM are being built in to 2020 Communication & Engagement approach. Refreshed Organisational Development Plan approved.
Action Planning (Future Controls) Controls being planned but not yet in place.	'Actions to mitigate the risk' Organisational Development Plan 2018/19 initiatives being delivered. Values toolkit train the trainer training completed. Local action plans are being developed from i-Matter feedback and good practice shared through the i-matter Group. Recruitment and succession planning for operational roles as enablers to support capacity for change. Managers focus on staff experience a key change driver for the development of a refreshed management model. Working Practices Workplan delivery. 'Actions to monitor the risk' Working Practices Steering Group has developed a comprehensive programme for 2018-19 to prioritise and address improved working practices (in partnership).

Clinical Services Transformation Group reviewing Staff Engagement through Clinical Model changes.

Last updated	Ms Sarah Stevenson 16/01/2019 15:54:36

Key Dates

Opened (dd/MM/yyyy)	28/06/2016
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	22
	MEDIUM

Adequacy of controls	Adequate

Notepad

Notes	Assurance Sources - Ongoing Monitoring and Review Risk Carried forward from 2017-2018 register. 29 March 2018 - Reviewed

29 April 2018 - Scored
15 May 2018 - 2020 Steering Group
30 May 2018 - SAS Board Approval
17 July 2018 - SAS Board Approval
04 September 2018 - 2020 Steering Group
26 September 2018 - SAS Board
25 October 2018 - Audit Committee
06 November 2018 - 2020 SG
28 November 2018 - SAS Board
16 January 19 - Audit Committee
30 January 19 - SAS Board

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

indicates a mandatory field

Risk Details

ID	3999
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Reith, Kevin - Deputy Director of HROD
Risk Owner	Douglas, Linda - Director of HR
Risk Owner Title	Director of HROD
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	SAS does not have the right people, in the right roles, with the right skills because our workforce planning expectations are not met resulting in the organisation failing to achieve its operational and strategic objectives.
Controls in place Current Control Measures in place to manage the risk.	'Actions to monitor the risk' Workforce Plans at both a local and organisational level developed to allow SAS to assess its workforce needs. Workforce Development Steering group is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place and supporting the workforce strategy. Workforce Plans are reviewed and updated annually. 'Actions to mitigate the risk' Career Framework is in place with an education model developed to support staff to progress. The launch of a full time paramedic degree programme in September 2017 via GCU means a new route for qualified staff will be available in future. Improvements are being made to the recruitment and selection process through a quality improvement initiative to support higher volumes of recruitment. Promoting and communicating recruitment options with SAS by now advertising roles using MyJobScotland.
Action Planning (Future Controls) Controls being planned but not yet in place.	'Actions to Monitor the risk' Working closely with partner Boards and Scottish Government regarding the progression of the National Health and Social Care workforce planning changes. Liaison with NHS Education to develop workforce planning in line with future Paramedic education model (see below). Monitoring of workforce delivery targets through Workforce Development Steering Group, escalating issues as appropriate to 2020 Steering Group. 'Actions to mitigate the risk' Keeping our recruitment strategy for paramedic recruitment refreshed. Refreshing the succession and talent management plan to ensure critical posts are identified. SAS and NHS Education Scotland are developing options for the future commissioning and funding of degree level paramedic education. Delivery of advance practice education programme. Development of advance practitioner role/job description

Workforce plans identifying the inclusion of primary care requirement.
Work with SG on the commissioning framework for primary care activity.
Demand and Capacity Implementation planning initiated with Programme Board.

Last updated	Ms Sarah Stevenson 16/01/2019 15:56:16

Key Dates

Opened (dd/MM/yyyy)	31/05/2017
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹ ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	18
	MEDIUM

‹ ›

Adequacy of controls	

Notepad

Notes	

Assurance Sources
Workforce Development Steering Group
2020 Steering Group

Risk Carried forward from 2017-2018 register.
29 March 2018 - Reviewed
29 April 2018 - Scored
15 May 2018 - 2020 Steering Group
30 May 2018 - SAS Board Approval
17 July 2018 - SAS Board Approval
04 September 2018 - 2020 Steering Group
26 September 2018 - SAS Board
25 October 2018 - Audit Committee
06 November 2018 - 2020 SG
28 November 2018 - SAS Board
16 January 19 - Audit Committee
30 January 19 - SAS Board

Ms Sarah Stevenson

⚠ DATIX Risk Form (RISK2)

✳ indicates a mandatory field

Risk Details

ID	3696
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Stevenson, Ms Sarah - National Risk Manager
Risk Owner	Howie, Mrs Pauline - Chief Executive
Risk Owner Title	Chief Executive
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that public and our partners do not support SAS' new models of care and clinical pathways because of sub optimal engagement which results in patient harm and the Service not realising its potential contribution.
Controls in place Current Control Measures in place to manage the risk.	'Actions to monitor the risk' Communication and Engagement Strategy for our stakeholders is complete. Senior Managers are actively engaged with integrated Joint Board (IJBs) Partners, NHS Boards, Regional Delivery Groups and SG.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk Communication and Engagement Strategy is in place with a programme of work being implemented. Quarterly stakeholder map review is in place, regional structures in place and working arrangements with regions, boards, and IJBs now becoming clearer. Significant interest around service transformation and demand management and new models being widely acclaimed. Considering options to further develop dynamic patient experience and improvement solutions. Stakeholder newsletter published July 2018 Service is reviewing the IJB Primary Care Improvement Plans (PCIPs) that were submitted to SG and engaging with IJBs to align our plans in light of these, we are also engaged with the regional and national collaboratives. Regional Directors feeding back their IJB engagement work through mid year reviews. In light of PCIPs publications SAS now developing more detailed primary care transformation plan to support. Further stakeholder newsletter will be circulated Q3. Service Transformation and Demand Management group has been enhanced with more input from primary and community care leaders. Workshop to develop enhanced integration authority engagement planned for February 2019. Actions to monitor the risk Patient opinion feedback and other measures as set out in Communications and Engagement strategy.
Last updated	Ms Sarah Stevenson 16/01/2019 16:00:50

Key Dates

Opened (dd/MM/yyyy)	28/06/2016
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Major = Major impact to Org or major injuries / long term incapacity or disability
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	33
	HIGH

‹ ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	18
	MEDIUM

‹ ›

Adequacy of controls	Adequate

Notepad

Notes	Assurance Sources
	Ongoing monitoring and review - 2020 steering group
	Risk Carried forward from 2017-2018 register.
	29 March 2018 - Reviewed
	29 April 2018 - Scored
	15 May 2018 - 2020 Steering Group

30 May 2018 - SAS Board Approval
17 July 2018 - SAS Board Approval
04 September 2018 - 2020 Steering Group
26 September 2018 - SAS Board
25 October 2018 - Audit Committee
06 November 2018 - 2020 SG
16 January 19 - Audit Committee
30 January 19 - SAS Board

Ms Sarah Stevenson

⚠ DATIX Risk Form (RISK2)

✴ indicates a mandatory field

Risk Details

ID	4432
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Stevenson, Ms Sarah - National Risk Manager
Risk Owner	Ward, Jim - Medical Director
Risk Owner Title	Medical Director
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that we are unable to match projected demand with required capacity and productivity resulting in lengthened response times to lower acuity calls.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk Workforce Plans at both a local and Organisational level developed to allow SAS to assess its workforce needs. Workforce Development Steering group is overseeing the programme of work aimed at ensuring our plans and delivery mechanisms are in place and supporting the workforce strategy. Workforce Plans are reviewed and updated annually. In acknowledgement of the complex interdependency of mitigating clinical risk and managing demand where there are numerous abstracting factors.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk Clinical risk and demand management action plan has been created co-led by the Medical Director and Regional Director - National Operations. This draws together a number of Organisational work streams in relation to managing demand and long response times - monitored through Exec Team with short term measures being put in place, this is key control for this risk. All short term actions within the plan were complete in advance of winter / festive / high demand period. Medium - long term actions now being progressed. Demand and Capacity Implementation planning initiated with Programme Board.
Last updated	Ms Sarah Stevenson 17/01/2019 12:34:06

Key Dates

Opened (dd/MM/yyyy)	06/11/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Clinical

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr
	Likely = Strong possibility that this could occur - likely to occur
	36
	HIGH

‹   ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	18
	MEDIUM

‹   ›

Adequacy of controls

Notepad

Notes	Identified Nov 18
	28 November 18 - SAS Board
	16 January 19 - Audit Committee
	30 January 19 - SAS Board

Ms Sarah Stevenson

Datix

⚠ DATIX Risk Form (RISK2)

🔴 indicates a mandatory field

Risk Details

ID	4290
Risk Title	CST - New Clinical Model Response Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Long, Jenny - CST Programme Manager
Risk Owner	Ward, Jim - Medical Director
Risk Owner Title	Medical Director
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that the New Clinical Response Model (NCRM) is not authorised for introduction as business as usual resulting in patient harm.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk Internal NCRM report and external Stirling evaluation report submitted to Scottish Government for comment ahead of publication - endorsed by Clinical Advisory Group and Clinical Governance Committee.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the Risk Continue to improve the model and realise the benefits agreed during the project planning stage - Meetings with Scottish Government are progressing. The actions within this risk closely link to the actions within Risk ID 4432 regarding the Clinical Risk and Demand Management action plan.
Last updated	Ms Sarah Stevenson 17/01/2019 12:32:11

Key Dates

Opened (dd/MM/yyyy)	01/05/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Project Risk
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):

Likelihood (current):

Rating (current):

Risk level (current):

Major = Major impact to Org or major injuries / long term incapacity or disability

Unlikely = Not expected to happen but definite potential exists - unlikely to occur

22

MEDIUM

Forecast   Consequence (Target):

Likelihood (Target):

Rating (Target):

Risk level (Target):

Major = Major impact to Org or major injuries / long term incapacity or disability

Rare = Cannot believe this event would happen - will only happen in exceptional circumst

11

MEDIUM

‹   ›

Adequacy of controls

Notepad

Notes   November 18
28 November 18 - SAS Board
16 January 19 - Audit Committee
30 January 19 - SAS Board

Ms Sarah Stevenson

⊓ Datix

⚠ **DATIX Risk Form (RISK2)**

✱ indicates a mandatory field

Risk Details

ID	3275
Risk Title	Delivering Future Leader & Managers Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Reith, Kevin - Deputy Director of HROD
Risk Owner	Douglas, Linda - Director of HR
Risk Owner Title	Director of HROD
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk of sub-optimal front line leadership and management because of inconsistency within regions and variation in implementation of the Delivering Frontline Leadership and Management (DFLM) programme.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk DFLM activity monitored by the Workforce Development Steering Group Senior Operational leads identified to lead DFLM delivery plan. Review of leadership learning needs analysis to inform future leadership development framework. New business and logistics support arrangements in place at regional level.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk Management / Staff Side / partnership to agree principles of new operational management model. The latest workshop (Jan 18) provided principles for developing the next iteration of the leadership model. Operational teams and staff side are currently engaging with their teams and testing the principles, with results to be delivered in early Feb. Exec Team approval to progress with management model proposals. Engagement with frontline managers regarding implementation of new management model. Programme support developed to prioritise implementation of new arrangements. Complementary leadership development activities progressed through the new leadership development framework.
Last updated	Ms Sarah Stevenson 16/01/2019 16:05:17

Key Dates

Opened (dd/MM/yyyy)	21/01/2014
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Project Risk
Risk Subtype	HR

Risk Grading

Current	Consequence (current):
	Likelihood (current):
	Rating (current):
	Risk level (current):
	Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr
	Possible = May occur occasionally, has happened before on occasions - reasonable chanc
	27
	MEDIUM

‹ _____ ›

Forecast	Consequence (Target):
	Likelihood (Target):
	Rating (Target):
	Risk level (Target):
	Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr
	Unlikely = Not expected to happen but definite potential exists - unlikely to occur
	18
	MEDIUM

‹ _____ ›

Adequacy of controls	

Notepad

Notes	November 18
	28 November 18 - SAS Board
	16 January 19 - Audit Committee
	30 January 19 - SAS Board

Ms Sarah Stevenson

DATIX Risk Form (RISK2)

🔴 indicates a mandatory field

Risk Details

ID	4433
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Stevenson, Ms Sarah - National Risk Manager
Risk Owner	Howie, Mrs Pauline - Chief Executive
Risk Owner Title	Chief Executive
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk that the Executive Team and Organisational construct is sub-optimal and unsustainable resulting in reduced quality to deliver Organisational Objectives.
Controls in place Current Control Measures in place to manage the risk.	Actions to mitigate the risk Executive team development facilitation has been agreed and commenced November 2018.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk Implementation of recommendations from review.
Last updated	Ms Sarah Stevenson 17/01/2019 13:12:47

Key Dates

Opened (dd/MM/yyyy)	06/11/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):

Likelihood (current):

Rating (current):

Risk level (current):

Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr

Possible = May occur occasionally, has happened before on occasions - reasonable chanc

27

MEDIUM

‹ ›

Forecast   Consequence (Target):

Likelihood (Target):

Rating (Target):

Risk level (Target):

Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr

Unlikely = Not expected to happen but definite potential exists - unlikely to occur

18

MEDIUM

‹ ›

Adequacy of controls

Notepad

Notes   Identified Nov 18
                28 November 18 - SAS Board
                16 January 19 - Audit Committee
                30 January 19 - SAS Board

Ms Sarah Stevenson

⚠️ DATIX Risk Form (RISK2)

🟥 indicates a mandatory field

Risk Details

ID	4434
Risk Title	Corporate Risk
Handler This is the person who updates the risk in conjunction with the risk owner.	Davies, Lee -
Risk Owner	Howie, Mrs Pauline - Chief Executive
Risk Owner Title	Chief Executive
Description Please ensure that all risks are worded - There is a risk of "X", because of "Y" resulting in "Z"	There is a risk of sub-optimal delivery of business as usual, developmental and programme workstreams because of the lack of organisational capacity and misaligned skill mix to deliver the objectives.
Controls in place Current Control Measures in place to manage the risk.	Actions to monitor the risk Reviewed and monitored at 2020 programme Boards and Steering Group.
Action Planning (Future Controls) Controls being planned but not yet in place.	Actions to mitigate the risk Delivery structures and capacity of programme Boards being reviewed by February 19. Skills mix and capacity being reviewed by February 19.
Last updated	Ms Sarah Stevenson 16/01/2019 16:07:04

Key Dates

Opened (dd/MM/yyyy)	06/11/2018
Date Risk was last Reviewed (dd/MM/yyyy)	16/01/2019
Closed date (dd/MM/yyyy)	

Risk Coding

Risk Type	Business Risk to the Organisation
Risk Subtype	Strategic

Risk Grading

Current	Consequence (current):

Likelihood (current):

Rating (current):

Risk level (current):

Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr

Possible = May occur occasionally, has happened before on occasions - reasonable chanc

27

MEDIUM

⟨   ⟩

Forecast   Consequence (Target):

Likelihood (Target):

Rating (Target):

Risk level (Target):

Moderate = Significant impact to Org or RIDDOR or Significant Injury requiring medical tr

Unlikely = Not expected to happen but definite potential exists - unlikely to occur

18

MEDIUM

⟨   ⟩

Adequacy of controls

Notepad

Notes   Identified Nov 18
28 November 18 - SAS Board
16 January 19 - Audit Committee
30 January 19 - SAS Board

CORPORATE GOALS AND OBJECTIVES

Goal 1 -	To ensure our patients, staff and the people who use our services have a voice and can contribute to future service design, with people at the heart of everything we do.	Goal 2 -	Expand our diagnostic capability and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner.	Goal 3 -	Continue to develop a workforce with the necessary enhanced and extended skills by 2020 to deliver the highest level of quality and improve patient outcomes.	Goal 4 -	Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service.	Goal 5 -	To reduce unnecessary variation in service and tackle inequalities delivering some services "Once for Scotland" where appropriate.	Goal 6 -	Develop a model that is financially sustainable and fit for purpose in 2020.
	Person Centred		**Safe and effective**		**Quality and Outcome Focused**		**Collaborative**		**Fair and Equitable**		**Value driven**
Corp Obj 1.1	Engage with partners, patients and the public to design and co-produce future service.	Corp Obj 2.1	Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain.	Corp Obj 3.1	Lead a national programme of improvement for out of hospital cardiac arrest.	Corp Obj 4.1	Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD.	Corp Obj 5.1	Improve our response to patients who are vulnerable in our communities.	Corp Obj 6.1	Develop a three year financial plan to ensure we achieve financial stability by 2017/18.
Corp Obj 1.2	Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people.	Corp Obj 2.2	Develop ScotSTAR as a national service to improve outcomes for patients requiring a specialist response.	Corp Obj 3.2	Improve outcomes for stroke patients.	Corp Obj 4.2	Continue to develop our scheduled care service in partnership to support outpatient services and facilitate effective discharge and transfer to improve patient flow, and deliver a better experience for patients.	Corp Obj 5.2	Work in partnership to identify alternative transport solutions for those scheduled care patients with no medical need for ambulance transport but are socially isolated.	Corp Obj 6.2	Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness.
Corp Obj 1.3	Enhance our telephone triage and ability to see and treat more patients at home through the provision of senior clinical decision support.	Corp Obj 2.3	Support NHS Scotland to deliver a high quality major trauma service.	Corp Obj 3.3	Strengthen and share the expertise provided by our Specialist Operations Teams.			Corp Obj 5.3	Continue to work with partners in local communities to strengthen resilience.	Corp Obj 6.3	Invest in technology and advanced clinical skills to deliver the change.
		Corp Obj 2.4	Develop our mobile telehealth and diagnostic capability.	Corp Obj 3.4	Develop our education model to provide more comprehensive care at the point of contact.						
				Corp Obj 3.5	Offer new role opportunities for our staff within a career framework.						