



Paper No.

PB/19/158

Report to: Trust Board

Date: 3 December 2019

Report Title:	Board Assurance Framework
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Purpose of Report

The purpose of this report is to present the Board Assurance Framework (BAF) for consideration and assurance.			
Type of Report	Decision-making	Assurance X	Consideration

Executive Summary

The BAF sets out the principal risks to the Trust's strategic objectives. It is a summary document that maps out the control systems in place to mitigate these risks and confirms the assurances that the Board needs to evidence the effective operation of these controls. The BAF acts as the Trust's corporate risk register and records all corporate level risks. The Trust Board considers the BAF at each meeting.

The BAF is at appendix 1 and has been considered and updated by risk owners and relevant committees.

At its meeting in October the Trust Board did not request any changes to the BAF.

The Workforce Committee considered the BAF in November 2019 and did not propose any changes.

The Quality and Governance Committee considered the BAF at meetings in October and November and made the following recommendations:

- Risk 18 – likelihood rating of current score to be increased to 5 due to the impact that increased activity and hospital handover delays were having on the Trust's ability to respond, despite a significant increase in staff resource.



- Risk 18 – expected score to be increased to 16 (likelihood and impact both 4) as it was considered that the mitigating actions would not reduce the level of risk significantly
- Risk 18 – risk wording to be amended by inserting the word “effectively” so that the risk reads “There is a risk that we will not be able to respond effectively to demand during the Winter period”
- Risk 19 - likelihood rating of current score to be increased to 5 due to the number of Serious Incidents involving a delayed response, making the total risk 20
- Risk 19 – expected score to be increased to 16 (likelihood and impact both 4) as it was considered that the mitigating actions would not reduce the level of risk significantly.

These changes have been made to the BAF.

The Finance and Performance Committee also considered the BAF in October and made no suggestions for changes to the BAF. The next meeting of the committee is 26 November 2019. If any changes are proposed these will be reported at the Board meeting.

The Logistics and Estates Committee considered the risk allocated to it (risk 12) in October and agreed that it should be reviewed to identify additional mitigations and to consider whether the change in work priorities as a result of winter pressures might impact on the timescales for delivery of the mitigating actions. The Director of Finance has reviewed this risk and made changes to the controls and assurance sections and amended the completion dates of the mitigating actions. These changes are reflected in the attached BAF.

Risk Owners have also reviewed the BAF and added updates where required. None of these affect the score or risk wording and all details are provided in the update sections of the attached BAF.

In considering whether the BAF provides the Board with the assurance it needs to fulfil its role Board members may wish to consider the following questions as an aide memoire:

- Is the current risk score appropriate?
- Can the Trust tolerate the expected score, that is the level of risk which will exist once all planned actions have been implemented, or would the level of risk still be too high?
- Are the planned mitigating actions sufficient to reduce the level of risk to the expected score and is it feasible that these actions will be implemented?
- Are further planned mitigating actions required to reduce the risk to a level which the Trust can tolerate?
- Is the timescale for implementing the planned mitigations acceptable or do these need to be escalated to reduce the risk score earlier?



- Are the sources of assurance listed in the BAF sufficient for the Trust Board to monitor ongoing management of the risk?

Recommendations

That the Trust Board:

- **AGREES** the revised wording of risk 18 as set out in the report;
- **AGREES** the revised scores for risks 18 and 19;
- **APPROVES** the revised Board Assurance Framework;
- **CONFIRMS** that the Board Assurance Framework adequately identifies the organisation's strategic risks and that the risks are scored at the appropriate level in line with the Trust Board's risk appetite; and
- **CONSIDERS** whether it has sufficient assurance in relation to the risks included in the Board Assurance Framework.

Have the following assessments been undertaken in relation to this report?

- **Quality Impact Assessment?** Not applicable
- **Equality Impact Assessment?** Not applicable
- **Privacy Impact Assessment?** Not applicable

Committees or groups this report has already been presented to:

The Quality and Governance Committee considers the BAF at each meeting in order to provide assurance to the Board on the arrangements for managing the BAF.

Summary of the conclusions of that committee or group:

The committee did not identify any concerns about the management of the BAF at the last meeting.



Risk Management:

<u>New risks arising as a result of this report</u>	Risk Assessment – current score		
	Likelihood (A)	Consequence (B)	Score (A x B)
Additional risks for the BAF have been identified within the report			
<u>Planned Mitigations</u>	Not applicable		
<u>Risk Appetite</u> The Trust's risk appetite statement is: <p>"Our overall risk appetite is moderate. Our tolerance for risk is in general limited to events where there is little chance of significant repercussion for the organisation should there be a failure. Where patients are concerned, we have a low tolerance for risk, particularly where this could have a significant adverse impact on our patients. With regard to finance and value for money, we are prepared to accept some limited financial loss but value for money is our primary concern. We support risk taking in innovation where we can demonstrate this will lead to commensurate improvements and the risk is within management control."</p> <p>Does the proposal in the report comply with this statement?</p> <p>The Trust Board should consider the Trust's risk appetite in reviewing the BAF to ensure that any decisions relating to the BAF comply with the risk appetite.</p>			



Strategic Fit: Which of the following strategic objectives does this report relate to?

The report does not align with any specific strategic objective.

Big 3 – Respond: We will respond to patient needs in the most appropriate way (Non-Conveyance, Recruitment, Staffing, Fleet, Equipment)	Relevant
We will make full use of the care pathways available, safely treating patients at home, driving our non-conveyance to hospital	
We will recruit and retain the right number of front-line staff with the right skill-mix to deliver high quality services to patients and meet the standards expected of us, in line with our clinical operating model	
We will ensure we operate a modern fleet with the right number, type and age of vehicles to meet the needs of our clinical operating model	
We will ensure we have the right equipment, ambulances and staff to meet patient demands and needs	
Big 3 - Develop: We will develop our organisation to become outstanding for patients and staff (Patient Care & Quality, Career Development, Staff Support, Estate Development, ASI and ACQI improvement, CQC and Finance)	
We will continually strive to improve our reported levels of patient satisfaction	
We will continue to develop an organisation that staff and volunteers are proud to work for	
We will ensure our workforce is healthy, engaged, supported and satisfied and that they demonstrate our EMAS values	
We will develop our career frameworks and opportunities for both clinical and non-clinical staff across the organisation	
We will realise benefits from operating a modern and sustainable estate	
We will strive to consistently deliver the Ambulance System Indicators and Ambulance Care Quality Indicators	
We will strive to achieve a CQC rating of 'outstanding' and will consistently meet our financial targets	
Big 3 – Collaborate: We will collaborate with partners and other organisations to reduce healthcare demand and improve wider healthcare (Innovation in Healthcare, Right Healthcare for Patients, working with 111, Mental Health support, Public Education, Working in Partnership with STPs/ICSs)	
We will lead and contribute to improvements for patients within the East Midlands, working with partner organisations to deliver innovative healthcare	
We will support local communities to access the most appropriate urgent and emergency care for their needs	
We will work with partner organisations to develop our approach to supporting Mental Health	
We will work closely with our partners in 111 to deliver seamless, most appropriate healthcare to patients	
We will continue to focus on public education on the use of 999 services	

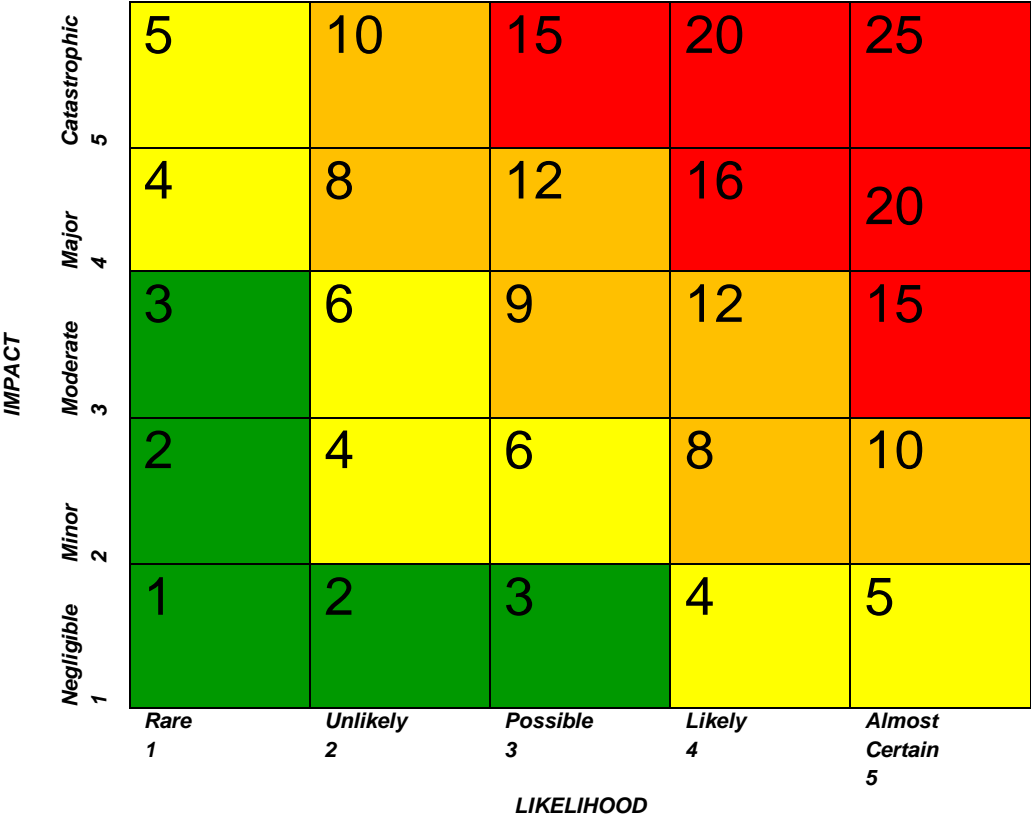
Board Assurance Framework – risks as at November 2019

The Board Assurance Framework is also the Trust's Corporate Risk Register

	Respond We will respond to patient needs in the most appropriate way (Non-Conveyance, Recruitment, Staffing, Fleet, Equipment) Strategic Objectives: <ul style="list-style-type: none"> We will make full use of the care pathways available, safely treating patients at home, driving our non-conveyance to hospital We will recruit and retain the right number of front-line staff with the right skill-mix to deliver high quality services to patients and meet the standards expected of us, in line with our clinical operating model We will ensure we operate a modern fleet with the right number, type and age of vehicles to meet the needs of our clinical operating model We will ensure we have the right equipment, ambulances and staff to meet patient demands and needs 	Responsible Committee	Director Risk Owner	Current score
1.	There is a risk that demand for our services cannot be reduced or increases at a greater rate than planned	Finance and Performance Committee	Mike Naylor	5 x 4 = 20
2.	<i>Risk merged with risk 9 – August 2019</i>			
3.	There is a risk of the absence of, or restricted access to, care pathways; affecting non-conveyance rates and patient experience	Quality and Governance Committee	Leon Roberts	4 x 4 = 16
4.	There is a risk that hospital handover delays do not improve, resulting in significant lost resource hours and an inability to respond to patients	Quality and Governance Committee	Nichola Bramhall	5 x 4 = 20
5.	There is a risk that we are unable to deliver our financial target, leading to loss of income	Finance and Performance Committee	Mike Naylor	4 x 4 = 16
6.	There is a risk of industrial action as a result of local and national policies, procedures, terms and conditions	Workforce Committee	Kerry Gulliver	3 x 3 = 9
7.	There is a risk we will experience infrastructure failure and/or data loss	Finance and Performance Committee	Will Legge	4 x 4 = 16
8.	There is a risk that Brexit will adversely affect our services	Finance and Performance Committee	Will Legge	3 x 4 = 12
18.	There is a risk that we will not be able to respond effectively to demand during the Winter period	Quality and Governance Committee	Ben Holdaway	5 x 4 = 20
19.	There is a risk of potential patient harm due to delayed responses if activity levels and hospital handover delays do not reduce and internal efficiencies are not realised	Quality and Governance Committee	Nichola Bramhall	5 x 4 = 20

	Develop We will develop our organisation to become outstanding for patients and staff (Patient Care & Quality, Career Development, Staff Support, Estate Development, ASI and ACQI improvement, CQC and Finance) Strategic Objectives: <ul style="list-style-type: none"> We will continually strive to improve our reported levels of patient satisfaction We will continue to develop an organisation that staff and volunteers are proud to work for We will ensure our workforce is healthy, engaged, supported and satisfied and that they demonstrate our EMAS values We will develop our career frameworks and opportunities for both clinical and non-clinical staff across the organisation We will realise benefits from operating a modern and sustainable estate We will strive to consistently deliver the Ambulance System Indicators and Ambulance Care Quality Indicators We will strive to achieve a CQC rating of 'outstanding' and will consistently meet our financial targets 	Responsible Committee	Director Risk Owner	Current score
9.	There is a risk that we are unable to attract and retain appropriately skilled staff to deliver our clinical model, including our skill mix requirement	Workforce Committee	Kerry Gulliver	4 x 4 = 16
10.	There is a risk that we do not develop our workforce, resulting in low morale and the inability to recruit and retain staff	Workforce Committee	Kerry Gulliver	3 x 4 = 12
11.	There is a risk that we fail to take advantage of the IMT opportunities that would enable our organisation to become outstanding	Finance and Performance Committee	Will Legge	4 x 3 = 12
12.	There is a risk that we are unable to modernise our estate or develop Make Ready to support the clinical model	Logistics and Estates Committee	Mike Naylor	3 x 4 = 12
16.	There is a risk we will be unable to demonstrate compliance with the strategic equalities framework and standards	Workforce Committee	Kerry Gulliver	3 x 3 = 9
17.	There is a risk that we will not have sufficient frontline leaders	Workforce Committee	Ben Holdaway	4 x 3 = 12
	Collaborate We will collaborate with partners and other organisations to reduce healthcare demand and improve wider healthcare (Innovation in Healthcare, Right Healthcare for Patients, Working with 111, Mental Health support, Public Education, Working in Partnership with STPs/ICSs) <ul style="list-style-type: none"> We will lead and contribute to improvements for patients within the East Midlands, working with partner organisations to deliver innovative healthcare We will support local communities to access the most appropriate urgent and emergency care for their needs We will work with partner organisations to develop our approach to supporting Mental Health We will work closely with our partners in 111 to deliver seamless, most appropriate healthcare to patients We will continue to focus on public education on the use of 999 services 	Responsible Committee	Director Risk Owner	Current score
13.	<i>Risk removed – August 2019</i>			
14.	<i>Risk merged with risk 1 – August 2019</i>			
15.	There is a risk that we are unable to improve healthcare because we have little influence in the emerging new healthcare systems	Finance and Performance Committee	Will Legge	4 x 4 = 16

Risk Score Matrix



Risk No. 01			Strategic objective: Respond		
Risk description		There is a risk that demand for our services cannot be reduced or increases at a greater rate than planned			
How will it manifest?		Insufficient resources to respond to demand leading to delays, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact			
Risk owner	Mike Naylor	Risk committee	Finance and Performance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
5	4	20	4	3	12
Most recent scores					
	November	October	September	August	July
	20	20	20	20	16

Controls and Assurances				
Key Controls and/or Activity in place		Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Annual process for negotiating contract		Integrated Board Report Updates to Finance and Performance Committee and Trust Board on contract negotiations including activity assumptions	I	-ve
Continuous monitoring of activity against assumptions in the contract which would identify trends in demand			I	-ve/ +ve
Daily monitoring of resources and operational performance against national standards		Record of Business from Executive Team Business meetings	I	-ve
Escalation of increasing demand with commissioners, to aid in system-wide resolutions to growth				

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Resourcing levels	Implementation of 2019/20 Workforce Plan to increase current level of staff resource	Kerry Gulliver	31 March 2020	G
Resourcing levels	Implementation of the clinical operating model with advanced practice, leading to delivery of Ambulance Response Programme principals (right resource, right patient, right time), leading to greater operational resource availability	Leon Roberts	31 March 2020	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
No updates proposed by lead committee or risk owner			

Risk 2 merged with risk 9

Risk No. 03	Strategic objective: Respond
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Risk description	There is a risk of the absence of, or restricted access to, care pathways; affecting non-conveyance rates and patient experience				
How will it manifest?	Inappropriate conveyances resulting in poor patient experience and fewer resources to respond to other calls resulting in delays, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact				
Risk owner	Leon Roberts	Risk committee	Quality and Governance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
4	4	16	4	4	16
Most recent scores					
	November	October	September	August	July
	16	16	16	16	16

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/-ve
Active involvement in Sustainability and Transformation Partnerships and Integrated Care Systems resulting in opportunities to raise the need for further care pathways			
Care pathway information available for staff on GTAC equipment used for patient records			

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Access to clinical pathways	To undertake a trial in Lincolnshire with access to clinical pathways available on GTAC	Leon Roberts	TBC	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
No updates proposed by lead committee or Risk Owner			

Risk No. 04

Strategic objective: Respond

Risk description	There is a risk that hospital handover delays do not improve, resulting in significant lost resource hours and an inability to respond to patients				
How will it manifest?	Complaints, incidents involving patient harm and/or poor experience, sub-optimal clinical outcomes, performance below national standards and reputational impact				
Risk owner	Nichola Bramhall	Risk committee	Quality and Governance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
5	4	20	5	4	20
Most recent scores					
	November	October	September	August	July
	20	20	20	16	16

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Attendance and influence at Accident and Emergency Delivery Boards to identify solutions	Integrated Board Report	I	-ve
EMAS managers available to attend Emergency Departments at periods of significant pressure	Serious and High-Level Incident Performance report to Quality and Governance Committee	I	-ve
Access to third party resource during periods of pressure			
Post handover phase monitored and managed through divisional Performance Review Meetings			
Risk sharing included in contract to reduce the impact of significant delays			
Agreed escalation processes in place with acute providers and commissioners enacted during sustained poor pre-handover performance			
Pre-handover phase monitored and managed through County Contract Management Meetings with rapid improvement plans agreed as appropriate (escalated to Strategic Delivery Board with Commissioners if required)			
Implementation of divisional tactical cells to monitor and address internal and external efficiencies in real time			

Gaps in Assurance or Control and Mitigating Actions

Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
The impact of handover delays on all three domains of quality is not routinely analysed	Introduce a quarterly report to the Quality and Governance Committee assessing the impact of operational performance (including handover delays) on patient safety, experience and clinical outcomes	Nichola Bramhall	31 October 2019	G
Assessment of impact handover delays on all patients	Undertake a comparative risks assessment of the impact of hospital handover delays on patients in the community waiting for a response and those waiting at hospital.	Nichola Bramhall	Completed	G
Acknowledgement of risk to patients by acute trusts	Implement Rapid Handover Protocol in Lincolnshire	Ben Holdaway	Was September 2019 Now 20 November 2019	A
	Explore the feasibility of implementing a Rapid Handover Protocol in other systems	Ben Holdaway	31 January 2020	G

Update – November 2019

Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
<p>Mitigation is largely dependent upon the actions of other organisations and therefore the expected risk score is recorded at the same level as the current score</p> <p>Since the last update the comparative risk assessment has been completed and considered by the Trust's Clinical Governance Group on 14 October 2019.</p> <p>Controls section updated and additional action regarding the feasibility of Rapid Handover Protocols in other systems added – November 2019</p> <p>Agreement to implement the Rapid Handover Protocol in Lincolnshire was approved at the Lincolnshire Urgent and Emergency Care Stocktake meeting on 8 October 2019 - a go live date of 4 November 2019 was agreed to allow time for joint staff briefings which are underway.</p> <p>A meeting between the EMAS and Leicester Royal Infirmary Chief Executives, Directors of Operations, Directors of Nursing/ Quality and Medical Directors took place on 17 October 2019 to discuss the feasibility of implementing a Rapid Handover Protocol, work is now underway to look at how the protocol will need to be amended for use in the Leicestershire system.</p> <p>Completion date Rapid Handover Protocol amended by action owner – November 2019</p>			

Risk No. 05			Strategic objective: Respond		
Risk description		There is a risk that we are unable to deliver our financial target, leading to loss of income			
How will it manifest?		Reputational impact and insufficient resources to respond to demand leading to delays, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact			
Risk owner	Mike Naylor	Risk committee	Finance and Performance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
4	4	16	4	4	16
Most recent scores					
	November	October	September	August	July
	16	16	16	16	16

Controls and Assurances				
Key Controls and/or Activity in place		Source of Board Assurance for the controls	Internal/ External	+ve/-ve
Frequent financial monitoring		Integrated Board Report including finance section	I	+ve
Cost Improvement Programme monitored by Programme Management Office		Monthly finance report to Finance and Performance Committee	I	+ve
NHS Improvement monthly review of EMAS				

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
No updates proposed by lead committee or Risk Owner			

Risk No. 06	Strategic objective: Respond
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Risk description	There is a risk of industrial action as a result of local and national policies, procedures, terms and conditions				
How will it manifest?	Inability to respond to patients leading to, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact				
Risk owner	Kerry Gulliver	Risk committee	Workforce Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
3	3	9	3	3	9
Most recent scores					
	November	October	September	August	July
	9	9	9	9	9

Controls and Assurances				
Key Controls and/or Activity in place		Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Trust Partnership Forum meetings and Trade Union Communications meetings		Trust Partnership Forum minutes presented to Workforce Committee Sub Group Records of Business presented to Workforce Committee	I	+ve/ -ve
Divisional Partnership Forum meetings				
Partnership Agreement with trade unions			I	+ve/ -ve
Trade Union representation on Workforce Committee				
Engagement in national ambulance partnership working group (NASPF)				

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
No updates proposed by lead committee or Risk Owner			

Risk No. 07	Strategic objective: Respond
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Risk description	There is a risk we will experience infrastructure failure and/or data loss				
How will it manifest?	Inability to respond to patients promptly; investigation by Information Commission; fines; reputational impact				
Risk owner	Will Legge	Risk committee	Finance and Performance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
4	4	16	3	4	12
Most recent scores					
	November	October	September	August	July
	16	16	16	16	16

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/-ve
Information Management & Technology Strategy	Regular reporting to Finance and Performance Committee on Information Management and Technology projects and information governance issues	I	+ve
Information Security Strategy (Cyber Strategy)			
Information Governance Group			
Data Protection Officer, Senior Information Risk Owner, Caldicott Guardian and General Data Protection Regulation (GDPR) Non Executive Director lead			
Regular training and awareness for staff regarding Information Governance responsibilities			
Continuing investment in information technology through Financial Plan including Capital Programme			
Active monitoring and reporting of security for external/internet facing devices			
Enhanced Computer Aided Dispatch connectivity/resilience in place			
Upgraded Trust telephony platform in place			
Core network data links between core EMAS HQ and EOC sites replaced			
Routine audits of system resilience undertaken, including Business Continuity Plan tests			
Information Governance policies and procedures including DSPT actions			
Formal governance structure to monitor GDPR			
Formal incident reporting process in place for GDPR related issues			

Gaps in Assurance or Control and Mitigating Actions

Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
CAD long term resilience	Procurement of replacement CAD solution, focussing on resilience	Steve Bowyer	Was 1 April 2020 now 1 April 2022 Live	G
Cloud based server provision	Systematically review age profile and applicability of transitioning existing physical servers to cloud operations and create phased plan for transition	Steve Bowyer	31 December 2019	G
Data Security and Protection Toolkit (DSPT) Remediations	DSPT remedial action plan actions completed, including penetration testing and cyber security resources	Steve Bowyer	30 September 2019 – action complete	G
Cyber Security Provision	Agree and implement revised cyber security structure within Information Management and Technology team	Steve Bowyer	Was 31 October 2019 now 31 December 2019	G
CAD short-medium term resilience	Replacement of core switches for telephony and data combined with CAD system hardware refresh	Steve Bowyer	31 December 2019	G

Update – November 2019

Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Action relating to DSPT remedial action plan complete – controls section updated accordingly – November 2019 Additional action relating to replacement of core switches added November 2019 Completion date for cyber security structure action amended by Risk Owner – November 2019			

Risk No. 8	Strategic objective: Respond
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Risk description	There is a risk that Brexit will adversely affect our services				
How will it manifest?	Rise in non pay costs leading to inability to meet financial targets; problems in obtaining consumables due to customs delays and delays in responding to patients due congested roads near ports				
Risk owner	Will Legge	Risk committee	Finance and Performance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
3	4	12	3	4	12
Most recent scores					
	November	October	September	August	July
	12	12	12	12	12

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/-ve
Regular budget monitoring	Reports to Finance and Performance Committee	I	+ve
Lead Director for Brexit	Brexit Update report to Trust Board	I	+ve
Weekly Brexit internal co-ordination call			
Attendance at national and regional Brexit planning meetings (NHS Improvement /NHS England)			
Attendance at Local Resilience Forum meetings in each county area			

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
No updates proposed by lead committee or Risk Owner			

Risk No. 9		Strategic objective: Develop			
Risk description		There is a risk that we are unable to attract and retain appropriately skilled staff to deliver our clinical model, including our skill mix requirement			
How will it manifest?		Insufficient or inappropriate resources to respond to demand leading to delays, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact			
Risk owner	Kerry Gulliver	Risk committee	Workforce Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
4	4	16	3	4	12
Most recent scores					
	November	October	September	August	July
	16	16	16	16	16

Controls and Assurances				
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/ -ve	
Recruitment process linked to Workforce Plan requirements	Integrated Board Report	I	+ve	
Monthly monitoring of workforce metrics by Executive Team	Workforce Committee workforce metrics	I	+ve	
Regular monitoring of staff turnover and exit interviews	Report to Workforce Committee on staff turnover and exit interviews	I	+ve	
Monitoring of skill mix	Workforce Committee Records of Business and minutes	I	+ve/ -ve	
Staff engagement initiatives				
Mandatory education for line managers to support staff and to lead healthy workplaces				
Suite of Human Resource policies and procedures				
Staff Wellbeing and support initiatives				
Monitoring of the implementation of the People and Organisational Development Strategy through the Workforce Committee				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
	Career opportunities to be developed through the implementation of the Clinical Model	Leon Roberts	31 March 2020	G
	Deliver of Workplace and Education Plan 2019/20	Kerry Gulliver	31 March 2020	G
	Liaise with Primary Care Networks regarding the Trust's proposals in terms of recruitment of paramedics	Will Legge	31 March 2020	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Minor amendments to wording of actions, addition of Board assurance and action completion date – by Risk Owner November 2019			

Risk No. 10	Strategic objective: Develop
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Risk description	There is a risk that we do not develop our workforce, resulting in low morale and the inability to recruit and retain staff				
How will it manifest?	Insufficient or inappropriate resources to respond to demand leading to delays, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact				
Risk owner	Kerry Gulliver	Risk committee	Workforce Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
3	4	12	2	4	8
Most recent scores					
	November	October	September	August	July
	12	12	12	12	12

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Clinical Model will provide opportunity for Specialist and Advanced Practice roles	Workforce metrics presented to Workforce Committee	I	+ve
Career Progression routes in place from Urgent Care Assistant, Emergency Care Assistant or Emergency Medical Dispatcher to Technician and Technician to Paramedic	Report on exit interview analysis considered by Workforce Committee		
Rotational Models	Clinical Operating Model business case	I	+ve
Paramedic to First Line Manager career progression routes	Workforce Committee Records of Business	I	+ve/ -ve
Access to funded education through Higher Education Institutes and Health Education England			
Access to Continuing Professional Development			
Cultural Audit			

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
	Implementation of new career opportunities through the Clinical Model	Leon Roberts	31 March 2020	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Board assurance added by Risk Owner – November 2019			

Risk No. 11		Strategic objective: Develop			
Risk description		There is a risk that we fail to take advantage of the IMT opportunities that would enable our organisation to become Outstanding			
How will it manifest?		Insufficient resources to respond to demand resulting in leading to delays, complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact			
Risk owner	Will Legge	Risk committee	Finance and Performance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
4	3	12	3	3	9
	November	October	September	August	July
	12	12	12	12	12

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Information Management and Technology Strategy	Regular reporting to Finance and Performance Committee	I	+ve
Routine engagement between Information Management and Technology Strategic leaders and Strategy team including Clinical Operating Model development processes			
Associate Director of Digital Transformation is chair of national ambulance Information Technology leads meeting and attends national ambulance and NHS X meetings to drive strategy			
Associate Director of Digital Transformation fully engaged with commissioner-driven developments including Commissioning for Quality and Innovation schemes related to digital transformation			

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Implementation of Strategy	Implement plans to deliver Information Management and Technology Strategy	Will Legge	TBC	G
Capacity for full engagement with local Sustainability and Transformation Partnerships (STP)/ Integrated Care Systems (ICS)	To carry out a prioritisation of initiatives	Steve Bowyer	31 August 2019	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
No updates proposed by lead committee or Risk Owner			

Risk No. 12		Strategic objective: Develop			
Risk description		There is a risk that we are unable to modernise our estate or develop Make Ready to support the clinical model			
How will it manifest?		Delays in responding to calls due to resources being in the wrong location leading to complaints, incidents involving patient harm or clinical concerns, performance below national standards and reputational impact			
Risk owner	Mike Naylor	Risk committee	Logistics and Estates Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
3	4	12	2	4	8
Most recent scores					
	November	October	September	August	July
	12	12	12	12	12

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/-ve
Capital Programme	Regular monitoring of progress to Logistics and Estates Committee	I	+ve
Make Ready Early Adopter sites at Kings Mill and Gorse Hill stations	Periodic report to Finance and Performance Committee on Make Read	I	+ve

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
	Develop and implement Make Ready business case	Dave Whiting	Was 31 October 2019 now 31 January 2020	G
	Identify funding for implementation of full Make Ready programme	Mike Naylor	Was 31 October 2019 now 31 January 2020	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Control relating to early adopter sites and Board Assurance added and completion dates amended by Risk Owner – November 2019			

Risk 13 removed

Risk No. 15		Strategic objective: Collaborate			
Risk description		There is a risk that we are unable to improve healthcare because we have little influence in the emerging new healthcare systems			
How will it manifest?		Reputational Impact			
Risk owner	Will Legge	Risk committee	Finance and Performance Committee	Risk source	Risk Workshop May 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
4	4	16	4	4	16
Most recent scores					
	November	October	September	August	July
	16	16	16	16	16

Controls and Assurances				
Key Controls and/or Activity in place		Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Regular liaison with Sustainability and Transformation Partnerships and Integrated Care Systems		Integrated Board Report Clinical Indicators Report presented to Quality and Governance Committee	I I	-ve -ve
Monitor of performance against Ambulance Clinical Quality Indicators				
Attendance at Accident and Emergency Boards				
Sharing of Clinical Operating Model and 'big 3' strategy with key stakeholders and STP/ICSs				
Development of primary care network 'offer', related to the advancement of the clinical model advanced practice implementation				
Central oversight of the STP/ICS long term plan implementation plans				
Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Identification and management of key stakeholders	Undertake stakeholder mapping exercise, prioritising engagement to key areas	Will Legge	Was 30 September 2019 Now 31 December 2019	G

Modelling capability	Tender for and procure a Trust-wide modelling tool, giving enhanced capability of understanding system changes and impact of EMAS schemes and operational changes	Will Legge	Was 31 October 2019 Now 30 November 2019	G
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Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Completion dates for actions extended by Risk Owner - November 2019			

Risk No. 16

Strategic objective: Develop

Risk description	There is a risk we will be unable to demonstrate compliance with the strategic equalities framework and standards				
How will it manifest?	Legal challenge resulting in reputational and financial implications				
Risk owner	Kerry Gulliver	Risk committee	Workforce Committee	Risk source	Workforce Committee July 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
3	3	9	3	3	9
Most recent scores					
	November	October	September	August	
	9	9	9	9	

Controls and Assurances				
Key Controls and/or Activity in place		Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Equality, Diversity and Inclusion Strategy and Annual Report		Equality and Diversity quarterly update to Workforce Committee Equality, Diversity and Inclusion Annual Report to Workforce Committee and Trust Board Internal Audit Review 2018/19 Review of Equality Impact Assessments	I	+ve
Equality Delivery System 2 Assessment			I	+ve
Equalities evidence database and Workforce Race Equality Standard/ Workforce Disability Equality Standard data			E	+ve
Monitoring against standards				
Improved process for ensuring Equality Impact Assessments are completed for all policies and procedures				
Black and Minority Ethnic Network and Lesbian, Gay, Bisexual and Transgender Network				
Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Minor amendments to controls by Risk Owner – November 2019			

Risk No. 17

Strategic objective: Develop

Risk description	There is a risk that we will not have sufficient frontline leaders				
How will it manifest?	Reduced staff morale; patient safety and clinical effectiveness incidents; and reputational impact				
Risk owner	Ben Holdaway	Risk committee	Workforce Committee	Risk source	Workforce Committee 22 August 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
4	3	12	4	3	12
Most recent scores					
			November	October	September
			12	12	12

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Guiding principles of clinical model set out in 'big 3' vision and business ambitions agreed by Trust Board			
Clinical model workshop held with senior leaders to identify key clinical areas for improvement			

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Lack of clarity regarding clinical model	Development of Clinical Model which will include frontline clinical leadership arrangements	Will Legge	TBC	
Management capacity	Review of Operational Management Structure	Ben Holdaway	31 March 2020	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
Mitigating action relating to Operational Management Structure added November 2019			

Risk No. 18		Strategic objective: Respond			
Risk description		There is a risk that we will not be able to respond effectively to demand during the Winter period			
How will it manifest?		Impact on provision of services			
Risk owner	Ben Holdaway	Risk committee	Quality and Governance Committee	Risk source	Quality and Governance Committee meeting 17 September 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
5	4	20	4	4	16
Most recent scores					
			November	October	September
			20	16	16

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/ -ve
Winter Concept of Operations Plan in place	Consideration of Winter Concept of Operations Plan by Trust Board Integrated Board Report Monthly reporting of operational performance to Finance and Performance Committee	I	+ve
Capacity Management Plan in place		I	+ve
Performance management at Trust Board and committee level through contract metrics report		I	-ve
Local escalation meetings with NHS England/ NHS Improvement and Acute Hospitals			
Monthly national conference call			
National Ambulance Co-ordination Centre established and supporting work on the resolution of hospital handover delays			
Existing Private Ambulance Service levels maintained for quarter four			

Gaps in Assurance or Control and Mitigating Actions				
Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Actions to address winter pressures	To implement the Winter Concept of Operations Plan	Ben Holdaway	30 November 2019	G
Involvement of partners organisations	Development of a Rapid Handover Protocol	Ben Holdaway	20 November 2019 for Lincolnshire	A
Resourcing	Incentive scheme to encourage take-up of overtime in December and January	Ben Holdaway	December 2019	G

Update – November 2019			
Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?

Wording of risk amended to add the word “effectively” – proposed by Quality and Governance Committee 19 November 2019
Current score amended to likelihood of 5 – total score 20 and expected score amended to likelihood of 4 and impact of 4 - total score 16 – proposed by Quality and Governance Committee 19 November 2019
Additional controls relating to the National Ambulance Co-ordination Centre and Private Ambulance Service resourcing added by Risk Owner – November 2019
Additional mitigating action relating to Incentive Scheme added by Risk Owner November 2019

Risk No. 19 Strategic objective: Respond

Risk description	There is a risk of potential patient harm due to delayed responses if activity levels and hospital handover delays do not reduce and internal efficiencies are not realised				
How will it manifest?	Serious or High Level Incidents, complaints				
Risk owner	Nichola Bramhall	Risk committee	Quality and Governance Committee	Risk source	Quality and Governance Committee meeting 17 September 2019

Current Score			Expected Score		
Likelihood	Impact	Total	Likelihood	Impact	Total
5	4	20	4	4	16
Most recent scores					
			November	October	September
			20	12	12

Controls and Assurances			
Key Controls and/or Activity in place	Source of Board Assurance for the controls	Internal/ External	+ve/-ve
Winter Concept of Operations Plan in place	Consideration of Winter Concept of Operations Plan by Trust Board Integrated Board Report Monthly reporting of operational performance to Finance and Performance Committee	I	+ve
Capacity Management Plan in place		I	+ve
Performance management of response times at Trust Board and committee level through contract metrics report		I	-ve
Involvement in Accident and Emergency Delivery Boards			
Handover protocols with individual Acute Trusts			
Monitoring of incidents to identify any trends relating to potential harm			
Monitoring of Prolonged Waits			
Implementation of divisional tactical cells to monitor internal and external efficiencies in real time			
Existing Private Ambulance Service levels maintained for quarter four			

Gaps in Assurance or Control and Mitigating Actions

Gaps in Assurance or Control	Mitigating Action(s)	Action Owner	Completion Date	Status
Actions to address winter pressures	To implement the Winter Concept of Operations Plan	Ben Holdaway	30 November 2019	G
Engagement from partners	Implementation of Rapid Handover Protocol in Lincolnshire	Ben Holdaway	Was 4 November 2019 now 20 November 2019	A
	Explore the feasibility of implementing a Rapid Handover Protocol in other systems	Ben Holdaway	31 January 2020	A
	Undertake a risk assessment in conjunction with relevant providers comparing the risk to patients at hospital with that of those in the community awaiting a response from EMAS	Nichola Bramhall	30 September 2019 – completed	G
Lack of resources	Implementation of Workforce Plan to increase staffing levels	Kerry Gulliver	31 March 2020	A
	Engagement with commissioners regarding funding through contract negotiations	Mike Naylor	31 March 2020	A
There is currently no system wide process for assessing harm due to prolonged delays	Work with co-ordinating and associate commissioners and system providers to develop a process for assessing the harm due to prolonged delays	Nichola Bramhall	31 January 2020	A
Resourcing	Incentive scheme to encourage take-up of overtime in December and January	Ben Holdaway	December 2019	G

Update – November 2019

Any new controls & assurances?	Any new gaps or mitigating actions?	Any changes to current score?	Any changes to expected score?
<p>Current likelihood score increased to 5 – total score 20 and expected score increased to 4 for likelihood and 4 for impact – total score 16 proposed by the Quality and Governance Committee October and November 2019</p> <p>Since the last update the comparative risk assessment has been completed and considered by the Trust's Clinical Governance Group on 14 October 2019.</p> <p>Controls section updated and additional actions regarding the feasibility of Rapid Handover Protocols in other systems and developing a process for assessing harm due to prolonged delays added – November 2019</p> <p>Agreement to implement the Rapid Handover Protocol in Lincolnshire was approved at the Lincolnshire Urgent and Emergency Care Stocktake meeting on 8 October 2019 - a go live date of 4 November 2019 was agreed to allow time for joint staff briefings which are underway.</p> <p>A meeting between the EMAS and Leicester Royal Infirmary Chief Executives, Directors of Operations, Directors of Nursing/ Quality and Medical Directors took place on 17 October 2019 to discuss the feasibility of implementing a Rapid Handover Protocol, work is now underway to look at how the protocol will need to be amended for use in the Leicestershire system.</p> <p>Discussions have commenced with the quality lead from the co-ordinating commissioner regarding a system wide process for assessing harm due to prolonged delays</p> <p>Additional control relating to Private Ambulance Service resourcing added by Risk Owner – November 2019</p>			

