

Board Assurance Framework (BAF) 2019 / 2020

Risk Profile

Risk Description	Risk Score				
	Apr-19	Jul-19	Sep-19	Jan-20	Apr-20
Strategic Risk 1 - Clinical					
1. Non-compliance with regulated activity, potentially resulting in poor clinical standards, poor reputation, patient harm, deterioration in patient outcomes, poor patient experience and not maintaining or improving the CQC rating of Good.	8	8	8		
Strategic Risk 2 - Performance					
2a. Managing demand in all services due to: growing demand and changing patterns with the potential to result in long waits, delays, poor patient experience, safety issues and inability to meet targets and expectations.	8	12	12		
2b. Insufficient supply of vehicles to meet daily requirements to ensure patient safety and performance is consistently met (new August 2019).			12		
Strategic Risk 3 - Stakeholder					
3. Ensure delivery of new and sustainable models of care that are integrated and be at the forefront of changes in the way ICS / ACS will work to manage resources including setting a system wide control target, resulting in adverse impact on Trust's reputation and ability to influence local and national developments.	6	9	6		
Strategic Risk 4 - Governance and Finance					
4. Sustaining sufficient and stable financial resources, including achieving planned cost savings.	12	12	12		
Strategic Risk 5 - Leadership					
5a. Inability to secure sufficient resources (people) in the right numbers, right roles at the right time resulting in the potential for insufficient numbers of staff to deliver high quality and safe care.	12	16	12		
5b. Insufficient Paramedics and/or Clinicians available to SCAS as other partners utilise the paramedic and urgent care workforce to supplement new and existing services in other parts of our system (eg primary care).	12	12	12		
5c. Corporate memory/knowledge loss from turnover and gaps in key posts including Trust Board and Senior Leadership Team (new June 2019).	12	12	12		
Strategic Risk 6 - Commercial					
6. Inefficient and non-effective contract management in Commercial Services (NHS 111 and PTS) resulting in an inability to retain contracts on a profitable basis, with associated loss of reputation, income and regulatory scrutiny.	12	12	12		

							Mitigated Risk Rating				RAG
Risk Description	Date Identif.	Key Controls	Assurance on Controls	Level of Assurance - RAG rate	Actions to address Gaps (with Timescales and Action Owner)	Responsible	Impact	Likelihood	Risk Score	Risk Score	
Strategic Risk 1 - Clinical and Quality											
1. Non-compliance with regulated activity, potentially resulting in poor clinical standards, poor reputation, patient harm, deterioration in patient outcomes, poor patient experience and not maintaining or improving the CQC rating of Good.	25-Jul-19	CQC Must and Should action plan, Medicines governance controls in place. Risk management strategy. Policies, Procedures and Standard Operating Procedures. Private Provider governance framework. Serious Incident Review Group minutes.	Staff Training Needs Analysis (annual) Executives Management Committee minutes Integrated Performance Report (monthly) Quality and Safety Committee minutes (quarterly with upward report to Board) Collaboration with Clinical networks and Quality Boards Trauma networks Quality Accounts and Quality KPIs (Sep 2019, Dec 2019, Mar 2020 reports to Q&S Committee) Staff Survey (Feb 2019 annual) Benchmarking Internal and External Audits (Audit Committee) PSG and Directorates Level 3 meeting minutes.	Medium	Leadership Walkarounds (reported to Q&S at each meeting) Develop Quality Metrics and KPIs through Quality and Safety Committee (Sep 2019) Learning from Deaths - implement national process (CRG to review policy in Q2) New national ACQIs development Clinical Audit Plan with clear actions (Q1 reported through Q&S) Ensuring Clinicians access vital clinical information in a timely manner. Task and finish group commenced in Q1 to look at audit trail solutions. Digital technology advancements for future service delivery horizon scanning. Private Provider assurance meetings (monthly reported to PSG) Make Ready actions and review of contract to ensure compliance with medicine packing and vehicle cleanliness (monitored in Q2 by Executive Performance Board)	Quality and Safety committee	4	2	8	8	
Strategic Risk 2 - Performance											
2a. Managing demand in all services due to: growing demand and changing patterns with the potential to result in long waits, delays, poor patient experience, safety issues and inability to meet targets and expectations.	25-Jul-19	System wide Quality Improvement (QI) work, NHSE and NHSi focus on system delays Executive review of ambulance response standards Executive review of ACQI Executive review of Performance KPIs	A&E delivery boards PERG minutes (quarterly) PSG minutes Q&S Committee minutes Monthly long waits audits Contract review reports and CRM minutes	Medium	Participation in IUC developments to shape services to meet the evolving and emerging needs of the population we serve. Ongoing review and development of digital technology. Fleet alignment to ARP categories Staff rota review and implementation to meet business needs The rota review is continuing with a planned go live of Sep 2019 and the Trust is also continuing to review our deployment delivery between the two CCC's to ensure the Trust adheres to the ARP dispatch rules Deep dives into long waits reported throughout 2019 to Q&S Committee Board to Board meetings with QAH to maintain focus on turnaround times High focus on QAH by NHSE/i	Executive Management Committee	4	3	12	12	
2b. Insufficient supply of vehicles to meet daily requirements to ensure patient safety and performance is consistently met	NEW 30/08/2019	Daily reports Datix reviews of patient safety incidents Thematic reviews of complaints and feedback	Fleet alignment to ARP categories Board report on additional vehicle requirements Sep 19 SCFS Ltd to undertake a review of availability and turnaround from the workshops Implementation of rota reviews aligned to vehicle requirements Sep 19 New vehicles due in Nov 19 Monthly level 3 meeting and scrutiny of daily reports	Medium	The rota review is continuing with a planned go live of Sep 2019 and the Trust is also continuing to review our deployment delivery between the two CCC's to ensure the Trust adheres to the ARP dispatch rules Peak demand profiling completed against new rotas Replace decommissioned vehicles from the next batch of 52 new DCUs (Nov 19)	Executive Management Committee	4	3	12	12	
Strategic Risk 3 - Stakeholder and Reputation											
3. Ensure delivery of new and sustainable models of care that are integrated and be at the forefront of changes in the way ICS / ACS will work to manage resources including setting a system wide control target, resulting in adverse impact on Trust's reputation and ability to influence local and national developments.	08-May-19	Commitment to ICS / ASC partnerships and membership of the groups Designated roles and responsibilities for Board members as System Convenors.	Internal Audit reports to Audit Committee Board finance reports Quality Impact Assessments (as part of IPR)	High	Maintain strong profile for SCAS in shaping and delivering services. SCAS to be at centre of resource planning to attract and maintain income. SCAS transformation projects and implementation aligned with partners.	Executive Management Committee	3	2	6	6	
Strategic Risk 4 - Governance and Finance											
4. Sustaining sufficient and stable financial resources, including achieving planned cost savings.	03-Apr-19	Financial internal control environment which has been fine tuned over time - financial systems internal audits reports have confirmed substantial assurance Cost savings meeting and CIP governance	Audit Committee minutes Board finance reports (bi-monthly) Quality Impact Assessments for CIPs (as reported in monthly IPR) Internal Audit reports to Audit Committee and External Audits Executive Management Group minutes (fortnightly)	High	Potential loss of income - addressed by Contract negotiations for 999/111 May 19 and PTS July / Aug 19 Unexpected known or unknown cost pressures - monitored by risk and opportunities register included every month as part of finance reports Potential shortfall / non-delivery of CIPs - reported to board each month, monthly cost savings board to manage the programme CIPs 200K ahead of plan August 2019	Executive Management Committee	4	3	12	12	
Strategic Risk 5 - Leadership and Culture											
5a. Inability to secure sufficient resources (people) in the right numbers right roles at the right time resulting in the potential for insufficient numbers of staff to deliver high quality and safe care.	06-May-19	Integrated workforce plans (1-3 years), private provider assurance meetings, resource planning & forecasting Workforce KPIs including recruitment, attrition, appraisal, absence Published staff survey	IPR and Executive Performance Review monitoring HR Board reports (bi-monthly) Private Provider contracts and governance SCAS Leader evaluation WRES and DRES results E&D Steering Group minutes (quarterly) PP Assurance Reports OD strategy SCAS Leader programme (2019-2021) Health, wellbeing & retention initiatives Staff Survey action plans NHS 111 IWP group deep dive into retention in the service (July/August 2019)	Medium	Continuous recruitment drives in all services SCAS to review retention programmes and opportunities Further develop talent spotting Emerging new roles Increasing SCAS employer branding, development of health & wellbeing initiatives Address barriers to entry for new staff, equality diversity & inclusion programmes New rotas live in September 2019	Executive Performance Board	4	3	12	12	
5b. Insufficient Paramedics and/or Clinicians available to SCAS as other partners utilise the paramedic and urgent care workforce to supplement new and emerging services in other parts of our system (eg primary care).	06-May-19	EU exit reporting and planning Workforce KPI monitoring Integrated Workforce plans	IPR monthly reports Workforce Development Board and minutes	Low	Continuous recruitment drives in all services SCAS to review retention programmes and opportunities Analyse attrition reasons Increasing SCAS employer branding, development of health & wellbeing initiatives Address barriers to entry for new staff, equality diversity & inclusion programmes	Executive Performance Board	4	3	12	12	
5c. Corporate memory/knowledge loss from turnover and gaps in key posts including Trust Board and Senior Leadership Team.	NEW 25/07/2019	Immediate recruitment process	ESR panel notes and actions (weekly)	Medium	Analyse skillsets and recruit individuals to fill gaps		4	3	12	12	
Strategic Risk 6 - Commercial											
6. Inefficient and non-effective contract management in Commercial Services (NHS 111 and PTS) resulting in an inability to retain contracts on a profitable basis, with associated loss of reputation, income and regulatory scrutiny.	07-May-19	Commercial Board focussed on delivering service models in PTS contracts Call audits in NHS 111 CQC compliance reports	Contract performance scrutiny (internal and external) KPI monitoring through Executive and Board meetings for all PTS contracts and NHS 111	Medium	Monitoring experience and incident data for NHS 111 and PTS. Audit of delays in PTS Increased involvement in the Hampshire system to ensure opportunities are aligned with SCAS strategy	Commercial Board	4	3	12	12	