

STRATEGIC RISKS		INITIAL RISK SCORE (Consequence x Likelihood = 5x4(20))	ASSURANCE LEVEL & PROJECTED POSITION	Target risk score
		CURRENT RISK SCORE (Likelihood x Consequence = 4x3(12))		3x4(12)
What is the strategic risk to be controlled?				
REF	STRATEGIC OBJECTIVE & RISK	Exec Director	Board Committee	Quarterly
CO1	Organisational sustainability	Director of Finance and Resources	Finance Committee	
CR1	Organisational sustainability is compromised by the Trust's ability to meet its financial plan and / or contractual commitments, including an inability to meet the challenging cost improvement target. This would impact negatively on the ability of the Trust to meet its regulatory requirements and efficiency targets, with potential impacts on patient care, reputation and the ability to recruit / retain staff.			
EXPLAIN STRATEGIC OBJECTIVE		POTENTIAL CONSEQUENCES OF THE RISK		
Achieving the Financial Plan - Delivering against monthly use of resources rating agreed with NHSI		Trust becomes financially unsustainable with resulting adverse impact on patient care and potential for intervention from the Trust regulators.		
Supporting development of Integrated Care System (ICS) and associated integrated care partnerships influencing ICS objectives and governance arrangements and working towards delivering emerging structures		Trust is unable to modernise and adapt to changing external conditions impacting on performance.		
Strengthening relationships with commissioners meeting their information needs and developing key messages covering performance and progress against strategic priorities. Review outcomes for the Ambulance Improvement Programme / Carter Review Assess opportunities following release of information		Where contractual obligations can not be met, inability to evidence reasons why and achieve joint understanding with commissioners resulting in reputational damage.		
IMPACT ON CQC REGULATIONS		9, 12, 16, 17, 18, 13		
IMPACT ON NHSI LICENCE CONDITIONS (Ref)		CoS7, CoS1, CoS3, FT4		

Potential or actual origins of the risk	Exec Lead	Committee / Group	Risk Score (CxL)			
What are the most significant origins which could or have led to the risk?						
Risk ref			Q1	Q2	Q3	Q4
CE11	Ability to achieve adequate NHSI compliance in challenging times	Chief Executive	Finance Committee	4x3 (12)	4x3 (12)	
ARP000007	Insufficient funding from commissioners to deliver the new ARP standards	Lynne Hodgson	Finance Committee	5x2 (10)	3x2 (6)	
ORR-57	Inability to recruit in line with the workforce plan for the trust for Scheduled Care, Unscheduled Care, Operations Centre and Corporate Services	Director of Strategy, Transformation and Workforce	Workforce Committee	4x3(12)	4x3 (12)	
ORR-56	NHS 111 / IUC contract still to be finalised by commissioners for signature by both parties due to lack of national KPIs. National KPIs have been published and do not align to the KPIs specified in the tender documentation	Director of Strategy, Transformation and Workforce	Finance Committee	4x3(12)	3x1 (3)	
FM17	Insufficient reductions in Unscheduled Care overtime and third party costs resulting in unfunded financial pressures	Director of Finance and Resources	Finance Committee	4x5 (20)	4x4 (16)	
ORR-50	Unrealistic targets imposed by regulators with insufficient funding from commissioners to align the financial plan to achieve targets	Director of Finance and Resources	Finance Committee	4x3 (12)	4x3 (12)	
FM13	Insufficient funding from commissioners to substitute for the £1.3m for 999 Clinicians	Director of Finance and Resources	Finance Committee	3x3 (9)	3x3 (9)	
FM15	Future incremental changes in healthcare service delivery within the North East, which are not reflected in future contract income	Chief Executive	Finance Committee	5x2 (10)	3x2 (6)	
SCR0002	Insufficient reductions in Scheduled Care overtime and third party costs, if not on target with resourcing action plan	Director of Operations	Finance Committee	4x3 (12)	3x3 (9)	
CIP57	There is a risk that the Transformation Projects in the 2018/19 CIP do not contribute to the savings/income as expected within the timescales	Director of Strategy, Transformation and Workforce	Finance Committee	3'3 (9)	3x2 (6)	
FM16	The funding being provided to cover the costs of the 2018-21 pay award is not sufficient to cover the cost to NEAS	Director of Finance and Resources	Finance Committee	4x3 (12)	2x2 (4)	
Corp 152	There is a significant level of unallocated CIP in the 2018-19 target	Director of Finance and Resources	Finance Committee	4x5 (20)	3x2 (6)	

REF	GAP	Action Plan	Deadline
G1	Contract for 2018/19 has been agreed, action plans to deliver against the trajectories still being discussed with commissioners.	Continue to liaise with the Lead Commissioner in order to finalise action plans	Jul-18
G1	Commissioners have agreed the non-recurrent investment of CGIN penalties for 2017-18 from Oct 2018 to March 2019 to fund the proportion of the £1.3m reduction in contract. This will not resolve the recurrent problem	An independent review of the utilisation of clinicians in the contact centre will be instigated.	Jan-19
G3	Commercial development team do not identify projects that deliver the income generation target	Commercial development plan has been reported to the Finance Committee. Finance Committee to monitor actions agreed.	Ongoing
G6	CIP forecasting shows a year-end shortfall	Regular meetings held with Directorate leads and financial management staff. Session being held with the Board in July / August to debate and discuss next steps based on	Ongoing
G10	Third party expenditure and overtime is not adequately controlled by the Operations Directorate.	Continue recruitment drive and plans to reduce abstraction in unscheduled care. Full action plan developed for both scheduled and unscheduled care and is being monitored through Transformation Board.	Ongoing
G8	Development of ICS and ICP in early stages, governance arrangements not finalised and therefore implications of agreed service change and robust mechanism to agree implications on NEAS not in place	Continued engagement through various Leadership Forum and influencing arrangements	Apr-19
G19	Outcome and recommendations from AIP/Carter review currently unknown. Ability to implement the recommendations arising from Carter review.	The Trust is reporting this through the Transformation Board and will work with NAA to establish agreed actions where applicable.	Dec-18
G16	Workforce plan is currently being reviewed in line with phased funding from commissioners the ability to recruit and train will depend on outcome of the review.	Meetings are in place to agree and sign off revised workforce plan. Meetings have commenced with Vocare staff to agree numbers that will TUPE to deliver the new requirements of the 111 contract.	Sep-18
G20	Re ORR-56 - lack of KPIs from NHS England to inform contract. National KPIs for 111 have been published these differ from the KPIs that were in the specification that the Trust tender against.	The Trust, VAS, NWAS and commissioners are contesting the KPIs and formulating a response to commissioners and DH. UPDATE - KPIs now agreed.	Aug-18
G17	The funding notification from the regulators for resources to cover the costs associated with the 2018-21 pay award is not sufficient to cover the cost to NEAS.	The shortfall is being re-calculated and regulators will be notified of the gap and the potential impact of NEAS to meet its control total. UPDATE - discussions ongoing. Risk flagged in monthly finance reports to Board	Aug-18

REF	CONTROL	RAG
The risks are CONTROLLED by:		
What are the key controls (up to 10) that are in place to mitigate these risks?		
C1	Contract mechanisms with commissioners	
C2	Commercial development and marketing team in place	
C3	Commercial plan for the Trust - with focus on core activities Review of commercial arrangements	
C4	Strategic Development Group in place	
C5	PMO in place with strengthened Quality Improvement arm	
C6	CIP and budget meetings held regularly with budget holders	
C7	Quality Impact Assessment process in place	
C8	Attendance at various Leadership Forum to understand impact of ICS/ICP changes on NEAS	
C9	Transformation Board and Transformation Programmes in place	
C10	Performance improvement plan in place to reduce reliance on third parties. Timescales not being met.	
C11	Operational plan in place and approved by NHSI	
C12	New meeting structure has been implemented in the Operations Directorate in line with the new organisational structure in order to ensure appropriate scrutiny	
C13	Chief Operating Officer is engaged in ARP national meetings to enable the Trust to understand the potential impact of the spring review	
C14	Delivering Consistency meetings in place	
C15	Subsidiary company has been launched	
C16	Workforce plan managed effectively by the Workforce Committee	
C17	Working effectively with regulators to translate their expectations into realistic targets. This may be compromised by the lack of funding being made available for the pay award.	
C18	Reporting structure in place via sub group of Northern Ambulance Alliance to CEO meetings	
C19	Management of Carter action plan through Transformation Boards	
C20	Regular contact between the trust and the commissioners - monthly meetings and regular discussions between Head of Contracting and Commissioners	

REF	STRENGTH
SOURCES OF ASSURANCE	
What is the evidence received that provided or will provide that assurance?	
A1	Regular monthly reporting to the Finance Committee
A2	Monthly finance reporting to the Board
A3	Presentations to the Finance Committee on CIPs for areas of risk
A4	Budget reports
A5	Monthly reports to the Transformation Board
A6	QIA reporting to the Quality Committee
A7	Internal Audit reports : NHS Declarations, CIP, Financial Management and Budgetary Control, NHS healthcare agreements (EXTERNAL)
A8	Internal Audit reports : ordering and receipt of goods in Central Supplies, data centres, security management, procurement (EXTERNAL)
A9	Head of Internal Audit Opinion (EXTERNAL) - good assurance provided
A10	Internal Audit reports with good assurance - secure configuration (servers)
A11	Delivering Consistency meetings include reports on all aspects of performance. The minutes and summary are shared at the Executive Team meetings.
A12	Quarterly meetings held with NHSI to obtain feedback on performance against the Operational Plan and Single Oversight Framework (EXTERNAL)
A13	National Audit Office report demonstrated that the Trust offers value for money and comparatively good performance given funding levels (EXTERNAL)
A14	External Audit 17/18 provide assurance over financial reporting accuracy (EXTERNAL). An unqualified opinion was received.
A15	Reporting to the Investment Committee on the financial and operational performance is currently limited due to limitations of current systems in producing the reports against financial and contractual KPIs.

REF	GAP	Action Plan	Deadline
GAB	Some weaknesses identified with aspects of procurement, ordering / receiving and security management	Implement the recommendations in line with the timescales agreed with Internal Audit	March-19
GA15	The reports on the subsidiary company performance to the Investment Committee are currently limited in the level of financial, operational and contractual detail that they are able to include.	As planned, develop bespoke scorecard reporting once the new fleet management system is in line. Ensure that financial reporting from the new Oracle system is timely and enables clear comparison to	Oct-18

STRATEGIC RISKS		INITIAL RISK SCORE (Consequence x Likelihood = 4x4 = 16) Total	ASSURANCE LEVEL & PROJECTED POSITION	Target risk score 3x2 = 6
		CURRENT RISK SCORE (Consequence x Likelihood = 4 x 3 = 12) Total		
<i>What is the strategic risk to be controlled?</i>		Exec Director	Board Committee	Quarterly
REF	STRATEGIC OBJECTIVE & RISK			1 2 3 4
CO2	Improving Quality and Safety	Director of Quality and Safety	Quality Committee	12 12
CR2	Pressures on performance, workforce and finance, coupled with a number of changes in the local and national health economy and structures may place significant risk on the ability of the Trust to achieve national quality standards and deliver the Quality requirements			
EXPLAIN STRATEGIC OBJECTIVE		POTENTIAL CONSEQUENCES OF THE RISK		
		<i>What are the key potential consequences (up to 5) of the risk?</i>		
Delivery of key milestones in the Quality Strategy - delivery of stretch targets, further develop an open and honest culture Develop a quality improvement hub to support clinical improvements and innovation Driving improvements against the CQC Fundamental Standards		CQC rating not maintained or improved Increased regulatory scrutiny Patient experience and safety data shows a worsening position Quality strategy is not delivered, resulting in a reduction in the quality of services provided to patients Reputational damage with the public and stakeholders.		
IMPACT ON NHSI LICENCE CONDITIONS (Ref)		G1, G6, G7		

Potential or actual origins of the risk	Exec Lead	Committee / Group	Residual Risk Score (CxL)			
<i>What are the most significant origins which could or have led to the risk?</i>			Q1	Q2	Q3	Q4
Risk ref						
ORR-41	Failure to deliver all Ambulance KPI's in relation to response times, Category 1 and 2 and long waits for category 3 and 4	Chief Operating Officer	Delivering Consistently	4x3 (12)	4 x 3 =12	
ORR-57	Inability to recruit in line with the workforce plan for the trust for Scheduled Care, Unscheduled Care, Operations Centre and Corporate Services.	Director of Strategy, Transformation and Workforce	Workforce Committee	4x3 (12)	4 x 3 =12	
ORR-55	The inability to develop, spread and embed a robust Quality Improvement culture within NEAS in order to drive continuous improvement and innovation in patient safety, effectiveness and experience	Director of Quality & Safety	Quality Committee	4x3 (12)	4 x 3 =12	
CE11	Ability to achieve adequate NHSI compliance in challenging times	Chief Executive	Finance Committee	4x3 (12)	4 x 3 =12	

GAPS IN CONTROLS:			
REF	GAP	Action Plan	Deadline
GC6	Clinical Audit capacity has been increased but there remains some vacant positions.	The team are continuing to recruit to vacant positions.	Nov-18
GC11	Quality improvement is not fully embedded throughout the Trust. A dedicated QI manager has been employed to assist in taking this forwards.	Develop a plan for embedding QI throughout the Trust	Mar-19

GAPS IN ASSURANCE :			
REF	GAP	Action Plan	Deadline
GA14	The internal audit reports on clinical audit and National Safety Alerts identified a number of recommendations.	Implement the actions identified as part of the audit	Nov-18
GA16	Board-level self-assessment against national FTSU requirements identifies some gaps	Following Board discussion develop an action plan to ensure that gaps are closed - Action plan now in place	Aug-18

The risks are CONTROLLED by:		Strength
<i>What are the key controls (up to 10) that are in place to mitigate these risks?</i>		
REF	CONTROLS	RAG
C1	Quality Strategy with key measures for delivery in place and monitored by the Quality Committee, Quality Governance Group and associated sub groups	
C2	Monthly Board report provided showing all progress and compliance on quality metrics	
C3	Strategic Safeguarding Group in place and will monitor and report to Quality Committee directly, all safeguarding issues, SCR outcomes and training compliance	
C4	On going compliance with the CQC Fundamental Standards is clearly mapped to existing governance framework and board committees reporting requirements for each appropriate KLOE is clear	
C5	Quality Committee and supporting structures fully established and COB developed to allow for robust monitoring of quality and safety and therefore allow for early intervention where slippage is evident	
C6	Robust Clinical Audit Plan in place and delivery monitored by Quality Committee	
C8	Quality Impact Assessment process in place and reports to QGG and QC	
C9	Performance updates provided at Board on a monthly basis through the IQPR report. This enables triangulation between quality and operational performance	
C10	Robust process in place to monitor SI's and ensure learning takes place as a result Serious Incident Review Group established	
C11	Quality improvement approach being embedded into the Trust	
C12	Freedom to Speak Up Guardians and Champions in place	
C13	All risks managed through ERMG	
C14	Monitoring performance through the IQPR	

REF	Assurances	RAG
A1	Monthly Quality Governance report to the Board provides assurance over quality, safety and patient experience	
A2	Quality Committee Cycle of Business and subsequent monitoring of quality standards	
A5	Quality Committee summary of assurances and escalation report to the Board	
A6	The CQC KLOE are incorporated into existing quality and workforce metrics reports and delivery is monitored through board committees and via subgroups	
A7	Monthly staff / patient stories and associated learnings presented to the Board	
A8	Friends and Family test scores and reporting to Quality Committee and Quality Governance Group	
A9	Quality strategy delivery is reported to QGG and QC	
A10	Quality Report priorities monitored via the Quality Governance Group and quality committee	
A11	Performance recovery plan reported to the Board on a monthly basis - included in the performance report	
A12	Clinical audit outcomes reporting to Clinical Effectiveness Group and Audit Committee and board	
A13	QIA outcomes and ongoing monitoring reported to the Quality Committee	
A14	Internal audit provided substantial assurance in the following areas in 2017/18 - policy management, SI reporting and processes and complaints handling, clinical Audit and national safety alerts	
A15	CQC action plan from 2016 inspection - now closed out	
A16	Sub-group of Workforce Committee has reviewed the NHSI self-assessment for FTSU - to be shared with the full Board at the next development session. Some gaps identified.	
A17	SI reporting and SIRG minutes	
A18	IQPR reporting	

STRATEGIC RISKS		INITIAL RISK SCORE (Consequence x Likelihood = Total)	3x4 (12)	ASSURANCE LEVEL & PROJECTED POSITION	Target risk score		
		CURRENT RISK SCORE (Consequence x Likelihood = Total)	3x3 (9)		3x2 (6)		
What is the strategic risk to be controlled?		Exec Director	Board Committee	Quarterly			
REF	STRATEGIC OBJECTIVE & RISK	Exec Director	Board Committee	1	2	3	4
CO3	Workforce and Investors in People	Director of Strategy, Transformation and Workforce	Workforce Committee				
CR3	Failure to develop and maintain a strong workforce and culture will result in poor retention of staff, increased pressure on existing employees and a weak organisational culture, ultimately impacting upon the desirability of the Trust in respect of employment, investment and sustainability.						
EXPLAIN STRATEGIC OBJECTIVE	POTENTIAL CONSEQUENCES OF THE RISK						
	What are the key potential consequences (up to 5) of the risk?						
Develop and deliver the Workforce Strategy - including a focus on the delivery of the education & training plan, the OD plan, E&D plan, workforce plan and Health and Wellbeing plan. Strengthen organisational health and wellbeing - including improving the management of sickness absence.	Investors in People progress not maintained during follow-up assessment.						
	High sickness absence resulting in an impact on performance and quality.						
	High sickness absence and high turnover resulting in continued increased reliance on third party resources and overtime, negatively impacting on the financial sustainability of the Trust, and increased pressure on existing staff						
	Adverse impact on patients where staff morale becomes affected						
	Difficulty in recruiting and retaining staff due to poor organisational culture						
	Trust does not demonstrate expected level of progress in relation to the WRES, resulting in the Trust being a less attractive employer to people from a BAME background. The Trust does not maintain its strong results in relation to Stonewall and LGBT matters, resulting in recruitment and retention issues.						
IMPACT ON CQC REGULATIONS		9, 10, 18, 5, 7, 19 and 20					
IMPACT ON NHSI LICENCE CONDITIONS (Ref)		FT4					

Potential or actual origins of the risk	Exec Lead	Committee / Group	Risk Score (CxL)				
What are the most significant origins which could or have led to the risk?			Q1	Q2	Q3	Q4	
Risk ref	Description	Exec Lead	Committee / Group	Q1	Q2	Q3	Q4
ORR-57	Inability to recruit in line with the workforce plan for the trust for Scheduled Care, Unscheduled Care, Operations Centre and Corporate Services.	Director of Strategy, Transformation and Workforce	Workforce Committee	4x3 (12)	4x3 (12)		
ORR-50	Unrealistic targets imposed by regulators with insufficient funding from commissioners to align the financial plan to achieve targets	Director of Finance and Resources	Finance Committee	4x3 (12)	4x3 (12)		
ORR-35	High levels of sickness absence is adversely impacting on the workforce and the organisations' ability to deliver quality care and required performance standards	Director of Strategy, Transformation and Workforce	Workforce Committee	4x3 (12)	4x3 (12)		
WD14	Risk of being unable to recruit paramedics to align with the outcomes of the ORH report and the contractual agreement reached with the commissioners.	Director of Strategy, Transformation and Workforce	Workforce Committee	4x3 (12)	4x3 (12)		
ORR-15	Inappropriate behaviours underpin a culture that impacts negatively on the Trust's ability to deliver high quality safe healthcare	Director of Strategy, Transformation and Workforce	Workforce Committee	3x3 (9)	3x2(6)		

GAPS IN CONTROL :			
REF	GAP	Action Plan	Deadline
G4	Engagement champions not fully developed in respect of having a clear role	Revisit the role of the engagement champions and re-launch across the Trust	Mar-19
G13	Organisational restructure completed but a small number of vacant positions remain	Trust Management should continue to expedite recruitment to remaining vacant posts	Sep-18
G16	Paramedic pipeline will be impacted by the move to BSc entry to the HCPC register	Review of training options internally and in partnership with local universities	Jan-19
G17	Staff shortages in respect of the leadership of the training department and the OD team	Ensure that strong mitigations are in place to enable the training and development plan and the OD plan to be implemented	Sep-18
G20	Mental health strategy is in draft form and requires resource	Mental health business case being developed to increase resources following unsuccessful bid for external funding	Nov-18
G21	Education and training plan requires stable leadership of the training school - interim arrangements in place	Interim arrangements in place to manage the risk in the short term but there is a requirement for a substantive appointment to secure stable leadership	Dec-18

GAPS IN ASSURANCE :			
REF	GAP	Action Plan	Deadline
GA2	Internal Audit provided reasonable assurance in the following areas: time, attendance and e-rostering.	Implement the actions identified as part of the audit Update - actions completed	Jul-18
GA9	Proud@NEAS and Together@NEAS attendance at meetings to be reviewed and proposals to support attendance developed.	Options to promote attendance to be developed and reviewed by the E&D Group.	Sep-18
GA13	Board-level self-assessment for FTSU identifies some gaps	Following Board discussion develop an action plan to ensure that gaps are closed Update - actions included in latest report to Workforce Committee	Aug-18

The risks are CONTROLLED by:		Strength
REF	CONTROL	RAG
What are the key controls (up to 10) that are in place to mitigate these risks?		
C1	Workforce Committee and associated sub-groups in place and operating effectively.	
C2	Task and finish group for sickness absence linked to improving staff welfare support and advice and sickness absence overall	
C3	Funding received for additional paramedic posts in 2018/19 -2021/2022	
C4	Engagement champions identified but not being fully utilised yet.	
C5	Quality Walkaround action plan developed. Schedule of walk arounds in place	
C6	Executive directors each associated with a geographical area of NEAS to increase visibility and engagement. NEDs affiliated with specific A&Es to cover	
C7	Appraisal and recruitment processes now aligned to new mission, vision and values. Training and awareness programmes in place	
C8	Leadership strategy and leadership development programme in place	
C9	Equality and Diversity Board Champion in place	
C10	Integrated OD strategy in place	
C12	Organisational restructure completed but a number of vacant positions remain	
C13	Grow Coaching Culture Launched in EOC	
C14	2017 Staff Survey - response rate improved to 54%	
C15	2017 Staff Survey - 7 KPIs best in class.	
C16	Paramedic Pipeline strengthened but will be impacted in from 2021 as internal training is currently ending with the cohort in January 2019	
C17	Staff shortages in respect of the leadership of the training department and the OD team	
C18	Health and wellbeing task and finish group launched with cross-departmental membership	
C19	Freedom to Speak Up Guardian and Champions in place	
C20	Mental health strategy	
C21	Education and training plan	

SOURCES OF ASSURANCE		Strength
REF	ASSURANCE	RAG
What is the evidence received that provided or will provide that assurance?		
A1	MIND Bluelight champions in place, with reporting on staff support mechanisms to the Workforce Committee	
A2	Internal Audit provided reasonable assurance in the following areas: time, attendance and e-rostering. Update - actions now completed	
A3	Internal Audit provided significant assurance in relation to DBS (May 2018)	
A4	Outcomes and actions from walkrounds reported to the Board	
A5	Strong staff survey results in 2017, with an action plan in place to ensure that the Trust continues to listen and respond to staff feedback. Staff survey champions in place for all Directorates	
A6	Trust named top health and social care provider in Stonewall Top 100	
A7	EDS2 grading exercise demonstrates improvements made	
A8	Reduction in grievances, E&D cases and employment tribunals	
A9	Proud@NEAS and Together@NEAS established and developing	
A10	Integrated OD action plan monitoring included in OD group agenda	
A11	Compass Leadership and management development programme launched in March 2017 - currently working with cohort 3	
A12	Developed' status achieved for Investors in People	
A13	Continued positive trend in respect of the Friends and Family test scores	
A14	Sub-group of Workforce Committee has reviewed the NHSI self-assessment for FTSU - to be shared with the full Board at the next development session. Some gaps identified but action plan now in place.	
A15	Trust registered as a sponsoring organisation for non EU nationals	
A16	Positive 12 month review from our IIP assessor	

STRATEGIC RISKS		INITIAL RISK SCORE (Consequence x Likelihood = Total)	(5x4) (20)	ASSURANCE LEVEL & PROJECTED POSITION	Target risk score			
		CURRENT RISK SCORE (Consequence x Likelihood = Total)	(4x3) (12)		3x3 (9)			
<i>What is the strategic risk to be controlled?</i>		Exec Director	Board Committee	Quarterly				
REF	STRATEGIC OBJECTIVE & RISK			1	2	3	4	
CO4	Clinical Care and Transport	Chief Operating Officer	Quality Committee					
CR4	Inability to implement a front line delivery model that enables the Trust to deliver an integrated, responsive quality service, resulting in poor performance, care which is not appropriately tailored to patient needs and potential damage to our reputation.							
EXPLAIN STRATEGIC OBJECTIVE		POTENTIAL CONSEQUENCES OF THE RISK						
		<i>What are the key potential consequences (up to 5) of the risk?</i>						
Unscheduled Care Service Transformation - translate ORH report into shift patterns. Delivery of new rosters to release efficiencies and improve response performance. Scheduled Care Review - identification of potential efficiencies and delivery of an effective communications solution.		Lack of integration resulting in inefficient use of resources, poor decision making and no middle management presence out of hours. Financial challenges in developing the model of delivery needed to meet the new performance targets Potential fragmentation and loss of Scheduled Care services due to increased competition Roster changes not accepted by staff, resulting in industrial action and resources not aligned to activity Inability to deliver the efficiencies agreed with commissioners as part of the contract negotiations.						
IMPACT ON CQC REGULATIONS		Reg 18, Reg 12, Reg 9, Reg 15						
IMPACT ON NHSI LICENCE CONDITIONS (Ref)		CoS7, FT4						

Potential or actual origins of the risk		Exec Lead	Committee / Group	Risk Score (CxL)			
<i>What are the most significant origins which could or have led to the risk?</i>				Q1	Q2	Q3	Q4
Risk ref							
ORR-57	Inability to recruit in line with the workforce plan for the trust for Scheduled Care, Unscheduled Care, Operations Centre and Corporate Services.	Director of Strategy, Transformation	Workforce Committee	4x3 (12)	4x3 (12)		
ORR-41	Failure to deliver all Ambulance KPI's in relation to response times, Category 1 and 2 and long waits for category 3 and 4	Chief Operating Officer	Delivering Consistently	4x3 (12)	4x3 (12)		
ORR-45	System reconfiguration has the potential to impact across the organisation on performance and quality, resources and finances.	Director of Strategy, Transformation and Workforce	All Committees	4x3 (12)	4x3 (12)		
ORR-50	Unrealistic targets imposed by regulators with insufficient funding from commissioners to align the financial plan to achieve targets	Director of Finance and Resources	Finance Committee	4x3 (12)	4x3 (12)		

GAPS IN CONTROLS			
REF	GAP	Action Plan	Deadline
GC4	Contract for 2018/19 has been agreed in principle but no written confirmation has been received.	Continue to liaise with the Lead Commissioner in order to seek final confirmation	Jul-18
GC8	ARP Spring Review requires the implementation of six core recommendations nationally across all ambulance trusts.	Work with the ARP implementation group to ensure that the recommendations are implemented and reflected in NEAS reporting in line with agreed timescales	Mar-19
GC9	Project governance arrangements in place for Unscheduled Care Service Transformation in line with ORH report - arrangements are new and still embedding	Effective monitoring of project through the Transformation Board to ensure strong project governance is in place	Oct-18
GC10	Project governance arrangements in place for Scheduled Care Service Efficiency project - arrangements are new and still embedding	Effective monitoring of project through the Transformation Board to ensure strong project governance is in place	Oct-18
GC11	Strong staff involvement from the outset of the Unscheduled Care project to seek and respond to feedback - arrangements are new and still embedding	Effective monitoring of project through the Transformation Board to ensure appropriate staff and union engagement	Oct-18

The risks are CONTROLLED by:		Strength
REF	CONTROL	RAG
<i>What are the key controls (up to 10) that are in place to mitigate these risks?</i>		
C1	Transformation Board in place and meeting monthly	
C2	Clinical Care and Transport service launched across the Trust	
C3	Demand and capacity modelling undertaken by ORH - report received in January 2018	
C4	Negotiations ongoing with commissioners to seek additional funding to enable the Trust to move towards the resource levels outlined in the ORH report	
C5	Trust continues to be engaged with NHS England and NDOG on a national basis to provide feedback on ARP and maintain strong involvement in future changes.	
C6	Sunderland University and Teesside University both offer paramedic training programmes - there is now a strong paramedic pipeline	
C7	The trust has an active national and international recruitment programme in place	
C8	ARP Spring Review shared with the Trust	
C9	Project governance arrangements in place for Unscheduled Care Service Transformation in line with ORH report	
C10	Project governance arrangements in place for Scheduled Care Service Efficiency project	
C11	Strong staff involvement from the outset of the Unscheduled Care project to seek and respond to feedback	

SOURCES OF ASSURANCE		
REF		Strength
<i>What is the evidence received that provided or will provide that assurance?</i>		RAG
A1	Unscheduled Care review reports into the monthly Transformation Board	
A2	Scheduled Care review reports into the monthly Transformation Board	
A3	Board of Directors received updates on the ORH report and outcome, along with the ARP Spring Review (presented to June Board)	
A4	Workstream reporting to the project steering group - Unscheduled Care	
A5	Workstream reporting to the project steering group - Scheduled Care	
A6	Balanced scorecard enables appropriate monitoring of key metrics under the new performance standards	

GAPS IN ASSURANCE :			
REF	GAP	Action Plan	Deadline
GA1	First working group meeting only took place on 21st June and therefore a firm timeline for the project has not yet been shared with the Transformation Board	Share timeline with Transformation Board and ensure updates are comprehensive	Aug-18
GA2	Scheduled Care project is in the early stages, with the project plan scheduled to be developed by September 2018. Project group not yet established.	Ensure project plan is completed in line with the agreed timescale and that a project group is established	Sep-18
GA4	Workstream reporting to the project steering group - Unscheduled Care. Project reporting is still being designed - at an early stage of this project.	Develop clear reporting as part of the project plan	Aug-18
GA5	Workstream reporting to the project steering group - Scheduled Care. Project reporting is still being designed - at an early stage of this project.	Develop clear reporting as part of the project plan	Sep-18
GA6	Balanced scorecard is being developed nationally and is still in the pilot stage	Implement the balanced scorecard once the final version is released nationally	Sep-18

STRATEGIC RISKS		INITIAL RISK SCORE (Consequence x Likelihood = Total)	(4x3) (12)	ASSURANCE LEVEL & PROJECTED POSITION	Target risk score
		CURRENT RISK SCORE (Consequence x Likelihood = Total)	3x3(9)		2x2 (4)
<i>What is the strategic risk to be controlled?</i>		Exec Director	Board Committee	Quarterly	
REF	STRATEGIC OBJECTIVE & RISK			1	2
CO5	NHS111 and Clinical Assessment Service	Medical Director / Director of Strategy, Transformation and Workforce	Finance Committee		
CR5	Inability to deliver an effective and efficient NHS111 and CAS impacting on the sustainability of the Trust and its ability to win new business and negative impacts on reputation and recruitment				
EXPLAIN STRATEGIC OBJECTIVE		POTENTIAL CONSEQUENCES OF THE RISK			
		<i>What are the key potential consequences (up to 5) of the risk?</i>			
Mobilisation of NHS111 and the IUC CAS ready for the new service going live on 1 October 2018.		Inability to deliver a responsive service with care closer to home			
Development of the North East Provider Alliance aligned to the mobilisation plan		Loss of reputation if the new service does not meet the specification.			
		Inability to keep pace with the national agenda in relation to integration and care closer to home			
		Inability to deliver a truly integrated service, leading to reputational damage and poor performance.			
		Lack of efficiencies resulting in added financial pressure and potentially regulatory intervention.			
		Lack of ability to attract future out-of-hours services if the Trust doesn't have a strong record of successful delivery			
IMPACT ON CQC REGULATIONS		Reg 9, 12, 15, 17, 18			
IMPACT ON NHSI LICENCE CONDITIONS (Ref)		CoS3, CoS7			

Potential or actual origins of the risk	Exec Lead	Committee / Group	Risk Score (CxL)			
<i>What are the most significant origins which could or have led to the risk?</i>			Q1	Q2	Q3	Q4
Risk ref						
ORR-57	Inability to recruit in line with the workforce plan for the trust for Scheduled Care, Unscheduled Care, Operations Centre and Corporate Services.	Director of Strategy, Transformation and Workforce	Workforce Committee	4x3 (12)	4x3 (12)	
ORR-56	NHS 111 / IUC contract still to be finalised by commissioners for signature by both parties due to lack of national KPIs.	Director of Strategy, Transformation and Workforce	Finance Committee	3x3(9)	3x3 (9)	
NHS14	TUPE of Vocare Staff - current Vocare Staff may not come to NEAS as Vocare have secured additional contracts and staff may elect to remain	Director of Strategy, Transformation and Workforce	NHS 111 / ICU CAS Mobilisation Board	3x3(9)	3x3 (9)	
NHS17	All out of hours GP speak to contracts will end at midnight on 30th September	Director of Strategy, Transformation and Workforce	NHS 111 / ICU CAS Mobilisation Board	3x3(9)	Controlled - risk closed	
NHS18	Lack of engagement with Alliance partners.	Medical Director	NHS 111 / ICU CAS Mobilisation Board	3x3(9)	Controlled - risk closed	
NHS 20	NHS 111 / IUC KPIs not yet published by NHS England. Update July 2018 - KPIs now published but significantly different from indicative measures in the NHS 111 IUC CAS specification document	Director of Strategy, Transformation and Workforce	NHS 111 / ICU CAS Mobilisation Board	4x3 (12)	Controlled - risk closed	

GAPS IN CONTROL :			
REF	GAP	Action Plan	Deadline
GC6	re NHS14. Meetings with Vocare staff to highlight opportunities at NEAS and inform them about the Southern Base	1:1 meetings being arranged with impacted staff. Meetings will be joint between Vocare and NEAS. UPDATE - Vocare TUPE now complete.	Aug-18
GC5	re ORR-56 and NHS20. Lack of KPIs from NHS England to inform contract.	KPIs have been published but differ significantly from those in the specification. Impact analysis being undertaken and will be fed back to commissioners. Discussions with commissioners are ongoing. UPDATE - KPIs agreed.	Sep-18
GC7	re NHS17. Staggered switch over of GP speak to disposition to be confirmed	Ongoing discussions with commissioners and providers. Meeting with commissioners arranged for 1st August 2018. Plan is now in place	Aug-18

The risks are CONTROLLED by:		Strength
<i>What are the key controls (up to 10) that are in place to mitigate these risks?</i>		
REF	CONTROL	RAG
C1	Transformation Board - monthly	
C2	NHS111 / IUC Mobilisation Board - monthly	
C3	NHS111 / IUC Mobilisation working group - fortnightly	
C4	Alliance meetings in place	
C5	Regular contact between the trust and the commissioners - monthly meetings and regular discussions between Head of Contracting and Commissioners	
C6	Positive dialogue with Vocare, letter to all impacted staff. Group meetings held w/c 9th July with 20 staff attending	
C7	Discussion with commissioners about staggering of switch over of GP speak to dispositions	

SOURCES OF ASSURANCE		
REF		Strength
<i>What is the evidence received that provided or will provide that assurance?</i>		RAG
A1	Reporting from Transformation Board to the Finance Committee	
A2	Reporting on the CAS to NHS111 / IUC Mobilisation Board	
A3	Reporting from project groups into the Transformation Board	
A4	Regular update to the board on NHS 111 / IUC Mobilisation	
A5	Regular reporting on KPIs as part of monitoring against contract	

GAPS IN ASSURANCE :			
REF	GAP	Action Plan	Deadline
GA5	Regular reporting on KPIs as part of monitoring against contract - KPIs not yet agreed	Development of KPIs is outside the control of the trust and NEAS. Regular liaison with commissioners on-going as part of mobilisation. UPDATE - KPIs now agreed and therefore action closed.	Sep-18

STRATEGIC RISKS		INITIAL RISK SCORE (Consequence x Likelihood = Total)	5x4 (20)	ASSURANCE LEVEL & PROJECTED POSITION	Target risk score
		CURRENT RISK SCORE (Consequence x Likelihood = Total)	3x3(9)		3x2 (6)
<i>What is the strategic risk to be controlled?</i>					
REF	STRATEGIC OBJECTIVE & RISK	Exec Director	Board Committee	Quarterly	
				1	2
				3	4
CO6	Communications and Engagement	Chief Executive	Executive Team		
CR6	A lack of effective communications and engagement will result in disaffected and disengaged employees; a lack of compliance with key requirements which may impact on patient safety; inability to meet corporate objectives; loss of opportunity for the Trust to build market share; poor external reputation; and poor relationships with stakeholders. Ultimately the Trust will be unable to progress and develop, thus impacting upon sustainability.				
EXPLAIN STRATEGIC OBJECTIVE		POTENTIAL CONSEQUENCES OF THE RISK			
		<i>What are the key potential consequences (up to 5) of the risk?</i>			
Driving improvement of internal communications - delivery of a formal communications structure, a new intranet site and a social media policy. Continued focus on external communications to educate stakeholders on the changing role of the ambulance service. Development of a communications strategy.		Disengaged and disaffected employees			
		Lack of compliance with key requirements, resulting in patient safety issues			
		Adverse impact on external reputation and relationships			
		Loss of market share and missed commercial opportunities			
		Decline in the maturity of the organisation in respect of organisational development			
IMPACT ON CQC REGULATIONS		9, 12, 16, 17, 18, 13			
IMPACT ON NHSI LICENCE CONDITIONS (Ref)		CoS7			

The risks are CONTROLLED by:		Strength
<i>What are the key controls (up to 10) that are in place to mitigate these risks?</i>		
REF	CONTROL	RAG
C1	Communications and Engagement Strategy in place	
C2	CRM system in place	
C3	Meeting structures in place to enable cascade of information from the Board to front line / support services	
C4	Regular meetings held with Trade Unions	
C6	Weekly staff email sent to communicate key news	
C7	Board Briefing prepared each month for discussion in teams	
C8	Key communications channels in place such as Summary, Pulse and Staff App.	
C9	Staff intranet in place	
C10	Huddle meeting in place to communicate key messages from ET to direct reports	
C11	Freedom to Speak Up Guardian role in place	
C12	Media management and on-call communications in place to horizon scan potential criticisms, advise senior on reputation and respond when needed	
C13	Staff events, recognition and reward and celebrations through award ceremonies in place	
C14	Board and senior manager visibility through Quality Walkrounds, station visits and observations	
C15	Website, social media and external newsletters are in place to communicate innovations and developments to staff and stakeholders	
C16	Internal communications and engagement programme delivery to Compass leadership course with a view to rolling-out in mentorship to managers across the Trust	

Potential or actual origins of the risk	Exec Lead	Committee / Group	Residual Risk Score (CxL)			
<i>What are the most significant origins which could or have led to the risk?</i>			Q1	Q2	Q3	Q4
Risk ref						
ORR-45	System reconfiguration has the potential to impact across the organisation on performance and quality, resources and finances.	Director of Strategy, Transformation and Workforce	All Committees	4x3 (12)	4x3 (12)	
CE07	Building and maintaining relations with key stakeholders across the NHS and external partners and interested bodies.	Chief Executive	Executive Team	3x3 (9)	Controlled - risk closed.	
ORR-15	Inappropriate behaviours underpin a culture that impacts negatively on the Trust's ability to deliver high quality safe healthcare Failure to improve the capacity and capability of the Trust to deliver its core business and transform	Caroline Thurlbeck	Workforce Committee	3x3 (9)	3x2 (6)	

SOURCES OF ASSURANCE		Strength
<i>What is the evidence received that provided or will provide that assurance?</i>		RAG
REF		
A2	Strong staff survey results in 2017, with an action plan in place to ensure that the Trust continues to listen and respond to staff feedback. Staff survey champions in place for all Directorates	
A4	Staff FFT scores show 75% of employees would recommend NEAS as a place to work	
A6	Evaluation of media coverage highlights positive coverage of NEAS values and aims and robust and timely rebuttal of criticism; along with a compassion and apology when the service has let down patients	
A7	Feedback from HealthWatch and local government scrutiny committees, published in our Quality Report and CQC inspection.	
A8	Outcomes and actions from Quality Walkrounds reported quarterly to the board	
A10	Trust named top health and social care provider in Stonewall Top 100	
A11	EDS2 grading exercise demonstrates improvements made	
A12	Proud@NEAS and Together@NEAS groups formed and established	
A13	NEAS has supported the development of the ICS plan and is a key participant in regional meetings	
A14	Integrated OD action plan monitoring included on the OD group agenda	
A15	Compass leadership and management development programme now in place and embedded	
A16	Visibility tracker is in place for the Board Members	

GAPS IN CONTROL :			
REF	GAP	Action Plan	Deadline
GC1	The Communications Strategy is refreshed	Ensure that a robust and detailed communications strategy is in place and embedded within the Trust. Considered at the July Board and feedback provided.	Jul-18
GC3	The meetings structure within the Operations Directorate is relatively new and there needs to be greater assurance that key messages are being received on the front line	Review the communications mechanisms and test knowledge of key issues through discussions with front line staff	Sep-18
G9	Staff intranet is not easily accessible or able to integrate with modern technology	Replace intranet with SharePoint implementation, using it as the gateway to other NEAS systems. Business case to be prepared by	Mar-19

GAPS IN ASSURANCE :			
REF	GAP	Action Plan	Deadline