

East of England Ambulance Services NHS Trust
Corporate Risk Register

Risk Ref.	Risk Description	Assurance Framework Ref No	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Management Actions (Key Controls) Already in Place	Assurance in Place (how do we gain assurance that the controls in place are effective)	Risk Owner	Date Risk Last Updated	Strategic Goals	Assurance Owner	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Further Action Owner	Date Further Action to be Completed	Target Impact	Target Likelihood	Target Rating	Comment from Head of Risk and Governance
1	There is a risk that the Trust may fail to meet national and Trust targets. The impact could be a diversion of Trust resources.	1		4	4	16	Call Connect investment plan with locality trajectories and actions plans. Operational performance improvement plan. Financial cost recovery plan.	Monitoring via weekly conference calls Monitoring of action plans Weekly SITREP Weekly report to SHA on Call Connect trajectory	OE	06 Dec 2007	Operational Delivery and Performance	OE	4	4	16	Potential rebasing of A&E service Restructuring of resource mix Assessment of rota provision Harmonisation of policies and procedures particularly in relation to leave and relie	OE	31 Mar 2008	4	3	12	
5	There is risk that there is an increase in workload over planned capacity. The impact is a potential impact on the achievement of performance targets and in turn patient care.	2		4	4	16	Regularly review demand against capacity with external specialist support. Trust wide escalation and major incident plans Seasonal capacity planning HEOC regular monitoring and reporting On call management system	Daily, weekly and monthly monitoring and associated action planning On call escalation and management arrangements	OE	06 Dec 2007	Operational Delivery and Performance	OE	3	4	12	Commissioner and stakeholder engagement (e.g. liaison with SHA and other key NHS partner organisations) Development of clinical support desks and associated alternative pathways	OE	31 Mar 2008	3	4	12	
8	There is a risk that external factors will impact on demand or our capacity to respond appropriately. The impact is a potential impact on the achievement of performance targets and in turn patient care.	3		4	4	16	Linked into planning processes that impact on long term changes Linked escalation processes defined with key interface organisations	Daily, weekly and monthly monitoring and associated action planning On call escalation and management arrangements Strategic planning monitored through executive and locality groups	OE	06 Dec 2007	Operational Delivery and Performance	OE	3	4	12	Continued involvement in regional acute service review and local reviews	OE	31 Mar 2008	3	4	12	Dependencies on external partners makes mitigation more challenging
10	There is a risk that the Trust fails to plan resources that meet demand on a long term basis	4		4	2	8	Baseline review of resources with external support Trust Strategic Direction	Commissioner interface and annual monitoring	OE	06 Dec 2007	Operational Delivery and Performance	OE	4	1	4	Move towards Foundation Status	OE	31 Mar 2008	4	1	4	
22	Unexpected rises in cost (payroll, vehicles & fuel) will cause financial difficulty	6		4	3	12	National wage agreements are negotiated	Stable infrastructure of people vehicles and premises	JB	12 Feb 2008	Operational Delivery and Performance	JB	4	3	12	Use of operational planning of staff and overtime	JB	31 Mar 2008	4	2	8	
25	Failure to comply with statutory and legislative requirements (inc mandatory requirements)	7		5	3	15	Training and awareness programmes. Risk assessment and management actions. Use of wider NHS information to update legislative requirements	RIDDOR and SUI reporting. Self assessment and NHSLA standards. ALE and HCC reports to IGC and Board	HN	19 Feb 2008	Operational Delivery and Performance	HN	2	2	4		HN	31 Mar 2008	2	2	4	
71	Failure in clinical practice leading to scrutiny/damage to reputation	8		4	3	12	More training and compliance of standards	Reduction in SUIs	JS	20 Dec 2007	Clinical Quality	JS	5	2	10		JS	31 Mar 2008	5	2	10	
79	There is a risk that staff are not appropriately trained to Trust agreed clinical standards which will result in inappropriate patient care	9		4	3	12	CPD program in place in Beds and Herts /63% completed in Essex	Improvement in relevant CPIs (eg: Reperfusion)	JS	20 Dec 2007	Clinical Quality	JS	4	2	8	Standardisation of equipment/	PH	31 Mar 2008	4	1	4	
84	There is a risk that the Trust may not learn from clinical audit processes and practice which will result in poor clinical practices	10		4	3	12	Discussions expert strategic group and dissemination of audit report through out the Trust	Re audits	JS	20 Dec 2007	Clinical Quality	JS	2	2	4	Containing audits in subsequent years	JS	31 Mar 2008	2	2	4	
89	Clinical performance being compromised as a result of focus on operational targets	11		4	3	12	Alternative practices being introduced eg: telephone advice, alternative operational response	Increase of operational performance/less complaints	JS	20 Dec 2007	Clinical Quality	JS	5	2	10	Development and approval of Clinical Outcome Indicators (CDIs).	JS	31 Mar 2008	5	2	10	
92	There is a risk that equipment may fail. The impact is a potential loss of resource and impact on patient care.	12		4	3	12	Procurement processes Appropriate training Maintenance schedule and processes	Incident reporting and monitoring Organisational structure and process (e.g. working groups)	OE	06 Dec 2007	Clinical Quality	OE	4	2	8	Embedding or organisational structure and processes	OE	31 Mar 2008	4	2	8	
95	There is a risk that lack of clarity over Trust responsibilities for patients may lead to harm to patients	13		3	3	9	Structure in place for Clinical Directorate and Governance arrangements with Partner organisations	SLAs with partner organisations with clear governance structures between those who support the trust clinically	JS	20 Dec 2007	Clinical Quality	JS	2	2	4	Monitor governance arrangements	JS	31 Mar 2008	1	1	1	
97	Lack of infrastructure strategy linked with Trust Service strategy e.g. IT, estates, leased vehicles strategy	14		4	3	12	Monitoring of strategies for IM&T, "estates and vehicles".	Decisions made by Board, SDB, managers to be in line with strategy or result in agreed review. Systems in place to record failure or service provision monitored by SDB and Board.	HN	19 Feb 2008	Infrastructure Enhancement	HN	3	3	9	Board approval of key strategies timetabled for 2007/08 in work plan	HN	31 Mar 2008	3	3	9	
101	Ineffective management of systems and management systems	15		4	3	12	Project plans for system standardisation and integration and business cases approved, monitored and resourced. Systematic project management of system integration. Ensure project objectives are delivered	Post implementation review. Change programme monitored by SDB and Board.	HN	19 Feb 2008	Infrastructure Enhancement	HN	4	3	12		HN	31 Mar 2008	4	3	12	
117	Failure to create an agreed and effective knowledge management system and infrastructure (people, systems and controls)	16		3	4	12	Information systems in place to facilitate decision making at each point of all processes.	Ongoing review of process outputs. Data quality review. Internal and external audit	HN	19 Feb 2008	Infrastructure Enhancement	HN	3	4	12	Single CAD implementation. IM&T strategy and implementation plan.	HN	31 Mar 2008	3	3	9	
120	There is risk that business continuity is not fully addressed. The impact is a potential failure of critical systems.	17		5	2	10	Business continuity plans in place System resilience inbuilt	Continuity plan testing	OE	06 Dec 2007	Infrastructure Enhancement	OE	5	2	10	Consistency of Trust wide continuity plans and testing Regional business continuity plan to be approved by Board in February 2008.	OE	31 Mar 2008	5	2	10	
123	No objective assessment of the services we provide to ensure they are what the market wants or can afford. Portfolio of services may not reflect what the customer wants	18		4	3	12	Annual review of SLA with commissioners. Regular monitoring meetings. Meetings with organisations that receive services. Strategic service review including development of specifications.	Signed SLA's. Monitoring meeting minutes. Review of PCT strategy papers.	HN	19 Feb 2008	Infrastructure Enhancement	HN	4	3	12	Stakeholder event. Launch of strategy and formal stakeholder feedback	HN	31 Mar 2008	4	3	12	
124	Failure to build strategic partnerships that build trust and confidence (not enabling commissioning arrangements to improve)	19		4	3	12	Engagement at SHA, PCT level from Trust Executives. Engagement at PCT level of LCOO's and LGM's	Feedback to Exec team	HN	19 Feb 2008	Commissioning and Marketing	HN	4	3	12		HN	31 Mar 2008	4	3	12	
128	There is a risk that insufficient funding to provide effective clinical delivery within Government targets	20		5	4	20	Invested considerable time in presenting our financial case to the consortium of PCTs responsible for funding A&E activities	SHA's support is evident	JB	12 Feb 2008	Commissioning and Marketing	JB	5	3	15	Further meetings followed by arbitration	JB	31 Mar 2008	5	2	10	
131	There is a risk that there is insufficient cash in the health economy to reach overarching DoH target	21		4	2	8	Started the year with a low volume of creditors	Income stream from PCT consortium is pre planned in 12 instalments	JB	12 Feb 2008	Finance	JB	4	2	8	Monitor cash balances up to year end	JB	31 Mar 2008	4	1	4	
136	There is a risk that there could be an adverse impact on the Trust from the loss of contracts due to competitive tendering processes	22		3	4	12	Review of Tendering process for PTS and OOH services.	Contract Renewals	JB	12 Feb 2008	Commissioning and Marketing	JB	4	3	12	Recruitment of a Business development director to manage and present the best service option to clients	JB	31 Mar 2008	3	3	9	
143	Increased competition from other providers	24		4	4	16	Service development team monitor OJEU to ensure that tenders are not missed. However it is both a Government and local health policy to increase the number of providers from the private sector in the health economy. The management of tenders is part of the remit of the Strategic Planning and Investment Group	Board receipt of minutes from the Strategic Planning and Investment Group which will include the situation with tenders. The Board already receive details of the tenders that are being worked upon and the timescales being worked towards.	HN	12 Feb 2008	Service Development and Innovation	HN	3	4	12	Recruitment of a Business development director to manage and present the best service option to clients	HN	31 Mar 2008	3	3	9	
146	Lack of communication and consultation of service development and innovator	25		4	3	12	The "Strategic Direction 2007 -2012" is consulted with all stakeholders	Feedback from Stakeholders	HN	19 Feb 2008	Service Development and Innovation	HN	3	2	6	To be monitored via the Strategic Planning and Investment Group	HN	31 Mar 2008	3	2	6	
152	Failure to effectively manage change within the organisation (people, systems, controls)	26		4	3	12	The Service Delivery Board is the main vehicle for anything that affects the operation of the services of the Trust. This will soon be supported by the Strategic Development Group which will consist of many of the same senior managers. Together new initiatives can be broadly discussed before implementation occurs. Implementation is monitored through SDB.	The Board will receive minutes from the Strategic Development Group. Also, all the Executive Directors are members of both groups.	HN	19 Feb 2008	Service Development and Innovation	HN	4	3	12		HN	31 Mar 2008	4	3	12	
158	Failure to ensure market and financial viability of service developments and innovations	27		4	3	12	The implementation of the Strategic Planning and Investment Group will create a business case culture where developments and innovation projects will be scrutinised to ensure their overall viability in the market, financially and in terms of workforce planning.	The Board will receive minutes from the Strategic Planning and Investment Group. Also, all the Executive Directors are members of the group	HN	19 Feb 2008	Service Development and Innovation	HN	4	3	12		HN	31 Mar 2008	4	3	12	
165	Failure to manage the merger process leading to an adverse service impact	29		4	3	12	Legacy systems remain in use until replaced by Trust wide system or policy Board to take responsibility for the development and implementation of trust-wide policies	KPIs, Complaints, Incident Reporting from each locality	HN	19 Feb 2008	The Merger Plan	HN	3	2	6	Implementation of Datix throughout the Trust.	HN	31 Mar 2008	3	2	6	
169	Failure to develop a positive culture and a common set of core values and behaviours within the organisation that works	30		4	3	12	Focus East, internet, intranet and regular newflash from CE.	Monitor key quality indicators for each locality and Trust as a whole and benchmark (i.e. Staff Survey)	HN	19 Feb 2008	The Merger Plan	HN	4	2	8	Develop a Communications Strategy to include internal and external communications.	HN	31 Mar 2008	4	2	8	
176	Failure to realise in full the potential benefits of merger - operational best practice	31		3	3	9	Ongoing review of merger programme pre and post implementation review of operational, clinical and financial benefits	Benchmark against other Ambulance Mergers	HN	19 Feb 2008	The Merger Plan	HN	3	3	9		HN	31 Mar 2008	3	3	9	
177	Failure to apply infection control standards will lead to increase MRSA	32		3	3	9	Training/education/communication	clinical audit	JS	20 Dec 2007	Clinical Quality	JS	3	3	9	Better management of intravenous lines	JS	31 Mar 2008	3	3	9	
180	There is a risk that failure to implement Trust wide HR policies will lead to employee relations problems and potential costs	33		4	2	8	All the policies are reviewed on an annual basis with staff side involvement. The operational HR structure aligns HR business partners to line manage in localities	KPIs, external and internal assessments	SE	20 Dec 2007	The Merger Plan	SE	4	2	8	Improve staff engagement and involvement in the affairs of the Trust	SE	31 Mar 2008	4	2	8	

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188	There is a risk that resilience and major incident planning is not regionally defined. The impact is that planning may not be adequate in the event of an incident.	34		5	2	10	Locality major incident plans in place National leader in the provision of major incident training	Regular live tabletop and scenario testing. Managed a number of major incidents (e.g. avian flu, potential flooding, gas terminal explosion)	OE	06 Dec 2007	Operational Delivery and Performance	OE	5	2	10	Consistency of Trust wide major incident plans and testing Regional major incident plan to be approved by Board in February 2008	OE	31 Mar 2008	5	2	10	Risk is unlikely to reduce due to the nature of the potential issue due to its unquantifiable.
188	Failure to have effective resilience and major incident planning	35		5	2	10	Three approved local major incident plans and major incident action cards in place. Major incident exercises undertaken. Draft Regional Plan approved	SDB and Board reports. External monitoring by SHA and Health Protection Agency (HPA).	OE	19 Feb 2008	Operational Delivery and Performance	OE	5	2	10	Table Top exercises	OE	31 Mar 2008	5	2	10	
198	There is a risk that the Trust may not meet Year end Financial balance	36		5	5	25	Active CIPS programme led by turnaround director	There have been reductions in overtime and private ambulance usage	JB	12 Feb 2008	Finance	JB	5	4	20	Develop action plan for cost improvement and good process development for financial management	JB	31 Mar 2008	5	4	20	
200	There is a risk that Patient identifiable data may be accidentally released and data protection regulations breached.	37		5	4	20	Staff made aware of the importance of confidentiality; external organisations and contractors sign confidentiality statements; cupboards kept locked; key documents are password protected; information governance procedures followed re documentation – Signed confidentiality agreements kept on file; no breaches of confidentiality; files readily available when FoI requests have been received; audit of administrative systems	Incident Reports. FoI and publication guidelines. Process of Information Requests. IG Governance reviews.	OE	19 Feb 2008	Operational Delivery and Performance	OE	5	3	15	Introduce nhs net mail for transfer of all patient confidentiality data; encryption	OE	31 Mar 2008	4	3	12	
201	Active reduction in operational hours may lead to a failure to provide appropriate levels of operational cover and subsequent ability to provide a safe and appropriate level of response to patients.	38		4	4	16	Establishment of minimum "safe" levels of cover Daily monitoring in localities, twice weekly via conference call Short term reduction in abstractions and non essential meetings/training. Increasing other resources (e.g. use of managers)	Scheduling reports on rota hour cover across the Trust Monitored by Executive and Senior Ops team	OE	26 Feb 2008	Operational Delivery and Performance	OE	4	3	12	Continued daily monitoring by senior operations team and HEOC	OE	31 Mar 2008	3	3	9	