MEETING TITLE Trust Board			MEETING DATE 24/05/2018	
TITLE of PAPER	Risk Management Report with year-end Board Assurance Framework (BAF) 2017/18, final draft Board Assurance Framework 2018/19, Corporate Risk Register, and Security and Information Governance updates.		PAPER REF	7.2
STRATEGIC OBJECTIVE(S)	All			
PURPOSE OF THE PAPER	The purpose of this paper is to ▪ Present the final draft BAF for 2018/19 ▪ provide detail of changes to the Corporate Risk Register ▪ update on key developments in Security and Information Governance and risk mitigation			
For Approval	☒	For Assurance	☒	
For Decision	☐	Discussion/Information	☒	
AUTHOR / LEAD	Maxine M Travis, Risk Manager Rachel Monaghan, Associate Director of Performance, Assurance and Risk	ACCOUNTABLE DIRECTOR	Steve Page – Executive Director of Quality, Governance & Performance Assurance	
DISCUSSED AT / INFORMED BY : Board Development Meeting 22.02.18, Risk & Assurance Group - monthly, Operational Senior Management Team meetings, TEG, Executive Director and Associate Director BAF review meetings. TMG 04.04.18, 02.05.18, Audit Committee 10.04.18.				
RECOMMENDATIONS:	Trust Board are asked to: ▪ Approve the final draft BAF for 2018/19 ▪ Note changes to the Corporate Risk Register and gain assurance from the robust processes in place to manage risk ▪ Receive assurance on progress in Security Management and Information Governance			

RISK ASSESSMENT	Yes	No
Corporate Risk Register and/or Board Assurance Framework amended	☐	☒
Resource Implications (Financial, Workforce, other - specify)	☐	☒
Legal implications/Regulatory requirements	☐	☒
Diversity and Inclusion Implications	☐	☒
ASSURANCE/COMPLIANCE		
Care Quality Commission	1. All	
NHSI Single Oversight Framework	1. All	

1.   PURPOSE/AIM

1.1   The purpose of this paper is to:
- Present the final draft BAF for 2018/19
- provide detail of changes to the Corporate Risk Register
- update on key developments in Security and Information Governance and risk mitigation

2.   BACKGROUND/CONTEXT

2.1   Risk is inherent in all Trust activities. Failure to manage risk could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss and potential for complaints, litigation and adverse publicity.

2.2   Effective risk management across all levels of the Trust is essential for safe and effective service delivery as well as pro-active planning for Trust development. This paper details the processes in place to effectively manage risk.

BOARD ASSURANCE FRAMEWORK 2017/18

2.3   The Board Assurance Framework (BAF) is re-cast annually, informed by the year-end position of principal risks on the BAF from the previous year, the status of regulatory compliance, internal and external assurance, and business planning activity for the forthcoming financial year.

2.4   The quarterly risk level projections set out in the BAF reflect actions and milestones set out in Trust level and Directorate level business plans which are aligned to the strategic objectives and tracked on a quarterly basis.

2.5   An indicative end position for the BAF 2017/18 was presented to Trust Board on 27th March 2018, along with a description of the process for development and consultation on the final end position for 2017/18. This position has subsequently been reviewed and agreed through the corporate governance cycle.

BOARD ASSURANCE FRAMEWORK 2018/19 – FINAL DRAFT

2.6   Concurrently to closedown of the BAF for 2017/18, consultation on re-casting of the BAF for the forthcoming year was undertaken. This was an opportunity for Directors to influence re-articulating of existing risks based on the end position for 2017/18, taking into consideration the challenges envisaged in the forthcoming year.

2.7   The Board Development Meeting (BDM) on 22nd February 2018 held one session focusing on review and closedown of the BAF for 2017/18 and the recast of the BAF for 2018/19. Information from director reviews was considered at BDM along with assurances of mitigation of risk reported through the corporate governance cycle during 2017/18. New challenges for 2018/19 including implementation of ARP, delivery of the Integrated and Urgent Care Specification, leadership and organisational culture were taken into account when describing the principal risks for the BAF 2018/19.

2.8   The Risk Team have prepared a final draft BAF 2018/19 based on the above Board session and in conjunction with Directors and this was presented to TMG and TEG during April 2018 for review and feedback. The final draft BAF 2018/19 requiring sign off is at Appendix 1.

2.9   Further work will be undertaken to realign the BAF 2018/19 to the revised Strategic Objectives once these are agreed at Board.

3.   CORPORATE RISK REGISTER (CRR)

3.1   The CRR is reviewed by the Risk Assurance Group (RAG) monthly and comprises strategic and operational risks across the Trust that have a current risk rating of 12 or above. The Corporate Risk Register is attached at Appendix 2.

3.2   The Risk Manager and Associate Director of Performance, Assurance and Risk are take oversight of risks, monitoring in particular those appearing on the CRR through group discussion and challenge with nominated departmental risk leads at Risk and Assurance Group.

3.3   Specialist risk registers are reviewed in the relevant forum; eg. Clinical Governance Group, Health and Safety Committee, EOC Clinical Governance Subgroup and within the operational governance and management meeting structures.

3.3.1   These committee and group risk reviews are supplemented by detailed reviews at 1:1 meetings between the Risk Manager and nominated risk leads where gaps and controls are discussed and plans to mitigate are considered and recorded.

3.4   The Corporate Risk Register report is pulled from the Datix Risk Management System at a specific date in the month which is indicated at the top of the report. The report is a representation of the status of risk reports at that specific point in the month and further updates are made to the risk register during the quarterly governance cycle which will be reflected in the following reporting quarter.

3.5   CHANGES TO CRR SINCE PREVIOUS TRUST BOARD IN MARCH 2018

3.5.1   Risks added to the Corporate Risk Register since previous Trust Board

Risk 1088: Leeds AVP ventilation system
If the installed ventilation system at Leeds (Central) AS is not working correctly then employees will be exposed to unhealthy working conditions resulting in possible future cases of industrial asthma and lung diseases.
Immediate remedial works have been carried out to manage dust levels. Commissioning of LEV testing has been undertaken to establish compliance with HSG258 and COSHH regulation 9 (2) and determine if additional works are required. Risk Rating Amber (12)

Risk 1089:   Huddersfield garage area AVP ventilation system

If the installed ventilation system for vehicle exhaust fumes at Huddersfield AS is not working correctly then employees will be exposed to unhealthy working conditions resulting in possible future cases of industrial asthma and lung diseases.

As above, LEV testing is being commissioned to determine works required to meet compliance with safety regulations. Risk rating Amber (12)

Risk 1090:   P88 Updating @yas.nhs.uk accounts emails with @nhs.net

IF known internal systems electronic or paper-based are not updated with NHS.net emails addressees THEN Internal/External communications will fail once MS exchange is withdrawn 6 month post migration RESULTING IN lack of communications /updates from internal systems external stakeholders emailing old email addresses stored on hardcopy media Trust reputation

Plan in place to assign owners to group email circulation lists and update circulation lists and IT systems that currently hold yas.nhs.uk addresses. Risk Rating Amber (12)

Risk 1094:   P88-User Acceptance Policy compliance

IF email users do not complete NHS Mail User Acceptance and security questions before 17th April THEN email users will not be able to send out emails from the 17th April RESULTING IN Increased service desk calls and key stakeholders not receiving key pieces of information to make business decisions.

Weekly nhs mail updates have been provided to staff via Staff Update and promotion on YAS TV. ICT are monitring registration and acceptance of the user conditions. As of 17.5.18 30% staff had not completed the user acceptance process. ICT are targeting operational staff to support registration and email access. Risk Rating Amber (12)

Risk 1095:   EOC recruitment of Clinical Advisors - risk to NHS 111

If as part of the ARP work EOCs business case approved for 30 additional clinical advisors is implemented then this will generate a risk to 111 as clinical advisors may apply to move to EOC resulting in the reduction of the number of clinical advisors within 111 and also for 999 as more cases would be transferred to 999 service as 111 clinical advisors are instrument in keeping the referral rate down.

Risk to be fed in to Clinical Recruitment Project for further consideration of impact and mitigations. Risk Rating Red (16)

Risk 1096:   Decommission dedicated Friarage ambulance

IF the proposal to decommission the dedicated ambulance at Friarage Hospital is implemented THEN there will be a delayed response to patients with life-threatening and time critical conditions RESULTING IN adverse patient outcome, an increase in complaints and serious incidents, negative impact on performance and reputation

YAS have modelled impact and comleted a QIA. The risk has been raised with Commissioners. A collaborative approach with commissioners and primary care is proposed to deliver public messages that mitigate reputational impact to YAS. Risk Rating Red (20)

Risk 1097: South Performance
IF Cat 2, 3, 4 South performance is not within 90th centile THEN there are delays in responses RESULTING IN potential deterioration and adverse patient outcome
Monitoring of performance incl reports to CBU, LAT pilot
Risk Rating Red (16)

3.5.2 Risks increased since previous Trust Board escalating to CRR

There have been no risks increased from local to the CRR in this reporting cycle.

3.5.3 The following risk ratings have been reduced but the risk remains on the CRR

Risk 1023: Executive Team Capacity
IF capacity is reduced within the Executive Team THEN there may be a lack of strategic direction in areas of the business RESULTING IN failure to progress delivery of strategic and/or operational objectives
Risk recorded in September 2017. Initial risk rating was 16 (Red). Mitigations are that we have appointed to the Executive Director of Workforce, the Director of Integration and Urgent Care, the Deputy Director of Operations and the General Manager of Operations and other key senior management roles. We have the support of Bob Williams and also AACE in plans and modelling for ARP. Ops plans for 2018/19 are well developed and have been approved by commissioners. Risk reduced to Amber (12)

Risk 1039: FOI
IF YAS do not respond to >90% of FOI requests within the 20 day statutory timeframe THEN the Trust will be non-compliant with the Freedom of Information Act RESULTING IN increased risk of possible regulatory enforcement action from the Information Commissioner's Office (ICO)
FOI response compliance has increased to 100% in December 2017 and on that basis the risk was reduced to Amber (12) with a proposal to monitor for a further 3 months.

3.5.4 Risks removed from CRR since previous Trust Board

Risk 951:   UKVI Right To Work Employment Checks
IF YAS do not have processes in place to monitor UKVI (UK Visa & Immigration) posts THEN the Trust will not maintain the required evidence of employees Right To Work in the UK RESULTING IN potential for financial penalties from employing individuals who have no right to work
Recruitment processes include all required checks, HR Services Manager appointed to monitor going forward and a validation audit of a small number of records is planned for assurance. Likelihood reduced and to remain on local risk register at risk rating Moderate (3) x Unlikely (2) = Green (6) until the audit of records is completed.

Risk 984:   Call Pilot Server
Call Pilot is currently installed on server 2003 which is no longer supported by Microsoft or the latest security patches.

During the WannaCry cyber attack 2003 was identified as a security risk. In the shorterm Microsft released a fix for it but in reality it is no longer supported. *Currently MS patch is in place which has secured the OS. Risk likelihood reduced and remains on ICT local risk register with an action to incorporate the server into the unified communications infrastructure specification with a due date of April 2019. Operational services have business continuity plans in place in the event of unavailability of the Call Pilot server and these have been tested as part of downtime. Risk Rating Amber (9) and to remain on ICT local register for monitoring.*

Risk 1053:   EOC Healthdesk calls priority

IF there is inadequate capacity within the Healthdesk Team THEN there may be delays to answering calls to the healthdesk from crews and patients RESULTING IN complaints and poor patient experience

Risk recorded due to reports that crews were on hold for excessive lengths of time to make referrals; the time on hold is monitored and has been found to be overstated in the incidents that are reported. Additionally reviews of contracts for provision of District Nurse Single Point Of Contact services has led to withdrawal from one contract and clarification of KPIs in others. Risk impact and likelihood reduced to Green (6) and to be monitored locally with periodic review of incidents reported.

Risk 1073:   Capital Underspend Against CRL

Financial risk to YAS if Trust underspends against NHSI approved Capital Resource Limit (CRL)less loan repayments of £8.5m. Capex to end 31/12/17 £0.5m.

Significant underspend against CRL has been mitigated for 17/18 due to rigorous monitoring and decisions taken by Executive Committees. This included repayment of ePR loan capital spend. This has resulted in a year-end underspend of 300k. Risk for year 17/18 can be closed

3.5.5 **Other significant changes to risks on the CRR**

Risk 805: EOC Call Handling Performance

The reference to achievement of National Quality Indicator targets has been removed from the risk descriptor as these do not currently exist. Risk remains on the Corporate Risk Register and risk rating is to be reviewed at EOC Governance Sub Group in light of YAS performance for call answer is second best in the country based on the 95% / 5 seconds measure.

Risk 731: Mercedes Ambulance Conversions has been merged with **Risk 978: Mercedes Tail Lift rectification works** with risk 978 remaining on the Corporate Risk Register and detailing delivery of the works which is currently in line with trajectory. Risk rating remains the same Amber (12)

3.5.6 The CRR is colour coded to indicate the risk is within the remit of the Quality Committee, Finance and Investment Committee or the remit of both committees.

Quality Committee	
Finance & Investment Committee	
Both	

4. INFORMATION GOVERNANCE

Information Governance Toolkit / Data Security and Protection Toolkit

4.1 The Trust declared 85% against the Information Governance Toolkit requirements for 2017/18 which is 'satisfactory' against a Satsifactory/not satisfactory rating. This was the same level as we declared in 2016/17. The process for arriving at the submission % included a review by our Internal Auditors of a number of requirements to assess evidence and evaluate our self-assessment.

4.2 From April 2018 the new Data Security and Protection Toolkit (DSP Toolkit) replaces the Information Governance Toolkit (IG Toolkit). It forms part of a new framework for assuring that organisations are implementing the ten data security standards and meeting their statutory obligations on data protection and data security. It will also support the key requirements under the General Data Protection Regulation (GDPR) which comes into force on 25 May 2018.

4.3 An exercise to map across the previous IGTK requirements to the new DSP toolkit and to the IG workplan has been undertaken. Work is underway to assign leads for each of the new toolkit standards and where current practices will address the requirements or where changes are required.

4.4 The Trust must publish its annual assessment via the DSP Toolkit by 31 March 2019.

General Data Protection Regulation (GDPR) implementation – Lead Caroline Balfour, Data Protection Officer

4.5 The new General Data Protection Regulations (GDPR) will come into force from 25 May 2018 and YAS has a comprehensive action plan to support implementation.

4.6 The current embedded Information Governance arrangements are based on requirements of the Data Protection Act and this gives a positive starting point in terms of implementing GDPR.

4.7 An outline of the key workstreams was provided to Quality Committee in March 2018 and the committee was advised that YAS have designated the newly required *Data Protection Officer (DPO) role to the Head of Legal Services with support from the IG Manager as the qualified Subject Matter Expert. The DPO has oversight of delivery of the action plan and mitigation of associated risk, this is reported via the Corporate Risk Register through the corporate governance cycle and the delivery is supported network of Information Asset Owners who form the Information Governance Working Group.

5. SECURITY

5.1 Regional and national security groups are continuing to maintain their established arrangements in order to improve security management practices and YAS continues to engage in the Yorkshire and Humber Regional Security Managers Group and the National Ambulance Security Group.

5.1.1 Draft Security Management Standards have been circulated via the National Ambulance Security Group. YAS will prepare to benchmark against the standards once formally published as an approved version by NHS England.

5.2 Work continues to improve the support provided to staff who are victims of violence and aggression, and their immediate line management team, in order to ensure we are supporting staff welfare and increasing numbers of successful prosecutions. The Risk Team have established a Task and Finish Group to put in place a Sanctions and Redress procedure and to develop information materials to support staff who are to pursue sanctions. In addition the Risk Team are involved in the review of Post-Incident Care; this is being led by the Wellbeing Team.

5.3 We have strengthened our processes to apply and monitor warning markers on the address of a perpetrator of violence and aggression against YAS staff. A monthly Data Flag Group reviews incidents on a case-by-case basis, and a sanction warning letter is sent by the Local Security Management Specialist where indicated.

5.4 Development of Conflict Resolution Training (CRT) for relevant staff groups is underway and is delivered as a 'train the trainer' approach by the Education and Training team. The requirements for Comms centres, Community Resilience and corporate support functions are being determined and materials will be developed to address these. The LSMS is evaluating delivery of session content to ensure consistency and quality.

5.5 An evaluation of core infrastructure security risk has been undertaken for YAS critical sites and proposals for security measures to mitigate risk have been made. A number of security upgrades have been delivered in 2017/18 including shatterproof film to windows at the Springhill site and a security fence to the rear of the buildings. The Estates Team have been cited minor building and site remedial works identified from the Site Security Risk Assessments and where possible the remedial works are being incorporated into the current major estates works.

5.6 Evaluation of other security measures, including policies and procedures, and physical assets including premises and vehicle CCTV and access control is underway. Procurement and ICT are working with the Risk Team to review the G4S contract to ensure it delivers value for money and efficiency.

6. PROPOSALS/NEXT STEPS

6.1 Approval of the BAF 2018/19 subject to realigning to revised Strategic Objectives.

6.2 Review of the Corporate Risk Register will continue at each meeting of the Risk and Assurance Group.

6.3 Continued development of Information Governance and Security Management work plans to mitigate risk, maintain regulatory complaince and strengthen arrangements.

7. RECOMMENDATIONS

7.1   The Trust Board are asked to:

- Approve the final draft BAF for 2018/19
- Note changes to the Corporate Risk Register and gain assurance from the robust processes in place to manage risk
- Receive assurance on progress in Security Management and Information Governance

8. APPENDICES/BACKGROUND INFORMATION

8.1   Appendix 1: Board Assurance Framework 18/19 – final draft

8.2   Appendix 2: Corporate Risk Register