



MEETING TITLE Public Trust Board		MEETING DATE 28/11/2017		
TITLE of PAPER		Risk Management Report with Board Assurance Framework and Corporate Risk Register	PAPER REF 6.3	
STRATEGIC OBJECTIVE(S)		All		
PURPOSE OF THE PAPER		The purpose of this paper is to <ul style="list-style-type: none"> • update on quarterly projections on the BAF 2017/18 in Q2 • provide detail of changes to the Corporate Risk Register since last Public Trust Board • highlight new 'Red' risks on the CRR and provide an update on actions • reflect on the findings of the Internal Audit of Risk culture and maturity and outline plans to progress the Trust's risk culture 		
For Approval		<input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>	
For Decision		<input type="checkbox"/>	Discussion/Information <input checked="" type="checkbox"/>	
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DISCUSSED AT / INFORMED BY : Risk & Assurance Group 22.08.2017, 28.09.2017, 26.10.2017 Trust Management Group 27.09.2017, 25.10.2017 Health and Safety Committee 02.11.2017, Information Governance Working Group 04.10.2017 Quality Committee 14.09.2017, Audit Committee 06.11.2017 Monthly Directorate and Risk leads meetings				
PREVIOUSLY AGREED AT:		Committee/Group: Not Applicable	Date:	
RECOMMENDATION(S)		It is recommended that the Trust Board: <ul style="list-style-type: none"> • reviews and comments on the Board Assurance Framework for 2017/18 • Notes changes to the Corporate Risk Register and gains assurance from the robust processes in place to manage risk • Supports the approach to performance management of risk to positively develop the Trust's risk culture 		
RISK ASSESSMENT			Yes	No
Corporate Risk Register and/or Board Assurance Framework amended			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion Implications			<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE				
Care Quality Commission		All		
NHSI Single Oversight Framework		1. All		

1. PURPOSE/AIM

1.1 The purpose of this paper is to:

- update on quarterly projections on the BAF 2017/18 in Q2
- provide detail of changes to the Corporate Risk Register since last Public Trust Board
- highlight new 'Red' risks on the CRR and provide an update on actions
- reflect on the findings of the Internal Audit of Risk culture and maturity and outline plans to progress the Trust's risk culture

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

2.3 The Board Assurance Framework (BAF) was re-cast for 2017/18, 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 BAF for this financial year reflects actions and milestones set out in Trust level and Directorate level business plans which are aligned to the strategic objectives. These milestones have determined the quarterly risk level projections set out in the BAF 2017/18 which are tracked throughout the year.

2.5 The **BAF is at Appendix 1** and quarterly projections are detailed on page 4-5, along with an update on key actions delivered or ongoing to manage principal risks and deviance from the expected risk rating at the end of Q2.

2.6 At the end of Q2, it was identified that the projected risk rating for principal risk **BAF 1a) Inability to deliver performance targets and clinical quality standards** was not mitigated to the predicted level. In Q1 the risk was graded 20, in Q2 the likelihood was projected to reduce to give a risk level of 15. Based on the detail below, this reduction was not achieved;

2.6.1 Attrition of staff in EOC is presenting a risk to filling of rotas and the risk relating to EOC call performance has been increased and proposed for inclusion on the corporate risk register.

2.6.2 A&E Ops staff recruitment this is behind expectations and overtime uptake has only been 5%-6% compared to the 9% requirement

- 2.7 At the end of Q2, it was identified that the projected risk rating for principal risk **BAF 4a) Impact of external system pressures and changes in wider health economy** was not mitigated to the predicted level. In Q1 the risk was graded 20, in Q2 the likelihood was projected to reduce to give a risk level of 15. Based on the detail below, this reduction was not achieved
- 2.7.1 Mid Yorkshire Hospitals reconfiguration has necessitated utilisation of Private Provider resource to address additional pressures in addition to use of a PTS vehicle dispatched from the Emergency Operations Centre.
- 2.7.2 The proposed impact of reconfiguration changes at Calderdale and Huddersfield Trust are being modelled and present an increased risk of resource drift, increased IFT's and there is a lack of clarity in respect of patient pathways for frail elderly and patients with cardiorespiratory conditions who are presenting with other symptoms. The full impact of this change is yet to be determined.
- 2.7.3 Intelligence is being collated to the register of reconfigurations in respect of other developments relating to hyper-acute stroke cases, however it is too early to model the impact of these changes at this stage.
- 2.7.4 The Corporate Risk Register entries reflect the strategic impact of reconfigurations and other external system pressures as well as specific hospital trust or condition-specific service changes as and when sufficient information becomes available to be able to articulate and assess the risk to performance and ultimately patient experience and outcome.
- 2.8 For the remainder of the principal risks on the BAF, progress is recorded against required actions to mitigate the risk and these have been delivered in accordance with projections
- 2.9 Trust Management Group on 25 October 2017 reviewed and agreed with the actual levels on the Board Assurance Framework as described above.

3. CORPORATE RISK REGISTER

- 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 b.
- 3.2 The Risk Manager and Associate Director of Performance, Assurance and Risk are responsible for oversight of risks, monitoring in particular those appearing on the CRR.
- 3.3 The BAF and high level corporate risks are considered on a monthly basis at the Trust Management Group, and on a quarterly basis the TMG is asked to review and approve the quarter-end position in relation to BAF risk ratings (as points 2.6 and 2.7 above).

- 3.3.1 The Corporate Risk Register is colour coded to highlight risks which are relevant to Quality Committee and Finance and investment Committee (see point 3.5 below), and new RED graded risks relevant to the respective committees are highlighted in the cover paper. Trust Board can be assured that the Corporate Risk Register is submitted for discussion at all corporate governance committees and Board meetings.
- 3.3.2 In addition, specialist risk registers are reviewed in the relevant forum; eg. Clinical Governance Group review patient harm, infection prevention and control, medicines and clinical risks; Health and Safety Committee reviews staff safety, security and Estates and Facilities risks. These specialist risk registers include high level risks and those managed locally that are relevant to the respective group.
- 3.3.3 Further, committee and group risk reviews are supplemented by detailed reviews at 1:1 meetings between the Risk Manager and nominated risk leads where actions are updated and gaps and controls discussed.
- 3.3.4 To provide assurance that all high level risks are reviewed by the appropriate committee(s) and groups, a completeness check matrix will be developed to ensure that all risks are reviewed by the relevant group or committee.

3.4 Changes to CRR Since Previous Trust Board

- 3.4.1 The risks below have been added to the Corporate Risk Register since Trust Board in August 2017:

Risk 1006: A&E Ops Recruitment Trajectory

IF recruitment does not achieve trajectory and we are unable to utilise overtime THEN YAS will have a mismatch of resources versus demand RESULTING IN impact on response times Risk rating 12 Moderate

Risk 1009: General Data Protection Regulations (GDPR) compliance

IF YAS does not implement all the requirements of the General Data Protection Regulations by 25 May 2018 THEN non-compliance will occur RESULTING IN investigations or audits by the Supervisory Authority (Information Commissioner's Office) which may require specific remediation within a specified time and could lead to administrative fines of up to €20 million or 4% total global annual turnover (whichever is higher). Risk rating 20 High

Risk 1015: Post-Occupational Exposure Prophylaxis

IF YAS do not have a formalised process with hospital trusts to accept our staff requiring prophylaxis THEN A&E's may not accept our staff RESULTING IN YAS staff not receiving timely prophylaxis Risk rating 12 Moderate

Risk 1018: MYHT reconfiguration - A&E Ops mobilisation

IF YAS is not adequately funded to address the impact of full implementation of Mid Yorkshire Hospitals reconfiguration THEN there will be an impact on performance, increased inter-facility transfers RESULTING IN potential for delays in patient care and adverse patient outcome Risk rating 20 High

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 rating 16 High

Risk 1030: Big Word Information Governance

If 'The Big word' translation services subcontract outside of the UK to a company who are not accredited to the EU/US Privacy Shield then we would not have adequate assurance resulting in lack of adequate privacy protection.
Risk rating 12 Moderate

Risk 1034: Calderdale Huddersfield reconfiguration - centralising Frail Elderly and Cardiorespiratory

IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets Risk rating 20 High

Risk 1035: Allocation of CPAD (Community Public Access Defibrillator) from CAD (dispatch system in EOC)

IF a previously allocated CPAD device is not reactivated following use THEN it will no longer show in CAD RESULTING IN failure to allocate to an incident and delay to patient intervention Risk rating 15 High

- 3.4.2 The risk rating of the existing risk below has been increased and has escalated to the Corporate Risk Register:

Risk 845: Culture and Retention in NHS111

If we are unable to address the cultural issues within the NHS111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff. Risk likelihood increased due to increased sickness absence; risk rating 12 Moderate. *Action added around management of sickness absence.*

- 3.4.3 The following risk ratings have been reduced since last Trust Board in August 2017 and have therefore been removed from the Corporate Risk Register:

Risk 216: PTS Patient slips, trips and falls

IF PTS staff are not appropriately trained, and falls monitoring and learning does not occur when incidents happen THEN safe and effective moving and handling will not be achieved RESULTING IN a risk of patient injury due to slips, trips and falls

Training reviewed and delivered, reduction noted in number of falls in PTS. Risk likelihood reduced; risk rating 9 Moderate

Risk 360: Bariatric Vehicle utilisation

Harm to patients and staff due to insufficient number of staff having completed training on the Bariatric Equipment Vehicle and lack of process for utilising the resource in A&E and PTS across the region.

Risk likelihood reduced. *All EMT's now receive bariatric vehicle training. Utilisation is monitored. In addition bariatric capable stretchers now in new vehicles.*

Risk 920: 30% clinical advice requirement

IF NHS 111 is unable to meet the requirement for 30% clinical advice THEN we will not be achieving national targets RESULTING IN a possible negative impact to the Trust's reputation

30% target met June and July 2017 following feedback from NHS England about what can be included in the count. Risk closed.

Risk 948: Employment Law Advice Provision

IF the Workforce Team are not getting training and CPD THEN they may provide inaccurate employment law advice RESULTING IN increased risk of grievances, Employment Tribunals, Legal costs and reputational damage
Team meetings, 1:1's, training sessions, solicitor employment law briefing sessions delivered, further planned. Risk reduced to 9 Moderate.

3.4.4 The following risks were added to the Corporate Risk Register in the reporting period August to November 2017 and have subsequently been managed and closed:

Risk 1016: P88 - Service Desk Resources

IF resources are not allocated to the service desk to ensure the increase in calls are dealt with THEN existing staff will need to pick up the increase in calls as a result of introducing the NHS Mail service RESULTING IN breaches to all agreed SLA's Risk rating Moderate (12)




Risk added and closed in Q2. Readiness workshop delivered, there are staff in wider ICT team who will support the migration to nhs.mail ensure the impact is not felt solely by the service desk.

Risk 1017: CAD Patches

IF core business servers such as CAD do not have the latest security patches installed THEN there is a risk that the server(s) in question are vulnerable to cyber/malware attacks RESULTING IN significant downtime of core servers impacting on patient care Risk rating Moderate (12)

Security patches were installed in early October 2017, risk has been closed.

3.5 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	

3.6 Focus on new Red risks

Risk 1034: Calderdale Huddersfield reconfiguration - centralising Frail Elderly and Cardiorespiratory

Update: Work ongoing to model impact on IFT's, journey time and resource drift and to understand patient pathways.

Risk 1035: Allocation of CPAD from CAD

Update: Full audit of CPADs on CAD has been completed, validation of de-activated CPAD's with Community First Responders and reactivation where indicated. Procedure being formalised to ensure robust communication between Community Resilience and EOC for re-activation of CPADs.

4. ORGANISATIONAL RISK CULTURE AND MATURITY

4.1 A review of risk culture and maturity was conducted by our Internal Auditors during 16/17, the review determined the overall risk maturity level in accordance with the Institute of Internal Audit (IIA) Risk Maturity Matrix as 'Risk Defined' along the scale of 'naive' to 'enabled'.

Risk Naïve	Risk aware	Risk Defined	Risk Managed	Risk Enabled
The organisation has little or no awareness of the importance of risk management. No formal approach developed for risk management	The organisation is aware of risk management responsibilities and needs to embed systems. Scattered silo approach to risk management	The organisation has considered risk management and put in place strategies led from a risk management team. Strategy and policies in place and communicated. Risk Appetite defined.	Staff throughout the organisation are aware of the importance and the organisation's response to risk. Enterprising approach to risk management is developed and communicated.	Driven by the Board, staff at all levels actively consider issues of risk in all areas of activity and develop control and assurance processes to manage those risks. Risk Management and internal controls are fully embedded into the operations

4.2 The Internal Audit review identified a number of strengths and areas for further development; these were reported to Audit Committee in July 2017.

4.3 The Performance Management Framework sets out key principles to underpin the direction of travel to create a culture of continuous performance improvement. To progress the Trust's risk culture toward becoming Risk Enabled and to pro-actively manage risks to delivery of the Trust's strategic objectives further work is required to embed the PMF in respect of risk management.

4.3.1 The approach to performance management of risk needs to be fully aligned to our re-launched Trust Values and Behaviours framework. For open, transparent and constructive challenge to become the norm there should be a consistent approach, with demonstration of behaviours from all that clearly align to our values and that encourages openness and transparency, and helps people feel safe in being honest about emerging or potential threats to delivery of their objectives.

4.3.2 By offering a supportive but structured approach to performance management of risk, alongside strengthening of our understanding of information to manage principal risks to delivery of the Trust's strategic objectives, then the maturity of the organisation will continue to positively advance.

- 4.3.3 The Risk and Assurance Group (RAG) will be the primary forum for risk leads and departmental heads to undertake constructive challenge in management of risk. A network of engaged and enthusiastic risk leads is in place and with the support and encouragement of the Chair, Risk Manager and peers, articulate risks and debate impact and proposals for escalation.
- 4.3.4 Understanding the barriers to mitigation of risks in the wider context of the Trust's Business Plan and Strategic Objectives as described in the Board Assurance Framework will further empower risk leads to appreciate the importance of comprehensive risk treatment plans that seek to address all gaps in control. The BAF is shared with RAG risk leads to this end.
- 4.3.5 A series of Performance 'Deep Dives' will be conducted where discussion will highlight how integral risk management is to routine operational business and will examine specific high level risks, drilling down to examine the treatment plan including testing of controls, understanding gaps and assessing whether actions are proportionate.
- 4.3.6 Open and positive two-way communication with external stakeholders will be imperative to management of risk to delivery of the Trust's strategic objectives, particularly in respect of service transformation and integration, and impact of changes in the wider health economy. The Board Assurance Framework and Corporate Risk Register is shared with CMB and specific risks shared with, and informed by, Executive-level engagement at STP's.
- 4.3.7 Effective risk management is enabled by having a defined risk strategy and governance arrangements with oversight and accountability at executive level. YAS corporate governance structure and reporting arrangements are established and the risk strategy clearly sets out the Trust's risk appetite.
- 4.3.8 The Institute of Internal Auditors Risk Maturity Framework provides a structure within which the Trust can self-assess and reflect on our progression in advancing risk maturity. The initial internal audit in 2016/17 has provided a baseline from which the Trust can measure this progress, with key actions identified which when delivered will demonstrate positive progression.

5. PROPOSALS/NEXT STEPS

- 5.1 The Corporate Risk Register will continue to be reviewed at each meeting of the Risk and Assurance Group, with monthly updates to TMG..
- 5.2 Work will continue to develop the Trusts Risk Management programme to ensure risk management is embedded at all levels in day to day practice and that the Trust's risk management culture positively evolves.

6. RECOMMENDATIONS

- 6.1 It is recommended that the Trust Board:
- reviews and comments on the Board Assurance Framework for 2017/18

- notes changes to the Corporate Risk Register and gains assurance from the robust processes in place to manage risk
- Supports the approach to performance management of risk to more positively develop the Trust's risk culture

7. APPENDICES/BACKGROUND INFORMATION

7.1 Appendix 1: Board Assurance Framework

7.2 Appendix 2: Corporate Risk Register