



<b>MEETING TITLE</b> Trust Board		<b>MEETING DATE</b> 28/03/2017	
<b>TITLE of PAPER</b>	Risk Management Report, Board Assurance Framework and Corporate Risk Register	<b>PAPER REF</b>	4.8
<b>STRATEGIC OBJECTIVE(S)</b>	All Choose an item.		
<b>PURPOSE OF THE PAPER</b>	The purpose of this paper is to provide an update on: <ul style="list-style-type: none"> <li>• changes to the BAF</li> <li>• plans for development of the 17/18 BAF including a summary of the Board Development Meeting considerations regarding closure of BAF 16/17 and re-casting of the BAF for 17/18</li> <li>• key changes to the Corporate Risk Register since last Trust Board meeting</li> </ul>		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Maxine M Travis, Risk Manager Rachel Monaghan, Associate Director of Performance Assurance and Risk	<b>ACCOUNTABLE DIRECTOR</b>	Steve Page – Executive Director of Quality, Governance & Performance Assurance
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate:</b> Risk & Assurance Group .02.17 Monthly Directorate and Risk leads meetings Trust Management Group 25.02.17			
<b>RECOMMENDATION(S)</b>	It is requested that Trust Board acknowledges work undertaken to close the BAF for 16/17 and re-cast principal risks to delivery of the Trust's strategic objectives in the BAF for 17/18. It is recommended that Trust Board notes the developments outlined in the report and is assured with regard to the effective management of risks		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Diversity and Inclusion Implications</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b>		All	
<b>NHSI Single Oversight Framework</b>		1. All	

## **1. PURPOSE/AIM**

1.1 The purpose of this paper is to provide an update on:

- changes to the BAF
- plans for development of the 17/18 BAF including a summary of the Board Development Meeting considerations regarding closure of BAF 16/17 and re-casting of the BAF for 17/18,
- key changes to the Corporate Risk Register since last Trust Board meeting

## **2. BACKGROUND/CONTEXT**

2.1 Risk is inherent in all Trust activities. Failure to manage risks could lead to harm to patients, staff or others, loss or damage to the Trust's reputation, 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.

### **Board Assurance Framework**

2.3 The Board Assurance Framework (BAF) is re-cast annually through a round of Board Development Meeting (BDM) and Trust Board meetings and following agreement of the Strategic Objectives for the forthcoming financial year.

2.4 Quarterly projections of risk levels are made at on the BAF the beginning of the financial year based on plans to mitigate key risks to delivery of strategic objectives and these projections are tracked throughout the year. Both internal and external factors may influence achievement of these projections and the level to which the risks to delivery of the Trusts Strategic Objectives are managed.

2.5 At the end of Q3 of 16/17 it was reported that the Trust is carrying a greater risk level than was projected and this is reflected in the actual v's quarterly projections on the current BAF. Key factors impeding the reduction of risk at this point in the year are the external system changes, as well as pressures of acute trust reconfigurations and hospital turnaround delays which are impacting negatively on the expected mitigated level of risk to delivery of our strategic objectives.

2.6 We expect these external system pressures to continue into the next financial year and the principal risks to delivery of our strategic objectives will be re-articulated to reflect this position as part of the annual planning process to re-cast the BAF for 2017/18. This will be supported the ongoing analysis of actual versus projected risk levels at the end of Q4, with reporting by exception as above, where there is deviance from our expected position at year end.

- 2.7 The review of quarterly projections for Q3 can be found in Table 1 on pages 4 and 5 of the BAF, at Appendix 1. This analysis was presented to TMG in mid-December, prior to review at Audit Committee in January 2017. Review of review the Q4 projections as part of the Q4 cycle of review of the BAF and CRR is ongoing and Directors have been invited to contribute to this. The year end position of risks on the current BAF will inform development of the BAF for 2017/18.

### **Board Development Meeting – February 2017**

- 2.8 The Board Development Meeting was held in February 2017 to begin the process close down the BAF for 16/17 and re-cast for 17/18. Further work will be undertaken to complete this cycle.

- 2.9 In summary, the BDM considered that:

BAF 1a. The principal risk relating to operational pressures and performance should remain on the BAF

BAF 2a. Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes remains a principal risk to the strategic objectives

BAF 2b. Inability to implement PTS transformation programme resulting in loss of income due to failure to secure/retain service contracts should be amended to reflect potential for wider business/income loss

BAF 3a. Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E Workforce plan should be broadened to reflect the strategic risk in respect of availability of clinical workforce in all business areas

BAF 3b. Staff engagement and delivery of key objectives should remain on the BAF and be refreshed to reflect key issues.

BAF 4a. Impact on delivery of strategic objectives and performance delivery due to external system pressures and changes should remain on the BAF and should explicitly focus on external system pressures with the focus on demand and performance being captured at 1a.

BAF 5a. Alignment and responsiveness of corporate services to operational requirements should be rearticulated to reflect the requirement for effective joint working between corporate and front line

BAF 5b. Defecit against planned financial outturn should be redrafted in the context of the wider financial pressure and Trust position.

The 17/18 BAF should reflect the risks associated with wider health system reconfigurations and Sector Leadership, both of which may be captured at 4a, or separately.

- 2.10 Principal risks in 16/17 which are proposed for removal from the BAF 17/18 are:

BAF 1b: Regulatory compliance  
BAF 2c: Learning lessons  
BAF 4b. Business continuity preparedness

### **3. CORPORATE RISK REGISTER**

- 3.1 The CRR is reviewed by the Risk Assurance Group (RAG) and Trust Management Group on a monthly basis 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 responsible for oversight of risks, monitoring in particular those appearing on the CRR.
- 3.3 Specialist risk registers are reviewed in the relevant forum; eg. Clinical Governance Group, Information Governance Working Group, Health and Safety Committee, EOC Clinical Governance Subgroup. In addition, risk reviews are supported by 1:1 meetings between the Risk Manager and nominated risk leads.

#### **3.4 Changes to CRR since previous Trust Board**

##### **3.4.1 New risks added to CRR**

The risks below has been added to the Corporate Risk Register since last Trust Board in January 2017:

Risk 918: Apprenticeship Levy Utilisation

IF there isn't a plan to get the value out of the apprenticeship levy pot THEN after 24 months the HMRC take away the money and YAS will fail to meet the Public sector organisations expectation to have 2.3% workforce on apprenticeship standard training RESULTING IN lost opportunity to spend the money on training and an unknown penalty for failure to meet the %  
Risk Rating Amber (12) Likely (4) x Moderate (3)

Risk 919: Basic Life Support and Defibrillation training and competency

IF there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.  
Risk Rating Red (15) Possible (3) x Catastrophic (5).

Four serious clinical errors during delivery of BLS in last few months, one referred to Coroner and declared a Serious Incident.

##### **3.4.2 Risks escalated to Corporate Risk Register since previous Trust Board**

The following risk ratings have been increased since the last Trust Board nad risks have therefore escalated to the Corporate Risk Register.

**Risk 146: IG Mandatory Training Compliance**

IF YAS staff do not complete annual IG training THEN this is a breach of statutory duties and could potentially RESULT IN incidents of non-compliance. Risk escalated to CRR to reflect reduction in overall Trust compliance for IG Training completion over last 2 months.

Likelihood increased. Risk Rating Amber (12)

IG Toolkit requirement 14-112 states that '*At least 95% of all staff, including new starters, locums, temporary, students and staff contracted to work in the organisation have completed their annual IG training in the period 1 April to 31 March*' Compliance is tracked on the Workforce Performance dashboard and sits at 61.8% as of 31st January 2017. Although YAS has not previously achieved the 95% required, the evidence we submit to the IG Toolkit should demonstrate a clear commitment to raising awareness of Information Governance best practice and managing risks associated with IG, and by increasing our compliance over the final two months of the year, this commitment will be evident. We have put a plan in place to promote training and increase compliance rates to the end of the financial year.

**Risk 805: EOC Call Handling Performance**

IF EOC call handling performance does not achieve the national Ambulance Quality Indicator THEN patients are delayed in receiving the help they need and may abandon the call and redial RESULTING IN potential for adverse patient outcome and repeated calls into EOC

Risk reviewed at EOC Clinical Governance Subgroup January 2017; the group agreed a wider review of forecasting is required as, although staffing meets levels required, calls are still stacking excessively.

Risk rating increased to Amber (12)

### **3.4.3 Risks removed from CRR since previous Trust Board**

The following risk ratings have been reduced since last Trust Board and risks have therefore been removed from the Corporate Risk Register:




**Risk 803: Funding for access to higher education**

IF alternative funding is not agreed before current funding providing access for YAS staff to higher education institutions for both pre-registration and post-registration education ceases in April 2017 THEN YAS will not continue to develop its workforce RESULTING IN failure to deliver education provision to support the workforce plan. Risk likelihood reduced; risk rating Amber (8)

We have some commissioned education places for 2017/18 these are (all with Sheffield Hallam university); 55 Direct Entry onto the degree; 40 internal conversion to paramedic; 20 Specialist Paramedics

The current situation suggests that this will be the last year of commissioned education and we are likely to be required to pursue apprenticeship routes from 2018 entry onwards for our own staff development.

- 3.5 The Risk Register will continue to be reviewed at each meeting of the Risk and Assurance Group, with monthly updates to TMG.
- 3.6 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. PROPOSALS/NEXT STEPS**

- 4.1 Following the Board Development Meeting which was held in February 2017 to begin the process to close down the BAF for 16/17 and re-cast for 17/18, further work will be undertaken to complete this cycle
- 4.2 Work will continue to develop the Trusts Risk Management programme to ensure risk management is embedded at all levels in day to day practice.

**5. RECOMMENDATIONS**

- 5.1 It is requested that Trust Board acknowledges work undertaken to close the BAF for 16/17 and re-cast principal risks to delivery of the Trust’s strategic objectives in the BAF for 17/18.
- 5.2 It is recommended that Trust Board notes the developments outlined in the report and is assured with regard to the effective management of risks

**6. APPENDICES/BACKGROUND INFORMATION**

- 6.1 Appendix 1: Board Assurance Framework  
Appendix 2: Corporate Risk Register