



MEETING TITLE Trust Board in Public		MEETING DATE 31/01/2017	
TITLE of PAPER	Risk Management Report, Board Assurance Framework and Corporate Risk Register	PAPER REF	4.5
STRATEGIC OBJECTIVE(S)	All		
PURPOSE OF THE PAPER	<p>The purpose of this paper is:</p> <ul style="list-style-type: none"> ▪ To provide an update on changes to the BAF, including planning for re-casting of the BAF for 17/18 in the context of review of risk rating projections for Q3 and key milestones for Q4 and ▪ to highlight changes to the Corporate Risk Register 		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
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 – include date(s) as appropriate: Audit Committee 11.01.17; Risk & Assurance Group 19.01.17; Monthly Directorate and Risk leads meetings; Trust Management Group 25.01.17			
PREVIOUSLY AGREED AT:			
RECOMMENDATION(S)	<p>It is requested that the Trust Board acknowledges the work undertaken to assess quarterly risk projections on the BAF and proposed Q4 review as part of commencement of the annual planning process for 2017/18.</p> <p>The Trust Board are asked to acknowledge that an Assessment of the Adequacy of the Information Governance Management Framework, required as part of the IG Toolkit submission, is underway.</p> <p>It is recommended that the Trust Board notes the developments outlined in the report and is assured with regard to the effective management of risks.</p>		
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		All	

1. PURPOSE/AIM

- 1.1 The purpose of this paper is
- To provide an update on changes to the BAF, including planning for re-casting of the BAF for 17/18 in the context of review of risk rating projections for Q3 and key milestones for Q4 and
 - to highlight changes to the Corporate Risk Register

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) 2016-17 was developed through a round of Board Development Meetings (BDM) and Trust Board meetings and following agreement of the Strategic Objectives and Operating Framework for 2016/17. Our Operating Plan for 2016/17 identifies the key priorities, risks and milestones for YAS over the next year to help us achieve our vision of providing world class care and these are reflected in the BAF. The 2016/17 BAF was presented and agreed at Board in May 2016.
- 2.4 Quarterly projections are made at the beginning of the financial year based on plans to mitigate key risks to delivery of strategic objectives and these projections are detailed on a summary table within the BAF at pages 4 and 5. Throughout the year, internal and external factors may influence achievement of these projections.
- 2.5 An analysis was conducted of the current risk level against the projected risk level at the end of Q3, with reporting by exception where there was deviance from the expected position.
- 2.6 The review established that the Trust at the end of Q3 is carrying a greater risk level than was projected. Key factors which are 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.
- 2.7 The review of quarterly projections 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.
- 2.8 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-casting the BAF for 2017/18.

This will be supported by an analysis of actual versus projected risk levels towards the end of Q4, with reporting by exception as above, where there is deviance from our expected position at year end.

2.9 The following key milestones or actions are due in Quarter 4 and will impact on the assessment of actual versus projected risk ratings on the BAF for the final quarter of this current financial year:

2.9.1 in relation to Principal Risk 1a) Inability to deliver performance targets and clinical quality standards:

a) Convening of a senior-level system-wide workshop with a focus on turnaround and reconfiguration and resultant action plans

2.9.2 In relation to Principal Risk 1b) Lack of compliance with key regulatory requirements including CQC, HSE, IGTK, due to inconsistent application across the Trust:

a) CQC reports::

NHS111 - report published this week, overall Good rating
999 - report anticipated January/February 2017

b) Information Governance Toolkit submission

Annual IG Toolkit submission deadline is 31st March 2017. YAS aims to achieve a score of 85%, which includes a 2% uplift from last year, which equates to movement of 2 standards from level 2 to level 3, and maintaining the remaining 33 standards at their 2015/16 level.

As part of the IG Toolkit submission there is a requirement to assess the adequacy of the Information Governance Management Framework on an annual basis and to ensure roles and responsibilities remain correctly assigned. This assessment has been conducted and recommended changes are being reviewed through relevant management groups, including TMG and TEG.

2.9.3 In relation to Principal Risk 2b) Inability to implement PTS transformation programme resulting in loss of income due to failure to secure/retain service contracts

a) Exit of Hull PTS contract

Coordinated exit of Hull contract during Q4 and impact on BAU. Project Manager has been identified to lead the contract exit including staff TUPE transfer arrangements and management of information

b) East Riding and South Consortia bids

Contract decisions relating to the above PTS contracts are due in Q4. South Consortia PTS bid has been submitted. East Riding contract will be out to tender in late January 2017.

2.9.4 In relation to Principal Risk 5b) Deficit against planned financial outturn

- a) CIP monitoring
Gaining agreement of PIDs to deliver CIP targets within year
Currently pulling together draft documentation to allow for robust performance management of delivery from April 2017.
- b) CQUIN delivery
Establishment of CQUIN Delivery Group to track and monitor delivery of CQUIN schemes for remainder of 16/17 and into 17/18
- c) Agency cost
Achievement of planned reduction in agency cost with direct TEG oversight and implementation of HR processes approved through TMG.

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 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 September 2016:

Risk 845: Culture / Retention in NHS111

If YAS is unable to address the current cultural issues within the call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of attrition and loss of experienced and trained staff.

Risk Rating Amber (12)

Risk 846: WYUC Capacity

WYUC service is not sustainable at peak times impacting on patient experience increasing the risk to patient safety and adversely affecting NHS 111 and wider health system. Risk Rating Red (16)

Risk 849: PTS resource to deliver change programmes
IF there is lack of Programme and Project resource within PTS THEN there may be a failure to deliver the PTS change programme RESULTING IN failure to realise the associated benefits, including CIPs Risk Rating Amber (12)

Risk 851: East Riding Contract negotiation
IF YAS does not effectively resolve the underfunding issue in East Riding PTS contract before the end of contract in March 2017 THEN the financial impact to YAS bottom line would RESULT IN circa 1 million gap
Risk Rating Amber (12)

Risk 855: SMS texting to allocate Community/Emergency First Responders to incidents (CFR/EFR)
IF CFR/EFR volunteers continue to experience intermittent failure of SMS text messaging THEN they will not be able to book on, be allocated to life-threatening incidents, receive scene-safety messages RESULTING IN impacts on first arrival at scene times and patient outcome, potential for their safety to be compromised and impact on morale and reputation
Risk Rating Amber (12)

Risk 860: Align Ancillary Cleaning Services with operational change
IF recommendations from the review of Ancillary Cleaning Services are not delivered THEN the Ancillary Service will not be positioned to respond effectively to organisational change (ie. Hub & Spoke) RESULTING IN potential for failure to meet service levels. Risk rating Amber (12)

Risk 861: Delivery of Statutory and Mandatory Training
IF YAS is not compliant with delivery of statutory and mandatory training requirements THEN there will be skill and knowledge gaps amongst staff RESULTING IN potential for compromised staff and patient safety and heightened scrutiny of external regulatory bodies. Risk rating Amber (12)

Risk 911: Strategic impact of Reconfigurations
IF the modelling of requirements to address the impact on YAS of reconfiguration of services in the wider health economy are not acknowledged and resourced THEN this will impact on performance, patient safety and compliance RESULTING IN failure to deliver YAS Strategic Objectives
Risk rating Red (16)

3.4.2 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 294: Approach to Communications and Engagement
IF there is an uncoordinated approach to communication and engagement THEN there is the potential for staff, stakeholders, public and media having negative perceptions of YAS RESULTING IN the Trust failing to deliver its strategic objectives through lack of engagement.

Risk reduced as the plan to implement the Communications and Engagement Strategy is progressing with clear evidence of pace during 2016 including introduction of YAS TV, review of Staff Update and continued engagement with Staff Side, and Media engagement events planned. Risk rating is reduced to Amber (8)

Risk 706: Feedback to staff reporting concerns

If staff do not receive feedback from reporting of incidents, then they may become disengaged with reporting of concerns if the system for receipt of feedback is inaccessible

Implementation and monitoring of Freedom to Speak Up process and Sign Up to Safety poster campaign have reduced this risk to Amber (9).

Risk 792: 2016/17 Capital Programme Oversubscription

The value of planned capital expenditure within the capital programme is greater than the value of the Capital Resource Limit reported to and confirmed by the TDA. In recent financial years there have been a number of schemes which have slipped putting pressure on the Trust's ability to spend its' capital allocation. The approach of over-subscription provides flexibility to manage the programme to ensure delivery of the CRL funding but presents its own risk. Regular monitoring of the capital programme expenditure actual v plan is in place with reporting of slippage to appropriate committees and Board. Engagement with colleagues to ensure that robust business cases are submitted and approved within acceptable timetable. Risk has been reduced to Green (6)

Risk 793: Loss of receipts from surplus assets

IF disposal receipts from surplus assets are removed from Trust and transferred to DH / HM Treasury THEN there may be a reduction in capital funding available RESULTING IN an impact on investment in improvements and maintaining the Trusts non-current assets

Agreement has been reached in relation to financial year 2015/16. Risk rating reduced to Green (6)

Risk 808: Renal / West PTS Transport

If we do not effectively communicate changes to the renal service and PTS services in West THEN patients maybe dissatisfied RESULTING IN complaints.

Complaints addressed, learning from implementation of west pilot will inform future roll out. Initial impact on KPIs has stabilised. Risk likelihood reduced Green (4) and continued local monitoring

Risk 818: Substantive vacancies in Workforce structure and impact on momentum and continuity

IF substantive senior management vacancies in the workforce (team) structure are not recruited to THEN this may cause a loss of momentum or continuity in activities RESULTING IN a potentially negative impact on delivery of the workforce plan.

Roles have been recruited to and start dates agreed/staff in post. Risk reduced and closed.

Risk 823: ePRF Funding Risk

IF there is no financial support for the procurement of a new ePRF system for YAS THEN YAS will not be in a position to develop a solution.

Local solution being developed and further discussions planned around procurement options will inform future risk management.

Risk likelihood reduced Amber (9)

Risk 843: Records processing delays

IF capacity to manage records processing is not addressed THEN there will be an increasing delay in getting access to patient records and a requirement to store PCRs in boxes RESULTING IN lack of availability of records for audit, data reporting, investigations, legal, and other reporting requirements




Risk increased due to impact on corporate functions:

The processing cycle of PCRs has returned to pre-capacity issue timescales and urgent requests are being prioritised. Risk rating reduced to Amber (9)

Risk 857: Management Capacity ICT

IF the management structure of ICT is not complete THEN existing management will be at stretched capacity RESULTING IN on-call management doing 1 in 2; Impacting on work quality and deliverables; and potential for unplanned stress related absence. Initial Risk rating Amber (12), reduced to

- 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 Quarterly review and exception reporting of BAF projections for Q4 with principal risks to delivery of our strategic objectives being re-articulated to reflect the external system pressures as part of the annual planning process in order to re-cast the BAF for 2017/18.
- 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.
- 4.3 Continued collation of evidence to support submission of the IG Toolkit by 31st March 2017, in line with typical annual process.

5. RECOMMENDATIONS

- 5.1 It is requested that Trust Board acknowledges work undertaken to assess quarterly risk projections on the BAF and proposed Q4 review as part of commencement of the annual planning process for 2017/18.
- 5.2 Trust Board are asked to acknowledge that an Assessment of the Adequacy of the Information Governance Management Framework is underway (as required as part of the IG Toolkit submission) and once approved through relevant management meetings, the final version will be circulated to Board for information.
- 5.3 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
- 6.2 Appendix 2: Corporate Risk Register