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| MEETING TITLE Trust Board in Public | | MEETING DATE 27/09/2016 | |
| TITLE of PAPER | Risk Management Report with Board Assurance Framework 16/17 and Corporate Risk Register | PAPER REF | 4.2 |
| STRATEGIC OBJECTIVE | All | | |
| PURPOSE OF THE PAPER | To inform the Board on the risks recorded within the BAF, to update on changes to the Corporate Risk Register and to provide assurance on the effective management of corporate risks | | |
| 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 & Risk | ACCOUNTABLE DIRECTOR | Steve Page – Executive Director of Quality, Governance & Performance Assurance |
| DISCUSSED AT / INFORMED BY: The BAF and CRR are subject to the quarterly cycle of peer review through Risk and Assurance Group, Trust Executive Group and Board Committees. | | | |
| PREVIOUSLY AGREED AT: | Committee/Group: Not Applicable | Date: | |
| RECOMMENDATION: | It is recommended that the Trust Board reviews and comments on the Board Assurance Framework and gains assurance from the robust processes currently in place to manage risk across the Trust | | |
| RISK ASSESSMENT | | Yes | No |
| Corporate Risk Register and/or Board Assurance Framework amended | | <input checked="" type="checkbox"/> | <input 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"/> |
| Equality and Diversity Implications | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ASSURANCE/COMPLIANCE | | | |
| Care Quality Commission | | All | |
| Monitor Quality Governance Framework | | All | |

1. PURPOSE/AIM

- 1.1 To inform the Board on the risks recorded within the BAF, to update on changes to the Corporate Risk Register and to provide assurance on the effective management of corporate risks.

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 has been developed through a round of Board Development Meeting (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.
- 2.4 The BAF is a high level document that provides a concise method for the management of assurance relating to principal risks to the Trust's strategic objectives. The BAF for 2016/17 was agreed at Trust Board in May 2016 and is at appendix 1.

Corporate Risk Register

- 2.5 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 current Corporate Risk Register is attached at Appendix 2.
- 2.6 The Risk Manager and Associate Director of Risk & Performance are responsible for oversight of the risk review process, monitoring in particular those appearing on the CRR. Progress reports on this are made monthly to TMG, and through the quarterly cycle of management groups and sub-committees of Trust Board.
- 2.7 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 |  |

- 2.8 Specialist risk registers are reviewed in the relevant forum; eg. Clinical Governance 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. CHANGES TO CRR SINCE LAST TRUST BOARD

- 3.1 The following risks have been added to the CRR since the last Trust Board in July;

Risk 58: Clinical Staff Recruitment NHS111

IF NHS 111 are unable to recruit and retain Clinical Advisors due to poor responses to vacancy advertisements and retention challenges THEN there is a potential risk to delivery of the workforce plan.

New limit on agency cap spending has been introduced which further increases the risk by being potentially unable to utilise agency staff to cover gaps in rotas. Mitigating action in relation to additional recruitment options and measures to support clinician retention are being processed. Risk increased to Red (15)

Risk 805: 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.

Review of amber tail of performance, real time call monitoring by Teamleaders and processes for escalation and management of call volume and call length in EOC have been implemented following agreement at Clinical Governance Group Risk Rating Amber(12)

Risk 808: Renal / West PTS Transport

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

Number of complaints received following introduction of changes to the renal service in west. Risk increased to Amber (12)

Risk 815: Mid Yorkshire Hospitals reconfiguration impact

If the operational impact of Mid Yorkshire Hospitals reconfiguration is not agreed THEN the YAS resource requirement will not be funded from September 2016 RESULTING IN increased demand on existing resource and potential for impact on performance and patient outcome

Risk rating Amber (12)

Risk 823: Funding for development of electronic Patient Care Record solution

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. Options for progression towards a new EPRF system have been considered by TEG and next steps agreed.

Risk Rating Amber (12)

Risk 824: Delay in delivery of DCAs
IF there is a delay in the delivery of 115 DCAs in line with Capital Plan THEN there would be an impact on cash flow RESULTING IN potential failure of Capital Resource Limit delivery by 31/03/17 Risk Rating Amber (12)

3.2 The following risk ratings have been reduced and risks have been removed from the Corporate Risk Register:

Risk 507: ICT equipment on disposed fleet vehicles
If ICT related assets are not recovered when vehicles become decommissioned from operations THEN ICT equipment will be lost RESULTING IN financial loss due unexpected demand for purchase of equipment
Joint processes agreed procedural documents developed by Fleet and ICT for recovery, logging and return of equipment. Local monitoring of process for 3 months. Risk Rating Amber (8)

Risk 765: Lack of skilled and experienced PTS Bid resource to respond to tenders resulting in potential for loss of contract or retaining at a loss. Bid Manager and Bid Analyst in post. Risk Rating Amber (10)

Risk 779: Replacing equipment without evaluation of new products
IF YAS does not establish a robust process for testing the market and sourcing advanced technologies THEN equipment will be replaced without adequate evaluation RESULTING IN lost opportunity to invest in latest products
TPG monitoring trialling and evaluation of equipment ensuring involvement of appropriate operational staff and Health and Safety Representatives in testing and feedback. Risk Rating Amber (9)

Risk 780: Accuracy of fleet servicing information
IF information held in relation to fleet servicing requirements is not accurate THEN routine maintenance may not be carried out within appropriate timescales RESULTING IN potential risk to staff and patient safety and breach to legislative requirements
Review and update of Cleric Fleet Management system completed, mandatory testing fields checked, including MOT which was validated against DVLA database and LOLER for tail lifts. Specialist Expert engaged for LOLER advice. Procedural documents for departmental staff updated and staff trained. Risk Rating Amber (8)

Risk 800: Process for managing breaches in compliance to essential training
IF there is no process for managing breaches in completion of essential training THEN YAS will fail to improve compliance RESULTING IN potential risks to staff and public safety and organisational penalties.
Workforce Mandatory Training Compliance Dashboard implemented with training for managers to drill down to individual staff level. Monitoring on IPR. Risk Rating Amber (8)

Risk 802: Security Vigilance

A lack of vigilance in application of the Security Policy at local level may leave YAS premises and equipment are vulnerable to intruders and theft RESULTING IN potential risks to staff and premise safety and loss of equipment and medical supplies.

Security workplan in place. Plan for NHS Protect Security Management Standards and priorities workshop in October agreed at TMG. Risk Rating Amber (9)

Risk 812: Disclosure and Barring Service checks process

IF YAS does not have a robust automated HR system for managing DBS THEN there may be delays and inconsistencies in processing requests RESULTING IN protracted recruitment and lack of assurance of appropriate level of DBS check.

Implementation of automated electronic tracking system for DBS checks along with revision of policy and procedural documents to ensure clarity on requirement for level of DBS within job descriptions. Risk Rating Amber (8)

Risk 827: ESCROW agreements with critical systems suppliers

IF ESCROW agreements are not in place with critical suppliers (MIS, Cleric and Adastra) THEN critical suppliers going into liquidation will mean no service continuity in critical systems RESULTING IN impact on delivery of patient care and operations Initial Risk Rating Red (15), agreements subsequently reached with MIS and Cleric supplier. Risk Rating reduced to Amber (10) and remaining actions being managed by ICT.

4. INTERNAL AUDIT RISK PROFILING/ASSURANCE MAPPING

- 4.1 The East Coast Audit Consortium Internal Audit paper was presented to TMG on 7 September. The paper provides detail of delivery of 16/17 Internal Audit programme along with proposals for monitoring completion of recommendations of audits and receiving assurance of evidence.
- 4.2 Risk profiling of completed audits with outstanding actions will be conducted with audit leads supported by the Performance, Assurance and Risk Team.
- 4.3 Work is continuing in liaison with Internal Audit and Senior Managers on development of a Trust-wide Assurance Map. Detailed progress is being reported via the Audit Committee.

5. PROPOSALS/NEXT STEPS

- 5.1 The Risk Register will continue to be reviewed at each meeting of the Risk and Assurance Group and corporate risks escalated to the Trust Management Group and through the cycle of governance meetings to Trust Board.
- 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.

6. RISK ASSESSMENT

- 6.1 The risk management process, BAF and CRR are key tools which support the Trust in delivering its strategic objectives and annual business plan. Relevant risks are captured in the appendices to this report. No new financial or legal implications are identified within this paper.

7. RECOMMENDATIONS

- 7.1 It is recommended that Trust Board notes the developments outlined in the report and is assured with regard to the effective management of risks.

8. APPENDICES/BACKGROUND INFORMATION

- 8.1 Appendix 1: Board Assurance Framework 2016/17
- 8.2 Appendix 2: Corporate Risk Register