



MEETING TITLE Public Board		MEETING DATE 23/05/2019	
TITLE of PAPER	Risk Management Report with Board Assurance Framework (BAF) 2018/19 and Corporate Risk Register (CRR) and Risk function updates	PAPER REF	7.1
STRATEGIC OBJECTIVE(S)	All		
PURPOSE OF THE PAPER	The purpose of this paper is to provide: <ul style="list-style-type: none"> ▪ detail of updates to the BAF and changes to the Corporate Risk Register ▪ An update on the submission of Data Security and Protection Toolkit. 		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Kate Taylor, Head of Risk Rachel Monaghan, Associate Director of Performance, Assurance and Risk	ACCOUNTABLE DIRECTOR	Steve Page – Executive Director of Quality, Governance & Performance Assurance, Deputy Chief Executive
DISCUSSED AT / INFORMED BY : RAG, Operational Senior Management Team meetings, IG Working Group, TMG			
RECOMMENDATIONS:	It is recommended that the Board: <ul style="list-style-type: none"> ▪ Notes the Q4 end position on the BAF for 2018/19 following review through the cycle of governance meetings ▪ Approves the final draft BAF for 2019/20 ▪ Notes changes to the Corporate Risk Register and gain assurance from the robust processes in place to manage risk ▪ Receives assurance on submission of the DSP toolkit and related action plans 		
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"/>
Equality Impact Assessment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 provide:

- detail of updates to the BAF and changes to the Corporate Risk Register
- An update on the submission of the DSP Toolkit.

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.

3. BOARD ASSURANCE FRAMEWORK

3.1 The BAF for 2018/19 is presented at Appendix 1. 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. The end position for the BAF 2018/19 has been considered by Directors with support of the Risk Team and is summarised on pages 4-5 of the document.

3.2 The BAF for 2019/20 has been developed following a Board strategic risk workshop in February 2019 and subsequent discussion in TEG and TMG. The updated document for 2019/20 is attached as Appendix 2.

4. CORPORATE RISK REGISTER

4.1 The CRR is reviewed by the Risk Assurance Group (RAG) and TMG 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 3.

4.2 CHANGES TO CRR SINCE PREVIOUS TRUST BOARD IN MARCH 2018

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

Risk 1197 – Falsified Medicines Directive Legislation

IF YAS do not implement systems to deliver Falsified Medicines Directive legislation requirements THEN the Trust will not be able to scan medicines on receipt in Procurement RESULTING IN failure to identify falsified drugs and non-adherence to legislation
Risk Rating Orange (12)

March 2019: ICT, Procurement and Medicines team are working jointly to consider options for a system to support implementation of the required legislation and that may offer additional functionality in terms of a patient administration tracking system.

Risk 1208 – Level 3 Safeguarding Training

IF the YAS mandatory training plan is not appropriately updated to reflect changes to level 3 safeguarding training requirements THEN the trust will be unable to demonstrate compliance RESULTING in non-compliance with the national inter-collegiate safeguarding guidelines for safeguarding adults and children.

May 2019: A 3 year lead time has been agreed in the national ambulance safeguarding group. The Trust has conducted an internal risk assessment via the Clinical Governance Group and the 2019/20 plan is in place prioritising training for key clinical staff. Years 2 and 3 of the plan will expand to include all Paramedic staff. Delivery will be supported by upgrade of the current level 2 e-learning and of the content of Trust induction.

4.2.2 Amends to risks on the CRR since Previous Trust Board

Risk 1096: Friarage Update

This risk has been re-framed based on the recently signed off QIA which captures the proposed reconfiguration arrangements.

March 19: The immediate risk is the temporary changes made from 27.03.19 at the hospital. Mitigation has been put in place at an agreed additional cost. Pathways and what goes where SOP issued communications to staff. Escalation rates agreed, weekly phone calls with Friarage Hospital colleagues to discuss delivery. The future model of Friarage requires further detailed modelling and is subject to public consultation.

4.2.3 Risks removed from CRR since previous Trust Board

Risk 1079 Health Records processing delays

IF capacity to manage records processing is inadequate THEN there will be a delay in getting access to patient records and a requirement to store PCRs RESULTING IN lack of availability of records for audit, national reporting, investigations, legal, and other reporting requirements

April 19 April 19: Health records are now up to date after vacant posts were recruited to in December. Risk now reduced to target level of Green 6.

4.2.4 Risks increased since previous Trust Board escalating to CRR

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

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




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

4.2.6 **Emerging risks**

Risk - The new finance system (Oracle Cloud) is presenting a risk of data breaches and access by other organisations to the supplier database. There have been two incidents reported on Datix where data has been compromised. The risk is being scoped. A national review is underway and a incident investigation and lessons learned report is awaited from NEP.

Risk - The Clinical Quality Development Forum is scoping a risk in respect of management of patients with reduced mental capacity to include learning disabilities and provision of staff training and awareness, documentation of their assessment and availability of accessible information.

- 4.3 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	

5. **DATA SECURITY AND PROTECTION TOOLKIT – Update**

- 5.1 From April 2018 the new Data Security and Protection Toolkit (DSP Toolkit) replaced the Information Governance Toolkit (IG Toolkit) to form part of a new framework for assuring that organisations are implementing the National Data Guardian’s ten data security standards and meeting their statutory obligations on data protection and data security. The DSPT also evidences the key requirements under the General Data Protection Regulation (GDPR) which came into force on 25 May 2018.

- 5.2 The toolkit was submitted to deadline last month. We submitted evidence against all 100 mandatory DSPT items required and 40 of the 51 non-mandatory items with an action plan submitted for none complete standards.

- 5.3 There were 4 requirements which were declared as not fully met:

- 3.3 Deliver data security awareness training to 95% staff
- 9.4 Data security improvement plan
- 10.1 The organisation can name its suppliers, the products and services they deliver and the contract durations.
- 10.2 Basic due diligence of supplier contracts and % Suppliers with Data Security contractual clauses in place

Details of the action plan can be found in appendix 4

6. **PROPOSALS/NEXT STEPS**

- 6.1 Review of the Corporate Risk Register will continue at each meeting of the Risk and Assurance Group, with monthly updates to TMG.

- 6.2 review of the BAF and CRR will continue via the quarterly cycle through the Board and its Committees.
- 6.3 Action plans relating to the 4 standards in the DSP Toolkit that are not fully met will be monitored via TMG to ensure compliance is improved.

7. RECOMMENDATIONS

It is recommended that the Board:

- 7.1 Notes the Q4 end position on the BAF for 2018/19 has been through the cycle of governance meetings
- 7.2 Approves the final draft BAF for 2019/20
- 7.3 Notes changes to the Corporate Risk Register and gain assurance from the robust processes in place to manage risk
- 7.4 Receives assurance on submission of the DSP toolkit and related action plans

8. APPENDICES/BACKGROUND INFORMATION

- 8.1 Appendix 1: Final Board Assurance Framework 2018/19
- 8.2 Appendix 2: Board Assurance Framework 2019/20
- 8.3 Appendix 3: Corporate Risk Register
- 8.4 Appendix 4: DSP Toolkit action plan