NHS Yorkshire Ambulance Service NHS Trust

MEETING TITLE				MEETING DATE	
Public Board				26/09/2019	
TITLE of PAPER		Risk Management Report with Board Assurance Framework (BAF) 2019/20 and Corporate Risk Register (CRR) and Risk function updates		**PAPER REF**	6.2
KEY PRIORITIES		Create a safe and high performing organisation based on openess, ownership and accountability			
PURPOSE OF THE PAPER		The purpose of this paper is to provide an update on: ▪ The strategic risks captured in the Board Assurance Framework 2019/20 ▪ Changes to the Corporate Risk Register, including new and emergent areas of risk ▪ Intentions regarding Board-level review and reporting of cyber risk			
For Approval	☐		**For Assurance**		☒
For Decision	☐		**Discussion/Information**		☒
AUTHOR / LEAD	Kate Taylor, Head of Risk David O'Brien, 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 – Risk Assurance Group, Operational Senior Management Team meetings, IG Working Group, Trust Management Group.					
RECOMMENDATION(S)		It is recommended that the Board: • Notes the latest position regarding the Board Assurance Framework for 2019/20 • Notes changes to the Corporate Risk Register and gains assurance from the robust processes in place to manage risk • Notes the intentions regarding Board-level review and reporting of cyber security risks			

RISK ASSESSMENT	Yes	No
Corporate Risk Register and/or Board Assurance Framework amended	☐	☒
Equality Impact Assessment - *[New]*	☐	☒
Resource Implications (Financial, Workforce, other - specify) If 'Yes' – expand in Section 2. / attached paper	☐	☒
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☒	☐

ASSURANCE/COMPLIANCE		
Care Quality Commission Choose a DOMAIN(s)	All	

1. PURPOSE/AIM

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

- the strategic risks captured in the Board Assurance Framework 2019/20
- changes to the Corporate Risk Register, including new and emergent areas of risk.
- intentions regarding Board-level review and reporting of cyber risk

2. BACKGROUND/CONTEXT

2.1 Effective risk management is a cornerstone of the Trust's *One Team, Best Care* strategic priority to *create a safe and high performing organisation based on openness, ownership and accountability*.

2.2 Risk is inherent in all Trust activities and risk management is everybody's business. Failure to manage risk well 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.

2.3 Effective risk management is essential at all levels and across all activities of the organisation in order to support safe and high quality service delivery as well as pro-active planning for Trust development.

3. BOARD ASSURANCE FRAMEWORK

3.1 Appendix 1 presents the Board Assurance Framework (BAF) for 2019/20. Quarterly risk level projections shown in the BAF reflect actions and milestones set out in Trust-level and directorate-level operational plans. These are aligned to the Trust's strategic objectives and implementation is tracked on a quarterly basis.

3.2 The BAF has been reviewed and updated to include summaries of progress to date in implementing mitigation actions relating to the strategic risks in the BAF and the controls associated with these. This information has primarily come from review sessions with Executive Directors, supplemented with additional insight and triangulation via other sources of corporate intelligence such as the Integrated Performance Report, the Transformation Dashboard, and the Corporate Risk Register.

3.3 At this point in the year the risk ratings and mitigation plans are broadly in line with projections. Significant Trust-wide work to implement mitigation actions is evident across all areas of risk. However, overall risk exposures will not materially reduce until many of these actions progress to a more advanced stage of implementation such that they are closer to completion and subsequent embedding.

3.4 Mitigation of the EU Exit related issues in relation to risk 1a is continuing to evolve as national developments unfold. The risks regarding EU exist are the subject of a separate agenda item for this Board meeting.

4. CORPORATE RISK REGISTER

4.1   Appendix 2 presents the Corporate Risk Register (CRR). The CRR is reviewed by the Risk Assurance Group (RAG) and the Trust Management Group monthly. It comprises those strategic and operational risks being managed across the Trust that have a current risk score of 12 or above (based on the likelihood and consequence criteria found in the Trust's risk evaluation matrix). The CRR is colour coded as shown below to indicate whether each risk falls within the remit of the Quality Committee, or the Finance and Investment Committee, or the remit of both committees.

Quality Committee

Finance Investment Committee

Both Committees

4.2   CHANGES TO CRR SINCE PREVIOUS TRUST BOARD (JUNE 2019)

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

1230 - Insufficient capacity and capability in driver training function
IF there is insufficient capacity and capability in the driver training function THEN the Trust will be unable to deliver training at the volume and quality required RESULTING in gaps in resources for the expanding workforce.

1209 - 5 Yearly Emergency Driving Section 19 Requirement
IF the YAS training plan 2020/21 doesn't reflect the implications of the required 5 yearly driver assessment under Section 19 THEN the Trust will be non-complaint should legislation be enacted RESULTING IN potential harm to staff, patients and members of public.

1212 - Subject Access Request and FOI Compliance
As a result of changes in personnel within the Legal Services department throughout the organisational structure, compliance for Subject Access Requests and Freedom of Information Act requests has deteriorated by way of an outstanding backlog and the current throughput of requests.

There is a risk that regulatory action to be taken against YAS by the Information Commissioner's Office due to non-compliance with statutory deadlines which might impact YAS on a financial level and reputational level.

1221 - VPS system interfacing with Fleet Tranman
IF table structures and data fields do not match between CLERIC Fleetman and the new Tranman system THEN there could be lengthy delays until knowledge is established and the app developed to accommodate the interface or even existing functionality not possible in the new fleet system. RESULTING IN Diminished realisation of benefits; real-time information not shared between AVP and Fleet.

1232 – National marketing Campaign for NHS 111
IF a national marketing campaign for NHS 111 is run in Oct/Nov 2019 THEN this will be outside our control RESULTING in the potential to drive up demand to the service that exceeds the capacity that we have planned for.

1233 - Trust Board representation
IF the Trust does not ensure board representation across all ethnicities THEN the Trust will be unable to demonstrate compliance with the WRES standards RESULTING IN race inequality at board level.

Action plan being developed.

1205 - Dental Pathway Additional Demand
If the Dental CABS cant cope with their demand as patients dial 111 Then the reputation of the overall service including IUC will be compromised and potentially impact in patient confidence of the NHS 111 service as a whole as patients are accessing IUC telephone service the excess demand can not be managed within IUC staffing levels which is affecting contractual performance. RESULTING in patients accessing NHS Online and additional cases going on the IUC Core clinical queue for low toxicity calls within its queue. Some patients redial and choosing an alternative options than selecting the dental option on the IVR. This additional demand could affect call back response to patients and contractual performance.

Action plan developed.

4.2.2 Risks on the CRR reduced since the last Trust Board

989 - Vehicle availability for A&E including 4x4 capability
IF vehicle availability does not meet A&E rota requirements THEN staff will be on shift without a vehicle RESULTING IN lack of utilisation of rota'd staff and inefficient use of resources.

Discussed at RAG and risk reduced.

1128 - Avaya Telephony Platform
IF the current Avaya telephony platform is not replaced THEN there is an increasing risk that we will not be able to upgrade/expand the system AND the manufacturer/suppliers will be unable to provide support AND there is increased likelihood of system failure due to the age of the hardware RESULTING IN complete failure of telephony services, significant delays/impact on patient care and trust reputation.

Procurement has taken place and implementation planned therefore risk reduced.

1096 – Friarage reconfiguration of services
IF the proposal to decommission services at Friarage Hospital is implemented THEN there will be a delayed response to patients with life-threatening and time critical conditions RESULTING IN adverse patient outcome, an increase in complaints and serious incidents, negative impact on performance and reputation

Temporary service changes are in place. Longer term sustainability will require consideration. Risk reduced to 12.

857 – ICT Capacity
IF capacity within ICT is not complete THEN there may be a failure to match business priorities RESULTING IN impacts on delivery of core business and failure to progress projects.

ICT Capacity – now only 2 vacancies so risk reduced to 12.

919 – BLS 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 delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.

YAS academy to inform future RAG meetings of compliance figures.

66 – Operational performance
IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety

Risk reduced to 12 as performance has improved.

146 – Annual Data Security (IG) Training of all staff

IF YAS staff do not complete annual Data Security Awareness (IG) training THEN this is a breach of statutory duties and would RESULT IN potential for increased data breaches and non-compliance with the Data Security and Protection(DSP) Toolkit mandatory assertion

Compliance remains at 93% therefore risk reduced

4.2.3 Risks removed from the CRR since the last Trust Board

1062 - PTS Volunteers training provision
IF PTS volunteers training isn't specific to the audience and delivered through a structured timely plan THEN PTS may be at risk of not delivering full compliance RESULTING IN potential loss of volunteers and negatively impacting the PTS alternative resource model

Risk reduced as training now in place, to remain on local PTS risk register to be monitored.

1174 - Fixed Asset Register
IF YAS Fixed Asset Register is not complete and up-to-date THEN it will not accurately reflect the status of the Trust's assets and give potential for adverse comment or qualification of the year-end accounts by external audit which if materialises could RESULT IN in a breach of the Trusts statutory duties

In line with internal audit risk reduced and closed.

1018 - MYHT reconfiguration - A&E Ops mobilisation
IF funding is not secured to allow YAS to continue to resource rota's to address the requirements of the 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

Actions agreed and closed at RAG and risk removed.

931- Cardiac centre capacity to accept primary Percutaneous Coronary Intervention(pPCI) and protocol for divert
IF there are no arrangements in place for where to take patients requiring pPCI when one cardiac centre reaches capacity THEN crews are required to telephone alternative centres RESULTING IN potential for delays in the patient receiving treatment and adverse outcome

No further incidents reported via Datix.

1191 – NHS number matching risk closed
IF an NHS number match is not correct THEN an incorrect patient demographics and medical history will be recorded RESULTING IN potential for providing incorrect treatment

Number matching now in place.

261- Business tendering
Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business. Upcoming contract negotiations will highlight any further risks to contract expectations.

3 Year contract now in place.

1188 - Workforce PDR and Training Data
If the ESR staff data is not made available to populate the PTS contractual quality reporting THEN YAS will be unable to provide assurance to commissioners that we are meeting contractual obligations RESULTING IN potential for YAS PTS to receive performance notices on all contracts.

950 - Health and Wellbeing CQUIN
IF YAS does not deliver the Health and Wellbeing Plan THEN we will not achieve the Health and Wellbeing CQUIN RESULTING IN financial penalties and potential impact on the outcome of future tenders.

4.2.4 Emerging risks

Fleet - Stretcher Straps
A recurring risk relating to ambulance stretcher straps being intentionally removed has been escalated, staff alerts have been issued and the risk is being monitored.

Medical Devices Inventory
There is a potential risk relating to the movement of equipment between vehicles across stations resulting in difficulties in tracking devices particularly when a medical device has been involved in an incident.

5. DSP TOOLKIT: BOARD-LEVEL REVIEW OF CYBER SECURITY RISK

5.1 As reported previously to the Board, the longstanding Information Governance Toolkit was replaced last year by the Data Security and Protection Toolkit ('DSP Toolkit'). The DSP Toolkit is part of a stronger framework for assuring how well organisations implement the National Data Guardian's data security standards and meet their wider statutory obligations regarding data protection and data security.

5.2 The Department of Health and Social Care (DHSC) requires all organisations that access patient data and / or NHS information systems to submit an annual self-assessment against the DSP Toolkit standards. For the 2019/20 self-assessment the Trust submitted evidence against all 100 mandatory standards and 40 of the 51 non-mandatory standards. The Trust also submitted an action plan to NHS Digital to address the non-complete standards.

5.3 One of the non-mandatory DSP Toolkit standards recommends that NHS Trust boards regularly review the three most important cyber security risks being managed by their organisation. Cyber security risks, and related areas of digital technology and information governance risk, are periodically reported to the Trust Board as and when they appear on the Corporate Risk Register. However, to date the Trust has not routinely provided the Board with specific opportunities to review cyber security risks.

5.4 The development and review of the Trust's Digital Strategy represents a good opportunity to review the organisation's current and future exposures and mitigation plans regarding cyber security and related areas of risk. During the coming months the Trust will undertake a review of such risks and ensure that these are captured on the risk management system (Datix) and escalated to the Corporate Risk Register as appropriate.

5.5   It is proposed to include a dedicated section on cyber security risks in future Corporate Risk Reports presented to the Trust Board and its Committees. This will ensure that the Trust Board is informed and aware of the position regarding the management of cyber risk. It will also support the Trust to achieve greater compliance with the relevant DSP Toolkit standards.

5.6   When formulating the Board Assurance Framework for 2020/21 the Board will be invited to consider the inclusion of cyber security and related risks as appropriate.

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 Trust Management Group.

6.2   Review of the BAF and CRR will continue via the quarterly cycle through the Trust Board and its Committees.

6.3   As a companion piece to the developing Digital Strategy, the Trust will review its current and future exposures and mitigation plans regarding cyber security and related areas of risk.

6.4   Future Corporate Risk Reports and Board Assurance Framework development work will include a specific focus on cyber security and related areas of risk as appropriate.

7.   RECOMMENDATIONS

7.1   It is recommended that the Board:

1.   Notes the latest position regarding the Board Assurance Framework for 2019/20

2.   Notes changes to the Corporate Risk Register and gains assurance from the robust processes in place to manage risk

3.   Notes the intentions regarding Board-level review and reporting of cyber security risks

8.   APPENDICES/BACKGROUND INFORMATION

8.1   Appendix 1: Board Assurance Framework 2019/20, including progress updates

8.2   Appendix 2: Corporate Risk Register