



MEETING TIT Trust Board in		MEETIN 30/07/20						
TITLE of PAPER		Risk Management Report			PAPER	REF	TB20.028	
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: Present the latest position regarding the Board Assurance Framework Report recent material changes to the Corporate Risk Register Provide a general update on other risk management matters 						
For Approval				For Assurance		\boxtimes		
For Decision			Discussion/I		mation			
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PREVIOUSLY AGREED AT:			RAG, Operational Senior Management To Committee/Group:			Date:		
RECOMMENDATION(S)			 The Board is asked to: Note the proposed reset of the Board Assurance Framework Note the position regarding corporate risks 					
RISK ASSESSMENT						Yes	No	
Corporate Risk Register and/or Board Assurance Framework amended								
Equality Impact Assessment								
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 CommissionAllChoose a DOMAIN(s)All								

1. PURPOSE/AIM

- 1.1 The purpose of this paper is to:
 - Present the latest position regarding the Board Assurance Framework
 - Report recent material changes to the Corporate Risk Register
 - Provide a general update on other risk management matters

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.
- 2.4 The key elements of this report for the attention of the Board are:
 - Section 3: Proposed reset of the Board Assurance Framework
 - Section 5.1: New risks added to the Corporate Risk Register
 - Section 5.4: Areas of emerging risk
 - Section 6: Internal Audit Reviews (Board Assurance Framework, Risk Management)

3. BOARD ASSURANCE FRAMEWORK

- 3.1 The strategic risks in the Board Assurance Framework (BAF) for 2020/21 were originally identified by the Trust Board during a development session in February and subsequently confirmed at the March Board meeting. The original intentions for the 2020/21 BAF are set out in Appendix 1.
- 3.2 A draft 2020/21 BAF was developed. However, since March the impact of COVID-19 has altered the Trust's risk profile to such an extent that the 2020/21 BAF now requires a reset. It is proposed to review and reset the BAF as part of the work on Trust recovery, with a new BAF in place to cover the second half of 2020/21.

4. CORPORATE RISK REGISTER

4.1 Appendix 2 presents an extract of the Corporate Risk Register (CRR) produced for reporting purposes (a more detailed version of the Corporate Risk Register is maintained for the purposes of managing risks). The CRR is reviewed by the Risk Assurance Group (RAG) and the Trust Management Group monthly. It comprises those strategic and operational risks 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).

4.2 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	

5. CHANGES TO CORPORTE RISKS SINCE PREVIOUS BOARD MEETING

5.1 Risks added to the Corporate Risk Register

- 5.1.1 A specific set of risks relating to COVID-19 has been recorded on the Trust's risk management system. These are held as a dedicated set of COVID-19 risks, but where a particular risk is scored sufficiently highly that risk is also escalated to the Corporate Risk Register.
- 5.1.2 Many of the following risks were framed during the early stages of the COVID-19 response. Some of these risks are specific to that period and now require reframing to focus more on the management and impact of a potential second wave of infection. As the Trust moves into its recovery and reset phase these risks will be reviewed and reframed accordingly.

COVID-19 Related Risks

Risk 69: Effect of Coronavirus calls on demand and patient safety

IF demand within IUC for advice relating to Coronavirus continues to increase following national announcement AND further assessment is required of all Coronavirus calls through NHS Pathways Module 0 and 1 (outside of national guidance) THEN there is a potential for delays in responding to calls from patients requiring clinical advice RESULTING IN delays in assessment and potential abandonment in calls which could impact on 999 and other health care providers.

Risk 82: Impacts of Covid-19 on EOC and 999 Service Delivery

IF demand on EOC and 999 continues to escalate as a direct result of the COVID-19 incident THEN the Trust will be unable to maintain an adequate response either by telephony or face to face RESULTING IN potential for delays to patient care, patient harm and reputational damage due to inability to respond.

Risk 95: PPE Recalls

IF 'Push' stocks of PPE received from Supply Chain, Clipper and other nonsupply chain linked suppliers are recalled THEN there is a risk that the Trust will be unable to provide sufficient PPE supplies for staff, RESULTING in noncompliance with regulation and potential for patient and staff harm (Risk 96).

Risk 96: Supply of PPE and IPC provisions

IF the Trust does not ensure sufficient Personal Protective Equipment and Infection Prevention supplies for all staff THEN the Trust would not be meeting its regulatory requirement under Health and Safety legislation RESULTING IN non-compliance with regulation and potential for patient and staff harm.

This risk includes coverage of the following:

- Daily review of provisions
- Additional ordering
- Stock security

Risk 99: Staff physical and mental wellbeing during COVID-19 response

IF Yorkshire Ambulance Service doesn't provide appropriate resources to promote staff wellbeing THEN the Trust may encounter increased sickness both COVID-19 related but also related to stress and anxiety, recruitment and retention issues RESULTING IN staff resourcing issues and reputational damage.

This risk includes coverage of the following:

- Staff communications
- Infection Prevention advice
- Safety of staff working from home
- Mental Health wellbeing of staff
- Bereavement support for staff
- Safety of staff working in call centres
- Safety of staff on other Trust premises
- Wellbeing of specific higher risk staff groups

Risk 103: Impact of COVID-19 response on core governance and compliance functions

IF the Trust does not ensure an appropriate Recovery Plan from the COVID response THEN a number of core functions will not be achieved RESULTING IN non-compliance with regulations, education and training provision and the wider Trust strategy and business plan.

This risk includes coverage of the following:

- Education and Training provision
- Core Governance and Compliance
- Wider Trust Strategy and Business plan
- Lessons learnt as part of Recovery Phase

Risk 107: Community First Responders supporting PTS

IF the 50 Trust Community First Responders who are currently supporting Patient Transport Services are required to resume their normal workplace THEN the Trust PTS would be unable to continue to support A&E activity RESULTING IN reduced staffing resource, impacting on service delivery and patient care.

Risk 108: Communication of key information between Integrated Urgent Care (IUC) and Emergency Operations Centre (EOC)

IF communication of key information from Integrated Urgent Care (IUC) and Emergency Operations Centre (EOC) to the frontline 999 clinician fail to be provided THEN there is potential for the clinician to formulate an incorrect management plan RESULTING IN delays in care and potential for patient harm and uncoordinated care.

Risk 120: Impact of COVID-19 on the Unified Comms project

IF the COVID pandemic continues and/or re-occurs THEN required resources (internal and external) may not be available to complete the outstanding phases RESULTING IN project delays

Other New Corporate Risks(non-COVID related)

Risk 89: Counter fraud, bribery and corruption

IF Counter Fraud arrangements are not managed and documented appropriately THEN the Trust will be open to acts of fraud and deemed to be non-compliant against the Counter Fraud Standards RESULTING IN the potential for financial loss and reputational loss.

Note that in order to comply with the regulatory standards required by the NHS Counter Fraud Authority the Trust must have a counter-fraud risk recorded on its corporate risk register. The above risk has been added so that the Trust is compliant with the NHSCFA standards. This does not imply that the Trust's exposure to fraud risk has recently increased.

Risk 116: Unified Comms Project - Voice Comms

IF Voice Comms are not resourced accordingly THEN they may have insufficient capacity to adequately support the Unified Comms project RESULTING IN delays to complete activities

Risk 124: Inputting of Community First Responder information into ESR

IF there is insufficient capacity to input volunteer information into ESR THEN additional resources may have to be sourced to deal with the expected workload RESULTING IN additional budget to fund the capacity

Risk 128: Deployment of Devices

IF a suitable Mobile Data Management (MDM) solution is not implemented onto the Samsung A40 devices THEN this could delay the NMA Lite deployment of devices into operations RESULTING IN Delays to the Pilot phase initially and Go-Live.

5.2 Risks closed since the previous Board meeting

Risk 100 - Corporate Response to COVID-19

IF corporate services do not support operational response to the current Covid-19 response THEN the Trust will not have a co-ordinated approach RESULTING IN lack of corporate support across ICT, HR, Fleet, estates and other corporate functions. This risk includes coverage of the following:

- Corporate Cell Co-ordination
- Staff Redeployment

This risk relates to arrangements established during the early stages of the COVID-19 response to ensure that support for operational teams from corporate services is co-ordinated in a managed way. These arrangements are now being wound down but in such a way that they can be quickly reactivated in the event of future periods of intense operational pressures.

5.3 Risk scores reduced since the previous Board meeting

Risk 20: Airwave button activation and response

IF there is no process in place to determine what should occur in the event of AIRWAVE button activation THEN there will be an ineffective response when crews activate the emergency button RESULTING IN potential for increased harm to staff

The new process is embedded with no further incidents escalated to date. The risk has been reduced from High (16) to Moderate (12) and following further review could be de-escalated from the corporate risk register.

Risk 8: Impacts of COVID-19 on EOC and 999 Service Delivery

IF demand on EOC and 999 continues to escalate as a direct result of the Covid-19 incident THEN the Trust will be unable to maintain an adequate response either by telephony or face to face RESULTING IN potential for delays to patient care, patient harm and reputational damage due to inability to respond.

Risk reduced from High (20) to Moderate (12) in light of current activity and performance levels.

Risk 105: 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 from High (16) to Moderate (12) in light of current performance.

Risk 37: Paramedic Workforce supply

IF other healthcare providers continue to recruit and retain paramedics THEN there is a risk to the future sustainability of the YAS paramedic workforce RESULTING IN workforce shortages and inability to meet demand, impacting on performance and patient care.

Risk score reduced from 20 to 16 as a result of recruitment programme developments, but the overall risk exposure remains high.

Risk 1252 - Leavers NHS Mail Accounts

IF YAS leavers retain their NHS mail account when they leave the organisation THEN they may continue to receive emails relating to their employment with YAS RESULTING IN a breach of confidential/commercially sensitive information.

The proposal to close down leavers' NHS Mail accounts was approved at TMG in March 2020. The Email Policy and Leavers SOP have been updated and an out of office message is added to leavers accounts once they have been closed in an attempt to further mitigate the risk, therefore the risk has reduced.

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.

Newly trained staff have come into post therefore the risk is reduced.

5.4 Emerging Risks

5.4.1 Two areas of emerging risk are as follows:

Financial uncertainty arising from COVID-19 response measures

This relates to the interim financial management arrangements put in place nationally for the initial part of 2020/21. Areas of risks relating to this include:

- the Trust's financial position for 2020/21 being not as favourable as it would have been under locally negotiated commissioning contracts
- lack of clarity about how long the interim financial arrangements will be in place and the process and timeline for moving to something different
- inability of the Trust to invest in new development work whilst the interim financial management arrangements are in place

Note that the headline risk relating to financial uncertainty arising from COVID-19 response measures has been recorded in the Trust's risk system, but the details of the risk are still being developed, hence its current status as 'emerging.'

Staff readiness and availability to respond to a second wave of COVID-19 during winter

This relates to whether the impact and legacy of dealing with the first wave of infection, in terms of staff physical health (e.g. fatigue, illness), mental health (e.g. resilience, morale) and availability (e.g. management of remaining leave entitlements) presents a risk to the Trust's ability to respond well to a second wave of infection, particularly if that were to combine with expected winter pressures.

6. Internal Audit Reviews

6.1 Since the previous Board meeting two internal audit reviews regarding risk management and assurance have been completed and reported:

Board Assurance Framework

6.2 During the final quarter of 2019/20 the Trust received an internal audit review of the Board Assurance Framework and associated reporting and controls. The finalised report confirms that the review found a 'substantial' level of assurance regarding the BAF processes (this is the highest available assurance rating). The report identified multiple instances of good practice and made no formal recommendations for improvement.

Risk Management

6.3 During the final quarter of 2019/20 the Trust also received an internal audit review of its risk management arrangements and associated reporting and controls. The review found a 'good' level of assurance regarding risk management arrangements. The report identified multiple instances of good practice, particularly around corporate risk management. The improvement recommendations focus mainly on bringing greater standardisation and rigour to the management of risks at departmental level. Actions to achieve this are planned for delivery during the remainder of 2020/21.

7. DATIX IQ CLOUD UPDATE

- 7.1 During recent months the Trust has been implementing a new suite of information management tools relating to risk, incidents, complaints and other corporate support activities. These tools represent an upgrade of the existing Datix system to put in place a new generation of cloud-based modules, known as 'Datix IQ Cloud.'
- 7.2 Within the Datix IQ Cloud suite the enterprise risk management tool is now live and the migration of risk information onto the new system is well advanced. All corporate risks have been migrated onto Datix IQ Cloud. All local (noncorporate) risk registers were due to be transferred onto the new system by the end of March. However, the impact of COVID-19 on staff time and resources will mean this work has been extended to October.
- 7.3 Risk leads and other frequent users of the risk system have been trained in the use of Datix IQ Cloud. The Risk Management team continues to support this process to minimise impact on frontline operational staff.
- 7.4 Note, however, that currently the new Datix IQ Cloud system presents some limitations in terms of its reporting capability. The Trust is actively working with the system supplier to resolve these issues, but at present the management of the corporate risk register involves a geater degree of manual data handling than is usually the case.

8. PROPOSALS / NEXT STEPS

- 8.1 Review of the Corporate Risk Register will continue via the Risk and Assurance Group membership, with monthly updates to TMG.
- 8.2 Work to reset the Board Assurance Framework for 2020/21 will take place as part of the Trust's recovery activity.

9. **RECOMMENDATIONS**

- 9.1 It is recommened that the Trust Board :
 - Notes the proposed reset of the Board Assurance Framework
 - Notes the position regarding corporate risks

10. APPENDICES / BACKGROUND INFORMATION

- 10.1 Appendix 1: Board Assurance Framework 2020/21, initial proposals
- 10.2 Appendix 2: Corporate Risk Register (extract)

APPENDIX 1

Original approach to the Board Assurance Framework, 2020/21

In February / March the Board considered that many of the strategic risks captured in the 2019/20 BAF remained applicable and should be carried forward into the 2020/21 version, albeit with some minor modifications as required. The proposed approach to each area of strategic risk captured in the 2019/20 BAF was as follows:

1. Patients and communities experience fully joined up care responsive to their needs

1(a) Inability to deliver National Ambulance Response Programme. This will be carried into 2020/21, but re-cast to place greater emphasis on operational issues such as job cycle times and hospital handovers.

1(b) Inability to deliver Integrated and Urgent Care performance. This will be carried into 2020/21, but re-cast to capture further embedding, integration, place-based and system-wide developments that take the IUC service beyond its initial mobilisation phase.

1(c) Failure to influence impact of delivery of Integrated Care Systems and Integrated Care Partnerships as a system partner. This will be carried into 2020/21 to capture risks associated with evolving and fluid place-based systems, including Clinical Commissioning Group reconfigurations and Primary Care Network developments.

1(d) Failure to respond to and influence partnership arrangements in the context of external system reconfigurations. This will be carried into 2020/21 to capture risks associated the next wave of service reviews and reconfigurations, including reviews of acute services in Scarborough and Humberside and out-of-hospital care services in Hull.

1(e) Inability to deliver the plan for integrated patient care services due to Patient Transport Service West Yorkshire contract future potential tender. This risk will be closed following successful extension of the West Yorkshire contract. A new area of patient transport risk will be opened relating to the mobilisation of new services in Hull and North Lincolnshire.

2. Our people feel empowered, valued and engaged to performance at their best

2(a) System-wide lack of availability of clinical workforce, ineffective retention strategies, and impact of changes to funding streams on provision of education and training to deliver Integrated and Urgent Care. This will be carried into 2020/21 to reflect the ongoing risk exposures relating to clinical workforce recruitment.

2(b) Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion. This risk will be carried into 2020/21 but re-cast to capture the intention to strengthen data, reporting, insights and assurance to demonstrate the sustained impact of the Trust's work in this area.

2(c) Failure to embed strategies for excellence in leadership and a developed organisational culture. This will be carried into 2020/21 in order to retain momentum in this critical area and to capture risks relating to specific key developments such as team-based working.

3. We achieve excellence in everything we do

(3) Lack of capacity and capability to deliver and manage the required change aligned to our strategy. This will be carried into 2020/21 to capture the ongoing risks relating to the Trust's transformation agenda overall, significant individual transformational projects, and the capacity and capability to manage transformational change at scale and pace.

4. We use resources wisely to invest in and sustain services

4(a) Failure to fully align corporate support services to service line delivery through delivery of the Accountability Framework. This will be carried forward into 2020/21 to reflect adjustments to the scope and timescale of the full implementation of the Accountability Framework programme and related work.

4(b) Inability to robustly manage our finances to deliver financial performance to invest and transform our services in the context of an integrated whole system financial approach. This will be carried into 2020/21 to reflect strategic financial risks generally, and re-cast to capture risk relating to the development of systemwide approaches to financial management.

In addition, the Board discussed new areas of risk to be worked up in detail for inclusion in the BAF for 2020/21. These were:

- Inability to achieve the required levels of cyber security resilience, capacity and capability
- Inability to manage the impact of climate change on operational and corporate priorities
- Failure to understand and respond to national reviews of Integrated Urgent Care services and Patient Transport Services
- Inability to sustain Trust values and a positive culture during a period of organisational change