MEETING TITLE			MEETING DATE	
Trust Board in Public			27/04/2021	
TITLE of PAPER	Risk Management Report, including BAF		**PAPER REF:**	TB21.013
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: ▪ Report recent material changes to the Corporate Risk Register. ▪ Draw attention to key areas of emerging risk. ▪ Provide an update on the Board Assurance Framework			
For Approval	☐	**For Assurance**		☒
For Decision	☐	**Discussion/Information**		☒
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DISCUSSED AT / INFORMED BY – Trust Management Group, Risk and Assurance Group, Quality Committee, Finance and Investment Committee, Audit Committee, Operational Senior Management Team meetings, other management groups				
PREVIOUSLY AGREED AT:	**Committee/Group:**		**Date:**	
RECOMMENDATION(S)	The Trust Board is asked to note: • The position regarding corporate risks. • The areas of emerging risk. • The internal audit review of risk management and the BAF • The position regarding the Board Assurance Framework			

RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		☒	☐
Equality Impact Assessment		☐	☒
Resource Implications (Financial, Workforce, other - specify)		☐	☒
Legal implications/Regulatory requirements		☒	☐
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)	All		

1.   PURPOSE / AIM

1.1   The purpose of this paper is to:

- Report recent material changes to the Corporate Risk Register.
- Draw attention to key areas of emerging risk.
- Provide an update on the Board Assurance Framework

1.2.   This agenda item will also include an update on a recent internal audit review of risk management. At the time of writing this report the fieldwork was not complete, but it is hoped that initial findings can be reported verbally at the meeting.

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. 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   An important element of the Trust's risk management arrangements is regular reporting to governance bodies and management groups, including the Board and its committees, of current corporate risks, changes in corporate risk exposures, and areas of emerging corporate risk.

2.5   The key elements of this report for the attention of the Board are:

- Section 4.1: New risks added to the Corporate Risk Register.
- Section 4.3: Risks reduced or removed from the Corporate Risk Register.
- Section 4.4: Areas of emerging risk.
- Section 5: Internal audit review of risk management and the BAF
- Section 6: Board Assurance Framework.

3.   CORPORATE RISK REGISTER

3.1   Appendix 1 presents an extract of the Corporate Risk Register produced for reporting purposes (a more detailed version of the Corporate Risk Register is maintained for the purposes of managing risks and assuring risk information). The Corporate Risk Register is reviewed by the Risk Assurance Group (RAG) membership 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 criteria found in the Trust's risk evaluation matrix).

4.   RECENT MATERIAL CHANGES TO CORPORATE RISKS

4.1   Risks added to the Corporate Risk Register since the previous meeting of the Trust Board.

4.1.1   The Trust has identified three new corporate risks concerning N365 implementation. These risks relate to the ongoing use of unsupported software. ICT are currently liaising with NHS Digital to determine appropriate actions to reduce/mitigate the risk. These risks are recorded as follows;

Risk 293 – Immature Central Project
IF YAS are running on unsupported software THEN there is a potential of the data being at risk RESULTING IN data breaches, investigations from ICO, possible fines and damage to Trust reputation.

Risk 308 – Office 2010
IF a new vulnerability is exploited in Office 2010 which is now end of support from Microsoft THEN an attacker could compromise a local PC or laptop RESULTING IN a breach of YAS cyber security which could lead to the leakage of sensitive information or an ability to carry out certain functions.

309 – SharePoint 2010
IF the current SharePoint 2010 platform is not replaced THEN there is an increasing risk that YAS will not be able to upgrade/expand the system and the manufacturer/suppliers will be unable to provide support from April 2021. There is an increased likelihood of system failure due to age of hardware and an increased likelihood of security breaches due to age of server software. RESULTING IN the complete failure of SharePoint 2010 as a minimum and further potential for security breaches, service interruptions and damage to Trust reputation.

4.1.2   The Trust has identified a risk concerning the roll out of home-based pulse oximetry provision. Patients who receive a home-based pulse oximetry system take their own readings. If their reading is within certain parameters the patient should contact a health professional for clinical advice. There is a risk that some patients who require advice will call NHS 111 (which is not part of the scheme). This will add demand and pressure to the NHS 111 clinical resource.

Risk 305 – Home-Based Pulse Oximetry
IF there is no coordination of the roll out of community based Pulse Oximetry THEN the demand will not be managed RESULTING IN overwhelming clinical resources

4.1.3   The Trust has identified a risk relating to the management of the Directory of Services. Information provided via the Directory of Services is normally managed at a regional or ICS level. There is a proposal to change this such that information is managed nationally. The risk is that without local knowledge there is a greater chance that information about local services could be entered into the Directory of Services incorrectly. This could result in patients being referred to services that may not meet their needs. ICSs and Commissioners have been made aware of these rising concerns.

Risk 306 – National Changes to DOS on ED Returns
IF National changes to DOS on ED returns are not accurate THEN it would mean patients not being referred to the Correct service RESULTING IN patients being referred to services that don't meet their needs

4.1.4   The Trust has noted a residual risk regarding capacity in the NHS 111 accommodation in Call Flex resulting from social distancing requirements.

Risk 302 – Social Distancing Space in Call Flex

IF the lack of space in Call Flex in order to reduce side by side working other than at peak times remains, THEN there will be limited opportunity to space staff without remodelling the ground floor in Call Flex to reduce contact points (welfare facilities etc.) RESULTING IN estates work lasting 4- 5 months and the Service line and Trust accepting the need to acknowledge the increased periods of side by side working will remain during these changes.

4.1.5   The Trust has identified a new corporate risk relating to call pilot software being no longer supported by Microsoft. Mitigations are planned and the risk will therefore be reviewed following implementation of these.

Risk 240 - Call Pilot Server 2003

IF there are any incidents relating to the Call Pilot software that is hosted on the MS server 2003 THEN this server is no longer supported by Microsoft as discovered during the WannaCry Cyber Security Incident RESULTING IN potential response delays to patient care

4.1.6   The Trust has identified a new corporate risk relating to the Global Protect solution being discontinued and the impact of this on remote working. ICT are reviewing the risk to determine appropriate actions to mitigate the risk.

Risk 317 - Global Protect VPN Discontinued

IF Accenture discontinue the managed Global Protect Solution on 31st March 2021 THEN remote users working from home will have issues connecting to work resources RESULTING IN loss of productivity and no home telephony

4.1.7   The Trust has identified a new corporate risk relating to CAD patches being applied within a 14 day period from the time of release. ICT are currently developing a formalised schedule to mitigate the risk.

Risk 318 - Patches on CAD Servers

IF Patches are not updated onto CAD servers 14 days from release THEN there is an increased vulnerability on our CAD servers increasing the risk of cyber security attacks and hacking RESULTING IN prolonged CAD downtime impacting on patient care and YAS reputation.

4.1.8   The Trust has identified a new corporate risk relating to the National Mobillisation Application Lite, part of the Ambulance Radio Programme project.

Risk 126 – NMA Lite Project - Outstanding Change Requests

IF request changes are not implemented prior to scheme rollout THEN it will have an overall impact on efficiency RESULTING IN CFR safety, CFR status and manual intervention by EOC.

The risk was recorded in June 2020 and has been actively managed within ICT as part of the project. However the likelihood and impact have increased and subsequently the grading from a 6 to 12, this is as a result of required amendments determined to be a 'showstopper' to the application going live. Actions to mitigate the risk are underway and will be reviewed at April meeting of the Risk and Assurance Group.

4.1.9   The Trust has identified a new corporate risk relating to adverse weather provisions across Trust sites, particularly ambulance stations. The risk is currently being reviewed to determine actions.

Risk 325 - Adverse Weather Provisions
IF there is no adverse weather (specifically ice/snow) provisions in place across the Trust THEN there is a lack of business continuity to adhere to statutory requirements under the civil contingencies act and a lack of ambulances to respond to emergencies in the event of being stranded at station RESULTING IN an impact on operational activity with a potential adverse patient outcome and potential staff injury.

4.1.10 The following new corporate risks have been identified and provisionally added to the Corporate Risk Register following the meeting of the Risk and Assurance Group held on 12 April. These risks will be confirmed at the meeting of TMG on 21 April:

Risk 343: Recruitment Target – Specialist Operation Response Team
IF the Trust does not recruit 290 (potentially 320) volunteers to the role of specialist operation response team (SORT) THEN the Trust will not have 35 trained staff on duty between the hours of 0600-0200 daily RESULTING IN the Trust failing to meet the contractual standard coming into effect April 2022.

Risk 356: Scarborough Reconfiguration of Paediatric pathways
IF there are significant paediatric workforce shortages at Scarborough General Hospital (SGH) THEN there is a risk that SGH will implement rapid changes to the current overnight paediatric pathway RESULTING IN patients requiring transport to York District Hospital which may cause adverse patient outcomes and increase journey times and impact on ambulance response times

Risk 357: Maternity Care
IF YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and new born babies THEN maternity patients and new born babies may receive poor quality care RESUTLING IN poor outcomes.

4.2   Existing corporate risks that have increased since the previous meeting of the Trust Board

4.2.1   No existing corporate risks have been increased in score.

4.3   Risks reduced in score or removed from the Corporate Risk Register since the previous meeting of the Trust Board

4.3.1   Following review by the ICT service area and moderation by the Risk and Assurance Group the following risk regarding the impact of COVID-19 on the Unified Comms project has been reduced. The scoring has been reduced from 20 to 12 and the risk will therefore remain on the Corporate Risk Register. This is because the training has been provided virtually and is scheduled to go live March/April 2021, therefore the likelihood of risk occurrence has reduced.

Risk 120 – Unified Comms - COVID impact
IF the COVID pandemic continues and/or re-occurs THEN required resources (internal & external) may not be available to complete the outstanding phases RESULTING IN project delays.

4.3.2   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding the impact on IUC of a lack of clinical resources has been reduced. The scoring has been reduced twice, initially from 16 to 12 and then from 12 to 2. This is as a result of NHS Digital and NHS England's predicted levels of activity being much higher than is now forecast, and changes in the national processes meaning the impact on NHS 111 is much lower than previously expected. This risk will be removed from the Corporate Risk Register and managed via the IUC risk register.

Risk 299 - 111 First National mandate to validate 999/ED Online cases through NCAS (national COVID CAS)
IF there is a lack of clinical resource due to the inconsistent provision through NCAS to validate online dispositions for 999 cat 3 and 4 and ED THEN YAS IUC could become the default service for this validation RESULTING IN Patient delays, longer clinical queues with associated clinical risks and poor patient experience.

4.3.3   Following review by Estates and moderation by the Risk and Assurance Group the following risk relating to the clinical waste contract has been reduced. from 12 to 9. Ongoing monitoring by Estates highlighted improvements in performance and reporting from the bar code system, an increase of collections to previously affected sites and collection dates being met 95% of the time over a four week period. Consideration to the COVID-19 vaccination programme was given prior to reduction and it was determined to have less than a 2% impact of waste collections.

Risk 179 – Clinical Waste Contract
IF the clinical waste contract does not fulfil its obligations THEN YAS cannot manage clinical waste correctly RESULTING IN non- compliance with regulation.

4.3.4   Following review by the service area and moderation by the Risk and Assurance Group the following project risk relating to Mobile Data Management (MDM) implementation has been closed. The project is now live and the risk is duplicated and recorded as risk ID 291; the risk grading has reduced to 6 and therefore will be actively managed by ICT.

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.

4.3.5   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the Tranman system interfacing with the Purchase to Pay system has reduced. The scoring has been reduced from 12 to 8 as a result in the changes to the configuration of the interface between the systems and the impact subsequently reducing.

The risk has therefore been removed from the Corporate Risk Register and will remain open within the Finance Risk Register for ongoing management.

Risk 39 - Tranman system
IF the new Tranman system does not seamlessly interface with Purchase to Pay (P2P) THEN work orders raised by Fleet will not transfer to Oracle RESULTING IN the delay of payment to suppliers due to the inefficiency of manual input by Fleet and Finance colleagues.

4.3.6 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the Counter Fraud management within the Trust has reduced from 12 to 8. Provisions are in place to maintain awareness and ensure compliance against the NHS Counter Fraud Authority standards, and whilst fraud cannot be eliminated entirely the Trust continues to follow appropriate guidance and therefore risk is being actively managed. The risk has been removed from the Corporate Risk Register and will remain open and be managed within the Finance Risk Register.

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 this risk was discussed at the meeting of the Audit Committee on 13 April. Committee members expressed caution around the de-escalation of this risk. The Counter Fraud work plan for 2021/22 includes activity to carry out departmental reviews of fraud risk during Quarter 1. The intelligence gathered during this exercise will inform a review and confirmation of the Trust's risk exposures regarding fraud, bribery and corruption.

4.3.7 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the 111 First Unified Comms expansion has been mitigated against. The technical infrastructure has been expanded and therefore is no longer a risk and therefore has been closed on Datix.

Risk 222 - 111 First: Unified Comms go-live delay
IF go-live for Unified Comms is significantly delayed THEN the expansion of the 111 capacity could not proceed due to the lack of technical infrastructure RESULTING IN recruited staff not able to handle the 111 First demand.

4.3.8 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the COVID-19 response on core governance and compliance functions has been closed on Datix. Lessons identified have been shared within the Trust and recovery work has been mainstreamed into existing work.

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-19 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 related specifically to the initial impact of COVID-19 on the Trust, and that this has been managed through the initial recovery programme and associated debrief exercises.

However, the ongoing impact of COVID-19 poses a different set of medium term challenges to the Trust's functions and its future operating model overall, and so this area of risk will be reframed to reflect this.

4.3.9 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to Community First Responders (CFR's) supporting PTS has been closed. CFR's are no longer actively supporting PTS as a result of PTS supporting A&E Operations, Volunteers still supporting PTS are doing so through bank contracts determined in wave one of the pandemic.

Risk 107 - Community First Responders supporting Patient Transport Services
IF the 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.

4.3.10 Following review by the service area and moderation by the Risk and Assurance Group the following project risk relating to EPR phase three implementation has reduced. The risk grading has reduced from 12 to 8 following the completion in immediate action and reducing the impact. This risk will continue to be actively managed by ICT.

Risk 235 - EPR Phase 3: Operational Engagement
IF the regional block on Operational secondments continues THEN it will not be possible to fill the Digital Paramedic Lead role RESULTING IN lack of resource and expertise to engage effectively with Operational staff to introduce and embed new ePR functionality and corresponding process change, potentially reducing benefits realisation.

4.3.11 Following review by the service area and moderation by the Risk and Assurance Group the following project risk relating to NMA Lite has reduced. The risk grading has reduced from 12 to 9 following the completion of training within EOC therefore reducing the likelihood of risk occurrence. The risk will continue to be monitored with regards to implementation and learner outcomes in preparation for the go live date.

Risk 127 – NMA Lite Project - EOC Capacity/Training Plan
IF EOC do not have the resource cover to manage the day to day activity of the increased demand on the Community Resilience Desk (CRD) THEN Community First Responders (CFR's) may not get activated to all jobs that are suitable for their response even though they are available RESULTING IN a delayed response and potential patient harm.

4.3.12 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the COVID-19 vaccination programme and staff uptake has reduced. The scoring has been reduced from 12 to 8 to reflect the reduction on impact to the Trust and the likelihood of occurrence. The percentage of staff vaccinated has increased significantly and COVID-19 related absence reduced. The risk has been removed from the Corporate Risk Register and will remain open and be managed within the COVID-19 register.

Risk 324 - COVID-19 Staff Vaccinations Uptake
IF a significant percentage of staff chooses not to be vaccinated THEN there is an increased risk of staff contracting COVID-19 RESULTING IN staff harm, increased absence potentially impacting on service delivery, localised outbreaks and potential transmission to patients.

4.3.13 The following corporate risks have been proposed for a reduction of score and in some cases de-escalation from the Corporate Risk Register following the meeting of the Risk and Assurance Group held on 12 April. These changes in risk scores will be confirmed at the meeting of TMG on 21 April:

Risk 16: Redactions of Data Disclosures to Police Forces
IF documents disclosed to police forces by YAS are not redacted of third party information THEN there is the potential that third party information would be visible in court proceedings which are extremely removed from their original purpose RESULTING IN regulatory, financial and litigation penalties brought against the Trust.

An additional role has been recruited to support the management of data disclosures to police forces. This mitigation has reduced the risk score from 12 to 8. As a result the risk will be de-escalated from the Corporate Risk Register and continue to be managed on the appropriate departmental risk register.

Risk 47: Diversity in Decision Making
IF the Trust does not have diverse representation of the workforce and community served in decision making forums. THEN the Trust will be unable to demonstrate compliance with the public sector equality duty (PSED). RESULTING IN failure to meet regulatory compliance (WRES/WDES).

The wording of this risk has been changed to reflect equality and diversity of protected characteristics via the public sector equality duty and not just race specifically (as was previously the case). The risk score has been reduced from 12 to 9 to reflect work underway and recent progress. The risk will be de-escalated from the Corporate Risk Register and continue to be managed on the appropriate departmental risk register.

Risk 283: COVID-19 Excessive Demand
IF demand into IUC exceeds assumptions on NHS 111 First and ceiling levels through Covid THEN excess demand will put significant pressure on the service RESULTING IN patient calls being unanswered and patients making alternative arrangements such as phoning 999 or presenting at EDs

Current and planned recruitment activity enables this risk to be reduced in score from 16 to 12. It will remain on the Corporate Risk Register.

Risk 289: Trust Hygiene and Social Distancing Requirements
IF Trust hygiene and social distancing arrangements are not rigorously maintained in line with national guidance THEN there is heightened risk of transmission between individuals and significant outbreaks of infection within the workplace RESULTING IN (a) Reduced staffing capacity due to illness and self-isolation requirements (b) Erosion of service provision and performance standards, and (c) Potential adverse impact on staff morale, reputation, and regulatory compliance

The current staff hygiene and safer workplace arrangements in place across the Trust mean this risk has been reduced in score from 20 to 12. It remains on the Corporate Risk Register and will continue to be reviewed, particularly in the context of emerging patterns of infection and transmission and any future changes to government policy, regulations and guidance.

4.4   Areas of Emerging Risk

4.4.1   The following areas of emerging risk have been identified by Trust management groups for further investigation and potential recording as new corporate risks, as follows:

1) Impact on NHS 111, EOC and PTS of potential further slippage of the Unified Comms implementation project timelines.

2) Potential impact of variant strains of COVID-19.

3) Potential for an emerging risk to be recorded with regards to asbestos relating to Airedale Hospital.

4) An existing PTS risk is recorded regarding driving assessments for volunteers as a result of COVID related restrictions. These assessment are scheduled to resume during April however if this is delayed the risk is likely to require escalation.

5) Increasing levels of staff sickness not directly related to COVID-19

5.   INTERNAL AUDIT REVIEW

5.1   As part of the 2020/21 Internal Audit Plan the Trust is currently undergoing an internal audit review of risk management and the Board Assurance Framework. In particular, this review will evaluate:

- The design and application of controls in relation to the identification, assessment, escalation, mitigation and monitoring of risks at a local and corporate level

- The Trust's management of COVID-19 risks, including a 'deep dive' into how the Trust has identified and managed emerging risks pertaining to COVID-19 to ensure that they have been managed appropriately and promptly

- The design and application of assurance and controls in relation to the maintenance and use of the Board Assurance Framework, including the capture of strategic risks relating to COVID-19

5.2   This review commenced in February. The fieldwork is expected to conclude by mid-April with draft findings before the end of the month.

6.   BOARD ASSURANCE FRAMEWORK

6.1   The Trust's operating environment and strategic context has changed significantly during 2020/21. The impact of COVID-19 has altered the Trust's risk profile to such an extent that the original 2020/21 BAF required a re-set.

6.2   An updated BAF has been developed to cover the later months of 2020/21, with scope to extend this into 2021/22. Appendix 2 sets out the updated BAF. The updated BAF will be subject to the established cycle of monitoring and reporting through to year-end.

6.3   An exercise will now take place to assess the year-end position regarding the risk exposures and mitigation actions in the 2020/21 BAF, and to review the risk exposures and mitigation actions for 2021/22.

6.4   It is expected that much of the updated BAF for 2020/21 will form the basis of the equivalent document for 2021/22. However, two areas that potentially merit a review and refresh are those relating to (1) system-level developments (e.g. Integrated Care Systems) and the impact of these on the Trust, and (2) potential changes to the organisational structure and operating model as part of the Trust's recovery and re-set work.

7.   PROPOSALS / NEXT STEPS

7.1   Identification and review of corporate risks and emerging risks will continue via the Risk and Assurance Group membership, with monthly updates to the Trust Management Group and periodic updates to the Trust Board and its committees.

7.2   The internal audit review of risk management and the Board Assurance Framework is expected to conclude by early April with a report soon thereafter.

7.3   An exercise will take place in April and May to assess the year-end position regarding the risk exposures and mitigation actions in the 2020/21 BAF, and to review the risk exposures and mitigation actions for 2021/22.

8.   RECOMMENDATIONS

8.1   The Board is asked to note:

- The position regarding corporate risks.
- The areas of emerging risk.
- The internal audit review of risk management and the BAF
- The position regarding the Board Assurance Framework

9.   APPENDICES / BACKGROUND INFORMATION

9.1   Appendix 1: Corporate Risk Register (extract)

9.2   Appendix 2: Board Assurance Framework 2020/21