



MEETING TITLE Trust Board Meeting held in Public		MEETING DATE 28/01/2021		
TITLE of PAPER		Risk Management Report	PAPER REF TB20.067	
KEY PRIORITIES		Create a safe and high performing organisation based on openness, ownership and accountability		
PURPOSE OF THE PAPER		The purpose of this paper is to: <ul style="list-style-type: none"> ▪ 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		<input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>	
For Decision		<input type="checkbox"/>	Discussion/Information <input checked="" type="checkbox"/>	
AUTHOR / LEAD	David O'Brien, Associate Director of Performance, Assurance and Risk Levi MacInnes, Risk & Assurance Manager	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, other management groups, Audit Committee				
PREVIOUSLY AGREED AT:		Committee/Group:	Date:	
RECOMMENDATION(S)		The Audit Committee is asked to: <ul style="list-style-type: none"> • Note the position regarding corporate risks. • Note the areas of emerging risk • Note the position regarding the Board Assurance Framework 		
RISK ASSESSMENT			Yes	No
Corporate Risk Register and/or Board Assurance Framework amended			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Impact Assessment - [New]			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSURANCE/COMPLIANCE				
Care Quality Commission		All		
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.

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 Trust Board are:
- Section 4.1: Risks added to the Corporate Risk Register
 - Section 4.2: Existing corporate risks that have increased in score
 - Section 4.3: Existing corporate risks that have reduced in score
 - Section 4.4: Risks removed from the Corporate Risk Register.
 - Section 4.5: Areas of emerging risk
 - Section 5.0: Board Assurance Framework development.

3 CORPORATE RISK REGISTER

- 3.1 The Corporate Risk Register comprises 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). It is reviewed by the Risk Assurance Group monthly and is reported to the Trust Management Group, the Trust Board and its committees.
- 3.2 Appendix 1 presents the latest version of the Corporate Risk Register following review and moderation at the Risk and Assurance Group meeting on 14 December. This is 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).

4. RECENT MATERIAL CHANGES TO CORPORATE RISKS

4.1 Risks added to the Corporate Risk Register

Six new risks have been added to the Corporate Risk Register, as follows:

- 4.1.1 The Trust has identified a new corporate risk regarding fire doors being propped open in some ambulance stations.

Risk 290 – Fire Doors

IF the fire doors continue to be propped open on ambulance stations THEN in the event of a fire this will be accelerated RESULTING IN potential adverse outcome to premises and staff safety. YAS also risk being in contravention of the fire safety act.

This practice was explained as a control measure to reduce COVID transmission by eliminating touch points in buildings and improving ventilation. However, propping open fire doors contravenes the Fire Safety Act, which requires that fire doors are properly installed and maintained. It also presents health and safety risks, could invalidate insurance claims relating to fire damage, and could potentially result in fines and prosecution.

The estates team is reviewing options to mitigate this risk.

- 4.1.2 The Trust has identified a new corporate risk regarding the impact on capacity to deliver PTS outpatient services should PTS be required to continue to support A&E Operations with no additional provisions in place.

Risk 294 - Reduction in Outpatient PTS Capacity to Support A&E

IF PTS continue to provide up to 45 staff to support A&E with no additional sub-contractor provision, or funding; THEN capacity to deliver outpatient transport will be severely impacted RESULTING IN high likelihood of patients missing appointments, potential for deterioration in patient experience, well-being and health, resulting in adverse publicity and poor repute within the system as a PTS provider.

Capacity will be regularly reviewed by the service and mitigations actioned accordingly.

- 4.1.3 The Trust has identified a new corporate risk regarding availability of funding to support the paediatric liaison / child frequent caller project.

Risk 285 - Paediatric Liaison / Child Frequent Caller Project

IF this project does not exist THEN YAS will be unable to share valuable safeguarding information in line with the Children Act 1989 for frequently calling children RESULTING IN potential adverse outcome of children and young people.

This project has identified a significant number of vulnerable children accessing the services that would otherwise be left in a vulnerable position with potential for an adverse outcome. The Safeguarding team is currently reviewing options and appropriate actions to mitigate this risk.

- 4.1.4 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 will take their own readings. If their reading falls within certain parameters the patient will need to contact a health professional for clinical advice. There is a risk that some of those 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

- 4.1.5 The Trust has identified an emerging risk relating to the management of the Directory of Services. The 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 would be 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 be able to meet their needs. ICSs and Commissioners have been made aware of these rising concern.

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

- 4.1.6 The Trust has identified a risk regarding capacity constraints in the NHS 111 accommodation in Call Flex resulting from the 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.

4.2 Existing corporate risks that have increased in score:

- 4.2.1 No existing corporate risks have been increased in score.

4.3 Existing corporate risks that have reduced in score

Two existing corporate risks have been reduced in score but remain on the Corporate Risk Register, as follows:

- 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.

Risk 120 – Unified Comms: COVID-19 Impact

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.

The implementation timescales have been moved back, and support and training can be provided virtually rather than an on-site requirement. The scoring of this has reduced from 20 to 12. The risk will therefore remain on the Corporate Risk Register.

- 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 if there was a lack of clinical resources has been reduced.

Risk 299 - 111 First National Mandate to Validate 999/ED Online Cases through NCAS (National COVID-19 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.

Demand is now expected to be lower than the levels originally indicated by NHS Digital and NHS England, thereby reducing the impact of the risk. The scoring of this risk has reduced from 16 to 12. This risk will therefore remain on the Corporate Risk Register.

4.4 Risks removed from the Corporate Risk Register

Eight risks have been removed from the Corporate Risk Register, as follows:

- 4.4.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to space within the IUC call centres has been reduced.

Risk 300 - 111 First: Physical Call Centre Space

IF physical call centre space is not available THEN there will be nowhere for the additional staff to work from RESULTING IN over recruitment in line with space.

This risk related to the provision of additional call handling stations in order to accommodate the expanded NHS 111 service. 57 additional call handling stations were required for the contract, and a total of 52 are now operational. The scoring of this risk has reduced from 12 to 4. The risk has been removed from the Corporate Risk Register. It will remain open and be managed via the appropriate local risk register.

Note also the related risk reported above (Risk 302) relating to accommodation constraints in Call Flex arising from social distancing requirements.

- 4.4.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to commissioned resources to support additional staff to meet anticipated extra demands on NHS 111 First has been reduced.

Risk 301 - 111 First: Not Commissioned for the Extra Demand

IF the Trust is not commissioned for the extra demand THEN there will not be sufficient funding for the additional staff RESULTING IN being unable to employ sufficient staff to provide the service.

Sufficient resourcing has been secured for the remainder for 2020/21, and although the commissioning position for 2021/22 is not yet known the scoring of this risk has been reduced from 12 to 8. This risk has therefore been removed from the Corporate Risk Register. It will remain open and be managed via the appropriate local risk register.

- 4.4.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the emergency airwave activation has been reduced.

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.

There is now a SOP in place and activation of the emergency button has been incorporated into the training. There have been no reported incidents regarding emergency button issues since the SOP was implemented within the Trust. The scoring of this risk has been reduced from 12 to 4. This risk has been removed from the Corporate Risk Register. It will remain open and be managed via the appropriate local risk register.

- 4.4.4 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to Safeguarding training has been reduced.

Risk 10 - 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.

Level 3 training will enhance practice but not having it in place would create no significant additional safeguarding risk. The Level 2 training has been amended to be more robust, providing a sufficiently solid foundation for safeguarding practice. Level 3 training is part of Trust's the COVID recovery training plan. The scoring of this risk has been reduced from 12 to a 9. The risk has been removed from the Corporate Risk Register. It will remain open and be managed via the local risk register.

- 4.4.5 Following review by the service area and moderation by the Information Governance Working Group and the Risk and Assurance Group the following risks relating to email distribution lists and shared mailboxes have been reduced.

Risk 26 - Email Distribution Lists

IF email Distribution Lists are not effectively managed THEN email communications could be sent to leavers who take their nhs.net email address RESULTING IN a breach of personal or sensitive information.

Risk 29 - Shared Mailbox Access

IF user access is not monitored for shared mailboxes THEN users who move departments or leave the Trust will still have access to mailboxes they no longer require RESULTING IN potential for breaches of information or opportunity for wilful access to information that the individual should no longer have access to.

The scoring for both risks has been reduced from 12 to 9 following the strengthening and implementation of internal processes. 85% of the Trust's distribution lists and shared mailboxes have now been reviewed, which has reduced the likelihood of risk occurrence. These risks have been removed from the Corporate Risk Register. They will remain open and be managed via the appropriate local risk register, with ongoing oversight from the Information Governance Working Group.

- 4.4.6 Following review by the service area and moderation by the Risk and Assurance Group the following risks relating to post-occupational exposure prophylaxis has been reduced.

Risk 48 - Post-Occupational Exposure Prophylaxis

IF YAS does not have a robust process for staff requiring prophylaxis THEN the Trust may not be able to secure provision RESULTING IN YAS staff not receiving timely prophylaxis.

Following a review and implementation of processes no reported incidents have been recorded within the last 12 months, indicated a reduced likelihood of occurrence. The scoring for this risk has been reduced from 12 to 9. The risk has been removed from the Corporate Risk Register. It will remain open and be managed via the appropriate local risk register.

- 4.4.7 Following review by the service area and moderation by the Risk and Assurance Group, the following risk relating to clinical waste management has been reduced from:

Risk 179 – Clinical Waste Contract

IF the clinical waste contractor does not fulfil its obligations THEN YAS cannot manage clinical waste correctly RESULTING in non-compliance with regulation.

This risk had been temporarily raised to '12' following a number of reported incidents of failure to collect clinical waste in a timely manner from Trust premises. Since then there has been a change in sub-contractor arrangements and recent performance has been much improved and compliant with the contract requirements.

In addition, an assessment of the potential additional waste volumes generated by the Trust-wide COVID-19 vaccination programme indicates that this is unlikely to have a significant impact on clinical waste management performance.

The scoring for this risk has been reduced from 12 to 9. The risk has been removed from the Corporate Risk Register. It will remain open and be managed via the appropriate local risk register. This area of activity will be kept under close review by the service.

- 4.4.8 The following risk was determined to be largely a duplicate of another existing corporate risk (Risk 105, Operational Performance)

Risk 33 - South Performance

IF Category 2, 3, and 4 South Performance is not within 90th centile THEN there are delays in responses RESULTING IN potential deterioration and adverse patient outcome

Risk 33 will be closed as a stand-alone risk. The residual risk regarding performance in the South area will be managed via the operational performance mitigations active under Risk 105.

However, this position will be kept under close review as there appear to be emerging performance challenges particular to the South area (and similarly in other areas) and so there could be a case to revisit the granularity at which corporate-level operational performance risks are managed and reported.

4.5 Areas of Emerging Risk

- 4.5.1 An emerging area of risk has been identified relating to the N365 implementation project. This risk concerns potential cybersecurity vulnerabilities arising from the ongoing use of unsupported legacy applications (for example, Microsoft Office 2010, SharePoint 2010) until the migration to N365 is complete. This risk will be assessed and mitigation actions put in place.

5. BOARD ASSURANCE FRAMEWORK

- 5.1 The Trust's operating environment and strategic context has undergone significant change 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.
- 5.2 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. In particular, this updated BAF captures COVID-19 related risks relating to:
- Demand levels and patterns
 - Service performance
 - Ways of working
 - Staffing levels
 - Staff health and well-being
 - Workplace safety
 - Delivery of service developments and change projects
 - Transformation programmes and strategic development
 - System alignment
 - Financial planning and management
 - Technology infrastructure and projects

- Estates

5.3 The revised BAF was presented to the Board in November. A further engagement session with Non-Executive Directors took place on 08 January to consider the BAF and the Trust's future strategic risk exposures more generally. Areas of particular risk noted in that session and captured in the BAF include:

- Estates configuration and strategy
- Organisational structure
- Relationship and alignment with ICSs
- Capacity and capability to deliver transformation
- Workforce retention

5.4 The updated BAF will be subject to the established cycle of monitoring and reporting through to year-end. It is expected that much of the updated BAF for 2020/21 will form the basis of the equivalent document for 2021/22.

6. PROPOSALS / NEXT STEPS

6.1 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.

6.2 The updated BAF will be subject to the established cycle of monitoring and reporting through to year-end. It is expected that much of the updated BAF for 2020/21 will form the basis of the equivalent document for 2021/22.

7. RECOMMENDATIONS

7.1 The Trust Board is asked to:

- Note the position regarding corporate risks
- Note the areas of emerging risk
- Note the position regarding the Board Assurance Framework

8. APPENDICES / BACKGROUND INFORMATION

8.1 Appendix 1: Corporate Risk Register

8.2 Appendix 2: Board Assurance Framework 2020/21