MEETING TITLE			MEETING DATE	
Trust Board in Public			27/07/2021	
TITLE of PAPER	Risk Management Report, including the Board Assurance Framework		**PAPER REF**	TB21.041
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 ▪ Report the outcome of the internal audit review of risk management and 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, Operational Senior Management Team meetings, other management groups

PREVIOUSLY AGREED AT:	**Committee/Group:**	**Date:**

RECOMMENDATION(S)	The Board is asked to note: • The recent material changes to the Corporate Risk Register. • The areas of emerging risk. • The position regarding the Board Assurance Framework. • The internal audit review of risk management and 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) *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	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
- Report the findings of the recent internal audit review of risk management and 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 Committee are:

Corporate Risks

- Section 4.1: New risks added to the Corporate Risk Register.
- Section 4.2: Existing corporate risks that have increased.
- Section 4.3: Risks reduced but remaining on the Corporate Risk Register.
- Section 4.4: Risks de-escalated from the Corporate Risk Register.
- Section 4.5: Risks that have been closed.
- Section 4.6: Areas of emerging risk.

Related Risk and Assurance Matters

- Section 5.0: Board Assurance Framework
- Section 6.0: Internal Audit Review of Risk Management and the BAF

3   CORPORATE RISK REGISTER

3.1   The Corporate Risk Register is reviewed by the Risk and Assurance Group (RAG) and the Trust Management Group (TMG) on a monthly basis. 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).

3.2   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).

3.3   The following section presents changes to the Corporate Risk Register as moderated by RAG and confirmed at TMG during April, May, and June.

4.   RECENT MATERIAL CHANGES TO CORPORATE RISKS

4.1   RISKS ADDED TO THE CORPORATE RISK REGISTER

4.1.1   The Trust has identified a new corporate risk regarding Unified Comms pilot issues within IUC. The risk is currently being reviewed jointly by both IUC and ICT.

Risk 358 – Unified Comms Pilot Issues
IF the pilot system does not perform at least as good as the previous system THEN it will have a detriment effect on service performance RESULTING IN a poor patient experience.

4.1.2   The Trust has identified a new corporate risk regarding the loss of premises EOC at Springhill. The risk was previously identified and graded as an 8. Upon review it was determined the likelihood of occurrence has increased and subsequently the risk grading rose from 8 to 12. Ongoing monitoring of the risk is underway.

Risk 15 - Loss of Premises EOC Springhill 2
IF there is a denial of access to EOC at Wakefield for a period of more than one hour THEN demand at York EOC would increase significantly RESULTING IN an inability to manage demand until displaced staff arrive at York or Call flex DR sites.

4.1.3   The Trust has identified a new corporate risk regarding the implications for the Trust in the event of structural collapse at Airedale Hospital, resulting in the declaration of a major incident. Work is currently underway alongside NHS England in preparation for a 'no notice' evacuation.

Risk 365 - Potential Airedale Evacuation
IF Airedale Hospital were to collapse as a result of the Reinforced Autoclaved Aerated Concrete (RAAC) currently used in 83% of the construction THEN the Trust would be required for a 'no notice' evacuation of the whole site (circa 450 patients) to surrounding hospitals and triggering a major incident RESULTING IN the Trust not being unable to sustain business as usual as a result of redirecting resources across all operational services.

4.1.4   The Trust has identified a new corporate risk regarding outstanding operational staff that do not have a C1 Drivers Licence. The risk is currently under review as the risk exposures are believed to have reduced since it was opened.

Risk 366 – C1 Driving Licence Testing
IF the C1 providers do not prioritise blue light services for driver training and testing and clear the existing backlog, THEN Paramedics appointed without a C1 licence will not be able to drive as part of an incident response RESULTING in detriment to staff welfare where one crew member is driving at all times during a shift.

4.1.5   The Trust has identified a new corporate risk regarding non-COVID related sickness absence. A TEG-sponsored cross-departmental taskforce has been established to investigate non-COVID sickness issues and to develop and deliver a remedial action plan.

Risk 362 - Non-COVID YAS Sickness Absence
IF Non-COVID related sickness absence continues to rise and is not accurately recorded, reported, and managed, THEN the Trust may have insufficient workforce to meet the demand RESULTING IN impact on service delivery.

4.1.6   The Trust has identified a new corporate risk regarding financial uncertainty arising from COVID-19 response measures. The risk was previously identified and graded as 8. The risk has been reviewed and increased to reflect 2021/22 planning and the move to ICS funding arrangements.

Risk 104 - Financial uncertainty arising from Covid response measures in the Trust and nationally.
IF the temporary central Covid funding arrangements and ICS approach to shared risk provides the Trust with an "envelope" of income for H1 2021/22, allowing the organisation to effectively plan and manage the expenditure for the first 6 months of the year, THEN there is uncertainty beyond H1 2021/22 RESULTING IN an adverse impact on the Trust's financial position. The Trust has however ensured commitment to covid related expenditure is non recurrent, where possible, thereby minimising any potential ongoing adverse impact on the Trust's financial position.

4.1.7   The Trust has identified a new corporate risk regarding banking mandate fraud. This was previously reported to TMG as an area of emerging risk that warranted further investigation. Work is underway within Finance to provide ongoing assurance that banking details remain correct.

Risk 377 – Mandate Fraud
IF fraudsters are able to introduce false information into our procure-to-pay processes THEN funds may be transferred to the wrong bank account RESULTING IN in financial loss.

4.1.8   The Trust has identified a new corporate risk regarding IUC Clinical Team Leader recruitment. Recruitment is underway and multiple roles are currently pending checks and training.

Risk 368 - Clinical Team Leader Recruitment
IF the continuous recruitment of Clinical Team Leaders (CTL) to the budget of 14FTE fails THEN there will not be sufficient CTL to complete the full range of duties for the role RESULTING in focusing only on managing the Clinical Queue.

4.1.9 Three risks were reported to the Trust Board meeting held in April as new corporate risks that had been moderated at RAG but were awaiting confirmation by TMG. These three risks were subsequently confirmed by TMG and added to the Corporate Risk Register. For completeness they are reported here, as follows:

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.

(This risk has subsequently been de-escalated, see 4.4.7 below)

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

4.2.1 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding non conveyance decisions has changed in grading from a 15 to 16. The likelihood of occurrence has increased as a result of previously identified learning from incidents and investigations.

Risk 40 – Non-Conveyance Decisions
IF there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting, THEN a discharge or acceptance of refusal decision may be made inappropriately RESULTING IN potential for adverse patient outcome.

4.2.2 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding staff physical and mental wellbeing during COVID-19 has changed in grading from 12 to 16. Following the increase in non-COVID sickness, upon review it was determined that the increased sickness could be a delayed or indirect impact on staff wellbeing and mental health in response to the pandemic.

Risk 99 - Staff physical and mental wellbeing during COVID-19 response
IF Yorkshire Ambulance Service does not provide appropriate resources to promote staff wellbeing, THEN the Trust may encounter increased sickness both Covid related but also related to stress and anxiety, recruitment and retention issues RESULTING IN staff resourcing issues and reputational damage.

4.3   RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

4.3.1   Following review by the service area the following risk regarding clinical capacity in NHS111 / IUC has reduced from 16 to 12 following the recruitment of Clinical Advisors. The risk will remain on the Corporate Risk Register pending further recruitment to achieve required numbers.

Risk 54 - Clinical Capacity NHS 111/IUC
IF we are unable to recruit and retain sufficient clinical staffing capacity THEN there is a risk to the delivery of clinical advice in appropriate timescales RESULTING IN a risk of not being able to deliver NHS 111 First.

4.4   RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

4.4.1   The following risk regarding hygiene and social distancing requirements across the Trust estate was reduced from 20 to 12 in April, with a subsequent review and further reduction in June from 12 to 8. The Trust has adhered to PHE advice and other working safely guidance to ensure risk of COVID-19 is mitigated as far as possible. No further mitigating actions are outstanding. There have been no reported outbreaks or clusters at any Trust workplace since 01 March 2021, which suggests this risk is being controlled effectively. This risk will remain open for ongoing monitoring but has been removed from the CRR and will be managed within the COVID-19 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.

4.4.2   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to Voice Recorder software failure has reduced from 12 to 8. Voice recording implementation within PTS and IUC has reduced the likelihood of risk occurrence with only EOC remaining. The risk has therefore been removed from the Corporate Risk Register and will continue to be monitored and managed within the ICT register with a view to closure following EOC implementation.

Risk 241 - Voice Recorder Failure
IF Voice Recorder fails in anyway due to aging hardware and end of life software THEN parts of the organisation would not have the facility to record and/or replay conversations held over the telephone specifically in EOC, 111 and PTS RESULTING IN breach of contract to records telephone calls.

4.4.3   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to ongoing use of unsupported Office 2010 software has reduced from 12 to 9. The deployment of N360 desktop and online applications as a replacement for Office 2010 has reduced the risk exposure. The risk has therefore been removed from the Corporate Risk Register and will continue to be monitored and managed within the ICT register.

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.

4.4.4   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to volunteer information held in the Electronic Staff Record has reduced from 12 to 6. The likelihood of occurrence has reduced as all responders associated with priority schemes have been entered into ESR.

Risk 124 - Inputting of Community Responder PINS 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.

4.4.5   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to lone working the fleet department has reduced from 12 to 6. The likelihood of occurrence has reduced following the procurement and delivery of the Solo Protect Monitoring System. The risk has been removed from the Corporate Risk Register and will be monitored and managed within the Fleet register.

Risk 64 – Fleet Lone Working
IF provisions are not in place to maintain lone workers safety in the Fleet Team, THEN staff will be unable to raise the alarm in the event of accident, injury or incident RESULTING IN failure to comply with Health and Safety legislation.

4.4.6   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding subject matter expertise for manual handling has reduced from 12 to 8. The position was recruited to in April 2021, to remain open on the Health and Safety Risk Register with a view to close once successful applicant is in post.

Risk – 45 - Subject matter expertise for manual handling
IF we do not have adequate subject matter expertise for the topic of moving and handling THEN there is risk of inadequate training, support and guidance for staff RESULTING IN potential harm to staff and patients.

4.4.7   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding 'Option 12' recruitment to the specialist operation response team has reduced from 15 to 10. 36 volunteers have completed training with a further 61 awaiting training. A total of 50% of the target has already been recruited to with ongoing recruitment to increase this scheduled. The risk has therefore been removed from the Corporate Risk Register and will be managed within the Resilience register.

Risk 343 - Option 12 - Recruitment Target
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.

4.4.8   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding conflict resolution training has reduced from 12 to 9. The development of conflict resolution refresher training is now completed and has gone live. The risk has therefore been removed from the CRR and will be managed within the Security Risk Register with a view to closing once all required staff have completed the training.

Risk 21 - Conflict Resolution Training provision
IF Conflict Resolution Training is not delivered in line with the risk-based assessment THEN staff may not be adequately trained in order to de-escalate or manage violence and aggression RESULTING IN potential for physical or psychological injury to staff.

4.5   RISKS THAT HAVE BEEN CLOSED

4.5.1   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the Global Protect Virtual Network (VPN) has been closed. Global Protect VPN has been replaced by the Microsoft 'Always On' product, and this has mitigated the risk of disruption resulting from remote connectivity issues.

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, no home telephony.

4.5.2   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the Voice Comms element of the Unified Comms project has been closed. The project is adequately resourced and therefore project delivery is no longer compromised.

Risk 116 - Unified Comms - 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.

4.5.3   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the impact of COVID-19 on the Unified Comms project has been closed as the elements of the project to which the risk applied are now complete. The risk has been removed from both the Corporate Risk Register and the COVID-19 register.

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.

4.5.4   Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the Pilot application element of the Unified Comms project has been closed. The pilot testing is now complete and has successfully moved into the testing phase.

Risk 225 - Unified Comms - Pilot software pre-tests
IF Pilot software pre-tests are not approved as fit for purpose, THEN we would be unable to move into testing phase RESULTING IN delays to the UC project.

4.5.5 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to patches on serves has been closed. CAD server updates were successfully completed in February and April and a schedule is now in place for future updates. The schedule and process will remain under review in order to monitor effectiveness.

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.

4.5.6 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating the Unified Comms homeworking solutions has been closed. Successful deployment of homeworker solution was achieved at the time of going live in March.

Risk 221 - 111 First: Unified Comms homeworking solution
IF the clinical Homeworker solution is not available and fully deployed to clinical advisors THEN the service will have a reduce clinical capacity and RESULTING IN not being able to deliver a safe service.

4.5.7 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to the paediatric liaison / child frequent caller project has been closed. Assurance provided that a single management structure is now in place, along with a wider skill base within the safeguarding team to ensure consistent cover.

Risk 285 - Paediatric liaison / children 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.

4.5.8 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to change requests within the NMA Lite project (part of the implementation of the national ambulance radio programme) has been closed. The changes requested have been developed and deployed by Terrafix.

Risk 126 - 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.

4.6   Areas of Emerging Risk

4.6.1 During the period covered by this report the Trust identified the following two areas of emerging risk that required further investigation.

- Potential risk regarding asbestos and site evacuation at Airedale Hospital.

- Counter fraud work currently underway through our new provider, 360 Assurance, suggests that there is potential for a specific counter fraud risk to be raised concerning mandate fraud. This has subsequently been opened as a new corporate risk (see 4.1.7 above).

4.6.2 A further area of emerging risk relates to counter fraud more generally. An initial baseline assessment by 360 Assurance indicates that the Trust is only partially compliant with several of the new national Counter Fraud Functional Standards. Moreover, the Trust is non-compliant with two specific standards, relating to fraud risk assessment and the use of a new counter fraud management information system. This is the first year of the standards and many Trusts are in a similar position to YAS. The Trust's Counter Fraud Plan is the mechanism through which to deliver actions to strengthen compliance against these standards. The Trust's Counter Fraud activity is subject to separate item on the agenda for this meeting.

5. BOARD ASSURANCE FRAMEWORK

5.1 The Trust's operating environment and strategic context changed significantly during 2020/21. The impact of COVID-19 altered the Trust's risk profile to such an extent that the original 2020/21 BAF required a mid-year re-set. An updated BAF was adopted by the Trust Board to cover the second half of 2020/21, with agreement to extend this into the early months of 2021/22.

5.2 Appendix 2 sets out the year-end position of the 2020/21 BAF, plus risk exposures for Q1 of 2021/22.

2020/21 Year-End Position

5.3 The year-end BAF shows that across the three service lines the expected levels of risk exposure regarding service performance were as forecast. However, at year-end and during the transition into 2021/22 there were four area of strategic risk in which risk exposures were higher than initially forecast. These were:

- 2(b) Physical and mental health and well-being of staff.
- 3(a) Capacity and capability to deliver transformational changes.
- 4(a) Ability to robustly manage Trust finances.
- 4(b) Ability to deliver key enabling infrastructure (digital technology, estates).

2021/22 Q1 Position

5.4 During the first quarter of 2021/22 a number of strategic risk exposures have increased. Service lines have experience significant and sustained pressures, with higher levels of demand affecting call handling functions and frontline operations. This has been compounded by increasing areas of risk regarding staff sickness levels and the availability of staff more generally. Individual corporate risks relating to service demand and performance, and to staffing capacity and sickness, are under review and are being actively managed.

In terms of the BAF, the main areas of strategic risk affected by these service and staffing pressures are:

- 1a) Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations.

- 1b) Ability to deliver the required performance standards and service developments in Integrated and Urgent Care.

- 1c) Ability to deliver the required performance standards and service developments in the Patient Transport Service.

- 2a) Ability to ensure provision of sufficient clinical workforce.

- 2b) Ability to support the physical and mental health and well-being of staff.

BAF Review and Refresh

5.5 The re-set BAF for 2020/21 forms the basis of the equivalent document for the transition into the early months 2021/22. However, two areas that require refinement 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. In addition, national priorities set out in both the 2021/22 NHS Operational Planning Guidance and the 2021/22 System Oversight Framework are likely to impact on the Trust's strategic risk profile and this should be captured in the BAF. Moreover, the significant ongoing risk exposures mentioned in 5.4 above also suggest a more fundamental review and refresh of the BAF is now required.

5.6 Non-Executive Directors have requested that a Board Development session is scheduled in order to carry out a review and refresh of the BAF so that it captures recent developments, current and forecast risk exposures, and is fit for purpose for the remainder of 2021/22. This will be organised as soon as is practicable.

6. **INTERNAL AUDIT REVIEW**

6.1 As part of the 2020/21 Internal Audit Plan the Trust received an internal audit review of risk management and the Board Assurance Framework. The fieldwork took place during March and April, with a focus on:

- 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.

6.2　The final report was issued in week commencing 17th May. The review found a 'good' level of assurance in respect of both the design of the risk management and controls framework and the organisation's compliance with this.

6.3　The report identifies that most of the controls within the Trust's risk management arrangements are operating effectively. These include:

- The Risk Management Policy.
- The Risk Management and Assurance Strategic Framework.
- The model of designated Risk Leads for services and functions.
- The proceedings of the Risk and Assurance Group.
- The corporate risk reporting to TMG, Trust Board, Board Committees, and the Audit Committee.
- The approach taken to manage and record COVID-19 risks.
- Improvement activity by the corporate risk and assurance team.

6.4　The report acknowledged the cumulative impact of multiple challenges faced by the Trust's risk management arrangements, namely, the impact of COVID-19 response, capacity constraints within the corporate risk team, and difficulties arising from the deployment of the new Datix IQ risk management module. However, the review found that the Trust had taken effective steps to mitigate these challenges and in so doing had maintained a sound system of risk management, governance, and control during this period.

6.5　The report contains six recommendations (two medium priority; four low priority) which mainly relate to the process of recording and closing risks on Datix, the recording of outcomes of meetings and risk discussions, and progress-chasing to ensure that risk management actions are implemented in a timely manner. These recommendations have been accepted by the Trust and actions have been framed to address these. The recommendations have been accepted by the Trust and the management actions agreed.

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　A Board Development session to review and refresh the Board Assurance Framework for the remainder of 2021/22 will be organised at the earliest opportunity.

7.3　Actions arising from the recent internal audit review of risk management and the BAF will be implemented in accordance with agreed timescales, monitored by the Risk and Assurance Group.

8.　RECOMMENDATIONS

8.1　The Board is asked to note:

- The recent material changes to the Corporate Risk Register.
- The areas of emerging risk.

- The position regarding the Board Assurance Framework.
- The internal audit review of risk management and the Board Assurance Framework.

9. APPENDICES / BACKGROUND INFORMATION

9.1   Appendix 1: Corporate Risk Register

9.2   Appendix 2: Board Assurance Framework

Risk ID and Title	Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
		Board Committee	Directorate	Business Area	Risk Handler	Review Date				
59 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	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	29/06/2021	20	20	5	Business case to procure a new phone system. Work with BT to maintain the current system. Implement the Unified Communications project.
61 P58 - National Emergencey Services Mobile Communications programme delay	**IF** there are significant delays to the Emergency Services Mobile Communications Programme (ESMCP) national project as advised by the national team, **THEN** 240 YAS A&E vehicle MDTs will be in excess of 10 years old, meaning a potential for failure of the MDT's with no available replacement alternative **RESULTING IN** an impact for frontline operational staff who may not have access to a vehicle with a working MDT.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	28/09/2021	12	12	6	Review milestones of the national programme. Capital bid for additional MDT devices.
287 Management of IT Equipment	**IF** IT Equipment is not securely received into the Trust; accurately documented upon arrival; immediately asset tagged and recorded where required; and stored securely until issued for use **THEN** valuable equipment may go missing **RESULTING IN** financial loss; reputational loss; and an adverse impact on the Trust's ability to deliver an effective service.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	28/09/2021	12	12	6	Multiple actions relating to immediate improvements in receiving and storage of equipment, but also a proposed RPIW to develop longer term improvements.
231 EPR Phase 3: Yorkshire and Humber Care Record dependencies	**IF** there are delays in the delivery of Yorkshire and Humber Care Record projects, **THEN** this will impact on the deployment of YAS data sharing developments, **RESULTING IN** impact on planned timescales and benefits realisation.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	30/09/2021	12	12	8	Continue to engage closely with the YHCR programme and partner organisations. If delays occur with YHCR pilot use cases, consider refocussing the YAS ePR development schedule on other priority areas. Note that this is a risk to delivery of enhanced functionality, and not a risk to continuing use of the current product.
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.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	29/06/2021	12	12	6	Ongoing work with NHS Digital to determine changes and improvements to the platform. Once determined an action plan will be devised.
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.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	29/06/2021	12	12	4	Actions to be determined to mitigate the risk pending further information.
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 WannaCry Cyber Security Incident) **RESULTING IN** potential response delays to patient care.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	29/06/2021	20	20	4	Mitigations are in place and expected implementation is Feb - Mar 21. The risk will be reviewed following implementation.
104 **COVID-19** - Financial uncertainty arising from Covid response measures in the Trust and nationally	**IF** the temporary central Covid funding arrangements and ICS approach to shared risk provides the Trust with an "envelope" of income for H1 2021/22, allowing the organisation to effectively plan and manage the expenditure for the first 6 months of the year, **THEN** there is uncertainty beyond H1 2021/22 **RESULTING IN** an adverse impact on the Trust's financial position. The Trust has however ensured commitment to covid related expenditure is non recurrent, where possible, thereby minimising any potential ongoing adverse impact on the Trust's financial position.	Finance and Investment	Finance	Finance	Kathryn Vause	31/05/2021	16	12	8	Financial management, planning and control in line with the temporary NHS financial regime during the first half of 2020-21. Regular and frequent reporting to TEG and TMG on planning and finance arrangements. Financial management, planning and control in line with new arrangements for second half of 2020-21, including internal Trust budget re-set

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377 Mandate Fraud	IF fraudsters are able to introduce false information into our procure-to-pay processes THEN funds may be transferred to the wrong bank account RESULTING IN in financial loss.	Finance and Investment	Finance	Finance	Kathryn Vause	30/09/2021	12	12	8	Risk to banking details changed to divert payment to fraudsters. Ongoing weekly review of details.
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).	Quality	Corporate Affairs	Regulatory Compliance	Amanda Wilcock	31/05/2021	12	12	8	Previously agreed risk rescoping and downgrade, reported to TMG and felt this was premature. Requested re-upgrade to 12 and continous monitoring. Programme developed and agreed with Trust Board and recruitment is currently underway.
34 Section 172 Road Traffic Act 1988 - Obligations to furnish police with driver details upon demand	IF a driver of any vehicle owned and/or operated by YAS can't be readily identified at the time of a moving traffic offence THEN the Trust will be guilty of an offence under Section 172 of the Road Traffic Act 1988 RESULTING IN the Chief Executive as responsible officer will be summonsed to court for the offence with negative financial and reputational impact.	Both	Finance	Fleet	Jeff Gott	30/08/2020	12	12	4	Create a robust pool car policy, with accountable persons for all Trust pool cars. Ensure an accountable person is identified with contact details on each and every Trust vehicle record, include hired vehicles. Explore use of telematics for identifying vehicle location and drivers.
19 Vehicle familiarisation training	IF YAS does not provide documentary evidence of all aspects of vehicle familiarisation training including staff members present, learning objectives and dates/times/vehicles THEN the Trust does not have a safe system of work as outlined in Health and Safety at Work legislation RESULTING IN regulatory action and increased litigation against the Trust with severe financial implications.	Both	Finance	Fleet	Jeff Gott	30/04/2021	15	15	6	Ensure all Trust vehicles have a suitable vehicle manual detailing the relevant familiarisation checks. Develop appropriate training material to address Vehicle Familiarisation across YAS. Develop short video materials linked into ESR as a core competency for all staff involved in working on vehicles.
43 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	Both	Finance	Procurement	Matt Barker	29/04/2020	12	12	3	Falsified medicines - scanning system option. Explore options for medicines scanning system to comply with FMD Legislation.
62 Climate Change	IF Climate Change occurs THEN extreme weather events (heatwaves, cold waves, flooding, flash floods, droughts) and sea level rise will occur RESULTING IN multiple implications for the Trust.	Both	Finance	Estates and Facilities	Alexis Percival	02/05/2021	15	15	12	Sustainable Development Management Plan. Flood Risk Assessment. Climate Change Adaptation Plan. Assessment of operational and supply-chain business continuity.
67 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	Quality	Finance	Fleet	Jeff Gott	30/08/2020	12	12	3	Plan for vehicle capacity to support events
236 Percentage of Fleet Available for AVP	IF there are insufficient A&E and PTS vehicles available to take off the road without affecting operational performance THEN the AVP system will not be able to operate RESULTING IN the inability to realise AVP benefits.	Both	Finance	Fleet	Jeff Gott	30/03/2021	12	12	6	Vehicle numbers for future modelling need to be determined to allow ring-fencing for AVP to maximise efficiencies. Note that one reason for lower numbers of vehicles in AVP is the deployment of vehicle cleaners at Emergency Departments as part of the COVID response activity.
84 Operational estate suitability	IF the estate cannot be modernised and/or expanded THEN A&E/PTS will struggle to operate out of some sites RESULTING IN not being able to effectively deliver services in some localities	Both	Finance	Estates and Facilities	Stuart Craft	30/07/2021	16	12	8	Ensure there is an approved Estates Strategy that identifies the functionality and condition of the operational estate, strategic objectives and proposals to address any identified issues. Ensure Estate Strategy links to Hub and Spoke proposals.
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.	Both	Finance	Estates and Facilities	David Sanderson	27/03/2021	12	12	6	Options are currently being reviewed and associated costings to determine appropriate actions.

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54	Clinical Capacity NHS 111/IUC	**IF** we are unable to recruit and retain sufficient clinical staffing capacity **THEN** there is a risk to the delivery of clinical advice in appropriate timescales **RESULTING IN** a risk of not being able to deliver NHS 111 First	Quality	IUC	NHS 111	Mark Leese	18/12/2020	12	12	6	Successful recruitment of Clinical Advisors. Whilst position has improved still not achieved the required numbers therefore recruitment to continue.
58	Culture / retention in NHS 111	**IF** we are unable to address the current cultural issues within the NHS111 call centres **THEN** staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	Quality	IUC	NHS 111	Mark Leese	01/07/2021	12	12	6	Cultural review in NHS 111. Health and well being initiatives introduced. Environmental improvements planned and started include height adjustable desks, new carpets decoration, new kitchen improvements in the training area.
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	Quality	IUC	NHS 111	Keeley Townend	31/05/2021	16	12	8	IUC Business plan in place for Ceiling & NHS 111 First demand levels. Recruitment plans to meet capacity. Pandemic IUC Plan to increase support at peak i.e Service Advisors / Trust clinical support. NHS England strategy to stand up Covid Response Service (CRS). Commissioner briefing of demand risk and NHS England tracking of demand
302	**COVID-19** 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 remodeling 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 remain during these changes.	Both	IUC	NHS111	Bob Sunley	30/07/2021	15	15	6	Full desk screening completed in December 2020. Temporary measures implemented however required further space. Work now underway as part of the Estates strategy.
305	Pulse Oximetry Roll Out	**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.	Quality	IUC	NHS111	Bob Sunley	27/08/2021	12	12	4	Exsisting SOPs are to be fully reviewed and training provided for staff.
306	National changes to DoS on ED DoS 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 do not meet their needs.	Quality	IUC	NHS111	Bob Sunley	30/06/2021	12	12	6	The operational concerns are to be raised with ICS/Commissioners and quality leads and determine appropriate actions upon response.
358	Unified Comms Pilot Issues	**IF** the pilot system does not perform at least as good as the previous system **THEN** it will have a detriment effect on service performance **RESULTING IN** a poor patient experience.	Quality	IUC	NHS111	Bob Sunley	21/05/2021	12	12	4	Work is underway with ICT to determine actions.
368	Clinical Team Leader Recruitment	**IF** the continuous recruitment of Clinical Team Leaders (CTL) to the budget of 14FTE fails **THEN** there will not be sufficient CTL to complete the full range of duties for the role **RESULTING** in focusing only on managing the Clinical Queue	Quality	IUC	NHS111	Bob Sunley	20/08/2021	12	12	4	Recruitment is underway and multiple roles are currently pending checks and training. Ongoing monitoring of the risk until fully recruited and in post.
182	IUC 111 average call handling time	**IF** the Average Handling Time does not reduce from it current 545 seconds to the contracted funding level of 501 **THEN** the slower process time affects the call answer performance **RESULTING IN** a need to increase staffing levels of around 15 to 20 and an impact on the 111 First Programme	Both	IUC	NHS 111	Keeley Townend	30/06/2021	16	16	8	Initial BI analysis completed and now further information required from Adastra to break down the AHT to demographics and NHS pathways triage. Contacted NHS England and NHS Pathways for insights into why the call length has increased, nationally its 596 and thought to be linked to the new Covid pathways

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40	Non conveyance decisions	IF there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting, THEN a discharge or acceptance of refusal decision may be made inappropriately RESULTING IN potential for adverse patient outcome	Quality	Medical	Clinical	Steven Dykes	23/07/2021	15	16	8	Actions underway; development of an assessment and decision making framework, development of training on the framework and an annual clinical refresher. Review of Paramedic Pathfinder useage. Awareness campaign about the importance of care planning and providing safety netting advice when discharging care on scene
106	Resuscitation 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.	Quality	Medical	Clinical	Steven Dykes	19/05/2021	16	15	5	Discuss output of recent Incident Response Group meeting in relation to case reviews.
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.	Quality	Medical	Clinical	Steven Dykes	19/05/2021	12	12	4	Actions to be confirmed.
17	Handover of critical risk information	IF critical risk information is not provided from EOC to A&E crews via CAD in a timely manner, THEN crews will not necessarily be able to provide the best or safest response, RESULTING IN the potential for increased harm to both staff and patients.	Quality	Operations	EOC	Will Colam-Ainsworth	31/03/2021	12	12	4	Explore systems options to improve the sending and displaying of alerts, and provide a warning system to dispatchers and EMD that warning messages need to be sent. Raise awareness and clarification amongst EOC staff regarding the importance of sending warning messages.
15	Loss of Premises EOC Springhill 2	IF there is a denial of access to EOC at Wakefield for a period of more than one hour THEN demand at York EOC would increase significantly RESULTING IN an inability to manage demand until displaced staff arrive at York or Callflex DR sites.	Quality	Operations	EOC	Pauline Archibald	31/05/2021	8	12	4	Review is underway to increase capacity at alternate sites and explore options within AMPDS Client 0 that would allow remote access.
35	Hospital handover monitoring	IF there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	Quality	Operations	A&E Ops	Stephen Segasby	30/08/2020	16	16	4	Specific focus on handover delays at the Northern General Hospital (Sheffield) and Scarborough Hospital sites.
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.	Quality	Operations	A&E Ops	Stephen Segasby	30/07/2020	20	16	6	Understand the needs of the system and implications of NHS long term plan which requires paramedic workforce within primary care. Develop system partnership working to progress rotational paramedic model to ensure it fits Ambulance Trust and Primary Care Trust needs
44	External Job Evaluation	IF the external job evaluation panel (JEG) do not fully understand the Clinical Supervisor role, EMD and Dispatcher roles THEN there is a high possibility of roles to be upgraded in banding RESULTING in a significant ongoing financial impact on the Trust	Both	Operations	A&E Ops	Suzanne Hartshorne	30/06/2021	12	12	4	ACAS process the Trust has agreed to refer 3 roles (CS, EMD & Dispatcher). YAS are to continue supporting the review of these roles.
49	Calderdale Huddersfield reconfiguration	IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets	Both	Operations	A&E Ops	Stephen Segasby	30/03/2021	12	12	4	Audit of PCRs to establish under the new arrangement where the patient would have been conveyed to. Work with CHFT to understand pathways for different scenarios and support modelling of impacts.
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.	Both	Operations	A&E Ops	Stephen Segasby	30/04/2021	12	12	4	Ongoing monitoring, review underway to determine actions to mitigate the risk.

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52	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	Both	Operations	A&E Ops	Stephen Segasby	16/06/2020	20	20	12	Complete a Quality Impact Assessment for Friarage. Manage patient experience supported by collaborative public messages.
79	S136 hidden demand	IF Yorkshire Police force areas began to adhere to nationally agreed guidance for the transport of people detained under S136 of the MHA (1983) which states that the ambulance service should be responsible for transporting patients who are detained under S136 to a place of safety and that this work should be prioritised and the response should be a Category 2 ambulance response under ARP. THEN Yorkshire Ambulance Service would see an increase of circa 2000 Cat 2 patients across our 4 force area	Quality	Operations	A&E Ops	Stephen Segasby	30/03/2021	9	12	6	YAS MH business case being developed which includes options for transport of patients detained under S136. Lead Nurse and Specialist Development Nurse to attend any relevant MH system meeting to ensure discussions around transport of S136 patients is considered and any change in police management of these patients is highlighted early
82	COVID-19 - 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.	Both	Operations	A&E Ops	Stephen Segasby	30/06/2021	20	12	6	Corporate Executive co-ordination cell to support business critical function (temporary arrangement). Gold Cell - 09.30 daily multi-service incident meeting across EOC, 111, PTS and all corporate support services. TEG - daily Trust Executive Group meeting.
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	Quality	Operations	A&E Ops	Stephen Segasby	30/07/2020	16	12	5	Implement Requirements of ARP. Monitor tail of performance.
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.	Quality	Operations	A&E Ops	Stephen Segasby	29/09/2020	12	12	4	Actions to be confirmed.
180	A&E Operations Staffing Capacity	IF the budgeted number of FTE is not able to be achieved through recruitment (as a consequence of Covid-19) THEN there will be a significant shortfall in available resource hours from November 2020 until the end of March 2021 RESULTING IN reduced response times to incidents	Quality	Operations	A&E Ops	Stephen Segasby	31/03/2021	20	20	12	Increased use of overtime Increased training capacity Use of alternative providers Reduce demand
322	Impact of lease car tax liabilities relating to 'blue light' vehicle users	IF tax liabilities relationg to lease car businessmileage create material disincentives for individuals THEN personnel are less likely to lease a 'blue light' vehicle provided by the Trust, and so fewer commanders (or others) could have immediate access to a vehicle capable of being driven under emergency conditions RESULTING IN longer incident response times, greater risk of harm to the public and with EPRR requirements to fulfil the CCA.	Quality	Operations	A&E Ops	Jeevan Gill	26/02/2021	16	16	8	All options are being considered to determine appropriate mitigations.
288	National Security Risk Assessment	IF those risks in the National Security Risk Assessment (NSRA) that directly affect the Trust are not reviewed; scrutinised against YAS plans and guidance; and mitigated as much as practicable, THEN the Trust would be failing to undertake its statutory duties as a Category One Responder and open to criticism in the event of external scrutiny, RESULTING IN potential criminal charges; financial loss; reputational loss; and an adverse impact on the Trust's ability to deliver an effective service.	Both	Operations	A&E Ops	Jeevan Gill	30/04/2021	12	12	8	Undertake a systematic review of the 72 risks in the National Security Risk Assessment and assess the Trust's position in relation to these.
325	Adverse Weather Provisisons	IF there is no systematic 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.	Both	Operations	A&E Ops	Jeevan Gill	31/03/2021	12	12	6	Risk currently under review to determine actions.

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365 Potential Airedale Evacuation	**IF** Airedale Hospital were to collapse as a result of the Reinforced Autoclaved Aerated Concrete (RAAC) currently used in 83% of the construction. **THEN** the Trust would be required for a 'no notice' evacuation of the whole site (circa 450 patients) to surrounding hospitals, and triggering a major incident **RESULTING IN** the Trust not being unable to sustain business as usual as a result of redirecting resources across all operational services.	Quality	Operations	A&E Ops	Jeevan Gill	01/06/2021	20	20	15	Airedale have the risk recorded with regards to the direct impacts of the collapse. However YAS risk recorded as a result of the implications this would have on the Trust and expected response. Work is underway alongside NHSE to plan for a 'no notice' evacuation.
9 EU Exit	**IF** the EU Exit proceeds as a 'no deal' **THEN** YAS plans for continuity of business as usual could be impacted **RESULTING IN** potential for disruption to patient care.	Both	Operations	A&E Ops	Jeevan Gill	30/07/2020	12	12	12	Review all EU Exit plans in light of emerging government strategy
22 Availability of CCTV for pursuance of sanctions	**IF** CCTV is not readily available **THEN** investigations cannot be comprehensively conducted **RESULTING IN** failure to impose sanctions and redress	Quality	QGPA	Performance Assurance and Risk	Steve Page	30/03/2020	12	12	3	Extend staff groups who can retrieve and view CCTV footage (e.g. Fleet; ROC). Upgrade CCTV hardware and software. Evaluate CCTV provision for premises. Develop SOP for health checks of vehicle CCTV. Bodycam national pilot.
28 Management of paper records within YAS	**IF** HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations **THEN** the Trust will not be complaint with Data Protection regulations **RESULTING IN** the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	Both	QGPA	Performance Assurance and Risk	Helen Hartland	30/09/2021	12	12	4	All paper records held across YAS premises to be brought to one location to ensure access is restricted and that no further paper files are created. Paper records reviewed to establish their retention requirements. Retained documents to be scanned and stored digitally. Risk to be reviewed at IG Working Group in November.
30 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 **RESULTING IN** potential for increased data breaches and non-compliance with the DSP Toolkit mandatory assertion.	Quality	QGPA	Performance Assurance and Risk	Helen Hartland	30/09/2021	12	12	3	Work with Education and Training Team to launch e-learning on the new ESR/OLM learning platform. Weekly monitoring of uptake of IG training by staff. Staff communications to support completion of IG training.
41 Premises security	**IF** YAS premises are not adequately protected by an appropriate level of security **THEN** staff and assets will be vulnerable **RESULTING IN** the potential for physical harm; financial loss; reputational loss; and an adverse impact on the Trust's ability to deliver an effective service.	Both	QGPA	Performance Assurance and Risk	Steve Page	30/08/2020	12	12	12	Develop a business case for the upgrade/replacement of the Trust's access control and CCTV System. LSMS to complete site security inspections to mitigate risks as far as possible within current arrangements. LSMS to consult with Estates to incorporate into planned refurbishment work.s
42 Violence and aggression	**IF** YAS staff are not adequately protected against acts of violence and aggression **THEN** there is a potential for staff to be seriously injured **RESULTING IN** the potential for physical harm; financial loss; and reputational loss.	Both	QGPA	Performance Assurance and Risk	Steve Page	30/04/2021	12	12	4	Safety guidelines and training. Dynamic risk assessment and joint decision-making model. Management of incidents and serious incidents. Support for criminal convictions. Data flagging. Safer Responding Group.
187 Cumulative effect of repeated moving and handling	**IF** the Trust does not consider the frequency, weight and forces involved in moving and handling tasks **THEN** staff may experience the cumulative effect of repeated actions **RESULTING IN** musculoskeletal injury	Quality	QGPA	Health and Safety	Shelley Jackson	31/07/2021	12	15	3	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries. Reduce weight of bags. Defibrillator replacement to consider weight. Vehicle design group to consider moving and handling risk
188 Health and Safety training for middle managers	**IF** the Trust's middle management do not receive formal health and safety training, **THEN** the Trust will be unable to effectively maintain its health and safety management system, **RESULTING IN** an increase in health and safety incidents and the multifarious potential adverse impacts associated with these	Quality	QGPA	Health and Safety	Shelley Jackson	31/07/2021	12	12	3	Develop non-accredited H&S training for managers not included in the IOSH accredited training. Middle managers (e.g. Locality Managers to be provided with appropriate IOSH* accredited H&S training or equivalent. Review impact of new H&S sentencing guidelines on the Trust.
24 Bank Staff compliance for statutory/mandatory training	**IF** the level of compliance for Bank staff fails to improve **THEN** the Trust will be at risk of not meeting its minimum threshold of statutory/mandatory compliance **RESULTING IN** not being to assure staff are aware of their responsibilities for safe working practices in relation to statutory/mandatory areas.	Quality	Workforce and OD	Education and Training	Dawn Adams	01/07/2021	12	12	2	Report non-compliance to Non-Clinical PGB on a monthly basis to identify key risks. Identify good practice within the Trust and share this with monthly compliance reports. Explore options for a Bank Agency within the Trust overseeing the use of all bank staff.

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366	C1 Driving License Testing	**IF** the C1 providers do not prioritise blue light services for driver training and testing and clear the existing backlog, **THEN** Paramedics appointed without a C1 licence will not be able to drive as part of an incident response **RESULTING** in detriment to staff welfare where one crew member is driving at all times during a shift.	Quality	Workforce and OD	Education and Training	Claus Madsen	04/07/2021	12	12	2	Risk currently under review to determine actions. Testing is now allowed and emergency responders are been prioritised.
36	Impact of calculation of holiday pay to include regular overtime in remuneration	**IF** holiday pay calculations requires inclusion of overtime as part of normal remuneration **THEN** YAS would be required to address the financial impact of implementing this legislation **RESULTING IN** a financial cost to the organisation	Finance and Investment	Workforce and OD	Human Resources	Suzanne Hartshorne	30/06/2021	16	16	8	A stay has been awarded on the Trust's claims pending the outcome of an application for appeal to the Supreme Court on Flowers v East of England Ambulance Service
362	Non-Covid YAS Sickness Absence	**IF** Non-Covid related sickness absence continues to rise and is not accurately recorded, managed and reported **THEN** the Trust may not fully understand interventions required and adequality plan the workforce to meet the demand **RESULTING IN** impact on service delivery.	Finance and Investment	Workforce and OD	Human Resources	Suzanne Hartshorne	31/05/2021	12	12	4	Quality Improvement taskforce approach to be taken to determine themes and trends and appropriate action plan.
50	Immunity screening and vaccination and health surveillance	**IF** YAS staff are not comprehensively screened and immunised by OH **THEN** they may contract and spread infectious diseases **RESULTING IN** potential harm to staff and patients	Quality	Workforce and OD	Human Resources	Helen Houghton	31/07/2021	12	12	4	Send out clinical alert regarding measles outbreak and importance of MMR vaccine. Fleet staff require health surveillance renewed annually. PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required. Review of Occupational Health contract provision.
99	**COVID-19** - 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 related but also related to stress and anxiety, recruitment and retention issues **RESULTING IN** staff resourcing issues and reputational damage.	Quality	Worforce and OD	Human Resources	Helen Houghton	31/05/2021	16	16	4	Multiple actions regarding staff mental and physical well being, bereavement services, infection prevention advice and guidance, workplace safety, home working safety and good practice, communications and engagement, support and well-being of high risk groups.

Board Assurance Framework 2020-21

2020-21 Year-End	Summary

Trust Management Group	23 June 2021
Audit Committee	08 July 2021
Trust Board	27 July 2021
Quality Committee	17 June 2021
F&I Committee	17 June 2021

CEO – Chief Executive Officer
EDF – Executive Director of Finance
ED.QGPA – Executive Director of Quality, Governance and Performance Assurance
ED.Ops – Executive Director of Operations
D.WF&OD – Director of Workforce and Organisational Development
D.IUC – Director of Integration and Urgent Care
EMD – Executive Medical Director
AD.CA – Associate Director of Corporate Affairs

Strategic Ambitions: One Team, Best Care 2018-23

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

Our people feel empowered, valued, and engaged to perform at their best

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Table 1: showing progress in risk mitigation versus initial risk grading projected for the relevant quarter.

Areas of Strategic Risk		2020/21 Projected Risk Exposure				20/21 Year-End Actual	21/22 Q1 Actual	Direction of Travel	Year End Summary Position	Deviations from projections
		Q1	Q2	Q3	Q4					
Patients and communities experience fully joined-up care, responsive to their needs	1a) Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations	20	12	20	16	16	20	⬆	Response performance was impacted during the year with increased times across mean and 90th percentile measures. Increases in demand at key times caused specific peaks which adversely affected the response performance. The easing of lockdown restrictions and opening of the night-time economy led to increased demand. Longer job cycle times and increased levels of sickness and abstractions reduced resource availability. Hospital handover times increased due to winter pressures and COVID-19 impact; these are being managed as a system-wide priority. Demand modelling work, team-based working, and the integrated transport pilot all progressed.	No deviation from year-end projection
	1b) Ability to deliver the required performance standards and service developments in Integrated and Urgent Care	16	12	20	16	16	20	⬆	IUC call performance was generally good throughout the pandemic. 1.7m patients were supported through NHS 111 during the year, a 7.5% increase from the previous year. The Trust went live with NHS 111 First in December, but call volumes were lower than expected. Deployment of Unified Comms impacted adversely on call handling performance. Challenges continue with clinical performance, and this is an area for further development. Overall, the staffing position was positive through the year, although sickness and well-being remain concerns to be addressed.	No deviation from year-end projection
	1c) Ability to deliver the required performance standards and service developments in the Patient Transport Service	16	12	12	12	12	16	⬆	Contractual KPI performance measures for PTS have been suspended in line with NHS England guidance due to COVID 19. PTS maintained a good level of service for renal patients. On-day discharge performance was good despite demand rising dramatically. Demand has increased to beyond 85% of pre-COVID levels; this requires much greater PTS capacity due to single patient occupancy and other COVID response requirements. New vehicles have started to come on stream as part of the planned fleet renewal. Recruitment of more than 100 new volunteers commenced.	No deviation from year-end projection
	1d) Ability to influence and respond to system-wide developments in urgent and emergency care	12	12	12	12	12	12	⬌	Trust recovery and future development is closely aligned with regional and national requirements via ICSs. An Integrated Commissioning Framework has been developed with the regional ICSs. The Trust is represented on ICS Boards and continues to influence strategic and operational developments at system and place level. Specific developments include the Trust's integral role in the delivery of the system wide IUEC programme and its development of mental health provision. The Trust is actively engaged with national reviews of PTS and IUC services and with wider plans for reform of health structures.	No deviation from year-end projection

Areas of Strategic Risk		2020/21 Projected Risk Exposure				20/21 Year-End Actual	21/22 Q1 Actual	Direction of Travel	Year End Summary Position	Deviations from projections
		Q1	Q2	Q3	Q4					
Our people feel empowered, valued and engaged. to perform at their best	2a) Ability to ensure provision of sufficient clinical workforce	16	16	20	16	16	16	⬌	Initiatives to develop the current and future supply of the clinical workforce across service lines have progressed. The post -registration career framework for paramedics has been agreed, the post registration career framework for clinicians is in development and further work is underway to develop rotational models and strategic workforce planning processes aligned to demand modelling. Clinical workforce initiatives are key priorities in the Trust's refreshed transformation programme.	No deviation from year-end projection
	2b) Ability to support the physical and mental health and well-being of staff	16	12	16	12	16	20	⬆	Multiple initiatives to protect the physical and mental well-being of staff are in place. Workplace environments and practices have been made COVID-secure. A range of mental health support is available, including post-incident care provision. Sickness absence remains a concern, including COVID, long-COVID and non-COVID sickness. A taskforce has been established to address a rise in non-COVID sickness. The COVID vaccination programme reached thousands of staff and volunteers although the side-effects of vaccination in some staff created short-term pressures on staff availability.	Year-end deviation from projection
	2c) Ability to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to diversity and inclusion	16	16	12	12	12	12	⬌	The Trust developed and commenced delivery of its Inclusion and Diversity Plan, along with its Workforce Strategy and the NHS People Plan. WRES, DES and gender pay gap data indicates positive direction of travel overall. Staff networks continued to be active, covering BAME, Disabilities and LGBT. Key appointments have been made at senior managerial level and Board (non-executive director) level, and further non-executive director capacity is being created.	No deviation from year-end projection
	2d) Ability to embed strategies for excellence in leadership, management, and organisational culture	12	12	12	12	12	12	⬌	The Trust has continued to embed cross-organisational culture initiatives and the use of cultural information to inform development work (e.g.: Say Yes to Respect, Just Culture, Freedom to Speak Up, Cultural Ambassadors). A new staff engagement tool (Simply Do Ideas) has been implemented and positively evaluated. A broader cultural review has commenced. The Trust training plan resumed following a COVID-19 hiatus. Leadership and managerial development programmes have been refreshed.	No deviation from year-end projection

Areas of Strategic Risk		2020/21 Projected Risk Exposure				20/21 Year-End Actual	21/22 Q1 Actual	Direction of Travel	Year End Summary Position	Deviations from projections
		Q1	Q2	Q3	Q4					
We achieve excellence in everything we do	3a) Capacity and capability to deliver and manage planned transformational changes	16	16	16	12	16	16	↔	The Trust's transformation programme has been reviewed and restructured to reflect internal structural / organisation change and external system developments. Leadership and managerial capacity and capability to deliver transformation work is being strengthened. Slippage due to COVID and other external constraints has occurred for some projects. Business planning progressed, and an operational plan completed, in the context of ongoing flux and uncertainty around NHS financial arrangements.	Year-end deviation from projection
	3b) Ability to respond well to specific wider external challenges	16	16	16	12	12	12	↔	Trust recovery and future development has been closely aligned with regional and national requirements via ICS arrangements. Business continuity arrangements have been reviewed and updated as part of the learning from the first wave of COVID. Assessment and mitigations are ongoing regarding the Trust's compliance arrangements for managing security threats. EU Exit did not create significant supply chain issues for the Trust. Climate change risk assessment continues, with the development of sustainability plans.	No deviation from year-end projection
We use resources wisely to invest in and sustain services	4a) Ability to robustly manage Trust finances to deliver the required financial performance	16	16	16	12	16	16	↔	Throughout the year the Trust operated within, and complied with, temporary financial arrangements put in place system-wide during the pandemic response. Suspension of NHS contracting arrangements affected the Trust's expected advantageous financial position for 2020/21. Uncertainty persisted regarding the system-wide financial arrangements for 2021/22 and the financial position of the Trust. Issues with internal control of financial management identified during the 2019/20 year-end process have been addressed.	Year-end deviation from projection
	4b) Ability to deliver our requirements and ambitions regarding key enabling infrastructure (digital technology, estates, and fleet)	16	16	16	12	16	16	↔	Key digital transformation programmes (e.g. Unified Comms, N365) experienced delays due to a combination of COVID pressures and external third-party issues. The COVID focus on supporting remote working, plus additional digital / ICT projects (e.g. personal issue SMART phones), created further demand pressures. Estates work has focussed on short-term remodelling of premises to create COVID-secure environments, and ongoing hub and spoke / AVP developments. The Trust faces medium-term strategic challenges regarding estate requirements.	Year-end deviation from projection

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

Principal Risk Ref No: / Exec Lead / Risk Area	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) / External Assurance	Gaps in Controls and /or Assurances	Key Mitigations / Summary Year-End Position
	Initial	Current	Target					
1a) Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations. **CQC Domains: Responsive** TEG Lead: Exec Director: Operations COMMITTEE ASSURANCE: QUALITY COMMITTEE FINANCE AND INVESTMENT COMMITTEE	4 x 5 = 20	4 x 5 = 20	4 x 4 = 16	Risk 17: Handover of critical risk information Risk 15: Loss of premises: EOC Springhill 2 Risk 35: Hospital handover monitoring Risk 37: Paramedic workforce supply Risk 49: Calderdale-Huddersfield reconfiguration Risk 52: Friarage reconfiguration Risk 79: S136 hidden demand Risk 82: Impact of COVID on EOC and 999 Risk 99: Staff physical and mental well-being Risk 105: Operational performance Risk 108: Communication of information between IUC and EOC Risk 180: A&E Operations staffing capacity Risk 289: Trust hygiene and social distancing Risk 322: Impact of lease car tax liabilities relating to 'blue light' vehicle users Risk 325: Adverse weather provisions Risk 356: Scarborough reconfiguration of paediatric pathways Risk 362: Non-COVID sickness absence	Trust strategy Trust Clinical Strategy Trust Digital Strategy COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide plans and priorities National and sector-wide plans and priorities National policy developments System-wide planning and commissioning processes Stakeholder engagement plans and processes System-wide governance structures and processes Capital plan Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks	**Board Level Assurance / Oversight** Trust Board Board Committees Audit Committee **1st Line of Defence** Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report COVID Command Cell **2nd Line of Defence** Transformation Programme Boards IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Integrated Business Planning Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group A&E Delivery Boards **3rd Line of Defence** Internal Audit Reviews: Dispatch (20/21) Clinical Referral Pathways (20/21) Clinical Audit Assurance (19/20) Professional Revalidation (19/20) GRS (18/19) Attendance Management (18/19) **External Assurance / Oversight** System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework External Audit	1) Impact of COVID activity on service performance 2) Impact of COVID on demand patterns 3) Impact of COVID on ways of working 4) Provision of sufficient staffing levels in EOC and 999 5) Service developments and change projects 6) Control in wider system of impact of increased hospital handover time 7) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards	Due to COVID-19, national response times performance targets were relaxed although the Trust continued to use these to monitor performance. Response performance was impacted during the year with increased times across mean and 90th percentile measures. Pressures on response times continued during the transition into 2021-22. COVID-19 saw the introduction of National Escalation Levels (NELs) to help manage demand into 999 services, ensuring the sickest patients were treated in a timely manner. Increases in demand at key times caused specific peaks which adversely affected the response performance. The easing of lockdown restrictions and opening of the night-time economy at times during the year led to increased demand. The Trust responded to this by escalating to REAP4 for substantial periods of the year. Longer job cycle times and increased levels of sickness and abstractions reduced resource availability. Hospital handover times increased due to winter pressures and COVID-19 impact; these are being managed as a system-wide priority. The recruitment and training landscape rapidly changed in quarter one due to COVID-19. Classroom sizes were reduced due to social distancing, testing was introduced in some practical training to ensure safe practices were maintained which resulted in a revised recruitment and training plan. The recruitment and training team achieved better than the revised plan, and in addition to the above they provided additional ECA courses which meant that a total of 148 ECAs joined the Trust, 62 EMT1 to AAP courses and recruited a further 24 full-time equivalent paramedics. Service developments and change projects continued, including demand modelling work, team-based working (albeit delayed due to staff-side negotiations), new career pathways, and the integrated transport pilot. Mobilisation of key technology progressed including deployment of new GeTac toughbooks, ePR enhancements, and personal issue smart phones. Deployment of Unified Comms to A&E/EOC was delayed.

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

Principal Risk Ref No:	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence)	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
Exec Lead / Risk Area	Initial	Current	Target			External Assurance		

1b) Ability to deliver the required performance standards and service developments in Integrated and Urgent Care.
 	
CQC Domains: Responsive
 	
TEG Lead:
 	
Director of Integration and Urgent Care
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
 	
FINANCE AND INVESTMENT COMMITTEE
	4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	Risk 54: Clinical capacity in NHS111 / IUC
				
				Risk 58: Culture and retention in NHS 111
				
				Risk 99: Staff physical and mental well-being
				
				Risk 182: IUC / NHS111 call handling time
				
				Risk 283: Excessive demand on NHS111 / IUC
				
				Risk 289: Trust hygiene and social distancing
				
				Risk 302: Social distancing space in Callflex
				
				Risk 305: Pulse oximetry rollout
				
				Risk 306: Directory of Services national changes
				
				Risk 358: Unified Comms Pilot software issues
				
				Risk 362: Non-COVID sickness absence
					Trust strategy
					
					Trust Clinical Strategy
					
					Trust Digital Strategy
					
					COVID response and recovery planning processes
					
					Business planning processes
					
					Trust policies and procedures
					
					Gate Review Process
					
					Transformation programme
					
					Programme / project boards
					
					IUEC Programme
					
					COVID debrief and lessons identified processes
					
					Regional system-wide plans and priorities
					
					National and sector-wide plans and priorities
					
					National policy developments
					
					System-wide planning and commissioning processes
					
					Stakeholder engagement plans and processes
					
					System-wide governance structures and processes
					
					Capital plan
					
					Business Continuity plans and processes
					
					Winter planning processes
					
					Professional standards
					
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						COVID Command Cell
						
						2nd Line of Defence
						Transformation Programme Boards
						IUEC Programme Board
						PMO Programme Assurance
						Risk and Assurance Group
						Integrated Business Planning Group
						Gate Review Group
						Capital Planning Group
						Clinical Governance Group
						Incident Review Group
						Quality Assurance Working Group
						A&E Delivery Boards
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Clinical Referral Pathways (20/21)
						  Clinical Audit Assurance (19/20)
						  Professional Revalidation (19/20)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						CQC Well-Led Framework
						External Audit
							1) Impact of COVID activity on service performance
							
							2) Impact of COVID on demand patterns
							
							3) Impact of COVID on ways of working
							
							4) Provision of sufficient staffing levels
							
							5) Service developments and change projects
							
							6) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards
								The NHS 111 telephone and online services were front and centre of the government's response to the coronavirus pandemic with public messaging focused on staying at home and contacting the health service remotely rather than face-to-face. Patient demand to the NHS 111 service at times, especially in the months of March and September 2020, was extremely challenging where the focus on delivering a safe service and ensuring staff welfare was paramount.
								
								IUC call performance was generally good throughout the pandemic. 1.7m patients were supported through NHS 111 during the year, a 7.5% increase from the previous year. 84.1% of calls answered within 60 seconds against a target of 95%. 54.3% of clinical calls received a call back within one hour against a target of 60%.
								
								Some of the normal 'winter' peak demand did not materialise due to social distancing and lockdown restrictions resulting in an overall year-end position of 0.3% below contract ceiling. The Trust went live with NHS 111 First in December, but call volumes were lower than expected.
								
								NHS 111 call handling centres were re-configured in line with social distancing and other infection control guidelines, and greater use was made of remote / home working.
								
								Overall the staffing position was positive through the year, although sickness and well-being remain concerns to be addressed and this is an increasing area of risk moving in to 2021/22. YAS tendered for additional clinical support for suitable providers to be added to a framework to assist with ED validations and the provision of a Clinical Advice Service (CAS). This exercise is now complete. Staffing capacity for clinical roles in IUC remains an area of risk.
								
								Deployment of Unified Comms impacted adversely on call handling performance.
								
								Challenges continue with clinical performance and this is an area for further development.

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

Principal Risk Ref No:	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence)	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
Exec Lead / Risk Area	Initial	Current	Target			External Assurance		

1c) Ability to deliver the required performance standards and service developments in the Patient Transport Service.
 	
CQC Domains:
 	
All
 	
TEG Lead:
 	
Director of Integration and Urgent Care
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
 	
FINANCE AND INVESTMENT COMMITTEE
	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Risk 99: Staff physical and mental well-being
				
				Risk 289: Trust hygiene and social distancing
				
				Risk 362: Non-COVID sickness absence
					Trust strategy
					
					Trust Fleet Strategy
					
					COVID response and recovery planning processes
					
					Business planning processes
					
					Trust policies and procedures
					
					Gate Review Process
					
					Transformation programme
					
					Programme / project boards
					
					IUEC Programme
					
					COVID debrief and lessons identified processes
					
					Regional system-wide plans and priorities
					
					National and sector-wide plans and priorities
					
					National policy developments
					
					System-wide planning and commissioning processes
					
					Stakeholder engagement plans and processes
					
					System-wide governance structures and processes
					
					Capital plan
					
					PTS contracting processes
					
					Procurement processes
					
					Business Continuity plans and processes
					
					Winter planning processes
					Professional standards
					
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						COVID Command Cell
						
						2nd Line of Defence
						Transformation Programme Boards
						IUEC Programme Board
						PMO Programme Assurance
						Risk and Assurance Group
						Integrated Business Planning Group
						Gate Review Group
						Capital Planning Group
						Clinical Governance Group
						PTS Governance Group
						Quality Assurance Working Group
						Incident Review Group
						A&E Delivery Boards
						
						3rd Line of Defence
						Internal Audit Reviews:
						  PTS Patient Experience (21/22)
						  PTS Third Party Providers (18/19)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						CQC Well-Led Framework
						External Audit
							1) Impact of COVID activity on service performance
							
							2) Impact of COVID on demand patterns. (Acute demand and changes planned and reactive care). WYATT and Planned Care Alliance Board
							
							3) Impact of COVID on ways of working
							
							4) Provision of sufficient staffing levels
							
							5) Service developments and change projects
								Contractual KPI performance measures for PTS were suspended due to COVID 19. During 2020/21 the PTS provided 555,686 non-emergency journeys, covering 4,735,036 miles. PTS maintained a good level of service for renal patients, and on-day discharge performance was good despite demand rising dramatically.
								
								Demand has increased to beyond 85% of pre-COVID levels; this requires much greater PTS capacity due to COVID response requirements.
								
								COVID-19 required new ways of working, including bulkheads in PTS vehicles, single patient occupancy, PPE, and increased vehicle cleaning. Call handling centres were reconfigured in line with social distancing and infection control measures. A clinical on-call rota was established to provide clinical advice and support decision-making or all matters relating to COVID-19 within PTS. Patient self-booking was fast-tracked.
								
								Two new PTS contracts mobilised during the year – in North Lincolnshire and Hull. Transition was smooth, achieving performance standards for quality from day one.
								
								New vehicles have started to come on stream as part of the planned fleet renewal through which the average of age of the vehicles will drop from 7.1 years to 3.2 years.
								
								Recruitment of more than 100 new volunteers commenced and has been successful.
								
								The Trust launched its integrated transport pilot which utilises PTS resources for some lower acuity patients who would have been transported by 999 crews; those who need transport to hospital, but don't need a paramedic crew. The pilot is a collaboration between our PTS and 999 emergency services designed to ensure the most efficient use of all the resources available.
								
								The new web-based version of Cleric, the PTS booking, assessment, and transport logistics software, was launched in September 2020 – YAS is the first ambulance service to use the new application and will be piloting it for Cleric.

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

Principal Risk Ref No: Exec Lead / Risk Area	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) External Assurance	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
	Initial	Current	Target					
1d) Ability to influence and respond to system-wide developments in urgent and emergency care. **CQC Domains:** **Well Led** TEG Leads: Director of Integration and Urgent Care Exec Director of Operations COMMITTEE ASSURANCE: QUALITY COMMITTEE FINANCE AND INVESTMENT COMMITTEE	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	Risk 49: System reconfiguration (Calderdale) Risk 52: System reconfiguration (Friarage) Risk 54: Clinical capacity in NHS111 / IUC Risk 58: Culture and retention in NHS 111 Risk 182: IUC / NHS111 call handling time Risk 283: Excessive demand on NHS111 / IUC Risk 305: Pulse oximetry rollout Risk 306: Directory of Services national changes	Trust strategy COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide plans and priorities National and sector-wide plans and priorities National policy developments System-wide planning and commissioning processes Stakeholder engagement plans and processes System-wide governance structures and processes Capital plan Professional standards Regulatory frameworks	**Board Level Assurance / Oversight** Trust Board Board Committees Audit Committee **1st Line of Defence** Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report COVID Command Cell **2nd Line of Defence** Transformation Programme Boards IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Integrated Business Planning Group Gate Review Group Capital Planning Group Clinical Governance Group Quality Assurance Working Group A&E Delivery Boards Reconfiguration Group **3rd Line of Defence** Internal Audit Reviews: **External Assurance / Oversight** System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework External Audit	1. Complexity and fluidity in system wide plans and emerging developments in emergency and urgent care 2. Clarity and coherence in system wide COVID-19 recovery plans 3) National and local external funding pressures	Trust recovery and future development is closely aligned with regional and national requirements via ICSs. The Trust is represented on ICS Boards and continues to influence strategic and operational developments at system and place level. An Integrated Commissioning Framework has been developed with the regional ICSs. This includes specific strategic / transformational developments in four areas: • Patient Transport Service • Patient pathway - Same Day Emergency Care Services and 2 hr UCR • Mental Health Investment Scheme • Integrated rotation paramedics including The Trust is engaged in several service and pathway reconfigurations, including: • Calderdale & Huddersfield Reconfigurations • Leeds Children's Hospital • Leeds Children's & Young Peoples - In-patient unit • Mid-Yorkshire Hospital Trust – Frailty pathways The Trust is actively engaged with the ongoing further development of integrated working at system level (ICS) and at place (e.g. Place-Based Partnerships and Provider Collaboratives), and with related developments such as the new System Oversight Framework The Trust is actively engaged with national reviews of PTS and IUC services and with wider plans for reform of health structures.

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

Principal Risk Ref No: Exec Lead / Risk Area	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) External Assurance	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
	Initial	Current	Target					

2a) Ability to ensure provision of sufficient clinical workforce.
 	
CQC domains:
 	
Well Led
 	
TEG Lead:
 	
Director of Workforce and OD
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	Risk 24: Bank staff compliance for statutory and mandatory training
				Risk 37: Paramedic workforce supply
				Risk 54: Clinical capacity in NHS111 / IUC
				Risk 58: Culture and retention in NHS111
				Risk 99: Staff physical and mental well-being
				Risk 106: Resuscitation training and competency
				Risk 180: A&E Operations staffing capacity
				Risk 357: Maternity care
				Risk 362: Non-COVID sickness absence
				Risk 366: C1 driving license testing
					Portfolio Governance Boards
					Living Our Values Programme
					Trust Workforce Strategy
					Trust Vision and Values
					Trust policies and procedures
					NHS People Plan
					Freedom to Speak Up process
					Direct Executive and senior management engagement
					Leadership conferences
					Clinical Supervision structure
					Staff-side engagement
					Diversity and Inclusion Strategy and processes
					Staff Networks
					Cultural Ambassadors
					Say Yes to Respect
					Just Culture processes
					Simply Do Ideas process
					Accountability Framework
					Leadership in Action Programme
					YAS Training Plan
					Statutory and Mandatory Training
					Professional standards
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						YAS Academy
						COVID Strategic Command
						
						2nd Line of Defence
						Transformation Programme Boards
						PMO Programme Assurance
						Risk and Assurance Group
						Strategic Workforce Group
						Clinical Portfolio Governance Board
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Absence Management (21/22)
						  Health and Well-Being (21/22)
						  Disciplinary Procedures (21/22)
						  Occupational Health (20/21)
						  Professional Revalidation (19/20)
						  Attendance Management (18/19)
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						Annual NHS Staff Survey
						CQC Well Led Framework
						External Audit
							1) National shortage of Paramedics impacting on recruitment and retention. Competition from non-ambulance sector
							
							2) Availability of clinical workforce for IUEC / 111 First
							
							3) Impact of COVID on availability of clinical workforce
								Recruitment into frontline roles continued to be the main focus for the Trust as the demand on our services continued to increase. Initiatives to develop the current and future supply of the clinical workforce across service lines have progressed.
								
								To support the response to the COVID-19 pandemic the Trust concentrated on recruitment to our frontline workforce; from April 2020, 148 Emergency Care Assistants (ECAs) joined our workforce. A range of initiatives have been pursued to attract and retain clinical roles in IUC/NHS111.
								
								In total the average number of ambulance staff in post during 2020/21 was around 250 WTE higher than in the previous year. At 31 March 2021 there were 2135 paramedics in post (including student paramedics) compared to 1984 twelve months earlier. At 31 March 2021 there were 1039 Emergency Care Assistants compared to 935 twelve months earlier. Increases in staffing numbers were also seen in PTS, EOC and IUC/NHS111.
								
								The post-registration career framework for paramedics has been agreed, the post registration career framework for clinicians is in development and further work is underway to develop rotational models and strategic workforce planning processes aligned to demand modelling. The career development pathway for paramedics was fully implemented. Our initial entry programme, Ambulance Support Worker, won a Gold Award at the Learning Awards 2021 as 'Apprenticeship Programme of the Year.'
								
								Clinical workforce initiatives are key priorities in the Trust's refreshed transformation programme.
								
								Workplace environments and practices have been made COVID-secure. This included providing staff with access to COVID-19 testing and COVID antibody tests for frontline staff during summer 2020.
								
								The Trust ensured that staff who were absent due to COVID, or who had to shield, underwent risk-based welfare assessments, received regular welfare calls, and were signposted to relevant support services.

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

Principal Risk Ref No: / Exec Lead / Risk Area	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) / External Assurance	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
	Initial	Current	Target					

2b) Ability to support the physical and mental health and well-being of staff.
 	
CQC domains:
 	
Well Led
 	
TEG Lead:
 	
Director of Workforce and OD
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
	4 x 4 = 16	4 x 5 = 20	4 x 3 = 12	Risk 17: Handover of critical information
				Risk 21: Conflict resolution training provision
				Risk 22: Availability of CCTV for pursuance of sanctions
				Risk 42: Violence and aggression
				Risk 50: Immunity screening, vaccination, and health surveillance
				Risk 58: Culture and retention in NHS111
				Risk 99: Staff physical and mental well-being
				Risk 187: Cumulative effect of repeated moving and handling
				Risk 188: Health and Safety training for middle managers
				Risk 289: Trust hygiene and social distancing
				Risk 362: Non-COVID sickness absence
					Portfolio Governance Boards
					Trust Workforce Strategy
					Trust Vision and Values
					Trust policies and procedures
					HR Business Partners
					NHS People Plan
					Freedom to Speak Up process
					Direct Executive and senior management engagement
					Leadership conferences
					Clinical Supervision structure
					Staff-side engagement
					Diversity and Inclusion Strategy and processes
					Staff Networks
					Cultural Ambassadors
					Say Yes to Respect
					Just Culture processes
					Simply Do Ideas process
					Accountability Framework
					Leadership in Action Programme
					YAS Training Plan
					Statutory and Mandatory Training
					Staff Well Being support offer and processes
					Occupational health processes and procedures
					Professional standards
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						COVID Strategic Command
						Staff Well-Being Group
						
						2nd Line of Defence
						Transformation Programme Boards
						PMO Programme Assurance
						Risk and Assurance Group
						Strategic Workforce Group
						Strategic Health & Safety Committee
						Diversity and Inclusion Group
						Portfolio Governance Boards
						Inspections for Improvement Process
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Health and Well Being (21/22)
						  Absence Management (21/22)
						  Occupational Health (20/21)
						  Violence and Aggression (20/21)
						  Fire Safety / Health and Safety (19/20)
						  Attendance Management (19/20)
						  Serious Untoward Incidents (18/19)
						  Temporary Injury Allowance (18/19)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						Annual NHS Staff Survey
						CQC Well Led Framework
						External Audit
							1. Impact of COVID on the physical and mental health and well-being of staff
							
							2) Embed initiatives to support staff wellbeing
							
							3) Management of short-term and long-term sickness absence
							
							4) Occupational Health contract arrangements
								Multiple initiatives to protect the physical and mental well-being of staff are in place. The Trust has a detailed Health and Wellbeing Plan for 2020/22 which focuses on key enabling strategies as well as focussed intervention areas such as mental health and musculoskeletal health.
								
								Workplace environments and practices have been made COVID-secure. This included providing staff with access to COVID testing and COVID antibody tests for frontline staff during summer 2020.
								
								The Trust ensured that staff who were absent due to COVID, or who had to shield, underwent risk-based welfare assessment, received regular welfare calls, and were signposted to relevant support services.
								
								The Trust continued to provide a 24/7 Employee Assistance Programme, giving access to psychological support. The Trust introduced a new trauma support and a new Post Incident Care and Support Process, ensuring our staff have support when they need it and can access services relevant to their needs. The Trust procured a Mental Health Support Service which will implement a peer support network to all staff where they can talk to a trained peer. volunteer and be signposted to the relevant support service.
								
								The 2020-21 flu vaccination campaign had a good uptake with over 64% of frontline staff having the vaccination. The Trust is working on a number of new strategies to ensure that this success is built on with a target of 80% to be achieved in 2021-22. All staff have had the opportunity to access COVID-19 vaccinations at a number of YAS sites and within local vaccination centres.
								
								To promote good musculoskeletal health, the Trust have provided high quality physiotherapy services to staff alongside support to staff who are now working remotely.
								
								Sickness absence remains a concern, including COVID, long-COVID and non-COVID sickness. A taskforce has been established to address a rise in non-COVID sickness.
								
								The occupational health services have continued to provide support to staff, and we have worked hard to maintain the good relationships with our providers. The contracts are closely managed with clear key performance indicators in place, and feedback from staff has been very positive.

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

Principal Risk Ref No: Exec Lead / Risk Area	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) / External Assurance	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
	Initial	Current	Target					

2c) Ability to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to diversity and inclusion.
 	
CQC domains:
 	
Well Led
 	
TEG Lead:
 	
Director of Workforce and OD
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
	4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	Risk 47: Diversity in decision-making
				
				Risk 58: Culture and retention in NHS111
				
				Risk 99: Staff physical and mental well-being
					Portfolio Governance Boards
					
					Trust Workforce Strategy
					
					Trust Vision and Values
					
					Trust policies and procedures
					
					HR Business Partners
					
					NHS People Plan
					
					Freedom to Speak Up process
					
					Direct Executive and senior management engagement
					
					Leadership conferences
					
					Clinical Supervision structure
					
					Staff-side engagement
					
					Diversity and Inclusion Strategy and processes
					
					Staff Networks
					
					Cultural Ambassadors
					
					Say Yes to Respect
					
					Just Culture processes
					
					Simply Do Ideas process
					
					Accountability Framework
					
					Leadership in Action Programme
					
					YAS Training Plan
					
					Statutory and Mandatory Training
					
					WRES and DES monitoring and reporting
					
					Gender Pay Gap monitoring and reporting
					
					Professional standards
					
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						Staff Network Initiatives
						Joint Steering Group
						Policy Development Group
						Accountability Framework Programme
						YAS Academy
						
						2nd Line of Defence
						Transformation Programme Boards
						PMO Programme Assurance
						Risk and Assurance Group
						Strategic Workforce Group
						Diversity and Inclusion Group
						Leadership and Management Portfolio Governance Boards
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Freedom to Speak Up (19/20)
						  Statutory and Mandatory Training Data and KPIs (19/20)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						Annual NHS Staff Survey
						CQC Well Led Framework
						External Audit
							1) Diversity and inclusion plans and activities
							
							2) Impact of COVID on specific groups (e.g. BAME)
							
							3) Diversity in the workforce is not reflective of wider population
							
							4) Board level representation not reflective of wider population
								The Trust developed and commenced delivery of its Diversity and Inclusion Action Plan, along with its Workforce Strategy and the NHS People Plan.
								
								The Equality Impact Assessment process has been refreshed with reviews undertaken on all relevant policies and initiatives and organisational change across the Trust. This is to ensure that any developments do not adversely affect any particular staff groups.
								
								During the COVID pandemic the Trust's support to staff from BAME communities, and those with disabilities and long-term health conditions. Has been significant. These groups have been disproportionately affected by the pandemic; therefore, a tailored response was needed. The Trust individualised the risk-based assessment process, followed by action card reviews with staff.
								
								WRES, DES and gender pay gap data indicates positive direction of travel overall with improvements against many standards. The Trust met its responsibilities under the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and Gender Pay Gap reporting requirements. For the Gender Pay Gap the average pay gap decreased (improved) by 1.3%, from 5.21% in 2019 to 3.91% in 2020.
								
								Staff networks continue to be active, covering BAME, Disabilities and LGBTQ+ (Pride@YAS). All three have increased the frequency of meeting and range of activities. The Trust has started work on becoming a formal LGBTQ+ friendly workplace and a Stonewall Diversity Champion, which is hoped to be achieved in 2021. A new women's network is in development.
								
								The Trust is supporting the development of a more diverse workforce at all levels. To increase BAME representation and voice at Board, the Trust has developed a BAME Associate NED Development Programme. Key appointments have been made at senior managerial level and Board (non-executive director) level, and further non-executive director capacity is being created.
								
								In order to improve Trust senior leaders' understanding of the issues and barriers faced by our BAME staff, a Reverse Mentoring pilot for BAME staff with Executives started.

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

Principal Risk Ref No:	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence)	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
Exec Lead / Risk Area	Initial	Current	Target			External Assurance		
2d) Ability to embed strategies for excellence in leadership, management, and positive organisational culture. **CQC domains:** **Well Led** TEG Lead: Director of Workforce and OD COMMITTEE ASSURANCE: QUALITY COMMITTEE	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	Risk 44: Clinical Supervisor job evaluation Risk 47: Diversity in decision-making Risk 54: Clinical capacity in NHS111 / IUC Risk 58: Culture and retention in NHS111 Risk 99: Staff physical and mental well-being Risk 188: Health and Safety training for middle managers Risk 362: Non-COVID sickness absence	Portfolio Governance Boards Trust Workforce Strategy Trust Vision and Values Trust policies and procedures HR Business Partners NHS People Plan Freedom to Speak Up process Direct Executive and senior management engagement Leadership conferences Clinical Supervision structure Staff-side engagement Diversity and Inclusion Strategy and processes Staff Networks Cultural Ambassadors Say Yes to Respect Just Culture processes Simply Do Ideas process Accountability Framework Leadership in Action Programme YAS Training Plan Statutory and Mandatory Training WRES and DES monitoring and reporting Gender Pay Gap monitoring and reporting Professional standards Regulatory frameworks	**Board Level Assurance / Oversight** Trust Board Board Committees Audit Committee **1st Line of Defence** Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Staff Network Initiatives Joint Steering Group Policy Development Group Accountability Framework Programme YAS Academy **2nd Line of Defence** Transformation Programme Boards PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Diversity and Inclusion Group Leadership and Management Portfolio Governance Boards **3rd Line of Defence** Internal Audit Reviews: Freedom to Speak Up (19/20) Statutory and Mandatory Training Data and KPIs (19/20) Liberty Protection Safeguards (21/22) **External Assurance / Oversight** System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Annual NHS Staff Survey CQC Well Led Framework External Audit	1) Matured leadership and accountability 2) Management development 3) Engagement with widely dispersed workforce and significant pace of change, exacerbated by COVID response and re-set (e.g. homeworking) 4) Capacity and change at Executive and non-Executive level	The Living Our Values Behavioural Framework continues to sit at the heart of all the Trust does. These values and behaviours are used when developing leaders at all levels, to clearly set expectations, and to equip Trust leaders to role-model the values and behaviours. The Trust put its mandated Leadership in Action programme for people leaders on hold during 2020 to reprioritise resources to support pandemic response. The content has undergone a design refresh and the programme will recommence in 2021/22. Around 350 leaders and managers await participation. Due to operational COVID-19 response requirements the Strategic Leadership Forum events were also put on hold during 2020/21, along with the Annual Leadership Summit. These events are expected to resume from late summer 2021, subject to any ongoing operational response requirements to the pandemic. An Accelerated Development Programme for emerging leaders has been designed and introduced. Assessment centres have been held and the first cohorts are scheduled to start mid-year 2021. The Trust has continued to embed cross-organisational culture initiatives and the use of cultural information to inform development work (e.g.: Say Yes to Respect, Just Culture, Freedom to Speak Up, Cultural Ambassadors, Employee Voice). A broader cultural review has commenced. A new staff engagement tool (Simply Do Ideas) has been implemented and positively evaluated. The results of the latest annual NHS Staff Survey showed largely insignificant changes across most themes. The Trust's staff engagement score has reduced slightly but is still above the national average for the sector. The Trust training plan resumed following a COVID-19 hiatus. Learning and development provision had to change and adapt across the year in response to the COVID-19 pandemic. COVID-secure learning environments were established to ensure the continued delivery of critical workforce development, e.g. blue-light driver training and clinical skills' development programmes.

3. We achieve excellence in everything we do

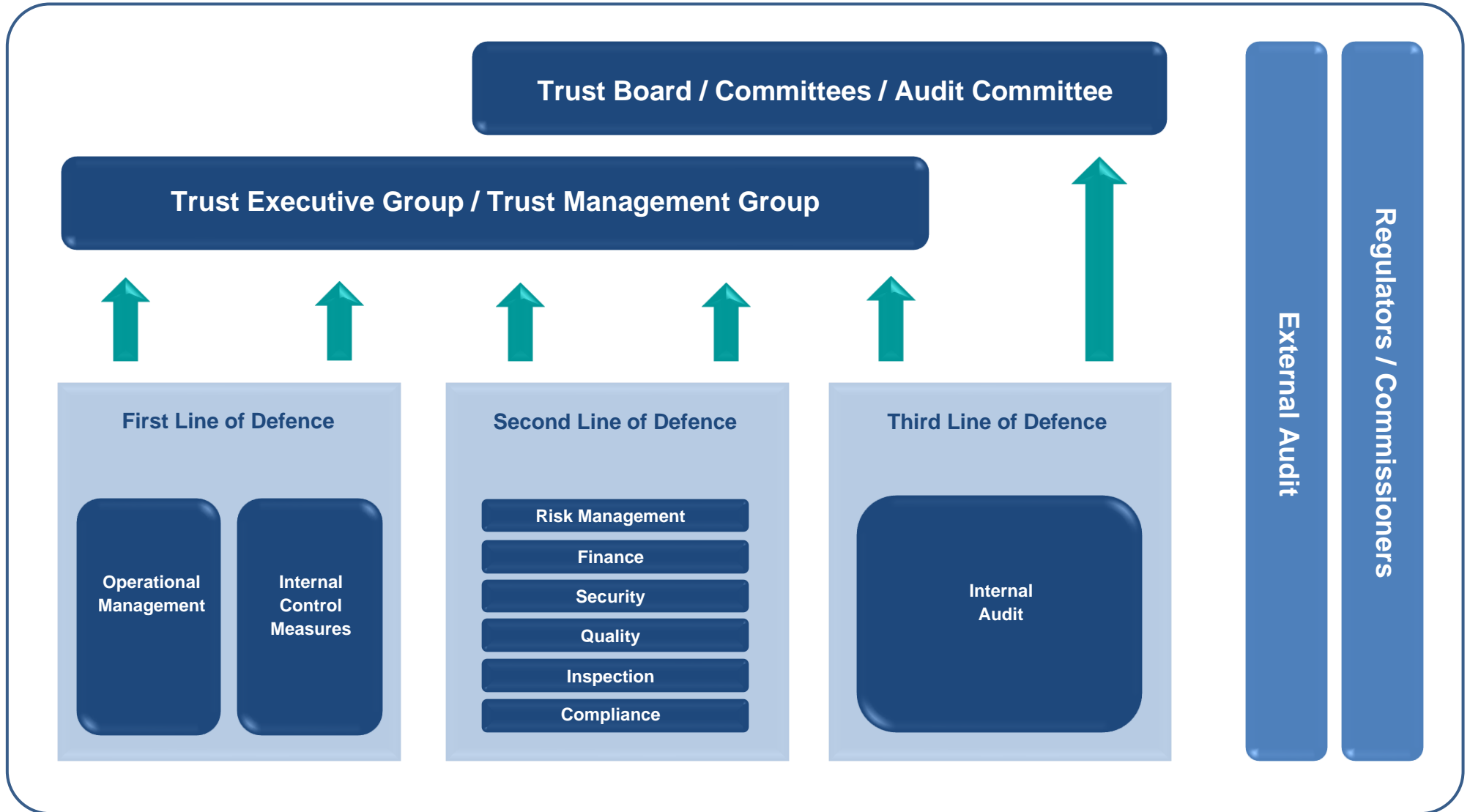| Principal Risk Ref No:	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence)	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
Exec Lead / Risk Area	Initial	Current	Target			External Assurance)		

3a) Capacity and capability to deliver and manage planned transformational changes and Trust strategy.
 	
CQC Domains: All
 	
TEG Lead(s):
 	
Executive Director of Quality, Governance and Performance Assurance
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
 	
FINANCE AND INVESTMENT COMMITTEE
	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12		Trust strategy
					
					Trust COVID response and recovery planning processes
					
					Business planning processes
					
					Trust policies and procedures
					
					Gate Review Process
					
					Transformation programme
					
					Programme / project boards
					
					Business continuity plans and processes
					
					COVID debrief and lessons identified processes
					
					Regional system-wide plans and priorities
					
					National and sector-wide plans and priorities
					
					QI Strategy
					
					Performance Management Framework
					
					Data Management Framework
					
					Professional standards
					
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						COVID Recovery Cell
						
						2nd Line of Defence
						Integrated Business Planning Group
						Transformation Programme Boards
						PMO Programme Assurance
						Risk and Assurance Group
						Directorate budget reviews (Finance Business Partners)
						Gate Review Group
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Performance Management (21/22),
						  Data Quality and KPIs (21/22, 20/21, 19/20,18/19)
						  Risk Management (21/22, 20/21, 19/20, 18/19)
						  Board Assurance Framework (21/22, 20/21, 19/20, 18/19)
						  Business Case Management (18/19)
						  Policy Management (21/22, 18/19)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						CQC Well Led Framework
						Business Insights Review (PwC)
						External Audit
							1. Impact of COVID interim financial measures on ability to invest in transformation work
							
							2) Embedded approach to planning and delivering transformation, developments, and change
							
							3) Impact of COVID on delivery of Quality Improvement strategy
							
							4) MI, analytics, and reporting
								The Trust's transformation programme has been reviewed and restructured to reflect internal structural / organisation change and external system developments.
								
								Leadership and managerial capacity and capability to deliver transformation work is being strengthened. New SRO roles have been developed to provide dedicated accountable leadership to transformation workstreams. New programme manager roles have been introduced to provide capacity to manage the delivery of transformation workstreams.
								
								The PMO has been strengthened and programme / project management enhanced in order to better support delivery and to provide more structured and rigorous assurance of programme delivery.
								
								Slippage due to COVID and other external constraints has occurred for some transformation projects.
								
								Delivery of the QI strategy has been impacted by COVID, but this is now progressing again. Key QI roles have been consolidated into a single team, a new cohort of QI Fellows is being supported, and a cohort of managers has undertaken have undertaken the QI Certified Leaders training. QI techniques are being built into transformation project planning and delivery, and dedicated performance recovery work (e.g. staff sickness taskforce)
								
								Business planning progressed, and an operational plan completed, in the context of ongoing flux and uncertainty around NHS financial arrangements.
								
								Reporting and analytics have been enhanced, with a new interactive Integrated Performance Report supported by other performance dashboards in service lines. Manager-level dashboards are in development as a key component of Team-Based Working and the Accountability Framework.

3. We achieve excellence in everything we do

Principal Risk Ref No: Exec Lead / Risk Area	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) External Assurance)	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
	Initial	Current	Target					

3b) Ability to respond well to specific wider external challenges.
 	
CQC Domains: All
 	
TEG Lead:
 	
Assistant Director Corporate Affairs
 	
Executive Director of Operations
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
 	
FINANCE AND INVESTMENT COMMITTEE
	4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	Risk 9: EU Exit
				
				Risk 49: System reconfiguration (Huddersfield-Calderdale)
				
				Risk 52: System reconfiguration (Friarage)
				
				Risk 62: Climate change
				
				Risk 288: National Security Risk Assessment
					Trust strategy
					
					Trust COVID response and recovery planning processes
					
					Business planning processes
					
					Trust policies and procedures
					
					Gate Review Process
					
					Transformation programme
					
					Programme / project boards
					
					Business continuity plans and processes
					
					COVID debrief and lessons identified processes
					
					Regional system-wide plans and priorities
					
					National and sector-wide plans and priorities
					
					EU Exit planning risk assessment and plans
					
					Climate change risk assessment and plans
					
					National security risk assessment processes and risk register
					
					Professional standards
					
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						COVID Recovery Cell
						COVID Strategic Command
						EU Exit Planning Group
						
						2nd Line of Defence
						Integrated Business Planning Group
						Transformation Programme Boards
						PMO Programme Assurance
						Risk and Assurance Group
						Gate Review Group
						Resilience Groups and Forums
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Resilience and Special Services (19/20)
						  Business Continuity (21/22)
						  Risk Management (21/22, 20/21, 19/20, 18/19)
						  Waste Management (19/20)
						  Security Management (19/20, 20/21)
						  Business Case Management (18/19)
						  Policy Management (21/22, 18/19)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA, QGARD etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						CQC Well Led Framework
						External Audit
							1. Alignment of Trust recovery and re-set activity and organisational structure with local and national systems
							
							2. Business continuity planning, incident management and EPRR
							
							3. Impact of EU Exit
							
							4. Impact of Climate Change
								Trust recovery and future development has been closely aligned with regional and national requirements via ICS arrangements.
								
								Business continuity arrangements have been reviewed and updated as part of the learning from the first wave of COVID.
								
								Assessment and mitigations are ongoing regarding the Trust's compliance arrangements for managing security threats.
								
								EU Exit did not create significant supply chain issues for the Trust. However, the Trust will reman vigilant to ongoing risks associated with EU exist, such as supply-chain logistics and workforce supply.
								
								Climate change risk assessment continues, with the development of sustainability plans.

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

Principal Risk Ref No:	Risk Score C x L			Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence)	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position
Exec Lead / Risk Area	Initial	Current	Target			External Assurance		

4a) Ability to robustly manage Trust finances to deliver the required financial performance.
 	
CQC domains:
 	
Effective, Responsive Well-Led
 	
TEG Lead:
 	
Executive Director of Finance
 	
COMMITTEE ASSURANCE:
 	
FINANCE AND INVESTMENT COMMITTEE
 	
AUDIT COMMITTEE
	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Finance Risks**
				
				Risk 89: Counter fraud, bribery, and corruption
				
				Risk 104: Financial uncertainty arising from COVID response measures in the Trust and nationally
					Monthly review by TMG / TEG via IPR and Finance report
					
					Trust policies and procedures
					
					Trust SFIs and Scheme of Delegation
					
					Trust Board oversight and review
					
					F&I committee review
					
					Audit Committee
					
					CIPMG monitoring
					
					Finance Business Partners
					
					Business Planning Process
					
					Gate Review Process
					
					Capital Monitoring Process
					
					Internal Audit reviews
					
					External Audit reviews
					
					Delivery of STP CQUIN
					
					Monthly NHSI/E submission and review meetings
					
					Single Oversight Framework
					
					NAA Benchmarking information and collaborative reviews.
					
					Model Ambulance benchmarking
					
					Annual Report and Accounts to NHSE/I
					
					Professional standards
					
					Regulatory frameworks
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						
						2nd Line of Defence
						CIP Management Group
						Capital Monitoring Group
						Integrated Business Planning Group
						Transformation Programme Boards
						Risk and Assurance Group
						Directorate budget reviews (Finance Business Partners)
						Gate Review Group
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Financial Systems (21/22)
						  Charitable Funds (21/22, 20/21)
						  Expenses and Travel Claims (20/21)
						  Bank, Treasury, Cashflow (20/21)
						  Procurement and Ordering (20/21)
						  Budgetary Control (19/20)
						  Fixed Assets (19/20)
						  Stocks and Stores (19/20)
						  Capital Planning (21/22, 18/19)
						  Accounts Payable (18/19)
						  General Ledger (21/22, 18/19)
						  Payroll (18/19)
						  Business Case Management (18/19)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA etc)
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						External Audit
							1) Medium term financial planning
							
							2) Change and uncertainty in NHS funding: impact of interim financial arrangements on Trust financial plans (and risk of deficit position)
							
							3) Internal controls and financial governance
							
							4) Effective contract and transaction management arrangements
								Suspension of NHS contracting arrangements affected the Trust's expected advantageous financial position for 2020/21. The Trust reported a £1.011m deficit in 2020/21 against a planned £1.754m deficit.
								
								The Trust has incurred significant additional costs in all areas but particularly in frontline services. The NHS introduced a temporary financial regime allowing the Trust to respond to the operational challenges and provide the resources required to deliver the best possible service over the past 12 months. Throughout the year the Trust operated within, and complied with, temporary financial arrangements.
								
								Uncertainty persisted regarding the system-wide financial arrangements for 2021/22 and the financial position of the Trust. From a financial perspective the Trust has continued and further developed its system-wide working and integration with the West Yorkshire and Harrogate ICS, in particular planning at a system wide level including shared financial risk arrangements.
								
								Delivery of cost improvement plans for 2020-21 was suspended as part of the COVID-19 Finance Regime, recognising the significant operational challenges faced by the Trust in responding to the pandemic throughout 2020/21. The Trust has continued to evaluate and develop efficiency opportunities where possible. Some efficiencies were realised as a result of the operational arrangements during the COVID response. The Trust has set a savings target under the roll forward framework for 2021-22 which is considered realistic and achievable and where possible assumes these efficiencies will continue.
								
								2020/21 presented the Trust with challenges in delivering the planned capital investment. Ambulance station refurbishments were undertaken as planned, however, further developments on the Hub and Spoke initiative were not possible and were reprioritised for 2021/22. Where planned expenditure was delayed due to COVID and operational demand the Trust was able to accelerate future year planned medical equipment purchases and the Ambulance Fleet Replacement Programme.
								
								Issues with internal control of financial management identified during the 2019/20 year-end process have been addressed.

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

Principal Risk Ref No: Exec Lead / Risk Area	Risk Score C x L Initial	Current	Target	Corporate Risks	Key Controls	Internal Assurance (3 Lines of Defence) External Assurance	Gaps in Controls and/or Assurances	Key Mitigations / Summary Year-End Position

4b) Ability to deliver our requirements and ambitions regarding key enabling infrastructure (digital technology; estates and fleet).
 	
CQC domains:
 	
All
 	
TEG Lead(s):
 	
Chief Information Officer
 	
Executive Director: Finance
 	
COMMITTEE ASSURANCE:
 	
QUALITY COMMITTEE
 	
FINANCE AND INVESTMENT COMMITTEE
	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Digital / Information Risks**
				Risk 28: Management of paper records
				Risk 30: Staff data security training
				Risk 59: Avaya telephony system
				Risk 61: Emergency Services Communications (Airwave Replacement) Programme
				Risk 231: EPR Phase 3: dependencies
				Risk 240: Call Pilot Server
				Risk 287: Management of IT equipment
				Risk 293: N365 project maturity
				Risk 309: N365: SharePoint 2010 security
				
				Estates and Fleet Risks
				Risk 41: Premises security
				Risk 62: Climate change
				Risk 67: Vehicle availability for A&E
				Risk 84: Operational estate suitability
				Risk 236: Percentage of fleet available for AVP
				Risk 289: Hygiene and social distancing
				Risk 290: Fire doors
				Risk 302: Social distancing space in Callflex
					Programme / Project Plans
					DSP Toolkit / GDPR compliance
					CareCERT Alerts (NHS Digital)
					NHS Secure Boundary (NHS Digital)
					Trust policies and procedures
					Trust Digital Strategy
					NAA Digital Lead
					Mandatory training: data security awareness
					DPIAs
					Professional Standards (e.g. ITIL, ISO etc)
					IAO processes
					Health and Safety processes
					Risk Assessment
					ERIC returns
					Premises Assurance Model
						Board Level Assurance / Oversight
						Trust Board
						Board Committees
						Audit Committee
						
						1st Line of Defence
						Directorate Management Groups
						Digital Management Group
						Programme / Project Boards
						Trust Management Bodies: TEG, TMG
						Integrated Performance Report
						
						2nd Line of Defence
						Information Governance Processes
						Infrastructure Programme Board
						PMO Programme Assurance
						SIRO and DPO Processes
						Risk and Assurance Group
						Inspections for Improvement Process
						
						3rd Line of Defence
						Internal Audit Reviews:
						  Data Security Standards (21/22, 20/21, 19/20, 18/19)
						  Cyber Security (21/22)
						  CAD Command and Control (20/21)
						  Home Working Security (20/21)
						  IM&T Governance (21/20)
						  Mobile Device Management (19/20)
						  Server Management (19/20)
						  Network Device Security (18/19)
						  IT Service Desk (21/22, 18/19)
						  Estates Maintenance (18/19)
						  Fleet Management (21/22)
						  Stocks and Stores (20/21, 19/20)
						
						External Assurance / Oversight
						System-wide boards (ICSs, NAA etc)
						DSP Toolkit assessment / audit
						External cyber security assessment
						Information Commissioner
						Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
						Health and Safety Executive
							1. Capacity and capability to deliver the Digital Strategy and other technology priorities
							
							2. ICT service, equipment and infrastructure demands arising from COVID response
							
							3. Delivery of specific high priority digital technology projects
							
							4. Cyber security capability
							
							5. Ability to deliver estates requirements arising from COVID response
							
							6. Future estates capacity and configuration
								The COVID focus on supporting remote working, plus additional digital / ICT projects (e.g. personal issue SMART phones), created further demand pressures. A new operating model with additional roles has been agreed to strengthen capability and capacity for technology functions.
								
								Key digital transformation programmes (e.g. Unified Comms, N365) experienced delays due to a combination of COVID pressures and external third-party issues.
								
								The role of ICT evolved rapidly to enable us to support an organisation where working practices were dramatically altered, and change was required within very short timescales. The various ICT teams worked together to deliver what was needed to enable colleagues to continue working safely and effectively, whilst delivering a high standard of patient care.
								
								The Trust mobilised 1,360 corporate staff to work from home and continued to support these staff remotely. Virtual desktop infrastructure was implemented to provide any members of staff working on a private device access to the YAS infrastructure from home. ICT also deployed new technology such as Microsoft Teams to enable video meetings and chat, resulting in staff being more connected to their own teams while being physically distanced.
								
								A remote worker solution was implemented for the 999 call centres, allowing clinicians who are self-isolating, shielding, or vulnerable, to take calls from home and triage over the phone or via video conferencing. The video consultation technology has been deployed in the 999/NHS 111 call centres. The Trust has rolled out 160 homeworker kits in the 999 emergency operations centre, NHS 111 and PTS.
								
								Additional technology was provided to A&E frontline staff to assist them when responding to patients, including 450 mobile phones for ambulances and 100 smartphones for members of staff working from home. Eight new A&E vehicles and a further four recommissioned vehicles were fitted with radios, mobile data terminals, phones, and rugged devices to ensure that all had the required technology to deliver our services in a safe environment.
								
								Estates work has focussed on short-term remodelling of premises to create COVID-secure environments and ongoing hub and spoked / AVP developments. The Trust faces medium-term strategic challenges regarding estate requirements.

Three Lines of Defence Risk Assurance Model

Risk Management and Assurance Information Flows

Performance

Integrated Performance Report
KPIs and Metrics linked to Strategic
Objectives

Strategy

One Team, Best Care
Strategic Objectives
Business Plan Priorities

Risk

Board Assurance Framework
Risks to Strategic Objectives
Controls and Assurance

Trust Board

Receives assurance from Executive Directors, other senior
leaders and independent sources, directly or via committees

**Finance and
Investment
Committee**

**Audit
Committee**

**Quality
Committee**

Trust Management Group

Trust Executive Group

Reviews and aligns the BAF and the Corporate Risk Register

**Management
Processes**

Risk Assurance Group

Reviews and moderates corporate risks

**Management
Processes**

Escalation / De-Escalation

Directorates and Service Teams

Directorate, service and project / programme risk registers