



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 26/10/2021	
TITLE of PAPER	Risk Management Report including Board Assurance Framework	PAPER REF	TB21.056
KEY PRIORITIES	Create a safe and high performing organisation based on openness, ownership and accountability		
PURPOSE OF THE PAPER	The purpose of this paper is to: <ul style="list-style-type: none"> • Report recent material changes to the Corporate Risk Register. • Draw attention to identified areas of emerging risk. • Provide an update on the Board Assurance Framework. • Present an adjusted Statement of Risk Appetite • Report on early findings regarding the Head of Internal Audit Opinion 		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
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DISCUSSED AT / INFORMED BY – Trust Management Group, Risk Assurance Group, Operational Senior Management Team meetings, Board Development Session (19 August), Quality Committee, Finance and Investment Committee, Audit Committee			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION(S)	The Board is asked to note: <ul style="list-style-type: none"> • The recent material changes to the Corporate Risk Register. • The areas of emerging risk. • The initial feedback from Stage One of the Head of Internal Audit Opinion for 2021/22. The Board is asked to provide feedback on: <ul style="list-style-type: none"> • The draft Board Assurance Framework (separate enclosure). • The draft Statement of Risk Appetite. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Impact Assessment		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission	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 identified areas of emerging risk.
- Provide an update on the Board Assurance Framework.
- Present an adjusted Statement of Risk Appetite
- Report on early findings regarding the Head of Internal Audit Opinion

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 4.5: 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: Statement of Risk Appetite
- Section 7.0: Head of Internal Audit Opinion (Stage One feedback)

3 CORPORATE RISK REGISTER

3.1 Appendix 1 presents an extract of the Corporate Risk Register produced for reporting purposes (a more detailed version of the Corporate Risk Register is maintained for the purposes of managing risks and assuring risk information).

- 3.2 The Corporate Risk Register is reviewed by the Risk Assurance Group (RAG) membership and the Trust Management Group monthly. It comprises those strategic and operational risks that have a current risk score of **12 or above** (based on the likelihood and consequence criteria found in the Trust's risk evaluation matrix).

4. RECENT MATERIAL CHANGES TO CORPORATE RISKS

4.1 RISKS ADDED TO THE CORPORATE RISK REGISTER

The following 13 corporate risks were opened during the period July to September and were moderated by the Risk Assurance Group and confirmed by TMG. These have previously been reported to Quality Committee, Finance and Investment Committee, and the Audit Committee.

- 4.1.1 The Trust identified a new corporate risk regarding BT not receiving system-generated alerts from the Unified Comms solution. This could hinder the timely and effective response to system issues. Ongoing monitoring of the risk is underway and appropriate mitigating actions are to be determined. ICT are conducting daily reviews of the alerts to minimise the risk in the interim.

Risk 384 – BT proactive management of Unified Comms solution

IF BT are not proactively managing and receiving alerts from the Unified Communications solution, THEN there is a risk of failures in resilient components going unnoticed RESULTING IN unplanned downtime affecting 111 and PTS telephony.

- 4.1.2 The Trust identified a new corporate risk regarding reduced functionality for recording data flags within the Computer Aided Dispatch (CAD) system. Following system updates the issue has been resolved and data flags recorded correctly. The risk has therefore been mitigated and subsequently removed from the CRR and closed on the system.

Risk 387 - Data Flag - CAD Issues

IF the CAD system cannot make the necessary amendments, updates or specify an individual address for data flag purposes THEN staff are at risk of being ill-informed, flags for patients who pose a risk may not be specific, and all other patients at the street may inadvertently have their address mis-read RESULTING IN potential for adverse outcome to staff and patients.

- 4.1.3 The Trust identified a new corporate risk regarding Phase 3 of the Electronic Patient Record (ePR) project and the required role to support clinical safety sign-off for functionality release. Appropriate mitigations are currently being explored and the risk continues to be monitored.

Risk 394 - ePR Phase 3, Clinical Roles

IF there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer THEN it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off RESULTING in delay or cessation of new functionality release.

- 4.1.4 The Trust has identified a new corporate risk regarding non-Covid related excessive demand within Integrated Urgent Care (IUC) / NHS111. A contributory factor in this demand is the way in which some primary care providers are handling of patients in hours (referring those patients to NHS111). Mitigation work is underway with involvement from commissioners and the risk continues to be monitored.

Risk 392 - IUC/NHS111 Excessive Demand

IF demand into IUC continues to exceed assumptions THEN this 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 Emergency Departments.

- 4.1.5 The Trust has identified a new corporate risk regarding capacity in the Knowledge Management team. Temporary roles have been arranged to support critical functions. However, training is required to adequately undertake the tasks required. Options to mitigate the risk are currently being explored longer term. The risk will continue to be monitored and upon temporary staff undertaking the critical elements the risk will be downgraded.

Risk 383 - Knowledge Management Team Staffing Levels

IF the Knowledge Management Team is not adequately staffed THEN the duties and responsibilities of the team cannot be met, including the management of intelligence within a critical system (CAD) RESULTING IN inaccurate reporting by Business Intelligence (BI), Emergency Medical Dispatchers (EMDs) manually inputting information whilst on a call and therefore increased average call handling times, delay in response and subsequently adverse patient outcome.

- 4.1.6 The Trust has identified a new corporate risk regarding capacity for Investigations and Serious Incident Investigations work during REAP4 conditions. Appropriate mitigations are to be determined and the risk will continue to be monitored.

Risk 389 - Lack of appropriately trained investigation colleagues during escalation of the covid pandemic to Trust REAP Level 4.

IF the Trust temporarily deploys area clinical governance lead colleagues to other areas of the business as a result of REAP 4 and escalated pandemic pressures, THEN there will be a risk of reduced support and capacity of the serious incident team to perform its governance function, RESULTING IN poor incident investigation, poor engagement with her Majesty's Coroner, families and colleagues at both clinical commissioning groups and care quality commission.

- 4.1.7 The Trust has identified a new corporate risk regarding referrals to HASU (Hyper Acute Stroke Unit). This has been reported nationally and a request to amend the pathway has been made; the risk will continue to be monitored.

Risk 399 – Referral to HASU - (Stroke unit)

IF patients with active stroke symptoms have their CAT 3 disposition revalidated to ED, THEN there is potential that they could be sent to a non-HASU sites RESULTING IN an increased need for inter-facility transfers and more importantly could have life changing or limiting consequences for patients.

- 4.1.8 The Trust has identified a new corporate risk regarding prescribing governance and the capacity to audit paramedic prescribers. A review of the risk is underway to determine mitigating actions.

Risk 398 – Prescribing Governance

IF we do not have capacity to audit paramedic prescribers, THEN we will be unable to provide assurance around their competency as prescribers, RESULTING IN potential patient harm, prescribers working out of their scope of practice/formulary, and paramedics losing confidence in their prescribing ability.

- 4.1.9 The Trust has identified a new corporate risk regarding faulty Corpuls3 Defibrillators. 312 faulty devices have been identified and mitigating actions are underway within the Clinical and Procurement teams. The risk will continue to be monitored whilst this work is underway.

Risk 401 - Corpuls3 Defibrillator Fault

IF the Corpuls3 fails to deliver a shock when indicated THEN there may be a delay in patients receiving defibrillation RESULTING IN a reduced chance of survival.

- 4.1.10 The Trust has identified a new corporate risk regarding recruitment to the Head of Clinical Effectiveness position. An interim solution is being considered whilst a long-term solution is determined. The risk will continue to be monitored.

Risk 404 - Clinical Effectiveness

IF the Head of Clinical Effectiveness function is not filled THEN there is a lack of representation at National Clinical Quality Group and a lack of capacity to develop and maintain the clinical audit plan and respond to the emerging needs of the organisation RESULTING IN an inability to influence the development of relevant clinical quality indicators, an inability to provide assurance to the Board and wider stakeholders on the delivery of safe and effective healthcare and an adverse effect on our ability to continuously improve clinical care.

- 4.1.11 The Trust has identified a new corporate risk regarding medicines checks and Prescription Only Medicines (POM) audits. Upon immediate review it was determined that during Quarter 1 only 52 audits were completed. A contributory factor has been identified with regards to capacity in support of the response to REAP4 arrangements. Work is underway to determine mitigating actions and the risk will continue to be monitored.

Risk 406 - Medicines Checks

IF clinicians do not check medicines pouches at the start of shift, THEN life-saving medicines may not be available at the point of need RESULTING IN compromised patient care including harm to patients and potential fatalities.

- 4.1.12 The Trust has identified a new corporate risk regarding the PACKMaN (Paramedic Analgesia Comparing Ketamine and Morphine) study (a trial of ketamine versus morphine use for pre-hospital patients with traumatic pain) and the ability to recruit and deliver training. The risk is currently under review to determine possible mitigating actions. The risk will continue to be monitored.

Risk 412-PACKMaN Study Paramedic Training

IF training is not allowed to commence for the PACKMaN study THEN the research team will not be able to recruit into the study RESULTING in loss of

reputation and potential contract breach as well as waste of public funds due to destruction of drugs already manufactured.

- 4.1.13 The Trust has identified a new corporate risk regarding the research team capacity as a result of seconded roles currently supporting operational teams. Specific work affected by this risk includes support for studies such as PACKMaN, PHEWS (Pre-Hospital Early Warning scores for Sepsis) and MATTS (Major Trauma Triage Study). The risk is currently under review to determine possible mitigating actions, the risk will continue to be monitored.

Risk 413 - Research Capacity due to Cancelled Secondments

IF staff appointed into the secondment roles are not released from Operations, THEN the research team will not be able to provide cover for PACKMaN, MATTS and PHEWS studies RESULTING in loss of reputation and potentially contract breach with several partners.

- 4.1.14 The following five new corporate risks were moderated at the meeting of the Risk and Assurance Group on 11 October and will be confirmed at the meeting of TMG on 20 October

- 4.1.15 The Trust has identified a new corporate risk regarding garage floor cleaning procedures. The current ability to clean floors has seen a build-up of diesel particulates which has a risk to staff health and well-being. Ancillary services are currently reviewing the situation in its entirety, mitigating actions are still to be determined.

Risk 418 – Garage Floor Diesel Particulates

IF we do not have adequate equipment to clean garage floors appropriately THEN diesel particulates will continue to build up RESULTING IN potential health and safety implications to staff, and potential breach of COSHH guidelines.

- 4.1.16 The Trust has identified a new corporate risk regarding Lateral Flow Testing (LFT) for COVID-19. There is no documented assurance that staff are testing in line with the guidance and the reporting of results is via NHSE portal. The risk is under review by both Infection Prevention and Control and A&E Operations to determine appropriate internal mitigating actions.

Risk 419 – Lateral Flow Testing

IF staff are not accessing and complying with Lateral Flow Testing (LFT) requirements THEN there is a potential for a Covid-19 infection outbreak RESULTING IN harm to staff and patients from illness, potential implications on operational activity and therefore demand, financial implications, and reputational damage.

- 4.1.17 The Trust has identified a new corporate risk regarding the requirement for PTS staff to be fully vaccinated before they can enter care homes. Care home ambulatory mobility journeys constitute 57% of PTS activity and so this new requirement has a significant impact on services. The risk will continue to be monitored whilst this work is underway with the support of Information Governance.

Risk 424 - PTS requirement for staff to be double vaccinated to enter care homes

IF the requirement for staff to be double vaccinated continues THEN there would be a risk to patient safety by not ensuring that double vaccinated PTS staff were entering Care Homes. RESULTING IN potential patient harm, missed appointments or treatment and placing PTS staff in a compromising position if they are requested to enter a Care Home without being double vaccinated.

- 4.1.18 The Trust has identified a new corporate risk regarding the extension of private providers to support PTS over the winter period. Forecasted demand is predicted to increase over the coming months and therefore not having additional capacity via private providers would have significant impact on PTS. The risk has been escalated and is awaiting decision in order to determine further mitigating actions.

Risk 425 - Extension of Private Provider Covid resources for the winter period

IF we are not imminently able to commit firmly to our private providers regarding an extension of Covid Resource over the winter period, THEN there is a high risk that they may remove the resource they currently have with us RESULTING IN significant impact on operational activity and inability to deliver services.

- 4.1.19 The Trust has identified a new corporate risk regarding computer aided dispatch (CAD) issues and correct information within the system. The risk will be managed by Resilience for oversight with support of ICT for mitigation.

Risk 421 - Computer Aided Dispatch Issue

IF the CAD does not contain up to date information regarding SORT and AIT trained staff THEN EOC may dispatch staff who are not adequately trained or available to respond to an incident in a SORT/AIT capacity RESULTING IN a direct impact on the organisations ability to release and make available AIT within 10 minutes of PLATO being declared, and also a delay in the mobilisation of SORT staff to a CBRN/HAZMAT incident

4.2 EXISTING CORPORATE RISKS THAT HAVE INCREASED

- 4.2.1 Following review by the service area the following risk regarding Calderdale Huddersfield configuration has increased in scoring from 12 to 16. There are currently funding challenges within the system therefore increasing the risk impact. Further mitigating actions are to be determined.

Risk 49 - Calderdale Huddersfield reconfiguration

IF YAS does not have accurate information to secure the funding for implementation of Calderdale and Huddersfield reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and Inter-Facility Transfers (IFTs) RESULTING IN potential for adverse patient outcome and failure to meet national response targets.

4.3 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

- 4.3.1 Following review by the service area the following risk regarding social distancing space in Call Flex has reduced in score from 15 to 12. Monitoring trials undertaken within the Trust have evidenced that the likelihood of occurrence is reduced. The risk will remain on the Corporate Risk Register pending further reviews.

Risk 302 -Social distancing space in Call Flex

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

- 4.3.2 Following review by the service area the following risk regarding A&E Operations staffing capacity has reduced from 20 to 12. Mitigating actions have been taken to increase staffing, some new starters have now joined the Trust with further new recruits set to start in the coming months. The risk will remain on the Corporate Risk Register and continue to be monitored.

Risk 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 to respond to patients RESULTING IN reduced response times to incidents.

- 4.3.3 Following review by the service area the following risk regarding a potential 'no notice' Airedale evacuation has reduced in score from 20 to 15 as a result of the decrease in likelihood. The Hospital Trust is closely monitoring the situation with high levels of surveillance. The likelihood of the risk to the Trust of a 'no notice' evacuation has therefore reduced. The risk will remain on the Corporate Risk Register and continue to be monitored.

Risk 365 – Potential 'no notice' 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.

4.4 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

- 4.4.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Pulse Oximetry roll out has reduced from 12 to 9. This is now live with the Trust seeing no significant demand difference as a result; however, the risk is to remain open initially for ongoing monitoring. The risk has therefore been removed from the Corporate Risk Register and will be managed within the IUC/NHS111 Risk Register.

Risk 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.

- 4.4.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk relating to changes to the Directory of Services (DoS) has reduced from 12 to 9. The likelihood of occurrence has reduced following the work undertaken, however, the risk is to remain open initially for ongoing monitoring. The risk has therefore been removed from the Corporate Risk Register and will be managed within the IUC/NHS111 Risk Register.

Risk 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.

- 4.4.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding handover of critical information between the Emergency Operations Centre (EOC) to A&E crews has reduced in score from 12 to 9. Work has been undertaken within EOC regarding awareness and comms to support this. The risk has been removed from the Corporate Risk Register however will remain open for monitoring within the EOC Risk Register for 6 months, with a view to subsequently closing the risk.

Risk 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.

- 4.4.4 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Clinical Team Leader recruitment within IUC has reduced in score from 12 to 9. Recent recruitment activity has led to an increase in roles being filled, although a small shortfall remains. The risk has therefore been downgraded as a result of recruitment but remains open for ongoing mitigation. The risk has been removed from the Corporate Risk Register and will be managed locally within the IUC Risk Register.

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.

4.5 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 regarding EU Exit. A 'no deal' exit did not occur, and to date the Trust has experienced no significant negative impact following EU Exit. The risk has therefore been closed and subsequently removed from the Corporate Risk Register. Supply chain risks and issues are routinely monitored

by the Procurement team, and this is a standing item on the thrice-weekly Covid strategic command call.

Risk 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.

- 4.5.2 As reported above (4.1.2) the Trust has closed a corporate risk relating to recording of data flag information in the CAD system. The risk has therefore been mitigated and subsequently removed from the Corporate Risk Register and closed on the system.

Risk 387 - Data Flag - CAD Issues

IF the CAD system cannot make the necessary amendments, updates or specify an individual address for data flag purposes THEN staff are at risk of being ill-informed, flags for patients who pose a risk may not be specific and all other patients at the street, may inadvertently have their address mis-read RESULTING IN potential for adverse outcome to staff and patient'

- 4.5.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding lease car tax liabilities has now been closed. A new policy has been introduced for commander cars and tax liabilities for lease car commanders. The risk has therefore been mitigated and subsequently removed from the Corporate Risk Register and closed within the system.

Risk 322-Impact of lease car tax liabilities relating to 'blue light' vehicle users

IF tax liabilities relating to lease car business mileage 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 and greater risk of harm to the public.

- 4.5.4 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding CCTV availability has now been closed. Mitigations have been undertaken and a new process in place has resulted in no instances of CCTV not able to be retrieved. The risk has therefore been mitigated and subsequently removed from the Corporate Risk Register and closed within the system.

Risk 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

4.6 AREAS OF EMERGING RISK

- 4.6.1 The Trust has identified the below areas of emerging risk pending further investigation, as follows:

- The global shortage of computer chips has the potential to impact on the timely supply and availability of ICT equipment for the Trust

- The Patient Relations function has reported a significant increase in the quantity of complaints it is managing. Within the immediate function and in teams around the Trust the capacity to process, investigate and respond to complaints is limited. As a result, there are delays in responding to complaints and issues with meeting the required statutory timeframes.

5. BOARD ASSURANCE FRAMEWORK

BAF Review and Refresh

5.1 On 19 August the Trust Board held a session to review and refresh the BAF and related areas of strategic risk management. The purpose of the session was to:

- Sense-check the content of the BAF, to identify areas of strategic risk to either de-escalate or close, to recalibrate, or to carry forward
- Identify new areas of strategic risk for inclusion in the BAF
- Review and update the Board's statement of risk appetite

5.2 Key areas discussed by the Board and recommended for capture in the new BAF included:

- Patient safety, effectiveness of care, and patient experience
- System developments: ICSs, planning, finance
- The impact of a protracted period of very high demand
- Capacity for planning and transformation priorities
- Staff retention (as well as recruitment of new staff)
- Positive working environment and organisational culture
- Future estates capacity and configuration

5.3 The updated BAF contains twelve areas of strategic risk, organised under the Trust's four strategic ambitions as set out in the *One Team Best Care* strategy. These areas of strategic risk are summarised as follows:

a) Strategic Ambition 1: Patients and communities experience fully joined-up care responsive to their needs

- Risk 1a: Ability to deliver high quality care in 999/A&E operations
- Risk 1b: Ability to deliver high quality care in Integrated and Urgent Care/NHS111 services
- Risk 1c: Ability to deliver high quality care in the Patient Transport Service

b) Strategic Ambition 2: Our people feel empowered, valued, and engaged to perform at their best

- Risk 2a: Ability to ensure provision of sufficient clinical workforce capacity and capability
- Risk 2b: Ability to support the physical and mental health and well-being of staff
- Risk 2c: Ability to promote and embed positive organisational culture

- c) Strategic Ambition 3: We achieve excellence in everything we do
 - Risk 3a: Capacity and capability to plan and deliver Trust strategy, transformation, and change
 - Risk 3b: Ability to influence and respond to change in the wider health and care system
 - Risk 3c: Ability to respond well to climate change and other business continuity threats
- d) Strategic Ambition 4: We use resources wisely to invest in and sustain services
 - Risk 4a: Ability to plan, manage and control Trust finances effectively
 - Risk 4b: Ability to deliver key technology and cyber security developments effectively
 - Risk 4c: Ability to deliver key enabling infrastructure effectively: estates and fleet

5.4 Appendix 2 presents an outline summary of the strategic risks and the key control and assurance considerations to be captured in the updated BAF. Note that the areas of strategic risk are now articulated using the formulation 'IF...THEN...RESULTING IN...' In many cases the 'resulting in' makes explicit links from the strategic risk to the quality of patient care, understood in terms of patient safety, effectiveness of care and patient experience. As a result, this new iteration of the BAF is more explicitly patient-centred than previous versions.

5.5 A much fuller draft version of the updated BAF will be circulated to Board members as a separate enclosure ahead of the Board meeting. Note that this document remains a work in progress, and that some of the areas of control, assurance and mitigation require further refinement. Ongoing work includes the incorporation of formatting and presentational enhancements suggested by the Trust's internal auditors (see section 7.0 below). The ongoing work also includes incorporation of H2 Plan priorities amongst the key actions to mitigate control and assurance gaps identified by the BAF. This is to ensure that as far as possible BAF mitigation actions are not separate or duplicative activities, and instead are embedded in the priority plans and deliverables for the Trust during the H2 period. This also ensures a clear link from strategic risk through to organisational planning and delivery priorities. The final version of the updated BAF will be available to the Board in November.

6. STATEMENT OF RISK APPETITE

6.1 The Trust Board's approach to risk appetite has also been revised following the Board development session on 19 August. As a result of the discussions during that session the following adjustments to the Trust's risk appetite are proposed:

- a) Risk appetite in relation to quality has been disaggregated into the three constituent components of quality as understood in an NHS or wider

healthcare context: patient safety, effectiveness of care, and patient experience. The Trust's risk appetite in all three of these areas is low / minimal.

- b) Risk appetite in relation to regulatory compliance, national standards and performance targets has been adjusted from low / minimal to a more moderate position.

This reflects the current operating context in which sustained periods of severe demand and capacity pressures present an environment in which the Trust has eased some governance and compliance activity (where it is safe to do so) and is more tolerant of risks to meeting national standards and performance targets. This element of the Trust's risk appetite will remain under active monitoring with a view to returning to a low / minimal position as soon as the operating context allows.

- c) Risk appetite in relation to identifying opportunities for innovation and improvement within business-as-usual activity remains high. However, in the context of financial constraints, operational pressures, and internal capacity the risk appetite relating to transformational change and large-scale business development initiatives has been adjusted from high / open to a more moderate / cautious position. This element of the Trust's risk appetite will remain under active monitoring with a view to returning to a high / open position as soon as the operational and financial context allow.

6.2 The table below presents a summary of the components of the Trust Board's approach to risk appetite, with a fuller statement of risk appetite set out at Appendix 4. These levels of risk appetite have been incorporated into the updated Board Assurance Framework as appropriate.

Area of Trust Activity		Risk Appetite
Patients and Quality	Patient safety	Low / Minimal
	Effectiveness of care	Low / Minimal
	Patient Experience	Low / Minimal
Security and Compliance	Safety of Trust staff and volunteers	Low / Minimal
	Governance, compliance, standards, targets	Moderate / Cautious
	Financial management, compliance, and control	Low / Minimal
	Security of technology, infrastructure, data etc	Low / Minimal
Improvement and Development	Innovation and improvement: business as usual	High / Open
	Transformational change	Moderate / Cautious
	Business development opportunities	Moderate / Cautious

7. HEAD OF INTERNAL AUDIT OPINION

- 7.1 The Trust's new internal audit provider, 360 Assurance, has a different approach to the annual Head of Internal Audit Opinion regarding the effectiveness of governance, assurance, and controls within the organisation. Instead of a single, self-contained exercise carried out at the end of the financial year, 360 Assurance carry out a broader assessment in three stages throughout the year.
- 7.2 The initial feedback from Stage One of the 2021/22 assessment was reported to the Audit Committee on 08 October. The key findings to date are:
- a. The Trust's risk management arrangements and Board Assurance Framework are effective and largely fit for purpose. There are some opportunities to strengthen further the Board Assurance Framework document (these generally concern format and presentation rather than substantive content). These improvements are being implemented as part of the current exercise to update the document.
 - b. The findings of the internal audit reviews completed so far during 2021/22 indicate that no common themes have been identified in relation to governance, risk management and control within the organisation.
 - c. Actions to address internal audit recommendations are not always implemented in a timely manner. There are a significant number of overdue actions, including actions of high and medium priority.
- 7.3 At its meeting on 08 October the Audit Committee agreed to escalate the issue regarding timely implementation of internal audit actions to the Trust Board

8. PROPOSALS / NEXT STEPS

- 8.1 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.
- 8.2 The draft Board Assurance Framework will be subject to a further round of refinement and engagement, which will incorporate the improvements identified by the Stage One feedback on the Head of Internal Audit Opinion. A final version will be available before the end of November.
- 8.3 The draft Statement of Risk Appetite will be subject to a further round of refinement and engagement, with a final version available before the end of November.

9. RECOMMENDATIONS

- 9.1 The Board is asked to note:
- The recent material changes to the Corporate Risk Register.
 - The areas of emerging risk.
 - The initial feedback from Stage One of the Head of Internal Audit Opinion for 2021/22.
- 9.2 The Board is asked to provide feedback on:

- The draft Board Assurance Framework (separate enclosure).
- The draft Statement of Risk Appetite.

10. APPENDICES / BACKGROUND INFORMATION

10.1 Appendix 1: Corporate Risk Register

10.2 Appendix 2: Outline Board Assurance Framework

10.3 Appendix 3: Draft Statement of Risk Appetite

APPENDIX 2: Summary of Strategic Risk and Key Control and Assurance Considerations

1. Patients and communities experience fully joined-up care responsive to their needs			
Area of Strategic Risk		IF... THEN...RESULTING IN... (Draft)	Key Control and Assurance Considerations
1a	Ability to deliver high quality care in 999/A&E operations	IF the Trust is unable to manage demand and capacity pressures in 999/A&E operations THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care and patient experience.	Impact of demand pressures on service performance standards and quality (patient safety, effectiveness of care, patient experience) Provision of sufficient staffing levels in EOC and 999/A&E Operations Increased hospital handover time Leadership, culture, and operating models
1b	Ability to deliver high quality care in Integrated Urgent Care/NHS111 services	IF the Trust is unable to manage demand and capacity pressures in IUC/111 operations THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care and patient experience.	Impact of demand pressures on service performance standards and quality (patient safety, effectiveness of care, patient experience) Provision of sufficient staffing levels in IUC/111 Patient-centred service developments Leadership, culture, and operating models

1c	Ability to deliver high quality care in the Patient Transport Service	IF the Trust is unable to manage demand and capacity pressures in the Patient Transport Service THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care and patient experience.	Impact of demand pressures on service performance standards and quality (patient safety, effectiveness of care, patient experience) PTS Reviews: <ul style="list-style-type: none"> • NEPTS Pathfinder • West Yorkshire Review
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2. Our people feel empowered, valued, and engaged to perform at their best

Area of Strategic Risk	IF...THEN...RESULTING IN... (Draft)	Key Control and Assurance Considerations
2a	Ability to ensure provision of sufficient clinical workforce capacity and capability	IF the Trust is unable to recruit, train and retain clinical staff sufficiently THEN there is a risk that clinical workforce capacity and capability will not meet demand RESULTING IN undue pressure on staff and adverse impacts on patient safety, effectiveness of care and patient experience
		Recruitment of paramedics Recruitment of clinical workforce for IUC / 111 Retention of existing workforce Training and development

2b	Ability to support the physical and mental health and well-being of staff	IF the Trust is unable to support the physical and mental health of staff well THEN there is a risk that workforce availability and morale will be affected RESULTING in an adverse impact on staff well-being and workforce capacity and on patient safety, effectiveness of care and patient experience	Physical and mental health and well-being of staff Staff attendance levels Staff compliance with COVID protective measures Violence reduction and prevention standards
2c	Ability to promote and embed a positive and inclusive workplace culture	IF the Trust is unable to embed a positive and inclusive culture THEN there is a risk that values and behaviours at all levels will be affected RESULTING IN an adverse impact on staff performance, recruitment and retention, reputation, and on patient safety, effective of care and patient experience	Management and leadership capacity and capability Impact and effectiveness of diversity and inclusion plans and activities Embedded positive workplace culture

3. We achieve excellence in everything we do

Area of Strategic Risk	IF... THEN RESULTING IN... (Draft)	Key Control and Assurance Considerations	
3a	Capacity and capability to plan and deliver Trust strategy, transformation, and change	IF the Trust has insufficient capacity or capability to deliver strategic change well THEN there is a risk that transformational work and other key developments will not be delivered effectively RESULTING IN an adverse impact on organisational structures, systems, and delivery models and on patient care.	Planning and delivery of Trust priorities during 2021/22 H2 and then during 2022/23 Alignment of proposed new and ongoing projects with Trust priorities and resource availability Delivery of key milestones and benefits realisation relating to Trust priorities

3b	Ability to influence and respond to change in the wider health and care system	IF the Trust does not identify and respond flexibly to changes in the health and care system THEN there is a risk that Trust plans, priorities, operating models, and resource allocations will not align well with those of local, regional, and national partners RESULTING IN less Trust influence in the wider system, failure to maximise the benefits of integration, and adverse impact on patient care and patient experience	Complexity and fluidity in system wide planning, governance, and delivery arrangements Alignment of Trust planning, governance, and organisational structure with local and national systems Trust delivery of national and regional priorities
3c	Ability to respond well to climate change and other business continuity threats	IF the Trust does not identify and address immediate or longer-term business continuity threats, including climate change, THEN there is a risk that strategic and tactical plans, developments and responses will be inadequate RESULTING IN failure to comply with policy, regulatory or statutory requirements, more frequent localised or organisation-wide disruptions, loss of Trust assets, and adverse impact on staff well-being and patient care	Alignment and compliance with national, regional and sector sustainability priorities and targets <ul style="list-style-type: none"> • Net-zero requirements (e.g., NEPTS) Planning and response to tactical / operational issues: flood, adverse weather events EPRR, business continuity and security standards

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

Area of Strategic Risk	IF... THEN RESULTING IN... (Draft)	Key Control and Assurance Considerations
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4a	Ability to plan, manage and control Trust finances effectively	IF the Trust is unable to plan, manage and control its finances well THEN there is risk that it will have insufficient income to meet operational and strategic priorities, RESULTING IN an adverse impact on investment in frontline care and enabling infrastructure, and on reputation and regulatory compliance	Short term financial planning and management: 2021/22 H2 Medium term financial planning and management: 2022/23 and beyond Delivery of waste reduction or efficiency requirements for 2021/22 and 2022/23
4b	Ability to deliver key technology and cyber security developments effectively	IF the Trust is unable to deliver technology and cyber security developments effectively THEN there is a risk that systems and infrastructure will not be fit for purpose RESULTING IN an adverse impact on digital tools for staff, security of systems and data, reputation, regulatory compliance, and patient care	Capacity, capability, and culture in ICT teams Delivery of high priority digital change projects Benefits realisation associated with priority digital change projects Cyber security / information governance capacity, capability, and compliance
4c	Ability to deliver key enabling infrastructure effectively: estates and fleet	IF the Trust is unable to deliver key enabling infrastructure effectively THEN there is a risk that estates and fleet will not be fit for purpose RESULTING IN premises locations, configurations and facilities that do not meet organisational needs and a fleet that does not support effective operations and care	Delivery of short-term estates requirements arising from new ways of working (social distancing, remote / hybrid working) Impact of demand pressures on fleet management and maintenance Future estates capacity and configuration

APPENDIX 3: DRAFT STATEMENT OF RISK APPETITE

Introduction

Risk is inherent in all Trust activities. The Trust believes that risk management is everybody's business.

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*.

Patients and Quality

The Trust has a **low** appetite for risk relating to patient safety.

The Trust has a **low** appetite for risk relating to the effectiveness of care.

The Trust has a **low** appetite for risk relating to patient experience.

Compliance and Security

The Trust has a **low** appetite for risk relating to the safety of staff, volunteers and others engaged in activity on behalf of the organisation. The Trust recognises that risk exposures relating to patient care and staff safety are not always complementary and can create a dynamic and complex operating environment in which to identify and control risk appropriately.

The Trust has a **moderate** appetite for risk relating to statutory compliance, regulatory requirements and the delivery of national standards and performance targets.

The Trust has a **low** appetite for risk relating to statutory and regulatory compliance in relation to financial management and controls

The Trust has a **low** appetite for risk relating to the security and integrity of its estate, fleet, technology infrastructure, information systems and data assets. This includes cyber security and matters of risk and compliance relating to data protection, information governance and the management of person identifiable information.

Improvement and Development

The Trust has an **open** appetite to risk relating to opportunities to pursue viable improvements and innovations in the context of business-as-usual activity, either internally or in collaboration with external partners.

The Trust has a **moderate** appetite for risk relating to new large-scale transformational change and business development initiatives consistent with the organisation's strategic priorities.

The Trust recognises that, with due consideration for safety and compliance issues, an appetite for controlled risk-taking relating to business development, service improvement and innovation creates opportunities which may bring positive gains to the quality of patient care, the efficiency of the wider organisation, and the effectiveness of the health and care system generally.

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 Emergency 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 MDTs 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.
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.	Both	Chief Information Officer	ICT	Ola Zahran	30/09/2021	12	12	4	Risk raised specifically with reference to IUC/NHS111. Work is underway within ICT supported by IUC.
384	BT proactive management of Unified Comms solution	IF BT are not proactively managing and receiving alerts from the Unified Communications solution THEN there is a risk of failures in resilient components going unnoticed RESULTING IN unplanned downtime affecting 111 and PTS telephony	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	16/07/2021	12	12	4	Appropriate mitigating actions are to be determined. ICT are conducting daily reviews of the alerts to minimise the risk in the interim.
394	P106 - ePR Phase 3. Clinical product owner and clinical safety officer role	IF there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer THEN it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off RESULTING IN delay or cessation of new functionality release.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	30/11/2021	16	16	4	Mitigations are currently being explored; the project SRO also currently reviewing role and ownership moving forward.

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					
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	30/09/2021	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
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 financial loss.	Finance and Investment	Finance	Finance	Kathryn Vause	30/10/2021	12	12	8	Risk to banking details changed to divert payment to fraudsters. Ongoing weekly review of details.
424	PTS requirement for staff to be double vaccinated to enter care homes	IF the requirement for staff to be double vaccinated continues THEN there would be a risk to patient safety by not ensuring that double vaccinated PTS staff were entering Care Homes. RESULTING IN potential patient harm, missed appointments or treatment and placing PTS staff in a compromising position if they are requested to enter a Care Home without being double vaccinated.	Quality	PTS	PTS	Chris Dexter	28/10/2021	12	12	6	Total care home ambulatory mobility journeys are 57% of PTS activity. Work is underway with support of IG to utilise data held on COMVIS into PTS Cleric system to ensure resources are allocated appropriately.
425	Extension of Private Provider Covid resources for the winter period	IF we are not imminently able to commit firmly to our private providers regarding an extension of Covid Resource over the winter period, THEN there is a high risk that they may remove the resource they currently have with us RESULTING IN significant impact on operational activity and inability to deliver services.	Both	PTS	PTS	Chris Dexter	29/10/2021	12	12	6	Forecasted demand is predicted to increase and therefore not having private providers would have significant impact on PTS but also A&E Ops when PTS are required to support during peak demand. Risk escalated and awaiting decision for mitigation.
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 continuous 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	30/08/2021	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	30/06/2021	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	30/06/2021	12	12	3	Falsified medicines - scanning system option. Explore options for medicines scanning system to comply with FMD Legislation.

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					
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.
418	Garage Floor Diesel Particulates	IF we do not have adequate equipment to clean garage floors appropriately THEN diesel particulates will continue to build up RESULTING IN potential health and safety implications to staff, and potential breach of COSHH guidelines.	Both	Finance	Ancillary	Dave Hill	22/10/2021	12	12	3	Ancillary reviewing risk entirety. Mitigating actions to be determined.
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.
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	03/12/2021	12	12	6	Successful recruitment of Clinical Advisors. Whilst position has improved still not achieved the required numbers therefore recruitment to continue.
399	Referral to HASU - (Stroke Unit)	IF patients with active stroke symptoms have their CAT 3 disposition revalidated to ED THEN there is a potential they could be sent to a non HASU sites RESULTING IN an increase need for inter-facility transfers and more importantly could have life changing or limiting consequences for patients.	Quality	IUC	NHS 111	Keeley Townend	29/10/2021	12	12	4	Request has been made to amend the pathway.
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	30/09/2021	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	01/10/2021	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

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					
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 peak times remains, THEN there will be limited opportunity to space staff without remodelling the ground floor in Call Flex to reduce contact points (welfare facilities etc.). RESULTING IN estates work lasting 4-5 months and the service line and Trust accepting the need to acknowledge the increased periods of side by side working remain during these changes.	Both	IUC	NHS111	Bob Sunley	30/11/2021	15	12	6	Continue to monitor the risk pending further reviews.
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	01/12/2021	16	16	8	Initial BI analysis completed and now further information required from Adastral 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
392	IUC/NHS111 Excessive Demand	IF demand into IUC continues to exceed assumptions THEN this 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	01/10/2021	15	15	8	The service is under significant pressure in line with the Trust, contributory factor is primary care, work underway with support of commissioners. Similar risk reported regarding COVID-19 but to ensure accurate reporting and mitigation to remain separate.
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 usage. 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 RESULTING IN poor outcomes.	Quality	Medical	Clinical	Steven Dykes	19/05/2021	12	12	4	Actions to be confirmed.
398	Prescribing Governance	IF we do not have capacity to audit paramedic prescribers, THEN we will be unable to provide assurance around their competency as prescribers, RESULTING IN potential patient harm, prescribers working out of their scope of practice/formulary, and paramedics losing confidence in their prescribing ability	Quality	Medical	Clinical	Steven Dykes	02/11/2021	12	12	4	A review of the risk is underway to determine mitigating actions.
401	Corpus3 Defibrillator Fault	IF the Corpus3 fails to deliver a shock when indicated THEN there may be a delay in patients receiving defibrillation RESULTING IN a reduced chance of survival.	Quality	Medical	Clinical	Steven Dykes	01/09/2021	15	15	5	312 devices have been identified and mitigating actions are underway within Clinical and Procurement.
404	Clinical Effectiveness	IF the Head of Clinical Effectiveness function is not filled THEN there is a lack of representation at National Clinical Quality Group and a lack of capacity to develop and maintain the clinical audit plan and respond to the emerging needs of the organisation RESULTING IN an inability to influence the development of relevant clinical quality indicators, an inability to provide assurance to the Board and wider stakeholders on the delivery of safe and effective healthcare and an adverse effect on our ability to continuously improve clinical care.	Quality	Medical	Clinical	Steven Dykes	27/10/2021	12	12	3	An interim solution is underway. Long-term solution is still to be determined. Risk monitoring to continue.
406	Medicines Checks	IF clinicians do not check medicines pouches at the start of shift THEN life-saving medicines may not be available at the point of need RESULTING IN compromised patient care including harm to patients and potential fatalities.	Quality	Medical	Clinical	Steven Dykes	27/10/2021	15	15	5	Upon immediate review of the risk it was determined in quarter 1 only 52 audits were completed and a contributory factor was REAP levels and therefore capacity. Work is underway to determine mitigating actions

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					
412	PACKMaN Study Paramedic Training	IF training is not allowed to commence for the PACKMaN study THEN the research team will not be able to recruit into the study RESULTING in loss of reputation and potential contract breach as well as waste of public funds due to destruction of drugs already manufactured.	Quality	Medical	Clinical	Steven Dykes	08/09/2021	15	15	3	Possible mitigating actions to be determined. Continue monitoring in the interim.
413	Research Capacity due to Cancelled Secondments	IF staff appointed into the secondment roles are not released from Operations THEN the research team will not be able to provide cover for PACKMaN, MATTS and PHEWS studies RESULTING in loss of reputation and potentially contract breach with several partners	Quality	Medical	Clinical	Steven Dykes	02/12/2021	15	15	3	Possible mitigating actions to be determined. Continue monitoring in the interim.
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 Califflex DR sites.	Quality	Operations	EOC	Pauline Archibald	01/10/2021	8	12	4	Review is underway to increase capacity at alternate sites and explore options within AMPDS Client 0 that would allow remote access.
383	Knowledge Management Team Staffing Levels	IF the Knowledge Management Team is not adequately staffed THEN the duties and responsibilities of the team cannot be met, including the management of intelligence within a critical system CAD RESULTING IN inaccurate reporting by Business Intelligence (BI), EMD's manually inputting information whilst on a call and therefore increased average call handling times, delay in response and subsequently an adverse patient outcome.	Quality	Operations	EOC	Pauline Archibald	13/08/2021	20	20	5	Current staffing of KMT is significantly reduced with further reduction known due to maternity. Unable to perform critical functions in a timely manner with direct impact on patient safety. Two temp redeployments have been secured however not in post yet and will require training.
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	31/10/2021	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	31/10/2021	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	31/10/2021	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 secure the funding 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	25/09/2021	12	16	4	Funding challenges within the system and therefore increase in potential impact. The risk will continue to be managed with further mitigating actions to be determined.
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	30/09/2021	12	12	4	Ongoing monitoring, review underway to determine actions to mitigate the risk.
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	10/09/2021	20	20	12	Complete a Quality Impact Assessment for Friarage. Manage patient experience supported by collaborative public messages.

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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	31/10/2021	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	31/10/2021	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	20/09/2021	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 to respond to patients RESULTING IN reduced response times to incidents.	Quality	Operations	A&E Ops	Stephen Segasby	30/09/2021	20	12	12	Mitigating actions have been taken including, funding, recruitment drive and the arrival of new staff. To continue monitoring and review accordingly.
421	Computer Aided Dispatch Issue	IF the CAD does not contain up to date information regarding SORT and AIT trained staff THEN EOC may dispatch staff who are not adequately trained or available to respond to an incident in a SORT/AIT capacity RESULTING IN a direct impact on the organisations ability to release and make available AIT within 10 minutes of PLATO being declared in line with core standards, and also a delay in the mobilisation of SORT staff to a CBRN/HAZMAT incident	Quality	Operations	A&E Ops	Jackie Cole	30/12/2021	20	20	5	Resilience liasing with ICT regarding system issues.
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	Jackie Cole	30/07/2021	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	Jackie Cole	06/10/2021	12	12	6	Ops liasing with Estates to determine appropriate actions.
365	Potential 'no notice' 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 able to sustain business as usual as a result of redirecting resources across all operational services.	Quality	Operations	A&E Ops	Jackie Cole	31/10/2021	20	15	15	The Hospital Trust is closely monitoring the situation with high levels of surveillance. A close working relationship with them and NHSEI has also better prepared the Trust in the event of this happening. To continue monitoring.

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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 compliant 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	03/01/2021	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	03/01/2021	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	Helen Carter	29/10/2021	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	Kate Lawrance	20/09/2021	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	02/09/2021	12	15	3	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries.
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	30/07/2021	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.
419	COVID-19 - Lateral Flow Testing	IF staff are not accessing and complying with Lateral Flow Testing (LFT) requirements THEN there is a potential for a Covid-19 infection outbreak RESULTING IN harm to staff and patients from illness, potential implications on operational activity and therefore demand, financial implications and reputational damage.	Quality	QGPA	IP&C	Iffa Settle & Stephen Segasby	30/10/2021	16	16	8	New Risk: No documented assurance that staff are LFT testing twice a week as per guidance, reporting of results is via the NHSE portal. Reports received from NHSE only provide data of positive/negative results and not granular level data to support any mitigation for test and trace or compliance visibility.
389	Lack of appropriately trained investigation colleagues during escalation of the covid pandemic to Trust REAP level 4	IF the Trust temporarily deploys area clinical governance lead colleagues to other areas of the business as a result of REAP 4 and escalated pandemic pressures, THEN there will be a risk of reduced support and capacity of the serious incident team to perform its governance function, RESULTING IN poor incident investigation, poor engagement with her Majesty's Coroner, families and colleagues at both clinical commissioning groups and care quality commission.	Quality	QGPA	Investigations & Learning	Simon Davies	20/09/2021	12	12	6	Increase in Incidents and Serious Incidents in combination with demand has resulted in a large number of investigations not allocated to an investigator. Impact on requirements and patients/familsy under Duty of Candour.
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.
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	04/06/2021	12	12	2	Risk currently under review to determine actions. Testing is now allowed and emergency responders are been prioritised.

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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	31/10/2021	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 <i>Flowers v East of England Ambulance Service</i>
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 adequacy plan the workforce to meet the demand RESULTING IN impact on service delivery.	Finance and Investment	Workforce and OD	Human Resources	Suzanne Hartshorne	27/07/2021	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	30/10/2021	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	Workforce 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.