



MEETING TITLE Trust Board Meeting held in Public		MEETING DATE 25/01/2022	
TITLE of PAPER		Risk Report	PAPER REF: TB21.071
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"> Summarise the key risk exposures faced by the Trust Report recent material changes to the Corporate Risk Register. Draw attention to identified areas of emerging risk. Present and discuss the Board Assurance Framework. 	
For Approval		<input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
For Decision		<input type="checkbox"/>	Discussion/Information <input checked="" type="checkbox"/>
AUTHOR / LEAD	David O'Brien, Associate Director of Performance, Assurance and Risk Levi MacInnes, Risk and Assurance Manager	ACCOUNTABLE DIRECTOR	Clare Ashby, Interim Executive Director of Quality, Governance & Performance Assurance
DISCUSSED AT / INFORMED BY – Trust Management Group, Risk and Assurance Group, Operational Senior Management Team meetings, other management groups, Quality Committee, Finance and Investment Committee, Audit Committee			
PREVIOUSLY AGREED AT:		Committee/Group: Trust Management Group Quality Committee Finance and Investment Committee Audit Committee	Date: 15/12/21 16/12/21 16/12/21 06/01/21
RECOMMENDATION(S)		The Trust Board is asked to note: <ul style="list-style-type: none"> Note the overview of risk currently facing the Trust. Note the recent material changes to the Corporate Risk Register. Note the areas of emerging risk. Approve the updated Board Assurance Framework. 	
RISK ASSESSMENT			Yes No
Corporate Risk Register and/or Board Assurance Framework amended			<input checked="" type="checkbox"/> <input type="checkbox"/>
Equality Impact Assessment - [New]			<input type="checkbox"/> <input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/> <input type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission		All	
Choose a DOMAIN(s)		All	

1. PURPOSE / AIM

1.1 The purpose of this paper is to:

- Summarise the key risk exposures faced by the Trust
- Report recent material changes to the Corporate Risk Register.
- Draw attention to identified areas of emerging risk.
- Present 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 to support safe and high-quality service delivery and pro-active planning for Trust development.

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

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

Risk Environment

- Section 3.0: overview of key risk exposures faced by the Trust.

Corporate Risks

- Sections 4.1.3 – 4.1.6: Summary of individual key corporate risks.
- Section 4.2: New risks added to the Corporate Risk Register.
- Section 4.3: Existing corporate risks that have increased in score.
- Section 4.4: Risks reduced but remaining on the Corporate Risk Register.
- Section 4.5: Risks de-escalated from the Corporate Risk Register
- Section 4.6: Corporate risks that have been closed.
- Section 4.7: Areas of emerging risk.

Related Risk and Assurance Matters

- Section 5.0: Board Assurance Framework.

3. RISK ENVIRONMENT: OVERVIEW OF KEY RISK FACING THE TRUST

3.1 Strategic level risks to the Trust are set out in the Board Assurance Framework (BAF) (see Appendix 2). This shows that the Trust is currently experiencing significant risk exposures and is likely to do so for the remainder of 2021/22.

In many cases the current risk exposures are higher than originally expected, and even with effective mitigations in place those exposures are likely to remain high.

- 3.2 Each of the main operational services continues to experience significant risk exposures and associated performance concerns. This is evidenced by the number of 'high' and 'moderate' level corporate risks present within service lines. Many of these risks derive from the combination of sustained high levels of demand and capacity constraints relating to staff availability, with resultant adverse impacts on performance, staff health and well-being, and patient safety. Critically, the Trust must manage risk exposures relating to the impact of the recently identified Omicron variant. Controls in place to help manage this context include strategic command arrangements, winter plan activation, and the ongoing Resource Escalation Allocation Plan ('REAP4) measures and associated risk and impact assessment.
- 3.3 Patient safety risk is a critical concern across multiple areas of Trust activity. Risk of patient harm has crystallised around three key aspects: call handling, response times, and hospital handover delays (although other patient safety risk factors are present, including the impact of training suspension and some aspects of clinical governance). Each of these areas of patient safety risk is the subject of a corporate risk, and these are being continuously assessed as part of the Trust's REAP4 measures and through other managerial, governance, and assurance processes.
- 3.4 The risk of patient harm resulting from hospital handover delays is one of the two greatest individual corporate risks being managed by the Trust. In December this risk was increased to a score of 25, indicating a potentially catastrophic impact in terms of patient harm (AACE recently published an impact assessment of patient harm caused by hospital handover delays which clearly articulates this area of risk). Mitigations such as strategic system-level escalations and tactical measures at individual hospital sites have resulted in some improvement regarding hospital handover, but challenges remain in place and the risk exposure remains high.
- 3.5 Significant strategic risk factors remain in terms of demand patterns, operational pressures and staffing capacity during the winter period. The BAF indicates that levels of risk across all service lines remain high moving into the final quarter. During the second half of 2021/22 the priorities set out in the 'H2 Plan' represent the Trust's key mitigations for its strategic risks. These priorities feature investment in capacity and improvement in the EOC and across all three service lines, including the £5.1m additional resource received for the Supporting Ambulance Performance programme. Other notable areas of strategic risk demonstrated by the BAF include staff well-being and culture, training, financial planning for 2022/23, delivery of transformational and technological change programmes, and future estates provision.

4. CORPORATE RISKS

4.1 CORPORATE RISK REGISTER

4.1.1 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).

4.1.2 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).

4.1.3 The following new corporate risks rated as 'high' have been opened since the last Board risk report:

- Risk 433: EOC Workforce Capacity (see 4.2.3)
- Risk 436: EOC not calling back dropped calls (see 4.2.5)
- Risk 428: Ballistic measurement for PPE (4.2.7)
- Risk 432: Patient Relations demand (4.2.8)
- Risk 445: EOC Mental Health Nurses (see 4.2.11)
- Risk 444: Staff Compliance with Level 2 PPE (see 4.2.12)
- Risk 441: Domestic Abuse Responses (see 4.2.13)

4.1.4 The two highest individual risks recorded in the Corporate Risk Register, both scored at '25', are as follows:

- Risk 35: Hospital handover delays
- Risk 433: EOC Workforce Capacity

In terms of Risk 433, the recruitment activity associated with the Supporting Ambulance Performance programme is having a positive impact although significant workforce risk remains as a result of the Omicron variant. However, as noted in 3.4 above, while there have been improvements regarding hospital handover the risk remains high.

4.1.5 Other very high individual risks (scored at 20) recorded in the Corporate Risk Register are as follows:

- Risk 105: Operational performance
- Risk 421: Computer Aided Dispatch issues
- Risk 383: EOC Knowledge Management
- Risk 444: Staff Compliance with Level 2 PPE

4.1.6 Three longstanding corporate risks relating to the reconfiguration of services or pathways have been de-escalated from the Corporate Risk Register and will be managed on local risk registers for the foreseeable future. In each case this is because the potential changes are unlikely to take place for some time and so for now the risks to the Trust have abated. As and when one or more these proposed changes becomes more imminent the relevant risk will be reviewed with a view to re-instating it as a corporate risk. These risks are:

- Risk 49: Calderdale Huddersfield Reconfiguration (see 4.5.6)
- Risk 52: Friarage Services Reconfiguration (see 4.5.7)
- Risk 356: Scarborough Paediatric Pathways Reconfiguration (see 4.5.8)

4.1.7 The following sections (4.2 – 4.6) provide commentary on recent material changes to the Corporate Risk Register. These changes have been moderated by the Risk and Assurance Group and confirmed by Trust Management Group via the corporate risk reports covering the months of October, November, and December.

4.2 RISKS ADDED TO THE CORPORATE RISK REGISTER

4.2.1 The Trust has identified a new corporate risk regarding the global shortage of computer chips and the possible implications for timely provision of ICT equipment within the Trust. Stock levels continue to be monitored and distribution of equipment is being decided in accordance with relative necessity. This risk could persist for up to 24 months and further mitigating actions are still to be determined.

Risk 431 – Worldwide shortage of Computer Chips (12, moderate risk)

IF the worldwide shortage of computer chips continues THEN there is a risk of extended delivery times and issuing/replacement of ICT equipment including, laptops, monitors, phones, printers, and servers RESULTING IN workforce not having new/any ICT equipment.

4.2.2 The Trust has identified a new corporate risk regarding resource for governance processes relating to the Integrated Urgent Care (IUC) service. Increasing numbers of investigations in support of incidents and complaints received by the IUC service are unable to be conducted in line with the expected timelines. This risk is under review within IUC in order to finalise all of the appropriate mitigating actions.

Risk 426 – IUC Governance Resource (12, moderate risk)

IF the current service demand pressures continue THEN without sufficient resource the IUC systems and policies currently in place to allow concerns to be raised and for incidents, concerns, and complaints to be investigated in a timely manner, cannot be carried out promptly RESULTING IN learning not being shared in a real and meaningful way and leaving YAS open to criticism and potential for poor safety performance.

4.2.3 The Trust has identified a new corporate risk regarding workforce capacity in the Emergency Operations Centre (EOC). This risk has been escalated given the increased and persistently severe pressures currently experienced in the EOC and the resulting impact in terms of response times and patient harm. Mitigating actions identified include increasing capacity and ongoing recruitment.

Risk 433 - EOC workforce capacity (25, high risk)

IF there are sustained increases in call volume THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to emergency calls with potential for harm to patients

4.2.4 The Trust has identified a new corporate risk regarding the seating and equipment capacity within the EOC. The risk continues to be monitored and options are being explored to identify additional seating and IT capacity.

Risk 434 - EOC seating capacity for Operational roles (12, moderate risk)

IF rapid recruitment of Operational staff continues at pace and social distancing measures must be maintained THEN there will not be enough seating capacity or IT facilities to sustain the increase RESULTING IN inability to maximise our available workforce to ensure patient safety is not compromised

- 4.2.5 The Trust has identified a new corporate risk regarding failure by the EOC to return 'dropped' calls. As a result of ongoing demand and capacity issues within the EOC, dropped calls from mobile telephone numbers are not being returned and this has a potential impact on patient safety. The risk continues to be monitored and mitigating actions are to be determined.

Risk 436 - EOC not calling back dropped calls from mobiles (15, high risk)

IF the current call demand continues at the predicted rate and leads to an inability to answer calls THEN we will continue the agreed process of not returning dropped calls from mobile telephone numbers RESULTING IN potential patient harm

- 4.2.6 The Trust has identified a new corporate risk regarding the frequent utilisation of resilience call handling and the implications to patient safety. The risk has been escalated given the pressures being experienced and the increased utilisation of resilience call handling typically intended for short term use. Mitigating actions include the recruitment of EMDs to increase capacity within the EOC.

Risk 437 - EOC Resilience call handling (12, moderate risk)

IF call demand continues at current levels and calls stack in greater numbers THEN we will be utilising resilience call handling RESULTING IN a less specific triage and potential extended delays to response, and not identifying priority patient symptoms or signposting to other more appropriate pathways

- 4.2.7 The Trust has identified a new corporate risk regarding ballistic personal protective equipment (PPE) for SORT volunteers. Such volunteers should be measured to ensure that the correct PPE is available, additionally if PPE is required to be ordered there is a delayed timeframe for delivery.

Risk 428 - Ballistic Measurement for PPE (16, high risk)

IF we are unable to capture updated detailed measurements of SORT volunteers for Ballistic PPE THEN there is a risk that staff will not have the correct kit provided in the event of an MTA incident and potentially may not be deployed, RESULTING IN potential harm to staff, damage to organisational reputation, claims and delays to patient care in the event of not being deployed.

- 4.2.8 The Trust has identified a new corporate risk regarding the patient relations function. The Trust has seen a significant increase in the quantity of complaints it is managing. The immediate patient relations team, and wider teams around the Trust, have limited capacity to process, investigate and respond to complaints. As a result, there are delays in responding to complaints and issues with meeting the required statutory timeframes.

Risk 432 - 4C and PALS demand (20, high risk)

IF the Trust do not manage existing backlog of 4C and PALs enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays

RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally, not dealing with cases delays the identification of issues and learning further impacting patient safety.

- 4.2.9 The Trust has identified a new corporate risk regarding Patient Transport Services (PTS) experiencing unprecedented numbers of calls and the impact of this on service capacity and performance. Immediate mitigating actions have been implemented to support with capacity, and call handling capacity and performance is monitored daily. Performance has improved as a result of the mitigations and if this improvement is sustained there is potential to de-escalate this risk.

Risk 440 – Call Handling Performance - PTS Reservations (12, moderate risk)

IF call handling performance remains low, THEN patients/HCP's may not be able to book transport and patient flow within the acutes may be affected, RESULTING in missed appointments and failed discharges in turn blocking beds and having a detrimental effect on all providers across the healthcare system as well as 999.

- 4.2.10 An existing risk regarding recruitment of health advisors in Integrated Urgent Care (IUC) has been reviewed and subsequently increased in grading from 9 to 12. This has escalated the risk from the local risk register to the Corporate Risk Register. Recruitment activity continues, however there are also retention factors which means that the net increase in health advisors is not currently sufficient. This risk is under regular review within IUC to determine further appropriate mitigating actions.

Risk 367 – Unable to Recruit Health Advisors (IUC) (12, moderate risk)

IF we are unable to recruit Health Advisors as per the Business Plan THEN we will not have sufficient staff to meet the demand RESULTING in low performance and poor patient experience

- 4.2.11 The Trust has identified a new corporate risk regarding Mental Health Nurse capacity within the Emergency Operations Centre (EOC). This risk has been escalated given the increased pressures currently experienced within EOC and limited Mental Health Nurse capacity. The risk will continue to be monitored whilst mitigations are determined.

Risk 445 - EOC Mental Health Nurses (15, high risk)

IF EOC MHN capacity remains limited THEN the ability to manage the calls received for MH patients will be limited RESULTING IN an increased risk of patient harm.

- 4.2.12 The Trust has identified a new COVID-19 corporate risk regarding staff compliance for wearing Level 2 Personal Protective Equipment (PPE). The risk is currently under review, mitigating actions are still to be determined with support from A&E Operations.

Risk 444 - COVID - 19 - Staff Compliance with Level 2 PPE (20, high risk)

IF staff do not wear full level 2 PPE for all patient contact as a result of the COVID-19 pandemic. THEN the Trust is failing to adhere to national

requirements outlined by the UK Health Security Agency. RESULTING IN: Risk to staff and patient harm and contravening guidance from regulators such as CQC and HSE.

- 4.2.13 The Trust has identified a new corporate risk regarding the Trust response for both patients and staff to domestic abuse in line with the Domestic Abuse Bill 2021. The risk has arisen from a number of domestic homicide reviews (DHR's) that were not identified and escalated, and a review of support mechanisms in place for staff. Work is underway to improve the robustness of the Trust's response and documentation.

Risk 441 - Domestic Abuse – Response to Patients and Staff (15, high risk)

IF the trust response to domestic abuse is not reviewed to reflect the Domestic Abuse Bill 2021 and to incorporate the learning identified from internal and external review and audit, THEN YAS will be failing in its statutory duty to identify and support victims and perpetrators of domestic abuse. RESULTING IN ongoing patient harm and potential death due to lack of intervention and information sharing. For staff this will result in ongoing harm, potential death, being subject to punitive disciplinary and absence management processes instead of being supported to be safe in the workplace. Furthermore, there is a financial impact/business continuity concern for the trust due to staff absence, poor performance in work, attrition for victims of domestic abuse.

4.3 EXISTING CORPORATE RISKS THAT HAVE INCREASED

- 4.3.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding hospital handover has increased from 16 to 25. This has increased due to the frequency and duration of handover delays currently being experienced at hospitals, with patients held on ambulances outside Emergency Departments and the impact this is having on operational capacity and patient care. Ongoing work within localities alongside NHS England continues, and the risk will continue to be monitored.

Risk 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

- 4.3.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding operational performance has increased from 16 to 25. This has increased due to the sustained increase in delays in responding and attending to patients within all categories, but specifically in relation to Category 2. This risk continues to be monitored and further mitigating actions explored.

Risk 105 - Operational performance

IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety

- 4.3.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding non-covid sickness absence has increased from 12 to 16. This has increased due to the current levels of staff absence

experienced within the Trust and the impact on operational activity within the Trust. Ongoing work within the key service areas and the risk will continue to be monitored.

Risk 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.

4.4 RISKS REDUCED BUT REMAINING ON 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 holiday pay calculations has reduced in score from 16 to 12. The impact of the risk materialising has reduced as the Trust has sufficient funds to cover expected costs. The risk will remain on the corporate risk register pending the proposal outcome expected January 2022.

Risk 36 - Impact of calculation of holiday pay to include regular overtime in remuneration

IF holiday pay calculations require 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.

4.5 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

- 4.5.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding diversity in the Trust's decision-making forums has reduced in score from 12 to 9. A key factor in reducing the level of risk was the recruitment of the Associate NED Development role. The risk has been de-escalated from the Corporate Risk Register and will be managed in the local register. Additional work will continue to further support and mitigate the management of the risk.

Risk 47 – Diversity in Decision Making

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

- 4.5.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding vehicle familiarisation training has reduced in score from 12 to 9. Training videos have been created and uploaded to ESR and are readily available for staff to access. Ongoing monitoring of training uptake and outcomes will continue in order to determine its effectiveness. The risk has therefore been de-escalated from the Corporate Risk Register and will be managed locally within the Fleet risk register.

Risk 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 litigation against the Trust with severe financial implications.

- 4.5.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding vehicle availability, including 4x4 capability, has reduced from 12 to 9. Review of availability has evidenced that there are sufficient suitable vehicles of this type within the Trust. Further, the Trust will see an uplift of five vehicles per year to ensure that availability aligns with demand. This risk has been de-escalated from the Corporate Risk Register and will be managed locally within the Fleet risk register for continuous monitoring.

Risk 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

- 4.5.4 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Call Pilot servers has reduced in score from 20 to 8. The migration to the new server is complete and only one previous server remains as part of the decommissioning. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local ICT register with a view to close upon the final server decommissioning.

Risk 240 – Call Pilot Server 2003

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

- 4.5.5 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Corpuls3 defibrillators has reduced in score from 15 to 9. Of the affected defibrillators 92% have been fixed and therefore the likelihood of risk occurrence has reduced. The risk has therefore been de-escalated from the Corporate Risk Register and will be managed locally within the Clinical risk register.

Risk 401 - Corpuls3 Defibrillator Fault

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

- 4.5.6 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Calderdale Huddersfield reconfiguration has reduced from 16 to 6. Upon review it has been established that the proposed reconfiguration has no specific time frame for implementation and is potentially up to five years away. Therefore, the risk is not imminent and can be reduced. The risk has been de-escalated from the Corporate Risk Register and will be managed locally for continuous review of the intended start dates.

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 IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets.

- 4.5.7 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Friarage reconfiguration has reduced in score from 20 to 6. The proposed reconfiguration has not taken place yet and again has no specific implementation time frame. Therefore, the risk is not imminent and can be reduced. The risk has been de-escalated from the Corporate Risk Register and will be managed locally for continuous review of the intended start dates.

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, increases in complaints and serious incidents, and negative impact on performance and reputation

- 4.5.8 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Scarborough paediatric pathways reconfiguration has reduced in score from 12 to 6. As a result of COVID the reconfiguration has been paused and therefore poses limited risk to the Trust currently. The risk has been de-escalated from the Corporate Risk Register and will be continuously reviewed locally.

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 overnight paediatric pathway RESULTING IN patients requiring transport to the York District Hospital which may cause adverse patient outcomes and also increase journey times and impact on ambulance response times.

4.6 RISKS THAT HAVE BEEN CLOSED

- 4.6.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding the PACKMaN study has been closed. Training for this study re-commenced on 26 October 2021 and therefore this risk is no longer present.

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.

- 4.6.2 The Trust did identify a new corporate risk regarding the requirement for PTS staff to be fully vaccinated before they can enter care homes and the ability to access information to determine which staff were vaccinated. Following review and mitigation by the service area this risk was subsequently closed. Mitigating actions included the obtaining of vaccination status of PTS staff to enable improved scheduling of resources. Additionally, it has been agreed that care home staff will bring all PTS patients to the entrance for collection. This reduces the number of PTS staff required to enter care home premises, thereby reducing the need for double vaccination status. The outlined actions have therefore mitigated the risk to the Trust and impact on operational activity.

Risk 424 - PTS requirement for staff to be 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.

- 4.6.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding the Avaya telephony platform has been closed. The telephony systems have been fully replaced with the Unified Communications platform and therefore mitigated.

Risk 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

4.7 AREAS OF EMERGING RISK

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

- The recently announced requirement for all frontline NHS staff to be vaccinated against COVID-19 could have an impact on the Trust's recruitment and retention position. This matter is compounded by the Trust's inability to routinely access the required information to provide assurance about individuals' vaccination status.
- The Emergency Care Assistant (ECA) job description is currently under job evaluation. Should the banding be increased as a result this would have a significant financial impact on the Trust.

5. BOARD ASSURANCE FRAMEWORK

Board Assurance Framework Review and Refresh

- 5.1 On 26 October the Trust Board received an outline version of the updated Board Assurance Framework (BAF). Key strategic issues informing the new BAF include, but are not limited to, the following:

- 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

- 5.2 The updated BAF has since been reported to TMG and discussed in a special session with Trust Chairman and Non-Executive Directors.

- 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 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 significant 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 The BAF includes the Trust's 'H2 Plan' priorities as the main actions to mitigate strategic risks and related control and assurance gaps. This ensures that as far as possible BAF mitigation actions are not separate activities, and instead are embedded in the priority plans for the Trust during the H2 period. This also helps the Trust to demonstrate a clear link from strategic objectives and strategic risks through to organisational planning and delivery priorities.

5.5 The key matters regarding current strategic risk exposures identified by the BAF are discussed in section 3 of this report.

6. PROPOSALS / NEXT STEPS

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

7. RECOMMENDATIONS

7.1 The Trust Board is asked to:

- Note the overview of risk exposures faced by the Trust
- Note the recent material changes to the Corporate Risk Register.
- Note the areas of emerging risk.
- Approve the updated Board Assurance Framework.

8. APPENDICES / BACKGROUND INFORMATION

8.1 Appendix 1: Corporate Risk Register (January 2021)

8.2 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 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 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.
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.
431	Worldwide Shortage of Computer Chips	IF the worldwide shortage of computer chips continue THEN there is a risk of extended delivery times and issuing/replacement of ICT equipment including, laptops, monitors, phones, printers and servers RESULTING IN workforce not having new/any ICT equipment.	Both	Chief Information Officer	ICT	Ola Zahran	19/11/2021	12	12	4	Continuos monitoring of stock levels within the Trust by ICT. Unknown extent of risk due to unknowns in global market however could continue for upto 24 months.
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.

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					
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.
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.
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	10/11/2021	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.
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	31/03/2022	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.
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.
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.
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	31/03/2022	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.

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					
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 entity. 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	Stuart Craft	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	Mark Leese	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	Mark Leese	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
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 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	Mark Leese	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 its 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	Mark Leese	01/12/2021	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

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					
426	IUC Governance Resource	IF the current service demand pressures continue. THEN without sufficient resource the IUC systems and policies currently in place to allow concerns to be raised and for incidents, concerns and complaints to be investigated in a timely manner, cannot be carried out promptly. RESULTING IN learning not being shared in a real and meaningful way, leaving YAS open to criticism and poor safety performance.	Both	IUC	NHS 111	Mark Leese	10/12/2021	12	12	3	Unable to handle incidents and complaints investigations in a timely manner. Mitigating actions to be determined.
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	Mark Leese	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	25/10/2021	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
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.

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					
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	Claire Lindsay	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	Claire Lindsay	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.
433	EOC workforce capacity	IF there are sustained increases in call volume THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to emergency calls with potential for harm to patients	Quality	Operations	EOC	Claire Lindsay	31/01/2022	25	25	12	Actions include increase EMD capacity within EOC. Additionally review the sign off of mentorships.
434	EOC seating capacity for Operational roles	IF rapid recruitment of Operational staff continues at pace and social distancing measures must be maintained THEN there will not be enough seating capacity or IT facilities to sustain the increase RESULTING IN inability to maximise our available workforce to ensure patient safety is not compromised	Quality	Operations	EOC	Claire Lindsay	15/12/2021	12	12	3	Options are currently being explored to identify additional seating and IT capacity.
436	EOC Not calling back dropped calls from mobile phone numbers	IF the current call demand continues at the predicted rate and leads to an inability to answer calls THEN we will continue the agreed process of not returning dropped calls from mobile telephone numbers RESULTING IN potential patient harm	Quality	Operations	EOC	Claire Lindsay	31/12/2021	15	15	5	Mitigating actions to be determined.
437	EOC Resilience call handling	IF call demand continues at current levels and calls stack in greater numbers THEN we will be utilising resilience call handling RESULTING IN a less specific triage and potential extended delays to response and not identifying priority patient symptoms or opportunity to sign post more appropriately to other pathways	Quality	Operations	EOC	Claire Lindsay	31/12/2021	12	12	3	Mitigating actions include the recruitment of EMD's and increasing capacity within EOC.
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	25	4	Increase in frequency and length of time of handovers and patients held on Ambulances outside ED. Work continues with localities and NHSE. YAS to continue monitoring.
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	26/11/2021	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	22/11/2021	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.

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					
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	22/01/2021	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.
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 telephone 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	21/11/2021	16	20	5	Sustained increase in delays responding and attending to patients within all categories and particularly CAT2. Ongoing monitoring and further mitigating actions to be explored.
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	30/11/2021	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	30/11/2021	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	25/11/2021	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	25/11/2021	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.

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					
325	Adverse Weather Provisions	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	21/11/2021	12	12	6	Ops liaising with Estates to determine appropriate actions.
428	Ballistic Measurement for PPE	IF we are unable to capture updated detailed measurements of our SORT volunteers for Ballistic Personal Protective Equipment THEN there is a risk that staff will not have the correct kit provided in the event of an MTA incident and potentially may not be deployed, RESULTING IN potential harm to staff, damage to organisational reputation, claims and delays to patient care in the event of not being deployed.	Both	Operations	A&E Ops	Jackie Cole	19/11/2021	16	16	4	Work is underway for obtaining all measurements and identifying existing PPE availability and ordering requirements.
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.
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 Jones	03/01/2022	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 Jones	03/01/2022	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 fail to be compliant according to the Violence Reduction Standard which provides individual key areas of violence reduction work THEN there is a potential for staff to be seriously injured whilst at work RESULTING IN the potential for physical harm, financial loss, decreasing morale and subsequently wellbeing from an organisational support perspective and organisational reputational risks, which will lead to loss of service provision.	Both	QGPA	Performance Assurance and Risk	Kate Lawrance	06/12/2021	12	12	4	Work is underway within the Trust in line with the Violence Reduction Standard.
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	31/12/2021	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	31/12/2021	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	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.

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					
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	Dave Green/ 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/families under Duty of Candour.
432	4C and PALS demand	IF the Trust do not manage existing backlog of 4C and PALS enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally not dealing with cases delays the identification of issues and learning further impacting patient safety.	Both	QGPA	Patient Relations	Dave Green/ Jacqueline Taylor	26/11/2021	20	20	8	Continuous monitoring and mitigating actions to be determined.
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	07/01/2022	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	07/01/2022	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	14/01/2022	16	12	8	Trust has the funds to cover expected costs. Proposal presented October however outcome not expected until January 2022.
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	26/11/2021	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	Claus Madsen	15/10/2021	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	Claus Madsen	29/10/2021	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 2021-22 H2

2021-22 H2 (Q3 ⇒ Q4)	
Trust Management Group	17 November 2021
Trust Board	26 November 2021
Chairman and NEDs Meeting	06 December 2021
Quality Committee	16 December 2021
Finance and Investment Committee	16 December 2021
Audit Committee	06 January 2022
Trust Board	25 January 2022

Document Control	
Document Author	David O'Brien
Responsible Executive Director	Clare Ashby
Responsible Committee	Trust Board
Version	2021/22 H2 1.0
Date	23/12/2021

Key to Role Abbreviations	
CEO	Chief Executive Officer
EDOps	Executive Director: Operations
EDUCI	Executive Director: Urgent Care and Integration
EDQGPA	Executive Director: Quality, Governance, Performance Assurance
EMD	Executive Medical Director
DoF	Executive Director of Finance
EDW	Executive Director of Workforce
CIO	Chief Information Officer
DT	Director of Transition
ADCA	Associate Director: Corporate Affairs (post vacant)
ADPD	Associate Director: Planning and Development

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

Areas of Strategic Risk		2021/22 Projected Risk Exposures				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
1. Patients and communities experience fully joined-up care responsive to their needs											
1a	Ability to deliver high quality care in 999/A&E operations	16	12	16	16	20	20	↔	16	Overall risk exposures remain high. Performance is not within planned standards and targets, with service demand and levels of staff absence much higher and more sustained than forecast. Other ambulance trusts and system partners are experiencing similar pressures. Significant recruitment across the A&E/999 service is underway, for both EOC call handling staff and frontline crews. Patient safety risk is a critical concern that has crystalised around three key aspects: call handling, response times, and hospital handover delays. Hospital handover delay is one of the greatest individual risks to the Trust, and despite system-wide escalations and on-site mitigations it remains difficult to ease these pressures. Team-based working has been implemented and will become more embedded during Q4.	Q4 risk exposures higher than original projection
1b	Ability to deliver high quality care in Integrated and Urgent Care/NHS111 services	16	12	16	16	20	20	↔	16	Overall risk exposures remain high. Performance is not within planned standards and targets. Service pressures have remained high and well in excess of forecast levels, causing significant ongoing challenges in demand management. Additional staff are coming into role to support current demand and to assist in preparation for further expected demand increases during winter. IUC also has higher than anticipated levels of absence, and work to promote health and wellbeing of staff is a key priority. Key ongoing risks include staff absence and fatigue, increased call handling times, and recruitment and retention challenges relating to health advisors and clinical advisors.	Q4 risk exposures higher than original projection
1c	Ability to deliver high quality care in the Patient Transport Service	12	12	16	12	16	16	↔	16	Overall risk exposures remain high. The service has experienced a steady increase in demand, with significant shifts towards on-day discharge and weekend activity. Overall demand is returning to normal (pre-pandemic) levels but with fewer planned journeys. Safe cohorting of patients is in place but is having limited impact on the number of single patient journeys due to patients claiming they are exempt from mask wearing. As acute hospitals clear their medically fit bed base the demand for PTS on-day requests is expected to rise further. Additional use of sub-contractors and recruitment of volunteers has enabled the Trust to flex effectively in response to demand pressures. Work is ongoing on the national patient transport pathfinder.	Q4 risk exposures higher than original projection

Areas of Strategic Risk		2021/22 Projected Risk Exposures				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
2. Our people feel empowered, valued and engaged to perform at their best											
2a	Ability to ensure provision of sufficient clinical workforce capacity and capability	16	16	20	16	16	16	↔	16	Overall risk exposures remain high. The H2 Plan includes specific focus on recruitment and retention of clinical staff. Paramedic workforce supply remains an area of both short-term and longer-term risk, mitigations include rotational paramedics and international recruitment. EOC workforce capacity is one of the Trust's greatest individual risks and is being addressed via the £5.1m Supporting Ambulance Performance programme. Notable recruitment and retention challenges affect health advisor and clinical advisor roles in IUC, although more staff are now coming on stream. Requirements regarding the vaccination status of staff present new recruitment and retention risks moving into Q4.	Q4 risk exposures in line with original projection
2b	Ability to support the physical and mental health and well-being of staff	16	12	16	12	16	20	↑	16	Overall risk exposures have increased as sickness absence continues to be a key issue and there is risk of further impact from the Omicron variant. The physical and mental health and well-being of staff remains a concern for the Trust. The overall sickness rate has risen to 13.1% (December). Particular focus has been on sickness in the EOC and 111 call handling centres, but concerns now include PTS. Stress, anxiety, and other mental health issues are now the largest contributors to absence. However, COVID-19 infection and self-isolation from COVID-19 contact are increasing and are likely to spike during Q4 as a result of the Omicron variant. Staff flu and COVID-19 vaccination programmes remain active. By mid-December 50% of staff had received the flu vaccine and 52% had received the COVID-19 booster. Other risks include staff compliance with lateral flow testing and PPE requirements.	Q4 risk exposures higher than original projection
2c	Ability to promote and embed positive organisational culture	12	12	12	12	12	12	↔	12	Overall risk exposures remain moderate. Work to embed positive culture across the Trust is currently focussed on a limited number of key H2 Plan actions in order to ensure clear progress in priority areas. The Trust has continued to embed cultural initiatives and the use of cultural information to inform development work (Say Yes to Respect, Just Culture, Freedom to Speak Up, Cultural Ambassadors). The staff engagement tool (Simply Do Ideas) has been implemented and positively evaluated. The Trust training plan has resumed following a COVID-19 hiatus. Leadership and managerial development programmes have been refreshed. The NHS Staff Survey has been completed with a Trust response rate of 34% (1917 staff).	Q4 risk exposures in line with original projection

Areas of Strategic Risk		2021/22 Projected Risk Exposure				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
3. We achieve excellence in everything we do											
3a	Capacity and capability to plan and deliver Trust strategy, transformation and change	16	16	12	12	16	16	↔	12	Overall risk exposures remain high, with short-term challenges regarding delivery of transformational change during a period of severe operational pressures. The Trust's business plan deliverables and transformation programme have been reviewed and prioritised. These are now presented as one integrated plan for the second half of 2021/22 (and an equivalent successor plan will be developed for 2022/23). Governance and assurance arrangements for the delivery of H2 Plan milestones are in place, overseen by a 'TEG+' programme board. Leadership and managerial capacity and capability to deliver transformation work is being strengthened, although risks remain regarding specialist capacity for programme / project management and assurance. Key individual programmes, such as the Supporting Ambulance Performance programme, have progressed well.	Q4 risk exposures higher than original projection
3b	Ability to influence and respond to change in the wider health and care system	16	16	12	12	12	12	↔	12	Overall risk exposures remain moderate. A system-wide Integrated Commissioning Framework and associated governance and assurance structure has been coproduced with the regional ICSs. The Trust is represented in these system-wide arrangements and continues to influence strategic and operational developments at system and place level. The Trust is seeking to strengthen its representation and influence on ICS Boards, and is reshaping its own leadership and organisational structures to be more aligned with system structures. The Trust is actively engaged with the development of patient pathways at place level (e.g. Kirklees), with multiple workstreams across the Northern Ambulance Alliance and via AACE, and with national reviews of PTS, IUC and wider plans for reform of health structures.	Q4 risk exposures in line with original projection
3c	Ability to respond well to climate change and other business continuity threats	16	12	12	12	12	12	↔	12	Overall risks exposures remain moderate. The Trust's 'Green Plan' has been developed and approved by the Trust Board, and implementation is ongoing. This includes specific targets in relation to carbon reduction in estates and fleet, but also a series of sustainability measures across the Trust's functions and activities. This Green Plan supports the Trust's delivery of multiple sustainability plans and requirements both nationally (Greener NHS) and at place (ICS net-zero plans), and also in specific sectors (PTS net-zero targets). The Trust has strengthened its business continuity and security arrangements, including improved compliance with Emergency Preparedness, Resilience and Response national core standards and a review and refresh of security lockdown plans at Trust premises.	Q4 risk exposures in line with original projection

Areas of Strategic Risk		2021/22 Projected Risk Exposure				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
4. We use resources wisely to invest in and sustain services											
4a	Ability to plan, manage and control Trust finances effectively	16	12	16	12	16	16	↔	12	Overall risk exposures remain high. Financial planning has been affected by uncertainty, the various interim financial management arrangements, and late issuing of planning guidance. The Trust has developed its financial plan for the 'H2' period, which presented a break-even position. This plan has been approved by the Trust Board and submitted as required. The Trust has a £4.1m efficiency ('waste reduction') target for H2. Notable financial risks are evident in PTS operations, A&E and IUC demand levels, outcomes of national pay and conditions issues (Flowers, job evaluation) and supply chain issues. During Q4 the focus moves to financial planning for 2022/23, with indications suggesting notable risks including a potential deficit position and extensive requirement for efficiency ('waste reduction') savings.	Q4 risk exposures higher than original projection
4b	Ability to deliver key technology and cyber security developments effectively	16	16	12	12	12	12	↔	12	Overall risk exposures remain moderate. Unified Communications, the replacement telephony platform, went live in EOC during September, which completes the initial implementation phase. Migration to the new N365 and SharePoint platforms have also taken place. Other key digital enabler projects ongoing include the provision of personal issue SMART phones to frontline crews and the further development of ePR. Global supply chain issues present risks to provision of ICT equipment across the Trust. The strengthening of digital capacity and capability generally, and cyber security and information governance specifically, continues. Key areas of cyber/IG risk include staff susceptibility to email phishing activity, and staff completion of mandatory data security training (which presents a significant risk to the Trust's ability to fully comply with the Data Security and Protection toolkit standards).	Q4 risk exposures in line with original projection
4c	Ability to deliver key enabling infrastructure effectively: estates and fleet.	16	12	12	12	16	16	↔	16	Overall risk exposures remain high. Estate work has focussed on short-term remodelling of premises to create COVID-secure environments and to deliver expanded call handling capacity. This includes a key business continuity project to enhance capacity at the Fairfields (York) site. The central warehouse / logistics hub is operational, and hub and spoke / AVP developments are ongoing, with priority projects in Hull and Scarborough. The Trust faces medium-term strategic challenges regarding estate configurations and requirements. This thinking is informed by the development of a hybrid working model for office-based staff and by specific workforce and accommodation planning and modelling work. Fleet priorities include the onboarding of new vehicles and the development of sustainable fleet operations, including net-zero carbon targets in PTS.	Q4 risk exposures higher than original projection

Strategic Ambition		1			Patients and communities experience fully joined-up care responsive to their needs					
Strategic Risk		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.			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Safe Caring Effective Responsive Well-Led	4 x 4 = 16 4 x 5 = 20 4 x 4 = 16	Corporate Risks: A&E Operations <ul style="list-style-type: none"> Risk 35: Hospital handover (25) Risk 433: EOC staffing capacity (25) Risk 105: Operational Performance (20) Risk 421: CAD issues (20) Risk 383: EOC KM capacity (20) Risk 37: Paramedic workforce (16) Risk 99: Staff physical and mental well-being (16) Risk 419: Covid lateral flow testing (16) Risk 428: PPE Ballistic Measurement (16) Risk 436: EOC dropped calls (15) Risk 325: Airedale evacuation (15) Risk 445: EOC Mental Health Nurses (15) Risk 444: Staff PPE Compliance (20) Risk 362: Non-COVID sickness (16) 	<ul style="list-style-type: none"> Risk 15: Loss of EOC Springhill 2 (12) Risk 343: EOC accommodation (12) Risk 437: Resilience call handling (12) Risk 79: S136 hidden demand (12) Risk 82: COVID impact EOC/999 (12) Risk 108: IUC/EOC information (12) Risk 180: A&E Operations staffing (12) Risk 325: Adverse weather (12) 	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 planning and commissioning (e.g. Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g. Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	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 Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group A&E Delivery Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Dispatch / Handover (20/21 - Advisory) Referral Pathways (20/21 - Reasonable) Clinical Audit (19/20 – Reasonable) Medical Gases (19/20 – Good) Professional Revalidation (19/20 – Good) GRS (18/19 - Good) Managing Attendance (18/19 - Reasonable) 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 (Good) External Audit	1. Impact of demand pressures on quality and service performance standards Including: risk of patient harm relating to: - Call handling - Response times - Hospital handover 2. Provision of sufficient staffing levels in EOC and 999/A&E Operations 3. Impact on patient harm relating to staff compliance with IPC/PPE measures 4. Leadership, culture and operating models	1.1 Activate, maintain and review REAP4 arrangements and risk assessment EDOps, TEG/TMG (ongoing) 1.2 Monitor and respond to demand patterns and excessive response times EDOps (ongoing) 1.3 H2 Plan: Supporting Ambulance Performance EDOps (03/22) 1.4 H2 Plan: EOC Improvement Programme EDOps (03/22) 1.5 Implement winter plans EDOps (11/21) 1.6 Work with system partners to resolve hospital handover EDOps (ongoing) 2.1 Recruitment via the Supporting Ambulance Performance Programme and other H2 Plan workstreams EDOps, EDW (03/22) 2.2 Maintain mitigations to prevent COVID outbreaks amongst Trust staff EDOps, EDW, EDQGPA (ongoing) 2.3 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) 3.1 Audit and monitoring to identify non-compliance EDQGPA (11/21) 3.2 Communications and engagement to reinforce messaging about compliance EDW, EDQGPA (ongoing) 3.3 H2 Plan: Safer Right Care programme EDOps. EMD (commence 10/21) 4.1 H2 Plan: Team Based Working model EDOps (commence 09/21) 4.2 H2 Plan: YAS Culture Work (EOC) EDOps (03/22) 4.3 EOC improvement project EDOps (03/22)			
								TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Operations		
								Committee Assurance Quality Committee Finance and Investment Committee Audit Committee		

Strategic Ambition		1	Patients and communities experience fully joined-up care responsive to their needs						
Strategic Risk		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.					
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Safe Caring Effective Responsive Well-Led					Corporate Risks: IUC / NHS111 <ul style="list-style-type: none"> ● Risk 99: Staff physical and mental well-being (16) ● Risk 182: IUC/111 call handling time (16) ● Risk 392: Non-Covid excessive demand on NHS111/IUC (15) ● Risk 362: Non-COVID sickness (16) ● Risk 419: Covid lateral flow testing (16) 	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 planning and commissioning (e.g. Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g. Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	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 Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Referral Pathways (20/21 - Reasonable) Clinical Audit (19/20 – Reasonable) Professional Revalidation (19/20 – Good) 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 (Good) External Audit	1. Impact of demand pressures on quality and service performance standards Including risk of patient harm relating to: - Call handling - Response times / clinical capacity 2. Provision of sufficient staffing levels in IUC/111 3. Patient-centred service developments 4. Leadership, culture and operating models	1.1 Activate, maintain and review REAP4 arrangements and risk assessment EDUCI, TEG/TMG (ongoing) 1.2 Monitor and respond to demand patterns EDUCI (ongoing) 1.3 H2 Plan: IUC Sustainability and Improvements, including - Call handling times - Response times / clinical capacity EDUCI (03/22) 1.4 H2 Plan: Supporting UEC Performance EDUCI (03/22) 2.1 Recruitment and retention of health advisors and clinical advisors EDW, EDUCI (03/22) 2.2 Maintain mitigations to prevent COVID outbreaks amongst Trust staff EDUCI, EDW, EDQGPA (ongoing) 2.3 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) 3.1 H2 Plan: Mental Health Plan EDIUC (21/22 milestones by 03/22) 3.2 H2 Plan: Priority Patient Pathways . EDUCI (21/22 milestones by 03/22) 3.3 H2 Plan: Safer Right Care EDUCI, EMD, (commence 10/21) 4.1 H2 Plan: IUC Sustainability and Improvements, EDUCI (03/22) 4.2 H2 Plan: YAS Culture Work (111) EDUCI (03/22)
TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration					<ul style="list-style-type: none"> ● Risk 283: Covid excessive demand on NHS111/IUC (12) ● Risk 302: Social distancing space in Callflex (12) ● Risk 54: Clinical capacity in NHS111/IUC (12) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 399: Referral to HASU (12) ● Risk 367: Health Advisor Recruitment (12) 				
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee									
		4 x 4 = 16	4 x 5 = 20	4 x 4 = 16					

Strategic Ambition		1	Patients and communities experience fully joined-up care responsive to their needs						
Strategic Risk		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.				
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Safe Caring Effective Responsive Well-Led					Corporate Risks: PTS <ul style="list-style-type: none"> Risk 99: Staff physical and mental well-being (16) Risk 444: Staff PPE Compliance (20) Risk 362: Non-COVID sickness (16) Risk 419: Covid lateral flow testing (16) Risk 425: Private provider extension (12) Risk 440: PTS Call Handling (12) 	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 planning and commissioning (e.g. Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g. Integrated Commissioning Framework) Capital plan PTS contracting processes Procurement processes Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	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 Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group PTS Governance Group Quality Assurance Working Group Incident Review Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: PTS Patient Experience (21/22 - Limited) PTS Third Party Providers (18/19 - Good) 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 (Good) External Audit	1. Impact of demand pressures on quality and service performance standards Including: - maintenance of service standards at 90%+ business as usual levels - call handling 2. Provision of sufficient levels of staffing and volunteers 3. Implementation of PTS reviews and other service developments (e.g. PTS Linen, Net-Zero)	1.1 Activate, maintain and review REAP4 arrangements and risk assessment EDUCI, TEG/TMG (ongoing) 1.2 Monitor and respond to demand patterns EDUCI (ongoing) 1.3 H2 Plan: PTS Sustainability EDUCI (21/22 milestones by 03/22) 2.1 H2 Plan: PTS Sustainability EDUCI (21/22 milestones by 03/22) 3.1 NEPTS Pathfinder EDUCI (21/22 milestones by 03/22) 3.2 West Yorkshire Review EDUCI (21/22 milestones by 03/22) 3.3 H2 Plan: Sustainable Fleet EDUCI, DoF (03/21)
TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration									
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee									
		4 x 3 = 12	4 x 4 = 16	4 x 4 = 16					

Strategic Ambition		2	Our people feel empowered, valued, and engaged to perform at their best						
Strategic Risk		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					
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Well-Led Safe		4 x 4 = 16	5 x 4 = 20	4 x 4 = 16	Corporate Risks: Staff Well-Being <ul style="list-style-type: none"> ● Risk 99: Staff physical and mental well-being (16) ● Risk 419: Covid lateral flow testing (16) ● Risk 187: Cumulative effect of repeated moving and handling (15) ● Risk 441: Response to Domestic Abuse (15) ● Risk 362: Non-COVID sickness (16) ● Risk 444: Staff PPE Compliance (20) ● Risk 42: Violence and aggression (12) ● Risk 50: Immunity screening, vaccination, health surveillance (12) ● Risk 188: Health and Safety training for middle managers (12) ● Risk 418: Garage floor diesel particulates (12) ● Risk 290: Fire doors (12) 	<ul style="list-style-type: none"> Portfolio Governance Boards Trust Workforce Strategy Trust Vision and Values Trust policies and procedures HR Business Partners NHS People Plan Freedom to Speak Up Direct Executive and senior management engagement Leadership conferences Clinical Supervision structure Staff-side engagement Diversity and Inclusion plans and processes Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Just Culture processes Simply Do Ideas process Accountability Framework Leadership in Action Programme YAS Training Plan Safer Responding Group 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 Strategic Command Cell Staff Well-Being Group 2nd Line of Defence Transformation Governance 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 – Good) Violence and Aggression (20/21 - Good) Fire Safety / Health & Safety (19/20 – Good) Managing Attendance (18/19 – Reasonable) Serious Untoward Incidents (18/19 - Good) Temporary Injury Allowance (18/19 - Good) 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 (Good) External Audit	1. Physical and mental health and well-being of staff 2. Staff attendance levels 3. Staff compliance with COVID protective measures (IPC, PPE, social distancing, lateral flow testing, vaccinations etc.) 4. Violence reduction and prevention standards	1.1 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) 2.1 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) 3.1 Maintain mitigations to prevent COVID outbreaks amongst Trust staff EDW, EDQGPA (ongoing) 3.2 H2 Plan: Staff vaccinations programme EDW (03/22) 3.3 Audit and monitoring to identify non Compliance with PPE EDQGPA (11/21) 3.4 Communications and engagement to reinforce messaging about compliance EDW, EDQGPA (ongoing) 4.1 Deliver key requirements of the Violence Reduction and Prevention standard <ul style="list-style-type: none"> - Validated self-assessment - Action plan - Violence Reduction Strategy - Refreshed training offer EDQGPA (all 03/22) 4.2 H2 Plan: Bodyworn cameras pilot phase 2 go-live EDQGPA (11/21)
TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Workforce									
Committee Assurance Quality Committee Audit Committee									

Strategic Ambition		3	We achieve excellence in everything we do						
Strategic Risk		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 development priorities will not be delivered effectively RESULTING IN an adverse impact on organisational structures, systems, and delivery models, and on patient care.					
Risk Appetite	Moderate	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Well-Led					Corporate Risks: Strategy / Transformation <ul style="list-style-type: none"> Risk 104: Financial uncertainty in the Trust and nationally (12) 	Trust Strategy Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards Business continuity plans and processes Regional system-wide plans and priorities National and sector-wide plans and priorities Quality Improvement Strategy Quality Impact Assessments Performance Management Framework Data Management Framework Professional standards Regulatory frameworks System Oversight Framework CQC frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	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 Transformation Governance 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 (20/21 – Advisory), (19/20 – Substantial), (18/19 - Good) Risk Management (20/21 – Good), 19/20 – Good), (18/19 – Good) Board Assurance Framework (20/21 – Good) (19/20 – Substantial), (18/19 - Substantial) Business Case Management (18/19 - Advisory) Policy Management (18/19 - Substantial) 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 (Good) Business Insights Review 2018/19 (PwC) External Audit	1. Planning and delivery of Trust priorities during 2021/22 H2 2. Planning and delivery of Trust priorities during 2022/23 3. Alignment of proposed new and ongoing projects with Trust priorities and resource availability 4. Assurance regarding delivery of key milestones and benefits realisation relating to Trust priorities	1.1 Develop approved plan for H2 2021/22, including key delivery milestones ADPD (10/21) 1.2 Deliver key milestones for the H2 Plan ADPD (03/22) 2.1 Develop approved plan for 2022/23, including key delivery milestones ADPD (03/22) 2.2 Ensure delivery of key milestones for the 2022/23 plan ADPD (commencing 04/22) 3.1 Review and refresh the Gate Review process to better support planning and prioritisation processes ADPD (10/21) 4.1 Design and implement rigorous and sustainable governance and assurance arrangements for the H2 Plan and the 2022/23 Plan EDQGPA (10/21)
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Quality, Governance and Performance Assurance Assistant Director of Corporate Affairs (post not currently filled)									
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee									
		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12					

Strategic Ambition				3	We achieve excellence in everything we do				
Strategic Risk				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			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Well-Led					Corporate Risks: System Developments	Trust Strategy Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards Business continuity plans and processes Regional system-wide plans and priorities National and sector-wide plans and priorities Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan System Oversight Framework CQC frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Complexity and fluidity in system wide planning, governance and delivery arrangements Including Trust response to: - Integrating care proposals, white paper and legislation - 10 Point Plan for Urgent and Emergency Care Recovery - NHS Planning Guidance 2. Alignment of Trust planning, governance and organisational structure with local and national systems 3. Assurance regarding delivery of key milestones and benefits realisation relating to Trust priorities	1.1 Continue to develop and embed the Integrated Commissioning Framework model and processes ADPD (03/22) 1.2 Plan and assure delivery of ICF priority projects ADPD (03/22) 1.3 Ensure appropriate alignment with system plans and strategies ADPD (03/22) 2.1 H2 Plan: Operating Model DT (03/22) 3.1 Design and implement rigorous and sustainable governance and assurance arrangements for the H2 Plan and the 2022/23 Plan EDQGPA (10/21)
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Operations Director of Urgent Care and Integration Assistant Director of Corporate Affairs (post not currently filled)							1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell		
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee							2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Gate Review Group		
						3rd Line of Defence Internal Audit Reviews:			
							External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Integrated Commissioning Framework Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit		

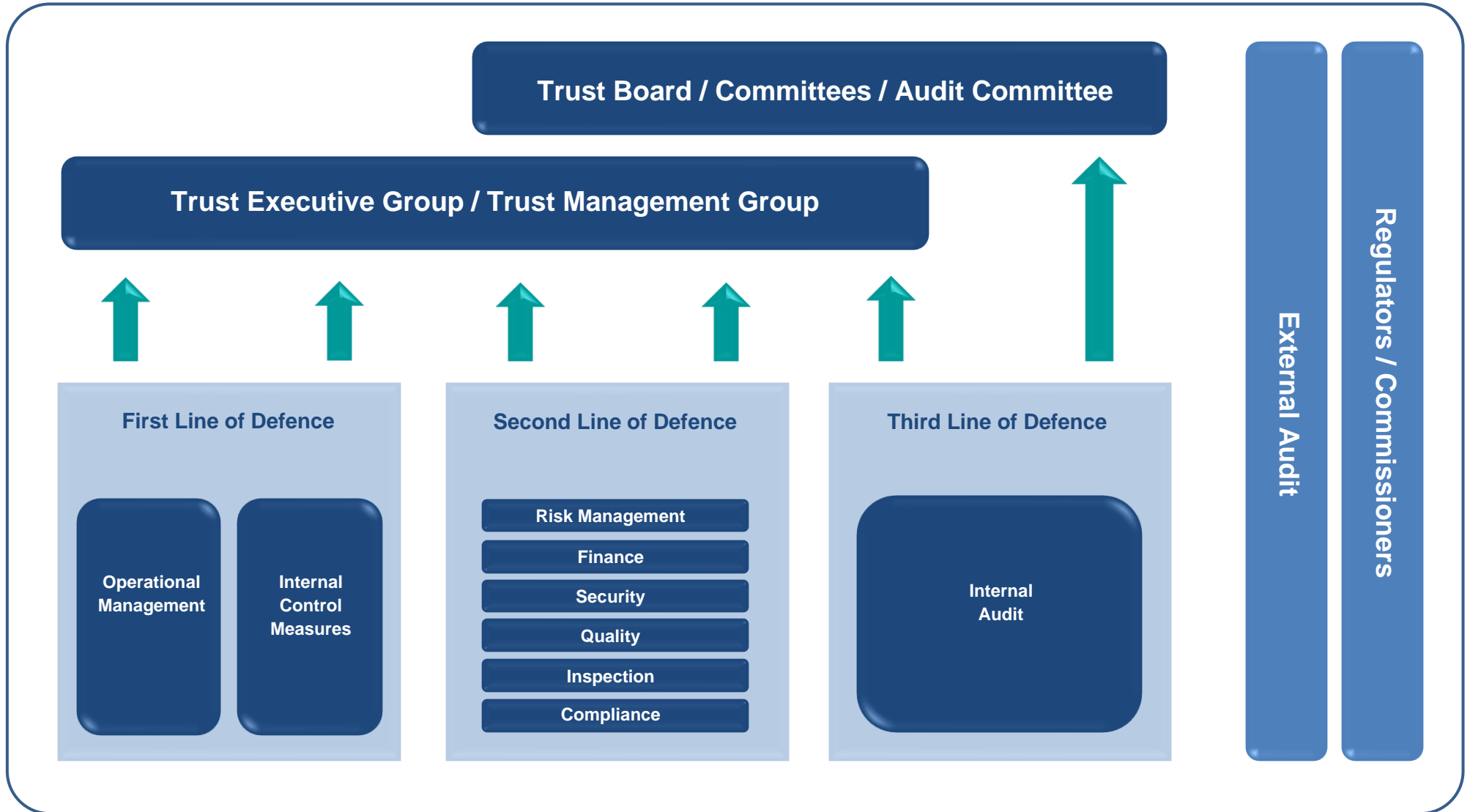
Strategic Ambition				3	We achieve excellence in everything we do				
Strategic Risk				3c	Ability to respond well to climate change and other business continuity threats	IF the Trust does not address immediate or longer-term business continuity threats, including climate change, THEN there is a risk 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			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Well-Led		4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	Corporate Risks: Business Continuity <ul style="list-style-type: none"> ● Risk 62: Climate change (15) ● Risk 365: Potential Airedale evacuation (15) ● Risk 325: Adverse weather conditions (12) ● Risk 15: Loss of EOC Springhill (12) ● Risk 288: National Security Risk Assessment (12) ● Risk 41: Premises security (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: Greener NHS Programme YAS Green Plan 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 Strategic Command Cell 2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Gate Review Group Resilience Governance Groups 3rd Line of Defence Internal Audit Reviews: Resilience and Special Services (19/20 – Good) Business Continuity (21/22 - Advisory) Risk Management (20/21 – Good), (19/20 – Good), (18/19 – Good)) Waste Management (19/20 - Substantial) Security Management (20/21 – Good), (19/20 – Reasonable)) Business Case Management (18/19 - Advisory) Policy Management (18/19 - Substantial) 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 (Good) External Audit	1. Alignment with / response to national, regional and sector sustainability priorities and targets - Net-zero requirements (e.g., NEPTS) - NHS Carbon Footprint / Net-Zero - ICS Net-Zero targets 2. Planning and response to tactical / operational issues: flood, adverse weather events 3. Compliance with EPRR core standards	1.1 Progress the YAS Green Plan actions DoF (03/22) 1.2 YAS Green Plan sustainability targets: Estates DoF (03/22) 1.3 YAS Green Plan sustainability targets: Fleet DoF (03/22) 2.1 Include climate change assessment in business continuity plans DoF, EDOps (03/22) 2.2 Develop the climate change adaptation plan for the Trust DoF (03/22) 2.3 Complete flood risk assessment: properties, staff, patients and assets DoF (03/22) 3.1 EPRR Core Standard action plan: 'partial compliance' by end of 2021 EDOps (12//21) 3.2 EPRR Core Standard: action plan 'full compliance' by the end of 2021/22 EDOps (03//22)
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Operations Executive Director of Finance									
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee									

Strategic Ambition		4	We use resources wisely to invest in and sustain services									
Strategic Risk		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							
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)			
CQC Domains Well-Led		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Finance <ul style="list-style-type: none"> ● Risk 104: Financial uncertainty in the Trust and nationally (12) ● Risk 36: Impact of holiday pay calculation (12) ● Risk 377: Mandate fraud (12) ● Risk 44: External job evaluation (12) 	Monthly review by TMG / TEG via IPR and Finance report Trust policies and procedures Trust SFIs, Scheme of Delegation etc Trust Board oversight and review F&I Committee 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 Contract management processes and frameworks Procurement processes and frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Short term financial planning and management: 2021/22 H2 2. Medium term financial planning and management: 2022/23 3. Assure the delivery of waste reduction or efficiency requirements for 2021/22 (if needed) and 2022/23 4. Compliance with Government Functional Standard 13: Counter Fraud	1.1. Develop balanced financial plan for 2021/22 H2 DoF (11/21) 1.2 Plan and deliver waste reduction any initiatives required in 2021/22 H2 DoF (11/21) 2.1 Develop balanced financial plan for 2022/23 DoF (03/22) 2.2 Plan waste reduction initiatives required in 2022/23 DoF (03/22) 3.1 Plan and implement governance and assurance arrangements relating to waste reduction targets DoF (03/22) 4.1 Produce the residual Counter Fraud risk assessment DoF (01/22) 4.2 Record and manage fraud risks in line with the residual Counter Fraud risk assessment DoF (03/22)			
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Finance							1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report			2nd Line of Defence Capital Monitoring Group Transformation Governance Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Gate Review Group CIP Management Group	3rd Line of Defence Internal Audit Reviews: Financial Systems (21/22) Charitable Funds (20/21 – Limited) Expenses Travel Claims (20/21 - Limited) Bank, Treasury, Cashflow (20/21 - Good) Procurement (20/21 – Reasonable) Budgetary Control (19/20 – Good) Fixed Assets (19/20 - Substantial) Capital Planning (18/19 - Limited) Accounts Payable (18/19 - Substantial) General Ledger (18/19 - Substantial) Payroll (18/19 – Good) Business Case Management (18/19 -Advisory)	External Assurance / Oversight System-wide boards (ICSs, NAA etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) External Audit
Committee Assurance Finance and Investment Committee Audit Committee												

Strategic Ambition		4			We use resources wisely to invest in and sustain services					
Strategic Risk		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			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Effective Well-Led		4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	Corporate Risks: Digital, ICT, Cyber/IG <ul style="list-style-type: none"> ● Risk 394: ePR clinical capacity (16) ● Risk 61: Emergency Services Communications (Airwave Replacement) Programme (12) ● Risk 231: EPR Phase 3: dependencies (12) ● Risk 287: Management of IT equipment (12) ● Risk 293: N365 project (12) ● Risk 309: SharePoint (12) ● Risk 358: Unified Comms – call pilot system (12) ● Risk 384: Unified Comms – proactive alerts management (12) ● Risk 28: Management of paper records (12) ● Risk 30: Staff data security training (12) ● Risk 431: Global shortage of computer chips (12) 	Trust Digital Strategy Programme / Project Plans DSP Toolkit GDPR compliance CareCERT Alerts (NHS Digital) NHS Secure Boundary (NHS Digital) Trust policies and procedures Gate review processes Business planning processes NAA Digital Lead Mandatory training compliance: data security awareness Data Protection Impact Assessments Data Sharing Agreements Statutory / designated roles: Data Protection Officer Senior Information Risk Officer Caldicott Guardian Information Asset Owners Professional Standards (e.g. ITIL, ISO etc) Regulatory Frameworks	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 Compliance Reporting 2nd Line of Defence Information Governance Working Group Transformation Governance PMO Programme Assurance SIRO and DPO Processes Risk and Assurance Group 3rd Line of Defence Internal Audit Reviews: Data Security Standards (21/22 – Moderate), (20/21 – Good), (19/20 – Good) Cyber Security Part 1 (21/22 – Advisory) CAD Management (20/21 - Reasonable) Home Working Security (20/21 – Good) IM&T Governance (21/20 – Substantial) Active Directory (19/20 – Substantial) Mobile Devices (19/20 – Reasonable) Server Management (19/20 - Substantial) ePR System Penetration (18/19 – Good) Network Device Security (18/19 - Good) IT Service Desk (18/19 – Good) IT Risk Management (18/19 – Good) Digital Team Culture (21/22 – Advisory) External Assurance / Oversight System-wide boards (ICs, NAA etc) DSP Toolkit assessment / audit External cyber security assessment Information Commissioner's Office Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)	1. Capacity, capability and culture in ICT teams 2. Delivery of high priority digital change projects 3. Embedding and benefits realisation for priority digital change projects 4. Cyber security / information governance capacity, capability, and compliance	1.1 Implement and embed new digital / ICT operating model CIO (03/22) 2.1 H2 Plan: Personal Issue Smart Phones CIO (21/22 milestones by 03/22) 2.2 H2 Plan: Integrated CAD project CIO (21/22 milestones by 03/22) 2.3 H2 Plan: ePR project CIO (21/22 milestones by 03/22) 3.1 H2 Plan: Unified Comms CIO (21/22 milestones by 03/22) 3.2 H2 Plan: N365 CIO (21/22 milestones by 03/22) 4.1 Strengthen overall compliance with the DSP Toolkit standards CIO (12/21) 4.2 Implement actions arising from the advisory review of cyber security / phishing and from subsequent follow-up reviews CIO (12/21)	
TEG Lead(s) (Responsible for actions unless stated otherwise) Chief Information Officer										
Committee Assurance Finance and Investment Committee Quality Committee Audit Committee										

Strategic Ambition		4			We use resources wisely to invest in and sustain services						
Strategic Risk		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			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (December 2021)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)		
CQC Domains Effective Well-Led					Corporate Risks: Estates and Fleet <ul style="list-style-type: none"> ● Risk 62: Climate change (15) ● Risk 15: Loss of EOC Springhill (12) ● Risk 41: Premises security (12) ● Risk 84: Operational estate suitability (12) ● Risk 236: Percentage of fleet available for AVP (12) ● Risk 290: Fire doors (12) ● Risk 302: Social distancing space in Callflex (12) ● Risk 343: EOC accommodation (12) 	Trust policies and procedures Programme / Project Plans Capital Plan Capital Planning / Monitoring Group(s) Gate review process Business planning process Fleet Strategy Procurement Group Infrastructure Management Group Health and Safety Group Health and Safety processes Risk Assessment processes ERIC returns Premises Assurance Model Hybrid working plans National policies and guidance Professional standards Regulatory frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Short-term estates requirements arising from new ways of working (social distancing, remote / hybrid working) 2. Ability to manage and maintain fleet 3. Progression of key estates developments 4. Future estates capacity and configuration	1.1 Plan and deliver works to create additional call handling accommodation DoF (12/21) 1.2 Develop EOC resilience proposal (Fairfields reconfiguration) EDOps (12/21) 1.3 H2 Plan: Hybrid / Agile working proposal and plans EDW (03/22) 2.1 H2 Plan: Sustainable Fleet DoF (21/22 milestones by 03/22) 3.1 H2 Plan: Hub and Spoke - Hull DoF (21/22 milestones by 03/22) 3.2 H2 Plan: Hub and Spoke – Scarborough DoF (21/22 milestones by 03/22) 3.3 H2 Plan: Logistics Warehouse and Asset Management DoF (21/22 milestones by 03/22) 4.1 H2 Plan: Trust Demand, Workforce And Accommodation plan EDW, DoF (21/22 milestones by 03/22) 4.2 H2 Plan: Hybrid / Agile working proposal and plans EDW (03/22)		
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Finance							1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report				2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Hub and Spoke / AVP Board Inspections for Improvement Process Strategic Health and Safety Committee
Committee Assurance Finance and Investment Committee Audit Committee							3rd Line of Defence Internal Audit Reviews: Estates Maintenance (18/19 – Good) Fleet Management and Maintenance (21/22) Stocks and Stores (20/21 – Reasonable), (19/20 - Reasonable) Security Management (20/21- Good), (19/20 – Reasonable)				
		4 x 4 = 16	4 x 4 = 16	4 x 4 = 16							

Three Lines of Defence Risk Assurance Model



Risk Management and Assurance Information Flows

