| MEETING TITLE | | | MEETING DATE | |
|---|---|---|---|---|
| Trust Board Meeting held in Public | | | 28/04/2022 | |
| **TITLE of PAPER** | Risk Report | | **PAPER REF** | TB22.009 |
| **KEY PRIORITIES** | Create a safe and high performing organisation based on openess, ownership and accountability | | | |
| **PURPOSE OF THE PAPER** | The purpose of this paper is to:<br><br>• Summarise the Trust's key risk exposures<br>• Report recent changes to the Corporate Risk Register.<br>• Draw attention to identified areas of emerging risk.<br>• Provide an update on the Board Assurance Framework | | | |

| For Approval | ☐ | For Assurance | ☒ |
|---|---|---|---|
| For Decision | ☐ | Discussion/Information | ☒ |

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|---|---|---|---|

**DISCUSSED AT / INFORMED BY –** Trust Management Group, Risk Assurance Group, Operational Senior Management Team meetings, other management groups

| PREVIOUSLY AGREED AT: | Committee/Group: | | Date: |
|---|---|---|---|
| **RECOMMENDATION(S)** | It is recommended that the Trust Board note:<br>• The Trust's key risk exposures<br>• Recent material changes to the Corporate Risk Register.<br>• The areas of emerging risk.<br>• The strategic risks captured in the Board Assurance Framework. | | |

| RISK ASSESSMENT | Yes | No |
|---|---|---|
| **Corporate Risk Register and/or Board Assurance Framework amended** | ☒ | ☐ |
| **Equality Impact Assessment -** *[New]* | ☐ | ☒ |
| **Resource Implications (Financial, Workforce, other - specify)**<br>If 'Yes' – expand in Section 2. / attached paper | ☐ | ☒ |
| **Legal implications/Regulatory requirements**<br>If 'Yes' – expand in Section 2. / attached paper | ☒ | ☐ |
| **ASSURANCE/COMPLIANCE** | | |
| **Care Quality Commission**<br>**Choose a DOMAIN(s)** | All<br>All | |

# RISK REPORT

## 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 and discuss 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. 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.

2.3 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.

2.4 The key elements of this report for the attention of the 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 – 4.6 Corporate risks de-escalated or 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 during the final quarter of 2021/22 the Trust continues to experience significant risk exposures and that these are likely

to endure through the transition to 2022/23. There is some potential prospect of risks easing during the first quarter of the new financial year.

3.2     Each of the main operational services continues to experience significant risk exposures and associated performance concerns. These pressures started to ease during February and the Trust was able to de-escalate from REAP4 to REAP3. However, the position remains unpredictable and potentially volatile, and the Trust has subsequently re-escalated to REAP4.

3.3     Patient safety risk has been a critical concern across multiple areas of Trust activity during much of 2021/22. Risk of patient harm crystalised 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.

3.4     The risk of patient harm resulting from hospital handover delays remains the greatest individual corporate risk being managed by the Trust. Despite mitigations such as strategic system-level escalations and tactical measures at individual hospital sites the position regarding hospital handover risk has not materially improved and continues to represent an area of high risk.

3.5     During the second half of 2021/22 the priorities set out in the 'H2 Plan' represented the Trust's primary 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. The most recent data indicates that these mitigations are starting to have some impact. Recruitment activity has brought additional staffing capacity on-stream and call handling times are generally improving across all service lines. The operational plan in development for 2022/23 is expected to be finalised during April and this will represent the Trust's primary mitigations for its strategic risks during 2022/23.

3.6     Significant risk factors remain in terms of demand patterns, operational pressures, and staffing capacity. 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.

3.7     The situation in Ukraine raises potential short-term and longer-term risks in areas such as supply chain, fuel and energy costs, and general social and economic instability. These risks are currently subject to a risk assessment exercise.

## 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 January:

- Risk 452: Management of Safeguarding Allegations (see 4.2.4)
- Risk 463: IUC Staff Recruitment (see 4.2.6)
- Risk 472: MDVS: Rollout Delay (see 4.2.8)
- Risk 465: Capacity Planning and Scheduling Capacity (see 4.2.10)
- Risk 471: Operational Compliance – RTA (see 4.2.11)
- Risk 466: Disparity between severity of harm grading and the risk of threat/ future harm for Violence Related Incidents (see 4.1.13)

4.1.4    The highest individual risk recorded in the Corporate Risk Register, scored at '25', is as follows:

- Risk 35: Hospital Handover Delays

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

- Risk 383: EOC Knowledge Management
- Risk 466: Disparity between severity of harm grading and the risk of threat/ future harm for Violence Related Incidents
- Risk 444: Staff Compliance with Level 2 PPE
- Risk 432: Patient Relations Demand

4.1.6    The following sections (4.2 – 4.7) 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 January, February, and March.

**4.2    RISKS ADDED TO THE CORPORATE RISK REGISTER**

4.2.1    The Trust has identified a new corporate risk regarding phishing emails and the impact on the Trust should a member of staff respond to these.  Whilst the Trust utilises NHS Digital Microsoft Defender with Advanced Threat Protection (ATP) solution, further actions are to be explored.

**Risk 456 – Phishing Emails (12, medium risk)**
IF a member of staff responds to a fraudulent phishing message designed to trick them into revealing sensitive information, THEN we will have a data breech, or allowed malicious software to be deployed on our infrastructure (such as Ransomware) RESULTING IN loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities. These effects work together to cause loss of company value, sometimes with irreparable repercussions.

4.2.2 The Trust has identified a new corporate risk regarding a distributed denial of service attack (a form of cyber-attack) against the Trust. The Trust has controls in place in the form of NHS Digital Secure Boundary Service, and further actions are to be explored.

**Risk 457 – Denial of Service (12, medium risk)**
IF we are subject to a Distributed Denial of Service (DDoS) attack THEN digital services could be disrupted by the infrastructure being overwhelmed with a flood of internet traffic RESULTING IN possible impact or shutdown to a number of our online services and websites, temporary, and possibly permanent, loss of web services, financial loss associated with remediation efforts and damage to the Trust's reputation.

4.2.3 The Trust has identified a new corporate risk regarding the Call Flex capacity review and the potential loss of premises. The risk has been recorded given the impact on services in the event of premises been lost, the risk will continue to be monitored whilst the review is undertaken.

**Risk 460 - Call Flex Lease (12, medium risk)**
IF Call Flex is deemed not fit for purpose following a space and capacity review being carried out THEN there would be less than a year to find and equip another call centre RESULTING in having nowhere to operate from as the current owner has expressed a wish to sell the property.

4.2.4 The Trust has identified a new corporate risk regarding the management of safeguarding allegations. The risk was identified as a result of the gaps in existing policies and initially recorded as a 12. However, a subsequent review escalated this further to a 16 as a result of the risk likelihood increasing. This was as a result of the scheduled workshop to review current practice being delayed by three months, and the safeguarding capacity reduced to support operations.

**Risk 452 - Management of Safeguarding Allegations (16, high risk)**
IF the management of safeguarding allegations against staff is inconsistent due to a lack of a standardised process, THEN potential failure to identify and escalate incidents and concerns may exist RESULTING IN the Trust being unable to give assurance to the CCG and CQC that it is meeting its statutory obligations as an acute provider Trust. This may result in a delay in making timely risk assessments and action plans, which will directly affect the safety of staff and patients.

4.2.5 The Trust identified a new corporate risk regarding the mandatory requirement for staff to be fully vaccinated against COVID-19 and the ability to confirm vaccination status. This risk is subject to further review in the context of changing national requirements relating to vaccinations status of staff.

**Risk 454 - Double Vaccination Requirement (12, medium risk)**
IF the Trust is unable to confirm that all patient facing staff have been double vaccinated THEN in the Trust will not be able to meet its obligations to protect patients or meet the conditions in the proposed legislation RESULTING in potential dismissals of staff and an inability to meet patient demand.

4.2.6    The Trust identified a new corporate risk regarding recruitment within IUC, which is currently achieving approximately 50% of the target FTE roles.  Ongoing monitoring will continue whilst mitigating actions are to be determined.

**Risk 463 – IUC Staff Recruitment (16, high risk)**
IF unable to recruit to H2 funded levels THEN there will be insufficient staffing capacity RESULTING in additional pressure to staff and not meeting KPIs

4.2.7    The Trust has identified a new corporate risk regarding the redeployment of PTS resources to support A&E Operations.  The redeployment of PTS services was stood down on 24th January, however the risk remains due to the ongoing review of the impacts by healthcare partners and commissioners.  The impact to patients and organisational reputation is still to be fully determined and therefore remains a risk.

**Risk 462 – Redeployment of PTS resources to support emergency ambulance services (12, medium risk)**
IF the Trust does not establish, identify, and act upon lessons learnt from the impact upon patients and stakeholder organisations throughout the region in healthcare and transport associated with the decision to cancel PTS non-essential patient journeys during the escalated REAP status. THEN there is an increased likelihood of risk to the Trust reputation with our local healthcare system(s) and regional partners RESULTING IN impact upon patients, engagement, resilience, and partnership working.

4.2.8    The Trust has identified a new corporate risk regarding delayed rollout of Mobile Data Vehicle Solutions (MDVS) to support vehicle spares provision.  The current legacy equipment presents a risk of vehicles remaining off the road longer than necessary.  Ongoing monitoring of the situation will continue whilst mitigating actions are to be determined.

**Risk 472 – MDVS: Rollout Delay (16, high risk)**
IF the incident message details/updates functionality is not resolved or a suitable workaround put in place THEN this could delay progress of the MDVS rollout and potentially have an impact on legacy spares provision RESULTING IN delays to changing from legacy to NMA on front-line vehicles and no spares available to keep vehicles operational.

4.2.9    The Trust has identified a corporate risk following the installation of new Konica printers/scanners and the impact of this in the event of business continuity situations.  A temporary solution has been implemented however this is not fit for purpose as a permanent solution.  IUC have escalated the risk to ICT and mitigating actions are to be determined.

**Risk 470 – Urgent Business Continuity Scanning Facility Issues (12, moderate risk)**
IF there is a need to scan cases through to external providers during a Business Continuity situation without having a pre-populated address book of provider email addresses on the new Konika printer/scanners THEN the only solution would be to manually scan cases to an internal email address, forward these to the wakefield.yas111@nhs.net mailbox before sending to the appropriate external provider RESULTING in a clumsy and time--consuming process due to the potential large number of cases.

4.2.10 The Trust has identified a new corporate risk regarding the Capacity Planning and Scheduling team capacity. Immediate temporary mitigations include recruitment of seconded roles with permanent mitigating actions to be determined.

**Risk 465 – Capacity Planning and Scheduling Capacity (15, high risk)**
IF these capacity issues continue within the Capacity Planning and Scheduling team, THEN critical functions cannot take place including A&E rota reviews for team based working and effective management of all teams. RESULTING in 1) not being able to optimise resource availability impacting patient care and staff wellbeing and 2) the wellbeing and support of the Scheduling teams will be compromised

4.2.11 The Trust has identified a new corporate risk regarding Road Traffic Act (RTA) compliance. Scoping of the risk and gaps is underway and mitigating actions are to be determined.

**Risk 471 - Operational Compliance - Road Traffic Act (RTA) (16, high risk)**
IF A&E Operations do not implement protocols and measures to achieve RTA compliance THEN A&E Crews not following these guidelines maybe in breach of the RTA introduced in 2018 RESULTING IN financial implications and possible reputational damage

4.2.12 The Trust has identified a new corporate risk regarding the cancellation of commander training. The risk was identified in December 2021 however was a medium risk managed at operational level. Following the NARU KLOE audit and position of training still not being resumed the risk has increased.

**Risk 459 – Cancellation of Commander Training (12, moderate risk)**
IF specialist commander training (CBRN and MTA) and CPD revalidation continues to be suspended due to REAP level THEN commanders may not be suitably trained to respond to CBRN/Hazmat and MTA incidents RESULTING IN potential harm and a breach in duty of care to responders and patients. Cancellation of commander CPD revalidation also affects compliance against national standards and does not provide assurance that commanders and maintaining their competence.

4.2.13 The Trust has identified a new corporate risk regarding disparities in the risk assessments regarding levels of harm and the threat of violence related incidents. Work is underway with Datix, and mitigating actions are to be determined.

**Risk 466 - Disparity between severity of harm grading and the risk of threat/ future harm for Violence related incidents (20, high risk)**
IF the reporting system for V&A Incidents does not correlate between the severity of harm grading and the threat (intention to cause harm) posed by others THEN adequate controls and measures cannot be analysed and addressed RESULTING IN an increase in the likelihood of significant risk of injury with an escalated risk of potential adverse outcome for staff.

4.2.14 The Trust has identified a new corporate risk regarding ESR interface updates and the impact on holiday pay calculations. Mitigating actions are to be determined.

**Risk 469 - Holiday Pay - Updates to ESR interface required for WFM/GRS (12, moderate risk)**
IF the interface from WFM/GRS is not in place by 31st March 2022 THEN staff could be incorrectly paid for holiday pay RESULTING in potential future unlawful deduction from wages claims

## 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 annual data security training has increased from 12 to 16. This has increased due to the current levels of compliance within the Trust (which are well below the requirement to achieve 95%) and the medium-term future trajectory of compliance. NHS Digital had placed a deadline for evidence of achieving the 95% compliance originally for December, this however has been temporarily relaxed as a result of the pressures currently within the NHS.

**Risk 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.

4.3.2    Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding computer chip shortages has increased from 12 to 16. This risk has increased due to the current shortages experienced relating to computer monitors. Stock and availability are being monitored constantly and prioritisation of distribution has been determined.

**Risk 431 - Worldwide Shortage of Computer Chips**
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.

## 4.4    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 information held within the system for SORT and AIT trained staff has reduced from 20 to 16. The recruitment of an additional administrator includes the workload of uploading and maintaining SORT operative skillset. This therefore reduces the risk likelihood; the risk will continue to be monitored and review effectiveness with a view to further decrease in the coming months.

**Risk 421 - Computer Aided Dispatch Issue**
IF the CAD does not contain up to date information regarding SORT and AIT trained staff THEN EOC may dispatch staff who are not adequately trained or available to respond to an incident in a SORT/AIT capacity RESULTING IN a direct impact on the organisations ability to release and make available AIT within 10 minutes of PLATO being declared in line with core standards, and also a delay in the mobilisation of SORT staff to a CBRN/HAZMAT incident

4.4.2   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding EOC Workforce capacity has reduced. The risk has reduced from 25 to 16 as a result of the likelihood of risk occurrence and the impact. The risk will continue to be managed with a view to deescalate further by the end of 2022/23 quarter one.

**Risk 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

4.4.3   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Paramedic Workforce Supply has reduced. The risk grading has decreased from 16 to 12.  Ongoing monitoring of rotational paramedics continues, no negative impact and increased attrition.

**Risk 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.

4.4.4   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Operational Performance has reduced.  The risk has reduced from 20 to 16 reflecting a lower likelihood score.

**Risk 105 – Operational Performance**
IF there is an increase in demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety

## 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 the delay of mobile communications programme has reduced in score from 12 to 8.  Sufficient stock has been ordered and therefore the likelihood of risk occurrence has reduced.  The risk has been de-escalated from the Corporate Risk Register and will be managed within the local ICT register until project completion.

**Risk 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.

4.5.2   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding PTS call handling has reduced in score from 12 to 8 as a result of mitigating actions.

**Risk 440 - Call Handling Performance - PTS Reservations**
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.

4.5.3   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding change in response for mental health patients detained under section 136 has reduced from 12 to 6. Upon review there has been no noticeable impact reported within EOC and therefore risk likelihood reduced. The risk has been de-escalated from the Corporate Risk Register with a view to continue monitoring for a fixed period and subsequently close.

**Risk 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.

4.5.4   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding research capacity has reduced in score from 15 to 10. The recruitment of 2.2 WTE non-clinical research co-ordinators has reduced the risk to contract delivery. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local Clinical Governance register.

**Risk 413 - Research Capacity due to Cancelled Secondments**
IF staff appointed into the secondment roles are not released from Operations, THEN the research team will not be able to provide cover for PACKMaN, MATTS and PHEWS studies RESULTING in loss of reputation and potentially contract breach with several partners

4.5.5   Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding bank staff compliance has reduced in score from 12 to 9.

The compliance levels have increased therefore reducing the likelihood of occurrence. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

**Risk 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.

## 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 management of IT equipment has been closed.  A process has been developed and tested and is now fully implemented, the risk has therefore been mitigated against and closed.

**Risk 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.

4.6.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding the immature central project has been closed. The platform is now live, and the project has been closed, the risk is therefore mitigated.

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

4.6.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding information sharing between IUC and EOC has closed.  The information is recorded on the system and shared via MDT. Guidance documents have been produced and shared and a reporting system for any concerns has been implemented.

**Risk 108 - Communication of key information between Integrated Urgent Care (IUC) and Emergency Operations Centre (EOC) mature Central Project**
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. 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.

**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 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.

- Accurate and consistent application of risk assessment criteria by EOC and frontline crews in the context of violence and aggression incidents and safer responding.

- Various areas of financial and operational risk relating to the 2022/23 planning process.

- Immediate and longer-term risks relating to the conflict in Ukraine.

- Fraud risks identified via a structured fraud risk assessment carried out by 360 Assurance

- The Trust has insufficient charging points for current supply of electric vehicles. Implications to vehicle availability with possible financial implications.

- Current supply issues of Corpuls defibrillator pads, mitigations are being explored within the Trust with some immediate steps taken by the supplier in limiting stock to ensure equal distribution.

**5.      BOARD ASSURANCE FRAMEWORK**

5.1     Strategic level risks to the Trust are set out in the Board Assurance Framework (BAF). The 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.

5.2     The latest iteration of the BAF covers the position in 2021/22 quarter four (see Appendix 2). Although the severe operational and performance challenges experienced during late December and early January eased during February, the Trust continues to experience significant risk exposures and during March this required the Trust to re-escalate from REAP3 to REAP4. In many cases the current risk exposures are higher than originally expected. Even with effective mitigations in place those risk exposures are likely to remain high, although some of these could ease during 2022/23 Q1.

5.3     Significant strategic risk factors are present in terms of demand patterns, operational pressures, and staffing capacity. 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.

5.4     The BAF includes the Trust's 'H2 Plan' priorities as the main actions to mitigate strategic risks and any 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. As part of the year-end governance and reporting processes the H2 actions in the BAF will be superseded by equivalent actions for 2022/23, derived largely from the 2022/23 planning process.

## 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 It is recommended that the Trust Board notes:

- The key risk exposures faced by the Trust
- The recent material changes to the Corporate Risk Register.
- The identified areas of emerging risk.
- The Strategic Risks captured in the Board Assurance Framework

## 8. APPENDICES / BACKGROUND INFORMATION

8.1 Appendix 1: Corporate Risk Register

8.2 Appendix 2: (for information) 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 | | | | |
| 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 | 17/12/2021 | 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. |
| 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 | 28/02/2022 | 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 | 17/12/2021 | 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 | 01/03/2022 | 12 | 16 | 4 | Continuous monitoring of stock levels within the Trust by ICT. Prioritisation of existing stock distribution determined. |
| 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 | 28/02/2022 | 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. |
| 456 Phishing Emails | **IF** a member of staff responds to a fraudulent phishing message designed to trick them into revealing sensitive information **THEN** we will have a data breech, or allowed malicious software to be deployed on our infrastructure (such as Ransomware) **RESULTING IN** loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities. These effects work together to cause loss of company value, sometimes with irreparable repercussions. | Finance and Investment | Chief Information Officer | ICT | Ola Zahran | 30/04/2022 | 12 | 12 | 4 | Trust utilises NHSDigital Microsoft Defender with Advanced Threat Protection (ATP)Solution |
| 457 Denial of Service | **IF** we are subject to a Distributed Denial of Service (DDoS) attack **THEN** digital services could be disrupted by the infrastructure being overwhelmed with a flood of internet traffic **RESULTING IN;** possible impact or shutdown to a number of our online services and websites. Temporary, and possibly permanent, loss of web services. Financial loss associated with remediation efforts and damage to the trusts reputation | Finance and Investment | Chief Information Officer | ICT | Ola Zahran | 30/04/2022 | 12 | 12 | 4 | NHSDigital Secure boundary service subscribed and implemented. |
| 472 MDVS: Rollout Delay | **IF** the incident message details/updates is not resolved or suitable workaround **THEN** this could delay progress of the MDVS rollout and potentially have impact on legacy spares provision **RESULTING IN d**elays to changing from legacy to NMA on front-line vehicles and no spares available to keep vehicles operational | Finance and Investment | Chief Information Officer | ICT | Ola Zahran | 13/03/2022 | 16 | 16 | 4 | Ongoing monitoring will continue whilst mitigating actions are to be determined. |
| 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 | 31/01/2022 | 16 | 16 | 4 | Mitigations are currently being explored; the project SRO also currently reviewing role and ownership moving forward. |

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Board Committee | Directorate | Business Area | Risk Handler | Review Date | | | | |
| 104 Financial uncertainty arising from Covid response measures in the Trust and nationally | **IF** the temporary central Covid funding arrangements and ICS approach to shared risk provides the Trust with an "envelope" of income for H2 2021/22, allowing the organisation to effectively plan and manage the expenditure for the remaining 6 months, and uncertainty remains around having the assurance of future recurrent funding for 2022/23 **THEN** due to the increased difficulty in distinguishing between covid and non-covid activity, particularly the significant increase in staffing requirements which are currently funded on a non-recurrent basis. which may **RESULT IN** an adverse impact on the Trust's financial position as Covid funding is being reduced in line with national expectations however the level of recurrent expenditure that has had to be committed to meet demand and maintain patient safety within ambulance providers remains. | Finance and Investment | Finance | Finance | Kathryn Vause | 31/03/2022 | 16 | 12 | 8 | H2 planning submitted. Ongoing reporting to relevant committees. |
| 377 Mandate Fraud | **IF** fraudsters are able to introduce false information into our procure-to-pay processes **THEN** funds may be transferred to the wrong bank account **RESULTING IN** in financial loss. | Finance and Investment | Finance | Finance | Kathryn Vause | 31/12/2021 | 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 | 31/03/2022 | 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. |
| 462 Redeployment of PTS resources to support emergency ambulance services | **IF** the Trust does not establish, identify and act upon lessons learnt from the impact upon patients and stakeholder organisations throughout the region in healthcare and transport associated with the decision to cancel PTS non-essential patient journeys during the escalated REAP status. **THEN** there is an increased likelihood of risk to the Trust reputation with our local healthcare system(s) and regional partners **RESULTING IN** impact upon patients, engagement, resilience and partnership working. | Both | PTS | PTS | Chris Dexter | 02/03/2022 | 12 | 12 | 6 | Risk wording amended to reflect the implications of decision to stand down PTS resources and support A&E Ops during REAP4. |
| 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 | 10/12/2021 | 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 | 08/12/2021 | 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 | 26/01/2022 | 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. |
| 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. |

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| | | | Board Committee | Directorate | Business Area | Risk Handler | Review Date | | | | |
| 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 entirity. 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 | 31/03/2022 | 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 | 30/04/2022 | 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 | 31/03/2022 | 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 | 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 | 31/03/2022 | 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 | 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 | 27/05/2022 | 15 | 12 | 6 | Continue to monitor the risk pending further reviews. |
| 182 | IUC 111 average call handling time | IF the Average Handling Time does not reduce from it current 545 seconds to the contracted funding level of 501 THEN the slower process time affects the call answer performance RESULTING IN a need to increase staffing levels of around 15 to 20 and an impact on the 111 First Programme | Both | IUC | NHS 111 | Mark Leese | 31/03/2022 | 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 |
| 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 | 31/05/2022 | 12 | 12 | 3 | Unable to handle incidents and complaints investigations in a timely manner. Mitigating actions to be determined. |

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| 367 | Unable to recruit Health Advisors | **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 | Quality | IUC | NHS 111 | Mark Leese | 31/03/2022 | 8 | 15 | 6 | Existing risk on the system upgraded from 8 to 15. Recruitment continues however numbers are falling short of required staff. |
| 460 | Call Flex Lease | **IF** Call Flex is deemed not fit for purpose following a space and capacity review being carried out **THEN** there would be less than a year to find and equip another call centre **RESULTING** in having no where to operate from as the current owner has expressed a wish to sell the property. | Both | IUC | NHS 111 | Mark Leese | 31/05/2022 | 12 | 12 | 4 | Ongoing premises review. |
| 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 | 30/04/2022 | 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. |
| 463 | IUC Staff Recruitment | **IF** unable to recruit to H2 funded levels **THEN** there will be insufficient staffing capacity **RESULTING** in additional pressure to staff and not meeting KPIs | Quality | IUC | NHS 111 | Mark Leese | 30/04/2022 | 16 | 16 | 8 | Currently achieving approx 50% of FTE. To continue monitoring. |
| 470 | Urgent BC Scanning Facility Issues | **IF** there is a need to scan cases through to external providers during a BC situation without having a pre-populated address book of provider email addresses on the new Konika printer/scanners **THEN** the only solution would be to manually scan cases to an internal email address, forward these to the wakefield.yas111@nhs.net mailbox before sending to the appropriate external provider **RESULTING** in a clumsy and time consuming process due to the potential large number of cases. | Quality | IUC | NHS 112 | Mark Leese | 30/04/2022 | 12 | 12 | 4 | A temporary solution has been implemented however this is not fit for purpose as a long term solution. IUC have escalated the risk to ICT and mitigating actions are to be determined. |
| 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 | 10/02/2022 | 15 | 16 | 8 | Actions underway; development of an assessment and decision making framework, development of training on the framework and an annual clinical refresher.  Review of Paramedic Pathfinder useage.  Awareness campaign about the importance of care planning and providing safety netting advice when discharging care on scene |
| 106 | Resuscitation training and competency | **IF** there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis **THEN** inadequate resuscitation may be provided during cardiac arrest **RESULTING IN** patient harm or death. | Quality | Medical | Clinical | Steven Dykes | 22/12/2022 | 16 | 15 | 5 | Discuss output of recent Incident Response Group meeting in relation to case reviews. |
| 357 | Maternity Care | **IF** YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and new born babies **THEN** maternity patients and new born babies may receive poor quality care **RESUTLING IN** poor outcomes. | Quality | Medical | Clinical | Steven Dykes | 10/02/2022 | 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 | 07/02/2022 | 12 | 12 | 4 | A review of the risk is underway to determine mitigating actions. |

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| 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 | 10/02/2022 | 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 | 07/02/2022 | 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 |
| 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 | 28/02/2022 | 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 | 28/02/2022 | 20 | 20 | 5 | Current staffing of KMT is significantly reduced with further reduction known due to maternity. Unable to perform critical fucntions 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 | 31/03/2022 | 25 | 16 | 12 | Slightly off track from trajectory on March 22 recruitment, aim to be resolved by the end of quarter one 22/23. |
| 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 | 28/02/2022 | 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 | 31/01/2022 | 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 | 31/01/2022 | 12 | 12 | 3 | Mitigating actions include the recruitment of EMD's and increasing capacity within EOC. |
| 445 | EOC Mental Health Nurses | 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. | Quality | Operations | EOC | Claire Lindsay | 17/02/2022 | 15 | 15 | 5 | Mitigating actions to be determined. |

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| 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 | Jeevan Gill | 22/03/2022 | 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 | Jeevan Gill | 31/03/2022 | 20 | 12 | 6 | Ongoing monitoring of rotational paramedics, at present we are not seeing any negative impact, increased attrition. Reduced liklihood from major to possible. |
| 44 | External Job Evaluation | **IF** the external job evaluation panel (JEG) do not fully understand the Clinical Supervisor role, EMD and ECA 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 | 04/04/2022 | 12 | 12 | 4 | ACAS process.YAS are to continue supporting the review of these roles. |
| 82 | Impacts of COVID-19 on EOC and 999 Service Delivery | **IF** demand on EOC and 999 continues to escalate as a direct result of the Covid-19 incident **THEN** the Trust will be unable to maintain an adequate response either by telephony or face to face **RESULTING IN** potential for delays to patient care, patient harm and reputational damage due to inability to respond. | Both | Operations | A&E Ops | Jeevan Gill | 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 is an increase in 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 | Jeevan Gill | 27/12/2021 | 16 | 16 | 5 | Risk description slightly amended to reflect current situation. Downgrade from almost certain to likely. |
| 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 | Jeevan Gill | 01/04/2022 | 20 | 12 | 12 | Mitigating actions have been taken including, funding, recruitment drive and the arrival of new staff. To continue monitoring and review accordingly. |
| 465 | Capacity Planning & Scheduling Capacity | **IF** these capacity issues continue within the Capacity Planning and Scheduling team, **THEN** critical functions cannot take place including A&E rota reviews for team based working and effective management of all teams. **RESULTING** in 1) not being able to optimise resource availability impacting patient care and staff wellbeing and 2) the wellbeing and support of the Scheduling teams will be compromised | Both | Operations | A&E Ops | Jeevan Gill | 02/02/2022 | 15 | 15 | 3 | Immediate temporary mitigations include recruitment of seconded roles with permanent mitigating actions to be determined. |
| 471 | Operational Compliance - Road Traffic Act (RTA) | **IF** A&E Operations do not implement protocols/measures to achieve RTA compliance **THEN** A&E Crews not following these guidelines maybe in breach of the RTA introduced in 2018 **RESULTING IN** Financial impact, Reputational damage | Finance and Investment | Operations | A&E Ops | Jeevan Gill | 15/03/2022 | 16 | 16 | 3 | Scoping of the risk and gaps is underway and mitigating actions are to be determined. |
| 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 | 31/01/2022 | 20 | 16 | 5 | An additional administrator has been recruited into the CARE team with a start date of January 2022. A comprehensive training package will be implemented, to include the ability to upload/maintain SORT operatives skillsets. |
| 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 | 31/03/2022 | 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. |

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| 325 | Adverse Weather Provisisons | **IF** there is no systematic adverse weather (specifically ice/snow) provisions in place across the Trust **THEN** there is a lack of business continuity to adhere to statutory requirements under the civil contingencies act and a lack of ambulances to respond to emergencies in the event of being stranded at station **RESULTING IN** an impact on operational activity with a potential adverse patient outcome and potential staff injury. | Both | Operations | A&E Ops | Jackie Cole | 30/12/2021 | 12 | 12 | 6 | Ops liasing 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 | 31/01/2022 | 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 unable to sustain business as usual as a result of redirecting resources across all operational services. | Quality | Operations | A&E Ops | Jackie Cole | 13/04/2022 | 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. |
| 459 | Cancellation of Commander Training | **IF** specialist commander training (CBRN and MTA) and CPD revalidation continues to be suspended due to REAP level **THEN** commanders may not be suitably trained to respond to CBRN/Hazmat and MTA incidents **RESULTING IN** potential harm and a breach in duty of care to responders and patients. Cancellation of commander CPD revalidation also affects compliance against national standards and does not provide assurance that commanders and maintaining their competence. | Quality | Operations | A&E Ops | Jackie Cole | 27/03/2022 | 8 | 12 | 4 | Risk recorded December 2021 originally an 8, upgraded recently. Risk reviewed following NARU KLOE audit, increased as training still not resumed. |
| 28 | Management of paper records within YAS | **IF** HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations **THEN** the Trust will not be complaint with Data Protection regulations **RESULTING IN** the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO. | Both | QGPA | Performance Assurance and Risk | Helen Jones | 04/04/2022 | 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 | 04/04/2022 | 12 | 16 | 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 | 16/12/2021 | 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. |
| 466 | Disparity between severity of harm grading and the risk of threat/ future harm for violence related incidents | **IF** the reporting system for V&A Incidents does not correlate between the severity of harm grading and the threat (intention to cause harm) posed by others **THEN** adequate controls and measures cannot be analysed and addressed **RESULTING IN** an increase in the likelihood of significant risk of injury with an escalated risk of potential adverse outcome for staff. | Both | QGPA | Performance Assurance and Risk | Kate Lawrance | 21/03/2022 | 20 | 20 | 4 | Work is underway with datix and mitigating actions are to be determined. |
| 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 | 31/03/2022 | 12 | 15 | 3 | Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries. |

| 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 | | | | |
| 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 | 31/03/2022 | 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 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 | 30/04/2022 | 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. |
| 444 Staff compliance for wearing level 2 PPE | **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. | Quality | QGPA | IP&C | Dave Green/Iffa Settle | 30/04/2022 | 20 | 20 | 8 | Actions to be determined, IP&C to lead on the risk however key service lines with patient facing roles are to support and implement the actions. |
| 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 | 14/02/2022 | 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/familys 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 | Continous monitoring and mitigating actions to be determined. |
| 441 Domestic Abuse – response to patients and staff | **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. | Quality | QGPA | Safeguarding | Vicky Maxwell-Hobson | 27/05/2022 | 15 | 15 | 5 | Significant piece of work underway to improve the robustness of Trust response and documentation. |
| 452 Management of Safeguarding Allegations | **IF** the management of safeguarding allegations against staff is inconsistent due to a lack of a standardised process **THEN** potential failure to identify and escalate incidents and concerns may exist. **RESULTING IN** the Trust being unable to give assurance to the CCG and CQC that it is meeting its statutory obligations as an acute provider Trust. It may result in a delay in making timely risk assessments and action plans, which will directly effect the safety of staff and patients. | Quality | QGPA | Safeguarding | Vicky Maxwell-Hobson | 13/05/2022 | 12 | 16 | 6 | Gaps in existing policy/guidance documents and roles within the team. Review of existing policy and process to be completed alongside HR & scheduled for April. Mitigating actions to then be determined. |
| 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. |

| 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 | | | | |
| 36 Impact of calculation of holiday pay to include regular overtime in remuneration | **IF** holiday pay calculations requires inclusion of overtime as part of normal remuneration **THEN** YAS would be required to address the financial impact of implementing this legislation **RESULTING IN** a financial cost to the organisation | Finance and Investment | Workforce and OD | Human Resources | Suzanne Hartshorne | 30/04/2022 | 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 adequality plan the workforce to meet the demand **RESULTING IN** impact on service delivery. | Finance and Investment | Workforce and OD | Human Resources | Suzanne Hartshorne | 22/12/2021 | 12 | 16 | 4 | Work continues with key service lines with a taskforce to be created to determine futher mitigating actions. |
| 454 Double Vaccination Requirement | **IF** the Trust is unable to confirm that all patient facing staff have been double vaccinated **THEN** in the Trust will not be able to meet its obligations to protect patients or meet the conditions in the proposed legislation **RESULTING** in potential dismissals of staff and an inability to meet patient demand | Finance and Investment | Workforce and OD | Human Resources | Suzanne Hartshorne | 31/03/2022 | 12 | 12 | 4 | Mandatory requirement for staff to be fully vaccinated (COVID-19). Implications on workforce and operational capacity. |
| 469 Holiday Pay - Updates to ESR interface required for WFM/GRS | **IF** the interface from WFM/GRS isn't in place by 31st March 2022 **THEN** staff could be incorrectly paid for holiday pay **RESULTING** in potential future unlawful deduction from wages claims | Finance and Investment | Workforce and OD | Human Resources | Suzanne Hartshorne | 30/04/2022 | 12 | 12 | 4 | Mitigating actions to be determined. |
| 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 | 28/02/2022 | 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 Staff physical and mental wellbeing during COVID-19 response | **IF** Yorkshire Ambulance Service doesn't provide appropriate resources to promote staff wellbeing **THEN** the Trust may encounter increased sickness both Covid related but also related to stress and anxiety, recruitment and retention issues **RESULTING IN** staff resourcing issues and reputational damage. | Quality | Worforce and OD | Human Resources | Claus Madsen | 14/02/2022 | 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. |

**NHS**
**Yorkshire Ambulance Service**
**NHS Trust**

# Board Assurance Framework

## 2021-22 H2 Q4

1.4 08/04/22

| 2021-22 H2 Q4 | |
|---|---|
| Trust Management Group | 23 February 2022 |
| Trust Management Group | 23 March 2022 |
| Quality Committee | 24 March 2022 |
| Finance and Investment Committee | 24 March 2022 |
| Audit Committee | 12 April 2022 |
| **Trust Board in Public** | **28 April 2022** |

| Document Control | |
|---|---|
| Document Author | David O'Brien |
| Responsible Executive Director | Clare Ashby |
| Responsible Committee | Trust Board |
| Version | 2021/22 H2 Q4 1.4 |
| Date | 08/04/2022 |

| 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, although the Trust has moved from REAP4 to REAP3. Call handling and operational response have improved but are not consistently meeting planned standards and targets, with staff absence higher than forecast. Severe pressures occurred during January; mitigations included redeployment of corporate staff, suspending PTS activity, and requesting military support. Patient safety/harm risk is a concern in three key respects: call handling, response times, and hospital handover delays. Hospital handover delay is one of the biggest risks: despite system-wide escalations and on-site mitigations pressures remain at certain hospitals. Team-based working has been implemented and will become more embedded during Q4. The Fairfields EOC project has commenced. | 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. Service performance overall has improved but is not yet consistently within planned standards and targets. Demand has remained high, and capacity has reduced, causing significant ongoing performance challenges. Performance has also been affected by a significant and sustained increase in average handling times, which is being investigated. Additional staff are coming into role to support current demand, but recruitment volumes and attrition rates mean capacity remains a key risk. 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 and is now above 90% of BAU. Performance in Q3 was better than pre-pandemic levels. Telephone booking performance deteriorated during Q3, but subsequent mitigations have led to recovery. PTS support for A&E Operations during Q4 resulted in suspension of some services in January, since reinstated. Safe cohorting remains in place as a COVID mitigation measure. Additional use of sub-contractors and recruitment of volunteers has enabled the Trust to flex in response to demand pressures. As acute hospitals ramp-up their elective activity the demand for PTS is expected to rise further. Work is ongoing on the national patient transport pathfinder. The Trust will need to respond to new PTS eligibility criteria. | 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.  Recruitment via this programme has been successful.  Notable recruitment and retention challenges affect health advisor and clinical advisor roles in IUC, and while more staff are now coming on stream this is partly countered by ongoing attrition rates.  Uncertainty about the vaccination status and immunisation records of staff present workforce 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 increased as sickness absence continues to be a key issue.  COVID-19 infection and self-isolation from COVID-19 contact created significant absence spikes during late December and early January.  The position has eased since but there are ongoing sickness challenges.  The physical and mental health and well-being of staff remains a concern for the Trust.  Stress, anxiety, and other mental health issues are now the largest non-COVID contributors to absence.   By mid-February 53% of staff had received the flu vaccine and 63% had received the COVID-19 booster.  Uncertainty about the vaccination status and immunisation records of staff present workforce risks moving into Q4.  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.  Some projects were paused during the severe pressures experienced in January.  The Trust's business plan deliverables and transformation programme are now presented as one integrated plan for the second half of 2021/22.  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.  ICS formal commencement has been pushed back from April to July.  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 and Calderdale), 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 and late issuing of planning guidance. The Trust's financial plan for the 'H2' period, which presented a break-even position, 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. Initial draft planning submissions are due in March, with final plans required by April. | 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, plus hybrid working model for office-based staff. Fleet priorities include the onboarding of new vehicles and the development of sustainable fleet operations, including net-zero carbon targets in PTS. Vehicle supply has been affected by supply chain issues, but 123 new PTS vehicles were received in Q3 new A&E vehicles come on-stream in Q4. | 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**<br><br>Safe<br>Caring<br>Effective<br>Responsive<br>Well-Led<br><br><br>**TEG Lead**<br>(Responsible for actions unless stated otherwise)<br><br>Executive Director of Operations<br><br><br><br>**Committee Assurance**<br><br>Quality Committee<br><br>Finance and Investment Committee<br><br>Audit Committee | 4 x 4 = 16 | 4 x 5 = 20 | 4 x 4 = 16 | **Corporate Risks: A&E Operations**<br><br>● Risk 35: Hospital handover (25)<br>● Risk 433: EOC staffing capacity (16)<br>● Risk 105: Operational Performance (16)<br>● Risk 421: CAD issues (20)<br>● Risk 383: EOC KM capacity (20)<br>● Risk 99: Staff physical and mental well-being (16)<br>● Risk 419: Covid lateral flow testing (16)<br>● Risk 428: PPE Ballistic Measurement (16)<br>● Risk 436: EOC dropped calls (15)<br>● Risk 325: Airedale evacuation (15)<br>● Risk 445: EOC Mental Health Nurses (15)<br>● Risk 444: Staff PPE Compliance (20)<br>● Risk 362: Non-COVID sickness (16)<br><br>● Risk 15: Loss of EOC Springhill 2 (12)<br>● Risk 343: EOC accommodation (12)<br>● Risk 437: Resilience call handling (12)<br>● Risk 79: S136 hidden demand (12)<br>● Risk 82: COVID impact EOC/999 (12)<br>● Risk 108: IUC/EOC information (12)<br>● Risk 180: A&E Operations staffing (12)<br>● Risk 325: Adverse weather (12)<br>● Risk 37: Paramedic workforce (16) | Trust Strategy<br>Trust Clinical Strategy<br>Trust Digital Strategy<br>COVID response and recovery planning processes<br>Business planning processes<br>Trust policies and procedures<br>Gate Review Process<br>Transformation programme<br>Programme / project boards<br>IUEC Programme<br>COVID debrief and lessons identified processes<br>Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework)<br>National and sector-wide plans and priorities<br>National policy developments: integrating care proposals, white paper, and related legislation<br>Stakeholder engagement plans and processes<br>System-wide governance structures and processes (e.g., Integrated Commissioning Framework)<br>Capital plan<br>Business Continuity plans and processes<br>Winter planning processes<br>Professional standards<br>Regulatory frameworks<br>National planning guidance<br>Urgent and Emergency Care Recovery 10-Point Action Plan | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br>Strategic Command Cell<br>**2nd Line of Defence**<br>Transformation Governance<br>IUEC Programme Board<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Gate Review Group<br>Capital Planning Group<br>Clinical Governance Group<br>Incident Review Group<br>Quality Assurance Working Group<br>A&E Delivery Boards<br>Inspections for Improvement Process<br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Dispatch / Handover (20/21 - Advisory)<br>Referral Pathways (20/21 - Reasonable)<br>Clinical Audit (19/20 – Reasonable)<br>Medical Gases (19/20 – Good)<br>Professional Revalidation (19/20 – Good)<br>GRS (18/19 - Good)<br>Managing Attendance (18/19 - Reasonable)<br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>CQC Well-Led Framework (Good)<br>External Audit | 1. Impact of demand pressures on quality and service performance standards<br><br>Including: risk of patient harm relating to:<br><br>- Call handling<br>- Response times<br>- Hospital handover<br><br><br><br>2. Provision of sufficient staffing levels in EOC and 999/A&E Operations<br><br><br><br>3. Impact on patient harm relating to staff compliance with IPC/PPE measures<br><br><br><br>4. Leadership, culture, and operating models | 1.1 Activate, maintain and review REAP4 arrangements and risk assessment **EDOps, TEG/TMG (ongoing)**<br>1.2 Monitor and respond to demand patterns and excessive response times **EDOps (ongoing)**<br>1.3 H2 Plan: Supporting Ambulance Performance **EDOps (03/22)**<br>1.4 H2 Plan: EOC Improvement Programme **EDOps (03/22)**<br>1.5 Implement winter plans **EDOps (11/21)**<br>1.6 Work with system partners to resolve hospital handover **EDOps (ongoing)**<br><br>2.1 Recruitment via the Supporting Ambulance Performance Programme and other H2 Plan workstreams **EDOps, EDW (03/22)**<br>2.2 Maintain mitigations to prevent COVID outbreaks amongst Trust staff **EDOps, EDW, EDQGPA (ongoing)**<br>2.3 H2 Plan: YAS Culture Work, including Staff Health and Well-Being **EDW (21/22 milestones by 03/22)**<br><br>3.1 Audit and monitoring to identify non-compliance **EDQGPA (11/21)**<br>3.2 Communications and engagement to reinforce messaging about compliance **EDW, EDQGPA (ongoing)**<br>3.3 H2 Plan: Safer Right Care programme **EDOps. EMD (commence 10/21)**<br><br>4.1 H2 Plan: Team Based Working model **EDOps (commence 09/21)**<br>4.2 H2 Plan: YAS Culture Work (EOC) EDOps **(03/22)**<br>4.3 EOC improvement project EDOps **(03/22)** |

| 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**<br><br>Safe<br>Caring<br>Effective<br>Responsive<br>Well-Led<br><br><br><br>**TEG Lead**<br>(Responsible for actions unless stated otherwise)<br><br>Director of Urgent Care and Integration<br><br><br><br>**Committee Assurance**<br><br>Quality Committee<br><br>Finance and Investment Committee<br><br>Audit Committee | | 4 x 4 = 16 | 4 x 5 = 20 | 4 x 4 = 16 | **Corporate Risks: IUC / NHS111**<br><br>• Risk 99: Staff physical and mental well-being (16)<br>• Risk 182: IUC/111 call handling time (16)<br>• Risk 392: Non-Covid excessive demand on NHS111/IUC (15)<br>• Risk 362: Non-COVID sickness (16)<br>• Risk 419: Covid lateral flow testing (16)<br>• Risk 463: IUC recruitment (16)<br><br><br>• Risk 283: Covid excessive demand on NHS111/IUC (12)<br>• Risk 302: Social distancing space in Callflex (12)<br>• Risk 54: Clinical capacity in NHS111/IUC (12)<br>• Risk 58: Culture and retention in NHS111 (12)<br>• Risk 399: Referral to HASU (12)<br>• Risk 367: Health Advisor Recruitment (12) | Trust Strategy<br><br>Trust Clinical Strategy<br><br>Trust Digital Strategy<br><br>COVID response and recovery planning processes<br><br>Business planning processes<br><br>Trust policies and procedures<br><br>Gate Review Process<br><br>Transformation programme<br><br>Programme / project boards<br><br>IUEC Programme<br><br>COVID debrief and lessons identified processes<br><br>Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework)<br><br>National and sector-wide plans and priorities<br><br>National policy developments: integrating care proposals, white paper, and related legislation<br><br>Stakeholder engagement plans and processes<br><br>System-wide governance structures and processes (e.g., Integrated Commissioning Framework)<br><br>Capital plan<br><br>Business Continuity plans and processes<br><br>Winter planning processes<br><br>Professional standards<br><br>Regulatory frameworks<br><br>National planning guidance<br><br>Urgent and Emergency Care Recovery 10-Point Action Plan | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br>Strategic Command Cell<br><br>**2nd Line of Defence**<br>Transformation Governance<br>IUEC Programme Board<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Gate Review Group<br>Capital Planning Group<br>Clinical Governance Group<br>Incident Review Group<br>Quality Assurance Working Group<br>Inspections for Improvement Process<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Referral Pathways (20/21 - Reasonable)<br>Clinical Audit (19/20 – Reasonable)<br>Professional Revalidation (19/20 – Good)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>CQC Well-Led Framework (Good)<br>External Audit | 1. Impact of demand pressures on quality and service performance standards<br><br>Including risk of patient harm relating to:<br><br>- Call handling<br>- Response times / clinical capacity<br><br><br><br><br>2. Provision of sufficient staffing levels in IUC/111<br><br><br><br><br>3. Patient-centred service developments<br><br><br><br>4. Leadership, culture, and operating models | 1.1 Activate, maintain and review REAP4 arrangements and risk assessment **EDUCI, TEG/TMG (ongoing)**<br>1.2 Monitor and respond to demand patterns **EDUCI (ongoing)**<br>1.3 H2 Plan: IUC Sustainability and Improvements, including<br>- Call handling times<br>- Response times / clinical capacity **EDUCI (03/22)**<br>1.4 H2 Plan: Supporting UEC Performance **EDUCI (03/22)**<br><br>2.1 Recruitment and retention of health advisors and clinical advisors **EDW, EDUCI (03/22)**<br>2.2 Maintain mitigations to prevent COVID outbreaks amongst Trust staff **EDUCI, EDW, EDQGPA (ongoing)**<br>2.3 H2 Plan: YAS Culture Work, including Staff Health and Well-Being **EDW (21/22 milestones by 03/22)**<br><br>3.1 H2 Plan: Mental Health Plan EDIIUC **(21/22 milestones by 03/22)**<br>3.2 H2 Plan: Priority Patient Pathways . EDUCI **(21/22 milestones by 03/22)**<br>3.3 H2 Plan: Safer Right Care EDUCI, **EMD, (commence 10/21)**<br><br>4.1 H2 Plan: IUC Sustainability and Improvements, **EDUCI (03/22)**<br>4.2 H2 Plan: YAS Culture Work (111) **EDUCI (03/22)** |

| 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**<br><br>Safe<br>Caring<br>Effective<br>Responsive<br>Well-Led<br><br><br>**TEG Lead**<br>(Responsible for actions unless stated otherwise)<br><br>Director of Urgent Care and Integration<br><br><br><br>**Committee Assurance**<br><br>Quality Committee<br><br>Finance and Investment Committee<br><br>Audit Committee | 4 x 3 = 12 | 4 x 4 = 16 | 4 x 4 = 16 | **Corporate Risks: PTS**<br><br>● Risk 99: Staff physical and mental well-being (16)<br>● Risk 444: Staff PPE Compliance (20)<br>● Risk 362: Non-COVID sickness (16)<br>● Risk 419: Covid lateral flow testing (16)<br><br><br>● Risk 425: Private provider extension (12)<br>● Risk 440: PTS Call Handling (12)<br>● Risk 462: Redeployment of PTS staff to emergency ambulances (12) | Trust Strategy<br>Trust Fleet Strategy<br>COVID response and recovery planning processes<br>Business planning processes<br>Trust policies and procedures<br>Gate Review Process<br>Transformation programme<br>Programme / project boards<br>IUEC Programme<br>COVID debrief and lessons identified processes<br>Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework)<br>National and sector-wide plans and priorities<br>National policy developments: integrating care proposals, white paper, and related legislation<br>Stakeholder engagement plans and processes<br>System-wide governance structures and processes (e.g., Integrated Commissioning Framework)<br>Capital plan<br>PTS contracting processes<br>Procurement processes<br>Business Continuity plans and processes<br>Winter planning processes<br>Professional standards<br>Regulatory frameworks<br>National planning guidance<br>Urgent and Emergency Care Recovery 10-Point Action Plan | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br>Strategic Command Cell<br><br>**2nd Line of Defence**<br>Transformation Governance<br>IUEC Programme Board<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Gate Review Group<br>Capital Planning Group<br>Clinical Governance Group<br>PTS Governance Group<br>Quality Assurance Working Group<br>Incident Review Group<br>Inspections for Improvement Process<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>PTS Patient Experience (21/22 - Limited)<br>PTS Third Party Providers (18/19 - Good)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>CQC Well-Led Framework (Good)<br>External Audit | 1. Impact of demand pressures on quality and service performance standards<br><br>Including:<br><br>- maintenance of service standards at 90%+ business as usual levels<br>- call handling<br><br>2. Provision of sufficient levels of staffing and volunteers<br><br>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)**<br><br>1.2 Monitor and respond to demand patterns **EDUCI (ongoing)**<br><br>1.3 H2 Plan: PTS Sustainability **EDUCI (21/22 milestones by 03/22)**<br><br>2.1 H2 Plan: PTS Sustainability **EDUCI (21/22 milestones by 03/22)**<br><br>3.1 NEPTS Pathfinder **EDUCI (21/22 milestones by 03/22)**<br><br>3.2 West Yorkshire Review **EDUCI (21/22 milestones by 03/22)**<br><br>3.3 H2 Plan: Sustainable Fleet **EDUCI, DoF (03/21)** |

| Strategic Ambition | 2 | Our people feel empowered, valued, and engaged to perform at their best | |
|---|---|---|---|
| Strategic Risk | 2a | Ability to ensure provision of sufficient clinical workforce capacity and capability | IF the Trust is unable to recruit, train and retain clinical staff sufficiently THEN there is a risk that clinical workforce capacity and capability will not meet demand RESULTING IN undue pressure on staff and adverse impacts on patient safety, effectiveness of care and patient experience. |

| 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**<br>Well-Led<br><br>**TEG Lead**<br>(Responsible for actions unless stated otherwise)<br>Executive Director of Workforce<br><br>**Committee Assurance**<br>Quality Committee<br>Audit Committee | 4 x 4 = 16 | 4 x 4 = 16 | 4 x 4 = 16 | **Corporate Risks: Workforce**<br><br>● Risk 433: EOC staffing capacity (25)<br>● Risk 99: Staff physical and mental well-being (16)<br>● Risk 106: Resuscitation training and competency (15)<br>● Risk 362: Non-COVID sickness (16)<br><br>● Risk 54: Clinical capacity in NHS111/IUC (12)<br>● Risk 58: Culture and retention in NHS111 (12)<br>● Risk 180: A&E Operations staffing (12)<br>● Risk 357: Maternity care (12)<br>● Risk 366: C1 driving license test (12)<br>● Risk 24: Bank staff compliance for statutory and mandatory training (12)<br>● Risk 37: Paramedic workforce (12) | Trust Workforce Strategy<br>Portfolio Governance Boards<br>Living Our Values Programme<br>Trust Vision and Values<br>Trust policies and procedures<br>NHS People Plan<br>Freedom to Speak Up<br>Direct Executive and senior management engagement<br>Recruitment and resource planning<br>Leadership conferences<br>Clinical Supervision structure<br>Staff-side engagement<br>Diversity and Inclusion plans and processes<br>Staff Networks<br>NHS Staff Survey<br>Cultural Ambassadors<br>Say Yes to Respect<br>Just Culture processes<br>Simply Do Ideas process<br>Accountability Framework<br>Leadership in Action Programme<br>YAS Training Plan<br>Statutory and Mandatory Training<br>Professional standards<br>Regulatory frameworks | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br>YAS Academy<br>Strategic Command Cell<br><br>**2nd Line of Defence**<br>Transformation Governance<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Strategic Workforce Group<br>Portfolio Governance Boards<br>Inspections for Improvement Process<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Absence Management (21/22)<br>Health and Well-Being (21/22)<br>Occupational Health (20/21 – Good)<br>Professional Revalidation (19/20 - Good)<br>Managing Attendance (18/19 - Reasonable)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>Annual NHS Staff Survey<br>CQC Well Led Framework (Good)<br>External Audit | 1. Recruitment of workforce in 999 / EOC<br><br><br><br><br>2. Recruitment of clinical workforce for IUC / 111<br><br><br>3. Retention of existing workforce<br><br><br><br>4. Training and development<br>- Impact of REAP4 on training delivery<br>- Impact of training suspension on patient care (e.g., skills fade)<br><br>5. Future workforce planning | 1.1 H2 Plan: Supporting Ambulance Performance **EDW, EDOps (03/22)**<br><br>1.2 H2 Plan: Rotational Paramedics and SP/AP models **EDW, EDOps (03/22)**<br><br>1.3 H2 Plan: International Recruitment (in partnership with Health Education England) **EDW, EDOps (03/22)**<br><br>1.4 H2 Plan: Recruitment and Retention **EDW (21/22 milestones by 03/22)**<br><br>2.1 H2 Plan: IUC Sustainability and Improvement **EDUCI (03/22)**<br><br>2.2 H2 Plan: Recruitment and Retention **EDW (21/22 milestones by 03/22)**<br><br>3.1 H2 Plan: Recruitment and Retention **EDW (21/22 milestones by 03/22)**<br><br>3.2 H2 Plan: YAS Culture Work, including Staff Health and Well-Being **EDW (21/22 milestones by 03/22)**<br><br>4.1 Assess and monitor the risk and impact of demand pressures / REAP4 on training compliance **EDW, EDOps 10/21**<br><br>4.2 H2 Plan: Training Capacity at Morley **EDW, DoF (03/22)**<br><br>4.3 2022/23 Education and Training Plan **EDW (12/21)**<br><br>5.1 H2 Plan: Trust Demand, Workforce and Accommodation plan **EDW, DoF (03/22)** |

| 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 **TEG Lead** (Responsible for actions unless stated otherwise) Executive Director of Workforce **Committee Assurance** Quality Committee Audit Committee | | 4 x 4 = 16 | 5 x 4 = 20 | 4 x 4 = 16 | **Corporate Risks: Staff Well-Being** • 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 454: Safeguarding allegations (16) • Risk 466: Threat of harm risk assessment (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) | 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 - 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)** |

| Strategic Ambition | 2 | Our people feel empowered, valued, and engaged to perform at their best | |
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| Strategic Risk | 2c | Ability to promote and embed a positive and inclusive workplace culture | IF the Trust is unable to embed a positive and inclusive culture THEN there is a risk that values and behaviours at all levels will be affected RESULTING IN an adverse impact on staff performance, recruitment and retention, reputation, and on patient safety, effective of care and patient experience |

| 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** <br> Well-Led <br> Caring <br><br> **TEG Lead** <br> (Responsible for actions unless stated otherwise) <br> Executive Director of Workforce <br><br> **Committee Assurance** <br> Quality Committee <br> Audit Committee | 4 x 4 = 16 | 4 x 3 = 12 | 4 x 3 = 12 | **Corporate Risks: Culture** <br><br> ● Risk 99: Staff physical and mental well-being (16) <br> ● Risk 454: Safeguarding allegations (16) <br><br> ● Risk 58: Culture and retention in NHS111 (12) | Portfolio Governance Boards <br> Trust Workforce Strategy <br> Trust Vision and Values <br> Trust policies and procedures <br> HR Business Partners <br> NHS People Plan <br> Freedom to Speak Up process <br> Direct Executive and senior management engagement <br> Leadership conferences <br> Clinical Supervision structure <br> Staff-side engagement <br> Diversity and Inclusion plans and processes <br> Equalities Impact Assessments <br> Staff Networks <br> NHS Staff Survey <br> Cultural Ambassadors <br> Say Yes to Respect <br> Just Culture processes <br> Simply Do Ideas process <br> Accountability Framework <br> Leadership in Action Programme <br> YAS Training Plan <br> Statutory and Mandatory Training <br> WRES and DES monitoring and reporting <br> Gender Pay Gap monitoring and reporting <br> Professional standards <br> Regulatory frameworks | **Board Level Assurance / Oversight** <br> Trust Board <br> Board Committees <br> Audit Committee <br><br> **1st Line of Defence** <br> Directorate Management Groups <br> Trust Management Bodies: TEG, TMG <br> Integrated Performance Report <br> Staff Networks <br> Joint Steering Group <br> Policy Development Group <br> Accountability Framework Programme <br> YAS Academy <br><br> **2nd Line of Defence** <br> Transformation Governance <br> PMO Programme Assurance <br> Risk and Assurance Group <br> Strategic Workforce Group <br> Diversity and Inclusion Group <br> Portfolio Governance Boards <br> Inspections for Improvement Process <br> Freedom to Speak Up <br><br> **3rd Line of Defence** <br> Internal Audit Reviews: <br> Freedom to Speak Up (19/20 - Good) <br> Statutory and Mandatory Training Data and KPIs (19/20 - Substantial) <br> Digital Team Culture (21/22 – Advisory) <br><br> **External Assurance / Oversight** <br> System-wide boards (ICSs, NAA, QGARD etc) <br> Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) <br> Annual NHS Staff Survey <br> CQC Well Led Framework (Good) <br> External Audit | 1. Management and leadership capacity and capability <br><br><br> 2. Impact and effectiveness of diversity and inclusion plans and activities <br><br><br> 3. Embedded positive workplace culture | 1.1 H2 Plan: YAS Culture Work including Staff Health and Well-Being **EDW (21/22 milestones by 03/22)** <br><br> 1.2 Deliver leadership and management development activities **EDW (21/22 milestones by 03/22)** <br><br> 1.3 Accountability Framework **DT (21/22 milestones by 03/22)** <br><br> 2.1 H2 Plan: Equality, Diversity, and Inclusion **EDW (21/22 milestones by 03/22)** <br><br> 3.1 H2 Plan: YAS Culture Work including Staff Health and Well-Being **EDW (21/22 milestones by 03/22)** <br><br> 3.2 H2 Plan: EOC Performance Improvement Programme **EDOps (03/22)** <br><br> 3.3 H2 Plan: IUC Sustainability and Improvements **EDUCI 03/22** |

| Strategic Ambition | 3 | We achieve excellence in everything we do | |
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| 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**<br><br>Well-Led<br><br><br>**TEG Lead(s)**<br>(Responsible for actions unless stated otherwise)<br><br>Executive Director of Quality, Governance and Performance Assurance<br><br>Assistant Director of Corporate Affairs (post not currently filled)<br><br><br><br><br>**Committee Assurance**<br><br>Quality Committee<br><br>Finance and Investment Committee<br><br>Audit Committee | | 4 x 4 = 16 | 4 x 4 = 16 | 4 x 3 = 12 | **Corporate Risks: Strategy / Transformation**<br><br>● Risk 104: Financial uncertainty in the Trust and nationally (12) | Trust Strategy<br><br>Business planning processes<br><br>Trust policies and procedures<br><br>Gate Review Process<br><br>Transformation programme<br><br>Programme / project boards<br><br>Business continuity plans and processes<br><br>Regional system-wide plans and priorities<br><br>National and sector-wide plans and priorities<br><br>Quality Improvement Strategy<br><br>Quality Impact Assessments<br><br>Performance Management Framework<br><br>Data Management Framework<br><br>Professional standards<br><br>Regulatory frameworks<br><br>System Oversight Framework<br><br>CQC frameworks<br><br>National planning guidance<br><br>Urgent and Emergency Care Recovery 10-Point Action Plan | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br><br>**2nd Line of Defence**<br>Transformation Governance<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Directorate budget reviews (Finance Business Partners)<br>Gate Review Group<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Performance Management (20/21 – Advisory),<br>Data Quality and KPIs (21/22 – Limited) (20/21 – Advisory), (19/20 – Substantial),<br>Risk Management (20/21 – Good), 19/20 – Good), (18/19 – Good)<br>Board Assurance Framework (20/21 – Good) (19/20 – Substantial), (18/19 - Substantial)<br>Business Case Management (18/19 - Advisory)<br>Policy Management (21/22 – Significant)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>CQC Well Led Framework (Good)<br>Business Insights Review 2018/19 (PwC)<br>External Audit | 1. Planning and delivery of Trust priorities during 2021/22 H2<br><br>2. Planning and delivery of Trust priorities during 2022/23<br><br>3. Alignment of proposed new and ongoing projects with Trust priorities and resource availability<br><br>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)**<br><br>1.2 Deliver key milestones for the H2 Plan **ADPD (03/22)**<br><br>2.1 Develop approved plan for 2022/23, including key delivery milestones **ADPD (03/22)**<br><br>2.2 Ensure delivery of key milestones for the 2022/23 plan **ADPD (commencing 04/22)**<br><br>3.1 Review and refresh the Gate Review process to better support planning and prioritisation processes **ADPD (10/21)**<br><br>4.1 Design and implement rigorous and sustainable governance and assurance arrangements for the H2 Plan and the 2022/23 Plan **EDQGPA (10/21)** |

| 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 |

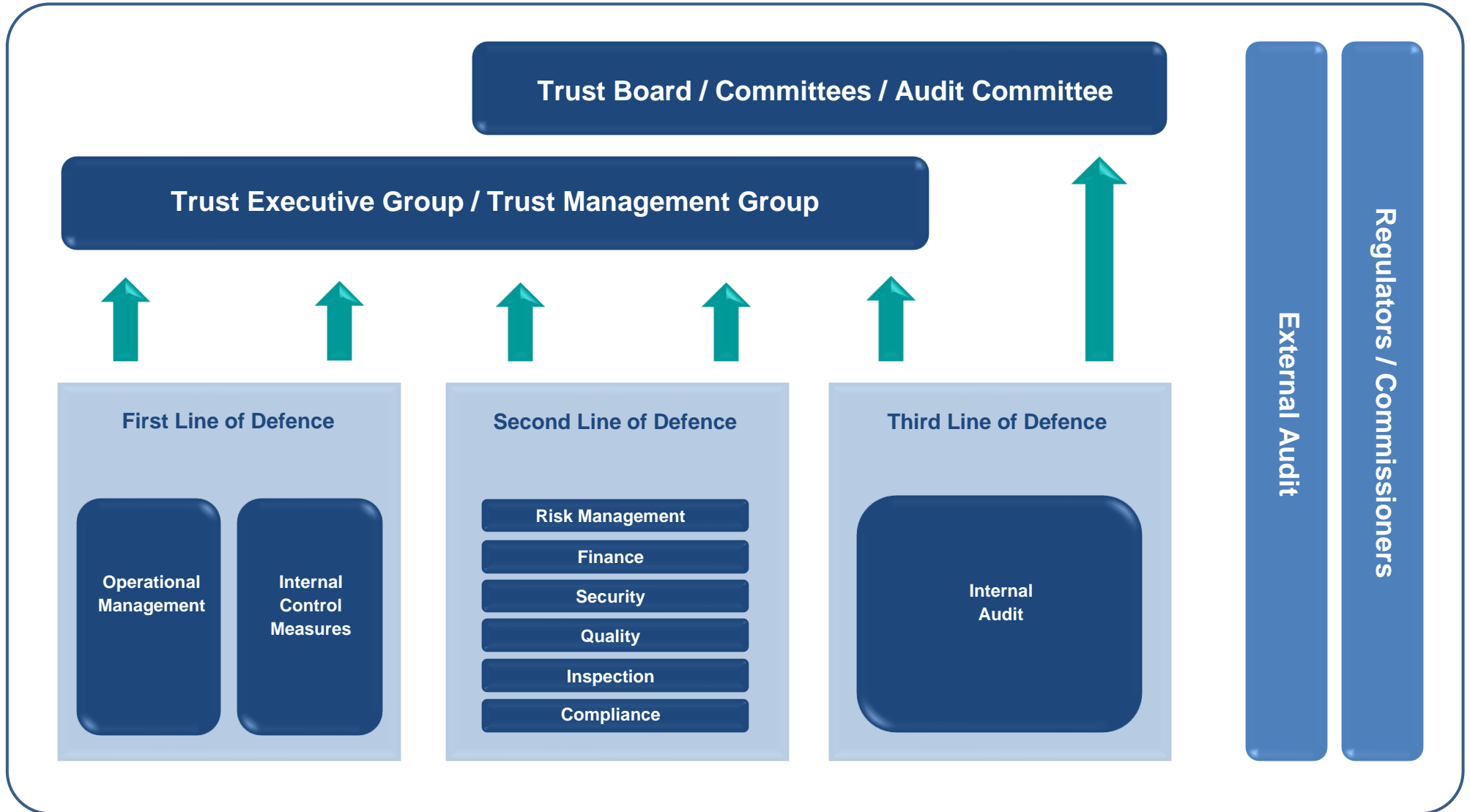| Risk Appetite | Low | Initial | Current | Target | Corporate Risks (December 2021) | Key Controls | Key Assurance | Key Control and Assurance Developments | Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated) |
|---|---|---|---|---|---|---|---|---|---|
| **CQC Domains**<br><br>Well-Led<br><br>**TEG Lead(s)**<br>(Responsible for actions unless stated otherwise)<br><br>Executive Director of Operations<br><br>Director of Urgent Care and Integration<br><br>Assistant Director of Corporate Affairs (post not currently filled)<br><br>**Committee Assurance**<br><br>Quality Committee<br><br>Finance and Investment Committee<br><br>Audit Committee | | 4 x 3 = 12 | 4 x 3 = 12 | 4 x 3 = 12 | **Corporate Risks: System Developments** | Trust Strategy<br>Business planning processes<br>Trust policies and procedures<br>Gate Review Process<br>Transformation programme<br>Programme / project boards<br>Business continuity plans and processes<br>Regional system-wide plans and priorities<br>National and sector-wide plans and priorities<br>Regulatory frameworks<br>National planning guidance<br>Urgent and Emergency Care Recovery 10-Point Action Plan<br>System Oversight Framework<br>CQC frameworks | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br>Strategic Command Cell<br><br>**2nd Line of Defence**<br>Transformation Governance<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Gate Review Group<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Integrated Commissioning Framework<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>CQC Well Led Framework (Good)<br>External Audit | 1. Complexity and fluidity in system wide planning, governance, and delivery arrangements<br><br>Including Trust response to:<br><br>- Integrating care proposals, white paper, and legislation<br><br>- 10 Point Plan for Urgent and Emergency Care Recovery<br><br>- NHS Planning Guidance<br><br><br>2. Alignment of Trust planning, governance, and organisational structure with local and national systems<br><br><br>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)**<br><br>1.2 Plan and assure delivery of ICF priority projects **ADPD (03/22)**<br><br>1.3 Ensure appropriate alignment with system plans and strategies **ADPD (03/22)**<br><br><br>2.1 H2 Plan: Operating Model **DT (03/22)**<br><br><br>3.1 Design and implement rigorous and sustainable governance and assurance arrangements for the H2 Plan and the 2022/23 Plan **EDQGPA (10/21)** |

| 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**<br><br>Well-Led<br><br><br>**TEG Lead(s)**<br>(Responsible for actions unless stated otherwise)<br><br>Executive Director of Operations<br><br>Executive Director of Finance<br><br><br><br><br>**Committee Assurance**<br><br>Quality Committee<br><br>Finance and Investment Committee<br><br>Audit Committee | 4 x 4 = 16 | 4 x 3 = 12 | 4 x 3 = 12 | **Corporate Risks: Business Continuity**<br><br>● Risk 62: Climate change (15)<br><br>● Risk 365: Potential Airedale evacuation (15)<br><br>● Risk 325: Adverse weather conditions (12)<br><br>● Risk 15: Loss of EOC Springhill (12)<br><br>● Risk 288: National Security Risk Assessment (12)<br><br>● Risk 41: Premises security (12) | Trust Strategy<br>Trust COVID response and recovery planning processes<br>Business planning processes<br>Trust policies and procedures<br>Gate Review Process<br>Transformation programme<br>Programme / project boards<br>Business continuity plans and processes<br>COVID debrief and lessons identified processes<br>Regional system-wide plans and priorities<br>National and sector-wide plans and priorities:<br>Greener NHS Programme<br>YAS Green Plan<br>Climate change risk assessment and plans<br>National security risk assessment processes and risk register<br>Professional standards<br>Regulatory frameworks | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br>Strategic Command Cell<br><br>**2nd Line of Defence**<br>Transformation Governance<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Gate Review Group<br>Resilience Governance Groups<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Resilience and Special Services (19/20 – Good)<br>Business Continuity (21/22 - Advisory)<br>Risk Management (20/21 – Good), (19/20 – Good), 18/19 – Good))<br>Waste Management (19/20 - Substantial)<br>Security Management (20/21 – Good), (19/20 – Reasonable))<br>Business Case Management (18/19 - Advisory)<br>Policy Management (21/22 - Significant)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA, QGARD etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>CQC Well Led Framework (Good)<br>External Audit | 1. Alignment with / response to national, regional and sector sustainability priorities and targets<br><br>- Net-zero requirements (e.g., NEPTS)<br>- NHS Carbon Footprint / Net-Zero<br>- ICS Net-Zero targets<br><br><br>2. Planning and response to tactical / operational issues: flood, adverse weather events<br><br><br><br><br>3. Compliance with EPRR core standards | 1.1 Progress the YAS Green Plan actions **DoF (03/22)**<br><br>1.2 YAS Green Plan sustainability targets: Estates **DoF (03/22)**<br><br>1.3 YAS Green Plan sustainability targets: Fleet **DoF (03/22)**<br><br><br>2.1 Include climate change assessment in business continuity plans **DoF, EDOps (03/22)**<br><br>2.2 Develop the climate change adaptation plan for the Trust **DoF (03/22)**<br><br>2.3 Complete flood risk assessment: properties, staff, patients, and assets **DoF (03/22)**<br><br><br>3.1 EPRR Core Standard action plan: 'partial compliance' by end of 2021 **EDOps (12//21)**<br><br>3.2 EPRR Core Standard: action plan 'full compliance' by the end of 2021/22 **EDOps (03//22)** |

| Strategic Ambition | 4 | We use resources wisely to invest in and sustain services | |
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| 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**<br><br>Well-Led<br><br>**TEG Lead(s)**<br>(Responsible for actions unless stated otherwise)<br><br>Executive Director of Finance<br><br>**Committee Assurance**<br><br>Finance and Investment Committee<br><br>Audit Committee | 4 x 4 = 16 | 4 x 4 = 16 | 4 x 3 = 12 | **Corporate Risks: Finance**<br><br>● Risk 104: Financial uncertainty in the Trust and nationally (12)<br><br>● Risk 36: Impact of holiday pay calculation (12)<br><br>● Risk 377: Mandate fraud (12)<br><br>● Risk 44: External job evaluation (12) | Monthly review by TMG / TEG via IPR and Finance report<br><br>Trust policies and procedures<br><br>Trust SFIs, Scheme of Delegation etc<br><br>Trust Board oversight and review<br><br>F&I Committee<br><br>Audit Committee<br><br>CIPMG monitoring<br><br>Finance Business Partners<br><br>Business Planning Process<br><br>Gate Review Process<br><br>Capital Monitoring Process<br><br>Internal Audit reviews<br><br>External Audit reviews<br><br>Delivery of STP CQUIN<br><br>Monthly NHSI/E submission and review meetings<br><br>Single Oversight Framework<br><br>NAA Benchmarking information and collaborative reviews.<br><br>Model Ambulance benchmarking<br><br>Annual Report and Accounts to NHSE/I<br><br>Professional standards<br><br>Regulatory frameworks<br><br>Contract management processes and frameworks<br><br>Procurement processes and frameworks | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br><br>**2nd Line of Defence**<br>Capital Monitoring Group<br>Transformation Governance<br>Risk and Assurance Group<br>Directorate budget reviews (Finance Business Partners)<br>Gate Review Group<br>CIP Management Group<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Financial Systems (21/22 - Significant)<br>Charitable Funds (20/21 – Limited)<br>Expenses Travel Claims (20/21 - Limited)<br>Bank, Treasury, Cashflow (20/21 - Good)<br>Procurement (20/21 – Reasonable)<br>Budgetary Control (19/20 – Good))<br>Fixed Assets (19/20 - Substantial)<br>Capital Planning (20/21 - Significant)<br>Accounts Payable (18/19 - Substantial)<br>General Ledger (18/19 - Substantial)<br>Payroll (18/19 – Good))<br>Business Case Management (18/19 -Advisory)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>External Audit | 1. Short term financial planning and management: 2021/22 H2<br><br>2. Medium term financial planning and management: 2022/23<br><br>3. Assure the delivery of waste reduction or efficiency requirements for 2021/22 (if needed) and 2022/23<br><br>4. Compliance with Government Functional Standard 13: Counter Fraud | 1.1. Develop balanced financial plan for 2021/22 H2 **DoF (11/21)**<br><br>1.2 Plan and deliver waste reduction any initiatives required in 2021/22 H2 **DoF (11/21)**<br><br>2.1 Develop balanced financial plan for 2022/23 **DoF (03/22)**<br><br>2.2 Plan waste reduction initiatives required in 2022/23 **DoF (03/22)**<br><br>3.1 Plan and implement governance and assurance arrangements relating to waste reduction targets **DoF (03/22)**<br><br>4.1 Produce the residual Counter Fraud risk assessment **DoF (01//22)**<br><br>4.2 Record and manage fraud risks in line with the residual Counter Fraud risk assessment **DoF (03/22)** |

| Strategic Ambition | 4 | We use resources wisely to invest in and sustain services | |
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| 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 **TEG Lead(s)** (Responsible for actions unless stated otherwise) Chief Information Officer **Committee Assurance** Finance and Investment Committee Quality Committee Audit Committee | 4 x 4 = 16 | 4 x 3 = 12 | 4 x 3 = 12 | **Corporate Risks: Digital, ICT, Cyber/IG** ● Risk 394: ePR clinical capacity (16) ● Risk 431: Global shortage of computer chips (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 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) | 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 2 (21/22 – Limited) 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 (21/22 – Significant) IT Risk Management (18/19 – Good) Digital Team Culture (21/22 – Advisory) **External Assurance / Oversight** System-wide boards (ICSs, 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)** |

| Strategic Ambition | 4 | We use resources wisely to invest in and sustain services |
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| 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**<br><br>Effective<br>Well-Led<br><br>**TEG Lead(s)**<br>(Responsible for actions unless stated otherwise)<br><br>Executive Director of Finance<br><br>**Committee Assurance**<br><br>Finance and Investment Committee<br><br>Audit Committee | | 4 x 4 = 16 | 4 x 4 = 16 | 4 x 4 = 16 | **Corporate Risks: Estates and Fleet**<br><br>● Risk 62: Climate change (15)<br><br>● Risk 15: Loss of EOC Springhill (12)<br>● Risk 41: Premises security (12)<br>● Risk 84: Operational estate suitability (12)<br>● Risk 236: Percentage of fleet available for AVP (12)<br>● Risk 290: Fire doors (12)<br>● Risk 302: Social distancing space in Callflex (12)<br>● Risk 343: EOC accommodation (12) | Trust policies and procedures<br>Programme / Project Plans<br>Capital Plan<br>Capital Planning / Monitoring Group(s)<br>Gate review process<br>Business planning process<br>Fleet Strategy<br>Procurement Group<br>Infrastructure Management Group<br>Health and Safety Group<br>Health and Safety processes<br>Risk Assessment processes<br>ERIC returns<br>Premises Assurance Model<br>Hybrid working plans<br>National policies and guidance<br>Professional standards<br>Regulatory frameworks | **Board Level Assurance / Oversight**<br>Trust Board<br>Board Committees<br>Audit Committee<br><br>**1st Line of Defence**<br>Directorate Management Groups<br>Trust Management Bodies: TEG, TMG<br>Integrated Performance Report<br><br>**2nd Line of Defence**<br>Transformation Governance<br>PMO Programme Assurance<br>Risk and Assurance Group<br>Hub and Spoke / AVP Board<br>Inspections for Improvement Process<br>Strategic Health and Safety Committee<br><br>**3rd Line of Defence**<br>Internal Audit Reviews:<br>Estates Maintenance (18/19 – Good)<br>Fleet Management and Maintenance (21/22 - Significant)<br>Stocks and Stores (20/21 – Reasonable), (19/20 - Reasonable)<br>Security Management (20/21- Good), (19/20 – Reasonable)<br><br>**External Assurance / Oversight**<br>System-wide boards (ICSs, NAA etc)<br>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)<br>Health and Safety Executive | 1. Short-term estates requirements arising from new ways of working (social distancing, remote / hybrid working)<br><br><br><br>2. Ability to manage and maintain fleet<br><br><br>3. Progression of key estates developments<br><br><br><br>4. Future estates capacity and configuration | 1.1 Plan and deliver works to create additional call handling accommodation DoF (12/21)<br><br>1.2 Develop EOC resilience proposal (Fairfields reconfiguration) EDOps (12/21)<br><br>1.3 H2 Plan: Hybrid / Agile working proposal and plans EDW (03/22)<br><br>2.1 H2 Plan: Sustainable Fleet DoF (21/22 milestones by 03/22)<br><br>3.1 H2 Plan: Hub and Spoke - Hull DoF (21/22 milestones by 03/22)<br><br>3.2 H2 Plan: Hub and Spoke – Scarborough DoF (21/22 milestones by 03/22)<br><br>3.3 H2 Plan: Logistics Warehouse and Asset Management DoF (21/22 milestones by 03/22)<br><br>4.1 H2 Plan: Trust Demand, Workforce And Accommodation plan EDW, DoF (21/22 milestones by 03/22)<br><br>4.2 H2 Plan: Hybrid / Agile working proposal and plans EDW (03/22) |

**Three Lines of Defence Risk Assurance Model**

# Risk Management and Assurance Information Flows

**Strategy**
One Team, Best Care
Strategic Objectives
Business Plan Priorities

**Performance**
Integrated Performance Report
KPIs and Metrics linked to Strategic Objectives

**Risk**
Board Assurance Framework
Risks to Strategic Objectives
Controls and Assurance

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

**Finance and Investment Committee**

**Audit Committee**

**Quality Committee**

**Trust Management Group**
**Trust Executive Group**
Reviews and aligns the BAF and the Corporate Risk Register

Management Processes

**Risk Assurance Group**
Reviews and moderates corporate risks

Management Processes

Escalation / De-Escalation

**Directorates and Service Teams**

Directorate, service, and project / programme risk registers