



MEETING TITLE Trust Board in Public		MEETING DATE 26/07/2022		
TITLE of PAPER		Risk Report	PAPER REF TB22.035	
KEY PRIORITIES		Create a safe and high performing organisation based on openness, ownership and accountability		
PURPOSE OF THE PAPER		The purpose of this paper is to: <ul style="list-style-type: none"> Summarise the Trust's key risk exposures Report recent changes to the Corporate Risk Register. Draw attention to identified areas of emerging risk. Provide an update on the Board Assurance Framework 		
For Approval		<input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>	
For Decision		<input type="checkbox"/>	Discussion/Information <input checked="" type="checkbox"/>	
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DISCUSSED AT / INFORMED BY Trust Management Group, Risk Assurance Group, Operational Senior Management Team meetings, Audit Committee, Quality Committee, Finance and Investment Committee, other management groups				
PREVIOUSLY AGREED AT:	Committee/Group: N/A	Date:		
RECOMMENDATION(S)	It is recommended that the Board note: <ul style="list-style-type: none"> The Trust's key risk exposures Recent material changes to the Corporate Risk Register. The areas of emerging risk. The strategic risks captured in the Board Assurance Framework. The development initiatives outlined in Section 6 			
RISK ASSESSMENT			Yes	No
Corporate Risk Register and/or Board Assurance Framework amended			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Impact Assessment			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSURANCE/COMPLIANCE				
Care Quality Commission		All		
Choose a DOMAIN(s)		All		

1. PURPOSE / AIM

1.1 The purpose of this paper is to:

- Summarise the key risk exposures faced by the Trust
- Report recent material changes to the Corporate Risk Register.
- Draw attention to identified areas of emerging risk.
- Present 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 Trust Board are:

Risk Environment

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

Corporate Risks

- Sections 4.1.3 – 4.1.6: Summary of individual key corporate risks.
- Section 4.2: New risks added to the Corporate Risk Register.
- Section 4.3: Existing corporate risks that have increased in score.
- Section 4.4: Risks reduced but remaining on the Corporate Risk Register.
- Section 4.5 – 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.
- Section 6.0: Development Proposals and Next Steps

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

3.1 The Trust continues to experience significant risk exposures, and these are likely to remain during the first half of 2022/23. Some areas of risk eased during the first quarter, as evidenced by improved performance in some areas. Notably, the Trust did de-escalate from REAP4 to REAP3. However, rising prevalence of COVID-19 infections, the impact of this on capacity, and other challenging demand patterns resulted in the Trust returning to REAP4 in week commencing 11 July.

- 3.2 Patient safety risk has been a critical concern across multiple areas of Trust activity. In particular, 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 national and system-level escalations and tactical measures at individual hospital sites it is proving difficult to deliver sustained improvements to the position regarding hospital handover. Recent key factors in handover times have included the hospital capacity and patient flow challenges caused by delayed discharge to social care.
- 3.3 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. Evidence indicates that many of these mitigations had a positive impact, particularly regarding the recruitment of additional staff. Many risk exposures remained high during this period despite the implementation of mitigation actions. This does not indicate that mitigation actions were not effective. Rather, this indicates that the impact of those actions was to stabilise those risk exposures – and the Trust's operations - at a manageable level. Without those mitigation actions the risk exposures would have been greater and the Trust's operations less stable.
- 3.4 Risk factors remain in terms of volatile and unpredictable demand patterns, operational pressures, and staffing capacity, all exacerbated by higher levels of COVID-19 infection. Other notable areas of strategic risk include staff well-being and culture, delivery of transformational change programmes, and estates provision including net-zero considerations. Financial risks relating to the Trust's ability to achieve a balanced budget for 2022/23 have eased significantly from the initial deficit of £30m.
- 3.5 The delivery priorities in development as part of operational planning for 2022/23 will represent the Trust's primary mitigations for its strategic risks during 2022/23. This work has yet to be finalised.

4. CORPORATE RISKS

4.1 CORPORATE RISK REGISTER

- 4.1.1 Appendix 1 presents an extract of the Corporate Risk Register produced for reporting purposes (a more detailed version of the Corporate Risk Register is maintained for the purposes of managing risks and assuring risk information).
- 4.1.2 The Corporate Risk Register is reviewed by the Risk Assurance Group (RAG) membership and the Trust Management Group monthly. It comprises those strategic and operational risks that have a current risk score of **12 or above** (based on the likelihood and consequence criteria found in the Trust's risk evaluation matrix).
- 4.1.3 The following new corporate risks rated as 'high' have been opened since the last risk report to the Trust Board:
- Risk 475: Electric Vehicle Charging Points (see 4.2.1)
 - Risk 480: Marauding Terrorist Attack Capability (see 4.2.2)
 - Risk 478: Safeguarding and Prevent Training (see 4.2.4)
 - Risk 503: Entitlement to Pay and Enhancements (see 4.2.6)

- Risk 502: Unsolicited and Malicious Email (see 4.3.8)
- Risk 482: Lack of effective and timely supervision (see 4.2.10)
- Risk 484: EOC Disaster recovery - telephony capability (see 4.2.13)
- Risk 501: Infection, Prevention & Control Subject Matter Expert Provision (see 4.2.15)

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 431: Worldwide shortage of computer chips
- Risk 502: Unsolicited and Malicious Email
- Risk 475: Lack of EV charging points
- 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 May and June.

4.2 RISKS ADDED TO THE CORPORATE RISK REGISTER

4.2.1 The Trust has identified a new corporate risk regarding provision of charging points for electronic vehicles:

Risk 475 – Electric Vehicle Charging Points (20, high risk)

IF Electric Vehicle charging points are not installed THEN the current fleet of 16 electric vehicles and 31 hybrid vehicles cannot be charged RESULTING IN the Trust not being able to increase zero emission and expand EV fleet vehicles or be fully electric by the expected government timeframe.

4.2.2 The Trust has identified a corporate risk regarding capability to manage in the event of a Marauding Terrorist Attack.

Risk 480 – Marauding Terrorist Attack (MTA) Capability (16, high risk)

IF MTA vehicles, equipment, PPE, responders and commanders are not sourced, located, trained and equipped in adequate numbers for each region THEN there will be an inadequate response to a potential MTA incident RESULTING risk of further harm to patients, failure to comply with EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all Category 1 responders, and reputational damage to the Trust.

- 4.2.3 The Trust has identified a new corporate risk regarding capacity within the Safeguarding team.

Risk 447 – Safeguarding Team Capacity (12, moderate risk)

IF the capacity of the safeguarding team remains as it is and if the increased service demand around statutory reviews, child deaths and social care enquiries for section 42 and section 47 remains THEN potential failure to meet these requirements will exist, RESULTING IN the Trust being unable to give assurance that it is meeting its statutory safeguarding obligations as a provider Trust, and will result in a delay in providing information and professional analysis and opinion to multi agency partners, with potential implications for patient safety and staff wellbeing.

- 4.2.4 The Trust has identified a new corporate risk regarding compliance with statutory and mandatory training in Safeguarding and the Prevent standard.

Risk 478 – Safeguarding and Prevent Training (12, moderate risk)

IF compliance with Safeguarding and Prevent statutory and mandatory training does not remain consistently high across the workforce (including bank staff and volunteers), THEN the Trust will be failing in its statutory duty to maintain a highly trained and safeguarding skilled workforce, RESULTING IN safeguarding and prevent issues not being identified and escalated, and patients and staff at risk may be seriously harmed or die.

- 4.2.5 The Trust has identified a new corporate risk regarding User Responsibilities Profiles in the Electronic Staff Record.

Risk 477– ESR User Responsibilities Profiles (12, moderate risk)

IF the Trust does not resolve conflicts between User Responsibilities Profiles (URP), be compliant with National URP Allocation Guidance and have a clear separation of duties THEN there is a risk of ghost employees being paid RESULTING in potential fraud and losses to the Trust

- 4.2.6 The Trust has identified a new corporate risk regarding the potential for fraudulent activity resulting from staff being in receipt of pay or enhancements to which they are not entitled.

Risk 503 - Entitlement to Pay and Enhancements (15, high risk)

IF an employee is paid for hours they have not worked or for enhancements they are not due THEN they will receive payments to which they are not entitled and which potentially constitute fraud, RESULTING IN financial loss to the Trust and potential criminal investigations.

- 4.2.7 The Trust has identified a new corporate risk regarding the potential for fraudulent activity resulting from employees receiving payment for secondary employment.

Risk 504 - Payment for Secondary Employment (12, moderate risk)

IF an employee has undeclared and unauthorised secondary employment THEN that employee could continue to work at their secondary employment during a period for which they are being paid by the Trust (e.g., sickness, paid absences,

suspension, normal working hours) RESULTING in duplication of pay and potential for fraud investigation.

- 4.2.8 The Trust has identified a new corporate risk regarding the potential for fraudulent activity resulting from staff responding to unsolicited emails. This links directly to an existing corporate risk

Risk 502 - Unsolicited and Malicious Email (20, high risk)

IF an employee responds to fraudulent unsolicited emails, THEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure RESULTING IN fraudulent activity (e.g., ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.

- 4.2.9 The Trust has identified a new corporate risk regarding the potential for fraudulent activity, such as bribery and corruption, resulting from tendering and contract management activities.

Risk 505 - Bribery and Corruption: Tenders and Contracting (12, moderate risk)

IF an individual obtains a contract with the organisation through offering a bribe or colluding with a member of staff involved in the tender process THEN a supplier might illegitimately be awarded contracts, or be enabled to supply substandard goods or services RESULTING IN loss of contract value / failure to achieve contract benefits and potential financial costs to the Trust

- 4.2.10 The Trust has identified a new corporate risk regarding IUC supervision across all premises.

Risk 482 – Lack of effective and timely supervision (15, high risk)

IF social distancing requirements and staff absence levels continue at the current rate, THEN supervising and supporting staff across a wider estate will become more difficult, RESULTING IN ineffective and untimely supervision and support of staff.

- 4.2.11 The Trust has identified a corporate risk regarding the recruitment of Clinical Team Leader roles within IUC. The risk was previously recorded at a lower level and has been escalated to the Corporate Risk Register as a result of several attempts to recruit but with little response, therefore failing to meet the required FTE staffing numbers.

Risk 368 – Clinical Team Leader Recruitment (12, moderate risk)

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

- 4.2.12 The Trust has identified a new corporate risk regarding IUC staff capacity to demand. The risk was previously recorded at a lower level and has been escalated to the Corporate Risk Register as a result of demand increasing and therefore potential for the service to be unable to meet demand with current staff capacity.

Risk 75 – Matching staff capacity to demand (12, moderate risk)

IF NHS111 is unable to match staffing capacity with patient demand THEN the service will not be able to meet the demand RESULTING IN failure to achieve KPIs

- 4.2.13 The Trust has identified a new corporate risk regarding EOC disaster recovery specifically to telephony capability.

Risk 484 – EOC Disaster recovery - telephony capability (15, high risk)

IF there was a telephony failure THEN there would be no ability to answer 999 calls RESULTING in patient harm and reputational damage.

- 4.2.14 The Trust identified a new corporate risk regarding A&E Operations Staffing Resource initially graded 12. However, following review the risk was subsequently downgraded to a 9 and removed from the corporate risk register (see 4.5.2).

Risk 180 – A&E Operations Staffing Resource (12, moderate risk)

IF the budgeted number of FTE is not able to be achieved through recruitment THEN there will be a significant shortfall in available resource hours to respond to patients RESULTING IN reduced response times to incidents.

- 4.2.15 The Trust has identified a new corporate risk regarding the provision of Subject Matter Expert capacity within the Trust in relation to Infection, Prevention and Control.

Risk 501 - Infection, Prevention & Control Subject Matter Expert Provision (16, high risk)

IF the Trust has no specialist IPC support, this could THEN impact timely access to relevant IPC policy and guidance specific to the ambulance sector RESULTING in compromising staff and patient safety

4.3 EXISTING CORPORATE RISKS THAT HAVE INCREASED

- 4.3.1 The Trust has increased the score of Risk 431 regarding the global shortage of computer chips and related technology components and equipment. It is not expected that there will be complete unavailability of equipment, but it is likely that supply timescales will become more protracted and that prices will increase. This risk has been increased in score from 16 to 20.

Risk 431: Worldwide Shortage of Computer Chips (20, high risk)

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

4.4 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

The following risk has reduced in grading however remains escalated to the Corporate Risk Register for further risk management.

- 4.4.1 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding operational performance has reduced in score from 16

to 12. A sustained reduction in demand has subsequently reduced the probability and likelihood of risk occurrence.

Risk 105 – Operational Performance (12, moderate risk)

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

The following risks have reduced to a level below the threshold of a corporate risk. As a result, these risks have been de-escalated from the Corporate Risk Register. These risks remain open and will be managed via local risk registers.

- 4.5.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding EOC workforce capacity has reduced in score from 12 to 9. Sustained and successful recruitment activity in recent months has increased the workforce capacity therefore reduced the risk exposures in this area. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 433 – EOC Workforce Capacity

IF there are sustained increases in call volumes 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.

- 4.5.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding A&E Operations staffing capacity has reduced in score from 12 to 9. Sustained and successful recruitment activity in recent months has increased the workforce capacity therefore reduced the risk exposures in this area. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 180 – A&E Operations Staffing Capacity

IF the budgeted number of FTE is not able to be achieved through recruitment (as a consequence of Covid-19) THEN there will be a significant shortfall in available resource hours to respond to patients RESULTING IN reduced response times to incidents.

- 4.5.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding staffing capacity in the Capacity Planning and Scheduling team has reduced in score from 15 to 9. The provision of secondment cover has increased capacity in the team and therefore reduced the risk exposures in this area. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 465 – Capacity Planning and Scheduling Capacity

IF the 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.

- 4.5.4 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding adverse weather provisions has reduced in score from 12 to 9. This risk related specifically to the impact of snow and ice on ambulance station operations. The likelihood of a significant snow or ice event occurring during the period from April to October is low (even in Yorkshire) and so the risk exposure is reduced. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register. The risk will be reviewed in preparation for the next winter period.

Risk 325 – Adverse Weather Provisions

IF there is no systematic adverse weather (specifically ice/snow) provision 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.

- 4.5.5 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding cancellation of commander training has reduced in score from 12 to 9. Commander training is now in place and so the risk exposure is reduced. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 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.

- 4.5.6 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding a potential 'no notice evacuation at Airedale has reduced in score from 15 to 8. The immediate risk is to the acute Trust who have ongoing mitigations underway. YAS has supported the business continuity arrangements at Airedale, and it has been determined that YAS would respond in the event of collapse in line with major incident plan. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register to ensure that the risk to YAS remains at this level during the progress of ongoing work at Airedale.

Risk 365 – Potential 'no notice' Airedale Evacuation

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

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 Phase 3 of the Electronic Paper Record (ePR) project has been closed. This risk related specifically to external dependencies that could adversely affect ePR Phase 3. This phase of the project has been completed and closed, and so the risk exposures have been terminated.

Risk 231 – ePR Phase 3 Dependencies (Yorkshire and Humber Care Record)

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.

- 4.6.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding information sharing for safeguarding purposes has been closed. This risk related to the ability to readily extract information about vulnerable children and adults from Trust systems in order to share this with partner organisations involved in safeguarding cases. The problems originally identified have since been resolved and so the risk exposures have been terminated.

Risk 481 – Information Sharing (Vulnerable Children and Adults)

IF the Trust is unable to extract data from YAS servers upon contact with children and vulnerable adults THEN YAS cannot share information with multi-agency providers with regards to those patients RESULTING IN potential patient harm, and YAS failing to meet statutory requirements.

- 4.6.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding the requirement for patient-facing Trust staff to have received two doses of COVID-19 vaccine has been closed. The legislation relating to this has been withdrawn by HM Government, and so the risk exposures have been terminated.

Risk 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.

- 4.6.4 Following review by the service area and discussion with the Chair of the Risk and Assurance Group the following risk regarding redeployment of Patient Transport Service staff to support emergency ambulance services has been closed. Lessons learned and debriefing exercises have been completed following the standing-down of this arrangement.

Risk 462 – Redeployment of PTS staff to 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.

- 4.6.5 Following review by the service area and moderation by the Risk and Assurance Group the following risk has been mitigated against and therefore closed as the remaining SharePoint sites have now been moved and the server decommissioned.

Risk 309 – SharePoint 2010

IF the 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.

- 4.6.6 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding the Knowledge Management Team staffing has been closed. Recruitment to the team has ensured the required roles are fulfilled therefore mitigating against the risk.

Risk 383 – Knowledge Management Team Staffing Levels

IF the Knowledge Management Team is not adequately staffed THEN the duties and responsibilities of the team cannot be met, including the management of intelligence within a critical system CAD RESULTING IN inaccurate reporting by Business Intelligence (BI), 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.

- 4.6.7 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding EOC resilience call handling has been closed. Resilience call handling has now returned to business as usual and therefore risk exposures have been terminated.

Risk 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.

- 4.6.8 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Ballistic PPE measurements has been closed. All information required to ensure correct kit is supplied has now been obtained therefore mitigating the risk.

Risk 428 – Ballistic Measurement for PPE

IF we the Trust is 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.

4.7 AREAS OF EMERGING RISK

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

- 1) Auto Dialler: the auto dialler tool relating to mass communication is unpredictable and not always working correctly. The tool fails to notify users when it has not worked, and yet the system and processes assumes that it has worked. Mitigation for this includes investment in a replacement tool; a proposal is currently going through the Trust's gate process.
- 2) Handover screens at Emergency Departments: there are issues with the functionality of these. It is unpredictable whether they are working correctly or not.
- 3) Personal Issue SMART phones: operational staff were supplied with personal issue phones, however there is a significant lack of use, with many devices not being turned on. A SOP is being produced and guidance being provided through Team-Based Working.
- 4) Acuity Split: although demand has not necessarily increased in recent months, despite being at REAP 4, the acuity split has increased resulting in a higher proportion of Category 1 and Category 2 calls, which is impacting on resource availability.

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. Appendix 2 sets out the BAF year-end position for 2021/22.

5.2 The Trust continues to experience significant risk exposures, and these are likely to remain during the first half of 2022/23. Some areas of risk eased during the first quarter, as evidenced by improved performance in some areas. Notably, the Trust did de-escalate from REAP4 to REAP3. However, rising prevalence of COVID-19 infections, the impact of this on capacity, and other challenging demand patterns resulted in the Trust returning to REAP4 in week commencing 11 July.

5.3 Significant strategic risk factors are present in terms of unpredictable demand patterns, operational pressures, and staffing capacity. Other notable areas of strategic risk include staff well-being and culture, delivery of transformational change programmes, and estates provision including net-zero considerations. During Q1 the Trust's business and financial planning position presented significant risk exposures, with a potential budget deficit of £30m for 2022/23. However, the position is much improved, and the Trust has now presented a balanced budget for 2022/23.

- 5.4 The BAF maintains links to the Trust's business plan and transformational change 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 business plans and transformation priorities for the Trust. This also helps the Trust to demonstrate a clear link from strategic objectives and strategic risks through to organisational planning, delivery and change priorities. The 2021/22 actions in the BAF will be superseded by equivalent actions for 2022/23, derived from the 2022/23 planning process. The longer than usual timescale for confirming the 2022/23 delivery priorities means this work has yet to be finalised.

6. PROPOSALS / NEXT STEPS

- 6.1 Identification and review of corporate risks and emerging risks will continue via the Risk and Assurance Group membership, with monthly updates to the Trust Management Group and periodic updates to the Trust Board and its committees.
- 6.2 The Board Assurance Framework will be updated with new actions for 2022/23 once the current planning and prioritisation exercise is complete.
- 6.3 A more comprehensive refresh of the BAF is proposed to take place during Quarter 2. This will include engagement with Board members. The focus of this work will include the structure and content of the document, but also how best to use the BAF to steer the work and activities of the Trust Board.
- 6.4 Work is underway to develop and deliver a risk management improvement plan. This includes system and reporting developments to automate the production of risk registers. It also includes a pilot in the area of project risk to develop the distinction between risks and issues and how this could be introduced to areas of risk management activity.
- 6.5 Initial planning has commenced regarding the development of assurance mapping for the Trust. This will include input and advice from the Trust's internal audit providers.

7. RECOMMENDATIONS

- 7.1 It is recommended that the Trust Board note: -
- 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
 - The development initiatives outlined in Section 6.

8. APPENDICES / BACKGROUND INFORMATION

- 8.1 Appendix 1: Corporate Risk Register
- 8.2 Appendix 2: Board Assurance Framework

Risk ID and Title	Risk Description ('IF... THEN... RESULTING IN...')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary	
		Board Committee	Directorate	Business Area	Risk Handler	Review Date					
358	Unified Comms Pilot Issues	IF the pilot system does not perform at least as well as the previous system THEN it will have a detrimental effect on service performance RESULTING IN a poor patient experience.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	17/12/2021	12	12	4	The pilot is performing as it needs to at present, but there is limited confidence that Capita can change as dynamically as needed. Risk to remain and explore other systems.
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.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	31/07/2022	12	20	4	Due to the supply of the neon gas used for etching of microchips, and the supply of palladium used for memory and sensor chips. It is not expected that will be complete unavailability but prices likely to rise and further delays in procuring items with chips. Continuous monitoring of stock levels within the Trust by ICT.
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	31/07/2022	12	12	4	BT currently working on an automated solution - not yet in place. Workaround in place in the meantime by way of them sending manual log files, this will continue until automated system in place.
456	Phishing Emails	IF a member of staff responds to a fraudulent phishing message THEN the Trust will have a data breach, or allow 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	31/07/2022	12	12	4	Trust utilises NHS Digital Microsoft Defender with Advanced Threat Protection (ATP) Solution. Approval now received to procure new software. Potentially a 12 month roll out window. Also see Counter Fraud risk (Unsolicited Email)
457	Denial of Service	IF the Trust is 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.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	31/07/2022	12	12	4	NHSDigital Secure boundary service subscribed and implemented. An internal fire wall is also in place to protect from any internal attacks.
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 delays 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	30/03/2022	16	16	4	Road Traffic Act 2018 outlines no messages are to be received on screen at speeds in excess of 7mp, also applies to anyone in the passenger seat. Whilst ARP determine a solution, migration will not take place and use of MDTs will continue. Risk to legacy equipment, therefore reviewing the number of spares and secure any additional to prevent any VOR of vehicles due to having no data.
394	P106 - ePR Phase 3. Clinical product owner and clinical safety officer role	IF there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer THEN it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off RESULTING IN delay or cessation of new functionality release.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	30/09/2022	16	16	4	Mitigations are currently being explored; the project SRO also currently reviewing role and ownership moving forward.
104	Financial uncertainty arising from Covid response measures in the Trust and nationally	IF uncertainty remains around recurrent funding for 2022/23 THEN the difficulty in distinguishing between Covid and non-Covid activity (particularly the significant increase in staffing requirements, funded on a non-recurrent basis) remains RESULTING IN an adverse impact on the Trust's financial position, due to the resource committed to meet demand and maintain patient safety.	Finance and Investment	Finance	Finance	Kathryn Vause	01/08/2022	16	12	8	Risk description to be reviewed and amended accordingly.
377	Mandate Fraud	IF fraudsters are able to introduce false information into our procure-to-pay processes THEN funds may be transferred to the wrong bank account RESULTING IN financial loss.	Finance and Investment	Finance	Finance	Kathryn Vause	01/08/2022	12	12	8	Number of procedures are in place to protect against this. Review currently underway to identify if/any specific risks are present.
503	Counter Fraud Risk - entitlement to pay and enhancements	IF an employee is paid for hours they have not worked or for enhancements they are not due THEN they will receive payments to which they are not entitled and which potentially constitute fraud, RESULTING IN financial loss to the Trust and potential criminal investigations.	Finance and Investment	Finance	Payroll	Kathryn Vause	31/07/2022	15	15	4	Finance to fully review the risk and determine mitigating actions.

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504	Counter Fraud Risk - payment for secondary employment IF an employee has undeclared and unauthorised secondary employment THEN that employee could continue to work at their secondary employment during a period for which they are being paid by the Trust (eg: sickness, paid absences, suspension, normal working hours) RESULTING IN duplication of pay and potential for fraud investigation	Finance and Investment	Finance	Payroll	Kathryn Vause	31/07/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
502	Counter Fraud Risk - unsolicited and malicious email IF an employee responds to fraudulent unsolicited emails THEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure RESULTING IN fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	Finance and Investment	Chief Information Officer	ICT	Kathryn Vause	31/07/2022	20	20	4	Finance to fully review the risk and determine mitigating actions.
505	Counter Fraud Risk - bribery and corruption: tenders and contracting IF an individual is obtains a contract with the organisation through offering a bribe or colluding with a member of staff involved in the tender process THEN a supplier might illegitimately be awarded contracts, or be enabled to supply substandard goods or services RESULTING IN loss of contract value / failure to achieve contract benefits and potential financial costs to the Trust	Finance and Investment	Finance	Procurement	Kathryn Vause	31/07/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
425	Extension of Private Provider Covid resources for the winter period IF the Trust is not imminently able to commit firmly to its private providers regarding an extension of Covid resource as a result of IPC distancing capacity, THEN there is a high risk that they may remove the resource they currently have with the Trust RESULTING IN significant impact on operational activity and inability to deliver services.	Both	PTS	PTS	Chris Dexter	29/07/2022	12	12	6	Awaiting decision from ICS regarding funding. YAS have continued to use those private providers therefore potential finance risk.
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 the Trust 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 being summonsed to court for the offence with negative financial and reputational impact for the Trust.	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 the Trust does 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 being explored/developed by ICT as part of project. Risk remains outstanding until system/process is established.
473	Corpuls defibrillator pads supply shortages IF supply shortages of corpuls defib pads continue THEN there is a possibility that procurement cannot supply pads to frontline vehicles RESULTING IN possible implications to patient care and reputational risk.	Both	Finance	Procurement	Matt Barker	23/03/2022	12	12	4	Ongoing monitoring of supplies.
62	Climate Change IF Climate Change continues to occur 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	27/05/2022	15	15	12	Sustainable Development Management Plan. Flood Risk Assessment. Climate Change Adaptation Plan. Assessment of operational and supply-chain business continuity.
475	Lack of EV Charging Points IF Electric Vehicle charging points are not installed THEN the current fleet of 16 electric vehicles and 31 hybrid vehicles cannot be charged RESULTING IN the Trust not being able to increase zero emission and expand EV fleet vehicles or be fully electric by the expected government timeframe.	Both	Finance	Fleet	Jeff Gott	30/06/2022	20	20	3	Actions to be confirmed.
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.

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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 the Trust being less able to effectively deliver services in some localities	Both	Finance	Estates and Facilities	Stuart Craft	30/07/2021	16	12	8	Ensure there is an approved Estates Strategy that identifies the functionality and condition of the operational estate, strategic objectives and proposals to address any identified issues. Ensure Estate Strategy links to Hub and Spoke proposals.
418	Garage Floor Diesel Particulates	IF the Trust does not have adequate equipment to clean garage floors appropriately THEN diesel particulates will continue to build up RESULTING IN potential health and safety implications to staff, and potential breach of COSHH guidelines.	Both	Finance	Ancillary	Dave Hill	22/10/2021	12	12	3	Ancillary reviewing risk entity. Mitigating actions to be determined.
290	Fire Doors	IF the fire doors continue to be propped open on ambulance stations THEN in the event of a fire this will be accelerated RESULTING IN potential adverse outcome to premises and staff safety and the Trust at risk of being in contravention of fire safety legislation.	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 the Trust is 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	30/06/2022	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 site 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	31/08/2022	12	12	4	Request has been made to amend the pathway.
58	Culture / retention in NHS 111	IF the Trust is unable to address the current cultural issues within the NHS 111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	Quality	IUC	NHS 111	Mark Leese	30/06/2022	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	31/07/2022	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	31/08/2022	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 to the contracted funding level of 501 seconds 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	31/07/2022	16	16	8	Initial BI analysis completed and now further information required from Adatastra 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, could be linked to new Covid pathways.

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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 the Trust 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.
367	Unable to recruit Health Advisors	IF the Trust is unable to recruit Health Advisors as per the Business Plan THEN it will not have sufficient staff to meet the demand RESULTING in low performance and poor patient experience	Quality	IUC	NHS 111	Mark Leese	29/07/2022	8	15	6	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	31/08/2022	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 the Trust is 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	31/07/2022	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 and forward cases to an internal 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 111	Mark Leese	30/06/2022	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.
482	Lack of effective and timely supervision	IF social distancing requirements and staff absence levels continue at the current rate, THEN supervising and supporting staff across a wider estate will become more difficult, RESULTING IN ineffective and untimely supervision and support of staff.	Quality	IUC	NHS 111	Mark Leese	31/07/2022	15	15	6	Hybrid working group to determine next steps.
368	Clinical Team Leader Recruitment	IF the continuous recruitment of Clinical Team Leaders (CTL) to the budget of 14FTE fails THEN there will not be sufficient CTL to complete the full range of duties for the role RESULTING in focusing only on managing the Clinical Queue	Quality	IUC	NHS 111	Mark Leese	30/06/2022	12	12	6	Ongoing recruitment. Proposed actions to review the supporting documents within the advertisement.
75	Matching staff capacity to demand	IF NHS111 is unable to match staffing capacity with patient demand THEN the service will not be able to meet the demand RESULTING IN failure to achieve KPI's	Quality	IUC	NHS 111	Mark Leese	13/07/2022	8	12	3	Demand and capacity monitored weekly. Recruitment and training group exploring wider recruitment opportunities.
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 usage. Awareness campaign about the importance of care planning and providing safety netting advice when discharging care on scene

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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	22/12/2021	16	15	5	Discuss output of recent Incident Response Group meeting in relation to case reviews.
357	Maternity Care	IF YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and new born babies THEN maternity patients and new born babies may receive poor quality care RESULTING IN poor outcomes.	Quality	Medical	Clinical	Steven Dykes	10/02/2022	12	12	4	Actions to be confirmed.
398	Prescribing Governance	IF the Trust does not have capacity to audit paramedic prescribers, THEN it 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.
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	01/07/2022	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	10/06/2022	8	12	4	Review is underway to increase capacity at alternate sites and explore options within AMPDS Client 0 that would allow remote access.
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	30/06/2022	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 the Trust will continue the agreed process of not returning dropped calls from mobile telephone numbers RESULTING IN potential patient harm	Quality	Operations	EOC	Claire Lindsay	30/06/2022	15	15	5	Mitigating actions to be determined.
445	EOC Mental Health Nurses	IF EOC Mental Health Nurse capacity remains limited THEN the ability to manage the calls received for Mental Health patients will be limited RESULTING IN an increased risk of patient harm.	Quality	Operations	EOC	Claire Lindsay	31/05/2022	15	15	5	Mitigating actions to be determined.
484	EOC Disaster recovery - telephony capability	IF there was a telephony failure THEN there would be no ability to answer 999 calls RESULTING IN patient harm and reputational damage.	Quality	Operations	EOC	Claire Lindsay	30/06/2022	15	15	5	Following failover testing, identified that EOC has no Disaster Recovery (DR) capability in the event of telephony failure which would leave the Trust compromised and unable to answer 999 calls. ICT building a business case for resolution and mitigation of the risk.

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35	Hospital handover monitoring	IF there are hospital handover delays 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	02/06/2022	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	22/06/2022	20	12	6	Ongoing monitoring of rotational paramedics, at present we are not seeing any negative impact, increased attrition. Reduced likelihood 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	30/06/2022	12	12	4	Joint working with staff side on a proposal currently for ECA, this could have a financial impact if agreed.
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	29/07/2022	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	30/06/2022	16	12	5	Ongoing monitoring of demand within A&E Ops to ensure a timely response.
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 and reputational damage	Finance and Investment	Operations	A&E Ops	Jeevan Gill	31/05/2022	16	16	3	Scoping of the risk and gaps is underway and mitigating actions are to be determined. Linked to risk 472 within ICT.
180	A&E Operations Staffing Resource	IF the budgeted number of FTE is not able to be achieved through recruitment THEN there will be a significant shortfall in available resource hours to respond to patients RESULTING IN reduced response times to incidents.	Both	Operations	A&E Ops	Jeevan Gill	27/06/2022	20	12	6	Recruitment ongoing however it is possible the 2022-23 agreed plan for recruitment will not be met.
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 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	09/06/2022	12	12	8	Systematic review completed against the National Security Risk Assessment identifying areas of risk. Recorded individually and mitigations/projects underway.
480	Marauding Terrorist Attack (MTA) Capability	IF MTA vehicles, equipment, PPE, responders and commanders are not sourced, located, trained and equipped in adequate numbers for each region THEN there will be an inadequate response to a potential MTA incident RESULTING risk of further harm to patients, failure to comply with EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all Category 1 Responders, and reputational damage to the Trust.	Both	Operations	A&E Ops	Jackie Cole	12/05/2022	16	16	4	New Risk, actions to be confirmed.

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28	Management of paper records within YAS	IF HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations THEN the Trust will not be compliant with Data Protection regulations RESULTING IN the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	Both	QGPA	Performance Assurance and Risk	Helen Jones	30/06/2022	12	12	4	Progress made with the current supplier OnBase. Awaiting costings for system to be suitable for YAS.
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	30/06/2022	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 fails 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	16/05/2022	12	12	4	Two gap analysis were completed in August 2021 and January 2022 with a total of 55 standards to achieve. Currently compliant with 14 and partially compliant with 12. Work underway with auditors that should further increase compliance by 12 indicators.
466	Disparity between severity of harm grading and the risk of threat/ future harm for violence related incidents within datix incident module	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	new security risk level has been applied to datix for use of the security team only. Work undertaken to identify outstanding and will be populated in the system and cross referenced with data flagging.
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	30/06/2022	12	15	3	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries.
188	Health and Safety training for middle managers	IF the Trust's middle management do not receive formal health and safety training, THEN the Trust will be unable to effectively maintain its health and safety management system, RESULTING IN an increase in health and safety incidents and the multifarious potential adverse impacts associated with these	Quality	QGPA	Health and Safety	Shelley Jackson	30/06/2022	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	Dave Green/Clare Ashby	01/06/2022	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/Clare Ashby	01/06/2022	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.
501	Infection, Prevention & Control Subject Matter Expert Provision	IF the Trust has no specialist IPC support, this could THEN impact timely access to relevant IPC policy and guidance specific to the ambulance sector RESULTING in compromising staff and patient safety	Quality	QGPA	IP&C	Dave Green/Clare Ashby	04/07/2022	16	16	4	Due to the roles within the IP&C team leaving a gap has been left for a SME. Recruitment unsuccessful, reviewing options.

Risk ID and Title	Risk Description ('IF... THEN... RESULTING IN...')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary	
		Board Committee	Directorate	Business Area	Risk Handler	Review Date					
389	Lack of appropriately trained investigation colleagues during escalation of the covid pandemic to Trust REAP level 4	IF the Trust deploys area clinical governance leads 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 HM 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/famyls 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	30/06/2022	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	Working group established and will work on policy and training as part of mitigation of the risk.
447	Capacity within the Safeguarding team to deliver core statutory requirements	IF the capacity of the safeguarding team remains as it is and if the increased service demand around statutory reviews, child deaths and social care enquiries for section 42 and section 47 remains THEN potential failure to meet these requirements will exist. RESULTING IN the Trust being unable to give assurance that it is meeting its statutory safeguarding obligations as a provider Trust, and will result in a delay in providing information and professional analysis and opinion to multi agency partners, with potential implications for patient safety and staff wellbeing	Quality	QGPA	Safeguarding	Vicky Maxwell-Hobson	27/05/2022	12	12	4	New Risk, actions to be confirmed.
478	Safeguarding and Prevent Statutory and Mandatory Training Level 1 & 2	IF compliance with Safeguarding and Prevent statutory and mandatory training does not remain consistently high across the workforce (including bank staff and volunteers), THEN the Trust will be failing in its statutory duty to maintain a highly trained and safeguarding skilled workforce, RESULTING IN safeguarding and prevent issues not being identified and escalated and patients and also staff at risk may be seriously harmed or die.	Quality	QGPA	Safeguarding	Vicky Maxwell-Hobson	09/05/2022	12	12	3	New Risk, actions to be confirmed.
481	Vulnerable Adult and Children information sharing	IF we are unable to extract data from YAS servers upon contact with children and vulnerable adults THEN YAS cannot share information with multi-agency providers with regards to those patients RESULTING IN potential patient harm, and YAS failing to meet statutory requirements	Quality	QGPA	Safeguarding	Vicky Maxwell-Hobson	21/04/2022	12	12	3	Actions to be determined.
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 a provider Trust, and delay in making timely risk assessments and action plans which will affect 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. 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	31/05/2022	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	30/06/2022	16	12	8	Trust has the funds to cover expected costs. Proposal presented October.
362	Non-Covid YAS Sickness Absence	IF Non-Covid related sickness absence continues to rise and is not accurately recorded, managed and reported THEN the Trust may not fully understand interventions required and adequacy plan the workforce to meet the demand RESULTING IN impact on service delivery.	Quality	Workforce and OD	Human Resources	Suzanne Hartshorne	30/06/2022	12	16	4	Work continues with key service lines with a taskforce to be created to determine further mitigating actions.
477	ESR - Combined URPs Non-Compliance	IF the Trust does not resolve conflicts between User Responsibilities Profiles, be compliant with National URP Allocation Guidance and have a clear separation of duties THEN there is a risk of ghost employees being paid RESULTING IN potential fraud and losses to the Trust	Quality	Workforce and OD	Human Resources	Suzanne Hartshorne	30/06/2022	12	12	4	New Risk, mitigating actions to be confirmed
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	31/08/2022	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	01/06/2022	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	Workforce and OD	Human Resources	Claus Madsen	14/06/2022	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.



Board Assurance Framework 2021-22 Year End

2021-22 Year End (Final)	
Trust Management Group	25 May 2022
Quality Committee	23 June 2022
Finance and Investment Committee	26 May 2022
Audit Committee	05 July 2022
Trust Board in Public	26 July 2022

Document Control	
Document Author	David O'Brien
Responsible Executive Director	Clare Ashby
Responsible Committee	Trust Board
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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, with the Trust ending the year at REAP4. Mitigation actions led to improvements in call handling and operational response, but performance has rarely met 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 remains a major risk: pressures remain despite system-wide escalations and on-site mitigations. Recruitment and retention activity has been impactful, Team-based working has been implemented, and 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. For 2021/22 demand was well above baseline expectations while response performance was below planned standards and targets. Performance was affected by staffing capacity constraints. Recruitment actions have led to additional staff coming into role, but recruitment volumes and retention issues mean capacity remains well below target and remains a key risk. IUC/111 has experienced higher than anticipated levels of absence, partly due to COVID but also other factors, notably stress and anxiety. Work to promote health and wellbeing of staff is a key priority, with mitigations including mental health first aid, occupational health support, and call centre therapy dogs. Other service developments include: rota review, review of call handling times, and a health advisor homeworking pilot.	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 experienced a steady increase in demand and ended the year above 90% of BAU. Demand rose during the year: total demand in 2021/22 was 842,147 (28.3% increase on 2020/21). More use of sub-contractors and volunteers were effective mitigations, enabling the Trust to flex in response to pressures. Performance strengthened during the year and exceeded some planned standards and targets. PTS support for A&E Operations during Q4 led to suspension of services, since reinstated. Learning from this regarding the handling of low acuity cases will be applied as a service improvement. Safe cohorting remained in place through to year-end as a COVID safety measure. Work is ongoing on the national patient transport pathfinder related regional developments.	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 included a specific focus on recruitment and retention of clinical staff. During 2021/22 there was sustained recruitment activity: 144 ECAs, 210 Paramedics, 108 EOC Call Handlers and 257 IUC Health Advisors joined the Trust. Paramedic workforce supply remains an area of both short-term and longer-term risk, mitigations include rotational paramedics and international recruitment. EOC workforce capacity was one of the Trust's greatest individual risks but has been mitigated 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 in this area the impact of this is partly countered by retention issues.	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, both non-COVID and 'post'-COVID. The 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. A new Health and Well-Being Plan has been developed and will be implemented during 2022/23. Other risks include staff compliance with lateral flow testing and compliance with 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 a positive workplace culture across the Trust is focussed on key H2 Plan actions in order to ensure clear progress in priority areas. The Trust 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 Staff Networks developed further during 2021/22, including the launch of the Women's network. The Trust training plan has resumed following a COVID-19 hiatus. Leadership and managerial development programmes have been refreshed. The NHS Staff Survey responses indicated that more work needs to be done in this area.. A culture review has commenced, with actions into 2022/23.	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 operational pressures. Some projects were paused during the severe pressures experienced in January. The Trust's business plan deliverables and transformation programme were presented as one integrated plan for the second half of 2021/22 and this model will continue in 2022/23. Governance and assurance arrangements for the delivery programme 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, progressed well with good impact.	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 co-produced with the regional ICSs. The Trust is represented in these system-wide arrangements in order 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 but are beginning to trend upwards. The Trust's 'Green Plan' has been developed and approved by the Trust Board, and implementation is ongoing although resource constraints are a key issue for this work. This plan 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. The 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 2021/22 'H2' period, which presented a planned break-even position, ended the year in surplus of around £8m. Notable financial risks are evident in PTS operations, A&E and IUC demand levels, outcomes of national pay and conditions issues, and supply chain issues. Financial planning for 2022/23 represents significant risk, with indications suggesting a budget deficit of around £30m and extensive requirement for extensive efficiency ('waste reduction') savings. Initial draft planning submissions have been submitted as required time but financial and operational planning will continue well into 2022/23.	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 developing, 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 new PTS and A&E vehicles began to come on-stream during 2021/22.	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 (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Safe Caring Effective Responsive Well-Led		4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	Corporate Risks: A&E Operations <ul style="list-style-type: none"> Risk 35: Hospital handover (25) Risk 433: EOC staffing capacity (16) Risk 105: Operational Performance (16) Risk 421: CAD issues (20) Risk 383: EOC KM capacity (20) Risk 99: Staff physical and mental well-being (16) Risk 419: Covid lateral flow testing (16) Risk 428: PPE Ballistic Measurement (16) Risk 436: EOC dropped calls (15) Risk 325: Airedale evacuation (15) Risk 445: EOC Mental Health Nurses (15) Risk 444: Staff PPE Compliance (20) Risk 362: Non-COVID sickness (16) Risk 15: Loss of EOC Springhill 2 (12) Risk 343: EOC accommodation (12) Risk 437: Resilience call handling (12) Risk 79: S136 hidden demand (12) Risk 82: COVID impact EOC/999 (12) Risk 108: IUC/EOC information (12) Risk 180: A&E Operations staffing (12) Risk 325: Adverse weather (12) Risk 37: Paramedic workforce (16) 	Trust Strategy Trust Clinical Strategy Trust Digital Strategy COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper, and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group A&E Delivery Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Dispatch / Handover (20/21 - Advisory) Referral Pathways (20/21 - Reasonable) Clinical Audit (19/20 – Reasonable) Medical Gases (19/20 – Good) Professional Revalidation (19/20 – Good) GRS (18/19 - Good) Managing Attendance (18/19 - Reasonable) External Assurance / Oversight System-wide boards (ICs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit	1. Impact of demand pressures on quality and service performance standards Including: risk of patient harm relating to: <ul style="list-style-type: none"> Call handling Response times Hospital handover 2. Provision of sufficient staffing levels in EOC and 999/A&E Operations	1.1 Activate, maintain and review REAP4 arrangements and risk assessment EDOps, TEG/TMG (ongoing) REAP4 risk and impact assessment maintained and reported to TMG. Command cell arrangements operating as required 1.2 Monitor and respond to demand patterns and excessive response times EDOps (ongoing) Daily monitoring and reporting of demand patterns, response times, and capacity. Actions and escalations as required 1.3 H2 Plan: Supporting Ambulance Performance EDOps (03/22) Programme successful and closed as planned: good progress, especially recruitment of EMD, ECA and paramedics 1.4 H2 Plan: EOC Improvement Programme EDOps (03/22) Some delivery delays but overall improvement work progressed well; staffing capacity improved 1.5 Implement winter plans EDOps (11/21) Winter plans developed and implemented 1.6 Work with system partners to resolve hospital handover EDOps (ongoing) Work ongoing with system partners and nationally. Significant issues remain at key hospital sites 2.1 Recruitment via the Supporting Ambulance Performance Programme and other H2 Plan workstreams EDOps, EDW (03/22) Good progress, especially recruitment of EMD, ECA and paramedics 2.2 Maintain mitigations to prevent COVID outbreaks amongst Trust staff EDOps, EDW, EDQGPA (ongoing) Social distancing and PPE requirements still in place in all Trust sites and operations. Major disruption at times due to Omicron variant 2.3 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) Most elements of the Health and Well-Being Plan delivered successfully. Some rolled forward into new plan for 22/23. Culture review work progressing with key actions in 22/23	
										TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Operations
										Committee Assurance Quality Committee Finance and Investment Committee Audit Committee

Strategic Ambition		1			Patients and communities experience fully joined-up care responsive to their needs						
Strategic Risk		1b			Ability to deliver high quality care in Integrated Urgent Care/NHS111 services		IF the Trust is unable to manage demand and capacity pressures in IUC/111 operations THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care and patient experience.				
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)		
CQC Domains Safe Caring Effective Responsive Well-Led		4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	Corporate Risks: IUC / NHS111 <ul style="list-style-type: none"> Risk 99: Staff physical and mental well-being (16) Risk 182: IUC/111 call handling time (16) Risk 392: Non-Covid excessive demand on NHS111/IUC (15) Risk 362: Non-COVID sickness (16) Risk 419: Covid lateral flow testing (16) Risk 463: IUC recruitment (16) 		Trust Strategy Trust Clinical Strategy Trust Digital Strategy COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper, and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Referral Pathways (20/21 - Reasonable) Clinical Audit (19/20 – Reasonable) Professional Revalidation (19/20 – Good) External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit	1. Impact of demand pressures on quality and service performance standards Including risk of patient harm relating to: <ul style="list-style-type: none"> Call handling Response times / clinical capacity 2. Provision of sufficient staffing levels in IUC/111	1.1 Activate, maintain and review REAP4 arrangements and risk assessment EDUCI, TEG/TMG (ongoing) REAP4 risk and impact assessment maintained and reported to TMG. Command cell arrangements operating as required 1.2 Monitor and respond to demand patterns EDUCI (ongoing) Daily monitoring and reporting of demand patterns, response times, and capacity. Actions and escalations as required 1.3 H2 Plan: IUC Sustainability and Improvements, EDUCI (03/22) Overall programme status is amber. Rota review work delayed due to procurement issues. Staff well-being work progressing. 1.4 H2 Plan: Supporting UEC Performance EDUCI (03/22) Capacity remains below the required levels. Recruitment and onboarding activity has progressed but issues around retention. 2.1 Recruitment and retention of health advisors and clinical advisors EDW, EDUCI (03/22) Significant levels of recruitment during the year. Capacity remains below the required levels. Issues around retention 2.2 Maintain mitigations to prevent COVID outbreaks amongst Trust staff EDUCI, EDW, EDQGPA (ongoing) Social distancing and PPE requirements still in place in all Trust sites and operations. Major disruption at times due to the Omicron variant 2.3 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) Most elements of the Health and Well-Being Plan delivered successfully. Some rolled forward into new plan for 22/23. Culture review work progressing with key actions in 22/23	
TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration											
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee											

Strategic Ambition		1		Patients and communities experience fully joined-up care responsive to their needs					
Strategic Risk		1b		Ability to deliver high quality care in Integrated Urgent Care/NHS111 services		IF the Trust is unable to manage demand and capacity pressures in IUC/111 operations THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care and patient experience.			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Safe Caring Effective Responsive Well-Led	<div style="background-color: red; color: white; padding: 5px; text-align: center;">4 x 4 = 16</div> <div style="background-color: red; color: white; padding: 5px; text-align: center;">4 x 5 = 20</div> <div style="background-color: red; color: white; padding: 5px; text-align: center;">4 x 4 = 16</div>				Corporate Risks: IUC / NHS111 <ul style="list-style-type: none"> ● Risk 99: Staff physical and mental well-being (16) ● Risk 182: IUC/111 call handling time (16) ● Risk 392: Non-Covid excessive demand on NHS111/IUC (15) ● Risk 362: Non-COVID sickness (16) ● Risk 419: Covid lateral flow testing (16) ● Risk 463: IUC recruitment (16) 	Trust Strategy Trust Clinical Strategy Trust Digital Strategy COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper, and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Referral Pathways (20/21 - Reasonable) Clinical Audit (19/20 – Reasonable) Professional Revalidation (19/20 – Good) External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit	3. Patient-centred service developments 4. Leadership, culture, and operating models	3.1 H2 Plan: Mental Health Plan EDIUC (21/22 milestones by 03/22) Programme at Amber. Mental health response vehicles working well. Delays to training and recruitment to specialist roles 3.2 H2 Plan: Safer Right Care EDUCI, EMD, (commence 10/21) Safer Right Care programme status is 'Amber'. Progress being made but some delays 4.1 H2 Plan: IUC Sustainability and Improvements, EDUCI (03/22) Overall programme status is amber. Rota review work delayed due to procurement issues. Staff well-being work progressing. 4.2 H2 Plan: YAS Culture Work (111) EDUCI (03/22) Culture review work progressing with key actions in 22/23
TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration					<ul style="list-style-type: none"> ● Risk 283: Covid excessive demand on NHS111/IUC (12) ● Risk 302: Social distancing space in Callflex (12) ● Risk 54: Clinical capacity in NHS111/IUC (12) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 399: Referral to HASU (12) ● Risk 367: Health Advisor Recruitment (12) 				
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee									

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 (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)
CQC Domains Safe Caring Effective Responsive Well-Led					Corporate Risks: PTS <ul style="list-style-type: none"> ● Risk 99: Staff physical and mental well-being (16) ● Risk 444: Staff PPE Compliance (20) ● Risk 362: Non-COVID sickness (16) ● Risk 419: Covid lateral flow testing (16) 	Trust Strategy Trust Fleet Strategy COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments: integrating care proposals, white paper, and related legislation Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan PTS contracting processes Procurement processes Business Continuity plans and processes Winter planning processes Professional standards Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell 2nd Line of Defence Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group PTS Governance Group Quality Assurance Working Group Incident Review Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: PTS Patient Experience (21/22 – Limited) PTS Third Party Providers (18/19 – Good) External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit	1. Impact of demand pressures on quality and service performance standards Including: - maintenance of service standards at 90%+ business as usual levels - call handling 2. Provision of sufficient levels of staffing and volunteers 3. Implementation of PTS reviews and other service developments (e.g., PTS Linen, Net-Zero)	1.1 Activate, maintain and review REAP4 arrangements and risk assessment EDUCI, TEG/TMG (ongoing) REAP4 risk and impact assessment maintained and reported to TMG. Command cell arrangements operating as required 1.2 Monitor and respond to demand patterns EDUCI (ongoing) Daily monitoring and reporting of demand patterns, response times, and capacity. Actions and escalations as required, including suspension of services to support emergency ambulances. 1.3 H2 Plan: PTS Sustainability EDUCI (21/22 milestones by 03/22) Cohorting arrangements and IPC guidance applied as appropriate. Work re-focussed as PTS Plans and Risks for 22/23 2.1 H2 Plan: PTS Sustainability EDUCI (21/22 milestones by 03/22) Recruitment of staffing and volunteers generally successful. Work re-focussed as PTS Plans and Risks for 22/23 3.1 NEPTS Pathfinder EDUCI (21/22 milestones by 03/22) Timescales revised, with implementation to proceed in 22/23 3.2 West Yorkshire Review EDUCI (21/22 milestones by 03/22) Linked to 3.1 above. Timescales revised, with implementation to proceed in 22/23 3.3 H2 Plan: Sustainable Fleet EDUCI, DoF (03/21) Some progress, with new vehicles coming on stream in 21/22. Main net-zero timescales moved into 22/23 and future years. Risk regarding availability of charging points for electric vehicles
TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration					<ul style="list-style-type: none"> ● Risk 425: Private provider extension (12) ● Risk 440: PTS Call Handling (12) ● Risk 462: Redeployment of PTS staff to emergency ambulances (12) 				
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee									
		4 x 3 = 12	4 x 4 = 16	4 x 4 = 16					

Strategic Ambition				2	Our people feel empowered, valued, and engaged to perform at their best								
Strategic Risk				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 (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)				
CQC Domains Well-Led		4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	Corporate Risks: Workforce <ul style="list-style-type: none"> ● Risk 433: EOC staffing capacity (25) ● Risk 99: Staff physical and mental well-being (16) ● Risk 106: Resuscitation training and competency (15) ● Risk 362: Non-COVID sickness (16) ● Risk 54: Clinical capacity in NHS111/IUC (12) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 180: A&E Operations staffing (12) ● Risk 357: Maternity care (12) ● Risk 366: C1 driving license test (12) ● Risk 24: Bank staff compliance for statutory and mandatory training (12) ● Risk 37: Paramedic workforce (12) 	Trust Workforce Strategy Portfolio Governance Boards Living Our Values Programme Trust Vision and Values Trust policies and procedures NHS People Plan Freedom to Speak Up Direct Executive and senior management engagement Recruitment and resource planning 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 Statutory and Mandatory Training Professional standards Regulatory frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	3. Retention of existing workforce	3.1 H2 Plan: Recruitment and Retention EDW (21/22 milestones by 03/22). Career pathways in place or in development. Training and development plans coming back on stream. Retention remains an issue in some areas.	3.2 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) Most elements of the Health and Well-Being Plan delivered successfully. Some rolled forward into new plan for 22/23. Culture review work progressing with key actions in 22/23.			
TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Workforce											1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report YAS Academy Strategic Command Cell	4. Training and development <ul style="list-style-type: none"> - Impact of REAP4 on training delivery - Impact of training suspension on patient care (e.g., skills fade) 	4.1 Assess and monitor the risk and impact of demand pressures / REAP4 on training compliance EDW, EDOps 10/21) REAP4 impact and risk assessment included training delivery and compliance. Plan developed to recover compliance position
Committee Assurance Quality Committee Audit Committee											2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Portfolio Governance Boards Inspections for Improvement Process		
		3rd Line of Defence Internal Audit Reviews: Absence Management (21/22) Health and Well-Being (21/22) Occupational Health (20/21 – Good) Professional Revalidation (19/20 – Good) Managing Attendance (18/19 – Reasonable)	5.1 H2 Plan: Trust Demand, Workforce and Accommodation plan EDW, DoF (03/22) Progress being made with external partner (ORH) on demand and capacity review and planning										
		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											

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 (2021/22 Year End)	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					Corporate Risks: Staff Well-Being <ul style="list-style-type: none"> Risk 99: Staff physical and mental well-being (16) Risk 419: Covid lateral flow testing (16) Risk 187: Cumulative effect of repeated moving and handling (15) Risk 441: Response to Domestic Abuse (15) Risk 362: Non-COVID sickness (16) Risk 444: Staff PPE Compliance (20) Risk 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) 	<ul style="list-style-type: none"> Portfolio Governance Boards Trust Workforce Strategy Trust Vision and Values Trust policies and procedures HR Business Partners NHS People Plan Freedom to Speak Up Direct Executive and senior management engagement Leadership conferences Clinical Supervision structure Staff-side engagement Diversity and Inclusion plans and processes Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Just Culture processes Simply Do Ideas process Accountability Framework Leadership in Action Programme YAS Training Plan Safer Responding Group Statutory and Mandatory Training Staff Well Being support offer and processes Occupational health processes and procedures Professional standards Regulatory frameworks 	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell Staff Well-Being Group 2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Strategic Health & Safety Committee Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Health and Well Being (21/22) Absence Management (21/22) Occupational Health (20/21 – Good) Violence and Aggression (20/21 – Good) Fire Safety / Health & Safety (19/20 – Good) Managing Attendance (18/19 – Reasonable) Serious Untoward Incidents (18/19 – Good) Temporary Injury Allowance (18/19 – Good) External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Annual NHS Staff Survey CQC Well Led Framework (Good) External Audit	<ol style="list-style-type: none"> Physical and mental health and well-being of staff Staff attendance levels Staff compliance with COVID protective measures (IPC, PPE, social distancing, lateral flow testing, vaccinations etc.) Violence reduction and prevention standards 	<ol style="list-style-type: none"> H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) Most elements of the Health and Well-Being Plan delivered. Some rolled forward into new plan for 22/23 H2 Plan: YAS Culture Work, including Staff Health and Well-Being EDW (21/22 milestones by 03/22) Most elements of the Health and Well-Being Plan delivered. Sickness levels remain high, especially non-Covid / post-Covid Maintain mitigations to prevent COVID outbreaks amongst Trust staff EDW, EDQGPA (ongoing) Social distancing and PPE requirements still in place in all Trust sites and operations. Major disruption at times from the Omicron variant. H2 Plan: Staff vaccinations programme EDW (03/22) Staff vaccinations programme implemented Audit and monitoring to identify non Compliance with PPE EDQGPA (11/21) Compliance audits and reporting as part of routine I4I process, plus bespoke audits Communications and engagement to reinforce messaging about compliance EDW, EDQGPA (ongoing) Ongoing communications via Staff Update, Teambrief and other bespoke channels, and via management structures Deliver key requirements of the Violence Reduction and Prevention standard EDQGPA (all 03/22) VPRS self-assessment completed, draft strategy and policy. Delivery of key elements continues in 22/23 H2 Plan: Bodyworn cameras pilot phase 2 go-live EDQGPA (11/21) Phase2 live as planned. Phase 3 go-live commenced March. Uptake and impact improving.
TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Workforce									
Committee Assurance Quality Committee Audit Committee									

Strategic Ambition		2	Our people feel empowered, valued, and engaged to perform at their best						
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 (2021/22 Year End)	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 Caring		4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	Corporate Risks: Culture <ul style="list-style-type: none"> Risk 99: Staff physical and mental well-being (16) Risk 454: Safeguarding allegations (16) Risk 58: Culture and retention in NHS111 (12) 	<ul style="list-style-type: none"> Portfolio Governance Boards Trust Workforce Strategy Trust Vision and Values Trust policies and procedures HR Business Partners NHS People Plan Freedom to Speak Up process Direct Executive and senior management engagement Leadership conferences Clinical Supervision structure Staff-side engagement Diversity and Inclusion plans and processes Equalities Impact Assessments 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 Statutory and Mandatory Training WRES and DES monitoring and reporting Gender Pay Gap monitoring and reporting Professional standards Regulatory frameworks 	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Management and leadership capacity and capability 2. Impact and effectiveness of diversity and inclusion plans and activities 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) Culture review progressing, with key elements in 22/23 1.2 Deliver leadership and management development activities EDW (21/22 milestones by 03/22) Activities paused due to Covid. Accelerated leadership programme re-commenced, other programmes being refreshed 1.3 Accountability Framework DT (21/22 milestones by 03/22) Development continued on revised timescales and pending the requirements of the new operating model 2.1 H2 Plan: Equality, Diversity, and Inclusion EDW (21/22 milestones by 03/22) Action Plan agreed and progressing. Reverse BAME mentoring and staff networks successful. 3.1 H2 Plan: YAS Culture Work including Staff Health and Well-Being EDW (21/22 milestones by 03/22) Most elements of the Health and Well-Being Plan delivered successfully. Some rolled forward into new plan for 22/23. Culture review work progressing with key actions in 22/23 3.2 H2 Plan: EOC Performance Improvement Programme EDOps (03/22) Some delivery delays but overall improvement work progressed well; staffing capacity improved 3.3 H2 Plan: IUC Sustainability and Improvements EDUCI 03/22 Overall programme status is amber. Rota review work delayed due to procurement issues. Staff well-being work progressing.
TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Workforce									
Committee Assurance Quality Committee Audit Committee									
							1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Staff Networks Joint Steering Group Policy Development Group Accountability Framework Programme YAS Academy		
							2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process Freedom to Speak Up		
							3rd Line of Defence Internal Audit Reviews: Freedom to Speak Up (19/20 – Good) Statutory and Mandatory Training Data and KPIs (19/20 – Substantial) Digital Team Culture (21/22 – Advisory)		
							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		

Strategic Ambition		3	We achieve excellence in everything we do										
Strategic Risk		3a	Capacity and capability to plan and deliver Trust strategy, transformation, and change		IF the Trust has insufficient capacity or capability to deliver strategic change well THEN there is a risk that transformational work and other key development priorities will not be delivered effectively RESULTING IN an adverse impact on organisational structures, systems, and delivery models, and on patient care.								
Risk Appetite	Moderate	Initial	Current	Target	Corporate Risks (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)				
<p>CQC Domains</p> <p>Well-Led</p>		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	<p>Corporate Risks: Strategy / Transformation</p> <ul style="list-style-type: none"> • Risk 104: Financial uncertainty in the Trust and nationally (12) 					<p>Trust Strategy</p> <p>Business planning processes</p> <p>Trust policies and procedures</p> <p>Gate Review Process</p> <p>Transformation programme</p> <p>Programme / project boards</p> <p>Business continuity plans and processes</p> <p>Regional system-wide plans and priorities</p> <p>National and sector-wide plans and priorities</p> <p>Quality Improvement Strategy</p> <p>Quality Impact Assessments</p> <p>Performance Management Framework</p> <p>Data Management Framework</p> <p>Professional standards</p> <p>Regulatory frameworks</p> <p>System Oversight Framework</p> <p>CQC frameworks</p> <p>National planning guidance</p> <p>Urgent and Emergency Care Recovery 10-Point Action Plan</p>	<p>Board Level Assurance / Oversight</p> <p>Trust Board</p> <p>Board Committees</p> <p>Audit Committee</p> <p>1st Line of Defence</p> <p>Directorate Management Groups</p> <p>Trust Management Bodies: TEG, TMG</p> <p>Integrated Performance Report</p> <p>2nd Line of Defence</p> <p>Transformation Governance</p> <p>PMO Programme Assurance</p> <p>Risk and Assurance Group</p> <p>Directorate budget reviews (Finance Business Partners)</p> <p>Gate Review Group</p> <p>3rd Line of Defence</p> <p>Internal Audit Reviews:</p> <p>Performance Management (20/21 – Advisory), Data Quality and KPIs (21/22 – Limited) (20/21 – Advisory), (19/20 – Substantial), Risk Management (20/21 – Good), 19/20 – Good), (18/19 – Good)</p> <p>Board Assurance Framework (20/21 – Good) (19/20 – Substantial), (18/19 – Substantial)</p> <p>Business Case Management (18/19 – Advisory)</p> <p>Policy Management (21/22 – Significant)</p> <p>External Assurance / Oversight</p> <p>System-wide boards (ICSs, NAA, QGARD etc)</p> <p>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)</p> <p>CQC Well Led Framework (Good)</p> <p>Business Insights Review 2018/19 (PwC)</p> <p>External Audit</p>	<p>1. Planning and delivery of Trust priorities during 2021/22 H2</p> <p>2. Planning and delivery of Trust priorities during 2022/23</p> <p>3. Alignment of proposed new and ongoing projects with Trust priorities and resource availability</p> <p>4. Assurance regarding delivery of key milestones and benefits realisation relating to Trust priorities</p>	<p>1.1 Develop approved plan for H2 2021/22, including key delivery milestones ADPD (10/21) Plan developed and agreed for 2021/22 H2</p> <p>1.2 Deliver key milestones for the H2 Plan ADPD (03/22) Milestones delivery tracked via the PMO and reported to TEG+, with escalations as required. April TEG+ dashboard shows year-end position</p> <p>2.1 Develop approved plan for 2022/23, including key delivery milestones ADPD (03/22) 2022/23 plan developed and submitted as required. Further work required on prioritisation and 22/23 deliverables</p> <p>2.2 Ensure delivery of key milestones for the 2022/23 plan ADPD (commencing 04/22) 2022/23 planning process ongoing with work required on prioritisation and deliverables. Delivery will be tracked via PMO and TEG+</p> <p>3.1 Review and refresh the Gate Review process to better support planning and prioritisation processes ADPD (10/21) Gate Process review and refresh commenced in Q4. Work to continue into 22/23</p> <p>4.1 Design and implement rigorous and sustainable governance and assurance arrangements for the H2 Plan and the 2022/23 Plan EDQGPA (10/21) Governance and assurance arrangements designed and place: PMO, TEG+, highlights reporting and consolidated dashboard</p>
<p>TEG Lead(s)</p> <p>(Responsible for actions unless stated otherwise)</p> <p>Executive Director of Quality, Governance and Performance Assurance</p> <p>Assistant Director of Corporate Affairs (post not currently filled)</p>													
<p>Committee Assurance</p> <p>Quality Committee</p> <p>Finance and Investment Committee</p> <p>Audit Committee</p>													

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 (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Well-Led					Corporate Risks: System Developments	Trust Strategy Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards Business continuity plans and processes Regional system-wide plans and priorities National and sector-wide plans and priorities Regulatory frameworks National planning guidance Urgent and Emergency Care Recovery 10-Point Action Plan System Oversight Framework CQC frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell 2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Gate Review Group 3rd Line of Defence Internal Audit Reviews: External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Integrated Commissioning Framework Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit	1. Complexity and fluidity in system wide planning, governance, and delivery arrangements Including Trust response to: - Integrating care proposals, white paper, and legislation - 10 Point Plan for Urgent and Emergency Care Recovery - NHS Planning Guidance 2. Alignment of Trust planning, governance, and organisational structure with local and national systems 3. Assurance regarding delivery of key milestones and benefits realisation relating to Trust priorities	1.1 Continue to develop and embed the Integrated Commissioning Framework model and processes ADPD (03/22) Integrated Commissioning Framework and supporting governance and delivery mechanisms developed and continue to embed 1.2 Plan and assure delivery of ICF priority projects ADPD (03/22) ICF priority projects planned, delivery assurance mechanisms in place, with links to Trust planning and delivery mechanisms 1.3 Ensure appropriate alignment with system plans and strategies ADPD (03/22) Trust 22/23 planning aligned with system-wide planning process. Priorities, deliverables and financial position to be finalised. 2.1 H2 Plan: Operating Model DT (03/22) Operating model timescales revised into 22/23 due to Omicron impact. Phase 1 consultation during 22/23 Q1 3.1 Design and implement rigorous and sustainable governance and assurance arrangements for the H2 Plan and the 2022/23 Plan EDQGA (10/21) Governance and assurance arrangements designed and place: PMO, TEG+, highlights reporting and consolidated dashboard	
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Operations Director of Urgent Care and Integration Assistant Director of Corporate Affairs (post not currently filled)										
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee										

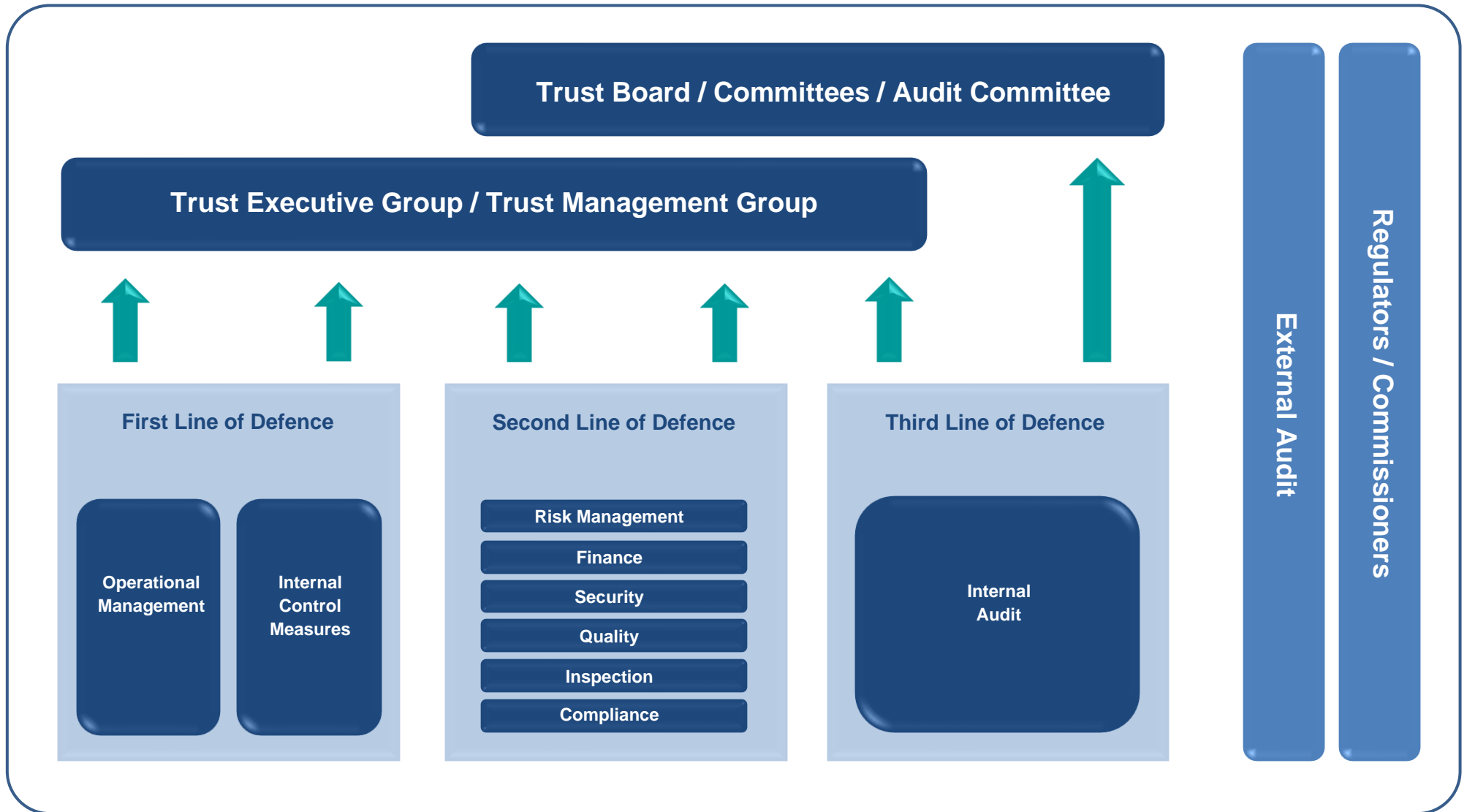
Strategic Ambition		3			We achieve excellence in everything we do					
Strategic Risk		3c			Ability to respond well to climate change and other business continuity threats		IF the Trust does not address immediate or longer-term business continuity threats, including climate change, THEN there is a risk 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 (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Well-Led		4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	Corporate Risks: Business Continuity <ul style="list-style-type: none"> Risk 62: Climate change (15) Risk 365: Potential Airedale evacuation (15) Risk 325: Adverse weather conditions (12) Risk 15: Loss of EOC Springhill (12) Risk 288: National Security Risk Assessment (12) Risk 41: Premises security (12) 	Trust Strategy Trust COVID response and recovery planning processes Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards Business continuity plans and processes COVID debrief and lessons identified processes Regional system-wide plans and priorities National and sector-wide plans and priorities: Greener NHS Programme YAS Green Plan Climate change risk assessment and plans National security risk assessment processes and risk register Professional standards Regulatory frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report Strategic Command Cell 2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Gate Review Group Resilience Governance Groups 3rd Line of Defence Internal Audit Reviews: Resilience and Special Services (19/20 – Good) Business Continuity (21/22 – Advisory) Risk Management (20/21 – Good), (19/20 – Good), (18/19 – Good)) Waste Management (19/20 – Substantial) Security Management (20/21 – Good), (19/20 – Reasonable)) Business Case Management (18/19 – Advisory) Policy Management (21/22 – Significant) External Assurance / Oversight System-wide boards (ICSs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit	1. Alignment with / response to national, regional and sector sustainability priorities and targets <ul style="list-style-type: none"> Net-zero requirements (e.g., NEPTS) NHS Carbon Footprint / Net-Zero ICS Net-Zero targets 2. Planning and response to tactical / operational issues: flood, adverse weather events 3. Compliance with EPRR core standards	1.1 Progress the YAS Green Plan actions DoF (03/22) Green Plan in place but delivery is limited by funding constraints 1.2 YAS Green Plan sustainability targets: Estates DoF (03/22) Renewable energy supplies and low flow water devices in place. Risk regarding EV charging points. 1.3 YAS Green Plan sustainability targets: Fleet DoF (03/22) Diesel phase out strategy in place, lease car and taxi contracts more sustainable. Risk regarding EV charging points. 2.1 Include climate change assessment in business continuity plans DoF, EDOps (03/22) Work progressing with Business Continuity and EPRR 2.2 Develop the climate change adaptation plan for the Trust DoF (03/22) Revised timescale, plan to be developed in 22/23 2.3 Complete flood risk assessment: properties, staff, patients, and assets DoF (03/22) Work is progressing to assess flood risk to our estate, fleet and patients. Delivery constrained by Environment Agency timescales 3.1 EPRR Core Standard action plan: 'partial compliance' by end of 2021 EDOps (12/21) Achieved 3.2 EPRR Core Standard: action plan 'full compliance' by the end of 2021/22 EDOps (03/22) Achieved tbc	
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Operations Executive Director of Finance										
Committee Assurance Quality Committee Finance and Investment Committee Audit Committee										

Strategic Ambition		4			We use resources wisely to invest in and sustain services					
Strategic Risk		4a			Ability to plan, manage and control Trust finances effectively		IF the Trust is unable to plan, manage and control its finances well THEN there is risk that it will have insufficient income to meet operational and strategic priorities, RESULTING IN an adverse impact on investment in frontline care and enabling infrastructure, and on reputation and regulatory compliance			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Well-Led		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Finance <ul style="list-style-type: none"> Risk 104: Financial uncertainty in the Trust and nationally (12) Risk 36: Impact of holiday pay calculation (12) Risk 377: Mandate fraud (12) Risk 44: External job evaluation (12) 	Monthly review by TMG / TEG via IPR and Finance report Trust policies and procedures Trust SFIs, Scheme of Delegation etc Trust Board oversight and review F&I Committee Audit Committee CIPMG monitoring Finance Business Partners Business Planning Process Gate Review Process Capital Monitoring Process Internal Audit reviews External Audit reviews Delivery of STP CQUIN Monthly NHSI/E submission and review meetings Single Oversight Framework NAA Benchmarking information and collaborative reviews. Model Ambulance benchmarking Annual Report and Accounts to NHSE/I Professional standards Regulatory frameworks Contract management processes and frameworks Procurement processes and frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	<ol style="list-style-type: none"> Short term financial planning and management: 2021/22 H2 Medium term financial planning and management: 2022/23 Assure the delivery of waste reduction or efficiency requirements for 2021/22 (if needed) and 2022/23 Compliance with Government Functional Standard 13: Counter Fraud 	<ol style="list-style-type: none"> Develop balanced financial plan for 2021/22 H2 DoF (11/21) Balanced financial plan for 2021/22 H2 developed and approved. Plan and deliver waste reduction any initiatives required in 2021/22 H2 DoF (11/21) H2 waste reduction targets met Develop balanced financial plan for 2022/23 DoF (03/22) Balanced financial plan for 2022/23 yet to be achieved Plan waste reduction initiatives required in 2022/23 DoF (03/22) Waste reduction programme established Plan and implement governance and assurance arrangements relating to waste reduction targets DoF (03/22) Governance and assurance arrangements in place, with TEG leadership and via PMO Produce the residual Counter Fraud risk assessment DoF (01/22) Residual counter fraud risk assessment completed Record and manage fraud risks in line with the residual Counter Fraud risk assessment DoF (03/22) Fraud risks identified are being managed via the Trust's risk management processes 	
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Finance										
Committee Assurance Finance and Investment Committee Audit Committee										
							1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report			
							2nd Line of Defence Capital Monitoring Group Transformation Governance Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Gate Review Group CIP Management Group			
							3rd Line of Defence Internal Audit Reviews: Financial Systems (21/22 - Significant) Charitable Funds (20/21 - Limited) Expenses Travel Claims (20/21 - Limited) Bank, Treasury, Cashflow (20/21 - Good) Procurement (20/21 - Reasonable) Budgetary Control (19/20 - Good) Fixed Assets (19/20 - Substantial) Capital Planning (20/21 - Significant) Accounts Payable (18/19 - Substantial) General Ledger (18/19 - Substantial) Payroll (18/19 - Good) Business Case Management (18/19 -Advisory)			
							External Assurance / Oversight System-wide boards (ICSSs, NAA etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) External Audit			

Strategic Ambition		4			We use resources wisely to invest in and sustain services					
Strategic Risk		4b			Ability to deliver key technology and cyber security developments effectively		IF the Trust is unable to deliver technology and cyber security developments effectively THEN there is a risk that systems and infrastructure will not be fit for purpose RESULTING IN an adverse impact on digital tools for staff, security of systems and data, reputation, regulatory compliance, and patient care			
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2021/22 Year End)	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	<div style="background-color: red; color: white; text-align: center; padding: 5px;">4 x 4 = 16</div> <div style="background-color: orange; color: black; text-align: center; padding: 5px;">4 x 3 = 12</div> <div style="background-color: yellow; color: black; text-align: center; padding: 5px;">4 x 3 = 12</div>				Corporate Risks: Digital, ICT, Cyber/IG <ul style="list-style-type: none"> ● 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 (ICSSs, 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) Operating model embedding. Recruitment to key new posts continues 2.1 H2 Plan: Personal Issue Smart Phones CIO (21/22 milestones by 03/22) Rollout delays but is almost 100% complete. Low uptake 2.2 H2 Plan: Integrated CAD project CIO (21/22 milestones by 03/22) Cost model and business case being refined ahead of tender process. Some risks to timescales 2.3 H2 Plan: ePR project CIO (21/22 milestones by 03/22) Most project elements delivered. Three remaining elements roll into 22/23 3.1 H2 Plan: Unified Comms CIO (21/22 milestones by 03/22) Project completed and formally closed. Benefits realisation continues via BAU and continuous improvement 3.2 H2 Plan: N365 CIO (21/22 milestones by 03/22) Project largely completed, formal closure during 22/23 Q1. Benefits realisation via BAU and continuous improvement. 4.1 Strengthen overall compliance with the DSP Toolkit standards CIO (12/21) Investment in tools and staff continues. DSPT compliance not known until 22/23 Q2, data security training compliance a key issue 4.2 Implement actions arising from the advisory review of cyber security / phishing and from subsequent follow-up reviews CIO (12/21) Actions from reviews of phishing have been planned and implemented.
TEG Lead(s) (Responsible for actions unless stated otherwise) Chief Information Officer										
Committee Assurance Finance and Investment Committee Quality Committee Audit Committee										

Strategic Ambition		4			We use resources wisely to invest in and sustain services					
Strategic Risk		4c			Ability to deliver key enabling infrastructure effectively: estates and fleet			IF the Trust is unable to deliver key enabling infrastructure effectively THEN there is a risk that estates and fleet will not be fit for purpose RESULTING IN premises locations, configurations and facilities that do not meet organisational needs and a fleet that does not support effective operations and care		
Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2021/22 Year End)	Key Controls	Key Assurance	Key Control and Assurance Developments	Key Mitigation Actions (2021/22 H2. Delivery by 31/03/22 unless otherwise stated)	
CQC Domains Effective Well-Led					Corporate Risks: Estates and Fleet <ul style="list-style-type: none"> ● Risk 62: Climate change (15) ● Risk 15: Loss of EOC Springhill (12) ● Risk 41: Premises security (12) ● Risk 84: Operational estate suitability (12) ● Risk 236: Percentage of fleet available for AVP (12) ● Risk 290: Fire doors (12) ● Risk 302: Social distancing space in Callflex (12) ● Risk 343: EOC accommodation (12) 	Trust policies and procedures Programme / Project Plans Capital Plan Capital Planning / Monitoring Group(s) Gate review process Business planning process Fleet Strategy Procurement Group Infrastructure Management Group Health and Safety Group Health and Safety processes Risk Assessment processes ERIC returns Premises Assurance Model Hybrid working plans National policies and guidance Professional standards Regulatory frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Integrated Performance Report 2nd Line of Defence Transformation Governance PMO Programme Assurance Risk and Assurance Group Hub and Spoke / AVP Board Inspections for Improvement Process Strategic Health and Safety Committee 3rd Line of Defence Internal Audit Reviews: Estates Maintenance (18/19 – Good) Fleet Management and Maintenance (21/22 - Significant) Stocks and Stores (20/21 – Reasonable), (19/20 - Reasonable) Security Management (20/21- Good), (19/20 – Reasonable) External Assurance / Oversight System-wide boards (ICs, NAA etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Health and Safety Executive	1. Short-term estates requirements arising from new ways of working (social distancing, remote / hybrid working) 2. Ability to manage and maintain fleet 3. Progression of key estates developments 4. Future estates capacity and configuration	1.1 Plan and deliver works to create additional call handling accommodation DoF (12/21) Capacity at Springhill and CallFlex expanded to create additional accommodation. 1.2 Develop EOC resilience proposal (Fairfields reconfiguration) EDOps(12/21) Fairfields expansion business case approved. Contractors appointed and work to commence in 22/23 Q1 1.3 H2 Plan: Hybrid / Agile working proposal and plans EDW (03/22) Programme status is Amber. Preferred option for office space has not progressed, alternatives being sought. Other supporting initiatives are progressing. 2.1 H2 Plan: Sustainable Fleet DoF (21/22 milestones by 03/22) Some progress, with new vehicles coming on stream in 21/22. Main net-zero timescales moved into 22/23 and future years. Risk regarding availability of charging points for electric vehicles 3.1 H2 Plan: Hub and Spoke - Hull DoF (21/22 milestones by 03/22) Project progressing, current status is Green. Site identified, surveys commencing 3.2 H2 Plan: Hub and Spoke – Scarborough DoF (21/22 milestones by 03/22) Site identified, designs prepared and planning permission submission in 22/23 Q1. 3.3 H2 Plan: Logistics Warehouse and Asset Management DoF (21/22 milestones by 03/22) Preferred site identified. Lease to commence from July. Fit-out works July-Oct. 4.1 H2 Plan: Trust Demand, Workforce and Accommodation Plan EDW, DoF (21/22 milestones by 03/22) Progress being made with ORH on demand and capacity review 4.2 H2 Plan: Hybrid / Agile working proposal and plans EDW (03/22) Programme status is Amber. Preferred option for additional office space has not progressed, alternatives being sought.	
TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Finance										
Committee Assurance Finance and Investment Committee Audit Committee										
		4 x 4 = 16	4 x 4 = 16	4 x 4 = 16						

Three Lines of Defence Risk Assurance Model



Risk Management and Assurance Information Flows

