



MEETING TITLE Trust Board (held in Public)		MEETING DATE 01/11/2022	
TITLE of PAPER		Corporate Risk Register/Board Assurance Framework	PAPER REF: 3.3
KEY PRIORITIES		Create a safe and high performing organisation based on openness, ownership and accountability	
PURPOSE OF THE PAPER		The purpose of this paper is to: <ul style="list-style-type: none"> Summarise the key risk exposures faced by the Trust Report recent material changes to the Corporate Risk Register. Draw attention to identified areas of emerging risk. 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"/>
AUTHOR / LEAD	David O'Brien, Associate Director of Performance, Assurance and Risk Levi MacInnes, Risk and Assurance Manager	ACCOUNTABLE DIRECTOR	Clare Ashby, Interim Executive Director of Quality, Governance & Performance Assurance
DISCUSSED AT / INFORMED BY – Trust Management Group, Risk Assurance Group, Operational Senior Management Team meetings, other management groups			
PREVIOUSLY AGREED AT:		Committee/Group: N/A	Date:
RECOMMENDATION(S)		It is recommended that the Trust Board note: <ul style="list-style-type: none"> The key risk exposures faced by the Trust The recent material changes to the Corporate Risk Register. The identified areas of emerging risk. The position regarding the Board Assurance Framework 	
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Impact Assessment -		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		All	

Board of Directors Meeting (held in Public)

1 November 2022

Report of the Interim Executive Director of Quality, Governance & Performance Assurance

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.
- Update on 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 Audit Committee are:

Risk Environment

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

Corporate Risks

- Section 4.2: New corporate risks.
- Section 4.3: Existing corporate risks that have increased in score.
- Section 4.4: Risks reduced but remaining on the Corporate Risk Register
- Section 4.5: Risks de-escalated from the Corporate Risk Register.
- Section 4.6: Corporate risks to be closed.
- Section 4.7: Areas of emerging risk.

Related Risk and Assurance Matters

- Section 5.0: Board Assurance Framework.

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

- 3.1 The Trust continues to experience significant risk exposures. Some areas of risk initially eased during the first quarter of 2022/23, 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, and the impact of this on capacity and challenging demand patterns resulted in the Trust returning to REAP4 in week commencing 03 October.
- 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. A targeted process improvement initiative at Pinderfields has had a positive impact. It is hoped to hold similar exercise at other Emergency Departments in the region, with plans progressing to do this at the Northern General site in Sheffield.
- 3.3 Risk factors remain in terms of volatile and unpredictable demand patterns, operational pressures, and staffing capacity, all exacerbated by periodic spikes in levels of COVID-19 infection. During quarter two the impact of the Adastra system outage, and the transition from business continuity arrangements to an initial recovery position, introduced significant risk. An emerging area of significant risk relates to potential industrial action in response to the national pay award. 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 operate within its approved budget for 2022/23 have eased. However, financial pressures are anticipated to be a key risk during planning for 2023/24, in respect of both revenue and capital.
- 3.4 The delivery priorities developed as part of operational planning for 2022/23 represent the Trust's primary mitigations for its strategic risks during 2022/23. These priorities were confirmed by the Trust Board at its meeting in July, and the Board Assurance Framework has been updated to reflect these. The updated Board Assurance Framework is subject to a separate agenda item in the private meeting of the Trust Board on 01 November.

4. CORPORATE RISKS

4.1 CORPORATE RISK REGISTER

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

- 4.1.2 Appendix 1 presents an extract of the Corporate Risk Register produced for reporting purposes (a more detailed version of the Corporate Risk Register is maintained for the purposes of managing risks and assuring risk information).
- 4.1.3 Eight new corporate risks have been opened and moderated by RAG and TMG, as follows:
- Risk 511: Availability of EFF Funding for Estates (see 4.2.1)
 - Risk 68: Deep Clean Tablet System (see 4.2.2)
 - Risk 508: Health IT Clinical Safety requirement DCB0129 and DCB016 (see 4.2.3)
 - Risk 433: EOC workforce capacity (see 4.2.4)
 - Risk 488: Resilience of tactical command rota (see 4.2.5)
 - Risk 516: Replacement medical supplies (see 4.2.6)
 - Risk 515: Joint Decision Model (JDM) training in EOC (see 4.2.7)
 - Risk 481: Vulnerable Adult and Children information sharing (see 4.2.8)
- 4.1.4 The greatest individual corporate risk is as follows:
- Risk 35: Hospital Handover (25, high risk)

It is important to recognise that the hospital handover risk does not apply universally across the footprint of Trust operations. Instead, this risk tends to be focussed on a small number of specific sites. To reflect this, the wording and / or mitigation plan for this risk will be reviewed and revised appropriately.

- 4.1.5 The following sections of the report (sections 4.2 - 4.6) present the most recent material changes to the Corporate Risk Register as moderated by RAG members. There has been significant review and update activity relating to risks in EOC, A&E Operations, and IUC, which is reflected in the volume of changes to risk scores reported below.

4.2 RISKS ADDED TO THE CORPORATE RISK REGISTER

- 4.2.1 The Trust has identified a new corporate risk regarding the Trust Estate. This risk has replaced Risk 84 and Risk 80 as outlined in section 4.6.3.

Risk 511 – Availability of EFF Funding for Estates (15, high risk)

IF there is insufficient capital and revenue funding to maintain, modernise and/or expand the existing estate THEN all services will struggle to operate out of some sites RESULTING IN not being able to effectively deliver services in some localities.

- 4.2.2 The Trust has identified a corporate risk regarding the Deep Clean Tablet System. The risk has been identified previously at a lower level within the local risk register. However, the increased use of a paper-based system is resulting in inaccurate and/or incomplete information which is increasing the risk exposure and providing limited assurance of adequate cleaning.

Risk 68 –Deep Clean Tablet System (12, moderate risk)

IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to

continue to work in accordance with departmental Business Continuity plan RESULTING IN additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance.

- 4.2.3 The Trust has identified a new corporate risk regarding Health IT Clinical Safety requirements.

Risk 508 - Health IT Clinical Safety requirement DCB0129 and DCB016 (12, moderate risk)

IF Health IT Clinical Safety requirement DCB0129 and DCB0160 is not implemented and resourced sufficiently THEN the Trust will not be compliant which is mandatory under the Health and Social care Act 2012 RESULTING IN Risk to patient safety and non-compliance with statutory requirement.

- 4.2.4 The Trust has identified a new corporate risk regarding EOC workforce capacity.

Risk 433 - EOC workforce capacity (16, high risk)

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

- 4.2.5 The Trust has identified a new corporate risk regarding the resilience of tactical command.

Risk 488 - Resilience of tactical command rota (12, moderate risk)

IF Tactical commanders are routinely deployed to manage hospital delays, THEN they will be unavailable to respond to a major/critical incident RESULTING IN reputational damage, delayed or no response to incidents needing commander input, lack of staff welfare

- 4.2.6 The Trust has identified a new corporate risk regarding the replacement of certain medical supplies that have an imminent expiry date.

Risk 516 – Replacement medical supplies (20, high risk)

IF the Trust does not receive replacement supplies in a timely manner, THEN we will be unable to replace expired stock RESULTING IN inability to use existing stock.

- 4.2.7 The Trust has identified a new corporate risk regarding the Joint Decision Model (JDM) training within EOC.

Risk 515 - Joint Decision Model (JDM) training in EOC (12, moderate risk)

IF the JDM training is not provided to Dispatch Leaders and Duty Managers within the EOC in a practical timeframe THEN frontline staff are going to feel pressurised to attend locations/ situations that they have dynamically risk assessed as being too much of a safety risk RESULTING IN poor communication between both parties, decrease in morale on both sides and potential for staff to be placed at significant risk of harm.

- 4.2.8 The Trust has identified a new corporate risk regarding Vulnerable Adult and Children information sharing.

Risk 481 - Vulnerable Adult and Children information sharing (15, high risk)

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

4.3 EXISTING CORPORATE RISKS THAT HAVE INCREASED

- 4.3.1 The Trust has increased the grading of Risk 34 regarding Trust obligations to provide the police with vehicle driver details upon request. A&E Ops have no process in place for this, and there has been a recent incident in which the Trust was unable to provide the police with driver details of a vehicle. PTS previously had a process in place that required ID cards to be scanned however this has been discontinued. A total of 1250 vehicles used operationally across the Trust have no system/process to identify the driver, therefore increasing the likelihood of risk occurrence. The risk has increased from a 12 to 15.

Risk 34 - Section 172 Road Traffic Act 1988 - Obligations to furnish police with driver details upon demand (15, high risk)

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.

- 4.3.2 The Trust has increased the grading of Risk 54 regarding IUC Clinical Capacity. Recruitment remains underway however this has fallen further behind the required numbers and the situation is worsening. The risk has increased from 16 to 20.

Risk 54 - Clinical Capacity NHS 111/IUC (20, high risk)

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

- 4.3.3 The Trust has increased the grading of Risk 367 regarding IUC Health Advisor recruitment. Recruitment and retention remain a focus within IUC however there has been a continuous decline in numbers over a three-month period. The risk has increased from 15 to 20.

Risk 367 - Unable to recruit Health Advisors (20, high risk)

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

- 4.3.4 The Trust has increased the grading of Risk 368 regarding Clinical Team Leader recruitment. The role has been advertised multiple times however remains vacant for multiple positions. The risk has increased from 12 to 20.

Risk 368 - Clinical Team Leader Recruitment (20, high 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

4.4 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 IUC supervision has reduced in score from 15 to 12. The easing of restrictions and side by side working has reduced the likelihood of risk occurrence. A second phase of hybrid working solution is likely to mitigate the risk further with a view to closure.

Risk 482 – Lack of effective and timely supervision (12, moderate 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.

- 4.4.2 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding non-conveyance decisions has reduced in score from 16 to 12. The Safer Right Care Framework is now embedded within various training across the Trust therefore reducing the likelihood of occurrence. The effectiveness of the mitigations will continue to be monitored as part of the long-term objectives.

Risk 40 - Non conveyance decisions (12, moderate risk)

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

- 4.4.3 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding resuscitation training has reduced in score from 16 to 12. The Clinical Refresher programme is now running again, along with Statutory and Mandatory training therefore reducing the risk exposure. The risk will remain open until all staff are fully compliant, although it is recognised that achieving this will take a significant length of time.

Risk 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.

- 4.4.4 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding Patient Relations demand has reduced in score from 20 to 16. Actions within the team have been implemented however the backlog and caseload within the team is still significant. The risk will continue to be monitored and further actions identified, if necessary, with a view to potentially reducing its score further.

Risk 432 - 4C and PALS demand (16, high risk)

IF the Trust does not manage existing backlog of 4C and PALS enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally, not dealing with cases delays the identification of issues and learning further impacting patient safety.

4.5 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 have been de-escalated from the Corporate Risk Register. The 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 garage floors has reduced in score from 12 to 6. All stations have undergone a deep clean by an external provider therefore mitigating the immediate risk. Work is underway to implement an in-house yearly clean as a long-term mitigation. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 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.

- 4.5.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding EOC disaster recovery has reduced in score from 15 to 5. Further testing has demonstrated that disaster recovery capabilities are stable. The risk has been de-escalated from the Corporate Risk Register and will be managed further within the local register with a view to closure.

Risk 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.

- 4.5.3 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Paramedic workforce supply has reduced in score from 12 to 9. The Trust has a robust recruitment programme in place and no impact has been seen from external partners recruiting paramedics. The risk has been de-escalated from the Corporate Risk Register and will be managed further within the local register.

Risk 37 - Paramedic workforce supply

IF other healthcare providers continue to recruit and retain paramedics THEN there is a risk to the future sustainability of the YAS paramedic workforce RESULTING IN workforce shortages and inability to meet demand, impacting on performance and patient care.

- 4.5.4 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding Infection Prevention and Control provision has reduced in score from a 16 to 9. The Trust has a subject matter expert in position with further supporting roles to be advertised. The risk has been de-escalated from the Corporate Risk Register and will be managed further within the local register.

Risk 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

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 Unified Comms pilot has been closed. Changes have been made by the supplier in January and February 2022, subsequent testing has revealed no further issues. The issues have been addressed therefore mitigating the risk.

Risk 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.

- 4.6.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding private provider COVID-19 resources has been closed. Social distancing requirements have reduced, and patients are now able to travel together. Therefore, reducing the use and reliance of private providers and mitigating the risk.

Risk 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 IP&C 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.

- 4.6.3 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding operational estate suitability has been closed. Upon review the risk was similar to Risk 80 however neither accurately captured the risk description, gaps and controls. A new risk has therefore been added to reflect this and is highlighted in section 4.2.1, Risk 511.

Risk 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

- 4.6.4 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding IUC staff recruitment has been closed. Contract investment for 2022/23 has been agreed therefore mitigating the risk.

Risk 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

- 4.6.5 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding IUC capacity and demand has been closed. The risk is reflected in risk 367 as outlined in section 4.3.3 with aligning mitigating actions, therefore the risks have been merged and will be managed as one moving forward.

Risk 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

- 4.6.6 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding EOC seating capacity has been closed. Social distancing requirements have been lifted and therefore staff can sit next to each other mitigating the risk.

Risk 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

- 4.6.7 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding impacts of COVID-19 has been closed. The risk was highlighted because of COVID-19, this is no longer the reason behind increased demand.

Risk 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.

- 4.6.8 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding holiday pay has been closed. The interface between systems now in place, tribunals resolved, and corrective payments have been made.

Risk 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

- 4.6.9 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding staff wellbeing during COVID-19 response has been closed. This risk focussed on how the Trust would handle staff

absence within the special arrangements for attendance management during the COVID response period. COVID absence is now being managed in line with mainstream Trust absence management processes as national COVID terms have been withdrawn. Absences no longer need to be reported separately and no specific action is required. It is recognised, however, that staff well-being remains a priority for the Trust and more appropriately framed corporate risk will be developed to capture this.

Risk 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.

- 4.6.10 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding social distancing within Call Flex has been closed. The requirement for social distancing is no longer required therefore the risk is no longer applicable.

Risk 302 – Social distancing space in Call Flex

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

- 4.6.11 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding IUC scanning facilities has been closed. ICT has updated printers with address books at both IUC sites, therefore mitigating the risk.

Risk 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.

- 4.6.12 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding violent and aggressive incident reporting has been closed. The risk has been mitigated and Datix has been altered to include a security team risk level, completed by the security team utilising a risk assessment toolkit at the time of incident reporting.

Risk 466 - Disparity between severity of harm grading and the risk of threat/ future harm for violence related incidents within the 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.

4.7 AREAS OF EMERGING RISK

4.7.1 Several areas of emerging risk have been identified for further investigation and evaluation, as follows.

- 1) There is a possibility of industrial action in response to the recent pay award. This poses a risk to staffing capacity and subsequently operational delivery. This risk is being fully assessed and mitigation actions developed. This will be discussed by the Trust Board at its meeting on 01 November.
- 2) The new learning from patient safety events (LFPSE) service will automatically upload to the national system at the time of reporting to DATIX. This data will be shared prior to quality checking processes and could potentially be shared with external stakeholders such as the Care Quality Commission and commissioners).
- 3) Measures were in place with a lease for additional training facilities at Burn Hall, however recent changes in financial regulations mean the costs of this lease need to be treated as capital not revenue. The Trust cannot proceed with this lease without approval from NHSE, which is causing delays. Training and Estates are reviewing hotels as an interim measure however, there is a potential risk to the throughput of staff to frontline.
- 4) In the macroeconomic context of fiscal and monetary uncertainty, volatile currency exchange rates against the sterling present a potential risk to the Trust with regards to cost of equipment purchased overseas.
- 5) There is a risk to the delivery of the net-zero agenda, with potential significant cost implications to the Trust (and wider system) in future years. A broader risk assessment exercise is underway to identify risks and issues relating to net-zero deliverables.
- 6) As a result of insufficient skilled and experienced project and programme managers there is a risk of failing to deliver Trust business plan priorities with the required pace or rigour.
- 7) Potential failure to meet the NHSI better payment practice targets of 95%. This is a national target for public bodies to pay suppliers within 30 days of receiving a valid request for payment.
- 8) Quality Improvement resource capacity to provide the desired level of support throughout the Trust (and for system-wide work).
- 9) There is an existing issue with an unsecure window at Elmbank training centre, a full health and safety risk assessment is to be completed to assess the risk to staff and members of the public. There is potential risk of reputational damage, financial implications and harm in the event the window falls out.

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. As reported to the Trust Board on 26 July, the BAF is currently being refreshed for the remainder of 2022/23.
- 5.2 The BAF maintains links to the Trust's business plan delivery 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.
- 5.3 The delivery priorities developed during planning for 2022/23 will represent the Trust's primary mitigations for its strategic risks during 2022/23. These priorities were confirmed by the Trust Board at its meeting in July, and the BAF is now being updated to reflect these. A round of meetings with Executive Directors during September has reviewed the updated BAF and confirmed the risks, controls and mitigation actions, including action ownership and implementation timescales. In addition, advice from the Trust's internal auditors relating to the format and content of the has been applied to the updated BAF. This includes:
- The controls included in the BAF have been separated into 'key controls' and 'other controls.'
 - Details about gaps or developments in the control and assurance frameworks specify whether these apply to controls, to assurance, or to both.
 - Sources of third line assurance have been updated to include recent internal audit reports
 - Where possible, actions have been framed in a 'SMARTer' way than previously, with more specificity around targets and timescales (whilst noting that not all risk mitigations can be straightforwardly described in SMART terms)
 - There has been some reduction in the number of mitigation actions included in the BAF, to encourage greater focus on key actions that will have most impact. The current work in progress version includes 82 actions, compared to 110 in the previous version.
- 5.4 The updated BAF is presented in the private section of the Trust Board meeting of 01 November.
- 5.5 During the Board Development Day held on 12 July there was a workshop item to capture Board member views regarding how best to make effective use of the BAF as part of the Trust's governance and assurance arrangements. The outputs from this session are being considered by Trust Executive Group and proposals will be brought to the Trust Board.

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 An updated BAF is presented in the private section of the Trust Board meeting of 01 November.
- 6.3 An internal audit review of Divisional Risk Management has commenced. This is a core assurance review carried out as part of the 2022/23 internal audit plan. The review will consider risk management arrangements in the Trust generally, followed by a specific focus on risk management in EOC and A&E Operations. The Terms of Reference for this review were agreed within the required timescale and issued on 18 October.
- 6.4 Work has commenced to develop a consistent and shared approach to the management of system-level risk across the Trust footprint. The Associate Director for Performance Assurance and Risk is representing the Trust in a joint initiative with the ICF and ICBs.
- 6.5 Work is underway to develop a risk management improvement plan. This will cover some of or all of the following:
- Risk Management and Assurance Strategic Framework
 - Risk Management Policy
 - Format and content of risk registers and risk reporting
 - Quality and assurance of risk information
 - Potential differentiation between risks and issues
 - Potential differentiation between strategic and operational risk
 - Analysis of risk themes and trends
 - Format, content and usage of the Board Assurance Framework
 - Development of an assurance map

The plan will include improvement areas proposed by Executive and Non-Executive Directors and will incorporate findings and recommendations from the aforementioned internal audit review of divisional risk management. More detailed proposals for this plan will be discussed with TEG and brought through TMG.

7. RECOMMENDATIONS

- 7.1 The Board is asked to 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 position regarding the Board Assurance Framework

8. APPENDICES / BACKGROUND INFORMATION

- 8.1 Appendix 1: Corporate Risk Register

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					
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	NHS Digital 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	27/09/2022	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	12	4	Weekly review has been put in place with the Deputy Medical Director as mitigation to provide the clinical steer required. Short term solution, clinical to determine long-term solution.
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	01/10/2022	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	30/09/2022	15	15	4	Finance to fully review the risk and determine mitigating actions.
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	30/09/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.

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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	30/09/2022	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	30/09/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
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	19/10/2022	12	15	4	Currently 1250 vehicles in the Trust with no process/ system to determine who is driving. As of September 2022 a trial is underway that utilises QR codes. Ongoing review of more permanent and substantial telematics system used across fleet.
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	27/01/2023	12	12	3	Falsified medicines - scanning system being explored/developed by ICT as part of project. Risk remains outstanding until system/process is established.
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	27/09/2022	15	15	12	Sustainable Development Management Plan. Flood Risk Assessment. Climate Change Adaptation Plan. Assessment of operational and supply-chain business continuity.
511	Availability of EFF Funding for Estates IF there is insufficient capital & revenue funding to maintain, modernise and/or expand the existing estate THEN all services will struggle to operate out of some sites RESULTING IN not being able to effectively deliver services in some localities.	Both	Finance	Estates and Facilities	Glenn Adams	17/08/2022	15	15	6	Mitigating actions are to be determined by estates.
68	Deep Clean Tablet System IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to continue to work in accordance with departmental Business Continuity plan RESULTING IN additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance.	Both	Finance	Ancillary	Andrew Hunter	03/10/2022	12	12	2	Electronic system to be explored.
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	28/09/2022	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	30/11/2022	12	20	6	Ongoing recruitment underway.
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	25/11/2022	12	12	4	Request has been made to amend the pathway.

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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	20/10/2022	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	28/10/2022	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
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	28/10/2022	16	16	8	Initial BI analysis completed and now further information required from Adastra to break down the AHT to demographics and NHS pathways triage. Contacted NHS England and NHS Pathways for insights into why the call length has increased, could be linked to new Covid pathways.
426	IUC Governance Resource	IF the current service demand pressures continue THEN without sufficient resource the IUC systems and policies currently in place to allow concerns to be raised and for incidents, concerns and complaints to be investigated in a timely manner, cannot be carried out promptly RESULTING IN learning not being shared in a real and meaningful way, leaving the Trust open to criticism and poor safety performance.	Both	IUC	NHS 111	Mark Leese	12/12/2022	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	28/10/2022	8	20	6	Ongoing recruitment underway. Recruitment and retention as part of IUC long term plan.
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	30/01/2022	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	31/10/2022	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.
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	18/10/2022	15	12	6	Second phase of hybrid working solution pending implementation that will likely mitigate the risk.
368	Clinical Team Leader Recruitment	IF the continuous recruitment of Clinical Team Leaders (CTL) to the budget of 14FTE fails THEN there will not be sufficient CTL to complete the full range of duties for the role RESULTING in focusing only on managing the Clinical Queue	Quality	IUC	NHS 111	Mark Leese	12/12/2022	12	20	6	Ongoing specialist recruitment within IUC underway to fill roles. A review of the current job description is also underway as part of recruitment/retention.
40	Non conveyance decisions	IF there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting, THEN a discharge or acceptance of refusal decision may be made inappropriately RESULTING IN potential for adverse patient outcome	Quality	Medical	Clinical	Steven Dykes	23/02/2023	15	12	8	Safer Right Care Framework is now embedded within the Clinical Refresher and other Academy training. To continue monitoring effectiveness as part of the long-term objectives.

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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	23/02/2023	16	12	5	Clinical Refresher programme is now running again, which includes a resus component, along with Stat and Mand training, and AED mode will be introduced from September. Risk will remain open until everyone is compliant.
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	23/02/2023	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	23/02/2023	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	23/02/2023	12	12	3	Mitigating actions to be determined.
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	15/11/2022	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
508	Health IT Clinical Safety requirement DCB0129 and DCB016	IF Health IT Clinical Safety requirement DCB0129 and DCB0160 is not implemented and resourced sufficiently THEN the Trust will not be compliant which is mandatory under the Health and Social care Act 2012 RESULTING IN Risk to patient safety and non compliance with statutory requirement.	Quality	Medical	Clinical	Steven Dykes	23/02/2023	12	12	5	This is a legal requirement, options are being explored and solutions to be presented to the Trust.
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	09/12/2022	8	12	4	Review is underway to increase capacity at alternate sites and explore options within AMPDS Client 0 that would allow remote access.
433	EOC workforce capacity	IF there are sustained increases in call volume THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to emergency calls with potential for harm to patients	Quality	Operations	EOC	Claire Lindsay	14/10/2022	25	16	6	Actions underway include; Review sign-off mentorship process, additional course numbers and identify and implement a retention strategy.
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	31/10/2022	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	31/10/2022	15	15	5	Mitigating actions to be determined.

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500	No triage system to triage calls for call handlers and clinicians in the event of a cyber attack	IF there was a cyber attack resulting in EOC losing access to systems due to ICT taking all systems down THEN EOC would have to rely on paper management but would not allow full triage and assignment of categories to calls or triage of calls by clinicians (due to the complexities of the triage systems and usually using a stand alone triage system) RESULTING IN an inability to triage patients effectively which could potentially lead to patient harm.	Quality	Operations	EOC	Claire Lindsay	16/09/2022	15	15	5	ICT to explore alternate options as part of risk mitigation.
509	EOC Duplicate Call Process	IF EOC staff continue to duplicate jobs without sufficient checks to ensure they are true duplicates THEN there is a risk calls may be closed inappropriately meaning patients may be awaiting an ambulance response which has now been closed on the CAD system, RESULTING IN increased exposure to patients and potential harm	Quality	Operations	EOC	Claire Lindsay	07/10/2022	15	15	5	Mitigating actions to be determined.
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	19/10/2022	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.
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	30/09/2022	12	12	4	Joint working with staff side on a proposal currently for ECA, this could have a financial impact if agreed.
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	30/09/2022	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	30/09/2022	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	27/09/2022	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	07/09/2022	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	21/09/2022	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 IN 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	21/09/2022	16	16	4	New Risk, actions to be confirmed.

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488	Resilience of tactical command rota IF Tactical commanders are routinely deployed to manage hospital delays THEN they will be unavailable to respond to a major/critical incident RESULTING IN reputational damage, delayed or no response to incidents needing commander input, lack of staff welfare	Both	Operations	A&E Ops	Jackie Cole	19/10/2022	6	12	4	Rota currently under review as part of the department portfolio review. Further actions to be determined.
516	Replacement medical supplies IF the Trust does not receive replacement supplies in a timely manner THEN we will be unable to replace expired stock RESULTING IN inability to use existing stock	Quality	Operations	A&E Ops	Jackie Cole	24/08/2022	20	20	4	No replacements have been received and replacements not shipped as of early September. Expiry dates have been extended, initially to 31 October 2022.
28	Management of paper records within YAS IF HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations THEN the Trust will not be complaint with Data Protection regulations RESULTING IN the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	Both	QGPA	Performance Assurance and Risk	Helen Jones	30/09/2022	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	30/09/2022	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	05/09/2022	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.
515	Joint Decision Model (JDM) training in EOC IF the JDM training is not provided to Dispatch Leaders and Duty Managers within the EOC in a practical timeframe THEN frontline staff are going to feel pressurised to attend locations/ situations that they have dynamically risk assessed as being too much of a safety risk RESULTING IN poor communication between both parties, decrease in morale on both sides and potential for staff to be placed at significant risk of harm.	Quality	QGPA	Performance Assurance and Risk	Kate Lawrance	30/09/2022	12	12	4	Mitigating actions to be determined.
187	Cumulative effect of repeated moving and handling IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury	Quality	QGPA	Health and Safety	Shelley Jackson	30/09/2022	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	30/09/2022	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.

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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	03/10/2022	20	20	8	Actions to be determined, IP&C to lead on the risk however key service lines with patient facing roles are to support and implement the actions.
389	Lack of appropriately trained investigation colleagues during escalation of the covid pandemic to Trust REAP level 4	IF the Trust 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	01/12/2022	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/families under Duty of Candour.
432	4C and PALS demand	IF the Trust do not manage existing backlog of 4C and PALS enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally not dealing with cases delays the identification of issues and learning further impacting patient safety.	Both	QGPA	Patient Relations	Dave Green/Jacqueline Taylor	30/09/2022	20	16	8	Actions implemented within the PR team that reduces the likelihood of risk occurrence, to remain open as backlog and case load still significant.
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	30/12/2022	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	30/09/2022	12	12	4	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	28/10/2022	12	12	3	Actions to be confirmed.
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	30/09/2022	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.

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					
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	25/07/2022	12	15	3	Mitigating actions to 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	30/09/2022	12	12	2	Risk currently under review to determine actions. Testing is now allowed and emergency responders are been prioritised.
36	Impact of calculation of holiday pay to include regular overtime in remuneration	IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation	Finance and Investment	Workforce and OD	Human Resources	Suzanne Hartshorne	31/11/2022	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	31/12/2022	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	31/10/2022	12	12	4	New Risk, mitigating actions to be confirmed
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	31/03/2023	12	12	4	Send out clinical alert regarding measles outbreak and importance of MMR vaccine. Fleet staff require health surveillance renewed annually. 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.