



Board of Directors (held in Public) 27 April 2023 Risk Report

Presented for:	Assurance
Accountable Director:	Clare Ashby Executive Director, Quality Governance and Performance Assurance (interim)
Presented by:	Clare Ashby Executive Director, Quality Governance and Performance Assurance (interim)
Author:	David O'Brien, Associate Director, Performance Assurance and Risk Levi McInnes, Risk and Assurance Manager
Previous Committees:	Trust Management Group, Quality Committee, Finance and Investment Committee, Audit Committee.
Legal / Regulatory:	No

Key Priorities/Goals	Create a safe and high performing organisation based on openness, ownership and accountability
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Strategic Ambition	(✓)	BAF Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs		
2. Our people feel empowered, valued and engaged to perform at their best		
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services		

Key points	
This paper: <ul style="list-style-type: none"> • Summarises the key risk exposures faced by the Trust. • Reports recent material changes to the Corporate Risk Register. • Provides an update regarding the Board Assurance Framework. • Confirms the Trust Board's Statement of Risk Appetite 	For assurance

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Risk Report
Report of Executive Director of Quality, Governance and Performance Assurance

1. Summary

1.1 This paper:

- Summarises the key risk exposures faced by the Trust.
- Reports recent material changes to the Corporate Risk Register.
- Provides an update regarding the Board Assurance Framework.
- Confirms the Trust Board's Statement of Risk Appetite.

2. Background

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:

Corporate Risks

- Section 3.3: New corporate risks.
- Section 3.4: Existing corporate risks that have increased.
- Section 3.5: Risks reduced but remaining on the Corporate Risk Register.
- Section 3.6: Risks de-escalated from the Corporate Risk Register.
- Section 3.7: Corporate risks to be closed.
- Section 3.8: Emerging risks.

Related Risk and Assurance Matters

- Section 3.9: Board Assurance Framework.
- Section 3.10: Statement of Risk Appetite

3. Proposal

3.1 RISK ENVIRONMENT: OVERVIEW OF KEY RISK FACING THE TRUST

- 3.1.1 The Trust continues to experience significant risk exposures across many aspects of its activity. Challenging demand patterns have been experienced during winter months, although demand has eased at times recently and some aspects of performance have improved as a result. The Trust's Winter Plan has been a key mechanism for managing pressures and the associated risks during this period. The plan has worked well as an effective mitigation arrangement.
- 3.1.2 Patient safety risk has been a critical concern across multiple areas of Trust activity for many months. In particular, the risk of patient harm resulting from hospital handover delays remains the greatest individual corporate risk being managed by the Trust (scored as '25'). Reducing handover delays is a key BAF mitigation action for the Trust, but the Trust cannot resolve this unilaterally: it requires concerted system-wide prioritisation. It is important to note that persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust footprint. The most serious delays are generally confined to a small number of specific sites. Nonetheless, the severity of the risk remains high as the impact of significant handover delay on patient safety is potentially catastrophic.
- 3.1.3 Industrial action in the ambulance service has represented an area of significant risk to service operations and patient safety. The Trust's response to industrial action has been managed as an issue, with appropriate incident management and escalation arrangements in place. Formal risk assessments have been carried out across all areas of Trust operations, including EOC call handling and dispatch, ambulance response, NHS111, and the patient transport service. Despite extensive mitigations, multiple residual risk exposures relating to industrial action remained high on and around strike days. The threat of industrial action has eased following the pay offer negotiated by the government and trade unions. However, throughout 2022/23 quarter four the combined impact of operational winter pressures and industrial action resulted in an escalation of multiple areas of strategic risk captured by the BAF.
- 3.1.4 Financial risks for 2022/23 eased significantly as the year progressed, from an initial position of potential deficit. The Trust is forecasting to operate within its financial plan for 2022/23. The year-end forecast at Month 11 reported a break-even position. Financial pressures have been a key risk during planning for 2023/24, in respect of both revenue and capital, and in relation to the delivery of efficiencies. However, the Trust is now better placed to agree a balanced financial plan for 2023/34.

3.2 CORPORATE RISK REGISTER

- 3.2.1 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).
- 3.2.2 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).
- 3.2.3 The following new corporate risks have been opened and confirmed by TMG since the previous meeting of the Trust Board:
- Risk 534 – Ceasing of KCOM ISDN Lines (25, High Risk)
 - Risk 538 - Clinical record data loss - 'process flows' system issue (12, Moderate Risk)

- Risk 532 – Clinical Supervisor Job Evaluation (12, Moderate Risk)
- Risk 326 - ACCS Pre-Identified Sites (12, Moderate Risk)
- Risk 329 - Testing On-Call Arrangements (12, Moderate Risk)
- Risk 330 - Resilience Support Team Quantity and Capability (20, High Risk)
- Risk 332 - Inability to Collect Medical Emergency Response Incident Team (MERIT) Promptly (20, High Risk)
- Risk 338 - Initial Operational Response (IOR) Training (12, Moderate Risk)
- Risk 340 - CBRN Clinical Decontamination Exercising (16, High Risk)
- Risk 286 - Child Protection Information System (CPIS) (16, High Risk)
- Risk 541 - ESR Average Pay module (Payment to substantive staff with bank assignments) (12, Moderate Risk)

3.2.4 The greatest individual corporate risks to the Trust are as follows:

- Risk 534 – Ceasing of KCOM ISDN Lines (25, High Risk)
- Risk 35: Hospital Handover (25, high risk)

It is important to note that persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust footprint. The most serious delays are generally confined to a small number of specific sites. Nonetheless, the severity of the risk remains high as the impact of significant handover delay on patient safety is potentially catastrophic.

3.2.5 The following sections of the report (3.3 - 3.7) present the most recent material changes to the Corporate Risk Register.

3.3 RISKS ADDED TO THE CORPORATE RISK REGISTER

3.3.1 The Trust has identified a new corporate risk regarding the ceasing of KCOM ISDN lines and the potential impact of this to both 999 and NHS111 calls.

Risk 534 - Ceasing of KCOM ISDN lines (25, High Risk)

IF KCOM process with the date of 6th March to cease all ISDN lines, THEN YAS may not have transferred fully from the KCOM ISDN lines to SIP lines RESULTING IN a loss of service to both primary 999 and 111 and all outbound calls.

3.3.2 The Trust has identified a new corporate risk regarding ongoing issues with the accuracy of data management in the 'process flows' system and the risk to clinical records and data loss.

Risk 538 - Clinical record data loss - 'process flows' system issue (12, Moderate Risk)

IF 'process flows' system used to verify patient paper records is not accurately recording/storing data THEN there is a risk of clinical data loss and the recording of incorrect information RESULTING IN significant impact to clinical audit and information governance requirements with the potential of financial and Trust implications.

3.3.3 The Trust has identified a new corporate risk regarding the Clinical Supervisor job evaluation and the financial implications should the role be awarded a Band 7.

Risk 532 – Clinical Supervisor Job Evaluation (12, Moderate Risk)

IF the external job evaluation panel determine the Clinical Supervisor role is to be banded as a Band 7 THEN there is a financial implication to the Trust RESULTING in a significant initial and ongoing cost.

3.3.4 The following six related risks have been escalated to the Corporate Risk Register as gaps for the Trust from the National Security Risk Assessment.

Risk 326 - ACCS Pre-Identified Sites (12, Moderate Risk)

IF advanced casualty clearing station (ACCS) sites, capable of holding up to 100 casualties, are not pre-identified across Yorkshire and the Humber THEN there may be a delay in identifying a suitable site or a reliance on ACCS tents (which take six people one hour to deploy) RESULTING IN a delay to the care given to casualties involved in a mass casualty incident.

Risk 329 - Testing On-Call Arrangements (12, Moderate Risk)

IF YAS do not routinely test on-call staff (including on-duty SORT operatives), including the deployment of the member of staff to an agreed location THEN YAS will be unaware of any barriers in the deployment of on-call staff RESULTING IN a potential delay in responding to incidents.

Risk 330 - Resilience Support Team Quantity and Capability (20, High Risk)

IF YAS do not increase the size of their Resilience Support Team THEN there may not be enough trained members of staff available to move specialist capability vehicles and MERIT vehicles RESULTING IN a delay in the arrival of specialist capability vehicles and/or MERIT teams causing a delay in patient care.

Risk 332 - Inability to Collect Medical Emergency Response Incident Team (MERIT) Promptly (20, High Risk)

IF MERIT vehicles are not placed in strategic locations across the Trust footprint and be easily accessible for both the Resilience Support Team and operational ambulance staff to access if required THEN there could be a delay in the mobilisation of MERIT (currently 60 minutes post-call) RESULTING IN a delay in the delivery of advanced care to patients at a mass casualty incident.

Risk 338 - Initial Operational Response (IOR) Training (12, Moderate Risk)

IF IOR training is not undertaken by >=95% of operational and call-handling staff THEN YAS will be non-compliant with Standard B:13 RESULTING IN a lack of awareness of the appropriate initial action to be taken in the event of a chemical incident.

Risk 340 – Chemical, Biological, Radiological or Nuclear (CBRN) Clinical Decontamination Exercising (16, High Risk)

IF clinical decontamination capability is not exercised THEN there may be unknown gaps in the Trust's response to a CBRN incident RESULTING IN delays in providing clinical decontamination capability at a CBRN incident. This could lead to delays in patient care.

- 3.3.5 The Trust has identified a new corporate risk regarding ongoing issues with the Child Protection Information System (CPIS) and the impact of this on safeguarding requirements.

Risk 286 - Child Protection Information System (CPIS) (16, High Risk)

IF CP-IS system checking is not triggered at the point at which a child or pregnant woman accesses YAS via 999 THEN a timely alert will not be sent to the local authority who are managing the care plan, nor will YAS be able to use this information to enhance their safeguarding assessment RESULTING IN increased risk for vulnerable unborn babies, children and young people.

- 3.3.6 The Trust has identified a new corporate risk regarding the ESR Average Pay Module and the potential financial and reputational impact.

Risk 541 - ESR Average Pay module (Payment to substantive staff with bank assignments) (12, Moderate Risk)

IF a manual solution cannot be found to pay the 250 substantive staff who undertake overtime as a bank assignment, THEN there is a risk of claims against the Trust for unlawful deduction of wages RESULTING in legal costs and reputational damage.

3.4 EXISTING CORPORATE RISKS THAT HAVE INCREASED

- 3.4.1 The Trust has upgraded risk 472 regarding the Mobile Date and Vehicle Solution (MDVS) roll out delay from 12 to 16. The rollout is expected to start in March and to be completed in August, this timeframe however increases the likelihood of existing aging equipment failing.

Risk 472 – MDVS: Rollout Delay (16, High Risk)

IF the incident message details/updates are 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.

3.5 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

- 3.5.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 432 regarding 4Cs (Comments, Compliments, Complaints and Concerns) and PALS (Patient Advice and Liaison service) enquires has reduced from 16 to 12. Actions to reduce the likelihood of risk occurrence includes the training of operational team leaders to support investigations, and recruitment within the patient relations team.

Risk 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.

3.6 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

- 3.6.1 The following risks have reduced to a level below the threshold of a corporate risk. As a result, the risks have been de-escalated from the Corporate Risk Register. The risks remain open and will be managed via the appropriate local risk register.
- 3.6.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 368 regarding IUC Clinical Team Leader has reduced from 20 to 9 as a result of ongoing recruitment. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 368 – Clinical Team Leader Recruitment

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

- 3.6.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 399 regarding referrals to Hyper Acute Stroke Units (HASU) has reduced from 12 to 8. The pathway and disposition have now changed reducing the likelihood of risk occurrence. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 399 – Referral to HASU - (Stroke Unit)

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

- 3.6.4 Following review by the service area and moderation by the Risk and Assurance Group, Risk 392 regarding IUC excessive demand has reduced from 15 to 9 as a result of ongoing recruitment and reduced demand. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 392 - IUC/NHS111 Excessive Demand

IF demand into IUC continues to exceed assumptions THEN this excess demand will put significant pressure on the service RESULTING IN patient calls being unanswered and patients making alternative arrangements such as phoning 999 or presenting at Emergency Departments.

- 3.6.5 Following review by the service area and moderation by the Risk and Assurance Group, Risk 36 regarding holiday pay calculations has reduced from 12 to 9. A small number of claims remain open but sufficient provisions for future claims or corrective payments are in place, reducing both the likelihood and impact of risk occurrence.

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

IF holiday pay calculations require inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation

3.7 RISKS THAT HAVE BEEN CLOSED

- 3.7.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 426 regarding IUC Governance resource been closed. The number of outstanding cases for management by the Governance team has reduced significantly and to normal operating levels for a reasonable period of time. The risk is therefore no longer present.

Risk 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.

- 3.7.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 481 regarding information sharing for safeguarding purposes has now been closed. The database issue is now resolved, the relevant data is now able to be extracted and reports available.

Risk 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.

- 3.7.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 477 has been closed. All profiles have been reviewed and no conflicting profiles remain, therefore the risk has been mitigated.

Risk 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.

3.8 EMERGING RISK

3.8.1 No new areas of emerging risk identified.

3.9 BOARD ASSURANCE FRAMEWORK

3.9.1 The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions as set out in its *One Team Best Care* strategy. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these.

3.9.2 At its meeting on 01 November the Trust Board adopted the updated Board Assurance Framework. Note, however, that the Trust operates in a dynamic environment in which risk exposures and delivery priorities evolve and change. As a result, the BAF is best regarded as a live document that can flex in response to the Trust's circumstances. With this in mind, and in the context of operational pressures and industrial action, some implementation timescales for mitigation actions now extend into 2023/24. Many of these mitigations will be implemented via 2023/24 business plan deliverables rather than as separate actions.

3.9.3 Despite extensive controls and mitigations in place, the combined impact of operational winter pressures and industrial action resulted in an escalation during 2022/23 Q4 of strategic risk exposures captured by the BAF. These were as follows:

- Risk 1a: Ability to deliver high quality care in 999/A&E operations – an increase from '20' to '25'.
- Risk 1b: Ability to deliver high quality care in Integrated and Urgent Care / NHS111 services – an increase from 16 to 20.
- Risk 1c: Ability to deliver high quality care in the Patient Transport Services – an increase from '16' to '20'.
- Risk 2a: Ability to ensure provision of sufficient clinical workforce capacity and capability – an increase from '16' to '20'.

3.9.4 Some areas of strategic risk captured by the BAF remained stable during 2022/23 Q4 but were nonetheless at a higher level than anticipated at the start of the year. These are as follows:

- Risk 2b: Ability to support the physical and mental health and well-being of staff.
- Risk 2c: Ability to promote and embed positive organisational culture.
- Risk 3c: Ability to respond well to climate change and other business continuity threats.
- Risk 4c: Ability to deliver key enabling infrastructure effectively: estates and fleet.

3.9.5 At the Board Development session held on 28 February the Trust Board carried out a sense-check of the existing BAF risks, controls and mitigations, confirmed the expected risk exposures to be managed during 2023/24 Q1. In addition to some revisions to risk exposures, the main changes proposed at that session were as follows:

- Remove references to the Regional Virtual Contact Centre.
- Add in risk relating to implementation of the organisational development work being supported by Moorhouse.
- Add in stronger references to the requirements of system working, in particular the ongoing development of ICBs.

These will be built into the next iteration of the BAF.

3.9.6 Appendix 2 presents a year-end version of the 2022/23 BAF, with updates on the implementation status of the key mitigation actions.

3.10 STATEMENT OF RISK APPETITE

3.10.1 On an annual basis the Trust Board agrees a statement of risk appetite which guides decision-making around risk management, mitigations and controls. At the Board Development session on 28 February the Trust Board reviewed its statement of risk appetite, using a risk appetite tool developed by the Good Governance Institute and tailored for use in NHS settings.

3.10.2 The full version of the proposed Statement of Risk Appetite for 2023/24 is enclosed as Appendix 3 for approval.

3.10.3 The summary version of the Statement of Risk Appetite is as follows:

Aspect of Trust Activity	Risk Level (0-5)	Risk Appetite
Safety of patient care	Minimal (1)	Low
Quality of patient care	Minimal (1)	Low
Safety of staff (and volunteers and others)	Minimal (1)	Low
Regulatory compliance, standards, targets	Cautious (2)	Moderate
Financial compliance and controls	Minimal (1)	Low
Security: technology, infrastructure, data etc	Minimal (1)	Low
Innovation and service improvement	Open (3)	High
Business development opportunities	Cautious (2)	Moderate

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications.

5. RISK

5.1 Failure to identify and manage strategic risks in a timely and appropriate manner could prevent the Trust from achieving its strategic objectives.

5.2 Failure to identify and manage operational risks in a timely and appropriate manner could prevent service lines and support functions from achieving their objectives.

5.3 Failure to demonstrate suitably robust and effective risk management arrangements could have an adverse impact on the Trust's reputation and could attract regulatory attention.

6. COMMUNICATION AND INVOLVEMENT

6.1 Corporate risks are moderated via the Risk and Assurance Group, which is a formally constituted sub-group of the Trust Management Group.

- 6.2 Each service area or functional unit of the Trust has a designated risk lead who is responsible for supporting and co-ordinating risk management in their area. Each risk lead is a member of the Risk and Assurance Group.
- 6.3 The latest position regarding corporate risk is reported to the Trust Management Group on a monthly basis, to Board Committees on a quarterly basis, and to each ordinary public meeting of the Trust Board.

7. EQUALITY ANALYSIS

Not applicable

8. PUBLICATION UNDER FREEDOM OF INFORMATION ACT

This paper is made available to the public on 24 April 2023.

9. NEXT STEPS

- 9.1 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.
- 9.2 During 2023/24 Q2 the Board will undertake a review of the format and content of the BAF, with view to adopting a shorter and more strategic version.

10. RECOMMENDATION

- 10.1 The Trust Board is asked to:
- a) Note the current position regarding corporate risks.
 - b) Note the position regarding the Board Assurance Framework
 - c) Approve the Statement of Risk Appetite for 2023/24

11. SUPPORTING INFORMATION

Appendix 1: Corporate Risk Register

Appendix 2: Board Assurance Framework 2022-23 Year End

Appendix 3: Statement of Risk Appetite 2023/24

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