



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

Item 3.1

Presented for:	Assurance
Accountable Director:	Clare Ashby Executive Director, Quality Governance and Performance Assurance (interim)
Presented by:	David O'Brien Associate Director, Performance Assurance and Risk
Author:	David O'Brien Associate Director, Performance Assurance and Risk Levi MacInnes, Risk and Assurance Manager
Previous Committees:	Quality Committee (06/07/23) Finance and Performance Committee (06/07/23) People Committee (25/07/23) Audit and Risk Committee (25/07/23)
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. 	For assurance

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Risk Report
Report of the Executive Director of Quality, Governance & 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.

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.

3. PROPOSAL

3.1 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.

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 542 - High Risk Vulnerabilities (12, Moderate Risk)
- Risk 545 - Out of Area Calls: Isle of Wight (12, Moderate Risk)
- Risk 546 – Radio Recordings (12, Moderate Risk)
- Risk 548 – Resilience of Tactical Command Rota (12, Moderate Risk)
- Risk 549 - C1 Driver training for recruits (16, High Risk)
- Risk 560 - Capital Departmental Expenditure Limit (16, High Risk)
- Risk 561 - CDEL Lease Notification (16, High Risk)
- Risk 559 – PTS Contracts (12, Moderate Risk)
- Risk 555 - Major Incident Capability (15, High Risk)
- Risk 556 - Major Incident Exercising (12, Moderate Risk)
- Risk 557 - Continuous Improvement (Incidents and Exercises) (12, Moderate Risk)
- Risk 195 - Senior Management H&S Training (12, Moderate Risk)
- Risk 564 – Right Care Right Person, demand (12, Moderate Risk)
- Risk 360 – HART Facilities at Manor Mill (12, Moderate Risk)

3.2.4 The greatest individual corporate risk is as follows:

- 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 have been confined to a small number of specific sites, primarily in the North and East operational areas. Nonetheless, the severity of the risk remains high as the impact of significant handover delay on patient safety is potentially catastrophic. This risk is under review with a view to adopting a more granular risk model that reflects differing levels of risk present in different operational areas.

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 vulnerabilities within ICT and accessibility to systems and information within the Trust.

Risk 542 - High Risk Vulnerabilities (12, Moderate Risk)

IF a threat actor can successfully exploit a vulnerability THEN they could gain unauthorised access to a system or information RESULTING IN a potential to further damage the Trust ICT environment, reputational damage and operational consequences.

- 3.3.2 The Trust has identified a new corporate risk regarding the impact on ambulance operations of out of area calls received by the Emergency Operations Centre (EOC). A national solution is being developed however the timescale is unknown.

Risk 545 - Out of area calls - Isle of Wight (12, Moderate Risk)

IF out of area calls come in for the Isle of Wight THEN the system may not prompt to pass to that ambulance service RESULTING IN delay in response and potential patient harm.

- 3.3.3 The Trust has identified a new corporate risk regarding the safe and consistent recording of radio communications. ICT are supporting with mitigations.

Risk 546 – Radio Recordings (12, Moderate Risk)

IF radio communications are not recorded or are intermittent THEN we are unable to evidence what has or has not happened through audit RESULTING IN non-compliance with audits and damage to Trust reputation.

- 3.3.4 The Trust has identified a new corporate risk regarding the resilience of the Tactical Command Rota following learning from the Manchester Arena inquiry and resultant recommendations and national guidance for ambulance services.

Risk 548 – Resilience of Tactical Command Rota (12, Moderate Risk)

IF tactical commanders cannot arrive at a major incident in reasonable time, THEN there will not be an adequate command structure in place RESULTING in reputational damage, patient harm and risk to staff safety.

- 3.3.5 The Trust has identified a new corporate risk regarding the impact of delays to new candidates receiving their C1 driver licence. DVLA is aware of the delays and the impact of these and is engaging with the Trust to resolve the position.

Risk 549 - C1 Driver training for recruits (16, High Risk)

IF there is a delay to candidates getting their C1 provisional license THEN they cannot be booked onto a clinical training course and start employment with YAS RESULTING in not delivering the required staffing levels for A&E Operations this year (2023/24) which in turn will contribute to delayed response times for patients.

- 3.3.6 The Trust has identified a new corporate risk regarding the implications of the Capital Departmental Expenditure Limits mechanism, and in particular the application of this to lease arrangements.

Risk 560 - Capital Departmental Expenditure Limit (16, High Risk)

IF the CDEL (Capital Departmental Expenditure Limit) is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) THEN the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, RESULTING in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.

- 3.3.7 The Trust has identified a new corporate risk regarding the timeliness of CDEL lease notifications and the potential impact of late or short-notice notifications.

Risk 561 - CDEL Lease Notification (16, High Risk)

IF the CDEL (Capital Departmental Expenditure Limit) is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk breaching the CDEL, RESULTING in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding in future years, and reputational damage.

- 3.3.8 The Trust has identified a new corporate risk regarding the potential loss of multiple Patient Transport Service contracts should these be subject to open procurement and tender processes (in an increasingly competitive market).

Risk 559 – PTS Contracts (12, Moderate Risk)

IF multiple PTS contracts are required to go through a procurement process and subsequently to tender THEN the contracts may be lost and awarded to outside competitors within the next 12-24 months RESULTING IN significant financial impact by loss of income and associated costs, loss of staff and reputational risk.

- 3.3.9 The Trust has identified three new interrelated corporate risks regarding the management of major incidents and the application of recommendations arising from the Manchester Arena Inquiry recommendations.

Risk 555 - Major Incident Capability (15, High Risk)

IF YAS do not ensure a sufficient capability to a major incident across the region, THEN there is potential for an inadequate response to a Major incident, RESULTING IN potential for the risk of further harm/death of the patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders and significant damage to the reputation of the Trust.

Risk 556 - Major Incident Exercising (12, Moderate Risk)

IF YAS do not exercise specialist and non-specialist staff on the response to a major incident, THEN there is potential for an inadequate response, RESULTING IN potential for the risk of further harm/death of the patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders and significant damage to the reputation of the Trust.

Risk 557 - Continuous Improvement (Incidents and Exercises) (12, Moderate Risk)

IF YAS do not ensure that lessons identified from live incidents and exercises are not captured and embedded, THEN there is potential for failure to make service improvements, RESULTING IN potential for the risk of avoidable harm/death of patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders, recommendations from within the MAI report, increased financial costs and significant damage to the reputation of the Trust.

- 3.3.10 The Trust has identified a new corporate risk regarding health and safety training for senior management. The risk was first identified in 2020 and managed as a local risk. However, the most recent health and safety training for senior managers was delivered in 2017. Such training should ideally be undertaken as a refresh every three years. Given the length of time since any formal health and safety training for senior managers there is an increased risk of the Trust having inadequate competencies and breaches to of the Health and Safety at Work Act. Note that the Trust also has an open corporate risk (moderate) relating to health and safety training for middle managers.

Risk 195 - Senior Management Health and Safety Training (12, Moderate Risk)

IF the Trust's senior management do not receive up to date health and safety training, THEN the Trust will be non-compliant with the requirements contained in the Management of Health and Safety at Work Regulations 1999, Regulation 13 which states that "...health and safety training... shall be repeated periodically where appropriate" RESULTING IN senior managers not having up to date health and safety knowledge at their disposal when making senior level decisions.

- 3.3.11 The Trust has identified a new corporate risk regarding the impact to the Trust of implementation of the Right Care, Right Person operational policing models by police forces in the Trust's footprint. A working group is being established to identify actions and oversee their delivery.

Risk 564 - Right Care, Right Person: Demand (12, Moderate Risk)

IF police forces do not implement Right Care Right Person operational models in an appropriate and proportionate manner THEN significant volumes of inappropriate calls could be directed by the police to the Trust RESULTING IN additional and often inappropriate demand on the Emergency Operations Centre and on ambulance crews.

- 3.3.12 The Trust has identified a new corporate risk regarding facilities at Manor Mill. This risk was first identified as a local level risk during COVID-19 response as a result of the storage required for increased quantities of PPE and the use of the premises as a vaccination site. Temporary measures were implemented, however, due to subsequent increases in the HART size and equipment footprint the risk likelihood has been escalated. Work is underway with the estates team to determine a long-term solution following a full risk-assessment of the premises.

Risk 360 - Facilities at Manor Mill for the Hazardous Area Response Team (12, Moderate Risk)

IF there continues to be a lack of storage facility and room availability at Manor Mill for the Hazardous Area Response Team, THEN personal protective equipment will be stored in the garage area and some capabilities will be unable to be delivered RESULTING IN a lack of national compliance against the NARU standards.

3.4 EXISTING CORPORATE RISKS THAT HAVE INCREASED

- 3.4.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 180 regarding A&E Operations staffing resource has been upgraded from 12 to 16. This is now an area of high risk. The new risk highlighted above (in section 3.3.4) regarding C1 license delays directly contributes to resourcing within A&E Ops. Risk 180 has therefore been upgraded to reflect this.

Risk 180 - A&E Operations Staffing Resource (16, High Risk)

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

- 3.4.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 538 regarding the Process Flows system has been increased from 12 to 16. Initial mitigations included an expectation that the system supplier would provide a solution. However, the system supplier has since confirmed that no such solution will be provided. The supplier also confirmed that there will be no future system updates, including cyber security and anti-virus upgrades. The risk has therefore increased in magnitude as a result of the potential detrimental impact on data security. A procurement process is underway to secure an alternative system.

Risk 538 - Clinical record data loss - 'process flows' system (16, High Risk)

IF 'process flows' system used to scan and verify patient paper records is not accurately recording/storing data and does not have continued development by the software provider, THEN there is a risk of clinical data loss and the recording of incorrect information, and a risk to the security of the data as the software becomes vulnerable to hacking etc RESULTING IN significant impact to clinical audit and information governance requirements with potential financial and Trust implications.

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 367 regarding recruitment of IUC Health Advisors has been downgraded from 20 to 12. This is now a moderate risk. A consistent number of new recruits are scheduled monthly to meet business plan requirements. Agency staff are also being utilised with a view to retaining suitable candidates identified via this route. This risk will remain under review with a view to reduce it further as appropriate.

Risk 367 - Unable to Recruit IUC Health Advisors (12, Moderate 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.

- 3.5.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 105 regarding A&E operational performance has been downgraded from 20 to 12. The 23/24 business plan identified actions to support reducing the risk including Hear and Treat, additional staffing and increasing clinicians in EOC. The risk will be continuously reviewed to ensure the risk grading remains appropriately escalated.

Risk 105 - Operational performance (12, Moderate Risk)

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

- 3.5.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 362 regarding non-covid absence has been downgraded from 16 to 12. Levels of absence have decreased significantly, operational efficiency sub-group to monitor project and absence.

Risk 362 – Non-Covid YAS Sickness Absence (12, Moderate Risk)

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.

- 3.5.4 Following review by the service area and moderation by the Risk and Assurance Group, Risk 421 regarding the Computer Aided Dispatch system and resilience team information has been downgraded from 16 to 12. ICT have applied a solution and a subsequent audit has highlighted significant improvement to support the dispatching of AIT staff (although the issue is not fully rectified for SORT staff). This risk has been amended to reflect the reduced exposures and will be continuously reviewed to ensure the risk grading remains appropriate.

Risk 421 - Computer Aided Dispatch Issue (12, Moderate Risk)

IF the CAD does not contain up to date information regarding SORT trained staff THEN EOC may dispatch staff who are not adequately trained or available to respond to an incident in a SORT capacity RESULTING IN a direct impact on the organisations ability to release and make available 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.

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 15 regarding EOC loss of premises has reduced in score from 12 to 9. York EOC extension is now fully operational and Business Continuity plans updated to reflect this therefore reducing the immediate impact. Further plans for dispatching capacity at both locations will mitigate the risk.

Risk 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.

- 3.6.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 472 regarding the Mobile Data and Vehicle Solution (MDVS) rollout has reduced in score from 12 to 8. Stock levels are at a satisfactory level with the rollout commencing 17th April and therefore will provide spares of legacy equipment. The risk is to remain open pending completion of the rollout.

Risk 472 - MDVS: Rollout Delay

IF the incident message details/updates are not resolved or a suitable workaround provided 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.

- 3.6.4 Following review by the service area and moderation by the Risk and Assurance Group, Risk 432 regarding the backlog of 4C and PALS enquiries has reduced in score from 12 to 8. Actions to reduce this risk include the training of operational Team Leaders to support investigations in addition to recruitment with the Patient Relations Team. The risk will remain open on the local register with a view to closure as and when the backlog of enquiries reduces further.

Risk 432 – 4C and PALS demand

IF the Trust does not manage the existing backlog of 4Cs 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, MPs, HCPC and PHSO) with risk to reputational damage, financial risk and increased workloads Trust wide. Additionally, not dealing with cases delays the identification of issues and learning which could further impact patient safety.

- 3.6.5 Following review by the service area and moderation by the Risk and Assurance Group, Risk 478 regarding Safeguarding Level 1 and 2 training has reduced in score from 12 to 9. Compliance has increased to high levels for Level 1 and 2 for Adults Safeguarding and Prevent, therefore reducing the likelihood of risk occurrence. The risk will remain on the local register with a view to closure as and when compliance increases further.

Risk 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.

- 3.6.6 Following review by the service area and moderation by the Risk and Assurance Group, Risk 532 regarding the Clinical Supervisor job evaluation has reduced in score from 12 to 9. Funding secured for re-banding and back pay should the evaluation determine a higher banding. The risk is to remain open pending job evaluation outcome.

Risk 532 - Clinical Supervisor Job Evaluation

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.

- 3.6.7 Following review by the service area and moderation by the Risk and Assurance Group, Risk 523 regarding industrial action (IA) has reduced in score from 16 to 12 initially, with a subsequent reduction from 12 to 6. The pay award proposed was agreed by leading Unions and therefore no longer taking IA. Whilst some industrial action continues via smaller trade unions, this is deemed to present lower risk exposures to the Trust. The risk will remain open on the local register to monitor any further potential industrial action.

Risk 523 – Industrial Action

IF the trade unions take industrial action and the Trust does not adequately plan for this THEN the Trust may not be able to meet patient demand RESULTING in potential patient harm and/or reputational damage.

- 3.6.8 Following review by the service area and moderation by the Risk and Assurance Group, Risk 182 regarding the IUC 111 average call handling times has reduced in score from 16 to 9. Funding has been secured for ongoing recruitment, which alongside a new corporate contract and KPIs reduces the likelihood and impact of this risk materialising.

Risk 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

- 3.6.9 Following review by the service area and moderation by the Risk and Assurance Group, Risk 398 regarding prescribing governance has reduced in score from 12 to 4. The Trust is currently not prescribing and so this risk is effectively terminated. However, it is recognised that prescribing will re-commence in due course, and plans are underway to ensure appropriate audit and assurance processes are in place at that time. The risk will remain open on the local register to ensure the risk to the Trust is regularly reviewed in preparation for future prescribing.

Risk 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.

- 3.6.10 Following review by the service area and moderation by the Risk and Assurance Group, Risk 330 regarding the Resilience Support Team has reduced in score from 20 to 8. A staffing review has reduced the impact of this risk. The risk will remain on the local register pending review completion and further actions determined.

Risk 330 - Resilience Support Team Quantity and Capability

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.

- 3.6.11 Following review by the service area and moderation by the Risk and Assurance Group, Risk 30 regarding annual data security training has reduced in score from 16 to 8. 95% compliance rates have been achieved and exceeded for the Data Security and Protection Toolkit submission, and so the risk has been reduced to reflect this. The risk remains open and under review on the local register as further actions are underway to maintain compliance levels throughout the year.

Risk 30 - Annual data security (IG) training of all staff

IF YAS staff do not complete annual Data Security Awareness (IG) training THEN this is a breach of statutory duties RESULTING IN potential for increased data breaches and non-compliance with the DSP Toolkit mandatory assertion

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 288 regarding the National Security Risk Assessment (NSRA) has been closed. This risk was highlighted upon release of the NSRA and the unknown gaps within the Trust. Work undertaken highlighted multiple individual risks that are now recorded separately or have been mitigated.

Risk 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.

- 3.7.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 480 regarding Marauding Terrorist Attack (MTA) capability has been closed. Multiple actions have been taken as part of an MTA workplan and is now implemented as part of business as usual. Residual risk remains with regards to Special Operations Response Team (SORT) capability and a new risk will be reported regarding this.

Risk 480 - Marauding Terrorist Attack (MTA) Capability

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

- 3.7.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 528 regarding HART Chemical, Biological, Radiological and Nuclear (CBRN) capability has been closed. All operatives are now fully compliant following support from West Yorkshire Police and the National CBRN centre, the risk is therefore mitigated.

Risk 528 - HART CBRN Capability

IF HART Staff do not complete a training session in a Confidence Testing Facility (CTF) with low concentrations of CS Pellets, in order to replicate a CBRN incident THEN we will be unable to confirm that portacounting on the respirator has been successful and that the emergency procedures are carried out to the required standard RESULTING IN potential for the risk of harm/death of the staff members and patients, and significant damage to the reputation of the Trust.

- 3.7.4 Following review by the service area and moderation by the Risk and Assurance Group, Risk 329 regarding on-call testing arrangements has been closed. A standard operating procedure is in place for all commanders and command support therefore mitigating the immediate risk. Residual risk remains with regards to Special Operations Response Team (SORT) capability and a new risk will be reported.

Risk 329 - Testing On-Call Arrangements

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.

- 3.7.5 Following review by the service area and moderation by the Risk and Assurance Group, Risk 332 regarding the Medical Emergency Response Incident Team (MERIT) has been closed. Upon review the risk outlined below is also captured as part of Risk 330 - Resilience Support Team Quantity and Capability. Risk 332 has therefore been closed.

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

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.

- 3.7.6 Following review by the service area and moderation by the Risk and Assurance Group, Risk 340 regarding the CBRN Clinical Decontamination Exercising has been closed. A CBRN exercise identified recommendations for the Trust to address, a new risk regarding Special Operations Response Team (SORT) capability will be reported and actions to support the recommendations will be determined.

Risk 340 - CBRN Clinical Decontamination Exercising

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.

- 3.7.7 Following review by the service area and moderation by the Risk and Assurance Group, Risk 41 regarding premises security has been closed. Significant work has been undertaken with regards to premises security as part of a wider workplan that are now incorporated as part of business as usual. Specific risks will likely be identified as part of individual workstreams moving forwards.

Risk 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.

- 3.7.8 Following review by the service area and moderation by the Risk and Assurance Group, Risk 431 regarding the computer chip shortages has been closed. Orders of advance stock for 2023/24 are now delivered with no delays experienced.

Risk 431 - Worldwide Shortage of Computer Chips

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

- 3.7.9 Following review by the service area and moderation by the Risk and Assurance Group, Risk 488 regarding the capacity of Tactical Command has been closed. Vacancies have now been filled and capacity is no longer a risk, with the ability to replace a commander if required. Note, however, that a new risk has been identified (outlined in section 3.3.3 above) relating to the Tactical Command Rota following the Manchester Area Enquiry. This risk will be managed separately.

Risk 488 - Capacity of Tactical Command

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

- 3.7.10 Following review by the service area and moderation by the Risk and Assurance Group, Risk 521 regarding ballistic vest supply has been closed. A new national supplier has been awarded the tender and outstanding orders from previous suppliers were delivered or cancelled as required. The risk is therefore mitigated.

Risk 521 - Ballistic Vest Supply

IF there continues to be a delay with the ordering of Ballistics vests which are already in excess of 12 months from the order request date THEN personal issue ballistic vests cannot be allocated to staff members who require this as part of their substantive posts in order to respond to an untoward incident RESULTING IN increased risk of injury to YAS staff due to poorly sized pooled vests being worn, inability to respond appropriately and a reduction in the Trust's specialist capability response.

- 3.7.11 Following review by the service area and moderation by the Risk and Assurance Group, Risk 419 regarding lateral flow testing has been closed. The Trust is operating in line with the national guidance and the COVID-19 SOP. Outbreaks and testing now form part of business as usual with support of Infection Prevention and Control team.

Risk 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.

- 3.7.12 Following review by the service area and moderation by the Risk and Assurance Group, Risk 43 regarding the falsified medicines directive legislation requirements has been closed. The scanning requirement was a European requirement which no longer applies to the Trust and therefore is no longer a risk.

Risk 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

- 3.7.13 Following review by the service area and moderation by the Risk and Assurance Group, Risk 106 regarding resuscitation training has been closed. During 2022/23 the Clinical Refresher training was re-started and sufficient places offered for all clinicians to be able to attend. A revised Clinical Refresher for 23/24 has been agreed and includes an assessment where support and re-assessment is provided for anyone who does not meet the standard on the refresher itself. Resuscitation has also been included as part of Investment Days with resuscitation kit purchased for each BCU.

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.

- 3.7.14 Following review by the service area and moderation by the Risk and Assurance Group, Risk 526 regarding CORPULS3 fault has been closed. A technical fix issued by the manufacturer and implemented. Likelihood of risk occurrence is low as a result of the fault identified, any issues to be reported and managed in line with process.

Risk 526 - Intermittent faults affecting usability of the CORPULS3 device during cardiac arrest scenarios.

IF defibrillators fail THEN there may be a delay in patient care specifically during cardiac arrests RESULTING in a reduced chance of survival and OR adverse patient outcome.

- 3.7.15 Following review by the service area and moderation by the Risk and Assurance Group, Risk 460 regarding the Call Flex lease has been closed. A lease for the remainder of the IUC contract has been signed.

Risk 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 nowhere to operate from as the current owner has expressed a wish to sell the property.

3.8 EMERGING RISK

- 3.8.1 Risk and Assurance Group recognised the potential for multiple risks throughout the Trust, and across the ambulance sector and wider NHS - as a result of the ongoing proceedings of the COVID-19 inquiry.
- 3.8.2 Trust Support Services specifically Fleet and Advanced Vehicle Preparation (AVP) require staff to have a C1 Drivers Licence. However, obtaining this licence is not offered as part of recruitment and the Trust is therefore dependent on applicants having already obtained the licence. Support services are experiencing difficulty recruiting as a result of this; a review of the potential impact and risks to the Trust is underway.

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 a development session in February and the subsequent public Board meeting in April the Trust confirmed its strategic risks ahead of the 2023/24 year. Since then, two notable developments have had an impact on the structure and content of the BAF. First, the Trust Board has approved a new set of priorities and business plan deliverables for 2023/24. These new priorities and deliverables have now been built into the BAF as mitigation actions associated with the Trust's twelve strategic risks (note that these business plan priorities may be subject to final tweaks, which will be reflected in future iterations of the BAF). Second, the Trust has implemented changes to the Board committee structure and some leadership roles, and ownership of strategic risks has been updated to reflect these changes.
- 3.9.3 Appendix 2 presents the new iteration of the BAF featuring the new business plan priorities. The document is effectively the baseline position from which the management and reporting of strategic risk will proceed through the remainder of 2023/24. The mitigation actions fall into the following broad categories:
- Recruitment and retention of key staff groups
 - Organisational developments and improvements
 - Patient-facing developments and improvements
 - Staff physical and mental health and well-being
 - Culture and staff engagement
 - Leadership development
 - Trust strategy, planning, and operating model
 - System working
 - Data and technology developments
 - Financial management and oversight
 - Estates strategy and projects

3.9.4 In terms of overall risk exposures, during 2023/24 the Trust's position has stabilised and many risk exposures are lower than experienced during the second half of 2022/23. Notable examples include:

- Risk 1a relating to 999/A&E Operations: although demand volatility remains, for example during periods of hot weather, the overall position has stabilised. The Trust has been operating at REAP Level 3 for several months after a protracted period at Level 4. Performance against the 30-minute response time target for Category 2 calls has been achieved during the year to date. Hospital handover delays have generally reduced and are a persistent and significant issue at only a small number of sites and primarily in the North and East areas.
- Risk 2c relating to staff empowerment and workplace culture: although some small pockets of industrial action persist within the Trust, and there are impacts relating to industrial action elsewhere in the health and care system (including the impact on PTS of changing patterns of admissions and discharge activity before and after periods of industrial activity in the acute sector), in general the Trust has come through the significant workplace disruption caused by industrial action during 2022/23 Q3 and Q4. The corporate risk relating to industrial action has reduced and the Trust has returned to more stable working patterns. The YAS Together workplace culture programme supported by Moorhouse is now delivering a programme of improvement pilots with a view to wider implementation in due course. The Manage2Lead management resource hub has been developed and launched.
- Risk 4b relating to technology and cyber security, including information governance: the Trust has strengthened its position relating to information governance compliance. The Trust has received substantial assurance (the highest available rating) from the audit of its Data Security and Protection Toolkit evidence. All elements of the standard reviewed by the audit were assessed as 'low risk'. Notably, the Trust has achieved the requirement to ensure that at least 95% of staff complete their data security awareness training. An internal audit review of system resilience and disaster recovery has commenced, this will provide further insight into the Trust's management of risk in this area.

3.9.5 Other notable matters relating to strategic risks in the BAF include:

- 1c - Patient Transport Service: Contracts are coming to an end during the next two years and the market for non-emergency patient transport is now highly competitive. The Trust has initiated work to evaluate its readiness to engage well in competitive procurement scenarios for non-emergency patient transport services. A corporate risk has been opened regarding the future of PTS contracts.
- 3c - Trust Strategy: the process to develop a new Trust strategy for the period 2024-28 has commenced. A partner agency has been engaged to support this, and a structured delivery programme under the leadership of a programme director is in place. Related to this area of risk, the Trust has carried out formal consultation on the Phase 3 proposals relating to the organisation's new operating model. This will see a new senior leadership structure in place, with several new roles created to provide greater strategic

leadership capacity. It is expected that appointments to the new structure will take place during 2023/24 Q3.

- 4a – Finance: at the beginning of the financial year the Trust had a breakeven plan and budgets have been set on this basis. To achieve the breakeven position the Trust has a £15.7m efficiency plan and applied a vacancy factor of 3.5%. Corporate risks have been opened relating to the capital limits framework ('CDEL'), including its application to leases and the potential impact of this on the Trust. More generally, across the Trust (and wider health and care system) there is significant risk relating to the availability of capital and the impact of this on the Trust's ambitions in respect of key enabling infrastructure such as estates, fleet, net-zero, and technology.
- 4c - Estates: the Trust is developing a draft estates strategy or masterplan. This will be completed during the remainder of 2023/24 and will be a key enabler of the new Trust strategy. The Trust has moved into the new logistics hub.

3.9.6 Looking further ahead, during 2023/24 the Trust will develop a new strategy with a new set of strategic objectives for the period 2024-28. These new strategic objectives will require a completely new BAF to be developed. The new BAF will be developed in parallel with the emerging Trust strategy, with a view to having the new BAF ready for the start of the 2024/25 year.

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.

7. EQUALITY ANALYSIS

Not applicable

8. PUBLICATION UNDER FREEDOM OF INFORMATION ACT

- This paper is currently exempt from publication under Section 22 of the Freedom of Information Act 2000 but will be made available to the public on (date to be confirmed)

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 Progress in delivering the 2023/24 BAF mitigation actions will be reported to the Trust Board and committees on a cyclical basis through the remainder of the year.
- 9.3 A new BAF for 2024/25 will be developed in parallel with the development of the new Trust Strategy for 2024-28.

10. RECOMMENDATION

- 10.1 It is recommended that the Board: -
- a) Note the current position regarding corporate risks.
 - b) Note the position regarding the Board Assurance Framework

11. SUPPORTING INFORMATION

Appendix 1: Corporate Risk Register

Appendix 2: Board Assurance Framework

David O'Brien
Associate Director, Performance Assurance and Risk

Levi MacInnes
Risk and Assurance Manager

July 2023