



## Board of Directors (held in Public) Risk and BAF Report 26 October 2023

### Item 4.1

|                              |   |
|------------------------------|---|
| <b>Presented for:</b>        | Discussion  |
| <b>Accountable Director:</b> | All   |
| <b>Presented by:</b>         | David O'Brien<br>Director of Corporate Services (Company Secretary)   |
| <b>Author:</b>               | Risk: Levi MacInnes, Risk and Assurance Manager<br>BAF: David O'Brien, Director of Corporate Services (Company Secretary)                             |
| <b>Previous Committees:</b>  | Trust Executive Group, 11 October<br>Finance and Performance Committee, 05 October<br>Quality Committee, 05 October<br>People Committee, 26 September |
| <b>Legal / Regulatory:</b>   | No  |

|                             |  |
|-----------------------------|--|
| <b>Key Priorities/Goals</b> | Create a safe and high performing organisation based on openness, ownership and accountability |
|-----------------------------|--|

| <b>Strategic Ambition</b>   | (✓) | <b>BAF Strategic Risk</b>  |
|---|-----|--|
| 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                          |     |  |

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|--|----------------|
| <b>Key points</b>  |                |
| This paper: <ul style="list-style-type: none"> <li>• Reports recent material changes to the Corporate Risk Register.</li> <li>• Provides an update regarding the Board Assurance Framework.</li> </ul> | For discussion |

**Trust Executive Group**  
**11 October 2023**  
**Risk and BAF Report**  
**David O'Brien**

## 1. Summary

- 1.1 This paper:
- Reports recent material changes to the Corporate Risk Register.
  - Provides an update regarding the Board Assurance Framework.
- 1.2 This a 'full' version of the risk report prepared as part of the quarterly cycle of risk assurance for the Trust Board.

## 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 showing only those corporate risks that fall within the remit of this committee.

3.2.3 The following new corporate risks have been opened since the previous meeting of this committee. Not all of these risks fall within the remit of this committee.

- Risk 564: Right Care, Right Person: Demand (12, Moderate Risk)
- Risk 360: Facilities at Manor Mill for HART (12, Moderate Risk)
- Risk 567 - Executive Team stability (12, Moderate Risk)
- Risk 568 - Telephony Issue (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. 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 impact to the Trust in response to implementation of the Right Care, Right Person operational policing models by police forces in the Trust's footprint. A working group has been 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.

3.3.2 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 personal protective equipment 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 requirements 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.

- 3.3.3 The Trust has identified a new corporate risk regarding substantive recruitment within the Executive team.

**Risk 567 - Executive Team stability (12, Moderate Risk)**

IF the Trust does not recruit substantively to longstanding vacancies within the Executive Team, THEN the Trust may not have a stable senior leadership team RESULTING in potential criticism from the CQC under the Well-Led Domain.

- 3.3.4 The Trust has identified a new corporate risk regarding silent calls received within EOC, IUC and PTS. Two faults identified and resolved on the BT network have reduced the number of silent calls received per day. BT is working to address the remaining issue. The Trust has implemented a process to ensure that silent calls are returned immediately to minimise risk to patients.

**Risk 568 - Telephony Issue (12, Moderate Risk)**

IF there is a call into EOC or IUC that is silent, THEN there will be a delay in speaking to the patient as the Trust will have to call them back, RESULTING IN an increased risk that the condition of the patient may worsen during that time, with adverse impact on patient experience and patient safety.

**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 538 regarding the Process Flows system has been increased from 12 to 16 (high risk). When this risk was first identified the Initial mitigations included reasonable 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.

- 3.4.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 447 regarding Safeguarding team capacity has been increased from 12

to 20 (high risk). As a result of a sharp and consistent increase in safeguarding allegations there are additional pressures on the team's capacity to respond. A business case has been submitted for recruitment to provide more capacity.

**Risk 447 - Capacity within the Safeguarding team to deliver core statutory requirements (20, High Risk)**

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

**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 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 Ambulance Intervention Team (AIT) staff, although the issue is not fully rectified for Special Operations Response Team (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.

- 3.5.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 471 regarding Operational Compliance with the Road Traffic Act has reduced in grading from 16 to 12. The rollout of the Mobile Data Vehicle Solution (MDVS) and associated training is now complete within the south and west operational areas. The likelihood of risk occurrence is therefore reduced, completion of this work is expected mid-October.

**Risk 471 - Operational Compliance - Road Traffic Act (RTA) (12, Moderate Risk)**

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

- 3.5.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 180 regarding A&E Operations resource has reduced in grading from

16 to 12. The recruitment plan in place and achieving expected rates within the Trust therefore, reducing the likelihood of risk occurrence.

**Risk 180 - A&E Operations Staffing Resource (12, Moderate Risk)**

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

**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, these risks have been de-escalated from the Corporate Risk Register. Each risk remains open and will be managed via the appropriate local risk register and directorate-level risk management mechanisms.

3.6.2 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. However, whilst this specific area of risk may have reduced there are related areas of risk relating to IUC staffing which are addressed by other corporate risks and the Board Assurance Framework.

**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

3.6.3 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.

3.6.4 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.

- 3.6.5 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 DSP 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.

- 3.6.6 Following review by the service area and moderation by the Risk and Assurance Group, Risk 326 regarding advanced casualty clearing station (ACCS) sites has reduced in score from 12 to 3. Significant work undertaken within the Trust in response to the Manchester Arena recommendations include a review of the response model and the requirement of ACCS sites. The risk grading has been reduced based on the likelihood of a major incident requiring ACCS now determined as low.

**Risk 326 - ACCS Pre-Identified Sites**

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.

**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 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.

- 3.7.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 525 regarding ICS long term funding arrangements has been closed. The risk arose due to the financial regime put in place in response to the COVID pandemic in that the Trust was receiving significant non-recurrent funding and committing recurrent expenditure, resulting in a potential long-term risk of being unable to fund that current commitment and therefore a deficit position. Confirmation received of recurrent funding going forward and therefore managed as part of business as usual.

**Risk 525 - Long term funding arrangements from the ICS**

IF the funding arrangements expected in the following financial year are not adequate for ensuring that the Trust can provide the level of activity and standard of patient care expected THEN the Trust will face difficulty in providing the level of service required to meet demand and statutory duties RESULT IN an adverse impact on the Trust's financial position and ability to maintain patient safety, which in turn will impact the reputation of the Organisation and require significant dialogue across the ICS.

- 3.7.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 444 regarding Level 2 PPE Compliance has been closed. All actions identified now complete, and compliance increased. The Trust is adhering to the National manual for infection prevention and control and best practice guidance for the management of incidents. The measures in place are now managed as part of business as usual within the IP&C team.

**Risk 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.

### 3.8 EMERGING RISK

- 3.8.1 The following emerging risks have been identified at Risk and Assurance Group:

1. 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. A review of the potential impact and risk to the Trust to be presented to TEG.
2. The Trust has identified an emerging risk regarding the capacity within the payroll team and the potential impact on incorrect and/or delayed payments.
3. There is an emergent risk relating the potential non-availability of COVID vaccinations for the Trust's call-handling staff. The government's advisory body – the Joint Committee on Vaccinations and Immunisations (JCVI) – has recommended that vaccinations will be available only to health and care staff who routinely have in-person interactions with patients. This appears to exclude categories of staff previously considered to be patient-facing and therefore eligible for vaccination, such as EOC and 111/IUC call centre staff. This is a potential risk to the Trust. During the early COVID waves there were major outbreaks in both EOC and 111 that caused significant disruption to call-handling operations. Clare and others will be better placed than myself to explain the background and propose an initial score for this risk and some mitigations.

### 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 Appendix 2 presents the position at the end of Q2 for each of these areas of strategic risk, with brief progress notes regarding the status of mitigation actions.

3.9.3 At its meeting on 26 September the People Committee discussed the following areas of strategic risk in the BAF:

- Risk 2a: Clinical Workforce Capacity
- Risk 2b: Staff Physical and Mental Well-Being
- Risk 2c: Positive and Inclusive Workplace Culture

The information in Appendix 2 indicates good progress on risk mitigations including some areas of recruitment, the implementation of the staff well-being plan, the impact of absence management initiatives, the development of management programmes, improved staff engagement via the quarterly Pulse survey, and the culture work supported by Moorhouse. The area of most risk concerns staffing levels, particularly health advisers and clinical capacity in IUC/111.

3.9.4 At its meeting on 05 October the Quality Committee discussed the following areas of strategic risk in the BAF:

- Risk 1a: High quality care in 999/A&E operations (oversight shared with the Finance and Performance Committee)
- Risk 1b: High quality care in Integrated and Urgent Care / NHS111 services (oversight shared with the Finance and Performance Committee)
- Risk 1c: High quality care in the Patient Transport Services (oversight shared with the Finance and Performance Committee)
- Risk 3b: Ability to influence and respond to change in the wider health and care system (the relevant areas of oversight are Quality Improvement and system-wide patient safety and clinical developments)
- Risk 4b: Technology and cyber security developments (Information Governance elements)

The information in Appendix 2 indicates that generally good progress has been made with many mitigation actions, including in some areas of recruitment, in the achievement of information governance compliance improvements, and in the delivery of Quality Improvement, patient safety and clinical developments. The main areas of concern relate to staffing levels and the risks this presents to quality of care, patient experience and patient safety.

3.9.5 At its meeting on 05 October the Finance and Performance Committee discussed the following areas of strategic risk in the BAF:

- Risk 1a: High quality care in 999/A&E operations (oversight shared with the Quality Committee).
- Risk 1b: High quality care in Integrated and Urgent Care / NHS111 services (oversight shared with the Quality Committee).

- Risk 1c: High quality care in the Patient Transport Services (oversight shared with the Quality Committee).
- Risk 3b: Climate change and other business continuity threats.
- Risk 4a: Plan, manage and control Trust finances effectively.
- Risk 4b: Key technology and cyber security.
- Risk 4c: Infrastructure: estates and fleet.

The information at Appendix 2 indicates good progress has been made with many mitigation actions, including in some areas of recruitment, in the reduction of sickness absence, in business continuity, cyber security and estates. Notable financial risk has emerged relating to both revenue expenditure and capital availability. These are discussed further in the following section.

## **Overall Position**

- 3.9.6 At the end of Q2 all strategic risk levels are as expected. Good progress has been made with many mitigation actions. In some cases the progress could be regarded as sufficiently positive to merit reducing the current levels of strategic risk presented in the BAF. However, as the Trust is now moving into the autumn and winter period, with the heightened levels of operational pressure and risk this brings, it would be premature to do so.
- 3.9.7 A significant area of concern relates to staffing levels and the various implications of this. While the overall position is complex and mixed, there are shortfalls in some areas of recruitment and notable retention issues affecting health advisers in 111/IUC. These staffing issues present operational and patient safety risks heading into the winter period.
- 3.9.8 As well as operational and patient safety risks, failure to achieve planned staffing levels on the scale currently expected presents financial and reputational risk to the Trust in the form of budgeted expenditure being well below the planned levels. The risks associated with failure to achieve expenditure levels in line with the planned levels were discussed by the Trust Board at its meeting on 28 September.
- 3.9.9 Significant risk exposures relating to capital could affect multiple areas of the BAF. The Trust has two open corporate risks relating to the notification and magnitude of its capital limits (CDEL) for 2023/24 (both scored at 16, 'high risk'). Availability of capital is a system-wide concern, and the Trust is seeking to escalate its capital risks to the ICB risk register. Risk relating to capital availability has potentially significant implications for the Trust's ambitions in many key areas, including estates, fleet, technology, and net zero.
- 3.9.10 The Trust is in the process of developing a new strategy with a new set of strategic objectives. A new Board Assurance Framework will be developed to align with the new strategy and new strategic objectives.

## **4. Financial Implications**

- 4.1 This report has 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

## **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 the Trust will develop a new strategy with a new set of strategic objectives. These new strategic objectives will require a new BAF to be developed.

## **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

## **11. Supporting Information**

Appendix 1: Corporate Risk Register

Appendix 2: Board Assurance Framework

David O'Brien  
**Director of Corporate Services (Company Secretary)**

Levi MacInnes  
**Risk and Assurance Manager**

October 2023