Report Title	**Risk and BAF Report**
Author (name and title)	David O'Brien, Director of Corporate Services and Company Secretary Levi MacIness, Risk and Assurance Manager
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	Information presented in this paper has been reported to multiple governance groups during March, April and May 2024: • Risk and Assurance Group • Trust Executive Group • Audit and Risk Committee • People Committee • Quality Committee • Finance and Performance Committee
Recommended action(s) Approval, Assurance, Information	Information and assurance
Purpose of the paper	This paper: • Reports recent material changes to corporate risks. • Highlights areas of emerging risk. • Summarises the 2023/24 BAF year-end position. • Presents draft 2024/25 strategic risks (new BAF). • Presents the timeline for completing the new BAF
Recommendation(s)	The Board is asked to note: 1. Two new corporate risks. 2. Three areas of emerging risk, one of which has been mitigated. 3. The year-end position for the 2023/24 BAF 4. Proposed strategic risks for inclusion in the new BAF 5. The development timeline for the new BAF

Executive summary (overview of main points)

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1. Two new corporate risks have been opened:

- Risk 599: Safeguarding Referrals to Local Authorities (15, high risk)
- Risk 598: Transportation of Neonates Weighing Less Than 2.5kg (12, moderate risk)

2. Three areas of emerging risk are reported:

- International Nurses' Registration
- Idling Vehicles
- National Minimum Wage

3. A summary of the year-end position for the 2023/24 BAF is reported in section 3.7

- The full year-end BAF document has been circulated in the supporting papers for this meeting.

4. A draft set of 2024/25 strategic risks is presented

- These will form the basis of the new Board Assurance Framework, albeit with further refinement

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Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	All strategic ambitions
	Our People	
	Our Partners	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)		All BAF strategic risks

Board of Directors (in Public)
30 May 2024
Risk and BAF Report

1. PURPOSE

1.1 This paper:

- Reports recent material changes to the Corporate Risk Register
- Highlights areas of emerging risk.
- Summarises the 2023/24 BAF year-end position.
- Presents draft 2024/25 strategic risks.
- Presents the timeline for completing the new BAF.

1.2 Note that the report format is substantially changed from previous risk reporting, with additional information and presentational enhancements in appendices including use of the 'WHAT / SO WHAT / WHAT NEXT' assurance structure.

2.0 CONTEXT

2.1 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.

2.2 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.

3.0 CORPORATE RISKS

3.0.1 The Corporate Risk Register is reviewed by the Risk and Assurance Group (RAG) monthly. It comprises all risks that have a current risk score of **12 or above** (based on the criteria found in the Trust's risk evaluation matrix). The Corporate Risk Register for May 2024 is issued separately as supporting material for this meeting.

3.0.2 The greatest individual corporate risk is as follows:

- Risk 35: Hospital Handover (25, high risk)

Persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust's footprint. This risk has been disaggregated to reflect the position in different operational areas, and the disaggregated risk will be reflected in future risk reporting.

3.1 NEW CORPORATE RISKS

3.1.1 Two new corporate risks have been opened:

- Risk 599: Safeguarding Referrals to Local Authorities (15, high risk)
- Risk 598: Transportation of Neonates Weighing Less Than 2.5kg (12, moderate risk)

3.1.2 **Appendix A** presents more detailed information about these risks.

3.2 EXISTING CORPORATE RISKS THAT HAVE INCREASED

3.2.1 Three existing corporate risks have been increased in score:

- Risk 105: Operational Performance (increased from 12 to 20, high risk)
- Risk 432: 4Cs and PALS Demand (increased from 16 to 20, high risk)
- Risk 588: Visas and Immigration (increased from 12 to 15, high risk)

3.2.2 **Appendix B** presents more detailed information about these risks.

3.3 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

3.3.1 Two risks have been reduced in score but remain on the Corporate Risk Register:

- Risk 447: Safeguarding Team capacity (reduced from 20 to 12, moderate)
- Risk 561: CDEL Lease Notification (reduced from 16 to 12, moderate risk)

3.3.2 **Appendix C** presents more detailed information about the above risks.

3.4 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

3.4.1 Twelve risks have been de-escalated from the Corporate Risk Register. These remain open and are managed via local risk registers:

- Risk 394: ePR Phase 3. Clinical Product Owner and Clinical Safety Officer
- Risk 508: Health IT Clinical Safety Requirements (DCB0129 and DCB016)
- Risk 542: High Risk Vulnerabilities
- Risk 471: Operational Compliance - Road Traffic Act
- Risk 441: Domestic Abuse Response to Patients and Staff
- Risk 50: Immunity Screening, Vaccination and Health Surveillance

- Risk 338: Initial Operational Response Training
- Risk 503: Counter Fraud - Entitlement to Pay and Enhancements
- Risk 504: Counter Fraud - Payment for Secondary Employment
- Risk 505: Counter Fraud - Bribery and Corruption (Tenders and Contracts)
- Risk 290: Fire Doors

3.4.2 **Appendix D** presents more detailed information about these risks.

3.5 CLOSED RISKS

3.5.1 Four corporate risks have been closed:

- Risk 436: EOC Call Backs (Dropped Calls from Mobile Phone Numbers)
- Risk 541: ESR Average Pay Module (Substantive Staff with Bank Assignments)
- Risk 537: Executive Team Stability
- Risk 502: Counter Fraud - Unsolicited and Malicious Email

3.5.2 Risk 502 regarding counter fraud implications of unsolicited and malicious email has been closed as a stand-alone risk and merged with two other risks that cover similar subject matter. The new risk is below the corporate risk threshold.

3.5.3 **Appendix E** presents more detailed information about these closed risks.

3.6 EMERGING RISKS

3.6.1 The following areas of emerging risk have been identified:

1. International Nurses' Registration

The Trust identified four international nurses who had been working in NHS111 without full registration with the Nursing and Midwifery Council (NMC) and so technically were not eligible to work in a clinical role in the United Kingdom. These recruits are qualified nurses in their home country, have completed all relevant internal and external training, and have successfully met the requirements for NMC and NHS Pathways licences. All had successfully completed a period of direct supervision and none had left the training environment. The immediate risk has been mitigated and this will not be opened as a new corporate risk.

2. Idling Vehicles

Potential risk has been identified regarding idling vehicles, such as ambulances waiting outside emergency departments. The potential risk has multiple dimensions: the environmental and financial impact of fuel consumption; the impact on the vehicle itself, including potential for engine fire; and the impact on the health of patients and staff from diesel fumes and other particulates. A health and safety risk assessment is being carried out and the outcome of this will be reported back to the Risk and Assurance Group in the first instance. A plan is being developed to reduce unnecessary idling.

3. National Minimum Wage

The increase in National Minimum Wage effective from 01 April 2024 has resulted in some staff who participate in salary sacrifice schemes receiving a level of pay that is below the National Minimum Wage. Around 70 staff are affected at this stage. There is a risk of HMRC penalties, legal process and potential prosecutions, and the Trust is seeking legal advice. The Trust is exploring mitigation options, including the potential to extend the duration of the salary sacrifice agreements of the affected individuals. This would reduce their monthly repayments and thereby restore their pay to a level above the National Minimum Wage threshold. In addition, it is expected that the 2024/25 NHS pay award (anticipated to be around 2%) would lift all but a handful of staff back above the National Minimum Wage threshold.

3.7   2023/24 BOARD ASSURANCE FRAMEWORK

3.7.1   The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these. The year-end version of the 2023/24 BAF is issued separately as supporting information for this meeting. Note that 2024/25 is a transitional period as the Trust moves towards adoption of a new BAF. During this period the existing strategic risks remain valid. Management of these risks will continue to provide the Board with assurance regarding its strategic risk exposures.

3.7.2   A BAF progress and assurance report is received by each meeting of the Audit and Risk Committee and of the Trust Board. In addition, each Board assurance committee receives a regular update on the areas of the BAF risks, controls and mitigations that fall within their remit.

3.7.3   At its meetings on 28 March and 14 May 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

Areas of BAF risk and mitigations discussed by the committee are reported in the People Committee risk assurance report to the Audit and Risk Committee and are reported in the People Committee reports to meetings of the Trust Board

3.7.4   At its meetings on 08 February, 11 April and 16 May 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)

Areas of BAF risk and mitigations discussed by the committee are detailed in the Quality Committee risk assurance report submitted to the Audit and Risk Committee and are reported in the Quality Committee reports to meetings of the Trust Board.

3.7.5 At its meetings on 08 February, 07 March, 23 April, and 23 May 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.

Areas of BAF risk and mitigations discussed by the committee were detailed in the Finance and Performance Committee risk assurance report submitted to the Audit and Risk Committee and are reported in the Finance and Performance Committee reports to meetings of the Trust Board.

Year-End Position

3.7.6 Risk exposures increased during the year relating to Strategic Risk 1a (Ability to deliver high quality care in 999/A&E operations). Despite some progress on Hear and Treat rates and overall handover delays the Trust did not achieve the average Category 2 response time target of 30 minutes for 2023/24. Handover delays overall have reduced compared to last year but have remained critical at some sites, with a significant impact on patient safety. New mitigations have been developed with system partners, including 45-minute handover protocols at targeted sites. The Trust has implemented an alternative response plan to improve the management of the Category 2 calls, and NHS England has asked the Trust to consider multiple additional mitigations as part of an 'in extremis' plan to improve response times.

3.7.7 A significant area of concern during the year related to staffing levels. While the overall position is complex and mixed, there have been well-documented shortfalls in some areas of recruitment and notable retention issues affecting health advisers in 111/IUC. Although recruitment and onboarding rates have improved, full-year staffing targets in key areas were not all met. These staffing issues presented operational and patient safety risks.

3.7.8 Failure to achieve planned staffing levels on the scale experienced during 2023/24 presented financial and reputational risk to the Trust in the form of a significant budget surplus. An NHSE exercise in Month 7 relating to financial challenges resulting from industrial action required trusts to set revised financial plans and performance trajectories. As part of this exercise the Trust agreed a £14m reduction to income for 2023/24 to offset pay underspends generated by recruitment and retention issues. Planned income was reduced from £407m to £392m. This has been transacted via a non-recurrent contract variation and budgets have been realigned to reflect this income and expenditure reduction. The Trust reported a small year-end surplus on its revised budget.

3.7.9 Significant risk exposures relating to capital continue to affect multiple areas of the Trust's strategic ambitions and this is reflected in numerous areas of the BAF. Availability of capital is a system-wide concern. Risk relating to capital availability has potentially significant implications for the Trust's ambitions for estates, fleet, technology, and net zero. As an immediate impact, capital constraints required the Trust to review and revise its investment plans relating to the Scarborough estate to prioritise the purchase of new fleet.

3.8   2024/25 STRATEGIC RISKS

3.8.1 As part of the work to construct a new Board Assurance Framework a draft set of strategic risks has been developed. The proposed strategic risks align with the bold ambitions and priorities set out in the Trust Strategy. The proposed risks cover the following areas (note that the precise wording is subject to refinement):

1. Our Patients

- Ability to deliver better, faster, and more appropriate access to care.
- Ability to support patient flow across the healthcare system.
- Ability to strengthen quality governance and medicines management.
- Ability to develop and maintain effective emergency preparedness, resilience, and response arrangements.

2. Our People

- Ability to develop and sustain an open and positive workplace culture.
- Ability to support staff health and well-being effectively.
- Ability to deliver and sustain improvements in recruitment and retention.
- Ability to deliver and sustain improvements in leadership and staff training and development.

3. Our Partners

- Ability to act as a collaborative, integral, and influential system partner.
- Ability to collaborate effectively to improve population health and reduce health inequalities.

4. Our Planet and Pounds

- Ability to secure sufficient revenue resource and use it wisely to ensure value for money.
- Ability to secure sufficient capital resource and use it wisely to ensure value for money.
- Ability to deliver safe and effective digital technology developments and cyber security arrangements.
- Ability to respond responsibly and effectively to climate change.

3.8.2 **Appendix F** sets out the proposed strategic risks in more detail, and structures them using both the Trust's established method of articulating risk ('IF…THEN…RESULTING IN') and the assurance model (WHAT? / SO WHAT? / WHAT NEXT?). Appendix F also sets out initial key areas for development in each area of risk. Detailed 2024/25 mitigation actions will follow as the new BAF is populated.

3.8.3 The proposed timeline for completion of the new BAF is as follows:

30 May: proposed strategic risks reported to Trust Board.

20 June: Board Strategic Forum, walk-through of new BAF design / format.

Late June / early July: Fully populated BAF to TEG and Assurance Committees.

16 July: Fully populated new BAF to Audit and Risk Committee.

25 July: Fully populated new BAF to Trust Board for approval and go-live.

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. RECOMMENDATIONS

6.1 The Board is asked to note:

1. Two new corporate risks.

2. Three areas of emerging risk, one of which has now been mitigated.

3. The year-end position for the 2023/24 BAF.

4. Proposed strategic risks for inclusion in the new BAF.

5. The development timeline for the new BAF.

7. SUPPORTING INFORMATION

The Corporate Risk Register (May 2024) and the 2023/24 Board Assurance Framework (Year-End) are issued separately in the information pack to support this meeting.

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

Levi MacInnes
Risk and Assurance Manager

May 2024

APPENDIX A: NEW CORPORATE RISKS

NEW CORPORATE RISK 1	
Reference	599
Title	Safeguarding Referrals to Local Authorities
Committee	Quality Committee
Directorate	Quality and Professional Standards
Business Area	Safeguarding
Risk Owner	Vicky Maxwell-Hobson, Head of Safeguarding
BAF Link	3b, Wider Health and Care
Context	The Trust has received adverse feedback from local authority partners regarding the quality and completeness of information provided to support safeguarding referrals. This presents a risk of harm in that vulnerable patients might not be safeguarded in an adequate or timely manner.

Opening Score	Current Score	Target Score
15 (High Risk)	15 (High Risk)	4 (Low Risk)

FULL RISK DESCRIPTION		
WHAT	If…	The safeguarding referrals leaving the organisation do not contain high quality information and correct details.
	Then…	Social care partners will not be able to review and triage them correctly.
SO WHAT	Resulting in…	Patients not getting help promptly and being at risk of further harm or abuse.
WHAT NEXT	Key Mitigation Actions	Review of the process with relevant teams to be undertaken as part of initial assessment of risk and to identify actions.

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NEW CORPORATE RISK 2	
Reference	598
Title	Transportation of Neonates Weighing Less than 2.5kg
Committee	Quality Committee
Directorate	Quality and Professional Standards
Business Area	Health and Safety
Risk Owner	Shelley Jackson, Health and Safety Manager
BAF Links	2b, Staff Health and Well Being
Context	A specialist paramedic in maternity care has advised that equipment used by the Trust (the 'redvac harness') is unsuitable for neonates weighing less than 2.5kg. This presents a risk of patient harm as ambulances might not be able to safely transport small and premature babies.

Opening Score	Current Score	Target Score
12 (Moderate Risk)	12 (Moderate Risk)	4 (Low Risk)

FULL RISK DESCRIPTION		
WHAT	If…	The Trust does not have suitable equipment to transport neonates weighing less than 2.5 kg who require ongoing care and support in an ambulance.
	Then…	Dual Crewed Ambulances will be unable to safely transport small and premature newborns who are unwell.
SO WHAT	Resulting in…	Potential harm to patients plus non-compliance with regulatory requirements and subsequent financial and reputational harm.
WHAT NEXT	Key Mitigation Actions	A temporary adaptation method has been devised and will be rolled out through newborn life support clinical refresher training. Trials with prototypes underway for permanent solution, timeframe to be confirmed.

APPENDIX B: EXISTING CORPORATE RISKS THAT HAVE INCREASED

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
105	Operational Performance	A&E Ops	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	12	20	Risk escalated in February based on the increased acuity of patients, reduction in available resources, increased delays at hospital, and longer waits for Category 2 patients resulting in increased risk of potential patient harm.	Appetite/Target:	5
432	4C and PALS demand	Quality	IF the Trust do not manage existing incoming demand 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, delays to the identification of issues and learning further impacting patient safety.	16	20	Demand and caseloads continue to increase as capacity within the patient relations team has reduced, increasing the likelihood of the Trust failing to meet statutory requirements	Appetite/Target:	6
588	Visas and Immigration	People and OD	IF the Trust does not have systems and processes in place to robustly manage non-UK residents THEN the Trust could face significant reputation as well as financial penalties	RESULTING in the withdrawal of our UKVI license to be able to sponsor international applicants	12	15	This risk was initially identified following a single reported incident. However, further investigation identified multiple breaches	Appetite/Target: The breaches have been reported to the Home Office. The Trust is working with a subject matter expert to resolve the position. Good progress has been made and the risk	3

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT
					From	To		
					🟧	🟥		is expected to be reduced imminently.

APPENDIX C: CORPORATE RISKS THAT HAVE REDUCED BUT REMAIN ON THE CORPORATE RISK REGISTER

| Ref | Title | Area | WHAT | SO WHAT | Change | | Rationale | WHAT NEXT | |
					From	To			
447	Capacity within the Safeguarding team to deliver core statutory requirements	Quality	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.	20	12	Additional staff now in post. The workload remains busy the additional capacity is reducing the pressure	Appetite/Target: Capacity and workload will continue to be monitored. The risk remains on the corporate risk register.	4
561	CDEL Lease Notification	Finance	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, in future years, and reputational damage.	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 .	16	12	The risk remains relevant for 2024/25 as the value of the expenditure limit is currently unknown. However, the level or uncertainty is lower than last year because the 2023/24 expenditure limit provides an indication for the Trust to work to.	Appetite/Target The risk will continue to be reviewed within finance with a view to further reductions or closure once the 2024/25 limit is confirmed. The risk remains on the corporate risk register.	4

APPENDIX D: RISKS THAT HAVE BEEN DE-ESCALATED FROM THE CORPORATE RISK REGISTER

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
394	ePR Phase 3. Clinical product owner and clinical safety officer	ICT	IF there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer THEN it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off	RESULTING IN delay or cessation of new functionality release.	12	8	A Clinical Safety Officer has been appointed and will support ePR development	Appetite/Target The risk will be managed via the local risk register, with a view to closure	4
508	Health IT Clinical Safety requirement DCB0129 and DCB016	Clinical	IF Health IT Clinical Safety requirement DCB0129 and DCB0160 is not implemented and resourced sufficiently THEN the Trust will not be compliant which is mandatory under the Health and Social Care Act 2012	RESULTING IN Risk to patient safety and non-compliance with statutory requirements.	12	8	A Clinical Safety Officer has been appointed and will support compliance with Health IT Clinical Safety requirements	Appetite/Target The risk will be managed via the local risk register, with a view to closure.	4
542	High Risk Vulnerabilities	ICT	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.	12	8	High and medium priority improvement actions identified as part of an assessment are now complete.	Appetite/Target Work will continue to complete outstanding lower priority actions.	4
471	Operational Compliance - Road Traffic Act (RTA)	A&E Ops	IF A&E Operations do not implement protocols/measures to achieve RTA Compliance	RESULTING IN Financial impact and reputational damage.	12	8	Upgrades to vehicle equipment have been implemented to meet the RTA requirements.	Appetite/Target The risk will be managed via the local risk register, with a view to closure.	4

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
			THEN A&E Crews not following these guidelines maybe in breach of the RTA introduced in 2018						
441	Domestic Abuse – response to patients and staff	Quality	IF the Trust response to domestic abuse is not reviewed to reflect the Domestic Abuse Bill 2021 and to incorporate the learning identified from internal and external review and audit THEN YAS will be failing in its statutory duty to identify and support victims and perpetrators of domestic abuse.	RESULTING IN patient or staff harm due to lack of intervention and information sharing, and financial impact/business continuity concerns for the Trust due to staff absence, poor performance in work, attrition for victims of domestic abuse.	15	9	A specialist domestic abuse role has been recruited to the Safeguarding team and will support delivery of the required improvements'	Appetite/Target — 5 Ongoing delivery of the safeguarding workplan. The risk will be managed via the local risk register.	
50	Immunity screening and vaccination and health surveillance	People and OD	IF YAS staff are not comprehensively screened and immunised by Occupational Health THEN they may contract and spread infectious diseases	RESULTING IN potential harm to staff and patients	12	9	The number of staff with no details recorded continues to decline following contact with the vaccination programme lead and line managers.	Appetite/Target — 4 Work to Work to record staff details will continue. The risk will be managed via the local risk register	
338	Initial Operational Response (IOR) Training	A&E Ops	IF IOR training is not undertaken by >/=95% of operational and call-handling staff THEN YAS will be non-compliant with Standard B13:	RESULTING IN a lack of awareness of the appropriate initial action to be taken in the event of a chemical incident.	12	9	Compliance with the new training package has increased.	Appetite/Target — 1 Work to increase training compliance will continue. The risk will be managed via the local risk register	
503		Finance			15	6		Appetite/Target — 4	

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT
	Counter Fraud Risk - entitlement to pay and enhancements		IF an employee is paid for hours they have not worked or for enhancements they are not due\n\nTHEN they will receive payments to which they are not entitled and which potentially constitute fraud.	RESULTING IN financial loss to the Trust and potential criminal investigations.	(red)	(green)	Controls identified deemed adequate and include multiple policies and processes to prevent the submission of enhancements without authorisation.	The risk will be managed via the local risk register.
504	Counter Fraud Risk - payment for secondary employment	Finance	IF an employee has undeclared and unauthorised secondary employment\n\nTHEN that employee could continue to work at their secondary employment during a period for which they are being paid by the Trust {sickness, paid absences, suspension, normal working hours)	RESULTING in duplication of pay and potential for fraud investigation.	12	6	Controls identified deemed adequate and include Trust wide policies and procedures to prevent and respond to an incident of this nature.	Appetite/Target 4\n\nThe risk will be managed via the local risk register.
505	Counter Fraud Risk -bribery and corruption: tenders and contracts	Finance	IF an employee responds to fraudulent unsolicited emails\n\nTHEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure	RESULTING IN fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	12	9	Assurances are in place with regards to the procurement process and the bribery and corruption legislation in place to prevent and respond should this occur	Appetite/Target 4\n\nThe risk will be managed via the local risk register.
290	Fire Doors	Estates			12	8		Appetite/Target 6

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT
					From	To		
			IF the fire doors continue to be propped open on ambulance stations THEN in the event of a fire this will be accelerated.	RESULTING IN potential adverse outcome to premises and staff safety and the Trust at risk of being in contravention of fire safety legislation.			The previous issues identified were predominately reported during the COVID-19 pandemic to reduce touch points and increase airflow on stations. Actions have been taken to inform staff of the importance of fire doors remaining closed and audits undertaken have shown significant improvement.	The risk will be managed via the local risk register.

APPENDIX E: CORPORATE RISKS THAT HAVE BEEN CLOSED

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
436	EOC Not calling back dropped calls from mobile phone numbers	EOC	IF the current call demand continues at the predicted rate and leads to an inability to answer calls THEN the Trust will continue the agreed process of not returning dropped calls from mobile telephone numbers	RESULTING IN potential patient harm	15	5>	The risk to patients is terminated following the implementation of a new process. Patients will be contacted in the event of a dropped call as part of business as usual within EOC.	Appetite/Target	5
								Risk closed	
541					12	6>		Appetite/Target	6

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT
					From	To		
	ESR Average Pay module (Payment to substantive staff with bank assignments)	People and OD	IF a manual solution cannot be found to pay 250 substantive staff undertaking overtime on bank assignments THEN there is a risk of claims against the Trust for unlawful deduction of wages	RESULTING IN legal costs and reputational damage			A quarterly manual payment will be made to staff as agreed by the unions.	Risk closed
567	Executive Team stability	People and OD	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.	12	4>	All senior roles in the new structure are now appointed to substantively.	Appetite/Target 4 Risk closed
502	Counter Fraud Risk - unsolicited and malicious email	Finance	IF an employee responds to fraudulent unsolicited emails THEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure	RESULTING IN fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	20	n/a	Multiple cyber security, information governance and finance controls are in place to detect and prevent incorrect payments	Individual Risk 502 closed. Merged with two related risks. The new risk is below the corporate risk threshold.

APPENDIX F: DRAFT STRATEGIC RISKS 2024/25

OUR PATIENTS	Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience			
	WHAT	**SO WHAT**	**WHAT NEXT**	
	IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	KEY Controls/Developments	2024/25 Actions
1 Deliver better, faster, and more appropriate access to care.	Fail to provide a timely and appropriate response for all patients. Fail to deliver the national, regional, and local performance targets for 999, NHS 111 and the Patient Transport Service (PTS).	Failure to deliver the most clinically appropriate response for every patient, whenever and wherever they need it.	Improve response times. Remote triage, assessment, signposting, and referral. Reduce avoidable conveyance to hospital. Reduce hospital handover and crew clear times.	
2 Support patient flow across the healthcare system	Fail to support seamless integration of services to provide joined-up care that is coordinated across the wider system. Fail to deliver a timely and appropriate response for all patients.	Failure to support an efficient and productive urgent and emergency care service that delivers effective care and a positive patient experience.	Optimise care and treatment in people's homes. Remote triage, assessment, signposting, and referral. Reduce avoidable conveyance to hospital. Non-emergency patient transport services.	

OUR PATIENTS		Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience			
		WHAT	**SO WHAT**	**WHAT NEXT**	
	IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	KEY Controls/Developments	2024/25 Actions
3	Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.	Fail to embed and utilise quality improvement throughout the organisation. Fail to embed and apply learning from the Patient Safety Incident Review Framework. Fail to sustain and benefit from a research active environment.	Failure to deliver high standards and continuous improvements in patient safety, effectiveness of care, and patient experience.	Embed Quality Improvement PSIRF Clinical Supervision for Paramedics Medicines Governance	
4	Develop and maintain effective emergency preparedness, resilience, and response arrangements.	Fail to be adequately prepared to provide critical emergency care and specialist co-ordinated responses. Fail to meet the required standards for emergency preparedness, resilience, and response.	Failure to ensure the best possible emergency response to the most critical and complex incidents.	EPRR Core Standards Manchester Arena Inquiry Recommendations	

OUR PEOPLE		Our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive			
WHAT			**SO WHAT**	**WHAT NEXT**	
IF the Trust is unable to…		THEN the Trust could…	RESULTING IN…	Key Controls/Developments	2024/25 Actions
5	Develop and sustain an open and positive workplace culture	Fail to ensure that staff are valued, listened to, and encouraged and enabled to speak up. Fail to value difference and improve equality, diversity, and inclusion at all levels of the organisation. Fail to improve employee experience and become a great place to work and volunteer.	Failure to be a diverse and inclusive organisation where everyone feels valued, included, proud to work and can thrive.	YAS Together Equalities, Diversity, and Inclusion	
6	Support staff health and well-being effectively	Fail to improve the physical health and well-being of its workforce. Fail to improve the mental health and well-being of its workforce. Fail to reduce staff sickness rates to below the NHS average.	Failure to achieve the sustained improvements in staff well-being and attendance levels required to support high quality patient care and services.	Health and Well-Being Plan Priorities Attendance / Sickness Violence and Aggression (Bodyworn Cameras)	

OUR PEOPLE	Our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive			
	WHAT		**SO WHAT**	**WHAT NEXT**
IF the Trust is unable to…	**THEN the Trust could…**	**RESULTING IN…**	**Key Controls/Developments**	**2024/25 Actions**
7 Deliver and sustain improvements in recruitment and retention.	Fail to attract and retain the right numbers of people with the right skills, knowledge, and experience.	Failure to achieve the capacity and capability required in all staff groups to deliver high quality patient care and services.	IUC improvements EOC improvements Recruitment International Recruitment	
8 Deliver and sustain improvements in leadership and staff training and development.	Fail to ensure that staff have the right skills, support, and resources they need to deliver high-quality care and services. Fail to invest in leadership development to ensure that staff are well supported by exceptional leaders.	Failure to develop and retain the skilled and well-led workforce required in all staff groups to deliver high quality patient care and services.	Leadership development PDR / Appraisals Training	

OUR PARTNERS	Our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities			
WHAT		**SO WHAT**	**WHAT NEXT**	
IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	Controls/Developments	2024/25 Actions
9 Act as a collaborative, integral, and influential system partner	Fail to support seamless integration of services to provide joined-up care cross the wider system. Fail to become an effective co-ordinator and navigator for access to urgent and emergency care and supporting services. Fail to optimise the collective skills and resources of partner organisations to the benefit of patients.	Failure to work efficiently and effectively with partners to deliver service improvements, increase productivity, mitigate risk, and develop joined-up, patient-centred urgent and emergency care.	Work with acute trusts to improve arrival to crew clear processes. Work with place partners to develop alternative clinical pathways. Mental health and learning disabilities programme	
10 Collaborate effectively to improve population health and reduce health inequalities	Fail to support system-wide work to reduce health inequalities. Fail to proactively use the role of anchor organisation to impact positively on the health and well-being of local populations. Fail to support patients to access a wide range of health, care, and preventative services in their communities	Failure to support improved population health by identifying and responding effectively to unwarranted variations.	Core20PLUS5	

OUR PLANET AND POUNDS		Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.		
		WHAT	**SO WHAT**	**WHAT NEXT**
IF the Trust is unable to…		**THEN the Trust could…**	**RESULTING IN…**	**Controls/Developments**	**2024/25 Actions**
11	Secure sufficient revenue resource and it use it wisely to ensure value for money.	Fail to achieve a balanced revenue plan. Fail to achieve effective and efficient use of resources. Fail to support system-wide financial sustainability.	Failure to use resources wisely and productively, achieve value for money, and deliver financially sustainable patient care and services.	Revenue Plan 2024/25 Organisational Efficiencies	
12	Secure sufficient capital resource and use it wisely to ensure value for money.	Fail to provide fit for purpose workplaces. Fail to provide the required quantity, quality, and availability of fleet. Fail to support staff and patients with up-to-date technology, equipment, and facilities.	Failure to invest adequately in safe, effective, and well-equipped environments for staff and patients.	Capital Plan 2024/25 Fleet Plan Telematics Estates Projects (Enabling Plan Implementation)	
13	Deliver safe and effective digital technology developments and cyber security arrangements	Fail to utilise technology and analytics to develop new and digitally enabled ways of working to optimise patient care and services. Fail to meet legal and regulatory standards regarding information governance and cyber security.	Failure to realise the benefits that technology, data and intelligence can bring to decision-making, support services, and patient care.	DSP Toolkit Digital route-map / plan	

OUR PLANET AND POUNDS	Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.			
WHAT		**SO WHAT**	**WHAT NEXT**	
IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	Controls/Developments	2024/25 Actions
14 Respond responsibly and effectively to climate change	Fail to support efforts to tackle climate change and reduce the Trust's environmental impact by moving towards net-zero emissions. Fail to identify and manage the potential impact of climate change on the delivery of patient care and services.	Failure to make sufficient progress in reducing and mitigating the impact of climate change.	Green Plan	