



| | |
|---|---|
| Report Title | Corporate Risk: Quarterly Report |
| Author (name and title) | David O'Brien, Director of Corporate Services and Company Secretary Levi MacInnes, Risk and Assurance Manager |
| Accountable Director | David O'Brien, Director of Corporate Services and Company Secretary |
| Previous committees/groups | Risk and Assurance Group: 05 November 2024, 03 December 2024, and 07 January 2025. Trust Executive Group: 15 January 2025 Quality Committee: 16 January 2025 People Committee: 21 January 2025 Finance and Performance Committee: 19 December 2024 Audit and Risk Committee: 21 January 2025 |
| Recommended action(s) Approval, Assurance, Information | Assurance |
| Purpose of the paper | To provide a quarterly update on material changes to corporate risks during the period November 2024 to January 2025. |
| Recommendation(s) | The Board notes the position regarding corporate risk The Board identifies any areas for further information or assurance |

This paper provides assurance to the Board of Directors regarding developments in corporate risk during the period November 2024 to January 2025.

The greatest corporate risks remain handover delays in South and in North and East, both scored as the maximum '25' (high risk)

1. Six new corporate risks have been opened:

- Risk 662: PTS Contingency File (12, moderate risk).
- Risk 666: Delayed ICB approval of PTS eligibility criteria (20, high risk).
- Risk 669: Associate Ambulance Practitioner (AAP) Apprentices passed planned end date (PPED). (12, moderate risk).
- Risk 670: Loss of SMS service through 111 CAD (16, high risk).

- Risk 672: Insufficient capability for mass communication in event of major/critical incident (12, moderate risk).
- Risk 648: South - Fleet Availability (15, high risk).

As detailed in the paper:

- One existing corporate risk has increased in score: this relates to operational performance in the North and East
- Three corporate risks have been reduced but remain on the corporate risk register
- Five corporate risks have been de-escalated from the corporate risk register but remain open and will be managed via local risk registers
- Two corporate risks have been closed

| | | |
|---|-----------------------|-------------------------|
| 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 |

1. PURPOSE

- 1.1 This paper provides assurance to the Board of Directors regarding developments in corporate risk during the period November 2024 to January 2025. The report focuses on:
- Material changes to risks captured in the Corporate Risk Register
 - Areas of emerging risk.
- 1.2 This risk report is prepared as part of the quarterly cycle of risk assurance for Audit and Risk Committee and for the Trust Board. Risk reports are also presented to the Trust Executive Group, to the Board's assurance committees, and the Audit and Risk Committee.

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 January 2025 is issued separately as supporting material for this meeting.
- 3.0.2 The greatest corporate risks both concern hospital handover: follows:
- Risk 623: Hospital Handover (South) – 25 (high risk)
 - Risk 602: Hospital Handover (North and East) – 25 (high risk)
- 3.03 Persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust's footprint and therefore each CBU is now reporting risks associated with their own area separately. Overall, the severity of the risk remains high for the Trust as the impact of handover delays on patients is potentially catastrophic. It is widely recognised that hospital handover is a system concern relating to wider and multi-faceted issues of patient flow, and the Trust is engaged with multiple system partners in work to reduce handover delays.

3.1 NEW CORPORATE RISKS

3.1.1 Six new corporate risks have been opened: Three of these new corporate risks have been assessed as high risk:

- Risk 666: Delayed ICB approval of PTS eligibility criteria (20, high risk).
- Risk 670: Loss of SMS service through 111 CAD (16, high risk). [subsequently closed]
- Risk 648: South - Fleet Availability (15, high risk).

3.1.2 The other three new corporate risks have been assessed as moderate risk:

- Risk 662: PTS Contingency File (12, moderate risk).
- Risk 669: Associate Ambulance Practitioner (AAP) Apprentices passed planned end date (PPED). (12, moderate risk).
- Risk 672: Insufficient capability for mass communication in event of major/critical incident (12, moderate risk).

3.1.3 **Appendix A** presents more detailed information about these new corporate risks.

3.2 EXISTING CORPORATE RISKS THAT HAVE INCREASED

3.2.1 One existing risk on the Corporate Risk Register has increased:

- Risk 603: North and East Operational Performance (increased from 16 to 20, high risk).

3.2.2 **Appendix B** presents more detailed information about this risk.

3.3 CORPORATE RISKS REDUCED IN SCORE

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

- Risk 559: Safeguarding Referrals to Local Authorities from Yorkshire Ambulance Service (reduced from 16 to 12, moderate risk).
- Risk 54: Clinical Capacity NHS 111/IUC (reduced from 20 to 16, high risk).
- Risk 564: Right Care, Right Person (reduced from 16 to 12, moderate risk).

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

3.4 DE-ESCALATED CORPORATE RISKS

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

- Risk 560: Capital Departmental Expenditure Limit (reduced from 16 to 6, low risk)
- Risk 561: CDEL Lease Notification (reduced from 12 to 6, low risk)
- Risk 515: Joint Decision Model (JDM) training in EOC (reduced from 12 to 9, moderate risk).
- Risk 421: Computer Aided Dispatch Issue (reduced from 12 to 9, moderate risk).
- Risk 557: Continuous Improvement (Incidents & Exercises) (reduced from 12 to 9, moderate risk).
- Risk 614: West - Lack of adherence to controlled drug documentation requirements (reduced from 15 to 10, moderate risk).

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

3.5 CLOSED RISKS

3.5.1 Two corporate risks have been closed:

- Risk 592: Fire Safety Officer Role
- Risk 628: South - A&E Operations Staffing Resource

3.5.2 **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. Training Plan Delivery 2025/26

An emerging risk has been identified with regards to the delivery of the training plan for operations. A risk assessment will identify the extraction requirements to deliver the plan and the impact of those extractions. Additionally, this will include the impact of limiting extractions and training compliance to determine level of risk to the Trust.

2. Clinical Refresher Compliance

An emerging risk has been identified regarding Clinical Refresher sessions compliance. Work is underway to quantify the risk and identify the gaps and controls to determine the level of risk to the Trust.

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:

- 1. Notes the position regarding corporate risks
- 2. identifies any areas for further information or assurance.

SUPPORTING INFORMATION

Enclosed with this report

Appendix A: New Corporate Risks

Appendix B: Corporate Risks that have Increased

Appendix C: Corporate Risks that have Reduced (but remain on the corporate risk register)

Appendix D: De-Escalated Corporate Risks (these remain open on local risk registers)

Appendix E: Closed Corporate Risks

Circulated for Information

Corporate Risk Register: General - January 2025

Corporate Risk Register: Operations - January 2025

David O'Brien

Director of Corporate Services and Company Secretary

Levi MacInnes

Risk and Assurance Manager

January 2025

APPENDIX A: NEW CORPORATE RISKS

| NEW CORPORATE RISK 1 | | |
|-----------------------|--|--|
| Reference | 662 | |
| Title | Patient Transport Service Contingency File | |
| Committee | Finance and Performance Committee | |
| Directorate | Operations | |
| Business Area | Patient Transport Service | |
| Risk Owner | Chris Dexter, Managing Director PTS | |
| BAF Links | 5, Develop and maintain effective emergency preparedness, resilience, and response arrangements. | |
| Context | A data offload exporting all live PTS journeys happens every three minutes for contingency purposes. Microsoft no longer supports macros therefore making the data offload unreadable in raw format within the PTS logistics team. | |
| Opening Score | | Current Score |
| 12 (Moderate Risk) | | 4 (Low Risk) |
| FULL RISK DESCRIPTION | | |
| WHAT | If... | The PTS contingency file fails |
| | Then... | There will be delays in implementing PTS business continuity plans |
| SO WHAT | Resulting in... | Patient journeys being compromised. |
| WHAT NEXT | Key Mitigation Actions | Ongoing support from ICT for a resolution. Cleric also working on splitting the data down by area, to make this easier accessed. |

| NEW CORPORATE RISK 2 | | | | | | | | |
|---|--|--|---------------|---------------|--------------|----------------|----------------|--------------|
| Reference | 666 | | | | | | | |
| Title | Delayed Integrated Care Board approval of PTS eligibility criteria | | | | | | | |
| Committee | Finance and Performance Committee | | | | | | | |
| Directorate | Operations | | | | | | | |
| Business Area | Patient Transport Service | | | | | | | |
| Risk Owner | Chris Dexter, Managing Director PTS | | | | | | | |
| BAF Links | 3, Support patient flow across the urgent and emergency care system | | | | | | | |
| Context | Criteria for patients have been revised by NHSE and due to be in place by April 2025. Each ICB has different governance requirements that need satisfying to implement those changes, these may not be approved for YAS to mobilise the project for an April 2025 go-live date. This will reduce the efficiencies that can be achieved that year by approximately £163,000 for every month delayed across all regions. | | | | | | | |
| <table><tr><td>Opening Score</td><td>Current Score</td><td>Target Score</td></tr><tr><td>20 (High Risk)</td><td>15 (High Risk)</td><td>5 (Low Risk)</td></tr></table> | | | Opening Score | Current Score | Target Score | 20 (High Risk) | 15 (High Risk) | 5 (Low Risk) |
| Opening Score | Current Score | Target Score | | | | | | |
| 20 (High Risk) | 15 (High Risk) | 5 (Low Risk) | | | | | | |
| FULL RISK DESCRIPTION | | | | | | | | |
| WHAT | If... | Local decision-making processes around the implementation of NHS England's revised eligibility criteria for non-emergency patient transport services are not aligned across the three ICBs | | | | | | |
| | Then... | There may be a delay to full implementation of the criteria which will mean that the number of non-eligible patient journey will not reduce as planned | | | | | | |
| SO WHAT | Resulting in... | A failure to achieve the anticipated in-year efficiencies for financial year 2025-26. | | | | | | |
| WHAT NEXT | Key Mitigation Actions | The risk was initially scored as 20, however verbal assurances have been provided by ICBs that the eligibility implementation will go live as planned from April 2025. Risk likelihood therefore reduced to possible until formalised. | | | | | | |

| NEW CORPORATE RISK 3 | | |
|-----------------------|---|--|
| Reference | 669 | |
| Title | Associate Ambulance Practitioner (AAP) Apprentices passed planned end date (PPED). | |
| Committee | People Committee | |
| Directorate | People and Organisational Development | |
| Business Area | Education | |
| Risk Owner | Dawn Adams, Associate Director of Education and Organisational Development | |
| BAF Links | 9, Develop and sustain improvements in leadership and staff training and development. | |
| Context | The threshold for apprentices going over the planned end date is 15%. Current rates at the time of raising the risk were approximately 40%. Therefore, the Trust is non-compliant with requirements. The increase has been sudden and sharp however if this were to remain high there is a chance of audit, with impact on Levy funding and possible sanctions. | |
| Opening Score | | Current Score |
| 12 (Moderate Risk) | | 4 (Low Risk) |
| FULL RISK DESCRIPTION | | |
| WHAT | If... | The percentage of AAP Apprentices going passed their planned end date remains above 15%, |
| | Then... | The Trust will remain non-compliant with the Education and Skills Funding Agency (ESFA) |
| SO WHAT | Resulting in... | Reclaimed levy payments and inability to register further apprentices |
| WHAT NEXT | Key Mitigation Actions | Determine outstanding work for completion. Ongoing review to determine next steps and escalation to PGB. |

| NEW CORPORATE RISK 4 | | |
|-----------------------|--|---|
| Reference | 670 | |
| Title | Loss of SMS service through 111 CAD | |
| Committee | Finance and Performance Committee | |
| Directorate | Operations | |
| Business Area | Remote Care / IUC | |
| Risk Owner | Julia Nixon, Associate COO - Remote Patient Care | |
| BAF Links | 3, Support patient flow across the urgent and emergency care system | |
| Context | The removal of the SMS service has resulted in the average handling time increasing to around 650 seconds. Significant impact on Health Advisor availability and impacts on service offered. | |
| Opening Score | | Current Score |
| 16 (High Risk) | | 4 (Low Risk) |
| FULL RISK DESCRIPTION | | |
| WHAT | If... | The current inaccessibility of the SMS system through the 111 CAD continues |
| | Then... | The Average Handling Time (AHT) will continue to increase |
| SO WHAT | Resulting in... | An inability to maintain services at an acceptable rate and potential patient harm. |
| WHAT NEXT | Key Mitigation Actions | <p>The risk was highlighted in November 2024.</p> <p>ICT / Service Development, National Team, and Software provider re-established service on the 11th December therefore mitigating the risk.</p> <p>This risk is now closed.</p> |

| NEW CORPORATE RISK 5 | | | | | | | | |
|---|---|---|---------------|---------------|--------------|--------------------|--------------------|--------------|
| Reference | 672 | | | | | | | |
| Title | Insufficient capability for mass communication in event of a major/critical incident | | | | | | | |
| Committee | Finance and Performance Committee | | | | | | | |
| Directorate | Operations | | | | | | | |
| Business Area | Central Services | | | | | | | |
| Risk Owner | Liz Eastwood, Head of Service Delivery and Quality | | | | | | | |
| BAF Links | 5, Develop and maintain effective emergency preparedness, resilience, and response arrangements. | | | | | | | |
| Context | The Trust currently does not commission a supported mass communication tool in the event of incident delays the comms, mobilisation and coordination of staff including special ops. Current process is timely and heavily reliant on human factors, therefore subject to error and delays. The risk is associated with multiple EPRR Core Standards and interoperability standards and fails to meet legislative requirements. | | | | | | | |
| <table><tr><td>Opening Score</td><td>Current Score</td><td>Target Score</td></tr><tr><td>12 (Moderate Risk)</td><td>12 (Moderate Risk)</td><td>3 (Low Risk)</td></tr></table> | | | Opening Score | Current Score | Target Score | 12 (Moderate Risk) | 12 (Moderate Risk) | 3 (Low Risk) |
| Opening Score | Current Score | Target Score | | | | | | |
| 12 (Moderate Risk) | 12 (Moderate Risk) | 3 (Low Risk) | | | | | | |
| FULL RISK DESCRIPTION | | | | | | | | |
| WHAT | If... | The Trust does not have a robust and reliable methodology to support two-way communication with large groups of people in the event of a major, critical, or other serious incident | | | | | | |
| | Then... | There will be delays to the mobilisation of the wider trust response and the notification and coordination of the response with system partners | | | | | | |
| SO WHAT | Resulting in... | Potential adverse impact on the outcome of patients due to delayed treatment and care. | | | | | | |
| WHAT NEXT | Key Mitigation Actions | Full review of the risk and system updates required outlined as part of Business Case. | | | | | | |

| NEW CORPORATE RISK 6 | | |
|-----------------------|--|---|
| Reference | 648 | |
| Title | Fleet Availability: South | |
| Committee | Finance and Performance Committee | |
| Directorate | Operations | |
| Business Area | South Operations | |
| Risk Owner | Adam Layland, Director of Partnerships and Operations | |
| BAF Links | 1, Deliver a timely response to patients | |
| Context | Risk raised as part of ongoing issue that crews are available with no vehicles at start of shifts due to delays from previous crew or VOR. Risk also recorded for West (score 6) and N&E (score 9). | |
| Opening Score | | Current Score |
| 20 (High Risk) | | 15 (High Risk) |
| | | Target Score |
| | | 5 (Low Risk) |
| FULL RISK DESCRIPTION | | |
| WHAT | If... | There is no fleet available for staff at the start of their shift, or when a vehicle becomes unavailable through defect |
| | Then... | There will be no ability for staff to respond to patients |
| SO WHAT | Resulting in... | Delayed response and harm to patients, and impact on staff wellbeing |
| WHAT NEXT | Key Mitigation Actions | The risk was initially scored as 20, however the roll out of new fleet has seen some improvement. Ongoing work with fleet and scheduling to ensure availability. |

APPENDIX B: EXISTING CORPORATE RISKS THAT HAVE INCREASED IN SCORE

| Ref | Title | Area | WHAT | SO WHAT | Change | | Rationale | WHAT NEXT | |
|-----|---|------------|---|---|--------|----|---|---|---|
| | | | | | From | To | | | |
| 603 | Operational Performance: North and East | Operations | IF there is an increase in demand/acuity split across the Accident and Emergency Operations service THEN there may be excessive response times | RESULTING IN a potential risk to patient safety | 16 | 20 | Increased demand across the North and East areas for Category 1 and Category 2 calls: increased the likelihood of risk to patients. | Appetite/Target: | 6 |
| | | | | | | | | Ongoing monitoring and mitigations to manage demand. Roll out of Integrated Care Co-ordination Hubs in the North and East areas will support Category 3 and other lower acuity demand. | |

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 | | | |
| 599 | Safeguarding Referrals to Local Authorities from Yorkshire Ambulance Service | Safeguarding | IF the Safeguarding referrals leaving the organisation do not contain high quality information and correct and detail THEN social care partners will not be able to review and triage them correctly | RESULTING IN patients not getting help promptly and being at risk of further harm or abuse. | 16 | 12 | Paediatric Liaison Nurse role provides assurance that catastrophic harm is less likely. Process improvements made and quality audit evidencing an increase in quality of referrals. External audit carried out by Wakefield Children's Services with positive feedback. | Appetite/Target: | 4 |
| 54 | Clinical Capacity NHS 111/IUC | Remote Care / IUC | IF the Trust is unable to recruit and retain sufficient clinical staffing capacity THEN there is a risk to the delivery of clinical advice in appropriate timescales | RESULTING IN a risk of not being able to deliver NHS 111 First | 20 | 16 | Successful recruitment within IUC has reduced the risk likelihood. Still reliant on agency staff therefore remains on the corporate risk register | Appetite/Target: | 6 |

| Ref | Title | Area | WHAT | SO WHAT | Change | | Rationale | WHAT NEXT | |
|-----|--------------------------|------------|---|--|--------|----|---|--|---|
| | | | | | From | To | | | |
| 564 | Right Care, Right Person | Operations | <p>IF Police forces fail to work collaboratively with the Trust to implement the Right Care Right Person operational model in a proportionate and sustainable way</p> <p>THEN Police forces fail to work collaboratively with the Trust to implement the Right Care Right Person operational model in a proportionate and sustainable way</p> | <p>RESULTING IN Increased demand on EOC, IUC and operational crews.</p> <p>Increased potential for physical or psychological harm to Trust staff.</p> <p>Reputational risk arising from the Trust being involved in a disproportionate number of Coroners' investigations.</p> | 16 | 12 | <p>Additional question set added into EOC, ongoing review and proposals to Clinical Governance Group.</p> <p>Continue to see no incidents reported.</p> | Appetite/Target: | 3 |
| | | | | | | | | New NHSE guidance published, action to align Trust processes with framework. | |

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 | | | |
| 560 | Capital Departmental Expenditure Limit | Finance | 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 Category 2 performance), and reputational damage. | 16 | 6 | Allocations have been confirmed and the 2024/25 capital plan funded. No request to cut back on the capital plan which covers the most urgent operational requirements and is forecast to remain within that allocation. Risk is significantly reduced for 2024/25. | Appetite/Target | 4 |
| | | | | | | | | The risk will be managed via the local risk register to review the efficacy of measures. | |
| 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 | 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 overspend), reduction to funding in future years, and reputational damage. | 12 | 6 | | Appetite/Target | 3 |
| | | | | | | | | The risk will be managed via the local risk register to review the efficacy of measures. | |

| Ref | Title | Area | WHAT | SO WHAT | Change | | Rationale | WHAT NEXT | |
|-----|--|------------------|---|---|--------|----|---|--|---|
| | | | | | From | To | | | |
| 515 | Joint Decision Model (JDM) training in EOC | Safety | IF the JDM training is not provided to Dispatch Leaders and Duty Managers within the EOC in a practical timeframe THEN frontline staff are going to feel pressurised to attend locations/ situations that they have dynamically risk assessed as being too much of a safety risk | RESULTING IN poor communication between both parties, decrease in morale on both sides and potential for staff to be placed at significant risk of harm. | 12 | 9 | Increased compliance to 68% of identified roles within EOC therefore reducing the likelihood of the risk materialising. Training also now included as part of induction for new starters. | Appetite/Target | 4 |
| | | | | | | | | Command and Resilience group to identify long-term training packages for EOC staff including refreshers. | |
| 421 | Computer Aided Dispatch (CAD) Issue: Special Operations Response Team (SORT) | Central Services | 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 a PLATO incident (marauding terrorist attack) being declared in line with core standards, and also a delay in the mobilisation of SORT staff to a Chemical, Biological, Radioactive or Nuclear (CBRN) or other hazardous materials incident. | 12 | 9 | CAD data updated monthly to include SORT operatives. Therefore, reduced risk likelihood. | Appetite/Target | 1 |
| | | | | | | | | Further updates to ensure identification of skillsets across ESR, CAD and GRS. Initial testing conducted. Final test to be completed April 2025. | |

| Ref | Title | Area | WHAT | SO WHAT | Change | | Rationale | WHAT NEXT | |
|-----|--|------------------|---|--|--------|----|--|---|---|
| | | | | | From | To | | | |
| 557 | Continuous Improvement (Incidents and Exercises) | Central Services | 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, failure to comply with the EPRR core standards and statutory requirements Civil Contingencies Act 2004 for all Category 1 and Category 2 responders, increased financial costs and significant damage to the reputation of the Trust. | 12 | 9 | Debrief Policy and process approved and implemented. New system (Lessonflow) allows learning to be identified and actioned. | Appetite/Target | 3 |
| | | | | | | | | Work continues to embed the new lessons process with business continuity leads and specific key teams within the Trust. | |
| 614 | West - Lack of adherence to controlled drug documentation requirements | Operations | IF YAS does not adhere to the controlled drug documentation requirements including witness signatures and documenting the incident number in the station controlled drugs register THEN the Trust is failing to meet legislative requirements and is creating a lack of visibility and auditability of controlled drugs stocks | RESULTING IN an inability to account for loss in a timely manner, and possible staff or patient harm. | 15 | 10 | Audit process now allows non-compliant staff to be identified and management process implemented including education. Significant improvement in compliance rates, therefore risk likelihood reduced. | Appetite/Target | 5 |
| | | | | | | | | Ongoing work with support of Trust Pharmacist, frequent monitoring to ensure compliance. | |

APPENDIX E: CORPORATE RISKS THAT HAVE BEEN CLOSED

| Ref | Title | Area | WHAT | SO WHAT | Change | | Rationale | WHAT NEXT | |
|-----|--|------------|---|--|--------|----|--|-----------------|---|
| | | | | | From | To | | | |
| 592 | Fire Safety Officer Role | Estates | IF a Fire Safety officer is not appointed within the Trust THEN there is no specified position to advise the Trust on all fire safety matters and provide technical fire expertise in order that it can fulfil its obligations | RESULTING IN potential staff harm, reputational damage, and failure to meet Health and Safety legislative requirements | 12 | 6> | Fire Safety and Compliance Manager now in position. Fire assessments undertaken and high priority tasks identified now underway. | Appetite/Target | 6 |
| | | | | | | | | Risk closed | |
| 628 | South - A&E Operations Staffing Resource | Operations | 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 increased response times to incidents. | 15 | 5> | South Yorkshire recruitment has been successful. Risk mitigated. | Appetite/Target | 5 |
| | | | | | | | | Risk closed. | |