

Bradford Calderdale and Kirklees CBU Operational Dashboard 2012-2013



Yorkshire Ambulance Service NHS Trust



							Summar	у							
	Summa	ry	April	May	June	July	August	September	October	November	December	January	February	March	Yearly outturn forecas
		RAG Status													
2	Finance	Comments / Actions	Pay bud	get over s	spent £648,	729 and a	non pay o	ver spend of £	:65,708 - tl	nis is for We	est Yorkshir	e overall a	is it is not s	plit by CB	U
		RAG Status													
3	Performance	Comments / Actions	Perform Demand Resourc Operatic Clinical	ce Sonal AQIs	Overall is (+84.8%) contracted Resource while reso Time to tr more rura	demand is and Greer d demand levels are burce decr eatment is l areas. T	s 6.2% abo n 2 (+13.6% e 1.7% high eased in Ju s quicker th he incident	6) this is due f er for the Qua une and was f an the YAS le	ast year. / to the incre arter than (1.7% lower evels, this r rithout nee	As in other (ease in Triag Quarter 1 las than last ye reflects the h d to transpo	CBU's this is ge of Green st year. Ma ear. higher Red rt is lower t	s particula 3 during l y say the l performan han the Y/	rly noticea ast year. (bigest incre nce in the C AS average	Quarter 1 i ease, 5.8% BU compa e (19.4% c	2 (+15.5%), Green 1 s 5.5% above 6 higher than last year ared to some of the compared to 24.2%)
		RAG Status													
4	Quality	Comments / Actions	Complai Complin SUI		The rate of	of complim		rns and comn 3% , Trust rat 3U				rate is 0.13	3% for Qua	rter 1	
		RAG Status													
5	Workforce	Comments / Actions	Statutor PDRs Abstract FTE	y & Mand	Are at 88 GRS abst target - m 832.45 st	% in June ractions h ainly due t aff in post	and have b ave been lo to increaes	ed annual lea oudget establi	6 on previo Business ve.	ous months Plan target	of 30.1% in	April and	May, but ir	icreased ii	11 n June by 2.2% above on for West Yorkshire
		RAG Status													
6	CIP	Comments / Actions	In develo	pment											
		RAG Status													
7	Service Transformation	Comments / Actions	In develo	pment											



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Yorkshire Ambulance Service

Bradford Calderdale and Kirklees

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						Financ	e								
		Finance (Business Plan Ref 7.1)	April	May	June	July	August	September	October	November	December	January	February	March	Yearly Total
	2.1	Pay - Current budget per month	2,657,928	2,659,617	2,657,929										7,975,474
	2.2	Pay - Actual budget per month	2,657,730	2,953,119	3,013,354										8,624,203
	2.3	Variance per month	-198	293,502	355,425										648,729
	2.4	Cumulative variance	-198	293,304	648,729										648,729
	2.5	Non-pay - Current budget per month	57,478	57,478	57,478										172,434
	2.6	Non-pay - Actual budget per month	81,235	75,271	81,636										238,142
Budget	2.7	Variance per month	23,757	17,793	24,158										65,708
Budget	2.8	Cumulative variance	23,757	41,550	65,708										65,708
	2.9	Departmental overtime incurred	346,430	346,350	346,351										1,039,131
	2.10	Cost Centre total budget per month	2,715,406	2,717,095	2,715,407										8,147,908
	2.11	Cost Centre actual budget per month	2,738,965	3,028,390	3,094,990										8,862,345
	2.12	Variance per month	23,559	311,295	379,583										714,437
	2.13	Year to Date Total Budget	2,715,406	5,432,501	8,147,908										
	2.14	Year to Date Total Actual Spend	2,738,965	5,767,355	8,862,345										
	2.15	Year to Date Overall Spend Variance	23,559	334,854	714,437										

Note - information is provided for West Yorkshrie, as there are no splits on system at CBU level



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	Performance														
	Ambulance Quality Indicators (AQI's) - Operational			April	Мау	June	July	August	September	October	November	December	January	February	March
			BCK	78.4%	78.6%										
3.0	Category R1 & R2 8 Minute Response Time (CQI HQU03_01)		YAS	77.5%	77.2%										
			National	76.0%	N/A										
			BCK	98.7%	98.3%										
3.1	Category R1 & R2 19 Minute Response Time (CQI HQU03_02)		YAS	98.2%	97.9%										
			National	96.8%	N/A										
			BCK	28.8%	30.2%										
3.2	Re-contact Rates - Telephone (CQI SQU03_02)		YAS	28.5%	29.2%										
			National	14.0%	N/A										
			BCK	8.2%	8.1%										
3.3	Re-contact Rates - At Scene (CQI SQU03_02)		YAS	8.7%	8.6%										
			National	5.8%	N/A										
		Median		00:01	00:01										
		95th Percentile	BCK	00:11	00:17										
3.4	Time to Answer Calls - (CQI SQU03_08)	99th Percentile		01:23	01:39										
011		Median		00:01	00:01										
		95th Percentile	YAS	00:13	00:28										
		99th Percentile		01:23	01:40										
		Median		05:05	05:02										
		95th Percentile	BCK	12:06	11:46										
3.5	Time to Treatment - (CQI SQU03_09)	99th Percentile		17:28	17:02										
		Median		04:56	05:00										
		95th Percentile	YAS	12:08	12:29										
		99th Percentile		18:29	18:47										
			BCK	5.6%	5.5%										
3.6	Calls Closed with Telephone Advice (CQI SQU03_10)		YAS	4.9%	5.0%										
			National	5.5%	N/A										
			BCK	17.6%	19.4%										
3.7	Incidents managed without need to transport to A&E (CQI SQU03_10)		YAS	23.1%	24.2%										
			National	34.8%	N/A										

	Ambulance Quality Indicators (AQI's) - Clinical (Reported 3 Months in arrears)		January	February	March	April	Мау	June	July	August	September	October	November	December
		BCK	11.8%	10.9%										
3.8	Outcome from ROSC - Overall (CQI SQU03_03a)	YAS	12.1%	14.2%										
		National	21.6%	N/A										
		BCK	60.0%	51.9%										
3.9	Outcome from STEMI - Received an appropriate care bundle (CQI SQU03_05c)	YAS	72.0%	76.3%										
		National	76.4%	N/A										
		BCK	69.9%	64.6%										
3.10	Outcome from Stroke - Arriving at hyper acute stroke centre within 60 mins (CQI SQU03_06a)	YAS	70.6%	64.2%										
		National	63.5%	N/A										
		BCK	97.5%	97.0%										
3.11	Outcome from Stroke - Received an appropriate care bundle (CQI SQU03_06b)	YAS	96.6%	95.4%										
		National	95.5%	N/A										
		BCK	6.0%	3.8%										
3.12	Outcome from Cardiac Arrest - Survival to discharge - Overall (CQI SQU03_07a)	YAS	5.1%	4.1%										
		National	5.9%	N/A										



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							Perforn	nance												
		Demand	2011/12 Outturn	Q1 Totals	April	Мау	June	Q2 Totals	July	August	Septembe r	Q3 Totals	October	November	December	Q4 Totals	January	February	March	YTD
	Contracted Demand	Bradford, Calderdale & Kirklees CBU	34,439	36,435	11,748	12,562	12,125													36,435
	Actual Demand	Bradford, Calderdale & Kirklees CBU	36,207	38,443	12,654	13,068	12,721													38,443
	Variance	Bradford, Calderdale & Kirklees CBU	5.1%	5.5%	7.7%	4.0%	4.9%													5.5%
	Contracted Demand	Bradford and Airedale PCT	16,003	17,287	5,575	5,960	5,752													17,287
	Actual Demand	Bradford and Airedale PCT	17,118	18,285	6,158	6,162	5,965													18,285
3.13	Variance	Bradford and Airedale PCT	7.0%	5.8%	10.5%	3.4%	3.7%													5.8%
3.13	Contracted Demand	Calderdale PCT	6,540	6,743	2,174	2,325	2,244													6743
	Actual Demand	Calderdale PCT	6,810	7,180	2,261	2,448	2,471													7180
	Variance	Calderdalde PCT	4.1%	6.5%	4.0%	5.3%	10.1%													6.5%
	Contracted Demand	Kirklees PCT	11,896	12,405	3,999	4,277	4,129													12,405
	Actual Demand	Kirklees PCT	12,279	12,978	4,235	4,458	4,285													12,978
	Variance	Kirklees PCT	3.2%	4.6%	5.9%	4.2%	3.8%													4.6%
		Actual 2012/13		102,843	34,275	35,910	32,658													102,843
3.14	Resource (Group Unit Hours)	Last year 2011/12		101,119	33,947	33,933	33,239													101,119
		Variance vs last year		1.7%	1.0%	5.8%	-1.7%													1.7%
		Performance	Target 2012/13		April	Мау	June	Q2 Totals	July	August	Septembe r	Q3 Totals	October	November	December	Q4 Totals	January	February	March	YTD
	Red in 8 minutes CBU (CQI HQU03_01) Kirklee	Bradford and Airedale PCT	75%	78.5%	78.2%	78.4%	78.9%													78.5%
3.15		Calderdale PCT	75%	82.8%	80.2%	82.2%	86.0%													82.8%
		Kirklees PCT	75%	78.1%	77.0%	77.1%	80.1%													78.1%
	Red in 19 minutes CBU (COI	Bradford and Airedale PCT	95%	98.4%	98.4%	98.3%	98.4%													98.4%
3.16	Red in 19 minutes CBU (CQI HQU03_02)	Calderdale PCT	95%	98.9%	98.7%	98.7%	99.2%													98.9%
		Kirklees PCT	95%	98.6%	99.1%	98.2%	98.6%													98.6%
_	Vehicle Mobile (Seconds)			27	28	27	25													
	Hospital Turnarounds			30.09	30.04	29.77	30.46													
3.19	Time at Scene			27.53	27.27	27.65	27.68													
0.00	Infection, Prevention & Control	Hand Hygiene		GREEN	GREEN	GREEN	GREEN													
3.20	Infection, Prevention & Control Compliance	Premise		AMBER	AMBER	AMBER	GREEN				_									
		Vehicle Improving the experience and outcomes for patients residing in		AMBER GREEN		AMBER GREEN	AMBER GREEN													
		RURAL locations			GREEN															
		Development of alternative to reduce conveyance to A&E, target to reduce by 4.5% by 2013		30.2%	25.7%	26.8%	25.2%													
3.21	CQUINS		Trust Trajectory	29.9%	29.5%	29.9%	30.2%													
		Improving quality of care and support for people with dementia																		
		Safe care / improving patient safety																		
		Raising public awareness to support Ambulance demand management																		



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					Qu	ality				
			April	Мау	June	July	August	September	October	November
		Attitude and Conduct	2	0	3	outy	August	ocptember	COLODEI	November
		Aspects of Clinical Care	1	3	3					
		Driving and Sirens	3	1	5					
4.0	Complaints & Concerns	Other	2	1	1					
		Quarterly % rate (total incidents)		0.06%	-					
		YAS % rate (total incidents)		0.13%						
		Response > 25 working days	2	0						
			3	0	8					
4.1	Compliments	Quarterly % rate (total incidents)		0.03%						
		YAS % rate (total incidents)		0.02%						
4.2	Referrals to Ombudsman		0	0	0					
		Delayed dispatch/response	0	0	0					
		Road Traffic Collision	0	0	0					
		Clinical care	0	0	0					
		Inadequate clinical assessment	0	0	0					
4.3	SUI's by Type	Violence & aggression	0	0	0					
		Data protection breach	0	0	0					
		Adverse media attention	0	0	0					
		Medication related	0	0	0					
		Other	0	0	0					
		Open Incidents (Reported Date)								
4.4	Prism	Closed Incidents within 28 Days								
		Number of Incidents breached								
4.5	Clinical and Medicines Management Issues / Tasks									



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r	December	January	February	March



					Wor	kforce									
		Workforce	Target	April	Мау	June	July	August	September	October	November	December	January	February	March
		CRT		92.4%	90.4%	92.2%									
		M&H Patients		70.9%	74.6%	76.1%									1
	Statutory and	Safeguarding Children Level 2		73.9%	76.9%	78.5%									
5.0	Mandatory Training	Trauma Training		73.4%	83.4%	84.2%									
	Training	Stat and Mand Workbook 2011		56.1%	54.4%	57.2%									1
		Stat and Mand Workbook 2012			0	0									
5.1	PDR's % comp		100%	92.6%	91.0%	88.0%									
.2	Staff Survey														
.3	Flu Vaccination	S													
.4		Mandate Returns		90.2%	90.0%	92.0%									[
.5	CRB			94.0%	100.0%	94.0%									[
-		Total Abstractions	30.1%	25.3%	27.1%	32.3%									
		Annual leave		12.5%	12.8%	18.3%									
		Other leave (inc maternity)		2.5%	3.2%	3.0%									
		Sickness		6.5%	6.0%	6.7%									[
.6	Abstractions	Light Duties		1.4%	1.7%	1.2%									[
		Training		2.1%	2.9%	2.2%									
		Training Other		0.0%	0.0%	0.1%									
		Other		0.3%	0.5%	0.8%									
		Total Sickness	4.0%	7.3%	6.4%	4.7%									
		Short Term Absence		4.3%	4.8%	3.9%									
.7	Absence	Long Term Absence		2.9%	1.7%	0.7%									
		Informal Meetings		110	105	111									
		Formal Meetings		79	74	69									
		Total staff establishment (FTE)		875.25	875.45	875.25									
		Total Staff in Post (FTE)		841.98	832.56	832.45									
		Variance		-33.27	-42.89	-42.8									
		Total Managers (FTE) Establishment		27	29	29									
		Total Managers (FTE) Actual		26	24	23									
		Total Band 6 (FTE) Establishment		107.5	105.7	105.5									
.8	Staff in Post	Total Band 6 (FTE) Actual		97.95	76.6	77.63									
	(FTE)	Total Band 5 (FTE) Establishment		521.79	521.79	521.79									
		Total Band 5 (FTE) Actual		510.08	524.51	522.97									
		Total Band 4 (FTE) Establishment		155.56	155.56	155.56									[
		Total Band 4 (FTE) Actual		142.23	142.73	144.13									(
		Total Band 3 (FTE) Establishment		63.4	63.4	63.4				1					(
		Total Band 3 (FTE) Actual		65.72	64.72	64.72									[
5.9	Details of staff e 1.1)	engagement undertaken (Business Plan Refere	nce					1	1	I	I		I		
10	Actions underta	ken from staff survey													

RAG Rating Key for Statutory & Mandatory Training



Note % sickness in GRS is measured in hours lost vs FTE hours, while sickness in ESR is measured in days lost against FTE days Note - information is for West Yorkshire as information is not split by CBU level



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				W	orkforce										
										_					
				April	Мау	June	July	August	September	October	November	December	January	February	March
			% Staff Compliant	38%	41%	50%									
		MrmtDivision	Number of Staff Compliant	3	12	2									
			Total Number of Staff inDivision	8	29	4									
5.11	M&H Patients		Number expired	5	17	2									
5.11	Mail Fallents		% Staff Compliant	71%	75%	76%									
		Division	Number of Staff Compliant	307	651	654									
		Division	Total Number of Staff inDivision	433	873	859									
			Number expired	126	222	205									
			% Staff Compliant	88%	90%	50%									+
			Number of Staff Compliant	7	26	2									
		MrmtDivision	Total Number of Staff inDivision	8	29	4									
	0.5.7		Number expired	1	3	2									
5.12	CRT		% Staff Compliant	92%	90%	92%									· · · · · ·
		D ¹ · · ·	Number of Staff Compliant	400	789	792									
		Division	Total Number of Staff inDivision	433	873	859									
			Number expired	33	84	67									
			% Staff Compliant	67%	0.87	0.85									
		MrmtDivision	Number of Staff Compliant	8	33	11									
		WITHUDIVISION	Total Number of Staff inDivision	12	38	13									
5 12	Safeguarding Children L2		Number expired	4	5	2									
5.15	Saleguarding Children Lz		% Staff Compliant	74%	77%	78%									
		Division	Number of Staff Compliant	320	671	674									
		DIVISION	Total Number of Staff inDivision	433	873	859									
			Number expired	113	202	185									
			% Staff Compliant	31%	53%	57%									
		MrmtDivision	Number of Staff Compliant	5	24	12									
5 14	PDR		Total Number of Staff inDivision	16	45	21									
0.11			% Staff Compliant	93%	91%	88%									ļ!
		Division	Number of Staff Compliant	398	757	748									
			Total Number of Staff inDivision	430	832	850									
			% Compliant	81%	86%	81%									
		MrmtDivision	Workbook completed	13	48	17									
			Workbook not completed	3	8	4	ļ						ļ		<u> </u>
5.15	Workbook		% of Staff Compliant	16	56	21	ļ								Ļ!
			% Compliant	56%	54%	57%	ļ						ļ		<u> </u>
		Division	Workbook completed	253	465	510	ļ						ļ	ļ	ļ/
			Workbook not completed	195	385	376									↓′
			% of Staff Compliant	451	855	892									



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			Completed	8	7	4					
			Not Completed	2	2	3					
		MrmtDivision	Total	10	9	7					
- 10	- - · ·		% Compliancy	80%	78%	57%					
5.16	Trauma Trained		% Staff Compliant	73%	73%	84%					
		_	Number of Staff Compliant	292	292	680					
		Division	Total Number of Staff inDivision	398	398	128					
			Number expired	106	106	552					
			Headcount								
5.17	Flu Vaciination	Total	Total Vaccinated								
			% Staff Compliant								
			% of Mandates returned	94%	98%	92%					
		MrmtDivision	Number of Mandates returned	15	44	20					
- 10			Total Number of Staff	16	45	21					
5.18	Driving License		% of Mandates returned	90%	90%	92%					
		Division	Number of Mandates returned	405	779	815					
			Total Number of Staff	449	867	886					
			% of Mandates returned	96%	100%	94%					
		MrmtDivision	Number of Mandates returned	26	40	15					
F 40			Total Number of Staff	27	40	16					
5.19	CRB		% of Mandates returned	96%	97%	98%					
		Division	Number of Mandates returned	847	849	876					
			Total Number of Staff	882	873	892					
5.20	Compliance Target deem equipment or drugs	ned necessary due to new									

Note - Information from May is provided for West Yorkshire as individual CBU information is not available



Lead Director	CIP ref No	CIP scheme	Lead manager	2012/2013	2013/2014	2014/2015	Business Case Quality Assessed overall RAG	QIA C
PBW	Ops 3	Increase use of clinical hub (triage)	David Williams	675,479	749,000	749,000	Amber	Positi overa struct None KPIs n
PBW	Ops12	Clinical Leadership	David Williams	1,200,000	400,000			
PBW	Ops 4	Remove missed meal break payments and AVP (This needs remodelling to see if any incremental costs of the proposal to provide an uninterrupted break for 20 mins every 6 hours, within their 37.5 hours)	David Williams	1,032,604	1,032,604		Amber	The ri perfo mode Outco tracki
PBW	Ops 09	Reduce Overtime	David Williams	2,030,790	710,000		Amber	Poter resou
PBW	Ops 7	Effective sickness Management	Stephen Moir	606,269	202,089		Green	There scher policy
PBW	Ops 8	A&E skill mix	David Williams	371,000	742,000	6,300,000	Amber	Majo qualit busin with t and in disen
PBW	Ops 11	EOC restructure	Jo Halliwell	288,000	288,000		Amber	Positi ongoi
PBW	Ops 10	Field operations reorganisation (per CIP approx 4 band 7's plus on costs).	David Williams	150,000	50,000		Green	Mana their result
PBW	Ops 2	Remove Private Mileage on Overtime	Paul Mudd	96,000	32,000		Green	
PBW	Ops 5	24/7 standby	David Williams	63,875	63,125		Amber	Achie poter



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Comments

itive benefits are a strong feature in this plan, however it is rall rated as amber until it has had signoff of the reviewed Icture through TEG.

ne described in plan but suggest AQI's.

need development

risk of staff engagement presents risk to operational formance and quality of care. This could be green subject to delling (numbers not included)

come measures not explicitly described but suggest cking clinical AQIs

ential risk due to staff disengagement. Potential for ource reduction due to staff disengagement.

re should be no negative effect on clinical quality. The eme relates to effective implementaiton of the sickness icy.

jor workforce change plan which has potential to impact on lity & performance. Planned staff engagement as part of iness plan but insufficient detail, needs to cross reference the full businesss case for A&E workforce plan . Transition l implementation needs a plan. Impact of staff engagement possible.

itive benefits are a strong feature in this plan. Work is also joing reviewing the structure within the EOC.

nagers being taken out of structure but no clear plan how ir current responsibilities will be managed/absorbed. As a ult the quality of patient care is potentially at risk.

ieving maximum benefit from strandby points could entially positively affect quality & performance.



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Quarter 1

Transformation Programme												
Ref	Project	Jun	Jul	Aug	etc				Comments			
Finance and Performance Programme												
T1	CIP overview											
Т2	Estates strategy											
T2a	HART											
тз	Emergency Care Solution								Funding discussions continuing with commissioners			
Operations Programme												
Т5	Operational model											
T5a	Workforce Plan											
T5b	Rural models CQUIN											
T5c	Conveyance CQUIN											
T5d	ECP CQUIN											
Т6	EOC transformation											
T6a	Clinical hub											
Т7	PTS transformation											
T7a	PTS CQUINS											
Clinical /Quality Programme												
Т8	111								Awaiting confirmation of tender outcome			
Т9	Major Trauma											
T10	Cardiac arrest											
T11	Public Health											
T11a	Demand Management CQUIN											
T12	Clinical leadership								New system to go live from 1 August 2012			

Bradford Calderdale and Kirklees



Risk ID	CRR Ref	Risk Source & Date Added	Directorat e / Committe e	Dept / Team area of work	Risk Description	Risk Controls in Place	С	L	Risk Score	Risk Treatment Plan	Risk Owner	Comp date	С	L	Residual Risk Score	Review Date Progress Notes
CRR 74 (BAF15a)		Review of BAF Gaps in Control (July 2011)	Ops	All	Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	Risk assessments (s) Resilience plans (m) Business Continuity Plans monitored & reviewed annually & exercised periodically (m) All MAJAX/Specific resilience plans testing schedule & monitoring of effectiveness (m) BC Resilience Board (m)	5	3	15 RED	Please refer to the Risk Treatment plan for further specific details.	IW	Mar-13	5	2	10 AMBER	Monthly 22/9/11. Risk reviewed by AD Risk & Safety, AD Resilience. The risk description has been completely rewritten to provide a more strategic context. This risk includes content from archived risks CRR57 and CRR67.
CRR 29		Internal review July 2010	Ops	A&E	Litigation due to failing to provide a robust system of security and traceability for the management of controlled drugs.	Controlled drugs are not currently available in YAS except in South Yorkshire CBU, YAA and HART. 'Smart card' ID activation. Room/safe access and alarm systems.	5	3	15 RED	Assurance required from IT to ensure only those who require access through the 'smart card' system is programmed to stop others gaining access who should not.	KP		5	1	5 YELLOW	Reviewed by Risk & Assurance Committee Sept 10 - agreed should be downgraded to management at Directorate level.
CRR 13		Internal review	Ops	A&E	Adverse impact on service delivery due to major service reconfiguration at Leeds & Mid-Yorkshire Acute Trusts	ET maintains close oversight of the hospital trusts' plans to ensure YAS is adequately engaged in the planning processes. Directorate Contingency plans	4	4	16 RED	Please refer to the Risk Teatment plan for further specific details.	КР	31-Mar-11	3	2	6 YELLOW	Monthly Agreed outside of R&A Committee by Exec Team to remove from CRR on the basis of identified progress against the risk treatment plan. To be managed at directorate level. 3/11/10. Revised risk score of 9 (3x3)
CRR 12		Internal review	Ops	A&E	Adverse effect to business continuity (long term) due to major service reconfiguration plans are being revised at Dewsbury, Pontefract and Pinderfields hospitals and the implications for YAS are not clear).	ET overseeing the hospital trusts' plans to ensure YAS is adequately engaged in the planning processes. Directorate Contingency plans. Additional funding provided. Allocated additional resource.	4	4	16 RED	Please refer to the Risk Treatment plan for further specific details.	AP	31-Mar-11	3	2	6 YELLOW	3/3/11 KP & MS agreed minor wording changes to description & risk controls. Risk score downgraded to 3x3=9 (amber). Removed from CRR to be managed by A&E Ops Directorate.
CRR 50 (BAF 1.2)		A&E Ops review. November 2010	Ops	A&E	Harm to patients, staff and others due to increased volume of category A calls, as a consequence of the introduction of the new C30 and C60 response time standards.	A&E Ops Improvement Plan and associated risk register. Fortnightly Operations Programme Board. Response time data reporting. Integrated Performance Report.	4	4	16 RED	Act on ORH Impact Assessment. Potential to change operational model.	MS	Jan-11	4	4	8 AMBER	Monthly 3/3/11 KP & MS reviewed;Category B proposal not going into Category A. Risk reduced as consequence not significant in category A response.Risk score amended to 3x2x6 (yellow). Removed from CRR to be managed through A&E Ops Directorate.
CRR 53 (BAF2F)		ET review. November 2010	Ops	A&E	Financial risk due to replacement of the staff/service model for the Voluntary Car Service (VCS), as a consequence of an employee tribunal ruling .	Legal advice. Challenging the case/ruling. Provide and support robust evidence.	5	3	15 RED	Please refer to the Risk Treatment plan for further specific details.	DW	Mar-12	4	2	8 AMBER	26/9/11 - Discuss with A&E Ops Director SF. Agree to archive risk as residual risk score achieved.
CRR 91 (BAF 3b)		BAF review April 12	Ops	A&E	Adverse impact on clinical outcomes, due to failings in patient care pathways, as non-conveyance rates of individual paramedics is lower than national benchmarking indicators.	IPR reporting. Implementation of clinical leadership framework. Clinical audit programme Patient care pathways established for falls, dementia, LD, stroke, mental health, COPD.	4	4	16 RED	Please refer to the Risk Treatment Plan for further details	EDoD	Mar-13	3	2	6 YELLOW	Monthly Added to CRR following BAF review April 12. Further exec review in April determined that this risk should be managed at Directorate level.
9		ICT Risk	Ops	All	The Trust must implement the NHS Information Risk Management Process. There is a current risk around implementation capacity.	SIRO in place. IAO's in place. IAA's in place	4	3	12 AMBER	Regular IG to IAO meetings	IGG		3	2	6 YELLOW	
11		ICT Risk	Ops	All	Annual Leave thresholds exceeded due to Resource Department not controlling annual leave booking.	Review of how to calculate leave using current policies. New Ops rotas being discussed to incorporate annual leave. New annual leave policy being drafted with HR, Ops and Staffside. Future abstractions report being produced monthly to ensure thresholds monitored in advance.	4	3	12 AMBER		Ops	31/03/2011	4	2	8 AMBER	
19		YAS/ICT Risk	Ops	A&E	Failure to achieve required resource levels to meet YAS performance as a result of new relief rotas implementation due to : Annual Leave being overbooked due to no threshold applied and guaranteed leave in weeks 3 & 4. 12 relief rota short of 3.75 hours per 10 week cycle which has to be manually applied. Restriction of flexibility of both relief rotas limiting shift allocation to specific day and evening shifts. One shift only being carried over if any shortfall in hours occurred over two cycles (20weeks).	Work through issues in regular meetings with staffside, Ops ADs and resource champions. Ongoing monitoring of annual leave levels from future abstractions report. Ongoing monitoring of individual staff hours planned in each 10 week cycle from relief planning reporting. Report on coverage of shift pre and post relief rota change dates.	4	3	12 AMBER	Monitor regularly through Rsource /Operations Champions meetings held every fortnight. Work closely with Paul Mudd as Ops AD lead.	Ops	31/03/2011	4	3	12	
BCK1		CBU Initiative	Ops	BCK	Risk of Technician upskilling being further compromised, due to alternative Trust priorities.	None	3	4	12 AMBER	See attached Treatment Plan	Tasnim Ali	31.03.10	1	1	1 GREEN	30.09.10 Review 3.3.11- Delay in new rota implementation which further impacts on this.
BCK2		CBU Initiative	Ops	ВСК	Risk of staff PDRs not being completed within given timescales, caused by operational demand impacting on the CTE Programme, thereby resulting in delays to preparing and undertaking PDRs. Actual CTE numbers do not facilitate a 1/12 ratio	CTE Away Days organised to educate CTEs in CTE programme and provide useful tool to support role.	3	3	9 AMBER	See attached Treatment Plan	Clinical Manager	31.03.10	3	2	6 YELLOW	3.3.11- Bariatric stretcher now availble in the CBU 30.09.10
BCK4		CBU Initiative	Ops	BCK	Risk of injury to staff due to manual handling of bariatric patients, due to bariatric equipment not being available.	Manual Handling training.	3	4	12 AMBER	See attached Treatment Plan	Tasnim Ali	31.03.10	2	2	4 YELLOW	Ongoing. 17.09.10
BCK8		CBU Initiative	Ops	BCK		CTLs are informing the Management Team when 4 Point Harnesses are found to have been removed.	4	3	12 AMBER	See attached Treatment Plan	Tasnim Ali	30.09.10	4	2	6 YELLOW	30.09.10 Ongoing.

Yorkshire Ambulance Service

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