Yorkshire Ambulance Service NHS Trust

Corporate Risk Register (August 2012)

Risk ID	Risk Source Date	Directorate/ Committee	Dept / Team/ Workstream	Risk Description	Risk Controls in Place	C	L	Risk Score	Risk Treatment Plan	Risk Owner	Comp date	C	L	Residual Risk Score	Review Date	Progress Notes
CRR22 (BAF1a)	Internal Review (IM&T Prism 715)	F&P	ICT (ICT 28)	Significant disruption to 999 service provision, leading to adverse impact on clinical outcomes due to the complexity and interface of different IT systems	1) Work is ongoing to fully test all business continuity plans (m) 2) Hardware capacity reviews (m) 3) Proc-active network and server monitoring (s) 4) Change control process.(m)	4	2	8 AMBER	1) Joint meeting with CAD supplier between YAS, EMAS, SWAS and NWAS to address CAD performance issues. 2) C3 release upgrade. 3) Test all business continuity plans 4) Continue to ensure regular hardware capacity reviews and escalation of emerging risks. 5) Develop and monitor early warning indicators. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	DJ	Mar-13	4	1	4 YELLOW	Monthly	Actions on original risk treatment plan completed. Reviewed by R&AG on 29 Aug. Risk description is more strategic and broadened. Risk treatment plan to be rewritten to reflect this.

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CRR39 (BAF6a)	Internal review (ET) Sept 2010	W&S	Leadership & Management Development	Adverse impact on clinical outcomes due to failure to embed a clinical leadership framework	1) Clinical Quality Strategy and associated implementation plans (m) 2) CQUIN programme management (s) 3) Appointment of clinical supervisors by robust process of recruitment and selection. (s) 4) Bradford University CL programme. (w)	4	3	12 **AMBER**	1) Implement Clinical Leadership Framework 2) Provide leadership and management development for all new Clinical Supervisors. 3) Establish effective monitoring of relevant KPIs as part of the wider workforce dashboard. 4) Review wider operational management structures and systems to ensure alignment with new clinical leadership model. 5) Implementation of CPD programme. 6) Development of clinical progression framework. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	DW	Mar-13	4	1	4 **YELLOW**	Monthly	All Clinical Supervisors recruited and training underway. Inductions to be completed by November 2012 and external training delivered by Bradford University will be completed early 2013.
CRR66 (BAF2a)	Safeguarding Team April 2011	Ops	EOC	Harm to patients, staff and others due to deficiencies in the data flagging process leading to potential for data flags not being brought to the attention of interested parties.	1) EOC procedures (m) 2) Data flagging group (w) 3) Operational procedures which include the validation of existing lists (w) 4) Incident reporting policy (m)	4	3	12 AMBER	1) Complete the review of Emergency Operations Centre procedures for management of data flags. 2) Develop the role and membership of the Data Flagging Group. 3) Continue pilot developments with police, probation and social services to support effective information sharing. The Risk Treatment Plan Provides specific details on actions, ownership and	SB	Mar-13	4	1	4 **YELLOW**	Monthly	Discussed at R&AG 29 Aug. Risk treatment plan developed, but has yet to commence implementation

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CRR69 (BAF5b)	Review of BAF Gaps in Control (July 2011)	S&C	Risk & Safety / Quality	Failure to learn from patient experience and adverse events due to inadequate data management systems for reporting and to identifying learning opportunities.	1) Involvement in patient groups and LINKs(s) 2) Incident reporting policy. (m) 3) Complaints and claims policy. (m) 4) Incident review group disseminates learning around lessons learned via clinical updates. (m) 5) Clinical audit reviews. (m) 6) Trust has an expert patient. (s)	4	2	8 AMBER	1) Develop patient feedback and engagement in line with the Clinical Quality Strategy. 2) Implement the clinical audit plan. 3) Continue to develop review processes at department level, aligned to existing Trust systems. 4) Implement the risk management data systems project The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	KW KDW	Mar-13	4	1	4 **YELLOW**	Monthly	Implementation of Datix which will replace Prism in April 2013 for the management of incidents, complaints and claims. Lessons learned report now submitted to Board and Quality Committee bi-monthly. Investigation skills training in place to be delivered from September 2012.
CRR74 (BAF7a)	Review of BAF Gaps in Control (July 2011)	Ops	Resilience & Specialist Services	Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	1) Range of risk assessments (s) 2) Resilience plans (m) 3) Business Continuity Plans monitored and reviewed annually and exercised periodically (m) 4) All MAJAX/Specific resilience plans testing schedule and monitoring of effectiveness (m) 5) BC	5	3	15 **RED**	1) Implement training programme for business continuity leads and key staff. 2) Test all business continuity plans. 3) Establish new Gold Command facility. 4) Relocate HART to new premises. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	IW	Mar-13	5	2	**10 AMBER**	Monthly	Business Continuity plans in place across the Trust. Now routinely monitored via BC Resilience Group.

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CRR84 (BAF1b)	SMG January 2012	Capital Fleet & Equipment Group		Adverse clinical outcomes due to failure of reusable medical devices and equipment.	Cleric Fleetman records management system (m). Maintenance schedules (m). Procedural documents (Strategy, Maintenance of Medical Devices Policy and associated procedures) (w). Physical audit of all medical equipment. (m)	5	2	10 **AMBER**	1) Review and update Maintenance of Medical Devices Policy and individual maintenance schedules. 2) Review and develop records management system. 3) Enhance performance monitoring linked to IPR. 4) Improve incident reporting, in particular near miss reporting. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	MS	Mar-13	5	1	**5 YELLOW**	Monthly	Positive developments in equipment maintenance scheduling systems. Weekly monitoring arrangements established within Directorate. Positive assurance received from July, NHSLA Mock L2 assessment.
CRR93 (BAF8a)	BAF review April 12	S&C	Projects	Adverse impact on developments in urgent/unscheduled care services in partnership with other providers due to failure to implement 111 service/WYUC provision	111 Project Team developing 111 ITT response (s)	5	3	15 **RED**	1) Put in place project management arrangements and targeted resources to support the mobilisation process. 2) Establish defined partnership and Trust governance and management arrangements as outlined in the service bid. 3) Ensure project management to support development and delivery of other service developments if the 111 bid is unsuccessful. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	KT	Mar-13	5	1	5 **YELLOW**	Monthly	111 service/WYUC provision secured July 2012. Implementation plan under development with contributions from identified workstream leads.

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CRR94 (BAF3b)	BAF review June 12	S&C	Risk & Safety	Lack of compliance with key regulatory requirements (CQC,HSE,IGT, NHSLA) due to inconsistent application across the Trust.	Procedural documentation (m) Clinical audit process (m) Inspections for improvement programme. (s) KPI indicators. (m) Project plan re NHSLA accreditation, including mock assessments. (m) Clinical Quality Strategy and implementation plan. (m) Quality accounts.(s)	5	2	10 **AMBER**	1) Implement Clinical Quality Strategy and implementation plan. 2) Continue progress to NHSLA Level 2 risk management standards. 3) Implement Risk and Safety Team work plans 4) Maintain and enhance the internal Inspections for improvement programme 5) Maintain the focus on quality and compliance within performance management processes. 6) Implementation of Covalent performance management system. 7) Implementation of Quality Committee work programme. 8) Development and implementation of performance management processes within departments and CBUs. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	ED S&C	Mar-13	5	1	5 **YELLOW**	Monthly	NHSLA mock L2 assessment in July 2012 highlighted key areas for improvement. Further work is required to enable the Trust to succeed at L2. The Inspection for Improvement programme is still underway to identify any CQC related issues.

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CRR103 (BAF3a)	TEG review June 12	S&C W&S	Compliance Education	Inability to deliver performance targets and clinical quality standards.	1) Major trauma project action log in place which includes training requirements. (m) 2) Ongoing paramedic recruitment as part of Workforce Strategy and Plan. (m) 3) HEI programmes for paramedic conversion (m) 4) AQIs developed (m) 5) CPIs developed (m)	5	3	15 **RED**	1) Implement Workforce Strategy and Plan. 2) Implement Training Plan. 3) Implement Quality Governance action plan. 4) Develop and monitor early warning indicators. 5) Implement Clinical Leadership Framework. 6) Implement service line management and reporting. 7) Implement processes around notification of staff being released for training. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	KW SP	Mar-13	5	2	10 **AMBER**	Monthly	New risk following TEG review in June 2012. Reviewed at R&AG Aug 12. Risk treatment plan under development.
CRR104 (BAF4a)	TEG review June 12	F&P	Finance	Loss of income due to inability to secure/retain PTS and other service contracts, adversely influencing future service commissioning	1) Major tender assurance process (s) 2) Weekly Contracting and Commissioning Team meetings (s)	4	4	16 **RED**	1) Implement PTS Transformation Programme . 2) Implement service line management and reporting. 3) Develop Trust commercial unit. 4) Implement Stakeholder Engagement Plan. 5) Contribute to regional and local improvement initiatives. 6) Appointment of Associate Commercial Director and development of key procedures. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	AR	Mar-13	4	2	8 AMBER	Monthly	New risk following TEG review in June 2012. Reviewed at R&AG Aug 12. Risk treatment plan under development.

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CRR105 (BAF5a)	TEG review June 12	F&P S&C	FT TCP	Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes.	1) TEG approved approach to staff engagement (s) 2) Clinical Leadership programme (m) 3) Programme management (m) 4) Quality Impact Assessments. (m) 5) CIP Monitoring Group. (m) 6) Clinical Review Group.(m) 7) CQUINS (s)	5	4	20 **RED**	1) Implement Service Transformation Programme. 2) Implement Cost Improvement Programme management as a key part of overall programme management. 3) Implement Staff Engagement and Communication Plan. 4) Implement service line management. Implement agreed process for Quality Impact Assessment of CIP Programmes. 5) Achieve actions on FT implementation plan within specified timeframes 6) Implement Workforce Strategy and Plan. 7) Implement Training Plan. The Risk Treatment Plan Provides specific details on actions, ownership and timeframes.	AR KW	Mar-13	5	2	10 AMBER	Monthly	3 year Cost Improvement Plan submitted to Board 31 July 2012 for approval. Q1 CQUIN report finalised July 2012 with actions in place to progress.