

ID	Title	Approval Status	Directorate	Business Area	Manager	Risk Source	Risk Type	Risk Subtype	Description	Controls in place	Advisory of controls	Gap in controls	Actions	Risk level Initial	Risk level Current	Risk level Forecast	Risk level Target	Owned (Strat) Position	Review date	Closed date
130	Accommodation for Review	Being reviewed	People & Engagement	Operational Effectiveness and Education	Deborah Quayle	Risk assessment	Strategic Risk	Relates and facilities	A business case was submitted in the financial year 2012-13 and this is still awaiting approval for the acquisition of a single site learning Academy to replace the current 3 ageing sites. The business case was rejected by the Trust Board and is in the process of being re-submitted. Risk to non-compliance with training requirements.	3 sites currently being operated in York, Doncaster and Wakefield	Green	1. The current leasing sites are in a state of disrepair and are not fit for high quality educational provision. 2. The lease for the Burn Hall site is due to expire on 31st March 2014 3. Geographical separation of the 3 sites is not ideal for shared learning or consistency in delivery	1. Business case under development to review departmental requirements for educational provision 2. Ongoing negotiations regarding lease of Burn Hall 3. Standards and consistency within Leadership and Learning and Education and Standards are monitored by the management team and feedback evaluated	Moderate Risk	Moderate Risk	12	Moderate Risk	3	01/06/2014	31/12/2014
251	Business tendering	Being reviewed	Finance and Performance	Business Development	Catherine Baines	Internal business review, legislative requirements	Strategic Risk	Financial	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated	Weekly review of tenders within the wider external market	Green	1. External meetings with commissioners/Organic Resilience Groups (CRG level) due to the high number of meetings, means that information collation, and intelligence around risks to core business is difficult to manage but has improved with trained staff for each review process	1. Improve Commissioner and VAS communication 2. New process for reviewing potential tender opportunities - Gate Review - now in place. 3. Ensure that all Associate Directors and "lead" of an award and complying with the Major Tender Review process and the Gate Review Process. 4. Re-introduction of the Intelligence Register to store centrally all information on threats and new service developments and service reconfigurations. 5. Recruit a marketing manager to work with teams on market analysis and marketing projects	Moderate Risk	Moderate Risk	15	Moderate Risk	13	13/05/2014	31/03/2015
131	CRN SORT team members	Being reviewed	Operations	Resilience and Special Services	Jan Walton	Internal business review	Operational Risk	Casualty	Course to transition ECA to SORT in the year training programme for 2014/5 (to be approved by TEG). This would enable ECA to attend such events currently on records have been asked to confirm their attendance. Only 24 staff have confirmed they wish to continue with their training	If we do not have the correct skill set within the CRN SORT team then this may impact on operational performance and critical outcomes	Red	1. Training plan awaiting approval by TEG for 14/15 to ensure time is allocated for the training to take place. August 2014 - in readiness for training plan each member of the SORT team currently on records have been asked to confirm their attendance. Only 24 staff have confirmed they wish to continue with their training	Moderate Risk	Moderate Risk	16	Moderate Risk	12	03/01/2014	31/12/2014	
227	CRN SORT Training	Being reviewed	Operations	Resilience and Special Services	Rosell Dobby	Legislative requirement	Operational Risk	Casualty	1. ECA training and awareness of CRN. 2. HART are down trained 3. Included in training programme for 2014/5 for refresher and new programme. Progress current consensus until 2014	If we do not provide adequate training for SORT teams and maintain number of trained staff (requirement to have 200 trained staff) then this may result in reduced numbers of SORT available and potential impact on standard of care delivered due to skill gaps	Red	No current gaps in controls however risk will remain open until training programme under review and assurance provided	1. Training programme to be implemented September 2014	Moderate Risk	Moderate Risk	14	Moderate Risk	14	12/05/2014	31/12/2014
46	Clinical Staff Recruitment - NHS 111	Being reviewed	Standards and Compliance	NHS 111	Karen Cooper	Risk assessment, Self audit	Operational Risk	Clinical	1. Continuous recruitment 2. Working with recruitment agencies 3. Offering accommodations for advertisements and poor retention rates 4. Employing agency staff 5. Refreshing job descriptions	Inability to recruit and retain Clinical Advisers due to poor responses to advertisements and poor retention rates, risk to deliver workforce plan	Red	1. Differing lower band of pay than agency. 2. Continue ongoing recruitment drive. 3. Implement workforce strategy in 2014 4/ Advertising in Hospitals and Universities	Moderate Risk	Moderate Risk	12	Moderate Risk	16	06/06/2013	14/11/2014	
481	Clinical Supervisor duties	Being reviewed	Operations	AMU Operations	Paul Mudd	Internal business review	Operational Risk	Regulatory compliance	The Trust has moved to REAP level 4 and as a consequence the CS RVV teams have been moved to level 1 responding. The CS RVV teams are pivotal in maintaining regulatory compliance of audits in CD, PDM, HSC, Premises and vehicle inspections. The CS teams also manage first line absence management, what up non compliance and staff welfare issues. We do not have adequate processes in place to manage the REAP levels, this may lead to breaching of other advice	1. Limited time at Level 1 for CS Review 2. LM manager support between 0900/2100 3. Local flexibility to amend response levels 4. Alternative duties staff to support advice	Red	1. Limited number of LM's in terms of 60 hours lost 2. Large geographical area for an individual manager to cover 3. Alternative duties staff not able to perform management duties	1. proposal to adjust response levels for AMU/CD/CS team 2. Monitor LM workload 3. Look for appropriate help from support agencies	Moderate Risk	Moderate Risk	14	Moderate Risk	14	22/10/2014	30/11/2014
242	Contract management	Being reviewed	Finance and Performance	Business Development	Catherine Baines	Internal business review	Strategic Risk	Financial	1. Standing Financial Instructions in place 2. Weekly review of tenders within the wider external market 3. Business Development Manager role now permanent 4. Weekly meetings with Executive Director of B&P to update on progress 5. Monthly meetings with key Ops Director/contract leads to ensure progress 6. Robust process in place for contract management 7. Regular contract performance review meetings with commissioners and DfO/Dps lead to ensure more robust contract management through lack of capacity within the Business Development team	Adverse impact on finances due to ineffective contract management	Green	1. Lack of capacity to cross cover all contracts due to the number of commissioners externally each contract is linked to. 2. Temporary PTC contract manager in post - unclear of plans moving forward 3. Commercial tender review absent	1. Review the Business Development structure and report to commercial role 2. Work with Service Transformation Programme Team and Urgent Care team to manage tender and bid writing processes to ensure these are done efficiently and effectively with project management input where required	Moderate Risk	Moderate Risk	14	Moderate Risk	14	01/09/2014	31/03/2015
281	GP Urgent work to Staffed Training	Being reviewed	Finance and Performance	Business Development	Catherine Baines	Internal business review	Strategic Risk	Financial	1. Engagement with commissioners to improve commercialisation 2. Legal position sought to ensure VAS is an informed position if faced with same risk again 3. Head of Business Development attend the main contract meetings and the main contract board to ensure consistent messages and to pick up on early warning indications of potential tenders / risks to core business 4. Internal review of potential financial risk and able workforce risk on site	Loss of income and potential loss of staff due to the decommissioning of GP urgent work in any GCU / Outer Trust across VAS	Red	1. Clinical Commissioning Groups (CCGs) are now entering in to dialogue with private providers and are able to commission services where they see fit Legal position may not cover demand that is over activity levels - but would have become baseline contract activity in the following year Inability to meet with 23 CCGs on a regular enough basis to ensure dialogue is kept open as there are not enough staff to cover this level of activity on top of contracting meetings being let to private providers	1. Increase focus on performance management and monitoring to understand pressures in order performing CCGs and set up targeted meetings 2. Clarify the contract negotiations and direct discussions 'broader to provider' to minimise risk of contracts being let to private providers	Moderate Risk	Moderate Risk	13	Moderate Risk	13	01/08/2013	28/02/2014

111	Health and safety policy	Policy reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson	Incidents, Internal business review, Legislative requirement	Strategic Risk	Health and safety	<p>Risk of harm to staff and litigation due to existing Health and Safety policy and associated guidance requiring updates in some areas and development to prevent injury and loss.</p> <p>1. Existing Health and safety policy and associated procedures. 2. Health and safety and quality committees review. 3. Policy review group. 4. Process for policy update in line with Policy on Policies.</p>	<p>1. Existing Policy does not cover necessary topics such as DSE, Risk Assessment Process and Procedures, Working at Height, Coax. The policy and arrangements in place with regard to PPE selection and use, Manual Handling, Contractor Management, Working Time, Selection of Vehicles and Equipment, Accident Investigation, Access to Health and Safety Information are not adequate. 2. Lack of designated resource to assist in delivery of updating policies and procedures.</p>	<p>1. a) Annual policy in line with Trust Policy for procedural documents to include updating the H&amp;S requirements. 2. b) Creating an implemented approach to agreed policy and guidance. 2. Agreement at RAG Feb 2014 that R&amp;S would support T&amp;A manager</p>	High Risk	High Risk	High Risk	18/01/2014	24/01/2014	
507	ICT Equipment on disposed fleet vehicles	Nothing area awaiting review	Finance and Performance	ICT - Information Technology	Mike Crosby	Self audit	Operational Risk	Equipment Related	<p>If vehicles become unavailable for operation purposes TDSO all key ICT related assets need to be recovered and returned to ICT, in the event that this is not possible then a Supp2 Incident needs to be logged for the attention of ICT, this doesn't always happen RESULTING IN Delays to making vehicles operational and financial loss due unexpected demand for purchase of equipment.</p>	<p>1) Mutually agreed formal process 2) Assign costs to responsible Department</p>	<p>1) Arrange a meeting with key ICT/Trust to agree the process to decommission ICT key assets. 2) CHA to negotiate with Fleet/Finance</p>	High Risk	High Risk	High Risk	4	13/11/2014	17/11/2014
130	Accident Investigation	Review reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson	Incidents, Internal business review	Operational Risk	Health and safety	<p>Risk of harm/injury and litigation due to failure to follow existing incident investigation process leading to incident review.</p> <p>1. Health &amp; Safety Policy 2. Established Duty Incident reporting and investigation system. 3. Oversee incident reports to local managers for action. 4. Risk and safety team support to managers. 5. 2013 14 funding cleared by H&amp;S Team to support management teams. 6. In search of Data planned for April 2014 with update to system to make it more user friendly.</p>	<p>3. Managers are not consistently completing timely investigations. 2. Lack of accountability for completion of investigations. 3. Lack of H&amp;S incident reporting data. 4. Lack of clear guidance on how to complete investigations.</p>	<p>1. H&amp;S team to continue to engage with local managers to complete timely investigations. 2. B &amp; I Operational management structure to hold managers to account, via Dashboards. 3. Standard form developed to be added to data to assist managers with completing investigations.</p>	High Risk	High Risk	High Risk	4	08/01/2014	24/01/2014
431	Industrial Action	Review reviewed	People & Engagement	Human Resources	Rama Elshan	Internal business review	Strategic Risk	Absence, Publicity & Reputation	<p>Risk of interruptions to service delivery as a result of potential industrial action and the adverse publicity that surrounds this.</p> <p>1. Regular liaison with Trade Unions. 2. Regular update briefings to V&amp;S staff. 3. Performance Recovery Plan in place.</p>	<p>1. Potential for further action to be taken by Trade Unions which could affect the Trust adversely.</p>	<p>1. H&amp;S team to continue to engage with local managers to complete timely investigations. 2. B &amp; I Operational management structure to hold managers to account, via Dashboards. 3. Standard form developed to be added to data to assist managers with completing investigations.</p>	High Risk	High Risk	High Risk	6	17/06/2014	31/07/2014
130	Inappropriate Storage/Retention of Confidential Paper-based Records	Review reviewed	Standards and Compliance	Risk and Safety	Caroline Spence	Internal business review	Operational Risk	Information Governance	<p>Breach of the Data Protection Act to theft or inappropriate access to identifiable information stored on V&amp;S premises (paper and in secure).</p> <p>1. I&amp;D role is responsible for records management in their area. 2. Revised Records Management Policy setting out expectations in relation to management and storage of records. 3. CINTAS Storage company is used to archive records in a secure retention period. 4. Records Anonymity - bi annual identifiable information stored on V&amp;S records.</p>	<p>1. Doncaster Ambulance Station Records Store remaining records and paperwork (PMP) have now been moved to Doncaster Trust and have been reviewed against legal minimum retention times, for their ongoing retention, in CINTAS, and secure destruction if outside of legal retention period. 2. Records possibly held unlawfully across and remainder of the V&amp;S estate.</p>	<p>1. Coordinate and plan removal of records from Doncaster AS records store - PMPs retained - Commercial training and station records in progress (By end Nov 2014). 2. Revised again and report to records manager - relevant departments asked to securely dispose of records to CINTAS store. (By end Dec 2014 - scheduled). 3. Identify via HR process unarchive records in V&amp;S premises and ensure destruction/replacement to CINTAS (By end Dec 2014 - ongoing).</p>	High Risk	High Risk	High Risk	4	09/09/2013	30/01/2015
430	Lack of technical alternative to PC paper archive	Review reviewed	Standards and Compliance	MS 171	Andrew Cooke	Incidents	Operational Risk	Business continuity	<p>If we do not have adequate processes in place in terms of the Adacia system being unavailable, to ensure that the relevant service receives the correct paperwork in the correct format, this may lead to records not being passed appropriately and could create a risk to patient safety.</p> <p>Design of form to minimise writing error/management review in place.</p>	<p>Lack of automated electronic processes during the loss of Adacia 2.1.1 on a high call volume day could result in the risk occurring. Storage of information once recorded.</p>	<p>1. CT to design a desktop solution which replicates the paper form and can be run from the PC. 2. Automated email (via H&amp;S) to refer the facility to a designated recipient. 3. All forms will then be stored in a database with a unique reference for staff access.</p>	High Risk	High Risk	High Risk	4	24/09/2014	24/11/2014
100	Laundry budget	Review reviewed	Finance and Performance	Support Services	David Hill	Internal business review	Operational Risk	Financial	<p>Risk of laundry budget being exceeded in 14/15 by 100% following review.</p> <p>Current budget in place covers existing Goodwin Supply.</p>	<p>1. No processes in place to manage or audit the numbers of blankets, sheets, gowns etc which are being 'washed out' or taken from Goodwin Supply.</p>	<p>1. Meetings underway with Acute Trusts and within Support Services to compare with Finance to identify appropriate ways to manage this. Appropriate actions to be taken following the meetings and updates to be received by relevant groups.</p>	High Risk	High Risk	High Risk	4	24/09/2014	30/11/2014
111	Moving and handling	Review reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson	Internal business review	Operational Risk	Regulatory compliance	<p>Risk of harm to patients and staff and potential financial loss due to non-compliance with Manual Handling Regulations when moving patients on gaily chairs.</p> <p>1. Consultant 2 carry chair currently used 2. Moving and handling training for relevant staff 3. Manager with lifting cushions installed on all stations 4. Standard moving and handling equipment available on all vehicles.</p>	<p>1. Carry Chair purchasing not fully completed.</p>	<p>1. Purchase of a new carry chair with extending handle and back bracing agreed for 2013/14 purchased and delivered to all communities.</p>	High Risk	High Risk	High Risk	4	09/09/2014	24/11/2014
327	MFTA Training	Review reviewed	Operations	Resilience and Special Services	Rezaul Hoobs	Legislative requirement, Regulatory body	Operational Risk	Regulatory compliance	<p>If we do not release staff for MFTA training then this may lead to ineffective source management.</p> <p>1. Ad hoc training when staff available to attend on days off. 2. M&amp;E team MFTA training ongoing. 3. TEG approved MFTA training programme for 2014/15.</p>	<p>Following TEG approval of training programme, no further gaps identified however risk will remain low until training has begun.</p>	<p>1. Awaiting implementation of training plan which will commence around September 2014. 2. B&amp;S 2014/15 These have to grey meetings planned for Oct/November 2014. This means all but 8 staff will have completed training in the last 12 months. 3. November 2014 Aided to use of an additional task to grey exercise can be arranged for 8 remaining staff. These are multi-agency exercises and need cooperation from Police and fire and release of staff from operations.</p>	High Risk	High Risk	High Risk	4	24/12/2013	31/12/2014
91	Non-achievement of regulatory targets	Review reviewed	Finance and Performance	Finance	Paul Barnes	Internal business review	Strategic Risk	Regulatory compliance	<p>Non-achievement of regulatory targets: Planned Financial system (i.e. v&amp;S); External Finance Limit (EFL); Capital Resource Limit (CRL) could result in a failure of statutory duties and qualified staff opinion together with risk of increased prosecution.</p> <p>Monthly Reporting</p>	<p>1. Review is essentially retrospective. Rapidly changing pressures. 2. Managers' ability to commit Trust to expenditure. 3. Lack of action and cost avoidance.</p>	<p>1. and 2. Identify key triggers which impact EFL and CRL and promote awareness of action and consequences. 2. Monitoring of revenue position, close liaison with departmental managers, actions determined by v&amp;S/Finance management.</p>	High Risk	High Risk	High Risk	10	11/08/2014	31/01/2015
111	NY vacancies	Review reviewed	Operations	AS& Operations	Uzma Lavin	Self audit	Operational Risk	Clinical	<p>If there is not adequate resource cover for health technicians, then this may result in performance being affected and in turn adverse clinical outcomes.</p> <p>1. vacancies and skill required identified. 2 recruitment on going 3. Lack of commitment to fill gaps 4. redeployment of resources</p>	<p>1. Lack of available resource to cover demand.</p>	<p>1. and 2. Identify key triggers which impact EFL and CRL and promote awareness of action and consequences. 2. Monitoring of revenue position, close liaison with departmental managers, actions determined by v&amp;S/Finance management.</p>	High Risk	High Risk	High Risk	4	26/03/2014	31/03/2014

65	Operational performance	Being reviewed	Operations	A&E Operations	Jan Bransford	Internal audit, Internal business review, Self audit	Operational Risk	Patient harm	Internal monitoring process in place New risk patterns being reviewed following implementation in February Review of feasible working patterns for June 2014 Other metrics are being monitored that are indicators of effective rates for academic and shift patterns, meal break allocation, performance delivery, other A&E Weekly patient safety review underway to determine harm caused from delayed responses On-Go Recovery Plan in place with actions underway to address performance issues Ongoing monitoring of demand profile against planned resources Weekly and monthly reporting to CCG in relation to delayed responses and staff welfare	1. Ability to manage increase in demand at present time effectively with available resources	1. Recruitment underway across the Trust to cover vacancies 13. Continue with weekly patient safety review to understand level of harm caused 14. Continue monitoring arrangements and reporting to CCG on delayed response and staff welfare incidents 15. On-Go Alert to be issued to staff making that all delayed response incidents are reported to Data to enable appropriate learning	Moderate Risk	13	Self Risk	23	Self Risk	3	07/11/2013	05/11/2014
346	Paramedics (Band 5) Vacancies - Operations Hub & ER	Being reviewed	Operations	A&E Operations	Andrew Piggot	Self audit	Operational Risk	Clinical	Introduction of the new operational role has increased vacancy for band 5 Paramedics. In total there are 21 paramedic vacancies throughout the CDU Dept 2014 and 8 band 5 vacancies Dept 2014. This leaves overall core vacancies which need to be filled in order to be able to deliver operational skills as per operational requirements. This leaves staffing short and impact on our ability to fill core shifts fill and match appropriate resources to meet operational demand to maintain R&D 8 performance	1. Relief capacity can't fill all core shift abstraction due to vacancy, relief also has to back fill other abstraction such as sickness, training and annual leave 2. Over-time budget does not guarantee that staff will uptake on availability, neither does the budget enable all vacant shifts to be covered 3. External advert for recruiting Paramedics is unlikely to cover many of the band 5 vacancies and is not a reliable mitigation 4. Currently only 4 staff on Paramedic training programme, all leaving 23 September if those staff qualify as Paramedics, further this is a long term outcome due to length of training programme	1. Relief capacity is utilised fully by resource department 2. Over-time a directed issue of less recruiting capacity and times where there is historical high demand 3. External recruitment advert is out on UK recruitment team 4. Staff on training programme as planned	Self Risk	13	Moderate Risk	12	Self Risk	6	21/05/2014	10/12/2014
486	People & Engagement Policies	Being reviewed	People & Engagement	Human Resources	Louise Gerrard	Internal business review	Strategic Risk	Regulatory compliance	1. Tracker held by Risk & Safety Team to monitor policy updates 2. Associate Director of HR and Associate Director of ODE met with Senior Quality & Risk Coordinator and reviewed policies which require review D01 14. A number of policies no longer relevant and removed from HR. Several policies going for review in Feb & Dec however more will have no changes to be made at this stage and HR may be in touch review will take place after 30/11/14	1. Ability to update procedural documents within the review timetable	1. Prioritise review of policies that are out of date 2. Where no changes to policy are required, submit these for extensions with a further in depth review to take place in 2015 3. In-depth review of relevant policies to be undertaken by members of HR team and updated accordingly	Moderate Risk	13	Moderate Risk	12	Self Risk	6	14/09/2014	30/11/2014
65 111	Performance Targets - NHS	Being reviewed	Standards and Compliance	NHS 111	Kevin Cooper	Internal business review, Self audit	Operational Risk	Regulatory compliance	1. Ongoing recruitment as per risk ID 141 (ability to recruit Clinical advisors) 2. Use of agency staff 3. Monitoring the reasons for early exits from call handlers through the core to one performance management process 4. Telephone messages at front end 5. Business continuity plans 6. Support from wider trust 7. Standardised training for NHS 111 operations 9. National Contingency Service 10. Service and escalation plan approved and adopted	1. Offering lower pay scale and out of hours working 2. No formal call processes for advice support during ABC incidents 3. Completion of call audit and feedback to call handlers through on one sessions to improve individual performance 4. Escalation process requires refinement	1. Produce business case to seek additional funding for short term agency and long term increase in pay scales recruitment 2. Speak to Gold and RCC re drawing up a process 3. Continued performance monitoring of call handlers to identify training or support requirements to reduce call length and early exiting to clinicians 4. Review winter plan and develop into DMP	Self Risk	13	Moderate Risk	12	Self Risk	6	06/08/2013	08/12/2014
117	Prevent Strategy	Being reviewed	Standards and Compliance	Safeguarding	Garth Handers	Legislative requirement	Strategic Risk	Regulatory compliance	Breach of NHS Standard Contract 2012 (in The Present Strategy) leading to compliance and reputational loss	1. Mandatory safeguarding training 2. HealthWRAP training identified and trained 3. Self assessment tool and Present guidance approved by SMG February 2014	1. Deliver HealthWRAP training programme YAS wide	Moderate Risk	13	Moderate Risk	12	Self Risk	6	15/01/2014	31/10/2014
214	PTS CP Programme	Being reviewed	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halford	Internal business review	Strategic Risk	Financial	Business cases to clearly identify the links between the programmes of work and the CP delivery 2. Financial and PTS management review of the assumptions within the original business case and updating these in line with known information 3. Specific analysis of the establishment changes implemented as of 2 April 13 linked to the requirements and cost improvements associated with the pilot plan for roles and planning / scheduling changes 4. Formal CP management / governance and review processes through the CP Management Group with performance management of associated actions 5. Formal review of CP trajectories and performance through the monthly finance and performance meetings and associated actions 6. Formal quarterly review of CP achievement through the PTS activities, support and associated resources	1. Lack of understanding of what constitutes a CP programme at operational management level 2. As of March 14 there remains a CP gap which does not have a formal delivery plan attached	1. Participation in multi disciplinary formal CP workshops 1b. Active engagement in CP scheme delivery 1c. Engagement of external consultancy support to drive ideas and track challenge 2a. Identify further CP schemes which will bridge the gap required 2b. Identify and assess the value of the CP scheme for each support service linked to improvements in the PTS B&E position 2c. Review via the CP Management Group complex schemes which may impact on workforce and training	Moderate Risk	13	Moderate Risk	12	Self Risk	6	23/04/2013	12/12/2014
201	PTS delays in recruitment	Being reviewed	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halford	Internal business review	Operational Risk	Human Resources	1. PTS resources identified to provide temporary support to the HR team and a single point of contact 2. Use of bank staff and overtime to cover operational gaps 3. Use of engaged sub contractors to cover shortfalls in provision 4. Audit and consistent cost control process within PTS 5. PTS involvement in the assessment centre recruitment pathway 6. Agree PTS training capacity and requirements due to length of time taken to recruit staff to established roles	1. Inadequate recruitment resources available to progress applications in a timely manner 2. Lack of training capacity to deliver additional requirements 3. Lack of dedicated resources within recruitment in line with PTS requirements 4. Competing demands within the recruitment process which require other areas of YAS before PTS	1b. Joint development of a formal process for the management of PTS recruitment between the recruitment team and PTS which clearly identifies timescales and responsibilities of all parties 2a. Review training capacity with the training team and identify any shortfalls and impact to TCC when occurs 2b. PTS to take over key elements of the recruitment pathway from recruitment until confirmation is received that recruitment can deliver against the timetable PTS needs to fill training courses and ensure vacancies vacancy fill 3a. Formal service level agreement to be developed between HR and PTS to clearly define service levels, resources required and associated costs 3b. Feasibility study to review	Self Risk	13	Self Risk	15	Self Risk	3	26/04/2013	30/07/2013

208	PFS Operational Budget Oversight	Being reviewed	Finance and Performance	PFS (Patient Transport Services)-Operations	Stamir Hallward	Internal business review	Strategic Risk	Financial	operational needs 2. Escalation and spend authorisation procedures in place for all sub-contractors use 3. Standing corporate financial instructions 4. Implementation of Service Line Management and Reporting structure 5. Clear lines of ownership and accountability within the PFS management structure 6. Identification and confirmation of current direct costs which are within the indirect apportionment and mapping against individual service lines within PFS 7. Formal contract model developed and in use 8. Understanding of operational costs of each service line linked to CCG income 9. Annual contracts secured for two consecutive, two yearly for one and three yearly for the remaining. 10. Confirmation of expanded service provision for a number of dedicated	1. Bottom up operational budget setting linked to an understanding of PFS CCG's income and apportionment of indirect costs	1. Review the budget setting process and evaluate income operational costs with commissioners	High Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	01/04/2013	30/01/2015	
176	MD COIN	Being reviewed	Operations	ABE Operations	Paul Mudd	Internal business review	Operational Risk	Financial	The new MD improvement COIN for the WY underperformance CCG has been set at 50.5% for AWC and 75% for N. This may need to be reviewed. There are challenging targets given the outliers for 2013/14. There is a risk that these improvements will not be achieved	1. Continue to ensure overtime adequate 2) The new rates were not designed to give such a large improvement of an individual CCG level 3) Increase in demand will make the begin even more challenging 4) No agreement in place for crews to make direct contact with patient's GP, in-hours using a by-pass number 5) Number of vacancies set to be filled 110 across AB, and 22 July 2014 6) Sufficient overtime planned	1) Target overtime for these CCG areas 2) Monitor/break rates 3) Discuss demand management with CCG 4) Discuss in-hours referrals with CCG 5) Report to fill vacancies	1) Target overtime for these CCG areas 2) Monitor/break rates 3) Discuss demand management with CCG 4) Discuss in-hours referrals with CCG 5) Report to fill vacancies	High Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	01/04/2014	15/12/2014
410	Refresher training for cleaning staff	Being reviewed	Finance and Performance	Support Services	Mark Spinks	Internal audit	Operational Risk	Infection, Prevention & Control	If we do not have any formal instructed refresher training for cleaning staff, this may need to be implemented. Processes being followed which may result in IPC issues	1. Stat and mand training for staff which covers IPC	1. Develop process and programme for ensuring cleaning staff receive refresher training 2. Resources to be issued to all cleaning staff regarding importance of cleaning processes	Moderate Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	15/10/2014	15/12/2014	
126	Risk assessment	Being reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson	Claims, Incidents, Internal business review, Legislative requirement	Operational Risk	Health and safety	1. Some Health & Safety risk assessments completed 2. Inspections for improvement scheduled in place 3. Health & Safety Committee meeting and monitoring 4. Staff take N&S sign in place and working for N&S team 1 day per week on operational risk assessments 5. Commenced risk assessment project 6. Additional staff member recruited 7. 2 day per week to work on risk assessments	1. Improved risk assessments and process to be developed 2. Dynamic Risk Assessment packs are to be developed	1. Develop risk assessment programme and guidance 2.30 implementation risk assessment recording procedure 2. Develop Dynamic Risk Assessment packs for vehicles in partnership with staff site	Moderate Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	09/09/2013	24/11/2014	
30	Mandatory legal requirements	Being reviewed	Finance and Performance	Estates	Mark Spinks	Legislative requirement	Operational Risk	Estates and facilities	Risk of non-compliance with relevant statutory legal requirements, and best practice such as the safety, clinical waste, portable appliance testing, hygiene, fire, electrical installation and asbestos	Backlog maintenance program, estates rationalisation (5 year plan), estates upgrade through board approved capital program, minor works annual program and continuous maintenance function	1. Register to be developed for actions required 2. Spot checking of contractor work processes in relation to statutory requirements	High Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	05/08/2013	19/12/2014	
111	Technician to Paramedic conversion course	Being reviewed	People & Engagement	Operational Effectiveness and Education	Shaugh O'Leary	Risk assessment	Strategic Risk	Financial	1. Focus on Technician to Paramedic conversion courses are not being fully funded. These places are fully funded but this funding is finite in that it cannot be relied upon if capacity is not fully utilized. Strategic risk	1. Clinical Supervisors need to be utilized to review skill gaps with Technicians 2. OSCE preparation workshops are being offered 3. Concerns in relation to OSCE preparation needs to be reviewed and addressed	1. Clinical Supervisors to prioritize skill gap review with technicians 2. Ongoing communication to take place when concerns are identified, information to continue to be made available to Technicians and to advance of the OSCE courses. Further joint statements to be issued from management and NCPs	Moderate Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	01/05/2013	30/11/2014	
471	Tenancy arrangements	Being reviewed	Finance and Performance	Estates	Mark Spinks	Internal audit	Strategic Risk	Regulatory compliance	If we do not have adequate processes in place for the management of tenancies, this may lead to breach of regulatory compliance	1. Regular review by Estates Manager with AD Support Services 2. Review of agreement with additional data for review	1. Records management to be improved 2. Processes to be developed for adequately managing tenancy agreements 3. Review of tenancy agreements to understand relevant notice periods to inform decision making	Moderate Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	15/10/2014	31/03/2015	
441	Turnaround delays due to introduction of ePRF	Being reviewed	Operations	ABE Operations	Paul Mudd	Internal business review	Operational Risk	Capacity	Emergency Care Solution (ePRF) is being rolled out across West Yorkshire from September 2014. This involves moving from completing paper Patient Report Forms to completing electronic PRF's. As a result there will inevitably be a period of learning as while staff become more familiar and confident in using this tool. This will lead to an increase in turnaround at hospital which staff complete the ePRF	1) Staff turnaround is monitored by the CS team and ROC using CS 2) Emails are sent to staff that have exceeded delay at hospitals 3) CS attend Emergency Departments at key times 4) Staff will be trained in the new ePRF 5) There will be assistance for staff, with ePRF trainers in the ED to assist staff with the new equipment	1) CS's also have other responsibilities and priorities 2) Trainers/Champions may not be available at the time 3) Winter pressures are approaching	1) Managers to monitor situation and priorities 2) Ensure training guidance is on stations 3) Ensure winter pressures plans are in place	Moderate Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	18/09/2014	15/12/2014
410	Migrant Care Practitioner 4 - General Internal Dept	Being reviewed	Standards and Compliance	Transformation	Julie Bennett	Project	Operational Risk	Capacity	If we do not have adequate staffing in place due to difficulties in filling paramedic vacancies this may impact on operational performance	Identification of location of internal locational candidates Operations and HR informed prior to offer of post HR undertake paramedic recruitment drive	NCP Operational Delivery Project group to monitor progress Work with Operations to manage capacity	High Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	18/09/2014	07/11/2014	
71	Vehicle Cleanse	Being reviewed	Finance and Performance	Support Services	Mark Spinks	Legislative requirement, Foundations build	Operational Risk	Regulatory compliance	Risk of ABE vehicle cleaning being non-compliant with CCG requirements in North & East Yorkshire following audit results individual of February and March.	1. Lack of availability of crews to clean vehicles themselves within the affected areas. 2. ABE vehicle checks not being conducted on an many vehicles as required by the Clinical Supervisors due to possible lack of availability. Expect only for cleaning staff	1. Issue to be raised with Head of Operations and potential options considered to address the issue. 2. Process for audits to be restricted to management teams to ensure compliance	High Risk	11	Moderate Risk	12	High Risk	13	High Risk	14	03/07/2013	30/04/2014	