

**Risk Register Report**

**Corporate Risk Report: Strategic and Operational**

**Current Rating = 12 and above**

ID	Title	Approval status	Directorate	Business Area	Handler
<b>Finance and Performance</b>					
262	Contract management	Being reviewed	Finance and Performance	Business Development	Catherine Balazs
350	Laundry budget	Being reviewed	Finance and Performance	Support Services	David Hill

214	PTS CIP Programme	Being reviewed	Finance and Performance	PTS (Patient Transport Services) - Operations	Joanne Halliwell
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208	PTS Operational Budget Overspend	Being reviewed	Finance and Performance	PTS (Patient Transport Services) - Operations	Joanne Halliwell
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216	PTS Patient slips, trips and falls	Being reviewed	Finance and Performance	PTS (Patient Transport Services) - Operations	Joanne Halliwell
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211	PTS Vehicle availability	Being reviewed	Finance and Performance	PTS (Patient Transport Services) - Operations	Joanne Halliwell
50	Statutory legal requirements	Being reviewed	Finance and Performance	Estates	Mark Squires
472	Tenancy arrangements	Being reviewed	Finance and Performance	Estates	Mark Squires

252	Vehicle deep cleaning	Being reviewed	Finance and Performance	Fleet	David Hill
522	P14 - National Contract of Siren Provision may result in no solution post 2016	Being reviewed	Finance and Performance	ICT - Information Technology	Ola Zahran

203	PTS delays in recruitment	Being reviewed	Finance and Performance	PTS (Patient Transport Services) - Operations	Joanne Halliwell
261	Business tendering	Being reviewed	Finance and Performance	Business Development	Catherine Balazs

91	Non-achievement of regulatory targets	Being reviewed	Finance and Performance	Finance	Alex Crickmar
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**Operations**

332	CBRN Sort team members	Being reviewed	Operations	Resilience and Special Services	Ian Walton
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227	CBRN SORT Training	Being reviewed	Operations	Resilience and Special Services	Dave Macklin
327	MTFA Training	Being reviewed	Operations	Resilience and Special Services	Ian Walton
536	NY - Turnarounds	Being reviewed	Operations	A&E Operations	Mark Inman
371	NY vacancies	Being reviewed	Operations	A&E Operations	Vince Larvin

579	Out of date consumables at stations and on vehicles	Being reviewed	Operations	A&E Operations	Dave Macklin
346	Paramedic (Band 5) Vacancies - Operations Hull & ER	Being reviewed	Operations	A&E Operations	Andrew Pippin
556	Sickness absence levels - South Yorkshire	Being reviewed	Operations	A&E Operations	Jackie Cole
558	SY - Turnaround times	Being reviewed	Operations	A&E Operations	Steve Rendi

555	Vacancies - South Yorkshire	Being reviewed	Operations	A&E Operations	Jackie Cole
66	Operational performance	Being reviewed	Operations	A&E Operations	Dave Macklin

375	RED CQUIN	Being reviewed	Operations	A&E Operations	Paul Mudd

**People and Engagement**

110	Accommodation for training	Being reviewed	People & Engagement	Organisational Effectiveness and Education	Shelagh OLeary
421	Industrial Action	Being reviewed	People & Engagement	Human Resources	Kate Humphrey

112	Technician to Paramedic conversion courses	Being reviewed	People & Engagement	Organisational Effectiveness and Education	Shelagh OLeary
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**Standards and Compliance**

586	Change of OOH provider in East and North Yorks areas	Being reviewed	Standards and Compliance	NHS 111	Karen Cooper
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150	Innappropriate Storage/Retention of Confidential Paper-Based Records	Being reviewed	Standards and Compliance	Risk and Safety	Caroline Squires
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588	Insufficient funding for LCD 2015/16	In holding area, awaiting review	Standards and Compliance	LCD (local care direct)	Keeley Townend
463	Lack of technical alternative to BC paper process	Being reviewed	Standards and Compliance	NHS 111	Andrew Cooke
133	Moving and handling	Being reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson
126	Risk assessment	Being reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson
587	Insufficient Funding for NHS 111 2015/16	In holding area, awaiting review	Standards and Compliance	NHS 111	Keeley Townend

58	Clinical Staff Recruitment - NHS 111	Being reviewed	Standards and Compliance	NHS 111	Karen Cooper
330	Incident investigation	Being reviewed	Standards and Compliance	Risk and Safety	Shelley Jackson

577	BC loss of accomodation - Exercise Jackdaw	Being reviewed			Angela Vinand
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Risk source	Risk Type	Risk Subtype	Description
Internal business review	Strategic Risk	Financial	Adverse impact on finances due to ineffective contract management through lack of capacity within the Business Development team
Internal business review	Operational Risk	Financial	Risk of laundry budget being exceeded in 14/15 by 100% following review.

Internal business review	Strategic Risk	Financial	Risk of CIP non delivery due to changing factors relating to baseline assumptions (demand profiles, overall activity, patient mobility changes, income)
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Internal business review	Strategic Risk	Financial	Risk of financial deficit against planned outturn due to operational budget overspend and inability to secure planned income
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4Cs/ Complaints, Incidents	Operational Risk	Patient harm	Risk of patient injury due to slips, trips and falls when using patient transport
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Internal business review	Operational Risk	Financial	Risk of operational inefficiency and increased cost due to high VOR rates
Legislative requirement	Operational Risk	Estates and facilities	Risk of non-compliance with estates related statutory legal requirements and best practice such as fire safety, clinical waste, portable appliance testing, legionella, gas, electrical installation and asbestos.
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.

	Operational Risk	Capacity	Harm to patients, staff and others due to failure complete vehicle deep cleaning procedures within specified timeframes. Failure to comply with external regulatory standards (CQC) due to vehicle deep cleans not taking place.
Project	Strategic Risk	ICT	If the current Siren Programme will not be available for use post July 2016 due to the life cycle of Npfit programme coming to an end then the trust may be left without an electronic PCR solution which would result in affecting the overall objective to having Paperless patient records by 2018 as mandated by the DoH.

Internal business review	Operational Risk	Human Resources	Risk of high sub contractor, overtime costs, operational inefficiency and failure to deliver key performance indicators and cost improvement requirements due to length of time taken to recruit staff to established posts
Internal business review, Legislative requirement	Strategic Risk	Financial	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business.

Internal business review	Strategic Risk	Regulatory compliance	Non-achievement of regulatory targets: Planned Financial outturn (i.e. surplus); External Finance Limit (EFL); Capital Resource Limit (CRL) would result in a failure of statutory duties and qualified audit opinion together with risk of damaged reputation.
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Internal business review	Operational Risk	Capacity	If we do not have the correct skill mix within the CBRN SORT Team then this may impact on operational performance and clinical outcomes.
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Legislative requirement	Operational Risk	Capacity	If we do not provide adequate training for SORT Teams and maintain numbers 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 fade.
Legislative requirement, Regulatory body	Operational Risk	Regulatory compliance	If we do not release staff for MTFA training then this may lead to ineffective scene management.
Business continuity plan, Incidents, Internal business review	Operational Risk	Business continuity	If we do not have adequate processes in place with hospitals within the CBU this may result in delays in turnaround and subsequently delays in attending patients and impact upon business continuity. Currently issues at Hull Royal Infirmary and Scarborough District General Hospital.
Self audit	Operational Risk	Clinical	If there is not adequate resource cover for North Yorkshire, then this may result in performance being affected and in turn adverse clinical outcomes.

Regulatory body, Self audit	Operational Risk	Patient harm	Identification of out-of-date consumables at stations and on vehicles and risk to patient safety
Self audit	Operational Risk	Clinical	If we do not have adequate staffing levels due to the number of vacancies across the patch, then there will be inadequate staffing levels resulting in potential risk to patient and staff safety.
Internal business review	Operational Risk	Capacity	Increased sickness absence levels across the Trust resulting in reduced capacity with a potential risk to patient and staff safety.
Incidents, Internal business review	Operational Risk	Patient harm	If we do not have adequate processes in place with hospitals within the CBU this may result in delays in turnaround and subsequently delays in attending patients and impact upon business continuity. Currently issues at Northern General Hospital and Doncaster Royal Infirmary.

Internal business review	Operational Risk	Capacity	If we do not have adequate staffing levels due to the number of vacancies across South Yorkshire, then there will be inadequate staffing levels resulting in potential risk to patient and staff safety.
Internal audit, Internal business review, Self audit	Operational Risk	Patient harm	Risk to patient safety due to increased red demand and reduced performance across the A&E Operations service.

Internal business review	Operational Risk	Financial	<p>The new RED improvement CQUIN for the WY underperforming CCG's has been set at 59.5% for AWC and 75% for NL.</p> <p>These are challenging targets given the outturn for 2013/14.</p> <p>There is a risk that these improvements will not be achieved</p>
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Risk assessment	Strategic Risk	Estates and facilities	<p>A business case was submitted in the financial year 2012-13 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 redeveloped, risk to non compliance with training requirements.</p>
Internal business review	Strategic Risk	Adverse Publicity & Reputation	<p>Risk of interruptions to service delivery as a result of potential industrial action and the adverse publicity that surrounds this.</p>

Risk assessment	Strategic Risk	Financial	Places on Technician to Paramedic conversion courses are not being fully utilised. These places are fully funded but this funding is finite in that it cannot be rolled over if capacity is not fully utilised, financial risk.
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Self audit	Operational Risk	Patient Experience	Change in the patient transfer referral destination due to a change to the GP Out of hours provider for York / Ryedale and Scarb from HDFT to NDUC from 1st April over the Easter period. This change may affect the seamless transfer of patients from 111 to GP home provider.
Internal business review	Operational Risk	Information governance	Breach of the Data Protection Act due to theft or innappropriate access to identifiable information stored on YAS premises (secure and insecure).

Self audit	Operational Risk	Patient harm	Inability to provide a safe service to patients due to insufficient funds available to cover the operational staffing levels required.
Incidents	Operational Risk	Business continuity	If we do not have adequate processes in place in times of the Adatastra system being unavailable, to ensure that the referral service receives the correct paperwork in the correct format, this may lead to referrals not being passed appropriately and could cause a risk to patient safety.
Internal business review	Operational Risk	Regulatory compliance	Risk of harm to patients and staff and potential financial loss due to non-compliance with Manual Handling Regulations when moving patients on carry chairs.
Claims, Incidents, Internal business review, Legislative requirement	Operational Risk	Health and safety	Inconsistent Health & Safety risk assessment process leading to risk of loss, injury and litigation.
Self audit	Operational Risk	Patient Experience	Inability to meet the forecasted call demand in NHS 111 for 2015/16 due to Insufficient finances

Risk assessment, Self audit	Operational Risk	Clinical	Inability to recruit and retain Clinical Advisors due to poor responses to advertisements and poor retention rates, risk to deliver workforce plan.
Incidents, Internal business review	Operational Risk	Health and safety	Risk of harm/injury and litigation due to failure to follow existing incident investigation process leading to incident recurrence.

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Business continuity plan	Operational Risk	Business continuity	Exercise Jackdaw Executive was carried out on the 23rd Setember 2014. Associate Directors from many departments attended the loss of accommodation Exercise, this exercise is part of a suite of exercises codenames Jackdaw.
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Controls in place	Adequacy of controls	Gap in controls
<ol style="list-style-type: none"> <li>1. Standing Financial Instructions in place</li> <li>2. Weekly review of tenders within the wider external market</li> <li>3. Business Development Manager role now permanent.</li> <li>4. Weekly meetings with Exec Director of F&amp;P to update on progress.</li> <li>5. Monthly meetings with key Ops Directors/contract leads to ensure progress.</li> <li>6. Robust process in place for contract management</li> <li>7. Regular contract performance review meetings with commissioners and DoF/Ops lead to ensure more robust contract management</li> <li>8. Regular meetings with finance team (Income and Expenditure)</li> </ol>	Adequate	<ol style="list-style-type: none"> <li>1. Lack of capacity to cross cover all contracts due to the number of commissioners externally each contract is linked to.</li> <li>2. Temporary PTS contract manager in post - unclear of plans moving forward</li> <li>3. Commercial director role vacant</li> <li>4. Marketing role only temporary</li> </ol>
<p>Current budget in place covers contractor Goodman Sparks.</p>	Adequate	<ol style="list-style-type: none"> <li>1. No processes in place to manage or audit the numbers of blankets, sheets, pillowcases, etc which are being 'swapped out' or taken from Acute Trusts.</li> </ol>

<p>business cases to clearly identify the links between the programmes of work and the CIP delivery.</p> <p>2. Financial and PTS management review of the assumptions within the original business case and updating these in line with known information.</p> <p>3. Specific analysis of the establishment changes implemented as of 1 April 13 linked to the requirements and cost improvements associated with the phased plans for rotas and planning / scheduling changes.</p> <p>4. Formal CIP management / governance and review processes through the CIP Management Group with performance management of associated actions. 5. Formal review of CIP trajectories and performance through the monthly finance and performance meetings and associated actions.</p> <p>6. Formal quarterly review of CIP achievement through the PTS quarterly review meetings with the Trust Executive Group and associated</p>	<p>Adequate</p>	<p>1. Lack of understanding of what constitutes a CIP programme at operational management level.</p> <p>2. As of March 14 there remains a CIP gap which does not have a formal delivery plan attached</p>
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<p>operational leads</p> <p>2. Escalation and spend authorisation procedures in place for all sub contractor use</p> <p>3. Standing corporate financial instructions</p> <p>4. Implementation of Service Line Management and Reporting structures</p> <p>5. Clear lines of ownership and accountability within the PTS management structure</p> <p>6. Identification and confirmation of current 'direct' costs which are within the indirect apportionment and mapping against individual service lines within PTS</p> <p>7. Formal contract model developed and in use</p> <p>8. Understanding of operational costs of each service line linked to CCG income</p> <p>9. Annual contracts secured for two consortia, two yearly for one and three yearly for the remaining.</p> <p>10. Confirmation of expanded service provision for a number of dedicated</p>		<p>1. Bottom up operational budget setting linked to an understanding of PTS cost v income and apportionment of indirect costs</p>
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Adequate

<p>1. PTS Staff induction and training programme</p> <p>2. Mobility information provided to HCP's and patients booking journeys to support decision making.</p> <p>3. Trend analysis of incident / complaints linked to patient safety thermometer and associated action plan delivery.</p> <p>4. Robust incident reporting and management process and open culture to encourage reporting including near misses</p> <p>5. Dynamic risk assessment of each patient journey by YAS staff linked to mobility booked and level of support provided</p> <p>6. Use of the patient safety thermometer to identify trends and causes. Collaborative discussion with the patient safety thermometer (YAS) group to identify actions and solutions</p>	<p>Adequate</p>	<p>1. Lack of spot check audit of compliance with training whilst on operational duties</p> <p>2. Lack of education and consistency of mobility assessments on the part of the individuals carrying out the mobility assessments outside of YAS</p>
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<p>1. Planned fleet replacement programme</p> <p>2. Identification of high cost maintenance vehicles and planned lease replacement programme</p> <p>3. Formal sub contractor framework in place with associated governance arrangements to back fill operational service when required</p> <p>4. Fleet task and finish group implemented as a part of the PTS Transformation Programme</p> <p>5. New vehicles deployed early 2014-15 with further planned replacement within financial year</p>	Adequate	<p>1. Lack of confirmed VOR process for identifying and classifying vehicles</p> <p>2. Inadequate capital monies available for full fleet replacement</p> <p>3. Lack of clarity regarding current and future fleet requirements</p> <p>4. Discrepancy between fleet and PTS vehicle lists (location and availability)</p>
<p>Backlog maintenance program, estates rationalisation (5 year plan), estates upgrade through Board approved capital program, minor works annual program and continuous maintenance function</p>	Adequate	<p>Inconsistent application of procedures in relation to statutory compliance testing and assurance processes in relation to contractors</p>
<p>1. Regular review by Estates Manager with AD Support Services.</p> <p>2. Review of spreadsheet with addition of dates for review.</p>	Adequate	<p>Insufficient processes for managing tenancies effectively</p>

<p>1. The deep clean schedule is continuing each week and all deep cleaners have full visibility of this information. Weekly deep clean reports including the overall service level are also distributed to operational managers in each area displaying the current status and lists of vehicles in greatest exception.</p> <p>2. Monthly audit and reporting of activity.</p> <p>3. Additional staff recruitment and revised planning format introduced</p> <p>4. Cost controls approved for additional staff.</p> <p>5. Schedules reviewed and streamlined where possible.</p>	Adequate	<p>1. Lack of availability at times to perform deep cleans if some have gone beyond deadline.</p> <p>Ancillary deep cleaners and all area supervisors are working to gain access to the vehicles via the clinical supervisor population, but on most occasions are being informed all vehicles are needed and cannot be made available</p>
<p>1. Develop strategic plan for replacement solution.</p> <p>2. Trust Board to agree and ratify strategic plan</p> <p>3, Create a project group to develop strategic plan</p> <p>4, Implement Strategic Plan</p>	Adequate	<p>Timescales for the development of an Exit strategy are currently behind schedule which may limit options.</p> <p>An outline strategy will be presented to the Board for consideration by the end of December 2014</p>

<ol style="list-style-type: none"> <li>1. PTS resource identified to provide temporary support to the HR team and a single point of contact</li> <li>2. Use of bank staff and overtime to cover operational gaps</li> <li>3. Use of targeted sub contractors to cover shortfalls in provision</li> <li>4. Auditable and consistent cost control process within PTS</li> <li>5. PTS involvement in the assessment centre recruitment pathway</li> <li>6. Agreed PTS training capacity and plan for 2014-15</li> <li>7. PTS Managers actively supporting the assessment centres</li> </ol>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Inadequate recruitment resources available to progress applications in a timely manner</li> <li>2. Lack of training capacity to deliver additional requirements</li> <li>3. Lack of dedicated resources within recruitment in line with PTS requirements</li> <li>4. Competing demands within the recruitment resources which prioritise other areas of YAS before PTS</li> </ol>
<ol style="list-style-type: none"> <li>1. Major tender assurance process</li> <li>2. Finance and Investment Committee scrutiny</li> <li>3. TEG review</li> <li>4. SMG review</li> <li>5. Gate review process in place</li> </ol> <p>Weekly review of tenders within the wider external market</p>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. External meetings with commissioners/System Resilience Groups (CCG 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 named leads for each resilience group.</li> </ol>

<p>Monitored monthly within Finance and as part of the Integrated Performance Report (IPR) and monitoring return to the TDA to monitor distance from targets and prompt mitigating actions. Procedures regarding levels of sign off and authorisation controls. Cost controls. Monthly budget monitoring between finance and departmental managers/capital leads and reporting to the Board/Capital monitoring group. Monthly CIP reporting. Monthly forecasting.</p>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Review is essentially retrospective. Rapidly changing pressures.</li> <li>2. Managers' ability to commit Trust to expenditure.</li> <li>3. Potential for A&amp;E performance penalties dependent on negotiations with Commissioners.</li> </ol>
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<p>Course to transition ECAs to SORT in the training programme for 2014/5 (to be approved by TEG). This would enable ECAs to attend such events and subsequently reduce the number of required clinicians therefore freeing them up to respond to other emergencies.</p>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Training plan awaiting approval by TEG for 14/15 to ensure time is allocated for the training to take place.</li> </ol> <p>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.</p>
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<p>1. ECA training and awareness of CBRN.  2. HART are decon trained  3. Included in training programme for 2014/5 for refreshers and new starters. Programme commences June 2014.</p>	<p>Adequate</p>	<p>No current gaps in controls however risk will remain open until training programme underway and assurance provided.</p>
<p>1. Ad hoc training when staff available to attend on days off.  2. HART Team MTFA training ongoing  3. TEG approved MTFA training programme for 2014/15.</p>	<p>Adequate</p>	<p>Following TEG approval of training programme, no further gaps identified however risk will remain live until training has began.</p>
<p>1. Daily turnaround reports.  2. Weekly updates.  3. BI monitor turnaround performance.</p>	<p>Adequate</p>	<p>1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.</p>
<p>1.vacancies and skill required identified.  2.recruitment on going  3.use of overtime to fill gaps  4. redeployment of resources</p>	<p>Adequate</p>	<p>1. Lack of available resource to cover demand.</p>

<p>1. Inspections for Improvement 2. Delivery driver responsibility for checking at restock</p>	<p>Inadequate</p>	<p>1. systematic stock control and rotation not in place 2. Logistics van not fit for purpose</p>
<p>1. Relief Capacity to Fill Some Core Shifts 2. Overtime Budget to Fill Some Core Shifts 3. External Advert to Recruit Paramedics 4. 4 band 3 ECA's currently on student Paramedic programmes to fill 4 vacancies once qualified 5. Weekly updates being reported to Senior Ops Team Meeting.</p>	<p>Adequate</p>	<p>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. Overtime budget does not guarantee that staff will uptake o/t 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 programmes, still leaving 23 vacancies if those staff qualify as Paramedics, further this is a long term outcome due to length of training programme</p>
<p>1. Robust sickness management process 2. OH provision</p>	<p>Adequate</p>	<p>1. Inadequate plans/processes in place to address underlying causes of sickness. 2. Vacancies in areas resulting in staff having to work longer/more hours.</p>
<p>1. CS frequently based at EDs to try and assist crew turnarounds. 2. Bi-monthly meetings with ED managers across the county.</p>	<p>Adequate</p>	<p>1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.</p>

<ol style="list-style-type: none"> <li>1. Overtime incentives</li> <li>2. Flexible working</li> <li>3. Increased hours for PT workers</li> <li>4. Use of private providers.</li> <li>5. Use of bank staff</li> </ol>	Adequate	<ol style="list-style-type: none"> <li>1. Recruitment on hold until new workforce model is confirmed (for ECAs)</li> <li>2. National shortage of paramedics resulting in difficulties recruiting.</li> </ol>
<ul style="list-style-type: none"> <li>- Intense monitoring process in place</li> <li>- New rota patterns being reviewed following implementation in February</li> <li>- Review of flexible working planned for June 2014.</li> <li>- Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs</li> <li>- Weekly patient safety review underway to determine harm caused from delayed responses.</li> <li>- Ops Recovery Plan in place with actions underway to address performance issues.</li> <li>- Ongoing monitoring of demand profile against planned resource.</li> <li>- Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.</li> </ul>	Adequate	<ol style="list-style-type: none"> <li>1. Inability to manage increase in demand at present time effectively with available resource.</li> <li>2a. Real time reporting process within EOC not happening consistently, particularly during busy periods.</li> <li>2b. CDM role not 24/7 therefore contributing towards the above gap of real time reporting not happening consistently.</li> </ol>

<p>Performance Improvement plan Targeted overtime expenditure CPAD roll out Paramedic Pathfinder Assessment tool roll out in WY RRVs amended night shifts to half nights. Ringfenced 1 RRV in Keighley and 1 RRV in Addingham with effect from 23 July 2014. Sufficient overtime planned</p>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Continue to ensure overtime adequate</li> <li>2) The new rotas were not designed to give such a large improvement at an individual CCG level</li> <li>3) Increase in demand will make the targets even more challenging</li> <li>4) No agreement in place for crews to make direct contact with patient's GP's in-hours using a by-pass number</li> <li>5) Number of vacancies still to be filled (19 across ABL as of 22 July 2014)</li> </ol>
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<p>3 sites currently being operated in York, Doncaster and Wakefield</p>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. The current training sites are in a state of disrepair and are not fit for high quality educational provision</li> <li>2. The lease for the Burn Hall site is due to expire on 31st March 2014</li> <li>3. Geographical separation of the 3 sites is not ideal for shared learning or consistency in delivery</li> </ol>
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<ol style="list-style-type: none"> <li>1. Regular liaison with Trade Unions.</li> <li>2. Regular update briefings to YAS staff.</li> <li>3. Performance Recovery Plan in place.</li> </ol>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Potential for further action to be taken by Trade Unions which could affect the Trust adversely.</li> </ol>
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<ol style="list-style-type: none"> <li>1. Significant advertising is taking place in advance of the courses</li> <li>2. OSCE preparation workshops are being offered</li> <li>3. Locality Managers are having 1:1's with Technicians to discuss available options</li> <li>4. Partnership working with SHU underway</li> <li>5. increasing number of technicians over next few months who will form paramedic pipeline</li> </ol>	Adequate	<ol style="list-style-type: none"> <li>1. Clinical Supervisors need to be utilised to review skill gaps with Technicians</li> <li>2. Concerns in relation to OSCE preparation needs to be reviewed and addressed</li> <li>3. Restrictions on delivery method</li> </ol>
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<p>Raised the potential risk with the CCGs requesting technical and operational testing ahead of the transfer date.</p> <p>Staff communication and awareness planned</p> <p>NHS England informed as part of Easter assurance planning</p>	Adequate	<p>No formal test programme as yet</p>
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<ol style="list-style-type: none"> <li>1. IAO role is responsible for records management in their area.</li> <li>2. Revised Records Management Policy setting out expectations in relation to management and storage of records.</li> <li>3. RESTORE Storage company is used to archive records in a secure environment.</li> <li>4. Records Amnesty - bi annual reminder via Operational Update - on schedule of IG reminders.</li> <li>5. I4I process, covers questions around records held locally on premises.</li> </ol>	Adequate	<ol style="list-style-type: none"> <li>1. Records possibly held unsecurely across the YAS estate, which the Trust is not aware of.</li> </ol>
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<p>Reduce KPIs secure additional funding Flex contract specification to focus on patient care</p>	<p>Inadequate</p>	<p>Contract negotiations indicate no additional funding available</p>
<p>Design of form to minimise writing paper management process in place.</p>	<p>Adequate</p>	<p>Lack of automated (electronic) process during the loss of Adastra 111 on a high call volume day could result in the risk occurring. Storage of information once recorded.</p>
<p>1. Compact 2 carry chair currently used 2. Moving and handling training for relevant staff 3. Mangar elk lifting cushions available on all stations 4. Standard moving and handling equipment available on all vehicles</p>	<p>Adequate</p>	<p>1. Carry Chair purchasing not fully completed.</p>
<p>1. Some Health &amp; Safety risk assessments completed 2. Inspections for Improvement schedule in place 3. Health &amp; Safety Committee reporting and monitoring 4. Staff side H&amp;S reps in place and working for R&amp;S team 1 day per week on operational risk assessments. 5. Commenced risk assessment project. 6. Additional staff member recruited 2 days per week to work on risk assessments.</p>	<p>Adequate</p>	<p>1. Improved risk assessments and process to be developed. 2. Dynamic Risk Assessment packs are to be developed.</p>
<p>Improve Efficiencies Reduce KPI to 90% Continuous negotiations to secure additional money through SRG process</p>	<p>Adequate</p>	<p>Guarantee of additional funding available</p>

<ol style="list-style-type: none"> <li>1. Continuous recruitment</li> <li>2. Working with recruitment agencies</li> <li>3. Offering secondments for paramedics</li> <li>4. Employing agency staff</li> <li>5. Hospitals and Universities</li> </ol>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Offering lower band of pay than agency.</li> <li>2. Inability to recruit to evenings and weekend rota slots.</li> <li>3. unable to fill gaps in rotas with agency staff</li> </ol>
<ol style="list-style-type: none"> <li>1. Health &amp; Safety Policy</li> <li>2. Established Datix incident reporting and investigation system.</li> <li>3. Overdue incident reports to local managers for action.</li> <li>4. Risk and safety team support to managers.</li> <li>5. 2013-14 backlog cleared by R&amp;S Team to support management teams.</li> <li>6. Re-launch of Datix planned for April 2014 with updates to system to make it more user friendly.</li> </ol>	<p>Adequate</p>	<ol style="list-style-type: none"> <li>1. Managers are not consistently completing timely investigation.</li> <li>2. Lack of accountability for completion of investigation.</li> <li>3. Lack of H&amp;S incident reporting data.</li> <li>4. Lack of clear guidance on how to complete investigations.</li> </ol>

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<p>The Trust Management Group found the day to be useful in terms of an update on BCMS and the chance to practice for a BC event and that they should be done more often.</p>	<p>Adequate</p>	<p>Policies it currently has and where possible reduce the number or convert to guidance documents or SOP's.</p> <p>2. Some assurance to the Trust Management Group on the skill sets and number of staff within the ICT department to be able to meet the requirements of all the departments during a loss of accommodation or loss of ICT BC incident at HQ.</p> <p>3. The Trust needs to develop a specific BC plan for the evacuation of Trust HQ.</p> <p>4. All departments to ensure staff mapping documents are up to date, gaps and training needs identified for competencies and capabilities .Communication cascades developed.</p> <p>5. BC Plan to be developed or included in the relevant directorate BC plan for the switchboard and administrative function.</p> <p>6.The Trust needs to ensure its contact lists are up to date and located in a convenient and easy to use location and accessible to all.</p>
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Actions	Risk level (initial)	Rating (initial)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)
<p>1a. Review the Business Development structure and recruit to commercial role</p> <p>1b. 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.</p>	Moderate Risk	12	Moderate Risk	12	Moderate Risk	12
<p>1a. Meetings underway with Acute Trusts and within Support Services (in conjunction with Finance) to identify appropriate ways to manage this. Appropriate actions to be taken following the meetings and updates to be reported to relevant groups.</p>	Moderate Risk	12	Moderate Risk	12	Low Risk	4

<p>1a. Participation in multi disciplinary formal CIP workshops</p> <p>1b. Active engagement in CIP scheme delivery</p> <p>1c. Engagement of external consultancy support to drive ideas and test challenge</p> <p>2a. Identify further CIP schemes which will bridge the gap required</p> <p>2b. Identify and assess the value of the CIP schemes for each support service linked to improvements in the PTS I&amp;E position</p> <p>2c. Review via the CIP Management Group complex schemes which may impact on workforce and training</p>	<p>Moderate Risk</p>	<p>9</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>6</p>
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<p>1a. Review the budget setting process and evaluate income v operational costs with commissioners</p>	<p>High Risk</p>	<p>16</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>4</p>
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<p>1a. Investigate with training and the operational management structure - a dynamic audit tool for supervisors to use to complement the training programme and PDR process</p> <p>2a. Review the information provided to individuals re mobility criteria and simplify.</p> <p>2b. Investigate the question sets within the self booking and on line booking systems to establish whether a revised set of questions improves mobility assessments</p>	<p>Moderate Risk</p>	<p>9</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>3</p>
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<p>1a. Development and implementation of a formal and auditable process for declaring vehicles as unfit for operational deployment</p> <p>1b. Development and implementation of a formal programme for identifying planned maintenance annually and operational impact analysis</p> <p>2a. Identify and purchase second hand but more reliable vehicles wherever possible to increase the number of replacements</p> <p>3a. Identify annual replacement programme linked to requirements and submit five year rather than annualised plans</p> <p>4a. Rationalise the fleet lists between departments. Investigate the implementation of the Fleetman link between fleet and PTS and review requirements to maintain</p> <p>4b. Implementation of vehicle telemetry system to ensure robust audit trail of vehicle use and efficiency</p>	Moderate Risk	12	Moderate Risk	12	Low Risk	4
<p>1. Regime developed for actions including asbestos annual re-inspections, contracts with external companies for Fire Risk assessments, and legionella testing</p> <p>2. Spot checking of contractor work to be developed</p>	High Risk	15	Moderate Risk	12	Low Risk	5
<p>1. Records management has been improved.</p> <p>2. Processes have been developed for adequately managing tenancy agreements.</p> <p>3. Review of tenancy agreements to understand relevant notice periods to inform decision making.</p>	Moderate Risk	12	Moderate Risk	12	Low Risk	4

<p>1. Use of external provider to assist in cleaning vehicle that have missed their scheduled date.</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>4</p>
<p>1, Strategic plan being developed and will be completed by end Dec 2014, There has been a delay in producing this strategy document by the planned date due to some information not being available from Suppliers the new date for completion of this document is 31st January 2015  2, Board to agree and ratify strategic approach by end January 2015, No feedback has been received from the Programme Board as key members were present so the forum could not confirm an agreed option. As 1, there has been a one month delay so the new date for the sign off of the strategy is now 28th February 2015  3, Project group to be formed by end January 2015.  4, Implementation of plan over the next 18 months</p>	<p>High Risk</p>	<p>15</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>6</p>

<p>resources needed and competing priorities within the team - case to be developed if additional resources are identified</p> <p>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</p> <p>2a. Review training capacity with the training team and identify any shortfalls and impact to TEG when occurs</p> <p>3a. PTS to take over key elements of the recruitment pathway from recruitment until confirmation received that recruitment can deliver against the timetable PTS needs to fill training courses and ensure seamless vacancy fill</p> <p>4a. Internal service level agreement to be developed between HR and PTS to clearly define service levels, resources required and associated costs</p> <p>4b. Feasibility study to review</p>	<p>Moderate Risk</p>	<p>12</p>	<p>High Risk</p>	<p>15</p>	<p>Low Risk</p>	<p>3</p>
<p>1. a) Improve Commissioner and YAS communications</p> <p>1b) New process for reviewing potential tender opportunities - Gate Review - now in place.</p> <p>1c) Ensure that all Associate Directors and 'Head's of' are aware and complying with the Major Tender Assurance process and the Gate Review Process.</p> <p>1d) Re-introduction of the Intelligence Register to store centrally all information on threats and new service developments and service reconfigurations.</p> <p>1e) Recruit a marketing manager to work with teams on market analysis and marketing projects.</p>	<p>High Risk</p>	<p>20</p>	<p>High Risk</p>	<p>16</p>	<p>Moderate Risk</p>	<p>12</p>

<p>1. and 2. Identify key triggers which impact EFL and CRL and promote awareness of action and consequence.</p> <p>2. Monitoring of revenue position, close liaison with departmental managers, actions determined by very senior management.</p> <p>3. Penalty regime being discussed at very senior level with external support as appropriate.</p>	<p>Moderate Risk</p>	<p>12</p>	<p>High Risk</p>	<p>16</p>	<p>Moderate Risk</p>	<p>12</p>
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<p>1. Courses are included within the training plan for commencement in September 2014.</p> <p>2. National review underway of required numbers. Potentially may not need as many SORT members.</p> <p>Aug 2014: Identify new staff for training from ECA cohort and escalate training requirements once approved by TEG</p> <p>18.9.2014 95 ECAs volunteered for CRRN Sort team training. 5 day courses to be delivered (4 before 31st December to get numbers back up to acceptable levels then complete courses in the new year</p> <p>26.11.2014 three SORT training courses now delivered and resource levels back to 60 trained staff who can respond. Three additional courses to be completed between February and March to significantly improve numbers of SORT members</p>	<p>Moderate Risk</p>	<p>9</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Moderate Risk</p>	<p>12</p>
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1. Training programme to be implemented September 2014.	Moderate Risk	12	Moderate Risk	12	Low Risk	4
1. Awaiting implementation of training plan which will commence around September 2014. (18.9.2014) Three fade to grey exercises planned for Oct/November 2014. This means all but 8 staff will have completed training in the last 12 months) 4th November 2014 Asked to see if an additional fade 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.	Moderate Risk	12	Moderate Risk	12	Low Risk	4
1. Liaison with local hospitals to help manage turnaround times. 2. Discussions with commissioners on contracting.	Moderate Risk	12	Moderate Risk	12	Moderate Risk	8
1a. Continue with recruitment to vacancies across the Trust. 1b. Continue to monitor the risk with weekly reports to Senior Ops Management Team to escalate any unresolved issues. 1c. Overtime currently being utilised to ensure shift fill.	Moderate Risk	12	Moderate Risk	12	Low Risk	6

1. Time and cost of make-ready team to undertake check as part of deep clean process	Moderate Risk	12	Moderate Risk	12	Low Risk	3
1. Relief capacity is utilised fully by resource department 2. Overtime is directed into areas of less resourcing capacity and times where there is historical high demand 3. External recruitment advert is out via YAS recruitment team 4. Staff on training programme as planned	High Risk	16	Moderate Risk	12	Low Risk	6
1. Sickness management processes in place to support return to works. 2. Recruitment to unfilled vacancies.	Moderate Risk	12	Moderate Risk	12	Low Risk	6
1. Liaison with local hospitals to help manage turnaround times. 2. Discussions with commissioners on contracting.	Moderate Risk	12	Moderate Risk	12	Moderate Risk	8

<p>1. Workforce model to be confirmed to enable progression of ECA recruitment</p> <p>2a. National and international recruitment drive</p> <p>2b. Visits to Universities to pro-actively recruit new graduates, with the involvement of operational managers.</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>6</p>
<p>1a. Recruitment underway across the Trust to cover vacancies.</p> <p>1b. Continue with weekly patient safety reviews to understand level of harm caused.</p> <p>1c. Continue monitoring arrangements and reporting to CCGs on delayed response and staff welfare incidents.</p> <p>1d. Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning.</p> <p>2. Real time reporting process to be made more robust to ensure this is happening consistently.</p>	<p>High Risk</p>	<p>20</p>	<p>High Risk</p>	<p>20</p>	<p>Low Risk</p>	<p>5</p>

<p>1) Target overtime for these CCG area  2) Monitor/tweak rotas  3) Discuss demand management with CCG's (monthly)  4) Discuss in-hours referrals with CCG (monthly)  5) Recruit to fill vacancies</p>	High Risk	16	High Risk	20	High Risk	20
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<p>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.</p>	Moderate Risk	9	Moderate Risk	12	Low Risk	3
<p>1a. Continue to liaise with Unions and staff as appropriate to ensure concerns are dealt with in a timely manner.  1b. Regular monitoring of press activity to ensure appropriate reporting of information and appropriate Trust responses where necessary.</p>	High Risk	15	Moderate Risk	12	Low Risk	6

<p>1. Clinical Supervisors to prioritise skill gap review with technicians</p> <p>2. Ongoing communication to take place when concerns are identified, Information to continue to be made available to Technicians well in advance of the OSCE courses, Further joint statements to be issued from management and UNISON</p> <p>3. Distance learning course to be developed (by April 15)</p>	Moderate Risk	12	Moderate Risk	12	Low Risk	4
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<p>1/. Notified CCGs</p> <p>2/. Planning Staff Communication</p> <p>3/. Develop formal test programme with new provider and suppliers Adastra</p> <p>4/. Carryout testing</p>	Moderate Risk	12	Moderate Risk	12	Low Risk	6
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<p>1a. Development of a Trust wide records management assurance exercise (including associated tools and resources) for 15/16 to both search for and appropriately manage, paper-based records within YAS premises (and business functions) and inventory existing and already known about records held locally (end March 2015).</p> <p>1b. Implementation of records management assurance exercise Trust wide (April 2015)</p> <p>1c. Existing process of identifying via I4I process unsecure records in YAS premises and ensure destruction/removal to RESTORE or secure local site (By end December 2015 - on-going process).</p>	Moderate Risk	12	Moderate Risk	12	Low Risk	4
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Discuss KPI reduction with CCGs Seek additional funding through SRG process Explore efficiencies with LCD to flex the contract specification	Moderate Risk	12	Moderate Risk	12	Moderate Risk	9
1/. ICT to design a desktop solution which replicates the paper form and can be run from the PC 2/. Automated email (via NHS net) or fax facility to a predesignated recipient 3/. All forms will then be stored in a database with a unique reference for audit purpose	Moderate Risk	12	Moderate Risk	12	Moderate Risk	8
1. Purchase of a new carry chair with extending handle and track (funding agreed for 2013 / 2014 -purchased and phased roll out commenced).	Moderate Risk	12	Moderate Risk	12	Low Risk	4
1. a) Develop risk assessment proformas and guidance. 1.b) Implement risk assessment recording procedure. 2. Develop Dynamic Risk Assessment packs for vehicles in partnership with staff side.	Moderate Risk	12	Moderate Risk	12	Low Risk	4
DMs to work to improve the efficiency of Call centre staff report to CCGs on the impact of necessary funding apply for additional funding through SRG process	High Risk	15	High Risk	15	Moderate Risk	9

<p>1. Employ staff through agency to fill rota gaps  2. Continue ongoing recruitment drive.  3. Implement workforce strategy in 2014.  4/ Advertising in Hospitals and Universities</p>	<p>Moderate Risk</p>	<p>12</p>	<p>High Risk</p>	<p>16</p>	<p>Low Risk</p>	<p>3</p>
<p>1. R&amp;S team to continue to engage with local managers to complete timely investigations.  2 &amp; 3. Operational management structures to hold managers to account, via Dashboards.  4. Standard form developed to be added to Datix to assist managers when completing investigations.</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Moderate Risk</p>	<p>12</p>	<p>Low Risk</p>	<p>4</p>

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See actions tab	Moderate Risk	12	Moderate Risk	12	Low Risk	6
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Opened (date risk identified)	Review date
01/03/2012	31/01/2015
26/02/2014	31/03/2015

23/04/2013	31/03/2015

01/04/2013	31/03/2015

01/07/2013	31/03/2015

01/05/2013	27/03/2015
05/08/2013	19/12/2014
15/10/2014	31/03/2015

13/09/2013	31/03/2015
16/11/2014	31/03/2015

26/04/2013	29/05/2015
13/03/2013	31/01/2015

12/08/2013	31/03/2015

09/01/2014	31/03/2015



12/09/2013	31/03/2015
24/12/2013	31/03/2015
16/12/2014	31/01/2015
26/03/2014	31/01/2015

03/02/2015	03/04/2015
21/02/2014	31/03/2015
30/12/2014	31/01/2015
30/12/2014	31/01/2015

30/12/2014	30/01/2015
07/11/2011	31/03/2015

03/04/2014	31/03/2015

01/05/2013	31/03/2015

17/06/2014	30/06/2015

01/05/2013	31/03/2015

02/03/2015	27/03/2015

09/09/2013	30/04/2015

02/03/2015	26/06/2015
26/09/2014	27/03/2015
09/09/2013	16/04/2015
09/09/2013	16/04/2015
02/03/2015	26/06/2015

06/08/2013	12/05/2015
08/01/2014	16/04/2015

03/02/2015	07/04/2015