

Corporate Risk Report
 Strategic and Operational Risks Current Risk Rating ≥ 12

ID	Title	Directorate	Business Area	Handler	Risk source
110	Accommodation for training	People & Engagement	Organisational Effectiveness and Education	Shelagh OLeary	Risk assessment
577	BC loss of accomodation - Exercise Jackdaw			Angela Vinand	Business continuity plan

261	Business tendering	Finance and Performance	Business Development	Catherine Balazs	Internal business review, Legislative requirement
332	CBRN Sort team members	Operations	Resilience and Special Services	Ian Walton	Internal business review
227	CBRN SORT Training	Operations	Resilience and Special Services	Dave Macklin	Legislative requirement
58	Clinical Staff Recruitment - NHS 111	Standards and Compliance	NHS 111	Karen Cooper	Risk assessment, Self audit

262	Contract management	Finance and Performance	Business Development	Catherine Balazs	Internal business review
525	Delayed handover HRI	Operations	A&E Operations	Andrew Pippin	Incidents
263	GP Urgent work in to Sheffield Teaching Hospitals	Finance and Performance	Business Development	Catherine Balazs	Internal business review

330	Incident investigation	Standards and Compliance	Risk and Safety	Shelley Jackson	Incidents, Internal business review
421	Industrial Action	People & Engagement	Human Resources	Kate Humphrey	Internal business review
150	Inappropriate Storage/Retention of Confidential Paper-Based Records	Standards and Compliance	Risk and Safety	Caroline Squires	Internal business review
588	Insufficient funding for LCD 2015/16	Standards and Compliance	LCD (local care direct)	Keeley Townend	Self audit
587	Insufficient Funding for NHS 111 2015/16	Standards and Compliance	NHS 111	Keeley Townend	Self audit

463	Lack of technical alternative to BC paper process	Standards and Compliance	NHS 111	Andrew Cooke	Incidents
350	Laundry budget	Finance and Performance	Support Services	David Hill	Internal business review
133	Moving and handling	Standards and Compliance	Risk and Safety	Shelley Jackson	Internal business review
327	MTFA Training	Operations	Resilience and Special Services	Ian Walton	Legislative requirement, Regulatory body
91	Non-achievement of regulatory targets	Finance and Performance	Finance	Alex Crickmar	Internal business review

536	NY - Turnarounds	Operations	A&E Operations	Mark Inman	Business continuity plan, Incidents, Internal business review
371	NY vacancies	Operations	A&E Operations	Vince Larvin	Self audit
66	Operational performance	Operations	A&E Operations	Dave Macklin	Internal audit, Internal business review, Self audit
579	Out of date consumables at stations and on vehicles	Operations	A&E Operations	Dave Macklin	Regulatory body, Self audit
522	P14 - ePRF -National Contract of Siren Provision may result in no solution post 2016	Finance and Performance	ICT - Information Technology	Ola Zahran	Project

214	PTS CIP Programme	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	Internal business review
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203	PTS delays in recruitment	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	Internal business review
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208	PTS Operational Budget Overspend	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	Internal business review
216	PTS Patient slips, trips and falls	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	4Cs/Complaints, Incidents

	PTS Strategic Fleet Requirements	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	Internal audit, Internal business review
604	PTS Strategic Risk - Technology	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	Internal business review, Self audit
211	PTS Vehicle availability	Finance and Performance	PTS (Patient Transport Services) Operations	Joanne Halliwell	Internal business review

605	PTS Workforce Plan	Finance and Performance	PTS (Patient Transport Services) - Operations	Joanne Halliwell	Internal audit, Internal business review
346	Recruitment / Vacancies - Operations Hull & ER	Operations	A&E Operations	Andrew Pippin	Self audit
126	Risk assessment	Standards and Compliance	Risk and Safety	Shelley Jackson	Claims, Incidents, Internal business review, Legislative requirement

618	Risk to staff when moving and handling inappropriately stored medical devices	Finance and Performance	Fleet	Kevin Wynn	Self audit
625	Scarborough Stroke Service Reconfiguration	Operations	A&E Operations	Vince Larvin	Risk assessment
556	Sickness absence levels - South Yorkshire	Operations	A&E Operations	Jackie Cole	Internal business review
558	SY - Turnaround times	Operations	A&E Operations	Steve Rendi	Incidents, Internal business review
112	Technician to Paramedic conversion courses	People & Engagement	Organisational Effectiveness and Education	Shelagh OLeary	Risk assessment

555	Vacancies - South Yorkshire	Operations	A&E Operations	Jackie Cole	Internal business review
252	Vehicle deep cleaning	Finance and Performance	Fleet	David Hill	

Risk Type	Risk Subtype	Description	Controls in place
Strategic Risk	Estates and facilities	Three ageing training sites require replacement	3 sites currently being operated with some internal improvements in York, Doncaster and Wakefield. Future options under consideration
Operational Risk	Business continuity	Potential loss of accomodation owing to external or internal events	Exercise Jackdaw Executive was carried out on the 23rd Spetember 2014. Associate Directors from many departments attended the loss of accommodation Exercise, this exercise is part of a suite of exercises codenames Jackdaw. 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.

Strategic Risk	Financial	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business.	<ol style="list-style-type: none"> 1. Major tender assurance process 2. Finance and Investment Committee scrutiny 3. TEG review 4. TMG review 5. Gate review process in place 6. Weekly review of tenders within the wider external market 7. Stakeholder engagement and relations with key commissioners and LATs, TDA
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.	Course to transition ECAs to SORT in the training programme for 2014/5. This will enable ECAs to attend such events and subsequently reduce the number of required clinicians therefore freeing them up to respond to other emergencies.
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.	<ol style="list-style-type: none"> 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 commenced June 2014.
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.	<ol style="list-style-type: none"> 1. Continuous recruitment 2. Working with recruitment agencies 3. Offering secondments for paramedics 4. Employing agency staff 5. Hospitals and Universities

Strategic Risk	Financial	Adverse impact on finances due to ineffective contract management through lack of capacity within the Business Development team	<ol style="list-style-type: none"> 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 Exec Director of F&P to update on progress. 5. Monthly meetings with key Ops Directors/contract leads to ensure progress. 6. Robust process in place for contract management 7. Regular contract performance review meetings with commissioners and DoF/Ops lead to ensure more robust contract management 8. Regular meetings with finance team (Income and Expenditure)
Operational Risk	Patient harm	Delayed handovers at Hull Royal Infirmary ED causing Ambulance crews to be 'stacking' outside of the ED with patients for up to and over 2.5 hours. Patient flow and capacity issues within the hospital causing front door delays at the ED which impacts on turnaround times and resource availability to maintain a safe operational service delivery in Hull and East Riding.	<ol style="list-style-type: none"> 1. HALO Bronze level manager at ED 24/7 2. Weekly meetings with senior hospital managers 3. CCG / Chief Officers informed 4. YAS senior managers aware 5. On call teams and escalation plans to maintain safe service delivery reviewed and in place 6. Resilience support vehicle stood by to be utilised at direction of on call Gold Commander 7. Daily review of extra resources to be utilised in CBU to support service delivery
Strategic Risk	Financial	Loss of income and potential loss of staff due to the decommissioning of GP urgent work in any CCG / Acute Trust across YAS.	<ol style="list-style-type: none"> 1. Engagement with commissioners to improve communication 2. Legal position sought to ensure YAS in an informed position if faced with same risk again 3. Head of Business Development attends the three locality contract meetings and the main contract board to ensure consistent messages and to pick up on early warning indicators of potential tenders / risks to core business 4. Internal review of potential financial risk and also workforce risk on-going

Operational Risk	Health and safety	Risk of harm/injury and litigation due to failure to follow existing incident investigation process leading to incident recurrence.	<p>1. Health & Safety Policy</p> <p>2. Established Datix incident reporting and investigation system.</p> <p>3. Overdue incident reports to local managers for action.</p> <p>4. Risk and safety team support to managers.</p> <p>5. Re-launch of Datix in April 2014 with updates to system to make it more user friendly.</p>
Strategic Risk	Adverse Publicity & Reputation	Risk of interruptions to service delivery as a result of potential industrial action and the adverse publicity that surrounds this.	<p>1. Regular liaison with Trade Unions.</p> <p>2. Regular update briefings to YAS staff.</p> <p>3. Performance Recovery Plan in place.</p>
Operational Risk	Information governance	Breach of the Data Protection Act due to theft or inappropriate access to identifiable information stored on YAS premises (secure and insecure).	<p>1. IAO role is responsible for records management in their area.</p> <p>2. Revised Records Management Policy setting out expectations in relation to management and storage of records.</p> <p>3. RESTORE Storage company is used to archive records in a secure environment.</p> <p>4. Records Amnesty - bi annual reminder via Operational Update - on schedule of IG reminders.</p> <p>5. I4I process, covers questions around records held locally on premises.</p>
Operational Risk	Patient harm	Potential inability to provide a safe service to patients due to insufficient funds available to cover the operational staffing levels required.	<p>secure additional funding through negotiation with commissioners Reduce KPis</p> <p>Flex contract specification to focus on patient care</p>
Operational Risk	Patient Experience	Potential inability to meet the forecasted call demand in NHS 111 for 2015/16 due to Insufficient finances	<p>Improve Efficiencies</p> <p>Reduce KPI to 90%</p> <p>Continuous negotiations to secure additional money through SRG process</p>

Operational Risk	Business continuity	If we do not have adequate processes in place in times of the Adastra 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.	Design of form to minimise writing paper management process in place.
Operational Risk	Financial	Risk of laundry budget being exceeded in 14/15 by 100% following review.	Current budget in place covers contractor Goodman Sparks.
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.	<ol style="list-style-type: none"> 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
Operational Risk	Regulatory compliance	If we do not release staff for MTFA training then this may lead to ineffective scene management.	<ol style="list-style-type: none"> 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.
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.	<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.</p> <p>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>

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.	<ol style="list-style-type: none"> 1. Daily turnaround reports. 2. Weekly updates. 3. BI monitor turnaround performance.
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.	<ol style="list-style-type: none"> 1.vacancies and skill required identified. 2.recruitment on going 3.use of overtime to fill gaps 4. redeployment of resources
Operational Risk	Patient harm	Potential risk to patient safety due to increased red demand and reduced performance across the A&E Operations service.	<ul style="list-style-type: none"> - Intense monitoring process in place - New rota patterns being reviewed following implementation in February - Review of flexible working planned for June 2014. - Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs - Weekly patient safety review underway to determine harm caused from delayed responses. - Ops Recovery Plan in place with actions underway to address performance issues. - Ongoing monitoring of demand profile against planned resource. - Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.
Operational Risk	Patient harm	Identification of out-of-date consumables at stations and on vehicles and potential risk to patient safety	<ol style="list-style-type: none"> 1. Inspections for Improvement with increased scrutiny on consumables and equipment 2. Delivery driver responsibility for checking at restock
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.	<ol style="list-style-type: none"> 1. Develop strategic plan for replacement solution. 2. Trust Board to agree and ratify stratgic plan 3, Create a project group to develop staregic plan 4, Implement Strategic Plan

Strategic Risk	Financial	<p>Risk of CIP non delivery due to changing factors relating to baseline assumptions (demand profiles, overall activity, patient mobility changes, income)</p>	<p>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. 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 actions.</p> <p>7. Full documented audit trail of CIP achievement / non achievement and rationale / mitigations in place.</p> <p>8. Review of progress against CIP plans as part of the PTS Directorate Performance Cell fortnightly and actions associated</p>
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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	<ol style="list-style-type: none"> 1. PTS resource 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 targeted sub contractors to cover shortfalls in provision 4. Auditable and consistent cost control process within PTS 5. PTS involvement in the assessment centre recruitment pathway 6. Agreed PTS training capacity and plan for 2014-15 7. PTS Managers actively supporting the assessment centres
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Strategic Risk	Financial	Risk of financial deficit against planned outturn due to operational budget overspend and inability to secure planned income	<ol style="list-style-type: none"> 1. Monthly budget meetings with all operational leads 2. Escalation and spend authorisation procedures in place for all sub contractor use 3. Standing corporate financial instructions 4. Implementation of Service Line Management and Reporting structures 5. Clear lines of ownership and accountability within the PTS management structure 6. Identification and confirmation of current 'direct' costs which are within the indirect apportionment and mapping against individual service lines within PTS 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 consortia, two yearly for one and three yearly for the remaining. 10. Confirmation of expanded service provision for a number of dedicated discharge services and additional provision
Operational Risk	Patient harm	Risk of patient injury due to slips, trips and falls when using patient transport	<ol style="list-style-type: none"> 1. PTS Staff induction and training programme 2. Mobility information provided to HCP's and patients booking journeys to support decision making. 3. Trend analysis of incident / complaints linked to patient safety thermometer and associated action plan delivery. 4. Robust incident reporting and management process and open culture to encourage reporting including near misses 5. Dynamic risk assessment of each patient journey by YAS staff linked to mobility booked and level of support provided 6. Use of the patient safety thermometer to identify trends and causes. <p>Collaborative discussion with the patient safety thermometer (YAS) group to identify actions and solutions</p>

Strategic Risk	Equipment Related	The service cannot adequately articulate what the strategic fleet requirements are and the capacity and capability for fleet to respond to PTS needs is unavailable	<ol style="list-style-type: none"> 1. Capital programme 2. Activity and profiling information available 3. Forecasting tools in place
Strategic Risk	Financial	The required technology investments to deliver key efficiencies within PTS are in excel of the funding and / or skills available	<ol style="list-style-type: none"> 1. Capital programme 2. Technology evaluation and outline of requirements 3. Skills and internal competence and capacity
Operational Risk	Financial	Risk of operational inefficiency and increased cost due to high VOR rates	<ol style="list-style-type: none"> 1. Planned fleet replacement programme 2. Identification of high cost maintenance vehicles and planned lease replacement programme 3. Formal sub contractor framework in place with associated governance arrangements to back fill operational service when required 4. Fleet task and finish group implemented as a part of the PTS Transformation Programme 5. New vehicles deployed early 2014-15 with further planned replacement within financial year

Strategic Risk	Human Resources	The required workforce changes to deliver a multi-skilled, flexible workforce to meet the ever-changing needs of our patients are not supported by staff and staff side representatives	<ol style="list-style-type: none"> 1. Workforce plan 2. Outline and programme plan for development and identification of new scopes of practice etc. 3. Early communication and dialogue with staff and staff side on the proposals 4. Support of the board to ensure that there are no organisational issues 5. Strong rationale and justification for the changes clearly and transparently communicated to staff 6. Early involvement of training and HR colleagues to ensure smooth transition
Operational Risk	Clinical	IF we do not have adequate staffing levels due to the number of vacancies across Hull & ER, THEN there will be inadequate staffing RESULTING IN potential risk to patient and staff safety.	<ol style="list-style-type: none"> 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.
Operational Risk	Health and safety	Inconsistent Health & Safety risk assessment process leading to risk of loss, injury and litigation.	<ol style="list-style-type: none"> 1. Schedule for completion of Health & Safety risk assessments 2. Inspections for Improvement schedule in place 3. Health & Safety Committee reporting and monitoring 4. Staff side H&S reps in place and working for R&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.

Operational Risk	Health and safety	If medical devices are inappropriately and inadequately stored then staff cannot use safe moving and handling techniques resulting in harm	1. Storage racking in department
Operational Risk	Clinical	WHEN Scarborough Stroke Services are Reconfigured (in approximately six weeks time) THEN hyperacute stroke services will be in York RESULTING IN longer journey times or IFT's with associated risk to patient safety, impact on operational performance, stroke targets	At this stage we are unable to put any control measures in place until the Lead Commissioner is involved, briefed and agrees to the planned changes. This fact will be reported to YHFT on 22.04.15 by Vince Larvin, Locality Director, North & East Yorkshire. The Commissioner is aware and supportive.
Operational Risk	Capacity	Increased sickness absence levels across the Trust resulting in reduced capacity with a potential risk to patient and staff safety.	1. Robust sickness management process 2. OH provision
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.	1. CS frequently based at EDs to try and assist crew turnarounds. 2. Bi-monthly meetings with ED managers across the county.
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.	1. Significant advertising is taking place in advance of the courses 2. OSCE preparation workshops are being offered 3. Locality Managers are having 1:1's with Technicians to discuss available options 4. Partnership working with SHU underway 5. increasing number of technicians over next few months who will form paramedic pipeline

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.	<ol style="list-style-type: none"> 1. Overtime incentives 2. Flexible working 3. Increased hours for PT workers 4. Use of private providers. 5. Use of bank staff
Operational Risk	Capacity	Potential harm to patients, staff and others due to failure complete vehicle deep cleaning procedures within specified timeframes.	<ol style="list-style-type: none"> 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. 2. Monthly audit and reporting of activity. 3. Additional staff recruitment and revised planning format introduced 4. Cost controls approved for additional staff. 5. Schedules reviewed and streamlined where possible.

Gap in controls	Actions	Risk level (initial)	Rating (initial)
<p>1. The current training sites are in a state of disrepair</p> <p>2. The lease for the Burn Hall site is due to expire on 31st March 2014</p> <p>3. Geographical separation of the 3 sites is not ideal for shared learning or consistency in delivery</p>	<p>1. Business case under development to review departmental requirements for educational provision</p> <p>2. Ongoing negotiations regarding lease of Burn Hall</p> <p>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
<p>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</p> <p>.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> <p>7. Allocate some time at TMG meeting to provide Strategic BC Plans and arrangement updates by each all departments.</p> <p>8. An action card to be developed to provide prompt questions for use during</p>	See actions tab	Moderate Risk	12

<p>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.</p>	<p>1. a)Improve Commissioner and YAS communications 1b) New process for reviewing potential tender opportunities - Gate Review - now in place. 1c) Ensure that all Associate Directors and 'Head's of' are aware and complying with the Major Tender Assurance process / Business Case submission and the Gate Review Process. 1d) Re-introduction of the Intelligence Register to store centrally all information on threats and new service developments and service reconfigurations. 1e) Recruit a marketing manager to work with teams on market analysis and marketing projects. 1f) Development of communications to Urgent and Emergency Care group within YAS with key stakeholders to ensure key managers working externally have up to date contract and political information.</p>	<p>High Risk</p>	<p>20</p>
<p>1. Training plan content to ensure time is allocated for the training to take place.</p>	<p>1. Courses included within the training plan from September 2014. 2. National review underway of required numbers. Potentially may not need as many SORT members.</p>	<p>Moderate Risk</p>	<p>9</p>
<p>No current gaps in controls however risk will remain open until training programme completed and assurance provided.</p>	<p>1. Training programme implemented from September 2014. 13.4.2015 Training captured as part of resilience training programme in 2015/6 both for new starters and existing staff</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Offering lower band of pay than agency. 2. Inability to recruit to evenings and weekend rota slots. 3. unable to fill gaps in rotas with agency staff</p>	<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>1. Lack of capacity to cross cover all contracts due to the number of commissioners externally each contract is linked to.</p> <p>2. Temporary PTS contract manager in post - unclear of plans moving forward</p> <p>3. Commercial director role vacant</p> <p>4. Marketing role only temporary</p>	<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> <p>1c. Contracts Manager recruited and will be in post from 28th April 2015.</p>	<p>Moderate Risk</p>	<p>12</p>
<p>If hospital capacity and space is not managed resource within the CBU will be used up with no provision of Emergency Ambulance cover throughout the Locality. This further impacts on shift handover, CS availability and impacts on the 11 hour rule with operational staff being considerably late off.</p>	<p>1. Daily update / report from HALO</p> <p>2. Shared hospital escalation plans and regular communication between YAS / HEYT</p> <p>3. Regular communication with CCG colleagues</p> <p>4. Regular communication / review with YAS senior managers</p> <p>5. On call escalation and action plans in place via ROC</p> <p>6. Resilience support vehicle ready and available through on call / ROC</p> <p>7. Daily conference call to review risk / actions 0930 and 1630 hours</p>	<p>High Risk</p>	<p>16</p>
<p>1. Clinical Commissioning Groups (CCGs) are now entering in to dialogue with private providers and are able to commission services where they see fit</p> <p>2. Decisions being made in system resilience group forums</p> <p>Legal position may not cover demand that is over activity levels - but would have become baseline contracted activity in the following year</p> <p>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.</p>	<p>1a. Increase focus on performance management and monitoring to understand pressures in under performing CCGs and set up targeted meetings</p> <p>1b. Utilise the contract negotiations and direct discussions 'provider to provider' to minimise risk of contracts being let to private providers.</p> <p>1c. Regular attendance at System Resilience Groups</p> <p>1d. Internal communications 'Hester's House' to be continued with Contract Manager for A&E to also update SPDMs monthly.</p>	<p>Moderate Risk</p>	<p>12</p>

<p>1.Managers are not consistently completing timely investigation.</p> <p>2. Lack of accountability for completion of investigation.</p> <p>3.Lack of H&S incident reporting data.</p> <p>4. Lack of clear guidance on how to complete investigations.</p>	<p>1. R&S team to continue to engage with local managers to complete timely investigations.</p> <p>2 & 3. Operational management structures to hold managers to account, via Dashboards.</p> <p>4. Standard form developed to be added to Datix to assist managers when completing investigations.</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Potential for further action to be taken by Trade Unions which could affect the Trust adversely.</p>	<p>1a. Continue to liaise with Unions and staff as appropriate to ensure concerns are dealt with in a timely manner.</p> <p>1b. Regular monitoring of press activity to ensure appropriate reporting of information and appropriate Trust responses where necessary.</p>	<p>High Risk</p>	<p>15</p>
<p>1. Records possibly held unsecurely across the YAS estate, which the Trust is not aware of.</p>	<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 June 2015).</p> <p>1b. Implementation of records management assurance exercise Trust wide (July 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>	<p>Moderate Risk</p>	<p>12</p>
<p>Contract negotiations currently indicate no additional funding available</p>	<p>Discuss KPI reduction with CCGs</p> <p>Seek additional funding through SRG process</p> <p>Explore efficiencies with LCD to flex the contract specification</p>	<p>Moderate Risk</p>	<p>12</p>
<p>Contract negotiations currently indicate no additional funding available</p>	<p>DIMs to work to improve the efficiency of Call centre staff</p> <p>report to CCGs on the impact of necessary funding</p> <p>apply for additional funding through SRG process</p>	<p>High Risk</p>	<p>15</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/. 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</p>	<p>Moderate Risk</p>	<p>12</p>
<p>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.</p>	<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>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Carry Chair purchasing and roll out not fully completed.</p>	<p>1. Purchase of a new carry chair with extending handle and track (funding for and phased roll out agreed and commenced from 2013/14.)</p>	<p>Moderate Risk</p>	<p>12</p>
<p>Following TEG approval of training programme, no further gaps identified however risk will remain live until training has begun.</p>	<p>13.4.2015 MTFA training for 2015/16 captured in training programme for resilience. This includes new recruits to the MTFA team whose training is planned for April onwards. Plan delivery to be monitored over the year</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Review is essentially retrospective. Rapidly changing pressures. 2. Managers' ability to commit Trust to expenditure. Time lag in action and cost incidence. 3. Potential for A&E performance penalties dependent on negotiations with Commissioners.</p>	<p>1. and 2. Identify key triggers which impact EFL and CRL and promote awareness of action and consequence. 2. Monitoring of revenue position, close liaison with departmental managers, actions determined by very senior management. 3. Penalty regime being discussed at very senior level with external support as appropriate.</p>	<p>Moderate Risk</p>	<p>12</p>

<p>1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.</p>	<p>1. Liaison with local hospitals to help manage turnaround times. 2. Discussions with commissioners on contracting. 3. LM to meet with Hospitals. 4. HOps to update LMs weekly</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Lack of available resource to cover demand.</p>	<p>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.</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Inability to manage increase in demand at present time effectively with available resource. 2a. Real time reporting process within EOC not happening consistently, particularly during busy periods. 2b. CDM role not 24/7 therefore contributing towards the above gap of real time reporting not happening consistently.</p>	<p>1a. Recruitment underway across the Trust to cover vacancies. 1b. Continue with weekly patient safety reviews to understand level of harm caused. 1c. Continue monitoring arrangements and reporting to CCGs on delayed response and staff welfare incidents. 1d. Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning. 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>1. systematic stock control and rotation not in place 2. Logistics van not fit for purpose</p>	<p>1. Developing proposals for vehicle preparation process</p>	<p>Moderate Risk</p>	<p>12</p>
<p>Exit strategy to be agreed</p>	<p>1, Strategic plan being developed for board review 2. Project group formed end January 2015. 3, Impelementation of plan over the next 18 months</p>	<p>High Risk</p>	<p>15</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>	<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&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>
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<p>1. Inadequate recruitment resources available to progress applications in a timely manner</p> <p>2. Lack of training capacity to deliver additional requirements</p> <p>3. Lack of dedicated resources within recruitment in line with PTS requirements</p> <p>4. Competing demands within the recruitment resources which prioritise other areas of YAS before PTS</p>	<p>1a. Liaise with recruitment regarding 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 outsourcing options for PTS to remove recruitment from within the corporate resource</p>	<p>Moderate Risk</p>	<p>12</p>
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<p>1. Bottom up operational budget setting linked to an understanding of PTS cost v income and apportionment of indirect costs</p>	<p>1a. Review the budget setting process and evaluate income v operational costs with commissioners</p>	<p>High Risk</p>	<p>16</p>
<p>1. Lack of spot check audit of compliance with training whilst on operational duties 2. Lack of education and consistency of mobility assessments on the part of the individuals carrying out the mobility assessments outside of YAS</p>	<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 2a. Review the information provided to individuals re mobility criteria and simplify. 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>1. Ability to accurately predict requirements and therefore investments required</p> <p>2. Competing priorities for investment</p> <p>3. Fleet capacity to service and maintain the numbers of PTS vehicles in a timely manner alongside other competing priorities</p>	<p>Review multiple options for purchase / leasing / partnership / sponsorship to secure additional funding</p> <p>Invest in multi-purpose and flexible vehicles which can adapt to changing patient needs</p> <p>Ensure forecasting tools are accurate and sophisticated enough to map changes in activity by mobility presentations rather than overall activity</p> <p>Work closely with fleet to develop and resource SLA's to ensure clear resourcing linked to PTS requirements is secured</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Capital allocation process not flexible enough to respond in year</p> <p>2. Competing priorities for investment</p> <p>3. Capability within YAS to identify technology innovations, quantify funding required with accuracy and resource successfully</p> <p>4. Capacity and skills gap within YAS to implement technological solutions</p>	<p>Identify clear investment requirements linked to strategy</p> <p>Purchase of key skills and expertise linked to clear project deliverables and transfer of knowledge when required</p> <p>Build capacity to horizon scan within the PTS management structure and expertise / skill set</p> <p>Use networking, key account management skills and expertise to identify and build relationships with key partners, organisations and individuals</p>	<p>Moderate Risk</p>	<p>12</p>
<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>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>	<p>Moderate Risk</p>	<p>12</p>

<p>1. Scope of practice not fully completed 2. Lack of understanding of the financial impact in totality 3. Current systems and processes may not support the timetable required for the programme 4. Strong performance management and structure needs to be put into place</p>	<p>Strong performance management and structure to the transition programme including identification and achievement of key milestones must be put into place Potential issues regarding the substitution of VCS and sub contractors for substantive employees needs to be understood and mitigated against</p>	<p>Moderate Risk</p>	<p>12</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. 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</p>	<p>High Risk</p>	<p>16</p>
<p>1. Improved risk assessments and process to be developed. 2. Dynamic Risk Assessment packs are to be developed.</p>	<p>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.</p>	<p>Moderate Risk</p>	<p>12</p>

<p>1. storage Facilities for some Some items of medical devices and equipment are not fit for purpose</p>	<p>1. Scrap or sell off unwanted items of medical devices and equipment. 2. Redesign the storage facilities in the department to accommodate all items of medical devices and equipment. 3. Convert current meeting room in department to an equipment store.</p>	<p>Moderate Risk</p>	<p>12</p>
<p>There are no controls in place at this stage, as stated above.</p>	<p>Discussion with Lead Commissioner and YHFT to agree mitigation</p>	<p>High Risk</p>	<p>16</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. 18.3.15 - longterm sickness much improved although vacancy position has increased.</p>	<p>1. Sickness management processes in place to support return to works. 2. Recruitment to unfilled vacancies. 3. monitored daily in CBU and monthly with HR business partners.</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.</p>	<p>1. Liaison with local hospitals to help manage turnaround times. 2. Discussions with commissioners on contracting. 3. Meetings around self-handover process, this is now in place</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Clinical Supervisors need to be utilised to review skill gaps with Technicians 2. Concerns in relation to OSCE preparation needs to be reviewed and addressed 3. Restrictions on delivery method</p>	<p>1. Clinical Supervisors to prioritise skill gap review with technicians 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 3. Distance learning course to be developed (by April 15)</p>	<p>Moderate Risk</p>	<p>12</p>

<p>1. National shortage of paramedics resulting in difficulties recruiting.</p>	<p>1. Workforce model to be confirmed to enable progression of ECA recruitment 2a. National and international recruitment drive 2b. Visits to Universities to pro-actively recruit new graduates, with the involvement of operational managers. 3. actively recruiting</p>	<p>Moderate Risk</p>	<p>12</p>
<p>1. Lack of availability of cleaning staff Difficulties with access to the vehicles owing to operational pressures</p>	<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>

Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Opened (date risk identified)	Review date	Closed date
Moderate Risk	12	Low Risk	3	01/05/2013	12/05/2015	
Moderate Risk	12	Low Risk	6	03/02/2015	07/04/2015	

High Risk	16	Moderate Risk	12	13/03/2013	29/05/2015
Moderate Risk	12	Moderate Risk	12	09/01/2014	29/05/2015
Moderate Risk	12	Low Risk	4	12/09/2013	29/05/2015
High Risk	16	Low Risk	3	06/08/2013	12/05/2015

Moderate Risk	12	Moderate Risk	12	01/03/2012	30/05/2015	
Moderate Risk	12	Low Risk	6	18/11/2014	31/05/2015	
Moderate Risk	12	Moderate Risk	12	01/08/2013	30/04/2015	

Moderate Risk	12	Low Risk	4	08/01/2014	13/05/2015
Moderate Risk	12	Low Risk	6	17/06/2014	30/06/2015
Moderate Risk	12	Low Risk	4	09/09/2013	30/06/2015
Moderate Risk	12	Moderate Risk	9	02/03/2015	26/06/2015
High Risk	15	Moderate Risk	9	02/03/2015	26/06/2015

Moderate Risk	12	Moderate Risk	8	26/09/2014	30/06/2015
Moderate Risk	12	Low Risk	4	26/02/2014	31/05/2015
Moderate Risk	12	Low Risk	4	09/09/2013	13/05/2015
Moderate Risk	12	Low Risk	4	24/12/2013	30/06/2015
High Risk	16	Moderate Risk	12	12/08/2013	31/03/2015

Moderate Risk	12	Moderate Risk	8	16/12/2014	29/05/2015
Moderate Risk	12	Low Risk	6	26/03/2014	31/05/2015
High Risk	20	Low Risk	5	07/11/2011	31/03/2015
Moderate Risk	12	Low Risk	3	03/02/2015	29/05/2015
High Risk	16	Low Risk	6	16/11/2014	29/05/2015

Moderate Risk	12	Low Risk	6	23/04/2013	30/06/2015	
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High Risk	15	Low Risk	3	26/04/2013	29/05/2015	
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Moderate Risk	12	Low Risk	4	01/04/2013	31/07/2015	
Moderate Risk	12	Low Risk	3	01/07/2013	29/05/2015	

Moderate Risk	12	Low Risk	3	02/04/2015	26/06/2015
Moderate Risk	12	Low Risk	6	02/04/2015	30/10/2015
Moderate Risk	12	Low Risk	4	01/05/2013	31/07/2015

Moderate Risk	12	Low Risk	3	02/04/2015	30/10/2015
High Risk	20	Low Risk	6	21/02/2014	01/06/2015
Moderate Risk	12	Low Risk	4	09/09/2013	13/05/2015

Moderate Risk	12	Low Risk	3	14/04/2015	19/05/2015	
High Risk	16	Low Risk	5	22/04/2015	01/05/2015	
Moderate Risk	12	Low Risk	6	30/12/2014	30/06/2015	
Moderate Risk	12	Moderate Risk	8	30/12/2014	30/06/2015	
Moderate Risk	12	Low Risk	4	01/05/2013	31/03/2015	

Moderate Risk	12	Low Risk	6	30/12/2014	30/06/2015	
Moderate Risk	12	Low Risk	4	13/09/2013	30/04/2015	