

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

ID	Title	Directorate	Business Area	Handler	Risk source	Risk Type	Risk Subtype	Description	Controls in place	Gap in controls	Actions	Risk level (initial)	Rating (initial)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Opened (date risk identified)	Review date
Finance and Performance																			
261	Business tendering	Finance and Performance	Business Development	Balazs, Catherine - Head of Business Development	Internal business review, Legislative requirement	Strategic	Financial	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business. Upcoming General election also a major risk to contracts and potential national changes to commissioning.	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	1. External meetings with commissioners/System Resilience Groups (CCG level) due to the high number of meetings, means that intelligence around risks to core business is difficult to manage but has improved with named leads for each resilience group.	1a) Improve Commissioner and YAS communications 1b) Gate Review process 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 information centrally 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.	High Risk	20	High Risk	16	Moderate Risk	12	13/03/2013	31/08/2015
262	Contract management	Finance and Performance	Business Development	Balazs, Catherine - Head of Business Development	Internal business review	Strategic	Financial	Adverse impact on finances due to ineffective contract management through on-going lack of capacity within the Business Development team	1. SFIs in place 2. Weekly review of tenders within the wider external market. 3. Business Development Manager role permanent but does not now line in to the Head of Business Development. Only works on commercial aspects. 4. Weekly meetings with Exec Director of F&P to update on progress. 5. Monthly meetings with key Ops Directors/contract leads 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) 9. Contracts Manager now in post permanently	1. Lack of capacity to cross cover all contracts due to the number of commissioners externally each contract is linked to. 2. Temporary PTS contract manager in post Until June 2015- unclear of plans moving forward 3. Commercial director role vacant but Business Development Manager now in an interim role until October 2015 as Assistant Director of Commercial Development. 4. Marketing role now permanent working to the Assistant Director of Commercial Development. 5. loss of the business development manager role -insufficient capacity in the team	1a. Review the Business Development structure and recruit to commercial role - still outstanding. 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	Moderate Risk	12	Moderate Risk	12	Moderate Risk	12	01/03/2012	31/08/2015
263	GP Urgent work in to Sheffield Teaching Hospitals	Finance and Performance	Business Development	Balazs, Catherine - Head of Business Development	Internal business review	Strategic	Financial	Loss of income and potential loss of staff due to the decommissioning of GP urgent and take home work in any CCG / Acute Trust across YAS of c£4.5m in total.	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 5. ORH review of all demand and requirements for rotas to meet expected levels. 6. Contract for 2015-16 has a block activity level which gives stability to YAS and a clause for 1 year termination notice.	1. Clinical Commissioning Groups (CCGs) are now entering in to dialogue with private providers and are able to commission services where they see fit 2. Decisions being made in system resilience group forums Legal position may not cover demand that is over activity levels - but would have become baseline contracted activity in the following year Inability to meet with 23 CCGs on a regular enough basis to ensure dialogue is kept open as there are not enough staff to cover this level of activity on top of contracting meetings.	1a. Increase focus on performance management and monitoring to understand pressures in under performing CCGs and set up targeted meetings 1b. Utilise the contract negotiations and direct discussions 'provider to provider' to minimise risk of contracts being let to private providers. 1c. Regular attendance at System Resilience Groups 1d. Internal communications 'Hester's House' to be continued with Contract Manager for A&E to also update SPDMS monthly.	Moderate Risk	12	Moderate Risk	12	Moderate Risk	12	01/08/2013	30/09/2015

680	Repeated Air Conditioning Failure (ICT Server Room)	Finance and Performance	Estates	Hemsley, Stephen - Environmental and Waste Manager	Incidents, Risk assessment	Operational	Equipment Related	IF the Air Conditioning Unit breaches the tolerance range required for the ICT Server Rooms THEN the temperature will increase RESULTING IN servers overheating and failing, thus losing ICT systems and services to YAS and its Patients	Notifications both visual and audible . Risk to SH2 Server Room Air Conditioning has been mitigated by the temporary provision of mobile cooling units. The Aireadle units themselves have been repaired but are still at risk due to their age and aggressive demand cycle.	Estates are not notified automatically when the tolerance levels are reached or breached. The old Air Conditioning unit systems becoming irreparable and difficult to obtain replacement parts.	review the systems in both buildings with a view to carrying out capital improvements in 2016/17 financial year	High Risk	20	Moderate Risk	12	Low Risk	4	16/07/2015	30/10/2015
91	Non-achievement of regulatory targets	Finance and Performance	Finance	Crickmar, Alex - Interim Executive Director of Finance and Performance	Internal business review	Strategic	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.	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.	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	1) Monitoring of revenue and expenditure position, close liaison with departmental managers. 2) Greater emphasis placed on monthly forecasting of financial performance / risk with managers and subsequent review of variances - established and ongoing	Moderate Risk	12	Moderate Risk	12	Moderate Risk	8	12/08/2013	31/07/2015
507	ICT Equipment on disposed Fleet vehicles	Finance and Performance	Fleet	Audsley, Vicky - Operational Support Centre Manager	Self audit	Operational	Equipment Related	If vehicles become unavailable for operation purposes THEN all key ICT related assets need to be recovered and returned to ICT. In the event that this is not possible then a Sup13 (incident needs to be logged for the attention of ICT. This doesn't always happen RESULTING IN delays to making vehicles operational and financial loss due unexpected demand for purchase of equipment	1) historic mutually agreed process to decommission hardware 2) Discussions with Fleet confirm that ICT equipment help on decommissioned vehicles is returned to ICT for reuse	1) Agreed process between Fleet and ICT to recover ICT equipment from decommissioned vehicles	1) MC to liaise with ICT to develop and communicate a process to include a checklist of ICT equipment when decommissioning vehicles 2) The disposal policy for Trust vehicles blue light and other is to be reviewed as part of this there will be an appendix and process that relates to the removal, change over and or return of ICT equipment.	Moderate Risk	12	Moderate Risk	12	Low Risk	4	13/11/2014	30/09/2015
662	Robust process for checking CCTV equipment is working on ambulances	Finance and Performance	Fleet	Gott, Jeff - Fleet Area Team Manager	Incidents	Operational	Staff & 3rd Party Safety	IF we don't have a robust process to check CCTV equipment in ambulances THEN YAS is unable to provide CCTV evidence to support prosecution of staff assaults RESULTING IN failure to prosecute offenders and thereby support staff in taking appropriate action.	1) CCTV is installed in all ambulances 2) process for collection and review of CCTV footage when there is an incident	1) No robust process for checking CCTV equipment is working properly	1) To gain immediate assurance that all CCTV recording equipment is working - IG to set timescale and monitor, reporting to H&S Committee 2) Annual ongoing review required of CCTV equipment which may be combined with the annual maintenance of Terrafix equipment that is already carried out by Fleet	Moderate Risk	12	Moderate Risk	12	Low Risk	3	17/06/2015	31/07/2015
252	Vehicle deep cleaning	Finance and Performance	Fleet	Hill, David - Fleet Ancillary Services Manager		Operational	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. Vehicle Deep Cleaning: Operational vehicles are currently scheduled for a deep clean within a regular 35 days window. Due to increased operational activity, these vehicles are not available for stand down to complete their periodic deep clean.	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. Compliance: 6/07/15 - Trust Service level is now over 99%	1. Lack of availability at times to perform deep cleans if some have gone beyond deadline. 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	1. Use of external provider to assist in cleaning vehicle that have missed their scheduled date.	Moderate Risk	12	Moderate Risk	12	Low Risk	4	13/09/2013	31/07/2015

522	P14 - ePRF - National Contract of Siren Provision may result in no solution post 2016	Finance and Performance	ICT - Information Technology	Varley, Andrew -	Project	Strategic	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 RESULTING IN failure to achieve the objective to have Paperless patient records by 2018 as mandated by the DoH.	1. Strategic plan for replacement solution agreed by Trust Board 2. Project group established 3. Trust Board Workshops held 4-5 June with the vendors of two remaining options detailed in the strategy paper	Timescales for the development of Exit strategy are behind schedule which may limit options.	1. Implementation of plan over the next 18 months	High Risk	16	Moderate Risk	12	Low Risk	6/16/11/2014	31/07/2015
661	Reduction in Capacity	Finance and Performance	ICT - Information Technology	Zahran, Ola - Associate Director of IM&T	Business continuity plan, Internal business review	Operational	Capacity	IF ICT resources are not re-established to normal levels THEN there is a risk to project deliveries and Business As Usual and further reductions in staff RESULTING IN Breach of BAU Support; YAS Strategic Objectives	1) Management have discussed the issue and raised with Director of Finance & Performance 2) Voice Comms Manager role appointed	1) Unsure of outcome of internal process 2) Admin support for Voice Comms and ICT 3) Management of staff welfare	1) Requested light duties cover from HR 2) Recruitment of Apprentices 3) TP to liaise with HR regarding welfare arrangements/measures to ensure no further staff reductions 4) Dir Finance and Performance agreed to recruitment	High Risk	16	Moderate Risk	12	Low Risk	4/12/06/2015	31/07/2015
214	PTS CIP Programme	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Internal business review	Strategic	Financial	Risk of CIP non delivery due to changing factors relating to baseline assumptions (demand profiles, overall activity, patient mobility changes, income)	1. Financial evaluation to understand links between the programmes of work and the CIP delivery. 2. Financial and PTS review of business case 3. Management of establishment linked to cost improvements associated with rotas, planning, scheduling 4. Formal CIP management / governance and review processes through the CIP Management Group with performance management of actions. 5. Formal review of CIP trajectories and performance through the monthly finance and performance meetings and associated actions. 6. Formal quarterly review of CIP achievement through the PTS quarterly review meetings with the TEG and associated actions. 7. Full documented audit trail of CIP achievement / non achievement and rationale / mitigations in place. 8. Review of progress against CIP plans as part of the PTS Directorate	1. Lack of understanding of what constitutes a CIP programme at operational management level. 2. CIP gap which does not have a formal delivery plan attached	1a. Participation in multi disciplinary formal CIP workshops 1b. Active engagement in CIP scheme delivery 1c. Engagement of external consultancy support to drive ideas and test challenge 2a. Identify further CIP schemes which will bridge the gap 2b. Identify and assess the value of the CIP schemes for each support service linked to improvements in the PTS I&E position 2c. Review via the CIP Management Group complex schemes which may impact on workforce and training	Moderate Risk	12	Moderate Risk	12	Low Risk	6/23/04/2013	31/07/2015
208	PTS Operational Budget Overspend	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Internal business review	Strategic	Financial	Risk of financial deficit against planned outturn due to operational budget overspend and inability to secure planned income	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	1. Bottom up operational budget setting linked to an understanding of PTS cost v income and apportionment of indirect costs	1a. Review the budget setting process and evaluate income v operational costs with commissioners	High Risk	16	Moderate Risk	12	Low Risk	4/01/04/2013	31/07/2015

216	PTS Patient slips, trips and falls	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	4Cs/Complaints, Incidents	Operational	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. Collaborative discussion with the patient safety thermometer (YAS) group to identify actions and solutions 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 	Moderate Risk	9	Moderate Risk	12	Low Risk	3	01/07/2013	31/07/2015
606	PTS Strategic Fleet Requirements	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Internal audit, Internal business review	Strategic	Equipment Related	Investment in strategic PTS fleet in response to capacity and capability, activity profiling information and forecasting to respond to PTS needs	<ol style="list-style-type: none"> 1. Capital programme 2. Activity and profiling information available 3. Forecasting tools in place 4. Investment in vehicles 	<ol style="list-style-type: none"> 1. Ability to accurately predict requirements and therefore investsments required 2. Competing priorities for investment 3. Fleet capacity to service and maintain the numbers of PTS vehicles in a timely manner alongside other competing priorities 	<p>Review multiple options for purchase / leasing / partnership / sponsorship to secure additional funding</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>	Moderate Risk	12	Moderate Risk	12	Low Risk	3	02/04/2015	07/08/2015
604	PTS Strategic Risk - Technology	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Internal business review, Self audit	Strategic	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 	<ol style="list-style-type: none"> 1. Capital allocation process not flexible enough to respond in year 2. Competing priorities for investment 3. Capability within YAS to identify technology innovations, quantify funding required with accuracy and resource successfully 4. Capacity and skills gap within YAS to implement technological solutions 	<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>	Moderate Risk	12	Moderate Risk	12	Low Risk	6	02/04/2015	30/10/2015
211	PTS Vehicle availability	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Internal business review	Operational	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 within 14/15 6. implementation of vehicle telemetry 	<ol style="list-style-type: none"> 1. Lack of confirmed VOR process for identifying and classifying vehicles 2. Inadequate capital monies available for full fleet replacement 3. Lack of clarity regarding current and future fleet requirements 4. Discrepancy between fleet and PTS vehicle lists (location and availability) 	<ol style="list-style-type: none"> 1a. Development and implementation of a formal and auditable process for declaring vehicles as unfit for operational deployment 1b. Development and implementation of a formal programme for identifying planned maintenance annually and operational impact analysis 2a. Identify and purchase second hand but more reliable vehicles wherever possible to increase the number of replacements 3a. Identify annual replacement programme linked to requirements and submit five year rather than annualised plans 4a. Rationalise the fleet lists between departments. Investigate the implementation of the Fleetman link between fleet and PTS 	Moderate Risk	12	Moderate Risk	12	Low Risk	4	01/05/2013	31/07/2015

605	PTS Workforce Plan	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Internal audit, internal business review	Strategic	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	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	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	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	Moderate Risk	12	Moderate Risk	12	Low Risk	3	02/04/2015	30/10/2015
350	Laundry budget	Finance and Performance	Support Services	Hill, David - Fleet Ancillary Services Manager	Internal business review	Operational	Financial	Risk of laundry budget being exceeded in 15/16	Current budget in place covers contractor Goodman Sparks.	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. 2. June Risk & Assurance Group - no additional funding for YAS draw down regarding this additional provision	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.	Moderate Risk	12	Moderate Risk	12	Low Risk	4	26/02/2014	31/08/2015
Operations																			
633	Audit of POMs in NORTH	Operations	A&E Operations	Macklin, David - Executive Director of Operations	Self audit	Operational	Regulatory compliance	IF POM audits are not undertaken THEN assurance cannot be gained that safe management and administration of medicines is taking place RESULTING IN risk to patient safety and non-compliance to CQC regulations	Robust audit process developed. Audit process monitored through the Medicines Management Group All fleet is identified All Clinical Supervisors are aware of the process and rationale for POMs audit	Timeliness of audit - CSs believe it takes too long CS do not have capacity to undertake this task North are aware that 'light duties' staff are being used to complete this task in other CBUS	Monitoring at Medicines Management Group and raised as a risk. Reporting at local ops meetings to LMs and Locality Directors. CS made aware of low compliance compared to other CBU's and the requirement to improve this.	Moderate Risk	12	Moderate Risk	12	Low Risk	3	05/05/2015	07/08/2015
525	Delayed handover HRI	Operations	A&E Operations	Pippin, Andrew - Head of Emergency Operations	Incidents	Operational	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.	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 in direction of on call Gold Commander 7. Daily review of extra resources to be utilised in CBU to support service delivery	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.	1. Daily update / report from HALO 2. Shared hospital escalation plans and regular communication between YAS / HEYT 3. Regular communication with CCG colleagues 4. Regular communication / review with YAS senior managers 5. On call escalation and action plans in place via ROC 6. Resilience support vehicle ready and available through on call / ROC 7. Daily conference call to review risk / actions 0930 and 1630 hours	High Risk	16	Moderate Risk	12	Low Risk	6	18/11/2014	07/08/2015
371	NY vacancies	Operations	A&E Operations	Larvin, Vince - Locality Director of Emergency Operations	Self audit	Operational	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.	1. vacancies and skill required identified. 2. recruitment on going affected and in turn adverse clinical outcomes. 3. use of overtime to fill gaps 4. redeployment of resources	1. Lack of available resource to cover demand.	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	26/03/2014	31/07/2015

66	Operational performance	Operations	A&E Operations	Macklin, David - Executive Director of Operations	Internal audit, Internal business review, Self audit	Operational	Patient harm	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 - 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. - Overtime is being used to address vacancies 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	High Risk	20	High Risk	15	Low Risk	5	07/11/2011	31/08/2015
579	Out of date consumables at stations and on vehicles	Operations	A&E Operations	Macklin, David - Executive Director of Operations	Regulatory body, Self audit	Operational	Patient harm	Identification of out-of-date consumables at stations and on vehicles and risk to patient safety	<ul style="list-style-type: none"> 1. Inspections for Improvement 2. Delivery driver responsibility for checking at restock 	<ul style="list-style-type: none"> 1. systematic stock control and rotation not in place 2. Logistics van not fit for purpose 	<ul style="list-style-type: none"> 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	03/02/2015	03/09/2015
346	Recruitment / Vacancies - Operations Hull & ER	Operations	A&E Operations	Pippin, Andrew - Head of Emergency Operations	Self audit	Operational	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.	<ul 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. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	High Risk	20	Low Risk	6	21/02/2014	31/07/2015
625	Scarborough Stroke Service Reconfiguration	Operations	A&E Operations	Larvin, Vince - Locality Director of Emergency Operations	Risk assessment	Operational	Clinical	Scarborough Stroke Services were reconfigured 1st July meaning hyperacute stroke services are now centralised to York RESULTING IN longer journey times or IFT's with associated risk to patient safety, impact on operational performance and stroke targets	<ul style="list-style-type: none"> 1) Incident reporting of patient safety or operational impacts 2) communication to operational staff 2) Locality Director, North & East Yorkshire is leading. 3) Lead Commissioner informed, is aware and supportive 	<ul style="list-style-type: none"> funding has yet been agreed so therefore no mitigation can be put in place to offset the risk originally outlined until both YAS & Commissioners agree on a funding formula 	<ul style="list-style-type: none"> Proposed plan determined as an initial conveyance with Interfacility Transfer paramedic transport model which will also incorporate an element of repatriation post treatment. 	High Risk	16	Moderate Risk	12	Low Risk	4	22/04/2015	31/07/2015
556	Sickness absence levels - South Yorkshire	Operations	A&E Operations	Cole, Jackie - Locality Director of Emergency Operations	Internal business review	Operational	Capacity	Increased sickness absence levels across the Trust resulting in reduced capacity with a potential risk to patient and staff safety.	<ul style="list-style-type: none"> 1. Robust sickness management process 2. OH provision 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	Moderate Risk	12	Moderate Risk	12	Low Risk	6	30/12/2014	14/08/2015

558	SY - Turnaround times	Operations	A&E Operations	Rendi, Steve - Head of Emergency Operations	Incidents, internal business review	Operational	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.	1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.	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	Moderate Risk	12	Moderate Risk	12	Moderate Risk	8	30/12/2014	14/08/2015
555	Vacancies - South Yorkshire	Operations	A&E Operations	Cole, Jackie - Locality Director of Emergency Operations	Internal business review	Operational	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.	1. Overtime incentives 2. Flexible working 3. Increased hours for PT workers 4. Use of private providers. 5. Use of bank staff	1. National shortage of paramedics resulting in difficulties recruiting.	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	Moderate Risk	12	Moderate Risk	12	Low Risk	6	30/12/2014	14/08/2015
624	Missing ICT BC Plan York EOC	Operations	EOC (Emergency Operations Centres)	Taylor, Lisa - EOC Service Delivery Manager	Business continuity plan	Operational	Business continuity	IF EOC York need to reference the ICT Service Continuity Plan in the event of a Incident THEN no plan would be available due to the plan having been lost RESULTING IN no localised support to aid operational staff to regain BAU in affected areas	BC Plan is available in Wakefield EOC but is the ISO unauthorised version	1) ICT Business Plan awaiting collation and dissemination	1) AD IM&T to receive agreement from the BC Team to authorise and Publish the ICT Continuity Plan V2.0 ISO Standards. 2) ICT Team to collate documents ready for distribution 3) ICT to distribute V2.0 ICT BC Plan and retrieve the old 1.7.4 version	Moderate Risk	12	Moderate Risk	12	Moderate Risk	8	17/04/2015	31/07/2015
227	CBRN SORT Training	Operations	Resilience and Special Services	Macklin, David - Executive Director of Operations	Legislative requirement	Operational	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.	1. ECA training and awareness of CBRN. 2. HART are decon trained 3. Training captured as part of resilience training programme in 2015/6 both for new starters and existing staff	1.6.2015 Due to operational pressures staff not released for training. Two courses cancelled this year 15/16 so far 1.7.2015: course in July is running which will increase cohort of SORT however still short of target figures so courses running in Q3/4 need to run	1. Continue to monitor cohort of SORT trained staff to achieve target figures.	Moderate Risk	12	Moderate Risk	12	Low Risk	4	12/09/2013	30/09/2015
People and Engagement																			
111	Education & Standards Fleet	People & Engagement	Organisational Effectiveness and Education	O'Leary, Shelagh - Associate Director of Organisational Effectiveness Education	Risk assessment	Operational	Estates and facilities	Education & Standards Fleet Fleet currently being used to deliver driver training is in a state of significant disrepair and is in requirement of a cosmetic and mechanical update. The fleet regularly suffers breakdowns and there is currently zero resilience in the fleet should there be any incidents of VOR. Risk of cancellation of training due to lack of vehicles	1) Vehicles are being maintained by the Fleet department as far as is practicable in their current state of repair 2) A number of new vehicles provided (Jan 15) 3) Business case submitted (Jan 15)- still awaiting outcome 4) Incident reported of lost wheel from vehicle.	1)Vehicles are not provided on service rotation 2)Issues with existing vehicles are becoming more commonplace. 3)June 15 only 7 operational training vehicles available and 11 were required - Ops had to provide the additional vehicles to prevent cancellation of training	1)Further work with fleet provided to arrange for a permanent rotation of vehicles 2)Continue working with fleet to ensure vehicles are repaired in a timely manner when breakdowns occur 3)Progress the capital bid that is part of the Finance Capital Programme	Moderate Risk	12	Moderate Risk	12	Low Risk	4	01/05/2013	31/08/2015
Standards and Compliance																			
588	Insufficient funding for LCD 2015/16	Standards and Compliance	LCD (local care direct)	Townend, Keeley - NHS 111 Associate Director and Urgent Care	Self audit	Operational	Patient harm	IF there are insufficient funds available THEN YAS is unable to deliver the operational staffing levels required RESULTING IN potential inability to provide a safe service to patients	Reduce KPIs Flex contract specification to focus on patient care	Contract negotiations indicate no additional funding available	Discuss KPI reduction with CCGs Seek additional funding through SRG process Explore efficiencies with LCD to flex the contract specification - Paper went to CCGs on 7 July with proposals on how the service will be flexed - Risk summit planned with commissioners and LCD to agree the risk based on funding secured and flex of model secured	Moderate Risk	12	Moderate Risk	12	Moderate Risk	9	02/03/2015	28/09/2015
463	Lack of technical alternative to BC paper process	Standards and Compliance	NHS 111	Cooke, Andrew - NHS 111 Service Development Relationship Manager	Incidents	Operational	Business continuity	In a BC situation when the Aadastra system is unavailable, the referral service receives no or incorrect paperwork, due to written paper work not being passed appropriately. This could cause a risk to patient safety and loss of information.	Design of e-form to minimise the need for 'written paper' management processes to be in place.	Lack of automated (electronic)process during the loss of Aadastra 111 on a high call volume day could result in the risk occurring. Storage of paper information once recorded.	1/. Online team 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	26/09/2014	30/09/2015

150	Inappropriate Storage /Retention of Confidential Paper-Based Records	Standards and Compliance	Risk and Safety	Squires, Caroline - Information Governance Manager	Internal business review	Operational	Information governance	Breach of the Data Protection Act due to theft or inappropriate access to identifiable information stored on YAS premises (secure and insecure)	<ol style="list-style-type: none"> IAO role is responsible for records management in their area. Revised Records Management Policy setting out expectations in relation to management and storage of records. RESTORE Storage company is used to archive records in a secure environment. Records Amnesty - bi annual reminder via Operational Update - on schedule of IG reminders. I4I process, covers questions around records held locally on premises. 	<ol style="list-style-type: none"> Records possibly held insecurely across the YAS estate, which the Trust is not aware of. 	<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</p> <p>1b. Implementation of records management assurance exercise Trustwide</p> <p>1c. Existing process of identifying via I4I process insecure 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	09/09/2013	30/09/2015
126	Risk assessment	Standards and Compliance	Risk and Safety	Jackson, Shelley - Health and Safety Manager	Claims, Incidents, Internal business review, Legislative requirement	Operational	Health and safety	Inconsistent Health & Safety risk assessment process leading to risk of loss, injury and litigation.	<ol style="list-style-type: none"> Some Health & Safety risk assessments completed Inspections for improvement schedule in place Health & Safety Committee reporting and monitoring Staff side H&S reps in place and working for R&S team 1 day per week on operational risk assessments. Commenced risk assessment project. Additional staff member recruited 2 days per week to work on risk assessments. 3-year work plan for high risk operational assessments presented to Health and Safety Committee. Risk assessment procedure completed and presented at health and safety committee for approval 	Dynamic Risk Assessment packs to be developed.	Develop Dynamic Risk Assessment packs for vehicles in partnership with staff side.	Moderate Risk	12	Moderate Risk	12	Low Risk	4	09/09/2013	19/08/2015