

Corporate Risk Register
Strategic and Operational Risks
Risk rating ≥12

ID	Title	Directorate	Business Area	Handler	Risk Type	Risk Subtype	Opened (date risk identified)	Review date	Description	Controls in place	Gap in controls	Rating initial	Rating current	Risk level current	Rating Target	Action details	Progress
Finance and Performance																	
261	Business tendering	Finance and Performance	Business Development	Toole, Robert - Interim Executive Director of Finance	Strategic Risk	Financial	13/03/2013	14/12/2015	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business. Upcoming contract negotiations will highlight any further risks to contract expectations.	1. Major tender assurance process 2. Finance and Investment Committee scrutiny 3. TEG review 4. TMG review 5. Gate review process in place and signposting staff to ensure the process is followed 6. Weekly review of tenders within the wider external market 7. Stakeholder engagement and relations with key commissioners and LATs, TDA 8. Marketing manager recruited focused on commercial / external threats 9. Communications plan with monthly updates to key urgent care and SRG representatives.	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. 2. Internal communication to management teams and relevant staff within YAS of contract processes and risks / upcoming pressures.	20	12	Moderate Risk		Contract manager to develop a contract briefing deputy now in place b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber 8 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 Consideration of new contract negotiations for 2016-17/	Deputy in post briefing note signed off Collected reconfiguration information from most of our CCGs and now collating. Report being developed to go to TEG. Initial workshop taken place to brief managers on contracting issues and update on key aspects. Attended team meetings in operational directorate. further work required and more meetings to be planned in.
680	Repeated Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance and Performance	Estates	Hemsley, Stephen - Environmental and Waste Manager	Operational Risk	Equipment Related	16/07/2015	30/11/2015	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 and potential fire risk, thus losing ICT systems and services to YAS and its Patients and risk to staff.	1) Notifications both visual and audible . 2) Risk to SH2 Server Room Air Conditioning has been mitigated by delivery of two 7.3kw 'hire' industrial mobile chillers, which are now installed and managing the server room temperature effectively (03.08.15). 3) The Airedale units are at risk due to their age and aggressive demand cycle (03.08.15 1 out of service awaiting a PCB control board which will be delivered and fitted on Thursday 6.8.15, 1 unit failed 3.8.15 is restored to 50% and is awaiting a new compressor, ASAP this week, 1 unit remains fully functional. 4) DSSR Consulting Engineers have been appointed to review and appraise the condition of the existing plant. 5) with regards to residual risk, the summer will close soon and therefore cooling load will decrease accordingly, which will significantly reduce risk this year, but remain (amber) until next summer	1) Estates are not notified automatically when the tolerance levels are reached or breached. 2) YAS believe the condition of the existing plant, is fully depreciated and requiring replacement - appraisal planned 3) seasonal risk will transition to amber/red in Summer 2016 unless significant replacement scheme is undertaken 4) current fire risk assessment does not accurately reflect position 5) no fire suppression system installed following risk assessment February 2014	20	12	Moderate Risk		1) DSSR Consulting Engineers to review and appraise condition of existing plant and make recommendations for such replacement as necessary. 2) make a defensible bid/business case for capital for next year (2016/2017 period) based on DSSR review - Aim to secure bid by January 2016. 3) Procure the detailed design, specification and tender process of any new system by the end of March 2016 4) selection of contractor and contract commencement April 2016 review risk assessment (February 2014) and reappraise the risks based on recent incidents establish the cost for installation of an Argon gas suppression system.	Aim to secure bid by Jan 2016 Airedale units serviced, repaired and fully functional. Spares list for spares to be retained on site currently being developed. 2 industrial mobile chillers have been purchased and are retained for future contingency in the server room. Contractor has visited site and we await costed proposal
91	Non-achievement of regulatory targets	Finance and Performance	Finance	Crickmar, Alex - Associate Director of Financial	Strategic Risk	Regulatory compliance	12/08/2013	30/12/2015	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	12	12	Moderate Risk		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	
682	Abolition of the Employers NI rebate	Finance and Performance	Finance	Norman, Mathew - Senior Business Finance Manager - A&E	Operational Risk	Financial	07/08/2015	31/12/2015	We have a financial risk for next year in terms of the abolition of the Employers NI rebate. From April '16 the current 3.4% Employers NI rebate (effectively reducing the NI rate from 13.8% to 9.4%) will be removed, effectively increasing the Employers NI to 13.8%. Using the current year budgeted pay figure the increase of 3.4% would be c.£3.0m.	To be taken forward with Alex/Neil in terms of how we're going to approach it in next years budgeting/planning.	lack of assessment of the financial impact of this change	15	15	High Risk	10	Assess full financial impact of the change in Employers NI	

252	Vehicle deep cleaning	Finance and Performance	Fleet	Hill, David - Fleet Ancillary Services Manager	Operational Risk	Capacity	13/09/2013	31/12/2015	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	12	12	Moderate Risk	4 1. Use of external provider to assist in cleaning vehicle that have missed their scheduled date.	4/11/15 - October service level 98.9%. Recruitment continuing- 16 vehicle cleaning vacancies and 3 LTS within vehicle cleaning roles. 11.11.15 RAG - Paper being developed to outline future cleaning resource requirements/operating model to ensure continuity of service.
662	Robust process for checking CCTV equipment is working on ambulances	Finance and Performance	Fleet	Gott, Jeff - Fleet Area Team Manager	Operational Risk	Staff & 3rd Party Safety	17/06/2015	19/11/2015	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 60 % of the DCA fleet (Fleet are working towards all Fleet DCA's having CCTV by 2016/17 as vehicle replacement plan continues 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	12	12	Moderate Risk	3 1) To gain immediate assurance that all CCTV recording equipment is working 2) Annual ongoing review required of CCTV equipment 3) Document and monitor process and CCTV card removal instructions	1) JG to set timescale and monitor, reporting to H&S Committee 2) review may be combined with the annual maintenance of Terrafix equipment that is already carried out by Fleet 3) Setting up programme for the replacement of the Data storage CCTV Cards SOP in draft
507	ICT Equipment on disposed Fleet vehicles	Finance and Performance	Fleet	Audsley, Vicky - Operational Support Centre Manager	Operational Risk	Equipment Related	13/11/2014	30/11/2015	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	12	12	Moderate Risk	4 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. 3)Process logs in place for decommission and commission for A&E and PTS in order to promptly log and inform ICT of removals and re installations that have taken place , so vehicles can be added to systems efficiently.	
522	P14 - ePRF -National Contract of Siren Provision may result in no solution post 2016	Finance and Performance	ICT - Information Technology	Buck, Patrick - IT Project Delivery Manager	Strategic Risk	ICT	16/11/2014	01/12/2015	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.	16	12	Moderate Risk	6 Implementation of plan is over the next 18 months	EMAS awarded to CSU Medisa, YAS to monitor this. Possibility YAS can award to alternative supplier and implement by July 2016 Review ICT Board 13/11/15
604	PTS Strategic Risk - Technology	Finance and Performance	PTS (Patient Transport Services) - Operations	Baranowski, Alan - Associate Director of PTS	Strategic Risk	Financial	02/04/2015	30/10/2015	The required technology investments to deliver key efficiencies within PTS are in excel of the funding and / or skills available	1. Capital programme 2. Technology evaluation and outline of requirements 3. Skills and internal competence and capacity	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	12	12	Moderate Risk	6 Identify clear technical investment requirements linked to strategy Purchase of key skills and expertise linked to clear project deliverables and transfer of knowledge when required Build capacity to horizon scan within the PTS management structure and expertise / skill set Use networking, key account management skills and expertise to identify and build relationships with key partners, organisations and individuals	technical requirements have been identified Part of routine business - PTS risk review 4.9.15
Operations																
																Hand hygiene awareness campaign

707	Variable compliance with Healthcare Associated Infection Policy	Operations	A&E Operations	Page, Steve - Director of Standards & Compliance	Operational Risk	Infection, Prevention & Control	04/09/2015	23/11/2015	Operational staff within A&E and PTS are not compliant with the Hand Hygiene policy or Dress Code policy - including the requirement to be bare below the elbows.	Infection Prevention and Control Policies and Procedures including Hand Hygiene and Dress Code Education and training Monthly audit process Monitoring at Clinical Governance Group	Operational staff display variable compliance with IPC policies including: i) hand hygiene opportunities – lack of staff awareness of importance of hand hygiene ii) bare below the elbows – no suitable watch provision iii) carriage of personal hand gel – lack of awareness of importance of hand hygiene	12	12	Moderate Risk	3	Procurement and delivery of suitable alternative to wrist watch Provision of gel – review location for gel and consider gel supply at entrance to hospital	number of fob watches trialled. Preferred model has been selected. To procure and distribute as part of hand hygiene and bare below elbows (BBE) campaign
677	Mid Yorks Reconfiguration	Operations	A&E Operations	Holdaway, Ben - Locality Director of Emergency Operations	Operational Risk	Clinical	13/07/2015	02/11/2015	Mid Yorkshire Trust intention to accelerate their programme of reconfiguration 'Meeting the Challenge' resulting in additional pressures to YAS on initial transfer journey times and IFTs.	1) Overtime 2) BI monitoring 3) monitoring of any increase in interfacility transfers 4) incident reporting 5) Programme Board attended by YAS CEO 6) YAS Operational Lead - AS, Head of Emergency Ops 7) YAS Clinical Lead - JC, Head of Clinical Effectiveness	1) Existing BS Vacancies in CKW 2) Any delays in centralisation of services at Mid Yorks	9	12	Moderate Risk	4	1) Monitoring through BI and contracting at CMB for IFTs, incidents	
625	Scarborough Stroke Service Reconfiguration	Operations	A&E Operations	Larvin, Vince - Locality Director of Emergency Operations	Operational Risk	Clinical	22/04/2015	19/10/2015	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	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	funding has not 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	16	12	Moderate Risk	4	Monitor initial conveyance with Interfacility Transfer paramedic transport model which will also incorporate an element of repatriation post treatment - to monitor incidents, complaints, issues, risk, volume and capacity	
558	SY - Turnaround times	Operations	A&E Operations	Rendi, Steve - Head of Emergency Operations	Operational Risk	Patient harm	30/12/2014	16/11/2015	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. 3. Self-handover process is now in place	1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.	12	12	Moderate Risk	8	1. Liaison with local hospitals to help manage turnaround times. 2. Discussions with commissioners on contracting. 3. HALO role	19.10.15 Northern General major reconfiguration. Rotherham district have started their reconfiguration programme today. HALO in place at both. Monitor turnaround and patient-harm incidents
368	YAS management of service reconfiguration	Operations	A&E Operations		Operational Risk	Clinical	25/03/2014	19/10/2015	Risk of additional A&E operational pressure and lack of clarity on where to take patients for most appropriate care as a result of regional/local service reconfigurations and changed service models. This may also impact on contracting requirements.	1. Individual leads within A&E Operations, Clinical Directorate and Business Development represent YAS in reconfiguration meetings/working groups. 2. Reconfiguration register now live and in use. 3. Monitoring of performance impacts via SPuDs	1. Reconfiguration management process which links clinical, contracting and A&E operations.	12	12	Moderate Risk	6	1. Develop a reconfiguration decision-tree process for managers who may be representing YAS within different forums. This would identify who needs to be involved from Ops/clinical/business management at which stages.	JC is lead for Clinical. YAS need to identify representatives for Corporate and Operational functions
66	Operational performance	Operations	A&E Operations	Macklin, David - Executive Director of Operations	Operational Risk	Patient harm	07/11/2011	23/11/2015	Risk to patient safety due to increased red demand and reduced performance across the A&E Operations service.	- 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.	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.	20	20	High Risk	5	Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning. Real time reporting process to be made more robust to ensure this is happening consistently.	completed 1 Aug 15 process strengthened with recruitment to Senior Clinical Advisor role. Learning from SIs implemented.
85	Vacancies in A&E Operations Trustwide	Operations	A&E Operations	Holdaway, Ben - Locality Director of Emergency Operations	Operational Risk	Clinical	08/08/2013	31/12/2015	IF we do not have adequate staffing levels due to the number of vacancies across the Trust THEN there will be inadequate staffing RESULTING IN potential risk to patient and staff safety and performance.	1. Overtime incentives. 2. Recruitment underway. 3. Use of Private Providers. 4. Flexible working 5. Increased hours for PT workers 6. Use of bank staff	1. vacancies 2. Conversion to higher skill levels, will take time 3. Relief capacity cannot fill all core shift abstraction due to vacancy, relief also has to back fill other abstraction such as sickness, training and annual leave 4. Overtime budget does not guarantee that staff will uptake o/t availability, neither does the budget enable all vacant shifts to be covered 5. External advert for recruiting Paramedics	12	15	High Risk	3	1. Continue recruitment to vacancies. Additional initiatives underway to try and get additional staff including visits to local universities 2. Now band 4 to band 5 conversion which is providing mitigation 3. Workforce plan has been released, but rejected by unions Private Providers - Jigsaw and UK Event Medical contracts commenced 1 september Governance around SJA contract strengthened.	Contract Monitoring and governance/assurance processes

										is unlikely to cover many of the band 5 vacancies and is not a reliable mitigation 6. Coordinated approach to addressing paramedic retention						continue recruitment to vacancies - Hull and East	October 2015 - Recruitment and training accelerated and targeted at CBU level requirements as part of the in-year A&E improvement plan.	
																Continue recruitment to vacancies in A&E Ops North		
																Continue to recruit to vacancies in A&E Operations South		
227	CBRN SORT Training	Operations	Resilience and Special Services	Macklin, David - Executive Director of Operations	Operational Risk	Capacity	12/09/2013	30/11/2015	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 4. further courses planned	Due to operational pressures staff not released for training. Two courses cancelled this year 15/16 so far	12	12	Moderate Risk	4	National requirement for YAS to train annually all CBRN Sort team operatives (3 days per year) Staff have had no training for previous two years	6.10.2015• Based on the current planning assumptions a further 51 SORT staff are required to be recruited to take us to total of 150 SORT operatives. Training ongoing but courses cancelled in October. Planned 2 courses in November. 11.11.2015 No change, on hold over winter	
People and Engagement																		
687	Comms and Engagement associated with Corporate Structures	People & Engagement	Corporate Communication	Thornley, Lorna - Associate Director of Communications	Operational Risk	Human Resources	20/08/2015	26/10/2015	ODLR002 If the communication and engagement associated with ODL05 (Corporate Structures) are not adequately and effectively managed there is a risk to both the ODL Programme and business as usual due to disruption associated with the change management.	None	Project plans not yet in place	12	12	Moderate Risk	6	Project plans to be developed to ensure the required communication and engagement activities occur at the right time To be discussed at the next ODL programme Board and plans clarified	17.11.15 - Social media plan agreed pending completion of wider communications and engagement strategy. Update scheduled to December 15 Board Additional management support allocated to support development.	
Standards and Compliance																		
706	Feedback to staff reporting concerns	Standards and Compliance	Risk and Safety	Page, Steve - Director of Standards & Compliance	Operational Risk	Regulatory compliance	04/09/2015	07/12/2015	If staff do not receive feedback from reporting of incidents, then they may become disengaged with reporting of concerns if the system for receipt of feedback is inaccessible	Risk Management Procedures Staff Training Awareness/safety poster campaigns and lessons learned bulletins Safety Thermometer 24-hour incident reporting line Freedom to Speak Up Working Group Staff consultation exercise	Consistent and timely feedback to staff reporting incidents	12	12	Moderate Risk	3	Recruitment to Head of Learning and Investigations post Staff consultation exercise relating to feedback on learning complete and initial findings have been shared. Freedom to Speak Up Working Group to take forward a broad programme of improvement relating to culture to support expression of concern, training for managers and staff, processes to facilitate identification and management of concerns and Trust response to ensure concerns and risks are appropriately acted on. Implement revised feedback mechanisms based on staff survey results	Appointed and in post this has been completed and findings will form basis for plan for sharing learning/feedback Programme of work under way. Staff consultation exercise completed, analysed and findings considered. Lessons learned bulletin / poster designed and distributed. Options appraisal for Freedom to Speak Up Guardina role discussed in working group and to be presented to TEG in December 15.	
																To develop quality audit to monitor call answering of the Datix incident line		
150	Inappropriate Storage/Retention of Confidential Paper-Based Records	Standards and Compliance	Risk and Safety	Squires, Caroline - Information Governance Manager	Operational Risk	Information governance	09/09/2013	22/12/2015	Breach of the Data Protection Act due to theft or inappropriate access to identifiable information stored on YAS premises (secure and insecure)	1. IAO role is responsible for records management in their area. 2. Revised Records Management Policy setting out expectations in relation to management and storage of records. 3. RESTORE Storage company is used to archive records in a secure environment. 4. Records Amnesty - bi annual reminder via Operational Update - on schedule of IG reminders. 5. I4I process, covers questions around records held locally on premises.	1. Records possibly held unsecurely across the YAS estate, which the Trust is not aware of.	12	12	Moderate Risk	4	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 1b. Implementation of records management assurance exercise Trustwide 1c. Existing process of identifying via I4I process unsecure records in YAS premises and ensure appraisal/removal to RESTORE or secure local site (By end December 2015 - on-going process).	Standards and Compliance Team working on a pack of tools for departments in the Trust to carry out their own searching exercises and inventory. This is not as yet finalised. action plan developed I4Is for 2015/16 are ongoing.	

463	Lack of technical alternative to BC paper process	Standards and Compliance	NHS 111	Cooke, Andrew - NHS 111 Service Development Relationship Manager	Operational Risk	Business continuity	26/09/2014	21/12/2015	In a BC situation when the Adastral 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 Adastral 111 on a high call volume day could result in the risk occurring. Storage of paper information once recorded.	12	12	Moderate Risk	8	deliver new application onto PC desk tops	Delayed - date moved to Feb 16 as more realistic
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New risks ≥12 reviewed at RAG, recommended to TMG for inclusion to Corporate Risk Register

ID	Title	Directorate	Business Area	Handler	Risk Type	Risk Subtype	Opened (date risk identified)	Review date	Description	Controls in place	Gap in controls	Rating initial	Rating current	Risk level current	Rating Target	Action details	Progress
735	Loss of income and staff due to potential decommissioning HCP green bookings	Finance and Performance	Business Development	Toole, Robert - Interim Executive Director of Finance	Strategic Risk	Financial	28/09/2015	11/01/2016	IF HCP Green calls are decommissioned across Yorkshire THEN there is the potential for loss of income and loss of staff	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. YAS attendance at three locality contract meetings and the main contract board to ensure consistent messages and to pick up on early warning indicators of potential tenders and risks to core business 4. Internal review of potential financial risk and also workforce risk 5. ORH review of demand and requirements for rotas 6. Contract for 2015-16 has a block activity level which gives stability to YAS and a clause for 1 year termination notice.	1. CCGs entering in to dialogue with private providers and can commission services where they see fit 2. Decisions being made in system resilience group forums 3. Legal position may not cover demand that is over activity levels - but would have become baseline contracted activity in the following year 4. Inability to meet with 23 CCGs on a regular enough basis to ensure dialogue is kept open	12	12	Moderate Risk	4	1a. Increase performance management and monitoring to understand pressures in under performing CCGs and set up targeted meetings 1b. Utilise the contract negotiations and direct 'provider to provider' discussion to minimise risk of contracts being let to private providers. 1c. Regular attendance at System Resilience Groups 1d. Internal communications to be continued with Contract Manager for A&E to also update SPDMS monthly. 1.e Fully engage with commissioner review of HCP calls to influence appropriate outcome of commissioner intentions.	Replaces risk 263: GP booking to Sheffield Hospital
720	Winter Pressures	Operations	Resilience and Special Services	Richardson, Jim - Head of Resilience	Strategic Risk	Patient Experience	14/10/2015	25/11/2015	IF plans are not in place to manage adverse weather conditions THEN there will be a potential inability to maintain service delivery RESULTING IN a risk to patient safety and increase in staff incidents	NHS England EPRR assurance Framework Cabinet Office National Capabilities statement YAS Winter Concept of Operations Framework YAS Winter Plan Departmental BC Plans Adverse Weather Guidance REAP – reviewed weekly DMP – dynamic YAS Pan-Flu plan YAS Vaccination plan	None identified at this time	12	12	Moderate Risk	9	Submit Winter Plan to CMB for consideration and approval EPRR Assurance Framework is due to be submitted to Trust Board in November 2015 for approval REAP is reviewed on a weekly basis by the Executive Director of Operations and Duty Gold Commander	Submitted in October 2015 This happens weekly
721	Demand on Training and Education	People & Engagement	Organisational Effectiveness and Education	O'Leary, Shelagh - Associate Director of Organisational Effectiveness Education	Operational Risk	Human Resources	14/10/2015	30/11/2015	IF demand on the Training and Education Team continues to increase as it is, and is increases further as predicted due to the revised workforce plan, THEN OEED will not have the resources to deliver what is required RESULTING IN impeding the flow of getting staff into post to address service demand	Existing Training Needs Analysis means that OEED can quantify the impact of recruitment into roles	Currently not quantified impact on OEED	12	12	Moderate Risk	8	Calculate resource requirement of Training Team based on figures from Workforce Plan Review effectiveness of existing procedures and processes to identify efficiencies Report on additional resources required in Training Team to support delivery of workforce plan to TEG	
731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Jackson, Shelley	Operational Risk	Health and safety	26/10/2015	23/11/2015	If the Trust continues to purchase the Mercedes van conversion ambulances then there is an increased likelihood that staff could suffer musculoskeletal problems caused by the operation of the tail lift and from working with / moving patients in a confined environment.	Creation of a vehicle design review group led by LH, Head of Fleet Development of a new vehicle design based on the Fiat Ducato van A stop put on all further purchases of the Mercedes van conversion (providing an alternative design can be ready by November)	Fiat Ducato design currently still in prototype design Mercedes van conversion vehicles have a 5/6 year lifespan. Trust currently has 80 Mercedes van conversions in use (out of a total 300 DCA Fleet)	12	12	Moderate Risk	4	Fiat Ducato demonstrator vehicle to tour YAS to gain user feedback during October 2015 Risk assessment and user feedback to be reviewed at an extraordinary vehicle and equipment procurement group on 2nd November 2015 to agree final design Fleet to re-distribute the Mercedes vehicles across the Trust to reduce staff exposure to the vehicles and to provide options to staff who have particular issues with working on this vehicle. Head of Fleet to investigate possibility of reducing the lifespan of the 80 Mercedes van conversion ambulances	Schedule of visits for demonstrator van across YAS in place and progressing TEG 17.11.15 - Feedback has been gathered and amendments to the vehicle specification identified. Procurement plan reviewed in TEG and scheduled for discussion in Dec 15 F&IC and Board. Discussed at VEPG on 13th October Issues discussed at vehicle and equipment procurement group on 13th October 2015