

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 title	Action detail	Progress
Finance and Performance																		
261	Business tendering	Finance and Performance	Business Development	Toole, Robert	Strategic Risk	Financial	13/03/2013	25/01/2016	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. F&I Committee scrutiny 3. TEG / TMG review 4. Gate review process in place and signposting staff to ensure the process is followed 5. Weekly review of tenders within the wider external market 6. Stakeholder engagement and relations with key commissioners and LATs, TDA 7. Marketing manager recruited focused on commercial / external threats 8. Comms 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	8	a)Improve Commissioner and YAS communications	Contract manager to develop a contract briefing Deputy now in place	Deputy in post Briefing note signed off
																Reconfigurations YAS Wide	b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber	Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG.
																Communications of contracting information	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/	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.
735	Loss of income and staff due to potential decommissioning HCP green bookings	Finance and Performance	Business Development	Bennett, Julie	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	Actions to minimise risk of decommissioning of HCP Green Calls	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.	work ongoing to review urgent tier provision in liaison with Commissioners
91	Non-achievement of regulatory targets 15/16	Finance and Performance	Finance	Crickmar, Alex	Strategic Risk	Regulatory compliance	12/08/2013	31/03/2016	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	8	Monitor revenue and expenditure	1) Continued monitoring of revenue and expenditure position, capital, balance sheet and cash flow including run rate analysis and close liaison with departmental managers. 2) Continued emphasis placed on monthly forecasting of financial performance / risk with managers and subsequent review of variances - established and ongoing	RAG 18.02.2016 - risk rolls on year on year, agreed to close risk down with a year-end position statement and open a new risk to reflect 16/17

680	Repeated Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance and Performance	Estates	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	07/03/2016	<p>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.</p> <p>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; now resilience established with spare parts readily available off the shelf, a number of relevant parts will be purchased, and skilled persons are available for fitting. 4) Fire risk assessment completed, Argon Gas Suppression system costed and capital bid going forward</p>	1) no fire suppression system installed	20	12	Moderate Risk	DSSR appraisal of plant	1) DSSR Consulting Engineers to review and appraise condition of existing plant and make recommendations for such replacement as necessary.	This is not being pursued as existing plant is able to be maintained / repaired.
														Business case for Air Con	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.	RAG 14.1.16 This option is now not being pursued as current plant will be maintained and repaired
														Procurement design, spec, tender	3) Procure the detailed design, specification and tender process of any new system by the end of March 2016	14.1.16 RAG - option not being pursued.
														Select preferred contractor for plant	4) selection of contractor and contract commencement April 2016	option not being pursued
														SH2 Air Con Fire Risk Assessment	review risk assessment (February 2014) and reappraise the risks based on recent incidents	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. Recommend a wholesale review of the server room plenum ventilation be undertaken and currently gaining fee quotes, for a prospective upgrade in 2016.
Argon Gas Suppression system	procure Argon gas suppression system.	Contractor has visited site and we await costed proposal														
662	Robust process for checking CCTV equipment is working on ambulances	Finance and Performance	Fleet	Liebman, Danny	Operational Risk	Staff & 3rd Party Safety	17/06/2015	31/03/2016	<p>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.</p> <p>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.</p>	1) No robust process for checking CCTV equipment is working properly	12	12	Moderate Risk	Assurance that CCTV is working	1) To gain immediate assurance that all CCTV recording equipment is working	Baseline position and immediate actions completed. ongoing work to rationalise CCTV provision
														Documented process for annual review of CCTV equipment	2) Process to be documented for annual review of CCTV equipment	10.2.16 Fleet checking all vehicles for their set up, all vehicles have had their internal camera switched off from recording until a fix is agreed in the options appraisal. A new spec for new vehicles has been written, and an options appraisal has been written for the current systems. AD Estates/support is putting it forward to recommend the direction of the current fleets system.
														CCTV card process and instructions for removal	3 Document process and CCTV card removal instructions	Process agreed with LSMS on the removal of the storage device for viewing. The Trust Policy is being re-written (DL drafting - once drafted and agreed a SOP will be written, however the details are dependant on the choices made from the options appraisal). 10.2.16 process is in place for the retrieval of data where an incident has occurred with limited access to the recording equipment to a small handful of people
507	ICT Equipment on disposed Fleet vehicles	Finance and Performance	Fleet	Audsley, Vicky	Operational Risk	Equipment Related	13/11/2014	31/03/2016	<p>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</p> <p>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 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.</p>	1) Agreed process between Fleet and ICT to recover ICT equipment from decommissioned vehicles	12	12	Moderate Risk	Checklist of ICT equipment for removal when decommissioning vehicles	1) JG to liaise with ICT to develop and communicate a process to include a checklist of ICT equipment when decommissioning vehicles	
														Review of Disposal Policy for 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.	DL to confirm that this is in place

252	Vehicle deep cleaning	Finance and Performance	Fleet	Hill, David	Operational Risk	Capacity	13/09/2013	29/02/2016	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.	1. The deep clean schedule is continuing each week and all deep cleaners have full visibility of this information. 2. Weekly deep clean reports including the overall service level are distributed to Ops managers in each area displaying current status and lists of vehicles in greatest exception. 3. Monthly audit and reporting of activity. 4. Additional staff recruitment and revised planning format introduced where possible. 5. Schedules reviewed and streamlined where possible. 6. VOR when hit timescale	VOR at 4 weeks meaning 100% is not achievable. Weekly exception report showing vehicles over 3-4 weeks.	12	12	Moderate Risk	3	Deep clean - compliance, recruitment and stock check	Recruit staffing to maintain service levels to include deep clean, consumables check, green bags	Current service level 99.5% Deep clean vacancies filled. 2 x WTE cost control agreed for agency resilience short notice call-in Exec Dir Ops/Exec Dir S&C to discuss reducing VOR to 2 weeks to enable 100% achievement
522	P14 - ePRF -National Contract of Siren Provision may result in no solution post 2016	Finance and Performance	ICT - Information Technology	Buck, Patrick	Strategic Risk	ICT	16/11/2014	04/03/2016	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 / reverting back to paper PRFs in areas that have adopted ePRF.	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	4	Implementation of plan for electronic PCR	Options appraisal for e-PCR TEG Paper 23/12/15 Option 1 (Tactical) CSC Medusa via SBS Framework Option 2 (Tactical) Medusa Siren V3/V4 via G-Cloud 7 Option 3 (Strategic) Mini Tender with NNAS (solution not be known until tender completed) Now superseded but not discounted Previous Option 3 – roll out SPS and use the West Midland AS procurement to allow this without having to conduct full tendering process. All options appear to have to revert back to paper PRF whilst the new service is rolled out over 18 -24 months as current service ends in July 2016	04/02/16 Option 1 - this option is deemed to be a non-starter as any direct award would be made favouring the recipient without competition and is therefore illegal under European law. Option 2 is available and is being considered. Use of the same software with upgrades available for only two years. Training would be required for new version, to be repeated when a "strategic" option is introduced. Option 3 proceeding, capability assessment returns received 03/02/16 All options may necessitate a return to paper PRF until alternative solution is implemented with abstractions for staff training on new system
765	Lack of PTS Bid resource	Finance and Performance	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	11/02/2016	07/03/2016	IF PTS contracts come out for tender, as per current intelligence in 2016, THEN YAS will be under resourced, ill prepared for tendering, lacking procurement & tendering expertise RESULTING IN potential loss of contracts or retaining contracts at a loss.	Monitoring through Consortia meetings & contract management. Initiated informal discussions with PTS managers. Submitted business case for Exec sign off & portfolio consideration.	Lack of substantive resource and procurement expertise.	15	15	High Risk	5	Substantive Bid Resource	Business Case for substantive PTS Bid Resource	Submitted to CEO Feb 2016
604	PTS Strategic Risk - Technology	Finance and Performance	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	02/04/2015	07/03/2016	The required technology investments to deliver key efficiencies within PTS are in excess 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	PTS IT technical investment linked to strategy Purchase of key skills and expertise Autoscheduler, Automapping, PDAs Identify/build relationships with key partners/organisations/individuals	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 Define programme for roll out of technologies 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																		
66	Operational performance	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	07/11/2011	14/03/2016	Risk to patient safety due to increased red demand and reduced performance across the A&E Operations service.	<p>1. Intense monitoring process in place</p> <p>2. New rota patterns being reviewed following implementation in February</p> <p>3. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs</p> <p>4. Weekly patient safety review underway to determine harm caused from delayed responses.</p> <p>- Ops Recovery Plan in place with actions underway to address performance issues.</p> <p>- Ongoing monitoring of demand profile against planned resource.</p> <p>- Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.</p> <p>- Overtime is being used to address vacancies</p> <p>- Use of Private Providers</p>	<p>1. Inability to manage increase in demand at present time effectively with available resource.</p> <p>2a. Real time reporting process within EOC not happening consistently, particularly during busy periods.</p>	20	20	High Risk	5	<p>Operational Alert - Excessive Delayed Response</p> <p>Real Time Excessive Delayed Response Reporting</p>	<p>Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning.</p> <p>Real time reporting process to be made more robust to ensure this is happening consistently.</p>	<p>completed 1 Aug 15</p> <p>process strengthened with recruitment to Senior Clinical Advisor role. Learning from SIs implemented.</p>
536	North / East Turnarounds	Operations	A&E Operations	Webb, James	Operational Risk	Business continuity	16/12/2014	29/02/2016	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.	<p>1. Daily turnaround reports.</p> <p>2. Weekly updates.</p> <p>3. BI monitor turnaround performance.</p> <p>4. Liaison with local hospitals to help manage turnaround times.</p> <p>5. HOps update LMs weekly</p> <p>6. Positive reinforcement to crews with good turnaround (3 month project)</p>	<p>1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.</p> <p>No engagement in collaborative meetings arranged by YAS with invites to Acute Trusts and Commissioners</p>	12	12	Moderate Risk	6	<p>Collaborative Turnaround Meetings with Acute Trusts and commissioners</p> <p>Positive reinforcement of good turnaround</p>	<p>Re-energise the turnaround collaborative meetings with commissioners and acute trusts</p> <p>16.9.15 Acute Trusts are not attending meetings, raised this with commissioners 16.9.15</p> <p>Crews are commended for good turnaround times, 3 month project Nov 15 to Jan 16.</p>	<p>1:1 meeting with YDH following poor attendance at the meeting. JW (interim HoEOP North), JWa (Interim Service Planning & Development Manager), MD (Clinical Supervisor), RM (Directorate Manager YDH), ML (Deputy Directorate manager YDH).</p> <p>JW to put out request to all invitees to confirm their agreement that the meetings should continue and their assurance that they will attend.</p> <p>Monitoring impact of positive reinforcement of good turnaround is showing a small improvement</p>
558	SY - Turnaround times	Operations	A&E Operations	Rendi, Steve	Operational Risk	Patient harm	30/12/2014	26/02/2016	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.	<p>1. CS frequently based at EDs to try and assist crew turnarounds.</p> <p>2. Bi-monthly meetings with ED managers across the county.</p> <p>3. Self-handover process is now in place</p>	<p>1. Lack of adequate processes in place with hospitals to effectively manage turnarounds, particularly in busy periods.</p>	12	12	Moderate Risk	8	Monitor turnaround SY	<p>1. Liaison with local hospitals to help manage turnaround times.</p> <p>2. Discussions with commissioners on contracting.</p> <p>3. HALO role</p>	<p>19.10.15 Northern General major reconfiguration. Rotherham district have started their reconfiguration programme. HALO in place at both.</p> <p>Monitor turnaround and patient-harm incidents</p>
766	YAS and Commissioner management of Hospital Turnaround	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	01/04/2015	07/03/2016	IF there are hospital turnaround delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to Red calls with potential for harm to patients	<p>1. Daily turnaround reports</p> <p>2. weekly updates</p> <p>3. Liaison with local hospitals to help manage turnaround times</p> <p>4. HOps update LMs weekly</p> <p>5. Liaison with commissioners via CMB and CBU meetings</p> <p>6. Real-time escalation and HALO role</p>	<p>1. Lack of adequate processes in place with all hospitals to effectively manage turnarounds, particularly in busy periods</p> <p>2. Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues</p>	16	16	High Risk	4	Turnaround	<p>1. YAS on-day management escalation process and activation of HALO role.</p> <p>2a. Commissioner monitoring and engagement with acute trusts.</p> <p>2b. Direct involvement of commissioner subregional Clinical leads in communication with YAS Medical Director and Quality Lead</p>	

85	Vacancies in A&E Operations Trustwide	Operations	A&E Operations	Holdaway, Ben	Operational Risk	Clinical	08/08/2013	26/02/2016	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 is unlikely to cover many of the band 5 vacancies and is not a reliable mitigation 6. lack of coordinated approach to addressing paramedic retention	12	15	High Risk	3	Recruit to vacancies Band 4 to Band 5 conversion Workforce Plan Use of Private Providers Recruit to vacancies	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. continue recruitment to vacancies - Hull and East	Recruitment of external Tech/Para continues, although there are still retention issues. Recruitment delivering increased number of new starters in December 01.02.16 Continuing with external recruitment Courses continue to run Rota changes have now been delayed until October 2016, minor changes will be considered as an interim measure Discussion ongoing with unions and implementation of recruitment and training plan continues 01.02.16 agreed process now in place for minor adjustments to rota Contract Monitoring and governance/assurance processes in place Recruitment continues with managers support.
368	Commissioner and YAS management of service reconfiguration	Operations	A&E Operations	Cutler, Peter	Operational Risk	Clinical	25/03/2014	07/03/2016	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. 2. Lack of clear and timely communication from stakeholders on planned changes	12	15	High Risk	6	Service Reconfiguration YAS process review planned changes via CMB	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. Commissioner collation of planned changes and review via CMB	Reconfiguration group established with representation October with Finance, Business, clinical, BI, Ops SPuDS 6.11.15 draft matrix circulated to group for comment Business and Finance wish to add to contract negotiations. Paper to Nov board to outline mitigation actions and how SRG can be influenced to ensure service changes are identified and collective risks evaluated. Arranged 1/2 day facilitated meeting January with all parties to review all service reconfigurations agreeing a risk score for each this information will support the actions for further analysis and feed into commissioner and local operational design.
745	CHFT Reconfiguration	Operations	A&E Operations	Holdaway, Ben	Operational Risk	Capacity	08/12/2015	26/02/2016	CHFT reconfiguration which may cause an up to an additional 9600 hours drive time per year, depending on which option is chosen. This will impact on the performance in CKW and also the Trust.	1) Detailed analysis carried out on the impact of each option 2) Targeted overtime 3) Plan to fill vacancies	1) Delay in filling vacancies 2) Potential limited overtime uptake	12	12	Moderate Risk	8	Attend CHFT reconfiguration meetings	YAS representation at CHFT reconfiguration meetings	
677	Mid Yorks Reconfiguration	Operations	A&E Operations	Holdaway, Ben	Operational Risk	Clinical	13/07/2015	26/02/2016	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 B5 Vacancies in CKW 2) Any delays in centralisation of services at Mid Yorks	9	12	Moderate Risk	4	Monitor through BI and contracting	1) Monitoring through BI and contracting at CMB for IFTs, incidents	December 2015 In liaison with MYHT and strategic director. working on a specification with ORH to assess the impact on YAS resources. Changes and centralisation of resources expected to be completed early - June /July 2015. February 2016 YAS still do not have any clear assumptions from MYT of the services at DDH to allow ORH to model the impact on YAS. Concerns have been raised with commissioners that patients who would normally be conveyed to DDH will now go to CHFT (HRI). YAS are seeking assurance that CHFT are sighted on the additional demand that they would receive to mitigate any risks to patients/handover etc.

625	Scarborough Stroke Service Reconfiguration	Operations	A&E Operations	Larvin, Vince	Operational Risk	Clinical	22/04/2015	29/02/2016	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 3) Locality Director, North & East Yorkshire is leading. 4) Lead Commissioner informed, is aware and supportive 5) monitoring number of IFTs	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 IFT	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	Update December 2015 YAS still not being funded for the additional resources provided. Reported monthly to Clinical Manager, Head of Clinical Effectiveness and LM. Fed into monthly Commissioner meeting Letter prepared for YAS interim DOF prepared by Julie Bennett to send to Daniel Mason Co-ordinating commissioner requesting intervention regarding the funding required to provide this service: 9.12.15 SDGH informed YAS that it needed a CVA divert specific as they had no CVA nurse on duty. Duty Gold Commander liaised with Trust senior staff & ROC and sought assurances from SDGH re the gap in provision that significantly elevated the risk for YAS and patients. N&E Yorks Lead Commissioner informed 16.12.15.
731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Jackson, Shelley	Operational Risk	Health and safety	26/10/2015	15/02/2016	If the Trust continues to purchase / operate 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(out of a total 300 DCA Fleet)still in use	12	12	Moderate Risk	3	Gaining user feedback Final design agreed Re-distribution of Mercedes van conversion ambulances Reduction in lifespan of Mercedes van conversion ambulances	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. Laurence Harvey - 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 is completed Feedback has been gathered and amendments agreed to vehicle specification. Procurement plan reviewed in TEG and agreed in December F&IC and Boards Options for distribution of vehicles being considered, North Yorkshire have found vehicles suitable for narrow roads, so an option to distribute more to north Redistribution option is being pursued initially with evaluation.
707	Variable compliance with Healthcare Associated Infection Policy	Operations	A&E Operations	Page, Steve	Operational Risk	Infection, Prevention & Control	04/09/2015	14/03/2016	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) carriage of personal hand gel – lack of awareness of importance of hand hygiene	12	12	Moderate Risk	3	Hand hygiene awareness campaign Procurement of fob watch for BBE Provision of hand gel Increase frequency of hand hygiene audit	Hand hygiene awareness campaign Procurement and delivery of suitable fob watch Provision of gel – review location for gel and consider gel supply at entrance to hospital Review hand hygiene audit tool and increase frequency of audit	Awareness through regular communication and further targeted campaign planned following distribution of fob watches. Fob watches distributed with updated posters for display in all areas. Booklets to be distributed for E&T for all new starters. Distributed across all CBUs and roll out continuing into March 2016 (sign for) Review of hand hygiene products underway with procurement. Pinderfields hospital ED has installed gel dispenser at ED entrance for YAS staff to use. Other ED areas to be assessed during hand hygiene audits on site. programme of hand hygiene audits scheduled, reporting to CGG IPC data monthly monitoring of compliance reported via IPR. Validation of hand hygiene audits is on-going and will be reported to each CBU and via IPR narrative. Audit tool is being reviewed
720	Winter Pressures	Operations	Resilience and Special Services	Richardson, Jim	Strategic Risk	Patient Experience	14/10/2015	29/02/2016	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	None identified at this time	12	12	Moderate Risk	9	Winter Plan to CMB EPRR Assurance Framework to Board REAP reviewed weekly	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 Completed This happens weekly

227	CBRN SORT Training	Operations	Resilience and Special Services	Macklin, David	Operational Risk	Capacity	12/09/2013	22/02/2016	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	As of 6.10.2015 based on planning assumptions a further 51 SORT staff are required to be recruited to take us to total of 150 SORT operatives. Training in July and October cancelled due to pressures. Training postponed over winter period	12	12	Moderate Risk	4	CBRN sort team training	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	Training on hold over winter period
754	Vanguard Communication	Medical	Urgent Care	Marshall, Mark	Strategic Risk	Capacity	14/12/2015	29/02/2016	If the Vanguard Programme does not have a communications plan THEN YAS colleagues may not fully engage with the programme RESULTING IN a lack of understanding and possible resistance to transformational changes	1) Urgent and Emergency Care Programme Board 2) Vanguard Programme Manager 3) Project plan with milestones 4) Yorkshire wide sign up to the programme.	No communications plan or capacity to develop and implement one within current project team	12	12	Moderate Risk	3	Vanguard Comms plan	To raise issue with comms team and attain resource to develop initial plan and scope resources required.	
Standards and Compliance																		
463	Lack of technical alternative to BC paper process	Standards and Compliance	NHS 111	Cooke, Andrew	Operational Risk	Business continuity	26/09/2014	31/03/2016	In a BC situation when the Adastra 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 Adastra 111 on a high call volume day could result in the risk occurring. Storage of paper information once recorded.	12	12	Moderate Risk	8	agree new application	deliver new application onto PC desk tops	Delayed - date moved to Feb 16 as more realistic
294	Uncoordinated approach to communication and engagement	People & Engagement	Corporate Communication	Thornley, Lorna	Strategic Risk	Adverse Publicity & Reputation	23/09/2013	04/04/2016	There is an uncoordinated approach to communication and engagement of key stakeholders (internal/external) including promoting/marketing the Trust's work/achievements and in support of its FT aspirations (IBP/STP/CIPs) - leading to some staff/ stakeholders/ public/ press/ media negative perceptions of YAS and the Trust failing to deliver its strategic objectives.	<ul style="list-style-type: none"> Broadened use of social media; analyse usage/report TEG Centralised stakeholder database Stakeholder engagement update to TEG monthly close working with HR/Workforce and Operations management team to ensure consistency of messages Bi-monthly e-Stakeholder news New monthly 'Team Brief' 	1. Strategy is in draft, scheduled to go to Trust Board March 2016	6	12	Moderate Risk	3	Communications Strategy to Board	Strategy to be approved by Board	Going to Board September 2015 - postponed Going to Board November 2015 - postponed - an external consultant has now been brought in to take this work forward. December 2015 - high level version of the strategy delivered to Trust Board Feb 2016 - Strategy now scheduled to go to Trust Board in March 16
721	Demand on Training and Education	People & Engagement	Organisational Effectiveness and Education	O'Leary, Shelagh	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 required in training team	Calculate resource requirement of Training Team based on figures from Workforce Plan	Tutor requirements review undertaken, seconded staff for specific periods brought in. Review of future tutor requirements and costings linked to new workforce proposals completed for review
																Review effectiveness to identify efficiencies	Review effectiveness of existing procedures and processes to identify efficiencies	Review of training underway, other service training departments contacted to set up meeting. External reviewer is being setup
																Report additional training resource required to TEG	Report on additional resources required in Training Team to support delivery of workforce plan to TEG	
111	Education & Standards Fleet	People & Engagement	Organisational Effectiveness and Education	O'Leary, Shelagh	Operational Risk	Estates and facilities	01/05/2013	05/10/2015	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	12	12	Moderate Risk	4	Rotation and repair of vehicles	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)Upgrade business case that is part of the Finance Capital Programme	Limited progress in this area. Increased risk to medium due to continued use of ambulances and lack of alternatives

150	Inappropriate Storage/Retention of Confidential Paper-Based Records	Standards and Compliance	Risk and Safety	Squires, Caroline	Operational Risk	Information governance	09/09/2013	05/04/2016	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. 2. Quantify budget required for storage of archived records	12	12	Moderate Risk	4	Develop Trustwide Records Management Assurance Exercise	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	Action plan developed. Quality and Risk Coordinator is working on a pack of tools for departments in the Trust to carry out their own searching exercises and inventory.
															Implement Records Management Assurance Exercise Trustwide	1b. Implementation of records management assurance exercise Trustwide	action plan developed. work on Rotherham fairfields to take place in 2015/16 and then in 2016/17 wider work across the Trust.	
															Identify unsecure records via I4I and removal to Restore Ltd or appraise for destruction	1c. Existing process of identifying via I4I process unsecure records in YAS premises and ensure appraisal/removal to RESTORE or secure local site	I4Is programme for 2015/16 is ongoing and will report any noted unsecured records to IG manager for further investigation.	
706	Feedback to staff reporting concerns	Standards and Compliance	Risk and Safety	Mallinder, Rebecca	Operational Risk	Regulatory compliance	04/09/2015	29/02/2016	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	Awareness/safety poster campaigns and lessons learned bulletins being issued monthly to give feedback on wider themes and trends to staff. Safety Thermometer provides feedback on reporting Freedom to Speak Up Working Group and programme of work will work to ensure feedback is provided to staff when concerns are raised and that these are celebrated Staff consultation exercise undertaken in July 2015 to identify areas for improvement. Action plan developed. Investigations work plan in place and underway.	Consistent and timely feedback to staff reporting incidents	12	12	Moderate Risk	3	Recruit Head of Learning and Investigations	Recruitment to Head of Learning and Investigations post	Appointed Oct 15
															Consultation exercise for learning feedback	Staff consultation exercise relating to feedback on learning complete and initial findings have been shared.	this has been completed and findings are forming basis for plan for sharing learning/feedback	
															Freedom to Speak Up programme of work	FTSU Working Group to take forward a 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 these are appropriately acted on.	Programme of work underway. Staff survey results reviewed. Lessons learned bulletin/poster designed and distributed Aiming to present for approval to TMG / Quality Committee and Board by April 2016	
															Quality Audit of Datix incident line	To develop quality audit to monitor call answering of the Datix incident line	The ability to live listen into calls that are being taken by the Quality and Risk team is now functional, all NHS111 Datix calls are recorded and I can access these from IT. Work still to be done on the Audit definitions, how audits are recorded and the action plans that come out of the audits.	
															Freedom to Speak Up Guardian Role	To establish a Freedom To Speak Up Guardian role	Options appraisal for guardian role considered at November working group for sign off Feb 2016 Role description is written	
119	Hillsborough - adverse publicity	Standards and Compliance	Corporate Legal Services	Balfour, Caroline	Strategic Risk	Hillsborough	09/09/2013	21/03/2016	Hillsborough: If there is adverse publicity from the Hillsborough inquests and publication of the panel report and legal processes, then this may result in damage to Trust reputation.	1. YAS Hillsborough team established based on expertise. 2. Focus on early identification of potential adverse media through case management. 3. Extensive liaison with Corporate Comms for advice/management of media. 4. Appropriate high level awareness within YAS through Exec/NED membership of Hillsborough Team. 5. Robust internal inquest management process and established cross directorate working on inquests. 6. Coroner's direction restricting media reporting on commentary outside the evidence.	1. Lack of control over external media. 2. Unprecedented database of document disclosure creating difficulties in managing knowledge/identifying issues. 3. Lack of public appreciation that YAS are distinct from SYMAS. 4. Coroner's direction to be lifted when Inquests close. 5. lack of control over widespread commentary on social media regarding jury findings	12	16	High Risk	4	Media review and engagement/corp comms	1. Media review and engagement tabled at monthly meetings. 2. Corp Comms/Legal reactive updates in timely manner.	
															response to verdict	3. Pre planned strategy for response to verdict approved at Executive level.		
123	Hillsborough - welfare of staff	Standards and Compliance	Corporate Legal Services	Balfour, Caroline	Operational Risk	Hillsborough	09/09/2013	21/03/2016	Hillsborough: If we do not have adequate support in place for staff, this may affect them psychologically due to engagement with high profile legal processes and media exposure.	1. Effective communication with staff, liaison with HR and Unions. 2. Staff support programme developed underway prior to inquests. 3. 121 engagement with key witnesses. 4. Bespoke Occupational Health service established for staff involved with Hillsborough.	1. Lack of union engagement. 2. Risk of lack of engagement from staff. 3. lack of control over approaches to staff by external agencies (media).	6	12	Moderate Risk	6	Liaison with Key Witnesses	1. Continue programme of 121 liaison with key witnesses.	
															staff engagement strategy-HB	Develop robust communication and engagement strategy with staff and former SYMAS staff prior to verdict.		
															support post verdict	Ensure continuation of support post verdict		