

Quality Committee
Finance & Investment Committee
Both Committees

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)	Description (Action Plan)	Synopsis (Action Plan)	Progress (Action Plan)	Assigned to	Due date (Action Plan)	Done date (Action Plan)
1023	Executive Team capacity	CEO	Trust	Barnes, Rod	Strategic Risk	Capacity	09/09/2017	31/03/2018	IF capacity is reduced within the Executive Team THEN there may be a lack of strategic direction in areas of the business RESULTING IN failure to progress delivery of strategic and/or operational objectives	TEG and TMG Executive Director level cover across the business as a whole at all times Appointed to the substantive ED of Work Force position Appointed to the substantive Director of Integration and Urgent Care	A&E Operations - Director secondment A&E Operations - Associate Director vacancy	16	16	High Risk	4	Interim accountability in senior team Progress I&UC Director appointment Specialist support	Ensure clear interim accountability and communication arrangements within the senior management team Progress the appointment of a Director of Integration and Urgent Care Secure specialist support for the senior teams whilst substantive Directors are not available	To determine: Nominated lead for Operations at Board Level, consider Divisional Commander to be first among equals/nominated Executive Director. Agreed comms and escalation route supported by the above. Provide a more Operational focus through TMG and TEG, to support Ops colleagues and to expedite decision-making Oct 17: support through TMG Oct 17: Appointed to Director of Integration and Urgent Care Jan 18: Director of Ops from NWAS is providing advice and support to Deputy Director and Divisional Commanders. Oct 17: peer support through TMG and TEG	Barnes, Rod Barnes, Rod Barnes, Rod	30/10/2017 18/12/2017 30/03/2018	31/10/2017 31/10/2017
Business Planning and Development																					
261	Business tendering	Business Development	Business Development	Mobbs, Leaf	Strategic Risk	Financial	13/03/2013	30/06/2018	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 NHSE & NHSI. 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.	20	12	Moderate Risk	8	a)Improve Commissioner and YAS communications b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber Monitor other ongoing tenders Hull PTS tender Bid for South PTS contract East Riding PTS Tender North PTS (VOY and scar/ryedale) PTS West Tender IUC Specification 2 day external 'bid' workshop	Contract manager to develop a contract briefing Deputy now in place To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber Evaluate potential impact of other ongoing tenders that YAS are not bidding for: 1) North Scarb/Ryed Community Services 2) Doncaster new urgent work 3) Sheffield Hosp 3 month winter pressures IETE Bid for Hull PTS Contract Respond to South consortium (Sheffield, Rotherham, Barnsley CCGs)PQQ and bid for PTS contract East Riding PTS tender Tender for North PTS - Vale of York and Scarborough/Ryedale Prepare for PTS West tender Plan for response to Integrated and Urgent Care contract tender Planning and Development Team organising a two day workshop to coach on engagement, PIDs, constructing bids.	Deputy in post Briefing note signed off Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG. March 18: ongoing monitoring of local and regional tenders that YAS are not bidding for but may have some operational and financial impact, modelling impacts where indicated to inform discussion and negotiation on mitigation of risk Oct 17: YAS is part of regional network and maintaining a register of tenders, modelling impacts where indicated to feed in to negotiations Confirmed Hull PTS bid unsuccessful Outcome of Hull CCG PTS tender exercise will result in financial impact, if YAS does not effectively resolve the funding issue before then end of the contract then the financial impact to YAS would be circa £1m April 17: Update - YAS awarded South Consortia 5 year non-emergency contract. YAS has been selected to deliver: Core outpatient services throughout South Yorkshire and on-day discharge services in Sheffield Ad-hoc repatriation work for the four South Yorkshire clinical commissioning groups (CCGs) GP urgent services in Sheffield (won from Arriva, the current provider). The contract will commence September 2017. Jan 17: key dates: First dialogue session: 26 and 30 January 2017 Second dialogue sessions: To be advised Sign-off 'Final Tender' documentation: 3 February 2017 Final tender clarifications: 7 - 22 February 2017 Final tender evaluation and price scoring: 24 February - 3 March 2017 Results, feedback issued and standstill period starts: 20 March 2017 Standstill period complete: 31 March 2017 Contract awarded and mobilisation starts: 3 April 2017 Service fully functioning: 2 October 2017 RAG July 16 - respond to PQQ and Final decision November with a start date of April 17 RAG Sept 16 - some slippage in contract timescales into 2017 - likely to be July 17 Jan 17: Contract negotiation extension period, ER contract will go out to tender April 17: successful Jan 18: contract secured for further 5 years with possible 2 year extension. Announced 24.01.18 YAS has been awarded the contract to deliver Medical Non-Emergency Transport (MNET) for CCGs Scarborough and Ryedale as well as Vale of York. The new contract will commence on 1 July 2018 for a five-year period, with the possibility of a further two-year extension. The new MNET incorporates some elements of delivery that will be new to YAS (eg enhanced discharge services in some areas) and some changes (reinforcing the eligibility criteria). The award of this contract means that YAS has been successful in retaining PTS operations throughout North Yorkshire and the East Riding of Yorkshire Oct 17: Bid submitted 26 Oct 17 March 18: Comms to staff has commenced Feb 18: pro-active workshop being planned in preparation for tender. Unclear on timing of bid process at this stage. Feb 18: Workshops held in January 2018 to understand resources required to respond. Timing of tender as yet unclear. NHS111 contact ends in 2018. Aug 17: Bid workshop held for PTS, well attended. June 17: Invites sent out	Bennett, Julie Bennett, Julie Sandford, Matt Dexter, Chris Dexter, Chris Dexter, Chris Dexter, Chris Townend, Keeley Sandford, Matt	31/12/2015 30/11/2015 30/06/2018 30/11/2016 24/04/2017 03/04/2017 18/12/2017 30/06/2018 28/08/2017	30/12/2015 25/11/2015 16/12/2016 17/04/2017 28/09/2017

911	Strategic Impact of Reconfigurations	Business Development	Business Development	Mobbs, Leaf	Strategic Risk	Financial	12/12/2016	30/06/2018	STRATEGIC IMPACT OF RECONFIGURATIONS IN WIDER HEALTH ECONOMY IF the modelling of requirements to address the impact on YAS of reconfiguration of services in the wider health economy are not acknowledged and resourced THEN this will impact on performance, patient safety and compliance RESULTING IN failure to deliver YAS Strategic Objectives	1. ORH Modelling of impact on YAS of specific reconfiguration plans 2. Quality Summit focus on reconfiguration and turnaround 3. Engagement with STPs 4. Planning & Development Group established with representation from clinical, contracting and A&E operations. 5. Internal Audit of reconfigurations - report Dec 16 6. Register on SharePoint	Modelling of combined impact of reconfigurations Management of: increased Turnaround, drive time, & transfers for specialist care Repatriation of displaced resource, increased costs, added clinical risk (Risk 368) with reduced 999 response resource Over a 12 month period a total of 62,244 staff hours would be required in order to cover all of the changes, Harrogate stroke, Scarborough children, Friarage front end and Darlington front end. This equates to 1197 staff hours per week, and 170 staff hours per day. Assuming 37.5 hr/wk, requirement would be 32 more staff to cover this demand. Mitigations for expanded episode of care resulting in added costs additional pharmacy and supplies costs and additional fuel	16	16	High Risk	8	Monitor reconfigurations Paper to CMB Deliver Internal Audit recommendations	Maintain register of reconfigurations, collate intelligence and work with STPs to model impact and determine mitigations Paper to present CMB with the current status of the combined impact of the proposed, planned and implemented hospital reconfigurations across the region, and, to create a consistent shared understanding and response from YAS and CMB around the level of risk associated with the reconfigurations. Deliver recommendations of IA 171126: Acute service reconfigurations: 1) There should be more applicable contract provision in relation to acute service reconfigurations included within the A&E 999 contract 2) Given the current rapidly changing business development environment, TORs of relevant groups should be reviewed to ensure aims and objectives remain effective and current 3) Information in relation to the impact on Trust resources and service delivery of each significant, or material, acute service reconfiguration should be determined and modelled and financially quantified where possible, and recorded on the database	March 18: ongoing collation of reconfigurations intelligence and working at strategic level to model and mitigate risks. Individual risks relating to operational and financial impact of reconfigurations are added to the risk register when detail is available and potential impact determined. 29.3.17 Paper tabled at Contract Management Board stated the Trust's capacity to deliver an emergency response is at increased risk from the cumulative impact of service reconfiguration as they are associated with Overall increase in job cycle time; Additional journey distances; Increased activity and therefore staffing and increased potential for vehicles to 'drift' with failure to acknowledge and address these factors resulting in potential for increased risk to patient safety. To ensure that the impact of reconfiguration on quality and performance is appropriately monitored and escalated, the Trust will continue to undertake Initial activity and performance impact modelling of identified scenarios; Identify options to address risk and capacity gaps; Escalate to lead commissioners through Contract Management Board and Discuss with local commissioners and providers regarding anticipated impact on YAS performance and quality. Impact assessments, an issues log and graphs showing impact of reconfigurations shared in the report. SEPT 17 responses: 1) Considered as part of negotiations for phase 2 MYHT reconfiguration. Financial settlement was reached to reflect impact of reconfiguration on operational services. This will form part of any future negotiations. Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Action complete 2) Integrated Business Planning Group reports to TMG, minutes taken and TOR reviewed. Reconfig Group is a working group providing info to IBPG. A&E Delivery Board minutes taken and TOR reviewed. Action complete 3) Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Current work includes MYHT review, Calderdale/Huddersfield proposals, SY/Bassetlaw ACS hospital services review. Action complete and will be applied going forward	Mobbs, Leaf	30/06/2018		Bennett, Julie	29/03/2017	29/03/2017	Sandford, Matt	26/09/2017	26/09/2017														
Finance Directorate																																									
680	Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance	Estates & Facilities	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	31/03/2018	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 of air con failure 2) Risk to SH2 Server Room Air Conditioning has been mitigated by delivery of two 7.3kw 'hire' industrial mobile chillers; installed and managing the server room temperature effectively (03.08.15). 3) Airedale (air con) units - resilience established with spare parts readily available off the shelf, a number of relevant parts are purchased, and skilled persons are available for fitting. 4) Fire risk assessment completed, Argon Gas Suppression system costed and approved. 5) Air con plan to replace in Q4 of 2017/18 after completion of fire compartmentation works	1) no fire suppression system installed	20	12	Moderate Risk	4	DSSR appraisal of plant Business case for Air Con Air con tender and installation Select preferred AirCon contractor SH2 Air Con Fire Risk Assessment Argon Gas Suppression system Install Fire Suppression systems to IT Server Rooms YAS HQ Fire Escapes from Server Rooms Springhill Fire compartmentation	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 3) Procure the detailed design, specification and tender process of any new system 4) selection of contractor and contract commencement - date to be confirmed review risk assessment (February 2014) and reappraise the risks based on recent incidents establish the cost for installation of an Argon gas suppression system. Install fire suppression in ICT Server Rooms As part of the fire suppression and risk assessment of server rooms, consider fire escapes Ensure Fire compartmentation at Springhill sites	This is not being pursued as existing plant is able to be maintained / repaired. Business case agreed for tender within 16/17 - to install air con in Q4, Redworths developing detailed design specification, 02.11.17 H&S Committee updated - tender out, all works will be completed by end of financial year Nov 17: tender out and works to be completed in 17/18 financial year. Recommend a wholesale review of the server room plenum ventilation be undertaken and currently gaining fee quotes, for a prospective upgrade in 2016. Contractor has visited site and we await costed proposal Nov 17: Compartmentation works SH1 complete, SH2 commenced, suppression system to follow. 5.9.16 Fire Safety Officer has reviewed: fire exits are adequate for the travel distances concerned. The audibility of the fire alarm within the IT server rooms was checked by IT staff working in the area and DP, Estates Officer on 5.9.16 as part of a Fire Evacuation Exercise. ICT Team have been briefed on ensuring areas remain clutter and obstruction free and not used as storage areas. - Controlled access in place and server rooms monitored to maintain tidiness 02.11.17 update to H&S Committee. Springhill 1 compartmentation is complete with a snagging list being worked through. Will then start on Springhill 2. Both include server rooms.	Hinitt, Ian	26/10/2015	14/01/2016	Hinitt, Ian	29/08/2016	26/08/2016	Farrell, Paul	31/03/2018	Farrell, Paul	31/03/2018	Hinitt, Ian	17/08/2015	24/08/2015	Hinitt, Ian	24/08/2015	24/08/2015	Farrell, Paul	31/03/2018	Brown, Glyn	31/10/2016	05/09/2016	Brown, Glyn	31/03/2018

1064	Limited 3rd Party Compliance Information	Finance	Estates & Facilities	Brown, Glyn	Strategic Risk	Regulatory compliance	08/01/2018	02/04/2018	IF Landlords an Hospital Estates that manage YAS leased properties do not supply assurance of safety testing inspections relating to Water safety, Asbestos, Electrical fixed wire testing and Fire Safety then YAS will not be able to assure that staff are working in a safe environment RESULTING IN potential for illness or injury	Estates Field Officers regularly inspect the standby points. The PRC/AL are regularly inspected by the relevant Hospital Trusts.	Limited specific documentation in relation to the various tests and inspections is available in YAS Estates 29 landlords with 40 sites requiring annual assurance	12	12	Moderate Risk	6	Compliance Information Request	Request compliance information from landlords	Jan 18: letters were sent in November 2016, March 2017, and May 2017 requesting information but only limited information has been received. Reviewed at Estates Risk and Compliance Group - Annual compliance check letter with proforma will be emailed to all landlords each year.	Brown, Glyn	31/03/2018	
784	CIP 17/18 and 18/19	Finance	Finance	Crickmar, Alex	Operational Risk	Financial	05/04/2016	06/04/2018	IF YAS fail to deliver Cost Improvement Programmes (CIP) THEN this may result in non delivery of budgetary target and loss of credibility in delivering corporate CIP programme	1. Project plans (some PIDs submitted for 18/19) 2. Business Finance Manager responsible for monitoring 3. Escalation to Associate Director and CIP Monitoring Group	Impact of non-recurrent CIPs from 17/18 on 18/19 plan	12	12	Moderate Risk	6	Monitor 16/17 Finance CIP	Monitor Finance CIP 16/17	Sept 16: 88% year to date achievement against plan (month 4), with 61% achieved through recurrent schemes. 27.9.16 Private Board - Paper 4.2 Financial Accounts month 5 position and year end forecasts December 16: At the end of October 2016 CIPs were E540 behind plan, with 89% delivery overall of which 58% were recurrent schemes. Risk remains amber. Feb 17: HR undertaking central coordination of reduction in agency spend monitoring. TEG weekly update. Reduced by 37%. Working to support NHS111 requirements. March 17: end of year position reported. CIPs being proposed for 17/18. CIPMG oversight	Crickmar, Alex	31/03/2017	19/04/2017
																17/18 CIPs	Monitor delivery of 17/18 CIPs	Jan 18: Non - recurrent CIPs will impact 17/18 Oct 17: Whilst YTD the Trust has overachieved against target by £1,130k, 36% of savings have been delivered non-recurrently and therefore causing an underlying recurrent financial risk for future years. March 17: CIPs short of target, ongoing review and monitoring through CIPMG Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year. RAG Jan 17: PIDs will be reviewed at CIPMG	phillips, mark	04/04/2018	
																18/19 CIPs	Monitor delivery of 18/19 CIPs	Jan 18: Non recurrent 17/18 CIPs will impact. Oct 17: PIDs have been submitted and review by CIPMG	phillips, mark	02/04/2018	
1073	Capital Underspend Against CRL	Finance	Finance	Bradley, Mark	Strategic Risk	Financial	15/01/2018	05/04/2018	Financial risk to YAS if Trust underspends against NHSI approved Capital Resource Limit (CRL) less loan repayments of £8.5m. Capex to end 31/12/17 £0.5m. This has arisen in part due to delays in tendering, challenges to tenders and awarding of contracts for major capex schemes. e.g. Doncaster Hub and DCA replacement programme	Capital Panel (including multidisciplinary experts and function leads) has been convened to review mitigation and make recommendations to TEG, F&I and Board. This includes bringing forward planned Capex from 2018/19 to offset schemes slipping from 2017/18 to next year. Capital Accounting team working closely with function leads to seek regular assurance and support delivery of CRL	Unavoidable delays outside control of YAS	12	12	Moderate Risk	9	Capital Panel	Capital Panel convened to review mitigation and make recommendations to TEG, F&I and Board	March 18: assurance reports through F&I Cttee	Bradley, Mark	05/04/2018	
989	Vehicle availability for A&E	Finance	Fleet	Moyes, Richard	Operational Risk	Capacity	13/07/2017	30/04/2018	IF vehicle availability does not meet A&E rota requirements THEN staff will be on shift without a vehicle RESULTING IN lack of utilisation of rota'd staff and inefficient use of resources	New rota pattern - vehicle availability is meeting core rota	Vehicles not in the right place and no capacity to move them, particularly at weekends Management of on-day rota changes Management of overtime	15	15	High Risk	3	SLA for fleet/frontline working together	Write SLA for Fleet and frontline vehicle users	Jan 18: Engaging with staff side. Oct 17: consultation ongoing with relevant groups to approve and implement SLA 1 July: Head of Fleet has begun writing an SLA for Fleet and vehicle users on how best to work together. 26.7.17. Draft SLA written and distributed to the Vehicle Accident Reduction Group for comment. Once comments are received, the document will be amended and placed on wider circulation.	Moyes, Richard	30/04/2018	
																Understand resource planning process	Head of Fleet to meet with Resource Team and Locality Managers to understand the rota planning process and how to align vehicle availability	25.7.17 - Head of Fleet met with resourcing team to understand planning process. There are a number of possible workstrands being explored by Fleet and A&E to determine appropriate resource.	Moyes, Richard	31/08/2017	18/08/2017
																Oversight and management of frequent vehicle damage	Sector Commander/Locality Manager oversight and management of staff who have frequent RTCs/accidental vehicle damage	Jan 18: Job card is tagged as accident. Oct 17: formalising the process for review of vehicle damage and consistency of approach through SLA Database contains names of staff who have frequent accidents and the associated actions taken by the locality manager.	McSorley, John	29/01/2018	24/01/2018
																Vehicle familiarisation driver checks	Understand what driver training includes in terms of vehicle familiarisation and basic checks	20 Dec 17: initial meeting, action agreed to understand what basic checks are part of training	Jackson, Shelley	31/03/2018	
																Halfords card - use of	Publicise availability and appropriate use of Halfords card for minor vehicle remedial works to avoid VOR (eg. lightbulb replacements)	20 Dec 17: apparent that not all staff are aware of the Halfords card. To work with Internal Comms to publicise its use.	Gott, Jeff	01/02/2018	
																WMAS veh purchase	WMAS vehicle purchase	March 18: complete	Moyes, Richard	28/02/2018	28/02/2018

978	Tail Lifts on A&E vehicles	Finance	Fleet	Gott, Jeff	Operational Risk	Health and safety	18/05/2017	31/03/2018	IF the Trust does not complete specific rectification work on the A&E fleet tail lifts, monitor fault development whilst this work is completed and raise staff awareness regarding correct operation THEN the tail lifts will fail to operate correctly or could collapse RESULTING IN significant harm to patients (falls) and staff (falls and musculoskeletal injury)	Inspection programs in place to monitor affected vehicles for fault development until rectification completed Schedules in place to carry out rectification / modification work for affected vehicles Capital allocated to fund relevant tail lift frame replacements Tail lift report to H&S Committee August 2017 with timescales for completion	12	12	Moderate Risk	4	1) Mercedes modular body vehicles 09 - 12 tail lift frame inspection	Inspection of all affected lifts (120 vehicles) every 4 weeks to identify cracks in the frame	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: all tail lift frames now replaced.	Gott, Jeff	31/01/2018	04/01/2018
															2) Mercedes modular body vehicles 09 - 12 tail lift frame replacement	Replacement of tail lift frames (120 vehicles)	Jan 18: all tail lift frames now replaced.	Gott, Jeff	25/09/2017	04/01/2018
															3) Mercedes van 14 + 15 cohorts - pin retainer inspection	Inspection of all pin retainers every 5 weeks (82 vehicles)	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: inspections continuing as scheduled.	Gott, Jeff	31/03/2019	
															4) Mercedes van 14 + 15 cohorts - pin retainer replacement	Replacement of all pin retainers with modified lock (82 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928). JG to investigate if the pin retainers can be replaced on LOLER test rather than tail lift modification. This would ensure completion of replacement within 6 months rather than the planned 15 months.	Gott, Jeff	31/03/2019	
															5) Mercedes van all cohorts 12 - 15 - extender bar	Inspection of all extender bars (116 vehicles) every 10 weeks	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: inspections continuing as per schedule, issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
															6) Mercedes van all cohorts 12 - 15 - tail lift platform modification	Modification of all tail lift platforms to become fixed rather than sliding (116 vehicles)	Jan 2018 - 25 out of 112 total vehicles have now been modified - tail lift, rear doors and internal seat removal. Plan has been to do 6 vehicles per month however, there have been issues with the tail lift manufacturer so there has been some delay. Work back on track with 6 per month which will see another 18 done before end of 17/18 with the rest planned completion by end of 18/19. Manufacturer will do 8 per month where permitted to gain early completion.	Gott, Jeff	31/03/2019	
															7) Mercedes van all cohorts 12-15 - bridge plate	Fixing of all bridge plates on 10 week service (116 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
															8) Mercedes van all cohorts 12-15 - deformed platform	Fixing of all deformed platforms on 10 week service (116 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
															9) All A&E tail lift vehicles - awareness of correct operation	Raise awareness amongst A&E staff of the potential for tail lifts to tilt downwards if loaded incorrectly i.e. too much weight at the outer end	Jan 18: Fleet to produce instructions and pictures, quality and safety to distribute information	Gott, Jeff	31/01/2018	
767	Movement of equipment between vehicles	Finance	Fleet	Owen, Andrew	Operational Risk	Equipment Related	17/02/2016	30/06/2018	IF equipment is transferred between vehicles THEN the MDMD cannot track them for scheduled maintenance RESULTING IN potential for non-serviced equipment to fail and non-compliance with legislation and YAS policy	1. Regular audits on vehicles 2. Missing kit is dated 3. MDMD follow up on missing equipment 4. LP15 devices if not found within 2 working days will be reported as stolen. 5. Trusts Security officer is informed where appropriate (one case involved the arrest and prosecution of a member of staff after the security manager worked with the MDMD staff to catch a theft) 6. Asset register records serial/asset number to fleet number allocated 7. Each device labelled with fleet number that the asset number is assigned to 8. LP15 programmed to the vehicle it operates from. 9. SOP signed by the Directors on movement of medical devices 10. agreed process for necessary swapping of equipment 11. Critical equipment checklist	9	12	Moderate Risk	3	Operational Alert - movement of medical equipment	Send out Ops Alert re movement of equipment	Complete	Macklin, David	03/03/2016	03/03/2016
															Staff alert - defib and standard equipment load list	To distribute a Staff Alert confirming which type of defibrillator should be on which vehicle, depending on staff role, and also the Standard Equipment Load List	Alert has been distributed.	Dykes, Steven	25/04/2016	25/04/2016
															Continue to monitor moved and missing equipment	Medical Devices Team to continue to monitor movement of equipment and escalate	Mar 18: monitoring and reporting by exception working with Ops directorate continues Dec 17: increase in movement of equipment in A&E Ops. Escalated to Deputy Director of Ops and Exec Medical Director. Urgent alert to be sent out. July 16: monitoring of movement/missing equipment continues on a monthly basis. Sept 16: monitoring ongoing and some equipment discovered and withdrawn from service that were overdue service. These items were designated as unauthorised movement (assumed missing) and that is the reason for not being in date. Dec 16: still happens, not as frequently. Need process to encourage staff to report when they need to or have moved equipment Feb 17: Incidents of movement, particularly LP15 defibs, mainly in North & East.	Owen, Andrew	30/06/2018	

252	Vehicle deep cleaning	Finance	Fleet	Hill, David	Operational Risk	Infection, Prevention & Control	13/09/2013	28/02/2018	<p>IF vehicle deep cleaning procedures are not completed within specified timeframes THEN this is a failure to comply with external regulatory standards RESULTING IN potential harm to patients, staff and others and regulatory non-compliance</p>	<p>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 5. Schedules reviewed and streamlined where possible. 6. VOR when hit timescale 7. monitoring in place and ongoing</p>	Rota alignment and availability of vehicles for deep clean	12	12	Moderate Risk	3	<p>Deep clean - compliance, recruitment and stock check</p> <p>Recruit staffing to maintain service levels to include deep clean, consumables check, green bags</p>	<p>Green bag checking withdrawn by senior management following concerns raised by UNISON. Awaiting details of training school/tutor availability to complete Green Bag training pack and Learner Outcome. March Service Level is 99.9%. We are at a point where the very limited number of vehicles not being deep cleaned to schedule is due to operational demand requirements. We have staff available but not the vehicles. Risk & Assurance meeting today and I will ask for this to be closed, but for the continuation of exception letters to be reduced to 1 week. All in place with VOR currently at 3 weeks, but this is being reduced in near future to 2 weeks. Service Level being maintained above 99.7% in early summer holiday period. 22/05/17: Update - The performance results are continuing to decline following the introduction of the new A&E rotas. This is impacting vehicle availability significantly, coupled with the need to re-align working times for the Vehicle Deep Cleaners. New staff coming into the provision are starting on the new times of Mon to Thur 20:00hr to 06:00hr and the majority of weekend teams are working the identified Fri to Sun 20:00 to 08:00hr. Those on fixed term contracts will have this amended for any further contract. Delay for implementation via formal consultation capacity issue and will be resolved with the recruitment of management support (Regional Team Leader). 27/09/2017: The completion of timely Deep Cleans has been impacted by a number of reasons since April 2017. The new A&R rotas impacted availability of vehicles due to the increase use of vehicles within the current working times of the Deep Cleaners, except at weekends. We have also had delays in the recruitment of staff via T2P process and general recruitment. For the previous 8 weeks we have also incurred higher than usual levels of sickness, especially LTS and a number of resignations (personal issues). We have a further 3 weekend Deep Cleaners starting in post this week and another in 14 days, with others still in the progression process. Interviews for vacant posts at Halifax and Bradford are scheduled within the next week. In view of the above I have increased the current risk level to 9. 29/09/2017: Following further discussion within the R&A Group, it has been agreed to continue the current situation until 13/10/17, with a review to be completed by 13/10/17.</p>	Hill, David	27/09/2016	29/07/2016
																<p>continue to monitor deep clean compliance</p> <p>Continue to monitor deep clean compliance</p>	<p>W/Ending 19th Nov: 99.10% W/Ending 12th Nov: 99.09% W/Ending 5th Nov: 97.98%</p> <p>Aug 2017: Service Level in July dropped into high 98%. Reasons include the new A&E Rotas, Alignment requirement of current Deep Cleaner working times to greatest vehicle availability times, enabling full utilisation of the quiet/least demand hours. 2016 monitoring archived. 15 Nov 2017: Service level improved week on week for W/Ending 12/11/17 to 99.09%. Most new staff now in place but absence still an issue but being managed as per policy/procedures. 16/01/18: Deep Clean KPI's returned to 99.5% prior to Christmas, however due to the Christmas & New Year holiday breaks along with exceptionally high and well over forecast A&E operational demand, ten Deep Clean KPI has slipped to 97.9%. Overtime is openly available, but vehicle availability remains an issue with additional crews taking the available vehicles. We are now close to 100% Deep Clean staffing levels but do have higher than Trust average sickness levels which are being managed within Trust procedures.</p>	Hill, David		28/02/2018
																<p>Weekly exception notification letters - deep clean</p> <p>Weekly exception notification letters for deep clean</p>	<p>Aug 17: The weekly exception notification letters have now resumed and following discussion with the DIPC, Ancillary Services are populating the template letters to improve timeliness and real time accuracy of delivery. 27/09/2017: This is an on-going weekly action which includes the emailing of the populated letters to identified recipients in each operational business unit. We are aware these are cascaded to operational line managers in West, North and East Yorkshire. 25/10/17: Transfer of the whole letter management process has been transferred to Ancillary Services Administration. These will be forwarded to all areas each Monday. Oct 17: should have 41 WFE. Have LTS x 3, a number of STS, 4 vacancies, 1 on light duties. Recruitment process is lengthy David Hill: 16/01/18 - LTS in December remains an issue at 7% but is being managed within Trust procedures, short term sickness was less than 1%. Recruitment is much improved and the system is working considerably better than previously. We currently have 15 Vacancies with 3 in sign-off, 7 in Progression, 1 at Interview, 1 at shortlisting and 3 at Advert.</p>	Hill, David	31/10/2017	25/10/2017
																<p>Manage recruitment and absence</p> <p>Manage recruitment and absence</p>	<p>Feb 18: Advisory from Microsoft- Windows 2003 server patches are not currently approved by AVAYA and if installed are at our own risk to the trust. - action closed Newaction - needs to be added to new infrastructure specification Dec 17: There is currently a fault which requires rectification by BT</p>	Hill, David		31/01/2018
984	Call Pilot Server 2003 risk	Finance	ICT - Information Technology	Zahran, Ola	Operational Risk	ICT	12/05/2017	02/04/2019	<p>Call Pilot is currently installed on server 2003 which is no longer supported by Microsoft or the latest security patches. During the WannaCry cyber attack 2003 was identified as a security risk. In the short term Microsoft released a fix for it but in reality it is no longer supported.</p>	<p>Currently MS patch is in place which has secured the OS.</p>	Control is currently adequate. But and new Cyber attack could pose a risk to the system. The latest release has been released so requires internal tests prior to release	9	12	Moderate Risk	8	<p>Patch Test</p> <p>The latest release has been released so requires internal tests by Voice Comms prior to release.</p>	<p>Feb 18: Advisory from Microsoft- Windows 2003 server patches are not currently approved by AVAYA and if installed are at our own risk to the trust. - action closed Newaction - needs to be added to new infrastructure specification Dec 17: There is currently a fault which requires rectification by BT</p>	Iane, Martin		01/04/2019

857	ICT Capacity	Finance	ICT - Information Technology	Bradley, Mark	Operational Risk	Capacity	17/10/2016	30/03/2018	IF capacity within ICT is not complete THEN there may be a failure to match business priorities RESULTING IN impacts on delivery of core business and failure to progress projects.	<p>Michael Foster is in post to support Voice Comms Manager and Infrastructure Manager</p> <p>Head of ICT is supporting the Systems Manager role</p> <p>On-call arrangements and support established</p> <p>Senior project manager position candidate started with ICT</p> <p>Ola Zahran offered verbally role of Head of ICT</p> <p>Procurement Assignment</p> <p>Cyber security specialist is being absorbed by the Infrastructure Team</p> <p>Recruitment of ICT Engineer</p>	<p>Recruitment of Voice Comms and Infrastructure Manager - appointed, await start date</p> <p>Recruitment of Systems and Online Manager - advertise in New Year 2018</p> <p>Recruitment of Cyber Security Specialist - in progress</p> <p>Recruitment of Systems Development Specialist - interviews have taken place</p>	15	12	Moderate Risk	<p>Review Voice Comms Manager JD</p> <p>To review job description prior to publish</p> <p>Job gone to advert</p> <p>Oct 16: AD ICT has reviewed job description and with HR for approval process MF is covering role until appointed</p> <p>Zahran, Ola</p> <p>19/12/2016</p> <p>03/01/2017</p>	<p>Recruitment of Voice Comms and Infrastructure Manager</p> <p>To have recruited a full time permanent voice comms\Infrastructure Manager</p> <p>28.12.17 appointed, await start date</p> <p>7.12.17 - 1 candidate has been invited back for second interview. To be arranged 20.11.17 - Interviews held w/c 20.11.17 and complete on 30.11.17</p> <p>24.10.17 - Due to lack of numbers applying for the role, advertisement may have to go to Agency</p> <p>28.9.17 Role now advertised interviews planned for October</p> <p>11.9.17 Due go to advert w/c 11.9.17</p> <p>17.7.17 JD has been submitted to panel</p> <p>No success in recruiting to Voice Comms Manager. The plan is now to recruit to Voice Comms and Infrastructure Manager as one role. This is a new role and will require a formal JD prior to advert.</p> <p>No candidates come forward following closure date of 21.3.17 advert gone out to agencies with 4 interviews planned w/c 10.4.2017</p> <p>Jan 17: shortlisting will take place on 20.01.2017 following a 2 week extension due to no suitable candidates applying</p> <p>Dec 16: Job Description has been reviewed.</p> <p>Nov 16: MF now covering role until substantive role appointed.</p> <p>Zahran, Ola</p> <p>26/02/2018</p>	<p>Permanant ISD Manager</p> <p>To have recruited and appointed Infrastructure, Systems and Development Manager permanently</p> <p>Duplicated, active action now 2734</p> <p>Dependant on appointment of Head of ICT (currently acting)</p> <p>Nov 16: roles being covered temporarily</p> <p>Zahran, Ola</p> <p>30/06/2017</p> <p>08/05/2017</p>	<p>explore on-call support availability</p> <p>AD ICT to liaise with Resilience and special operation to seek support for their Project Manager to support with ICT Escalation</p> <p>Head of Resilience has advised that resource cannot be made available</p> <p>Zahran, Ola</p> <p>25/10/2016</p> <p>10/10/2016</p>	<p>Senior Project Manager</p> <p>Recruit to Senior project manager role</p> <p>5.6.2017: Senior project manager commenced employment with ICT</p> <p>8.5.2017: Start date estimated mid June</p> <p>25.4.2017: Candidate appointed awaiting start date expected end of June</p> <p>16.3.2017: interviews in progress</p> <p>Zahran, Ola</p> <p>30/06/2017</p> <p>05/06/2017</p>	<p>Recruitment to the Chief Information Role</p> <p>To ensure capacity is in place strategically by recruiting the Chief Information Role</p> <p>logged in error</p> <p>Bradley, Mark</p> <p>01/08/2017</p> <p>19/05/2017</p>	<p>Recruitment to Head of ICT</p> <p>To implement Head of ICT to ensure full establishment</p> <p>Ola Zahran verbally offered the role of Head of ICT</p> <p>Job advertised internally closing date 9.6.2017</p> <p>Bradley, Mark</p> <p>01/08/2017</p> <p>30/06/2017</p>	<p>Recruitment to Systems and Online Manager</p> <p>To review the ICT structure and formulise cost control and JD for System and Online Manager prior to advert.</p> <p>29.12.17 to advertise in the new year</p> <p>7.12.17 - JD been approved but will now go to advert in the new year</p> <p>20.11.17 - Due to go out to advert w/c 20.11.17</p> <p>24.10.17 - No Update</p> <p>28.9.17 - working on JD and planned to go to panel for approval in October</p> <p>11.9.17 No Update</p> <p>17.7.17 No Update</p> <p>Zahran, Ola</p> <p>30/03/2018</p>	<p>Recruit to ICT Engineer</p> <p>receive vacancy control approval and recruit to vacancy following LB move to infrastructure.</p> <p>24.10.2017 ICT Engineer commenced employment 23.10.2017</p> <p>28.9.17 Interviews took place 27.9.2017 with a successful candidate appointed.</p> <p>Were in the process of employment checks with a start date to be agreed</p> <p>11.9.17 Interviews scheduled for end of September</p> <p>1.8.17 Funding has been approved by Finance to progress the backfill ICT engineer role</p> <p>Bunton, Ken</p> <p>24/10/2017</p> <p>24/10/2017</p>	<p>Procurement Assignment</p> <p>To ensure funding is in place for the existing role of ICT</p> <p>Procurement officer and active permanent assignment</p> <p>Permanent contractual arrangements have been put in place by ICT and Finance</p> <p>Zahran, Ola</p> <p>29/08/2017</p> <p>01/08/2017</p>	<p>Recruitment of Cyber Security Specialist</p> <p>To provide a specialist role for cyber security provisions within ICT</p> <p>Zahran, Ola</p> <p>30/01/2018</p>	<p>Recruitment of Systems Development Specialist</p> <p>Recruitment of Systems Development Specialist</p> <p>29.12.17 Interviews have taken place</p> <p>Publication has now been closed and systems team are now in the process of shortlisting.</p> <p>Zahran, Ola</p> <p>28/02/2018</p>
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860	Align Ancillary Cleaning Services with operational change	Finance	Support Services	Hill, David	Operational Risk	Infection, Prevention & Control	31/10/2016	31/03/2018	IF recommendations from the review of Ancillary Cleaning Services are not delivered THEN the Ancillary Service will not be positioned to respond effectively to organisational change (ie. Hub & Spoke) RESULTING IN potential for failure to meet service levels	Current line management structure Review of Ancillary Cleaning Services (July 2016) Currently achieving SLAs but not geared up to respond to change Temp to perm arrangements progressing	Plan to deliver recommendations of Ancillary Cleaning Services review Cleaning services lack of alignment with Hub and Spoke programme	12	12	Moderate Risk	3	Plan to align services with demand	Take the Review of Ancillary Cleaning Services and develop a plan to align Ancillary Services to proposed organisational change	<p>Jan 17: Review of Directorate structure underway to determine where premise cleaning sits in structure.</p> <p>Decision required on VPS/Make Ready to determine approach to implementation of recommendations of Ancillary Cleaning Services review.</p> <p>Feb 17: some cleaning services review recommendations have been implemented. Meetings with Facilities Management consultants to develop self-facilities management system. Engagement with Hub & Spoke ongoing to understand requirements</p> <p>March 17: Ancillary services need to understand the direction of travel from H&S Programme Board.</p> <p>May 17: Implementation of the Review actions are progressing. The 2017-18 staffing budget has been increased from 87.41 to 108.87. Temp2Perm is nearly completed and full recruitment is also ongoing. This will give us the staffing cover for holidays/absence and the deep cleaning of 'identified clinical interaction areas on station'. Regional Team Leader/Trainer (Ops Manager)recruitment at interview stage. Next steps with the introduction of the RTL/T will be to address the actual hours worked so that vehicle availability is maximised and hours come into line with the pilots. The recent frontline rota changes have also negatively impacted vehicle availability within current working times, with the reduction of staffing late evenings/early mornings now redirected to daytime/early evening duties.</p>	Hill, David	01/05/2017	13/05/2017	
															3	Align hours worked	Address actual hours worked so that vehicle availability is maximised and hours come into line with the pilots.	<p>Feb 18 meeting with Hub and Spoke team to establish requirement - internal or outsourced</p> <p>Jan 18: Unable to progress re-alignment/re-structure due to capacity issues. Regional Team Leader coming into post mid August which will enable progression with the change.</p> <p>17/10/17: Met with HR team to discuss options and in light of the additional and replacement recruitment we now only have 13 Vehicle Deep Clean staff on shifts that require re-alignment. In view of this a full formal consultation is not required, but we will offer a 30 days individual consultation period for any staff wishing to raise their individual points. Change notifications will be dependant of service years so a staged change is expected. Proposing to have change details in place for 1st Nov 17.</p>	Hill, David	31/03/2018		
																	VPS hybrid - staff extended contract	extend contract for VPS staff	<p>David Hill: August 2017 - The VPS project at Wakefield is currently on-going, however potential changes to this as an AVP provision are being planned along with internal staff discussions. No formal notifications at this point.</p> <p>27/09/17: Recruitment interviews are currently taking place to backfill all existing vacancies to the original wte budget figure. Ongoing discussions with staff to develop the operation into an AVP site. Further information will need to be populated by the Transformational Team who are managing the operation.</p> <p>RAG: Action Closed and passed to Transformation</p>	Hill, David	30/09/2017	26/10/2017
																	Framework agreement	Ambulance Vehicle Preparation Framework Agreement	<p>April 17: Working with Procurement on a Framework agreement.</p> <p>May 16th: The Technical evaluation of the framework agreement has been completed. The Trust team are finalising the commercial scores and the formal Evaluation Report. Following this, the final result will identify which provider will be awarded the Framework agreement.</p> <p>August 2017: The AVP Framework has now been completed and is in place. The assigned provider of AVP provision within this framework is JPR Solutions and the Trust have now issued a further contract to JPR Solutions for AVP services at Manor Mill.</p> <p>The framework has been completed and YAS is currently using the framework for its Manor Mill AVP outsourcing provision.</p>	Hill, David	31/07/2017	01/09/2017

350	Laundry budget	Finance	Support Services	Hill, David	Operational Risk	Financial	26/02/2014	15/02/2018	IF the laundry budgets are not agreed with acute trusts THEN YAS may receive invoices from other trusts RESULTING IN exceeding the laundry budget for the year and lack of clarity on responsibility for laundry budgets	1. Current budget in place covers contractor Goodman Sparks. 2. Finance have now increased the budget allocation for 2016/17 to match 2015/16 expenditure 3. Have included an allowance for the disputed LTH 15/16 invoice 4. meetings with acute trusts to identify ways to manage swap outs	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. Acute Trusts are requesting payments for the swap-out service 2. Laundry 100k in excess of current budget of 260k	12	12	Moderate Risk	3	Initial meeting with Hull & East Yorkshire NHS Trust A charge by the H&E Trust will continue and will lead to increased charges in Q4. The local Trusts are realising that the provision to supply and de-contaminate Ambulance Service laundry is not included in the commissioning of service. We currently have similar situations with Airedale, NHS York, Scarborough (York) and Friargate. Expecting the number of charging Trusts to increase. Initial meeting attended by Ancillary Services and Procurement. Charges will remain the same for Q1 to Q3 of 2014/15, however we must work towards either a disposable linen system or pre-agreed charge for laundry supply and de-contamination (swap-out) by in Q4, which must include payment to cover linen losses from the H&E Trust. This will be balanced across all Ambulance Service providers (YAS & EMAS in the case of Hull & East Trust). H&E Yorks are currently assessing all associated costs and we will meet again to discuss specific cost proposals once available. 22/05/17: Met with Hull & East Trust regarding future costs and invoicing. They have accepted our SLA in principle and I am currently awaiting a decision/sign-off. 27/09/17: Discussed with HEY last week and advise they will be in touch shortly to sign.	Hill, David	30/06/2014	30/04/2014			
																Budget Gap	Budget has not been assigned to cover this cost.	22/05/17: Additional budget has been allocated for 2017/2018 based on 2016/2017 figures. This will need to be reviewed as further Trusts approach us for SLA inclusion and payment. Currently the budget allowance will cover existing charges. However Barnsley Hospital have also submitted a request for a SLA which I have submitted to them along with discussions. The SLA is with them for signing. 26/10/17: SLA's in place with Leeds TH, Airedale FT & Bradford TH. Discussions on going with Hull & South Tees. Need contact with York/Scarborough. Mid-Yorks and Sheffield TH have also asked for meetings to discuss SLA's. All current costs for charging AT's are encompassed within budget, however the additional AT's requesting payments/meetings for SLA's would exceed current budget of £260K by £100k. Latest worst case scenario if all AT's were charging is £425K.	Hill, David	31/03/2015	30/09/2015	
																LTHT proposal for managing laundry budget	To develop proposal for managing laundry budget for LTHT	Invoices in dispute have been resolved. They were part of the overall SLA resolution with LTHT Aug 16 Deputy Head of Procurement currently working a proposal to LTHT. LTHT have been advised the existing invoices are in dispute, but we are in the process of a SLA which will be discussed with them asap	Stower, Mark	26/09/2016	14/11/2017	
																Write SLA based on average linen costs	Write SLA based on average linen costs / types	SLA document has been produced with Procurement. This is based on the actual CAD arrival figure for the previous completed year plus the CCG forecast uplift for patient numbers and the Acute Trusts ERIC return figure for each piece of linen. Procurement writing a standard Service Level Agreement based on average current costs, linen types (sheets & blankets) and at YAS 'At Hospital' arrival data	Stower, Mark	30/09/2016	13/11/2017	
																Bradford Hospital Laundry SLA	Agree 16/17 laundry budget SLA with BDH	1) notification from Bradford District Hospital that they are requesting £45k for 2015/2016 laundry supply - reply letter content agreement between DH Fleet Ancillary Services Manager and AO Fleet Logistics and Medical Devices Manager, RDT DoF has replied to BDH advising that 2015/2016 books have been closed, but we would be open to discussion with them on a Service Level Agreement for 2016/2017. Bradford have just replied without any indication of wanting to progress 2015/2016 claim, but are wishing to engage in 2016/2017 discussions. 27/09/2017: The SLA with Bradford Teaching Hospital has been agreed. The document has been signed by them and just awaiting Emma's signature.	Hill, David	17/10/2016	30/09/2016	
																Swap out service	Agree arrangements with hospital trusts on Swap Out Service	Dec 17: YTD budget already at 234k with 4 months remaining against budget of 195k. Barnsley preparing to invoice. Working with other trusts on SLAs. We are continuing to meet with Acute Trusts who are requesting payment for ED linen/laundry exchange to discuss SLA's based on factual information and data to reach payment agreement. YTD budget already at 234k with 4 months remaining against budget of 195k. Barnsley preparing to invoice. Working with other trusts on SLAs. We are continuing to meet with Acute Trusts who are requesting payment for ED linen/laundry exchange to discuss SLA's based on factual information and data to reach payment agreement.	Hill, David	28/02/2018		
1031	Delay in Deep Clean Tablet System	Finance	Support Services	Hill, David	Operational Risk	Equipment Related	29/09/2017	28/02/2018	IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to continue to work in accordance with departmental Business Continuity plan RESULTING IN additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance	Implemented BC system once; a return to the paper based reporting system along with daily email or text messaging of completed Deep Cleans. All this data is recorded and we are fully aware of the schedules and completed Deep Cleans. Extended use of the departmental BC plan which necessitates additional work for the team.	Current manual system requires collection of all paper records from all regions of Yorkshire and the physical recording and storage of these for audit purposes. There is a potential for paper records to go missing in this system. Because the data is not being input into the Cleric Fleetman system, this is identifying all operational vehicles are outside Deep Clean compliance. At this point we have approximately	10	12	Moderate Risk	2	Spreadsheet tracking and maintain paper system	Spreadsheet set up in I drive for tracking schedules and maintain paper 'BC' tracking	Spreadsheet has been set up for tracking of schedules. Reverted back to paper process which is BC plan. Retention schedule to be understood	Hill, David	29/09/2017	29/09/2017	
																Breach letters	Template and populate breach letters for DIPC	Sept 17: Team collate and input all the data into DIPC breach letters and forward these on behalf of DIPC to the designated staff each week. We also forward a weekly update to DIPC. This process is ongoing	Hill, David	29/09/2017	29/09/2017	
																Timescales for development of ancillary 'tablet'	Confirm timescales for development of Ancillary cleaning tablet with relevant service leads	Jan 18: 6 months using manual process for data capture and monitoring of deal clean schedule. Increased risk of continuing to use BC process and more challenged presented in analysis and reporting. To request formal discussion and update at ICT Programme Board. Oct 17: BAG - ICT Programme Committee are meeting 1st Nov	Zahran, Ola	18/12/2017		
Clinical Directorate																						
919	BLS training and competency	Medical	Medical - Operations	Dykes, Steven	Operational Risk	Clinical	10/02/2017	31/03/2018	IF there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.	Clinical audit of cardiac arrest incident reporting, serious incident investigation Four incidents reported	Lack of assurance of quality of training and subsequent competency assessment CS SIM sessions have commenced but will take 12 months to complete first cycle, risk likelihood to be reduced when this is completed (August 2018)	15	15	High Risk	5	Review of provision of BLS training	Review of how Basic Life Support and Defibrillation theory and practical training is delivered	Aug 17: A&E Ops stat/mand training has been reviewed and new package launched in July 2017. KLR BLS is in the Stat Mand day and we (myself and Simon Standen) are currently working with the Education Dept to refresh the way that BLS is delivered and assessed on this day. The stat and mand day runs on a 3 year cycle. Proposal for development of e-learning theory materials and other electronically available educational resources to support the practical hands-on delivery of BLS training. April 2017: review of A&E Operations face-to-face training TNA is underway. Once agreed, development of training materials will be undertaken.	Rowbottom, David	17/07/2017	31/07/2017	
																CS sim update to include BLS	CS sim (Simulation Training) updates delivered to include BLS training, awareness and requirement for assessing staff	Jan 18: AD Paramedic Practice paper to TEG with proposal for Ops abstraction for face-to-face annual resuscitation training Oct 17: CS are operational for 3 months, still undertaking supervisory shifts with NQP candidates. April 2017: CS updates from Q1 to ensure BLS is included. CS to be assessing staff on BLS. Monitor provision at CDDF Oct 17: 4 x VF arrest SL's with lessons learned. Ongoing monitoring of incidents and delivery of SI action plans.	LoweryRichardson, Kirsty	31/03/2018		
																Monitor incidents	Quality and Safety Team to monitor incidents and escalate to IRG	April 2017: Incidents investigated, SIs reported. Learning through IRG and SE&LL report.	Medlock, Tina	28/02/2018		
1079	Health Records processing delays	Medical	Medical - Operations	Crossley, Jacqui	Operational Risk	Capacity	08/02/2018	02/04/2018	IF capacity to manage records processing is inadequate THEN there will be a delay in getting access to patient records and a requirement to store PCRs RESULTING IN lack of availability of records for audit, data reporting, investigations, legal, and other reporting requirements	Use of light duties staff Cost control agreed for staff to undertake processing	Time to recruit staff Availability of light duties staff due to winter pressures and other operational requirements for same individuals	12	12	Moderate Risk	3	Capacity to manage records processing	Recruit staff to undertake records processing	7.2.18 Cost control approved to recruit staff to undertake processing - recruitment to commence	Crossley, Jacqui	02/04/2018		

Operations Directorate																					
931	Cardiac centre capacity to accept pPCI and protocol for divert	Operations	A&E Operations	Mark, Julian	Operational Risk	Clinical	13/04/2017	31/01/2018	IF there are no arrangements in place for where to take patients requiring pPCI when one cardiac centre reaches capacity THEN crews are required to telephone alternative centres RESULTING IN potential for delays in the patient receiving treatment and adverse outcome	Oversight of NASMeD and escalation to NHSE Incident reporting Internal and External breaches reported through Quality Governance reports - investigated Incidents to be discussed at Contract Boards	Agreed protocol between cardiac centres for acceptance and divert of patients. No arrangement in place between cardiac centres to accept patients	15	15	High Risk	S	Escalate to National Clinical Director Cardiac Care	YAS Executive Medical Director to correspond with National Clinical Director for Cardiac Care to highlight concerns	Sept 17: Exec Medical Director has raised issue at national level. July 17: Exec Medical Director has meeting with NHSI at end of September 2017 and will raise the issue again April 2017- concerns escalated	Mark, Julian	08/01/2018	30/09/2017
																Monitor incident reports and report breaches	Monitor incident reports for diverted pPCI and escalate to IRG where any delay in patient receiving treatment with adverse outcome Report breaches in internal and external quality governance reports	Dec 17: discussed at NASMeD - considered external reporting of breaches. Agreed discussion at contract boards, report breaches through internal and external quality governance reports. Oct 17: monitoring of incidents ongoing. Clinical Manager KD will investigate any incidents or near-misses July 17: No incidents reported in Q1	Medlock, Tina	30/04/2018	
																pPCI joint meeting arranged by NHSE	Joint meeting with Cardiac Centres to be arranged	Oct 17: (RAG) NHS England agreed to write to all cardiac centres to facilitate a joint meeting	Dykes, Steven	31/01/2018	
945	Event Commander Competency	Operations	A&E Operations	Ruud, Mark	Operational Risk	Training, Education & Compliance	15/05/2017	31/03/2018	IF an incident at a sporting event / mass gathering was ineffectively managed by a YAS appointed commander THEN there could be delays in treatment RESULTING IN failure to treat serious injury in a timely manner, potential increased loss of life and reputational damage.	A large volume of staff with basic command training. A group of staff exists with a large amount of experience at working in event control rooms. Action Cards and protocol document in place provides a structured approach. Post-event report which is scrutinised by Head of Events and learning lessons cascaded to commander group. Job description for commander role Ambulance / Medical Plans for each venue are reviewed annually and shared with partner agencies.	Inconsistency in level of training across those in commander roles. Training available not specifically targeted at events and mass gatherings scenarios where commanders are already present. Lack of assurance process for defining command competency and lack of assessment of individual against job description. Lack of a continuous assessment / re-validation or PDR process for this role.	12	12	Moderate Risk	6	Baseline of current Event Commander training	Produce a schedule detailing all those currently active in the tactical command role at sporting events & mass gatherings and the relevant training completed.	Completed and sent via email to Jackie Cole - Divisional Commander, South	Ruud, Mark	18/05/2017	18/05/2017
																RAG rating of events attended	Identify all the venues that YAS attend and supply a NHS Manager for the Event Control and simplistically assess the risk on a RAG level.	Completed and list emailed to Jackie Cole - Divisional Commander, South	Ruud, Mark	18/05/2017	18/05/2017
																Identify potential YAS Commanders interested in Event Commander role	Advertise an Expression of Interest (EOI) across the Trust to identify those YAS employees prepared to undertake the Command role and establish their baseline level of training relevant to this role.	Completed and list emailed to Jackie Cole - Divisional Commander, South	Ruud, Mark	18/05/2017	18/05/2017
																Produce a Job Description & Competency Profile for the Event Commander role	Produce a Job Description & Competency Profile for the Event Commander role and take this to the job evaluation panel for handling.	Completed Feb 2015 and all those undertaking already the role but under pre-existing JD's were moved onto the band 6 JD.	Ruud, Mark	18/05/2017	18/05/2017
																Review existing Event Commander JD to ensure at correct level	Review the existing JD & Competency Profile for the band 6 Event Commander role and determine if set at the correct level for the tactical command role that is supplied by the Trust at events and mass gatherings. Strengthen the JD and arrange for re-evaluation by the job evaluation team if necessary. Working with Mark Ruud to assess cost implications where necessary.	Jan 18: JD was reviewed in October (B6) and will require ongoing review to reflect any decisions on scope of the role. Initial meeting held on 11th May 2017 with MR, JR and JC to discuss existing processes and plan to provide assurance on commander competency in both event environment but also general ambulance activities.	Richardson, Jim	31/12/2017	31/10/2017
																Produce a training package for all Event Commanders to complete	Produce a basic training course in partnership with MR that will provide all those YAS staff undertaking a command role at events & mass gatherings the basic skills required.	Jan 18: to determine training requirements and funding. Need to consider who is leading this piece of work.	Richardson, Jim	31/03/2018	
																Consider training required by ambulance staff attending events	Consider training required by ambulance staff attending events so that they are confident and able to undertake functional roles in the event of a multi-casualty incident. Make recommendations and working with MR assess the requirements to provide any necessary training to the attending crews.	Jan 18: include command and tactical roles. To consider who will lead this work once agreed and funded.	Richardson, Jim	31/03/2018	
																Produce an audit process for demonstrating command competency	A process is required that is consistent and able to be used to assess and sign off competency of YAS Commanders in the command role. Also a pro-active process which identifies CPD activities required.	Jan 18: interdependent upon delivery of training and signing off of competency	Richardson, Jim	31/03/2018	

805	EOC Call Handling Performance	Operations	EOC (Emergency Operations Centres)	Shaw, Martin	Operational Risk	Patient harm	17/06/2016	07/05/2018	<p>IF EOC call handling performance does not achieve the national Ambulance Quality Indicator THEN patients are delayed in receiving the help they need and may abandon the call and redial RESULTING IN potential for adverse patient outcome and repeated calls into EOC</p>	<p>1. National AQIs for call answering performance (95% calls answered in 5 seconds) 2. Monitoring of call abandonment rate 3. process for call back of abandoned calls/matching duplicate calls 4. Front-end automated voice recordings for times of excessive demand and escalation 5. Review of all telephone lines coming into EOC - old lines closed 6. Amendment to clock start time on IFT lines (remove IVR from clock start) 7. Team Leaders listen into calls in real time to risk assess and make a decision on whether the call taker should clear the line to take another incoming call 8. Recruitment of two cohorts of EMDs to address vacancies, currently in training (Oct 16, Jan 17) 9. ARP 2.2 implemented, Amber calls split and monitoring of tail of performance 10. Weekly Quality and Safety monitoring report 11. EMD training planned 12 months in advance with recruitment days to manage attrition</p>	<p>1. vacancies in EOC - recruitment ongoing 2. Increasing demand 3. attrition / retention strategy 4. on-day management of abstractions 5. downtime caused by additional bolt-on processes 6. understanding the impact of clinical support processes</p>	16	16	High Risk	<p>Implement recommendations of paper</p> <p>Paper to TMG outlined recommendations to mitigate risk - develop action plan to implement.</p> <p>17.6.16 Immediate actions undertaken are detailed in controls - timer IFT lines - audit of incoming lines Auditors monitoring EMDs who stay on the line on Amber calls</p> <p>Operational Alert re-staying on the line Mar 18 on track filling vacancies Oct 17: recruitment planned 12 months in advance. Further work to ensure candidates are suitable and committed. June 17 - EOC Capacity Planning and Forecasting tools are driving training and recruitment programmes. Reviewed on a monthly basis. March 17 - reviewed but no further changes to prev actions</p> <p>Recruitment and training of EMDs</p> <p>Recruitment and training of EMDs</p> <p>Prompt identification of cardiac arrest</p> <p>Clinical Governance Group to consider proposal for AVR prioritisation of potential cardiac arrest</p> <p>22.8.16 Pre-CQDF- a further paper is going to Clinical Governance Group 25.8.16 to provide greater detail on actions previously proposed Sept 16: AVR prioritisation of potential cardiac arrest is not being taken forward. Sept 16: ARP 2.2 planning for implementation is ongoing. MIS provided new subcategories of amber and YAS BI have done projections based on previous activity to determine proportions.</p> <p>Urgent disconnect paper</p> <p>Agreement to urgent disconnect with specific AMPDS codes</p> <p>22.7.16 Paper to Exec Dir Operations and Exec Medical Director defining specific AMPDS codes where EMDs currently stay on the line but could disconnect. Process agreed</p> <p>Review forecasting of demand vs staffing</p> <p>Look at forecasting as even though staffing levels meet the requirement identified, the calls are still stacking excessively</p> <p>Nov 17: scheduling meeting continuing Oct 17: weekly scheduling meeting set up to look at staffing and actions required 5 weeks out June 17 - demand forecasting is now within 2.5% overall, AHT is under forecast due to recent changes but the extra buffer is being left in the forecast for now.</p> <p>Review EMD attrition</p> <p>Overall review of EOC EMD attrition rates and develop retention strategy</p> <p>Mar 18: options being reviewed to manage attrition Nov 17 - options being considered to manage attrition Oct 17 - leavers using EMD role as starting point to A&E Ops. To understand intentions at initial recruitment and consider getting commitment for minimum period in EOC June 17 - No further update March 17 - 10th February an expression of interest went out for relief Quality Auditor positions, these have now been filled. Work still to do on formalising team champion role with PD support but EOC Management Team agreed that this work needs to come later in the year. We have only had one person leave so far this year.</p> <p>Review on-day abstraction and meal breaks</p> <p>Undertake a review in EOC of real-time processes for managing on-day abstractions for 1:1's, PDR, training, audit feedback and meal breaks</p> <p>Mar 18: ongoing review of abstractions Oct 17 - to discuss proportionate breaks relevant to shift length. June 17 - ongoing, EOC and 999 Scheduling Manager has now started in post and supported will be sought from the specialists in this area to develop processes. March 17 - Meetings with staff side convenors are booked in so we can review meal break process. Martin agreed that whatever is applied to EMDs will also be applied to clinical hub. Discussions with Stef still ongoing due to dispatch being a different role. Stef may have to pick this up with Unison as a separate thing as they believe meal breaks for all EOC staff should be treated the same regardless of role. Discretionary break will stay but to be clear that it is discretionary.</p> <p>Review EMD bolt-on processes</p> <p>EMDs have a number of locally agreed processes, not part of automated Pro-QA to remember and implement (eg. recontacts, upgrading of specific calls)</p> <p>Mar 18: full review ongoing Oct 17 - constant review of bolt-on processes to reduce where possible. March 17 - The Ad Hoc Process document has been reformatted and sent out to EOC Management Team, no one had reviewed the document so requested the team read it by the time of the next mtg</p> <p>Review impact of clinical support roles</p> <p>To review the impact of clinical support roles on call handling performance</p> <p>Nov 17 - review complete. No floor walkers in place currently. Oct 17 - to review effectiveness of floor walker position and impact on call length/freing up of EMDs with Head of Clinical Hub June 17 - Frequent Caller Team Manager has produced paper on the impact of the floor walker roles in EOC. Needs SMT discussion with Medical Directorate input before a decision is made whether to permanently fill the role.</p> <p>EOC Rota Review</p> <p>Undertake a review of EOC rotas</p> <p>Oct 17 - EOC senior management team considering options. March 17 - Background information for FTE and roster requirements being completed by Capacity and Forecasting team, consultation will not start until July 2017</p> <p>EOC EMD Flexible Working Review</p> <p>Review current flexible working arrangements for EOC EMDs to improve EMD cover in areas where we struggle with call answer.</p> <p>Oct 17 - all flexible rota's were reviewed, increasing weekend working was a result. Action is complete June 17 - all flexible working requests are now assessed by the capacity planning and forecasting team, identifying an increase or decrease in schedule fit, SLA and budget impact and then an operational decision made to accept or reject</p> <p>Review Inbound Calls Average Handling Time</p> <p>Review average handling time of inbound calls</p> <p>Nov 17 - this review and monitoring is continuous Oct 17 - decisions made around urgent disconnect for specific codes. To re-review AHT in light of this. June 17 - Paper for CGG approved and implemented on the 2nd June 2017. AHT decreased by approx 30 seconds/call and had a positive effect on call answer. Patient harm to be monitored through formal channels and discussed at IRG if required</p> <p>AMPDS Quality audit</p> <p>Review AMPDS quality audit</p> <p>Nov 17: planning for review of AMPDS quality audit</p> <p>EOC restructure</p> <p>Undertake EOC restructure</p> <p>Nov 17: planning commenced</p>	McGuire, James	08/08/2016	08/08/2016	Colam Ainsworth, Will	07/05/2018	McGuire, James	17/10/2016	29/09/2016	McGuire, James	22/07/2016	22/07/2016	Leighton, Tracy	07/05/2018	Leighton, Tracy	07/05/2018	Leighton, Tracy	07/05/2018	Colam Ainsworth, Will	07/05/2018	Shaw, Martin	30/11/2017	21/11/2017	Archibald, Pauline	31/03/2018	Leighton, Tracy	31/08/2017	31/08/2017	Leighton, Tracy	31/01/2018	Colam Ainsworth, Will	12/02/2018	Archibald, Pauline	31/03/2018
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487	Delivery of Clinical Leadership Framework	Operations	A&E Operations	Millins, Mark	Operational Risk	Clinical	28/10/2014	31/01/2018	IF Clinical Supervisors are not supernumerary THEN they will be unable to fully deliver the Clinical Leadership Framework, support NQPs and complete PDPs RESULTING IN a workforce that is not supported to practice and develop	1) Staff have their own portfolios to keep up to date. 2) CS's have the flexibility to decide which staff need more support than others 3) Staff can request support from the CS's or training school if they feel they require assistance. 4) CS Clinical Leadership pilot Sept 16 5) CS rota's in place by summer 6) Was planned for CS's to join operational rota shifts through 3 month winter period	CS are taken off DCA supervision shifts to backfill operational rota and not supernumerary through winter pressures period - this was planned in. Support for Newly Qualified Paramedics Delivery of PDPs for paramedics progressing to B6	9	12	Moderate Risk	3	Review existing CS rotas to support implementation of CLF 1) Review existing rotas is ongoing/ Part of workforce/ORM 2) Recruitment to vacancies	10.05.16 New contract has been agreed that will eventually allow the CS teams to be supernumerary April 17: CS rota's to be implemented by summer Sept 17: CS's are supernumerary allowing delivery of CLF but will be pulled back into operational rota for winter pressures period. 15.12.15 still vacancies, Two cost controls to backfill have been rejected 11.01.16 CWK still have 2 x CS vacancies due to Air Ambulance secondments which have not been approved. A vacancy to cover Acting LM has been approved. 18.04.16 2 x CS secondments for CWK still not approved through cost control. 30.05.16 CS vacancies now approved to recruit to. Recruitment process in place 20.07.16 recruitment ongoing	Millins, Mark McSorley, John	30/08/2017 17/10/2016	30/09/2017 09/09/2016
66	Operational performance	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	07/11/2011	15/01/2018	IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	1. Intense monitoring process in place. 2. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs 3. Weekly patient safety review underway to determine harm caused from delayed responses. 4. Weekly Quality and Safety monitoring report 5. Ops Recovery Plan in place with actions underway to address performance issues. 6. Ongoing monitoring of demand profile against planned resource. 7. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare. 8. Overtime is being used to address vacancies 9. Use of Private Providers - this is being reduced 10. New rota's implemented from 1st April 2017	1. Inability to manage increase in demand at present time effectively with available resource. 2. A&E contract not reflective of actual and projected demand	20	20	High Risk	5	Operational Alert - Excessive Delayed Response Real Time Excessive Delayed Response Reporting ARP working group - phase 2 implementation Revise the weekly Quality and Safety Report to align to new response model ARP 2.2 Deliver A&E Ops recruitment line with Workforce Plan EMD and ED Ops visiting Acute Trusts to discuss handover Monitor Tail of Performance PTS support for weekend - South trial	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. Implement phase 2 of ARP Following the introduction of the ARP2 pilot, there is a need to refocus the information in the weekly quality and safety report to align it to the new response model. Established ARP working group is continuing to plan for implementation of ARP 2.2 Response subcategories provided by MIS (CAD supplier) Mapped to Amber data to project demand proportions RAG Oct 16: ARP 2.2 has been implemented. To monitor impact on Amber performance and EMD call pick up/handling times progress monitored in risk 85 Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover Visited York, Scarborough, Barnsley. (see risk 766) Jan 18: Tail of performance in Cat 2 and long lays in Cat 3&4. NASMED are raising this. Oct 17: (RAG) increased time in DMP. Daily ARP3 report, over 90th centile monitored, review of individual cases where indicated. Excessive response monitored in clinical hub. July 2017: increased tail of performance and variance in Cat 2&3 demand v/s performance and increased use of DMP. More efficient use of relief policy to increase cover at the weekend. No notable increase in serious incidents reported. Monitoring and projections continue Nov 17: trial launched October 2017, picking up low acuity IFTs. Monitoring performance for specific category of calls.	Frankowia k, Stefan Whitham, Carrie Sunley, Bob Batey, Nigel Whitham, Carrie Sunley, Bob Mark, Julian McSorley, John Cole, Jackie	01/08/2015 12/10/2015 03/10/2016 01/08/2016 28/11/2016 19/12/2016 31/03/2017 15/01/2018 22/01/2018	01/08/2015 12/10/2015 10/10/2016 03/08/2016 31/10/2016 08/03/2017 31/03/2017
1018	MYHT reconfiguration - A&E Ops mobilisation	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Clinical	22/08/2017	30/03/2018	IF funding is not secured to allow YAS to continue to resource rota's to address the requirements of the Mid Yorkshire Hospitals reconfiguration THEN there will be an impact on performance, increased inter-facility transfers RESULTING IN potential for delays in patient care and adverse patient outcome	Agreement from TEG to fund additional posts - Use of Private Provider SIA Use of one PTS vehicle run from EOC Monitoring of IFTs has shown number of journeys as expected LAT desk in place for low acuity transport	Recurrent funding not agreed - funded to end of March 2018 LAT desk in place until end of March 18	20	20	High Risk	4	Ongoing funding discussions Requirement to utilise private provider	Continue urgent discussions with commissioners to secure funding commitment to enable rapid deployment and recurrent funding for ongoing impact Requirement to utilise private provider resource Oct 17: utilising SIA x 3 and 1 x YAS PTS vehicle run from EOC. This is covering the activity projected. Sept 17: engagement of private provider to deliver additional activity requirements resultant from Mid Yorks reconfiguration	Bradley, Mark Ali, Tasnim	31/08/2017 31/03/2018	29/09/2017
1034	Calderdale Huddersfield Reconfiguration - centralising Frail Elderly and Cardiorespiratory	Operations	A&E Operations	Mobbs, Leaf	Operational Risk	Patient harm	10/10/2017	29/01/2018	IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets	Known will affect conveyance for Frail Elderly and cardiorespiratory Carepathways in place Monitoring of extended journey times and IFTs	CHFT no clear definition of 'frail elderly' and CHFT modelling had been based on age of patient Current Private Provider (SIA) used in response to other external service changes is unable to resource additional rota for YAS	20	20	High Risk	4	Audit of PCRs Work through clinical pathways with CHFT	Audit of PCRs to establish under the new arrangement where the patient would have been conveyed to Jan 18: Frailty pathway reported to be working well. Nov 17: developing and modelling pathways to define resource requirements. Concerns with delivery of required resource. Potential risks of 1) taking patient to wrong hospital, 2) operational performance impact due to incorrect modelling and resource	Crossley, Jacqui Crossley, Jacqui	27/11/2017 29/01/2018	
1053	EOC Healthdesk calls priority and capacity	Operations	EOC (Emergency Operations Centres)	Strickland, Annette	Operational Risk	Patient Experience	13/12/2017	29/01/2018	IF there is inadequate capacity within the Healthdesk Team THEN there may be delays to answering calls to the healthdesk from crews and patients RESULTING IN complaints and poor patient experience	Procedures in place to manage different types of call: a) Referrals for Safeguarding, b) District Nurse services SPOC for East Riding, North Yorkshire, Rotherham c) Other types of referral incl falls. Resilience as other staff roles in EOC have been trained to manage Healthdesk calls Can alter telephone answer priority to present different types of call first Patient Relations - complaints process to identify issues	Healthdesk not currently staffed at full time hours capacity Vulnerable patients requiring District Nurse services (catheter management, palliative interventions) are reporting lengthy delays in their calls being answered	12	12	Moderate Risk	3	Consider prioritisation of type of call Review numbers and types of complaints Appoint to Healthdesk roles Train for additional resilience Review the contract for provision of service	Nov 17: discussions with Safeguarding Team regarding priority given to this type of call and resultant impact on patient calls for District Nurse services Nov 17: Plan to work with Patient Relations and Datix team to review patient complaints and identify any incidents reported by crews to identify issues, themes and trends Dec 17: Appointment of some staff to vacant roles will help with capacity, still not up to full time hours capacity. Plan to utilise apprentices to address gap. Nov 17: Eleven additional staff have been trained to provide additional resilience to the Healthdesk Dec 17: Contracting working with Head of Clinical Hub to review contract KPIs	Strickland, Annette Strickland, Annette Strickland, Annette Ladd, Brian	29/01/2018 29/01/2018 30/11/2017 30/11/2017 15/01/2018	13/12/2017 30/11/2017 30/11/2017

1056	Measles outbreak - potential impact on staffing and operational delivery	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Performance	12/12/2017	05/02/2018	IF non-immunised YAS staff are exposed to measles THEN they it will be necessary to remove them from operational duty RESULTING IN impact on rostering and operational delivery	PHE confirmation of cases and contact tracing IPC Nurse liaison with PHE PAM project to review immunisation status for existing staff Delivery of vaccine where indicated Clear procedure to follow where suspected and confirmed measles cases written by IPC nurse and implemented in Ops Directorate	Cases where individuals are found not to be immune – getting these staff vaccinated Cases where individuals refuse vaccination	16	12	Moderate Risk	4	Clinical Alert for measles outbreak	Prepare and distribute alert around measles outbreak and advice	Dec 17: repeated message in Staff Update Nov 17: Clinical Alert sent includes importance of MMR vaccine and symptoms to look out for.	Ashby, Clare	30/11/2017	12/12/2017
																PAM reconciliation of immunity status	Reconciliation of records and identification of at risk staff	Nov 17: audit of records is ongoing with recall of staff where indicated. List of staff provided to Leeds area.	Hartshorne, Suzanne	31/08/2018	
																Immunisation of unprotected staff	Arrange for immunisation of unprotected staff	Dec 17: staff are being recalled by PAM where found to be not immunised – prioritising Leeds area	Ashby, Clare	31/01/2018	
																SOP for measles identification and exclusion	Develop SOP to confirm the process for measles identification and exclusion	Dec 17: Complete	Ashby, Clare	13/12/2017	13/12/2017
																GSM/LMs to follow up staff who require MMR	LMs to follow up staff to ensure they have their MMR vaccine if recalled	Dec 17: PAM OH are having difficulty contacting some staff. LM's have a list of staff where record of immunisation status is unclear and will support PAM OH by chasing up these individuals.	Lindsay, Claire	08/01/2018	
																Cascade of SOP	Cascade of SOP to West LMs and GSMs in other CBUs		Lindsay, Claire	20/12/2017	13/12/2017
																Implement SOP	Ensure compliance to SOP in A&E Ops for exclusion of staff from rota where measles contact is confirmed	Jan 18: IPC Nurse advising on suspected and confirmed cases and management of contact Dec 17: SOP completed (13.12.17) A&E Ops to cascade, implement and monitor compliance	Segasby, Stephen	26/02/2018	
1035	Allocation of CPAD from CAD	Operations	Resilience and Special Services	Stevens, Paul	Operational Risk	Patient harm	29/09/2017	09/04/2018	IF a previously allocated CPAD device is not reactivated following use THEN it will no longer show in CAD RESULTING IN failure to allocate to an incident and delay to patient intervention	Baseline audit of CPADs and status on CAD off/on - September 2017	audit trail of notification to EOC to reactivate the device on CAD	15	15	High Risk	5	Procedure for management of CPADS	Agree and document a procedure between Community Resilience and EOC for re-activation of CPAD following use	Sept 17: development of procedure ongoing 24 Oct 17 : Procedure Approved by EOC Clinical Governance Group	Marsay, Neil	30/11/2017	26/10/2017
																CFR as CPAD guardian	Encourage CFRs to become the 'guardian' of the CPAD in their area		Stevens, Paul	26/03/2018	
																Appoint a Community Defib Coordinator	Appoint a Community Defib Coordinator who's role will be to monitor use and activation	Sept 17: role banded and through vacancy panel	Stevens, Paul	09/04/2018	
																Create audit trail of requests for switch on/off of CPAD on CAD	All requests for activation/deactivation of CPADs on CAD should be done in writing (rather than verbally)	Sept 17: currently done by email into EOC Duty Manager inbox. Ongoing development of process may change the end recipient in EOC.	Frampton, Kiri	31/10/2017	16/10/2017
																Monitoring of allocated CPADs for reactivation	Work with Bi to report CPADs that are allocated on CAD to support re-activation process	Jan 18: report being produced of CPADs that are switched off to allow for checking, restocking and re-activation.	Stevens, Paul	28/02/2018	
																Incidents and complaints	Investigate and respond to the complaint	Sept 17: Head of Community Resilience working with Patient Relations Team to conclude investigation and respond to complainant (bystander who was not given code for a defib as it was not active on CAD)	Stevens, Paul	31/10/2017	04/10/2017
1006	A&E Ops Recruitment Trajectory	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Capacity	01/08/2017	30/03/2018	IF recruitment does not achieve trajectory and we are unable to utilise overtime THEN YAS will have a mismatch of resources versus demand RESULTING IN impact on response times	Promoting use of overtime Better utilisation of relief policy to improve weekend cover Additional ECA recruitment (36) to reduce reliance on overtime Focus on locality specific issues Working with Resource on capacity planning, incl attrition	Cannot predict overtime uptake Staff are less likely to pick up overtime at weekends Overtime is non-contractual so can be cancelled Plan for retention and retention strategy	12	12	Moderate Risk	3	Recruitment	Progress recruitment	Jan 18: Further ECA recruitment event at end of January 18, over 120 applicants. Aug 17: Further adverts out for Paramedics and ECAs	Segasby, Stephen	30/03/2018	
987	Frequent Caller Management	Operations	EOC (Emergency Operations Centres)	Strickland, Annette	Operational Risk	Capacity	06/06/2017	06/03/2018	IF we do not have sufficient capacity and expertise to respond to escalation of frequent caller management when the Police cease to support YAS with Antisocial Behaviour Contracts (ABCs) or Civil Behaviour Order (CBO)prosecution THEN we will not be able to establish ABCs or pursue prosecutions RESULTING IN continued and unmanaged frequent caller demand	Frequent Caller Team Managed caseload processes in place for FCCO Individual care plans where indicated Able to identify frequent callers at trigger points	Joined up working at Stage 1 where callers jump between 999 and 111 Police services are restructuring and their re-focus means they will cease to support or contribute to ABC's or CBOs where there is no significant impact on Police resources from the patients behaviour	12	12	Moderate Risk	3	Identification and upskilling of clinician to support ABCs and CBOs	Identification and upskilling of Band 6 clinician in EOC to support stage 4 of the Frequent Caller Process (ABC's and CBO's)	Marh 18: FCCO trained and now qualified to ASMS - propose risk to be closed through next governance cycle Nov 17: candidate selected for ASMS training and has commenced the training programme Oct 17: Expressions of interest in EOC for individual to upskill to be able to manage Frequent Caller stage 4 process. Individual identified and training to be arranged. June 17: consideration of LSMS training for this clinician to provide additional subject matter expertise to support management and sanctions for frequent callers	Strickland, Annette	18/12/2017	06/03/2018

731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Gott, Jeff	Operational Risk	Health and safety	26/10/2015	25/06/2018	If the Trust continues to operate the Mercedes van conversion ambulances without modification 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	Stop put on all further purchases of the Mercedes van conversion Reconfiguration of rear doors and tail lift has been trialled and agreed Capital to deliver modifications 5k per vehicle Plan in place to deliver modifications, timescales set out and being monitored	Vehicles going through modification process present a risk until works completed	12	12	Moderate Risk	3	Gaining user feedback	Fiat Ducato demonstrator vehicle to tour YAS to gain user feedback during October 2015	Schedule of visits for demonstrator van across YAS is completed	Gott, Jeff	31/10/2015	02/11/2015
																Final design agreed	Risk assessment and user feedback to be reviewed at an extraordinary vehicle and equipment procurement group on 2nd November 2015 to agree final design	Feedback has been gathered and amendments agreed to vehicle specification. Procurement plan reviewed in TEG and agreed in December F&IC and Boards	Gott, Jeff	02/11/2015	02/11/2015
																Re-distribution of Mercedes van conversion ambulances	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.	Discussed at WEPG on 13th October. Discussed at RAG in March 2016. JG informed the meeting that this was ongoing and re-distribution attempted at two vehicles per station, but some seem to deviate back. There are two stations with more than two. Most stations have accepted them for what they are and await the new Fiats, but South have significant issues. JG would produce a fleet list to ensure there is not an overload at more sites than others Discussed at June Health and Safety Committee. JG reported that the re-distribution was not working as vehicles were constantly being moved around due to VOR, servicing and repair etc. SP asked that the re-distribution continue as much as possible. <i>Redistribution is an ongoing process where vehicles drift</i>	Gott, Jeff	19/09/2016	19/09/2016
																Reduction in lifespan of Mercedes van conversion ambulances	Head of Fleet to investigate possibility of reducing the lifespan of the 80 Mercedes van conversion ambulances	Issues discussed at vehicle and equipment procurement group on 13th October 2015. No further progress made with this but still a possible option. Will be managed as part of wider fleet age profiling. RAG July 16 - Life cycle reviewed in capital plan, and remains at 7 years with options to modify and/or redistribute some vehicles	Gott, Jeff	20/02/2017	19/01/2017
																Evaluate if Events can take some of the Mercedes vehicles	Evaluate if Events can take some of the Mercedes vehicles from A&E Operations	Aug 16: Events have proposed that they can take some vehicles as replacements for their fleet - Head of Events to work with Head of Fleet to progress Nov 16: This plan wouldn't be viable unless there Trust had additional monies to backfill. We will struggle to keep within age profile with the Capital available to us.	Ruud, Mark	28/11/2016	21/11/2016
																Modifications of Mercedes Vans	Determine and implement modifications to Mercedes vehicles	Jan 18: Some slippage in delivery of plan by provider but getting back on track, stringent monitoring of delivery by Fleet Team. Sept 17: Report to H&S Committee Aug 17 with plan for sprinter door modifications, with timeline for completion through to end of 18/19 @ 6 per mth. Tail lift frame works ongoing. March 17: 10 to be completed in year 16/17, full 106 to be completed in next financial year, capital is allocated. Jan 17: 5 vehicles are completed, a further 10 to be modified this financial year. 112 to do next year at a rate of approx. 10/week, estimated to take 4-6 months in total. Nov 16: modifications of tail lift/ramp/seating are ongoing	Gott, Jeff	25/06/2018	
																Evaluate if Learning & Development can take some vehicles	Learning & Development to consider if they can take vehicles for driver training	30.9.16 - post-RAG TL discussed with Risk Manager possibility of taking 6 Mercedes for driver training, meaning it would not be necessary to modify tail lift and doors - saving 5k/vehicle TL to discuss in Workforce & OD Directorate and report to Head of Fleet, Exec Dir QGPA and Exec Dir Finance. Nov 16 This plan wouldn't be viable unless there Trust had additional monies to backfill. We will struggle to keep within age profile with the Capital available to us. Require additional modification to be suitable for driver training	Launchbury, Tracy	07/11/2016	21/11/2016
766	Hospital Handover monitoring	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	01/04/2015	30/03/2018	If there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	1. Daily turnaround reports, include handover and YAS turnaround 2. weekly updates 3. Liaison with local hospitals, Chief Officers, to help manage turnaround times 4. HOps update LMs weekly 5. Liaison with commissioners via CMB and CBU meetings 6. Real-time escalation and HALO role 7. On call teams and escalation plans to maintain safe service delivery reviewed and in place and action plans in place via ROC 8. Positive reinforcement to crews with good turnaround (3 month project West) 9. Resilience support vehicle to be utilised at direction of on call Gold Commander / ROC 10. daily conference call 11. Learning from serious incident investigation 12. Self-Handover 13. South RAT base themselves at an ED between jobs where possible	1. Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues outwith YAS control 2. Impacts on shift handover, CS availability and on the 11 hour rule 3. consistency of booking-in arrangements at EDs	16	16	High Risk	4	Collaborative Turnaround Meetings	Collaborative Turnaround meetings with acute trusts and commissioners Monitoring and reporting of turnaround times	CQDF 28.7.16 Collaborative meetings have not been held	Macklin, David	22/08/2016	28/07/2016
																Handover in Turnaround Agreement and declaring SI	Monitor excessive handover and report to acute trusts / commissioners, and in accordance with Turnaround Agreement request consideration of SI status	Monitoring and reporting of turnaround to commissioners. SI declared by YAS for delayed response with adverse patient outcome will include handover analysis to establish if correlation with performance. Report of SI has been submitted to commissioners for review - further actions to be agreed following this Sept 16: SI has been delogged from YAS numbers. Region-wide workshop held, followed by meetings to agree and implement action plan Nov 17: Further visit (to Bradford).	Page, Steve	28/11/2016	11/10/2016
																Visits to hospital trusts to discuss turnaround	Undertake visits to identified hospital trusts to discuss turnaround issues	Oct 17: a number of visits conducted across the YAS region. Handover Group established which includes commissioners, Director of Operations, hospital trusts. March 17: Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Mark, Julian	29/01/2018	20/11/2017
																ECIST workshop	ECIST workshop to be held	22.8.16 a 'turnaround' workshop has been held by NHS Improvement to identify solutions and agree action RAG 29.9.16 report from workshop is due out imminently	Sunley, Bob	26/08/2016	22/08/2016
																Implement Scarborough Protocol	Implement Scarborough Protocol and monitor impact	Jan 18: Scarborough to York and York to Harrogate divert in place with arrangements being managed through conference calls with YAS/acute trusts. Oct 17: Monthly review in place with YDH/Scar Trust, with an agreed escalation plan in place. Aug 17: Specific handover SOP for SDGH has been developed. The clinical team at SGH are happy with as are YAS. Agreement is required at SGH Executive level.	Millins, Mark	30/03/2018	
																Clock start clarification and BI analysis	Confirm clock start and agree BI analysis times	Oct 17: RAG - clarification is required of clock-start time. There have been reports from some crews that some trusts are not allowing them to book in until ready for handover. Senior Ops managers asked to confirm where this is occurring so this can be investigated further. BI will undertake some analysis from time of arrival to time of notify, by hospital site. CQC have written to some hospital trusts about 'clock start'	Wood, Phillipa	29/01/2018	
																Handover Task & Finish Group	YAS Handover Task and Finish Group established	Jan 18: YAS internal Task and Finish Group established.	Batey, Nigel	30/03/2018	
1051	Immunity screening and vaccination and health surveillance	Workforce and OD	Human Resources	Houghton, Helen	Operational Risk	Infection, Prevention & Control	12/10/2017	31/01/2018	IF YAS staff are not comprehensively screened and immunised by OH THEN they may contract and spread infectious diseases RESULTING IN potential harm to staff and patients	PAM project to review all immunisation status for existing staff Delivery of vaccine where indicated Contact tracing in known cases of measles	Existing staff are being found to be not immune and not vaccinated Some cases where staff may refuse the vaccine	12	12	Moderate Risk	4	Clinical Alert for measles outbreak	Send out clinical alert regarding measles outbreak and importance of MMR vaccine	Nov 17 Complete	Ashby, Clare	30/11/2017	30/11/2017
																PAM reconciliation of immunisation	PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required	Nov 17: audit is ongoing with recalls where indicated. Prioritising Leeds area where there is a current measles outbreak.	Houghton, Helen	28/09/2018	
																Review of Occupational Health contract	Review of Occupational Health contract provision	Nov 17: Health and Wellbeing Lead joined the Trust to review the OH contract.	Houghton, Helen	28/09/2018	

Workforce and Organisational Development Directorate

950	Health and Wellbeing CQUIN	Workforce and OD	Human Resources	Angus, Karen	Strategic Risk	Financial	02/05/2017	28/02/2018	IF there is inadequate knowledge and resource to manage CQUIN delivery THEN the Trust may fail to achieve the Health and Wellbeing CQUIN RESULTING IN financial penalties and potential impact on the outcome of future tenders	2nd year of 2 year CQUIN mechanisms in place to track trajectory but currently behind Quality Committee oversight and reporting CQUIN delivery group meeting Flu plan 17/18 in place and being delivered monitored weekly by TEG	One vacant roles leading the Health and Wellbeing CQUIN - starts 11th Dec 17 Capacity and knowledge to lead the PAM contract re-negotiation	12	12	Moderate Risk	4	Flu plan and delivery	Develop and deliver Flu plan	Jan 18: Flu vaccination final figure is 65.3% uptake, positive improvement on previous years. Dec 2017: 62.8% uptake. Await final forms for count. Nov 2017: Flu vaccination uptake 50% of Trust @week 5 of a 14 week campaign. Aug 17: weekly flu meeting in place, project manager starts 7 Aug. High street vouchers approved and going through Procurement process. Engagement with Comms and BI.	Angus, Karen	28/02/2018	
																Health and Wellbeing Plan	develop Health and Wellbeing Plan 18/19 - sits under workforce strategy	Jan 18: Paper for new model to TEG 22.1.18 Nov 17: going to board in February 18 May 17: TEG - H&WB paper 70K: MINDS/MH first aid training for CS's, Body: MSK and Lifestyle. Flu vaccination purchase, station vaccines and Flu steering group.	Houghton, Helen	28/02/2018	
																PAM Contract re-negotiation	PAM Contract re-negotiation (current contract ends September 2018)	Jan 18: Paper to TEG in February to update progress. Aug 17: Head of OH recruited 2 days/wk to set up contract	Angus, Karen	31/01/2018	
																Recruit to Health & Wellbeing posts	Recruit to Health and Wellbeing Posts	Nov 17: H&WB advisor in post. H&WB Lead starts Dec 17. Occupational Health contract lead started end of Sept 17	Hartshorne, Suzanne	25/09/2017	07/11/2017
																Restructure - Workforce directorate	Agree and implement Workforce Directorate restructure	Nov 17: restructure complete. recruiting to vacancies. Aug 17: continuing consultation with staff	Hartshorne, Suzanne	30/11/2017	07/11/2017
																Staff Survey action plan	Deliver action plan arising from Staff Survey	Jan 18: Paper to TEG in February Nov 17: staff survey ongoing, results due by end of Feb 2018	Houghton, Helen	31/08/2018	
951	UKVI Right To Work employment checks	Workforce and OD	Human Resources	Robinson, Rebecca	Strategic Risk	Regulatory compliance	02/05/2017	29/06/2018	IF YAS do not have processes in place to monitor UKVI (UK Visa & Immigration) posts THEN the Trust will not maintain the required evidence of employees Right To Work in the UK RESULTING IN potential for financial penalties from employing individuals who have no right to work	UKVI Right to Work is part of recruitment processes for prospective employees Internal Audit of Recruitment and checks - significant assurance.	Assurance of data quality of ESR data for historic recruitment	12	12	Moderate Risk	3	ESR Manager	Recruit / train ESR manager	Jan 18: commences in post mid-January. Nov 17: post out to advert for recruitment. Aug 17: This will need to await for agreement to the new HR structure	Robinson, Rebecca	31/01/2018	02/01/2018
																post-employment checks in policy	Recruitment policy - post-employment Right To Work checks	Recruitment policy in place which includes post-employment checks required.	Robinson, Rebecca	07/08/2017	07/11/2017
																Audit and verification historic recruitment	Plan for an audit and verification of Right To Work in historic recruitment	Jan 18: HR Governance Manager to lead this work in Q1 18/19.	Robinson, Rebecca	29/06/2018	
1048	Paramedics band 6 upskill training	Workforce and OD	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Financial	21/11/2017	28/02/2018	IF the paramedic band 6 Job Description skills requirement upskill training plan is not in place for those paramedics that qualified pre-2008 (or have not done the IHCD module J or equivalent) by April 2018 THEN YAS will not meet the development planning requirement from NHSI RESULTING IN potential for the £1.54M funding attached not being released to the Trust	Self-assessment tool is developed Training plan to upskill workforce who don't meet band 6 requirement is in place, it is currently based on maximum possible numbers of staff requiring training (200) Costed delivery of required training based on maximum numbers is >300k Clinicians who qualified post-2008 have completed IHCD Module J or equivalent	Until self-assessment is completed the number of staff who will require training is unclear; presently basing planning and cost on maximum number	12	12	Moderate Risk	4	Develop and implement self-assessment	Develop and implement self assessment to establish numbers requiring upskill training	Jan 18: (RAG 18/1) 38% response rate to survey. Rebanding steering group established. Jan 18: self assessment tool launched - online survey. All paramedics to complete this. Identification of gap group by end of January 2018 in line with NHSI/NHSE milestones for delivery Nov 17: self assessment tool is developed	Madsen, Claus	28/02/2018	
																Training plan	Put in place a plan for training and deliver through 2018/19 and 2019/20	Nov 17: Training plan is developed, currently based on potential maximum numbers requiring upskilling. This number will change as the self-assessment is completed and determines actual numbers. NHSI deadline for completion of all training is 01 April 2020.	Madsen, Claus	01/04/2018	
861	Delivery of Stat Mand Training	Workforce and OD	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Training, Education & Compliance	15/11/2016	31/01/2018	IF YAS is not compliant with delivery of statutory and mandatory training requirements THEN there will be skill and knowledge gaps amongst staff RESULTING IN potential for compromised staff and patient safety and heightened scrutiny of external regulatory bodies	1. Corporate Induction 2. Local Induction 3. Mandatory training workbook and face-to-face refresher training 4. Workforce compliancy dashboard for monitoring 5. Training Needs Analysis for A&E Operations 6. 2-day abstraction for A&E Operations agreed by TEG from April 17, to be implemented from 1st July 17. 7. Training restructure completed and recruitment ongoing	1. Face-to-face training does not cover all required areas of compliance 2. Training Needs Analysis for rest of workforce, excluding A&E Ops 3. Some subject matter not currently included in training; Safeguarding Adult Level 2, Clinically Related Challenging Behaviour 4. Some training does not fulfil minimum national requirements and reflect evidence base 5. financial resources to deliver the training	12	12	Moderate Risk	3	Paper to TEG on A&E Ops abstraction requirement	Paper to TEG to outline requirement for abstraction for A&E Operations to cover statutory and mandatory training requirement	May 17: 2 day abstraction agreed by TEG. Training and Development team working with subject matter experts to agree course content and learner outcomes. Framework/structure for the days has been agreed by working group - to obtain TEG sign off. Abstraction will commence from 1st July 2017. Feb 17: work to develop A&E Ops face-to-face TNA is ongoing Jan 17: round of informative conversations with Directors prior to TEG paper. TNA completed across the Trust for mandatory training. Proposal for A&E Ops 2 day abstraction to incorporate national guidance (Safeguarding, Conflict Resolution Training). Regardless of method of delivery, we would still have to abstract the hours.	Launchbury, Tracy	26/06/2017	12/06/2017
																Develop TNA and training for PTS and deliver	To develop a statutory and mandatory training needs analysis for Patient Transport Service Develop and deliver the programme	Nov 17: TNA in place, programme developed, to launch late Nov 17 June 17 RAG: Working on PTS face to face TNA with subject matter experts May 17: PTS operational (road) staff, face-to-face TNA outputs for assurance paper going to TEG in June 17. Dec 16: Training planning meeting being arranged with Chris Dexter and Claus Madsen for the new year. PTS have identified requirement for moving and handling training as priority training in addition to mandatory TNA PTS are already abstracted for 2 days every 3 years	Launchbury, Tracy	25/09/2017	21/11/2017
																Develop TNA for EOC, PTS Comms, NHS111	Develop TNA for EOC, PTS comms and NHS111	Jan 18: paper going to TMG this month outlining recommended abstraction for these staff groups	Launchbury, Tracy	28/02/2018	
																Support staff TNA	Develop TNA for support staff (incl ancillary, administration, corporate fleet)	Nov 17: development of TNA for support staff is ongoing	Launchbury, Tracy	31/01/2018	
																TNA for Volunteers and sub-contractors	Develop TNA for patient-facing volunteers and sub-contractors CFRs and VCS, Taxi's	Nov 17: development of TNA for this group is ongoing	Launchbury, Tracy	31/01/2018	
																Review non-classroom Stat / Mand topics	Review training provision for statutory and mandatory topics with training requirements which are non-classroom based	Nov 17: this is ongoing as part of development of relevant programmes	Launchbury, Tracy	31/01/2018	
																Bank staff TNA	Develop bank staff TNA (includes secondary assignments)	Nov 17: development of TNA for this group is ongoing	Launchbury, Tracy	31/01/2018	
																Recording and reporting compliance	Recording and reporting requirements for statutory and mandatory training compliance (Learning Management System LMS)	Dec 17: Testing the market, then will write the specification. Nov 17: Learning Management System procurement is progressing, specification being determined.	Launchbury, Tracy	02/04/2018	

Planned and Urgent Care Directorate																					
58	Clinical Staff Recruitment and retention - NHS 111	Planned and Urgent Care	NHS 111	Townend, Keeley	Operational Risk	Clinical	06/08/2013	30/03/2018	IF NHS 111 are unable to recruit and retain Clinical Advisors due to poor responses to advertisements and poor retention rates THEN there is a potential risk to delivery of the workforce plan resulting in not being able to provide clinical advice in appropriate timescales.	1. Continuous recruitment drives with formal action plan agreed 2. OPM monthly meeting to sign off clinical resources again patient demand 3. Employing agency staff 4. dedicated 111 person assisting with recruitment 5. Advertise as Band 6 role only 6. increased advertising 7. Homeworking 8. Trust Clinical Recruitment project	1. Inability to recruit to evenings and weekend rota slots. 2. unable to fill gaps in rotas with agency staff 3. New cap on agency spending	12	12	Moderate Risk	6	Additional recruitment processes	Funding now available from winter monies so an additional effort to recruit staff by wider adverts, working with GP OOH providers to provide additional clinical resource. Home working to encourage clinical staff to work shorter hours at critical times	Discussions with GP OOH providers held and positive Homeworking - technical testing going ahead. additional recruitment advertisements have proved successful in recruiting clinical staff. continues to be a risk and monitoring of next round is on going	Cooper, Karen	12/12/2014	18/09/2014
															3 Clinical Advisor recruitment	Multi-factoral approach to clinical advisor recruitment in NHS111	July 16: Raised all CA recruitment to band 6, Offering homeworking Undertaking joint clinical recruitment with the clinical hub Planning to recruit 8 Urgent and Emergency Care Nurses into 2 year training posts to increase & attract future clinicians into YAS Offering greater flexibility on rota patterns Continue multi disciplinary clinical team approach with floorwalkers/specialist clinicians improving access to band 6 roles with additional training options Working with NHS Pathways to develop other training methods and 'expert clinician' modules Utilisation of wider YAS Clinical pool Undertaking joint clinical recruitment with the clinical hub Partnership working with Urgent Care regional providers Nov 16: NHS 111 service continues to work closely with the Clinical Advisory Service (Vanguard programme) given the potential for this to impact upon clinical KPIs Formal clinical recruitment plan developed with HR in place. Recruitment drive underway - adverts currently out and commissioners asked to circulate adverts throughout their networks. Social media campaign scheduled to coincide with the airing of the London Ambulance TV programme on 11th October has also been used with tweets and facebook posts released to raise awareness of job opportunities. Roles and opportunities to be promoted at the Nursing Times Conference in Leeds on 15th October and the RCN Conference in November. February 17 recruitment through traditional methods has not been fruitful. Challenge workshop held in January 17 and recommendation to TEG in Feb 17	Leese, Mark	25/09/2017	14/07/2017	
															1. Funding from 999	Funding from 999 for senior floor walkers and specialist resources for early clinical intervention.	Reviewed on a monthly basis at 111 finance meeting. Budget agreed for 2017 /18	Littlewood-Prince, Michela	31/12/2016	04/05/2017	
															2 Homeworking	Homeworking to encourage clinical staff to work shorter hours at critical times	NHS 111 have a number of homeworkers which are rota'd at busy times Nov 16: Homeworking project is progressing April 17: homeworking is being utilised.	Littlewood-Prince, Michela	29/05/2017	04/05/2017	
															4. Nurse Internship	To develop Nurse Internship at Band 5 posts to rotate between NHS111, EOC and frontline	RAG Sept 16: intention to develop nurse internship model Karen Warner is leading on this project Interns started 15.05.17 and are here for 6 months	Littlewood-Prince, Michela	30/01/2017	16/05/2017	
															Clinical Challenge Workshop	Workshop to look at new ideas to support recruitment and retention of clinical staff	The workshop has been held and action plan is being developed	Leese, Mark	31/03/2017	08/02/2017	
															111/LCD Governance Group monitor trajectory	NHS111 and LCD Governance Group monitor clinical staff recruitment trajectory	Jan 18: paper to Recruitment Group on benefits realisation of modular training which will deliver in 18/19 (YAS and South Central AS are piloting modular training, working in conjunction with Health Education England and NHSE). Oct 17: Offering modular training to help with recruitment recruitment and retention is stable trajectory still on track. continue to monitor closely	Townend, Keeley	31/03/2018		
															Clinical Recruitment Project	Progress clinical recruitment project	Oct 17: progression of dental nurse recruitment is ongoing. Developing a career package to support retention.	Walker, Nicola	08/01/2018		
840	Call Handler recruitment NHS111	Planned and Urgent Care	NHS 111	Leese, Mark	Operational Risk	Capacity	23/08/2016	15/01/2018	If NHS111 is unable to recruit call handling staff in a timely manner THEN the service will be unable to maintain required service level RESULTING IN calls not being answered within contracted KPI's	Annual business plan, Capacity plan Agreement by HR to bring people in on a conditional offer Over recruited to meet capacity plan fortnightly resource meeting Oct 17 Now offering fixed term as alternative to flexible agency resource	Unable to control candidates withdrawing from recruitment process. unable to recruit from agency. Gap in control now closed	9	12	Moderate Risk	3	1 Recruit to capacity plan and budget	Ensure to recruit to capacity plan and budget	Winter recruitment on track to recruit 180 call handlers during September/October/November 2016 Easter planning underway, currently agreeing next years contract and next years capacity plan.	Leese, Mark	29/12/2017	14/07/2017
															2 Recruitment events	Recruitment events to achieve required numbers to progress	Dates in July/August and September 2016	Roberts, Karen	15/11/2016	14/12/2016	
															3 HR Meetings	Meetings with HR/Recruitment to manage required numbers	Meet HR Business Partner to agreed issues with DBS/References Agreed with HR that people can be brought in a conditional offer Oct 17 vacancy panel agreed 22fte call handlers and 8 fte Dental nurses to be recruited via agency	Roberts, Karen	16/11/2016	14/12/2016	
															Recruit to capacity plan and budget	Ensure to recruit to capacity plan and budget 2017 / 18	Winter recruitment on track to recruit call handlers during September October 2017 Final recruitment / selection event 15 November 2017	Leese, Mark	29/12/2017	12/12/2017	
															permanent contract offer	To offer permanent contracts to the October intake to secure higher numbers of recruits	Nov 17: 36 out of 46 accepted permanent contracts a small number have yet to reply Ringing round all interviewed staff with offer during October	Leese, Mark	31/10/2017	13/11/2017	
															Review of staffing levels 2018/2019	review required staffing levels for 2018 / 19 in line with contract settlement		Deakin, Wayne	30/03/2018		
845	Culture / Retention in NHS111	Planned and Urgent Care	NHS 111	Leese, Mark	Operational Risk	Human Resources	26/09/2016	01/03/2018	If we are unable to address the current cultural issues within the NHS111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	1) Monitor Sickness levels 2) Monitor attrition levels 2) Annual staff surveys and Exit Interviews to establish reasons	Plan to manage attrition	12	12	Moderate Risk	6	Develop action plan	Develop action plan to address the retention issues and improve staff well being	Gaining views from staff through interviews as well as seeking independent support and advice. Communicate findings. Holding freedom to speak sessions National survey and Unite survey pulled together and overall action plan developed by end of Sept 2016	Leese, Mark	30/09/2016	22/02/2017
															Exit interviews	Examine recruitment and retention issues by asking staff to complete an exit interview questionnaire	established exit interview questionnaire	Leese, Mark	31/03/2017	14/12/2016	
															Workforce Investment Fund Projects	Looking at creating a supported work environment for audits, 1:1's and PDR's	Projects are underway gathering information through staff surveys, staff workshops, team leader workshops, data currently collated and benchmarking	Leese, Mark	01/06/2017	08/02/2017	
															Sickness Action Plan	Develop and implement sickness action plan	Series of presentations by team leaders to call centre managers on team absence held in early August	Leese, Mark	30/10/2017	30/11/2017	
															Hello my name is	Launch national initiative of 'Hello my name is ...' into NHS 111 Call centres in Wakefield and Rotherham	Go live date of 10.12.2017 Project went live 10.12.2017	Roberts, Karen	29/12/2017	02/01/2018	
															Feedback report to My Name is ... Project	gather evidence by surveying staff identified as participants of project and staff as beneficiaries		Roberts, Karen	28/02/2018		
1030	NHS 111 / Bigword	Planned and Urgent Care	NHS 111	Littlewood-Prince, Michela	Strategic Risk	Information governance	25/09/2017	28/02/2018	If 'The Big word' translation services subcontract outside of the UK to a company who are not accredited to the EU/US Privacy Shield then we would not have adequate assurance resulting in lack of adequate privacy protection.	Request a copy of the sub-contract clause as it would appear around privacy protection and principles 1, 7 and 8 of Data Protection Act 1998 and the storage of data	Not yet received assurance from 'the big word' that their subcontractors are applying appropriate safeguards	12	12	Moderate Risk	8	Seek documentation from The Big word	To discuss issue with IG and request that procurement contact provider and seek documentation providing assurance of adequate privacy protection	Jan 18: followed up Big Word for assurance of subcontractor governance of Data Protection Oct 17: Report received from the Service Excellence Team at bigword regarding an internal investigation into the recording of calls by a partner agency in the US and providing the assurance that all recordings have now been deleted. YAS are still to receive a copy of the bigword's Services Agreement and Code of Conduct which apparently stipulates that the recording of calls is strictly prohibited and that all freelance linguists and Partners are required to agree to.	Littlewood-Prince, Michela	28/02/2018	

995	Integrated Urgent care Specification	Planned and Urgent Care	NHS 111	Townend, Keeley	Strategic Risk	Financial	18/07/2017	30/11/2017	If the Integrated urgent care specification is expected to be implemented (such as direct appointment booking, 50% of calls pass to clinical advice and NHS Online) THEN YAS NHS 111 will be carrying out tasks and activities not commissioned to provide RESULTING IN assigning resources and incurring costs that will not be funded.	Raised the issue with Commissioners Gap analysis on impact paper produced and sent to commissioners	No funding for 2017 / 18	15	15	High Risk	10	Gap analysis impact paper	Deliver a gap analysis impact paper for commissioners of YAS NHS 111	Gap analysis shared with lead commissioner and IUC commissioner lead	Townend, Keeley	31/08/2017	01/09/2017
996	NHS111 Performance and Quality compromise - financial settlement	Planned and Urgent Care	NHS 111	Leese, Mark	Operational Risk	Patient Experience	18/07/2017	30/03/2018	If the financial settlement doesn't not reach required amount to achieve KPI's THEN performance and or quality will be compromised RESULTING IN poor patient experience	On going review of performance, budget and quality with Commissioners and internal management team	None	15	15	High Risk	9	Set out performance expectations	Set out expectations on performance/quality and finances with commissioners		Townend, Keeley	31/08/2017	31/07/2017
															9	Quality Impact Assessment	Carry out a quality impact assessment for commissioners and share with internal management team		Townend, Keeley	31/08/2017	31/07/2017
																Internal efficiency programme	Design and implement an internal efficiency programme		Leese, Mark	29/12/2017	
846	WYUC Capacity	Planned and Urgent Care	LCD (local care direct)	Leese, Mark	Operational Risk	Capacity	26/09/2016	30/03/2018	IF WYUC service is not sustainable at peak times THEN this may adversely affect NHS 111 and wider health system RESULTING IN impact on patient safety, experience and on quality	Operation supporting WYUC service through agreed REAP protocols Surge and Escalation protocols WYUC action plan	Inability to change specification with CCGs / networks Unable to manage LCD operations No impact assessment on WYUC action plan No control over national changes and requirements	16	16	High Risk	8	Actions from SI at Easter 2016	Implement actions from serious incident at Easter time with Commissioners / LCD including independent service review and develop an action plan to mitigate risk	Oct 16: Contract discussion underway to obtain funding to support service demand (demand is 60% over contracted funding). Consideration of mediation by providers / commissioners Dec 16: contract negotiation ongoing for 17/18	Townend, Keeley	01/04/2017	04/07/2017
																Flowopoly	Meetings have been held with WYUC to look at the journey of a patient call to 111 to look at where the blockages are.	Flowopoly exercise facilitated by the Improvement Academy was held on 3rd November to map the flow of contacts within urgent care journey and identify blockages and challenges. Well attended with representatives from 111, WYUC and Commissioners. Jan/Feb contract offer rejected by YAS. Agreed for review after WYUC review completed. Initial findings of review presented in January 17	Leese, Mark	03/11/2016	03/11/2016
																Independent Review	Review to commence in 2017 to inform what the service needs to be beyond the current contract	April 17: this review has completed, now planning review meetings to implement recommendations: Jan 17: The Primary Care Foundation are completing the independent review of WYUC agreed by lead commissioner Greater Huddersfield CCG. The dataset required has been agreed and includes information in respect of numbers of cases, spread across the week, day, hour, priority of referral from 111 to WYUC, the time of the episode of care and whether it is booked or not along with some demographic information, but not person identifiable. Information Sharing Agreement has been drafted for signatures of relevant parties, to include the method by which the data will be transferred and storage/retention arrangements.	Leese, Mark	28/04/2017	28/04/2017
																WYUC and 111 Surge and Escalation Plans	Both organisations have updated their surge and escalation plans. Now a 4 stage process.		Leese, Mark	30/11/2016	01/12/2016
																Planning meetings following Independent Review	Planning meetings	a) patient pathways and efficiencies b) streamline access (Clinical Advisory Service and 111 to LCD) c) commissioner support with contract delivery	Leese, Mark	31/07/2017	04/07/2017
																WYUC Review action plan	Task and finish group to be set up to assist implementation devise work plan for task and finish group deep dives every third meeting	Jan 18: meeting with CCG on WYUC action plan 17.1.18, have had progress in some operational aspects of the plan including queue management. Bid is out now for new contract. Group is in place and meets regularly, chaired by commissioner contract manager	Cooke, Andrew	29/12/2017	
1060	Weekend Rota's in PTS Communications Centre	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Hinks, Maria	Operational Risk	Capacity	20/12/2017	31/01/2018	If the weekend rotas in the PTS Communications Centre are not staffed sufficiently THEN performance may be effected RESULTING IN missing of KPI targets and reduced patient experience	volunteers rota'd on to weekends Managers covering the rota gaps	Staff are not contracted to work weekends and therefore it is only staffed by those who volunteer. this is unsustainable particularly for the managers who are covering each weekend	12	12	Moderate Risk	6	recruitment of staff to cover weekends	Recruitment has commenced to fill vacant posts which will be on a rota basis to cover weekends	Dec 17: interviews have been conducted and some of the vacancies filled but not yet commenced in post	Hinks, Maria	31/01/2018	
1061	Alternative Resource Management	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Rawnsley, Jo	Operational Risk	Patient harm	20/12/2017	31/01/2018	IF private providers do not meet the requirements of the subcontractor agreements THEN performance and quality may be effected RESULTING IN a risk to patient safety	Governance checklist Governance visits	compliance performance management framework	12	12	Moderate Risk	6	Monitoring of compliance against standards	On-going monitoring of compliance against required standards to be undertaken		Rawnsley, Jo	31/03/2018	
																Performance Management of Subcontractors	Performance management framework to be produced and approved		Rawnsley, Jo	12/01/2018	
1062	PTS Volunteers training provision	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Rawnsley, Jo	Strategic Risk	Training, Education & Compliance	20/12/2017	31/01/2018	IF PTS volunteers training isn't specific to the audience and delivered through a structured timely plan THEN PTS may be at risk of not delivering full compliance RESULTING IN potential loss of volunteers and negatively impacting the PTS alternative resource model.	Training is working to align modifications suggested by Alternative Resource Management team	1) No specific training packages for volunteers 2) Training database is inaccurate - some of the training data does not appear to have been recorded 3) Having to ask the volunteers to resubmit their training books, causing frustration amongst the team.	12	12	Moderate Risk	6	Volunteer Workbooks	Statutory and Mandatory training workbooks to be revised to suit PTS volunteers		Howitt, Kath	31/01/2018	
																VCS training Data	Training department to link with Alternative Resource Manager PTS to ensure data relating to training of VCS drivers is accurate		Rowbottom, David	31/01/2018	
941	Nursing Roles and special pensions status	Quality, Governance and Performance Assurance	Quality and Nursing	Owens, Karen	Strategic Risk	Financial	13/04/2017	31/03/2018	IF YAS does not make clear on recruitment that a role does not require nursing registration THEN the Trust will have recruited nurses into non-nursing roles who believe they qualify for pensions special status but do not RESULTING IN legal challenge and potential financial impact	Identified all nurses working at YAS and those in roles where professional registration is, or is not, required Review and validation of monthly ESR report produced by HR to monitor registration and revalidation of nurses in roles where this is required Identified pensions start date of all nurses and those with pensions special status (95 scheme)	Identification on ESR of nursing role where not clear in job title	12	12	Moderate Risk	4	Recording roles with professional registration requirement as NMC on ESR	Role with nursing professional registration requirement to be recorded as Nursing and Midwifery (not Admin and Clerical) on ESR		Owens, Karen	28/04/2017	28/04/2017
																Review remaining existing posts recorded as Admin and Clerical being done by registered nurses in 95 scheme for eligibility to special pensions status and communicate	Review of existing roles recorded as A&C on ESR to confirm nurse professional registration is not required, and where the individual is in the 95 scheme, communicate outcome	Sept 17: Roles reviewed, ESR updated as appropriate. For future recruitment it will be clear which roles require nurse professional registration and which are A&C. SOP is being developed to dovetail to Professional Registration Policy and Recruitment and Selection Policy.	Owens, Karen	31/03/2018	
																Clarity on requirement for professional registration in any future job descriptions and advertisement	All recruitment to ensure there is clarity in the requirement for a professional registration and recording on ESR reflects this	Sept 17: SOP being developed which will align to Professional Registration Policy and Recruitment and Selection Policy. ESR will clearly record requirement for professional registration. Nurse Leadership Forum overseeing development of SOP	Owens, Karen	31/03/2018	
1015	Post-Occupational Exposure Prophylaxis	Quality, Governance and Performance Assurance	Quality and Nursing	Ashby, Clare	Operational Risk	Infection, Prevention & Control	01/08/2017	25/06/2018	IF YAS do not have a formalised process with hospital trusts to accept our staff requiring prophylaxis THEN A&E's may not accept our staff RESULTING IN YAS staff not receiving timely prophylaxis	YAS IPC policies YAS staff understand the requirement for prophylaxis Datix incident reporting process notifies IPC lead of any incidents	Agreement to provide prophylaxis by acute trust ED's is currently not formalised Provision of prophylaxis arrangements through current OH contract	12	12	Moderate Risk	4	Formalise protocol with acute trusts	Formalise protocol with acute trusts for provision of prophylaxis when indicated	March 18: Provision of prophylaxis arrangements through current OH contract is not available and is unlikely to be available with other private providers. Most hospital trusts are providing prophylaxis by including YAS staff as part of the 'team' managing the patient.	Ashby, Clare	30/11/2017	12/03/2018
																Considered as part of OH contract review	Ensure exposure prophylaxis is considered as part of OH contract review		Ashby, Clare	28/09/2018	

1039	FOI Compliance	Quality, Governance and Performance Assurance	Legal Services	Balfour, Caroline	Strategic Risk	Regulatory compliance	18/10/2017	31/03/2018	IF YAS do not respond to >90% of FOI requests within the 20 day statutory timeframe THEN the Trust will be non-compliant with the Freedom of Information Act RESULTING IN increased risk of possible regulatory enforcement action from the Information Commissioner's Office (ICO)	Legal Assistant for FOI and DPA requests FOI Policy and procedures Internal process with response timescales Identified departmental FOI contacts Executive sign-off for request disclosure Procedure for handling FOI requests	Capacity within Legal Services for information request handling Reduced hours for Head of Legal Timely assistance, communication and response from departments Non-consistent approaches to FOI handling in departments Relying on Excel as the request handling management system Availability of Execs/Senior Managers for sign-off process Publication Scheme does not cover much of information repeatedly requested	20	12	Moderate Risk	Additional capacity in Legal Services	Arrange temporary cover to fill the vacant (maternity leave) post.	Nov 17: Identifying appropriate agency resource. Light duties individual in place until the end of January 2018 Dec 2017 Agency FTE approval complete	Balfour, Caroline	08/01/2018	13/12/2017
															Increased hours of Head of Legal	CB to return to FT hours to create better oversight of the process and to have more accessibility for staff regarding request approval.	CB returned to FT hours from 3/11/17	Page, Steve	07/11/2017	03/11/2017
															Better awareness, communication and compliance for IAOs	To raise awareness with IAOs regarding the Trust's legal duty and their responsibility within the request handling responsibility.	Jan 18: discussed at IG Working Group. IAO's to be initial point of contact within service for FOI's, along with subject matter expert where appropriate will co-ordinate the response.	Dickinson, Katy	31/01/2018	
															Change of internal request handling procedure	Initial review of incoming requests to be re-implemented to appropriately sign-post and identify trends. To have a standardised procedure to send all FOI requests to IAOs to disseminate/delegate and allocate appropriate time/resources. Feedback to IAOs on response content to promote future compliance	initial review step reinstated into practical handling process	Dickinson, Katy	31/12/2017	07/12/2017
															Identify and implement change to request management software	Review of available software options within the Trust e.g. SharePoint, Datix etc, to provide a more robust request handling management system.		Dickinson, Katy	31/12/2018	
															Review request sign-off procedure	To identify if any changes can be made regarding the FOI request sign-off procedure - can there be any delegation of responsibility?	increased use of signposting and confidence in data is resulting in reduced exec sign-off requirements	Balfour, Caroline	31/03/2018	07/12/2017
															Increased oversight monitoring	Monitoring of FOI compliance through IPR to be re-established and oversight by RAG to be implemented.	Jan 18: Reported compliance for December 2017 is 100%. Monitoring to continue for 3 months, reported to RAG.	Page, Steve	31/03/2018	
															Proactively publish routine datasets and FAQs to satisfy future FOI requests	Review of information contained in Publication Scheme. IG Manager is working with IAOs and Legal Services to identify any datasets/information that can be proactively and routinely published together with the formulation of a series of FAQs based on historical requests that requesters can be sign-posted to.	Jan 18: action plan for publication of Trust policies is being progressed. Dec 17: Further areas are being identified where information could be routinely published including the external publication of Trust policies and details regarding Hoax callers. Nov 17: PTS have agreed to routinely publish 4 datasets on a 6 monthly/annual basis so that requesters can be directed to them.	Darby, Allan	31/03/2018	
1063	Cumulative effect of repeated moving and handling	Quality, Governance and Performance Assurance	Quality and Nursing	Jackson, Shelley	Operational Risk	Health and safety	22/12/2017	31/03/2018	IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury	Board commitment to reducing MSK injury in the workforce Health and Wellbeing Lead and Advisor CQUIN reporting New vehicle design group Response Bag Review Group Moving Patients Safety Group Trust Procurement Group Policies and Procedures: Moving and Handling, DSE, Risk Assessment. Education and training - mandatory face to face and e-learning Learning from incidents, claims, sickness reports	Quality of Occupational Health Service provision (Risk xx and associated actions)	12	12	Moderate Risk	H&S Exec and NARSF partnership working	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries in the Ambulance Service	Dec 17: action plan set up and HSE Inspector meeting all Ambulance Trusts throughout January 2018	Ashby, Clare	01/02/2018	
															Reduce Response Bag weight	Reduce weight of bags	Dec 17: Response bag subgroup (subgroup of TPG) is working to reduce the weight and review the design of the current response bag. Unpack and repacking to minimum stock list, review of contents.	Jackson, Shelley	31/03/2018	
															Defibrillator replacement	Defibrillator replacement to consider weight	Dec 17: weight has been a consideration in purchase of new defibrillators for RRVs	Owen, Andrew	01/02/2018	
															Vehicle design to include consideration of MSK impact	Vehicle design Group to consider moving and handling risk	Dec 17: lessons learned from previous procurement and included in vehicle design specifications	Ashby, Clare	01/02/2018	
146	Annual IG Training of all staff	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Darby, Allan	Strategic Risk	Information governance	09/09/2013	31/03/2018	IF YAS staff do not complete annual IG training THEN this is a breach of statutory duties and could potentially RESULT IN incidents of non-compliance	1. Information Governance Manager delivering Information Governance sessions for cohorts of new starters at Induction (other new staff undertake the Statutory and mandatory workbook, which includes IG training module). 2. Information governance module along with knowledge check included within the YAS Mandatory Training Workbook, local e-learning module with knowledge check and Statutory and Mandatory Training Workbook 3. Staff update periodic articles relating to specific incidents 4. Development of revised IG training plan to meet the requirements of IGTK 112 5. SIRO training requirements complete. IAO training monitored via quarterly IAO review meetings. 6. Yearly requirement reflected within the Statutory and Mandatory Training Policy and Procedure. 7. Bespoke information governance workbook and comprehension test process in place (paper and electronic i.e. YAS247 and NLMS) refreshed Oct 16. 8. IG training compliance captured on Workforce Mandatory training compliance dashboard 9. Annual Internal Audit of IG toolkit standards which includes training requirements	1. 95% of staff have to undertake annual IG training, to meet the IG training target.	12	12	Moderate Risk	Monitor progress of annual IG training compliance in 15/16	1a. Monitor the progress with annual IG training compliance via the IPR	stat and mand workbook launched late 2015 with a deadline for all staff to complete by end of March 2016. IG integrated report includes training compliance within it (goes to IG working group). Screen saver campaign has been run in Jan 2016. two weekly reports to managers about their staff training compliance, being issued by organisational Effectiveness. Just over 80% compliance attained by the organisation as at end March 2016.	Squires, Caroline	15/03/2016	07/04/2016
															CBU monitoring IG Training compliance in 15/16	1b. Liaise with CBUs and all Departments to ensure local IG Training compliance monitoring is taking place (Autumn 2015 onwards)	Operational Update articles, Awareness raising via Pulse Intranet, awareness raising with IAOs. Initiatives undertaken by Organisational Effectiveness to increase compliance e.g. dashboard drill down. As at end March 2016 IG annual training compliance just over 80%. Internal Audit agreed the level 3 (full compliance) for IG Toolkit requirement 13-112 (IG Training) as part of the 2015/16 internal audit of the IG Toolkit	Squires, Caroline	31/03/2016	07/04/2016
															Develop and implement annual IG training materials for 16/17	Work with Organisational Effectiveness to develop and implement across the Trust the annual IG training materials for 16/17 (single workbook and knowledge check)	Aug 16 currently level 1 in the mandatory training handbook, plus an additional IG specific training book exists from previous year. Meeting in the diary (11th April 2016) between IG Manager and Head of Leadership and Learning to progress single workbook and competency test for IG training in 16/17 Nov 16: IG training workbook developed and launched	Kaplan, Leon	10/10/2016	14/11/2016
															monitor uptake staff IG training	Monthly monitoring of uptake of IG training by staff:	Jan 18: monitored through workforce dashboards. Nov 17: uptake is monitored on a monthly basis.	Travis, Maxine	30/03/2018	
															Update Training materials 17/18	Update annual mandatory training refresher workbook and question set	Dec 17: Communication to go out reminding all staff of the need to complete the annual IG refresher. IAOs to be asked to support achieving the 95% compliance target. Nov 17: workbook and questions updated and launched early Nov 17.	Darby, Allan	10/11/2017	21/11/2017
															Review PTS volunteers IG training materials	Review IG training materials for PTS volunteers	Nov 17: tailored version of IG training materials launched	Darby, Allan	18/12/2017	13/11/2017
															Staff Update - publicity	Article in Staff Update to encourage completion of annual training	Jan 18: Staff update published in December, further comms planned during Q4 17/18. SIRO to promote through TEG and IAOs encouraged to follow-up in their depts. Dec 17: Staff Update article due to be published w/c 4/12/17. Nov 17: article prepared for Staff Update	Darby, Allan	31/03/2018	

150	Storage of paper-based records on YAS sites	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Darby, Allan	Operational Risk	Information governance	09/09/2013	31/03/2018	IF information is not stored securely on YAS premises THEN there is potential for inappropriate access RESULTING IN a breach of the Data Protection Act	<p>1. IAO role is responsible for records management in their area. Covered during quarterly risk review meetings.</p> <p>2. Revised Records Management Policy setting out expectations in relation to management and storage of records.</p> <p>3. RESTORE Storage company is used to archive records in a secure environment off-site.</p> <p>4. I4I process, covers questions around records held locally on premises and the inspection would alert the IG Manager to any concerns at the specific location.</p> <p>5. Records amnesty</p> <p>6. IG Manager specialist advice to departments and services in review of records and archiving or destruction as indicated in accordance with policy and legislation</p>	1. Records possibly held insecurely across the YAS estate, which the Trust is not aware of.	12	12	Moderate Risk	4	<p>Develop Trustwide Records Management Assurance Exercise</p> <p>1a. Development of a Trust wide records management assurance exercise (including associated tools and resources) for 15/16 to both search for and appropriately manage, paper-based records within YAS premises (and business functions) and inventory existing and already known about records held locally</p> <p>Action plan developed. IG Manager and 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. Working to finalise the pack in April 2016. Pack developed and tested, minor amends made following pilot.</p>	Kaplan, Leon	01/08/2016	19/07/2016
															<p>Implement Records Management Assurance Exercise Trustwide</p> <p>1b. Implementation of records management assurance exercise Trustwide</p> <p>May 17: working with identified priority sites that are to be decommissioned and where site inspections identify records at higher risk of flood/fire damage. March/April 16: work at Rotherham fairfields commenced to catalogue and archive records on site. July 16: Work planned in PTS.</p> <p>Roll out of the records management initiative work to take place in 16/17 and into 17/18 across the Trust; impact on Records Management budget to be considered. To monitor at IGWG</p> <p>Ongoing I4I programme highlights to IG manager any records management concerns for further investigation</p> <p>IAO reviews consider records management arrangements on YAS sites and requirement to archive off-site at Restore.</p>	Kaplan, Leon	26/06/2017	28/04/2017	
															<p>Identify unsecure records via I4I and removal to Restore Ltd or appraisal for destruction</p> <p>1c. Existing process of identifying via I4I process unsecure records in YAS premises and ensure appraisal/removal to RESTORE or secure local site</p> <p>I4I programme for 2015/16 was designed to report any noted unsecured records to IG manager for further investigation. New I4I programme in 16/17 will continue to do that. This action is ongoing as part of I4I and any unsecured records notified to owner and IG manager will be addressed as appropriate</p>	Squires, Caroline	06/07/2016	16/06/2016	
															<p>Review Records Management Policy</p> <p>Review Records Management Policy</p> <p>Policy was due for review in June 16, deferred due to imminent publication of Records Management Code of Practice. Nov 16: policy under review, Jan 17: reviewed at IG Working Group. To TMG in February for approval</p> <p>Policy approved and updated on intranet</p>	Kaplan, Leon	08/02/2017	28/04/2017	
															<p>Archiving at priority sites</p> <p>Link with Estates to understand priority sites for focus of records management archiving work during 17/18</p> <p>Dec 17: IG Manager advising on Fairfields Rotherham, Willerby AS</p> <p>Oct 17: Snapshot records inventory undertaken 10/10/17 and fed back to decommissioning project.</p> <p>Aug 17: Fairfields, Rotherham decommissioning project commenced with Estates as lead. To provide archiving and destruction advice to the project.</p> <p>July 17: Monkgate complete</p> <p>May 17: Focus on Monkgate York and at Fairfields Rotherham. Advising services at these sites on retention periods and process for archiving where appropriate. I4I has identified York Ambulance Station as having some records in filing cabinets that need to be reviewed.</p> <p>RAG Jan 17: need to understand priority sites for development/disposal that will require a records management exercise in preparation</p>	Darby, Allan	31/03/2018		
															<p>Destruction of records</p> <p>Destruction of records in accordance with Trust retention schedule</p> <p>Oct 17 - circa 800 boxes approved for destruction by SIRO.</p> <p>Sep 17 - Proposal regarding definition of Records of Training approved by SIRO, Training Admin to now prepare non-required paperwork for destruction.</p> <p>Wakefield station HR paper records to be weeded and sorted before transfer/destruction.</p> <p>Aug 2017 - Restore have agreed to mandate the Review Date field to avoid records been entered without a retention period being identified. Willerby station to prepare historic records relating to TENYAS and Humber side AS for destruction as they are beyond retention periods.</p> <p>Q3 2017/18 - Approximately 1000 boxes from PTS, Payroll, Finance and Legal have been identified for destruction which had previously had no retention period identified.</p> <p>Q1 2017/18 - 1017 boxes destroyed from Finance and Procurement at the end of their retention period.</p> <p>June 16 Finance records progressed through destruction process</p>	Darby, Allan	30/09/2017	28/09/2017	

Quality, Governance and Performance Assurance Directorate

1009	General Data Protection Regulations (GDPR) compliance	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Page, Steve	Strategic Risk	Regulatory compliance	04/08/2017	25/05/2018	<p>IF YAS does not implement all the requirements of the General Data Protection Regulations by 25 May 2018 THEN non-compliance will occur RESULTING IN investigations or audits by the Supervisory Authority (Information Commissioner's Office) which may require specific remediation within a specified time and could lead to administrative fines of up to €20 million or 4% total global annual turnover (whichever is higher).</p>	<p>1. Legal bases for processing personal data 2. Existing Subject Access procedures 3. Contracts with third party processors 4. Information Processing/Privacy Notices 5. Data breach/Incident investigation procedures 6. Privacy Impact Assessments (PIAs) 7. Information Sharing Protocols and Agreements 8. Technical security procedures</p>	20	12	Moderate Risk	4	<p>Raise awareness of GDPR</p> <ul style="list-style-type: none"> • Measure the organisation's compliance against the GDPR. • Link any gaps to the risk register and where possible, set out initial resourcing requirements. • Provide the Board with a report of the findings and the main changes • Communicate significant changes to all staff • Provide more detailed information to key staff 	<p>Oct 17: TMG paper going to 15/11/17 (carried over from cancelled meeting on 11/10/17) meeting for awareness raising and approval of Implementation Plan and designation of DPO. Presentation to IAOs at IGWG 4/10/17. Discussed with IAOs during risk review meetings.</p>	Darby, Allan	25/05/2018	
															<p>Keep records of data processing activities</p> <ul style="list-style-type: none"> o Review existing information asset registers and update where necessary, e.g. does the asset still exist, has the Information Asset Owner (IAO) changed o Review existing data flow mapping and update where necessary, e.g. has the recipient or transfer method changed 	<p>Oct 17: Data Flow Mapping tool to be reviewed to build in new requirements for recording of processing activities.</p>	Darby, Allan	31/03/2018	
															<p>Identify the legal basis for processing personal information</p> <ul style="list-style-type: none"> o Document a legal basis for each processing activity identified through audit and flow mapping 	<p>Oct 17: To work with IAOs to redefine the legal basis for all processing of personal information. For health record related processing Article 6(1)(e)- Public Task and Article 9(2)(h)-Provision of health or social care or treatment will be largely applicable.</p>	Darby, Allan	31/03/2018	
															<p>Demonstrate compliance with consent requirements</p> <ul style="list-style-type: none"> o Update our communication materials and internal processes to support the obtaining of verifiable consent that is freely given, specific, informed and unambiguous 	<p>Oct 17: Consent for processing personal information should be avoided where possible. For 'ordinary' personal data - rely on processing to support a public task/exercise of official authority will be justification. For 'special category' personal data - rely on processing for the provision of health care.</p>	Darby, Allan	28/02/2018	
															<p>Comply with more stringent transparency and fair processing requirements</p> <ul style="list-style-type: none"> o Update our communication materials to support people being properly informed of the use of their personal information and of their rights before or at the time their information is collected. Review and update our privacy / fair processing notices / communication materials to ensure they contain the following in a clear and concise manner 		Darby, Allan	31/03/2018	
															<p>Manage children's rights</p> <ul style="list-style-type: none"> o If YAS offer any paid-for online services directly to children, provide age-appropriate communication materials; and implement processes to enable us to demonstrate that we verified the child's age, and that consent was freely given, specific, informed and unambiguous. 	<p>Oct 17: Likely to be not applicable to YAS</p>	Darby, Allan	25/05/2018	
															<p>Support individuals' rights</p> <ul style="list-style-type: none"> o Update our communication materials and internal processes to support individuals' rights of rectification, erasure (the right to be forgotten), restriction, data portability and, objection to processing. 	<p>Oct 17: Limited application to NHS Data Controllers due to regulatory exceptions around processing required for pursuance of the public task/provision of health care.</p>	Darby, Allan	30/04/2018	
															<p>Manage subject access requests</p> <ul style="list-style-type: none"> o Update YAS internal processes to provide individuals with access to their personal information normally within one month and at no charge. 	<p>Oct 17: Discussed required changes with Legal Services. Data Protection Policy extended to May 2018 so that appropriate amendments can be made e.g. 30 day processing and no fee.</p>	Dickinson, Katy	25/05/2018	
															<p>Detect, report and investigate personal data breaches</p> <ul style="list-style-type: none"> o Update YAS internal processes to comply with the requirement to report specific breaches to the ICO within 72 hours of becoming aware of such a breach. 	<p>Oct 17: Current procedures are largely fit for purpose.</p>	Darby, Allan	28/02/2018	
															<p>Carry out Data Protection Impact Assessments</p> <ul style="list-style-type: none"> o Update existing documents to reflect the requirement to carry out a DPIA where processing is likely to result in high risk to the rights and freedoms of individuals. 	<p>Oct 17: Initial screening questions to be implemented into PID/Project Management process.</p>	Darby, Allan	25/05/2018	
															<p>Implement data protection by design and by default</p> <ul style="list-style-type: none"> o Use the findings from the information audit and flow mapping to ensure all current and proposed processing activities have data protection compliant technical and organisational controls in place. 	<p>Oct 17: Privacy concerns to be considered at project initiation and maintained through project lifecycle.</p>	Darby, Allan	30/04/2018	
															<p>Designate a Data Protection Officer</p> <ul style="list-style-type: none"> o Review the responsibilities of the DPO and ensure an appropriately qualified person is designated into the role. A DPO is mandatory as YAS is a public authority. 	<p>Feb 18: Head of Legal Services designated DPO Jan 18: Designation being considered. Nov 17: TMG meeting held 15/11/17 - option has been decided upon but designation yet to take place. Oct 17: Options appraisal included in TMG paper for 15/11/17 for decision.</p>	Page, Steve	31/01/2018	05/02/2018

697	Health and Safety Training for middle managers	Quality, Governance and Performance Assurance	Quality and Nursing	Jackson, Shelley	Strategic Risk	Health and safety	25/08/2015	31/03/2018	If the Trust's middle management do not receive formal health and safety training, then the Trust will be unable to effectively maintain its health and safety management system.	1) Health and Safety Competent person in post (Health and Safety Manager) 2) Health and Safety Management system in place in line with HS(G)65 3) Up to date Health and Safety policies and procedures in place 4) Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.	9	12	Moderate Risk	3	IOSH accredited H&S Training to middle managers	1) Middle managers e.g. Locality Managers in Ops to be provided with appropriate IOSH* accredited health and safety training i.e. either IOSH Managing Safely, IOSH Managing Safely in Healthcare or an equivalent IOSH accredited course.	1.16 Identified in TNA. 21.7.16 H&S Mgr - Meeting held with potential training provider for provision of IOSH training to targeted groups of middle managers following full H&S training needs analysis for Trust management. Further information being sought from Procurement 18.08.16 - Training plan has been revised. Proposal now includes the delivery of IOSH Managing Safely Training to a specialist group of non-clinical managers who will benefit most from the content of an accredited course e.g. Fleet, Estates. In house training will be developed and provided to all other management / supervisor groups as this can be tailored to be more ambulance / healthcare specific. Paper detailing the proposal is being prepared for TEG and will be completed once revised quotes have been received from appropriate training providers. 19.1.17 Mapping exercise conducted of all supervisory roles 26.01.17 Provision of IOSH accredited training agreed and contract now in place 21.03.17 IOSH training to commence w/c 27th March 2017. 26.4.17 2 x IOSH M/S courses delivered, 1 more to conclude this week. Following final course, evaluation to be undertaken to establish effectiveness. 11.05.17 All 3 IOSH Managing Safely courses now delivered. Good feedback received from all attendees. 27 managers were invited to attend the training and all 27 have completed the course. Evaluation work to be carried out by EEF (training provider), H&S Manager to discuss and arrange.	Launchbury, Tracy	31/05/2017	26/10/2017
																New health and safety sentencing guidelines	To review the impact of the new health and safety sentencing guidelines on the Trust. Health and Safety Manager to meet with Director of Quality, Governance and Performance Assurance	Meeting held, new guidelines were reviewed and an example case was worked through. A copy of the guidelines was supplied to the Director of QGP. Paper presented to H&S committee in June with training proposal. Agreement gained for action. Potential course details provided to Head of Leadership and Learning for costing and progression. Paper since gone to the Education and Training Sub Group, Karen Warner agreed to speak to Steve Page about the proposal before this went ahead. 1598 IOSH Training for Middle Managers was identified in the Trust wide TNA and reported to TEG, this will not be within the Workforce Training Plan for 2016/17 therefore agreement to provide will be sought in February 2016 as part of the overall abstraction plan and training should this be approved will commence in early in the new financial year. 3 quotes for the training have been requested, this is now with Shelagh O'Leary to approve due to the significant cost element associated with this training. Meeting held with potential training provider to deliver a session to senior management and provision of IOSH training to targeted groups of middle managers following full H&S training needs analysis for Trust management. Further information being sought from Procurement before sessions can go ahead.	Jackson, Shelley	08/06/2016	08/06/2016
																TMG paper - external provision costs	Prepare a paper for TMG (16 November 2016) to give costs of external provision of required training	11.10.16 Paper prepared. Quotes are valid for 30 days. 16.11.16 TMG support proposals - for procurement	Jackson, Shelley	16/11/2016	16/11/2016
																Develop non-accredited Health and Safety training	Develop non-accredited H&S Training course for Management group not included in the IOSH accredited training. Work to be done by Health and Safety Manager in partnership with Head of Learning and Development.	11.05.17 TNA for management groups and an outline of the course content were completed June 16 ready for work commencing after the IOSH accredited training. Course content will utilise the existing Investigation Skills workshop and have an on-line / e-learning element to minimize abstraction time. 17.10.17 Discussions held with training dept and external contractor for development of training material for the 1 day delivered course. 30.11.17 Request for quotation issued to contractor, due back 4th Dec 17. 06.12.17 Quotation now received for development of the internal 1 x day Health and Safety training for Managers course. The contract has been awarded to David Sedman of FF Safety Ltd who provided maternity cover for the YAS Health and Safety Manager in 2013/14. Work to begin once contracts have been signed with scoping meeting planned prior to Christmas.	Jackson, Shelley	31/03/2018	
933	Conflict Resolution Training provision	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Page, Steve	Strategic Risk	Staff & 3rd Party Safety	03/04/2017	28/02/2018	IF CRT is not delivered in line with the risk-based assessment THEN staff may not be adequately trained in order to de-escalate or manage violence and aggression RESULTING IN potential for physical or psychological injury to staff	Safety and Security Policy and associated procedures Local Security Management Specialist role Security Management workshop (November 2016) and NHS Protect SRT declaration Action plan from SRT LSMS attendance at CRT training to review content and delivery Themes and trends analysis from reported incidents at local and national level	1) Embedded systems and processes to support staff in pursuance of sanctions 2) Publicised sanctions and redress to act as a deterrent	12	12	Moderate Risk	3	Position statement and action plan	Set out evidence-based position and develop action plan	Dec 17: plan for Comms centres and other staff to be agreed by TEG, Training and Development are leading this work. Sept 17: meeting with Head of Community Resilience regarding provision of CRT for Community First Responders and discussion around 'train the trainer' and delivery in set evening sessions. August 17: Development of PTS CRT commenced, feedback from Security Team to Organisational Development	Travis, Maxine	31/01/2018	31/01/2018
																TNA to include CRT where indicated	Contribute to development of Trust TNA	July 17: A&E Ops abstraction agreed and in place. CRT being delivered. Security function contributing to overall mandatory training TNA for all staff groups to ensure CRT is included where indicated. Agreed relevant staff groups - to prioritise development and delivery for patient-facing groups; PTS, CFRs, then comms centres and other staff. April 17: Work ongoing is focussing on A&E Operations face-to-face abstraction to develop TNA June 17: A&E abstraction agreed by TEG as 2 days	Travis, Maxine	03/07/2017	30/09/2017
																CRT for A&E Ops	Develop and launch A&E Ops CRT	July 17: A&E Ops package commenced delivery June 17: A&E Ops package in final draft with LSMS, ECAC for review.	Travis, Maxine	01/07/2017	03/07/2017
																PTS CRT	Develop and launch CRT for PTS	Nov 17: finalised and launched. Nov 17: final draft Oct 17: RAG,CM: PTS mandatory training new programme will launch in November. Sept 17: development commenced	Travis, Maxine	30/11/2017	30/11/2017
																CRT Comms centres (EOC and 111)	Develop and launch CRT for comms centres	Jan 18: discussions in Q3 regarding the new Learning Platform and functionality for audio scenarios	Travis, Maxine	02/04/2018	
																CRT for CFRs	Develop and launch CRT for Community First Responders	Oct 17: scoping meeting Training team, Head of Community Resilience, Risk Manager to understand training cycle and restrictions on availability of CFRs to receive training	Travis, Maxine	31/03/2018	

998	Availability of CCTV for pursuance of sanctions	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Page, Steve	Operational Risk	Staff & 3rd Party Safety	18/07/2017	30/03/2018	IF CCTV is not readily available THEN investigations cannot be comprehensively conducted RESULTING IN failure to impose sanctions and redress	Safety and Security Policy CCTV Policy CCTV Log of requests and faults managed by Risk Team Data Flag procedure Audit of quality of premises CCTV and reporting for remedial actions Tools available for retrieval of vehicle footage	Availability of vehicles for VOR 5 different types of vehicle CCTV installed Length of time of capture is inconsistent on vehicles Premises CCTV images are poor G4S SLA for Premises CCTV is unclear on provision and charges	12	12	Moderate Risk	3	Amend CCTV policy	Add other Fleet roles to CCTV policy who can retrieve (not view) hard drives/memory cards Add ROC managers access for Premises CCTV for specified incidents	Sept 17: additional Fleet roles added to CCTV policy to retrieve footage. ROC managers trained, access provided to ROC for viewing premises CCTV for urgent out-of-hours Police requests and for incidents requiring immediate investigation (in hours and routine incidents to be managed by Security Team). July 17: Fleet Team have identified other roles that would be able to recover hard drives from vehicles, these need to be reflected in the policy	Travis, Maxine	31/10/2017	16/10/2017
																SOP for vehicle health check	Develop and implement SOP for vehicle health check	July 17: Vehicle Health Check SOP will include re-formatting of CCTV memory card/hard drive to ensure remaining capacity and not corrupt. Will be included as part of review of vehicle maintenance policy and procedures	Moyes, Richard	31/03/2018	
																Premises CCTV review	Evaluation of quality of premises CCTV	Jan 18: specification written, guidance from Procurement on engaging expertise for review	Travis, Maxine	31/03/2018	
																Premier Hazard equipment	Ensure sufficient supplies of Premier Hazard hard drives and tools to remove drives (New Fiat vehicles)	Sept 17: sufficient hard drives and tools for retrieval have been obtained July 2017: further hard drives and relevant tools are on order	Moyes, Richard	30/09/2017	30/09/2017
																Deploy CCTV overlay to Premier Hazard systems	1) Deploy the overlay system to Premier Hazard And 2) Upgrade VUE SD card systems to hard drive	Jan 18: Security Group reviewing functionality that will be offered by installation of the 1) Premier Hazard overlay system - YAS infrastructure will not support WIFI/4G capability. 2) VUE systems - the SD cards are being removed and replacement of a recording box to upgrade capacity and quality - this is ongoing on a swap out basis and will be completed early 18/19. 1) July 2017: Premier Hazard overlay equipment procured 130k Capital Bid and delivered in 16/17. To be installed on vehicles with Premier Hazard CCTV systems to standardise. Currently in Unit M	Tawiks, Steven	30/03/2018	