

ID	Title	Directorate	Business Area	Handler	Risk Type	Risk Subtype	Opened date	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)
Chief Executive																					
1023	Executive Team capacity	Quality, Governance and Performance Assurance	CEO	Barnes, Rod	Strategic Risk	Capacity	09/09/2017	31/10/2017	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 (notice period being negotiated)	Workforce and OD - Director role currently vacancy Planned and Urgent Care Director - retirement planned during 2017. A&E Operations - Director secondment	16	16	High Risk	4	Interim accountability in senior team	Ensure clear interim accountability and communication arrangements within the senior management team	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	Barnes, Rod	30/10/2017	
															Progress P&UC Director appointment	Progress the appointment of a Director of Planned and Urgent Care	Appointed to Director of Integration and Urgent Care	Barnes, Rod	18/12/2017	16/10/2017	
															Specialist support	Secure specialist support for the senior teams whilst substantive Directors are not available	Specialist support for Operations and Workforce in place.	Barnes, Rod	30/10/2017		
Business Planning and Development																					
261	Business tendering	Business Development	Business Development	Mobbs, Leaf	Strategic Risk	Financial	13/03/2013	27/11/2017	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. 2. Internal communication to management teams and relevant staff within YAS of contract processes and risks / upcoming pressures.	20	12	Moderate Risk	8	a) Improve Commissioner and YAS communications Deputy now in place b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber	Contract manager to develop a contract briefing Deputy now in place Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG.	Deputy in post Briefing note signed off	Bennett, Julie	31/12/2015	30/12/2015
															Communications of contracting information	Development of communications to Urgent and Emergency Care group within YAS with key stakeholders to ensure key managers working externally have up to date contract and political information Consideration of new contract negotiations for 2016-17/	Initial workshop taken place to brief managers on contracting issues and update on key aspects. Attended team meetings in operational directorate. Further work required and more meetings to be planned in.	Bennett, Julie	27/11/2015	01/12/2015	
															Hull PTS tender	Bid for Hull PTS Contract	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	Dexter, Chris	30/11/2016	16/12/2016	
															Bid for South PTS contract	Respond to South consortium (Sheffield, Rotherham, Barnsley CCGs)PQQ and bid for PTS contract	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	Dexter, Chris	24/04/2017	17/04/2017	
															East Riding PTS Tender	East Riding PTS tender	Jan 17: Contract negotiation extension period, ER contract will go out to tender April 17: successful	Dexter, Chris	03/04/2017	28/04/2017	
															North PTS (VOY and scar/ryedale)	Tender for North PTS - Vale of York and Scarborough/Ryedale	Oct 17: Bid writing ongoing. ITT workshops being held. Submission date is 27 October.	Dexter, Chris	31/10/2017		
															re-negotiate contractual terms North PTS - Hgt, Richmd	Re-negotiate contractual terms following VOY and Scarb/Ryedale tender	Sept 17: negotiation with commissioners regarding split between VOY/Scarb/Ryedale and Hgt, Richmond. Option for whole of NY is more efficient model.	Dexter, Chris	30/10/2017		
															Other ongoing tenders	1) North Scarb/Ryedale Community Services Tender 2) Doncaster new contract urgent work.	1) YAS are not bidding but need to understand the impact	Sandford, Matt	30/11/2017		
															NHS111 Contract	NHS111 contact ends in 2018 with transitional year 18/19		Townend, Keeley	30/11/2017		
															2 day external 'bid' workshop	Planning and Development Team organising a two day workshop to coach on engagement, PIDs, constructing bids.	Aug 17: Bid workshop held for PTS, well attended. June 17: Invites sent out	Sandford, Matt	28/08/2017	28/09/2017	

911	Strategic Impact of Reconfigurations	Business Development	Business Development	Mobbs, Leaf	Strategic Risk	Financial	12/12/2016	29/01/2018	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	Develop reconfigurations register	implement recommendation from Internal Audit of Reconfigurations to develop a single comprehensive register of reconfigurations and impacts	IA 171126 recommendations have been implemented. Reconfigurations Group established. IBPG with TOR and minutes. 02.12.16 SPDM meeting with ICT to review SharePoint register of reconfigurations and agree enhancements to capture financial, performance, clinical impacts of reconfiguration SPDMs will work on refreshing the register with additional information Reconfigurations identified: Scarborough/ York/ Bridlington Darlington/ County Durham Harrogate Friarage/South Tees Bradford / Airedale Calderdale / Huddersfield Pontefract/Pinderfields/Dewsbury Barnsley Rotherham Transfer of cases elsewhere, changes projected for 2017: Friarage 6017 emergency cases Scarborough 788 Paediatrics Harrogate 464 Stroke Darlington ED Stroke changes Increased IFTs YTD (Oct 16) Brid to Scarb P1=265 P2=352 Scarb to York P1=104 P2=377 April 17: ongoing collation of reconfigurations intelligence and working at strategic level to model and mitigate risks. Planning and Development Group is focused on reconfiguration impacts 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.	Thompson, Sue	26/06/2017	26/09/2017
																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.		Bennett, Julie	29/03/2017	29/03/2017	
																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		Sandford, Matt	26/09/2017	26/09/2017	
Finance Directorate																					
821	Capital Funding	Finance	Finance	Bradley, Mark	Strategic Risk	Financial	31/03/2016	05/04/2017	If the capital plan for 2016/17 is not signed off by NHS Improvement THEN this could lead to a significant reduction in capital funding available RESULTING IN an impact on the availability of funds for the capital programme including investment in improvements and maintaining the Trusts non-current assets in line the Trust's strategic plans.	1. Ongoing discussions with NHS Improvement to identify level of risk through NHS I Finance contact and raised at IDMs by Executive Team. 2. Review of capital plan for prioritisation of schemes - capital bid panel reconvened 3. Monitored as part of the Integrated Performance Report (IPR) and through management groups and Committees. 4. Monitoring return to NHS Improvement to track distance from targets and prompt mitigating actions. 4. Procedures regarding levels of sign off and authorisation controls in place	Awaiting clear guidance and sign off by NHS Improvement. The risk relating to cap to revenue is currently considered lower risk, with use of surplus funding currently considered high risk.	12	16	High Risk	8	Discussions with NHS Improvement	Ongoing discussions with NHS Improvement	Sept 16: Ongoing discussions with NHS Improvement to identify level of risk through NHS I Finance contact and raised at IDMs by Executive Team RAG Sept 16: still awaiting guidance, may be in December Feb 17: discussions regarding roll-forward of Doncaster spend to 17/18	Bradley, Mark	29/05/2017	
807	Non-achievement of regulatory targets 17/18	Finance	Finance	Crickmar, Alex	Strategic Risk	Financial	06/04/2016	31/07/2017	IF monitoring of revenue and expenditure is not robust THEN YAS may not achieve regulatory targets [Planned Financial outturn (surplus); External Finance Limit (EFL); Capital Resource Limit (CRL)] RESULTING IN a failure of statutory duties and qualified audit opinion and risk of damaged reputation.	1. Monitored monthly within Finance 2. Monitored as part of the Integrated Performance Report (IPR) 3. Monitoring return to the TDA to track distance from targets and prompt mitigating actions. 4. Procedures regarding levels of sign off and authorisation controls. 5. Cost controls 6. Monthly budget monitoring between finance and departmental	1. Review is essentially retrospective due to rapidly changing pressures. 2. Managers' ability to commit Trust to expenditure; there is a time lag in action and cost incidence. 3. Potential for A&E performance penalties	12	12	Moderate Risk	8	Monitor revenue and expenditure	1) Continued monitoring of revenue and expenditure position, capital, balance sheet and cash flow including run rate analysis and close liaison with departmental managers. 2) Continued emphasis placed on monthly forecasting of financial performance / risk with managers and subsequent review of variances - established and ongoing	Sept 16: Control Total agreed with NHSI of £5.1m. Trust financial position being reviewed every fortnight at TEG and every month at Trust Board. Control Total action plan developed and key actions are being progressed (eg. Vacancy control panel) Review at November 2016: risk remains significant. Discussed at Finance & Investment Committee 22nd November, and Board on 29th November. For further review during December for a decision at Q3 forecast to NHS I.	Crickmar, Alex	27/03/2017	

									managers/capital leads and reporting to the Board/Capital monitoring group.									Reduce agency spend	Reduction of agency spend	Jan 17: HR plan to reduce agency spend. Review of current agency costs is ongoing and reductions being identified, future approvals through Vacancy Panel.	Robinson, Rebecca	31/03/2017	
784	Trust Cost Improvement Programme 17/18	Finance	Finance	Crickmar, Alex	Operational Risk	Financial	05/04/2016	31/07/2017	IF YAS fail to deliver Cost Improvement Programme (CIP) THEN this may result in non delivery of budgetary target and loss of credibility in delivering corporate CIP programme	1. Project plans (PIDs submitted) 2. Business Finance Manager responsible for monitoring 3. Escalation to Associate Director and CIP Monitoring Group		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.	Crickmar, Alex	31/03/2017	19/04/2017	
																		Review of PIDs 17/18	Request for PIDs to be submitted to Finance for 17/18	RAG Jan 17: PIDs will be reviewed at CIPMG Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year. March 17: CIPs short of target, ongoing review and monitoring through CIPMG	phillips, mark	31/07/2017	
857	ICT Capacity	Finance	ICT - Information Technology	Bradley, Mark	Operational Risk	Capacity	17/10/2016	31/10/2017	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.	Michael Foster is in post to support Voice Comms Manager and Infrastructure Manager Head of ICT is supporting the Systems Manager role On-call arrangements and support established Senior project manager position candidate started with ICT Ola Zahran offered verbally role of Head of ICT Procurement Assignment	Recruitment of Voice Comms and Infrastructure Manager Recruitment of Systems and Online Manager Recruitment of ICT Engineer	15	12	Moderate Risk	6		Review Voice Comms Manager JD	To review job description prior to publish	Job gone to advert Oct 16: AD ICT has reviewed job description and with HR for approval process MF is covering role until appointed	Zahran, Ola	19/12/2016	03/01/2017	
																		Recruitment of Voice Comms and Infrastructure Manager	To have recruited a full time permanent voice comms/Infrastructure Manager	28.9.17 Role now advertised interviews planned for October 11.9.17 Due go to advert w/c 11.9.17 17.7.17 JD has been submitted to panel 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. 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 Jan 17: shortlisting will take place on 20.01.2017 following a 2 week extension due to no suitable candidates applying Dec 16: Job Description has been reviewed. Nov 16: MF now covering role until substantive role appointed	Zahran, Ola	31/10/2017	
																		Permanant ISD Manager	To have recruited and appointed Infrastructure, Systems and Development Manager permanently	Duplicated, active action now 2734 Dependant on appointment of Head of ICT (currently acting) Nov 16: roles being covered temporarily	Zahran, Ola	30/06/2017	08/05/2017
																		explore on-call support availability	AD ICT to liaise with Resilience and special operation to seek support for their Project Manager to support with ICT Escalation	Head of Resilience has advised that resource cannot be made available	Zahran, Ola	25/10/2016	10/10/2016
																		Senior Project Manager	Recruit to Senior project manager role	5.6.2017: Senior project manager commenced employment with ICT 8.5.2017: Start date estimated mid June 25.4.2017: Candidate appointed awaiting start date expected end of June 16.3.2017: Interviews in progress Jan 17 (RAG): Reviewing workload, not submitted through Vacancy Control Panel yet	Zahran, Ola	30/06/2017	05/06/2017
																		Recruitment to the Chief Information Role	To ensure capacity is in place strategically by recruiting the Chief Information Role	logged in error	Bradley, Mark	01/08/2017	19/05/2017
																		Recruitment to Head of ICT	To implement Head of ICT to ensure full establishment	Ola Zahran verbally offered the role of Head of ICT Job advertised internally closing date 9.6.2017	Bradley, Mark	01/08/2017	30/06/2017
																		Recruitment to Systems and Online Manager	To review the ICT structure and formulise cost control and JD for System and Online Manager prior to advert.	28.9.17 - working on JD and planned to go to panel for approval in October 11.9.17 No Update 17.7.17 No Update	Zahran, Ola	31/10/2017	
																		Recruit to ICT Engineer	receive vacancy control approval and recruit to vacancy following LB move to infrastructure.	28.9.17 Interviews took place 27.9.2017 with a successful candidate appointed. Were in the process of employment checks with a start date to be agreed 11.9.17 Interviews scheduled for end of September 1.8.17 Funding has been approved by Finance to progress the backfill ICT engineer role 17.7.17 Backfill position has again been rejected by the recruiting panel and further information needs to be provided at the next panel. This will take place mid august which is not acceptable under the circumstances. Ola will meet with Steve Page to encourage urgency. Submitted cost control and departmental structure to HR Ola has spent time with HR explaining the situation. This is now with HR will be escalating this action to Steve Paige as this position is not new to the department.	Bunton, Ken	24/10/2017	
																		Procurement Assignment	To ensure funding is in place for the existing role of ICT Procurement officer and active permanent assignment	Permanent contractual arrangements have been put in place by ICT and Finance	Zahran, Ola	29/08/2017	01/08/2017

																Weekly exception notification letters - deep clean	Weekly exception notification letters for deep clean	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.	Hill, David	31/10/2017																						
																		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	31/10/2017																						
989	Vehicle availability for A&E	Finance	Fleet	Moyes, Richard	Operational Risk	Capacity	13/07/2017	28/08/2017	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	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																					
																		Database contains names of staff who have frequent accidents and the associated actions taken by the locality manager.	McSorley, John	25/09/2017																						
978	Tail Lifts on A&E vehicles	Finance	Fleet	Gott, Jeff	Operational Risk	Health and safety	18/05/2017	31/01/2018	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 2) Mercedes modular body vehicles 09 - 12 - tail lift frame replacement 3) Mercedes van 14 + 15 cohorts - pin retainer inspection 4) Mercedes van 14 + 15 cohorts - pin retainer replacement 5) Mercedes van all cohorts 12 - 15 - extender bar 6) Mercedes van all cohorts 12 - 15 - tail lift platform modification 7) Mercedes van all cohorts 12-15 - bridge plate 8) Mercedes van all cohorts 12-15 - deformed platform 9) All A&E tail lift vehicles - awareness of correct operation	Inspection of all affected lifts (120 vehicles) every 4 weeks to identify cracks in the frame Replacement of tail lift frames (120 vehicles) Inspection of all pin retainers every 5 weeks (82 vehicles) Replacement of all pin retainers with modified lock (82 vehicles) Inspection of all extender bars (116 vehicles) every 10 weeks Modification of all tail lift platforms to become fixed rather than sliding (116 vehicles) Fixing of all bridge plates on 10 week service (116 vehicles) Fixing of all deformed platforms on 10 week service (116 vehicles) 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		Gott, Jeff	03/07/2017																						
680	Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance	Estates	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	31/07/2017	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 capital bid going forward 5) Capital Bid for Fire Suppression has been approved. 6) Air con plan to replace in winter period as more favourable weather conditions	1) no fire suppression system installed 2) Slippage in works, deferred to 17/18 3) Use of capital spend: Fleet schemes brought forward into 16/17	20	12	Moderate Risk	4	DSSR appraisal of plant Business case for Air Con Procurement design, spec, tender - Air Con Select preferred 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	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 systems As part of the fire suppression and risk assessment of server rooms, consider fire escapes	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, March 17: Redworths now not undertaking these works causing slippage and not on track to complete during 16/17 financial year. Dec 16: Redworths appointed to progress this, on track to complete by end of financial year. RAG Oct 16 - specification will be ready in November, consultants are currently on site. Dec 16: Redworths are overseeing this project Feb 17: Redworths are now not overseeing these works which has caused some slippage to the plan and will not be achieved in year 16/17. Recommend a wholesale review of the server room plenum ventilation be undertaken and currently gaining fee quotes, for a prospective upgrade in 2016. June 16 - Assurance to H&S Committee - risk assessments 100% compliant with Regulatory Reform (Fire Safety) Order 2005. Recommendations submitted to Estates for action. Fire suppression to IT Server Rooms YAS HQ is scheduled for 2016 Contractor has visited site and we await costed proposal risk assessments completed. Fire suppression to be prioritised. Dec 16: on track to be completed within this financial year. March 17: works deferred to 17/18 Aug 16: Some server rooms are double doored however needs investigating 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 tidyness	Hinitt, Ian	26/10/2015	14/01/2016	Hinitt, Ian	29/08/2016	26/08/2016	Farrell, Paul	31/07/2017		Farrell, Paul	31/07/2017		Hinitt, Ian	17/08/2015	24/08/2015	Hinitt, Ian	24/08/2015	24/08/2015	Farrell, Paul	31/07/2017		Brown, Glyn	31/10/2016	05/09/2016

Clinical Directorate																					
919	BLS training and competency	Medical	Medical - Operations	Dykes, Steven	Operational Risk	Clinical	10/02/2017	28/08/2017	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 updates delivered to include BLS training, awareness and requirement for assessing staff	April 2017: CS updates from Q1 to ensure BLS is included. CS to be assessing staff on BLS. Monitor provision at CQDF	LoweryRichardson, Kirsty	28/08/2017	
																Monitor incidents	Quality and Safety Team to monitor incidents and escalate to IRG	April 2017: Incidents investigated, SIs reported. Learning through IRG and SE&L report. Ongoing monitoring of incidents and delivery of SI action plans.	Medlock, Tina	31/07/2017	
933	Cardiac centre capacity to accept pPCI and protocol for divert	Medical	Medical - Operations	Mark, Julian	Operational Risk	Clinical	13/04/2017	29/09/2017	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	None - no arrangement in place between cardiac centres to accept patients	Agreed protocol between cardiac centres for acceptance and divert of patients.	15	15	High Risk	5	Escalate to National Clinical Director Cardiac Care	YAS Executive Medical Director to correspond with National Clinical Director for Cardiac Care to highlight concerns	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	29/09/2017	
																Monitor incident reports	Monitor incident reports for diverted pPCI and escalate to IRG where any delay in patient receiving treatment with adverse outcome	July 17: No incidents reported in Q1	Medlock, Tina	30/10/2017	
Operations Directorate																					
983	Ineffective breathing	Operations	EOC (Emergency Operations Centres)	Shaw, Martin	Operational Risk	Patient harm	03/07/2017	29/09/2017	IF EMDs are not able to appropriately distinguish when a patient is ineffectively breathing then an incorrect code may be reached potentially resulting in an inappropriate response.	1. Training to new EMDs on ineffective breathing as part of induction programme. 2. Audit process in place to feedback to EMDs when an incorrect code has been achieved. 3. Reminders issued to EMDs regarding descriptors for ineffective breathing.	1. Lack of adequate training and education to EMDs to avoid confusion in relation to the ineffective breathing descriptors. 2. The system asks the question regarding breathing status twice which is causing some confusion amongst EMDs. This needs to be	15	15	High Risk	5	EOC Away Days	EOC away days to be delivered in June 2017 and to cover additional training on ineffective breathing to EMDs.	EOC away days underway (June 2017)	Leighton, Tracy	31/07/2017	06/07/2017
																International Academy to review 2nd question on breathing status	EOC have asked the Academy to look at the second question on breathing - duplicates first	Aug 17: Academy have been asked to review this	Baldwin, Trevor	30/10/2017	
																Tracking tool	Tracking tool to monitor audits and incidents	July 2017: to report to CGG	Leighton, Tracy	29/09/2017	
987	Frequent Caller Management	Operations	EOC (Emergency Operations Centres)	Strickland, Annette	Operational Risk	Capacity	06/06/2017	27/11/2017	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	Expertise in EOC to pursue prosecutions Capacity in Security Team to liaise with CPS EOC FC Team capacity to take on NHS111 caseload Joined up working at Stage 1 where callers jump between 999 and 111 Demise of NHS Protect Security Management Division means no through route to CPS Police services are restructuring and their re-focus means they will cease to support or contribute to ABC's or CBO's 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)	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	27/11/2017	
																Implement recommendations of paper	Paper to TMG outlined recommendations to mitigate risk - develop action plan to implement. Auditors monitoring EMDs who stay on the line on Amber calls <u>Operational Alert re staying on the line</u>	17.6.16 Immediate actions undertaken are detailed in controls - timer IFT lines - audit of incoming lines 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 below actions Feb 17: Filling 10 hour rota with new call handlers and core teams will be balanced at nine per team. 10th April EMD Course - 10 EMDs - out mid-June July EMD course - 10 EMDs - out mid-September September EMD course - 10 EMDs Possible one EMD course between April and July and possibly one between September and January (Urgent course)	McGuire, James	08/08/2016	08/08/2016
																Recruitment and training of EMDs	Recruitment and training of EMDs All core training courses go through full normal process. May have a smaller portion of urgent call takers to support but depends on what we are facing. Current backlog of candidates that need processing. 24.6.16 EOC Clinical Governance Subgroup minutes - The first trawl of trainee EMDs on the newly designed course are coming though. They have completed basic training apart from taking emergency calls and are now in EOC taking other types of call and becoming efficient. Through mentorship they will also train to take police calls. This will also allow earlier identification of trainees who can not move on. They return to training school in a few weeks to complete the EMD course and move on to emergency call taking. Meanwhile a new group of trainee EMDs are starting. This new system of training weeks in EOC will release pressure on EMDs by new staff taking specific types of calls. By end of October there will be two completed sets of EMDs which is a quicker turnaround from recruitment. BAG Oct 16: two cohorts of EMDs progressing through training and will be	Colam Ainsworth, Will	31/01/2018		

805	EOC Call Handling Performance	Operations	EOC (Emergency Operations Centres)	Shaw, Martin	Operational Risk	Patient harm	17/06/2016	30/11/2017	<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> <ol style="list-style-type: none"> National AQIs for call answering performance (95% calls answered in 5 seconds) Monitoring of call abandonment rate process for call back of abandoned calls/matching duplicate calls Front-end automated voice recordings for times of excessive demand and escalation Review of all telephone lines coming into EOC - old lines closed Amendment to clock start time on IFT lines (remove IVR from clock start) 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 Recruitment of two cohorts of EMDs to address vacancies, currently in training (Oct 16, Jan 17) ARP 2.2 implemented, Amber calls split and monitoring of tail of performance Weekly Quality and Safety monitoring report EMD training planned 12 months in advance with recruitment days to manage attrition <ol style="list-style-type: none"> vacancies in EOC - recruitment ongoing Increasing demand attrition / retention strategy on-day management of abstractions downtime caused by additional bolt-on processes understanding the impact of clinical support processes 	16	12	Moderate Risk	4
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Prompt identification of cardiac arrest	Clinical Governance Group to consider proposal for AVR prioritisation of potential cardiac arrest	<p>July 16: Initial proposal presented to CGG in June 16 - further work to be undertaken by EOC Call Handling Manager to understand impact of proposal on numbers and potential for misuse.</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</p> <p>Sept 16: AVR prioritisation of potential cardiac arrest is not being taken forward.</p> <p>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>	McGuire, James	17/10/2016	29/09/2016
Urgent disconnect paper	Agreement to urgent disconnect with specific AMPDS codes	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 to take another call. Process agreed	McGuire, James	22/07/2016	22/07/2016
Review forecasting of demand vs staffing	Look at forecasting as even though staffing levels meet the requirement identified, the calls are still stacking excessively	<p>Oct 17: weekly scheduling meeting set up to look at staffing and actions required 5 weeks out</p> <p>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>March 17 - BI have made further changes to the forecast on the request of the EOC Management Team. Shrinkage was originally increased by 5% but BI profile showed some areas as 7.8% over so BI profile overlaid instead of the standard 5%.</p> <p>MI created EMD meal break profile by hour of day by day of week. This gives a clearer picture of when EMD meal breaks will be taken and after agreement with EOC Management Team was also applied to the forecast.</p> <p>Feb 17: Having reviewed the forecast for the Xmas and New Year period and the weeks since January 1st predicted demand was outstripped by actual demand and Average Handling Time (AHT) has increased. The first three weeks in January were on forecast for demand but the increased AHT impacted our ability to deal with the calls.</p> <p>BI have made changes to the forecast based on recent demand increases and these take effect from the 6th February 2017 and the current AHT should also be incorporated into the forecast.</p> <p>Jan 17: Reviewed at EOC Governance Sub Group = agreed wider review is needed to look at forecasting as even though staffing levels meet the requirement identified, the calls are still stacking excessively therefore further review required.</p>	Leighton, Tracy	30/11/2017	
Review EMD attrition	Overall review of EOC EMD attrition rates and develop retention strategy	<p>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</p> <p>June 17 - No further update</p> <p>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>Feb 17: Reviewed HR dashboard all EMD leavers completed the exit questionnaire. In the last 12 months we have had the following reasons for leaving:</p> <ul style="list-style-type: none"> Work Life Balance – 7 Lack of Opportunities – 5 Relocation – 5 Health – 3 Other/Not Known – 2 Dismissal Conduct – 2 <p>Need to formalise meetings for leavers in all roles, Head of EOC to get process together.</p> <p>JW Service Delivery Mgr (SDM) to get numbers for leavers ECA, dispatch and external so we understand reasons for leavers better.</p> <p>EOC Call Handling Mgr and SDM to explore clear development roles for QA, PD and resource but this needs to be a measured approach with how many people can access the development and realistic expectations to be communicated to people on development programmes. Teams to be used for system testing and process development. 10th February: expression of interest gone out for relief Quality Auditor positions.</p>	Leighton, Tracy	30/11/2017	
Review on-day abstraction and meal breaks	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>Oct 17 - to discuss proportionate discretionary breaks relevant to shift length.</p> <p>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.</p> <p>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>Feb 17: Current process for entering abstractions in GRS to continue. EMD Call Handling Mgr to speak with unions about more robust process for managing EMD meal breaks and planning them in against requirements. Still need to keep some flexibility around when the teams take their breaks.</p> <p>Jan 17: Plan to assess current TL workload and align on-day tasks. Wider discussion with EOC teams and staff side to agree processes.</p>	Leighton, Tracy	31/01/2018	

Review EMD bolt-on processes	EMDs have a number of locally agreed processes, not part of automated Pro-QA to remember and implement (eg. recontacts, upgrading of specific calls)	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 documented so requested the team read it by the time of the next meeting. Feb 17: Call Handling Manager to reformat ad hoc processes and share with team again. Feedback to be given once revised document has been sent out. Jan 17: work commenced in December 16 to collate and map these processes to move towards automation of these process.	Leighton, Tracy	31/01/2018	
Review impact of clinical support roles	To review the impact of clinical support roles on call handling performance	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. March 17 - Clinician cards were removed and had an immediate impact, occurrences of EMDs accessing clinical support have decreased and now only accessing via a Team Leader when it is appropriate. We are waiting further data to see if AHT has reduced when Senior Clinical Floor Walker is on duty. Feb 17: Need to reaffirm clinical floor walking process and remove clinician cards. Floor walking will concentrate more on HCP/IFT calls. JW EOC Service Delivery Mgr to explore tablet for Tls/floorwalkers that links into Pilot displays. Jan 17: initial data shows increase in call length times, need to assess improvements in quality of patient care versus impact on call answering	Shaw, Martin	30/11/2017	
EOC Rota Review	Undertake a review of EOC rotas	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 Feb 17: Transformation to go to TEG for formal sign off of EOC Rota Review. Dec 16: our current schedule fit for EOC EMD staffing is 90.5% against our current demand profile, this has a negative impact on our ability to answer the calls. A survey was sent out to the EOC teams and after discussing with the management teams and staff side a decision has been made to enter full consultation	Whitham, Carrie	30/11/2017	
EOC EMD Flexible Working Review	Review current flexible working arrangements for EOC EMDs to improve EMD cover in areas where we struggle with call answer.	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 March 17 - flexible working reviews completed and implemented. All flexible working requests will now be assessed by capacity and forecasting team before a decision about accepting or refusing is made. Feb 17: Second bulk review of the year almost completed we have made improvements to schedule fit and everyone has increased weekend working if only by one shift per rota cycle. All flexi's will be able to be reviewed again when we go into consultation. Jan 17: a review current flexible working arrangements for EOC EMDs is underway in partnership with staff side representatives	Leighton, Tracy	31/08/2017	31/08/2017
Review Inbound Calls Average Handling Time	Review average handling time of inbound calls	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 approximately 30 seconds per call and had a positive effect on call answer. Patient harm to be monitored through formal channels and discussed at IRG if required. March 17 - paper going to Clinical Governance Group detailing proposal for staying on the line to help reduce handling times. Feb 17: EMD Call Handling Mgr to review AHT amber calls, pull data and bring it back to EOC Clinical Gov Subgroup for review. Jan 17: the ARP model increased the average handling time of 999 calls. AMPDS advises maintaining the line on cases that have been deemed non-life threatening through new ARP standards. AMPDS instructions may not reflect the direction of the Trust through the adoption of ARP and is negatively affect call answer; a review is required	Leighton, Tracy	30/11/2017	
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

945	Event Commander Competency	Operations	A&E Operations	Ruud, Mark	Operational Risk	Training, Education & Compliance	15/05/2017	01/09/2017	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 serious injury , 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.	Inconsistency in level of training across those in commander roles. Training available not targeted at events and mass gatherings. Lack of assurance process for defining command competency. Lack of a continuous assessment / re-validation process.	12	12	Moderate Risk	6	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 banding.	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.	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	21/07/2017	
																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.		Richardson, Jim	21/07/2017	
																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.		Richardson, Jim	21/07/2017	
																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.		Richardson, Jim	21/07/2017	
731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Gott, Jeff	Operational Risk	Health and safety	26/10/2015	31/01/2018	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 trialed 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&I 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 VEFG 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	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	31/01/2018	
																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
																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

766	Hospital Handover	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	01/04/2015	30/10/2017	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	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	1. Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues outwith YASs control 2. impacts on shift handover, CS availability and on the 11 hour rule	16	16	High Risk	4	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	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	March 2017: Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Mark, Julian	29/09/2017		
															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	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	31/10/2017		
368	Operational impact of service reconfiguration	Operations	A&E Operations	Macklin, David	Operational Risk	Clinical	25/03/2014	28/08/2017	Operational impact of reconfiguration IF regional or local service reconfigurations are introduced without adequate consultation with YAS THEN there may be additional A&E operational pressures, lack of clarity on where to take patients and impact on contracting RESULTING IN potential for delayed patient care, increased numbers of unplanned inter-facility transfers and impact on performance	1. Leads within A&E Operations, Clinical Directorate and Business Development, contracting, represent YAS in reconfiguration meetings / working groups. 2. Business Development Group established and has representation from clinical, contracting and A&E operations. 3. Internal Audit of reconfigurations - report Dec 16 4. Register on SharePoint 5. Scarborough 17/18 built into contract figure.	1. Lack of clear and timely communication from stakeholders on planned changes 2. Monitoring of performance impacts via SPDMS 3. Lack of comprehensive register of intelligence relating to reconfigurations	12	12	Moderate Risk	6	Service Reconfiguration YAS process	1. Develop a reconfiguration decision-tree process for managers who may be representing YAS within different forums.	Reconfiguration group established with representation October with Finance, Business, clinical, BI, Ops SPUDS 6.11.15 draft matrix circulated to group for comment Business and Finance wish to add to contract negotiations. Paper to Nov board to outline mitigation actions and how SRG can be influenced to ensure service changes are identified and collective risks evaluated. Arranged 1/2 day facilitated meeting January with all parties to review all service reconfirmations agreeing a risk score for each this information will support the actions for further analysis and feed into commissioner and local operational design.	Crossley, Jacqui	19/01/2016	10/12/2015
															Reconfig collation of changes and review via CMB	Commissioner and YAS to collate planned changes and review via CMB	A reconfiguration database has been established and is being populated as YAS is made aware of reconfiguration plans. YAS, commissioners and acute trusts engaging in meetings	Bennett, Julie	18/04/2016	30/05/2016	
															Establish HERG / BDG	Establish the Health Economy Reconfiguration Group to monitor planned reconfigurations - Now part of Business Development Meeting	HERG was established in January 2016 and has been chaired by PC, an Interim Director of Business Development. MidYorks - Meeting the Challenge. Acute surgical, Obstetrics/ Midwifery Led Unit, Rotherham to Doncaster - GI Services Friarage, Northallerton - loss of 24hr anaesthetics Calderdale to Huddersfield - GI surgery East Riding - closure of MUIs/WIC's and development of UCC's	Bennett, Julie	25/07/2016	05/07/2016	
1018	MYHT reconfiguration - A&E Ops mobilisation	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Clinical	22/08/2017	30/11/2017	IF YAS is not able 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 - will not be recruited to until December 2017 Use of Private Provider SJA Use of one PTS vehicle run from EOC Monitoring of IFTs has shown number of journeys as expected	Recurrent funding not agreed	20	20	High Risk	4	Ongoing funding discussions	Continue urgent discussions with commissioners to secure funding commitment to enable rapid deployment and recurrent funding for ongoing impact	Aug 17: QIA completed and agreed with lead CCG. Discussions with Commissioners are ongoing Sept 17: Funding agreed	Bradley, Mark	31/08/2017	29/09/2017
															Requirement to utilise private provider	Requirement to utilise private provider resource	Oct 17: utilising SJA 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	Ali, Tasnim	28/02/2018		
1034	Calderdale Huddersfield reconfiguration - centralising Frail Elderly and Cardiorespiratory	Operations	A&E Operations	Mobbs, Leaf	Operational Risk	Patient harm	10/10/2017	27/11/2017	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.	CHFT intention to commence new arrangements from 30th November 2017 No definitive patient pathways in place No plan to mitigate risk of extended journey times and IFTs and the impact on performance CHFT no clear definition of 'frail elderly' and CHFT modelling had been based on age of patient Current Private Provider (SJA) used in response to other external service changes is unable to resource additional rota for YAS	20	20	High Risk	4	Audit of PCRs	Audit of PCRs to establish under the new arrangement where the patient would have been conveyed to	Oct 2017: audit has commenced of 1 weeks worth of PCRs for Calderdale and Huddersfield conveyances to establish where the patient would have been taken based on the new arrangement. This information will inform modelling and discussions with CHFT/commissioners.	Crossley, Jacqui	27/11/2017	
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 CS's part of 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	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.	Millins, Mark	30/08/2017	30/09/2017
															Recruit to vacancies	2) Recruitment to vacancies	15.12.15 still vacancies, Two cost controls to backfill have been rejected 11.01.16 CKW 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 CKW 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	McSorley, John	17/10/2016	09/09/2016	
															Clinical Leadership pilot	Conduct Clinical Leadership pilot and evaluate	Aug 17 pilot conducted. CS rota now in place, CLF being delivered through supernumerary CS March 17 Clinical Leadership pilot ongoing in South and Leeds Sept 16 Clinical Leadership pilot commenced	Millins, Mark	28/02/2018		
															Operational Alert - Excessive Delayed Response	Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning.	completed 1 Aug 15	Frankowiak, Stefan	01/08/2015	01/08/2015	
															Real Time Excessive Delayed Response Reporting	Real time reporting process to be made more robust to ensure this is happening consistently.	process strengthened with recruitment to Senior Clinical Advisor role. Learning from SIs implemented.	Whitham, Carrie	12/10/2015	12/10/2015	

66	Operational performance	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	07/11/2011	27/11/2017	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	<p>monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQLs</p> <p>3. Weekly patient safety review underway to determine harm caused from delayed responses.</p> <p>4. Weekly Quality and Safety monitoring report</p> <p>5. Ops Recovery Plan in place with actions underway to address performance issues.</p> <p>6. Ongoing monitoring of demand profile against planned resource.</p> <p>7. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.</p> <p>8. Overtime is being used to address vacancies</p> <p>9. Use of Private Providers - this is being reduced</p> <p>10. New rota's implemented from 1st April 2017</p>	1. Inability to manage increase in demand at present time effectively with available resource.	20	20	High Risk	5	ARP working group - phase 2 implementation	Implement phase 2 of ARP	working group established. To monitor implementation, performance, incidents, SIs, lessons learned, coding and mapping issues. May 16 - reviewed incidents - breathing problems (prev Red 2 now Amber R). No SIs, for lessons learned, ARP not contributory. Agreed a pilot cap on Green allocations by time rather than number (3) to provide equality between city/rural jobs 22.8.16 pre-CODE NHS England Pilot is live and monitoring is ongoing	Sunley, Bob	03/10/2016	10/10/2016
																Revise the weekly Quality and Safety Report to align to new response model	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.	The BI team is currently working up a revised draft. Reports including the daily ROC report are still available to provide current information whilst the weekly report is refashioned. Weekly report revised and distributed for w/c 25 July 2016	Batey, Nigel	01/08/2016	03/08/2016
																ARP 2.2	Plan for and implement ARP 2.2	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	Whitham, Carrie	28/11/2016	31/10/2016
																Deliver A&E Ops recruitment line with Workforce Plan	Monitor delivery of A&E Operations recruitment and training in line with Workforce Plan	progress monitored in risk 85	Sunley, Bob	19/12/2016	08/03/2017
																EMD and ED Ops visiting Acute Trusts to discuss handover	Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Visited York, Scarborough, Barnsley. (see risk 766)	Mark, Julian	31/03/2017	31/03/2017
																Monitor Tail of Performance	Monitor tail of performance	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.	McSorley, John	31/12/2017	
1000	Implementation of Back Up Requests Matrix/SOP	Operations	A&E Operations	Macklin, David	Operational Risk	Capacity	30/06/2017	25/09/2017	IF the Back-Up Requests Matrix is not fully implemented THEN RRVs will not come clear at scene RESULTING IN us not optimising capacity to respond to emergencies	Matrix signed off clinically	Not implemented full prioritisation matrix operationally Not leaving stable patients who are waiting for transport when it is possible to do so	12	12	Moderate Risk	4	Back up prioritisation - RRV come clear	Implement Matrix - including comms to road staff, EOC training, awareness on CS Development Days		Macklin, David	30/09/2017	
1006	A&E Ops Recruitment Trajectory	Operations	A&E Operations	Segasby, Stephen	Operational Risk	Capacity	01/08/2017	30/10/2017	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	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	Aug 17: Further adverts out for Paramedics and ECAs	Segasby, Stephen	30/10/2017	
1035	Allocation of CPAD from CAD	Operations	Resilience and Special Services	Stevens, Paul	Operational Risk	Patient harm	29/09/2017	30/11/2017	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	Number of CPADs found to be switched off on CAD No 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	Scott, Emma	30/11/2017	
																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	30/03/2018	
																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
																Automated report of CPADs switched off	Work with BI to develop an automated report of CPADs that are switched off on CAD to support audit process		Stevens, Paul	28/11/2017	
																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	
Workforce and Organisational Development Directorate																					
991	Casework	Workforce and OD	Human Resources	Hartshorne, Suzanne	Operational Risk	Financial	06/06/2017	30/11/2017	IF YAS managers are making incorrect decisions due to Workforce Casework not being effectively managed THEN this could lead to Employment Tribunals RESULTING IN reputational damage and financial impact	Policies in place Workforce structure under consultation	Volume of casework and capacity to support managers and expertise to respond Provision of advice for managers Vision, Values and Behaviours framework not in place	12	12	Moderate Risk	3	Vision, Values and Behavioural Framework	Develop and implement Vision, Values and Behavioural Framework		Madsen, Claus	02/10/2017	
																Investigation Panel and conducting hearing's training	Investigation Panel and Conducting Hearings Training with Capsticks	Aug 17: planning underway, dates arranged for November	Angus, Karen	30/11/2017	
																Review of Workforce Policies	Review of Workforce Policies		Robinson, Rebecca	30/11/2017	
																Review HRBP role	Review of HR Business Partner role	June 17: this forms part of restructure and review of job descriptions	Hartshorne, Suzanne	30/11/2017	
																Implement approved structure	Implement approved structure including: write and evaluate job descriptions, consultation, recruitment		Hartshorne, Suzanne	30/10/2017	
992	Workforce Team capacity	Workforce and OD	Human Resources	Hartshorne, Suzanne	Operational Risk	Capacity	06/06/2017	30/09/2017	IF Workforce Team do not have capacity to manage their workload THEN they will be unable to provide early support to managers RESULTING IN failure to follow policy, procedure and employment law	Structure under consultation Policies and procedures in place, some under review	Vacancies	16	16	High Risk	3	Job descriptions and formal consultation	Write job descriptions, take through evaluation process for approval and undertake consultation process	Aug 17: JD's evaluated and being consulted on with staff June 17: Commenced writing JD's.	Hartshorne, Suzanne	30/09/2017	
																Engage Workforce Team	Engage workforce team	June 17: communications have commenced, will move onto formal consultation process.	Hartshorne, Suzanne	06/06/2017	06/06/2017
																Recruit to vacancies	Recruit to vacancies in structure		Hartshorne, Suzanne	31/10/2017	

111	Education & Training - Training Fleet	Workforce and OD	Organisational Effectiveness and Education	Launchbury, Tracy	Operational Risk	Estates and facilities	01/05/2013	30/08/2017	IF Fleet currently being used to deliver driver training is in a state of significant disrepair THEN it may suffer breakdowns RESULTING IN cancellation of training due to lack of vehicles	1) Vehicles are being maintained by the Fleet department as far as is practicable in their current state of repair 2) A number of new vehicles provided (Jan 15) 3) Business case, 6 new vehicles ordered, due to arrive July/Aug 16 - not arrived Aug 16 4) Incident reported of lost wheel from vehicle. 5) further new vehicles expected during 16/17	1) Vehicles are not provided on service rotation 2) Issues with existing vehicles are becoming more commonplace. 3) unable to manage peaks in demand 4) OEED not clear on when replacement vehicles will arrive 5) Unable to manage training disruption due to vehicle breakdowns 6) impact on staff becoming operational due to delay in delivery of training	12	12	Moderate Risk	4	Rotation and repair of vehicles	1)Further work with fleet provided to arrange for a permanent rotation of vehicles 2)Continue working with fleet to ensure vehicles are repaired in a timely manner when breakdowns occur 3)Upgrade business case that is part of the Finance Capital Programme	Limited progress in this area. Increased risk to medium due to continued use of ambulances and lack of alternatives	Oleary, Shelagh	09/11/2015	02/12/2015
															Replacement fleet and timescale for delivery	Replacement fleet for Organisational Development - Driver Training	Jan 17: 6 newer vehicles now in OD fleet, replacing oldest/least reliable. Sept 16: 6 Vehicles have not arrived as expected in July/August. All vehicles have in excess of 250,000 miles on and frequent break downs are being experienced during delivery of training. Some training has been delayed and/or disrupted leading to delays in becoming operational	Rowbottom, David	30/08/2017		
															System to obtain additional fleet for peak demand	To have an agreed system in place for obtaining additional fleet for peak demand	Work with A&E Workforce to agree process for training to obtain additional fleet to manage peaks in demand on training. No training has needed to be cancelled due to unavailability of vehicles. Not taken forward - priority is replacement of vehicles which are frequently breaking down.	Rowbottom, David	30/08/2017		
949	Information Governance concerns in Workforce Team	Workforce and OD	Human Resources	Robinson, Rebecca	Operational Risk	Information governance	02/05/2017	18/09/2017	IF there are not robust checking processes in place within Workforce THEN information may be incorrectly disclosed RESULTING IN breaches of person-identifiable, sensitive information, potential financial penalties from ICO and reputational damage	Information Governance generic mandatory training. Some checking procedures established	ESR training. Practical application and transfer of knowledge from IG training into the workplace environment and applicability to systems and processes in Workforce team	12	12	Moderate Risk	3	Training session for team	Develop and deliver training session for the Workforce team on Data protection and confidentiality including case studies and incidents	June 17: training sessions to be planned with the Workforce Team to ensure IG awareness and generic principles of best practice are applied to relevant workforce procedures. Recruitment to Workforce Governance role will support embedding and monitoring of good IG practice.	Robinson, Rebecca	18/09/2017	
950	Health and Wellbeing CQUIN	Workforce and OD	Human Resources	Angus, Karen	Strategic Risk	Financial	02/05/2017	04/09/2017	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	Two vacant roles leading the Health and Wellbeing CQUIN Capacity and knowledge to lead the PAM contract re-negotiation. Development and delivery of Flu plan 17/18	12	12	Moderate Risk	4	Flu plan	Develop Flu plan - to be in place by September 2017	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	06/11/2017	
															Health and Wellbeing Strategy	develop Health and Wellbeing Strategy 18/19	Aug 17: going to Board on 31st August 2017 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.	Angus, Karen	18/09/2017		
															PAM Contract re-negotiation	PAM Contract re-negotiation (current contract ends September 2018)	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	May 17: Paper to TEG	Hartshorne, Suzanne	25/09/2017		
															Restructure - Workforce directorate	Agree and implement Workforce Directorate restructure	Aug 17: continuing consultation with staff	Hartshorne, Suzanne	30/11/2017		
															Staff Survey action plan	Deliver action plan arising from Staff Survey (to allocate to Training and Development)		Hartshorne, Suzanne	04/09/2017		
951	UKVI Right To Work employment checks	Workforce and OD	Human Resources	Robinson, Rebecca	Strategic Risk	Regulatory compliance	02/05/2017	30/11/2017	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	Assurance of data quality of ESR data for historic recruitment. Internal processes in place for post-employment checks for employees on visa	12	12	Moderate Risk	3	ESR Manager	Recruit / train ESR manager	Aug 17: This will need to await for agreement to the new HR structure	Robinson, Rebecca	30/11/2017	
															SOP for post-employment check	Develop SOP for post-employment Right To Work checks		Robinson, Rebecca	07/08/2017		
															Audit and verification historic recruitment	Plan for an audit and verification of Right To Work in historic recruitment	June 17 RAG: Audit is ongoing	Robinson, Rebecca	31/03/2018		
814	Impact of calculation of holiday pay to include regular overtime in remuneration	Workforce and OD	Human Resources	Hartshorne, Suzanne	Strategic Risk	Financial	05/07/2016	18/09/2017	IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation	1. European caselaw 2. National debate is ongoing and includes all ambulance trusts, NHS Employers 3. Risk not included in financial plan for 17/18		16	12	Moderate Risk	8	Await outcome of Employee Tribunals	Await outcome of Employee Tribunals to determine caselaw on inclusion of regular overtime in holiday pay remuneration	Aug 17: await outcome of two appeals from Employment Appeals tribunal June 17: RAG - Await outcome of appeal from national cases. May 17: outcome is compulsory overtime is payable on 33 (not 20) days holiday pay, voluntary overtime is not payable. Will be calculated on 12 week average. It is possible that the outcome of the cases will be challenged. Finance are costing the implications for YAS of applying this criteria. April 17: TEG reviewing the financial implications of the holiday pay decision made nationally. Outcome of discussions will be communicated following the Trust Board Feb 17: Awaiting national steer Jan 17: waiting outcomes of 60 ETs, working nationally with other Trusts and Capsticks Nov 16: still await national decision 20 Oct 16 - No indication of outcomes from National Decision 4 Oct 16 - Reviewing Northern partnership to deal with counsel on way forward	Hartshorne, Suzanne	18/09/2017	
861	Delivery of Stat Mand Training	Workforce and OD	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Training, Education & Compliance	15/11/2016	28/08/2017	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	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	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	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 for PTS	To develop a statutory and mandatory training needs analysis for Patient Transport Service	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		
															EOC, PTS Comms, NHS111 TNA	Develop TNA for EOC, PTS comms and NHS111		Launchbury, Tracy	31/07/2017		

									and heightened scrutiny of external regulatory bodies	Operations agreed by TEG from April 17, to be implemented from 1st July 17.	requirements and reflect evidence base (ie. Conflict Resolution Training) 5. Trainer numbers not adequate to deliver the level of training that is required 6. financial resources to deliver the training 7								Support staff TNA	Develop TNA for support staff (incl ancillary, administration, corporate, fleet)	Launchbury, Tracy	31/08/2017		
																			TNA for Volunteers and sub-contractors	Develop TNA for patient-facing volunteers and sub-contractors CFRs and VCS, Taxi's	Launchbury, Tracy	31/08/2017		
																			non-classroom Stat/Mand topics	Statutory and mandatory topics with training requirements which are non-classroom based	Launchbury, Tracy	31/08/2017		
																			Bank staff TNA	Develop bank staff TNA (includes secondary assignments)	Launchbury, Tracy	31/08/2017		
																			Recording and reporting compliance	Recording and reporting requirements for statutory and mandatory training compliance	Launchbury, Tracy	30/09/2017		
918	Apprenticeship Levy utilisation	Workforce and OD	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Training, Education & Compliance	10/02/2017	28/08/2017	IF there isn't a plan to get the value out of the apprenticeship levy pot THEN after 24 months the HMRC take away the money and YAS will fail to meet the Public sector organisations expectation to have 2.3% workforce on apprenticeship standard training RESULTING IN lost opportunity to spend the money on training and an unknown penalty for failure to meet the %	Finance have accounted for 700k in budget for 17/18 Transitional strategy approved by TEG Dedicated lead for this project and in re-structure Executive understanding of the levy and strategic impact Apprenticeship Working Group established	Requirement to map apprenticeship opportunities	12	12	Moderate Risk	3			Executive education	Discussion with Director of Workforce re strategic understanding of impact of apprenticeship levy and mitigation/utilisation June 17: paper to TEG / TMG (5/7 June) to provide understanding March 17: Update paper requested for TEG	Launchbury, Tracy	20/04/2017	12/06/2017		
																			Establish Working Group	Establish a working group to influence direction of apprenticeship levy implementation June 17: TEG have been asked to nominate persons for all business areas to attend working group which is planned for 3rd July 17, Staff Side will also attend. March 17: First meeting being arranged - initial attendance will focus on functional processes with HR, Finance, Payroll and Education and Learning.	Launchbury, Tracy	27/03/2017	12/06/2017	
																			Resource to lead/implement strategy	Secure resource to implement the Apprenticeship levy strategy	Apprenticeship lead in post within leadership and learning team for 6 months until restructure is completed.	Madsen, Claus	27/03/2017	12/06/2017
																			Develop Apprenticeship Strategy	Development of Apprenticeship Strategy		Kelly, Samantha	31/12/2017	
																			Become an approved Apprenticeship Training provider	Become an approved Apprenticeship Training Provider in order to maximise the levy pot	June 17: submission is prepared in conjunction with Compliance Network and a previously approved ambulance service. We expect the window for applications to open in August with estimated date for confirmation of successful application during September.	Kelly, Samantha	30/09/2017	
Planned and Urgent Care Directorate																								
845	Culture / Retention in NHS111	Planned and Urgent Care	NHS 111	Leese, Mark	Operational Risk	Human Resources	26/09/2016	31/10/2017	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	
58	Clinical Staff Recruitment and retention - NHS 111	Planned and Urgent Care	NHS 111	Townend, Keeley	Operational Risk	Clinical	06/08/2013	29/12/2017	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 OOHs 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.	Cooper, Karen	12/12/2014	18/09/2014		
																			3 Clinical Advisor recruitment	Multi-factorial 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		Townend, Keeley	30/09/2017	
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 being produced to present 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			
996	NHS111 Performance and Quality compromise - financial settlement	Planned and Urgent Care	NHS 111	Leese, Mark	Operational Risk	Patient Experience	18/07/2017	29/12/2017	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		
																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			
1030	NHS 111 / Bigword	Planned and Urgent Care	NHS 111	Littlewood-Prince, Michela	Strategic Risk	Information governance	25/09/2017	29/12/2017	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 'thebigword'	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		Littlewood-Prince, Michela	30/11/2017			
846	WYUC Capacity	Planned and Urgent Care	LCD (local care direct)	Leese, Mark	Operational Risk	Capacity	26/09/2016	29/09/2017	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	Group is in place and meets regularly, chaired by commissioner contract manager	Cooke, Andrew	29/12/2017			
849	Resource to deliver change programmes	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Capacity	27/09/2016	31/10/2017	IF there is lack of Programme and Project resource within PTS THEN there may be a failure to deliver the PTS change programme RESULTING IN failure to realise the associated benefits, including CIPs	PMO function oversight of trajectories, milestones and financial benefits for escalation purposes via highlight report and dashboards IPR monitoring PTS Restructure completed and	Work required to recast the PTS programme	12	12	Moderate Risk	4	Recruit to Project Manager	Send Project Manager role to vacancy panel 28.11.16 Interviews held on 15 November	25/08/16 role reviewed at vacancy panel, further information required 25/09/16 role approved for recruitment Nov 16 role recruited	Dexter, Chris	21/12/2016	19/01/2017		
																Recruit to Programme Manager	Recruit to Programme Manager	Jan 17: Role out to advert March 17: Put back due to PTS restructure and the bid work.	Dexter, Chris	31/07/2017			
946	Re-negotiate contractual terms - PTS Hgt, Ham, Rich, Whitby	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	28/04/2017	30/06/2017	IF YAS does not effectively re-negotiate the contractual terms of the Harrogate, Hambleton, Richmond and Whitby PTS contracts before the end of contract THEN there will be a financial impact to YAS bottom line RESULTING IN a funding gap	Current contract - expect to tender either individually or as a collective	Negotiation would include consideration of service specification and which patients remain eligible or to increase funding to bridge the gap to ensure patients needs are met in partnership with the localities.	12	12	Moderate Risk	3	Re-negotiate contractual terms Hgt, Ham, Rich Whitby	Effective re-negotiation of contractual terms to resolve underfunding gap		Dexter, Chris	30/06/2017			
947	North PTS Bid	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	28/04/2017	31/10/2017	IF PTS fails to retain the North Yorkshire (VOY and Scarborough, Ryedale) contract THEN there will be a loss of contractual activity and TUPE of staff RESULTING IN financial loss and proportionate impact on associated overheads of corporate and support functions	YAS is the current provider Bid resource in place to deliver successful outcome Recent successful bid to learn lessons 2-day workshop for key PTS managers in bid writing	plan for proportionate loss of associated overheads in support services	12	12	Moderate Risk	4	North Yorkshire PTS Bid	Prepare and submit bid	Oct 17 bid writing ongoing. Questions with relevant managers for responses. Support in place for collation and evaluation.	Dexter, Chris	31/10/2017			

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	29/09/2017	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 Management system in place in line with HS(G)65 2) Health and Safety Management policies and procedures in place 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	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	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	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	
																		Development of non-accredited Health and Safety Training	Development of non-accredited Health and Safety Training course for management groups within the Trust who were 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 Training needs analysis for the relevant management groups and an outline of the course content were completed in 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 extraction time.	Jackson, Shelley	31/10/2017	
1015	Post-Occupational Exposure Prophylaxis	Quality, Governance and Performance Assurance	Quality and Nursing	Ashby, Clare	Operational Risk	Infection, Prevention & Control	01/08/2017	31/08/2017	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		12	12	Moderate Risk	4	Formalise protocol with acute trusts	Formalise protocol with acute trusts for provision of prophylaxis when indicated		Ashby, Clare	30/11/2017		
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	30/11/2017	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 G45 Contract Data Flag procedure Audit of quality of premises CCTV and reporting for remedial actions	Capacity of Fleet Team, specifically Electricians, to retrieve footage Availability of vehicles for VOR Tools to retrieve footage and replacement hard drives - Premier Hazard equipment 5 different types of vehicle CCTV installed Length of time of capture is inconsistent on vehicles Premises CCTV images are poor		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	Moyes, Richard	25/09/2017		
																		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 VUE systems	Deploy the overlay system to VUE	July 2017: Equipment procured and delivered in 16/17. To be installed on vehicles with VUE CCTV systems to standardise.	Tawks, Steven	30/09/2017	
933	Conflict Resolution Training provision	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Page, Steve	Strategic Risk	Staff & 3rd Party Safety	03/04/2017	31/10/2017	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	1) Assurance as to quality of training being currently delivered 2) Accurate, timely and comprehensive records of incidents and sanctions, including themes and trends analysis and action plans to address violence and aggression 3) Embedded systems and processes to support staff 4) Robust Data Flagging procedure to identify addresses/patients who present a risk to individuals		12	12	Moderate Risk	3	Position statement and action plan	Set out evidence-based position and develop action plan	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 July 17: A&E Ops package commenced delivery June 17: A&E Ops package in final draft with LSMS, ECAC for review. Plan for training for other services and roles is being developed	Travis, Maxine	31/10/2017		
																		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
791	LCD Complaint handling and record keeping	Quality, Governance and Performance Assurance	Patient Relations and Experience	Taylor, Jacqueline	Operational Risk	Regulatory compliance	19/05/2016	31/07/2017	IF LCD does not follow policy and procedure for the recording and management of complaints THEN there is potential for failure to meet regulatory requirements RESULTING IN public criticism from the Ombudsman, possible financial penalties and failure to learn from complaints.	1. Data quality checks carried out monthly 2. Monthly quality audits to highlight the extent of the problem. 3. Head of Investigations and Learning has escalated to Executive Director Quality, Governance and Performance Assurance to pursue engagement with LCD Governance leads to improve standards.	Lack of engagement with LCD at operational level		12	12	Moderate Risk	3	Improve practice in complaint handling by LCD	Improve complaint handling practice by LCD	Average response time - 19 working days. Equal spread of outcomes Latest QA score 89% April 17: Monitoring improvements in complaints management process at Quality Contract meetings. Reports show reasonable performance during April. LCD scored 86% on quality audit, 94% responses meeting due dates. Average response time of 20 working days. Reasonable spread of outcomes on closed complaints – approx. a third of upheld, not upheld and partly upheld. Continue to monitor 18.7.16 Audits through 2016 showing consistent issues with LCD management of complaints and documentation on Datix. Head of Investigation meeting with Dr Foster to review and discuss. Meeting taken place but actions not yet implemented with LCD. Audits are fed back to LCD Governance Team.	Littlewood-Prince, Michela	31/07/2017		
																		Ombudsman enquiry	Await findings of Ombudsman enquiry	Ongoing Ombudsman enquiry into LCD complaint - outcome awaited. To feed into Director Level escalation process Complaint was partly upheld by the Ombudsman and LCD's complaint handling requires improvements	Page, Steve	31/03/2017	24/05/2017

146	Annual IG Training of all staff	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Darby, Allan	Strategic Risk	Information governance	09/09/2013	31/10/2017	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. 95% of staff have to undertake annual IG training, to meet the IG training target.	12	12	Moderate Risk	4	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. 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 16/17 IG training by staff:	March 17: Overall improvement in compliance from previous year reported through IG Toolkit requirement 112. Analysis of cycle of training provision and review of training materials required in year 17/18. Uptake is monitored via Workforce Dashboard. Feb 17: Trust compliance sitting at 62%. Publicity through Staff Update, screen saver, escalation to TMG, IAO's, RAG. Dec 16: promotion of the new IG annual refresher training module Nov 16: 72.54% (new workbook issued - gap in provision online whilst workbook was refreshed and uploaded) Oct 16: 91.93% Sept 16: 91.90% Aug 16: 91.28% July 16: 88.44% June 16: 87.41% May 16: 85.00%	Travis, Maxine	31/10/2017	
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	31/12/2017	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	1. Records possibly held insecurely across the YAS estate, which the Trust is not aware of.	12	12	Moderate Risk	4	Develop Trustwide Records Management Assurance Exercise	1a. Development of a Trust wide records management assurance exercise (including associated tools and resources) for 15/16 to both search for and appropriately manage, paper-based records within YAS premises (and business functions) and inventory existing and already known about records held locally	Action plan developed. 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.	Kaplan, Leon	01/08/2016	19/07/2016
															Implement Records Management Assurance Exercise Trustwide	1b. Implementation of records management assurance exercise Trustwide	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. 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 Ongoing I4I programme highlights to IG manager any records management concerns for further investigation IAO reviews consider records management arrangements on YAS sites and requirement to archive off-site at Restore.	Kaplan, Leon	26/06/2017	28/04/2017
															Identify unsecure records via I4I and removal to Restore Ltd or appraisal for destruction	1c. Existing process of identifying via I4I process unsecure records in YAS premises and ensure appraisal/removal to RESTORE or secure local site	I4Is programme for 2015/16 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	Squires, Caroline	06/07/2016	16/06/2016
															Review Records Management Policy	Review Records Management Policy	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 Policy approved and updated on intranet	Kaplan, Leon	08/02/2017	28/04/2017
															Archiving at priority sites	Link with Estates to understand priority sites for focus of records management archiving work during 17/18	Aug 17: Fairfields, Rotherham decommissioning project commenced with Estates as lead. To provide archiving and destruction advice to the project. July 17: Monkgate complete 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. RAG Jan 17: need to understand priority sites for development/disposal that will require a records management exercise in preparation	Darby, Allan	29/12/2017	

