

ID	Title	Directorate	Business Area	Handler	Risk Type	Risk Subtype	Opened (date risk identified)	Review date	Description	Controls in place	Gap in controls	Rating (Initial)	Rating (Current)	Risk level (Current)	Rating (Target)	Action title	Action description	Progress (Action Plan)	Assigned to	Due date (Action Plan)	Done date (Action Plan)
Business Development																					
261	Business tendering	Business Development	Business Development	Mobbs, Leaf	Strategic Risk	Financial	13/03/2013	28/04/2017	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 & NHS. 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	allimprove Commissioner and YAS communications Reconfigurations YAS Wide Communications of contracting information Hull PTS tender Bid for South PTS contract East Riding PTS Tender	Contract manager to develop a contract briefing Deputy now in place b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber 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 Bid for Hull PTS Contract Respond to South consortium (Sheffield, Rotherham, Barnsley CCGs)PQQ and bid for PTS contract East Riding PTS tender	Deputy in post Briefing note signed off Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG. Initial workshop taken place to brief managers on contracting issues and update on key aspects. Attended team meetings in operational directorate. further work required and more meetings to be planned in. 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 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 Standstill period complete: 31 March 2017 Contract awarded and mobilisation starts: 3 April 2017 Service fully functioning: 2 October 2017 RAG July 16 - respond to PQQ and Final decision November with a start date of April 17 RAG Sept 16 - some slippage in contract timescales into 2017 - likely to be July 17 start date Jan 17: Contract negotiation extension period, ER contract will go out to tender	Bennett, Julie Bennett, Julie Bennett, Julie Dexter, Chris Dexter, Chris Dexter, Chris	31/12/2015 30/11/2015 27/11/2015 30/11/2016 24/04/2017 03/04/2017	30/12/2015 25/11/2015 01/12/2015 16/12/2016
911	Strategic Impact of Reconfigurations	Business Development	Business Development	Mobbs, Leaf	Strategic Risk	Financial	12/12/2016	31/03/2017	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 comprehensive reconfigurations register	implement recommendation from Internal Audit of Reconfigurations to develop a single comprehensive register of reconfigurations and impacts 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	Mobbs, Leaf	31/03/2017		
Clinical																					
919	BLS training and competency	Medical	Medical - Operations	Dykes, Steven	Operational Risk	Clinical	10/02/2017	27/02/2017	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	Current review of TNA for provision of mandatory training includes review of provision of resuscitation training	15	15	High Risk	9	Review of provision of BLS training	Review of how Basic Life Support and Defibrillation theory and practical training is delivered	Proposal for development of e-learning theory materials and other electronically available educational resources to support the practical hands-on delivery of BLS training.	Rowbottom David	31/03/2017	
Finance																					
860	Align Ancillary Cleaning Services with operational change	Finance	Support Services	Hill, David	Operational Risk	Infection, Prevention & Control	31/10/2016	31/03/2017	IF recommendations from the review of Ancillary Cleaning Services are not delivered THEN the Ancillary Service will not be positioned to respond effectively to organisational change (ie. Hub & Spoke) RESULTING IN potential for failure to meet service levels	Current line management structure Review of Ancillary Cleaning Services (July 2016) Currently achieving SLAs but not geared up to respond to change	Plan to deliver recommendations of Ancillary Cleaning Services review Cleaning services lack of alignment with Hub and Spoke programme	12	12	Moderate Risk	3	Plan to align services with demand	Take the Review of Ancillary Cleaning Services and develop a plan to align Ancillary Services to proposed organisational change	Jan 17: Review of Directorate structure underway to determine where premise cleaning sits in structure. Decision required on VPS/Make Ready to determine approach to implementation of recommendations of Ancillary Cleaning Services review. Feb 17: some cleaning services review recommendations have been implemented. Meetings with Facilities Management consultants to develop self-facilities management system. Engagement with Hub & Spoke ongoing to understand requirements	Hill, David	31/03/2017	
784	Trust Cost Improvement Programme 16/17	Finance	Finance	Crickmar, Alex	Operational Risk	Financial	05/04/2016	31/03/2017	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 2. Business Finance Manager responsible for monitoring 3. Escalation to Associate Director and CIP Monitoring Group	Submission of PIDs Management of agency spend	12	12	Moderate Risk	6	Monitor 16/17 Finance CIP Review of PIDs	Monitor Finance CIP 16/17 Request for PIDs to be submitted to Finance	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 £540 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. RAG Jan 17: PIDs will be reviewed at CIPMG Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year.	Crickmar, Alex Sandford, Matt	31/03/2017 31/03/2017	

807	Non-achievement of regulatory targets 16/17	Finance	Finance	Crickmar, Alex	Strategic Risk	Financial	06/04/2016	31/03/2017	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 managers/capital leads and reporting to the Board/Capital monitoring group. 7. Monthly Quality and Efficiency Savings Plans (CIPs) reporting. 8. Monthly forecasting.	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	
															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		
821	Capital Funding	Finance	Finance	Toole, Robert	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. Two elements are yet to be approved by NHS I including 1) carry forward of capital to revenue from 2015/16 (£3.7m) and 2) use of 2015/16 surplus to fund programme (£2.1m).	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. 5. Monthly forecasting.	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	Toole, Robert	05/04/2017	
857	Management Capacity	Finance	ICT - Information Technology	Zahran, Ola	Operational Risk	Capacity	17/10/2016	03/04/2017	IF the management structure of ICT is not complete THEN existing management will be at stretched capacity RESULTING IN on-call management doing 1 in 2; Impacting on work quality and deliverables; and potential for unplanned stress related absence.	ISD Manager (MF) managing Infrastructure and Voice Comms Team Acting AD ICT (OZ) is managing systems team On-call arrangements established 1:3 On-call support (Management)	Recruitment of Voice Comms Manager Permanent contract for Infrastructure/System Manager Senior project manager	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 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	19/12/2016	03/01/2017
															Appoint Voice Comms Manager	To have recruited a full time permanent voice comms manager		Zahran, Ola	20/03/2017		
															Permanant ISD Manager	To have recruited and appointed Infrastructure, Systems and Development Manager permanently	Dependant on appointment of Head of ICT (currently acting) Nov 16: roles being covered temporarily	Zahran, Ola	03/04/2017		
															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	Jan 17 (RAG): Reviewing workload, not submitted through Vacancy Control Panel yet	Zahran, Ola	01/04/2017		
824	Delays in delivery of 115 DCAs	Finance	Fleet	Toole, Robert	Strategic Risk	Financial	29/07/2016	31/03/2017	IF there is a delay in the delivery of 115 DCAs in line with Capital Plan THEN there would be an impact on cash flow RESULTING IN potential failure of CRL delivery by 31/03/17	Close monitoring & regular liaison with O&H by Interim Head of Fleet; and Associate Director of Procurement and Logistics Timetable for delivery of DCAs received	Control of slippage in delivery from convertors	12	12	Moderate Risk	9	Monitor plan for delivery of DCA	Provide update on conversion and delivery timetable; mitigation of risks from delayed delivery	29.7.16 JL logged risk as amber discussed at July 2016 CMG Original expectation: September 2016: Mock up of first vehicle due end of August/early September. Timetable for delivery of remaining vehicles agreed throughout rest of 16/17 Full order of 115 DCAs delivered by December 2016. Oct 16: expected delivery of the first DCAs in November 2016 will rest to follow through remainder of financial year. RAG Oct 16: Engineers fitting comms equipment 13 Jan 17: New schedule this week which takes us to the end of the financial year. All projected to be delivered by end of March. Held meeting with the convertors this week and received assurance on delivery. Payment schedule set up in accordance with conversion and delivery of vehicles. As of Jan 17 we have 20 on the road. Feb 17: 35 vehicles on road, increase production output to deliver by end of March 17. Work planned to log these vehicles on CAD as unsuitable for some types of Embrace incubators	Gott, Jeff	31/03/2017	
680	Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance	Estates	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	03/04/2017	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, which are now 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. Priority for implementation late Autumn 16. 6) Air con to be replaced in winter period as more favourable weather conditions	1) no fire suppression system installed	20	12	Moderate Risk	4	DSSR appraisal of plant	1) DSSR Consulting Engineers to review and appraise condition of existing plant and make recommendations for such replacement as necessary.	This is not being pursued as existing plant is able to be maintained / repaired.	Hinitt, Ian	26/10/2015	14/01/2016
															Business case for Air Con	2) make a defendable bid/business case for capital for next year (2016/2017 period) based on DSSR review	Business case agreed for tender within 16/17 - to install air con in Q4, Redworths developing detailed design specification,	Hinitt, Ian	29/08/2016	26/08/2016	
															Procurement design, spec, tender - Air Con	3) Procure the detailed design, specification and tender process of any new system	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.	Farrell, Paul	03/04/2017		
															Select preferred contractor	4) selection of contractor and contract commencement - date to be confirmed	Dec 16: Redworths are overseeing this project Feb 17: slippage in delivery, Redworths not overseeing	Farrell, Paul	05/04/2017		
															SH2 Air Con Fire Risk Assessment	review risk assessment (February 2014) and reappraise the risks based on recent incidents	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	Hinitt, Ian	17/08/2015	24/08/2015	
															Argon Gas Suppression system	establish the cost for installation of an Argon gas suppression system	Contractor has visited site and we await costed proposal	Hinitt, Ian	24/08/2015	24/08/2015	
															Install Fire Suppression systems to IT Server Rooms YAS HQ	Install fire suppression systems	risk assessments completed. Fire suppression to be prioritised. Dec 16: on track to be completed within this financial year.	Farrell, Paul	03/04/2017		
															Fire Escapes from Server Rooms	As part of the fire suppression and risk assessment of server rooms, consider fire escapes	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 tidiness	Brown, Glyn	31/10/2016	05/09/2016	

Operations																		
													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> 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) 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. RAG Oct 16: two cohorts of EMDs progressing through training and will be ready for winter period. Feb 17: further cohorts of EMDs and disaster response training	17.6.16 Immediate actions undertaken are detailed in controls - timer IFT lines - audit of incoming lines	McGuire, James	08/08/2016	08/08/2016
													Recruitment and training of EMDs	Recruitment and training of EMDs		Whitehouse, Jayne	24/04/2017	
													Prompt identification of cardiac arrest	Clinical Governance Group to consider proposal for AVR prioritisation of potential cardiac arrest 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.	22.8.16 Pre-CODF- a further paper is going to Clinical Governance Group 25.8.16 to provide greater detail on actions previously proposed Sept 16: AVR prioritisation of potential cardiac arrest is not being taken forward.	McGuire, James	17/10/2016	29/09/2016
													Urgent disconnect paper	Agreement to urgent disconnect with specific AMPDS codes Process agreed	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	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. 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. 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.	McGuire, James	27/03/2017	
													Review EMD attrition	Overall review of EOC EMD attrition rates and develop retention strategy	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: Work Life Balance – 7 Lack of Opportunities – 5 Relocation – 5 Health – 3 Other/Not Known – 2 Dismissal Conduct – 2 Need to formalise meetings for leavers in all roles, Head of EOC to get process together. JW Service Delivery Mgr (SDM) to get numbers for leavers ECA, dispatch and external so we understand reasons for leavers better. 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. Jan 17 - we know current attrition rates but need to benchmark against other EOC's/similar industry to understand whether we are an outlier. Planned evaluation of exit interviews for themes and trends. Staff engagement and consideration of development opportunities and career progression options. Interim review of progress 3/12.	McGuire, James	10/04/2017	
													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	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. Jan 17: Plan to assess current TL workload and align on-day tasks. Wider discussion with EOC teams and staff side to agree processes	McGuire, James	10/04/2017	
													Review EMD bolt-on processes	EMDs have 46 locally agreed processes, not part of automated Pro-QA to remember and implement (eg. recontacts, upgrading of specific calls)	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 processes.	McGuire, James	27/03/2017	
													Review impact of clinical support roles	To review the impact of clinical support roles on call handling performance	Feb 17: Need to reaffirm clinical floor walking process and remove clinician cards. Floor walking will concentrate more on HCP/FT 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	Strickland, Annette	10/04/2017	
													EOC Rota Review	Undertake a review of EOC rotas	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	Whitehouse, Jayne	24/04/2017	
													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.	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 flex'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	McGuire, James	27/04/2017	
													Review Inbound Calls Average Handling Time	Review average handling time of inbound calls	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	McGuire, James	28/04/2017	

731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Gott, Jeff	Operational Risk	Health and safety	26/10/2015	03/04/2017	If the Trust continues to operate the Mercedes van conversion ambulances without modification then there is an increased likelihood that staff could suffer musculoskeletal problems caused by the operation of the tail lift and from working with / moving patients in a confined environment.	Stop put on all further purchases of the Mercedes van conversion Reconfiguration of rear doors and tail lift has been trialled and agreed Capital to deliver modifications 5k per vehicle	Trust currently has 80 Mercedes vans going through modification process	12	12	Moderate Risk	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&C 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 VEPG 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. Redistribution is an ongoing process where vehicles drift	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
															3 Evaluate if Events can take some of the Mercedes vehicles	Evaluate if Events can take some of the Mercedes vehicles from A&E Operations	Aug 16: Events have proposed that they can take some vehicles as replacements for their fleet - Head of Events to work with Head of Fleet to progress Nov 16: This plan wouldn't be viable unless there Trust had additional monies to backfill. We will struggle to keep within age profile with the Capital available to us.	Ruud, Mark	28/11/2016	21/11/2016
															Modifications of Mercedes Vans	Determine and implement modifications to Mercedes vehicles	Jan 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 RAG Aug 16: some modifications on one vehicle have been made and vehicle provided for evaluation. Further modifications required - side of wider door and alignment with stretcher RAG 27.7.16 Adjustments had been made to a number of vehicles including removal of the front saloon seat and utilisation of space with a plate for storage of the green bag. Meetings arranged with vehicle converters to review possibility of redesigning the rear ramp and splitting rear doors in order to install wider ramps, the removed seats were being stored in a container in Sheffield. There were no costs as the unit is owned by YAS. It was hoped seats could be redistributed into future builds which would reduce costs slightly in new conversions. Alterations to tail lifts and doors were are subject to capital funding at approx. £6-7k per vehicle	Gott, Jeff	30/06/2017	
Evaluate if Learning & Development can take some vehicles	Learning & Development to consider if they can take vehicles for driver training	30.9.16 - post-RAG TL discussed with Risk Manager possibility of taking 6 Mercedes for driver training, meaning it would not be necessary to modify tail lift and doors - saving 5k/vehicle TL to discuss in Workforce & OD Directorate and report to Head of Fleet, Exec Dir QGPA and Exec Dir Finance. Nov 16: This plan wouldn't be viable unless there Trust had additional monies to backfill. We will struggle to keep within age profile with the Capital available to us. Require additional modification to be suitable for driver training	Launchbury, Tracy	07/11/2016	21/11/2016															
766	Hospital Handover	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	01/04/2015	05/04/2017	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	1. Daily turnaround reports, include handover and YAS turnaround 2. weekly updates 3. Liaison with local hospitals, Chief Officers, to help manage turnaround times 4. HOps update LMs weekly 5. Liaison with commissioners via CMB and CBU meetings 6. Real-time escalation and HALO role 7. On call teams and escalation plans to maintain safe service delivery reviewed and in place and action plans in place via ROC 8. Positive reinforcement to crews with good turnaround (3 month project) 9. Resilience support vehicle to be utilised at direction of on call Gold Commander / ROC 10. daily conference call 11. Learning from serious incident investigation 12. Self-Handover	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	20	High Risk	Collaborative Turnaround Meetings	Collaborative handover meetings with acute trusts and commissioners Monitoring and reporting of turnaround times	CQDF 28.7.16 Collaborative meetings have not been held	Macklin, David	22/08/2016	28/07/2016
															Handover in Turnaround Agreement and declaring SI	Monitor excessive handover and report to acute trusts / commissioners, and in accordance with Turnaround Agreement request consideration of SI status	Monitoring and reporting of turnaround to commissioners. SI declared by YAS for delayed response with adverse patient outcome will include handover analysis to establish if correlation with performance. Report of SI has been submitted to commissioners for review - further actions to be agreed following this Sept 16: SI has been delogged from YAS numbers. Region-wide workshop held, followed by meetings to agree and implement action plan	Page, Steve	28/11/2016	11/10/2016
															Region-wide group to manage turnaround	Manage handover regionally	CMB 20.7.16, 25.7.16 999/111 Clinical Quality Board 27.7.16 CQDF 28.7.16 - Turnaround at Scarborough over 4 hours last weekend pre-CQDF 22.8.16 a 'turnaround' workshop has been held by NHS Improvement to identify solutions and agree actions Report of SI has been submitted for review - delogged. Region-wide group established to implement actions agreed at a workshop held in September RAG Oct 16: workshop actions are being overseen by Locality Boards Feb 17: hospital handover is discussed at CMB with commissioners. For 17/18 planning assumptions into contract, include handover. Business Intelligence monitor hospital handover and included in weekly report	Page, Steve	31/03/2017	
															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

360	Bariatric Equipment Vehicle Training and deployment	Operations	A&E Operations	Jackson, Shelley	Operational Risk	Health and safety	30/01/2014	28/03/2017	Harm to patients and staff due to insufficient number of staff having completed training on the Bariatric Equipment Vehicle and lack of process for utilising the resource in A&E and PTS across the region.	<ol style="list-style-type: none"> All staff have completed Handling and Lifting training. Small number of CS staff have been trained in the Bariatric vehicle. HART team have specialist training to assist with difficult patient moves. Staff can request additional staff to assist with a lift. Modular training has been established for staff. SOP developed and implemented. 	<ol style="list-style-type: none"> Those staff that have been trained have not been trained in all equipment available on the vehicle (Trained staff may not be available). 	9	12	Moderate Risk	<p>Bariatric vehicle training and deployment</p> <p>1) Develop plans to increase numbers of staff trained on this equipment locally within CBU. 2,3+4) deploy the bariatric vehicle across the region for both A&E and PTS.</p> <p>Long term actions: 1) embedding process in the SOP considering other agencies 2) reviewing the training plan 3) developing the complex patient risk assessment process and care plan</p> <p>Feb 17: RAG requested update on utilisation</p>	Jackson, Shelley	19/09/2016	12/09/2016	
															<p>Training status from ESR onto CAD</p> <p>To get Bariatric Vehicle Trained staff status transferred from their ESR record onto the CAD system to support Dispatchers in utilisation of the Bariatric vehicle</p>	<p>Head of Safety working with EOC and ESR Team to enable transfer of information to CAD Immediate action plan pulled together in view of the process being communicated to staff by end of July including action cards for EOC and A&E Ops</p> <p>Immediate action plan 1) communication from EOC and A&E Bronze 2) Identification of incident support unit via MDT 3) flagging of bariatric patients 4) Identification of trained staff is now in CAD 5) maintenance plan for vehicle is being developed</p>	Ashby, Clare	25/07/2016	25/07/2016
															<p>Procurement bariatric capable stretchers</p> <p>Plan to procure bariatric capable stretchers for new vehicles.</p>	<p>Aug 16 Tender complete. Due diligence testing of new model over next 3-4 weeks. Aligned timescale for delivery with delivery of new vehicles, from December onwards through to end of financial year. Stretchers delivered and being installed on new vehicles of which delivery should be completed by end of this financial year.</p>	Stower, Mark	31/03/2017	
															<p>Capital bid to purchase 5 leased bariatric vehicles</p> <p>The 5 bariatric vehicles that YAS currently under a 5 year lease are due for renewal. Option to send back or purchase. Head of Fleet is recommending that YAS buy them - to develop a capital bid</p>	<p>Jan 17: capital bid developed and submitted and it has made the initial cut. If accepted will purchase in April 17.</p>	Gott, Jeff	01/05/2017	
368	Operational impact of service reconfiguration	Operations	A&E Operations	Macklin, David	Operational Risk	Clinical	25/03/2014	27/03/2017	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	<ol style="list-style-type: none"> Leads within A&E Operations, Clinical Directorate and Business Development, contracting, represent YAS in reconfiguration meetings / working groups. Business Development Group established and has representation from clinical, contracting and A&E operations. Internal Audit of reconfigurations - report Dec 16 Register on SharePoint Scarborough 17/18 built into contract figure. 	<ol style="list-style-type: none"> Lack of clear and timely communication from stakeholders on planned changes Monitoring of performance impacts via SPDMs lack of comprehensive register of intelligence relating to reconfigurations 	12	12	Moderate Risk	<p>Service Reconfiguration YAS process</p> <p>1. Develop a reconfiguration decision-tree process for managers who may be representing YAS within different forums. This would identify who needs to be involved from Ops/Clinical/business management at which stages.</p>	<p>Reconfiguration group established with representation October with Finance, Business, clinical, BI, Ops SPUDS 6.11.15 draft matrix circulated to group for comment Business and Finance wish to add to contract negotiations. Paper to Nov board to outline mitigation actions and how SRG can be influenced to ensure service changes are identified and collective risks evaluated. Arranged 1/2 day facilitated meeting January with all parties to review all service reconfigurations agreeing a risk score for each this information will support the actions for further analysis and feed into commissioner and local operational design.</p>	Crossley, Jacqui	19/01/2016	10/12/2015
															<p>Reconfig collation of changes and review via CMB</p> <p>Commissioner and YAS to collate planned changes and review via CMB</p>	<p>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</p>	Bennett, Julie	18/04/2016	30/05/2016
															<p>Establish HERG / BDG</p> <p>Establish the Health Economy Reconfiguration Group to monitor planned reconfigurations - Now part of Business Development Meeting</p>	<p>HERG was established in January 2016 and has been chaired by PC, an Interim Director of Business Development. Meetings held every 2 weeks. Reconfiguration register established. 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 MIUs/WIC's and development of UCC's</p>	Bennett, Julie	25/07/2016	05/07/2016
66	Operational performance	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	07/11/2011	31/03/2017	Risk to patient safety due to increased emergency demand across the A&E Operations service	<ol style="list-style-type: none"> Intense monitoring process in place. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs Weekly patient safety review underway to determine harm caused from delayed responses. Weekly Quality and Safety monitoring report Ops Recovery Plan in place with actions underway to address performance issues. Ongoing monitoring of demand profile against planned resource. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare. Overtime is being used to address vacancies Use of Private Providers - this is being reduced Implementation of Rota Review to enable responsive rota patterns to match demand and forecasting 	<ol style="list-style-type: none"> Inability to manage increase in demand at present time effectively with available resource. 	20	20	High Risk	<p>Operational Alert - Excessive Delayed Response</p> <p>Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning.</p> <p>completed 1 Aug 15</p>	Frankowiak, Stefan	01/08/2015	01/08/2015	
															<p>Real Time Excessive Delayed Response Reporting</p> <p>Real time reporting process to be made more robust to ensure this is happening consistently.</p> <p>process strengthened with recruitment to Senior Clinical Advisor role. Learning from SIs implemented.</p>	Whitham, Carrie	12/10/2015	12/10/2015	
															<p>ARP working group - phase 2 implementation</p> <p>Implement phase 2 of ARP</p> <p>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</p>	Sunley, Bob	03/10/2016	10/10/2016	
															<p>Revise the weekly Quality and Safety Report to align to new response model</p> <p>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.</p> <p>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</p>	Batey, Nigel	01/08/2016	03/08/2016	
															<p>ARP 2.2</p> <p>Plan for and implement ARP 2.2</p> <p>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</p>	Whitham, Carrie	28/11/2016	31/10/2016	

85	Vacancies in A&E Ops and impact on Workforce Plan	Operations	A&E Operations	Macklin, David	Operational Risk	Clinical	08/08/2013	31/03/2017	IF we do not have adequate staffing levels in A&E Ops THEN YAS will be unable to deliver the Workforce Plan RESULTING IN potential risk to patient and staff safety and performance.	<p>1. Overtime incentives.</p> <p>2. Recruitment ongoing and trajectory being monitored.</p> <p>3. Use of Private Providers.</p> <p>4. Flexible working</p> <p>5. Increased hours for PT workers</p> <p>6. Use of bank staff</p> <p>7. Delay in recruitment in Hull and East Yorks due to loss of PTS contract in Hull</p>	<p>1. Conversion to higher skill levels, will take time</p> <p>2. Relief capacity cannot fill all core shift abstraction due to vacancy, relief also has to back fill other abstraction such as sickness, training and annual leave</p> <p>3. External advert for recruiting Paramedics is unlikely to cover vacancies and is not a reliable mitigation</p> <p>4. Lack of coordinated approach to addressing paramedic retention</p> <p>5. Transition between band 5 and band 6 paramedic role and national agreement</p>	12	12	Moderate Risk	3	<p>Recruit to vacancies</p> <p>1. Continue recruitment to vacancies. Additional initiatives underway to try and get additional staff including visits to local universities</p> <p>Band 4 to Band 5 conversion</p> <p>2. Now band 4 to band 5 conversion which is providing mitigation</p> <p>Workforce Plan implementation Rota changes</p> <p>3. Workforce plan implementation of rota changes</p> <p>Use of Private Providers</p> <p>Private Providers - Jigsaw and UK Event Medical contracts commenced 1 September Governance around SJA contract strengthened.</p> <p>Develop a retention strategy</p> <p>To develop a retention strategy for the Trust</p> <p>Recruit to vacancies South CBU</p> <p>Continue to recruit to vacancies in A&E Operations South</p>	<p>Feb 17: Trajectory, 24 behind plan</p> <p>Jan 17: WF Plan 242 additional staff required, will be 17 short. Number of drop-outs on the course, we predicted 8%, spike in December of 15% which has put us behind trajectory.</p> <p>Dec 16: Recruitment is in line with trajectory. Work stream 1 right people right skills continues to make progress towards the 2163 FTE required to meet the business case and budgeted establishment. current forecast is that this number will be reached ahead of the end of March 2017 target date.</p> <p>Delay in recruitment in Hull and East Yorks due to loss of PTS contract in Hull Actual v's Business Plan is plotted monthly by Capacity and Forecasting within the Business Intelligence function, this data reflects overall recruitment, current establishment, internal moves including paramedic b6 increment, b4 to b5 conversion, against projected with variance highlighted.</p> <p>RAG Sept 16 - recruitment and training is being expedited</p> <p>Actual v's Business Plan is plotted monthly by Capacity and Forecasting within the Business Intelligence function, this data reflects overall recruitment, current establishment, and includes b4 to b5 conversion, against projected with variance highlighted.</p> <p>Continue to monitor uptake and completion.</p> <p>Jan 17: uptake of conversion continues and is being monitored to completion</p> <p>Dec 16: rota changes have been commenced following period of consultation Rota changes have now been delayed until October 2016, minor changes will be considered as an interim measure - implementation followed by evaluation Discussion ongoing with unions and implementation of recruitment and training plan continues</p> <p>01.02.16 agreed process now in place for minor adjustments to rota 18.04.16 A number of interim rotas have implemented after agreement by rota group</p> <p>27.06.16 A & E Transformation sessions taking place in July, and rota keys will be issues</p> <p>Contract Monitoring and governance/assurance processes in place Use of private contractors greatly reduced due to cost. action now closed</p> <p>Jan 17: retention of clinicians has improved especially with the introduction of B6 for Para's.</p> <p>Ongoing development of workforce plan including delivery of A&E transformation, clinical career framework.</p> <p>KS 13.4.16 In terms of retention of clinical staff, the clinical career framework which AD Paramedic Practice has developed is the key plan over the coming months. Longer term plan to develop a Retention Strategy for the Trust.</p> <p>Feb 16 - paramedic pay progression, memo to staff on implementation of Band 6 arrangements and progression through grade being a national decision</p> <p>13.04.16 made excellent progress with recruitment and also on getting the correct skill mix for the CBU, this action can be closed</p>	Sunley, Bob	31/03/2017	McSorley, John	20/03/2017	McSorley, John	28/02/2017	30/11/2016	Ali, Tasnim	01/09/2015	01/09/2015	Robinson, Rebecca	24/04/2017	Cole, Jackie	13/04/2016	13/04/2016
227	CBRN SORT Training	Operations	Resilience and Special Services	Walton, Ian	Operational Risk	Capacity	12/09/2013	31/03/2017	IF we do not provide adequate training for SORT Teams and maintain numbers of trained staff (requirement to have 150 trained staff) then this may result in reduced numbers of SORT available and potential impact on standard of care delivered due to skill fade.	<p>1. ECA training and awareness of CBRN.</p> <p>2. HART are decon trained</p> <p>3. Training captured as part of resilience training programme in 2016/7 both for new starters and existing staff</p> <p>4. Further training courses planned and delivered, recruitment ongoing and monthly monitoring of delivery against trajectory.</p>	Possible cancellation of courses due to operational pressures	12	12	Moderate Risk	4	<p>CBRN sort team training</p> <p>National requirement for YAS to train annually all CBRN Sort team operatives (3 days per year)</p>	<p>1.6.2015 Two courses cancelled this year 15/16 so far</p> <p>1.7.2015: course in July is running which will increase cohort of SORT however still short of target figures</p> <p>6.10.2015 Based on the current planning 51 SORT staff are required to be recruited to take us to total of 150 SORT operatives.</p> <p>March 2016: SORT staff remain below that which is required (150 required, 72 in post).</p> <p>8.6.2016 85 staff are fully qualified and their ongoing one day per year refresher courses have commenced for those who need them.</p> <p>35 staff are awaiting training courses 13 July, 13 in September.</p> <p>This gives a total of 111 against a requirement of 150.</p> <p>13 staff have expressed interest in doing the course and await their selection tests. An advert is due to go out this month requesting additional expressions of interest to reach the 150 cohort target. we will aim for 155 SORT members</p> <p>Aug 16: Advert published</p> <p>RAG Sept 16: on track to deliver training to required numbers of staff by end of March 2017, regular monitoring of trajectory is ongoing and any slippage will be escalated</p> <p>28.10.16 - SORT staff trained: 101. SORT staff to be trained: 20, new staff going through recruitment stage for SORT: 50. On track to achieve 155 by year end.</p>	Walton, Ian	31/03/2017													
855	SMS to allocate CFR/EFR to incidents	Operations	Resilience and Special Services	Stevens, Paul	Operational Risk	ICT	11/10/2016	28/02/2017	IF Community First Responder and Emergency First Responder volunteers continue to experience intermittent failure of SMS text messaging THEN they will not be able to book on/be allocated to life-threatening incidents/receive scene safety messages RESULTING IN impacts on first arrival at scene times and patient outcome, potential for their safety to be compromised and impact on morale and reputation	<p>1) EOC would call the volunteer with scene safety message</p> <p>2) CFRs are reporting incidents on Datix where SMS's are not received or there are delays in transmission of information</p>	Not clear in EOC or to the CFR/EFR that the SMS has failed/gone down CFR/EFR could book on duty and sit at home for a full shift and not receive a job	12	12	Moderate Risk	4	<p>To report all incidents where SMS fails</p> <p>To report all incidents where SMS fails</p> <p>SMS messaging to CFR/EFR ICT systems issues</p> <p>Highlight SMS failures to ICT</p> <p>Report issue on ICT portal</p> <p>To report the SMS issues on the ICT portal</p>	<p>Oct 16: incidents are being reported and will be monitored and analysed</p> <p>INC-32256 (4 cases)</p> <p>INC-32447 and INC-32448</p> <p>INC-32413</p> <p>This has been raised at the ICT Managers meeting and the RAG meeting.</p> <p>ICT are closely monitoring this issue and as advised to RAG if issue continues then we have the option to revert back to PageOne interfacing. Ola advised of issue recurrence on 24.1.2017</p> <p>11.10.16 issue reported today.</p>	Jones, Dave	27/03/2017	Fletcher, Dean	30/01/2017	24/01/2017	Stevens, Paul	11/10/2016	11/10/2016							
Workforce and Organisational Development																																
861	Delivery of Stat Mand Training	Workforce and OD	Organisational Effectiveness and Education	Launchbury, Tracy	Strategic Risk	Training, Education & Compliance	15/11/2016	31/03/2017	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 and heightened scrutiny of external regulatory bodies	<p>1. Corporate Induction</p> <p>2. Local Induction</p> <p>3. Mandatory training workbook and face-to-face refresher training</p> <p>4. Workforce compliancy dashboard for monitoring</p> <p>5. Training Needs Analysis for A&E Operations</p>	<p>1. Face-to-face training does not cover all required areas of compliance</p> <p>2. Training Needs Analysis for rest of workforce, excluding A&E Ops</p> <p>3. Some subject matter not currently included in training; Safeguarding Adult Level 2, Clinically Related Challenging Behaviour</p> <p>4. Some training does not fulfil minimum national requirements (ie. Conflict Resolution Training)</p> <p>5. Trainer numbers not adequate to deliver the level of</p>		12	12	Moderate Risk	3	<p>Paper to TEG on A&E Ops abstraction requirement</p> <p>Paper to TEG to outline requirement for abstraction for A&E Operations to cover statutory and mandatory training requirement</p> <p>Develop TNA for PTS</p> <p>To develop a statutory and mandatory training needs analysis for Patient Transport Service</p>	<p>Feb 17: work to develop A&E Ops face-to-face TNA is ongoing</p> <p>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</p> <p>Dec 16: Training planning meeting being arranged with Chris Dexter and Claus Madsen for the new year.</p> <p>PTS have identified requirement for moving and handling training as priority training in addition to mandatory TNA</p>	Launchbury, Tracy	27/02/2017	Launchbury, Tracy	05/04/2017										
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	03/04/2017	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	<p>1. European caselaw</p> <p>2. National debate is ongoing and includes all ambulance trusts, NHS Employers</p> <p>3. Risk not included in financial plan for 17/18</p>	<p>1. Employee claims being received with no consensus or clarity on how these will be managed</p> <p>2. No national response to Unions</p>	16	12	Moderate Risk	8	<p>Await outcome of Employee Tribunals</p> <p>Await outcome of Employee Tribunals to determine caselaw on inclusion of regular overtime in holiday pay remuneration</p>	<p>Feb 17: Awaiting national steer</p> <p>Jan 17: waiting outcomes of ETs, working nationally with other Trusts and Capsticks</p> <p>Nov 16: still await national decision</p> <p>20 Oct 16 - No indication of outcomes from National Decision</p> <p>4 Oct 16 - Reviewing Northern partnership to deal with counsel on way forward</p>	Hartshorne, Suzanne	03/04/2017													

918	Apprenticeship Levy utilisation	Workforce and OD	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Training, Education & Compliance	10/02/2017	13/03/2017	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	Not clear the amount £ impact on Trust (is 700k enough?) No dedicated lead for this project / not in structure No understanding of the levy and strategic impact Apprenticeship Working Group not established as required in strategy	12	12	Moderate Risk	3	Executive education	Discussion with Director of Workforce re strategic understanding of impact of apprenticeship levy and mitigation/utilisation	Launchbury, Tracy	27/03/2017		
									Establish Working Group	Establish a working group to influence direction of apprenticeship levy implementation	Launchbury, Tracy				27/03/2017						
									Resource to lead/implement strategy	Secure resource to implement the Apprenticeship levy strategy	Madsen, Claus				27/03/2017						
111	Education & Training - Training Fleet	Workforce and OD	Organisational Effectiveness and Education	Launchbury, Tracy	Operational Risk	Estates and facilities	01/05/2013	03/04/2017	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	O'Leary, 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 RAG Sept 16: discussion around taking some Mercedes (pre-conversion) vehicles if only to be used for driver training. TL to discuss within directorate and report back.				Launchbury, Tracy	03/04/2017					
									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.				Ward, Bryan	03/04/2017					
Planned and Urgent Care																					
845	Culture / Retention in NHS111	Planned and Urgent Care	NHS 111	Leese, Mark	Operational Risk	Human Resources	26/09/2016	31/03/2017	IF unable to address the current cultural issues within the call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of attrition and loss of experienced and trained staff.	1) 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				

765	Lack of PTS Bid resource	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	11/02/2016	27/02/2017	IF PTS contracts come out for tender, as per current intelligence in 2016, THEN YAS will be under resourced, ill prepared for tendering, lacking procurement & tendering expertise RESULTING IN potential loss of contracts or retaining contracts at a loss.	1. Monitoring through Consortia meetings & contract management. 2. Initiated informal discussions with PTS managers. 3. Submitted business case for Exec sign off & portfolio consideration. 4. Bid Manager in post 5. Contractor in post to review bid presentations and support bid writing	Multiple contracts to respond to	15	15	High Risk	5	Substantive Bid Resource	Business Case for substantive PTS Bid Resource	Submitted to CEO Feb 2016	Dexter, Chris	11/02/2016	11/02/2016
																Appointment of Bid Manager & Bid resource	Agreement for BD to have budget for Bid Resource; BD Interim Director and HR to progress.	2 Contract intention notices by CCG's have been publicised. Urgent need for bid resource is evident. Meeting with procurement to ensure frameworks are in place for Bid writing resource Bid Manager and additional Analyst roles have been agreed and recruited. Sept 16 To review bid writing expertise requirement with LM	Dexter, Chris	28/04/2016	28/06/2016
																Hull CCG YAS PTS current contract	Respond to Hull PTS tender	aug 16 Hull CCG have put YAS PTS current contract work out formally for tender now with initial submission deadline of 7th Sept 2016, likely go live date (lost or retained) of 1st April 17. Sept 16: Bid response completed After first week in September individuals leave the Trust - no budgets for posts Nov 16: Contract awarded, YAS was not preferred provider Jan 17: Project Manager identified to manage the Hull contract exit plan	Dexter, Chris	28/11/2016	11/11/2016
																South Consortia Tender	South Consortia tender	Jan 17: South Yorkshire YAS has successfully progressed through the initial stage of the tender process and is able to bid for three of the five lots available for PTS in Barnsley, Doncaster, Rotherham and Sheffield. A competitive dialogue meeting was held on 18 January and both the presentation and Q&A session went to plan. A specification will now be released to allow us to submit our final proposal. The PTS and Business Development teams are continuing to work hard to prepare for the next stage of the South Yorkshire bid which is a series of dialogue sessions. Draft timetable circulated Aug 16: Working on PQQ by 31 Oct. Final Response in November TMG 5.10.16 South Yorkshire PTS PQQ has now been submitted, with progress towards full tender response stage. It is expected that the award to the new provider will be 15 February 2017, with the new contract commencing 1 July 2017, which is expected to be less than five years in length. Nov 16: Increase in seconded bid resource. Bid Consultant commenced 9th November. Jan 17: Bid submitted for contract, in round of bid presentations. Timescale for agreement of contract is end of March 2017 with start date not confirmed	Dexter, Chris	31/03/2017	
216	PTS Patient slips, trips and falls	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Operational Risk	Patient harm	01/07/2013	31/03/2017	Risk of patient injury due to slips, trips and falls when using patient transport	1. PTS Staff induction and training programme 2. Mobility information provided to HCP's and patients booking journeys to support decision making. 3. Trend analysis of incident / complaints linked to patient safety thermometer and associated action plan delivery. 4. Robust incident reporting and management process and open culture to encourage reporting including near misses 5. Dynamic risk assessment of each patient journey by YAS staff linked to mobility booked and level of support provided 6. Use of the patient safety thermometer to identify trends and causes. Collaborative discussion with the patient safety thermometer (YAS) group to identify actions and solutions	1. Lack of spot check audit of compliance with training whilst on operational duties 2. Lack of education and consistency of mobility assessments on the part of the individuals carrying out the mobility assessments outside of YAS	9	12	Moderate Risk	3	post-training competency assessment	1a. Develop a tool to assess staff competency following training programme RAG Dec 16: ongoing development of 17/18 training plan with consideration of assessment tools to establish competency	July 16: to review at PTS Governance Group the process for training and assessing practice August 16: Feed onto 17/18 training programme RAG Dec 16: ongoing development of 17/18 training plan with consideration of assessment tools to establish competency	Dexter, Chris	03/04/2017	
																Review information given to individuals re mobility	2a. Review the information provided to individuals re mobility criteria and simplify. Nov 16: SDM/TL away day 22.11.16 agenda item	ensure still required, links to CQUIN underway	Dexter, Chris	19/12/2016	19/12/2016
																Investigate if a revised set of questions improves mobility assessments	2b. Investigate the question sets within the self booking and on line booking systems to establish whether a revised set of questions improves mobility assessments	July 16: PTS Governance Group to review Managing Director to discuss mobility assessment specification as part of new contract negotiations	Dexter, Chris	20/09/2016	26/08/2016
																Implement recommendations of PTS SI's	Implement recommendations of PTS serious incident investigation a. establish PTS Governance Group	PTS Governance Group has been established and will develop SOPs to support frontline operational PTS staff in decision making in relation to conveyance issues	Dexter, Chris	25/07/2016	28/06/2016
																Review PTS Operational Training	Review current PTS Operational training to ensure it meets the demands of the service	July 16: to be progressed in PTS Governance Group to ensure consistency in messages and understanding of principles and practice delivered. Nov 16: Slips Trips and Falls is on the agenda for SDMs and TLs away day 22.11.16 RAG Dec 16: Being reviewed as part of PTS training plan for 17/18	Syron, Candice	03/04/2017	19/12/2016
																Review and approve PTS B2 and B3 Scope of Practice	Review and approve PTS B2 and B3 Scope of Practice	To be reviewed by PTS Governance Group and then to CCG	Syron, Candice	19/12/2016	19/12/2016
																Ensure competencies are maintained and evidenced	Agree mechanism for assessing and evidencing maintenance of competencies.	August 16: Feed into 17/18 training programme	Syron, Candice	17/04/2017	
																Include falls management in Safety update - July 16	Include a section in the Safety Update Poster on Safety Thermometer PTS Falls and assessing a patient	29.7.16 section on PTS falls reported on Safety Thermometer included in the July Safety Update Poster	Ashby, Clare	29/07/2016	29/07/2016
849	Resource to deliver change programmes	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Capacity	27/09/2016	03/04/2017	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	No Programme Manager in post	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	Dexter, Chris	03/04/2017	
851	East Riding Contract negotiation	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	29/09/2016	03/04/2017	IF YAS does not effectively resolve the underfunding issue in East Riding PTS contract before the end of contract in March 2017 THEN the financial impact to YAS bottom line would RESULT IN circa 1 million gap	Current contract ending March 2017	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 East Riding	12	12	Moderate Risk	3	East Riding contract negotiation underfunding	Effective negotiation to resolve underfunding issue in East Riding contract	Jan 17: East Riding Contract will be going out to tender at the end of January 2017. YAS is provider to end of March 17 and have offered extension. November 16. Weekly conference calls on-going contract negotiation.	Dexter, Chris	03/04/2017	23/01/2017

Quality, Governance and Performance Assurance																					
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	31/03/2017	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	Lack of engagement with LCD at operational level	12	12	Moderate Risk	3	Improve practice in complaint handling by LCD Ombudsman enquiry	RM and JT to meet with LCD to confirm Complaint Policy and Procedure requirements for complaint handling and record keeping Await findings of Ombudsman enquiry	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 Ongoing Ombudsman enquiry into LCD complaint - outcome awaited. To feed into Director Level escalation process	Mallinder, Rebecca Page, Steve	31/03/2017 31/03/2017	
683	Senior Management H&S Training	Quality, Governance and Performance Assurance	Quality and Nursing	Jackson, Shelley	Strategic Risk	Health and safety	12/08/2015	03/04/2017	If the Trust's senior management do not receive up to date health and safety training, the Trust will be non-compliant with the requirements contained in the Management of Health and Safety at Work Regulations 1999. Regulation 13 which states that "...health and safety training... shall be repeated periodically where appropriate". In addition, senior managers will not have up to date health and safety knowledge at their disposal when making senior level decisions.	1) Director and Associate Director (TMG) health and safety training provided to senior management by the Trust in 2007 2) Director for Standards and Compliance attended IOSH Safety for Senior Executives course in 2011 (IOSH = Institute of Occupational Safety and Health).	1) Director and Associate Director (TMG) health and safety training requires updating. It was last provided 8 years ago and significant changes in health and safety law have taken place since then in particular with regards to corporate manslaughter and the CQC's role in health and safety enforcement. Therefore, it is appropriate to repeat health and safety training at this time. 2) Director of QGPA health and safety training requires a refresh (last provided 4 years ago). The Exec Director QGPA is the Board level lead for health and safety issues and therefore it is appropriate to repeat health and safety training for this role on a more regular basis.	6	12	Moderate Risk	2	Directors and ADs to receive IOSH Accredited H&S training New health and safety sentencing guidelines TMG Paper - external training provision costs	1) Directors and Associate Directors to be provided with appropriate IOSH accredited health and safety training 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 Prepare a paper for TMG (16 November 2016) to give costs of external provision of required training	21.7.16 H&S Manager: Meeting held with potential training provider to deliver a session to senior management covering contents of IOSH training including the new sentencing guidelines and a YAS case study. 18.08.16 - Training plan revised. Proposal includes delivery of IOSH Safety for Senior Execs Training to the entire Board (EDs and NEDs), all AD's/Deputy Dirs. Proposal being prepared for TEG, with revised quotes from appropriate training providers. Jan 17: TMG agreed proposal, Procurement finalising, 1 course this financial year, and two next at ED/AD level. 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. Meeting held with potential training provider to deliver a session to senior management including the new sentencing guidelines and a YAS case study. Further information being sought from Procurement before session can go ahead.	Launchbury, Tracy Jackson, Shelley Jackson, Shelley	03/04/2017 08/06/2016 16/11/2016	08/06/2016 16/11/2016
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	28/02/2017	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 Competent person in post (Health and Safety Manager) 2) Health and Safety Management system in place in line with HS(G)65 3) Up to date Health and Safety policies and procedures in place 4) Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.	9	12	Moderate Risk	3	IOSH accredited H&S Training to middle managers New health and safety sentencing guidelines TMG paper - external provision costs	1) Middle managers e.g. Locality Managers in Ops to be provided with appropriate IOSH* accredited health and safety training i.e. either IOSH Managing Safely, IOSH Managing Safely in Healthcare or an equivalent IOSH accredited course. 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 Prepare a paper for TMG (16 November 2016) to give costs of external provision of required training	21.1.16 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 21.7.16 H&S Mgr - 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. 18.08.16 - Training plan has been revised. Proposal now includes the delivery of IOSH Managing Safely Training to a specialist group of non-clinical managers who will benefit most from the content of an accredited course e.g. Fleet, Estates. In house training will be developed and provided to all other management / supervisor groups as this can be tailored to be more ambulance / healthcare specific. Paper detailing the proposal is being prepared for TEG and will be completed once revised quotes have been received from appropriate training providers. 19.1.17 Mapping exercise conducted of all supervisory roles 26.01.17 Provision of IOSH accredited training agreed and contract now in place 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. 15.98 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.	Launchbury, Tracy Jackson, Shelley Jackson, Shelley	31/03/2017 08/06/2016 16/11/2016	08/06/2016 16/11/2016

150	Storage of paper-based records on YAS sites	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Kaplan, Leon	Operational Risk	Information governance	09/09/2013	31/03/2017	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. IAO role is responsible for records management in their area. 2. Revised Records Management Policy setting out expectations in relation to management and storage of records. 3. RESTORE Storage company is used to archive records in a secure environment off-site. 4. I4I process, covers questions around records held locally on premises and the inspection would alert the IG Manager to any concerns at the specific location. 5. Records amnesty	1. Records possibly held unsecurely across the YAS estate, which the Trust is not aware of.	12	12	Moderate Risk	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	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	
															Identify unsecure records via I4I and removal to Restore Ltd or appraise for destruction	1c. Existing process of identifying via I4I process unsecure records in YAS premises and ensure appraisal/removal to RESTORE or secure local site	I4Is programme for 2015/16 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	Kaplan, Leon	08/02/2017	
															Archiving at priority sites	Link with Estates to understand priority sites for focus of records management archiving work during 17/18	RAG Jan 17: need to understand priority sites for development/disposal that will require a records management exercise in preparation	Travis, Maxine	24/04/2017	
146	Annual IG Training of all staff	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Kaplan, Leon	Strategic Risk	Information governance	09/09/2013	31/03/2017	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. Information Governance Manager delivering Information Governance sessions for cohorts of new starters at Induction (other new staff undertake the Statutory and mandatory workbook, which includes IG training module). 2. Information governance module along with knowledge check included within the YAS Mandatory Training Workbook, local e-learning module with knowledge check and Statutory and Mandatory Training Workbook 3. Staff update periodic articles relating to specific incidents 4. Development of revised IG training plan to meet the requirements of IGTK 112 5. SIRO training requirements complete. IAO training monitored via quarterly IAO review meetings. 6. Yearly requirement reflected within the Statutory and Mandatory Training Policy and Procedure. 7. Bespoke information governance workbook and comprehension test process in place (paper and electronic i.e. YAS247 and NLMS) refreshed Oct 16. 8. IG training compliance captured on Workforce Mandatory training compliance dashboard 9. Annual Internal Audit of IG toolkit standards which includes training requirements	1. 95% of staff have to undertake annual IG training, to meet the IG training target.	12	12	Moderate Risk	Monitor progress of annual IG training compliance in 15/16	1a. Monitor the progress with annual IG training compliance via the IPR	stat and mand workbook launched late 2015 with a deadline for all staff to complete by end of March 2016. IG integrated report includes training compliance within it (goes to IG working group). Screen saver campaign has been run in Jan 2016. two weekly reports to managers about their staff training compliance, being issued by organisational Effectiveness. just over 20% compliance at end of 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: Trust compliance	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%	Kaplan, Leon	31/03/2017	