

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	30/01/2017	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. FBI 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	a) Improve Commissioner and YAS communications	Contract manager to develop a contract briefing Deputy now in place	Deputy in post Briefing note signed off	Bennett, Julie	31/12/2015	30/12/2015
																Reconfigurations YAS Wide	b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber	Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG.	Bennett, Julie	30/11/2015	25/11/2015
																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	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	Dexter, Chris	20/02/2017	
																East Riding PTS Contract Negotiation	Negotiation of East Riding PTS contract following Hull split		Dexter, Chris	30/01/2017	
911	Strategic impact of Reconfigurations	Business Development	Business Development	Travis, Maxine	Strategic Risk	Financial	12/12/2016	31/01/2017	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	Thompson, Sue	31/01/2017		
Finance																					
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	Farrell, Paul	28/02/2017	
																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	
784	Trust Cost Improvement Programme 16/17	Finance	Finance	Crickmar, Alex	Operational Risk	Financial	05/04/2016	30/01/2017	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	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 £540 behind plan, with 89% delivery overall of which 58% were recurrent schemes. Risk remains amber.	Crickmar, Alex	31/03/2017	
																Review of PIDs	Request for PIDs to be submitted to Finance	RAG Jan 17: PIDs will be reviewed at CIPMG	Sandford, Matt	31/01/2017	

821	Capital Funding	Finance	Finance	Toole, Robert	Strategic Risk	Financial	31/03/2016	30/01/2017	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	Toole, Robert	09/01/2017	
824	Delays in delivery of 115 DCAs	Finance	Fleet	Toole, Robert	Strategic Risk	Financial	29/07/2016	27/02/2017	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 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.	Gott, Jeff	27/02/2017	
807	Non-achievement of regulatory targets 16/17	Finance	Finance	Crickmar, Alex	Strategic Risk	Financial	06/04/2016	30/01/2017	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	
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 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.	Hill, David	31/03/2017	
Operations																					
766	Hospital Turnaround	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	01/04/2015	31/01/2017	IF there are hospital turnaround delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to Red calls with potential for harm to patients	1. Daily turnaround reports 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	4	Collaborative Turnaround Meetings	Collaborative Turnaround meetings with acute trusts and commissioners Monitoring and reporting of turnaround times	CQDF 28.7.16 Collaborative meetings have not been held	Macklin, David	22/08/2016	28/07/2016
															Handover in Turnaround Agreement and declaring SI	Monitor excessive handover and report to acute trusts / commissioners, and in accordance with Turnaround Agreement request consideration of SI status	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 turnaround 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	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	

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	<p>1. Intense monitoring process in place.</p> <p>2. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs</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. Implementation of Rota Review to enable responsive rota patterns to match demand and forecasting</p>	1. Inability to manage increase in demand at present time effectively with available resource.	20	20	High Risk	5	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
																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-CQDF 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	RAG Oct 16: BS - A&E Ops recruitment in line with trajectories. No requirement for acceleration	Sunley, Bob	19/12/2016	
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	Recruit to vacancies	1. Continue recruitment to vacancies. Additional initiatives underway to try and get additional staff including visits to local universities	Jan 17: 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. 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. RAG Sept 16 - recruitment and training is being expedited	Sunley, Bob	31/03/2017	
																Band 4 to Band 5 conversion	2. Now band 4 to band 5 conversion which is providing mitigation	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. Continue to monitor uptake and completion. Jan 17: uptake of conversion continues and is being monitored to completion	McSorley, John	20/03/2017	
																Workforce Plan implementation Rota changes	3. Workforce plan implementation of rota changes	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 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 27.06.16 A & E Transformation sessions taking place in July, and rota changes will be reviewed	McSorley, John	28/02/2017	30/11/2016
																Use of Private Providers	Private Providers - Jigsaw and UK Event Medical contracts commenced 1 september Governance around SIA contract strengthened.	Contract Monitoring and governance/assurance processes in place	Ali, Tasnim	01/09/2015	01/09/2015
																Develop a retention strategy	To develop a retention strategy for the Trust	Jan 17: retention of clinicians has improved especially with the introduction of B6 for Para's. Ongoing development of workforce plan including delivery of A&E transformation, clinical career framework. 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. Feb 16 - paramedic pay progression, memo to staff on implementation of Band 6 arrangements and progression through grade being a national decision.	Robinson, Rebecca	24/04/2017	
																Recruit to vacancies South CBU	Continue to recruit to vacancies in A&E Operations South	13.04.16 made excellent progress with recruitment and also on getting the correct skill mix for the CBU, this action can be closed	Cole, Jackie	13/04/2016	13/04/2016

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&IC and Boards	Gott, Jeff	02/11/2015	02/11/2015
															Re-distribution of Mercedes van conversion ambulances	Fleet to re-distribute the Mercedes vehicles across the Trust to reduce staff exposure to the vehicles and to provide options to staff who have particular issues with working on this vehicle.	Discussed at 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 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.	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	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 subject to capital funding at approx. £6-7k per vehicle	Ruud, Mark	28/11/2016	21/11/2016
															Modifications of Mercedes Vans	Determine and implement modifications to Mercedes vehicles	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	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		Launchbury, Tracy	07/11/2016	21/11/2016															

805	EOC Call Handling Performance	Operations	EOC (Emergency Operations Centres)	Inman, Mark	Operational Risk	Patient harm	17/06/2016	31/01/2017	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>1. National AQIs for call answering performance (95% calls answered in 5 seconds)</p> <p>2. Monitoring of call abandonment rate</p> <p>3. process for call back of abandoned calls/matching duplicate calls</p> <p>4. Front-end automated voice recordings for times of excessive demand and escalation</p> <p>5. Review of all telephone lines coming into EOC old lines closed</p> <p>6. Amendment to clock start time on IFT lines (remove IVR from clock start)</p> <p>7. Team Leaders listen into calls in real time to risk assess and make a decision on whether the call taker should clear the line to take another incoming call</p> <p>8. Recruitment of two cohorts of EMDs to address vacancies, currently in training (Oct 16)</p> <p>9. ARP 2.2 implemented, Amber calls split and monitoring of tail of performance</p> <p>10. Weekly Quality and Safety monitoring report</p> <p>11. further cohorts of trainees starting Jan 17</p>	<p>1. vacancies in EOC - recruitment ongoing</p> <p>2. increasing demand</p> <p>3. attrition / retention strategy</p> <p>4. forecasting</p> <p>5. on-day management of abstractions</p> <p>6. downtime caused by additional bolt-on processes</p> <p>7. understanding the impact of clinical support processes</p>	16	12	Moderate Risk	Implement recommendations of paper	Paper to TMG outlined recommendations to mitigate risk - develop action plan to implement.	17.6.16 Immediate actions undertaken are detailed in controls - timer IFT lines - audit of incoming lines Auditors monitoring EMDs who stay on the line on Amber calls Operational Alert re staying on the line	McGuire, James	08/08/2016	08/08/2016
															Recruitment and training of EMDs	Recruitment and training of EMDs	24.6.16 EOC Clinical Governance Subgroup minutes - The first trawl of trainee EMDs on the newly designed course are coming through. 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 RAG Oct 16: two cohorts of EMDs progressing through training and will be ready for winter period. Jan 17: further cohort of EMDs and dispatchers commenced training	Whitehouse, Jayne	31/03/2017	
															Prompt identification of cardiac arrest	Clinical Governance Group to consider proposal for AVR prioritisation of potential cardiac arrest	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. 22.8.16 Pre-CQDF - a further paper is going to Clinical Governance Group 25.8.16 to provide greater detail on actions previously proposed Sept 16: AVR prioritisation of potential cardiac arrest is not being taken forward. Sept 16: ARP 2.2 planning for implementation is ongoing. MIS provided new subcategories of amber and YAS BI have done projections based on previous activity to determine proportions.	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 demands vs staffing	Look at forecasting as even though staffing levels meet the requirement identified, the calls are still stacking excessively	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	27/02/2017	
															Review EMD attrition	Overall review of EOC EMD attrition rates and develop retention strategy	Jan 17 - we know current attrition rates but need to benchmark against other EOCs/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	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	30/03/2017	
															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)	Jan 17: work commenced in December 16 to collate and map these processes to move towards automation of these process.	McGuire, James	27/02/2017	
															Review impact of clinical support roles	To review the impact of clinical support roles on call handling performance	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	28/02/2017	
															EOC Rota Review	Undertake a review of EOC rotas	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	30/03/2017	
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	Jan 17: a review current flexible working arrangements for EOC EMDs is underway in partnership with staff side representatives	McGuire, James	30/03/2017																
Review Inbound Calls Average Handling Time	Review average handling time of inbound calls	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	30/03/2017																
855	SMS to allocate CFR/EFR to incidents	Operations	Resilience and Special Services	Stevens, Paul	Operational Risk	ICT	11/10/2016	30/01/2017	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	To report all incidents where SMS fails	To report all incidents where SMS fails	Oct 16: incidents are being reported and will be monitored and analysed INC-32256 (4 cases) INC-32447 and INC-32448 INC-32413	Jones, Dave	27/03/2017	
															SMS messaging to CFR/EFR ICT systems issues	Highlight SMS failures to ICT		Fletcher, Dean	30/01/2017	
															Report issue on ICT portal	To report the SMS issues on the ICT portal	11.10.16 issue reported today.	Stevens, Paul	11/10/2016	11/10/2016
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	CBRN sort team training	National requirement for YAS to train annually all CBRN Sort team operatives (3 days per year)	1.6.2015 Two courses cancelled this year 15/16 so far 1.7.2015: course in July is running which will increase cohort of SORT however still short of target figures 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. March 2016: SORT staff remain below that which is required (150 required, 72 in post). 8.6.2016 85 staff are fully qualified and their ongoing one day per year refresher courses have commenced for those who need them. 35 staff are awaiting training courses 13 July, 13 in September. This gives a total of 111 against a requirement of 150. 13 staff have expressed and 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 reached the 150 cohort target. we will aim for 155 SORT members Aug 16: Advert published 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 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.	Walton, Ian	31/03/2017	

Workforce and Organisational Development

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	<p>1) Vehicles are being maintained by the Fleet department as far as is practicable in their current state of repair</p> <p>2) A number of new vehicles provided (Jan 15)</p> <p>3) Business case, 6 new vehicles ordered, due to arrive July/Aug 16 - not arrived Aug 16</p> <p>4) Incident reported of lost wheel from vehicle.</p> <p>5) further new vehicles expected during 16/17</p>	<p>1) Vehicles are not provided on service rotation</p> <p>2) Issues with existing vehicles are becoming more commonplace.</p> <p>3) unable to manage peaks in demand</p> <p>4) OEED not clear on when replacement vehicles will arrive</p> <p>5) Unable to manage training disruption due to vehicle breakdowns</p> <p>6) impact on staff becoming operational due to delay in delivery of training</p>	12	12	Moderate Risk	4	<p>Rotation and repair of vehicles</p> <p>1) Further work with fleet provided to arrange for a permanent rotation of vehicles</p> <p>2) Continue working with fleet to ensure vehicles are repaired in a timely manner when breakdowns occur</p> <p>3) Upgrade business case that is part of the Finance Capital Programme</p>	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		
															4	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	
838	Apprenticeship Levy impact on finance	Workforce and OD	Organisational Effectiveness and Education	Toole, Robert	Strategic Risk	Financial	14/07/2016	01/02/2017	IF YAS is not prepared to maximise its use of apprenticeship opportunities THEN when the Government imposed levy comes into force on 6 April 2017 this will RESULT IN an increase in additional costs that have not been budgeted for Requirement to commit 0.5% pay budget (equating to approx. 800k/year)	<p>1) Approx 600k gap in current projected usage</p> <p>2) Internal processes for reviewing vacancies do not routinely consider apprenticeships</p> <p>3) Regional monies for apprentice training has been reduced</p> <p>4) Apprentice Coordinator role is funded from regional monies</p> <p>5) Inadequate resource to manage apprenticeship scheme due to increased volume</p> <p>6) YAS does not have an agreed approach to deployment of apprentices across staff groups</p> <p>7) Lack of awareness within the Trust that existing staff can complete Apprenticeship Framework Qualifications as part of personal and professional development (including management level qualifications)</p> <p>8) Government caps on charges that can be made by Training Providers may influence their charging structure and this is not yet clear</p> <p>9) Funds will expire 18 months after they enter the digital account unless spent on apprenticeship training.</p> <p>10) management of the process and our Digital Account with HMRC will need to be linked to existing PAYE reporting processes and payment infrastructure</p>	15	15	High Risk	6	<p>Develop Apprenticeship Strategy</p> <p>Develop Apprenticeship Strategy</p>	<p>July 16: paper to QC/F&I with high level information and proposal to develop strategy which was agreed</p> <p>Aug 16: scoping of strategy commenced in OD - to work with Finance and HR</p> <p>Oct 16: Draft transition strategy being developed. Paper to go to TMG in November 2016 to outline plan and approach to manage risk Paper and Transitional Strategy sent to TEG and Agreed November 2016</p> <p>Next stage will be to communicate strategy and establish working group.</p>	Launchbury, Tracy	12/12/2016	23/12/2016			
																	CMB discussion of Apprenticeship Levy risk	Discussion of Apprenticeship Levy risk at CMB	18.01.17 - YAS Deputy Director Quality & Nursing led discussion at Contract Monitoring Board with Commissioners and provided an update in terms of the plans regarding apprentices and that the apprenticeship levy has been factored into budget for 2017/18 but that it was a cost pressure. Commissioners did not have any questions or anything to add	Warner, Karen	18/01/2017	18/01/2017
814	Impact of calculation of holiday pay to include regular overtime in remuneration	Workforce and OD	Human Resources	Hodgkiss, Tracy	Strategic Risk	Financial	05/07/2016	31/01/2017	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>	16	16	High Risk	8	Await national response	Await National Response on inclusion of regular overtime in holiday pay remuneration	<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> <p>Nov 16: still await national decision</p>	Hodgkiss, Tracy	31/01/2017			
861	Delivery of Stat Mand Training	Workforce and OD	Organisational Effectiveness and Education	Launchbury, Tracy	Strategic Risk	Training, Education & Compliance	15/11/2016	28/02/2017	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>	12	12	Moderate Risk	3	<p>Paper to TEG on A&E Ops abstraction requirement</p> <p>Develop TNA for PTS</p>	<p>Paper to TEG to outline requirement for abstraction for A&E Operations to cover statutory and mandatory training requirement</p> <p>To develop a statutory and mandatory training needs analysis for Patient Transport Service</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. PTS have identified requirement for moving and handling training as priority training in addition to mandatory TNA</p>	Launchbury, Tracy	27/02/2017	20/02/2017		

Planned and Urgent Care																									
846	WYUC Capacity	Planned and Urgent Care	LCD (local care direct)	Leese, Mark	Operational Risk	Capacity	26/09/2016	20/02/2017	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	None	16	16	High Risk	8	<p>Actions from SI at Easter 2016</p> <p>Implement actions from serious Incident at Easter time with Commissioners / LCD including independent service review and develop an action plan to mitigate risk</p> <p>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</p> <p>Flowopoly</p> <p>Meetings have been held with WYUC to look at the journey of a patient call to 111 to look at where the blockages are.</p> <p>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.</p> <p>Independent Review</p> <p>Review to commence in 2017 to inform what the service needs to be beyond the current contract</p> <p>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.</p> <p>WYUC and 111 Surge and Escalation Plans</p> <p>Both organisations have updated their surge and escalation plans. Now a 4 stage process.</p>	Townend, Keeley	01/04/2017		03/11/2016	03/11/2016				
58	Clinical Staff Recruitment - NHS 111	Planned and Urgent Care	NHS 111	Foster, Philip	Operational Risk	Clinical	06/08/2013	19/12/2016	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 pilot	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	9	15	High Risk	6	<p>Additional recruitment processes</p> <p>Funding now available from winter monies so an additional effort to recruit staff by wider adverts, working with GP OOH providers to provide additional clinical resource. Home working to encourage clinical staff to work shorter hours at critical times</p> <p>Discussions with GP OOH providers held and positive Homeworking- technical testing going ahead. additional recruitment advertisements have proved successful in recruiting clinical staff. continues to be a risk and monitoring of next round is on going</p> <p>3 Clinical Advisor recruitment</p> <p>Multi-factorial approach to clinical advisor recruitment in NHS111</p> <p>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 YAS clinical bank, 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</p> <p>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.</p> <p>1. Funding from 999</p> <p>Funding from 999 for senior floor walkers and specialist resources for early clinical intervention.</p> <p>Reviewed on a monthly basis at 111 finance meeting.</p> <p>2 Homeworking</p> <p>Homeworking to encourage clinical staff to work shorter hours at critical times</p> <p>NHS 111 have a number of homeworkers which are rota'd at busy times Nov 16: Homeworking project is progressing</p> <p>4. Nurse Internship</p> <p>To develop Nurse Internship at Band 5 posts to rotate between NHS111, EOC and frontline</p> <p>RAG Sept 16: intention to develop nurse internship model</p>	Cooper, Karen	12/12/2014	18/09/2014		19/12/2016		31/12/2016	23/01/2017	30/01/2017
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	<p>Develop action plan</p> <p>Develop action plan to address the retention issues and improve staff well being</p> <p>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</p> <p>Exit interviews</p> <p>Examine recruitment and retention issues by asking staff to complete an exit interview questionnaire</p> <p>established exit interview questionnaire</p>	Leese, Mark	30/09/2016		31/03/2017	14/12/2016				
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	<p>Recruit to Project Manager</p> <p>Send Project Manager role to vacancy panel 28.11.16 Interviews held on 15 November</p> <p>25/08/16 role reviewed at vacancy panel, further information required 25/09/16 role approved for recruitment Nov 16 role recruited</p> <p>Recruit to Programme Manager</p> <p>Recruit to Programme Manager</p> <p>Jan 17: Role out to advert</p>	Dexter, Chris	21/12/2016	19/01/2017		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	<p>East Riding contract negotiation underfunding</p> <p>Effective negotiation to resolve underfunding issue in East Riding contract</p> <p>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.</p>	Dexter, Chris	03/04/2017	23/01/2017						

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.	individual is in place HR formalities have yet to be commenced. 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	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	20/02/2017	
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	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.	August 16: Courtesy calls implemented to validate quality of booking mobility ensure still required, links to CQUIN underway Nov 16: SDM/TL away day 22.11.16 agenda item	Dexter, Chris	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	
																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 CGG	Syron, Candice	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

