

Corporate Risk Register
Strategic and Operational Risks
Risk rating >12

Quality Committee	RAG 26.8.16
Finance & Investment Committee	TMG 24.8.16
Both Committees	

ID	Title	Directorate	Business Area	Handler	Risk Type	Risk Subtype	Opened (date risk identified)	Review date	Description	Controls in place	Gap in controls	Rating (initial)	Rating (current)	Risk level (current)	Rating (Target)	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	30/11/2016	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business. Upcoming contract negotiations will highlight any further risks to contract expectations.	1. Major tender assurance process 2. F&I Committee scrutiny 3. TEG / TMG review 4. Gate review process in place and signposting staff to ensure the process is followed 5. Weekly review of tenders within the wider external market 6. Stakeholder engagement and relations with key commissioners and NHSE & NHSI. 7. Marketing manager recruited focused on commercial / external threats 8. Comms plan with monthly updates to key urgent care and SRG representatives.	1. External meetings with commissioners/System Resilience Groups (CCG level) due to the high number of meetings, means that information collation, and intelligence around risks to core business is difficult to manage but has improved with named leads for each resilience group. 2. Internal communication to management teams and relevant staff within YAS of contract processes and risks / upcoming pressures. 3. Contracts due for tender	20	12	Moderate Risk	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	RAG July 16: Contract start date of 1 April 2017. 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		
															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	Dexter, Chris	30/11/2016		
294	Organisational approach to communication and engagement	Business Development	Corporate Communication	Hart, Gillian	Strategic Risk	Adverse Publicity & Reputation	23/09/2013	31/10/2016	IF there is an uncoordinated approach to communication and engagement THEN there is the potential for staff, stakeholders, public and media having negative perceptions of YAS RESULTING IN the Trust failing to deliver its strategic objectives through lack of engagement	1. Communications and Engagement Strategy 2. Broadened use of social media; analyse usage/report TEG 3. Centralised stakeholder database 4. Stakeholder engagement update to TEG monthly 5. close working with HR/Workforce and Operations management team to ensure consistency of messages 6. Bi-monthly e-Stakeholder news 7 New monthly 'Team Brief'	1. Implementation of Comms and Engagement Strategy 2. Evaluation of new methods of communication and engagement to assess effectiveness	16	12	Moderate Risk	Communications Strategy to Board	CORPORATE COMMUNICATIONS AND ENGAGEMENT STRATEGY 2016-2021 approved at Trust Board 29.03.16	Going to Board November 2015 - postponed - an external consultant has now been brought in to take this work forward. December 2015 - high level version of the strategy delivered to Trust Board Feb 2016 - Strategy now scheduled to go to Trust Board in March 16 March 16 - minutes of Trust Board - Strategy Approved.	Thornley, Lorna	04/04/2016	29/03/2016	
															Implement Comms and Engagement Strategy	Implement the Corporate Communications And Engagement Strategy 2016-2021	20.6.16 GH - planned bi-monthly evaluation of the impact of new communication and engagement methods to gauge audience understanding, engagement and outcomes, reporting to TMG Planning and Development agenda 13.7.16 update to TMG: presentation outlining four key focus areas: - Cascade corporate strategy - Leaders say same messages - Engagement and leader visibility - Developing the Brand 'ways of working' Proposed implementation of phase 1 agreed by TMG, actions outlined 02.08.16 - Plan for implementation presented to TMG and TEG	Hart, Gillian	31/10/2016		
															YAMMER	Implement YAMMER as a communications tool		Hart, Gillian	16/11/2016		
															Manage content of YAS TV	manage content of YAS TV to communicate key messages		Hart, Gillian	16/11/2016		
Finance																					
792	2016/17 Capital Programme Oversubscription	Finance	Finance	Toole, Robert	Strategic Risk	Financial	01/04/2016	07/11/2016	Capital Programme over-subscribed. i.e. The value of planned capital expenditure within the capital programme is greater than the value of the Capital Resource Limit reported to and confirmed by the TDA. In recent financial years there have been a number of schemes which have slipped putting pressure on the Trust's ability to spend its' capital allocation. Over-subscription provides flexibility to manage the programme to ensure delivery of the CRL funding	Regular monitoring and reporting of the capital programme expenditure actual v plan Engagement with colleagues to ensure that robust business cases are submitted and approved within acceptable timetable. Reporting slippage to appropriate committees and Board	None	9	12	Moderate Risk	2	Regular monitoring and reporting of the capital programme expenditure actual v plan	Regular monitoring and reporting of the capital programme expenditure actual v plan	Sept 16: Capital expenditure versus plan & CRL is being monitored and reported via Capital Monitoring Group, Trust Executive Group, Finance & Investment Committee and Trust Board	Toole, Robert	31/03/2017	
793	Loss of Receipts from Surplus Assets	Finance	Finance	Toole, Robert	Strategic Risk	Financial	01/04/2016	14/11/2016	IF disposal receipts from surplus assets are removed from Trust and transferred to DH / HM Treasury THEN there may be a reduction in capital funding available RESULTING IN an impact on investment in improvements and maintaining the Trusts non-current assets	1. Robust challenge to demonstrate assets not surplus but re-provision elsewhere. Mitigation detrimental impact capital investment and impact on improved service deliverability. 2. Alternatively the scope of the programme would be adjusted in line with likely funding restrictions. 3. Working within Trust financial governance arrangements, Monitored and reviewed at Trust Committees	Awaiting clear guidance from NHS Improvement	12	12	Moderate Risk	9	Await guidance from NHS Improvement	Await guidance from NHS Improvement	Sept 16: Capital Guideline on funding including disposals is expected in Quarter 2. Trust has submitted disposal plans for next 2 years to NHS Improvement	Loughran, John	14/11/2016	
784	Trust Cost Improvement Programme 16/17	Finance	Finance	Crickmar, Alex	Operational Risk	Financial	05/04/2016	14/11/2016	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	None	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.	Crickmar, Alex	31/03/2017	
807	Non-achievement of regulatory targets 16/17	Finance	Finance	Crickmar, Alex	Strategic Risk	Financial	06/04/2016	14/11/2016	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)	Crickmar, Alex	27/03/2017	

821	Capital Funding	Finance	Finance	Toole, Robert	Strategic Risk	Financial	31/03/2016	14/11/2016	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. 5. Procedures regarding levels of sign off and authorisation controls in place. 6. 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	Toole, Robert	14/11/2016	
823	ePRF Funding Risk	Finance	ICT - Information Technology	Buck, Patrick	Strategic Risk	ICT	29/07/2016	14/11/2016	IF there is no financial support for the procurement of a new ePRF system for YAS THEN YAS will not be in a position to develop a solution	Close monitoring by Associate Director of IM&T Proposal to develop in house interim solution prepared and submitted to TEG for approval	Additional ICT development resources for current year	16	12	Moderate Risk	4	ePRF Funding risk	National ePRF contract ended in July 2016, and funding has not been approved for a replacement solution	Sept 16: Options appraisal for ePRF (including in-house solution) has been developed and is being considered by TMG and TEG	Zahran, Ola	14/11/2016	
824	Delays in delivery of 115 DCAs	Finance	Fleet	Toole, Robert	Strategic Risk	Financial	29/07/2016	14/11/2016	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	Specification amendments not determined.	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 - discussed at July 2016 CMG Original expectation: First DCA delivered in July 2016 Full order of 115 DCAs delivered by December 2016. 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	Gott, Jeff	14/11/2016	
815	Financial requirement to address operational impact of MYHT reconfiguration	Finance	Finance	Bennett, Julie	Operational Risk	Financial	15/07/2016	03/10/2016	IF the operational impact of Mid Yorkshire Hospitals reconfiguration is not agreed THEN the YAS resource requirement of 10 WTE will not be funded from September 2016 RESULTING IN increased demand on existing resource and potential for impact on performance and patient outcome	1. Health Economy Reconfiguration Group (HERG) 2. ORH modelling 3. modelling and impact presented to Contract Monitoring Board (CMB) June 2016 by Executive Director of Operations	Commissioner agreement of required resource to deliver additional demand for interfacility transfers and longer journey times	12	12	Moderate Risk	4	CMB consider impact of reconfigurations incl interdependencies	YAS to model impact of individual and combined reconfiguration plans and highlight to CMB for response	CMB 22 June 2016 - potential joint impact of service reconfigurations at MYHT and Calderdale/Hudds. Combined impact is much greater than the individual impact of each reconfiguration; ORH has modelled that an additional 392 resource hours would be required per week incurring a year 1 cost of c. £2.5m and recurrent costs of c. £1.7m. JB informed CMB a joint review had been requested to consider the combined impact	Bennett, Julie	20/09/2016	
																Letter to Wakefield CCG	Letter to Wakefield CCG	A letter has been sent to Wakefield CCG this week detailing financial impact of MYHT reconfigurations on YAS	Bennett, Julie	26/08/2016	26/08/2016
680	Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance	Estates	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	07/11/2016	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		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 defensible 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	Redworths appointed to progress this	Hinitt, Ian	07/11/2016	
																Select preferred contractor	4) selection of contractor and contract commencement - date to be confirmed		Hinitt, Ian	07/11/2016	
																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.	Hinitt, Ian	12/12/2016	
	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.	Brown, Glyn	31/10/2016	05/09/2016															
Operations																					
66	Operational performance	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	07/11/2011	26/09/2016	Risk to patient safety due to increased red demand and reduced performance across the A&E Operations service..	1. Intense monitoring process in place 2. New rota patterns being reviewed following implementation in February 3. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs 4. Weekly patient safety review underway to determine harm caused from delayed responses. 5. Weekly patient safety and quality monitoring report by BI 6. Ops Recovery Plan in place with actions underway to address performance issues. 7. Ongoing monitoring of demand profile against planned resource. 8. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare. 9. Overtime is being used to address vacancies	1. Inability to manage increase in demand at present time effectively with available resource. 2. Real time reporting process within EOC not happening consistently, particularly during busy periods.	20	20	High Risk		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	
																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

85	Vacancies in A&E Ops and impact on Workforce Plan	Operations	A&E Operations	Macklin, David	Operational Risk	Clinical	08/08/2013	24/10/2016	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.	1. Overtime incentives. 2. Recruitment underway. 3. Use of Private Providers. 4. Flexible working 5. Increased hours for PT workers 6. Use of bank staff	1. vacancies 2. Conversion to higher skill levels, will take time 3. Relief capacity cannot fill all core shift abstraction due to vacancy, relief also has to back fill other abstraction such as sickness, training and annual leave 4. Overtime budget does not guarantee that staff will uptake o/t availability, neither does the budget enable all vacant shifts to be covered 5. External advert for recruiting Paramedics is unlikely to cover many of the band 5 vacancies and is not a reliable mitigation 6. lack of coordinated approach to addressing paramedic retention 7. Transition between band 5 and band 6 paramedic role and national agreement	12	15	High Risk	3	Recruit to vacancies	1. Continue recruitment to vacancies. Additional initiatives underway to try and get additional staff including visits to local universities	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	McSorley, John	28/11/2016	
															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.	McSorley, John	28/11/2016		
															Workforce Plan implementation Rota changes	3. Workforce plan implementation of rota changes	Rota changes have now been delayed until October 2016, minor changes will be considered as an interim measure Discussion ongoing with unions and implementation of recruitment and training plan continues 01.02.16 agreed process now in place for minor adjustments to rota 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 keys will be issued	McSorley, John	24/10/2016		
															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	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	Hodgkiss, Tracy	31/10/2016		
															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	
766	Hospital Turnaround	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	01/04/2015	26/09/2016	IF there are hospital turnaround delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to Red calls with potential for harm to patients	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	1. Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues outwith YASs control 2. impacts on shift handover, CS availability and on the 11 hour rule	16	16	High Risk	4	Collaborative Turnaround Meetings	Collaborative Turnaround meetings with acute trusts and commissioners Monitoring and reporting of turnaround times	QODF 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	Page, Steve	27/09/2016		
															Discuss Turnaround at CMB	To discuss Turnaround at CMB	CMB 20.7.16, 25.7.16 999/111 Clinical Quality Board 27.7.16 QODF 28.7.16 - Turnaround at Scarborough over 4 hours last weekend pre-QODF 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	Page, Steve	27/09/2016		
															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	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	19/09/2016	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.	1. All staff have completed Handling and Lifting training. 2. Small number of CS staff have been trained in the Bariatric vehicle. 3. HART team have specialist training to assist with difficult patient moves. 4. Staff can request additional staff to assist with a lift. 5. Modular training has been established for staff.	1) Those staff that have been trained have not been trained in ALL the equipment available on the vehicle (Trained staff may not be available). 2) HART may not be available to assist or there may be a delay in them arriving on scene. 3) Delay in other crews arriving at scene. 4) Lack of process regarding deployment of bariatric vehicle for both A&E and PTS.	9	12	Moderate Risk	6	Bariatric vehicle training and deployment	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.	Bariatric working group established Feb 2014 to reassess the previous work completed on this and to ensure plans in place to appropriately and efficiently deploy the vehicle for A&E and PTS Sign up to Safety lead has been leading this work. Plans in place to take deployment proposal to TMG. 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 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 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 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 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	Jackson, Shelley	19/09/2016	12/09/2016
															Training status from ESR onto CAD	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	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	Ashby, Clare	25/07/2016	25/07/2016	
															Procurement bariatric capable stretchers	Plan to procure 109 bariatric capable stretchers.	Aug 16 Tender complete. Due diligence testing of new model over next 3-4 weeks.	Stower, Mark	03/10/2016		

368	Commissioner and YAS management of service reconfiguration	Operations	A&E Operations	Mobbs, Leaf	Operational Risk	Clinical	25/03/2014	19/09/2016	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 associated financial costs	1. Leads within A&E Operations, Clinical Directorate and Business Development, contracting, represent YAS in reconfiguration meetings / working groups. 2. Reconfiguration register now live and in use. 3. Monitoring of performance impacts via SPDMS 4. Health Economy Reconfiguration Group (HERG) is established and has representation from clinical, contracting and A&E operations.	1. Lack of clear and timely communication from stakeholders on planned changes 2. YAS still not always cited on, or considered, in relation to impact of planned changes	12	12	Moderate Risk	Service Reconfiguration YAS process	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.	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.	Crossley, Jacqui	19/01/2016	10/12/2015
															Reconfig collation of changes and review via CMB	Commissioner and YAS to collate planned changes and review via CMB	A reconfiguration database has been established and is being populated as YAS is made aware of reconfiguration plans. YAS commissioners and acute trusts engaging in meetings	Bennett, Julie	18/04/2016	30/05/2016
															Establish HERG	Establish the Health Economy Reconfiguration Group to monitor planned reconfigurations - Now part of Business Development Meeting	HERG was established in January 2016 and has been chaired by PC, an Interim Director of Business Development. Meetings held every 2 weeks. Reconfiguration register established. MidYorks - Meeting the Challenge. Acute surgical, Obstetrics/ Midwifery Led Unit, Rotherham to Doncaster - GI Services Frierage, Northallerton - loss of 24hr anaesthetics Calderdale to Huddersfield - GI surgery East Riding - closure of MILUs/WIC's and development of UCC's	Bennett, Julie	25/07/2016	05/07/2016
															CMB review of reconfigurations	CMB to review progress and impact of reconfigurations	25.5.16 CMB - commissioners reported the agreed process for the impact assessment of the Cald/Hudds and Mid Yorks reconfigurations had not been followed, both encouraged to use ORH, separate meetings have taken place with both organisations. There is an implication in making a decision in isolation for each organisation and also interdependencies if both are agreed. YAS has already undertaken modelling work Establishment of A&E Improvement Groups / STPs - YAS Business Development Team involved	Bennett, Julie	10/10/2016	
625	Scarborough Stroke Service Reconfiguration	Operations	A&E Operations	Larvin, Vince	Operational Risk	Clinical	22/04/2015	19/09/2016	Scarborough Stroke Services were reconfigured 1st July meaning hyperacute stroke services are now centralised to York RESULTING IN longer journey times or IFT's with associated risk to patient safety, impact on operational performance and stroke targets	1) Incident reporting of patient safety or operational impacts 2) communication to operational staff 3) Locality Director, North & East Yorkshire is leading. 4) Lead Commissioner informed, is aware and supportive 5) monitoring number of IFTs 6) Commissioners have been invoiced 7) YAS Clinical Audit of IFTs 8) oversight at HERG	1) Commissioners have been invoiced - awaiting payment, invoice has been challenged 2) Agreement of 16/17 contract	16	12	Moderate Risk	monitor initial conveyance with IFT	initial conveyance with interfacility Transfer paramedic transport model which will also incorporate an element of repatriation post treatment - to monitor incidents, complaints, issues, risk, volume and capacity	Update December 2015 YAS still not being funded for the additional resources provided. Reported monthly to Clinical Manager, Head of Clinical Effectiveness and LM. Fed into monthly Commissioner meeting Letter prepared for YAS interim DOF prepared by Julie Bennett to send to Daniel Mason Co-ordinating commissioner requesting intervention regarding the funding required to provide this service: As this is a service reconfiguration that requires YAS to provide additional resources it must be delivered outside of the contract, at additional cost.	Larvin, Vince	21/12/2015	17/12/2015
															Finance - income to be invoiced SGH Stroke IFTs	To put a provision into the finances for the income (relating to Scarborough Stroke Interfacility Transfers) to be invoiced to ensure this is in place for year-end agreement of balances	Letter and Invoice raised to CCG as agreed by FD Robert Toole Payment is due 30 days following issue of invoice.	Turner, Matthew	04/04/2016	28/03/2016
															Agree contract for Scarborough Stroke model for 16/17	Head of Contracting to work with Lead Commissioner to agree funding	RAG May 2016 - contract negotiations ongoing HERG July 2016 - no progress on 15/16 invoice, contract negotiations for 16/17 ongoing Aug 16 CMB: Chief Exec to Chief Exec phonecall planned for 8 September	Bennett, Julie	19/09/2016	
															Obtain response to 15/16 invoice	Letter sent to invoice for 15/16 - awaiting response	invoice and letter sent, negotiations continue Invoice has been challenged. HERG July 2016 - raise at CMB	Norman, Mathew	23/05/2016	16/05/2016
															monitor incidents/ patient outcomes	Monitor incidents/ patient outcomes in relation to stroke pathway and Scarborough model	weekend of 23/24 July - excessive handover/turnaround in SGH ED - to review incidents reported by ROC declared SI	Dixon, Katrina	17/10/2016	
															Attend CHFT reconfiguration meetings	YAS representation at CHFT reconfiguration meetings	5.7.16 HERG update- YAS is represented at CHFT reconfiguration meetings. HERG is monitoring proposed reconfigurations and modelling impact of individual and interdependencies between regional proposals.	Mudd, Paul	31/05/2016	05/07/2016
745	CHFT Reconfiguration	Operations	A&E Operations	Mobbs, Leaf	Operational Risk	Capacity	08/12/2015	10/10/2016	capacity to deliver additional journeys as a result of CHFT reconfiguration THEN this may impact on operational delivery, performance and finance RESULTING IN potential for delayed response and adverse patient outcome	1) Detailed analysis carried out on the impact of each option 2) Targeted overtime 3) Plan to fill vacancies 4) HERG monitoring of reconfiguration proposals and potential impacts.	1) Delay in filling vacancies 2) Potential limited overtime uptake 3) agreement on funding to address impact on YAS resources	12	12	Moderate Risk	ORH modelling of proposed reconfiguration	ORH to undertake modelling of impact of proposed CHFT reconfiguration on YAS A&E Operations	29.6.16 ORH modelling shows 0.6% impact on performance and would require 9 WTE equivalent to mitigate Also need to consider interdependencies with other regional reconfigurations	McSorley, John	29/06/2016	29/06/2016
															Business Development Group monitoring reconfigurations	Monthly BDG meeting	BDG monitoring impact of individual reconfigurations and interdependencies	Mobbs, Leaf	10/10/2016	

731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Jackson, Shelley	Operational Risk	Health and safety	26/10/2015	19/09/2016	If the Trust continues to purchase / operate the Mercedes van conversion ambulances then there is an increased likelihood that staff could suffer musculoskeletal problems caused by the operation of the tail lift and from working with / moving patients in a confined environment.	Creation of a vehicle design review group led by LH, Head of Fleet Development of a new vehicle design based on the Fiat Ducato van A stop put on all further purchases of the Mercedes van conversion (providing an alternative design can be ready by November)	Fiat Ducato design currently still in prototype design Mercedes van conversion vehicles have a 5/6 year lifespan. Trust currently has 80 Mercedes van conversions(out of a total 300 DCA Fleet)still in use	12	12	Moderate Risk	3	Gaining user feedback	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 VEFG on 13th October. Discussed at RAG in March 2016. JG informed the meeting that this was ongoing and re-distribution attempted at two vehicles per station, but some seem to deviate back. There are two stations with more than two. Most stations have accepted them for what they are and await the new Fiats, but South have significant issues. JG would produce a fleet list to ensure there is not an overload at more sites than others Discussed at June Health and Safety Committee. JG reported that the re-distribution was not working as vehicles were constantly being moved around due to VOR, servicing and repair etc. SP asked that the re-distribution continue as much as possible.	Gott, Jeff	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. 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	28/11/2016	
																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	Ruud, Mark	28/11/2016	
																Modifications of Mercedes Vans	Determine and implement modifications to Mercedes vehicles	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 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.	Gott, Jeff	28/11/2016	
803	Funding for access to higher education for YAS staff	Operations	A&E Operations	Millins, Mark	Strategic Risk	Training, Education & Compliance	17/06/2016	19/12/2016	IF alternative funding is not agreed before current funding providing access for YAS staff to higher education institutions for both pre-registration and post-registration education ceases in April 2017 THEN YAS will not continue to develop its workforce RESULTING IN failure to deliver education provision to support the workforce plan	1. Paper to TEG 8 June 2016 with proposals to develop plan to negotiate provision of higher education 2. Workforce Plan	1. Current funding stream ends April 2017 2. Workforce Plan Training Needs Analysis that clearly demonstrates education provision required and resultant benefit to the healthcare economy 3. A plan to provide sustainable access to higher education to develop the workforce 4. If funded access to higher education is not secured then clinical staff may seek alternative employment to further their careers	16	16	High Risk	4	Funding streams for pre- and post-registration education	To develop a workforce plan that demonstrates the education provision required and resultant benefit to the healthcare economy to form the basis for negotiations	AD Paramedic Practice, senior representatives from the Clinical Directorate and Planned and Urgent Care Directorate, A&E Operations and HR to work together	Millins, Mark	19/12/2016	
805	EOC Call Handling Performance	Operations	EOC (Emergency Operations Centres)	McGuire, James	Operational Risk	Patient harm	17/06/2016	17/10/2016	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	1. National AQLs for call answering performance (95% calls answered in 5 seconds) 2. Monitoring of call abandonment rate 3. process for call back of abandoned calls/matching duplicate calls 4. Front-end automated voice recordings for times of excessive demand and escalation 5. Review of all telephone lines coming into EOC - old lines closed 6. Amendment to clock start time on IFT lines (remove IVR from clock start) 7. Team Leaders listen into calls in real time to risk assess and make a decision on whether the call taker should clear the line to take another incoming call	1. No process to advise callers to remain on the line during times of excessive demand to be answered 2. No process to identify potential cardiac arrest cases in queuing calls at time of excessive demand 3. Average handling times for 999 calls have increased due to phase 2 ARP as EMDs are remaining on the line longer with some Amber calls 4. vacancies in EOC	16	12	Moderate Risk	4	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 October there will be two completed sets of EMDs which is a quicker turnaround from recruitment.	Whitham, Carrie	07/11/2016	
																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-CODF- a further paper is going to Clinical Governance Group 25.8.16 to provide greater detail on actions previously proposed	McGuire, James	17/10/2016	
																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

227	CBRN SORT Training	Operations	Resilience and Special Services	Walton, Ian	Operational Risk	Capacity	12/09/2013	24/10/2016	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.	1. ECA training and awareness of CBRN. 2. HART are decon trained 3. Training captured as part of resilience training programme in 2015/6 both for new starters and existing staff 4. Further training courses planned and delivered, July 16	Possible cancellation of courses due to operational pressures	12	12	Moderate Risk	4	CBRN sort team training	National requirement for YAS to train annually all CBRN Sort team operatives (3 days per year)	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 reach the 150 cohort target. we will aim for 155 SORT members	Walton, Ian	24/10/2016	
Workforce and Organisational Development																					
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	19/09/2016	IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation	1. European caselaw 2. National debate is ongoing and includes all ambulance trusts, NHS Employers	1. Employee claims being received with no consensus or clarity on how these will be managed 2. No national response to Unions	16	16	High Risk	8	Await national response	Await National Response on inclusion of regular overtime in holiday pay remuneration		Hodgkiss, Tracy	19/09/2016	
818	Substantive vacancies in Workforce structure and impact on momentum and continuity	Workforce and OD	Human Resources	Barker, Roberta	Strategic Risk	Capacity	30/06/2016	19/09/2016	IF substantive vacancies in the workforce structure are not recruited to THEN this may cause a loss of momentum or continuity in activities RESULTING IN a potentially negative impact on delivery of the workforce plan.	1. Interim posts 2. Progression towards recruitment to substantive roles 3. Two 'Head of' roles recruited with start dates 4. Substantive Executive Director in post	1. One remaining interim 'Head of' post to provide temporary support	12	12	Moderate Risk	4	Recruit to substantive roles	Recruit to substantive Workforce roles	02/08/2016 JD - Substantive Executive Director and two 'Heads of HR' posts appointed. One remaining interim at senior management level	Barker, Roberta	19/09/2016	
Planned and Urgent Care																					
58	Clinical Staff Recruitment - NHS 111	Planned and Urgent Care	NHS 111	Foster, Philip	Operational Risk	Clinical	06/08/2013	31/10/2016	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.	1. Continuous recruitment drives 2. Working with recruitment agencies 3. Offering secondments for paramedics 4. Employing agency staff 5. Hospitals and Universities 6. radio advertising 7. dedicated 111 person assisting with recruitment 8. raised all CA recruitment to band 6 9. Offering homeworking 10. undertaking joint clinical recruitment with the clinical hub 11. Advertise as Band 6 role only	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	Additional recruitment processes	Funding now available from winter monies so an additional effort to recruit staff by wider adverts, working with GP OOHs providers to provide additional clinical resource. Home working to encourage clinical staff to work shorter hours at critical times	Discussions with GP OOH providers held and positive homeworking- technical testing going ahead. additional recruitment advertisements have proved successful in recruiting clinical staff. continues to be a risk and monitoring of next round is on going	Cooper, Karen	12/12/2014	18/09/2014
808	PTS Renal / West Transport	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Operational Risk	Patient Experience	23/05/2016	31/10/2016	If we do not effectively communicate changes to the renal service and PTS services in West THEN patients maybe dissatisfied RESULTING IN an increase in complaints.	Letter has been sent out which outlines the change in the service we are to provide in the future. Monthly renal meetings have now been reinstated with the renal sisters and matrons to manage concerns within the clinics. Monitoring complaints. Monitoring renal KPI's on a daily basis. Engaging with patient forum groups Daily SitRep	Obtaining real time feedback from renal patients. Staff engagement	8	12	Moderate Risk	2	Letter to renal patients	PTS to send letter to renal patients informing them of the change to renal service.	Letter sent out to patients explaining changes to the service	Dexter, Chris	17/05/2016	17/05/2016
																Daily SitRep	establish daily sitrep	Daily sitrep has been implemented to review performance, in West and specifically for renal and to consider mitigations	Dexter, Chris	25/07/2016	25/07/2016
																Manage reputational impact	Manage reputational impact	LM reassigned Work with renal units to improve relationships and troubleshoot	Colam Ainsworth, Will	05/12/2016	
																Renal Engagement Lead	Proactive contact	Renal Engagement Lead to liaise proactive day to day contact with Renal Services	Kelly, Ann-Marie	05/12/2016	
																Introduce taxi transport	Introduce taxi transport	Temporarily increase capacity with introduction of taxis this is to run to the end of Sept 16	Dexter, Chris	05/10/2016	
																Staff engagement	Enhance staff engagement	PTS Communications Lead commenced in post on 8th August. Have outline of a Comms Plan for further development	Dexter, Chris	31/10/2016	
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	21/11/2016	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	Assessing training	1a. Develop a tool to assess staff competency following training programme 2a. Review the information provided to individuals re mobility criteria and simplify 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: to review at PTS Governance Group the process for training and assessing practice August 16: Courtesy calls implemented to validate quality of booking mobility ensure still required, links to CQUIN underway	Dexter, Chris	21/11/2016	21/11/2016
																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.	Syron, Candice	21/11/2016	
																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 CGG	Syron, Candice	21/11/2016	
																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	21/11/2016	
																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
770	Unplanned A&E Op's intake of PTS frontline staff for ECA's	Planned and Urgent Care	PTS (Patient Transport Services) - Operations	Dexter, Chris	Operational Risk	Human Resources	18/02/2016	30/11/2016	If there is a lack of communication for the requirement of ECA's by A&E Op's THEN this places a risk to PTS delivery of services, and patient wellbeing. If PTS refuse to release the risk is then on A&E Op's performance and patient safety.	1. Flagged at Business Planning and captured as an issue. 2. Identified the workforce plan as correct forum but needs to be across service lines. 3. Resources dedicated to project within Trust.	1. Date or timelines to plan to 2. tri-service line meetings have only occurred to date under Business Planning umbrella.	12	12	Moderate Risk	4	Implement PTS transformation including interdependency of A&E Operations Workforce Plan	Understand timeline for implementation of A&E Ops workforce plan to align PTS workforce plan	July 16: PTS continue to implement PTS transformation and need to align progress to timescales for wider workforce plans	Dexter, Chris	30/11/2016	

Quality, Governance and Performance Assurance																					
150	Inappropriate Storage/Retention of Confidential Paper-Based Records	Quality, Governance and Performance Assurance	Performance Assurance & Risk	Kaplan, Leon	Operational Risk	Information governance	09/09/2013	10/10/2016	IF patient identifiable information is not stored securely on YAS premises THEN there is potential for due to theft or 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. 4. Records Amnesty - bi annual reminder via Operational Update - on schedule of IG reminders. 5. I4I process, covers questions around records held locally on premises.	1. Records possibly held insecurely across the YAS estate, which the Trust is not aware of.	12	12	Moderate Risk	4	Develop Trustwide Records Management Assurance Exercise	1a. Development of a Trust wide records management assurance exercise (including associated tools and resources) for 15/16 to both search for and appropriately manage, paper-based records within YAS premises (and business functions) and inventory existing and already known about records held locally	Action plan developed. IG Manager and Quality and Risk Coordinator is working on a pack of tools for departments in the Trust to carry out their own searching exercises and inventory. Working to finalise the pack in April 2016. Pack developed and tested, minor amends made following pilot.	Kaplan, Leon	01/08/2016	19/07/2016
															4	Implement Records Management Assurance Exercise Trustwide	1b. Implementation of records management assurance exercise Trustwide	action plan developed. work on Rotherham fairfields commenced in March 2016 and further work in April 2016 undertaken. Roll out of the records management initiative work to take place in 2016/17 and into 17/18 across the Trust. To monitor at IGWG Ongoing I4I programme highlights to IG manager any records management concerns for further investigation IAO reviews consider records management	Kaplan, Leon	10/10/2016	
																Identify insecure records via I4I and removal to Restore Ltd or appraisal for destruction	1c. Existing process of identifying via I4I process insecure records in YAS premises and ensure appraisal/removal to RESTORE or secure local site	I4I programme for 2015/16 was designed to report any noted unsecured records to IG manager for further investigation. New I4I programme in 16/17 will continue to do that. This action is ongoing as part of I4I and any unsecured records notified to owner and IG manager will be addressed as appropriate	Squires, Caroline	06/07/2016	16/06/2016
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	31/12/2016	IF LCD does not follow policy and procedure for the recording and management of complaints THEN there is potential for failure to meet regulatory requirements RESULTING IN public criticism from the Ombudsman, possible financial penalties and failure to learn from complaints.	1. Data quality checks carried out monthly 2. Monthly quality audits to highlight the extent of the problem. 3. Head of Investigations and Learning has escalated to Executive Director Quality, Governance and Performance Assurance to pursue engagement with LCD Governance leads to improve standards.	Lack of engagement with LCD at operational level	12	12	Moderate Risk	3	Improve practice in complaint handling by LCD	RM and JT to meet with LCD to confirm Complaint Policy and Procedure requirements for complaint handling and record keeping	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 July 2016 to review and discuss. Meeting taken place and action plan being developed with LCD to deliver improvements.	Taylor, Jacqueline	31/12/2016	
683	Senior Management H&S Training	Quality, Governance and Performance Assurance	Quality and Nursing	Jackson, Shelley	Strategic Risk	Health and safety	12/08/2015	28/11/2016	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 for Standard and Compliance health and safety training requires a refresh (last provided 4 years ago). The Director of Standards and Compliance 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	1) Directors and Associate Directors to be provided with appropriate IOSH accredited health and safety training	18.1.16 - 1598 IOSH Training for Middle Managers was identified in the Trust wide TNA and reported to TEG, this will not be within the Workforce Training Plan for 2016/17 therefore agreement to provide will be sought in February 2016 as part of the overall abstraction plan and training should this be approved will commence in early in the new financial year. 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. Further information being sought from Procurement before session can go ahead. 18.08.16 - Training plan has been revised. Proposal now includes the delivery of IOSH Safety for Senior Executives Training to the entire Board (Exec group and non-Exec group) and all Associate / Deputy Directors. Paper detailing the proposal is being prepared for TEG and will be completed once revised quotes have been received from appropriate training providers.	Launchbury, Tracy	28/11/2016	
																New health and safety sentencing guidelines	To review the impact of the new health and safety sentencing guidelines on the Trust. Health and Safety Manager to meet with Director of Quality, Governance and Performance Assurance	Meeting held, new guidelines were reviewed and an example case was worked through. A copy of the guidelines was supplied to the Director of QGP. 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.	Jackson, Shelley	08/06/2016	08/06/2016
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	28/11/2016	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 HSG65 3) Up to date Health and Safety policies and procedures in place 4) Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.	9	12	Moderate Risk	3	IOSH accredited H&S Training to middle managers	1) Middle managers e.g. Locality Managers in Ops to be provided with appropriate IOSH* accredited health and safety training i.e. either IOSH Managing Safety, IOSH Managing Safety in Healthcare or an equivalent IOSH accredited course.	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 Safety 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.	Launchbury, Tracy	28/11/2016	
																New health and safety sentencing guidelines	To review the impact of the new health and safety sentencing guidelines on the Trust. Health and Safety Manager to meet with Director of Quality, Governance and Performance Assurance	Meeting held, new guidelines were reviewed and an example case was worked through. A copy of the guidelines was supplied to the Director of QGP. Paper presented to H&S committee in June with training proposal. Agreement gained for action. Potential course details provided to Head of Leadership and Learning for costing and progression. Paper since gone to the Education and Training Sub Group, Karen Warner agreed to speak to Steve Page about the proposal before this went ahead. 1598 IOSH Training for Middle Managers was identified in the Trust wide TNA and reported to TEG, this will not be within the Workforce Training Plan for 2016/17 therefore agreement to provide will be sought in February 2016 as part of the overall abstraction plan and training should this be approved will commence in early in the new financial year. 3 quotes for the training have been requested, this is now with Shelagh O'Leary to approve due to the significant cost element associated with this training. Meeting held with potential training provider to deliver a session to senior management and provision of IOSH training to targeted groups of middle managers following full H&S training needs analysis for Trust management. Further information being sought from Procurement before sessions can go ahead.	Jackson, Shelley	08/06/2016	08/06/2016

706	Feedback to staff reporting concerns	Quality, Governance and Performance Assurance	Quality and Nursing	Mallinder, Rebecca	Operational Risk	Regulatory compliance	04/09/2015	30/09/2016	If staff do not receive feedback from reporting of incidents, then they may become disengaged with reporting of concerns if the system for receipt of feedback is inaccessible	1. Awareness/safety poster campaigns and lessons learned bulletins being issued monthly to give feedback on wider themes and trends to staff. 2. Safety Thermometer provides feedback on reporting 3. Freedom to Speak Up Working Group and programme of work established to ensure feedback is provided to staff when concerns are raised and that these are celebrated 4. Staff consultation exercise July 2015 with action plan implemented from identified areas for improvement. 5. Investigations work plan in place and underway.	Consistent and timely feedback to staff reporting incidents	12	12	Moderate Risk	Recruit Head of Learning and Investigations	Recruitment to Head of Learning and Investigations post	Appointed Oct 15	Warner, Karen	01/10/2015	02/10/2015
															Consultation exercise for learning feedback	Staff consultation exercise relating to feedback on learning complete and initial findings have been shared.	this has been completed and findings are forming basis for plan for sharing learning/feedback	Flanders, Gareth	04/09/2015	04/09/2015
															Freedom to Speak Up programme of work	Freedom to Speak Up Working Group to take forward a broad programme of improvement relating to culture to support expression of concern, training for managers and staff, processes to facilitate identification and management of concerns and Trust response to ensure concerns and risks are appropriately acted on. Implement revised feedback mechanisms based on staff survey results	Programme of work underway. Staff survey results reviewed. Lessons learned bulletin/poster designed and distributed Approved TMG / Quality Committee and Board. Guardian commenced July 2016.	Page, Steve	22/08/2016	26/08/2016
															Quality Audit of Datix incident line	To develop quality audit to monitor call answering of the Datix incident line	The ability to live listen into calls that are being taken by the Quality and Risk team is now functional, all NHS111 Datix calls are recorded and I can access these from IT. Work still to be done on the Audit definitions, how audits are recorded and the action plans that come out of the audits. Audit questions devised, monitoring form devised. Audit plan to be written. Audits to be started W/C 7th March 2016.	Harrington, Richard	29/02/2016	24/02/2016
															Freedom to Speak Up Guardian Role	Establish a Freedom To Speak Up Guardian role	Options appraisal for guardian role considered at November 2015 working group. April 2016: Role description is written and approved. May 2016: Recruitment ongoing, Post advertised July 2016: Guardian appointed and commenced	Page, Steve	21/06/2016	04/07/2016
															FTSU Roadshows	Deliver FTSU Roadshows to raise awareness of process		Crawford, Jock	24/10/2016	