

Quality Committee
Finance & Investment Committee
Both Committees

ID	Title	Directorate	Business Area	Handler	Risk Type	Risk Subtype	Opened (date risk identified)	Review date	Description	Controls in place	Gap in controls	Rating (initial)	Rating (current)	Risk level (current)	Rating (Target)	Action title	Action description	Action progress	Action completed
Finance and Performance																			
261	Business tendering	Finance and Performance	Business Development	Turner, Mark	Strategic Risk	Financial	13/03/2013	25/01/2016	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 LATs, TDA 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 Reconfigurations YAS Wide Communications of contracting information	Contract manager to develop a contract briefing Deputy now in place b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber Development of communications to Urgent and Emergency Care group within YAS with key stakeholders to ensure key managers working externally have up to date contract and political information Consideration of new contract negotiations for 2016-17/	Deputy in post Briefing note signed off Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG. Initial workshop taken place to brief managers on contracting issues and update on key aspects. Attended team meetings in operational directorate. Further work required and more meetings to be planned in.	30/12/2015 25/11/2015 01/12/2015
735	Loss of income and staff due to potential decommissioning HCP green bookings	Finance and Performance	Business Development	Bennett, Julie	Strategic Risk	Financial	28/09/2015	11/01/2016	IF HCP Green calls are decommissioned across Yorkshire THEN there is the potential for loss of income and loss of staff	1. Engagement with commissioners to improve communication 2. Legal position sought to ensure YAS in an informed position if faced with same risk again 3. YAS attendance at three locality contract meetings and the main contract board to ensure consistent messages and to pick up on early warning indicators of potential tenders and risks to core business 4. Internal review of potential financial risk and also workforce risk 5. ORH review of demand and requirements for rotas 6. Contract for 2015-16 has a block activity level which gives stability to YAS and a clause for 1 year termination notice.	1. CCGs entering in to dialogue with private providers and can commission services where they see fit 2. Decisions being made in system resilience group forums 3. Legal position may not cover demand that is over activity levels - but would have become baseline contracted activity in the following year 4. Inability to meet with 23 CCGs on a regular enough basis to ensure dialogue is kept open	12	12	Moderate Risk	4	Actions to minimise risk of decommissioning of HCP Green Calls	1a. Increase performance management and monitoring to understand pressures in under performing CCGs and set up targeted meetings 1b. Utilise the contract negotiations and direct 'provider to provider' discussion to minimise risk of contracts being let to private providers. 1c. Regular attendance at System Resilience Groups 1d. Internal communications to be continued with Contract Manager for A&E to also update SPDMs monthly. 1.e Fully engage with commissioner review of HCP calls to influence appropriate outcome of commissioner intentions.	work ongoing to review urgent tier provision in liaison with Commissioners	
91	Non-achievement of regulatory targets 15/16	Finance and Performance	Finance	Crickmar, Alex	Strategic Risk	Regulatory compliance	12/08/2013	31/05/2016	Non-achievement of regulatory targets: Planned Financial outturn (i.e. surplus); External Finance Limit (EFL); Capital Resource Limit (CRL)would result in a failure of statutory duties and qualified audit opinion together with risk of damaged reputation.	Monitored monthly within Finance and as part of the Integrated Performance Report (IPR) and monitoring return to the TDA to monitor distance from targets and prompt mitigating actions. Procedures regarding levels of sign off and authorisation controls. Cost controls. Monthly budget monitoring between finance and departmental managers/capital leads and reporting to the Board/Capital monitoring group. Monthly CIP reporting. Monthly forecasting.	1. Review is essentially retrospective. Rapidly changing pressures. 2. Managers' ability to commit Trust to expenditure. 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		18/12/2015
252	Vehicle deep cleaning	Finance and Performance	Fleet	Hill, David	Operational Risk	Capacity	13/09/2013	30/04/2016	Harm to patients, staff and others due to failure complete vehicle deep cleaning procedures within specified timeframes. Failure to comply with external regulatory standards (CQC) due to vehicle deep cleans not taking place.	1. The deep clean schedule is continuing each week and all deep cleaners have full visibility of this information. 2. Weekly deep clean reports including the overall service level are distributed to Ops managers in each area displaying current status and lists of vehicles in greatest exception. 3. Monthly audit and reporting of activity. 4. Additional staff recruitment and revised planning format introduced 5. Schedules reviewed and streamlined where possible. 6. VOR when hit timescale		12	12	Moderate Risk	3	Deep clean - compliance, recruitment and stock check	Recruit staffing to maintain service levels to include deep clean, consumables check, green bags	w/e 28/02 Service Level 99.91% and Feb month end 99.6%. Green Bag checking withdrawn by senior management following concerns raised by UNISON. Awaiting details of training school/tutor availability to complete Green Bag training pack and Learner Outcome.	
507	ICT Equipment on disposed Fleet vehicles	Finance and Performance	Fleet	Audsley, Vicky	Operational Risk	Equipment Related	13/11/2014	08/05/2016	If vehicles become unavailable for operation purposes THEN all key ICT related assets need to be recovered and returned to ICT. In the event that this is not possible then a Sup13 Incident needs to be logged for the attention of ICT. This doesn't always happen RESULTING IN delays to making vehicles operational and financial loss due to unexpected demand for purchase of equipment	1) historic mutually agreed process to decommission hardware 2) Discussions with Fleet confirm that ICT equipment help on decommissioned vehicles is returned to ICT for reuse 3) Process logs in place for decommission and commission for A&E and PTS in order to promptly log and inform ICT of removals and re installations that have taken place, so vehicles can be added to systems efficiently.	1) Agreed process between Fleet and ICT to recover ICT equipment from decommissioned vehicles	12	12	Moderate Risk	4	Checklist of ICT equipment for removal when decommissioning vehicles Review of Disposal Policy for vehicles	1) JG to liaise with ICT to develop and communicate a process to include a checklist of ICT equipment when decommissioning vehicles 2) The disposal policy for Trust vehicles blue light and other is to be reviewed as part of this there will be an appendix and process that relates to the removal, change over and or return of ICT equipment.		

680	Repeated Air Conditioning Failure and Fire Risk (ICT Server Room)	Finance and Performance	Estates	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	07/03/2016	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 . 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) The Airedale units are at risk due to their age and aggressive demand cycle; now resilience established with spare parts readily available off the shelf, a number of relevant parts will be purchased, and skilled persons are available for fitting. 4) Fire risk assessment completed, Argon Gas Suppression system costed and capital bid going forward	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.	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 - Aim to secure bid by January 2016.	RAG 14.1.16 This option is now not being pursued as current plant will be maintained and repaired	14/01/2016
																Procurement design, spec, tender	3) Procure the detailed design, specification and tender process of any new system by the end of March 2016	14.1.16 RAG - option not being pursued.	14/01/2016
																Select preferred contractor	4) selection of contractor and contract commencement April 2016	option not being pursued	14/01/2016
																SH2 Air Con Fire Risk Assessment	review risk assessment (February 2014) and reappraise the risks based on recent incidents	Airedale units serviced, repaired and fully functional. Spares list for spares to be retained on site currently being developed. 2 industrial mobile chillers have been purchased and are retained for future contingency in the server room.Recommend a wholesale review of the server room plenum ventilation be undertaken and currently gaining fee quotes, for a prospective upgrade in 2016.	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	24/08/2015															
522	P14 - ePRF -National Contract of Siren Provision may result in no solution post 2016	Finance and Performance	ICT - Information Technology	Buck, Patrick	Strategic Risk	ICT	16/11/2014	27/05/2016	If the current Siren Programme will not be available for use post July 2016 due to the life cycle of Npfit programme coming to an end THEN the trust may be left without an electronic PCR solution RESULTING IN failure to achieve the objective to have Paperless patient records by 2018 as mandated by the DoH.	1. Strategic plan for replacement solution agreed by Trust Board 2. Project group established 3. Trust Board Workshops held 4-5 June with the vendors of two remaining options detailed in the strategy paper	TEG paper options will result in a reversion to paper PRFs in July 2016 Timescales for the development of Exit strategy are behind schedule which may limit options.	16	12	Moderate Risk	4	Implementation of plan for electronic PCR	New TEG Paper to be produced w/c 29/02/16 Options appraisal for electronic Patient Care Record See TEG Paper 31/12/15 Option 1 (Tactical)CSC Medusa via SBS Framework Option 2 (Tactical)Medusa Siren V3/V4 via G-Cloud 7 Option 3 (Strategic)Mini Tender with NWAS (The solution will not be known until the tender exercise is completed)	11/04/16 Collaboration with NWAS continues, new supplier/software selection will not be made in time to prevent reversion to paper. Use of ePRF is now 1%, 99% of ePRFs produced on paper now. Risk will be transferred to new project and closed.	
765	Lack of PTS Bid resource	Finance and Performance	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Financial	11/02/2016	31/05/2016	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.	Monitoring through Consortia meetings & contract management. Initiated informal discussions with PTS managers. Submitted business case for Exec sign off & portfolio consideration.	Lack of substantive resource and procurement expertise.	15	15	High Risk	5	Substantive Bid Resource	Business Case for substantive PTS Bid Resource	Submitted to CEO Feb 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	
768	PTS Contract Extension Price Negotiations	Finance and Performance	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Cost Improvement (CIP)	18/02/2016		PTS Consortia North/West & South contracts are all under negotiation for 1 year extensions. Failure to agree extension price in line with CIP and Transformation trajectory will impact strategic planned financial outturn for PTS and Trust.	YAS intentions agreed between PTS MD & Contracting/Finance leads, CEO & CFO. Minimum price per activity and assumptions agreed. Price intention if agreed will result in PTS Contracts no longer being onerous in their own right. Mediation is an option.	Lowest agreeable threshold to meet planned Trust financial outturn is not agreed.	12	12	Moderate Risk	9	2016 2017 Contract price negotiations PTS	Ongoing negotiations with Commissioners. North - want 2 year extension - Commissioners not at level to negotiate on price. Offer meeting date 22nd March. South - price expected on March 23rd West - Commissioners can only agree 1.1% increase (RPI) and will escalate to FD's.	mediation/arbitration letters submitted to N/S/W Commissioners as extension prices not yet/likely to be agreed. North are looking at service/activity reduction plan to meet current financial envelope. East is now likely to become formalised, as Commissioners have now expressed they intend to reduce the current value of the contract.	
770	Unplanned A&E Op's intake of PTS frontline staff for ECA's	Finance and Performance	PTS (Patient Transport Services) - Operations	Dexter, Chris	Operational Risk	Human Resources	18/02/2016	04/07/2016	Lack of PTS front line resource. Unplanned requirement of ECA's by A&E Op's places 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	Tri-service line meetings	Commence/continue tri-service line meetings to plan for implementation		

773	removal of 39 saloon cars from PTS fleet	Finance and Performance	PTS (Patient Transport Services) - Operations	Dexter, Chris	Operational Risk	Patient Experience	18/02/2016	16/05/2016	Removal of 39 saloon cars from PTS fleet by 31st March 2016. As per transformation/Workforce plan	1. trial reduction and impact assessment from 1st march 2016. 2. cars still available during trial period. 3. Fleet can order new short term lease saloon cars should the service be unable to deliver without the 39 cars 4. Transformation Plan to address current gaps.	1. PTS rosters don't reflect an identifiable Peak Vehicle Requirement 2. resourcing for PTS (including staff driving cars) currently fluctuates daily	16	12	Moderate Risk	4	Trial run and consultation	Staff who have car assigned as part of contract are under 90 days consultation - only 6 in total. 33 lease cars have been removed from the cleric resource sheet to simulate the impact post end of lease date.	Cars have been taken out of service, review still underway - concern from LM's over staff not having vehicles - Need data. no plan to replace 33 as of 07/04/16	
Operations																			
368	Commissioner and YAS management of service reconfiguration	Operations	A&E Operations	Gelder, Claire	Operational Risk	Clinical	25/03/2014	25/04/2016	Risk of additional A&E operational pressure and lack of clarity on where to take patients for most appropriate care as a result of regional/local service reconfigurations and changed service models. This may also impact on contracting requirements.	1. Individual leads within A&E Operations, Clinical Directorate and Business Development represent YAS in reconfiguration meetings/working groups. 2. Reconfiguration register now live and in use. 3. Monitoring of performance impacts via SPUDs	1. Reconfiguration management process which links clinical, contracting and A&E operations. 2. Lack of clear and timely communication from stakeholders on planned changes	12	15	High Risk	6	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 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.	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		
745	CHFT Reconfiguration	Operations	A&E Operations	Holdaway, Ben	Operational Risk	Capacity	08/12/2015	20/05/2016	CHFT reconfiguration which may cause an up to an additional 9600 hours drive time per year, depending on which option is chosen. This will impact on the performance in CKW and also the Trust.	1) Detailed analysis carried out on the impact of each option 2) Targeted overtime 3) Plan to fill vacancies	1) Delay in filling vacancies 2) Potential limited overtime uptake	12	12	Moderate Risk	8	Attend CHFT reconfiguration meetings	YAS representation at CHFT reconfiguration meetings		
677	Mid Yorks Reconfiguration	Operations	A&E Operations	Holdaway, Ben	Operational Risk	Clinical	13/07/2015	27/05/2016	Mid Yorkshire Trust intention to accelerate their programme of reconfiguration 'Meeting the Challenge' resulting in additional pressures to YAS on initial transfer journey times and IFTs.	1) Overtime 2) BI monitoring 3) monitoring of any increase in interfacility transfers 4) incident reporting 5) Programme Board attended by YAS CEO 6) YAS Operational Lead - AS, Head of Emergency Ops 7) YAS Clinical Lead - JC, Head of Clinical Effectiveness	1) Existing 85 Vacancies in CKW 2) Any delays in centralisation of services at Mid Yorks	9	15	High Risk	3	Monitor through BI and contracting	1) Monitoring through BI and contracting at CMB for IFTs, incidents	17.2.16 YAS raised concern re potential escalation of timescale to August 2016 from April 2017. YAS's view at the meeting was that we require information from the Commissioner to enable ORH to model the impact on YAS. Modelling from ORH as been received and submitted to MYHT.	
625	Scarborough Stroke Service Reconfiguration	Operations	A&E Operations	Larvin, Vince	Operational Risk	Clinical	22/04/2015	18/04/2016	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	Commissioners have been invoiced - awaiting payment	16	12	Moderate Risk	4	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 to send to co-ordinating commissioner requesting intervention regarding the funding required to provide this service	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.	28/03/2016	
															Agree contract for Scarborough Stroke model for 16/17	Head of Contracting to work with Lead Commissioner to agree funding			
															Obtain response to 15/16 invoice	Letter sent to invoice for 15/16 - awaiting response			

766	Hospital Turnaround	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	01/04/2015	25/04/2016	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	<ol style="list-style-type: none"> Daily turnaround reports weekly updates Liaison with local hospitals, Chief Officers, to help manage turnaround times HQs update LMs weekly Liaison with commissioners via CMB and CBU meetings Real-time escalation and HALO role On call teams and escalation plans to maintain safe service delivery reviewed and in place and action plans in place via ROC Positive reinforcement to crews with good turnaround (3 month project) Resilience support vehicle to be utilised at direction of on call Gold Commander / ROC daily conference call 	<ol style="list-style-type: none"> Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues outwith YASs control 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		
66	Operational performance	Operations	A&E Operations	Macklin, David	Operational Risk	Patient harm	07/11/2011	06/06/2016	Risk to patient safety due to increased red demand and reduced performance across the A&E Operations service.	<ol style="list-style-type: none"> Intense monitoring process in place New rota patterns being reviewed following implementation in February Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs Weekly patient safety review underway to determine harm caused from delayed responses. <ul style="list-style-type: none"> Ops Recovery Plan in place with actions underway to address performance issues. Ongoing monitoring of demand profile against planned resource. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare. Overtime is being used to address vacancies Use of Private Providers 	<ol style="list-style-type: none"> Inability to manage increase in demand at present time effectively with available resource. Real time reporting process within EOC not happening consistently, particularly during busy periods. 	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	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.	12/10/2015
85	Vacancies in A&E Operations Trustwide recruitment and retention	Operations	A&E Operations	Holdaway, Ben	Operational Risk	Clinical	08/08/2013	13/06/2016	IF we do not have adequate staffing levels due to the number of vacancies across the Trust THEN there will be inadequate staffing RESULTING IN potential risk to patient and staff safety and performance.	<ol style="list-style-type: none"> Overtime incentives. Recruitment underway. Use of Private Providers. Flexible working Increased hours for PT workers Use of bank staff 	<ol style="list-style-type: none"> vacancies Conversion to higher skill levels, will take time 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 Overtime budget does not guarantee that staff will uptake o/t availability, neither does the budget enable all vacant shifts to be covered External advert for recruiting Paramedics is unlikely to cover many of the band 5 vacancies and is not a reliable mitigation lack of coordinated approach to addressing paramedic retention 	12	15	High Risk		Recruit to vacancies	<ol style="list-style-type: none"> Continue recruitment to vacancies. Additional initiatives underway to try and get additional staff including visits to local universities 	Recruitment of external Tech/Para continues, although there are still retention issues. Recruitment delivering increased number of new starters in December 01.02.16 Continuing with external recruitment 18.04.16 on going recruitment	
																Band 4 to Band 5 conversion	<ol style="list-style-type: none"> Now band 4 to band 5 conversion which is providing mitigation 	Courses continue to run. 18.04.16 Continue to monitor	
															3	Workforce Plan	<ol style="list-style-type: none"> Workforce plan has been released, but rejected by unions 	Rota changes have now been delayed until October 2016, minor changes will be considered as an interim measure 18.04.16 A number of interim rotas have implemented after agreement by rota group	
																Use of Private Providers	Private Providers - Jigsaw and UK Event Medical contracts commenced 1 september Governance around SJA contract strengthened.	Contract Monitoring and governance/assurance processes in place	01/09/2015
																Develop a retention strategy	To develop a retention strategy for the Trust	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 -	

731	Mercedes Van Conversion Ambulances	Operations	A&E Operations	Jackson, Shelley	Operational Risk	Health and safety	26/10/2015	16/05/2016	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	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	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	
																Reduction in lifespan of Mercedes van conversion ambulances	Laurence Harvey - 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	
767	Movement of Defibrillators between vehicles	Operations	A&E Operations	Liebman, Danny	Operational Risk	Patient harm	17/02/2016	25/04/2016	IF defibrillators are transferred between vehicles THEN the MDMD cannot track them for scheduled maintenance RESULTING IN potential for non-serviced equipment to fail and non-compliance with legislation and YAS policy	1. Regular audits on vehicles 2. Missing kit is datixed 3. MDMD follow up on missing equipment 4. LP15 devices if not found within 2 working days will be reported as stolen. 5. Trusts Security officer is informed where appropriate (one case involved the arrest and prosecution of a member of staff after the security manager worked with the MDMD staff to catch a theft)	1. lack of appreciation in A&E Operations of Trusts equipment policy and SOPS and how/why equipment is allocated to specific vehicles 2. staff removing call sign stickers from defibrillators to reallocate to other vehicles 3. staff transferring 'service due date' stickers between equipment 4. no budget in MDMD for replacement of defibrillators recorded as missing	9	12	Moderate Risk	3	Operational Alert - movement of medical equipment	Send out Ops Alert re movement of equipment	Complete	03/03/2016
																Staff alert - defib and standard equipment load list	To distribute a Staff Alert confirming which type of defibrillator should be on which vehicle, depending on staff role, and also the Standard Equipment Load List		
227	CBRN SORT Training	Operations	Resilience and Special Services	Macklin, David	Operational Risk	Capacity	12/09/2013	29/04/2016	If we do not provide adequate training for SORT Teams and maintain numbers of trained staff (requirement to have 200 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	1.6.2015 Due to operational pressures staff not released for training. 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 so courses running in Q3/4 need to run 6.10.2015•Based on the current planning assumptions a further 51 SORT staff are required to be recruited to take us to total of 150 SORT operatives.training has been ongoing but due to operational pressures in July and October courses have been cancelled. Plan for two course in November are in place currently as part of the programme March 2016:The numbers of SORT staff remain below that which is required (150 staff required, 72 in post). Two courses have been held in February and March increasing the number of staff trained to 98	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) Staff have had no training for previous two years	Training incorporated into training plan for 2014/5, training plan still to be approved by TEG 11.11.15 RAG - no change, on hold over winter	

Standards and Compliance																			
119	Hillsborough - adverse publicity	Standards and Compliance	Corporate Legal Services	Balfour, Caroline	Strategic Risk	Hillsborough	09/09/2013	25/04/2016	Hillsborough: If there is adverse publicity from the Hillsborough inquests and publication of the panel report and legal processes, then this may lead to adverse publicity resulting in loss of reputation.	<p>1. The Hillsborough team established based on expertise.</p> <p>2. Focus on early identification of potential adverse media through case management.</p> <p>3. Extensive liaison with Corporate Comms for advice/management of media.</p> <p>4. Appropriate high level awareness within YAS through Exec/NED membership of Hillsborough Team.</p> <p>5. Robust internal inquest management process and established cross directorate working on inquests.</p> <p>6. Coroner's direction restricting media</p>	<p>1. Lack of control over external media.</p> <p>2. Unprecedented database of document disclosure creating difficulties in managing knowledge/identifying issues.</p> <p>3. Lack of public appreciation that YAS are distinct from SYMAS.</p> <p>4. Coroner's direction to be lifted when Inquests close.</p> <p>5. lack of control over widespread commentary on social media regarding jury findings</p>	12	16	High Risk	4	Media review and engagement/corp comms	<p>1. Media review and engagement tabled at monthly meetings.</p> <p>2. Corp Comms/Legal reactive updates in timely manner.</p>	Plan in draft. Further meeting arranged 9.3.16 Plan refined and further meeting arranged 30.3.16 Plan confirmed 30.3.16	05/04/2016
123	Hillsborough - welfare of staff	Standards and Compliance	Corporate Legal Services	Balfour, Caroline	Operational Risk	Hillsborough	09/09/2013	29/04/2016	Hillsborough: If we do not have adequate support in place for staff, this may affect them psychologically due to engagement with high profile legal processes and media exposure. Engagement with high profile legal proceedings and media exposure has potential for psychological damage to staff/witnesses.	<p>1. Effective communication with staff, liaison with HR and Unions.</p> <p>2. Staff support programme developed underway prior to inquests.</p> <p>3. 121 engagement with key witnesses.</p> <p>4. Bespoke Occupational Health service established for staff involved with Hillsborough.</p>	<p>1. Lack of union engagement.</p> <p>2. Risk of lack of engagement from staff.</p> <p>3. lack of control over approaches to staff by external agencies (media).</p>	6	12	Moderate Risk	6	Liaison with Key Witnesses	1. Continue programme of 121 liaison with key witnesses.	Witnesses written out to and invited for update meeting. Reminder of support measures in place. Timetable information given.	23/02/2016
150	Inappropriate Storage/Retention of Confidential Paper-Based Records	Standards and Compliance	Risk and Safety	Squires, Caroline	Operational Risk	Information governance	09/09/2013	06/07/2016	Breach of the Data Protection Act due to theft or inappropriate access to identifiable information stored on YAS premises (secure and insecure)	<p>1. IAO role is responsible for records management in their area.</p> <p>2. Revised Records Management Policy setting out expectations in relation to management and storage of records.</p> <p>3. RESTORE Storage company is used to archive records in a secure environment.</p> <p>4. Records Amnesty - bi annual reminder via Operational Update - on schedule of IG reminders.</p> <p>5. I4I process, covers questions around records held locally on premises.</p>	<p>1. Records possibly held insecurely across the YAS estate, which the Trust is not aware of.</p>	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.	
															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 to take place. The wider records management initiative work to take place in 2016/17 across the Trust.		
															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	I4Is programme for 2015/16 was designed to report any noted unsecured records to IG manager for further investigation. New I4I programme in 16/17 will continue to do that.		
706	Feedback to staff reporting concerns	Standards and Compliance	Risk and Safety	Mallinder, Rebecca	Operational Risk	Regulatory compliance	04/09/2015	30/04/2016	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	<p>Awareness/safety poster campaigns and lessons learned bulletins being issued monthly to give feedback on wider themes and trends to staff.</p> <p>Safety Thermometer provides feedback on reporting</p> <p>Freedom to Speak Up Working Group and programme of work will work to ensure feedback is provided to staff when concerns are raised and that these are celebrated</p> <p>Staff consultation exercise undertaken in July 2015 to identify areas for improvement. Action plan developed.</p> <p>Investigations work plan in place and underway.</p>	<p>Consistent and timely feedback to staff reporting incidents</p>	12	12	Moderate Risk	3	Recruit Head of Learning and Investigations	Recruitment to Head of Learning and Investigations post	Appointed Oct 15	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	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 Aiming to present for approval to TMG / Quality Committee and Board by April 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 Q&R Team is now functional, all NHS111 Datix calls are recorded and can be accessed from IT. Audit questions devised, monitoring form devised. Audit plan to be written. Audits to be started W/C 7th March 2016.	24/02/2016	
															Freedom to Speak Up Guardian Role	To establish a Freedom To Speak Up Guardian role	Options appraisal for guardian role considered at November working group for sign off Feb 2016 Role description is written		