

Quality Committee
Finance & Investment Committee
Both Committees

ID	Title	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)	Description (Action Plan)	Synopsis (Action Plan)	Progress (Action Plan)	Assigned to	Due date (Action Plan)	Done date (Action Plan)
1023	Executive Team capacity	Performance Assurance & Risk	Barnes, Rod	Strategic Risk	Capacity	09/09/2017	31/10/2018	IF capacity is reduced within the Executive Team THEN there may be a lack of strategic direction in areas of the business RESULTING IN failure to progress delivery of strategic and/or operational objectives	TEG and TMG Executive Director level cover across the business as a whole at all times Appointed to ED of WorkForce position Appointed to Director of Integration and Urgent Care Appointed to Deputy Director of Operations Appointed to General Manager - Operations and other senior management roles Support of AACE in plans and modelling for ARP Ops plans for 2018/19 are well developed and have been approved by commissioners	A&E Operations - Vacancy for Exec Director of Ops	16	12	Moderate Risk	6	Interim accountability in senior team	Ensure clear interim accountability and communication arrangements within the senior management team	To determine: Nominated lead for Operations at Board Level, consider Divisional Commander to be first among equals/nominated Executive Director. Agreed comms and escalation route supported by the above. Provide a more Operational focus through TMG and TEG, to support Ops colleagues and to expedite decision-making Oct 17- support through TMG	Barnes, Rod	30/10/2017	31/10/2017
															Progress I&UC Director appointment	Progress the appointment of a Director of Integration and Urgent Care	Oct 17: Appointed to Director of Integration and Urgent Care	Barnes, Rod	18/12/2017	31/10/2017
															Specialist support	Secure specialist support for the senior teams whilst substantive Directors are not available	July 18: Deputy Dir of Ops in place. On-going support be being provided by AACE for A&E Service Transformation Programme and Senior Team development. Shortlisting completed for Dir. of Ops replacement with interviews taking place in late July. Interim cover also being recruited to. No other Exec team vacancies exist. April 18: All Executive Team roles are filled on a substantive basis. EDO secondment to AACE is being covered by the Deputy Dir. of Ops role, part time leadership support from Bob Williams and others from the Association of Ambulance Chief Executives (AACE) who are assisting with development of plans and modelling to support the implementation of ARP. March 18: Executive Director of Operations return in April 18 Jan 18: Director of Ops from NWAS is providing advice and support to Deputy Director and Divisional Commanders. Oct 17: peer support through TMG and TEG	Barnes, Rod	31/10/2018	
Business Planning and Development																				
261	Business tendering	Business Development	Mobbs, Leaf	Strategic Risk	Financial	13/03/2013	08/10/2018	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.	20	12	Moderate Risk	8	a)Improve Commissioner and YAS communications	Contract manager to develop a contract briefing Deputy now in place	Deputy in post Briefing note signed off	Bennett, Julie	31/12/2015	30/12/2015
															Reconfigurations YAS Wide	b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber	Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG.	Bennett, Julie	30/11/2015	25/11/2015
															Monitor other ongoing tenders	Evaluate potential impact of other ongoing tenders that YAS are not bidding for: 1) North Scarb/Ryed Community Services 2) Doncaster new urgent work 3) Sheffield Hosp 3 month winter pressures JETS	June 18: ongoing monitoring of local and regional tenders that YAS are not bidding for but may have some operational and financial impact, modelling impacts where indicated to inform discussion and negotiation on mitigation of risk. Oct 17: YAS is part of regional network and maintaining a register of tenders, modelling impacts where indicated to feed in to negotiations	Sandford, Matt	28/09/2018	
															Hull PTS tender	Bid for Hull PTS Contract	Confirmed Hull PTS bid unsuccessful Outcome of Hull CCG PTS tender exercise will result in financial impact, if YAS does not effectively resolve the funding issue before then end of the contract then the financial impact to YAS would be circa £1m	Dexter, Chris	30/11/2016	16/12/2016
															Bid for South PTS contract	Respond to South consortium (Sheffield, Rotherham, Barnsley CCGs)PQQ and bid for PTS contract	April 17: Update - YAS awarded South Consortia 5 year non-emergency contract. YAS has been selected to deliver: @Core outpatient services throughout South Yorkshire and on-day discharge services in Sheffield Ad-hoc repatriation work for the four South Yorkshire clinical commissioning groups (CCGs) GP urgent services in Sheffield (won from Arriva, the current provider). The contract will commence September 2017. Bid process updates archived	Dexter, Chris	24/04/2017	17/04/2017
															East Riding PTS Tender	East Riding PTS tender	Jan 17: Contract negotiation extension period, ER contract will go out to tender April 17: successful	Dexter, Chris	03/04/2017	28/04/2017
															North PTS (VOY and scar/ryedale)	Tender for North PTS - Vale of York and Scarborough/Ryedale	Jan 18: contract secured for further 5 years with possible 2 year extension. Announced 24.01.18 YAS has been awarded the contract to deliver Medical Non-Emergency Transport (MNET) for CCGs Scarborough and Ryedale as well as Vale of York. The new contract will commence on 1 July 2018 for a five-year period, with the possibility of a further two-year extension. The new MNET incorporates some elements of delivery that will be new to YAS (eg enhanced discharge services in some areas) and some changes (reinforcing the eligibility criteria). The award of this contract means that YAS has been successful in retaining PTS operations throughout North Yorkshire and the East Riding of Yorkshire Oct 17: Bid submitted 26 Oct 17	Dexter, Chris	18/12/2017	24/01/2018
															re-negotiate contractual terms North PTS - Hgt, Richmd	Re-negotiate contractual terms following VOY and Scarb/Ryedale tender	Sept 17: negotiation with commissioners regarding split between VOY/Scarb/Ryedale and Hgt, Richmond - complete	Dexter, Chris	30/10/2017	23/02/2018
															IUC specification (NHS111)	Plan for response to Integrated and Urgent Care contract tender.	July 18: successful SQ stage. Next stage is competitive dialogue, 55 questions with deadline 2nd August 18. Dialogue day is 18 July. June 18 (RAG) SQ submitted on time, awaiting shortlisting decision. Preparing with workshops based on specification. Mid July requirement for a written submission and commencement of competitive dialogue. May 18:SQ Phase 1 selection questionnaire of 120 questions on track to submit, working through TUPE submission list. Phase 2 Tendering - competitive dialogue sessions - 4th July notification. Apr 18: RAG - SQ imminent - Slippage in Commissioner timescales, decision now expected by end of Nov 18. 9 workstreams established and leads identified. Feb 18: Workshops held in January 20178 to understand resources required to respond. Timing of tender as yet is unclear. NHS111 contact ends in 2018.	Townend, Keeley	31/10/2018	
															2 day external 'bid' workshop	Planning and Development Team organising a two day workshop to coach on engagement, PIDs, constructing bids.	Aug 17: Bid workshop held for PTS, well attended. June 17: Invites sent out	Sandford, Matt	28/08/2017	28/09/2017
PTS West tender	Prepare for PTS West tender	March 18: Comms to staff has commenced Feb 18: pro-active workshop being planned in preparation for tender. Unclear on timing of bid process at this stage.	Dexter, Chris	30/06/2018																
NE Lincs PTS joint bid with EMAS	Prepare bid for NE Lincs PTS joint bid with EMAS	July 18: Bid question responses being collated and 'Red' read is diarised.	Sandford, Matt	27/08/2018																

911	Strategic Impact of Reconfigurations	Business Development	Mobbs, Leaf	Strategic Risk	Financial	12/12/2016	30/06/2018	STRATEGIC IMPACT OF RECONFIGURATIONS IN WIDER HEALTH ECONOMY IF the modelling of requirements to address the impact on YAS of reconfiguration of services in the wider health economy are not acknowledged and resourced THEN this will impact on performance, patient safety and compliance RESULTING IN failure to deliver YAS Strategic Objectives	1. ORH Modelling of impact on YAS of specific reconfiguration plans 2. Quality Summit focus on reconfiguration and turnaround 3. Engagement with STPs 4. Planning & Development Group established with representation from clinical, contracting and A&E operations. 5. Internal Audit of reconfigurations - report Dec 16 6. Register on SharePoint	Modelling of combined impact of reconfigurations  Management of: increased Turnaround, drive time, & transfers for specialist care Repatriation of displaced resource, increased costs, added clinical risk (Risk 368) with reduced 999 response resource  Over a 12 month period a total of 62,244 staff hours would be required in order to cover all of the changes, Harrogate stroke, Scarborough children, Friarage front end and Darlington front end. This equates to 1197 staff hours per week, and 170 staff hours per day. Assuming 37.5 hr/wk, requirement would be 32 more staff to cover this demand.  Mitigations for expanded episode of care resulting in added costs additional pharmacy and supplies costs and additional fuel	16	16	High Risk	8	Monitor reconfigurations	Maintain register of reconfigurations, collate intelligence and work with STPs to model impact and determine mitigations	April 18: Risk Manager updated RAG that operational risk for Friarage entered on CRR. Scoping other risks based on QIAs and will be entered up once agreed March 18: ongoing collation of reconfigurations intelligence and working at strategic level to model and mitigate risks. Individual risks relating to operational and financial impact of reconfigurations are added to the risk register when detail is available and potential impact determined. Friarage to be added to CRR	Mobbs, Leaf	30/06/2018	
															Paper to CMB	Present combined impact of proposed planned and implemented hospital reconfigurations across the region to create a shared understanding of level of risk	29.3.17 Paper to CMB stated the Trust's capacity to deliver an emergency response is at increased risk from the cumulative impact of service reconfiguration as they are associated with Overall increase in job cycle time; increased distances; increased activity and therefore staffing and increased potential for vehicles to 'drift' with failure to acknowledge and address these factors resulting in potential for increased risk to patient safety. To ensure that the impact of reconfiguration on quality and performance is appropriately monitored and escalated, the Trust will continue to undertake impact modelling of identified scenarios; identify options to address risk and capacity gaps; Escalate to lead commissioners through Contract Management Board and Discuss with local commissioners and providers regarding anticipated impact on YAS performance and quality. Impact assessments, an issues log and graphs showing impact of reconfigurations shared in the report.	Bennett, Julie	29/03/2017	29/03/2017
															Deliver Internal Audit recommendations	Deliver recommendations of IA 171126: Acute service reconfigurations: 1) There should be more applicable contract provision in relation to acute service reconfigurations included within the A&E 999 contract 2) Given the current rapidly changing business development environment, TORs of relevant groups should be reviewed to ensure aims and objectives remain effective and current 3) Information in relation to the impact on Trust resources and service delivery of each significant, or material, acute service reconfiguration should be determined and modelled and financially quantified where possible, and recorded on the database	SEPT 17 responses: 1) Considered as part of negotiations for phase 2 MYHT reconfiguration. Financial settlement was reached to reflect impact of reconfiguration on operational services.  This will form part of any future negotiations. Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Action complete 2) Integrated Business Planning Group reports to TMG, minutes taken and TOR reviewed. Reconfig Group is a working group providing info to IBPG. A&E Delivery Board minutes taken and TOR reviewed. Action complete 3) Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Current work includes MYHT review, Calderdale/Huddersfield proposals, SY/Bassetlaw ACS hospital services review. Action complete and will be applied going forward	Sandford, Matt	26/09/2017	26/09/2017

Finance Directorate

978	Tail Lifts on A&E vehicles	Fleet	Gott, Jeff	Operational Risk	Health and safety	18/05/2017	12/11/2018	IF the Trust does not complete specific rectification work on the A&E fleet tail lifts, monitor fault development whilst this work is completed THEN the tail lifts will fail to operate correctly or could collapse RESULTING IN significant harm to patients (falls) and staff (falls and musculoskeletal injury)	Inspection programs in place to monitor affected vehicles for fault development until rectification completed Schedules in place to carry out rectification / modification work for affected vehicles 115 affected vehicles in the program June 18: 40 complete, 3 in progress, 3 further frames ready Converters will deliver a minimum of 6 per month May 19 to compete Trajectory for work is on track and being monitored		12	12	Moderate Risk	4	1) Mercedes modular body vehicles 09 - 12 - tail lift frame inspection	Inspection of all affected lifts (120 vehicles) every 4 weeks to identify cracks in the frame	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: all tail lift frames now replaced.	Gott, Jeff	31/01/2018	04/01/2018
															2) Mercedes modular body vehicles 09 - 12 - tail lift frame replacement	Replacement of tail lift frames (120 vehicles)	Jan 18: all tail lift frames now replaced.	Gott, Jeff	25/09/2017	04/01/2018
															3) Mercedes van 14 + 15 cohorts - pin retainer inspection	Inspection of all pin retainers every 5 weeks (82 vehicles)	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: inspections continuing as scheduled.	Gott, Jeff	31/03/2019	
															4) Mercedes van 14 + 15 cohorts - pin retainer replacement	Replacement of all pin retainers with modified lock (82 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928). JG to investigate if the pin retainers can be replaced on LOLER test rather than tail lift modification. This would ensure completion of replacement within 6 months rather than the planned 15 months.	Gott, Jeff	31/03/2019	
															5) Mercedes van all cohorts 12 - 15 - extender bar	Inspection of all extender bars (116 vehicles) every 10 weeks	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: inspections continuing as per schedule, issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
															6) Mercedes van all cohorts 12 - 15 - tail lift platform modification	Modification of all tail lift platforms to become fixed rather than sliding (116 vehicles)	Jan 2018 - 25 out of 112 total vehicles have now been modified - tail lift, rear doors and internal seat removal. Plan has been to do 6 vehicles per month however, there have been issues with the tail lift manufacturer so there has been some delay. Work back on track with 6 per month which will see another 18 done before end of 17/18 with the rest planned completion by end of 18/19. Manufacturer will do 8 per month where permitted to gain early completion.	Gott, Jeff	31/03/2019	
															7) Mercedes van all cohorts 12-15 - bridge plate	Fixing of all bridge plates on 10 week service (116 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
															8) Mercedes van all cohorts 12-15 - deformed platform	Fixing of all deformed platforms on 10 week service (116 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
															9) All A&E tail lift vehicles - awareness of correct operation	Raise awareness amongst A&E staff of the potential for tail lifts to tilt downwards if loaded incorrectly i.e. too much weight at the outer end	Mar 18: Staff notice produced and sent out to staff via Corporate Comms. Jan 18: Fleet to produce instructions and pictures, quality and safety to distribute information	Gott, Jeff	31/01/2018	23/03/2018
1133	Fleet Lone Working	Fleet	Moyes, Richard	Operational Risk	Staff & 3rd Party Safety	17/07/2018	10/09/2018	IF provisions are not in place to maintain the safety of lone workers in the Fleet Team THEN staff will be unable to raise the alarm in the event of accident, injury or incident RESULTING IN failure to comply with Health and Safety Legislation	Role-based risk assessments Lone Working and Personal Safety Guidance	No process for raising the alarm in the event of an incident, accident or injury	12	12	Moderate Risk	3	Role based risk assessment	Conduct role based risk assessment of lone worker roles	July 2018: plan for role based risk assessment of lone worker roles in Fleet Team	Moyes, Richard	17/09/2018	
															Develop Fleet Team procedure for lone working	Develop Fleet Team lone worker procedure as an annex to the Trust Lone Working Guidance	July 2018: Fleet Team lone worker procedures will be developed based on role based risk assessment and action plans	Moyes, Richard	10/09/2018	
															Explore technological solutions for lone working safety	Explore technological solutions for lone worker devices to raise the alarm	July 2018: review of technologies available to support lone working is planned	Moyes, Richard	10/09/2018	

1116	Vehicle Age profile	Fleet	Moyes, Richard	Operational Risk	Equipment Related	18/05/2018	31/08/2018	IF vehicles remain in service over their 7 year life THEN VOR and preventative maintenance times will increase RESULTING IN reduced comfort and increased vehicle unavailability	Fleet strategy ARP modelling and business case Recurrent funding agreed with Commissioners to deliver operational model to support ARP Purchase of ex-West Mids DCAs (27)	67 DCA >7 years	20	16	High Risk	8	Release of capital	Approve release of 5.668M capital through TEG and F&IC ahead of CRL notification	May 2018: Approval to release Fleet's vehicle-only capital allocation prior to NHSI approving the Trust's CRL has been signed off by Board, F&IC and TEG.	Moyes, Richard	21/05/2018	24/05/2018
															Non-recurrent funding for electricians	Obtain approval for non-recurrent funding for electricians	May 18: non-recurrent funding has been approved which will better able fleet to commission/decommission vehicles into/out of service whilst still delivering BAU as we move towards ARP numbers.	Moyes, Richard	21/05/2018	24/05/2018
															Airwave in rear of DCA	Establish if airwave in rear of DCA is used	May 18: Removal of the airwave set in the saloon was discuss and agreed at TPG. It will be formally discussed at JSG on 31 May, with staff side, with staff forum and Health and Safety Manager. Additionally, a H&S review had been carried out for submission at H&S committee.	Moyes, Richard	29/06/2018	24/05/2018
															STP bids and Fleet	Track STP bids for impact on Fleet	May 18: Doncaster STP bid is approved, which will mean 16 DCAs can be commissioned in 19/20 with a commensurate reduction in the required capital expenditure.	Moyes, Richard	31/07/2018	24/05/2018
															Bring in DCAs	Reduce DCA age profile by bringing in newer DCAs	July 18: currently 67 DCAs >7 yrs. 137 DCAs to be brought into service this year.	Moyes, Richard	29/03/2019	
989	Vehicle availability for A&E	Fleet	Moyes, Richard	Operational Risk	Capacity	13/07/2017	01/10/2018	IF vehicle availability does not meet A&E rota requirements THEN staff will be on shift without a vehicle RESULTING IN lack of utilisation of rota'd staff and inefficient use of resources	New rota pattern - vehicle availability is meeting core rota Planning for impact of Tour De Yorkshire - requirement for 11 RRV and 8 DCA. Plan for ARP delivery 380 DCA and 75 RRV approved by commissioners @ 4M Additional overtime in Fleet to cover management of VORs	Vehicles not in the right place over the core rota and no capacity to move them, particularly at weekends Management of on-day rota changes Management of overtime	15	15	High Risk	3	SLA for fleet/frontline working together	Write SLA for Fleet and frontline vehicle users	Feb 18: No feedback from staff side, SLA currently with them for comments Jan 18: Engaging with staff side. Oct 17: consultation ongoing with relevant groups to approve and implement SLA 1 July: Head of Fleet has begun writing an SLA for Fleet and vehicle users on how best to work together. 26.7.17. Draft SLA written and distributed to the Vehicle Accident Reduction Group for comment. Once comments are received, the document will be amended and placed on wider circulation.	Moyes, Richard	12/11/2018	
															Understand resource planning process	Head of Fleet to meet with Resource Team and Locality Managers to understand the rota planning process and how to align vehicle availability	25.7.17 - Head of Fleet met with resourcing team to understand planning process. There are a number of possible workstrands being explored by Fleet and A&E to determine appropriate resource.	Moyes, Richard	31/08/2017	18/08/2017
															Oversight and management of frequent vehicle damage	Sector Commander/Locality Manager oversight and management of staff who have frequent RTCs/accidental vehicle damage	Jan 18: Job card is tagged as accident. Oct 17: formalising the process for review of vehicle damage and consistency of approach through SLA Database contains names of staff who have frequent accidents and the associated actions taken by the locality manager.	McSorley, John	29/01/2018	24/01/2018
															Vehicle familiarisation - driver checks	Understand what driver training includes in terms of vehicle familiarisation and basic checks	20 Dec 17: initial meeting, action agreed to understand what basic checks are part of training Apr 18: Meeting held with driver training instructor in March and a copy of notes for the driving course have been provided to H&S Manager. Vehicle checks prior to use are detailed as part of the course at several points and completed each time the students use a vehicle for practical work.	Jackson, Shelley	31/03/2018	11/04/2018
															Halfords card - use of	Publicise availability and appropriate use of Halfords card for minor vehicle remedial works to avoid VOR (eg. lightbulb replacements)	Feb 18: Article with Internal Comms for publication - published 27.02.2018 20 Dec 17: apparent that not all staff are aware of the Halfords card. To work with Internal Comms to publicise its use.	Gott, Jeff	30/04/2018	27/02/2018
															Holistic vehicle review	Holistic vehicle review to be conducted	June 18: Can progress RRV to DCA profiling. Swapping comms kit from RRV to DCA approved based on requirement for 1 radio in cab. Apr 18: RAG - ARP modelling requires 380 DCA 75 RRV, this is approved by commissioners and funded to 4k. 30 RRVs to be removed now (11 to go on Tour De Yorkshire - TdY). 27 ex-West Mids DCAs purchased last year - 5 ready, will be allocated to TdY and into operational duty afterwards. Issue with Airwave in back of vehicle - can use removed RRV kit but will need additional with 12 week lead time, being discussed by JSG. Workforce representative at RAG reported that the consultation on staff moving from RRV to DCA roles is underway. Feb 18: Review has commenced, this is work in progress. Current DCA provision is 303 funded, 15 non-recurrent and 2 HART in use. Review of RRVs and LAT provision ongoing.	Moyes, Richard	28/09/2018	
															vehicle capacity to support events	Plan for vehicle capacity to support events	July 18: YAS will move from 141 to 75 RRV in 18/19. For 2019/20 we expect to again support the Tour de Yorkshire in May 19, and potentially also the World Cycling Championships which runs over 9 days in the September. For 18/19 TdY we provided 11 RRVs from the fleet of 141, and 8 DCAs. Need to plan for vehicle availability based on the new fleet profile.	Moyes, Richard	29/03/2019	

857	ICT Capacity	ICT - Information Technology	Bradley, Mark	Operational Risk	Capacity	17/10/2016	28/08/2018	<p>IF capacity within ICT is not complete THEN there may be a failure to match business priorities RESULTING IN impacts on delivery of core business and failure to progress projects.</p> <p>Martin Lane now in post to support Voice Comms Manager and Infrastructure Manager Head of ICT is supporting the Systems Manager role until vacancy is fulfilled</p> <p>On-call arrangements and support established</p> <p>Senior project manager position candidate started with ICT</p> <p>Ola Zahran now in substantial role of Head of ICT Procurement Assignment</p> <p>Cyber security specialist is being absorbed by the Infrastructure Team</p> <p>Recruitment of ICT Engineer complete</p> <p>Recruitment for 2xDevelopment specialists complete</p>	<p>Recruitment of Systems and Online Manager</p> <p>Recruitment of Cyber Security Specialist - in progress</p> <p>Supporting the EPR Project</p> <p>On-Line team Manager</p>	15	15	High Risk	6	<p>Review Voice Comms Manager JD</p> <p>To review job description prior to publish</p> <p>Job gone to advert</p> <p>Oct 16: AD ICT has reviewed job description and with HR for approval process</p> <p>MF is covering role until appointed</p> <p>Zahran, Ola</p> <p>19/12/2016</p> <p>03/01/2017</p>
														<p>Recruitment of Voice Comms and Infrastructure Manager</p> <p>To have recruited a full time permanent voice comms\Infrastructure Manager</p> <p>20.3.18 - Resource appointed 1.3.2018</p> <p>Zahran, Ola</p> <p>26/02/2018</p> <p>20/03/2018</p>
														<p>Permanent ISD Manager</p> <p>To have recruited and appointed Infrastructure, Systems and Development Manager permanently</p> <p>Duplicated, active action now 2734</p> <p>Dependant on appointment of Head of ICT (currently acting)</p> <p>Nov 16: roles being covered temporarily</p> <p>Zahran, Ola</p> <p>30/06/2017</p> <p>08/05/2017</p>
														<p>explore on-call support availability</p> <p>AD ICT to liaise with Resilience and special operation to seek support for their Project Manager to support with ICT Escalation</p> <p>Head of Resilience has advised that resource cannot be made available</p> <p>Zahran, Ola</p> <p>25/10/2016</p> <p>10/10/2016</p>
														<p>Senior Project Manager</p> <p>Recruit to Senior project manager role</p> <p>5.6.2017: Senior project manager commenced employment with ICT</p> <p>Zahran, Ola</p> <p>30/06/2017</p> <p>05/06/2017</p>
														<p>Recruitment to the Chief Information Role</p> <p>To ensure capacity is in place strategically by recruiting the Chief Information Role</p> <p>logged in error</p> <p>Bradley, Mark</p> <p>01/08/2017</p> <p>19/05/2017</p>
														<p>Recruitment to Head of ICT</p> <p>To implement Head of ICT to ensure full establishment</p> <p>Ola Zahran verbally offered the role of Head of ICT</p> <p>Job advertised internally closing date 9.6.2017</p> <p>Bradley, Mark</p> <p>01/08/2017</p> <p>30/06/2017</p>
														<p>Recruitment to Systems and Online Manager</p> <p>To review the ICT structure and formulate cost control and JD for System and Online Manager prior to advert.</p> <p>07.08.2018: Interviews in progress</p> <p>19.7.2018: Shortlisting applicants applied via NHS Jobs with interviews planned w/c 30.7.2018. Advert will remain live with Agency</p> <p>July 18: back out to advert.</p> <p>26.6.18 - Offer has been rejected by the preferred candidate. Job will need to go out to advert again.</p> <p>10.4.18 - The job needs to be re-submitted as all candidates withdrew their applications. The job will need to be re-advertised via NHS Jobs.</p> <p>20.3.18 - Job advert closed on 14.3.18 and management are now in the process of shortlisting the potential candidates. Interview dates will then be set.</p> <p>7.12.17 - JD been approved but will now go to advert in the new year</p> <p>20.11.17 - Due to go out to advert w/c 20.11.17</p> <p>24.10.17 - No Update</p> <p>28.9.17 - working on JD and planned to go to panel for approval in October</p> <p>Zahran, Ola</p> <p>28/09/2018</p>
														<p>Recruit to ICT Engineer</p> <p>receive vacancy control approval and recruit to vacancy following LB move to infrastructure.</p> <p>24.10.2017 ICT Engineer commenced employment 23.10.2017</p> <p>28.9.17 Interviews took place 27.9.2017 with a successful candidate appointed. Were in the process of employment checks with a start date to be agreed</p> <p>11.9.17 Interviews scheduled for end of September</p> <p>17.7.17 Backfill position has again been rejected by the recruiting panel and further information needs to be provided at the next panel. This will take place mid august which is not acceptable under the circumstances. Ola will meet with Steve Page to encourage urgency.</p> <p>Submitted cost control and departmental structure to HR</p> <p>Ola has spent time with HR explaining the situation. This is now with HR will be escalating this action to Steve Paige as this position is not new to the department.</p> <p>Bunton, Ken</p> <p>24/10/2017</p> <p>24/10/2017</p>
														<p>Procurement Assignment</p> <p>To ensure funding is in place for the existing role of ICT Procurement officer and active permanent assignment</p> <p>Permanent contractual arrangements have been put in place by ICT and Finance</p> <p>Zahran, Ola</p> <p>29/08/2017</p> <p>01/08/2017</p>
														<p>Recruitment of Cyber Security Specialist</p> <p>To provide a specialist role for cyber security provisions within ICT</p> <p>07.08.2018 - Recruitment checks finalised and candidate appointed</p> <p>19.7.2018 - Still awaiting clearance checks to be finalised</p> <p>26.6.2018 - verbal off has been accepted by the candidate. Awaiting official start date</p> <p>8.5.2018 - Recruitment of Cyber Security specialist has been agreed in principal awaiting cost control and budget code.</p> <p>27.4.2018 - The paper has been presented at TEG and rejected. The risk score has been escalated to 15 by request of OZ</p> <p>Progress been made on TEG paper with a view to table the document on 18th may</p> <p>Zahran, Ola</p> <p>28/08/2018</p> <p>07/08/2018</p>
														<p>Recruitment of Systems Development Specialist</p> <p>Recruitment of Systems Development Specialist</p> <p>7.8.2018 - JD with job evaluation panel</p> <p>26.6.2018 - Job will go out to advert once funds are approved.</p> <p>31.5.2018 - Interviews in progress</p> <p>20.3.2018 - Dependant on phase 2 approval which will not be known until June 2018</p> <p>29.12.17 Interviews have taken place</p> <p>Publication has now been closed and systems team are now in the process of shortlisting.</p> <p>Zahran, Ola</p> <p>28/08/2018</p>
														<p>ICT Project Manager</p> <p>Manage absence of ePR Project Manager and recruit replacement.</p> <p>7.8.18 - ICT Project Manager formerly offered and employment checks in progress</p> <p>19.7.18: Advert been advertised shortlisting in progress</p> <p>July 18: Out to advert 2 year contract. Internal resource currently covering.</p> <p>26.6.18 - Internal resources are supporting the project with a view to appoint over the medium term.</p> <p>May 18: being addressed by Head of ICT</p> <p>Zahran, Ola</p> <p>28/09/2018</p>
														<p>On-Line Team Manager</p> <p>Recruitment of the On-Line team manager</p> <p>7.8.2018 - JD with job evaluation panel</p> <p>Zahran, Ola</p> <p>25/09/2018</p>
<p>Infrastructure Specialist</p> <p>Backfill to Infrastructure specialist</p> <p>07/08/2018: Ready to go out to advert. Advert created and sent to HR.</p> <p>Lane, Martin</p> <p>28/08/2018</p> <p>07/08/2018</p>														

1084	National ESMCP programme delay	ICT - Information Technology	Zahran, Ola	Operational Risk	Staff & 3rd Party Safety	20/02/2018	28/09/2018	IF there are significant delays to the Emergency Services Mobile Communications Programme (ESMCP) national project as advised by the national team, THEN 240 YAS A&E vehicle MDTs will be in excess of 10 years old, meaning a	The delay was notified to the Trust by the national team on 18/9/17. The national team advised that they would enquire with the Department of Health if there is a possibility of funding due to the real possibility of the delays	The Trust are awaiting a response from the National team regarding the hardware. National delay out of control of YAS and with ARP national team.	12	12	Moderate Risk	6	Monitor Implementation Timescales Procure MDT's	Review milestones; procurement and MDT spares to sustain A&E operations Capital bid approved to order 15 additional MDT devices		Zahran, Ola Lane, Martin	30/10/2018 28/08/2018		
1128	Avaya Telephony Platform	ICT - Information Technology	Zahran, Ola	Operational Risk	ICT	20/06/2018	24/09/2018	IF the current Avaya telephony platform is not replaced THEN there is an increasing risk that we will not be able to upgrade/expand the system AND the manufacturer/suppliers will be unable to provide support AND there is increased likelihood of system failure due to the age of the hardware RESULTING IN complete failure of telephony services, significant	The system is supported by BT on an annual basis. The manufacturer has confirmed the following dates in terms of system support: 09/Apr/2018 - End of system sales 09/Apr/2019 - End of System expansion sales (date from which we won't be able to upgrade or add additional capacity/features)	Ageing hardware will become unreliable and will lead to system failures, either partial or total. Support costs could increase year on year taking into account the scarcity of skills and resources. As time continues the manufacturer/supplier(s) will have	16	16	High Risk	8	Business Case for phone system Maintain current system	Business case to procure a new phone system Work with BT to maintain the current system	June 18: Business case currently in development to determine the future and timescales for replacing the existing environment. June 18: Actively in discussion with BT as to what, if anything, can be done with the current system including upgrading elements of hardware and/or software. Ongoing management and support of the system by BT and regular meetings between YAS and BT as well as establishing meetings with an account manager	Zahran, Ola Lane, Martin	24/09/2018 24/09/2018		
784	CIP 17/18 and 18/19	Finance	phillips, mark	Operational Risk	Financial	05/04/2016	01/10/2018	IF YAS fail to deliver Cost Improvement Programmes (CIP) THEN this may result in non delivery of budgetary target and loss of credibility in delivering corporate CIP programme	1. Project plans (some PIDs submitted for 18/19) 2. Business Finance Manager responsible for monitoring 3. Escalation to Associate Director and CIP Monitoring Group	Impact of non-recurrent CIPs from 17/18 on 18/19 plan	12	12	Moderate Risk	6	Monitor 16/17 Finance CIP 17/18 CIPs 18/19 CIPs	Monitor Finance CIP 16/17 Monitor delivery of 17/18 CIPs Monitor delivery of 18/19 CIPs	16/17 updates archived Feb 18 (RAG): schemes have overachieved against target but non-recurrent element from vacancies presents a pressure on 18/19. Jan 18: Non - recurrent CIPs will impact 17/18 Oct 17: Whilst YTD the Trust has overachieved against target by £1,130k, 36% of savings have been delivered non-recurrently and therefore causing an underlying recurrent financial risk for future years. March 17: CIPs short of target, ongoing review and monitoring through CIPMG Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year. RAG Jan 17: PIDs will be reviewed at CIPMG July 18: Deep dives in place with mitigations explored. June 18: position as previous, 1.1m unidentified or RED rated May 18: 18/19 CIP 1.1m unidentified or RED rated CIPs. Deliver non recurrently (vacancies). TEG position discussed. To review at CIPMG May 18. Apr 18: RAG - non-recurrent pressures are to be discussed by TEG next week. Feb 18: RAG - current position is 1M gap in CIPs for 18/19 Jan 18: Non recurrent 17/18 CIPs will impact. Oct 17: PIDs have been submitted and review by CIPMG	Crickmar, Alex phillips, mark phillips, mark	31/03/2017 04/04/2018 01/10/2018	19/04/2017 22/02/2018	
350	Laundry budget	Support Services	Hill, David	Operational Risk	Financial	26/02/2014	30/08/2018	IF the laundry budgets are not agreed with acute trusts THEN YAS may receive invoices from other trusts RESULTING IN exceeding the laundry budget for the year and lack of clarity on responsibility for laundry budgets	1. Current budget in place covers contractor Goodman Sparks. 2. Finance have now increased the budget allocation for 2016/17 to match 2015/16 expenditure 3. meetings with acute trusts to identify ways to manage swap outs	1. No processes in place to manage or audit the numbers of blankets, sheets, pillowcases, etc which are being 'swapped out' or taken from Acute Trusts. Acute Trusts are requesting payments for the swap-out service 2. Laundry 100k in excess of current budget 2017/18	12	12	Moderate Risk	3	Budget Gap LTHT proposal for managing laundry budget Write SLA based on average linen costs	Address budget with Finance To develop proposal for managing laundry budget for LTHT Write SLA based on average linen costs / types	June 18: raised as cost pressure Invoices in dispute have been resolved. They were part of the overall SLA resolution with LTHT Aug 16 Deputy Head of Procurement currently working a proposal to LTHT. LTHT have been advised the existing invoices are in dispute, but we are in the process of a SLA which will be discussed with them asap SLA document has been produced with Procurement. This is based on the actual CAD arrival figure for the previous completed year plus the CCG forecast uplift for patient numbers and the Acute Trusts ERIC return figure for each piece of linen. Procurement writing a standard Service Level Agreement based on average current costs, linen types (sheets & blankets) and at YAS 'At Hospital' arrival data	Hill, David Stower, Mark Stower, Mark	31/03/2019 26/09/2016 30/09/2016	14/11/2017 13/11/2017	
1031	Delay in Deep Clean Tablet System	Support Services	Hill, David	Operational Risk	Equipment Related	29/09/2017	01/10/2018	IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to continue to work in accordance with departmental Business Continuity plan RESULTING IN additional work for the team.	Implemented BC system once; a return to the paper based reporting system along with daily email or text messaging of completed Deep Cleans. All this data is recorded and we are fully aware of the schedules and completed Deep Cleans.	Current manual system requires collection of all paper records from all regions of Yorkshire and the physical recording and storage of these for audit purposes. There is a potential for paper records to go missing in this system. Because the data is not being input into the Cleric Fleetman system, this is identifying all operational vehicles are outside Deep Clean compliance.	10	12	Moderate Risk	2	Spreadsheet tracking and maintain paper system Breach letters	Spreadsheet set up in I drive for tracking schedules and maintain paper 'BC' tracking Template and populate breach letters for DIPC	Spreadsheet has been set up for tracking of schedules. Reverted back to paper process which is BC plan. Retention schedule to be understood 24/07/2018: Following further testing in June 2018, a number of continuing and further issues were identified. The list was forwarded to the ICT Team. 24/07/18: - ICT team confirm issues/faults and they had raised these directly to Cleric as many were due to the link. On being advised by Cleric they had resolved the problems, ICT completed further tests on the identified issues and found these still exist. This has now been re-escalated to Cleric. Sept 17: Team collate and input all the data into DIPC breach letters and forward these on behalf of DIPC to the designated staff each week. We also forward a weekly update to DIPC. This process is ongoing	Hill, David Hill, David	29/09/2017 29/09/2017	24/07/2018 29/09/2017	

							increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance	Extended use of the departmental BC plan which necessitates additional work for the team.	Deep Clean records not entered in Cleric Fleetman - will be maintained on paper/spreadsheet. All operational vehicles (960) will need individual re-scheduling once the Tablet system is ready. ICT cancelled the PDAs contract with Telecom effective from 7th July 2017.					Timescales for development of ancillary 'tablet'	Confirm timescales for development of Ancillary cleaning tablet with relevant service leads	July 18: (RAG) some failures in system, with ICT for action. May 18 (RAG): System Development Team prioritising changes requested. Apr 18 (RAG): Test tablet with Ancillary team for testing Feb 18 (RAG): to raise at next ICT Programme Board to update on progress with development Jan 18: 6 months using manual process for data capture and monitoring of deep clean schedule. Increased risk of continuing to use BC process and more challenged presented in analysis and reporting. To request formal discussion and update at ICT Programme Board. Oct 17: RAG, ICT Programme Committee are meeting 1st Nov.	Zahran, Ola	01/10/2018		
1064	Limited 3rd Party Compliance Information	Estates & Facilities	Brown, Glyn	Strategic Risk	Regulatory compliance	08/01/2018	30/07/2018	IF Landlords an Hospital Estates that manage YAS leased properties do not supply assurance of safety testing inspections relating to Water safety, Asbestos, Electrical fixed wire testing and Fire Safety then YAS will not be able to assure that staff are working in a safe environment RESULTING IN potential for illness or injury	Estates Field Officers regularly inspect the standby points. The PRC/AL are regularly inspected by the relevant Hospital Trusts.	Limited specific documentation in relation to the various tests and inspections is available in YAS Estates 29 landlords with 40 sites requiring annual assurance	12	12	Moderate Risk	6	Compliance Information Request	Request compliance information from landlords	May 18: 55% information back. Need to do a risk assessment - consideration of next steps for information not received. Apr 18: improved response to almost 50%, efforts continue to gain assurance from other landlords/Trusts. Considering next steps including reporting to HSE where information is not forthcoming. Feb 18: letters sent out in January 2018 included a proforma to complete to indicate compliance and a deadline for return. YAS have so far received 7 responses to this new approach giving assurance of compliance to mandatory safety checks. This is the most positive response to date.  Jan 18: letters were sent in November 2016, March 2017, and May 2017 requesting information but only limited information has been received. Reviewed at Estates Risk and Compliance Group - Annual compliance check letter with proforma will be emailed to all landlords each year.	Brown, Glyn	30/07/2018	

Clinical Directorate

1079	Health Records processing delays	Medical - Operations	Crossley, Jacqui	Operational Risk	Capacity	08/02/2018	28/09/2018	IF capacity to manage records processing is inadequate THEN there will be a delay in getting access to patient records and a requirement to store PCRs RESULTING IN lack of availability of records for audit, data reporting, investigations, legal, and other reporting requirements	Use of light duties staff Cost control agreed for staff to undertake processing	Time to recruit staff Availability of light duties staff due to winter pressures and other operational requirements for same individuals	12	12	Moderate Risk	3	Capacity to manage records processing	Recruit staff to undertake records processing	June 18: recruitment completed and personnel coming into post which should begin to see a reduction in processing delays. Searches for PRFs are limited to allow staff to focus on processing. May 18: Vacancy panel declined request for agency staff to process the 10 week backlog of paper PCRs. Recruitment is ongoing for substantive records staff. Departments are asked to prioritise requests for PCRs. Apr 18: recruitment ongoing 7.2.18 Cost control approved to recruit staff to undertake processing - recruitment to commence	Crossley, Jacqui	28/09/2018	
919	BLS training and competency	Medical - Operations	Dykes, Steven	Operational Risk	Clinical	10/02/2017	01/09/2018	IF there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.	Clinical audit of cardiac arrest incident reporting, serious incident investigations and lessons learned New annual BLS training has been approved and will launch October 2018 as part of Clinical Refresher, Annual abstraction has been agreed. June 18 Coroners - no recommendations for YAS	Where is Clinical Refresher training delivery reported?	15	15	High Risk	5	Review of provision of BLS training	Review of how Basic Life Support and Defibrillation theory and practical training is delivered	Aug 17: A&E Ops stat/mand training has been reviewed and new package launched in July 2017. KLR BLS is in the Stat Mand day and we (myself and Simon Standen) are currently working with the Education Dept to refresh the way that BLS is delivered and assessed on this day. The stat and mand day runs on a 3 year cycle.  Proposal for development of e-learning theory materials and other electronically available educational resources to support the practical hands-on delivery of BLS training. April 2017: review of A&E Operations face-to-face training TNA is underway. Once agreed, development of training materials will be undertaken.	Rowbottom, David	17/07/2017	31/07/2017
															Annual BLS Training	Agree, develop and deliver BLS training - Annual	July 2018: New annual BLS training and abstraction has been signed off at TMG. Training School are delivering this as part of the Clinical Refresher. It will launch from October 2018, 1 year cycle will capture all A&E staff requiring BLS.	Dykes, Steven	29/03/2019	
															Monitor incidents	Quality and Safety Team to monitor incidents and escalate to IRG	April 18: incidents that include BLS as contributory factor are monitored and reviewed at Incident Review Group. Oct 17: 4 x VF arrest SIs with lessons learned. Ongoing monitoring of incidents and delivery of SI action plans. April 2017: Incidents investigated, SIs reported. Learning through IRG and SE&LL report.	Medlock, Tina	01/09/2018	
931	Cardiac centre capacity to accept pPCI and protocol for divert	A&E Operations	Mark, Julian	Operational Risk	Clinical	13/04/2017	15/10/2018	IF there are no arrangements in place for where to take patients requiring pPCI when one cardiac centre reaches capacity THEN crews are required to telephone alternative centres RESULTING IN potential for delays in the patient receiving treatment and adverse outcome	Oversight of NASMeD and escalation to NHSE Incident reporting Internal and External breaches reported through Quality Governance reports - investigated Incidents to be discussed at Contract Boards Yorkshire pPCI protocol (Feb 2018)	Agreed protocol between cardiac centres for acceptance and divert of patients. No arrangement in place between cardiac centres to accept patients	15	15	High Risk	5	Escalate to National Clinical Director Cardiac Care	YAS Executive Medical Director to correspond with National Clinical Director for Cardiac Care to highlight concerns Sept 17: Exec Medical Director has raised issue at national level. July 17: Exec Medical Director has meeting with NHSI at end of September 2017 and will raise the issue again April 2017: concerns escalated	Sept 17: Exec Medical Director has raised issue at national level. July 17: Exec Medical Director has meeting with NHSI at end of September 2017 and will raise the issue again April 2017: concerns escalated	Mark, Julian	08/01/2018	30/09/2017
															Monitor incident reports and report breaches	Monitor incident reports for diverted pPCI and escalate to IRG where any delay in patient receiving treatment with adverse outcome Report breaches in internal and external quality governance reports	July 18: monitoring of incidents where pPCI is required is ongoing May 18: Head of Clinical Effectiveness to report on refusals due to capacity in addition to incidents of adverse outcome. Apr 18: monitoring continues with review at IRG where indicated Feb 18: continued monitoring of any incidents related to refusal of pPCI centres. Agreed discussion at contract boards, report breaches through internal and external quality governance reports. Oct 17: monitoring of incidents ongoing. Clinical Manager KD will investigate any incidents or near-misses July 17: No incidents reported in Q1	Medlock, Tina	15/10/2018	
															pPCI intervention by NHSE	Joint meeting with Cardiac Centres to be arranged	July 18: NHSE North are intervening in regional coordination. Feb 18 (RAG): West Yorkshire Quality Group are considering local protocols for accepting pPCI when there is not immediate capacity in the centre but will become available within a set period of time. Oct 17: (RAG) NHS England agreed to write to all cardiac centres to facilitate a joint meeting	Dykes, Steven	30/11/2018	

Operations Directorate

945	Event Commander Competency	A&E Operations	Ruud, Mark	Operational Risk	Training, Education & Compliance	15/05/2017	31/08/2018	<p>If an incident at a sporting event / mass gathering was ineffectively managed by a YAS appointed commander THEN there could be delays in treatment RESULTING IN failure to treat serious injury in a timely manner, potential increased loss of life and reputational damage.</p>	<p>Commander Framework in place. A large volume of staff with basic command training. A group of staff exists with a large amount of experience at working in event control rooms. Action Cards and protocol document in place provides a structured approach. Post-event report which is scrutinised by Head of Events and learning lessons cascaded to commander group. Job description for commander role Ambulance / Medical Plans for each venue are reviewed annually and shared with partner agencies. Resilience Governance Group established Apr 2018 - draft NHS service specification for Ambulance Service Command &amp; Control that has been produced by NARU (National Ambulance Resilience Unit) on behalf of NHS England Appointed to a role concerned with commander education and assurance</p>	<p>Inconsistency in level of training across those in commander roles. Training available not specifically targeted at events and mass gatherings scenario's where commanders are already present. Lack of assurance process for defining command competency and lack of assessment of individual against job description. Lack of a continuous assessment / re-validation or PDR process for this role. Await completed NHS service specification for Ambulance Service Command &amp; Control by NARU on behalf of NHS England</p>	12	12	Moderate Risk	6	<p>Baseline of current Event Commander training</p> <p>Produce a schedule detailing all those currently active in the tactical command role at sporting events &amp; mass gatherings and the relevant training completed.</p>	<p>Completed and sent via email to Jackie Cole - Divisional Commander, South</p>	<p>Ruud, Mark</p>	<p>18/05/2017</p>	<p>18/05/2017</p>
															<p>RAG rating of events attended</p> <p>Identify all the venues that YAS attend and supply a NHS Manager for the Event Control and simplistically assess the risk on a RAG level.</p>	<p>Completed and list emailed to Jackie Cole - Divisional Commander, South</p>	<p>Ruud, Mark</p>	<p>18/05/2017</p>	<p>18/05/2017</p>
															<p>Identify potential YAS Commanders interested in Event Commander role</p> <p>Advertise an Expression of Interest (EOI) across the Trust to identify those YAS employees prepared to undertake the Command role and establish their baseline level of training relevant to this role.</p>	<p>Completed and list emailed to Jackie Cole - Divisional Commander, South</p>	<p>Ruud, Mark</p>	<p>18/05/2017</p>	<p>18/05/2017</p>
															<p>Produce a Job Description &amp; Competency Profile for the Event Commander role</p> <p>Produce a Job Description &amp; Competency Profile for the Event Commander role and take this to the job evaluation panel for banding.</p>	<p>Completed Feb 2015 and all those undertaking already the role but under pre-existing JD's were moved onto the band 6 JD.</p>	<p>Ruud, Mark</p>	<p>18/05/2017</p>	<p>18/05/2017</p>
															<p>Review existing Event Commander JD to ensure at correct level.</p> <p>Review the existing JD &amp; Competency Profile for the band 6 Event Commander role and determine if set at the correct level for the tactical command role that is supplied by the Trust at events and mass gatherings. Strengthen the JD and arrange for re-evaluation by the job evaluation team if necessary. Working with Mark Ruud to assess cost implications where necessary.</p>	<p>Jan 18: JD was reviewed in October (B6) and will require ongoing review to reflect any decisions on scope of the role. Initial meeting held on 11th May 2017 with MR, JR and JC to discuss existing processes and plan to provide assurance on commander competency in both event environment but also general ambulance activities.</p>	<p>Richardson, Jim</p>	<p>31/12/2017</p>	<p>31/10/2017</p>
															<p>Produce a training package for all Event Commanders to complete</p> <p>Produce a basic training course to provide staff undertaking a command role at events &amp; mass gatherings the basic skills required.</p>	<p>May 18 RAG: Request to involve EOC/ROC in commander course. Apr 18: Appointed to a role concerned with commander education and assurance, he is meeting Head of YAS Academy next week to progress.</p>	<p>Ruud, Mark</p>	<p>31/08/2018</p>	
															<p>Commander Training</p> <p>Consider Commander training requirements</p>	<p>Apr 18: Appointed into a role concerned with commander education and assurance he is meeting with Head of YAS Academy to progress. Paper prepared by MR Head of Private and Events to provide an Event Commander Overview. Jan 18: include command and tactical roles. To consider who will lead this work once agreed and funded.</p>	<p>Ruud, Mark</p>	<p>31/08/2018</p>	
<p>Produce an audit process for demonstrating command competency</p> <p>A process is required that is consistent and able to be used to assess and sign off competency of YAS Commanders in the command role. Also a pro-active process which identifies CPD activities required.</p>	<p>April 18: a draft NHS service specification for Ambulance Service Command &amp; Control that has been produced by NARU on behalf of NHSE. Once this document is issued as a completed specification it will be something that will trigger a Trust response Jan 18: interdependent upon delivery of training and signing off of competency</p>	<p>Ruud, Mark</p>	<p>31/08/2018</p>																
696	Fit testing	A&E Operations	Jackson, Shelley	Operational Risk	Health and safety	24/08/2015	31/10/2018	<p>Fit testing equipment has been distributed to all operational areas and training schools All CSs trained to carry out fit testing. Number of other staff trained within each CBU to perform fit testing. Number of tutors at training school trained to perform fit testing. Stock of masks held by Procurement Operational areas asked to carrying out fit testing as part of PDR if required</p>	<p>Significant proportion of operational staff still not fit test passed Lack of assurance around maintenance of accurate fit testing records High turnover of fit testing staff in operational areas (light duties) requiring frequent re-training by H&amp;S Manager Lack of time on training courses for all attendees to be fit tested</p>	12	12	Moderate Risk	3	<p>Accurate records of FIT testing trained staff</p> <p>All operational areas to confirm presence of fit test trained staff and recording arrangements Training school to confirm names of fit test trained staff and recording arrangements Identification of process to obtain accurate fit testing records</p>	<p>11.05.17 Position statement for fit testing. Area training compliance ABL 5% tested 32% passed CKW 6% tested 35% passed North 1% tested 47% passed South 1% tested 88% passed East 0% tested 25% passed</p> <p>Fit testing that has been undertaken is on OLM and can be reported with confidence as accurate and up to date. The administrative team have been tasked with reviewing the records and this is underway. Apr 18: fit testing still being undertaken at training school. Jun 18: Alternative provision for RPE being investigated which may eliminate need for fit testing.</p>	<p>Richardson, Mark</p>	<p>31/10/2018</p>		
														<p>Delivery of train the trainer fit testing</p> <p>Provision of regular fit test training sessions by H&amp;S Manager to operations staff Provision of fit test training sessions to additional training school staff by H&amp;S Manager</p>	<p>Jan 17: H&amp;S Manager is providing practical support to Training School. Paper regarding fit testing situation discussed at H&amp;S Committee. Training sessions to operational staff provided on request. Apr 18: Fit testing still being undertaken at training school with help from Patient Safety and Nursing Development Manager. June 18: Provision of alternative RPE being investigated which would eliminate the need for fit testing.</p>	<p>Jackson, Shelley</p>	<p>31/10/2018</p>		
														<p>Review of COSHH guidance</p> <p>Review of COSHH guidance</p>	<p>July 18: routine scheduled review of COSHH guidance completed</p>	<p>Jackson, Shelley</p>	<p>18/07/2018</p>	<p>18/07/2018</p>	
														<p>Provision of air fed RPE</p> <p>Development of business case to support the purchase of air fed RPE for use on frontline vehicles. Air fed RPE does not require fit testing.</p>	<p>Jul 18: meeting held with suitable RPE manufacturer, example equipment assessed and deemed suitable. Contact made with Procurement regarding development of business case.</p>	<p>Ashby, Clare</p>	<p>31/12/2018</p>		

766	Hospital Handover monitoring	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	01/04/2015	31/10/2018	IF there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	1. Daily turnaround reports, include handover and YAS turnaround 2. weekly updates 3. Liaison with local hospitals, Chief Officers, to help manage turnaround times 4. HOps update LMs weekly 5. Liaison with commissioners via CMB and CBU meetings 6. Real-time escalation and HALO role 7. On call teams and escalation plans to maintain safe service delivery reviewed and in place and action plans in place via ROC 8. Positive reinforcement to crews with good turnaround (3 month project West) 9. Resilience support vehicle to be utilised at direction of on call Gold Commander / ROC 10. daily conference call 11. Learning from serious incident investigation 12. Self-Handover 13. South RAT base themselves at an ED between jobs where possible	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 3. consistency of booking-in arrangements at EDs 4. measurement of handover - from notify or arrival time not consistent with other ambulance trusts reporting	16	16	High Risk	4	Collaborative Turnaround Meetings	Collaborative Turnaround meetings with acute trusts and commissioners Monitoring and reporting of turnaround times	CQDF 28.7.16 Collaborative meetings have not been held	Macklin, David	22/08/2016	28/07/2016
															Handover in Turnaround Agreement and declaring SI	Monitor excessive handover and report to acute trusts / commissioners, and in accordance with Turnaround Agreement request consideration of SI status	SI declared by YAS for delayed response with adverse patient outcome will include handover analysis to establish if correlation with performance. Report of SI has been submitted to commissioners for review - further actions to be agreed following this Sept 16: SI has been delogged from YAS numbers. Region-wide workshop held, followed by meetings to agree and implement action plan	Page, Steve	28/11/2016	11/10/2016
															Visits to hospital trusts to discuss turnaround	Undertake visits to identified hospital trusts to discuss turnaround issues	Nov 17: Further visit (to Bradford). Oct 17: a number of visits conducted across the YAS region. Handover Group established which includes commissioners, Director of Operations, hospital trusts. March 17: Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Mark, Julian	29/01/2018	20/11/2017
															ECIST workshop	ECIST workshop to be held	22.8.16 a 'turnaround' workshop has been held by NHS Improvement to identify solutions and agree action RAG 29.9.16 report from workshop is due out imminently	Sunley, Bob	26/08/2016	22/08/2016
															Implement Scarborough Protocol	Implement Scarborough Protocol and monitor impact	May 18: ongoing monitoring of arrangements at Scarborough/York in respect of handover and IFTs Jan 18: Scarborough to York and York to Harrogate divert in place with arrangements being managed through conference calls with YAS/acute trusts. Oct 17: Monthly review in place with YDH/Scar Trust, with an agreed escalation plan in place. Aug 17: Specific handover SOP for SDGH has been developed. The clinical team at SGH are happy with as are YAS. Agreement is required at SGH Executive level.	Millins, Mark	30/03/2018	09/05/2018
															Clock start clarification and BI analysis	Confirm clock start and agree BI analysis times	Feb 18: BI have completed analysis based on notify to handover v's arrival to handover +2mins, and calculated difference by hospital trust and overall mean. Task and Finish Group are reviewing this Oct 17: RAG - clarification is required of clock-start time. There have been reports from some crews that some trusts are not allowing them to book in until ready for handover. Senior Ops managers asked to confirm where this is occurring so this can be investigated further. BI will undertake some analysis from time of arrival to time of notify, by hospital site. CQC have written to some hospital trusts about 'clock start'	Wood, Phillipa	29/01/2018	22/02/2018
															Handover Task & Finish Group	YAS Handover Task and Finish Group established to look at the recording process and issues around the recording of data	June 18: Issues identified included poor use of the turnaround screens, different screen issues across different hospitals, improper use of the screens and problems with identification of hospitals pins. Visits by members of the group to North and West Yorkshire hospitals. Discovered the use of radio to record the handover time rather than the screen (screen was available). Also discussed the challenge process as BI receive around 2000 challenges a month and many are inappropriate.  Key Actions 1. Improve Qlikview 999 Dashboard so Managers have access to handover data down to crew and station level – complete 2. Specific data on Qlikview to show use of screens vs use of radio – complete and sent to DMB to share with locality managers 3. Review the handover challenge process with the contract team and send a revised acceptance criteria – initial discussion held but put on hold till after the contract signed 4. Review a way to identify hospital pins as previously BI could not get this data from CAD – currently working with IT to find a resolution 5. Questionnaires sent to locality managers to review hospital screens – these have been sent and most are back now. 6. Further meeting of the task group to agree next steps 7. Future drop in sessions for Qlikview to be arranged for all staff highlighting turnaround information as well as other useful data are to be arranged	Batey, Nigel	31/10/2018	
															Scarborough Handover focus	Scarborough Handover focus	July 18: currently losing 140 hours per week at Scarborough. A manager has been placed at Scarborough Hospital to work with the hospital and focus on handover arrangements May 18: further work with Scarborough on handover arrangements	Mudd, Paul	29/10/2018	
															Action on A&E 2018	Yas to engage in Action on A&E workstream	July 18: highlight reporting in place May 18: first conference meeting is 10th May	Segasby, Stephen	31/10/2018	
															NGH handover	Response to Northern General handover delays	Aug 18: ongoing issue with handover delays at NGH, currently stabilised, however process in place to install a HALO when DMP activated	Rendi, Steve	26/11/2018	

805	EOC Call Handling Performance	EOC (Emergency Operations Centres)	Shaw, Martin	Operational Risk	Performance	17/06/2016	26/11/2018	IF EOC call handling does not achieve performance THEN patients are delayed in receiving the help they need and may abandon the call and redial RESULTING IN failure to achieve national performance and AQJs	<p>1. National AQJs for call answering performance (YAS 95th centile are top performing Trust on AQJs).</p> <p>2. Monitoring of call abandonment rate is in place</p> <p>3. process for call back of abandoned calls/matching duplicate calls is established</p> <p>4. Front-end automated voice recordings for times of excessive demand and escalation</p> <p>5. Review of all telephone lines coming into EOC - old lines closed which were counting towards delayed answer</p> <p>6. Amendment to clock start time on IFT lines (remove IVR from clock start)</p> <p>7. Team Leaders listen into calls in real time to risk assess and make a decision on whether the call taker should clear the line to take another incoming call</p> <p>8. Recruitment and training of successive cohorts of EMDs to manage recruitment trajectory and forecasting of attrition</p> <p>9. EMD training planned 12 months in advance with recruitment days to manage attrition</p> <p>10. Weekly Quality and Safety monitoring report</p> <p>11. Bolt on processes reviewed and reduced due to implementation of latest version of Pro-QA which incorporates some of these processes</p> <p>12. Real-time Analyst in post</p> <p>13. Joint recruitment events in place.</p> <p>14. Release strategy agreed with Ops for ECA recruitment</p>	<p>1. attrition / retention strategy</p> <p>2. Implementation of ARP</p>	16	12	Moderate Risk	4	Recruitment and training of EMDs	Recruitment and training of EMDs	June 18: Recruitment and training is planned 12 months in advance, joint recruitment events established. 6 EMD vacancies currently March 18: on track filling vacancies Oct 17: recruitment planned 12 months in advance. Further work to ensure candidates are suitable and committed.	Colam Ainsworth, Will	30/06/2018	15/06/2018
															Review forecasting of demand vs staffing	Look at forecasting as even though staffing levels meet the requirement identified, the calls are still stacking excessively	March 18: dedicated scheduling Business Partner in post for focus, weekly sign off by Management Team of staffing requirements in place. 2017 updates archived	Leighton, Tracy	31/03/2018	06/03/2018
															Review EMD attrition	Overall review of EOC EMD attrition rates and develop retention strategy	June 18: joint recruitment events in place, leavers 'interview' in place to understand reasons. Re-banding of role may help to mitigate this. ECA recruitment drive, EOC are working with Ops to mitigate the impact through agreement and a release strategy. March 18 - options being considered to manage attrition Oct 17 - leavers using EMD role as starting point to A&E Ops. To understand intentions at initial recruitment and consider getting commitment for minimum period in EOC	Leighton, Tracy	30/06/2018	15/06/2018
															Review on-day abstraction and meal breaks	Undertake a review in EOC of real-time processes for managing on-day abstractions for 1:1's, PDR, training, audit feedback and meal breaks	June 18: Analyst in post to monitor on-day abstractions in real time. Workforce Management Tools in place.	Leighton, Tracy	30/06/2018	15/06/2018
															Review EMD bolt-on processes	EMDs have a number of locally agreed processes, not part of automated Pro-QA to remember and implement (eg. recontacts, upgrading of specific calls)	June 18: review of all bolt-on processes has been completed, the majority are now incorporated into the latest upgrade to AMPDS. March 18 - review of all active bolt on processes is ongoing to formalise into SOPs where not part of Pro-QA.	Colam Ainsworth, Will	30/06/2018	27/06/2018
															Review impact of clinical support roles	To review the impact of clinical support roles on call handling performance	Nov 17 - review complete. No floor walkers in place currently.	Shaw, Martin	30/11/2017	21/11/2017
															EOC Rota Review	EOC Rota Review	June 18 - this links to EOC restructure and timescales are aligned.	Archibald, Pauline	01/04/2019	
															EOC EMD Flexible Working Review	Review current flexible working arrangements for EOC EMDs to improve EMD cover in areas where we struggle with call answer.	Oct 17 - all flexible rota's were reviewed, increasing weekend working was a result. Complete	Leighton, Tracy	31/08/2017	31/08/2017
															Review inbound Calls Average Handling Time	Review average handling time of inbound calls	June 18: YAS is best AMPDS Trust. Review of AHT is BAU. March 18 - All trusts differ. Only 1 trust have AHT as a KPI. AHT graph to be added to EMD performance reports to monitor outliers. Re-write of UD using AMPDS as designed and implementation of 'change in patient's condition' to be rolled out in June 2018 March 18 - To establish what other AMPDS Trusts are doing. Nov 17 - this review and monitoring is continuous Oct 17 - decisions made around urgent disconnect for specific codes.	Leighton, Tracy	30/06/2018	15/06/2018
															AMPDS Quality audit	Review AMPDS quality audit	June 18: this review of AMPDS quality audit is completed. Bolt-on processes have been removed from the audit as these are now included in Pro-QA March 18: benchmarking and levelling of auditors. Nov 17: planning for review of AMPDS quality audit	Colam Ainsworth, Will	12/03/2019	15/06/2018
EOC restructure	Undertake EOC restructure	July 2018 (RAG): Functional modelling of redesign and zoning pilot will continue in one area March 18: to be agreed by June 2018, pilot of one area underway Nov 17: planning commenced	Archibald, Pauline	01/04/2019																
487	Delivery of Clinical Leadership Framework	A&E Operations	Millins, Mark	Operational Risk	Clinical	28/10/2014	17/09/2018	IF Clinical Supervisors are not supernumerary THEN they will be unable to fully deliver the Clinical Leadership Framework, support NQPs and complete PDPs RESULTING IN a workforce that is not supported to practice and develop	<p>CS are taken off DCA supervision shifts to backfill operational rota</p> <p>CS's part of operational rota and not supernumerary through winter pressures period - this was planned in. Support for Newly Qualified Paramedics</p> <p>Delivery of PDPs for paramedics progressing to B6</p>	9	12	Moderate Risk	3	Review existing CS rotas to support implementation of CLF	1) Review existing rotas is ongoing/ Part of workforce/ORM	10.05.16 New contract has been agreed that will eventually allow the CS teams to be supernumerary April 17: CS rota's to be implemented by summer Sept 17: CS's are supernumerary allowing delivery of CLF but will be pulled back into operational rota for winter pressures period.	Millins, Mark	30/08/2017	30/09/2017	
														Recruit to vacancies	2) Recruitment to vacancies	15.12.15 still vacancies, Two cost controls to backfill have been rejected 11.01.16 CKW still have 2 x CS vacancies due to Air Ambulance secondments which have not been approved. A vacancy to cover Acting LM has been approved. 18.04.16 2 x CS secondments for CKW still not approved through cost control. 30.05.16 CS vacancies now approved to recruit to. Recruitment process in place 20.07.16 recruitment ongoing	McSorley, John	17/10/2016	09/09/2016	
														Clinical Leadership pilot	Conduct Clinical Leadership pilot and evaluate	Aug 17 CS rota now in place, CLF being delivered through supernumerary CS March 17 Clinical Leadership pilot ongoing in South and Leeds Sept 16 Clinical Leadership pilot commenced	Millins, Mark	28/02/2018	31/08/2017	
														Internal Audit of CLF	Internal Audit to review delivery of Clinical Leadership Framework (part of 17/18 IA programme A&E Ops days)	June 18: the Internal Audit of CLF is underway and the scope has been distributed to appropriate leads and approved. The review will evaluate the extent to which the clinical supervisor role, as outlined in the Clinical Leadership Framework, has been implemented. Fieldwork has commenced. April 18: RAG - AuditOne Internal Auditors to review Clinical Leadership Framework as part of IA 17/18 days. Report to deliver in Q1 18/19	Millins, Mark	17/09/2018		

66	Operational performance	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	07/11/2011	31/08/2018	IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	<p>1. Intense monitoring process in place.</p> <p>2. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs</p> <p>3. Weekly patient safety review underway to determine harm caused from delayed responses.</p> <p>4. Weekly Quality and Safety monitoring report</p> <p>5. Ops Recovery Plan in place with actions underway to address performance issues.</p> <p>6. Ongoing monitoring of demand profile against planned resource.</p> <p>7. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.</p> <p>8. Overtime is being used to address vacancies</p> <p>9. Use of Private Providers - this is being reduced</p> <p>10. New rota's implemented from 1st April 2017</p> <p>11. Capacity planning tools in place are providing accurate demand projections.</p>	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
													ARP working group - phase 2 implementation	Implement phase 2 of ARP	working group established. To monitor implementation, performance, incidents, SIs, lessons learned, coding and mapping issues. May 16 - reviewed incidents - breathing problems (prev Red 2 now Amber R). No SIs, for lessons learned, ARP not contributory. Agreed a pilot cap on Green allocations by time rather than number (3) to provide equality between city/rural jobs 22.8.16 pre-CQDF NHS England Pilot is live and monitoring is ongoing	Sunley, Bob	03/10/2016	10/10/2016
													Revise the weekly Quality and Safety Report to align to new response model	Following the introduction of the ARP2 pilot, there is a need to refocus the information in the weekly quality and safety report to align it to the new response model.	The BI team is currently working up a revised draft. Reports including the daily ROC report are still available to provide current information whilst the weekly report is refashioned. Weekly report revised and distributed for w/c 25 July 2016	Batey, Nigel	01/08/2016	03/08/2016
													ARP 2.2	Plan for and implement ARP 2.2	Established ARP working group is continuing to plan for implementation of ARP 2.2 Response subcategories provided by MIS (CAD supplier) Mapped to Amber data to project demand proportions RAG Oct 16: ARP 2.2 has been implemented. To monitor impact on Amber performance and EMD call pick up/handling times	Whitham, Carrie	28/11/2016	31/10/2016
													Deliver A&E Ops recruitment line with Workforce Plan	Monitor delivery of A&E Operations recruitment and training in line with Workforce Plan	progress monitored in risk 85	Sunley, Bob	19/12/2016	08/03/2017
													EMD and ED Ops visiting Acute Trusts to discuss handover	Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Visited York, Scarborough, Barnsley. (see risk 766)	Mark, Julian	31/03/2017	31/03/2017
													Monitor Tail of Performance	Monitor tail of performance	April 18: South Yorkshire has been added as a separate risk as requested. Agreed trajectory and overtime budgets and the overtime is aimed at helping improve the tail of performance. Mar 18: specific risk relating to South cat 2, 3, 4 performance at 90th percentile has been added Feb 18: Performance Improvement Team working with Ops and BI to develop dashboards that provide the right information to support Ops decision-making to manage demand Jan 18: Tail of performance in Cat 2 and long lays in Cat 3&4. NASMED are raising this. Oct 17: (RAG) increased time in DMP. Daily ARP3 report, over 90th centile monitored, review of individual cases where indicated. Excessive response monitored in clinical hub. July 2017: increased tail of performance and variance in Cat 2&3 demand v's performance and increased use of DMP. More efficient use of relief policy to increase cover at the weekend. No notable increase in serious incidents reported.	McSorley, John	31/08/2018	
													LAT trial	Initial South Trial, now YAS-wide	Aug 18: LAT now 7/7, specific, dedicated staff doing LAT across YAS. Apr 18: RAG. LAT business case for ARP. LAT in place being dispatched from ARD. Feb 18: still receiving PTS support in South CBU from our PTS colleagues, we are in the process of bringing in the LAT crews to replace the PTS staff who are currently helping out. Nov 17: trial launched October 2017, picking up low acuity IFTs. Monitoring performance for specific category of calls.	Cole, Jackie	26/11/2018	
ARP Spring Review	Implement Requirements of ARP Spring Review	May 18: CAT 1 - Secondary triage come back in, projection that we will downgrade approximately 800 per month and where upgrading CAT 2,3,4 to CAT 1 it will re-time in AQI's at point upgraded by EMD; this will give a positive effect.	Shaw, Martin	31/08/2018														
1018	MYHT reconfiguration - A&E Ops mobilisation	A&E Operations	Segasby, Stephen	Operational Risk	Clinical	22/08/2017	31/07/2018	IF funding is not secured to allow YAS to continue to resource rota's to address the requirements of the Mid Yorkshire Hospitals reconfiguration THEN there will be an impact on performance, increased inter-facility transfers RESULTING IN potential for delays in patient care and adverse patient outcome	20	20	High Risk	Ongoing funding discussions	Continue urgent discussions with commissioners to secure funding commitment to enable rapid deployment and recurrent funding for ongoing impact	Aug 17: QIA completed and agreed with lead CCG. Discussions with Commissioners are ongoing Sept 17: Funding agreed	Bradley, Mark	31/08/2017	29/09/2017	
												Requirement to utilise private provider	Requirement to utilise private provider resource	May 18 RAG: Logged as an issue with A+E Delivery Board Apr 18 RAG - using SJA until June 18. MYHT are upgrading IFTs where delays. Oct 17: utilising SJA x 3 and 1 x YAS PTS vehicle run from EOC. This is covering the activity projected. Sept 17: engagement of private provider to deliver additional activity requirements resultant from Mid Yorks reconfiguration	Ali, Tasnim	31/07/2018		
1034	Calderdale Huddersfield Reconfiguration - centralising Frail Elderly and Cardiorespiratory	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	10/10/2017	08/10/2018	IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets	20	12	Moderate Risk	Audit of PCRs	Audit of PCRs to establish under the new arrangement where the patient would have been conveyed to	Oct 2017: audit has commenced of 1 weeks worth of PCRs for Calderdale and Huddersfield conveyances to establish where the patient would have been taken based on the new arrangement. This information will inform modelling and discussions with CHFT/commissioners.	Crossley, Jacqui	27/11/2017	27/11/2017	
												Work through clinical pathways with CHFT	Work with CHFT to understand pathways for different scenarios and support modelling of impacts	June 18 (RAG): changes postponed due to national decision, more assessment of impact is required Apr 18 (RAG): contract variation to be agreed Feb 18 (RAG): impact assessments have been borne out by demand. Jan 18: Frailty pathway reported to be working well. Nov 17: developing and modelling pathways to define resource requirements. Concerns with delivery of required resource. Potential risks of 1) taking patient to wrong hospital, 2) operational performance impact due to incorrect modelling and resource	Crossley, Jacqui	08/10/2018		

1114	Robust process for recording Command competencies	Resilience and Special Services	Kirk, Neil	Operational Risk	Training, Education & Compliance	14/05/2018	17/09/2018	IF the Trust does not have adequate processes for recording commander competency THEN it will not be possible to robustly monitor and report training competencies RESULTING IN a failure to manage and maintain competencies as part of an annual review, and to plan training	EPRR internal records of training Resilience Governance Group oversight Portfolio Governance Board for Command and Resilience Accountable Emergency Office (AEO) - Exec Medical Director	A fully comprehensive record of all required competencies for Command roles for all individuals Non-compliance with National Service Specification for Command and Control Unable to identify appropriately trained individuals in order to deploy to specific incident types (eg. CBRN trained)	12	12	Moderate Risk	1	Records of training	Collate records of completed training and cross-reference with staff roles who require competencies	July 18: Emma Knowles (Resilience Admin) has now been given permissions, and received training, to enable her to update training records on ESR/OLM. Jon Copley and Neil Kirk (YAS Academy) are now aware of where the gaps are in relation to historic resilience training records. Work is planned - between the two departments - to bring these records up-to-date over the next couple of months (a significant undertaking to fit in around existing admin commitments).  June 18: Records have been collated for core command training and 4 courses have been added to OLM so that these can be uploaded to the system, allowing the competence to follow the ESR number. Work on underway to upload records May 18: collation of records is ongoing	Bell, John	17/09/2018	
														6	2. Develop YAS Commander Framework	Develop a YAS Commander Framework based on the National Service Specification	June 18: The Commander Framework has been presented to the Resilience Governance Group and the Accountable Emergency Officer, final draft is now in place and final amendments are being made. Due to be signed off by TMG in July May 18: development of the YAS Commander Framework is well underway.	Kirk, Neil	06/08/2018	
																	June 18: This action follows 1 & 2. Once the commander framework has been signed off, and all current command training records have been uploaded to the OLM system then competencies will be mapped across to roles so that compliance can be monitored	Copley, Jon	30/09/2018	
																	Input staffing Command training and competencies data into OLM	Copley, Jon	13/08/2018	
																	Develop and implement a documented process to maintain comprehensive training records of command competency in OLM	Kelvin, Wendy	29/10/2018	
1096	Decommission dedicated Friarage ambulance	A&E Operations	Mobbs, Leaf	Operational Risk	Patient harm	12/04/2018	30/06/2018	IF the proposal to decommission the dedicated ambulance at Friarage Hospital is implemented THEN there will be a delayed response to patients with life-threatening and time critical conditions RESULTING IN adverse patient outcome, an increase in complaints and serious incidents, negative impact on performance and reputation	QIA completed and level of risk to patient outcomes and performance has been clearly articulated to Commissioners Prioritisation of resources, DMP	Commissioner acknowledgement and response to anticipated delayed responses, longer journey times, crew drift and increased job cycle time impacting on availability of resources and patient outcome. Expected negative patient experience due to delays and adverse outcomes	20	20	High Risk	10	Modelling impact	Model impact of proposed change	May 18: letter being drafted for Commissioners to make clear the potential for patient impact and impact on resource drift in locality and wider geographical area  March 18: YAS are currently modelling the impact of loss of the dedicated ambulance resource. QIA is completed.	Wilson, Antonia	31/07/2018	
																	Collaborative public messages	Mobbs, Leaf	30/06/2018	
1097	South Performance	A&E Operations	Cole, Jackie	Operational Risk	Performance	12/04/2018	26/11/2018	IF Cat 2, 3, 4 South performance is not within 90th centile THEN there are delays in responses RESULTING IN potential deterioration and adverse patient outcome	Monthly, weekly and daily monitoring report Low Acuity Tier pilot BI performance monitoring dashboards Incident reporting and Incident Review Group monitoring	Hospital handover delays	16	16	High Risk	8	Monitoring	Monitoring of performance	July 18: EOC zoning pilot is focussed on South zones. May 18: Ex West Midlands DCAS targeted to. April 18: daily performance reports to CBU level. Hospital handover dashboard in place.	Cole, Jackie	26/11/2018	
1006	A&E Ops Recruitment Trajectory	A&E Operations	Segasby, Stephen	Operational Risk	Capacity	01/08/2017	30/11/2018	IF recruitment does not achieve trajectory and we are unable to utilise overtime THEN YAS will have a mismatch of resources versus demand RESULTING IN impact on response times	Promoting use of overtime Better utilisation of relief policy to improve weekend cover Additional ECA recruitment (36) to reduce reliance on overtime Focus on locality specific issues Working with Resource on capacity planning, incl attrition. Assessment days in CBU's rather than centrally	Cannot predict overtime uptake Staff are less likely to pick up overtime at weekends Overtime is non-contractual so can be cancelled	12	12	Moderate Risk	3	Recruitment	Progress recruitment	July 18: (RAG) update from Workforce Team: no further mass recruitment events planned, we are now focussing on specific areas. June 18: (RAG) reported good recruitment events, recruitment on target. May 18: Assessment days in CBU's rather than centrally. Total 340 ECAs required. Apr 18: (RAG update) Divisional Commander meeting today to agree recruitment Feb 18: Currently will achieve trajectory by end of Q4. Revised workforce plan Jan 18: Further ECA recruitment event at end of January 18, over 120 applicants. Aug 17: Further adverts out for Paramedics and ECAs	Segasby, Stephen	30/11/2018	
<b>Workforce and OD</b>																				
1120	EMD band 4 pay award and potential impact on NHS111	Workforce	Hartshorne, Suzanne	Strategic Risk	Financial	12/06/2018	28/09/2018	IF national developments move EMDs in EOC to band 4 AIC THEN this could create a financial pressure and lack of parity for call handling staff across the Trust.	Raise risk with Executives Monitor progress of pay claim for EOC EMDs	If this proves to be a national award then the risk could be outside the control of the Bid	20	16	High Risk	9	Calculate the increase costs to NHS 111	Calculate the increased costs "	June 18: impact of making Call Handlers band 4 given we have a red risk relating to the current pressure/proposal in EOC. Shows a £1.5m impact in year 1 which then increases over the contract as CH numbers increase (overall impact varies depending on scenario).	Norman, Mathew	31/07/2018	22/06/2018
950	Health and Wellbeing CQUIN	Human Resources	Angus, Karen	Strategic Risk	Financial	02/05/2017	31/10/2018	IF YAS does not deliver the Health and Wellbeing Plan THEN we will not achieve the Health and Wellbeing CQUIN RESULTING IN financial penalties and potential impact on the outcome of future tenders	2nd year of 2 year CQUIN mechanisms in place to track trajectory but currently behind Quality Committee oversight and reporting CQUIN delivery group meeting H&WB plan in place		12	12	Moderate Risk	4	Flu plan and delivery 17/18	Develop and deliver Flu plan 17/18	March 18: 65.4% final position. Debrief and lessons learned planned to inform next year. Jan 18: Flu vaccination final figure is 65.3% uptake, positive improvement on previous years. Dec 2017: 62.8% uptake. Await final forms for count. Nov 2017: Flu vaccination uptake 50% of Trust @week 5 of a 14 week campaign. Aug 17: weekly flu meeting in place, project manager starts 7 Aug. High street vouchers approved and going through Procurement process. Engagement with Comms and BI.	Angus, Karen	28/02/2018	12/03/2018
																	Deliver Health and Wellbeing Plan 18/19	Houghton, Helen	30/11/2018	
																	July 18: on track to deliver HWB plan. Physio for MSK on site. MH first aid training is happening. May 18: Health and Wellbeing Group well attended and engaged group - Plan progressing. Apr 18: Mind, body, lifestyle plan incl Flu plan, MSK, backcare, MH first aid training, availability of food. March 18: H&WB Plan signed off Feb 18, H&WB Group to drive plan forward reporting to Workforce Strategy Group. Jan 18: Paper for new model to TEG 22.1.18 Nov 17: going to board in February 18 May 17: TEG - H&WB paper 70K: MINDS/MH first aid training for CS's, Body: MSK and Lifestyle. Flu vaccination purchase, station vaccines and Flu steering group.	Houghton, Helen	12/11/2018	
																	PAM Contract re-negotiation (current contract ends September 2018) and specification	Houghton, Helen	12/11/2018	
																	Recruit to Health & Wellbeing posts	Hartshorne, Suzanne	25/09/2017	07/11/2017
																	Agree and implement Workforce Directorate restructure	Hartshorne, Suzanne	30/11/2017	07/11/2017



1048	Paramedics band 6 upskill training	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Financial	21/11/2017	08/10/2018	IF the paramedic band 6 Job Description skills requirement upskill training plan is not in place for those paramedics that qualified pre-2008 (or have not done the IHCD module J or equivalent) by April 2018 THEN YAS will not meet the development planning requirement from NHSI RESULTING IN potential for the £1.54M funding attached not being released to the Trust	Self-assessment tool completed by 99.9%, remainder are LTS/maternity Training plan to upskill workforce who don't meet band 6 requirement is in place, 216 staff requiring training Clinicians who qualified post-2008 have completed IHCD Module J or equivalent will not require additional training Reporting completion of self-assessment to Ops Senior Management Team on a weekly basis Pay banding steering group.		12	12	Moderate Risk	4	Develop and implement self-assessment	Develop and implement self assessment to establish numbers requiring upskill training	June 18: RAG - 211 staff need the 6 days upskill training Apr 18: RAG - 99.9% completion rate. remainder LTS / Maternity. Feb 18: (RAG 22/2) 70.89% response rate. 146 individuals with identified training needs, TNA being prepared. Some confusion in A&E Ops of requirement to respond if trained pre-2008, this has been clarified with LMs and GSMs who are supporting Education and Learning Team to deliver 100% response rate by the end of March 18. Jan 18: (RAG 18/1) 38% response rate to survey. Rebanding steering group established. Jan 18: self assessment tool launched - online survey. All paramedics to complete this. Identification of gap group by end of January 2018 in line with NHSI/NHSE milestones for delivery Nov 17: self assessment tool is developed	Madsen, Claus	31/03/2018	23/04/2018
															Training plan	Put in place a plan for training and deliver through 2018/19 and 2019/20	July 18: there have been a few DNAs to training which are being managed individually June 18: RAG - 60% training should be planned by the end of September and 20% delivered. There are sufficient places to deliver. Working with Scheduling on abstractions. Presentation to Staff Side on requirements and plan. Apr 18: 211 staff require full training. Report to NHSI monthly on delivery of training - monies released as training delivered at milestones. Nov 17: Training plan is developed, currently based on potential maximum numbers requiring upskilling. This number will change as the self-assessment is completed and determines actual numbers. NHSI deadline for completion of all training is 01 April 2020.	Madsen, Claus	08/10/2018	

Planned and Urgent Care Directorate

845	Culture / Retention in NHS111	NHS 111	Leese, Mark	Operational Risk	Human Resources	26/09/2016	28/09/2018	If we are unable to address the current cultural issues within the NHS111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	1) Monitor Sickness levels 2) Monitor attrition levels 3) Annual staff surveys and Exit Interviews to establish reasons	Plan to manage attrition Performance pressures due to peaks in demand meaning unable to take staff off the phones for 'Hello my name is'	12	12	Moderate Risk	6	Develop action plan	Develop action plan to address the retention issues and improve staff well being	Gaining views from staff through interviews as well as seeking independent support and advice. Communicate findings. Holding freedom to speak sessions National survey and Unite survey pulled together and overall action plan developed by end of Sept 2016	Leese, Mark	30/09/2016	22/02/2017
															Exit interviews	Examine recruitment and retention issues by asking staff to complete an exit interview questionnaire	established exit interview questionnaire	Leese, Mark	31/03/2017	14/12/2016
															Workforce Investment Fund Projects	Looking at creating a supported work environment for audits, 1:1's and PDR's	Projects are underway gathering information through staff surveys, staff workshops, team leader workshops, data currently collated and benchmarking	Leese, Mark	01/06/2017	08/02/2017
															Sickness Action Plan	Develop and implement sickness action plan	Series of presentations by team leaders to call centre managers on team absence held in early August	Leese, Mark	30/10/2017	30/11/2017
															Hello my name is ....	Launch national initiative of 'Hello my name is ...' into NHS 111 Call centres in Wakefield and Rotherham	Go live date of 10.12.2017 Project went live 10.12.2017	Roberts, Karen	29/12/2017	02/01/2018
															Feedback report to My Name is ... Project	gather evidence by surveying staff identified as participants of project and staff as beneficiaries	May 18 RAG: Review of project commenced. Feb 18 (RAG): positive feedback, need to formally evaluate this. Difficult to take staff off the phones during periods of high demand. date for the completed review has slipped until 31/5/18	Roberts, Karen	28/09/2018	
															NHS 111 Working group	Working group to review workforce intelligence to have a greater understanding around staff survey results attrition and sickness absence	regular meetings have been established	Leese, Mark	28/09/2018	
846	WYUC Capacity	LCD (local care direct)	Leese, Mark	Operational Risk	Capacity	26/09/2016	28/09/2018	IF WYUC service is not sustainable at peak times THEN this may adversely affect NHS 111 and wider health system RESULTING IN impact on patient safety, experience and on quality	Operation supporting WYUC service through agreed REAP protocols Surge and Escalation protocols WYUC action plan	Inability to change specification with CCGs / networks Unable to manage LCD operations No impact assessment on WYUC action plan No control over national changes and requirements	16	16	High Risk	8	Actions from SI at Easter 2016	Implement actions from serious Incident at Easter time with Commissioners / LCD including independent service review and develop an action plan to mitigate risk	Oct 16: Contract discussion underway to obtain funding to support service demand (demand is 60% over contracted funding). Consideration of mediation by providers / commissioners Dec 16: contract negotiation ongoing for 17/18	Townend, Keeley	01/04/2017	04/07/2017
															Flowopoly	Meetings have been held with WYUC to look at the journey of a patient call to 111 to look at where the blockages are.	Flowopoly exercise facilitated by the Improvement Academy was held on 3rd November to map the flow of contacts within urgent care journey and identify blockages and challenges. Well attended with representatives from 111, WYUC and Commissioners. Jan/Feb contract offer rejected by YAS. Agreed for review after WYUC review completed. Initial findings of review presented in January 17.	Leese, Mark	03/11/2016	03/11/2016
															Independent Review	Review to commence in 2017 to inform what the service needs to be beyond the current contract	April 17: this review has completed, now planning review meetings to implement recommendations. Jan 17: The Primary Care Foundation are completing the independent review of WYUC agreed by lead commissioner Greater Huddersfield CCG. The dataset required has been agreed and includes information in respect of numbers of cases, spread across the week, day, hour, priority of referral from 111 to WYUC, the time of the episode of care and whether it is booked or not along with some demographic information, but not person identifiable. Information Sharing Agreement has been drafted for signatures of relevant parties, to include the method by which the data will be transferred and storage/retention arrangements.	Leese, Mark	28/04/2017	28/04/2017
															WYUC and 111 Surge and Escalation Plans	Both organisations have updated their surge and escalation plans. Now a 4 stage process.	Surge and Escalation plans refreshed annually	Leese, Mark	30/11/2016	23/04/2018
															Planning meetings following Independent Review	Planning meetings	a) patient pathways and efficiencies b) streamline access (Clinical Advisory Service and 111 to LCD) c) commissioner support with contract delivery	Leese, Mark	31/07/2017	04/07/2017
															WYUC Review action plan	Task and finish group to be set up to assist implementation devise work plan for task and finish group deep dives every third meeting	Feb 18: RAG action can be closed Jan 18: meeting with CCG on WYUC action plan 17.1.18, have had progress in some operational aspects of the plan including queue management. Bid is out now for new contract. Group is in place and meets regularly, chaired by commissioner contract manager	Cooke, Andrew	29/12/2017	22/02/2018
															Surge and escalation plan	Review surge and escalation plan annually with winter planning processes in place		Leese, Mark	28/09/2018	

58	Clinical Staff Recruitment and retention - NHS 111	NHS 111	Townend, Keeley	Operational Risk	Clinical	06/08/2013	31/10/2018	IF NHS 111 are unable to recruit and retain Clinical Advisors due to poor responses to advertisements and poor retention rates THEN there is a potential risk to delivery of the workforce plan resulting in not being able to provide clinical advice in appropriate timescales.	1. Continuous recruitment drives with formal action plan agreed 2. OPM monthly meeting to sign off clinical resources against patient demand 3. Employing agency staff 4. dedicated 111 person assisting with recruitment 5. Advertise as Band 6 role only 6. increased advertising 7. Homeworking 8. Trust Clinical Recruitment project	1. Inability to recruit to evenings and weekend rota slots. 2. unable to fill gaps in rotas with agency staff 3. New cap on agency spending	12	12	Moderate Risk	3 Clinical Advisor recruitment	Multi-factorial approach to clinical advisor recruitment in NHS111	Nov 16: NHS 111 service continues to work closely with the Clinical Advisory Service (Vanguard programme) given the potential for this to impact upon clinical KPIs Formal clinical recruitment plan developed with HR in place. Recruitment drive underway - adverts currently out and commissioners asked to circulate adverts throughout their networks. Social media campaign scheduled to coincide with the airing of the London Ambulance TV programme on 11th October has also been used with tweets and facebook posts released to raise awareness of job opportunities. Roles and opportunities to be promoted at the Nursing Times Conference in Leeds on 15th October and the RCN Conference in November. February 17 recruitment through traditional methods has not been fruitful. Challenge workshop held in January 17 and recommendation to TEG in Feb 17	Leese, Mark	25/09/2017	14/07/2017
														2 Homeworking	Homeworking to encourage clinical staff to work shorter hours at critical times	NHS 111 have a number of homeworkers which are rota'd at busy times Nov 16: Homeworking project is progressing April 17: homeworking is being utilised.	Littlewood, Michela	29/05/2017	04/05/2017
														4. Nurse Internship	To develop Nurse Internship at Band 5 posts to rotate between NHS111, EOC and frontline	RAG Sept 16: intention to develop nurse internship model Karen Warner is leading on this project Interns started 15.05.17 and are here for 6 months	Littlewood, Michela	30/01/2017	16/05/2017
														Clinical Challenge Workshop	Workshop to look at new ideas to support recruitment and retention of clinical staff	The workshop has been held and action plan is being developed	Leese, Mark	31/03/2017	08/02/2017
														111/LCD Governance Group monitor trajectory	NHS111 and LCD Governance Group monitor clinical staff recruitment trajectory	Jan 18: paper to Recruitment Group on benefits realisation of modular training which will deliver in 18/19 (YAS and South Central AS are plotting modular training, working in conjunction with Health Education England and NHSE). Oct 17: Offering modular training to help with recruitment recruitment and retention is stable trajectory still on track. continue to monitor closely No further progress on action but continue to monitor	Townend, Keeley	31/07/2018	13/08/2018
														Clinical Recruitment Project	Progress clinical recruitment project	May 18 RAG: Ongoing Feb 18: (RAG) this is ongoing. Oct 17: progression of dental nurse recruitment is ongoing. Developing a career package to support retention. Advert for modular learning has gone out and applications shortlisted 2.59fte Dental nurses are due to migrate to permanent contracts completion date 31/5/18	Sunley, Bob	31/08/2018	13/08/2018
														EOC/111 Joint recruitment	Hold a joint recruitment exercise with EOC	recruitment day planned for 14th August 2018	Littlewood, Michela	31/08/2018	
1095	EOC recruitment of Clinical Advisors from NHS 111	NHS 111	Leese, Mark	Operational Risk	Human Resources	12/04/2018	22/10/2018	IF, as part of the ARP work, the EOC business case approved for 30 additional clinical advisors is implemented THEN this will generate a risk to 111 as clinical advisors may apply to move to EOC RESULTING IN the reduction of the number of clinical advisors within 111 and also for 999 as	Refer to the clinical recruitment group project Chaired by Steve Page  HR Director is going to hold a workshop to understand the issue a bit more and options to support	None	16	12	Moderate Risk	8 Discussion with Clinical recruitment project	Keeley Townend to raise risk with Steve Page for discussion with Clinical Recruitment project	July 18: Joint recruitment events with EOC in place May 18: Consideration of options to mitigate risk of losing clinical staff from NHS111. some emerging options to be further explored.	Townend, Keeley	22/10/2018	
														Review of Clinical recruitment	Mark Leese to follow up HR Director review of clinical recruitment	July 18: RAG we are undertaking joint recruitment events with EOC May 18: as above, consideration of options and discussion with Workforce Directorate.	Leese, Mark	31/05/2018	25/07/2018
1030	NHS 111 / Bigword	NHS 111	Littlewood, Michela	Strategic Risk	Information governance	25/09/2017	19/09/2018	If 'The Big word' translation services subcontract outside of the UK to a company who are not accredited to the EU/US Privacy Shield then we would not have adequate assurance resulting in lack of adequate privacy protection.	Request a copy of the sub-contract clause as it would appear around privacy protection and principles 1, 7 and 8 of Data Protection Act 1998 and the storage of data	Not yet received assurance from 'the big word' that their subcontractors are applying appropriate safeguards	12	12	Moderate Risk	8 Seek documentation from The Big word	To discuss issue with IG and request that procurement contact provider and seek documentation providing assurance of adequate privacy protection	May 18: Procurement Group to include EOC/111/PTS Comms to develop specification. Apr 18: YAS does not have adequate assurance of data protection governance from BigWord subcontractors Jan 18: followed up Big Word for assurance of subcontractor governance of Data Protection Oct 17: Report received from the Service Excellence Team at bigword regarding an internal investigation into the recording of calls by a partner agency in the US and providing the assurance that all recordings have now been deleted.  YAS are still to receive a copy of the bigword's Services Agreement and Code of Conduct which apparently stipulates that the recording of calls is strictly prohibited and that all freelance linguists and Partners are required to agree to.	Davies, Simon	29/06/2018	
														Translation services - market	Understand what other suppliers are in the market to provide translation services	June 18: RAG - meeting with PTS today to understand their requirements. There are 4 frameworks available for procurement. Apr 18: RAG - position is good in that there are a number of options for procurement. Procurement need to identify a YAS Lead - EOC/111 Feb 18: Procurement are exploring other suppliers.	Wood, Andrew	19/09/2018	
1119	Financial Viability of IUC Bid submission	NHS 111	Vause, Kathryn	Strategic Risk	Financial	12/06/2018	28/09/2018	If YAS is unable to get within the financial envelope for the IUC service then the income will not cover the costs of the service resulting in running a deficit contract or pulling out of the IUC bid	Using available intelligence from Bid Specification and experience of running service. Able to model service requested	None	20	16	High Risk	9 costed models	MN / JF to produce a range of costed model options	June 18: (RAG) work ongoing to understand price per call currently and proposed	Norman, Mathew	30/08/2018	
1121	Purchase of Adastra Licences for new IUC/NHS111	NHS 111	Zahrn, Ola	Strategic Risk	ICT	12/06/2018	31/07/2018	If the tender timescale slips further then there is a risk the extension to the current Adastra license contract will run out resulting in no Adastra licenses to operate beyond end of March 2019	Licence in place to cover 2018/19	Action for Procurement and ICT to negotiate contract to cover eventuality of slippage past March 2019	15	15	High Risk	6 Procurement of Adastra Licencies	Mike Fairbotham ensure any extension to contract meets with Trust SFIs		Fairbotham, Mike	31/07/2018	
														Negotiate extension to Licences	Ola Zahrn and Mike Fairbotham contact AHC regarding potential alternative arrangements		Fairbotham, Mike	31/07/2018	

1062	PTS Volunteers training provision	PTS (Patient Transport Services) - Operations	Green, Dave	Strategic Risk	Training, Education & Compliance	20/12/2017	30/11/2018	IF PTS volunteers training isn't specific to the audience and delivered through a structured timely plan THEN PTS may be at risk of not delivering full compliance RESULTING IN potential loss of volunteers and negatively impacting the PTS alternative resource model	Training is working to align modifications suggested by Alternative Resource Management team	12	12	Moderate Risk	Volunteer Workbooks	Statutory and Mandatory training workbooks to be revised to suit PTS volunteers	July 18: Jenny is dealing with. Current training is too high for volunteers as they cannot have the same training as B2 and B3. This is being looked into with a new training process being rolled out to volunteers. Workbooks cannot be completed online through YAS24/7. May 18 work still on-going by training team - advised will be completed by end of the calendar year	Howitt, Kath	01/01/2019		
													VCS training Data	Training department to link with Alternative Resource Manager PTS to ensure data relating to training of VCS drivers is accurate	MAY 18 RAG: paper to TEG next week with plans to mitigate risk May 18 - new ARM in place to meet with training as part of induction	Rowbottom, David	30/06/2018		
1099	Safeguarding Children Level 2 training - PTS accessibility and compliance	PTS (Patient Transport Services) - Operations	Madsen, Claus	Operational Risk	Training, Education & Compliance	16/03/2018	30/11/2018	If the Trust continues to deliver e-learning only training for Safeguarding Children Level 2 without additional process to support access by PTS staff (ie Abstraction, IT infrastructure) then compliance levels will fall below the target requirement.	There is provision of Safeguarding face to face training within the Statutory and mandatory training day, however this does not provide the full competency required for compliance with Level 2 training as described by the Intercollegiate Document. TMG decision to incorporate time for elearning within the face to face day by reducing time on other subject areas.	No abstraction of staff accounted for, neither financially nor practically.  No IT infrastructure to support training delivery within PTS - as crews do not return to stations during the day, nor do they have personal issue PDA/Smart phones which can support e-learning  No alternative to e-learning provided for those who do not have IT access or capability	15	12	Moderate Risk	Proposal to TMG	A paper for TMG will be drafted to identify the mitigating action that could be taken to reduce the levels of risk.	May 18: proposal to reduce other face-to-face training modules by 30 minutes to allow for time to complete e-learning. SME's are risk-assessing impact of this reduction on their training delivery. TMG have approved this proposal.	Howitt, Kath	30/06/2018	18/05/2018
														Escalation of risk to Executive Team	Risk Escalated to Steve Page to highlight the lack of infrastructure to support the delivery of this training. Also the lack of abstraction within PTS to accommodate this training.	completed	Monaghan, Rebecca	16/03/2018	16/03/2018
														Meeting with Training team	meeting to be held with Kath Howitt and Jayne Robinson to address training issues within PTS.	completed	Monaghan, Rebecca	16/04/2018	16/04/2018
														SMEs to review training	SMEs to review training to incorporate	June 18: CCG approved proposal to modify other elements of face to face training to incorporate e-learning safeguarding training May 18: meeting on 22nd May with SMEs to review their training content and risk-assess adjustment of some content to accommodate requirement for safeguarding e-learning time in the classroom. Proposal made by Associate Director of Paramedic Practice which will be considered by Clinical Governance Group and if supported will then be proposed to TMG for approval	Monaghan, Rebecca	29/06/2018	25/06/2018
														Interim mop up of those staff who have already done face to face training	Plan for capturing staff who have already completed face to face training to complete the elearning package	July 18: Compliancy increased from 33% to 58%. Instruction to take off road at local level and complete training in year. May 18 (RAG): plan being put in place to identify and provide elearning safeguarding training to the staff who have already completed their face to face days.	Syron, Candice	26/11/2018	
1108	Revised approach to application of PTS Eligibility Criteria	PTS (Patient Transport Services) - Operations	Dexter, Chris	Strategic Risk	Adverse Publicity & Reputation	18/04/2018	01/10/2018	If our revised approach to application of PTS eligibility criteria is not effectively communicated and managed THEN patients who receive a service currently may not understand the change in our response RESULTING IN patient dissatisfaction and potential reputational damage	Plan in place has been agreed with Commissioners Working with commissioners to develop a process to enable signposting to alternative transport Overview and Scrutiny Committee sign off arrangement QIA in place with action plan Recruitment of additional call handlers Call handlers receiving training to deal application of eligibility criteria and managing difficult conversations Communications plan to include media management	Reliance on commissioners to lead the public engagement process Potential increase in complaints and impact on Patient Relations Team High profile/ risk patient groups (such as British Kidney Association) may look to campaign and increase publicity	15	15	High Risk	Stakeholder Communications plan	Develop a stakeholder communications plan with commissioners and work together to implement this	June 18: plan is in place, this has been agreed with Commissioners Signposting of patients who are not eligible to other transport types - Voice recording and web page both in place to signpost patients to other transport options and financial support May 18: work is underway to develop a joint plan to effectively communicate with stakeholders	Astley-Tipping, Paula	01/10/2018	
														Management of HOSC process	Work with commissioners to devise a collaborative approach to Overview and Scrutiny Committee	June 18: Attended York City HOSC to support CCG paper on new contract, specifically application of eligibility criteria. Plans are in place to cover the rest of North and East Yorkshire. NY 27/7/18.	Dexter, Chris	06/08/2018	
														Manage potential increase in complaints and concerns	Liaise with Patient Relations Team to make them aware of eligibility project and appeals process and its potential to increase complaints	May 18: plans being put in place to mitigate increase in complaints through development and implementation of an effective stakeholder communications plan, developed jointly with Commissioners and preparedness of Patient Relations Team	Green, Dave	31/07/2018	
														Appeals process	Ensure PTS staff understand appeals process and receive training to manage implementation of eligibility	June 18: Appeals process is in place and agreed by PTS and CCG Governance Groups. 5 Dates for training of PTS Comms are in place during July.	Fairbanks, Charlotte	31/07/2018	
														Stakeholder engagement plan covering high risk groups, HCPs and patients	Ensure effective communications in place with High Risk groups such as National Kidney Association to prevent adverse campaigning and publicity, with Healthcare Professionals and with Patients	June 18: High Risk Groups, Healthcare Professionals and Patients factored in to development of the Stakeholder Communications plan. Leaflets, Roadshows, Posters distributed. Renal unit engagement lead focus on high risk groups. Letters have been sent to VOY/Scarborough repeat patients advising of changes to application process and advising that not all patients who currently receive the service will continue to do so. Comms plan details further areas.	Astley-Tipping, Paula	01/10/2018	
														Monitor implementation of eligibility criteria	Monitor implementation of Eligibility Criteria	June 18: arrangements in place for monitoring by PTS Ops Group, reporting to TEG and TMG	Dexter, Chris	01/10/2018	

Quality, Governance and Performance Assurance Directorate

1129	Shared mailbox access	Performance Assurance & Risk	Travis, Maxine	Strategic Risk	Information governance	21/06/2018	28/09/2018	IF user access is not monitored for shared mailboxes THEN users who move departments or leave the Trust will still have access to mailboxes they no longer require RESULTING IN potential for breaches of information or opportunity for wilful access to information that the individual should no longer have access to	No routine check with the named mailbox owner of users who have access Unclear how many shared mailboxes have an identified owner Owners do not take responsibility for updating access permissions for 'members' of the mailbox when they move departments Access to mailboxes for staff who move roles temporarily or permanently is not amended	12	12	Moderate Risk	3	Obtain list of active Shared Mailboxes To obtain a list of active shared mailboxes including Name of Mailbox, Owner and Members of shared mailbox	July 18: IGWG and RAG briefed on risk and proposed actions. June 18: list obtained, 430 current active shared mailboxes in existence. Head of Risk reviewed and established some known shared mailboxes are missing from the list. Further investigation uncovered issues due to implementation of nhs.net which required resolution before the list can be re-run. Next steps are to establish owner and members for each mailbox.	Bunton, Ken	28/09/2018	
														Discuss at IGWG and RAG Discuss risk at IGWG and RAG	July 2018: IGWG - Shared mailboxes are allocated to an individuals nhs.net account, so would remain allocated to that account even if the person moved organisations. RAG - recognised that leavers having access to shared mailboxes via their nhs.net login presents a risk.	Travis, Maxine	24/07/2018	24/07/2018
1132	Email Distribution Lists	Performance Assurance & Risk	Travis, Maxine	Strategic Risk	Information governance	11/07/2018	29/08/2018	IF email Distribution Lists are not effectively managed THEN email communications could be sent to leavers who take their nhs.net email address RESULTING IN a breach of personal or sensitive information	Leavers process for changing job titles and organisation will indicate the person is now external to the Trust Service Desk have a SOP which covers marking leavers in NHS Mail when they receive the weekly workforce leavers report	15	15	High Risk	9	Raise risk at IGWG and RAG To raise the risk and discuss potential mitigations at IG working Group and RAG	July 18: discussed at IGWG - DLs can be set up as 'static' or 'dynamic'. For dynamic DLs where a member registers at an other organisation, and loses the YAS title, then they would automatically be removed from the DL. ICT can target this at large DLs. The issue of individuals setting up their own small DLs need to be managed by the owner. Discussed at RAG - risk leads are aware of requirement to manage their own individual DLs and agree the need for some comms from ICT/IG.	Travis, Maxine	27/07/2018	20/07/2018
														Obtain report of DLs with owner and members Obtain a listing report of all created Distribution Lists on Outlook and the owner and members	July 2018: it is possible to produce a list of DLs that are set up in outlook, first run has identified some gaps due to setting up of nhs.mail which are being rectified. List will then be re-run	Bunton, Ken	29/08/2018	
														Joint comms from IG and ICT Joint Communication from IG and ICT on process for managing Distribution Lists that have been set up by individuals eg. for meetings	July 2018: IG and ICT to recommend a process following discussion at IGWG and RAG for management of DLs. This will then be communicated out to staff.	Travis, Maxine	31/08/2018	
1039	FOI Compliance	Legal Services	Balfour, Caroline	Strategic Risk	Regulatory compliance	18/10/2017	31/08/2018	IF YAS do not respond to >90% of FOI requests within the 20 day statutory timeframe THEN the Trust will be non-compliant with the Freedom of Information Act RESULTING IN increased risk of possible regulatory enforcement action from the Information Commissioner's Office (ICO)	Legal Assistant for FOI and DPA requests FOI Policy and procedures Internal process with response timescales Identified departmental FOI contacts Executive sign-off for request disclosure Procedure for handling FOI requests	15	15	High Risk	3	Additional capacity in Legal Services Arrange temporary cover to fill the vacant (maternity leave) post.	Nov 17: identifying appropriate agency resource. Light duties individual in place until the end of January 2018 Dec 2017 Agency FTE approval complete	Balfour, Caroline	08/01/2018	13/12/2017
														Increased hours of Head of Legal CB to return to FT hours to create better oversight of the process and to have more accessibility for staff regarding request approval.	CB returned to FT hours from 3/11/17	Page, Steve	07/11/2017	03/11/2017
														Better awareness, communication and compliance for IAOs To raise awareness with IAOs regarding the Trust's legal duty and their responsibility within the request handling responsibility.	Jan 18: discussed at IG Working Group. IAOs to be initial point of contact within service for FOIs, along with subject matter expert where appropriate will co-ordinate the response.	Dickinson, Katy	31/01/2018	20/02/2018
														Change of internal request handling procedure Initial review of incoming requests to be re-implemented to appropriately sign-post and identify trends. To have a standardised procedure to send all FOI requests to IAOs to disseminate/delegate and allocate appropriate time/resources. Feedback to IAOs on response content to promote future learning.	initial review step reinstated into practical handling process	Dickinson, Katy	31/12/2017	07/12/2017
														Implement request management software Implement Datix FOI request handling	April 18: Options reviewed. Plan to use Datix for FOI request handling is being implemented, to be live by July 2018	Guiry, Danielle	01/08/2018	
														Review request sign-off procedure To identify if any changes can be made regarding the FOI request sign-off procedure - can there be any delegation of responsibility?	increased use of signposting and confidence in data is resulting in reduced exec sign off requirements	Balfour, Caroline	31/03/2018	07/12/2017
														Increased oversight monitoring Monitoring of FOI compliance through IPR to be re-established and oversight by RAG to be implemented.	June 18: Head of Risk supporting FOI officer to expedite requests for information where no response is forthcoming. May 18: (RAG)compliance for April 18 was 74%. proposal to increase risk rating back to Red to be made to TMG. Apr 18: compliance for March 18 is 70%, action plan in place to improve. Jan 18: Reported compliance for December 2017 is 100%. Monitoring to continue for 3 months, reported to RAG. Jan and Feb compliance achieved.	Page, Steve	31/08/2018	
														Proactively publish routine datasets and FAQs to satisfy future FOI requests Review of information contained in Publication Scheme.	May 18: policies went to Online and have been published. PTS financial dataset for private providers has been published; this is a frequently answered FOI. Further consideration to be given to Violence and Aggression and other frequently requested information. Apr 18: policies to be published in April 18. Jan 18: action plan for publication of Trust policies is being progressed. Dec 17: Further areas are being identified where information could be routinely published including the external publication of Trust policies and details regarding Hoax callers. Nov 17: PTS have agreed to routinely publish 4 datasets on a 6 monthly/annual basis so that requesters can be directed to them.	Balfour, Caroline	31/08/2018	
														Raise awareness of GDPR Compile a report for the Board / senior team to ensure there is corporate buy-in. Start to raise awareness amongst staff and contractors	July 18: periodic updates to TMG on progress with delivery of the action plan for GDPR. Staff GDPR articles and booklet produced. DPO to complete GDPR Data Protection Practitioner Certificate in 18/19 to support expert knowledge. May 18: 2 x team briefs to HR Team. GDPR Guidance and FAQ for IAOs and communication in staff update. TMG briefing. Apr 18: Awareness raised with IAOs and other relevant teams/individuals. Training sessions/workshops held with several teams. Oct 17: TMG paper going to 15/11/17 (carried over from cancelled meeting on 11/10/17) meeting for awareness raising and approval of Implementation Plan and designation of DPO. Presentation to IAOs at IGWG 4/10/17. Discussed with IAOs during risk review meetings.	Travis, Maxine	31/07/2018	11/07/2018
														Keep Records Of Processing Activities Ensure comprehensive understanding of information held its use	July 18: FLOWZ software available to Risk Team. Initial configuration done by FLOWZ but needs some in-house refinement, initial import of Information Assets is complete. Work on going to quality check the data in the system and then plan to roll out by working with IAOs to validate and enter the data flows. The historic register of information assets is currently maintained on a spreadsheet, lawful basis has been recorded. May 18: Flowz configured. Training day arranged for 29 June. Apr 18: Flowz software purchased and implementation workshop planned for 23/4/18. Oct 17: Data Flow Mapping tool to be reviewed to build in new requirements for recording of processing activities.	Travis, Maxine	26/11/2018	

1009	General Data Protection Regulations (GDPR) compliance	Performance Assurance & Risk	Page, Steve	Strategic Risk	Regulatory compliance	04/08/2017	26/11/2018	IF YAS does not implement all the requirements of the General Data Protection Regulations by 25 May 2018 THEN non-compliance will occur RESULTING IN investigations or audits by the Supervisory Authority (Information Commissioner's Office) which may require specific remediation within a specified time and could lead to administrative fines of up to €20 million or 4% total global annual turnover (whichever is higher).	<ol style="list-style-type: none"> <li>1. Lawful bases for processing personal data recorded on Information Asset Register</li> <li>2. Subject Access procedures updated</li> <li>3. Contracts with third party processors include contract clauses</li> <li>4. Information Processing/Privacy Notices updated</li> <li>5. Data breach/incident investigation procedures</li> <li>6. Data Protection Impact Assessments (DPIAs)</li> <li>7. Information Sharing Protocols and Agreements in place</li> <li>8. Technical security procedures established</li> </ol>	<ol style="list-style-type: none"> <li>1. Privacy notices need to be explicit, up to date and accessible to all users</li> <li>2. Data breach/incident investigation procedures will need to be amended to reflect Articles 33 and 34 requirements</li> <li>3. New procedures required to address Privacy and Data Protection by Design</li> </ol>	20	12	Moderate Risk	4	<p>Identify the legal basis for processing personal information</p> <p>Document a legal basis for each processing activity identified through audit and flow mapping</p> <p>May 18: Legal basis completed on asset register and Flowz. Apr 18: All information assets and data flows have been updated with the appropriate lawful basis under Article 6 and 9 of the GDPR. Oct 17: To work with IAOs to redefine the legal basis for all processing of personal information. For health record related processing Article 6(1)(e)- Public Task and Article 9(2)(h)-Provision of health or social care or treatment will be largely applicable.</p> <p>Darby, Allan</p> <p>31/05/2018</p> <p>22/05/2018</p>	
																<p>Demonstrate compliance with consent requirements</p> <p>Update our communication materials and internal processes to support the obtaining of verifiable consent that is freely given, specific, informed and unambiguous</p> <p>May 18: Requirements included in TMG briefing and checks made with IG function where necessary. Apr 18: SIRO advised on use of consent Oct 17: Consent for processing personal information should be avoided where possible. For 'ordinary' personal data - rely on processing to support a public task/exercise of official authority will be justification. For 'special category' personal data - rely on processing for the provision of health care.</p> <p>Travis, Maxine</p> <p>30/07/2018</p> <p>25/07/2018</p>
																<p>Comply with more stringent transparency and fair processing requirements</p> <p>Review and update our privacy / fair processing notices / communication materials</p> <p>Privacy Notice and Fair Processing notices on public website.</p> <p>Darby, Allan</p> <p>31/05/2018</p> <p>11/07/2018</p>
																<p>Manage children's rights</p> <p>If YAS offer any paid-for online services directly to children, provide age-appropriate communication materials; and implement processes to enable us to demonstrate that we verified the child's age, and that consent was freely given, specific, informed and unambiguous.</p> <p>May 18: IG Manager to remain cognisant Oct 17: Likely to be not applicable to YAS</p> <p>Darby, Allan</p> <p>25/05/2018</p> <p>22/05/2018</p>
																<p>Support individuals' rights</p> <p>Update our communication materials and internal processes to support individuals' rights of rectification, erasure (the right to be forgotten), restriction, data portability and, objection to processing.</p> <p>May 18: Subject Access procedure template and policies updated to state the rights of the data subject. Requests will be reviewed on a case-by-case basis. Apr 18: raising awareness with IAOs Oct 17: Limited application to NHS Data Controllers due to regulatory exceptions around processing required for pursuance of the public task/provision of health care.</p> <p>Balfour, Caroline</p> <p>30/07/2018</p> <p>25/07/2018</p>
																<p>Manage subject access requests</p> <p>Update YAS internal processes to provide individuals with access to their personal information normally within one month and at no charge.</p> <p>July 18: Subject Access procedure template and procedures are updated. Apr 18: Procedure updated to reflect new GDPR requirements - awaiting approval of IGWG and TMG. Oct 17: Discussed required changes with Legal Services. Data Protection Policy extended to May 2018 so that appropriate amendments can be made e.g. 30 day processing and no fee.</p> <p>Balfour, Caroline</p> <p>30/07/2018</p> <p>25/07/2018</p>
																<p>Detect, report and investigate personal data breaches</p> <p>Update YAS internal processes to comply with the requirement to report specific breaches to the ICO within 72 hours of becoming aware of such a breach.</p> <p>May 18: Requirements met Oct 17: Current procedures are largely fit for purpose and set out process for reporting.</p> <p>Darby, Allan</p> <p>31/05/2018</p> <p>22/05/2018</p>
																<p>Carry out Data Protection Impact Assessments</p> <p>Update existing documents to reflect the requirement to carry out a DPIA where processing is likely to result in high risk to the rights and freedoms of individuals.</p> <p>May 18: DP Policy and DPIA approved by IGWG and TMG. Apr 18: New procedure and DPIA template drafted to be approved by IGWG and TMG. Oct 17: Initial screening questions to be implemented into PID/Project Management process.</p> <p>Darby, Allan</p> <p>25/05/2018</p> <p>22/05/2018</p>
																<p>Implement data protection by design and by default</p> <p>Use the findings from the information audit and flow mapping to ensure all current and proposed processing activities have data protection compliant technical and organisational controls in place.</p> <p>May 18: DPIA included in PID Apr 18: policies updated to reflect requirement for DPIA which is part of PID process Oct 17: Privacy concerns to be considered at project initiation and maintained through project lifecycle.</p> <p>Darby, Allan</p> <p>31/05/2018</p> <p>22/05/2018</p>
																<p>Designate a Data Protection Officer</p> <p>Review the responsibilities of the DPO and ensure an appropriately qualified person is designated into the role. A DPO is mandatory as YAS is a public authority</p> <p>Feb 18: Head of Legal Services designated DPO. Jan 18: Designation being considered. Nov 17: TMG meeting held 15/11/17 - option has been decided upon but designation yet to take place. Oct 17: Options appraisal included in TMG paper for 15/11/17 for decision.</p> <p>Page, Steve</p> <p>31/01/2018</p> <p>09/02/2018</p>
																<p>Closure report to TMG</p> <p>GDPR action plan implementation closure report to TMG</p> <p>Travis, Maxine</p> <p>10/09/2018</p>
146	Annual IG Training of all staff	Performance Assurance & Risk	Travis, Maxine	Strategic Risk	Information governance	09/09/2013	01/10/2018	IF YAS staff do not complete annual IG training THEN this is a breach of statutory duties and would RESULT IN non-compliance	<ol style="list-style-type: none"> <li>1. Up to May 2018 YAS IG training and knowledge check included within the YAS Mandatory Training Workbook</li> <li>2. Staff Update articles relating to specific incidents, themes and trends or key messages to support awareness</li> <li>3. SIRO training requirements complete. IAO training monitored via quarterly IAO review meetings.</li> <li>4. Annual IG training requirement reflected within the Statutory and Mandatory Training Policy and Procedure.</li> <li>5. IG training compliance captured on Workforce Mandatory training compliance dashboard</li> <li>6. Annual Internal Audit of IG toolkit prior to submission includes training standard for all staff and specific 'expert' staff</li> <li>7. 2018/19 National Data Security Awareness e-learning training made available via the national platform</li> </ol>	<ol style="list-style-type: none"> <li>1. 95% of staff have to undertake annual IG training, to meet the IG training target to declare 'Fully' compliant in accordance with 2018/19 Data Security and Protection Toolkit, &gt;85% to declare partially compliant.</li> </ol>	12	15	High Risk	3	<p>monitor uptake staff IG training</p> <p>Monthly monitoring of uptake of IG training by staff:</p> <p>July 18: ICT request to ensure all managers have access to the Workforce Information folder May 18: monitored through workforce dashboards on a monthly basis as BaU</p> <p>Travis, Maxine</p> <p>01/10/2018</p>	
																<p>Staff Update - publicity</p> <p>Staff communications to support completion of IG training</p> <p>July 2018: raised at IGWG and RAG May 2018: IG working with Training Team to evaluate national training materials. YAS workbook remains available on 247 until switch-over to ESR</p> <p>Travis, Maxine</p> <p>01/10/2018</p>
																<p>Evaluate national training materials</p> <p>Work with Education and Training Team to launch e-learning which covers appropriate content on the new ESR/DLM learning platform</p> <p>July 18: met with e-learning mandatory Training lead to review options for delivery of annual IG training. Only the national training package will automatically feed ESR, which is the way the Trust will be delivering training in future. May 18: link sent to Training Team and FAQs for national training materials. Raised at RAG the risk of not gaining full compliance 95% or partial compliance &gt;85%. Discussed in the context of delivering safeguarding compliance in classroom time for PTS which was approved by TMG and whether this might offer a solution, for IG in 1 of the 3 years.</p> <p>Travis, Maxine</p> <p>01/10/2018</p>
																<p>Position statement and action plan</p> <p>Set out evidence-based position and develop action plan</p> <p>Dec 17: plan for Comms centres and other staff to be agreed by TEG, Training and Development are leading this work. Sept 17: meeting with Head of Community Resilience regarding provision of CRT for Community First Responders and discussion around 'train the trainer' and delivery in set evening sessions. August 17: Development of PTS CRT commenced, feedback from Security Team to Organisational Development</p> <p>Travis, Maxine</p> <p>31/01/2018</p> <p>31/01/2018</p>

933	Conflict Resolution Training provision	Performance Assurance & Risk	Page, Steve	Strategic Risk	Staff & 3rd Party Safety	03/04/2017	10/09/2018	IF CRT is not delivered in line with the risk-based assessment THEN staff may not be adequately trained in order to de-escalate or manage violence and aggression RESULTING IN potential for physical or psychological injury to staff	Safety and Security Policy and associated procedures Local Security Management Specialist role Security Management workshop (November 2016) and NHS Protect SRT declaration Action plan from SRT LSMS attendance at CRT training to review content and delivery Themes and trends analysis from reported incidents at local and national level	1) Embedded systems and processes to support staff in pursuance of sanctions 2) Publicised sanctions and redress to act as a deterrent 3) CRT delivery for Comms Centres and other relevant staff groups who come into contact with the public	12	12	Moderate Risk	3	TNA to include CRT where indicated	Contribute to development of Trust TNA	July 17: A&E Ops abstraction agreed and in place. CRT being delivered. Security function contributing to overall mandatory training TNA for all staff groups to ensure CRT is included where indicated. Agreed relevant staff groups - to prioritise development and delivery for patient-facing groups; PTS, CFRs, then comms centres and other staff. April 17: Work ongoing is focussing on A&E Operations face-to-face abstraction to develop TNA June 17: A&E abstraction agreed by TEG as 2 days.	Travis, Maxine	03/07/2017	30/09/2017
															CRT for A&E Ops	Develop and launch A&E Ops CRT	July 17: A&E Ops package commenced delivery June 17: A&E Ops package in final draft with LSMS, ECAC for review.	Travis, Maxine	01/07/2017	03/07/2017
															PTS CRT	Develop and launch CRT for PTS	June 18: discussed pressure on PTS mandatory training face-to-face classroom training ad requirement to incorporate e-learning for safeguarding. Meeting with SMEs and proposal to adjust focus of BLS to a more practical approach, to be agreed by CGG. No impact on CRT is required May 18: Requirement to review content of PTS CRT due to demands on training time to include safeguarding e-learning. Risk assessment of reduction of PTS CRT is ongoing. Nov 17: finalised and launched. Nov 17: final draft Oct 17: RAG,CM: PTS mandatory training new programme will launch in November. Sept 17: development commenced	Travis, Maxine	30/07/2018	07/06/2018
															CRT Comms centres (EOC, PTS and 111)	Develop and launch CRT for comms centres	July 18: Interim LSMS working with Training Team mandatory training lead to progress development of Comms centre CRT. March 18: ongoing liaison with Mandatory Training lead regarding development of e-learning for Comms centres. Risk Team preparing some content based on actual incidents and Training Team continuing to progress implementation of Learning platform and understanding options available for presentation of more interactive learning. Jan 18: discussions in Q3 regarding the new Learning Platform and functionality for audio scenarios	Travis, Maxine	01/10/2018	
															CRT for CFRs	Develop and launch CRT for Community First Responders	Oct 17: scoping meeting Training team, Head of Community Resilience, Risk Manager to understand training cycle and restrictions on availability of CFRs to receive training. Limited types of calls that CFRs are dispatched to minimises the risk. Head of service reminded that any V&A incidents should be reported on Datix.	Travis, Maxine	10/09/2018	
998	Availability of CCTV for pursuance of sanctions	Performance Assurance & Risk	Page, Steve	Operational Risk	Staff & 3rd Party Safety	18/07/2017	03/09/2018	IF CCTV is not readily available THEN investigations cannot be comprehensively conducted RESULTING IN failure to impose sanctions and redress	Safety and Security Policy CCTV Policy CCTV Log of requests and faults managed by Risk Team Data Flag procedure Audit of quality of premises CCTV and reporting for remedial actions Tools available for retrieval of vehicle footage Consultant expert review of premises CCTV based on Home Office evidence-base and report of specialist advice.	Capacity of Fleet Team, specifically Electricians, to retrieve footage Availability of vehicles for VOR 5 different types of vehicle CCTV installed Length of time of capture is inconsistent on vehicles Premises CCTV images are poor G4S SLA for Premises CCTV is unclear on provision and charges	12	12	Moderate Risk	3	Amend CCTV policy	Add other Fleet roles to CCTV policy who can retrieve (not view) hard drives/memory cards Add ROC managers access for Premises CCTV for specified incidents	Sept 17: additional Fleet roles added to CCTV policy to retrieve footage. ROC managers trained, access provided to ROC for viewing premises CCTV for urgent out-of-hours Police requests and for incidents requiring immediate investigation (in hours and routine incidents to be managed by Security Team). July 17: Fleet Team have identified other roles that would be able to recover hard drives from vehicles, these need to be reflected in the policy	Travis, Maxine	31/10/2017	16/10/2017
															SOP for vehicle health check	Develop and implement SOP for vehicle health check	Feb 18: Annual Vehicle Health Check is in place which includes ensuring CCTV on vehicles is working July 17: Vehicle Health Check SOP will include re-formatting of CCTV memory card/hard drive to ensure remaining capacity and not corrupt. Will be included as part of review of vehicle maintenance policy and procedures	Moyes, Richard	31/03/2018	15/02/2018
															Premier Hazard equipment	Ensure sufficient supplies of Premier Hazard hard drives and tools to remove drives (New Fiat vehicles)	Sept 17: sufficient hard drives and tools for retrieval have been obtained July 2017: further hard drives and relevant tools are on order	Moyes, Richard	30/09/2017	30/09/2017
															Deploy CCTV overlay to Premier Hazard systems	1) Deploy the overlay 4G system to Premier Hazard And 2) Upgrade VUE SD card systems to hard drive	July 18: some technical issues with firewalls preventing download, ICT are working to resolve May 18: Fleet are testing 1 overlay kit, full installation to DCA, recording and download of footage. Procurement will then establish cost of download data against Vodafone data bundle. Apr 18: meeting arranged for mid-May to arrive at recommendation on deployment of overlay equipment Mar 18: Security Group - agreed actions of members to feed back. Upgrade of SD cards to hard drives continues. ST/IB establishing options and costs of 4G / WIFI and which fleet this will apply to for consistency of access, viewing and downloading. Jan 18: Security Group reviewing functionality that will be offered by installation of the 1) Premier Hazard overlay system - YAS infrastructure will not support WIFI/4G capability. 2) VUE systems - the SD cards are being removed and replacement of a recording box to upgrade capacity and quality - this is ongoing on a swap out basis and will be completed early 18/19. July 2017: Premier Hazard overlay equipment procured 130k Capital Bid and delivered in 16/17. To be installed on vehicles with Premier Hazard CCTV systems to standardise. Currently in Unit M.	Tawls, Steven	03/09/2018	
															Premises CCTV expert review	Evaluation of quality of premises CCTV	July 18: summary of expert consultant review of premises CCTV to Quarterly Executive Security Review and planned for Health and Safety Committee in August 2018. Recommendation to TMG. March 18: review conducted and report received. Feb 18: meeting with potential candidate for providing review expertise, specification discussed. Jan 18: specification written, guidance from Procurement on engaging expertise for review	Travis, Maxine	01/10/2018	

1063	Cumulative effect of repeated moving and handling	Quality and Nursing	Jackson, Shelley	Operational Risk	Health and safety	22/12/2017	31/10/2018	IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury	Board commitment to reducing MSK injury in the workforce Health and Wellbeing Lead and Advisor CQUIN reporting New vehicle design group Response Bag Review Group Moving Patients Safety Group Trust Procurement Group Policies and Procedures: Moving and Handling, DSE, Risk Assessment. Education and training - mandatory face to face and e-learning Learning from incidents, claims, sickness reports NARSAF May 18 are considering	Quality of Occupational Health Service provision (Risk xx and associated actions)	12	12	Moderate Risk	H&S Exec and NARSF partnership working	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries in the Ambulance Service	Dec 17: action plan set up and HSE Inspector meeting all Ambulance Trusts throughout January 2018 Apr 18: Next NARSF meeting with the HSE as a group on 16th May to discuss progress. Jul 18: work done with NARSF to standardise risks for using a carry chair	Ashby, Clare	31/10/2018	
														Reduce Response Bag weight	Reduce weight of bags	July 18: Sub group meeting scheduled for 24th July May 18: Framework in place for procurement. Apr 18: tender is progressing Dec 17: Response bag subgroup (subgroup of TPG) is working to reduce the weight and review the design of the current response bag. Unpack and repacking to minimum stock list, review of contents. Apr 18: Bag sub group to meet next on 24th April. Tender evaluation for new bags to be held on 9th May.	Jackson, Shelley	31/10/2018	
														Defibrillator replacement	Defibrillator replacement to consider weight	Feb 18: Corpul3 has been selected which is 3.3kg lighter than Lifepak 15 Dec 17: weight has been a consideration in purchase of new defibrillators for RRVs	Owen, Andrew	01/02/2018	22/02/2018
														Vehicle design to include consideration of MSK impact	Vehicle design Group to consider moving and handling risk	Dec 17: lessons learned from previous procurement and included in vehicle design specifications Apr 18: Vehicle group Jul 18: new vehicle design now going into production	Ashby, Clare	31/10/2018	
697	Health and Safety Training for middle managers	Quality and Nursing	Jackson, Shelley	Strategic Risk	Health and safety	25/08/2015	31/10/2018	If the Trust's middle management do not receive formal health and safety training, then the Trust will be unable to effectively maintain its health and safety management system.	1)Health and Safety Competent person in post (Health and Safety Manager) 2)Health and Safety Management system in place in line with HS(G)65 3)Up to date Health and Safety policies and procedures in place 4)Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.	9	12	Moderate Risk	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 Safely, IOSH Managing Safely in Healthcare or an equivalent IOSH accredited course.	11.05.17 All 3 IOSH Managing Safely courses now delivered. Good feedback received from all attendees. 27 managers were invited to attend the training and all 27 have completed the course.	Launchbury, Tracy	31/05/2017	26/10/2017
														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.	Jackson, Shelley	08/06/2016	08/06/2016
														TMG paper - external provision costs	Prepare a paper for TMG (16 November 2016) to give costs of external provision of required training	11.10.16 Paper prepared. Quotes are valid for 30 days. 16.11.16 TMG support proposals - for procurement	Jackson, Shelley	16/11/2016	16/11/2016
														Develop non-accredited Health and Safety training	Develop non-accredited H&S Training course for Management group not included in the IOSH accredited training. Work to be done by Health and Safety Manager in partnership with Head of Learning and Development.	Apr 18: work almost completed on training package. Jul 18: Work still underway.	Jackson, Shelley	31/10/2018	
1015	Post-Occupational Exposure Prophylaxis	Quality and Nursing	Ashby, Clare	Operational Risk	Infection, Prevention & Control	01/08/2017	28/09/2018	IF YAS do not have a robust process for staff requiring prophylaxis THEN we may not be able to secure provision RESULTING IN YAS staff not receiving timely prophylaxis	YAS IPC policies YAS staff understand the requirement for prophylaxis Datix incident reporting process notifies IPC lead of any incidents	Provision of prophylaxis arrangements through current OH contract is not available and is unlikely to be available with other private providers.	12	12	Moderate Risk	Formalise process for post occupational exposure that is not Blood Born Virus (BBV)	Formalise protocol within YAS for gaining access to correct post occupational exposure prophylaxis.	March 18: Provision of prophylaxis arrangements through current OH contract is not available and is unlikely to be available with other private providers. Most hospital trusts are providing prophylaxis by including YAS staff as part of the 'team' managing the patient.	Ashby, Clare	30/11/2017	12/03/2018
														Considered as part of OH contract review	Ensure exposure prophylaxis is considered as part of OH contract review, in line with The Green Book recommendations, and ensure internal SOP is updated if internal prescription process becomes a viable option.	Apr 18: Will be considered as part of OH contract provision review	Houghton, Helen	28/09/2018	