Corporate Risk Register
Strategic and Operational Risks >12

ID	Title	Handler	Business Area	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	Barnes, Rod	CEO	Strategic Risk	Capacity	09/09/2017	30/11/2018	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	Nov 18: Director of Operations has commenced in post. Oct 18: Dir Ops commences Nov 18 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. 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. Jan 18: Director of Ops from NWAS is providing advice and support to Deputy Director and Divisional Commanders.	Barnes, Rod	30/11/2018	

Business Planning and Development

ID	Title	Handler	Business Area	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)
261	Business tendering	Mobbs, Leaf	Business Development	Strategic Risk	Financial	13/03/2013	07/01/2019	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	Monitor other ongoing tenders	Evaluate potential impact of other ongoing tenders that we are not bidding for: 1) North Scarb/Ryed Community Services 2) Doncaster new urgent work 3) Sheffield Hosp 3 month winter pressures IFTs	Oct 18: YAS continue to monitor local and regional tenders that we are not bidding for to anticipate any impact on our services. This is part of routine business. 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	29/10/2018
															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/Scar/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.	Oct 18: (RAG) Deadline extended, financial template was changed last week. We expect the decision at the end of November. 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 submidssion 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	07/01/2019	
															PTS West tender	PTS West tender	Sept 2018: Commissioners have offered a 12 month extension for April 2019-March 2020; outlining that the procurement process will still be undertaken within 2019/20. YAS has responded outlining concerns of another 12 month extension; YAS West fleet age profile is becoming of concern and costly to maintain; YAS have requested an escalation meeting. Apr/May 18: the CCG and it's procurement and the wider West Yorkshire system may not be ready to commence with procurement in year. Feb 18: pro-active workshop being planned in preparation for tender. Unclear on timing of bid process at this stage. Jan 18: WY CCG leads for PTS issued OJEU	Dexter, Chris	29/03/2019	
															NE Lincs PTS joint bid with EMAS	Prepare bid for NE Lincs PTS joint bid with EMAS	Oct 18: (RAG) the NE Links PTS joint bid with EMAS/YAS did not go ahead. July 18: Bid question responses being collated and 'Red' read is diarised.	Sandford, Matt	27/08/2018	29/10/2018
															Dental Bid	Dental Bid	Oct 18: Question responses collated and submitted, further discussion at TEG regards financial template. Decision expected mid-December	Sunley, Bob	07/01/2019	

| 911 | Strategic Impact of Reconfigurations | Mobbs, Leaf | Business Development | Strategic Risk | Financial | 12/12/2016 | 30/12/2018 | 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 |

Finance Directorate

Risk 978 — Tail Lifts on A&E vehicles

Field	Value
ID	978
Risk	Tail Lifts on A&E vehicles
Owner	Gott, Jeff
Directorate	Fleet
Risk type	Operational Risk
Category	Health and safety
Date	18/05/2017
Review	29/03/2019
Risk description	IF the Trust does not complete specific rectifcation 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)
Controls	Inspection programs in place to monitor affected vehicles for fault development. Planning for impact of rectification completed. Schedules in place to carry out rectification / modification work for affected vehicles. 115 affected vehicles in the program. Oct 18: Trajectory for work is on track and being monitored, maximum of 6 per month. Capital put aside to fund ongoing works
Gaps / Issues	Issues with rectification works outwith the Trusts control such as availability of parts
Score	12
Current	12 Moderate Risk

Actions:

Action	Description	Progress	Owner	Target	Completed
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 issued 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

Risk 989 — Vehicle availability for A&E

Field	Value
ID	989
Risk	Vehicle availability for A&E
Owner	Moyes, Richard
Directorate	Fleet
Risk type	Operational Risk
Category	Capacity
Date	13/07/2017
Review	31/01/2019
Risk description	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
Controls	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
Gaps / Issues	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
Score	15
Current	15 High Risk

Actions:

Action	Description	Progress	Owner	Target	Completed
SLA for fleet/frontline - working together	Write SLA for Fleet and frontline vehicle users	Oct 18: prepared and awaiting stakeholder consultation. 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 recieved, the document will be amended and placed on wider circulation.	Moyes, Richard	31/01/2019	
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	22.10.18 - 351 DCA currently on the road as we move towards the target of 380. The 380 target should be met by mid-Nov. RRV reduction has continued at pace to provide the terrafix equipment needed for the new DCA. There are currently 79 RRV (with a target of 75) in use on the frontline. 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	Oct 18: completed as part of ARP, constant monitoring. 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	24/10/2018
vehicle capacity to support events	Plan for vehicle capacity to support events	Oct 18: Fleet engaging with event leads for YAS to support planning. 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	
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 ha sbeen 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

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Review Date	IF/THEN statement	Controls	Gaps	Current	Target	Risk Level	#	Action	Action Description	Progress/Update	Action Owner	Due Date	Completed
1116	Vehicle Age profile	Moyes, Richard	Fleet	Operational Risk	Equipment Related	18/05/2018	31/01/2019	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	12	Moderate Risk	8	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	Oct 18: on track for delivery. By the end of the year we should have 4 DCAs >7 yrs old. July 18: currently 67 DCAs >7 yrs. 137 DCAs to be brought into service this year.	Moyes, Richard	29/03/2019	
1133	Fleet Lone Working	Moyes, Richard	Fleet	Operational Risk	Staff & 3rd Party Safety	17/07/2018	31/01/2019	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	Oct 18: roles identified and working to mitigate risk, sought advice of LSMS July 2018: plan for role based risk assessment of lone worker roles in Fleet Team	chapman, graham	31/01/2019	
															Develop Fleet Team procedure for lone working	Develop Fleet Team lone worker procedure as an annex to the Trust Lone Working Guidance	Oct 18: Working with LSMS to review lone worker procedure to ensure it encompasses all lone worker roles July 2018: Fleet Team lone worker procedures will be developed based on role based risk assessment and action plans	Moyes, Richard	31/01/2019	
															Explore technological solutions for lone working safety	Explore technological solutions for lone worker devices to raise the alarm	Oct 18: ongoing exploration of options available July 2018: review of technologies available to support lone working is planned	Moyes, Richard	31/01/2019	
857	ICT Capacity	Bradley, Mark	ICT - Information Technology	Operational Risk	Capacity	17/10/2016	27/11/2018	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.	Infrastructure and Voice Comms Manager now in post to support Voice Comms Manager and Infrastructure Manager Head of ICT is supporting the Systems Manager role until vacancy is fulfilled On-call arrangements and support established Senior project manager position candidate started with ICT Head of ICT recruited substantive Procurement Assignment Cyber security specialist is being absorbed by the Infrastructure Team Recruitment of ICT Engineer complete Recruitment for 2xDevelopment specialists complete Recruitment of Cyber Security Specialist - complete Supporting the EPR Project - complete Recruitment of Systems and Online Manager - complete	On-Line web developer Infrastructure specialist systems specialist ICT Engineers support	15	12	Moderate Risk		Review Voice Comms Manager JD	To review job description prior to publish	Job gone to adert Oct 16: AD ICT has reviewed job description and with HR for approval process MF is covering role until appointed	Zahran, Ola	19/12/2016	03/01/2017
															Recruitment of Voice Comms and Infrastructure Manager	To have recruited a full time permanent voice comms\Infrastructure Manager	20.3.18 - Resource appointed 1.3.2018	Zahran, Ola	26/02/2018	20/03/2018
															Permanant ISD Manager	To have recruited and appointed Infrastructure, Systems and Development Manager permanently	Duplicated, active action now 2734 Dependant on appointment of Head of ICT (currently acting) Nov 16: roles being covered temporarily	Zahran, Ola	30/06/2017	08/05/2017
															Senior Project Manager	Recruit to Senior project manager role	5.6.2017: Senior project manager commenced employment with ICT	Zahran, Ola	30/06/2017	05/06/2017
															Recruitment to Head of ICT	To implement Head of ICT to ensure full establishment	completed	Bradley, Mark	01/08/2017	30/06/2017
															Recruitment to Systems and Online Manager	To review the ICT structure and formulise cost control and JD for System and Online Manager prior to advert.	15.10.2018: Applicant has now started work with the systems team 13.09.2018: System and Online Manager will be starting second week in October 2018 07.08.2018: Interviews in progress 19.7.2018: Shortlisting applicants applied via NHS Jobs with interviews planned w/c 30.7.2018. Advert will remain live with Agency July 18: back out to advert. 26.6.18 - Offer has been rejected by the preferred candidate. Job will need to go out to advert again. 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. 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. 7.12.17 - JD been approved but will now go to advert in the new year 20.11.17 - Due to go out to advert w/c 20.11.17	Zahran, Ola	30/10/2018	15/10/2018
															Recruit to ICT Engineer	receive vacancy control approval and recruit to vacancy following LB move to infrastructure.	24.10.2017 ICT Engineer commenced employment 23.10.2017	Bunton, Ken	24/10/2017	24/10/2017
														6	Procurement Assignment	To ensure funding is in place for the existing role of ICT Procurement officer and active permanent assignment	Permanent contractual arrangements have been put in place by ICT and Finance	Zahran, Ola	29/08/2017	01/08/2017
															Recruitment of Cyber Security Specialist	To provide a specialist role for cyber security provisions within ICT	07.08.2018 - Recruitment checks finalised and candidate appointed	Zahran, Ola	28/08/2018	07/08/2018
															Recruitment of Systems Development Specialist	Recruitment of Systems Development Specialist	15.10.2018 - Advert closed on NHS jocs 14.10.2018 no interest. Job still available via agency 13.9.2018 - Job out to advert 7.8.2018 - JD with job evaluation panel 26.6.2018 - Job will go out to advert once funds are approved. 31.5.2018 - Interviews in progress 20.3.2018 - Dependant on phase 2 approval which will not be known until June 2018 29.12.17 Interviews have taken place.	Zahran, Ola	27/11/2018	
															ICT Project Manager	Manage absence of ePR Project Manager and recruit replacement.	13.9.2018 ICT Project Manager started 4th September 2018 7.8.18 - ICT Project Manager formerly offered and employment checks in progress 19.7.18: Advert been advetised shortlisting in progress July 18: Out to advert 2 year contract. Internal resource currently covering. 26.6.18 - Internal resources are supporting the project with a view to appoint ov er the medium term. May 18: being addressed by Head of ICT	Zahran, Ola	28/09/2018	13/09/2018
															Online web Developer	Recruitment of the On-Line team manager	15.10.2018 - The decision has been made not to recruit to the management position and to recruit 1 additional web developer 13.9.2018 - Kyle Goulding acting up to support the role 7.8.2018 - JD with job evaluation panel	Zahran, Ola	27/11/2018	
															Infrastructure Specialist	Backfill to Infrastructure specialist	07/08/2018: Ready to go out to advert. Advert created and sent to HR.	Lane, Martin	28/08/2018	07/08/2018
															ICT Engineers support	ICT engineers - investigation into existing workloads and propose an action plan to ease the pressures of engineering staff.	15.10.2018 - Resources are now been released from project work to BAU to support requests/incidents and a new member of staff will support both project work and BAU	Zahran, Ola	27/11/2018	
															Recruitment of Infrastructure Specialist	to recruit to the infrsstructure specialist role to back fill the newly recruited cyber security specialist	15.10.2018 - Following unseccesful recruitment to this role, the job is now with the agency.	Lane, Martin	27/11/2018	
															4 x servce desk staff	recruit to new members of staff to the service desk	15.10.2018 - A new member of staff started the service desk on 1.10.2018 another one will start on 23.10.2018. A further 2 members of staff will start at a later date to carry out service desk responsibilities and general admin.	Bunton, Ken	27/11/2018	
1084	National ESMCP programme delay	Zahran, Ola	ICT - Information Technology	Operational Risk	Equipment Related	20/02/2018	15/04/2019	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	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 costing	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. Order 15 devices to support aging	12	12	Moderate Risk	6	Monitor Implementation Timescales	Review milestones of National programme	Oct 18: ICT Programme Committee continue to monitor national programme for devices which appears to be 2021 deployment. National Programme representative attends this committee	Zahran, Ola	15/04/2019	
															Procure MDT's	Capital bid approved to order 15 additional MDT devices for 18/19 and capital bid for 19/20	Oct 18: 20 MDT's ordered for 18/19 to replacement of end of life MDTs only will be swapped when they fail. Procurement of 21 further MDTs proposed for 19/20 capital bid.	Lane, Martin	15/04/2019	

ID	Risk	Owner	Directorate	Risk Type	Category	Sub	Date Raised	Review Date	Risk Description	Controls	Consequences	L	Score	RAG	No	Action	Action Description	Progress Update	Action Owner	Target Date	Completed
1128	Avaya Telephony Platform	Zahran, Ola	ICT - Information Technology	Operational Risk	ICT		20/06/2018	18/02/2019	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. 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 09/Apr/2019 - End of manufacturer...	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 reducing resources / capability to support legacy environments.	16	16 High Risk		4	Business Case for telephony system	Business case to procure a new phone system	Oct 18: (RAG) Out to tender for telephony system June 18: Business case currently in development to determine the future and timescales for replacing the existing environment.	Zahran, Ola	18/02/2019	
																Maintain current system	Work with BT to maintain the current system	Oct 18: Arrangements are in place with BT to support maintenance of the current system 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. Management and support of the system by BT and regular meetings between YAS and BT as well as establishing meetings with an account manager.	Lane, Martin	31/10/2018	29/10/2018
784	CIP	phillips, mark	Finance	Operational Risk	Financial		05/04/2016	28/02/2019	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 (PIDs process) 2. Business Finance Manager responsible for monitoring 3. Escalation to Associate Director and CIP Monitoring Group	Impact of non-recurrent CIPs	12	12 Moderate Risk		6	18/19 CIPs	Monitor delivery of 18/19 CIPs	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	phillips, mark	28/02/2019	
																Approach for 19/20 CIPs	Plan approach for 19/20 CIPs	Oct 18: (RAG) for 19/20 there is potential for a new framework and abolishing the CTL, but not clear at this stage. Sept 18: (RAG) planning approach for CIPs in 2019/20 including review of corporate benchmarking and options other than % based	phillips, mark	28/02/2019	
1031	Delay in Deep Clean Tablet System	Hill, David	Support Services	Operational Risk	Equipment Related		29/09/2017	30/04/2019	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, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance	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. Extended use of the departmental BC plan which necessitates additional work for the team.	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. 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 Talecom effective from 7th July 2017.	10	12 Moderate Risk		2	Spreadsheet tracking and maintain paper system	Spreadsheet set up in I drive for tracking schedules and maintain paper 'BC' tracking	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.	Hill, David	29/09/2017	24/07/2018
																Breach letters	Template and populate breach letters for DIPC	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	29/09/2017	29/09/2017
																Timescales for development of ancillary 'tablet'	Confirm timescales for development of Ancillary cleaning tablet with relevant service leads	Oct 18: (RAG) Ancillary Deep Clean Team remain on manual BC process. Development on hold to allow for implementation of TranMan Fleet management system. There will be a need to develop an interface to the new system for the tablet. 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	30/04/2019	
																Inclusion of AVP Tablet into Risk	AVP has now been transferred to BAU with Ancillary Services. Upon review, we are now aware that the current tablet for recording AVP actions is also not working correctly and not currently being used by the teams.	Oct 18: (RAG) await TranMan fleet system and work on interface Raising this issue with ICT. Line managers and AVP staff are assessing and documenting the current issues to aid rectification. Zone 2 of the AVP programme is the interlink with the non-operational Deep Clean system.	Hill, David	30/04/2019	
350	Laundry budget	Hill, David	Support Services	Operational Risk	Financial		26/02/2014	31/01/2019	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. 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, no uplift for 2018/19 3. Unable to determine which other Trusts will invoice in this financial year.	12	12 Moderate Risk		3	Initial meeting with Hull & East Yorkshire NHS Trust	A charge by the H&E Trust will continue and will lead to increased charges in Q4. The local Trusts are realising that the provision to supply and de-contaminate Ambulance Service laundry is not included in the commissioning of service. We currently have similar situations with Airedale, NHS York, Scarborough (York) and Friargate. Expecting the number of charging Trusts to increase.	Initial meeting attended by Ancillary Services and Procurement. Charges will remain the same for Q1to Q3 of 2014/15, however we must work towards either a disposable linen system or pre-agreed charge for laundry supply and de-contamination (swap-out) by in Q4, which must include payment to cover linen losses from the H&E Trust. This will be balanced across all Ambulance Service providers (YAS & EMAS in the case of Hull & East Trust). H&E Yorks are currently assessing all associated costs and we will meet again to discuss specific cost proposals once available. 22/05/17: Met with Hull & East Trust regarding future costs and invoicing. They have accepted our SLA in principle and I am currently awaiting a decision/sign-off. 27/09/17; Discussed with HEY last week and advise they will be in touch shortly to sign.	Hill, David	30/06/2014	30/04/2014
																Budget Gap	Address budget with Finance	Oct 18: RAG anticipated year end position of 45k over budget. To discuss with Finance to re-baseline the budget for 19/20 June 18: raised as cost pressure Aug 18: No change and despite verbal confirmations, at this point we have not received any further contact from any non-charging Trust. Risk must remain live as charges could be requested at any point.	Hill, David	31/03/2019	
																LTHT proposal for managing laundry budget	To develop proposal for managing laundry budget for LTHT	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	Stower, Mark	26/09/2016	14/11/2017
																Write SLA based on average linen costs	Write SLA based on average linen costs / types	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	Stower, Mark	30/09/2016	13/11/2017

ID	Risk Title	Owner	Directorate	Risk Type	Category	Opened	Review Date			Score	Rating		Action Title	Action Description	Update	Action Owner	Due Date	Completed
													Bradford Hospital Laundry SLA	Agree 16/17 laundry budget SLA with BDH	1) notification from Bradford District Hospital that they are requesting £45k for 2015/2016 laundry supply - reply letter content agreement between DH Fleet Ancillary Services Manager and AO Fleet Logistics and Medical Devices Manager, RDT DoF has replied to BDH advising that 2015/2016 books have been closed, but we would be open to discussion with them on a Service Level Agreement for 2016/2017. Bradford have just replied without any indication of wanting to progress 2015/2016 claim, but are wishing to engage in 2016/2017 discussions. 27/09/2017: The SLA with Bradford Teaching Hospital has been agreed. The document has been signed by them and just awaiting Emma's signature.	Hill, David	17/10/2016	30/09/2016
													Swap out service	Agree arrangements with hospital trusts on Swap Out Service	April 18 (RAG): 360k spend against 260k budget; 100k overspend. Not currently charging but expect so in 18/19; STHT, Doncaster & Bassetlaw, Rotherham, Calderdale & Hudds, Harrogate. July 2018: Same issue remains across the above sites but a free exchange system remains in place for YAS A&E. However following a recent Health England laundry framework review meeting in Sheffield, three of the above Trusts have advised they will be initialising actions to claim charges from YAS. As of today I have not received any follow-up communication. Raised as cost pressure against Ancillary budget.	Hill, David	31/07/2018	24/07/2018

Clinical Directorate

1079	Health Records processing delays	Crossley, Jacqui	Medical - Operations	Operational Risk	Capacity	08/02/2018	31/01/2019			12	20 High Risk	3	Capacity to manage records processing	Recruit staff to undertake records processing	Oct 18: concurrently managing relocation of clinical audit service and associated HR requirements with staff. Sept 18: currently processing PCRs from May 2018. Impact of urgent requests requiring searching is slowing down the process. 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	31/01/2019	
													National Returns	Manage National Returns	Oct 18: Decision taken to not submit a partial dataset for national returns including ACQIs for cardiac arrest, STEMI, stroke, sepsis bundle. Part returns are skewing the national dataset. YAS will be informing nationally and commissioners that we will be submitting a nil return.	Crossley, Jacqui	28/02/2019	
919	BLS training and competency	Dykes, Steven	Medical - Operations	Operational Risk	Clinical	10/02/2017	31/03/2019			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	Oct 18: Clinical Refresher Programme is scheduled in, to run over 12 months. 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. Risk to remain until October 2019 on CRR	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 SI's 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	28/02/2019	
931	Cardiac centre capacity to accept pPCI and protocol for divert	Mark, Julian	A&E Operations	Operational Risk	Clinical	13/04/2017	30/11/2018			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	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	Oct 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 Dec 17: discussed at NASMeD - considered external reporting of breaches. 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	Medlock, Tina	28/02/2019	
													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

| 1163 | EOC festive rota cover | Archibald, Pauline | EOC (Emergency Operations Centres) | Operational Risk | Capacity | 17/10/2018 | 30/11/2018 | | | 20 | 20 High Risk | 4 | Meet individually with staff | Talk personally to staff to ask them to cancel annual leave | Nov 18: this is complete with staff agreeing to cancel annual leave has had positive impact on available hours Oct 18: Head of Service Delivery EOC to meet with all staff this week who have leave booked over the festive period to ask them to cancel. 7 staff have already cancelled one leave shift each realising 64 hours. | Archibald, Pauline | 05/11/2018 | 15/11/2018 |
| | | | | | | | | | | | | | Ops cover for EOC shifts | Contact all staff who have left EOC and moved to Ops in the last 12 months and ask them to cover the vacant shifts in EOC | Nov 18: this is complete, 5 staff are working some shifts for EOC Oct 18: Deputy Dir Ops is contacting leavers from EOC who are in Ops to ask them to cover vacant shifts in EOC | Segasby, Stephen | 05/11/2018 | 15/11/2018 |

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Review date	Description	Controls	Gaps in Controls	Current	Target	Rating	Action	Action detail	Progress	Action Owner	Due	Completed
									Actions for w/c 29 Oct agreed, review impact at end of week and update TEG with next steps	As of 15.11.18: 200 hours shortfall which equates to 3 days, just affecting dispatcher shifts.			Moderate		TEG agreement of proposed next steps	Paper to TEG proposing incentives for 3 days that are not covered by dispatchers	Nov 18: paper to TEG on 19th November	Gill, Jeevan	20/11/2018	
696	Fit testing	Jackson, Shelley	A&E Operations	Operational Risk	Health and safety	24/08/2015	30/11/2018	If the Trust does not have in place an effective respiratory fit testing process, the Trust will be non-compliant with the the Control of Substances Hazardous to Health Regulations (COSHH) and Personal Protective Equipment (PPE) Regulations RESULTING IN staff not being protected from hazardous substances or infectious disease	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	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&S Manager. Lack of time on training courses for all attendees to be fit tested	12	12	Moderate Risk	3	Accurate records of FIT testing trained staff	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	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.	Richardson, Mark	30/11/2018	
														Delivery of train the trainer fit testing	Provision of regular fit test training sessions by H&S Manager to operations staff. Provision of fit test training sessions to additional training school staff by H&S Manager	June 18: Provision of alternative RPE being investigated which would eliminate the need for fit testing. Apr 18: Fit testing still being undertaken at training school with help from Patient Safety and Nursing Development Manager.	Jackson, Shelley	30/11/2018	
														Review of COSHH guidance	Review of COSHH guidance	July 18: routine scheduled review of COSHH guidance completed	Jackson, Shelley	18/07/2018	18/07/2018
														Provision of air fed RPE	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.	Sept 18: paper prepared for TMG. Discussed at Resilience Governance Group. Jul 18: meeting held with suitable RPE manufacturer, example equipment assessed and deemed suitable. Contact made with Procurement regarding development of business case.	Ashby, Clare	31/12/2018	
														Review of Fit Testing Risk	Fit testing risk 696 to be redefined to reflect multiple risk elements including staff health and legal risk, patient risk from delayed treatment and impact on use of YAS specialist resources.	Oct 18: Risk 696 redefined to incorporate provision of RPE in A&E rather than just focussing on fit testing. Two new risks for patient care and HART capacity written. All 3 currently draft, to be finalised and entered onto risk register	Jackson, Shelley	30/11/2018	
766	Hospital Handover monitoring	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	01/04/2015	31/03/2019	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, LMs monitoring to ensure staff follow correct process 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 14. Engaged in Action on A&E Workstream	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. measurement of handover - from notify or arrival time not consistent with other ambulance trusts reporting	16	16	High Risk	4	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
														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	Oct 18: continuing monitoring. 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. Future drop in sessions for Qlikview to be arranged for all users	Batey, Nigel	31/01/2019	
														Scarborough Handover focus	Scarborough Handover focus	Oct 18: HALO role remains in Scarborough to support - in place to end March. July 18: currently losing 140 hours per week at Scarborough. Manager placed at SGH to focus on handover	Gill, Jeevan	31/03/2019	
														NGH handover	Response to Northern General handover delays	Oct 18: status as below, HALO where indicated - in place to end March 19. Aug 18: ongoing issue with handover delays at NGH, currently stabilised, however process in place to install a HALO when DMP activated	Gill, Jeevan	31/03/2019	
														BRI project	Bradford Royal Infirmary project to support handover with CS as HALO during week	Oct 18: (RAG) HALO funded for full winter period. Sept 18: (RAG) into 3rd week of project with CS as HALO Monday to Friday 1200-2000, noticing difference at the weekend.	Gill, Jeevan	31/03/2019	

ID	Risk Title	Owner	Directorate	Risk Type	Category	Date	Review	Risk Description	Controls	Gaps in Controls	Initial	Current	RAG	No.	Action	Action Description	Update	Action Owner	Target Date	Completed
1006	A&E Ops Recruitment Trajectory	Segasby, Stephen	A&E Operations	Operational Risk	Capacity	01/08/2017	01/04/2019	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	Oct 18: (RAG) we have slowed down recruitment due to availability of driver training, but all recruits that have been offered will be progressed. / 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 an 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	01/04/2019	
66	Operational performance	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	07/11/2011	31/01/2019	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	1. Intense monitoring process in place. 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 3. Weekly patient safety review underway to determine harm caused from delayed responses. 4. Weekly Quality and Safety monitoring report 5. Ops Recovery Plan in place with actions underway to address performance issues. 6. Ongoing monitoring of demand profile against planned resource. 7. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare. 8. Overtime is being used to address vacancies 9. Use of Private Providers - this is being reduced 10. New rota's implemented from 1st April 2017 11. Capacity planning tools in place are	1. Inability to manage increase in demand at present time effectively with available resource. 2. A&E contract not reflective of actual and projected demand	20	20	High Risk	5	Monitor Tail of Performance	Monitor tail of performance	Sept 18: RAG - performance ahead of trajectory, reported to Trust Board in August. recommendation made to reduce risk likelihood not agreed at this time, to monitor / April 18: 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 centile 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.	Gill, Jeevan	30/11/2018	
															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	31/08/2018
															ARP	Implement Requirements of ARP	Oct 18: ARP Support Cell pilot to focus on reduction in inefficiencies such as VOR downtime, mealbreaks, availability of vehicles, hospital delays. / May 18: CAT 1 - Secondary triage come back in, projection that we will downgrqade approximately 800 per month and where upgrading CAT 2,3,4 to CAT 1 it will re-time in AQI's at point upraded by EMD; this will give a positive effect.	Shaw, Martin	31/01/2019	
1097	South Performance	Cole, Jackie	A&E Operations	Operational Risk	Performance	12/04/2018	31/01/2019	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 / South A&E Delivery Board winter monies for DRI HALO	Hospital capacity and delays in handover	16	12	Moderate Risk	8	Monitoring	Monitoring of performance	Oct 18: More staff in CBU now, and more coming in. Actively working with hospitals to manage turnaround. Winter monies from Doncaster A&E Delivery Board to implement a HALO at DRI which will alleviate turnaround delays significantly. / July 18: EOC zoning pilot is focussed on South zones. / April 18: daily performance reports to CBU level. Hospital handover dashboard in place.	Cole, Jackie	31/01/2019	
1034	Calderdale Huddersfield Reconfiguration - centralising Frail Elderly and Cardiorespiratory	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	10/10/2017	31/03/2019	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	Known will affect conveyance for Frail Elderly and cardiorespiratory Carepathways in place / Monitoring of extended journey times and IFTs / Impact assessments have been borne out by demand	Not part of main contract, contract variation would be required.	20	12	Moderate Risk	4	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	Nov 18: full review of proposal is ongoing / June 18 (RAG): changes postponed due to national decision, more assessment of impact is required	Simpson, Andy	31/03/2019	
1018	MYHT reconfiguration - A&E Ops mobilisation	Segasby, Stephen	A&E Operations	Operational Risk	Clinical	22/08/2017	30/11/2018	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	Agreement from TEG to fund additional posts - / Use of Private Provider SJA / Use of one PTS vehicle run from EOC / Monitoring of IFTs has shown number of journeys as expected / LAT desk in place for low acuity transport	Recurrent funding not agreed - funded to end of March 2018 / LAT desk in place 18 - business case for LAT to deliver ARP / MYHT directly commissioned private providers meaning lack of data available to YAS for planning. / Upgrading of IFTs at 1 hour.	20	20	High Risk	4	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	Sept 18 RAG: MYHT confirmed that they will fund private provider / May 18 RAG: Logged as an issue with A+E Dellivery 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	28/09/2018
1096	Decommission dedicated Friarage ambulance	Mobbs, Leaf	A&E Operations	Operational Risk	Patient harm	12/04/2018	28/02/2019	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 resulting in complaints and incidents. / Impact on YAS's performance against national Ambulance Response Programme (ARP)targets and Ambulance Clinical Quality Indicators (ACQIs), in particular; return of spontaneous circulation (ROSC), survival to discharge (STD), Stroke 60 and segment elevation myocardial infarction (STEMI 150). / Extension of waiting times for IFTs and HCP calls.	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 - complete and shared with commissioners / March 18: YAS are currently modelling the impact of loss of the dedicated ambulance resource. QIA is completed.	Wilson, Antonia	31/07/2018	30/10/2018
															Manage patient experience	Collaborative public messages	Nov 18: there is currently not a requirement to manage patient experience as YAS continue to deliver the service. / March 18: YAS will need support from commissioners, primary care and acutes to deliver collaborative public messages	Mobbs, Leaf	28/02/2019	
								IF the Commander Framework is not effectively implemented, THEN the	Commander Framework in place and agreed. / A large volume of staff with basic command training. / A group of staff exists with a large	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					Oversignt of implementation of Commander Framework	Ensure oversight of delivery of Commander Framework	Oct 18: Resilience Governance Group established. See risk			
															Commander Training	Consider Commander training requirements	Apr 18: Appointed into a role concerned with commander education and assurance he is meeting with Head of YAS Academy to progress.	Kirk, Neil	30/11/2018	

Risk Register

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Review/Due	IF/THEN statement	Controls	Gaps	Initial	Current	Rating	#	Action	Action Description	Progress	Action Owner	Due	Completed
945	Implementation of Commander Framework	Gill, Jeevan	A&E Operations	Operational Risk	Training, Education & Compliance	01/10/2018	30/03/2019	effectively implemented, THEN the Trust would not be compliant with the EPRR core standards RESULTING IN having commanders not trained and not competent to manage an incident	amount of experience at working in event control rooms. Action Cards and protocol document in place provides a structured approach. Post-event reports scrutinised by Head of Events and learning lessons cascaded to commander group. Job description for commander role	scenario's where commanders are already present. Lack of a continuous assessment / re-validation or PDR process for this role. Await completed NHS service specification for Ambulance Service Command & Control by NARU on behalf of NHS England	12	12	Moderate Risk	6	Business Case to support implementation of Commander Framework	Gain approval of business case to support implementation of Commander Framework	Nov 18: a revised business case for increase in training team in Resilience to support implementation of Commander Framework requirements is going to TMG on 5th December 2018	Gill, Jeevan	05/12/2018	
															Refresh in house course materials	Refresh in house course materials to deliver commander training to Bronze and Operational commanders	Oct 18: work is ongoing to refresh in-house course materials to allow for delivery of training, subject to capacity to deliver	Kirk, Neil	31/03/2019	
1114	Robust process for recording Command competencies	Kirk, Neil	Resilience and Special Services	Operational Risk	Training, Education & Compliance	14/05/2018	30/12/2018	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	Bell, John	17/09/2018	10/11/2018
														6	2. Develop YAS Commander Framework	Develop a YAS Commander Framework based on the National Service Specification	Oct 18: Commander Framework has been approved 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.	Gill, Jeevan	06/08/2018	30/10/2018
															3. Command competencies on ESR / OLM	Align Command competencies to role on ESR / OLM	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	Baranowski	30/12/2018	
															4. Input Command training data into OLM	Input staffing Command training and competencies data into OLM	this follows action 3	Copley, Jon	13/12/2018	
															5. Process for maintaining OLM training records for Command competency	Develop and implement a documented process to maintain comprehensive training records of command competency in OLM	June 18: once records are uploaded and competencies in OLM the process for maintaining will be agreed with YAS Academy Project plan in place and aligned to the ESR streamlining. Aim to get four core programmes fully on ESR for mid October (Fire/IG/E&D/H&S) which are nationally identified as areas relevant to all employed staff.	Kelvin, Wendy	31/03/2019	

Workforce and OD

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Review/Due	IF/THEN statement	Controls	Gaps	Initial	Current	Rating	#	Action	Action Description	Progress	Action Owner	Due	Completed
814	Impact of calculation of holiday pay to include regular overtime in remuneration	Hartshorne, Suzanne	Human Resources	Strategic Risk	Financial	05/07/2016	08/04/2019	IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation	1. European caselaw 2. National debate is ongoing and includes all ambulance trusts, NHS Employers	Process in finance for calculation and payment of average compulsory overtime as agreed nationally/legally is not resolved Systems to support within GRS and WFM 111 rostering system do not support delivery	16	16	High Risk	8	Await outcome of Employee Tribunals	Await outcome of Employee Tribunals to determine caselaw on inclusion of regular overtime in holiday pay remuneration	Oct 18: YAS are paying out on Compulsory OT on Statutory leave (20 days) for years 2016 and 2017. Aug 18: still awaiting to see if East of England Ambulance Service have had their appeal granted by Court of Appeal July 18: Unison won the case for application on all leave including voluntary overtime, not just statutory. This is now a contractual issue so back pay could be up to 6 years; Finance initially estimated impact based on 2 years. Jan 18: No further update from outcome of national appeals. Finance updated they have made provision for outcome based on worst-case financial impact. Nov 17: awaiting national outcomes of appeals Aug 17: await outcome of two appeals from Employment Appeals tribunal June 17: RAG - Await outcome of appeal from national cases. May 17: outcome is compulsory overtime is payable, holiday pay, voluntary overtime is not payable. Will be calculated on 12 week average. It is possible that the outcome of the cases will be challenged. Finance are costing the implications for YAS of applying this criteria. April 17: TEG reviewing the financial implications of the holiday pay decision made nationally. Jan 17: waiting outcomes of 60 ETs, working nationally with other Trusts and Capsticks Nov 16: still await national decision 20 Oct 16 - No indication of outcomes from National Decision	Hartshorne, Suzanne	08/04/2019	
950	Health and Wellbeing CQUIN	Angus, Karen	Human Resources	Strategic Risk	Financial	02/05/2017	28/02/2019	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 Quality Committee oversight and reporting CQUIN delivery group meeting H&WB plan in place H&WB Mobile Unit which will allow H&WB Team to get to frontline to support appointments, physio		12	12	Moderate Risk		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
															Health and Wellbeing Plan 18/19	Deliver Health and Wellbeing Plan 18/19	Aug 18: MSK sessions in all call centres. PIC review complete, recommendations to go to TMG. Main focus until December is flu. 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	Houghton, Helen	31/03/2019	
														4	OH contract	PAM Contract re-negotiation (current contract ends September 2018) and specification for re-tender	Oct 18: Tender closes 7th November. PAM declared they are not re-tendering, presents a TUPE issue with some existing staff, developing exit strategy and mobilisation plan. July 18: Tender will be full OJEU, to award in December 2018. May 18: Specification nearly completed. Apr 18: to be split into 5 lots, specification being developed. March 18: Procurement to support current contract management with 6 month extension to allow for re-tender. To split contract into 'lots', specifications drafted. To be fully implemented by April 19 Jan 18: Paper to TEG in February to update progress. Aug 17: Head of OH recruited 2 days/wk to set up contract	Houghton, Helen	28/02/2019	
															Recruit to Health & Wellbeing posts	Recruit to Health and Wellbeing Posts	Nov 17: H&WB advisor in post. H&WB Lead starts Dec 17. Occupational Health contract lead started end of Sept 17	Hartshorne, Suzanne	25/09/2017	07/11/2017
															Restructure - Workforce directorate	Agree and implement Workforce Directorate restructure	Nov 17: restructure complete. recruiting to vacancies. Aug 17: continuing consultation with staff	Hartshorne, Suzanne	30/11/2017	07/11/2017

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Review Date	Cause (IF...THEN...RESULTING IN)	Controls	Gaps	Likelihood	Score	Rating		Action	Action Description	Progress/Update	Action Owner	Target Date	Completed
															Staff Survey action plan	Deliver action plan arising from Staff Survey	May 18: Staff Engagement Group in place. HWB plan structured to address key findings from survey. March 18: Staff Survey Task and Finish Group established. Jan 18: Paper to TEG in February. Nov 17: staff survey ongoing, results due by end of Feb 2018	Houghton, Helen	31/08/2018	31/05/2018
															Flu plan and delivery 18/19	Flu plan and delivery 18/19	Oct 18: Currently at 30% at the halfway mark, target is 75% by end of December. One portable fridge has failed resulting in loss of some vaccine. Identified need to replace portable fridges next year. Incident reported of a number of missing vouchers that were secured in a CD room safe. Aug 18: 110 peer vaccinators signed up. Clinical members of TMG will deliver vaccines to raise profile and have committed to supporting the campaign. YAS specific posters have been delivered and are being displayed across YAS. FAQs in Staff Update. July 18: Flu vacc survey as part of Staff Update to inform flu plan. May 18: TMG signed off - voucher scheme and Quad Vaccine. Target 75%. March 18: planning commenced to achieve 75% target. National directive to use quad vaccine. Paper to TEG in April 18 regarding plan and resource required to deliver.	Houghton, Helen	17/12/2018	
1051	Immunity screening and vaccination and health surveillance	Houghton, Helen	Human Resources	Operational Risk	Infection, Prevention & Control	12/10/2017	30/11/2018	IF YAS staff are not comprehensively screened and immunised by OH THEN they may contract and spread infectious diseases RESULTING IN potential harm to staff and patients	PAM project to review all immunisation status for existing staff. Delivery of vaccine where indicated. Contact tracing in known cases of measles. SOP in place to minimise impact of measles outbreaks, with expert advice of Head of IPC working with Operational Management Team and OH	Existing staff are being found to be not immune and not vaccinated. Some cases where staff may refuse the vaccine	12	16	High Risk	4	Clinical Alert for measles outbreak	Send out clinical alert regarding measles outbreak and importance of MMR vaccine	Nov 17 Complete	Ashby, Clare	30/11/2017	30/11/2017
															PAM reconciliation of immunisation	PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required	Aug 18: PAM ongoing reconciliation of immunisations and recall for vaccine. At 14th August, 213 staff remaining, 77 staff require MMR, 7 in Bradford area – they are priority. Getting more difficult due to how staff are spread out across geography. Aim to complete by end of November. July 18 (RAG): 300 staff need testing to confirm immunity status, staff are being abstracted. We are vaccinating approximately 80 staff per week presently. May 18: Met with PAM on 10/05 - imms status of 600 staff are unclear. Measles outbreak in May 18 - Bradford. Apr 18 RAG: ongoing audit and imms programme to be completed by July 18. March 18: audit is ongoing with recalls where indicated. Prioritising Leeds area where there is a current measles outbreak. As of end of February 18 there were 412 staff (frontline patient contact) remaining to review immunity status. July 18 is the projected date for completion	Houghton, Helen	30/11/2018	
															Review of Occupational Health contract	Review of Occupational Health contract provision	Full OJEU, timeline in place, tender out by end of July 2018, with contract awarded December 2018. Full details in risk 950	Houghton, Helen	28/09/2018	25/07/2018
															Bradford Measles outbreak	Manage Bradford measles outbreak	July 18: SOP implemented, focus on containment and contact tracing. May 18: Active measles outbreak in Bradford area . Head of IPC working with ROC, LM's and PAM to ensure that staff without MMR are vaccinated as quickly as possible and limiting time excluded where an exposure is confirmed.	Ashby, Clare	30/11/2018	
861	Delivery of Stat Mand Training	Madsen, Claus	Organisational Effectiveness and Education	Strategic Risk	Training, Education & Compliance	15/11/2016	28/02/2019	IF YAS is not compliant with delivery of statutory and mandatory training requirements THEN there will be skill and knowledge gaps amongst staff RESULTING IN potential for compromised staff and patient safety and heightened scrutiny of external regulatory bodies	Subject Matter Experts engaged in design of training. Nationally approved training available in some areas. Portfolio Governance Board structure established, TOR and membership in place, and are meeting. Non-clinical PGD focus on stat mand workbook delivery for November 2018	1. Face-to-face training does not cover all required areas of compliance. 2. Training Needs Analysis for rest of workforce, excluding A&E Ops	12	15	High Risk	3	Paper to TEG on A&E Ops abstraction requirement	Paper to TEG to outline requirement for abstraction for A&E Operations to cover statutory and mandatory training requirement	May 17: 2 day abstraction agreed by TEG. Training and Development team working with subject matter experts to agree course content and learner outcomes. Framework/structure for the days has been agreed by working group - to obtain TEG sign off. Abstraction will commence from 1st July 2017. Jan 17: round of informative conversations with Directors prior to TEG paper. TNA completed across the Trust for mandatory training. Proposal for A&E Ops 2 day abstraction to incorporate national guidance (Safeguarding, Conflict Resolution Training). Regardless of method of delivery, we would still have to abstract the hours.	Launchbury, Tracy	26/06/2017	12/06/2017
															Develop TNA and training for PTS incl volunteers	Training for PTS incl volunteers	Oct 18: Safeguarding e-learning taking longer time than envisaged and impacting on classroom time. Exploring technologies that will support access to e-learning. July 18: e-learning safeguarding training developed and agreed to include within classroom hours to allow for completion.	Green, Dave	28/02/2019	
															Full review Stat / Mand	Full review of Statutory and Mandatory Training provision	Oct 18: Stat/mand and core essential skills matrix developed. SMEs working on content of workbook for 2018/2020 to maintain compliance. Aug 18: Portfolio Governance Boards have met. Workbook to be re-published for 2018. July 18: Full review of Stat Mand provision is underway. Core Skills and Training Framework to be developed. Plans to link to ESR and to utilise national training materials where possible. Working on a NAA training passport which will align training competencies for portability between Trusts for a set of mandatory training requirements.	Kelvin, Wendy	28/02/2019	
1048	Paramedics band 6 upskill training	Madsen, Claus	Organisational Effectiveness and Education	Strategic Risk	Financial	21/11/2017	01/04/2019	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	Oct 18: 27% training delivered which is ahead of what is required (20%), on track to achieve trajectory. 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	01/04/2019	

Planned and Urgent Care Directorate

ID	Risk	Owner	Service	Risk Type	Category	Opened	Review	Risk Description	Controls	Gaps in Control	Initial	Current	RAG	Action Ref	Action	Action Detail	Progress / Update	Action Owner	Due	Completed
1119	Financial Viablity of IUC Bid submission	Vause, Kathryn	NHS 111	Strategic Risk	Financial	12/06/2018	30/11/2018	IF negotiations regarding the specification do not allow the removal of cost to achieve service delivery within the challenging financial envelope set by commissioners THEN YAS may find itself in a position where it wishes to withdraw from the process RESULTING IN significant stranded costs within the organisation	Using available intelligence from Bid Specification and experience of running service. Able to model service requested	None	16	16 High Risk	9	costed models	MN / JF to produce a range of costed model options	Sept 18: range of costed model options considered by Board in August. June 18: (RAG) work ongoing to understand price per call currently and proposed	Vause, Kathryn	30/11/2018	
845	Culture / Retention in NHS111	Leese, Mark	NHS 111	Operational Risk	Human Resources	26/09/2016	31/01/2019	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 2) 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 Due to lack of capacity the report will now be produced in January 2019	Roberts, Karen	31/01/2019	
															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	25/10/2018
58	Clinical Staff Recruitment and retention - NHS 111	Townend, Keeley	NHS 111	Operational Risk	Clinical	06/08/2013	28/02/2019	IF NHS 111 are unable to recruit and retain Clinical Advisors due to poor responses to advertisements and poor retention rates THEN there is a potential risk to delivery of the workforce plan resulting in not being able to provide clinical advice in appropriate timescales.	1. Continuous recruitment drives with formal action plan agreed 2. OPM monthly meeting to sign off clinical resources again patient demand 3. Employing agency staff 4. dedicated 111 person assisting with recruitment 5. Advertise as Band 6 role only 6. increased advertising 7. Homeworking 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	6	Additional recruitment processes	Funding now available from winter monies so an additional effort to recruit staff by wider adverts, working with GP OOHs providers to provide additional clinical resource. Home working to encourage clinical staff to work shorter hours at critical times	Discussions with GP OOH providers held and positive Homeworking- technical testing going ahead. additional recruitment advertisements have proved successful in recruiting clinical staff. continues to be a risk and monitoring of next round is on going	Cooper, Karen	12/12/2014	18/09/2014
														3	Clinical Advisor recruitment	Multi-factoral approach to clinical advisor recruitment in NHS111	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
														1.	Funding from 999	Funding from 999 for senior floor walkers and specialist resources for early clinical intervention.	Reviewed on a monthly basis at 111 finance meeting. Budget agreed for 2017 /18	Littlewood, Michela	31/12/2016	04/05/2017
														6 / 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 pilotting 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	Oct 18: 7 clinical advisors recruited for NHS111 in last round. Further recruitment rounds are planned.	Littlewood, Michela	28/02/2019	
1030	NHS 111 / Bigword	Littlewood, Michela	NHS 111	Strategic Risk	Information governance	25/09/2017	11/02/2019	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	Apr 18: YAS does not have adequate assurance of data protection governance from BigWord subcontractors - look to going out to tender for contract 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	29/10/2018

Risk Register

ID	Risk	Owner	Service	Risk Type	Category	Opened	Review	Risk Description	Controls	Gaps in Control	Initial	Current	RAG	Target
1095	EOC recruitment of Clinical Advisors from NHS 111	Leese, Mark	NHS 111	Operational Risk	Human Resources	12/04/2018	28/02/2019	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 more cases would be transferred to 999	Refer to the clinical recruitment group project HR Director is going to hold a workshop to understand the issue a bit more and options to support Joint recruitment events in place	None	16	12	Moderate Risk	8
1121	Purchase of Adastra Licences for new IUC/NHS111	Zahran, Ola	NHS 111	Strategic Risk	ICT	12/06/2018	28/12/2018	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
846	WYUC Capacity	Leese, Mark	LCD (local care direct)	Operational Risk	Capacity	26/09/2016	11/02/2019	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
1062	PTS Volunteers training provision	Green, Dave	PTS (Patient Transport Services) - Operations	Strategic Risk	Training, Education & Compliance	20/12/2017	28/01/2019	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 Non-Clinical Portfolio Governance Board reviewing statutory and mandatory training requirements	1) No specific training packages for volunteers 2) Training database is inaccurate - some of the training data does not appear to have been recorded 3) Having to ask the volunteers to resubmit their training books, causing frustration amongst the team. 4) Some Voluntary Car Service training is based around staff training books and…	12	12	Moderate Risk	6
1099	Safeguarding Children Level 2 training - PTS accessibility and compliance	Green, Dave	PTS (Patient Transport Services) - Operations	Operational Risk	Training, Education & Compliance	16/03/2018	30/11/2018	If the Trust continues to deliver e-learning 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 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	
1108	Revised approach to application of PTS Eligibility Criteria	Dexter, Chris	PTS (Patient Transport Services) - Operations	Strategic Risk	Adverse Publicity & Reputation	18/04/2018	28/01/2019	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 receive training to deal with application of eligibility criteria and…	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	4

Actions

Action	Action Description	Progress	Owner	Target	Completed
Translation services - market	Understand what other suppliers are in the market to provide translation services	Oct 18: named leads identified for EOC and NHS111. Risk escalated to Deputy Medical Director. 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	11/02/2019	
Discussion with Clinical recruitment project	Keeley Townend to raise risk with Steve Page for discussion with Clinical Recruitment project	Oct 18: 7 further clinical advisors recruited in latest round 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	28/02/2019	
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
Further joint recruitment	Further joint recruitment sessions planned across Sept to Nov	Oct 18: 7 more clinical advisors recruited in latest recruitmemt round	Pugh, Alexander	28/02/2019	
Procurement of Adastra Licences	Ensure any extension to contract with Adastra meets with Trust SFIs	Oct 18: procurement are progressing this	Bridgman, Janna	28/12/2018	
Negotiate extension to Adastra Licences	Head of ICT and Procurement contact AHC regarding potential alternative arrangements	Oct 18: Procurement are progressing extension to Adastra Licence to ensure continuity for NHS111/IUC contract provision	Bridgman, Janna	28/12/2018	
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
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	Oct 18: (RAG) winter surge and escalation plan for WYUC is understood by NHS111 and aligns to YAS/111 Winter planning on going	Leese, Mark	11/02/2019	
Volunteer Workbooks	Statutory and Mandatory training workbooks to be revised to suit PTS volunteers	Oct 18: NWAS have shared their volunteer workbook, YAS to evaluate this. To consider by SMEs and feed back to Non-Clinical PGB July 18: 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.	Green, Dave	28/01/2019	
VCS training Data	Alternative Resource Manager PTS to work with Training School to ensure data relating to training of VCS drivers is accurate	Oct 18: PTS engaged in Portfolio Governance Boards to establish training requirements for volunteers as part of TNA May 18 - new ARM in place to meet with training as part of induction	Marshall, Jennifer	30/01/2019	
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
Technology to support access to e-learning	Consider technologies to support access to e-learning	Oct 18: looking into use of technology to support access to e-learning such as issuing tablets	Green, Dave	07/01/2019	
SMEs to review training	SMEs to review training to incorporate	June 18: CGG 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	
Stakeholder Communications plan	Develop a stakeholder communications plan with commissioners and work together to implement this	Aug 18: all work complete and BAU June 18: plan 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	21/08/2018
Management of HOSC process	Work with commissioners to devise a collaborative approach to Overview and Scrutiny Committee	Oct 18: Hgt/Hambleton went live in Oct 18 but not including Renal patients. York and Scarborough included renal. 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	28/01/2019	
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	Oct 18: did envisage some complaints but not as many as expected and working through these. Establishing appeals process. Aug 18: process in place, just starting to see an increase in complaints and concerns. 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	28/01/2019	
Appeals process	Ensure PTS staff understand appeals process and receive training to manage implementation of eligibility	Aug 18: training delivered. 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.	1QY8	31/07/2018	21/08/2018

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Review Date	Risk Description (IF...THEN...RESULTING IN)	Controls	Assurance	Initial	Current	Rating	Target	Action	Action Detail	Update	Action Owner	Target Date	Completed
								managing difficult conversations. Communications plan to include media management							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, and with Healthcare Professionals and Patients	Aug 18: all planned activities have been delivered and lessons learned for future Implementations. Communications now part of BAU. 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	21/08/2018
															Monitor implementation of eligibility criteria	Monitor implementation of Eligibility Criteria	Oct 18: looking at Manchester Triage System for non-clinical staff. Appeals process in place. Aug 18: monitoring is ongoing with issues arising being discussed through PTS ops group and escalated where appropriate. June 18: arrangements in place for monitoring by PTS Ops Group, reporting to TEG and TMG	Dexter, Chris	28/01/2019	
Quality, Governance and Performance Assurance Directorate																				
1063	Cumulative effect of repeated moving and handling	Jackson, Shelley	Quality and Nursing	Operational Risk	Health and safety	22/12/2017	31/12/2018	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 Safely 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	3	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 Oct 18 work still ongoing with NARSF - slow progress is being made.	Ashby, Clare	31/12/2018	
															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. Oct 18 Purchasing framework for new bags now set up. 2 bags haves been chosen for trial - approx 10 of each. Trial to begin soon.	Jackson, Shelley	31/12/2018	
															Defibrillator replacement	Defibrillator replacement to consider weight	Feb 18: Corpuls3 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 into production Jul 18: new vehicle design now going into production Oct 18: Possible issue identified with location of Corpuls defib. Position of the defib has now been moved to the head end of the stretcher due to the short length of the monitoring leads. Vertical lift required out of the corpuls bracket using a time delay catch which makes the moving and handling more difficult. Safe lifting technique has been developed to minimise the risk. This has been captured in a demonstration video which is to be made available to staff on 24/7 and publicised by Corporate Comms.	Ashby, Clare	31/12/2018	
697	Health and Safety Training for middle managers	Jackson, Shelley	Quality and Nursing	Strategic Risk	Health and safety	25/08/2015	14/01/2019	If the Trust's middle management do not receive formal health and safety training, then the Trust will be unable to effectively maintain its health and safety management system.	1)Health and Safety Competent person in post (Health and Safety Manager) 2)Health and Safety Management system in place in line with HS(G)65 3)Up to date Health and Safety policies and procedures in place 4)Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.	9	12	Moderate Risk	3	IOSH accredited H&S Training to middle managers	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. Meeting held with potential training provider to deliver a session to senior management and provision of IOSH training to targeted groups of middle managers following full H&S training needs analysis for Trust management. Further information being sought from Procurement before sessions can go ahead	Jackson, Shelley	08/06/2016	08/06/2016
															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.	Oct 18: work being done with learning and development regarding statutory nature of H&S training and best delivery method. Suggestions made for flexibility in terms of delivery. Apr 18: work almost completed on training package. Jul 18: Work still underway.	Jackson, Shelley	14/01/2019	
1015	Post-Occupational Exposure Prophylaxis	Ashby, Clare	Quality and Nursing	Operational Risk	Infection, Prevention & Control	01/08/2017	30/11/2018	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	4	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.	Nov 18: procurement have confirmed this is part of the specification for tender Oct 18: feasibility of providing this service under the OH contract will be considered	Houghton, Helen	07/11/2018	10/11/2018
															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 sss 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

Risk 1039 – FOI Compliance

Owner: Balfour, Caroline | **Directorate:** Legal Services | **Type:** Strategic Risk | **Category:** Regulatory compliance | **Date raised:** 18/10/2017 | **Review date:** 30/11/2018

Risk description: 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)

Controls: 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

Gaps: Capacity within Legal Services for information request handling / Reduced hours for Head of Legal / Timely assistance, communication and response from departments / Non-consistent approaches to FOI handling in departments / Relying on Excel as the request handling management system / Availability of Execs/Senior Managers for sign-off process / Publication Scheme does not cover much of information repeatedly requested

Scores: 15 | 15 | High Risk | 3

Action	Description	Progress	Owner	Target	Completed
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 considered	Guiry, Danielle	30/11/2018	
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.	Oct 18: Compliance likely to be 32% at the end of October, in the main due to the capacity in the legal team due to a vacant band 5 post not being replaced until Jan 19. Focus is on inquests due to the high risk nature. Sept 18: (RAG) compliance for August was 83% 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	30/11/2018	
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	28/01/2019	

Risk 1129 – Shared mailbox access

Owner: Batters, Michael | **Directorate:** Performance Assurance & Risk | **Type:** Strategic Risk | **Category:** Information governance | **Date raised:** 21/06/2018 | **Review date:** 28/01/2019

Risk description: 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

Controls: Removal of shared mailboxes from leavers on the ICT leavers SOP

Gaps: 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

Scores: 12 | 12 | Moderate Risk | 3

Action	Description	Progress	Owner	Target	Completed
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	28/01/2019	
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

Risk 1132 – Email Distribution Lists

Owner: Batters, Michael | **Directorate:** Performance Assurance & Risk | **Type:** Strategic Risk | **Category:** Information governance | **Date raised:** 11/07/2018 | **Review date:** 17/12/2018

Risk description: 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

Controls: 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

Gaps: Time lag in leavers process / Staff moving in the NHS take their nhs.net email address with them / Distribution Lists set up on outlook can be managed by ICT, those set up by individuals cannot / No process for removing staff from distribution lists set up by individuals for meetings / Staff may ignore the 'you are sending external to the Trust' warning on the email, particularly if some recipients are external

Scores: 15 | 15 | High Risk | 9

Action	Description	Progress	Owner	Target	Completed
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	17/12/2018	
Communication on process for management of DLs	Communication on process for managing Distribution Lists that have been set up by individuals eg. for meetings	Oct 18: plan for 're-issue of staff update article regarding use of own-created distribution lists. Awareness to be raised with key individuals including PA's and administrative roles in operational service lines. Aug 18: Staff Update comms prepared by Risk Team to make owners of DLs aware of requirement to remove leavers. 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.	Batters, Michael	17/12/2018	

Risk 146 – Annual IG Training of all staff

Owner: Travis, Maxine | **Directorate:** Performance Assurance & Risk | **Type:** Strategic Risk | **Category:** Information governance | **Date raised:** 09/09/2013 | **Review date:** 30/11/2018

Risk description: IF YAS staff do not complete annual IG training THEN this is a breach of statutory duties and would RESULT IN non-compliance

Controls: 1. YAS IG training and knowledge check included within the YAS Mandatory Training Workbook 2. Staff Update articles relating to specific incidents, themes and trends or key messages to support awareness 3. SIRO training requirements complete. IAO training monitored via quarterly IAO review meetings. 4. Annual IG training requirement reflected within the Statutory and Mandatory Training Policy and Procedure. 5. IG training compliance captured on Workforce Mandatory training compliance dashboard 6. Annual Internal Audit of IG toolkit prior to submission includes training standard for all staff and specific 'expert' staff

Gaps: 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, >85% to declare partially compliant.

Scores: 12 | 15 | High Risk | 3

Action	Description	Progress	Owner	Target	Completed
monitor uptake staff IG training	Monthly monitoring of uptake of IG training by staff:	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	Travis, Maxine	30/11/2018	
Staff Update - publicity	Staff communications to support completion of IG training	Oct 2018: IG articles in Staff Update including IG Training reminder 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	Travis, Maxine	30/11/2018	
Evaluate national training materials	Work with Education and Training Team to launch e-learning which covers appropriate content on the new ESR/OLM learning platform	Oct 18: to discuss next steps at IGWG for evaluation of content. All IG Team and a number of IAOs have completed the national package and compared to locally developed content. To recommend to SIRO for sign off. Sept 18: Non-Clinical PGB decision that YAS will maintain use of the Stat/Mand workbook for 2018/19. IG Manager has reviewed and updated the workbook content. 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 >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.	Travis, Maxine	30/11/2018	29/10/2018
TNA to include CRT	Contribute to development of Trust TNA	Oct 18: Training Needs Analysis (TNA) for CRT being led by Non-Clinical Portfolio Governance Board (PGB). National work regarding restraint, mental capacity, to be considered as part of training needs. To factor in JDM and development of scenario-based learning.	Jones, Daniel	30/11/2018	

ID	Risk	Owner	Directorate	Risk Type	Category	Opened	Due	Description	Controls	Gaps in Controls/Assurance	Score	Score	Rating	Target	Action	Action Description	Update	Action Owner	Due	Completed
933	Conflict Resolution Training provision	Page, Steve	Performance Assurance & Risk	Strategic Risk	Staff & 3rd Party Safety	03/04/2017	30/11/2018	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	CRT for A&E Ops	Review of CRT for A&E Ops	Oct 18: refreshed package of CRT launched in July 2017 and has been running for >12 months. Review of provision including obtaining feedback from staff is underway. Proposals for further development of training to Executive Quarterly Security Review this month.	Jones, Daniel	30/11/2018	
															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.	Jones, Daniel	30/11/2018	
															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.	Jones, Daniel	30/11/2018	
															Review of current CRT provision for A&E Ops	Undertake review of CRT provision for A&E Ops	Aug/Sept 18: LSMS undertaking shifts with crews and RRVs to understand role and types of incidents to inform training. To attend training to observe content and delivery.	Jones, Daniel	30/11/2018	
998	Availability of CCTV for pursuance of sanctions	Page, Steve	Performance Assurance & Risk	Operational Risk	Staff & 3rd Party Safety	18/07/2017	30/11/2018	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 ECCO systems	1) Deploy the overlay 4G system to ECCO (Premier Hazard) And 2) Upgrade VUE SD card systems to hard drive	Oct 18: ICT security preventing downloading of footage to ECCO servers necessitating purchase of a licence to hold the software directly on a YAS internal server. PO has been approved and licence purchased. Now for ICT to install the software to allow the download and further testing. Envisaged we should have a clear understanding of the feasibility of utilising the kit by end of December. Sept 18: update sought from ICT and Fleet on testing 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/JB 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 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.	Tawlks, Steven	24/12/2018	
															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	30/11/2018	
													Moderate Risk		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 othere relevant teams/individuals. Training sessionsadvice 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

ID	Risk	Owner	Category	Type	Compliance	Date Raised	Review Date	Risk Description	Controls	Gaps	Score	Residual	Rating
1009	General Data Protection Regulations (GDPR) compliance	Page, Steve	Performance Assurance & Risk	Strategic Risk	Regulatory compliance	04/08/2017	17/12/2018	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).	1. Lawful bases for processing personal data recorded on Information Asset Register 2. Subject Access procedures updated 3. Contracts with third party processors include contract clauses 4. Information Processing/Privacy Notices updated 5. Data breach/Incident investigation procedures 6. Data Protection Impact Assessments (DPIAs) 7. Information Sharing Protocols and Agreements in place 8. Technical security procedures established	1. Privacy notices need to be explicit, up to date and accessible to all users 2. Data breach/Incident investigation procedures will need to be amended to reflect Articles 33 and 34 requirements 3. New procedures required to address Privacy and Data Protection by Design	20	12	Moderate Risk

Action Plan

Action	Description	Progress	Owner	Target Date	Completion Date
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	17/10/2018
Identify the legal basis for processing personal information	Document a legal basis for each processing activity identified through audit and flow mapping	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 car or treatment will be largely applicable.	Darby, Allan	31/05/2018	22/05/2018
Demonstrate compliance with consent requirements	Update our communication materials and internal processes to support the obtaining of verifiable consent that is freely given, specific, informed and unambiguous	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.	Travis, Maxine	30/07/2018	25/07/2018
Comply with more stringent transparency and fair processing requirements	Review and update our privacy / fair processing notices / communication materials	Privacy Notice and Fair Processing notices on public website.	Darby, Allan	31/05/2018	11/07/2018
Manage children's rights	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.	May 18: IG Manager to remain cognisant Oct 17: Likely to be not applicable to YAS	Darby, Allan	25/05/2018	22/05/2018
Support individuals' rights	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.	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.	Balfour, Caroline	30/07/2018	25/07/2018
Manage subject access requests	Update YAS internal processes to provide individuals with access to their personal information normally within one month and at no charge.	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.	Balfour, Caroline	30/07/2018	25/07/2018
Detect, report and investigate personal data breaches	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.	May 18: Requirements met Oct 17: Current procedures are largely fit for purpose and set out process for reporting.	Darby, Allan	31/05/2018	22/05/2018
Carry out Data Protection Impact Assessments	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.	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.	Darby, Allan	25/05/2018	22/05/2018
Implement data protection by design and by default	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.	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.	Darby, Allan	31/05/2018	22/05/2018
Designate a Data Protection Officer	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	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.	Page, Steve	31/01/2018	09/02/2018
Closure report to TMG	GDPR action plan implementation closure report to TMG	Oct 18: draft closure report presented to IGWG for consideration. IGWG supported the proposal to TMG to close the GDPR implementation plan and manage issues or queries relating to GDPR application as BaU. Request from IAO for Workforce Dept to include further detail in the report relating to detailed work undertaken to prepare for GDPR within the HR Team. Head of Risk to work with Workforce IAO to complete this. DPO to approve the final paper prior to presenting to TMG for agreement to close the GDPR implementation phase.	Travis, Maxine	17/12/2018	