Corporate Risk Register - May 2019

Directorate	ID	Title	Handler	Business Area	Risk Type	Risk Subtype	Review date	Description	Committee	Controls in place	Gap in controls	Rating (initial)	Rating (current)	Risk level (current)	Rating (Target)	Synopsis (Action Plan)	Progress (Action Plan)	Assigned to	Due date (Action Plan)	Done date (Action Plan)
	1186	EU Exit	Page, Steve		Strategic Risk	Business continuity	15/04/2019	IF the EU Exit proceeds as a 'no deal' THEN YAS plans for continuity of business as usual could be impacted by interruption of supply chain RESULTING IN potential for disruption to patient care	Both	Designated SRO YAS representation at Local Resilience Forums and regional forums YAS EU Exit planning and coordination group will meet on a weekly basis to understand and monitor local, regional and national impact. YAS participating in strategic and tactical command exercises YAS has considered and responded to the EU Exit Operational Response guidance published 21st December 2018 and has undertaken the required steps set out on the Action Card For Providers A central YAS email inbox and distribution group has been set up as the conduit for national guidance and two-way communication. 1. Supply of medicines - Medium risk 2. Supply of medical devices and clinical consumables - Low risk 3. Supply of non-clinical consumables, goods and services - Low risk 4. Workforce & recognition of professional qualifications - Low risk 5. Reciprocal Healthcare - Not applicable to YAS 6. Research and clinical trials - Low risk 7. Data sharing, processing and access - Low risk 8. Capacity within EPRR to respond to EU Exit planning and coordination requirements including C3 rotas, potential 24/7 requirement and on call arrangements Risk assessment to be kept under review and escalated internally, regionally and nationally in accordance with established arrangements as is indicated. Response to FOIs agreed in line with national guidance, and Legal Services Team briefed.	Determined by parliamentary vote and setting out of next steps in agreeing a deal. Impact on capacity and resources within EPRR required to participate in planning for EU Exit	12	12	Moderate Risk	6					
																Establish EU Exit planning and coordination Group	Jan 19: group established, SRO is chair, weekly meeting scheduled. Project support required.	Travis, Maxine	01/03/2019	01/03/2019
																Risk assessment of supply of medicines and vaccines - medium risk	Robust stock control in place, monitoring of expiry to minimise waste. Ordering commensurate with usage and projected activity. We experience and manage manufacturing shortages regularly; Clinical Directorate manage use at frontline and red recommend alternatives. Purchase is from frameworks, NHS Supply Chain BC exercise November 2018 for supply chain of medicines with production of action cards for escalation of supply chain disruption and mitigation of risk of shortage	Travis, Maxine	15/04/2019	31/01/2019
																Risk assessment of supply of medical devices and consumables - Low risk	Review of stock levels to maintain activity; this is BAU for winter pressures 45 main suppliers in place have provided assurance to Procurement on stock levels and supply chain arrangements. National Procurement contract self-assessment completed and submitted.	Travis, Maxine	15/04/2019	31/01/2019
																Risk assessment of supply of non-clinical consumables, goods and services - Low risk	National Procurement contract self-assessment completed and submitted. BC Plans in place, coordinated participation in LRFs, regional workshops for tactical and strategic planning exercise Fleet and vehicle parts in country for current fleet Fuel – bunkered fuel levels monitored, designated fuel stations where emergency vehicles have priority	Travis, Maxine	15/04/2019	14/01/2019
																Risk assessment of workforce and recognition of professional qualifications - Low risk	Local risk assessment: 5341 staff, 1% EEA – to determine specific roles/staff groups however impact envisaged to be negligible Submission of a quarterly EU workforce survey via NHS Employers. PTS sub-contractor Alternative Resource – taxi contracts – assurance being sought of impact Supply of interpreters - Bigword – procurement undertaking contract review and seeking assurance As above, impact of recognition of professional qualifications for EU/EEA staff is considered to be negligible within YAS. Risk in wider healthcare economy of shortages of certain staff groups resulting in possible impact on provision of specific services at NHS Trusts with potential for an impact on patient conveyance.	Travis, Maxine	15/04/2019	14/01/2019
																Risk assessment of reciprocal healthcare - not applicable	This requirement is not considered a risk to the Yorkshire Ambulance Service	Travis, Maxine	15/04/2019	14/01/2019
																Risk assessment of impact on research and clinical trials - Low risk	Not currently participating in research trials where drugs or devices might have supply issues Future trials – supply matters are the responsibility of the lead organisation All current income streams are UK based Trial registration – required to be registered by the sponsoring organisation	Travis, Maxine	15/04/2019	14/01/2019
																Risk assessment of data sharing, processing and access - low risk	Data and digital assets are assessed as part of the annual Data Security and Protection Toolkit; the self-assessment of compliance is well underway with a completion date of March 2019 - no risks identified thus far YAS has no reliance on transfer IN of personal data from the EU/EEA to the UK for the purposes of patient care YAS would continue to have a lawful basis under our current legislation to transfer OUT data, should this be necessary	Travis, Maxine	15/04/2019	14/01/2019
																Risk assessment of external system impacts	There is a potential impact on YAS activity arising from issues affecting other NHS and social care services – e.g. workforce supply in key services. There is also a potential for disruption to YAS operations if the wider transport network is affected – e.g. in the Humber area. YAS is working closely with partners through the LRFs and A&E Delivery Boards to identify any specific issues and potential mitigating action	Travis, Maxine	15/04/2019	14/01/2019

Area	ID	Risk	Owner	Business area	Risk type	Category	Date	Controls	Committee	Assurance	External	Score	Rating	Residual	Action	Progress / Update	Action Owner	Target date	Completed date
															Assessment of EPRR capacity to respond to EU Exit command arrangements	YAS has identified a capacity risk with potential for impact on delivery of core Emergency Preparedness Resilience Response (EPRR) business. The EPRR team are required provide cover for the schedule of attendance as part of C3 arrangements to LRFs, Strategic Coordination Groups (SCGs) and Tactical Coordination Groups (TCGs) across the regional map; North, South, West and Humber. Each of these areas has a schedule of teleconferences, tabletop and BC exercises and meetings. In addition it is anticipated that 24 hour rota cover presence will be required in the Humber region from mid-March 2019. A review of all EU Exit requirements and core activity during the key periods is being completed to ensure that the impact is fully understood by the Board and all partners and that mitigating action can be implemented where possible.	Travis, Maxine	29/04/2019	
		31/12/2015	30/12/2015												Contract manager to develop a contract briefing Deputy now in post	Deputy in post Briefing note signed off	Bennett, Julie	31/12/2015	30/12/2015
															b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber	Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG.	Bennett, Julie	30/11/2015	25/11/2015
															Evaluate potential impact of other ongoing tenders that YAS are not bidding for: 1) North Scarb/Ryed Community Services 2) Doncaster new urgent work 3) Sheffield Hosp 3 month winter pressures 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 Hull PTS Contract	Confirmed Hull PTS bid unsuccessful Outcome of Hull CCG PTS tender exercise will result in financial impact, if YAS does not effectively resolve the funding issue before then end of the contract then the financial impact to YAS would be circa £1m	Dexter, Chris	30/11/2016	16/12/2016
															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	Jan 17: Contract negotiation extension period, ER contract will go out to tender April 17: successful	Dexter, Chris	03/04/2017	28/04/2017
Business Development	261	Business tendering	Sandford, Matt	Business Development	Strategic Risk	Financial	30/04/2019	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.	Finance and Investment	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	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	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
															Negotiate extension to Ham, Rich, Whitby, Harrogate and Rural District PTS contract	Nov 18: meeting end of November with commissioners	Dexter, Chris	31/03/2019	

to key urgent care and SRG representatives.

Control	Update	Owner	Target Date	Date
Plan for response to Integrated and Urgent Care contract tender.	Jan 19: tender successful, YAS is the preferred bidder for the IUC contract. Into mobilisation phase. Nov 18: (RAG) A decision is expected to be made the first week in December. 21st Dec IUC. 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 submission list. Phase 2 Tendering - competitive dialogue sessions - 4th July notification.	Townend, Keeley	30/04/2019	08/01/2019
Planning and Development Team organising a two day workshop to coach on engagement, PIDs, constructing bids.	Aug 17: Bid workshop held for PTS, well attended. June 17: Invites sent out	Sandford, Matt	28/08/2017	28/09/2017
PTS West tender	April 2019: 3 year extension Nov 2018: potential may go beyond a 12 month extension, YAS seeking a 3-year arrangement. Expect decision by end Jan 2019. 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 have 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
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	Jan 19: dental bid not successful. Oct 18: Question responses collated and submitted, further discussion at TEG regards financial template. Decision expected mid-December	Sunley, Bob	07/01/2019	08/01/2019
Maintain register of reconfigurations, collate intelligence and work with STPs to model impact and determine mitigations	Reconfiguration QIAs and risks entered on risk register as indicated April 18: Risk Manager updated RAG that operational risk for Friarage entered on CRR. Scoping other risks based on QIAs and will be entered up once agreed March 18: ongoing collation of reconfigurations intelligence and working at strategic level to model and mitigate risks. Individual risks relating to operational and financial impact of reconfigurations are added to the risk register when detail is available and potential impact determined. Friarage to be added to CRR	Mobbs, Leaf	30/06/2018	28/12/2018
Present combined impact of proposed, planned and implemented hospital reconfigurations across the region to create a shared understanding of level of risk	29.3.17 Paper to CMB stated the Trust's capacity to deliver an emergency response is at increased risk from the cumulative impact of service reconfiguration as they are associated with Overall increase in job cycle time; increased distances; Increased activity and therefore staffing and increased potential for vehicles to 'drift' with failure to acknowledge and address these factors resulting in potential for increased risk to patient safety. To ensure that the impact of reconfiguration on quality and performance is appropriately monitored and escalated, the Trust will continue to undertake impact modelling of identified scenarios; Identify options to address risk and capacity gaps; Escalate to lead commissioners through Contract Management Board and Discuss with local commissioners and providers regarding anticipated impact on YAS performance and quality. Impact assessments, an issues log	Bennett, Julie	29/03/2017	29/03/2017

Directorate	ID	Risk Title	Owner	Department	Risk Type	Category	Review Date	Description	RAG	Controls in place	Assurances	Score	Rating	Residual
Business Development	911	Strategic Impact of Reconfigurations	Bange, Catherine	Business Development	Strategic Risk	Financial	30/06/2019	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	Both	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. Mitigation for expanded episode of	16	16 High Risk	8

Finance		784	CIP	phillips, mark	Finance	Operational Risk	Financial	03/06/2019	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	Finance and Investment	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					

Actions / Mitigations

Action	Update	Owner	Date	Date
Deliver recommendations of IA 171126:Acute service reconfigurations	SEPT 17 responses: 1) Considered as part of negotiations for phase 2 MYHT reconfiguration. Financial settlement was reached to reflect impact of reconfiguration on operational services. This will form part of any future negotiations. Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Action complete 2) Integrated Business Planning Group reports to TMG, minutes taken and TOR reviewed. Reconfig Group is a working group providing info to IBPG. A&E Delivery Board minutes taken and TOR reviewed. Action complete 3) Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Current work includes	Sandford, Matt	26/09/2017	26/09/2017
Monitor Finance CIP 16/17	16/17 updates archived	Crickmar, Alex	31/03/2017	19/04/2017
Monitor delivery of 17/18 CIPs	Feb 18 (RAG): schemes have overachieved against target but non-recurrent element from vacancies presents a pressure on 18/19. Jan 18: Non - recurrent CIPS will impact 17/18 Oct 17: Whilst YTD the Trust has overachieved against target by £1,130k, 36% of savings have been delivered non-recurrently and therefore causing an underlying recurrent financial risk for future years. March 17: CIPs short of target, ongoing review and monitoring through CIPMG Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year. RAG Jan 17: PIDs will be reviewed at CIPMG	phillips, mark	04/04/2018	22/02/2018
Monitor delivery of 18/19 CIPs	Jan 19 in terms of 2018/19 a significant proportion of the CIPs achieved are only achieved on a non recurrent basis (the target is recurrent).As a result we forecast achieving the overall target in 2018/19, but where achieved non recurrently this leaves a pressure against the 2019/20 plan 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	24/01/2019
Plan approach for 19/20 CIPs	April 19: CIP non recurrent solutions identified knock on effect to 2019/2020 Feb 19: idnetified 6.3 Mill- 242K Under achievement Jan 19: In terms of 2018/19 a significant proportion of the CIPs achieved are only achieved on a non recurrent basis this leaves a pressure against the 2019/20 plan 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		03/06/2019
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
To have recruited a full time permanent voice comms\infrastructure Manager	20.3.18 - Resource appointed 1.3.2018 29.12.17 appointed, await start date 7.12.17 - 1 candidate has been invited back for second interview. To be arranged 20.11.17 - Interviews held w/c 20.11.17 and complete on 30.11.17 24.10.17 - Due to lack of numbers applying for the role, advertisement may have to go to Agency 28.9.17 Role now advertised interviews planned for October 11.9.17 Due go to advert w/c 11.9.17 17.7.17 JD has been submitted to panel No success in recruiting to Voice Comms Manager. The plan is now to recruit to Voice Comms and Infrastructure Manager as one role. This is a new role and will require a formal JD prior to advert. No candidates come forward following closure date of 21.3.17 advert gone out to agencies with 4	Zahran, Ola	26/02/2018	20/03/2018

Partial text (top of page): Mitigations for expanded episode of care resulting in added costs additional pharmacy and supplies costs and additional fuel

Directorate	ID	Risk Title	Owner	Category	Risk Type	Sub-type	Date	Risk Description	Committee		Controls / Assurance	Gaps	Score	Rating
Finance	857	ICT Capacity	Bradley, Mark	ICT - Information Technology	Operational Risk	Capacity	28/05/2019	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.	Quality Committee		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	On-Line web developer; Infrastructure specialists; systems specialist; Systems and Online Manager; Service Delivery Manager	15	16 High Risk

Actions

	Action	Progress	Owner	Target Date	Date
	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
	AD ICT to liaise with Resilience and special operation to seek support for their Project Manager to support with ICT Escalation	Head of Resilience has advised that resource cannot be made available	Zahran, Ola	25/10/2016	10/10/2016
	Recruit to Senior project manager role	5.6.2017: Senior project manager commenced employment with ICT 8.5.2017: Start date estimated mid June 25.4.2017: Candidate appointed awaiting start date expected end of June 16.3.2017: Interviews in progress Jan 17 (RAG): Reviewing workload, not submitted through Vacancy Control Panel yet	Zahran, Ola	30/06/2017	05/06/2017
	To ensure capacity is in place strategically by recruiting the Chief Information Role	logged in error	Bradley, Mark	01/08/2017	19/05/2017
	To implement Head of ICT to ensure full establishment	Ola Zahran verbally offered the role of Head of ICT Job advertised internally closing date 9.6.2017	Bradley, Mark	01/08/2017	30/06/2017
	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. 29.12.17 to advertise in the new year 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	Zahran, Ola	30/10/2018	15/10/2018
	receive vacancy control approval and recruit to vacancy following LB move to infrastructure.	24.10.2017 ICT Engineer commenced employment 23.10.2017 28.9.17 Interviews took place 27.9.17 with a successful candidate appointed. Were in the process of employment checks with a start date to be agreed 11.9.17 Interviews scheduled for end of September 1.8.17 Funding has been approved by Finance to progress the backfill ICT engineer role 17.7.17 Backfill position has again been rejected by the recruiting panel and further information needs to be provided at the next panel. This will take place mid august which is not acceptable under the circumstances. Ola will meet with Steve Page to encourage urgency. Submitted cost control and departmental structure to HR Ola has spent time with HR explaining the situation. This is now with HR will be escalating this action to Steve Paige as this position is not new to the department.	Bunton, Ken	24/10/2017	24/10/2017
	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
6	To provide a specialist role for cyber security provisions within ICT	07.08.2018 - Recruitment checks finalised and candidate appointed 19.7.2018 - Still awaiting clearance checks to be finalised 26.6.2018 - verbal off has been accepted by the candidate. Awaiting official start date 8.5.2018 - Recruitment of Cyber Security specialist has been agreed in principal awaiting cost control and budget code. 27.4.2018 - The paper has been presented at TEG and rejected. The risk score has been escalated to 15 by request of OZ Progress been made on TEG paper with a view to table the document on 18th may	Zahran, Ola	28/08/2018	07/08/2018

				Recruitment of systems and Online Manager - complete						Description	Commentary	Owner	Date 1	Date 2
										Recruitment of Systems Development Specialist	Apr 2019 - Role has gone out to advert with NHS Jobs and Agency (This is the 3rd time) 25.02.2019 - Interviews taking place and into w/c 25.2.2019 22.01.2019 - Role out to advert 17.12.2018 - An influx of system developments have been assigned to the systems teams piling further pressure onto existing deliveries. ICT will be seeking to recruit agency staff to support this workload 27.11.2018 - No Update 01.11.2018 - Interviews held 1st November 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	Zahran, Ola	28/05/2019	
			13/09/2018							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
										Recruitment of the On-Line team manager	Apr 2019 - Candidate starts 29th April 2019 22.01.2019 - Interviews taking place w/c 21.1.2019 and 25.2.2019 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 - Member of online team acting up to support the role 7.8.2018 - JD with job evaluation panel	Zahran, Ola	28/05/2019	
			07/08/2018							Backfil 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
										Manage Engineer capacity	22.1.2019 - This is now closely monitored, if this re-materilises then resources would be reviewed and bring in support from the EPR project and service desk 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	11/02/2019	22/01/2019
										to recruit to the infrastructure specialist role to back fill the newly recruited cyber security specialist and vacant role in January 2019	25.2.2019 - Infrastructure team are now fully established with the last member starting mid feruary. 22.01.2019 - 1 Infrastructure specialist appointed. The remaining role will be appointed in Feb 2019 27.11.2018 - Infrastructure manager has requested roles to be advertised in agencies 15.10.2018 - Following unsuccessful recruitment to this role, the job is now with the agency. 16/01/2019 - Both roles have now been appointed to with start dates of 16/01/2019 and 18/02/2019.	Lane, Martin	26/02/2019	25/02/2019
			17/12/2018							Awaiting CV's to arrive from agencies and then interviews can be setup	17.12.2018 - Service desk is now fully established 27.11.2018 - Final service desk person is in progress with CV's been requested from Agencies 2.11.2018 - 2 x Service desk staff have now commenced work 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	11/02/2019	17/12/2018
										Absences leaving systems/online team unmanaged.	Apr 2019: Candidate is now working 3 months notice expected to start July 2019 25/02/2019: Interviews are been held and will conclude w/c 25.2.2019 with a plan to appoint at month end 22/01/2019: The Systems Manager has resigned from post so this role is now vacant and needs to be re-advertised. Dec 18: Head of ICT to discuss with Executive Director of Finance and agree a way forward	Zahran, Ola	30/07/2019	
										April 19: service delivery Manager to start June 2019 To recruit into the SDM role	April 2019: Candidate is expected to start mid may 25.2.2019 - Interviews have been held for agency staff. Advert will close on NHS Jobs w/c 25.2.2019 with interviews to follow (tba)	Zahran, Ola	28/05/2019	

Finance	350 Laundry budget	Hill, David	Support Services	Operational Risk	Financial	07/06/2019	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	Finance and Investment	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

Actions:

Action	Description	Owner	Target / Dates
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
Address budget with Finance	April 19: no budget infomration given as yet for 19/2020 Feb 19: feeding into budgetting round for 19/20 Jan 19: Financial Planning round for 19/20 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	31/05/2019
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 — 19PF		26/09/2016 — 14/11/2017
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 — 19PF		30/09/2016 — 13/11/2017
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
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. Feb 18 (RAG): current position is 57k overspend with possible additional 22k from Barnsley which is invoiced but not paid as they have not signed the SLA Dec 17: YTD budget already at 234k with 4 months remaining against budget of 195K. Barnsley preparing to	Hill, David	31/07/2018 — 24/07/2018
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

Risk 978 — Tail Lifts on A&E vehicles

Field	Value
Directorate	Finance
ID	978
Risk	Tail Lifts on A&E vehicles
Owner	Gott, Jeff
Area	Fleet
Risk Type	Operational Risk
Category	Health and safety
Review Date	30/09/2019
Committee	Both
Risk Score	12
Risk Rating	12 Moderate Risk
Target	4

Risk description: IF the Trust does not complete specific rectification work on the A&E fleet tail lifts, monitor fault development whilst this work is completed THEN the tail lifts will fail to operate correctly or could collapse RESULTING IN significant harm to patients (falls) and staff (falls and musculoskeletal injury)

Controls: Inspection programs in place to monitor affected vehicles for fault development until rectification completed. Schedules in place to carry out rectification / modification work for affected vehicles. 115 affected vehicles in the program. Oct 18: Trajectory for work is on track and being monitored, maximum of 6 per month. Capital put aside to fund ongoing works

Assurances: Issues with rectification works outwith the Trusts control such as availability of parts. Mar 19: 40 vehicles remaining requiring tail lift modifications, accounted for in capital plan for 19/20

Action	Update	Owner	Date	Completed
Replacement of tail lift frames (120 vehicles)	Jan 18: all tail lift frames now replaced.	Gott, Jeff	25/09/2017	04/01/2018
Inspection of all pin retainers every 5 weeks	2019: inspections continuing as scheduled. Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed.	Gott, Jeff	30/09/2019	
Replacement of all pin retainers with modified lock (82 vehicles)	Mar 19: 40 vehicles to be completed in 19/20. 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	30/09/2019	
Inspection of all extender bars every 10 weeks	Mar 19: inspections continuing until all vehicles modified. Jan 18: inspections continuing as per schedule, issue will be eliminated by tail lift modifications (see action 3928). Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed.	Gott, Jeff	30/09/2019	
Modification of all tail lift platforms to become fixed rather than sliding (116 vehicles)	March 2019: 40 vehicles to complete in 2019/20, accounted for in capital plan. 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	30/09/2019	
Fixing of all bridge plates on 10 week service (116 vehicles)	Mar 19: remaining 40 vehicles requiring tail lift modification during 19/20. Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	30/09/2019	
Fixing of all deformed platforms on 10 week service (116 vehicles)	Mar 19: 40 vehicles remaining requiring tail lift modifications to be completed in 19/20. Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	30/09/2019	
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 inl 4x4 capability

Field	Value
Directorate	Finance
ID	989
Risk	Vehicle availability for A&E inl 4x4 capability
Owner	Moyes, Richard
Area	Fleet
Risk Type	Operational Risk
Category	Capacity
Review Date	29/03/2019
Committee	Quality Committee
Risk Score	15
Risk Rating	15 High Risk
Target	3

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

Assurances: 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

Action	Update	Owner	Date	Completed
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
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
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
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

										management of VORs						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.	Moyes, Richard	28/09/2018	24/10/2018
																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	
Finance	1084	PS8 - National ESMCP programme delay	Zahran, Ola	ICT - Information Technology	Operational Risk	Equipment Related	28/05/2019	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 years old, meaning a potential for failure of the MDT's with no available replacement alternative RESULTING IN an impact for frontline operational staff who may not have access to a vehicle with a working MDT.	Quality Committee	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 money. ICT have raised this at the ICT Programme Committee and at TMG. There remains roughly 12 months of MDT spares to sustain operations as at 25/07/2018 Capital bid approved to order 15 additional devices	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 hardware.	12	12 Moderate Risk	6	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	
																Capital bid approved to order 15 additional MDT devices for 18/19 and capital bid for 19/20	Apr 19: A full audit of MDT's is in progress following the announcement of a further 1 year delay by the national programme. 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	28/05/2019	
																A new data check sheet will be created as an e-form on the new fleet management system (low)	March 2019 The Fleet system has been delayed until April 2019, e-form to be complete for go-live.	Gott, Jeff	26/04/2019	
																Develop procedure to ensure asset checks are planned, undertaken and signed off as per a formally agreed timetable (High)	A draft procedure for Asset checking was presented to CMG on 26/03/19 for review with feedback requested. It is anticipated that the process will be ratified at the next meeting on 17/04/19.	Loughran, John	29/04/2019	28/03/2019
																Assets no longer in use should be clearly identified as such on the Fixed Asset Register and disposal verified through Capital Monitoring Group (low)	In order to comply with the recommendation •A field was been added to the Fixed Asset Register on or before 26/10/18, to record the date the asset was identified as no longer in use •Asset Management procedures have been amended to incorporate said action •Relevant parties advised to notify Capital Accounts Team of Assets no longer in use •Fixed Asset Register will be updated on an asset by asset basis, subject to notification in 3rd bullet above.	Loughran, John	30/11/2018	26/10/2018
																A 'how to' procedure should be developed to provide clear instructions and guidance on the full process of maintaining the Fixed Asset Register (Medium)	Feb 19: this is now in place, action completed Asset Management Processes and Fixed Asset Register guidance is being refreshed and on track for completion in line with the due date	Loughran, John	31/12/2018	28/02/2019
																Capital Monitoring Group Terms of Reference should be reviewed and updated on an annual basis (Low)	Feb 19: TOR have been updated, agreed by CMG and approved by TMG A revision of the CMG Terms of Reference has been shared with group for comments and feedback to be approved at the December CMG meeting	Loughran, John	31/12/2018	28/02/2019
																Revaluation Workings control sheet should be populated and dated to confirm that the reconciliation has been reviewed	Nov 18: Reconciliation formed part of the year end working paper and the control sheet will be populated by the reviewer going forward	Stock, Kay	30/11/2018	01/11/2018
								IF YAS Fixed Asset Register is not complete and up-to-date THEN it will not accurately reflect the status of the Trust's assets and give potential		Internal Audit 191126 identifies areas for focus	Lack of robust documented process for management of the Fixed Asset Register Engagement with asset owners to ensure process is implemented and				A log of requests for access rights to the Fixed Asset Register should be kept, with authorisation of each addition	access rights templates were completed 03.10.2018.	Stock, Kay	30/11/2018	03/10/2018
Finance	1174	Fixed Asset Register	Vause, Kathryn	Finance	Strategic Risk	Financial	29/04/2019	for adverse comment or qualification of the year-end accounts by external audit which if materialises could RESULT IN a breach of the Trusts statutory duties	Finance and Investment	ISA260 report to identify areas of concern Audit Committee oversight Annual District Valuer for Buildings	embedded Dates in asset register not complete Historic governance and systems administration inadequacies Mismatch between asset register and medical devices which have been put on as 'lots' rather than individual devices	12	12 Moderate Risk	4	Reconciliation of the ICT items collection company's Asset List to the high cost replaceable items earmarked for disposal should be undertaken. A Disposal of ICT Assets Policy to be put in place	Feb 19: action closed reported by Internal Audit	Bunton, Ken	30/11/2018	01/03/2019
																Copy of the disposal form for Medical equipment should be copied to Finance and scanned to file on Cleric. Furthermore, the SOP to cover this requirement should be amended to reflect this (medium)	Feb 19: this process is now in place	Owen, Andrew	30/11/2018	28/02/2019

Directorate	Risk ID	Risk Title	Risk Owner	Department	Risk Type	Category	Date	Description	Both	Controls	Gaps / Assurance	Consequence	Likelihood	Score	Rating	Action No.	Action	Action Update	Action Owner	Target Date	Completed Date
																	Losses and Special Payments Procedure should include the next review date and controls put in place to regularly review	Finance and Risk Teams have agreed the controls to be put in place ensure regular review of the Losses and Special Payments Procedure; the Risk Team will prompt and monitor delivery of scheduled reviews as part of existing corporate governance arrangements for monitoring of procedural documents (policy management). Finance Team have updated the next review date and provided the document to the Risk Team who have scheduled next review; this action is complete.	Duke, Perry	30/11/2018	16/11/2018
																	April 19: not to be removed until audits completed. A data cleanse of the Fixed Asset Register should be completed and relevant adjustments made. A process should be put in place to monitor and dispose of assets	Analysis of the asset verification process undertaken over the last 5 months was shared at CMG. This showed that at that time 97.8% of the NBV of asset register data had been verified by functional departments including: Estates, Fleet, ICT & MDM. By the year end when AUC vehicle conversions become operational the verification will increase to 99.3%. Disposal Forms for assets identified as disposed of during the asset verification exercise have been completed, authorised and will be removed from the asset register in month. This process was shared with the Audit One Group Audit Manager on 04/02/19 and will be followed up on 04/04/19	Loughran, John	29/04/2019	28/03/2019
Finance	1197	Falsified Medicines Directive Legislation	Fawcett, Paul	Procurement	Strategic Risk	Supply/Procurement	24/06/2019	IF YAS do not implement systems to deliver Falsified Medicines Directive legislation requirements THEN the Trust will not be able to scan medicines on receipt in Procurement RESULTING IN failure to identify falsified drugs and non-adherence to legislation	Both	NHS Improvement advising on implementation in context of EU Exit ICT have approved funding for ICT, Medicines and consumables systems investment in 2019/20	If or when the UK leaves the EU then this legislation will no longer apply, although it is expected that some form of the same requirements will be legislated. The UK will no longer have access to the EU drugs database upon EU Exit meaning any scanning system procured will not have a database upon which to draw validation. Wholesale dealers need to 2D barcode their medicines and this is not yet fully in place meaning any system YAS procure would not be able to scan all products so would not be fully compliant with legislation but this non-compliance would be outwith our control.	12		12	Moderate Risk	3	Explore options for medicines scanning system to comply with FMD Legislation	March 2019: ICT, Procurement and Medicines team are working jointly to consider options for a system to support implementation of the required legislation and that may offer additional functionality in terms of a patient administration tracking system	Zahran, Ola	24/06/2019	
Finance	1200		Gott, Jeff	Fleet	Operational Risk	Financial		At the Capital Monitoring Group meeting on 12/02/19 assurance was sought by the group that the new Tranman system could seamlessly interface with Purchase to Pay (P2P). The Tranman procurement is being lead by NEAS as part of the NAA. The current interface between Cleric (existing system) and Oracle works ensuring orders raised by Fleet will transfer to Oracle and be paid. This does not exist/or work in Tranman		Monthly reporting of progress to CMG. Requirement for Finance Systems Accountant to sign off assurance during phase 2 before go live	Lack of clarity of what is available No Finance System Accountant involvement in the procurement or implementation No possible solutions being put forward No known work around YAS are not the lead partner in the procurement via NAA	20		16	High Risk	8					
																	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
																	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
Finance	1116	Vehicle Age profile	Moyes, Richard	Fleet	Operational Risk	Equipment Related	29/03/2019	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	Both	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	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
																	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
																	Reduce DCA age profile by bringing in newer DCAs	April 19: 380 replacements 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	
									IF the current Avaya telephony		The system is supported by BT on an						Business case to procure a new phone system	21.02.2019: Business case approved. Tender complete and awarded, in progress with contract. 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	25/02/2019

Finance		1128	Avaya Telephony Platform	Zahran, Ola		ICT - Information Technology	Operational Risk	ICT		30/07/2019	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 delays/impact on patient care and trust reputation	Quality Committee	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 support for software (new fixes) 09/Apr/2024 - end of extended support (known fixes)	To Go-Live with the BT offering from the tender exercise.	16		16 High Risk		4	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
																				To implement the unified communications project	April 19: still on track, delivery arrived and mitigations in place 25.2.2019 Award offered verbally to BT. ICT/Procurement are now finalising the formal contract.	Maud, Tracy	30/07/2019	
Finance		1031	Delay in Deep Clean Tablet System	Hill, David		Support Services	Operational Risk	Equipment Related		31/07/2019	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	Quality Committee	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			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
																				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
																			2	Confirm timescales for development of Ancillary cleaning tablet with relevant service leads	Feb 19: Tran man train the trainer ongoing may not have facility at this time for deep cleam requirement to get system right for fleet first. then look at other functions-remain on paper BC process for now. Jan 19: on hold for Tranman 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	Zahran, Ola	31/07/2019	
																				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.	April 19: all dependant on Tran Man unsure how tran man will react with the tablet. Jan 19: more admin support being resourced 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	31/07/2019	
Finance		1133	Fleet Lone Working	Moyes, Richard		Fleet	Operational Risk	Staff & 3rd Party Safety		15/04/2019	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	Quality Committee	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			Conduct role based risk assessment of lone worker roles	Oct 18: roles identified and working to mitigate risk, sought advice of LSMS GC Awaiting contact from Dan LSMS to arrange a meeting to discuss current situation and identify a solution moving forward.July 2018: plan for role based risk assessment of lone worker roles in Fleet Team	chapman, graham	31/01/2019	02/01/2019
																			3	Develop Fleet Team lone worker procedure as an annex to the Trust Lone Working Guidance	April 19: LSMS looking at setting up small working group Feb 19: (LSMS) Draft Local working procedure for fleet has been developed by Fleet Compliance Manager. Trust Policy due to be reviewed and LSMS intends to set up a working group to look at this, once EOC emergency button SOP work completed. Policy sent to Fleet Compliance Manager to review and provide comment on where he feels it requires strengthening for the Fleet department. 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	15/04/2019	

Directorate	ID	Risk	Owner	Category	Risk Type	Consequence	Review Date	Risk Description	Committee	Controls	Gaps	Current Score	Risk Level	Target Score	Action	Update	Action Owner	Target Date	Completed Date
															Explore technological solutions for lone worker devices to raise the alarm	Feb 19: to be done following review of current procedures and consultation with LSMS Oct 18: ongoing exploration of options available July 18: review of technologies available to support lone working is planned	Moyes, Richard	15/04/2019	
Medical	1193	Non conveyance decisions	Mark, Julian	Medical - Quality	Operational Risk	Patient harm	30/04/2019	IF there is inadequate history taking and decision making THEN a non conveyance decision may be made inappropriately RESULTING IN potential for adverse patient outcome	Quality Committee	Clinical hub contact for non-registered or NQ Paramedics JRCALC guidelines Patient record keeping standards HCPC codes of performance Clinical refresher – session about documentation Assessment, conveyance and referral of patients policy	Lack of direct, real time, clinical supervision Poor utilisation of Paramedic Pathfinder to support decision making Human Factors	15	15 High Risk	5	Develop robust mechanism for providing frontline staff with direct and real time clinical supervision to enhance patient assessment and decision making	Feb 19: Being discussed nationally (NASMED), discussion with Operation Directorate	Mark, Julian	31/07/2019	
															To understand how and when training and education is provided relating to patient assessment and clinical decision making. Forwarded to Clinical who will have ownership of this decision.		Millins, Mark	30/04/2019	
															To review and audit the use of Paramedic Pathfinder by frontline clinicians. Provide report and recommendations to CQDF	Feb 19: Information gathering started	Stead, Sarah	28/06/2019	
															To develop a checklist to support non-conveyance decision, to include documentation and safe 'safety netting'	Feb 19: been to CQDF previously, currently under review	Stead, Sarah	30/04/2019	
															Awareness campaign to frontline staff about the importance of care planning and providing safety netting advice when discharging care on scene		Hodge, Andrew	31/05/2019	
															Provide all frontline staff with half a day session on decision making, assessment and documentation to support non-conveyance decisions	March 2019 Agreed to build into clinical refresher for 2019/2020	Millins, Mark	29/11/2019	
Medical	919	BLS training and competency	Dykes, Steven	Medical - Operations	Operational Risk	Clinical	28/06/2019	If there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.	Quality Committee	Clinical Portfolio Governance Board has oversight of content of Clinical Refresher and monitoring of delivery and compliance through Workforce dashboards Clinical audit of cardiac arrest Clinical audit of cardiac arrest incident reporting, serious incident investigations and lessons learned New annual BLS training has been approved and will launch October 2018 as part of Clinical Refresher, Annual abstraction has been agreed. June 18 Coroners - no recommendations for YAS	1 year cycle from until BLS training has been delivered as part of annual clinical refresher - risk to remain until end of 2019	15	15 High Risk	5	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
															Agree, develop and deliver BLS training - Annual	April 19: BLS is not attached to clinical refresher training Jan 19: Discussed 24/01/19 at CQDF there is a risk not all staff will get through training. enough places but some no shows to discuss at Clinical PGB. Courses been cancelled as not enough staff booked on 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	28/06/2019	
															Quality and Safety Team to monitor incidents and escalate to IRG	Nov 18: incidents are monitored and escalated to IRG where potential for patient harm, contributory factors are identified as part of investigation 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	19/11/2018
															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

Directorate		No	Risk	Owner	Category	Risk Type	Sub-category	Review date	Risk description	Committee	Controls	Gaps in controls / assurance	Score	Rating		Action	Update	Action owner	Target date	Completed
Operations		931	Cardiac centre capacity to accept pPCI and protocol for divert	Mark, Julian	A&E Operations	Operational Risk	Clinical	31/05/2019	IF there are no arrangements in place for where to take patients requiring pPCI when one cardiac centre reaches capacity THEN crews are required to telephone alternative centres RESULTING IN potential for delays in the patient receiving treatment and adverse outcome	Quality Committee	Oversight of NASMeD and escalation to NHSE Incident reporting Internal and External breaches reported through Quality Governance reports - investigated Incidents to be discussed at Contract Boards Yorkshire pPCI protocol (Feb 2018) Nov 18 patients being accepted into resusc if no cardiac pPCI immediate capacity	Agreed protocol between cardiac centres for acceptance and divert of patients. No arrangement in place between cardiac centres to accept patients	15	15 High Risk	5	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 and escalated through IRG where patient harm is indicated May 18: Head of Clinical Effectiveness to report on refusals due to capacity in addition to incidents of adverse outcome. Apr 18: monitoring continues with review at IRG where indicated Feb 18: continued monitoring of any incidents related to refusal of pPCI centres. 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 July 17: No incidents reported in Q1	Medlock, Tina	28/02/2019	19/11/2018
																Joint meeting with Cardiac Centres to be arranged	Nov 18: no further update in respect of intervention 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	22/11/2018
																review MINAP data	Jan 19: MINAP data will be availiable feb 19. Local audit to be carried out by clinical directorate an to be reported at next CQDF	Crossley, Jacqui	31/05/2019	
																Monitor incidents reported relating to Castehill site.		Crossley, Jacqui	31/05/2019	
Operations		696	Fit testing - provision of respiratory protection	Jackson, Shelley	A&E Operations	Operational Risk	Health and safety	31/05/2019	IF the Trust does not provide effective* RPE for Operational A&E staff THEN the Trust will be non-compliant with the Control of Substances Hazardous to Health Regulations (COSHH) and Personal Protective Equipment (PPE) Regulations RESULTING in the exposure of staff to hazardous substances / infectious diseases which may lead to cases of ill health and legal action *effectiveness of RPE is assured through a process of fit testing	Both	Fit testing equipment was distributed to all operational areas and training schools All CSs were 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	No RPE provision is being made for staff who have facial hair (Recent HSE advice to ambulance IPC group states that this must be provided rather than asking staff to be clean shaven) 50 % of operational staff not fit test passed meaning they have not been provided with any RPE Small group of operation staff fit tested and passed but not provided with effective RPE due to lack of availability Lack of assurance on fit testing results due to informal training of fit testers (HSE best practice states that fit testers should be "fit2fit" accredited) Lack of assurance on fit testing results due to limited time available for staff to undertake the test fully (full fit testing process includes restrictions on food and drink for up to an hour beforehand, 30 mins for the full test and a 1 hour break requirement for any re-test) Lack of time on training courses for all attendees to be fit tested Lack of assurance on accuracy of staff fit testing records High turnover of fit testing staff in operational areas (light duties) requiring frequent re-training by H&S Manager Provision of RPE for CFRs	12	12 Moderate Risk	1	Ensure fit testing records are accurate and accessible through CAD		Settle, Iffa	31/01/2019	
																Ensure adequate supply of RPE available through Procurement	Nov 18: this is complete	Jackson, Shelley	31/10/2018	15/11/2018
																Review of COSHH guidance	July 18: routine scheduled review of COSHH guidance completed	Jackson, Shelley	18/07/2018	18/07/2018
																Start issuing suitably sized tight fitting non-disposable RPE to staff in place of the disposable RPE	Nov 18: this is completed by MF Procurement (Fit testing is still a legal requirement for non-disposable RPE - see risk 696 - however, a basic effectiveness check can be performed by the wearer. This would decrease the chance of hazardous exposure compared to use of a disposable mask which is harder to fit and check without training)	Jackson, Shelley	30/11/2018	15/11/2018
																Selection of alternative RPE that can be worn by staff with facial hair loose fitting	Nov 18: this is completed	Jackson, Shelley	30/11/2018	16/11/2018
																Ensure fit testing is being completed through Training Schools		Settle, Iffa	31/01/2019	
																Ensure fit testing is being completed in Operational Areas		Settle, Iffa	31/01/2019	
																Ensure Trust has in place formally trained / accredited fit testers		Jackson, Shelley	31/05/2019	
																Assessment of risk to CFRs	Apr 19: equipment recieved been stored in willerby which has been locked down to 3 memebers of staff only. meeting with CA as to who will be responsible for for role out and to be able to track where equipment is. Feb 19: to risk assess CFR role and provision of respiratory protection. 19/02/19 ES met with Iffa Settle to discuss. There are no plans to provide FFP3 masks or hoods to CFRs. National survey had been done by ES and was provided to IS (attached). IS was to raise at national IPC leads meeting on 20/02/19. ES emailed IS for the outcome of this discussion on 21/02/19. IS replied 04/03/19 to say national CFR group should lead. ES replied 04/03/19 to suggest IPC group should lead as expertise required but national CFR group happy to be involved. No reply was received. SCAS IPC lead replied to CFR group chair Nic Morecroft to say IPC group would discuss again in April and make a decision so emails conflicted.	Scott, Emma	29/04/2019	
																Following the introduction of the ARP2 pilot, there is a need to refocus the information in the weekly quality and safety report to align it to the new response model.	The BI team is currently working up a revised draft. Reports including the daily ROC report are still available to provide current information whilst the weekly report is refashioned. Weekly report revised and distributed for w/c 25 July 2016	Batey, Nigel	01/08/2016	03/08/2016
																Monitor delivery of A&E Operations recruitment and training in line with Workforce Plan	progress monitored in risk 85	Sunley, Bob	19/12/2016	08/03/2017
																Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Visited York, Scarborough, Barnsley. (see risk 766)	Mark, Julian	31/03/2017	31/03/2017

Risk 66 — Operational performance

Directorate	ID	Risk title	Risk owner	Area	Type	Consequence	Review date	Risk description	Committee	Controls	Gaps in controls	Score	RAG	Rating
Operations	66	Operational performance	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	14/06/2019	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	Quality Committee	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 providing accurate demand projections. 12. mitigations in place for hospital handover, see risk 766	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

Actions for Risk 66

Action	Update	Owner	Review date	Target date
Monitor tail of performance	Feb 19: rota change in place on trajectomy. trajectorey performance meeting 25/02/19. south are under performing. Jan 19: Meeting YAS tragectory RRV TO DCA work completed. Nov 18: Mean and 90th Centile achieving performance. Tail of performance cases of adverse outcome reported to IRG. Sept 18: RAG - performance ahead of trajectory, reported to Trust Board in August. April 18: South Yorkshire has been added as a separate risk as requested. Agreed trajectory and overtime budgets and the overtime is aimed at helping improve the tail of performance. Mar 18: specific risk relating to South cat 2, 3, 4 performance at 90th percentile has been added. Feb 18: Performance Improvement Team working with Ops and BI to develop dashboards that provide the right information to support Ops decision-making to manage demand	Gill, Jeevan	14/06/2019	
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
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	14/06/2019	

Risk 766 — Hospital Handover monitoring

Directorate	ID	Risk title	Risk owner	Area	Type	Consequence	Review date	Risk description	Committee	Controls	Gaps in controls	Score	RAG	Rating
Operations	766	Hospital Handover monitoring	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	28/06/2019	IF there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response	Quality Committee	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	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	16	16 High Risk	4

Actions for Risk 766

Action	Update	Owner	Review date	Target date
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 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
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

Directorate	Ref	Risk Title	Owner	Area	Risk Type	Sub-type	Target Date	Risk (IF...THEN...RESULTING IN)	Committee	Controls	Gaps in Control / Assurance	Score	Rating	Target	Action	Action Update	Action Owner	Due Date	Completed
		monitoring						calls RESULTING IN delayed response times to emergency calls with potential for harm to patients		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 15. Staff Update issue 148 Dec 18: Pre-Alert and Handover Guidance, and Clinical Alert (attached in documents)	availability and on the 11 hour rule 3. measurement of handover - from notify or arrival time not consistent with other ambulance trusts reporting				YAS Handover Task and Finish Group established to look at the recording process and issues around the recording of data	Feb 19: turnaround performance is discussed every 2 weeks at DMB and at local ops meetings to identify local action that can take place. Review of effectiveness of acute trust challenge process with commissioners due to number of inappropriate challenges. Reports established to monitor impact of ePR. Consideration of hospital auto arrive being switched back on instead of using notify time due to inaccurate use of machines. 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.	Batey, Nigel	28/06/2019	
															Scarborough Handover focus	Oct 18: HALO role remains in Scarborough to support July 18: currently losing 140 hours per week at Scarborough. A manager has been placed at Scarborough Hospital to work with the hospital and focus on handover arrangements May 18: further work with Scarborough on handover arrangements	Mudd, Paul	25/02/2019	
															Response to Northern General handover delays	Oct 18: status as below, HALO where indicated Aug 18: ongoing issue with handover delays at NGH, currently stabilised, however process in place to install a HALO when DMP activated	Rendi, Steve	31/01/2019	
															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	31/01/2019	
Operations	1096	Friarage reconfiguration of services	Bange, Catherine	A&E Operations	Operational Risk	Patient harm	28/06/2019	IF the proposal to decommission services 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	Both	Previous QIA was completed in 2017/18 for decommissioning of the dedicated Friarage ambulance, the level of risk to patient outcomes and performance has been clearly articulated to Commissioners at the time. March 2019: Pathways SOP issued to staff, weekly phone calls with colleagues at Friarage hospital to discuss delivery.	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. Agreed plan with commissioners to manage potential reputational damage	20	20 High Risk	10	Complete QIA for Friarage	March 19: The immediate risk is the temporary changes made from 27.03.19 at the hospital. Mitigation has been put in place at an agreed additional cost. Pathways and what goes where SOP issued communications to staff. Escalation rates agreed, weekly phone calls with Friarage Hospital colleagues to discuss delivery. The future model of Friarage requires further detailed modelling and is subject to public consultation. Feb 19: draft QIA completed. To update risk once signed off.	Crossley, Jacqui	28/06/2019	
															Collaborative public messages - Friarage	Jan 19: joint QIA being completed with commissioners which will take into account the management of patient experience and public opinion March 18: YAS will need support from commissioners, primary care and acutes to deliver collaborative public messages	Mobbs, Leaf	30/06/2018	26/02/2019
Operations	1097	South Performance	Cole, Jackie	A&E Operations	Operational Risk	Performance	31/05/2019	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	Both	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 of performance	Jan 19: Improvement plan going to TEG on 28/01/2019focus on trajection in CBU 90th centile. 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	31/05/2019	
Operations	945	Implementation of Commander Framework	Gill, Jeevan	A&E Operations	Operational Risk	Training, Education & Compliance	30/03/2019	IF the Commander Framework is not 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.	Quality Committee	Commander Framework in place. A large volume of staff with basic command training. A group of staff exists with a large amount of experience at working in event control rooms. Action Cards and protocol document in place provides a structured approach. Post-event report which is scrutinised by Head of Events and learning lessons cascaded to commander group. Job description for commander role Ambulance / Medical Plans for each venue are reviewed annually and shared with partner agencies. Resilience Governance Group established Apr 2018 - draft NHS service specification for Ambulance Service Command & Control that has been produced by NARU (National Ambulance Resilience Unit) on behalf of NHS England Appointed to a role concerned with commander education and assurance	Inconsistency in level of training across those in commander roles. Training available not specifically targeted at events and mass gatherings scenario's where commanders are already present. Lack of assurance process for defining command competency and lack of assessment of individual against job description. Lack of a continuous assessment / re-validation or PDR process for this role. Await completed NHS service specification for Ambulance Service Command & Control by NARU on behalf of NHS England	12	12 Moderate Risk	6	Refresh in house course materials.	April 19: training planned and agreed in TMG Oct 18: work is on going to refresh in-house course materials to allow for delivery of training.	Kirk, Neil	21/06/2019	
															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. Paper prepared by MR Head of Private and Events to provide an Event Commander Overview. Jan 18: include command and tactical roles. To consider who will lead this work once agreed and funded.	Kirk, Neil	30/03/2019	
															Gain approval of business case to support implementation of Commander Framework.	Feb 19: Been to TMG 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	Kirk, Neil	28/06/2019	

Directorate	ID	Risk Title	Risk Owner	Department	Risk Type	Category	Review Date	Risk Description	Committee	Controls	Gaps in Controls	Score	RAG	Action	Action Progress	Action Owner	Target Date	Completed
Operations	1006	A&E Ops Recruitment Trajectory	Segasby, Stephen	A&E Operations	Operational Risk	Capacity	31/05/2019	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	Quality Committee	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 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	
Operations	1018	MYHT reconfiguration - A&E Ops mobilisation	Segasby, Stephen	A&E Operations	Operational Risk	Clinical	31/05/2019	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	Both	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 2019. 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	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
Operations	1018													4 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
Operations	1207		Colam Ainsworth, Will	EOC (Emergency Operations Centres)	Operational Risk	ICT		IF critical risk information is not provided from EOC to A&E crews via CAD in a timely manner, THEN crews will not necessarily be able to provide the best or safest response, RESULTING in the potential for increased harm to both staff and patients		EMD provide time critical information by manually selecting it. Data Flag Policy. Safer Responding policy. Terrafix displays information sent	Wanring information, both clinical and risk is not automatically sent, resulting in frequent warning messages being missed and not provided to crew. When information is updated or added, it is not immediately obvious to crews. Risk information is not immediately identifiable from other information. In order to utilise the Safer Responding Policy to maximum effect, crews need access to accurate and up to date information and intelligence to start the process of the JDM.	12	12 Moderate Risk	4				
Operations	1156	Clinical Supervisor Job matching banding evaluation	Segasby, Stephen	A&E Operations	Strategic Risk	Financial	29/06/2019	IF the Clinical Supervisor role is banded at A4C B7 THEN there will be immediate financial consequence for A&E Ops and implications for roles further up the structure RESULTING IN financial impact	Finance and Investment	National Job Evaluation Process is being followed	Clinical Supervisor role was not matched to the national profile	12	12 Moderate Risk	4 Job Analysis Questionnaire (JAQ) process to be followed	April 19: Outcome sent to CS last week. Feb:19 Pannel in March. Dec 18: role is going through a fresh JE panel, not the JAQ process. This will be monitored. Aug 18: CS role not matched to national profile. JAQ process to be followed	Hartshorne, Suzanne	28/06/2019	
Operations	1156													Integrated Workforce Group	Aug 18: IWG will look at CS role as part of wider workforce model	Brereton, Christine	28/06/2019	
Operations	1034	Calderdale Huddersfield Reconfiguration - centralising Frail Elderly and Cardiorespiratory	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	31/03/2019	IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield reconfiguration 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	Both	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. 18/19contract variation to be agreed, not part of main contract		20	12 Moderate Risk	4 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
Operations	1034													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, Andrew	31/03/2019	
Operations	1191	NHS number matching	Dykes, Steven	EOC (Emergency Operations Centres)	Operational Risk	Patient harm	30/04/2019	IF an NHS number match is not correct THEN an incorrect patient demographics and medical history will be recorded RESULTING IN potential for providing incorrect treatment	Both	EOC training in NHS number matching	NHS number pulls from mini-spine which generates a match with spelling and DOB which may be incorrectly entered	16	16 High Risk	4 Options to consider other data fields for matching	March 2019: Include postcode in matching and monitor impact on matching. Feb 19: Consider inclusion of data fields to create accurate match	Dykes, Steven	31/03/2019	
Operations	1181	Airwave button activation and response	Jones, Daniel	A&E Operations	Operational Risk	Staff & 3rd Party Safety	31/03/2019	IF there is no process in place to determine what should occur in the event of AIRWAVE button activation THEN there will be an ineffective response when crews activate the emergency button RESULTING IN potential for increased harm to staff	Quality Committee	EMD will act when button is pressed, however actions vary from person to person	No SOP in place or any documentation of EOC actions when button is activated. Training not consistent. Road crews uncertain as to how to utilise button. No MoU with Police as to response on button activation	12	12 Moderate Risk	4 LSMS to liaise with police to create and ensure aberrance to MoU regarding Police response to button activation	05/03/2019 Draft SOP provided to all four forces and agreed by North and Humberside. Awaiting response from West and South.	Jones, Daniel	31/03/2019	
Operations	1181													4 Liaise with EOC and Ops to develop SOP around button activation	April 19_ SOP written working with EOC to sign off and implement. 05/03/2019 - Draft SOP developed with EOC and being presented at EOC governance today. 22/03/2019 - SOP approved in EOC Governance	Jones, Daniel	31/03/2019	22/03/2019
Operations	1181													Implement and raise awareness of SOP both in EOC and Ops.		Jones, Daniel	30/04/2019	

Directorate	ID	Risk	Risk Owner	Sub-Directorate	Risk Type	Category	Date	Risk Description	Committee	Controls / Assurance	Gaps in Controls	Score	Rating	Target	Action	Update	Action Owner	Due Date	Completed
Workforce and OD	1114	Robust process for recording Command competencies	Kirk, Neil	Organisational Effectiveness and Education	Operational Risk	Training, Education & Compliance	13/05/2019	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	Quality Committee	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	6	Collate records of completed training and cross-reference with staff roles who require competencies	Oct 18: available records of command competencies have been collated. July 18: Emma Knowles (Resilience Admin) has now been given permissions, and received training, to enable her to update training records on ESR/OLM. Jon Copley and Neil Kirk (YAS Academy) are now aware of where the gaps are in relation to historic resilience training records. Work is planned - between the two departments - to bring these records up-to-date over the next couple of months (a significant undertaking to fit in around existing admin commitments). June 18: Records have been collated for core command training and 4 courses have been added to OLM so that these can be uploaded to the system, allowing the competence to follow the ESR number. Work on underway to upload records May 18: collation of records is ongoing	Bell, John	30/11/2018	26/11/2018
															Develop a YAS Commander Framework based on the National Service Specification	Feb 19: developed and agreed through TMG Oct 18: CF being finalised and agreed 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 May 18: development of the YAS Commander Framework is well underway.	Kirk, Neil	30/11/2018	04/03/2019
															Align Command competencies to role on ESR / OLM	Nov 18: This action follows 1 & 2. Once the commander framework has been signed off, and all current command training records have been uploaded to the OLM system then competencies will be mapped across to roles so that compliance can be monitored	Copley, Jon	29/04/2019	
															Input staffing Command training and competencies data into OLM	Nov 18: this follows action 3	Copley, Jon	29/04/2019	
															Develop and implement a documented process to maintain comprehensive training records of command competency in OLM	Oct 18: process for maintaining records once uploaded being agreed 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	22/04/2019	
															Develop and deliver Flu plan 17/18	March 18: 65.4% final position. Debrief and lessons learned planned to inform next year. Jan 18: Flu vaccination final figure is 65.3% uptake, positive improvement on previous years. Dec 2017: 62.8% uptake. Await final forms for count. Nov 2017: Flu vaccination uptake 50% of Trust @week 5 of a 14 week campaign. Aug 17: weekly flu meeting in place, project manager starts 7 Aug. High street vouchers approved and going through Procurement process. Engagement with Comms and BI.	Angus, Karen	28/02/2018	12/03/2018
															Deliver Health and Wellbeing Plan 19/20	Mar 19: H&WB plan to TMG in March 2019, includes Flu plan. Jan 19: H&WB PLAN TO NHSI, positive wellbeing survey results funding for H&WB Bus agreed 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	Houghton, Helen	28/06/2019	

Directorate	ID	Risk Title	Owner	Department	Risk Type	Category	Date	Risk Description	Type	Controls / Assurance	Score	Rating	Score	Action	Progress	Action Owner	Target Date	Completed Date
Workforce and OD	950	Health and Wellbeing CQUIN	Angus, Karen	Human Resources	Strategic Risk	Financial	28/06/2019	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	Both	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	4	OH contract re-tender and mobilisation	April 19: new contract for OH went live on 1/4/19. physio contract still to be signed off. Mar 19: Mobilisation of awarded contracts is underway including provision of Day One service. Notification to staff for transfer of records has been communicated. Jan 19: Didn't tender for day one service. Options are under consultation. project Mgr for exit & mobilisation. 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-	Houghton, Helen	31/07/2019	
														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
														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
														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	Jan 19: Flu vaccine delivery ended reconciling returns 65.1% Dec 18: achieved >60% as at December 2018 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	Houghton, Helen	31/07/2019	24/01/2019
														Plan for TdY	Mar 19: planning is underway for TdY provision	Houghton, Helen	06/05/2019	
Workforce and OD	1048	Paramedics band 6 upskill training	Madsen, Claus	Organisational Effectiveness and Education	Strategic Risk	Financial	01/04/2020	IF the paramedic band 6 Job Description skills requirement upskill training is not delivered for paramedics that qualified pre-2008 (or have not done the IHCD module J or equivalent) by April 2020 THEN YAS will not meet NHSI requirements RESULTING IN potential for some of the £1.54M funding attached not being released to the Trust	Finance and Investment	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 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
														Put in place a plan for training and deliver through 2018/19 and 2019/20	April 19: KPI 60% framed 65% compliance 100% planned Mar 19: 100% planned to be in place by the end of March 2019, with 60% delivered by end of March - we are on track. Next milestones are 80% delivered by Sept 2019 and 100% delivered by end of March 2020. Jan 19: on track with monthly reports to NHSI milestone end 100% planned in place 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	Madsen, Claus	30/04/2019	

Directorate	Risk Ref	Risk Title	Risk Owner	Department	Risk Type	Category	Review Date	Risk Description	Committee	Cause / Controls	Consequence	Score	Rating	#	Action	Progress Update	Action Owner	Target Date	Completed Date
Workforce and OD	1051	Immunity screening and vaccination and health surveillance	Houghton, Helen	Human Resources	Operational Risk	Infection, Prevention & Control	27/05/2019	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	Quality Committee	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	12 Moderate Risk		Send out clinical alert regarding measles outbreak and importance of MMR vaccine	Nov 17 Complete	Ashby, Clare	30/11/2017	30/11/2017
														4	PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required	April 19: priority to find out who still needs vac's. Mar 19: >100 outstanding being followed up by H&WB Team in conjunction with Ops. Jan 19: still > 100 outstanding letters sent out. Nov 18: Letter has been sent to staff without up to date records. Working with PAM on next phase of implementation. 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.	Houghton, Helen	27/05/2019	
															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
															Manage Bradford measles outbreak	Nov 18: (RAG) Outbreak contained. To close action. 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	27/11/2018
															approx 60 Fleet staff required health surveillance renewed annually	Mar 19: H&WB Team, H&S Manager and Fleet Compliance Manager working together to establish required health surveillance provision for Fleet staff	chapman, graham	28/06/2019	
Workforce and OD	861	Delivery of Stat Mand Training	Madsen, Claus	Organisational Effectiveness and Education	Strategic Risk	Training, Education & Compliance	27/05/2019	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	Quality Committee	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		12	12 Moderate Risk		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. Feb 17: work to develop A&E Ops face-to-face TNA is ongoing. 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
														3	Training for PTS incl volunteers	Jan 19 this is now in place. 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	09/01/2019
															Full review of Statutory and Mandatory Training provision	Mar 19: Matrix signed off at non-clinical PGB. Training Plan going to TMG mid-March. Plans to transition to National Core Skills Training Framework (CSTF) in 2019/20. Jan 19 PGB'S established draft TNA matrix in places and roles defined. 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	27/05/2019	

Directorate	ID	Risk Title	Risk Owner	Department	Risk Type	Category	Date	Description (IF...THEN...RESULTING IN)	Committee	Controls	Gaps in Control	Current Score	Target	RAG	Action	Update	Action Owner	Target Date	Completed Date
Workforce and OD	814	Impact of calculation of holiday pay to include regular overtime in remuneration	Hartshorne, Suzanne	Human Resources	Strategic Risk	Financial	15/07/2019	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	Finance and Investment	1. European caselaw 2. National caselaw is ongoing and includes all ambulance trusts, NHS Employers 3. Engage Staff side	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 111 Don't record compulsory vs voluntary.	16	16 High Risk		Await outcome of Employee Tribunals to determine caselaw on inclusion of regular overtime in holiday pay remuneration	April 19: awaiting tribunal outcome Mar 19: Court of Appeal in May 2019. Finances set aside for 2 years. Jan 19: Cannot pay 111 as unable to seperate compulsory & voluntary over time. Paid out compulsory OT in statutory leave 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	Hartshorne, Suzanne	15/07/2019	
Planned and Urgent Care	845	Culture / Retention in NHS111	Leese, Mark	NHS 111	Operational Risk	Human Resources	28/06/2019	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.	Quality Committee	1) Monitor Sickness levels 2) Monitor attrition levels 3) Annual staff surveys and Exit Interviews to establish reasons	Plan to manage attrition Performance pressures due to peaks in demand meaning unable to take staff off the phones for 'Hello my name is'	12	12 Moderate Risk		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
															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
															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
															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
															Launch national initiative of 'Hello my name is ...' into NHS 111 Call centres in Wakefield and Rotherham	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 Work has been superseded by the Culture and Development Working Group. The project told us that the idea of support in the call centre at busy times is one that should be continued but that it should be managed in a different way. We now have more red card floor walkers at busy times to support the call centre staff. Go live date of 10.12.2017 Project went live 10.12.2017	Roberts, Karen	29/12/2017	02/01/2018
															Cultural review in 111	Work is underway. Project group well established with completed action plan which will now be implemented. Staff members will be co-opted onto the group for engagement and development. The workplan will be reviewed in light of the recent staff survey results to ensure it is still fit for purpose.	Brereton, Christine	31/12/2019	
															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
														High Risk	Funding now available from winter monies so as 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
															Multi-factoral approach to clinical advisor recruitment in NHS111	July 16: Raised all CA recruitment to band 6, Offering homeworking Undertaking joint clinical recruitment with the clinical hub Planning to recruit 8 Urgent and Emergency Care Nurses into 2 year training posts to increase & attract future clinicians into YAS Offering greater flexibility on rota patterns Continue multi disciplinary clinical team approach with floorwalkers/specialist clinicians improving access to band 6 roles with additional training options Working with NHS Pathways to develop other training methods and 'expert clinician' modules Utilisation of wider YAS Clinical pool Undertaking joint clinical recruitment with the clinical hub Partnership working with Urgent Care regional providers Nov 16: NHS 111 service continues to work closely with the Clinical Advisory Service (Vanguard	Leese, Mark	25/09/2017	14/07/2017
															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

Directorate		ID	Risk	Risk Owner	Service	Risk Type	Category	Review Date	Risk Description	Committee	Controls	Gaps in Controls	Assurances	Current Score	Risk Rating	Target	Actions	Action Progress	Action Owner	Due Date	Completed Date
Planned and Urgent Care		58	Clinical Staff Recruitment and retention - NHS 111	Townend, Keeley	NHS 111	Operational Risk	Clinical	31/05/2019	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.	Quality Committee	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 9. Joint recruitment with EOC 10.Sub contracting pilot with Vocare Ltd for ED validation	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	16 High Risk	6	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
																	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
																	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
																	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 piloting 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
																	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
																	Hold a joint recruitment exercise with EOC	Oct 18: 7 clinical advisors recruited for NHS111 in last round. Further recruitment rounds are planned. further recruitment planned for 2019/20	Littlewood, Michela	28/02/2019	
																	Explore through procurement the possibilities of short version procurement from other NHS 111 providers for clinical capacity over the winter period	April secured contract with vocare.However still a shortfall of clinicians Jan 19: Using Vocare until end of year contract with Vocare secured for 2019 / 20	Townend, Keeley	31/05/2019	
Planned and Urgent Care		1062	PTS Volunteers training provision	Green, Dave	PTS (Patient Transport Services) -Operations	Strategic Risk	Training, Education & Compliance	29/03/2019	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	Both	Training is working to align modifications suggested by Alternative Resource Management team Non-Clinical Portfolio Governance Board reviewing statutory and mandatory training requirements	Time lag in recording compliance due to paper processes		12	12 Moderate Risk	6	Statutory and Mandatory training workbooks to be revised to suit PTS volunteers	March 19 - Final version has been provided to volunteers and to date 40 workbooks have been completed.Feb 19: final draft Stat and Mand workbook is with CorpComms for checking and sign off prior to printing. Jan 19 Further update - raised again at non cinical PGB 30 Jan and discussed with Head of Academy who has prioritised this piece of work.Jan 19. Risk upgraded as workbooks are still not available and there is a risk of non-compliance across volunteers. Jan 19: All content has been reviewed by SME's and YAS Academy are due to send the final content for review to the respective volunteer co-ordinators within PTS & CFR.Nov 18: full review of volunteer training package is underway. Non-Clinical PGB has oversight of stat/mand training workbook content with contributions of SMEs. Oct 18: NWAS have shared their volunteer workbook, YAS to evaluate this. To consider by SMEs and feed	Green, Dave	30/04/2019	
																	Volunteer co-ordinator PTS to work with Training School to ensure data relating to training of VCS drivers is accurate	March 19- Book developed and out for completion both online and hard copy. Jan 19 relates to attached action will be picked up in overall development of workbooks.November 2018 - Volunteer Coordinator is working with training school to develop new workbook and ensure training data is captured	England, Rosie	28/02/2019	29/03/2019
																	PTS Volunteer Co-ordinator to promote the use of the 247 e-learning	March - 2019 all volunteers who have requested access to online training materials have been provided with log on's. Only 8 who do not have access to a computer do not have the access.	England, Rosie	29/03/2019	29/03/2019
																	Develop a stakeholder communications plan with commissioners and work together to implement this	Aug 18: all work complete and BAU June 18: plan is in place, this has been agreed with Commissioners Signposting of patients who are not eligible to other transport types - Voice recording and web page both in place to signpost patients to other transport options and financial support May 18: work is underway to develop a joint plan to effectively communicate with stakeholders	Astley-Tipping, Paula	01/10/2018	21/08/2018

Directorate	ID	Risk	Risk Owner	Service	Risk Type	Category	Review Date	Risk Description	Committee	Controls in Place	Gaps in Control	Initial Score	Current Score	Risk Rating	Target Score	Action	Action Update	Action Owner	Target Date	Completed Date
Planned and Urgent Care	1108	Revised approach to application of PTS Eligibility Criteria	Dexter, Chris	PTS (Patient Transport Services) -Operations	Strategic Risk	Adverse Publicity & Reputation	31/05/2019	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	Quality Committee	Plan in place has been agreed with Commissioners. Working with commissioners to develop a process to enable signposting to alternative transport. Overview and Scrutiny Committee sign off arrangement. QIA in place with action plan. Recruitment of additional call handlers. Call handlers receiving training to deal application of eligibility criteria and managing difficult conversations. Communications plan to include media management	Reliance on commissioners to lead the public engagement process. Potential increase in complaints and impact on Patient Relations Team. High profile/ risk patient groups (such as British Kidney Association) may look to campaign and increase publicity. Jan 19: Increase in Tail lift booking from HCPS	15	15	High Risk	4	Work with commissioners to devise a collaborative approach to Overview and Scrutiny Committee	March 19 - YAS now leading on eligibility meetings with all participating commissioners (currently North Yorks only but will be extended to other areas as other areas begin their eligibility process.)These meetings are planned quarterly with the next meeting being planned for June. The purpose of the meetings is to look at themes and trends, review the process and address any upcoming issues.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	31/05/2019	
																Liaise with Patient Relations Team to make them aware of eligibility project and appeals process and its potential to increase complaints	Jan 19 - Meeting arranged with commissioner to look at management of eligibility appeals. 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	24/01/2019
																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
																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 VDY/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	March 19 - this continues to be monitored for themes and trends linked to eligibility through 4c's and performance reports. Jan 19: Monitoring has highlighted tail lift increase deamand from HCPS. Jan 19 - Following further review of the Manchester triage system it is unsuitable for this requirement. Nov 18: (RAG) To roll out to other areas (East next) 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	31/05/2019	
Planned and Urgent Care	1030	NHS 111 / Bigword	Littlewood, Michela	NHS 111	Strategic Risk	Information governance	31/07/2019	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 …	Both	Request a copy of the sub-contract clause as it would appear around privacy protection and principles 1, 7 …	Not yet received assurance from 'the big word' that their subcontractors …	12	12	Moderate Risk	8	To discuss issue with IG and request that procurement contact provider and seek documentation providing assurance of adequate privacy protection	April 19: draft contract with IG 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

Directorate	ID	Risk Title	Risk Owner	Department	Risk Type	Risk Category	Date	Risk Description		Controls in place	Gaps in controls		Score		Rating		Action	Action Detail	Action Owner	Start Date	End Date

(Top partial row)

would not have adequate assurance resulting in lack of adequate privacy protection.

and 8 of Data Protection Act 1998 and the storage of data

are applying appropriate safeguards

Understand what other suppliers are in the market to provide translation services

Jan 19: IG contributed to spec. ICT reviewing currently. wider stakeholder engagement already in place.
Nov 18: (RAG) Final specification will be completed over the coming weeks and will go out for tender.
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 — 31/07/2019

Planned and Urgent Care | 1204 | On-Line calls going directly on to Clinical Queue | Littlewood, Michela | Integrated Urgent Care (IUC) | Operational Risk | Patient Experience | 12/08/2019 | If NHS 111 Online cases go onto the IUC core clinical queue then these patients cannot be assessed by a Health advisor and therefore need to be contacted by a senior clinical advisor | | The queue is managed by identifying dental calls so they can be contacted by a Dental Nurse in the first instance reducing the number of online cases that need to be contacted by a senior clinical advisor | There is no way of assessing the urgency without triage and this has to be done by a clinical advisor and not a health advisor | | 12 | | 12 Moderate Risk | | 6 | | | |

Planned and Urgent Care | 1188 | Workforce PDR & Training Data | Dexter, Chris | PTS (Patient Transport Services) -Operations | Strategic Risk | Financial | 15/04/2019 | If the ESR staff data is not made available to populate the PTS contractual quality reporting THEN YAS will be unable to provide assurance to commissioners that we are meeting contractural obligations RESULTING IN potential for YAS PTS to receive performance notices on all contracts | Both | We have explained the situation to all commissioners meeting with them all at local CMB meetings on a monthly basis. Met with internal stakeholders to seek assurance that this will be rectified and made a priority. Local data on individual compliance levels is kept and can be produced if needed however this will not be part of the formal reporting process of the Trust. | Unclear who holds responsibility for this issue. | | 12 | | 12 Moderate Risk | | 2 | Review of data availability for PTS contractual data | March 19 - Data which populates the monthly PTS reports would appear to have been corrected in the last month's reports. This will continue to be monitored for accuracy. Feb 19: some data has been made available retrospectively, however assurance required on accuracy and timeliness. Also work to understand what happened and what has been put in place to prevent recurrence. Jan 19: work with Head of YAS Academy, HR and BI to establish responsibility for identifying and correcting the issues with this data. | Green, Dave | 15/05/2019 | |

| | | | | | | | | | | | | | | | | | 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 |

| | | | | | | | | | | | | | | | | | 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 |

| | | | | | | | | | | | | | | | | | To raise awareness with IAOs regarding the Trust's legal duty and their responsibility within the request handling responsibility. | Jan 18: discussed at IG Working Group. IAOs to be initial point of contact within service for FOIs, along with subject matter expert where appropriate will co-ordinate the response. | Dickinson, Katy | 31/01/2018 | 20/02/2018 |

| | | | | | | | | | | | | | | | | | 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 | 31/12/2018 | 07/12/2017 |

| | | | | | | | | | | | | | | | | | Implement Datix FOI request handling | Nov 18: (RAG) currently on hold April 18: Options reviewed. Plan to use Datix for FOI request handling is being considered | Cowell, Benjamin | 30/04/2019 | |

| | | | | | | | | | | | | | | | | | 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 |

Quality, Governance and Performance Assurance | 1039 | FOI Compliance | Balfour, Caroline | Legal Services | Strategic Risk | Regulatory compliance | 30/04/2019 | 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) | Both | 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 | 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 | | 15 | | 10 Moderate Risk | | 3 | Monitoring of FOI compliance through IPR to be re-established and oversight by RAG to be implemented. | 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 | 30/04/2019 | |

Directorate	ID	Risk Title	Risk Owner	Committee	Risk Type	Category	Date	Cause/Risk Description	Assurance/Controls	Gaps in Controls	Current Score	Target Score	Risk Rating	Action	Action Detail	Progress Update	Action Owner	Target Date	Completed Date
															Review of information contained in Publication Scheme.	Mar 19: no capacity presently to consider routine datasets that could be published. To review FOIs to understand which are regular requests and what could be published for signposting. 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	26/08/2019	
Quality, Governance and Performance Assurance	1129	Shared mailbox access	Taylor, Kate	Performance Assurance & Risk	Strategic Risk	Information governance	24/06/2019	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	Both	Removal of shared mailboxes from leavers on the ICT leavers SOP	No routine check with the named mailbox owner of users who have access Unclear how many shared mailboxes have an identified owner Owners do not take responsibility for updating access permissions for 'members' of the mailbox when they move departments Access to mailboxes for staff who move roles temporarily or permanently is not amended	12	12	Moderate Risk	3	To obtain a list of active shared mailboxes including Name of Mailbox, Owner and Members of shared mailbox	April 19: Draft SOP arounf management of shared Mail boxes May 19: draft process to be included in email policy which is under review 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	24/06/2019	
															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
Quality, Governance and Performance Assurance	1132	Email Distribution Lists	Taylor, Kate	Performance Assurance & Risk	Strategic Risk	Information governance	13/05/2019	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	Both	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	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	15	12	Moderate Risk	6	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 a listing report of all created Distribution Lists on Outlook and the owner and members	Mar 19: bespoke DLs set up by individuals cannot be reported on. Comms to all users via Staff Update to advise on appropriate management of DLs. Advice given to PAs. Dec 2018: lists shared with IAOs for review 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	13/05/2019	
															Communication on process for managing Distribution Lists that have been set up by individuals eg. for meetings	Mar 19: email policy is being updated and a procedure for management of DLs will be included Dec 18: procedure on Pulse for managing DLs and contact lists in outlook. 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.	Travis, Maxine	24/06/2019	
Quality, Governance and Performance Assurance	1208	Level 3 Safeguarding Training	Gibson, Nikki	Safeguarding	Strategic Risk	Training, Education & Compliance	09/09/2019	IF the YAS mandatory training plan is not appropriately updated to reflect changes to level 3 safeguarding training requirements THEN the trust will be unable to demonstrate compliance RESULTING in non-compliance with the national inter-collegiate safeguarding guidelines for safeguarding adults and children.	Quality Committee	YAS Safeguarding team and the YAS academy working in partnership to complete. The level 2 safeguarding eLearning product is being refreshed and will be incorporated into ESR, this will also include consideration for the level 3 theory base, competencies and knowledge.	Safeguarding and workforce resource.	12	12	Moderate Risk	4	A 3 year training lead time has been agreed in the national ambulance safeguarding group. The trust has conducted a risk assessment via the Clinical Governance group and the 2019/20 plan is in place prioritising training for key clinical staff. Years 2 and 3 of the plan will expand to include all Paramedic staff. Delivery will be supported by the upgrade of the current level 2 eLearning and of the content of the trust induction programme on safeguarding.		Gibson, Nikki	09/09/2019	

Directorate	ID	Risk	Owner	Team	Risk Type	Category	Date	Risk Description	Committee	Score	RAG	Action	Progress	Action Owner	Target	Complete
Quality, Governance and Performance Assurance	1015	Post-Occupational Exposure Prophylaxis	Ashby, Clare	Quality and Nursing	Operational Risk	Infection, Prevention & Control	30/09/2019	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	Quality Committee	12	12 Moderate Risk	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
								YAS IPC policies / YAS staff understand the requirement for prophylaxis / Datix incident reporting process notifies IPC lead of any incidents				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 covered as part of spec / Oct 18: feasibility of providing this service under the OH contract will be considered	Houghton, Helen	07/11/2018	16/11/2018
								Provision of prophylaxis arrangements through current OH contract is not available and is unlikely to be available with other private providers.				Once 111 have confirmed status as prescribing centre, we will be able to establish an SOP to ensure all staff exposed to bacterial meningitis are given appropriate and timely treatment.		Ashby, Clare	30/09/2019	
Quality, Governance and Performance Assurance	998	Availability of CCTV for pursuance of sanctions	Page, Steve	Performance Assurance & Risk	Operational Risk	Staff & 3rd Party Safety	15/04/2019	IF CCTV is not readily available THEN investigations cannot be comprehensively conducted RESULTING IN failure to impose sanctions and redress	Both	12	12 Moderate Risk	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
								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.				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
								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 / NEW 27/2/2019 - Second hand vehicles purchased from another trust do not have CCTV working within them.				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
												1) Deploy the overlay 4G system to ECCO (Premier Hazard) And 2) Upgrade VUE SD card systems to hard drive	Feb 19: (RAG) awaiting results of testing from Fleet/ICT / 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	Tawlks, Steven	15/04/2019	
												Evaluation of quality of premises CCTV	August 18: H&S committee and recommendations made to TMG. / 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	28/11/2018
											Moderate Risk	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries in the Ambulance Service	April 19: working group met 28th March. Significant progress made with agreement to complete further standardised risk assessments for common moving and handling equipment. / Feb 19: next HSE working group is end of March 2019 / Nov 18: (RAG) National H&S Ambulance group 6th Dec 18. Carry Chair Risk Assessment to be completed. / 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.	Jackson, Shelley	31/05/2019	

Risk Register

Risk 1063 — Cumulative effect of repeated moving and handling

Field	Value
Directorate	Quality, Governance and Performance Assurance
Risk ID	1063
Title	Cumulative effect of repeated moving and handling
Owner	Jackson, Shelley
Committee	Quality and Nursing
Risk Type	Operational Risk
Category	Health and safety
Date	31/05/2019
Description	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
Scope	Both
Controls	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
Assurance	Quality of Occupational Health Service provision (Risk xx and associated actions)
Score	12
Rating	12 Moderate Risk
Residual	3

Actions:

Action	Update	Owner	Due	Completed
Reduce weight of bags	May 19: Bag specification now developed and to be sent out to suppliers. April 19:Bag sub group meeting held 26th March. Contents of bags reviewed to see if design could be changed to distribute the weight more evenly and reduce it as far as possible. Resulting specification to be developed. Dec 18: These currently don't fit in vehicles, review of this underway. Nov 18: (RAG) New Response bag trial starts 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. July 18: Sub group meeting scheduled for 24th July May 18: Framework in place for procurement. Apr 18: Bag sub group to meet next on 24th April. Tender evaluation for new bags to be held on 9th May. Dec 17: Response bag subgroup (subgroup of TPG) is working to	Jackson, Shelley	31/05/2019	
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 Group to consider moving and handling risk	Dec 17: lessons learned from previous procurement and included in vehicle design specifications Apr 18: Vehicle group Jul 18: new vehicle design now going into production 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	31/03/2019	

Risk 146 — Annual Data Security (IG) Training of all staff

Field	Value
Directorate	Quality, Governance and Performance Assurance
Risk ID	146
Title	Annual Data Security (IG) Training of all staff
Owner	Taylor, Kate
Committee	Performance Assurance & Risk
Risk Type	Strategic Risk
Category	Information governance
Date	01/04/2019
Description	IF YAS staff do not complete annual Data Security Awareness (IG) training THEN this is a breach of statutory duties and would RESULT IN potential for increased data breaches and non-compliance with the DSP Toolkit mandatory assertion
Scope	Quality Committee
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 the Toolkit prior to submission includes training standard for all staff and specific 'expert' staff 7. Weekly training compliance reporting established between BI and Head of Risk from January 2019
Assurance	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
Score	12
Rating	12 Moderate Risk
Residual	3

Actions:

Action	Update	Owner	Due	Completed
Weekly monitoring of uptake of IG training by staff	April 19: as of 31/03/19 IG compliance was at 91.8% highest its ever been February 2019: as of 13.2.19 compliance is at 83.7% January 2019: uptake of training now monitored weekly by Head of Risk. Working with Heads of Service and IAOs to increase compliance.	Travis, Maxine	01/04/2019	
Staff communications to support completion of IG training	Jan and Feb 2019: IAOs and heads of service have received communications specific to their services with breach reports. 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	01/04/2019	
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	Travis, Maxine	30/11/2018	29/10/2018

Additional Action

Action	Update	Owner	Due	Completed
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

Directorate		Ref	Risk Title	Risk Owner	Sub-Committee	Risk Type	Category		Target Date	Cause	Source	Controls	Gaps in Control	Assurances		Current Score	Risk Level		Target Score	Action	Progress	Action Owner	Due Date	Completed Date
Quality, Governance and Performance Assurance		697	Health and Safety Training for middle managers	Jackson, Shelley	Quality and Nursing	Strategic Risk	Health and safety		30/06/2019	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.	Both	1)Health and Safety Competent person in post (Health and Safety Manager) 2)Health and Safety Management system in place in line with HSG(65 3)Up to date Health and Safety policies and procedures in place 4)Middle Managers have been offered formal 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	To review the impact of the new health and safety sentencing guidelines on the Trust. Health and Safety Manager to meet with Director of Quality, Governance and Performance Assurance	Meeting held, new guidelines were reviewed and an example case was worked through. A copy of the guidelines was supplied to the Director of QGP. Paper presented to H&S committee in June with training proposal. Agreement gained for action. Potential course details provided to Head of Leadership and Learning for costing and progression. Paper since gone to the Education and Training Sub Group, Karen Warner agreed to speak to Steve Page about the proposal before this went ahead. 1598 IOSH Training for Middle Managers was identified in the Trust wide TNA and reported to TEG, this will not be within the Workforce Training Plan for 2016/17 therefore agreement to provide will be sought in February 2016 as part of the overall abstraction plan and training should this be approved will commence in early in the new financial year.	Jackson, Shelley	08/06/2016	08/06/2016
																				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 H&S Training course for Management group not included in the IOSH accredited training. Work to be done by Health and Safety Manager in partnership with Head of Learning and Development.	Apr 19: e-learning training package for managers is now under development based on the original face to face learning package that has been developed. 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	30/06/2019	
Quality, Governance and Performance Assurance		933	Conflict Resolution Training provision	Page, Steve	Performance Assurance & Risk	Strategic Risk	Staff & 3rd Party Safety		30/04/2019	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	Quality Committee	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	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	30/04/2019	
																				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	30/04/2019	
																				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
																				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	30/04/2019	
																				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	30/04/2019	
																				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	30/04/2019	