Directorate	ID	Title	Handler	Business Area	Risk Type	Risk Subtype	Review date	Description	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)
															Establish EU Exit planning and coordination Group	August 2019 - coordination group re-established and working towards October 2019 date. Jan 19: group established, SRO is chair, weekly meeting scheduled. Project support required.	Travis, Maxine	13/08/2019	13/08/2019
															Risk assessment of supply of medicines and vaccines - medium risk	August 2019 - further secured storage sites located at Leeds and York teaching hospitals to facilitate further stocks as required. 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 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	Taylor, Kate	27/12/2019	
															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.	Taylor, Kate	27/12/2019	
															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	Taylor, Kate	27/12/2019	
								Designated SRO YAS representation at Local Resilience Forums and regional forums YAS EU Exit planning and coordination group will meet on a bi 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							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.	Taylor, Kate	27/12/2019	
															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

| 1186 | EU Exit | Page, Steve | | Strategic Risk | Business continuity | 27/12/2019 | IF the EU Exit proceeds as a 'no deal' THEN YAS plans for continuity of business as usual could be impacted RESULTING IN potential for disruption to patient care. | 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
9. Activation of Operation Wellington - High
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 | 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 | August 2019 - webinar update and subsequent investigation into Datix IQ Cloud and other contracts we have assurances that we have no data stored outside of the UK.
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 | Taylor, Kate | 27/12/2019 |

| 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 | Taylor, Kate | 27/12/2019 |

| Assessment of EPRR capacity to respond to EU Exit command arrangements | August 2019 - aim for reprioritise of EPRR team by end of October.
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. | Taylor, Kate | 27/12/2019 |

| Mapping through impacts of activation Operation Wellington with department of transport, NHS England and LRF.

Seeking legal advice to seek clarity on associated risk on activation Operation Wellington whilst complying with article 2 and CCA Act. | | Taylor, Kate | 27/12/2019 |

Category	ID	Risk	Owner	Directorate	Risk Type	Domain	Review Date	Description	Controls	Consequence/Impact			Rating		Mitigating Actions	Update/Progress	Action Owner	Target	Completed
															Working closely with NHS England SECAM to understand requirements of mutual aid request. Ensure staff trained and competent to take additional workload. Undertake resource planning to take additional activity. Understand accountability of decision making on activation. Consider staff welfare needs as part of this request.		Taylor, Kate	27/12/2019	
Business Development	911	Strategic Impact of Reconfigurations	Bange, Catherine	Business Development	Strategic Risk	Financial	31/03/2020	STRATEGIC IMPACT OF RECONFIGURATIONS IN WIDER HEALTH ECONOMY IF the modelling of requirements to address the impact on YAS of reconfiguration of services in the wider health economy are not acknowledged and resourced THEN this will impact on performance, patient safety and compliance RESULTING IN failure to deliver YAS Strategic Objectives	1. ORH Modelling of impact on YAS of specific reconfiguration plans 2. Quality Summit focus on reconfiguration and turnaround 3. Engagement with STPs 4. Planning & Development Group established with representation from clinical, contracting and A&E operations. 5. Internal Audit of reconfigurations - report Dec 16 6. Register on SharePoint	Modelling of combined impact of reconfigurations Management of: increased Turnaround, drive time, & transfers for specialist care Repatriation of displaced resource, increased costs, added clinical risk (Risk 368) with reduced 999 response resource Over a 12 month period a total of 62,244 staff hours would be required in order to cover all of the changes, Harrogate stroke, Scarborough children, Friarage front end and Darlington front end. This equates to 1197 staff hours per week, and 170 staff hours per day. Assuming 37.5 hr/wk, requirement would be 32 more staff to cover this demand. Mitigations for expanded episode of care resulting in added costs additional pharmacy and supplies costs and additional fuel	16	12	Moderate Risk	8	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 and route to change impact of	Bennett, Julie	29/03/2017	29/03/2017
															Deliver recommendations of IA 171126:Acute service reconfigurations	SEP'17 responses: 1) Considered as part of negotiations for phase 2 MYHT reconfiguration. Financial settlement was reached to reflect impact of reconfiguration on operational services. This will form part of any future negotiations. Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Action complete 2) Integrated Business Planning Group reports to TMG, minutes taken and TOR reviewed. Reconfig Group is a working group providing info to IBPG. A&E Delivery Board minutes taken and TOR reviewed. Action complete 3) Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Current work includes MYHT review.	Sandford, Matt	26/09/2017	26/09/2017

Finance	978	Tail Lifts on A&E vehicles	Gott, Jeff	Fleet		Operational Risk	Health and safety	01/11/2019	IF the Trust does not complete specific rectifcation work on the A&E fleet tail lifts, monitor fault development whilst this work is completed THEN the tail lifts will fail to operate correctly or could collapse RESULTING IN significant harm to patients (falls) and staff (falls and musculoskeletal injury)	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	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	12	12	Moderate Risk	4					

Actions for Risk 978:

Action	Update	Owner	Due Date	Completed Date
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
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	20/12/2019	
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	20/12/2019	
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	20/12/2019	
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	20/12/2019	
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	20/12/2019	
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	20/12/2019	
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
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 appropirate resource.	Moyes, Richard	31/08/2017	18/08/2017

| Finance | 989 | Vehicle availability for A&E inl 4x4 capability | Moyes, Richard | Fleet | Operational Risk | Capacity | 25/10/2019 | IF vehicle availability does not meet A&E rota requirements THEN staff will be on shift without a vehicle RESULTING IN lack of utilisation of rota'd staff and inefficient use of resources | New rota pattern - vehicle availability is meeting core rota
Planning for impact of Tour De Yorkshire - requirement for 11 RRV and 8 DCA.
Plan for ARP delivery 380 DCA and 75 RRV approved by commissioners @ 4M
Additional overtime in Fleet to cover management of VORs | Vehicles not in the right place over the core rota and no capacity to move them, particularly at weekends
Management of on-day rota changes
Management of overtime | 15 | 12 | Moderate Risk | 3 |

Actions

Action	Update	Owner	Date	Date
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
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 frontline 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. Sep 19: There are insufficient vehicles to support the UCI world cycling championships, VOR rates and BAU. The UCI requires 5 DCA, 2 motorbikes and 1 RRV. These have had to be taken out of operational service as there are no new vehicles entering service that provides slack in the system and previous decommissioned DCA are not mechanically sound without significant financial investment. UCI vehicles are being taken from operational service.	Moyes, Richard	25/10/2019	

Finance	643	*** Not on reports*** Denial of Service on 999 Service Delivery	Zahran, Ola	ICT - Information Technology	Operational Risk	ICT		29/10/2019	IF there was a 999 Denial Of Service Attack on the YAS Telephony THEN Telephone channels and EMD Agents will be overloaded dealing with rogue callers RESULTING IN Genuine 999 callers being unable to receive medical help from YAS	1) Liaised with BTOS to understand and confirm process for Primary/Secondary numbers and in place. 2) Contact Glasgow contact number. This is recorded in On-Call documentation and communicated to key ICT on-call and EOC 3) ICT/EOC/BC discussed/reviewed process agreed and communicated should the incident occur 4) Script implemented and tested to block none BTOS Calls coming into EOC 5) AD ICT named Single Point Of Contact (SPOC)	1) Training for SPOC	16	12	Moderate Risk	8	Establish SPOC role for DDOS	18.4.19 - Discussed the update with Head of ICT and ICT are confident processes are in place to address these incidents and this specific role needs to be with the resilience team. 17.3.19 - discussion with Business Continuity Manager regards the role of ROC in DDOS. They are clear that the SPOC should be ICT on call in-hours and out-of-hours. AV to discuss with OZ 25.02.2019 - DF emailed Diane if this was arranged and provide details. 28.1.2019 - DF emailed Diane Whitehead and Ola Zahran to arrange a meeting with Maxine Travis to finalise the role of ICT in this process. 31.5.2016 - ICT have plans in place in the event of a denial of service. Head of ICT meeting with BT in early march 2016 and will ask BT what they mean by a SPOC (or single point of contact) for liaison in respect of DoS attacks.	Zahran, Ola	27/05/2019	
																Plan for implementation / changes to Investigatory Powers Act	Sept 18: response in relation to changes in RIPA provision in respect of obtaining data to support communications investigation. Adrian Wallis is Cyber Security specialist and manages safety alerts and has developed a SOP to obtain comms data. Head of Risk and IG Manager attending training to ensure understanding of the legal regime imposed under the legislation. and to learn how to achieve legal compliance when planning, authorising and/or conducting investigative practices regulated by both RIPA and the provisions in the IPA currently in force. This covers off requirement for trained personnel to manage requests for communications data within the Trust. Training in Jan 2019 Dec 16: SOP being documented	Travis, Maxine	31/10/2017	08/11/2018
																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

Directorate	ID		Owner	Area		Risk Type	Category	Review Date	Risk Description	Controls	Cause	Current	Target	Rating	Score	Action	Progress Notes	Action Owner	Due Date	Completed Date
Finance	784	CIP	phillips, mark	Finance		Operational Risk	Financial	20/12/2019	IF YAS fail to deliver Cost Improvement Programmes (CIP) THEN this may result in non delivery of budgetary target and loss of credibility in delivering corporate CIP programme	1. Project plans (PIDs process) 2. Business Finance Manager responsible for monitoring 3. Escalation to Associate Director and CIP Monitoring Group	Impact of non-recurrent CIPs	12	12	Moderate Risk	6	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	September 19: Underachievement due to schemes not delivering as expected. Offset against non-recurrent reserve schemes at 31st August, in line with agreement from TEG with expectation that they will begin to deliver during Q4 19/20. The risk is being managed by the CIPMG. 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	20/12/2019	
																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 interviews planned w/c 10.4.2017	Zahran, Ola	26/02/2018	20/03/2018
																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

Action	Update	Owner	Date	Date
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 w/c 20.11.17	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 27.9.2017 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

Directorate	ID	Risk Title	Owner	Category	Risk Type	Sub-type	Review Date	Risk Description	Controls	Key Roles	Score	Residual	Rating	
Finance	857	ICT Capacity	Bradley, Mark	ICT - Information Technology	Operational Risk	Capacity	31/12/2019	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.	Infrastructure and Voice Comms Manager now in post to support Voice Comms Manager and Infrastructure Manager Head of ICT is supporting the Systems Manager role until vacancy is fulfilled On-call arrangements and support established Senior project manager position candidate started with ICT Head of ICT recruited substantive Procurement Assignment Cyber security specialist is being absorbed by the Infrastructure Team Recruitment of ICT Engineer complete Recruitment for 2xDevelopment specialists complete Recruitment of Cyber Security Specialist - complete Supporting the EPR Project - complete Recruitment of Systems and Online Manager - complete On-Line web developer Infrastructure specialists Systems and Online Manager Service Delivery Manager	systems specialist Service desk analyst Systems Manager	15	12	Moderate Risk	6

Actions

Action	Update	Owner	Target Date	Completed
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 Development Specialist	October 2019 -recruitment remains outstanding. candidate starts on 25/11/2019 September 2019 - A member of staff was due to start but has now withdrawn the offer. June 2019 - Role still out to advert. 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	Zahran, Ola	31/12/2019	
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	June 2019 - Candidate now in post. Action closed. 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	27/06/2019	27/06/2019
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

Action	Update	Owner	Date	Date
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
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.	October 2019 - systems manager declined post, recruitment continues. Interviews on 5th November 2019 September 2019 - Systems Manager started today June 2019 - Candidate has retracted offer, vacancy back out to advert therefore post won't be filled till November at the earliest. 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	31/12/2019	
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	28/05/2019
Recruit of x 1 permanent and 1 x 1year contract	October 2019- recruitment in progress. Sept 2019 - Interviews taking place 18.9.2019	Scott, Martin	31/12/2019	

| Finance | 1197 | Falsified Medicines Directive Legislation | Fawcett, Paul | Procurement | | Strategic Risk | Supply/Procurement | | 29/11/2019 | 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 | 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 | 29/11/2019 | |

Directorate	ID	Risk	Owner	Team	Risk Type	Category	Date	Risk Description	Controls/Assurance	Gaps in Control	Score	Residual	RAG	Res	Action	Progress	Action Owner	Date	Date
Finance	1200	Tranman system	Gott, Jeff	Fleet	Operational Risk	Financial	20/03/2020	IF the new Tranman system does not seamlessly interface with Purchase to Pay(P2P)THEN work orders raised by Fleet will not transfer to Oracle RESULTING in the delay of payment to suppliers due to the inefficiency of manual input by Fleet and Finance colleagues. The Tranman procurement is being lead by NEAS as part of the NAA The current interface that exists between Cleric (existing system) and Oracle does not exist and/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	12	Moderate Risk	8	The AP team have been processing invoices against Tranman orders by checking the system at the same time as entering the invoices into Oracle due to technical problems within Tranman. This has lead to a backlog of transactions in Oracle that need transfer to Tranman.	September 19: Agreement raised that the AP team will save copies of images to a shared location and that fleet support will enter these on to the Tranman system to ensure that records are complete. Details sent to Fleet 29/08/19 July 19: A meeting has been arranged with Jeff Gott for the 16th August to discuss how to move this forward. Meeting was held with Jeff Gott and Vicky Audsley. Agreement was reached that a member of support staff in Fleet would enter all invoices that the AP team have been unable to in to the Tranman system. Link to invoices saved in shared location sent to Vicky on the 29th August 2019.	Atkinson, Claire	20/03/2020	04/10/2019
															To streamline the process of entering invoices into the system there is the requirement for an interface to be developed between the Tranman and Oracle systems. The scope of this was defined at the beginning of the project however the system lead on behalf of the NAA left part way through the implementation leading to this not being progressed. The priority for YAS was to implement Tranman in time for the end of life of Cleric and as such the interface was not a priority. Work arounds are now in place to enable payment of suppliers however development of an interface is required and will require input from the Tranman providers, the fleet team, finance and NEP (the Oracle system provider).	September 19: Following the meeting held on the 16th August NEP have confirmed that standard interfaces are available which will facilitate Tranman requisitions and receipts to interface directly to Oracle. Details of the interface requirements have been sent to the fleet team for liaison with the system provider. Currently awaiting confirmation on the data file and process required to interface invoice detail to Tranman.	Atkinson, Claire	29/03/2020	
Finance	1128	Avaya Telephony Platform	Zahran, Ola	ICT - Information Technology	Operational Risk	ICT	25/02/2020	IF the current Avaya telephony platform is not replaced THEN there is an increasing risk that we will not be able to upgrade/expand the system AND the manufacturer/suppliers will be unable to provide support AND there is increased likelihood of system failure due to the age of the hardware RESULTING IN complete failure of telephony services, significant delays/impact on patient care and trust reputation	The system is supported by BT on an annual basis. Manufacturer has confirmed the following dates in terms of system support: 09/Apr/2018 - End of system sales 09/Apr/2019 - End of System expansion sales (date from which we won't be able to upgrade or add additional capacity/features 09/Apr/2019 - End of manufacturer support for software (new fixes) 09/Apr/2024 - end of extended support (known fixes)	Existing provider doesn't allow capability to expand.	16	16	High Risk	4	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
															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	October 2019 - go live date planned for March 2020. 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	27/03/2020	
															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

Directorate	ID	Risk Title	Owner	Team	Risk Type	Risk Category	Review Date	Risk Description	Controls	Gaps in Control	Score	Target	RAG	#	Action	Update	Action Owner	Due Date	Completed
Finance	1133	Fleet Lone Working	Moyes, Richard	Fleet	Operational Risk	Staff & 3rd Party Safety	20/12/2019	IF provisions are not in place to maintain the safety of lone workers in the Fleet Team THEN staff will be unable to raise the alarm in the event of accident, injury or incident RESULTING IN failure to comply with Health and Safety Legislation	Role-based risk assessments Lone Working and Personal Safety Guidance	No process for raising the alarm in the event of an incident, accident or injury	12	12	Moderate Risk	3	Develop Fleet Team lone worker procedure as an annex to the Trust Lone Working Guidance	July 2019 - Lone working guidance being adapted to reflect requirements of fleet. June 2019 - Graham Chapman working with LSMS to develop lone working group. 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	Moyes, Richard	20/12/2019	
															Explore technological solutions for lone worker devices to raise the alarm	August 2019 - GC did not feel the technology solutions were the correct way to resolve the issues. 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	20/12/2019	11/09/2019
Finance	1031	Delay in Deep Clean Tablet System	Hill, David	Support Services	Operational Risk	Equipment Related	30/11/2019	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. 31/07/2019: Inclusion of the AVP Tablet system into this Risk. AVP Tablet development and test work has been ongoing since late 2018. Currently on version 3.35 out for UAE testing again. Keeps losing vehicles booked into the system.	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	October 19: Development of a system cannot start until we have the required details and information from Tranman. Jeff Gott chasing and will update once information is known. Feb 19: Tran man train the trainer ongoing may not have facility at this time for deep clean 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	Zahran, Ola	30/11/2019	

Directorate	ID	Risk Title	Owner	Department	Risk Type	Risk Category	Date	Risk Description	Context	Gaps	L	C	Rating	Score	Action	Update	Action Owner	Date	Completed
															AVP has now been transferred to BAU with Ancillary Services. Upon review, we are now aware that the current tablet for recording AVP actions is also not working correctly and not currently being used by the teams.	Oct 19: The AVP Tablet system has been included within this risk due to ongoing delays in its development stage. Currently on Version 3.35. System losing vehicles within the process. ICT working on issues and AVP completing UAE testing. July 19: Tranman system live in Fleet from 01/07/19. Cleric on Read only. No details available currently regarding facility for inclusion of Deep Clean scheduling, reporting and data storage. Concern that Medical Equipment have identified the system is not effective for their use and are introducing a specific of the shelf medical equipment system. Arranging a meeting with Fleet regarding system functionality and availability for effective use in Ancillary/AVP. 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. Lies	Hill, David	30/11/2019	
Finance	1084	P58 - National ESMCP programme delay	Zahran, Ola	ICT - Information Technology	Operational Risk	Equipment Related	31/12/2019	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.	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	October 2019 - monitoring continues. 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	31/12/2019	
															Capital bid approved to order 15 additional MDT devices for 18/19 and capital bid for 19/20	October 2019 - procurement compete and capital bid for 2020 has been put in. 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	23/10/2019
Finance	1221	VPS system interfacing with Fleet Tranman	Gott, Jeff	Fleet	Operational Risk	Hub & Spoke	30/08/2019	IF table structures and data fields do not match between CLERIC Fleetman and the new tranman system THEN there could be lengthy delays until knowledge is established and the app developed to accommodate the interface or even existing functionality not possible in the new fleet system. RESULTING IN Diminished realisation of benefits; real-time information not shared between AVP and Fleet	Expertise is available in-house to re-write the interface to the new Fleet system (Tranman)	ICT lacks the knowledge of the new Tranman's data dictionary to ensure which data fields need interfacing with. Whether the new Tranman system needs interfacing with at all	12	12	Moderate Risk	6					
Finance	1243	Vehicle familiarisation training	Moyes, Richard	Fleet	Operational Risk	Health and safety	22/10/2019	IF YAS does not provide documentary evidence of all aspects of vehicle familiarisation training including staff members present, learning objectives and dates/times/vehicles THEN the Trust may not have a safe system of work as outlined in Health and Safety at Work legislation RESULTING IN potential regulatory action and increased litigation against the Trust.	Vehicle familiarisation is undertaken by Operational management staff to staff within the stations however this is not recorded in any way.	1. No documentary evidence can be located for vehicle familiarisation taking place; this includes basic information as to which vehicle(s) were being shown, who was present and the time/date this took place. 2. Some operational staff who are training others have stated that they (themselves) are unaware how to use the new vehicles and therefore are unable to show others 3. There appears to be confusion as to where responsibility lies between YAS Academy, Fleet Services and Operations.	15	15	High Risk	6	To determine the number of Datix incidents which have involved staff receiving vehicle related injuries.		Taylor, Kate	27/12/2019	
															To determine the number of staff injury claims relating to vehicle related incidents.		Cowell, Benjamin	27/12/2019	
															To raise awareness of the risk relating to vehicle familiarisation with the relevant management board.		Ali, Tasnim	29/11/2019	
															To develop appropriate training material to address Vehicle Familiarisation across YAS by means of a multi-disciplinary working group.		Kelvin, Wendy	27/03/2020	
															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	27/12/2019	
								Clinical hub contact for non-							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.	Included as part of Clinical Refresher, checklist being developed an progressed. To be re-audited later this year.	Millins, Mark	30/04/2019	24/05/2019

Medical	1193	Non conveyance decisions	Mark, Julian	Medical - Quality	Operational Risk	Patient harm	27/12/2019	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	Clinical hub contact for non-registered or NQ Paramedics JRCALC guidelines HCPC codes of performance Patient record keeping standards 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	To review and audit the use of Paramedic Pathfinder by frontline clinicians. Provide report and recommendations to CQDF	Feb 19: Information gathering started June 19 - Ruth Fisher and Simon Butterworth undertaing review of pathfinder, currently in progress	Stead, Sarah	27/12/2019	
																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 June 19 - now complete. agreed at CGG and with ePR team for imbedding into ePR	Stead, Sarah	30/04/2019	17/06/2019
																Awareness campaign to frontline staff about the importance of care planning and providing safety netting advice when discharging care on scene		Hodge, Andrew	27/12/2019	
																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	27/12/2019	
Operations	1181	Airwave button activation and response	Jones, Daniel	A&E Operations	Operational Risk	Staff & 3rd Party Safety	27/09/2019	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	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	22/05/2019
																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
																Implement and raise awareness of SOP both in EOC and Ops.	SOP implemented into EOC, staff trained, and Ops staff made aware.	Jones, Daniel	30/04/2019	20/09/2019
																6 Monthly review of SOP effectiveness.		Jones, Daniel	01/02/2020	
Operations	1096	Friarage reconfiguration of services	Bange, Catherine	A&E Operations	Operational Risk	Patient harm	31/12/2019	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	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		12	Moderate Risk	10	Complete QIA for Friarage	August 2019 - discussed at RAG JG agreed QIA completed therefore action could be closed, consider reducing risk. 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	16/07/2019	12/09/2019
																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	31/12/2019	IF Cat 2, 3, 4 South performance is not within 90th centile THEN there are delays in responses RESULTING IN potential deterioration and adverse patient outcome	Monthly, weekly and daily monitoring report Low Acuity Tier pilot - private providers now in place BI performance monitoring dashboards Incident reporting and Incident Review Group monitoring	Hospital capacity and delays in handover	16		12	Moderate Risk	8	Monitoring of performance	June 2019 - 6 additional private crews, recruitment focused on South, additional locality based recruitment. Jan 19: Improvment 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	31/12/2019	

Operations	1034	Calderdale Huddersfield Reconfiguration - centralising Frail Elderly and Cardiorespiratory	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	20/12/2019	IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets	Known will affect conveyance for Frail Elderly and cardiorespiratory Carepathways in place Monitoring of extended journey times and IFTs Impact assessments have been borne out by demand 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
															Work with CHFT to understand pathways for different scenarios and support modelling of impacts	June 2019 - Liaison with transformation lead at Calderdale CCG to obtain QIA. Contacted CHFT directly. Transformation board attendance in coming weeks. Reconfiguration meeting July concentrating on CHFT. 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		20/12/2019
Operations	766	Hospital Handover monitoring	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	31/12/2019	IF there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response	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	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

| Operations | 66 | Operational performance | Segasby, Stephen | A&E Operations | Operational Risk | Patient harm | 25/10/2019 | | | | 15 | 12 | | 5 | | | | | |

Row 1 (top section):

monitoring — Stephen

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

Action	Update	Owner	Target date	Completed
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	31/10/2019	17/07/2019
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	31/12/2019	
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	31/12/2019	
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	19/06/2019
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
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 Jan 18: Tail of performance in Cat 2	Gill, Jeevan	25/10/2019	

Bottom-left block (risk 66):

IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety

1. Intense monitoring process in place.
2. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs
3. Weekly patient safety review underway to determine harm caused from delayed responses.
4. Weekly Quality and Safety monitoring report
5. Ops Recovery Plan in place with actions underway to address performance issues.
6. Ongoing monitoring of demand profile against planned resource.
7. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.
8. Overtime is being used to address vacancies
9. Use of Private Providers - this is

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

Moderate Risk

Operations		ID	Risk						Date	Description	Controls	Gaps			Rating			Action	Update	Owner		
										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					Moderate Risk			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 downgrade 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	25/10/2019	
Operations		945	Implementation of Commander Framework	Gill, Jeevan	A&E Operations	Operational Risk	Training, Education & Compliance		31/12/2019	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.	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.	May 2019 - Training now in place. 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	24/05/2019
																		Consider Commander training requirements	RAG May 19 - Training all in place. 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	24/05/2019
																		Gain approval of business case to support implementation of Commander Framework.	May 2019 - Training now in place. 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	24/05/2019
																		Monitor delivery against agreed training plan via the Command and Resilience PGB.		Kirk, Neil	31/12/2019	
																		Monitor delivery of training.	Training in place, monitoring of training implementation now raised as an action.	Kirk, Neil	30/09/2019	20/06/2019
Operations		1245	RPE - 5 Weekly Check - Requirements	Jackson, Shelley	A&E Operations	Operational Risk	Equipment Related		30/11/2019	The new RPE equipment is on stations and is being rolled out currently onto DCA vehicles. The single bag units (RRV's) still to be rolled out. The daily check has been amended to a 'visual check and battery LED indicator check'. The current brief relating to checks, informs staff that a 5 weekly full check will be completed by the Vehicle Deep Clean Team. The Deep Clean teams currently do not perform such checks/tests on any equipment other than date checking stock. If this 5 weekly check has been allocated to the Ancillary Deep Clean Teams/AVP team, then a number of actions will be required which will result in the need for; notification to staff of the action and include staff side, the requirement for training and familiarisation, the requirement for an appropriate method of recording and keeping staff and users informed that checks have been completed and when the next check is due. Further to previous actions, if provision is not provided on stations for spare batteries or battery charging units,	None to our knowledge regarding the 5 week check.	Procedures need to be incorporated into the current Deep Cleaning processes which include; Knowledge of system, Training and familiarisation, Recording of checks and visual indicators on unit, Additional time across all vehicles. Battery chargers and spare batteries across all locations. Can units be linked to a permanent on vehicle charging point in the future?	12	12	Moderate Risk		2	Shelley Jackson to arrange contact with Gavin Jarvis regarding the delivery of the RPE 3M training package relating to RPE daily safety checks and periodic checks.	06/11/19: Contact has been established with Gavin to arrange a 'Training the Trainer' delivery session. Gavin has been forwarded Paul Selwood's availability for next week which is clear for over 3 days and Gavin is also aware Paul has 4 x weeks AVP Training delivery from Monday 18th November. Aware from TPG meeting yesterday the Trust does not have any disposable FFP3 masks in stock centrally or at most stations as a fall back for those who have completed fittest training. An urgent training session/s will be arranged once a date is confirmed for the above training delivery.	Hill, David	15/11/2019	
																		The Trust has purchased a quantity of spare batteries for the RPE Hood units. Have these been distributed and placed in charging units across all stations enabling an exchange of batteries should any low charge indication be identified at the RPE daily or period check.		Leddy, Bernard	08/11/2019	

Directorate	ID	Risk Title	Owner	Team	Risk Type	Category	Review Date	Risk Description	Controls	Gaps in Control	L	C	Rating	Action	Action Progress	Action Owner	Action Date	Completed
Operations	1217	Clinical Supervisor Job Evaluation	Hartshorne, Suzanne	A&E Operations	Operational Risk	Capacity	31/12/2019	IF the result of the clinical supervisor job evaluation process does not result in a re-banding THEN there is a risk of industrial action RESULTING IN reduced staffing and detrimental impact on employee relations.	Follow national job evaluation process. Union engagement. Transparency in job evaluation process undertaken	National processes for development for job evaluation profiles. Outside YAS control.	12	12	Moderate Risk	YAS to continue to be represented at national forums to monitor ongoing progress with job evaluation process.		Hartshorne, Suzanne	31/12/2019	
														To continue to engage with union representatives as part of the ongoing national job evaluation.		Hartshorne, Suzanne	31/12/2019	
Operations	1207	Handover of Critical Risk Information	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. Dispatchers responsibility to send all scene safety information to crews.	Warning 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	Explore systems options with Lisa Taylor to reduce human decision making around the sending of alerts, and provide a warning systems to dispatchers and EMD that warning messages are present and need to be sent.		Colam Ainsworth, Will	01/11/2019	
														In conjunction to exploring the systems approach to reducing the human element, exploration into the warning message display on crews MDT to determine if there are better ways of displaying critical information.		Colam Ainsworth, Will	01/11/2019	
														Awareness to be raised and clarification provided to EOC staff around the importance of sending warning messages and the responsibilities associated with it.	Awareness raised by COLAM-AINSWORTH via attached 'EOC alert warnings' document.	Colam Ainsworth, Will	01/07/2019	17/06/2019
Workforce and OD	1209	5 Yearly Emergency Driving Section 19 Requirement	Kelvin, Wendy	Organisational Effectiveness and Education	Operational Risk	Training, Education & Compliance	31/03/2020	IF YAS training plan 2020/21 doesn't reflect the implications of the required 5 yearly driver assessment under Section 19 THEN the trust will be non-complaint should legislation be enacted RESULTING IN potential harm to staff, patients and members of public.	New starters deemed competent and compliant in section 19 driving requirements on completion of initial emergency driving course. Written evidence of driving qualifications is collated and practical ability demonstrated. There is a quality assurance programme in place for the national driving awards. Driving at work policy. There is a process in place for completing 5 yearly assessment on ad hoc basis when assessors are available between courses/frontline training delivery i.e. staff returning from long term absence, post incident, return to practice etc	Substantive assessor resources would require increasing by 2 Instructors minimum. Training vehicle resources would require increasing by 2 training vehicles minimum	15	15	High Risk	Statistical review of data held.	In progress, Jon Copley currently collating information from OLM and historical data records.	Grainger, Lee	31/03/2020	
														Current agenda item in discussion. Next meeting 05.06.19	December 2018 - DTAG to requested AACE commission legal representation to pursue enactment of the Road Safety Act 2006, Section 19 Training element to give firm legal requirement of the 5 yearly assessment processes. March 2019 - DTAG to review Capsticks information which will now send to DfT asking for legislative changes to be put into place to support training.	Grainger, Lee	31/03/2020	
														Confirm details with Police Driver Training. This would be evident of best practice for emergency response reassessment.	NPCC have instructed all Police Authorities that they must be compliant by August 2019 with regard to Section 19 assessment of Police emergency drivers.	Grainger, Lee	31/03/2020	
														Update of the SI if not in conflict with Police Investigation - Training and assessment implications.		Grainger, Lee	31/03/2020	
														Detail the Business plan for achieving long term planning and reassessment of all YAS staff blue light driving skills and the introduction of Mandatory 5 yearly assessment under Section 19 (RSA 2006) at YAS.	17.05.19 Draft plan in progress.	Grainger, Lee	31/03/2020	
Workforce and OD	1230	Insufficient capacity and capability in driver training function	Kelvin, Wendy	Organisational Effectiveness and Education	Strategic Risk	Training, Education & Compliance	20/09/2019	IF there is insufficient capacity and capability in the driver training function THEN the Trust will be unable to deliver training at the volume and quality required RESULTING in gaps in resources for the expanding workforce.	• Training plan and accredited curriculum. • Recruitment plan to driver training function. • Internal quality assurance process. • External audit of training records.	• Rapidly expanding team. • Significant increase in training requirements. • Assurance that the expanded function is operating at the optimum level.	12	12	Moderate Risk	Continue Driver Recruitment to ensure sufficient capacity to deliver training in accordance with the Training Plan is available.	Advert created and awaiting budget controls to advertise	Kelvin, Wendy	30/09/2019	
														Report on training delivery, outcomes and student feedback to the Non Clinical Education Portfolio Governance Board (PGB)	Developing report for PGB	Kelvin, Wendy	30/10/2019	
														To agree and implement a structured review of the expanded training function.	Agreeing with Christine Brereton the scope of review.	Kelvin, Wendy	30/09/2019	
Workforce and OD	1233	Trust Board representation	Wilcock, Amanda	People & Engagement	Strategic Risk	Regulatory compliance	01/04/2020	IF the Trust does not ensure diversity of board representation THEN the Trust will be unable to demonstrate compliance with the WRES standards RESULTING IN race inequality at board level.	Working group established.	No BME representation at board level.	12	12	Moderate Risk	Develop a working group across YAS to develop a programme for the appointment of Non-Executive Associate Director with a focus on attracting candidates that met the representation of the communities we serve.		Hayat, Khizar	27/03/2020	

Directorate	ID	Risk	Owner	Department	Risk Type	Category	Date	Risk Description	Controls	Gaps		Score	Rating		Action	Action Update	Action Owner	Date	Date
Workforce and OD	814	Impact of calculation of holiday pay to include regular overtime in remuneration	Hartshorne, Suzanne	Human Resources	Strategic Risk	Financial	20/12/2019	IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation	1. European caselaw 2. National debate is ongoing and includes all ambulance trusts, NHS Employers 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	8	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 of appeals	Hartshorne, Suzanne	20/12/2019	
Workforce and OD	1051	Immunity screening and vaccination and health surveillance	Houghton, Helen	Human Resources	Operational Risk	Infection, Prevention & Control	20/12/2019	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	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
															PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required	September 2019 - no further update available August 2019- Optima contract review due this month, to ascertain how many staff require further immunisations. July 2019 - working with new provider to determine vac and imms is appropriate for job role, this will influence future service delivery. 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	Houghton, Helen	20/12/2019	
														4	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	September 2019 -no further update available. August 2019 - full review has been undertaken of all roles including Fleet within YAS and what the immunisation and health surveillance requirements are. This will involve Optima doing a manual search which incur additional costs. 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	20/12/2019	

Directorate	ID	Risk Title	Risk Owner	Service	Risk Type	Category	Review Date	Risk Description	Controls	Gaps in Control	Initial	Current	Target	Action	Update	Action Owner	Due Date	Completed Date
														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
														Work with commissioners to devise a collaborative approach to Overview and Scrutiny Committee	September 2019 - committees established and held. 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	13/09/2019	13/09/2019
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	31/01/2020	If our revised approach to application of PTS eligibility criteria is not effectively communicated and managed THEN patients who receive a service currently may not understand the change in our response RESULTING IN patient dissatisfaction and potential reputational damage	Plan in place has been agreed with Commissioners Working with commissioners to develop a process to enable signposting to alternative transport Overview and Scrutiny Committee sign off arrangement QIA in place with action plan Recruitment of additional call handlers Call handlers receiving training to deal application of eligibility criteria and managing difficult conversations Communications plan to include media management	Reliance on commissioners to lead the public engagement process Potential increase in complaints and impact on Patient Relations Team High profile/ risk patient groups (such as British Kidney Association) may look to campaign and increase publicity Jan 19: Increase in Tail lift booking from HCPS	15	15 High Risk	4	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 VOY/Scarborough repeat patients advising of changes to application process and advising that not all patients who currently receive the service will continue to do so. Comms plan details further areas.	Astley-Tipping, Paula	01/10/2018	21/08/2018

Risk Register

Risk 1205 — Dental Pathway Additional Demand (and related entries)

Directorate	ID	Risk	Owner	Category	Type	Sub-category	Date	Risk description	Control	Mitigation	Score	Rating	Action	Action update	Action owner	Due	Completed
												High Risk	Monitor implementation of Eligibility Criteria	September 209 - BAU for North contracts 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	30/09/2019	13/09/2019
													Launching eligibility criteria for PTS East Riding contract.		Green, Dave	31/01/2020	
													Develop a stakeholder communications plan with commissioners and work together to implement this in conjunction with CCG colleagues.		Astley-Tipping, Paula	29/11/2019	
Planned and Urgent Care	1205	Dental Pathway Additional Demand	Leese, Mark	Integrated Urgent Care (IUC)	Operational Risk	Capacity	27/12/2019	If the Dental CABS cant cope with their demand as patients dial 111 Then the reputation of the overall service including IUC will be compromised and potentially impact in patient confidence of the NHS 111 service as a whole as patients are accessing IUC telephone service the	Formal letter to NHS England regarding excess demand in IUC and agreement on finances for the NHS England and provider stabilisation meetings in place NHS England IUC Policy team aware of the issues on reputation and service model challenges including	We are reliant on NHS England and other providers to take action and staffing for us to get in will take a few months. There is no timeline or shared action plan for the new dental service model to be operating at contracted performance levels for call answer	16	16 High Risk	Provide monthly reports to allow invoicing to take place / Invoice NHS England	Invoices being raised as a result of the reporting	Daw, Andrea	30/09/2019	08/10/2019
													Recruit additional Health Advisors to meet additional demand funded by income from NHS England	Further rounds of recruitment going into the new Year	Deakin, Wayne	28/02/2020	
													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
								If we are unable to address the current cultural issues within the	1) Monitor Sickness levels	Plan to manage attrition			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

Planned and Urgent Care	845	Culture / Retention in NHS111	Leese, Mark	NHS 111		Operational Risk	Human Resources		28/02/2020	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.	2) Monitor attrition levels 2) Annual staff surveys and Exit Interviews to establish reasons	Performance pressures due to peaks in demand meaning unable to take staff off the phones for 'Hello my name is'	12		12	Moderate Risk	6					
																		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. Workforce Celebration Event—Leeds Following a successful NHS England workforce celebration event Thursday 13 June 2019, the day included feedback on our projects around Schwartz round, mental health first aid and sharing our journey over the last 12 months. The development in these projects, and of the service is only possible because of the hard work and quality care that you provide to our patients. Other 111 providers across the North of England also attended and shared details over their service developments	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
																		a programme of Health and wellbeing initiatives to support mental health and post incident care to support staff and re-inforce a supportive culture– are on going throughout 2019/20 operating year eg (Schwartz rounds, mental health champions, mental health first aiders)	dates of programme planned for 2nd and 3rd quarters	Roberts, Karen	27/03/2020	
																		Following staff and manager comments a number of environmental improvements have been planned and started within this financial year to included height adjustable desks, new carpets decoration, new kitchen improvements in in the training areas	Scheme agreed with Estates Kitchen in Wakefield starting 11 November 2019 range of new furniture ordered	Leese, Mark	28/02/2020	
																		Funding now available from winter monies so an additional effort to recruit staff by wider adverts, working with GP OOHs providers to provide additional clinical resource. Home working to encourage clinical staff to work shorter hours at critical times	Discussions with GP OOH providers held and positive Homeworking- technical testing going ahead. additional recruitment advertisements have proved successful in recruiting clinical staff. continues to be a risk and monitoring of next round is on going	Cooper, Karen	12/12/2014	18/09/2014
																		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 programme) given the potential for	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	Owner	Service	Risk Type	Category	Date	Risk Description	Controls	Gaps in Control			
Planned and Urgent Care	58	Clinical Staff Recruitment and retention - NHS 111	Townend, Keeley	NHS 111	Operational Risk	Clinical	31/01/2020	IF NHS 111 are unable to recruit and retain Clinical Advisors due to poor responses to advertisements and poor retention rates THEN there is a potential risk to delivery of the workforce plan resulting in not being able to provide clinical advice in appropriate timescales.	1. Continuous recruitment drives with formal action plan agreed 2. OPM monthly meeting to sign off clinical resources again patient demand 3. Employing agency staff 4. dedicated 111 person assisting with recruitment 5. Advertise as Band 6 role only 6. increased advertising 7. Homeworking 8. Trust Clinical Recruitment project 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

Actions:

Action	Progress	Owner	Due Date	Completed Date
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 pilotting modular training, working in conjunction with Health Education England and NHSE). Oct 17: Offering modular training to help with recruitment recruitment and retention is stable trajectory still on track. continue to monitor closely No further progress on action but continue to monitor	Townend, Keeley	31/07/2018	13/08/2018
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 Further intake commencing 11 November 2019 Video is being created to promote YAS as a career choice by a company called Jupiter to help us sell the role of Clinical advisor within YAS 5 staff started in August 6 more to start in Oct/Nov	Littlewood, Michela	31/01/2020	
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	01/04/2019
Funding has been identified to recruit a specialist for the recruitment of Clinical Advisers	Steve Hale started in post June 2019	Sunley, Bob	28/06/2019	03/06/2019
To go out for specialist marketing through procurement and award a contract by 5 Aug 2019	RFQ process being used to identify a specialist recruitment marketing and adverting company to bolster our existing internal resources	Hale, Steve	05/08/2019	04/09/2019

Next Risk (partial):

Risk Description	Controls	Gaps				Action	Progress	Owner	Due Date	Completed Date
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	Request a copy of the sub-contract clause as it would appear around	Not yet received assurance from 'the				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	Owner	Service	Risk Type	Category	Date	Risk Description	Controls	Gaps in Controls	L	C	Rating	Score	Action	Progress Update	Action Owner	Date
Planned and Urgent Care	1030	NHS 111 / Bigword	Littlewood, Michela	NHS 111	Strategic Risk	Information governance	13/12/2019	the EU/US Privacy Shield THEN we would not have adequate assurance RESULTING in lack of adequate privacy protection and there may be potential financial penalty implications.	clause as it would appear around privacy protection and principles 1, 7 and 8 of Data Protection Act 1998 and the storage of data	Not yet received assurance from 'the big word' that their subcontractors are applying appropriate safeguards	12	12	Moderate Risk	8	Understand what other suppliers are in the market to provide translation services	August 19: AW has arranged a meeting on 16th August with Andrew Cooke, Tracy Leighton and Tracy Baker to agree: Evaluation of bids carried out deadline 27 November award to follow shortly •A lead evaluator •Who the evaluators will be •Length of contract •Timescales for tender to go live Jan 19: IG contributed to spec. ICT reviewing currently. wider stakeholder engagaement 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.	Wood, Andrew	13/12/2019
Planned and Urgent Care	1232	National Marketing Campaign for NHS 111	Leese, Mark	Integrated Urgent Care (IUC)	Operational Risk	Capacity	31/01/2020	If a national marketing campaign for NHS 111 is run in Oct/Nov 2019 then this will be outside our control resulting in the potential to drive up demand to the service that exceeds the capacity that we have planned for.	Recruitment campaign for winter to take into account the risk to a maximum of 11 fte	Activity is already running above funded ceiling any additional activity would force us above this level	12	12	Moderate Risk	6	Increase the number of Health Advisors recruited for winter to a maximum of 11 fte	Increase recruitment on track Further recruitment in the new year planned	Deakin, Wayne	28/02/2020
Planned and Urgent Care	1247	NHS 111 Telephony Overflow Mk2	Townend, Keeley	Integrated Urgent Care (IUC)	Operational Risk	Performance	20/12/2019	IF National telephony monitoring introduce Mk2 of the NHS111 Telephony overflow system to divert calls away from providers struggling with call answering to providers with a good performance. THEN this could have the potential to destabilise that provider RESULTING IN poor delivery of clinical performance,contracted KPIs and a poor patient experience.	Discussions with NHS E involving nation wide NHS 111 providers Opportunity to comment and possibly influence the introduction	No intelligence on how good call handling performance v long Clinical queues would impact on clinical care No guarantee at this point that there is a process to switch off the overflow system in BC arrangements	12	12	Moderate Risk	8	YAS IUC / 111 continues to engage with the National team contribute to discussions and advise TMG / Executives and Commissioners of developments		Townend, Keeley	06/12/2019
Quality, Governance and Performance Assurance	1241	Management of Paper Records within YAS	Hartland, Helen	Performance Assurance & Risk	Operational Risk	Information governance	31/03/2020	IF HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations THEN the Trust will not be complaint with Data Protection regulations RESULTING IN the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	Filing cabinets should be locked and/or stored in rooms with limited/restricted access	No IG assurance that all records are locked away and held securely No audit trail of access to records containing personal data No inventory of records held	12	12	Moderate Risk	4	The IG need to assess what information is being held in paper format across all of YAS' premises.	A Site Inventory has been following initial contact with all Ambulance Stations. This needs to be updated to include all other YAS premises. A visit to Fairfields has been conducted and ownership of the paper records stored there has been established.	Hartland, Helen	31/10/2019
															All paper records held across YAS premises to be brought to one location (proposed that this will be Fairfields), to ensure access is restricted and that no further paper files are created.	Filing cabinets that were at Springhill 1 have now been moved to a secure container that only HR will have access to, as the records belong to them. These will be moved to Fairfields once the appropriate space has been cleared.	Hartland, Helen	30/04/2020
															Paper records located at YAS sites will be reviewed to establish whether they are passed their retention period or whether they need to be retained. Where they need to be retained, the documents will be scanned on to the relevant system (for HR records, this is Onbase).	The review, preparation and scanning of the HR records is currently being undertaken by the HR team, alongside their day jobs. This will be a lengthy process due to the quantity of paper records held. The IG team will be working with the project team to form a plan of action; whether that be using agency workers or outsourcing the scanning to a provider (i.e. Restore).	Hartland, Helen	31/08/2020

| Quality, Governance and Performance Assurance | 1212 | Subject Access Request and FOI Compliance | Balfour, Caroline | Legal Services | Operational Risk | Regulatory compliance | 27/09/2019 | As a result of changes in personnel within the Legal Services department throughout the organisational structure, compliance for Subject Access Requests and Freedom of Information Act requests has deteriorated by way of an outstanding backlog and the current throughput of requests.

There is a risk that regulatory action to be taken against YAS by the Information Commissioner's Office due to non-compliance with statutory deadlines.

Which might impact YAS on a financial level and reputational level. | 1. Potential increase in working hours for the member of staff who coordinates the SARs which will allow for the backlog to be addressed.
2. Assistance from line manager with addressing the backlog of outstanding SARs to allow the main coordinator to focus on the current throughput.
3. Assistance from an external member of staff to address the backlog of FOI requests and to handle the current throughput whilst line manager (with FOI responsibility) is assisting with the SAR backlog.
4. Regular reviews with Legal Services Coordinator who has responsibility for SAR and FOI functions within their portfolio. | 1. The assistance from the external member of staff is only temporary and once this resource is removed, the FOI function will need to be addressed.
2. Due to wider shortages in personnel within the department, the Legal Services Manager is having to backfill a Legal Services Coordinator position which will impact upon the strategic influence of this risk. | 12 | 12 | Moderate Risk | 4 | | | | | |

Actions / Updates:

Action	Update	Owner	Target date	Completed date
Look to address the backlog in SARs and FOI by increasing the capacity within the department with administrators.	19/06/2019 - Legal Services Manager - At present, we have lost the additional staff member which was mentioned when the risk was formulated however we have now obtained two restricted duties staff from Operations to work within the department. One will be working with the department for 4 - 6 weeks and another until December 2019. This shall allow for the backlog to be addressed and is currently underway. 23/08/2019 - One of our additional non-permanent members of staff has now become operational once more, so allocated resources has decreased somewhat. The other additional member of staff is assisting with the SAR workstream, along with other duties. In regards to FOI compliance, this additional member of staff may be able to assist the Legal Services Coordinator with the 'beginning' and 'end' of the FOI process (i.e. recording new FOI requests onto DATIX and sending off completed FOIs)	Cowell, Benjamin	23/09/2019	08/10/2019
A flexible working agreement has been submitted to increase the hours for the dedicated SAR Legal Services Assistant.	This has been confirmed and the dedicated SAR Legal Services Assistant is now working four days in the week.	Cowell, Benjamin	19/08/2019	19/06/2019
Adherence to the FOI policy regarding submissions back to Legal Services from certain departments is non-compliant (i.e. 10 days for information to be returned) which is resulting in the overall FOI compliance not being met. Meetings are to be set up with the FOI Leads for each department, starting with high-priority and high-throughput areas namely ICT, Finance and HR.	23/08/2019 - Meetings have been held with Finance and ICT and these have been positive. Measures have been put in place that early notification of dissemination / forward / incorrect department will be made to ensure there are no lacuna in allocations. Next meeting to be arranged will be with HR and in the meantime, an e-mail for assistance will be sent to all IAOs as departmental FOI leads. 12/10/2019 - FOI compliance has dropped slightly for the month of September from c.60% to c.45%. Next meeting to be arranged is with HR and LSC/LSM will be arranging this in due course. Shall also request an Operations Update for a reminder about FOI compliance.	Cowell, Benjamin	12/12/2019	
Review of information contained in Publication Scheme. [COPIED FROM ACTION ID: 4484 AND RISK ID: 1039]	Sept 19: Due to compliance levels and capacity, unable to consider routine datasets at present however this has been discussed with Legal Services Coordinator who processes the FOIA requests and there are some which may be suitable for publishing. Would need to establish with Online team and other departments as how best to achieve this. 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	Cowell, Benjamin	14/11/2019	

Directorate	ID	Risk Title	Risk Owner	Assurance Lead	Risk Type	Domain	Review Date	Risk Description	Controls	Assurances	Score	Residual	Rating	Target	Action / Progress	Update	Action Owner	Start Date	Due Date
Quality, Governance and Performance Assurance	1208	Level 3 Safeguarding Training	Gibson, Nikki	Safeguarding	Strategic Risk	Training, Education & Compliance	31/12/2019	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.	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. The Level 3 safeguarding training is within the YAS training plan as a targeted response for specific YAS staff groups during 2019-20.	Safeguarding resource - in the development of a level 3 training product and face to face training. Multi agency facilitators. Workforce resource - ability to attend training as per abstraction arrangements for multi professional group. Implications of Trust Wide ESR build of training products	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.	18.6.19 - Discussed Level 3 dates/Venues Wendy Kelvin Head of YAS Academy	Gibson, Nikki		20/12/2019
Quality, Governance and Performance Assurance	933	Conflict Resolution Training provision	Page, Steve	Performance Assurance & Risk	Strategic Risk	Staff & 3rd Party Safety	31/12/2019	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	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	10/07/2019	18/10/2019
															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. May 19: CRT package presented at 2x PGB, with a request for comments after the first. Second PGB approved new package and next step to refresh tutors.	Jones, Daniel	31/07/2019	18/10/2019
															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. May 19: New CRT package for A&E and PTS being approved. EOC and 111 will follow this.	Jones, Daniel	30/04/2019	20/05/2019

										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. May 19: New CRT package for A&E and PTS being approved. EOC and 111 will follow this.	Jones, Daniel	30/04/2019	20/05/2019
										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. May 19: New CRT package for A&E and PTS being approved. EOC and 111 will follow this.	Jones, Daniel	30/04/2019	20/05/2019
										Refreshed CRT package presented at PGB, and comments requested. No comments provided, and package approved by PGB.	Meet with academy to provide train the trainer update for tutors delivering new CRT	Jones, Daniel	31/12/2019	

Second risk block:

| Quality, Governance and Performance Assurance | 998 | Availability of CCTV for pursuance of sanctions | Page, Steve | Performance Assurance & Risk | Operational Risk | Staff & 3rd Party Safety | 27/12/2019 | IF CCTV is not readily available THEN investigations cannot be comprehensively conducted RESULTING IN failure to impose sanctions and redress | Safety and Security Policy CCTV Policy CCTV Log of requests and faults managed by Risk Team Data Flag procedure Audit of quality of premises CCTV and reporting for remedial actions Tools available for retrieval of vehicle footage Consultant expert review of premises CCTV based on Home Office evidence-base and report of specialist advice. | Capacity of Fleet Team, specifically Electricians, to retrieve footage Availability of vehicles for VOR 5 different types of vehicle CCTV installed Length of time of capture is inconsistent on vehicles Premises CCTV images are poor G4S SLA for Premises CCTV is unclear on provision and charges NEW 27/2/2019 - Second hand vehicles purchased from another trust do not have CCTV working within them. | 12 | 12 | Moderate Risk | 3 | | |

Action	Update	Owner	Target	Completed
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
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
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	November 2019 -this is in progress and currently there are 182 of 293 connected to the server, there are some snags which IT are looking into to give full functionality. 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	Tawlks, Steven	27/12/2019	

Directorate	ID	Risk Title	Owner	Team	Risk Type	Category	Date	Risk Description	Controls	Provision	Current	Target	Rating		#	Action	Update	Action Owner	Due Date	Completed
																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
Quality, Governance and Performance Assurance	1015	Post-Occupational Exposure Prophylaxis	Ashby, Clare	Quality and Nursing	Operational Risk	Infection, Prevention & Control	01/11/2019	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	YAS IPC policies YAS staff understand the requirement for prophylaxis Datix incident reporting process notifies IPC lead of any incidents Option to attend OOH local services or request from the ED the patient has attended. Further options may exist once YAS becomes a prescribing centre via IUC.	Provision of prophylaxis arrangements through current OH contract is not available.	12	12	Moderate Risk	4	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
																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
																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	01/11/2019	
Quality, Governance and Performance Assurance	697	Health and Safety Training for middle managers	Jackson, Shelley	Quality and Nursing	Strategic Risk	Health and safety	01/12/2019	If the Trust's middle management do not receive formal health and safety training, then the Trust will be unable to effectively maintain its health and safety management system.	1)Health and Safety Competent person in post (Health and Safety Manager) 2)Health and Safety Management system in place in line with HS(G)65 3)Up to date Health and Safety policies and procedures in place 4)Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.	9	12	Moderate Risk	3	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
																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

Directorate	ID	Risk Title	Owner	Directorate/Dept	Risk Type	Risk Category	Review Date	Risk Description	Current Controls	Gaps in Control	Initial	Current	Rating	Target	Action	Progress	Action Owner	Target Date	Completed
															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.	Nov 19: e-learning package now in draft format. Jul 19: Work still underway on e-learning. 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	01/12/2019	
Quality, Governance and Performance Assurance	1129	Shared mailbox access	Hartland, Helen	Performance Assurance & Risk	Strategic Risk	Information governance	03/04/2020	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.	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.	Scott, Martin	03/04/2020	
															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
															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
Quality, Governance and Performance Assurance	1132	Email Distribution Lists	Hartland, Helen	Performance Assurance & Risk	Strategic Risk	Information governance	03/04/2020	IF email Distribution Lists are not effectively managed THEN email communications could be sent to leavers who take their nhs.net email address RESULTING IN a breach of personal or sensitive information	Leavers process for changing job titles and organisation will indicate the person is now external to the Trust Service Desk have a SOP which covers marking leavers in NHS Mail when they receive the weekly workforce leavers report	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	15	12	Moderate Risk	6	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	Scott, Martin	03/04/2020	

| Quality, Governance and Performance Assurance | | Cumulative effect of repeated moving and handling | | | | | | 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 | | | | | | | | | 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. | Hartland, Helen | 03/04/2020 | |
| Quality, Governance and Performance Assurance | 1063 | Cumulative effect of repeated moving and handling | Jackson, Shelley | Quality and Nursing | Operational Risk | Health and safety | 20/12/2019 | IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury | Board commitment to reducing MSK injury in the workforce
Health and Wellbeing Lead and Advisor
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 risk assessment process for commonly used equipment with a view to further inform training.
Provision of a Subject Matter Expert role is being considered by TMG. | Current OH contract for MSK support and physiotherapy is being provided by a new provider. Monitor quality of contract. | 12 | 12 | Moderate Risk | 3 | Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries in the Ambulance Service | June 19: working group met 5th June. Partial completion of the agreed risk assessment by other Trusts. More time allocated to this task.
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 | 20/12/2019 | |
| | | | | | | | | | | | | | | | | Reduce weight of bags | Sept 19: There have been changes to the medicines carried in the bag therefore, layout and contents are under review again.
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 | Jackson, Shelley | 20/12/2019 | |
| | | | | | | | | | | | | | | | | 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 |

		20/12/2019													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	20/12/2019	