

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	31/03/2020	02/01/2020	
															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	31/03/2020	02/01/2020	
															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	31/03/2020	02/01/2020	
									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 required steps set out on the Action Card For Providers							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	31/03/2020	02/01/2020
															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	
									A central YAS email inbox and distribution group has been set up as the conduit for national guidance and two-way communication.	Determined by parliamentary vote and setting out of next steps in agreeing a deal.					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	
	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	1. Supply of medicines - Medium risk 2. Supply of medical devices and clinical consumables - Low risk 3. Supply of non-clinical	Impact on capacity and resources	12	12	Moderate Risk	6						

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								to patient care.	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.	within EPRR required to participate in planning for EU Exit					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	31/03/2020	02/01/2020
														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	31/03/2020	02/01/2020	
														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	31/03/2020	02/01/2020	
														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	31/03/2020	02/01/2020	
														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	31/03/2020	02/01/2020	
														Review all EU exit plans in light of new Government strategy.		Taylor, Kate	31/03/2020		
														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	

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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.	<ol style="list-style-type: none"> <li>1. Continuous recruitment drives with formal action plan agreed</li> <li>2. OPM monthly meeting to sign off clinical resources again patient demand</li> <li>3. Employing agency staff</li> <li>4. dedicated 111 person assisting with recruitment</li> <li>5. Advertise as Band 6 role only</li> <li>6. Increased advertising</li> <li>7. Homeworking</li> <li>8. Trust Clinical Recruitment project</li> <li>9. Joint recruitment with EOC</li> <li>10. Sub contracting pilot with Vocare Ltd for ED validation</li> </ol>	<ol style="list-style-type: none"> <li>1. Inability to recruit to evenings and weekend rota slots.</li> <li>2. unable to fill gaps in rotas with agency staff</li> <li>3. New cap on agency spending</li> </ol>	12	16	High Risk	6	Multi-factorial approach to clinical advisor recruitment in NHS111	<p>July 16: Raised all CA recruitment to band 6. Offering homeworking</p> <p>Undertaking joint clinical recruitment with the clinical hub</p> <p>Planning to recruit 8 Urgent and Emergency Care Nurses into 2 year training posts to increase &amp; attract future clinicians into YAS</p> <p>Offering greater flexibility on rota patterns</p> <p>Continue multi disciplinary clinical team approach with floorwalkers/specialist clinicians</p> <p>improving access to band 6 roles with additional training options</p> <p>Working with NHS Pathways to develop other training methods and 'expert clinician' modules</p> <p>Utilisation of wider YAS Clinical pool</p> <p>Undertaking joint clinical recruitment with the clinical hub</p> <p>Partnership working with Urgent Care regional providers</p> <p>Nov 16: NHS 111 service continues to work closely with the Clinical Advisory Service (Vanguard programme) given the potential for</p>	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.	Littlewood, Michela	31/12/2016	04/05/2017
															Homeworking to encourage clinical staff to work shorter hours at critical times	NHS 111 have a number of homeworkers which are rota'd at busy times Nov 16: Homeworking project is progressing April 17: homeworking is being utilised.	Littlewood, Michela	29/05/2017	04/05/2017
															To develop Nurse internship at Band 5 posts to rotate between NHS111, EOC and frontline	RAG Sept 16: intention to develop nurse internship model Karen Warner is leading on this project Interns started 15.05.17 and are here for 6 months	Littlewood, Michela	30/01/2017	16/05/2017
															Workshop to look at new ideas to support recruitment and retention of clinical staff	The workshop has been held and action plan is being developed	Leese, Mark	31/03/2017	08/02/2017
															NHS111 and LCD Governance Group monitor clinical staff recruitment trajectory	Jan 18: paper to Recruitment Group on benefits realisation of modular training which will deliver in 18/19 (YAS and South Central AS are piloting modular training, working in conjunction with Health Education England and NHSE). Oct 17: Offering modular training to help with recruitment recruitment and retention is stable trajectory still on track. continue to monitor closely No further progress on action but continue to monitor	Townend, Keeley	31/07/2018	13/08/2018
															Progress clinical recruitment project	May 18 RAG: Ongoing Feb 18: (RAG) this is ongoing. Oct 17: progression of dental nurse recruitment is ongoing. Developing a career package to support retention. Advert for modular learning has gone out and applications shortlisted 2.59fte Dental nurses are due to migrate to permanent contracts completion date 31/5/18	Sunley, Bob	31/08/2018	13/08/2018
															Hold a joint recruitment exercise with EOC	Oct 18: 7 clinical advisors recruited for NHS111 in last round. Further recruitment rounds are planned. further recruitment planned for 2019/20 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 advertising company to bolster our existing internal resources	Hale, Steve	05/08/2019	04/09/2019															

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Planned and Urgent Care	845	Culture / Retention in NHS111	Leese, Mark	NHS 111	Operational Risk	Human Resources	28/02/2020	If we are unable to address the current cultural issues within the NHS111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	1) Monitor Sickness levels 2) Monitor attrition levels 2) Annual staff surveys and Exit Interviews to establish reasons	Plan to manage attrition Performance pressures due to peaks in demand meaning unable to take staff off the phones for 'Hello my name is'	12	12	Moderate Risk	6	Develop action plan to address the retention issues and improve staff well being	Gaining views from staff through interviews as well as seeking independent support and advice. Communicate findings. Holding freedom to speak sessions National survey and Unite survey pulled together and overall action plan developed by end of Sept 2016	Leese, Mark	30/09/2016	22/02/2017
															Examine recruitment and retention issues by asking staff to complete an exit interview questionnaire	established exit interview questionnaire	Leese, Mark	31/03/2017	14/12/2016
															Looking at creating a supported work environment for audits, 1:1's and PDR's	Projects are underway gathering information through staff surveys, staff workshops, team leader workshops, data currently collated and benchmarking	Leese, Mark	01/06/2017	08/02/2017
															Develop and implement sickness action plan	Series of presentations by team leaders to call centre managers on team absence held in early August	Leese, Mark	30/10/2017	30/11/2017
															Launch national initiative of 'Hello my name is ...' into NHS 111 Call centres in Wakefield and Rotherham	May 18 RAG: Review of project commenced. Feb 18 (RAG): positive feedback, need to formally evaluate this. Difficult to take staff off the phones during periods of high demand. date for the completed review has slipped until 31/5/18 Due to lack of capacity the report will now be produced in January 2019 Work has been superseded by the Culture and Development Working Group. The project told us that the idea of support in the call centre at busy times is one that should be continued but that it should be managed in a different way. We now have more red card floor walkers at busy times to support the call centre staff.  Go live date of 10.12.2017 Project went live 10.12.2017	Roberts, Karen	29/12/2017	02/01/2018
															Cultural review in 111	Work is underway. Project group well established with completed action plan which will now be implemented. Staff members will be co-opted onto the group for engagement and development. The workplan will be reviewed in light of the recent staff survey results to ensure it is still fit for purpose.  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																

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Operations	66	Operational performance	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	25/10/2019	IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	<ol style="list-style-type: none"> <li>Intense monitoring process in place.</li> <li>Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQLs</li> <li>Weekly patient safety review underway to determine harm caused from delayed responses.</li> <li>Weekly Quality and Safety monitoring report</li> <li>Ops Recovery Plan in place with actions underway to address performance issues.</li> <li>Ongoing monitoring of demand profile against planned resource.</li> <li>Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.</li> <li>Overtime is being used to address vacancies</li> <li>Use of Private Providers - this is being reduced</li> <li>New rota's implemented from 1st April 2017</li> <li>Capacity planning tools in place are providing accurate demand projections.</li> <li>mitigations in place for hospital handover, see risk 766</li> </ol>	<ol style="list-style-type: none"> <li>Inability to manage increase in demand at present time effectively with available resource.</li> <li>A&amp;E contract not reflective of actual and projected demand</li> </ol>	15	16	High Risk	5	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	<p>Feb 19: rota change in place on trajectory, trajectory performance meeting 25/02/19, south are under performing</p> <p>Jan 19: Meeting YAS trajectory RRV TO DCA work completed</p> <p>Nov 18: Mean and 90th Centile achieving performance. Tail of performance cases of adverse outcome reported to IRG.</p> <p>Sept 18: RAG - performance ahead of trajectory, reported to Trust Board in August.</p> <p>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.</p> <p>Mar 18: specific risk relating to South cat 2, 3, 4 performance at 90th percentile has been added</p> <p>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</p>	Gill, Jeevan	25/10/2019		
															Initial South Trial, now YAS-wide	<p>Aug 18: LAT now 7/7, specific, dedicated staff doing LAT across YAS.</p> <p>Apr 18: RAG. LAT business case for ARP. LAT in place being dispatched from ARD.</p> <p>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.</p> <p>Nov 17: trial launched October 2017, picking up low acuity IFTs. Monitoring performance for specific category of calls.</p>	Cole, Jackie	26/11/2018	31/08/2018	
															Implement Requirements of ARP	<p>Oct 18: ARP Support Cell pilot to focus on reduction in inefficiencies such as VOR downtime, mealbreaks, availability of vehicles, hospital delays.</p> <p>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 uprated by EMD; this will give a positive effect.</p>	Shaw, Martin	25/10/2019		
															Undertake visits to identified hospital trusts to discuss turnaround issues	<p>Nov 17: Further visit (to Bradford).</p> <p>Oct 17: a number of visits conducted across the YAS region.</p> <p>Handover Group established which includes commissioners, Director of Operations, hospital trusts.</p> <p>March 17: Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover</p>	Mark, Julian	29/01/2018	20/11/2017	
															Implement Scarborough Protocol and monitor impact	<p>May 18: ongoing monitoring of arrangements at Scarborough/York in respect of handover and IFTs</p> <p>Jan 18: Scarborough to York and York to Harrogate divert in place with arrangements being managed through conference calls with YAS/acute trusts.</p> <p>Oct 17: Monthly review in place with YDH/Scar Trust, with an agreed escalation plan in place.</p> <p>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.</p>	Millins, Mark	30/03/2018	09/05/2018	

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Operations	766	Hospital Handover monitoring	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	31/03/2020	IF there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	1. Daily turnaround reports, include handover and YAS turnaround 2. weekly updates 4. HOps 3. Liaison with local hospitals, Chief Officers, to help manage turnaround times update LMs weekly 5. Liaison with commissioners via CMB and CBU meetings 6. Real-time escalation and HALO role 7. On call teams and escalation plans to maintain safe service delivery reviewed and in place and action plans in place via ROC 8. Positive reinforcement to crews with good turnaround, LMs monitoring to ensure staff follow correct process 9. Resilience support vehicle to be utilised at direction of on call Gold Commander / ROC 10. daily conference call 11. Learning from serious incident investigation 12. Self-Handover 13. South RAT base themselves at an ED between jobs where possible 14. Engaged in Action on A&E Workstream 15. Staff Update issue 148 Dec 18: Pre-Alert and Handover Guidance, and Clinical Alert (attached in documents)	1. Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues outwith YASS control 2. Impacts on shift handover, CS availability and on the 11 hour rule 3. measurement of handover - from notify or arrival time not consistent with other ambulance trusts reporting	16	16	High Risk	4	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
									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	31/03/2020							
									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	31/03/2020							
									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						
									Operations	1217	Clinical Supervisor Job Evaluation	Hartshorne, Suzanne	A&E Operations	Operational Risk	Capacity	31/03/2020	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.
To continue to engage with union representatives as part of the ongoing national job evaluation.		Hartshorne, Suzanne	30/06/2020																
Operations	1096	Friarage reconfiguration of services	Bange, Catherine	A&E Operations	Operational Risk	Patient harm	31/07/2020	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)	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

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										Extension of waiting times for IFTs and HCP calls. Agreed plan with commissioners to manage potential reputational damage					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	30/06/2020	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.	November 2019 - staffing vacancies now 21 wte against budget. 4 additional AM and PM private crews specifically for IFT transfers from STH. Monitoring ongoing till end of March in line with private crew contracts. June 2019 - 6 additional private crews, recruitment focused on South, additional locality based recruitment. Jan 19: improvement plan going to TEG on 28/01/2019 focus on trajectory 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	30/06/2020	
Operations	1034	Calderdale Huddersfield Reconfiguration - centralising Frail Elderly and Cardiorespiratory	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	31/07/2020	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 18/19 contract variation to be agreed, not part of main contract		20	12	Moderate Risk	4	Audit of PCRs to establish under the new arrangement where the patient would have been conveyed to	Oct 2017: audit has commenced of 1 weeks worth of PCRs for Calderdale and Huddersfield conveyances to establish where the patient would have been taken based on the new arrangement. This information will inform modelling and discussions with CHFT/commissioners.	Crossley, Jacqui	27/11/2017	27/11/2017
Operations	1256	Paramedic Workforce supply	Segasby, Stephen	A&E Operations	Operational Risk	Performance	31/03/2020	If the supply and demand of the Paramedic workforce across the health system is not appropriately managed THEN there is a risk to the future sustainability of the YAS paramedic workforce RESULTING IN workforce shortages and inability to meet demand, impacting on performance and patient care.	Proposals are being developed to support a managed approach to workforce supply.	External influences out of YAS control.	20	20	High Risk	6	Understand the needs of the system and implications of NHS long term plan which requires paramedic workforce within primary care. Develop system partnership working to progress rotational paramedic model to ensure it fits Ambulance Trust and Primary Care Trust needs.		Brereton, Christine	31/01/2020	
Operations	1264	Impacts of Covid-19 on EOC and 999 Service Delivery	Segasby, Stephen	A&E Operations	Operational Risk	Patient harm	30/04/2020	IF demand on EOC and 999 continues to escalate as a direct result of the Covid-19 incident THEN the Trust will be unable to maintain an adequate response either by telephony or face to face RESULTING IN potential for delays to patient care, patient harm and reputational damage due to inability to respond.	See Datix IQ cloud	See Datix IQ cloud	20	20	High Risk	9					
															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

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Business Development	911	Strategic Impact of Reconfigurations	Bange, Catherine	Business Development	Strategic Risk	Financial	31/07/2020	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	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 LMS 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 a response plan for the impact of reconfigurations.	Bennett, Julie	29/03/2017	29/03/2017
														Deliver recommendations of IA 171126:Acute service reconfigurations	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	
Operations	1207	Handover of Critical Risk Information	Colam Ainsworth, Will	EOC (Emergency Operations Centres)	Operational Risk	ICT	31/03/2020	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	16	High Risk	4	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.  In conjunction with 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.  Awareness to be raised and clarification provided to EOC staff around the importance of sending warning messages and the responsibilities associated with it.	Colam Ainsworth, Will	01/11/2019	01/11/2019	
Finance	1265	Operational Estate Suitability	Midgley, Adam	Estates & Facilities	Operational Risk	Estates and facilities	31/07/2020	IF specific sites across the Trust estate cannot be modernised and/or expanded THEN A&E/PTS will be unable to operate out of some sites RESULTING IN not being able to effectively deliver services in some locations.	See Datix IQ Cloud	See Datix IQ Cloud	12	12	Moderate Risk	4					
								Climate Change - risk from issues	IF Climate Change occurs THEN Extreme weather events (heatwaves, cold waves, flooding, flash floods, droughts) and sea level rise will occur RESULTING IN - overheating of estate - estates flooding - fleet pressure - loss of vehicles in flood waters - increase in fleet vehicles overheating (a/c VORs) - increase in road closures through flooding - decrease in air quality through forest fires and moorland fires - increase in high winds - increase in tornadoes	Lack of risk assessment Lack of Board vision in the impact on staff, patients, operations and direct impact Lack of estate preparation - no risk assessments, climate adaptation planning, assessment of flood plains, flood protection (barriers, sand bags					The Sustainable Development Management Plan (SDMP) lays out some targets laid down in law that we need to achieve. There is a 5 year plan that identifies the elements that need to be completed by the organisation in order to eliminate our carbon emissions in line with the Net Zero targets  The Climate Change Adaptation Plan the challenges of climate change that YAS will face. The report details actions that need to be undertaken in the Fleet, Estates, procurement supply chain and the operational services.	Percival, Alexis	01/01/2020	31/07/2020	



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Finance	1242	Climate Change	Percival, Alexis	Estates & Facilities	Operational Risk	Estates and facilities	13/04/2020	Climate Change – Risks from issues arising from extreme weather events (heatwaves, cold waves, flooding, flash floods, droughts, air quality) and sea level rise	<ul style="list-style-type: none"> <li>- Increase in extreme weather events</li> <li>- increase in operational demands</li> <li>- travel issues</li> <li>- supply chain demand issues</li> </ul> <p>Health issues</p> <ul style="list-style-type: none"> <li>- increase in breathing problems</li> <li>- mental health issues</li> <li>- Increase in UV exposure - increase skin cancer and cataracts cases in the UK</li> <li>- Toxic air – increase in respiratory diseases air pollution is linked to higher rates of cancer</li> <li>- increased disease risk – increase in disease-spreading insects, leading to spread of vector-borne diseases and the introduction of new diseases to the UK like zika virus, dengue and malaria</li> <li>- Communicable diseases such as salmonella, campylobacter and legionnaire's to become more</li> </ul>	<ul style="list-style-type: none"> <li>etc)</li> <li>Lack of staff knowledge or training in the event of extreme weather incidents i.e. staff do not know if they can drive in flood water, how to rescue patients from cold, fast moving water</li> <li>Lack of collaborative work with Local Resilience Forums regionally</li> <li>Lack of understanding of the impact of climate change on the organisation</li> <li>Lack of understanding of the impact of climate change on the community</li> </ul>	15	16	High Risk	12	<p>Flood risk assessment to</p> <ul style="list-style-type: none"> <li>- estate</li> <li>- fleet</li> <li>- surrounding land</li> <li>- sea inundation</li> <li>- tidal surges</li> <li>- assessment of operations and flood waters</li> <li>- assessment of economic damage potential</li> <li>- implementation of flood resilience</li> </ul> <p>Ensure policies are updated with information as to what to do in particular flood situations</p> <p>Assessment of potential challenges to the ambulance service through additional health risks and demands.</p> <p>Assessment of the risks to the supply chain with critical path analysis.</p>		Percival, Alexis	30/11/2020		
Finance	784	CIP	phillips, mark	Finance	Operational Risk	Financial	31/03/2019	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	<ol style="list-style-type: none"> <li>1. Project plans (PIDs process)</li> <li>2. Business Finance Manager responsible for monitoring</li> <li>3. Escalation to Associate Director and CIP Monitoring Group</li> </ol>	Impact of non-recurrent CIPs	12	12	Moderate Risk	6	<p>Monitor Finance CIP 16/17</p> <p>Monitor delivery of 17/18 CIPs</p> <p>Monitor delivery of 18/19 CIPs</p> <p>Plan approach for 19/20 CIPs</p>	<p>16/17 updates archived</p> <p>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</p> <p>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.</p> <p>March 17: CIPs short of target, ongoing review and monitoring through CIPMG</p> <p>Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year.</p> <p>RAG Jan 17: PIDs will be reviewed at CIPMG</p> <p>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</p> <p>July 18: Deep dives in place with mitigations explored.</p> <p>June 18: position as previous, 1.1m unidentified or RED rated</p> <p>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.</p> <p>Apr 18: RAG - non-recurrent pressures are to be discussed by TEG next week.</p> <p>Feb 18: RAG- current position is 1M gap in CIPs for 18/19</p> <p>Jan 18: Non recurrent 17/18 CIPs will impact.</p> <p>Oct 17: PIDs have been submitted and review by CIPMG</p> <p>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.</p> <p>April 19: CIP non recurrent solutions identified knock on effect to 2019/2020</p> <p>Feb 19: identified 6.3 Mill- 242K Under achievement</p> <p>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</p> <p>Oct 18: (RAG) for 19/20 there is potential for a new framework and abolishing the CTL, but not clear at this stage.</p> <p>Sept 18: (RAG) planning approach for CIPs in 2019/20 including review of corporate benchmarking and options other than % based</p>	Crickmar, Alex	31/03/2017	19/04/2017	

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Finance	978	Tail Lifts on A&E vehicles	Gott, Jeff	Fleet	Operational Risk	Health and safety	31/03/2020	<p>IF the Trust does not complete specific rectification work on the A&amp;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)</p>	<p>Inspection programs in place to monitor affected vehicles for fault development until rectification completed  11Schedules in place to carry out rectification / modification work for affected vehicles  5 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</p>	<p>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</p>	12	12	Moderate Risk	4	<p>Inspection of all affected lifts (120 vehicles) every 4 weeks to identify cracks in the frame</p>	<p>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.</p>	Gott, Jeff	31/01/2018	04/01/2018
															<p>Replacement of tail lift frames (120 vehicles)</p>	<p>Jan 18: all tail lift frames now replaced.</p>	Gott, Jeff	25/09/2017	04/01/2018
															<p>Inspection of all pin retainers every 5 weeks</p>	<p>2019: inspections continuing as scheduled.  Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed.</p>	Gott, Jeff	31/03/2020	
															<p>Replacement of all pin retainers with modified lock (82 vehicles)</p>	<p>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.</p>	Gott, Jeff	31/03/2020	
															<p>Inspection of all extender bars every 10 weeks</p>	<p>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.</p>	Gott, Jeff	31/03/2020	
															<p>Modification of all tail lift platforms to become fixed rather than sliding (116 vehicles)</p>	<p>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 issues with the tail lift manufacturer so there has been some delay. Work back on track with 6 per month which will see another 18 done before end of 17/18 with the rest planned completion by end of 18/19. Manufacturer will do 8 per month where permitted to gain early completion.</p>	Gott, Jeff	31/03/2020	
															<p>Fixing of all bridge plates on 10 week service (116 vehicles)</p>	<p>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)</p>	Gott, Jeff	31/03/2020	
															<p>Fixing of all deformed platforms on 10 week service (116 vehicles)</p>	<p>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)</p>	Gott, Jeff	31/03/2020	
															<p>Raise awareness amongst A&amp;E staff of the potential for tail lifts to tilt downwards if loaded incorrectly i.e. too much weight at the outer end</p>	<p>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</p>	Gott, Jeff	31/01/2018	23/03/2018
															<p>Head of Fleet to meet with Resource Team and Locality Managers to understand the rota planning process and how to align vehicle availability</p>	<p>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&amp;E to determine appropriate resource.</p>	Moyes, Richard	31/08/2017	18/08/2017

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Finance	989	Vehicle availability for A&E ini 4x4 capability	Moyes, Richard	Fleet	Operational Risk	Capacity	28/02/2020	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	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. Review of RRVs and LAT provision	Moyes, Richard	28/09/2018	24/10/2018
															Plan for vehicle capacity to support events	Jan 2020: There is a vehicle logistics programme that is due to complete at end-Jan 2020, that is aiming to provide the Trust with the proposed number of vehicles required to meet the A&E service, including training and event support. However, Board will need to agree to what level it can afford to support Operations. 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.	Moyes, Richard	28/02/2020	

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															Continue to monitor deep clean compliance	<p>July 2018: D Hill - Deep Clean service level is being maintained continuously above 99.6% on a weekly basis. This is monitored on a weekly basis and any identified requirements to ensure the level of service remains high are implemented. This is a key IPC action and will remain monitored and on the risk register.</p> <p>April 2018: D Hill - Following a significant period of service level delivery at 99.5% or above along with lower levels of vacancies and more staff now working the later shift pattern, I have re-evaluated the current risk status and down graded one level. This will continue to be monitored and risk assessed appropriately.</p> <p>Apr 18: RAG Still in high 99%. same issues with availability of vehicles due to operational demand.</p> <p>Feb 18: RAG w/c 12.1.18 KPI 99.79% with 9 outside schedule.</p> <p>16/01/18: Deep Clean KPI's returned to 99.5% prior to Christmas however</p>	Hill, David	29/06/2018	24/07/2018
															Weekly exception notification letters for deep clean	<p>Aug 17: The weekly exception notification letters have now resumed and following discussion with the DIPC, Ancillary Services are populating the template letters to improve timeliness and real time accuracy of delivery.</p> <p>27/09/2017: This is an on-going weekly action which includes the emailing of the populated letters to identified recipients in each operational business unit. We are aware these are cascaded to operational line managers in West, North and East Yorkshire.</p> <p>25/10/17: Transfer of the whole letter management process has been transferred to Ancillary Services Administration. These will be forwarded to all areas each Monday.</p>	Hill, David	31/10/2017	25/10/2017
															Manage recruitment and absence	<p>Feb 18: recruitment to vacancies has been addressed. Still issues with sickness absence which are being managed in accordance with policy.</p> <p>24/07/2018: Closing Action - Recruitment now within manageable levels and absence has been below 4% for the previous 2 months.</p> <p>Oct 17: should have 41 WTE. Have LTS x 3, a number of STS, 4 vacancies, 1 on light duties. Recruitment process is lengthy</p> <p>David Hill: 16/01/18 - LTS in December remains an issue at 7% but is being managed within Trust procedures, short term sickness was less than 1%. Recruitment is much improved and the system is working considerably better than previously. We currently have 15 Vacancies with 3 in sign-off, 7 in Progression, 1 at Interview, 1 at shortlisting and 3 at Advert.</p>	Hill, David	29/06/2018	24/07/2018
								IF vehicle deep cleaning procedures are not completed within specified timeframes THEN this is a failure to	<p>1. The deep clean schedule is continuing each week and all deep cleaners have full visibility of this information.</p> <p>2. Weekly deep clean reports including the overall service level are distributed to Ops managers in each area displaying current status and</p>					Review actions associated with Deep Clean compliance including results and trends.	<p>All actions now complete. Recruitment is now at manageable levels and deep clean is now at 99.6% on a weekly basis. This is a key IPC action and will remain monitored and on the risk register however, it is recommended that the committee assess the reviewed risk rating.</p>	Hill, David	25/07/2018	25/07/2018	

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Finance	252	Vehicle deep cleaning	Hill, David	Fleet	Operational Risk	Infection, Prevention & Control	30/06/2020	comply with external regulatory standards RESULTING IN potential for harm to patients, staff and others and regulatory non-compliance	lists of vehicles in greatest exception. 3. Monthly audit and reporting of activity. 4. Additional staff recruitment and revised planning format introduced 5. Schedules reviewed and streamlined where possible. 6. VOR when hit timescale 7. monitoring in place and ongoing	Rota alignment and availability of vehicles for deep clean	12	12	Moderate Risk	6	Update of current operational vehicle Deep Clean status across trust.	Deep Cleaning Service Levels have remained 99% plus for many months, however the impact of initiating AVP and the transfer of these staff did impact service levels (98%) in late November and January. Due to requirements of the AVP funding from STP's, this had to start inline with Winter Pressures dates (3/12/18). At this point the contractors should have completed phase one at both stations, but due to delays this will not be completed at Leeds until 25th January and at Huddersfield not completed until 5th February. AVP cannot move into its purpose built areas and become fully functional until this point. This period has also included Christmas and New Year which has also impacted on delivery plus we have 130 new DCA's entering service, all of which require Deep Cleans prior to operational use. We are also finding A&E Operations have a significant number of additional crews on duty and this negatively impacts availability of vehicles for cleaning. We are	Hill, David	31/01/2019	22/01/2019
															The risk was originally removed but due to ongoing operational pressures, these are impacting availability of scheduled vehicles against their deep clean schedule.	The completion % remains over 98% but we often do not have availability to access vehicles, especially at single vehicle locations. We also don't have spare capacity to arrange swaps on many occasions. Working with A&E Management to minimise impact where possible and this will continue.	Hill, David	31/10/2019	04/10/2019
															The Trust has decided to increase the number of operational DCA's from 383 to 407. This will increase the number of periodic deep cleans across the Trust. In basic figures an extra 1 wte would be required to complete these, but until final locations are known, it is not possible to ascertain the impact for each area.	Ascertaining the base locations for these vehicles and completing a cost control once data is known regarding area.	Hill, David	30/11/2019	04/10/2019
															The monitoring of Deep Clean compliance against Trust target.	Following additional work by the supervisors in tracking and contact with operations during November, the compliance rate has increased back into the 99%+ range. VOR's remain high especially in specific areas which does impact availability of vehicles, but the teams are assisting in movement of vehicles where this frees a vehicle for a Deep Clean.	Hill, David	02/12/2019	02/12/2019
															Due to the requirements of managing the increased requirement of vehicle cleanliness and IPC during the COVID-19 pandemic, the scheduled Deep Cleaning provision has been suspended. Effective and timely management of COVID infected vehicles is currently the key priority for patient and staff safety. However we have introduced Post Patient Cleaning teams at all Emergency Departments which is delivering an increased provision alongside a new Enhanced Post Patient Cleaning provision for potentially highly contaminated vehicles. A temporary Deep Clean provision has also been introduced, but this is on an exception/unscheduled basis. Communication has been briefed to Operational staff including PTS and P&E, but this does place a greater responsibility on crews to check their medical consumables for OOD and damaged stock. This stock would usually be audited and removed where necessary at scheduled Deep Clean.	The risk will be included in post COVID actions, along with a schedule to resume full service and OOD/Damage stock checking within the first 5 weeks of service resumption. The Medical Consumable checking is being maintained with the AVP process under BAU.	Hill, David	20/05/2020	20/05/2020
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					

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Finance	1200	Tranman system	Gott, Jeff	Fleet	Operational Risk	Financial	20/03/2020	<p>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.</p> <p>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/or work in Tranman.</p>	<p>Monthly reporting of progress to CMG</p> <p>Requirement for Finance Systems Accountant to sign off assurance during phase 2 before go live</p>	<p>Lack of clarity of what is available</p> <p>No Finance System Accountant involvement in the procurement or implementation</p> <p>No possible solutions being put forward</p> <p>No known work around</p> <p>YAS are not the lead partner in the procurement via NAA</p>	20	12	Moderate Risk	8	<p>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.</p>	<p>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</p> <p>July 19: A meeting has been arranged with Jeff Gott for the 16th August to discuss how to move this forward.</p> <p>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.</p>	Atkinson, Claire	20/03/2020	04/10/2019
															<p>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).</p>	<p>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.</p> <p>December 19: No further update provided by Civica or the Fleet team.</p> <p>Chased Vicky Audsley</p> <p>January 20: Vicky confirmed that Civica believe that the existing interface will function correctly with Oracle therefore have requested copy of the file that can be produced to test.</p> <p>February 20: Discussion with Jeff Gott confirmed that fields are still missing from the interface file and therefore is not fit for purpose. Have chased Jeff for further update 11/02/2020.</p>	Atkinson, Claire	29/03/2020	
Finance	1133	Fleet Lone Working	Moyes, Richard	Fleet	Operational Risk	Staff & 3rd Party Safety	20/12/2019	<p>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</p>	<p>Role-based risk assessments</p> <p>Lone Working and Personal Safety Guidance</p>	<p>No process for raising the alarm in the event of an incident, accident or injury</p>	12	12	Moderate Risk	3	<p>Conduct role based risk assessment of lone worker roles</p>	<p>Oct 18: roles identified and working to mitigate risk, sought advice of LSMS</p> <p>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</p>	chapman, graham	31/01/2019	02/01/2019
															<p>Jan 2020 - Suggest CLOSE this risk and use Risk 1133 (Fleet Lone Working) to progress.</p> <p>July 2019 - Lone working guidance being adapted to reflect requirements of fleet.</p> <p>June 2019 - Graham Chapman working with LSMS to develop lone working group.</p> <p>April 19: LSMS looking at setting up small working group</p> <p>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.</p> <p>Policy sent to Fleet Compliance Manager to review and provide comment on where he feels it requires strengthening for the Fleet department.</p>	Moyes, Richard	20/12/2019	15/01/2020	
															<p>Explore technological solutions for lone worker devices to raise the alarm</p>	<p>Oct 18: Working with LSMS to review lone worker procedures to ensure it</p> <p>August 2019 - GC did not feel the technology solutions were the correct way to resolve the issues.</p> <p>Feb 19: to be done following review of current procedures and consultation with LSMS</p> <p>Oct 18: ongoing exploration of options available</p> <p>July 18: review of technologies available to support lone working is planned</p>	Moyes, Richard	20/12/2019	11/09/2019
								<p>IF YAS does not provide documentary evidence of all aspects of vehicle</p>		<p>1. No documentary evidence can be located for vehicle familiarisation taking place; this includes basic information as to which vehicle(s)</p>					<p>To determine the number of Datix incidents which have involved staff receiving vehicle related injuries.</p>	<p>Datix incidents reviewed by team.</p>	Taylor, Kate	27/12/2019	07/02/2020

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Finance	1243	Vehicle familiarisation training	Moyes, Richard	Fleet	Operational Risk	Health and safety	28/02/2020	Evidence of all aspects of vehicle familiarisation training including staff members present, learning objectives and dates/times/vehicles THEN the Trust does not have a safe system of work as outlined in Health and Safety at Work legislation RESULTING IN regulatory action and increased litigation against the Trust with severe financial implications.	Vehicle familiarisation is undertaken by Operational management staff to staff within the stations however this is not recorded in any way.	Information as to which vehicles 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 staff injury claims relating to vehicle related incidents. To raise awareness of the risk relating to vehicle familiarisation with the relevant management board. To develop appropriate training material to address Vehicle Familiarisation across YAS by means of a multi-disciplinary working group.	18/11/2019 - Submitted to Kate TAYLOR and Tasnim ALL. DMB agreed to jointly share the risk with YAS Academy	Cowell, Benjamin Ali, Tasnim	27/12/2019 29/11/2019	18/11/2019 29/11/2019
Workforce and OD	1051	Immunity screening and vaccination and health surveillance	Houghton, Helen	Human Resources	Operational Risk	Infection, Prevention & Control	30/06/2020	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	4	Send out clinical alert regarding measles outbreak and importance of MMR vaccine PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required Review of Occupational Health contract provision Manage Bradford measles outbreak	Nov 17 Complete 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 record out scores	Ashby, Clare Houghton, Helen	30/11/2017 30/06/2020	30/11/2017 25/07/2018
Workforce and OD	814	Impact of calculation of holiday pay to include regular overtime in remuneration	Hartshorne, Suzanne	Human Resources	Strategic Risk	Financial	30/06/2020	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	A stay has been awarded on the Trust's claims pending the outcome of an application for appeal to the Supreme Court on Flowers v East of England Ambulance Service	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 separate 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 appeal	Hartshorne, Suzanne	30/06/2020	

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Finance	984	Call Pilot Server 2003 risk	Zahran, Ola	ICT - Information Technology	Operational Risk	ICT	30/06/2020	Call Pilot is currently installed on server 2003 which is no longer supported by Microsoft or the latest security patches. During the WannaCry cyber attack 2003 was identified as a security risk. In the shorter term Microsoft released a fix for it but in reality it is no longer supported.	Currently MS patch is in place which has secured the OS.	Control is currently adequate. But and new Cyber attack could pose a risk to the system.  The latest release has been released so requires internal tests prior to release.	9	20	High Risk	6	The latest release has been released so requires internal tests by Voice Comms prior to release.  The server needs to be incorporated into the unified communications infrastructure specification	Feb 18: Advisory from Microsoft- Windows 2003 server patches are not currently approved by AVAYA and if installed are at our own risk to the trust.  June 2017: Patch has been tested by AVAYA and applied  Dec 17: There is currently a fault which requires rectification by BT	Clowes, Wayne	30/04/2018	21/03/2018	
Finance	1084	P58 - National ESMCP programme delay	Zahran, Ola	ICT - Information Technology	Operational Risk	Equipment Related	28/07/2020	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.	12	12	Moderate Risk	6	Review milestones of National programme  Capital bid approved to order 15 additional MDT devices for 18/19 and capital bid for 19/20	22.5.20: 36 MDT's are in stock to replace faulty operational devices as a result of implementing 29 MDT's onto new vehicles. operational 27.02: 37 MDT's order is in progress 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  October 2019 - procurement complete 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.	Zahran, Ola	28/07/2020	28/05/2019	23/10/2019
Finance	1128	Avaya Telephony Platform	Zahran, Ola	ICT - Information Technology	Operational Risk	ICT	30/06/2020	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 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	20	High Risk	5	Business case to procure a new phone system  Work with BT to maintain the current 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.  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	Zahran, Ola	18/02/2019	25/02/2019	
															To implement the unified communications project	27.02: Go Live planned for May 2020 (Updated on behalf of Martin L) 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	02/06/2020		



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Finance	1275	P105 - Getac Deployment - Docking stations not charging	Zahran, Ola	ICT - Information Technology	Operational Risk	Equipment Related	30/06/2020	IF the recent issues experienced with the new Getac docking stations not charging due to bent pins continues, THEN more vehicles will be affected, RESULTING IN crew time without a working device and vehicle off-road time required to fix the docking station.	Support call levels and staff/Champion feedback monitored. Close engagement with the docking solution supplier. Staff information provided on docking & undocking devices.	Escalation to Centerprise & Gamber Johnson.  07/05/20 - MS & ST escalated issue to David Cumming Centerprise.  12/05/20 - Meeting with MS, ST, Centerprise & Gamber Johnson. This is not a known issue with other customers. Gamber Johnson to send through video of correct docking procedure.  13/05/20 - Charlotte Wood, Leeds CS, has provided a trouble-shooting guide, well illustrated with photos, on how to dock Getacs to avoid issues. Helen Chalkey to incorporate this into existing docking guidance for distribution.	12	12	Moderate Risk		Update Getac docking instructions to include step-by-step troubleshooting info, and arrange to be circulated to staff.  Update ePR Champions on Teams, including circulation of video from Gamber Johnson demonstrating correct way to dock the Getac device.  Liaise with suppliers, and send example docking station to Gamber Johnson for investigation.		Scott, Martin	21/05/2020	
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	
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	1262	Effect of Coronavirus calls on demand and patient safety	Cummins, Eithne	Integrated Urgent Care (IUC)	Operational Risk	Patient Experience	06/03/2020	IF demand within IUC for advice relating to Coronavirus continues to increase following national announcement AND further assessment is required of all Coronavirus calls through NHS Pathways Module 0 and 1 (outside of national guidance) THEN there is a potential for delays in responding to calls from patients requiring clinical advice RESULTING IN delays in assessment and potential abandonment in calls which could impact on 999 and other health care providers.	Developed a SOP for the management of suspected Coronavirus calls. Identified clinicians within the Trust above current IUC capacity that can handle calls from patients with Coronavirus concerns. Daily gold cell meetings continue. Advise from PHE on workaround of NHS pathways. Proposed control around screening patients on module 0 and module 1 prior to early exit and passing to clinical queue. Non clinical call handlers to be trained to take calls with support of clinicians to manage current demand.	The national guidance does not allow for a full assessment by the health advisor which could result in the patient being placed in an inappropriate call queue, delaying assessment and treatment.	20	20	High Risk	6	Create a process of further assessment for all Coronavirus calls through NHS Pathways Module 0 and 1 (outside of national guidance)		Cooke, Andrew	06/03/2020	
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	6	Provide monthly reports to allow invoicing to take place  Invoice NHS England  Recruit additional Health Advisors to meet additional demand funded by income from NHS England	Invoices being raised as a result of the reporting  Further rounds of recruitment going into the new Year	Daw, Andrea  Deakin, Wayne	30/09/2019  28/02/2020	08/10/2019
														Review of resuscitation and Defibrillation theory and practical training is delivered	Aug 17: A&E Ops stat/mand training has been reviewed and new package launched in July 2017. KLR BLS is in the Stat Mand day and we (myself and Simon Standen) are currently working with the Education Dept to refresh the way that BLS is delivered and assessed on this day. The stat and mand day runs on a 3 year cycle.  Proposal for development of e-learning theory materials and other electronically available educational resources to support the practical hands-on delivery of BLS training. April 2017: review of A&E Operations face-to-face training TNA is underway. Once agreed, development of training materials will be undertaken.	Rowbottom, David	17/07/2017	31/07/2017	

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Medical	919	Resuscitation training and competency	Dykes, Steven	Medical - Operations	Operational Risk	Clinical	31/07/2020	IF there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.	Clinical Portfolio Governance Board has oversight of content of Clinical Refresher and monitoring of delivery and compliance through Workforce dashboards Clinical audit of cardiac arrest incident reporting, serious incident investigations and lessons learned New annual BLS training has been approved and will launch October 2018 as part of Clinical Refresher, Annual abstraction has been agreed. June 18 Coroners - no recommendations for YAS	1 year cycle from until BLS training has been delivered as part of annual clinical refresher - risk to remain until end of 2019	15	12	Moderate Risk	5	Agree, develop and deliver resuscitation training - Annual	January 2020 - Clinical risk review - meeting to be arranged for January to discuss output of recent IRG case reviews. Action closed and new action framed to capture IRG actions. May 2019 - Training rolled out and on track. April 19: Resuscitation is not attached to clinical refresher training Jan 19: Discussed 24/01/19 at CQDF there is a risk not all staff will get through training. enough places but some no shows to discuss at Clinical PGB. Courses been cancelled as not enough staff booked on Oct 18: Clinical Refresher Programme is scheduled in, to run over 12 months. July 2018: New annual BLS training and abstraction has been signed off at TMG. Training School are delivering this as part of the Clinical Refresher. It will launch from October 2018, 1 year cycle will capture all A&E staff requiring BLS. Risk to remain until October 2019 on cap	Dykes, Steven	22/11/2019	20/01/2020
															Quality and Safety Team to monitor incidents and escalate to IRG	Nov 18: incidents are monitored and escalated to IRG where potential for patient harm, contributory factors are identified as part of investigation April 18: incidents that include BLS as contributory factor are monitored and reviewed at Incident Review Group. Oct 17: 4 x VF arrest SI's with lessons learned. Ongoing monitoring of incidents and delivery of SI action plans. April 2017: Incidents investigated, SIs reported. Learning through IRG and SE&LL report.	Medlock, Tina	28/02/2019	19/11/2018
															Meeting to be arranged to discuss output of recent IRG meeting in relation to case reviews.	May 2020 - mitigations against this risk and action have been limited due to the current Covid-19 pandemic.	Dykes, Steven	31/07/2020	
Medical	1193	Non conveyance decisions	Mark, Julian	Medical - Quality	Operational Risk	Patient harm	30/06/2020	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 Patient record keeping standards HCPC codes of performance Clinical refresher – session about documentation Assessment, conveyance and referral of patients policy	Lack of direct, real time, clinical supervision Poor utilisation of Paramedic Pathfinder to support decision making Human Factors	15	15	High Risk	5	Develop robust mechanism for providing frontline staff with direct and real time clinical supervision to enhance patient assessment and decision making	January 2020 - Clinical Risk Review - await implementation of PID of team leader role. Feb 19: Being discussed nationally (NASMED), discussion with Operation Directorate	Mark, Julian	30/06/2020	
															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 and progressed. To be re-audited later this year.	Millins, Mark	30/04/2019	24/05/2019
															To review and audit the use of Paramedic Pathfinder by frontline clinicians. Provide report and recommendations to CQDF	January 2020 - clinical risk review update review date to the end of March in line with progress. Feb 19: Information gathering started June 19 - Ruth Fisher and Simon Butterworth undertaking review of pathfinder, currently in progress 18/11/2019 - Mark Millin, Ruth Fisher and Simon Butterworth visiting NNWAS to discuss their move away from PP and to MTS as staff support tool.	Stead, Sarah	30/06/2020	
															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	Clinical risk review - Campaign undertaken as part of staff update.	Hodge, Andrew	17/01/2020	17/01/2020
															Provide all frontline staff with half a day session on decision making, assessment and documentation to support non-conveyance decisions	January 2020 - Clinical risk review extend review date till March as delayed due to REAP 3. March 2019 Agreed to build into clinical refresher for 2019/2020	Millins, Mark	30/06/2020	
Workforce and OD	1257	Bank Staff Compliance for Statutory/Mandatory Training	Kelvin, Wendy	Organisational Effectiveness and Education	Operational Risk	Training, Education & Compliance	31/03/2020	IF the level of compliance for Bank staff fails to improve THEN the Trust will be at risk of not meeting its minimum threshold of statutory/mandatory compliance RESULTING IN not being to assure staff are aware of their responsibilities for safe working practices in relation to statutory/mandatory areas.	Split compliance for Bank staff away from substantive Monitoring data to identify key themes/trends Data forwarded to line managers across the trust on a monthly basis to remind of non-compliance	No one area overseeing the use of bank staff to maintain an oversight of usage Agreed consequences of bank staff if not compliant Different approaches to monitoring staff engagement with stat/mand training across the trust Clarity of line management ownership of bank staff	12	12	Moderate Risk	4	Develop business case to determine if there should be a Bank Agency within the Trust overseeing the use of all bank staff.	21.04.20 Due to the current Covid-19 situation this action is delayed.	Batinica, Nico	30/06/2020	
															To work with leads across the Trust where compliance is good, to identify good practice and share this with monthly compliance reports.	21.04.20 Due to the current Covid-19 situation this action is delayed.	Kelvin, Wendy	30/06/2020	
															To report non compliance to Non Clinical PGB on a monthly basis to identify any key risks.	21.04.20 Due to the current Covid-19 situation this action is delayed.	Batinica, Nico	30/06/2020	

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Quality, Governance and Performance Assurance	1258	Premises Security	Page, Steve	Performance Assurance & Risk	Strategic Risk	Security	31/07/2020	IF YAS premises are not adequately protected by an appropriate level of security THEN staff and assets will be vulnerable RESULTING IN the potential for physical harm; financial loss; reputational loss; and an adverse impact on the Trust's ability to deliver an effective service.	Safety and Security Policy and associated procedures Local Security Management Specialist role (LSMS) Site Security Inspections and subsequent risk assessment of security provision LSMS work with Estates to rectify potential breaches Electronic Access Control fitted within most critical premises CCTV (albeit of poor quality) fitted within most critical premises	1) The majority of YAS premises have poor or no security fencing and no gates or barriers 2) Many Ambulance Stations still have manual Digi-Lock access control 3) The CCTV system is not of a sufficient quality to identify faces or number plates 4) The Trust does not know who is in its premises, due to tail-gating and how it occupies premises 5) The Trust cannot verify that a person accessing the site is using the ID Card that was issued to them 6) The Trust cannot verify the hours that staff and contractors are on site	12	12	Moderate Risk	4					
Quality, Governance and Performance Assurance	1259	Violence and Aggression	Page, Steve	Performance Assurance & Risk	Strategic Risk	Security	31/07/2020	IF YAS staff are not adequately protected against acts of violence and aggression THEN there is a potential for staff to be seriously injured RESULTING IN the potential for physical harm; financial loss; and reputational loss.	Violence Reduction Policy and associated procedures Local Security Management Specialist role (LSMS) AIRWAVE button Conflict Resolution Training Data Flagging process Safer Responding Group Security Alerts Multi-agency working with key strategic partners	1) No clear process for activation of AIRWAVE button 2) Conflict Resolution Training is not available for all identified staff groups 3) Violence management systems and processes are not embedded 4) No Restraint Policy or Training 5) No automated system to communicate Data Flags, with only 25% of all flags being communicated 6) Multi-agency working with key strategic partners is not embedded across all of YAS	12	12	Moderate Risk	4					
Quality, Governance and Performance Assurance	1252	Leavers NHS Mail Accounts	Hartland, Helen	Performance Assurance & Risk	Strategic Risk	Information governance	31/03/2020	IF YAS leavers retain their NHS mail account when they leave the organisation THEN they may continue to receive emails relating to their employment with YAS RESULTING IN a breach of confidential/commercially sensitive information.	Leaver Checklist Process (ICT) Management of distribution lists and shared mailboxes Email Policy	Current controls in place by the organisation do not prevent YAS staff replying to existing emails retained within their own mailboxes, meaning former employees may continue to receive confidential/commercially sensitive information relating to YAS following their departure. Limited preventative measures in place through NHS Mail.	12	12	Moderate Risk	2	Seek approval from TMG to close NHS Mail accounts when a member of staff leaves the organisation. Following TMG approval, ML to update the leavers checklist to reflect new process. Following TMG approval, ML to update Email Policy to reflect the change. Review implementation of the SOP, review any further incidents relating to the leavers process.	April 2020 - Approved at TMG 11.03.20. April 2020 - Leaver checklist reviewed to reflect the changes, approved at TMG. April 2020 - Email policy updated to reflect changes.	Hartland, Helen Lane, Martin Lane, Martin Hartland, Helen	31/01/2020 28/02/2020 28/02/2020 31/07/2020	21/04/2020 21/04/2020
Quality, Governance and Performance Assurance	1263	Covid-19	Ashby, Clare	Performance Assurance & Risk	Strategic Risk	Business continuity	29/05/2020	IF the effects of the Covid-19 virus outbreak continues to escalate THEN this will impact significantly across all areas of the Trust RESULTING IN disruption to corporate functions and across areas of service delivery.	Operational daily meeting Strategic meetings held 3 x weekly Regular communication bulletins will all staff Regular communications with Public Health England and NHS England Command structure in place Infection Prevention and Control Training in place	Progress and the uncertainty of the disease progression.	20	20	High Risk	9	1. Promotion of staff well-being through effective communication and training. 2. Provision of appropriate PPE and alcohol gel. 3. Increase 'touch point' cleaning across all Trust sites. 4. Clean, clear desk policy monitored by line management teams. 5. Lockdown of call centres.  1. Staff mapping exercise to identify potential staff suitable for redeployment based on skills and experience. 2. Update BCP plans. 3. Review of attendance management policies around sickness, sickness trigger, self isolation for staff and/or family members. 4. Explore homeworking opportunities for all non-clinical staff.	21.04.20 Daily staff communications continues, staff side representation also continues to be part of the daily 9.30 call issues raised are then dealt with in a timely manner. 01.04.20 Ongoing daily communication with staff continues. Review of PPE supplies and distributions are reviewed in the gold cell daily meeting. Increased cleaning provision continues. 24.03.20 Ongoing daily communication with staff continues. Review of PPE supplies and distributions are reviewed in the gold cell daily meeting. Increased cleaning provision continues.  21.04.20 Daily sickness reports continue to be monitored. 01.04.20 Daily sickness reports are being circulated into the gold cell via BI. 24.03.20 All BCP plans have been updated by individual departments. HR continue to work through sickness, absence policies. Daily monitoring of sickness continues to be reported at the daily gold cell meeting. All non essential staff have been advised where appropriate to work from home, guidance around this is being worked up.  21.04.20 Daily monitoring of PPE provision continues. 01.04.20 Daily monitoring of PPE provision continues as part of the gold cell meeting. 24.03.20 Daily monitoring of PPE provision continues as part of the gold cell meeting. 12.03.20 Informed today that PPE provision is running extremely low and that we may only have provisions for the next 2-3days.	Ashby, Clare  Ashby, Clare Ashby, Clare	29/05/2020  29/05/2020 29/05/2020	

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															<p>1. Invoke REAP 3 planning. 2. Regularly review necessity all planned meetings. 3. Regularly review necessity to withdraw any staff members currently on secondment both within the organisation and with partner providers. 4. Consider AL requests in line with operational demand and capacity, consider asking staff to volunteer cancellation of leave where appropriate.</p>	<p>21.04.20 The Trust is now operating under card 36. 01.04.20 There will be national changes to levels of escalation, this is currently being worked up. 24.03.20 REAP 4 plan now in place.</p>	Ashby, Clare	29/05/2020	
															<p>1. Develop a co-ordination centre to manage increased demand and deal with Covid-19 results management. 2. Develop a SOP for the management of results.</p>	<p>24.03.20 Co-ordination centre stood down for the present in line with testing no longer being undertaken.</p>	Ashby, Clare	27/03/2020	24/03/2020
															<p>To set up a Corporate Executive cell to manage demands for redeployment of staff across the Trust.</p>	<p>21.04.20 Corporate Executive cell continues to support YAS response to Covid-19. 24.03.20 Corporate Executive cell now set up with rota based working in place to cover 7 days a week. Daily contribution to the 09.30 meeting in place and actions undertaken accordingly.</p>	Bowker, Lynsey	29/05/2020	
Quality, Governance and Performance Assurance	1268	Counter fraud, bribery and corruption	Carter, Helen	Performance Assurance & Risk	Strategic Risk	Security	30/06/2020	IF Counter Fraud arrangements are not managed and documented appropriately THEN the Trust will be open to acts of fraud and deemed to be non-compliant against the Counter Fraud Standards RESULTING IN the potential for financial loss and reputational loss.	See Datix IQ cloud 89	See Datix IQ cloud 89	12	12	Moderate Risk	4					
Quality, Governance and Performance Assurance	1241	Management of Paper Records within YAS	Hartland, Helen	Performance Assurance & Risk	Operational Risk	Information governance	30/06/2020	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 compliant 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	<p>No IG assurance that all records are locked away and held securely</p> <p>No audit trail of access to records containing personal data</p> <p>No inventory of records held</p>	12	12	Moderate Risk	4	<p>IG need to assess what information is being held in paper format across all of YAS' premises.</p>	<p>April 2020 - Current Covid-19 situation has delayed this action being progressed. February 2020 - Visits to individual stations now superseded with IG Team attending Central Ops meetings to gather more information. Jan 2020 - Identified 89 Filing cabinets within some stations/premises. Still awaiting some feedback from some premises/stations, this can also be updated by IG once they have completed their station/premises visits. Visits postponed due to REAP levels November 2019 - email distribution to all LMs, and PTS management to ascertain what are storing, this will be followed up with site visits. Review date extended to reflect the above. 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</p>	Hartland, Helen	30/06/2020	
															<p>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.</p>	<p>Jan 2020 - The files that were in the secure container have now been moved to Restore, files for scanning will be moved to Europa Way in Sheffield from other YAS sites where the scanning team will prepare, scan and index to files. This action to be closed and work picked up within the other two actions. 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.</p>	Hartland, Helen	30/04/2020	13/01/2020

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															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).	February 2020 - Confirmation has been given that the scanning team at Europa Way will take on this task, training to be given to the team. This is currently being organised with Jacqui Crossley and HR.  Jan 2020 - IG team have identified a current scanning resource under the management of Jacqui Crossley (clinical), this resource will be utilised to undertake the scanning of the HR files. Equipment will require re-configuration and staff will require training.  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	1129	Shared mailbox access	Hartland, Helen	Performance Assurance & Risk	Strategic Risk	Information governance	30/06/2020	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 2020 - current covid-19 situation has delayed this action being progressed. January 2020 - Complete list of DL's and shared mailboxes provided by ICT, IG working through 505 DL's to identify owners (and to re-assign to IAO's where necessary) and membership.  270 shared mailboxes have been identified, ICT are required to establish owner and membership.  April 19: Draft SOP around 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 the act which required resolution.	Scott, Martin	30/06/2020	
															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

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Quality, Governance and Performance Assurance	1132	Email Distribution Lists	Hartland, Helen	Performance Assurance & Risk	Strategic Risk	Information governance	30/06/2020	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 email, particularly if some recipients are external	15	12	Moderate Risk	6	Obtain a listing report of all created Distribution Lists on Outlook and the owner and members	February 2020 - List has been worked through by the IG team and now ready to be re-assigned to IAO's  January 2020 - Complete list of DL's and shared mailboxes provided by ICT, IG working through 505 DL's to identify owners (and to re-assign to IAO's where necessary)and membership.  270 shared mailboxes have been identified, ICT are required to establish owner and membership.  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-	Scott, Martin	03/04/2020	
															Communication on process for managing Distribution Lists that have been set up by individuals eg. for meetings	Jan 2020 - Ownership of DL's and SM's to be amended to IAO's where required. IAO's to review membership on a 3 monthly basis.  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	
															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 and 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

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Quality, Governance and Performance Assurance	933	Conflict Resolution Training provision	Page, Steve	Performance Assurance & Risk	Strategic Risk	Staff & 3rd Party Safety	31/07/2020	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	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	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.	May 2020 - delays against implementing this action as a result of the current Covid-19 pandemic. Review date extended to end of July as part of Recovery phase. Meet with academy to provide train the trainer update for tutors delivering new CRT	Jones, Daniel	31/07/2020	
														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	

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Quality, Governance and Performance Assurance	998	Availability of CCTV for pursuance of sanctions	Page, Steve	Performance Assurance & Risk	Operational Risk	Staff & 3rd Party Safety	31/07/2020	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.	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	1) Deploy the overlay 4G system to ECCO (Premier Hazard) And 2) Upgrade VUE SD card systems to hard drive	May 2020 - delays against this action amidst the Covid-19 pandemic, review date extended to reflect recovery phase. 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	Tawiks, Steven	31/07/2020	
														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	
Workforce and OD	1233	Trust Board representation	Wilcock, Amanda	People & Engagement	Strategic Risk	Regulatory compliance	01/04/2020	IF the Trust does not ensure board representation across all ethnicities 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	2	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.		Brereton, Christine	27/03/2020	
Finance	1274	PPE Recalls	Barker, Matthew	Procurement	Operational Risk	Supply/Procurement	29/05/2020	Push' stocks of PPE received from Supply Chain, Clipper and other non-supply chain linked suppliers of PPE are not fit for purpose.	Additional push stocks secured to replace recalled stocks; All stock received by Procurement and Logistics to be quarantined for a further 48 hours, to allow time for any product recalls from Supply Chain and NHSEI to occur; Additional face visors to be sourced and procured to provide a further level of protection, mitigating the risk of masks that are not fit for purpose being used before any product recall action is activated; and A further supply of PPE, specifically masks (as this appears to be a particularly difficult area) to be procure from non-supply chain routes to act as buffer stock should product recalls continue	Product recalls of non-fit for purpose stocks result in stocks of PPE e.g. face masks, on vehicles with the risk of staff using products that do not offer adequate levels of protection; Significant resource required to retrieve and replace products from stations and vehicles; Shortage of adequate replacement stock; and Reduced confidence in the PPE provided to YAS	16	16	High Risk	6					
Finance	1197	Falsified Medicines Directive Legislation	Barker, Matthew	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	



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Quality, Governance and Performance Assurance	1227	Subject matter expertise for manual handling	Settle, Iffa	Quality and Nursing	Operational Risk	Health and safety	30/06/2020	IF we do not have adequate subject matter expertise for the topic of moving and handling THEN there is risk of inadequate training, support and guidance for staff RESULTING IN potential harm to staff and patients.	- Currently manual handling is covered as part of statutory and mandatory training with appropriate lifts included	- No Subject Matter Expert for moving and handling within the Trust. - The current training provision does not include prohibited lifts, which evidence has shown are still being utilised across the Trust.	8	12	Moderate Risk	4	- Recruitment of a named SME for manual handling within the Trust. - Pending recruitment, obtain SME via alternative routes i.e. explore SME within other ambulance Trusts or consultancy.	Apr 20: no update, still awaiting funding decision for SME for moving and handling The external Moving & Handling report has now been received by the organisation on 4.3.2020. This report and recommendations were taken to TEG w/c 9.3.2020 and awaiting funding decision for the SME moving and handling post.	Settle, Iffa	01/04/2020	
															- Following procurement of subject matter expertise for manual handling, the training provision across the Trust is to be reviewed to ensure appropriate guidance and support is available to staff for the safe movement of patients.		Spence, Antony	31/03/2020	
Quality, Governance and Performance Assurance	1063	Cumulative effect of repeated moving and handling	Jackson, Shelley	Quality and Nursing	Operational Risk	Health and safety	30/06/2020	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 Safety Group Trust Procurement Group Policies and Procedures: Moving and Handling, DSE, Risk Assessment. Education and training - mandatory face to face and e-learning Learning from incidents, claims, sickness reports NARSAF May 18 are considering 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	Apr 20: the NARSF moving and handling working group last met in March 20. The meeting was attended by HSE representatives and efforts were made to clarify the workplan for the group to facilitate better progress. 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	Jackson, Shelley	30/06/2020	
															Reduce weight of bags	Apr 20: No progress with bag re-design. 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 have 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	Jackson, Shelley	30/06/2020	
															Defibrillator replacement to consider weight	Feb 18: Corpuls3 has been selected which is 3.3kg lighter than Lifepak 15 Dec 17: weight has been a consideration in purchase of new defibrillators for RRVs	Owen, Andrew	01/02/2018	22/02/2018
															Vehicle design Group to consider moving and handling risk	Dec 17: lessons learned from previous procurement and included in vehicle design specifications Apr 18: Vehicle group Jul 18: new vehicle design now going into production Oct 18: Possible issue identified with location of Corpuls defib. Position of the defib has now been moved to the head end of the stretcher due to the short length of the monitoring leads. Vertical lift required out of the corpuls bracket using a time delay catch which makes the moving and handling more difficult. Safe lifting technique has been developed to minimise the risk. This has been captured in a demonstration video which is to be made available to staff on 24/7 and publicised by Corporate Comms.	Ashby, Clare	30/06/2020	

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Quality, Governance and Performance Assurance	1015	Post-Occupational Exposure Prophylaxis	Ashby, Clare	Quality and Nursing	Operational Risk	Infection, Prevention & Control	31/07/2020	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.	May 2020 - amidst the current Covid-19 pandemic progress against this action has been limited.	Ashby, Clare	31/07/2020	
Quality, Governance and Performance Assurance	697	Health and Safety Training for middle managers	Jackson, Shelley	Quality and Nursing	Strategic Risk	Health and safety	30/06/2020	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
															Develop non-accredited H&S Training course for Management group not included in the IOSH accredited training. Work to be done by Health and Safety Manager in partnership with Head of Learning and Development.	Apr 20: Meeting with e-learning team was scheduled for end of Feb but had to be postponed. Meeting not re-arranged due to current COVID situation. Work will continue to develop package as necessary. Jan 20: meeting booked with e-learning team to begin work on the final version of the managers e-learning package. 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	30/06/2020	

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Quality, Governance and Performance Assurance	1208	Level 3 Safeguarding Training	1UTQ	Safeguarding	Strategic Risk	Training, Education & Compliance	03/04/2020	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 06.01.2020 Targeted staff groups for Level 3 safeguarding child and adult at risk training agreed at TMG May 2019. 4 external dates agreed, groups of up to 60 attendees. see documents YAS multi professional audience, facilitated by external facilitator and YAS safeguarding team. Positively evaluated. 100 attendees Oct/Nov dates Central Venue 8th October 2019 National Coal Mining Museum Caphouse Colliery New Road Overton WF4 4RH South Venue 12th November 2019 Holiday Inn High Road Warmsworth Doncaster DN4 9UX East Venue 5th February 2020 HULL KCOM Craven Park Preston Road Hull HU9 5HE	1UTQ	03/04/2020	
Finance	1031	Delay in Deep Clean Tablet System	Hill, David	Support Services	Operational Risk	Equipment Related	27/03/2020	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	2	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
															Confirm timescales for development of Ancillary cleaning tablet with relevant service leads	November 2019 - risk remains, action review date extended to reflect progress. 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	Zahran, Ola	31/03/2020	

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															<p>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.</p>	<p>November 2019 - risk remains therefore action review date reviewed to reflect.            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 reviewed.</p>	Hill, David	27/03/2020	