BOARD ASSURANCE FRAMEWORK

2016/2017 – March 2017

TRUST BOARD – RISK INFORMATION FLOW AND ASSURANCE PROCESS

Performance Management

Integrated Performance Report
Key Performance Indicators relevant to objectives

Strategy

Integrated Business Plan
Strategic Goals & Aims
Strategic Risk Analysis

Risk Management

Board Assurance Framework
Risk to strategic objectives
Risk controls
Assurances on controls

Trust Board

Assurance

Finance & Investment Committee

Quality Committee

Audit Committee

Board Assurance processes
Executive Director reports to Board and key committees
Reports from Locality/department managers
Review of incidents and complaints
NED assurance process
NED advisory input

Trust Executive Group and Trust Management Group
Reviews/aligns BAF & CRR

Management Processes

Risk & Assurance Group
Reviews and moderates risk for

Corporate Risk Register
Directorate Risk Registers
Local Risk Registers

2

STRATEGIC GOALS AND OBJECTIVES

The Yorkshire Ambulance Service NHS Trust Board have identified, agreed and published the following Strategic Goals and Objectives for 2016/2017. They form the basis of the Trust's Integrated Business Plan and the Annual Operating Plan for 2016/17.

Strategic Goal	Strategic Objective
High Performing	1. Deliver world class health outcomes in urgent and emergency care
Continuously Improving Patient Care	2. Ensure continuous service improvement and innovation
Always Learning	3. Develop and retain a highly skilled, engaged and motivated workforce
Value for Money and Provider of Choice	4. Work with partners to provide system leadership and resilience
	5. Provide a safe and caring service which demonstrates an efficient use of resources.

Table 1: showing progress toward Objectives from initial risk grading projected for Q3 end.

An analysis has been conducted of the current risk level against the projected risk level at the end of Q3, with reporting by exception where there is any deviance from the expected position. The Trust at the end of Q3 is carrying a greater risk level than was projected. Key factors which are impeding the reduction of risk at this point in the year are the external system pressures of acute trust reconfigurations and hospital turnaround delays which are impacting negatively on the management of risk to delivery of our strategic objectives. We expect these external system pressures to continue into the next financial year. The principal risks to delivery of our strategic objectives will be re-articulated to reflect this position as part of the annual planning process.

Risk Description	Apr 16	projected risk level				Movement	Current	Progress notes	Deviance from expected quarterly projection for Q3
		Q1	Q2	Q3	Q4				
1a) Inability to deliver performance targets and clinical quality standards.	20	20	15	15	10	⇔	20	Retained on BAF for 16/17 recognising the ongoing challenge relating to A&E performance and the associated transformation plan continuing through 2016/17. There are also factors in other parts of the healthcare system including increased demand and activity (YTD 18.500 journeys), increased hospital turnaround times, local service reconfigurations and ongoing work to develop a coherent region-wide emergency and urgent care strategy that impact on mitigation of this risk. Oct 16 ARP 2.2 implemented Dec 16 Plan to hold a senior level system-wide workshop.	For Q3 there was a projected decrease in likelihood to reflect the planned work to be undertaken to address impact of hospital turnaround, acute trust reconfiguration and through implementation of stakeholder Account Manager roles with completion dates during Q3. **Actual position: Demand has risen by 6.2% YTD impacting EOC call handling performance. ARP 2.2 amended Amber category coding. WYUC capacity at high risk at peak times which impacts on the wider health economy. Hospital turnaround remains an issue and >2hr are monitored and reported.**
1b) Lack of compliance with key regulatory requirements (CQC, HSE, IGT) due to inconsistent application across the Trust.	10	10	10	10	5	⇔	10	Retained on BAF for 16/17 and updated to include continued work in relation to portfolio review and leadership development. Ongoing actions relating to findings of anticipated CQC compliance inspection report. Management of vehicle accident risks through Vehicle Accident Reduction Group. Ongoing work collating evidence for the Trusts Information Governance Toolkit, submission date 31 March 2017.	
2a) Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	20	20	15	15	10	⇔	20	Retained on BAF for 16/17 and rating increased to reflect requirement to re-align the programme with external developments e.g. vanguard, and restrictions of national capital funding. Sep 16 – Recruitment to PMO and performance function progressing. Dec 16 – revised approach to Performance Management of CIPs being implemented via Performance and Finance Teams	During Q3 the projected RAG rating was to reduce due to planned implementation of Service Line Management and delivery of CIPs being on track during this quarter. **Actual position: CIPs are behind trajectory by 0.5k. Some slippage in PTS transformation and some projects within A&E transformation (2b & 3a) Whilst there have been positive developments across all programmes, significant changes to external urgent and emergency care landscape including Vanguard and WYAZ and major PTS tender exercises have impacted on risk and plans for delivery.**
2b) Inability to implement PTS transformation programme resulting in loss of income due to failure to secure/retain service contracts	16	12	12	12	8	⇔	16	Retained on BAF for 16/17 reframed to reflect ongoing requirement to improve return on PTS contracts and potential impact of urgent tier review. Sep 16 – Changes implemented to West service in June – initial negative impact on KPIs now stabilised. Dec 16 – recruitment of Project Manager to progress transformation programme workstreams. Bid resource secured.	The projected reduction of RAG rating in Q3 was anticipated through delivery of key milestones of PTS Transformation Programme and retention of key contracts. **Actual position: PTS have faced challenges around slippage of transformation workstreams and delivery of BAU due to the focus on bids. Lack of bid resource and bid writing expertise mitigated by agency. Loss of Hull contract, ongoing negotiation of East Riding and submission of South Consortia bid.**
2c) Failure to learn from patients and staff experience and adverse events within the Trust or externally.	8	8	8	8	4	⇔	8	Reframed on BAF for 16/17 to reflect positive developments in –year and ongoing challenges relating to embedding of learning across dispersed organisation. June 16 – Vehicle Accident Reduction Group established and work plan in development. Nov 16: FTSU showing staff engagement with process Dec 16: contacts to FTSU process being monitored	
3a) Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated	15	15	15	10	10	⇔	15	Retained on BAF for 16/17 with focus of mitigation on planned implementation of new clinical career framework and supervision model as part of A&E Transformation Plan	The RAG rating projection for Q3 reflected the trajectory for delivery of projects within A&E Workforce Plan and associated plans for recruitment and enhancements of Organisational Development

recruitment and training requirements.								to support recruitment and retention, and delivery of A&E workforce plan Dec 16 - Recruitment is in line with trajectory. Work stream 1 Right People Right Skills continues to make progress towards the 2163 FTE required to meet the business case and budgeted establishment. Current forecast is that this number will be reached ahead of the end of March 2017 target date. Delay in recruitment in Hull and East Yorks due to loss of PTS contract in Hull.	processes. Potential to reduce level of risk in Q4 based on current projections. **Actual position: Overall positive progress in A&E workforce plan although timescales have been reset for delivery of key milestones in Right People, Right Skills, and Right Place, Right Time projects. There has been some slippage in review of the PDR process to allow for incorporating the Values and Behaviours Framework, which is yet to be agreed.**
3b) Challenge to the delivery of key objectives due to ineffective staff engagement	15	15	15	10	5	⇔	15	Retained on BAF for 16/17 reflecting further work required to fully implement the Communications and Engagement Strategy ongoing along with ongoing focus on maintaining positive relationships with trades unions both locally and nationally. Sep 16 – YAS TV in place Oct 16 – staff engagement with FTSU process evaluated (Q2 19 contacts) Dec 16: progression of YAMMER /social media. Updates to TMG on implementation of the strategy	For Q3 a projection of decrease in risk rating was based on agreement of Values and Behaviours which will underpin reviews of developmental frameworks. **Actual position: Survey of staff has delivered some positive feedback in relation to the new Staff Update however highlighted actions required to improve accessibility; exploration of possible technical solutions with ICT is ongoing. YAS Values and Behaviours framework is not yet agreed; this will underpin review of PDR process and the proposed new Management and Leadership Development Framework> Work is progressing on these issues but is behind original schedule.**
4a) Impact on delivery of strategic objectives and performance delivery due to external system pressures and changes	20	20	20	15	10	⇔	20	New risk for 16/17 BAF, reflecting wider system developments and pressures and national policy changes. June 16 – Vanguard work streams progressing to plan. Engagement with STPs increasing as arrangements become more concrete. Sep 16 – Active engagement with all STPs in place. Engagement with new A&E improvement Boards also commenced. Dec 16: Action plans are being implemented to deliver recommendations of Internal Audits of Acute Trust Reconfigurations and of Partnership Governance	The projection for Q3 was a decrease in risk rating due to implementation of corporate oversight of partnership arrangements, having embedded processes for management of reconfiguration and to have developed internal workforce arrangements to align workforce to national agency cap during this quarter, all of which had delivery dates within this quarter. Work is progressing but has not achieved timescales originally set out. **Actual position: Major changes to the external environment have happened in year in relation to STPs and A&E Delivery Boards, together with significant movements in hospital reconfiguration and ongoing hospital turnaround pressures. An action plan from the Internal Audit of Partnership Governance has been agreed and tailored to the fluid external environment. This includes development of a Collaborative Working Policy and supporting checklist which will be completed by end of financial year. Internal Audit of Acute Reconfigurations has reported; the action plan includes refinement of existing reconfigurations register to capture financial, performance and clinical impacts to inform risk mitigation.**
4b) Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	10	10	10	5	5	⇔	10	Retained on BAF for 16/17 in recognition of the changing nature of risks to business continuity. Nov 16: ISO 22301 BC accreditation achieved for Corporate Communications, HART, Air Ambulance and Procurement. Dec 16: ISO 22301 achieved in Fleet.	The Q3 projection was to reduce the risk to target as delivery of required BC exercises and live testing of plans was expected by end of Q3. **Actual position: There are some outstanding actions relating to BC Exercises that are captured on local risk registers. Live testing of BC plans need to be completed for all service areas and it is predicted that this will be completed by year-end.**
5a) Insufficient alignment and responsiveness of corporate services to operational service requirements	16	16	8	8	4	⇔	16	Retained on BAF for 16/17, reflecting need for further systematic engagement processes between support services and operational service lines and opportunities to develop leaner systems of work in key functions. Aug 16 – cleaning services review completed and presented to TEG, action plan being developed. Dec 16 – reviews of service structures and development of SLAs are ongoing	The projection was to have implemented revised structures in support functions and have implemented SLAs between support functions and operational service lines by end of Q3 **Actual position: Positive progress with potential to reduce risk rating from current level. Some reviews of directorate/service structures are ongoing, SLAs not fully developed and implemented. New workstream in relation to NAA being formed.**

| 5b) Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme. | 15 | 15 | 15 | 10 | 10 | ⇔ | 15 | Retained on BAF for 16/17, with changes to reflect shifts in local and national environment.
Aug 16 – NHS 111/WYUC contract negotiations continuing
Sep 16 – Training and recruitment plan and use of private providers in A&E reviewed by TEG. Further review of capital plan
Dec 16 – Flu campaign throughout Nov/Dec to promote the voucher scheme has achieved positive impact but still <50%. Wellbeing scheme reported as delayed in IPR, monitoring ongoing. | In Q3 we had projected to reduce risk rating as tracking of delivery of CIPs and benefits realisation of PTS and A&E transformation programmes

Actual position: CIPs slightly behind trajectory by 0.5k; slippage in PTS challenge in securing tenders for existing business; significant increased costs associated with demand, other external pressures and workforce developments. Agency costs reducing but still above plan and requiring ongoing management focus. |

STRATEGIC GOAL: HIGH PERFORMING

Ref No:	Strategic Objective 1: Deliver world class health outcomes in urgent and emergency care						

Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
1a. Inability to deliver A&E service performance targets **CQC Domains:** **Responsive** Exec Director of Operations COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 4 = 20	5 x 4 = 20	5 x 2 = 10	1) A&E transformation plan and work-streams in place and monitored 2) On-going recruitment, education and training as part of the Workforce Strategy and Plan. 3) AQIs and CPI's developed with national benchmarking 4) 2016/17 Training Programme agreed and established 5) ARP 2 pilot plan and monitoring process 6) Hospital turnaround plan 7) Reconfiguration monitoring process 8) Weekly Performance and Quality report	1) Monthly IPR reports, including workforce KPI's to executive groups. 2) Executive Project Board and risk review 3) Programme dashboard reporting and monitoring in place 4) Quality Committee reports and annual Board level service line Quality Review. 5) Weekly Safety Monitoring Reporting in place 6) Incident review via IRG 1) CQC Registration 2) Internal Audit review of operational plan and training 3) NHS England positive benchmarking of AQI and CPI 4) Weekly national benchmarking 5) ARP pilot monitoring and review	1) Lack of alignment between resources and demand 2) inefficiencies in management of resources 3) workforce staffing and capacity not fully developed in line with service need 4) Control in wider system of impact of increased hospital handover time 5) Management of wider system service reconfiguration and impact on YAS	1a) Introduce new rotas aligned to demand modelling and new response standards EDO – **March 17** Jan 17 - rota implementation as part of A&E Transformation is ongoing March 17 recruitment behind trajectory 1b) A&E service transformation programme – roll out of fire co-responder and community responder schemes EDO. **March 17** 1c) Implement new vehicle mix in line with modelling recommendations. EDO **Dec 16** 2a) Implement new capacity planning process in A&E. EDO. **March 17** 2b) Participation in national Ambulance Response Programme. EDO. **July 16** July 16 ARP Working Group established, participation ongoing. 2c) Monitoring and further development of performance, quality and safety indicators as part of ARP 2.EDO, EMD, EDQG&PA **July 16** Aug 16 – ARP working group continue to monitor quality, safety and performance. Actions to address Amber tail of performance implemented. Oct 16: ARP 2.2 implemented Jan 17 – action plan to address EOC Call Handling performance, incl review of clinical support, forecasting and rota's, on-day abstractions, recruitment and retention 2d) Implementation of locality based management and clinical leadership plans as part of A&E structure review. **Dec 2016** 3a) Implement A&E Workforce Strategy and training plan in line with modelled requirements. **Quarterly milestones** Nov 16: A&E workforce recruitment in line with trajectory Jan 17 – recruitment projection 17 staff short by end of year; 15% drop-out on December course (work to 8%) 4a) Increased focus on addressing handover challenges with commissioners and hospital Trusts. **Sept 16** Sept 16 - Joint SI investigation undertaken and reported via ECIST workshop. Oct 16 ESIP region wide meetings with commissioners and acute providers following workshop to respond to workshop action plan Feb 17: plans for Quality Summit in North to focus on handover and reconfiguration impact 5a) Implementation of Planning & Development Manager roles and reconfiguration monitoring process. DBD. S**ept 16** Jan 17 Joint Summit for North & East being finalised led by NHSI to ensure system approach. Internal modelling of N&E, S, W, reviewing impacts at Planning & Dev Group 5b) System engagement with commissioners and other providers to develop strategic approach to emergency and urgent care, DBD **Oct 16** Jan 17 – Planning & Development Team attend all STPs and A&E Delivery Boards as YAS representation 5c) Continued engagement in Vanguard development. DP&UC. **Oct 16**

STRATEGIC GOAL: HIGH PERFORMING

Ref No:	Strategic Objective 1: Deliver world class health outcomes in urgent and emergency care						

Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
1b. Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust. **CQC Domains:** **Safe** **Effective** Exec Director of Quality, Governance and Performance Assurance COMMITTEE ASSURANCE: QUALITY COMMITTEE	5 x 2 = 10	5 x 2 = 10	5 x 1 = 5	1) Procedural documentation in place 2) Inspections for Improvement process 3) Clinical Quality Strategy and implementation plan in place 4) Quality Governance plan agreed including review of Francis/Hard Truths recommendations 5) Information Governance plan and network of Information Asset Owners. 6) Health and Safety annual work plan 7) Security annual work plan 8) TEG monitoring of CQC action plan	1) Compliance reports to Trust Board, SMG, and Quality 2) I4I Process positive findings from review 3) Evidence collation in relation to the CQC action plan 4) Assurance reports to health and Safety Committee 1) Internal audit reports – CQC, safety alerts, health records management, IG toolkit, risk management 2) CQC registration 3) IG Toolkit approved at Level 2 4) NHSI IPC audit 2015 – positive outcome 4) CQC mock inspection feedback	1) There has been a historical under-investment in management and leadership development, particularly in relation to NHS quality requirements. 2) Further work is continuing to embed quality, risk management and compliance monitoring and action at departmental level throughout the Trust. 3) Variation in standards of cleaning and infection prevention and control 4) Variation in checking and maintenance processes for vehicles and equipment 5) Variation in management and follow up of vehicle accident risks 6) Variation in completion rates for mandatory training	1a) Implement Clinical Quality Strategy. Implement Service Transformation Programme, ED QG&PA **March 17** 1b) Implement Management portfolio review Dir W&OD, **March 17** 1c) Implement new leadership and management development framework. Dir W&OD **Sep 16** 2a) Implement refined TMG and performance management processes for all service lines. ED QG&PA. **Oct 16** 2b) Implement IG Work plan 2016/17. EDQG&PA, **March 17** Aug 16 – IG toolkit baseline declaration submitted. Ongoing IAO reviews with IG Manager to evidence IG toolkit standards. Jan 17 – Internal Audit of 10 requirements of the Toolkit, action plan being developed to address gaps in evidence. March 17: work ongoing to finaliise the Trusts submission for IGTK 16/17 2c) Implement H&S Work plan 2016/17. EDQG&PA, **March 17** 2d) Implement Security Work plan 2016/17. EDQG&PA, **March 17** July 16 – quarterly monitoring of delivery to H&S Cttee. Aug 16 – planning Security/NHS Protect Security Mgmt Standards workshop for Oct. Oct 16 Workshop held, capital priorities identified and compliance to standards tested Jan 17 - strengthened process for investigation and National reporting of SIRS violence & Aggression incidents, review of policies underway, improved procedures for CCTV provision for prevention and detection of crime. March17: progression of TNA for CRT 3a) Implement actions arising from CQC mock inspection and continue compliance audit programme and actions arising from this. EDQG&PA **July 16** May 16 - mock inspection evaluated and actions agreed. July 16 -implementation of action plan. Sept and Oct 16 CQC re-inspection of services Jan 17 - NHS111 inspection report 'Good', Feb 17 report for 999/PTS 'Good' 4b) Implementation and evaluation of Vehicle Preparation pilot CEO, EDoF **March 17** 5a) Implement measures to strengthen vehicle accident investigation and analysis of learning. EDoF, EDQG&PA. **July 16** June 16 – Datix updated to capture fields to support investigation. July 16 - Risk descriptor for vehicle accident levels of harm agreed and added to risk matrix. Jan 17- CCTV policy and procedures amended to enable efficient response to investigation of accidents March 17 timescales for availability of CCTV to support accident investigation has improved 5b) Establish Vehicle Accident Reduction Group (VARG) and associated work plan. EDoF, EDO. **June 16** June 16 - Group established, work plan in development. 6a) Maintain compliance monitoring process ensuring potential compliance breaches identified and acted on. DW&OD. **July 16** High level workforce dashboard and local level team/directorate view of mandatory training compliance available to managers. Managers trained in use – July 16

STRATEGIC GOAL: CONTINUALLY IMPROVING PATIENT CARE							
Ref No:		Strategic Objective 2: Ensure continuous service improvement and innovation					
Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initi	Curr	Tar		External Assurance		
2a. Inability to deliver service transformation and organisational change, including non-delivery of the Cost Improvement Programme **CQC Domains:** **All** Executive Director of Quality, Governance and Performance Assurance COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 4 = 20	5 x 4 = 20	5 x 2 = 10	1) Programme Management Office function and monitoring process 2) Performance management framework and TMG monitoring 3) CIP Monitoring Group and progress tracker in place 4) CQUINS tracking through IPR reports 5) Quality Impact Assessment process in place 6) TEG approved staff engagement plan	Monthly IPR monitoring reports including programme dashboard to TMG and assurance reports to Quality Committee, F&IC and Board Internal Audit reports	1) Further work is needed to develop managerial and leadership capability and capacity, engagement and accountability. 2) New PMO arrangements need to be fully embedded 3) Service line management is not yet fully embedded 4) Emerging priorities requiring adjustment of existing Trust plans 5) National capital funding limitations potentially impacting on major estate developments 6) Employee relations challenges	1a) Embed new director portfolio structure and complete recruitment to TMG roles. CEO/ DW&OD – **Sept 16** 1b) Implement new management structures in key departments - A&E, BDev, E&F, WF&OD. DW&OD, EDO, DBD, EDoF, **Dec 16** 1c) Establish management and leadership development framework. DW&OD. **Sept 16** 2a) Complete implementation of PMO and performance management arrangements. EDQG&PA. **July 16.** Nov 16: recruitment ongoing. 2b) On-going delivery of Quality & Efficiency Savings Programme with oversight through QESP management Group. EDoF. **March 17** 3a) Implement Service Line reporting. EDoF **Sept 16** 3b) Develop and implement SLAs between support service functions and operational service lines EDoF. **Oct 16** 4a) Implement urgent care development priorities associated aligned to Vanguard. DP&UC. **March 17** 5a) Secure approval for Doncaster estate business case. EDoF. **Sept 16** Jan 17 - withdrawn planning application for identified site due to survey results and works required being cost prohibitive. Other options being considered 5b) Roll out Vehicle Preparation to 2 further stations EDoF **March 17** Jan 17 – pilots with ongoing evaluation, developing a hybrid VPS model 6a) Implement Employee Engagement Strategy **July 16** 6b) Establish new behavioural framework aligned to findings from cultural audit. DW&OD. **Oct 16** 6c) Implement planned developments in diversity and inclusion and staff welfare. DW&OD. **March 17** Jan 17 – training delivery is progressing, development of D&I strategy and cultural survey ongoing Feb 17 strategy objectives presented to Board 6d) Maintain multi-union engagement through JSG and other formal and informal processes. DW&OD. **March 17**

STRATEGIC GOAL: CONTINUALLY IMPROVING								
Ref No:	**Strategic Objective 2: Ensure continuous service improvement and innovation**						**Objective Owner:**	

Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Curren	Target		External Assurance		
2b. Inability to implement PTS transformation programme resulting in loss of income due to failure to secure/retain service contracts **CQC Domains:** **All** Director of Planned and Urgent Care COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	4 x 4 = 16	4 x 3 = 12	4 x 2 = 8	1) PTS transformation programme management board and PMO assurance 2)Revised PTS Leadership model 3) Revised Financial business case 4) Design of Future Operating Model	1) Executive review via TMG Finance and assurance reports to F&IC 2) Contractual KPI's in IPR – reported to TMG and Board. 1) External consultancy Review 2) Commissioner meetings and contract settlements 3) Internal audit review of PTS transformation	1) Further work is needed to develop clarity around leadership capability and capacity 2) Future operating model needs to deliver financial business case to ensure future viability of service 3) Lack of technology and specialist skills 4) Financial contribution of PTS service requires improvement	1a) Complete recruitment to PTS management roles. DP&UC. **Oct 16** Draft structure for approval Aug 16 Structure approved, in consultation period, Management restructure to be in place by end of financial year Jan 17 1b) Continued implementation of leadership development programme DP&UC **March 17** 2a) Implement workforce plan for resourcing and logistics, voluntary car service and apprentice numbers. DP&UC **March 17** In line with 5yr Workforce Plan, with YTD attrition running at 14%, slightly ahead of projected. Jan 17 2b) Introduce new sub-contractor framework DP&UC **June 16** July 2016 - Finalising governance checks, Sub-Contractor contract management arrangements established – complete March 17 quarterly subcontractor governance visits in place in PTS with taxi's on framework 3a) Complete auto-planning pilot DP&UC. **June 16** July 16 – Pilot commenced, issues to resolve to realise benefits. Pilot ongoing with concurrent evaluation and lessons learned. Requires restructure to be in place to deliver (1a) Jan 17 3b) Introduce on line booking app DP&UC **March 17** - HCPs part of streamlining reservations workstream - 16/17 CQUIN develop Patient Portal Online booking is on track with delivery Jan 17 3c) Complete auto-scheduling pilot. DP&UC. **Sept 16** Delayed into 17/18, dependent on restructure (1a) Jan 17 3d) Continue fleet modernisation programme. DP&UC. **March 17** Awaiting outcome of South consortia tender Jan 17 4a) Implement agreed QESP programme. DP&UC. **March 17** Agreed CIPs are on track for delivery 4b) Actively pursue new service tenders. DP&UC, DBD **March 17**

STRATEGIC GOAL: ALWAYS LEARNING							
Ref No:	**Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce**						
Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Curr ent	Targ et		External Assurance		
2c. Failure to learn from patient and staff experience and adverse events within the Trust or externally. **CQC domains:** **Safe, Well Led** Executive Director of Quality, Governance and Performance Assurance Executive Director of Operations COMMITTEE ASSURANCE: QUALITY COMMITTEE	4 x 2 = 8	4 x 2 = 8	4 x 1 = 4	1) Involvement in Health Watch and other patient groups 2) Incident, complaints and claims reporting policies and lessons learned processes 3) Incident review group disseminates learning around lessons learned via clinical updates 4) Clinical case review process in place 5) Trust has support from an expert patient attending key Committees 6) Process for review of external inquiries and reports in place 7) Process for learning from Healthcare professional feedback in place (e.g. 111 online feedback form) 8) Risk management software systems are in place in support of the learning process 1) Clinical Quality Strategy and associated implementation plans signed off by Trust Board 2) Clinical supervision and clinical career framework	1) Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups. 2) Bi-weekly reports to incident review group Performance reports to Quality Committee 5 times a year 1)Quality Committee reports 2) Annual Board level service line Quality Review 1) Internal Audit report on safety alerts, lessons learned, risk management 2) Internal audit report into implementation of the clinical leadership framework with a number of recommendations arising 3) CQC report and reports on action plan 4) Commissioner safety reports	1) Further work is needed to embed learning processes aligned to corporate systems, at departmental level throughout the Trust, to reflect priorities around service delivery. 2) Capacity in A&E locality and clinical leadership needs to be strengthened	1a) Implement milestones in Sign up to safety programme and Clinical Quality Strategy. EDQG&PA. **March 17** Jan 17 – Reported quarterly to Quality Committee 1b) Complete implementation of Freedom to Speak Up developments and evaluate effectiveness. EDQG&PA. **Oct 2016** July 16 – FTSU Guardian and Advocate roles in post, process launched. Oct 16 Q2 had 19 FTSU contacts. Process implemented. Jan 17 - ongoing evaluation of process 1c) Implement Risk Management plan in combination with Safety and Risk work plans. EDQG&PA **March 17** Jan 17 – Internal Audit report of qualitative assessment of risk culture and maturity has reported March 17 developing action plan to address recommendations of Internal Audit 1d) Implement Learning from Internal Audit reports through alignment with risk register and regular review in TMG. EDQG&PA. **March 17** July 16 – baseline risk profiling of 14/15 and 15/16 Internal Audits conducted. Prospective process being developed. Jan 17 – review and risk profiling of actions >1yr past due date, reported to Audit Committee Jan17. Revised risk-based follow up process agreed with Internal Audit. 1e) Deliver CPD programme to address under-performing aspects of ACQIs and CPIs. EMD, **March 17** 2a) Implement new A&E locality and clinical leadership model. EDO. **Dec 16** 2b) Support A&E locality leadership and clinical supervisors with appropriate training and development relating to learning and quality improvement. EDQG&PA, EMD. **March 17**

STRATEGIC GOAL: ALWAYS LEARNING							
Ref No:	**Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce**						
Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
3a. Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E Workforce Plan and associated recruitment, training and staff retention requirements **CQC domains:** **Well Led** Executive Director of Operations, Director of Workforce and OD COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	1) Workforce plan in place. 2) Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings. 3) Approved and costed Annual Education & Training Plan is in place. 4) Agreed clinical career framework	1) Board level monitoring of progress via Integrated Performance Report and Quality Committee. 2) TMG monitoring of key post recruitment activity. 3) Monitoring via Directorate Programme Management Group with assurance via PMO. 1) Internal audit reviews -	1) Potential for inadequate candidates of sufficient quality to deliver the required numbers to achieve 100% establishment levels within A&E. 2) Local or national industrial action affects the reputation of the Trust as an employer. 3) Enhanced abstraction rates required to be monitored in order to ensure levels for training are delivered by the Operations Directorate. 4) National Paramedic shortage impacting on recruitment and retention issues and competition for paramedic recruitment from non-ambulance sector organisations	1a) Implement workforce plan and recruitment and training trajectory reflecting demand, ACQI and delivery model changes EDO. **March 17** Nov 16: A&E workforce recruitment in line with trajectory. Timescales reset for delivery of key milestones in RPRS and RPRT projects. 2a) maintain positive multi-union relationships via JSG and other forums. DW&OD **March 17** 2b) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. DW&OD - **March 17** 3a) Implement initiatives to improve staff welfare including mental health, and other developments aligned to national CQUIN. DW&OD. **March 17** 3b) Implement improved monitoring and management of short term sickness DW&OD. **Oct 16** 4a) Implement clinical career framework. EDO – **Dec 16** 4b) Maintain and develop education and training programme and CPD provision. EMD. **March 17** Nov 16: plans for funding CPD provision being developed, some bids made and successful. 4c) Develop PDR process to support delivery of better quality reviews. DW&OD. **Oct 16** Nov 16: PDR workshop for managers delivered through year. Values and Behaviours to be incorporated into process once agreed.

STRATEGIC GOAL: ALWAYS LEARNING								
Ref No:	**Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce**							
Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe	
Exec Lead/Risk Area	Initial	Current	Target		External Assurance			
3b. Challenge to delivery of key objectives due to ineffective staff engagement **CQC domains:** **Well Led** Director of Workforce and OD COMMITTEE ASSURANCE: QUALITY COMMITTEE	5 x 3 = 15	5 x 3 = 15	5 x 1 = 5	1) Communications and engagement strategy 2) Listening Watch programme and other direct Executive and senior management engagement 3) Executive teambrief and periodic leadership conferences 4) Freedom to Speak Up processes 5) Clinical Supervision structure 6) Staff-side multi-union agreement	1) Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey 2) Joint Steering Group Meeting 1) Annual Staff survey 2) Cultural audit	1) Local or national industrial action affects the reputation of the Trust as an employer. 2) There is a need to develop management and staff engagement and accountability 3) Inconsistent response to staff raising concerns 4) Widely dispersed workforce and significant pace of change 5) Level of diversity in workforce not reflective of wider population	1a) Maintain positive on-going local employee relations with key unions. DW&OD, **March 17** 1b) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. DQ&OD, EDO **March 17** 2a) Establish YAS values and behaviours framework aligned to findings from cultural audit. DW&OD. **Oct 16** Nov 16: piece of work is being designed around revisiting the vision and values in order to develop an organisational behavioural framework. 2b) Implement milestones in communications and engagement strategy DBD **March 17** 2c) Establish new management and leadership development framework. DW&OD. **Sep 16** Nov 16: review of existing provision will ensure alignment to Values and Behaviours Framework, once developed 3a) Complete implementation of Freedom to Speak Up developments and evaluate effectiveness. EDQG&PA. **Oct 16** July 16 – FTSU Guardian and Advocate roles in post and FTSU launched with route map. Oct 16 Q2 had 19 FTSU contacts 4a) Implement YAS TV and further develop use of social media to support timely and effective staff communication. DBD **Oct 16** Sept 16 - YAS TV installed with content controlled by Corporate Comms - complete 5a) Deliver diversity training to all managers DW&OD. **March 17** Oct 16 Delivery of training is ongoing, scheduled through the year Nov 16: >250 managers trained so far, training scheduled through to May 17. Board training session scheduled for Feb 17. 5b) Introduce diversity monitoring into recruitment processes and service line performance dashboards. DW&OD. **Dec 16** Nov 16: developing internal diversity census, recruitment collects diversity data, plans for analysis and reporting being agreed	

STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE

Ref No:	Strategic Objective 4: Work with partners to provide system leadership and resilience						

Principal Risk Ref No:	Risk Score			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
4a. Impact on delivery of strategic objectives and performance delivery due to external system pressures and changes **CQC Domains:** **Well Led** Director of Business Development COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	1) Stakeholder engagement plan 2) SRG and other formal engagement meetings 3) vanguard plan 4) Capital plan 5) Reconfiguration review process.	1) TMG review, with Quality Committee and Board assurance reports. 1) Vanguard governance process 2) Contract management Board reports 3) Internal audit reviews – partnership governance (including some actions to strengthen arrangements)	1) Lack of clarity in system wide plans 2) Challenges in whole system resilience 3) Emerging developments in emergency and urgent care – e.g. via Vanguard and STP development 4) National and local external funding pressures	1a) Continue to work with commissioners to develop a coherent region-wide strategy and a collaborative approach to system management CEO **Oct 16** 1b) Implement new corporate oversight of partnerships with other organisations DBD – **Oct 16** Dec 16: action plan to produce Collaborative Working Policy and supporting checklist to be delivered by end of financial year. 1c) Embed processes for engagement in local reconfiguration activity DBD – **Sep 16** Nov 16 SPDMs collating intelligence into reconfigurations register. Dec 16: Internal Audit of Acute Reconfigurations has reported; action plan for SPDMs to develop Sharepoint Reconfigurations risk matrix to articulate financial, performance and clinical impacts which will inform BAF/CRR. Jan 17 reconfigurations reviewed by Planning & Development Group. 1d) Implement stakeholder relationship manager roles DBD **– Sep 16** 2a) Highlight and manage specific risks to performance and quality arising from hospital turnaround and reconfiguration plans. EDO **March 17** July 16 – risks articulated re acute trust reconfigs, reviewed at BDG, Turnaround SI reported for joint investigation with acute trust Oct 16 – SI reported. Region-wide meeting following ESIP workshop incl commissioners/acute trust to address turnaround 3a) Continue active engagement through Vanguard and other local health economy programmes and implementation of vanguard priorities. DP&UC **March 17** 3b) Ensure active engagement with new STPs DBD **Sep 16** Sep 16 - Active engagement with all STPs in place. Process of engagement with new A&E Improvement Boards commenced. Jan 17 – attendance at all 4 STPs is covered by Planning & Development Directorate 4a) delivery of Quality & Efficiency Savings Programme (cost improvement programme) **March 17** 4b) Develop internal workforce arrangements to align the Trust to national agency cap requirements. EDoF, DW&OD **Dec 16**

STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE

Ref No:	Strategic Objective 4: Work with partners to provide system leadership and resilience							

Principal Risk Ref No: Exec Lead/Risk Area	Risk Score			Key Controls	Internal Assurance External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target				
4b. Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity. **CQC domains:** **Safe** Exec Director of Operations COMMITTEE ASSURANCE: QUALITY COMMITTEE	5 x 2 = 10	5 x 2 = 10	5 x 1 = 5	1) Range of risk assessments in support of Resilience plans 2) Business Continuity Plans monitored and reviewed annually and exercised periodically 3) All MAJAX/Specific resilience plans undergo a testing schedule and effectiveness is monitored 4) BC Resilience Board meets regularly to review BC planning	1) Monitoring of business continuity plans in Executive groups. 2) Scheduled reports to Quality Committee 3) BC sessions delivered to Board Development meetings and reported monthly in IPR 1) 20 Business Continuity Plans live tested, and deemed efficient. 2) Winter plans agreed with NHS England, Trust Development Agency and Clinical Commissioners Groups 3) ISO Accreditation Process 4) National command training/Jesip benchmarking 5) Internal audit review – business continuity	1) All departmental business continuity plans need to be live tested 2) Appropriate training programmes not fully completed	1a) maintain programme of testing and ensure reviews of all live BC events. EDO **March 17** Oct 16: actions from BC exercises are captured on risk register and reviewed as part of local risk management arrangements 1b) Secure ISO22301 accreditation in further key functions. EDO. **March 17** Oct 16: ISO BC accreditation assessments undertaken in identified corporate functions Nov 16: ISO22301 accreditation achieved in HART, Air Ambulance, Corporate Communications, Procurement. Dec 16: ISO22301 achieved in Fleet. 2a) Delivery of relevant training requirements via annual Trust training plan. EDO, **March 17** Nov 16: YAS BC dashboard tracks status of Directorates/services in delivery of BC plans, staff mapping, risk assessment, training and undertaking BC exercise. Debrief training delivered to nominated service leads

STRATEGIC GOAL: **VALUE FOR MONEY AND PROVIDER OF CHOICE**							
Ref No:	**Strategic Objective 5:** Provide a safe and caring service which demonstrates an efficient use of resources						
Principal Risk Ref No: Exec Lead/Risk Area	Risk Score			Key Controls	Internal Assurance External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target				
5a. Insufficient alignment and responsiveness of corporate services to operational service requirements **CQC domains:** **Effective, Responsive** Executive Director of Finance , Director of Estates and Facilities COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	4 x 4 = 16	4 x 4 = 16	4 x 1 = 4	1) Procedural documents 2) Vehicle and equipment procurement and roll out processes 3) Risk management software systems are in place in support of the learning process 4) Inspections for Improvement process in place 5) Fleet replacement programme 6) Hub and Spoke / vehicle preparation programme 7) HR and Finance business partner working model.	1) Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups. 2) Estates Management Group monitoring of Capital Fleet and Equipment group 3) TMG performance review processes 1) Internal audit reviews- ICT strategy, vehicle replacement, HR processes 2) External review of medical devices function	1) Systematic engagement process between support services and operational service lines needs further development 2) Systems and processes not optimally aligned to support operational effectiveness	1a) Implement revised structures in key support functions to improve governance and compliance. EDoF, DE&F **Dec 16** 1b) develop and implement SLAs between key support functions and operational service lines. EDoF, DE&F **Dec 16** 2a) Develop a cadre of leaders equipped to support lean improvement programme DW&OD, EDQG&PA, DBD. **Dec 16** Jan 17 – Nominated managers undertaking 6-sigma training. Scoping exercise underway across the Trust to identify skills and qualifications. March 16 scoping exercise complete, some managers have completed and passed the LEAN training course. 2b) Improve efficiency through implementing relevant carter review recommendations EDoF. **March 17** March 17 action plan drawn up 2c) Undertake lean reviews of recruitment, fleet and internal logistics TBC. **March 17** 2d) Explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. CEO. **March 17**

STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE							
Ref No:	**Strategic Objective 5:** Provide a safe and caring service which demonstrates an efficient use of resources						
Principal Risk Ref No: Exec Lead/Risk Area	Risk Score			Key Controls	Internal Assurance / External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target				
5b. Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme. **CQC domains:** **All** Executive Director of Finance COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 4 = 20	5 x 3 = 15	5 x 2 = 10	1) Procedures regarding levels of sign off and expenditure - organisational cost control are in place 2) Monthly budget monitoring between finance, senior and operational managers. 3) Authorisation procedures for contractor spend. 4) Quality & Efficiency Savings Programme (QESP) and CQUIN programme management 5) Agency cost control processes	1) Monthly review by the Board through Integrated Performance Report and review by TMG 2) F&I committee review 3) QESP (CIP) group monitoring led by the CEO _____ 1) Internal audit reviews - financial reporting and financial systems	2) Requirement for additional staffing to support A&E performance delivery. 2) PTS transformation programme still in progress 3) Funding for NHS 111/WYUC not agreed at required level 4) National financial stretch targets for NHS Trusts and national capital restrictions	1a) Implement new A&E structure and delivery model through A&E transformation programme EDO. **March 17** Sep 16 – Review of A&E Training and recruitment and use of private providers reviewed in TEG. Jan 17 – ongoing contract monitoring of private provider provision March 17 currently using SJA for a limited number of hours/shifts and review of contract ongoing 2a) Realise projected benefit of PTS transformation plan within 16/17 DP&UC. **March 17** 3a) Continue contract negotiations with commissioners. EDQG&PA, DP&UC **July** 16 Sep 16 - contract negotiations continue Jan 17 – contract negotiations for A&E contract March 17 contract negotiations for A&E contract have completed. 3b) Deliver agreed NHS 111 Quality and Efficiency Savings Programme DP&UC. **March 17** 4a) Delivery of agreed Quality & Efficiency Savings (CIPs) EDoF **March 17** Jan 17 – PIDs to be scrutinised by QESG CIP Management Group. March 17 PIDs for 17/18 CIPs being collated and reviewed 4b) Rigorous programme management of capital plan EDoF. **March 17** Sep 16 – Further review of capital plan priorities and progress undertaken. 4c) Secure new and existing income through service tenders and other development opportunities. DBD **March 17** Jan 17 – Robust tender processes being developed which will align pursuance of development opportunities to the Trusts strategic direction. March 17 ongoing bids for existing PTS contracts 4d) Explore and implement opportunities for cost saving through cross organisational collaboration across the wider health and social care economy. CEO **March 17**