BOARD ASSURANCE FRAMEWORK
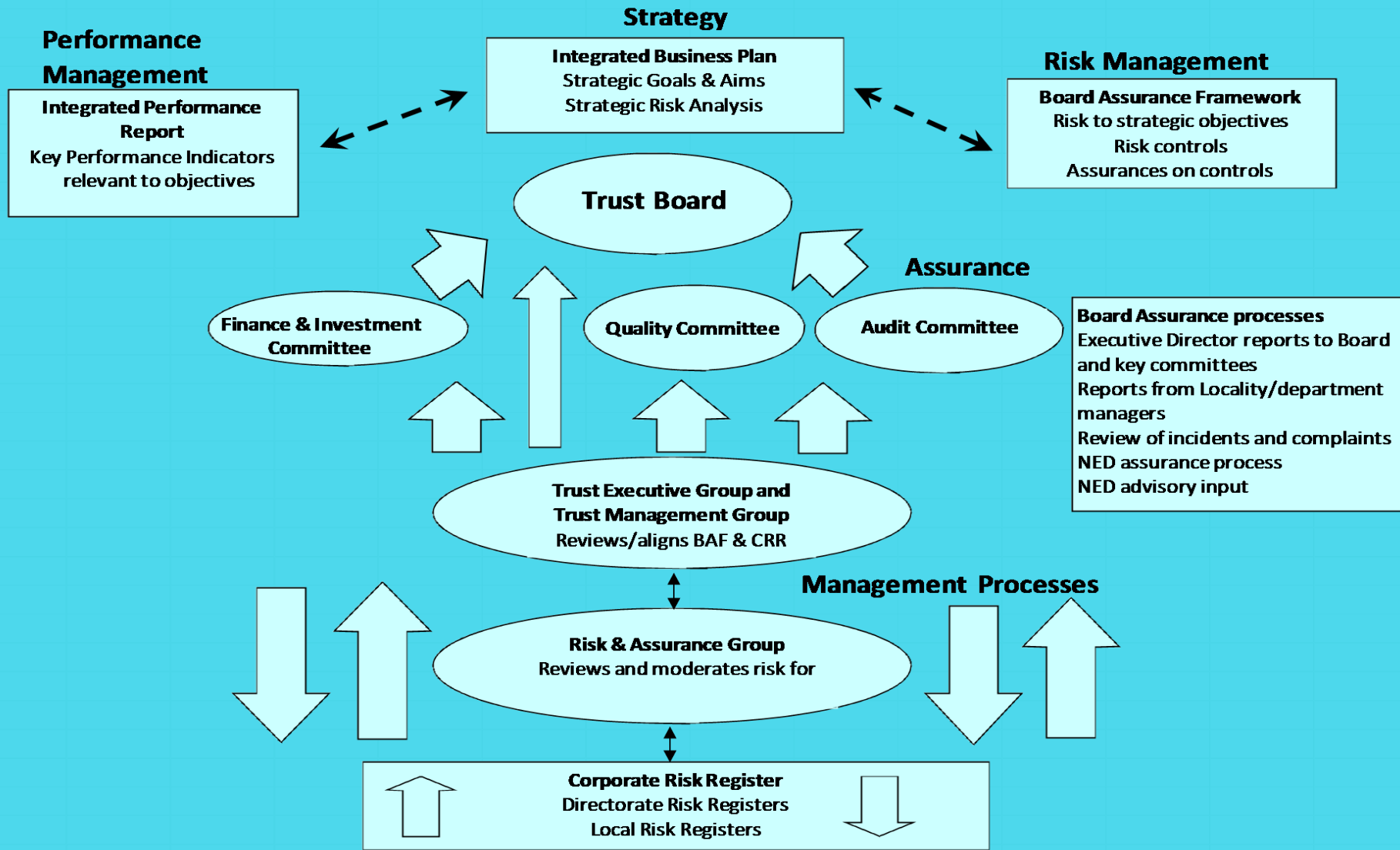
2016/2017 – September 2016

TRUST BOARD - RISK INFORMATION FLOW AND ASSURANCE PROCESS

Strategy

Performance Management

Integrated Performance Report
Key Performance Indicators relevant to objectives

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

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 Q1 end.

Risk Description	Apr 16	Projected				Movement	Current	Progress Notes
		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 hospital turnaround, local service reconfigurations and ongoing work to develop a coherent region-wide emergency and urgent care strategy that impact on mitigation of this risk. June 16 – ARP2 pilot continuing ARP working group established. National evaluation of pilot data commenced. Sep 16 – ECIST workshop completed on hospital turnaround issues.
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 action relating to anticipated CQC compliance inspection, and management of vehicle accident risks. June 16 – compliance action plan updated in light of CQC mock inspection and management leads identified. July 16 – Vehicle Action Reduction Group established.
2a) Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	20	20	16	16	12	⇧	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.
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. June 16 – auto scheduling pilot in progress. Sep 16 – Changes implemented to West service in June – initial negative impact on KPIs now stabilised.
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.
3a) Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment and training requirements.	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 to support recruitment and retention, and delivery of A&E workforce plan Sep 16 – Review of A&E training and recruitment plan scheduled for Sept TEG.
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
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.
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.
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.
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

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 turnaround 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** 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 2 working group established to support participation 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. 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** 4a) Increased focus on addressing turnaround challenges with commissioners and hospital Trusts. **Sept 16** Sept 16 - Joint SI investigation undertaken and reported via ECIST workshop. 5a) Implementation of new stakeholder management roles and reconfiguration monitoring process. DBD. Se**pt 16** 5b) System engagement with commissioners and other providers to develop strategic approach to emergency and urgent care, DBD **Oct 16** 5c) Continued engagement in Vanguard development. DP&UC. **Oct 16**

STRATEGIC GOAL: HIGH PERFORMING								

STRATEGIC GOAL: HIGH PERFORMING

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

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				
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 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 and NHS Protect Security Mgmt Standards workshop for October 16 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 ongoing 4b) Implementation and evaluation of Make Ready and Vehicle Preparation pilots 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. 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	Initial	Curre	Target		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	4x5 = 20	4x5 = 20	4x3 = 12	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, Bus Devpt, Estates and Facilities, Workforce and 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.** Sept 16 – recruitment ongoing to PMO and Performance function 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** 5b) Roll out Make Ready/VPS to 2 further stations EDoF **March 17** 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** 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 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** 2b) Introduce new sub-contractor framework DP&UC **June 16** July 2016 - Finalising governance checks, Sub-Contractor contract management arrangements established – complete 3a) Complete auto-planning pilot DP&UC. **June 16** July 16 – Pilot ongoing, number of issues to resolve to realise benefits. 3b) Introduce on line booking app DP&UC **March 17** - HCPs part of streamlining reservations workstream - 16/17 CQUIN develop Patient Portal 3c) Complete auto-scheduling pilot. DP&UC. **Sept 16** 3d) Continue fleet modernisation programme. DP&UC. **March 17** 4a) Implement agreed QESP programme. DP&UC. **March 17** 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	Current	Targ	Key Controls	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** 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. 1c) Implement Risk Management plan in combination with Safety and Risk work plans. EDQG&PA **March 17** 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 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	1b) Implement workforce plan and recruitment and training trajectory reflecting demand, ACQI and delivery model changes EDO. **March 17** 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** 4c) Develop PDR process to support delivery of better quality reviews. DW&OD. **Oct 16**

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** 2b) Implement milestones in communications and engagement strategy DBD **March 17** 2c) Establish new management and leadership development framework. DW&OD. **Sep 16** 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. 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 at stations and switch-on roll-out with content controlled by Corporate Comms 5a) Deliver diversity training to all managers DW&OD. **March 17** 5b) Introduce diversity monitoring into recruitment processes and service line performance dashboards. 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				
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 12 = 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** 1c) Embed processes for engagement in local reconfiguration activity DBD – **Sep 16** 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 in relation to acute trust reconfigurations, reviewed at Business Development Group, Turnaround monitoring and SI reported for joint investigation with acute trust 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 also commenced. 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:	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		
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** 1b) Secure ISO22301 accreditation in further key functions. EDO. **March 17** 2a) Delivery of relevant training requirements via annual Trust training plan. EDO, **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				
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 / Make Ready 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** 2b) Improve efficiency through implementing relevant carter review recommendations EDoF. **March 17** 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. 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 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** 4b) Rigorous programme management of capital plan EDoF. **March 17** Sep 16 – Further review of capital plan priorities and progress undertaken 4b) Secure new income through service tenders and other development opportunities. DBD **March 17** 4c) Explore and implement opportunities for cost saving through cross organisational collaboration across the wider health and social care economy. CEO **March 17**