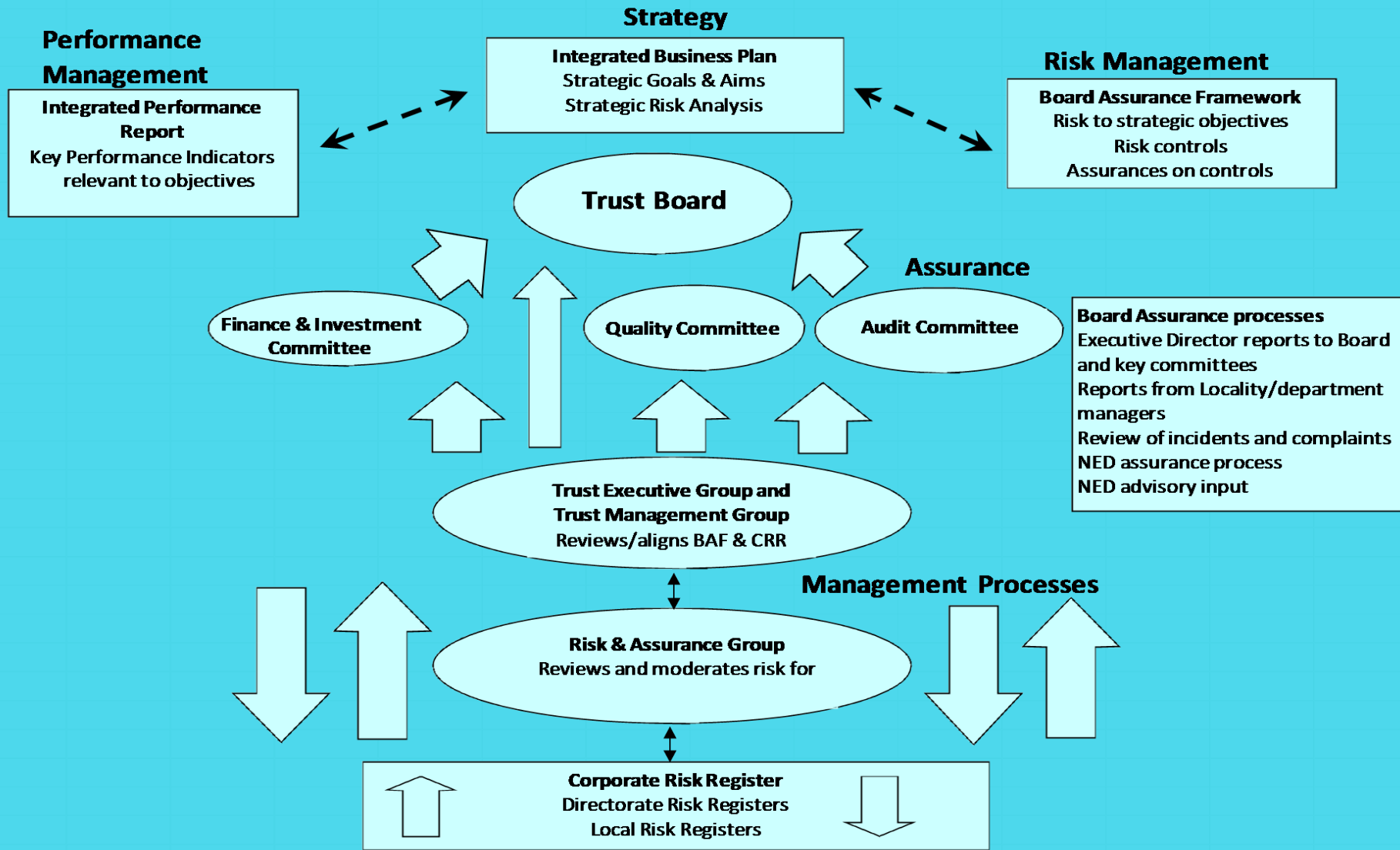




BOARD ASSURANCE FRAMEWORK

2016/2017 – May 2016

TRUST BOARD - RISK INFORMATION FLOW AND ASSURANCE PROCESS



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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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 |
| 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 Communications and Engagement Strategy ongoing along with ongoing focus on maintaining positive relationships with trades unions both locally and nationally. |
| 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. |
| 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. |
| 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. |
| | | | | | | | | |

| 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 | Action to Address Gaps and Timeframe | |
| Exec Lead/Risk Area | Initial | Current | Target | | External Assurance | | Gaps in Controls and/or Assurances |
| <p>1a. Inability to deliver A&E service performance targets</p> <p>CQC Domains: Responsive</p> <p>Exec Director of Operations</p> <p>COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p> | 5 x 4 = 20 | 5 x 4 = 20 | 5 x 2 = 10 | <p>1) A&E transformation plan and work-streams in place and monitored</p> <p>2) On-going recruitment, education and training as part of the Workforce Strategy and Plan.</p> <p>3) AQIs and CPI's developed with national benchmarking</p> <p>4) 2016/17 Training Programme agreed and established</p> <p>5) ARP 2 pilot plan and monitoring process</p> <p>6) Hospital turnaround plan</p> <p>7) Reconfiguration monitoring process</p> <p>8) Weekly Performance and Quality report</p> | <p>1) Monthly IPR reports, including workforce KPI's to executive groups.</p> <p>2) Executive Project Board and risk review</p> <p>3) Programme dashboard reporting and monitoring in place</p> <p>4) Quality Committee reports and annual Board level service line Quality Review.</p> <p>5) Weekly Safety Monitoring Reporting in place</p> <p>6) Incident review via IRG</p> <hr/> <p>1) CQC Registration</p> <p>2) Internal Audit review of operational plan and training</p> <p>3) NHS England positive benchmarking of AQL and CPI</p> <p>4) Weekly national benchmarking</p> <p>5) ARP pilot monitoring and review</p> | <p>1) Lack of alignment between resources and demand</p> <p>2) inefficiencies in management of resources</p> <p>3) workforce staffing and capacity not fully developed in line with service need</p> <p>4) Control in wider system of impact of increased hospital turnaround time</p> <p>5) Management of wider system service reconfiguration and impact on YAS</p> | <p>1a) Introduce new rotas aligned to demand modelling and new response standards EDO – March 2017</p> <p>1b) A&E service transformation programme – roll out of fire co-responder and community responder schemes EDO. March 2017</p> <p>1c) Implement new vehicle mix in line with modelling recommendations. EDO December 2017</p> <p>2a) Implement new capacity planning process in A&E. EDO. March 2017</p> <p>2b) Participation in national Ambulance Response Programme. EDO. July 2016</p> <p>2c) Monitoring and further development of performance, quality and safety indicators as part of ARP 2.EDO, EMD, EDQG&PA July 2016</p> <p>2d) Implementation of locality based management and clinical leadership plans as part of A&E structure review. Dec 2016</p> <p>3a) Implement A&E Workforce Strategy and training plan in line with modelled requirements. Quarterly milestones</p> <p>4a) Increased focus on addressing turnaround challenges with commissioners and hospital Trusts. Sept 2016</p> <p>5a) Implementation of new stakeholder management roles and reconfiguration monitoring process. DBD. Sept 2016</p> <p>5b) System engagement with commissioners and other providers to develop strategic approach to emergency and urgent care, DBD October 2016</p> <p>5c) Continued engagement in Vanguard development. DP&UC. Oct 2016</p> |

| 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 | | |
| <p>1b. Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust.</p> <p>CQC Domains:</p> <p>Safe Effective</p> <p>Exec Director of Quality, Governance and Performance Assurance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> | 5 x 2 = 10 | 5 x 2 = 10 | 5 x 1 = 5 | <p>1) Procedural documentation in place</p> <p>2) Inspections for Improvement process</p> <p>3) Clinical Quality Strategy and implementation plan in place</p> <p>4) Quality Governance plan agreed including review of Francis/Hard Truths recommendations</p> <p>5) Information Governance plan and network of Information Asset Owners.</p> <p>6) Health and Safety annual work plan</p> <p>7) Security annual work plan</p> <p>8) TEG monitoring of CQC action plan</p> | <p>1) Compliance reports to Trust Board, SMG, and Quality</p> <p>2) I4I Process positive findings from review</p> <p>3) Evidence collation in relation to the CQC action plan</p> <p>4) Assurance reports to health and Safety Committee</p> <p>1) Internal audit reports – CQC, safety alerts, health records management, IG toolkit, risk management</p> <p>2) CQC registration</p> <p>3) IG Toolkit approved at Level 2</p> <p>4) NHSI IPC audit 2015 – positive outcome</p> <p>4) CQC mock inspection feedback - due May 2016</p> | <p>1) There has been a historical under-investment in management and leadership development, particularly in relation to NHS quality requirements.</p> <p>2) Further work is continuing to embed quality, risk management and compliance monitoring and action at departmental level throughout the Trust.</p> <p>3) Variation in standards of cleaning and infection prevention and control</p> <p>4) Variation in checking and maintenance processes for vehicles and equipment</p> <p>5) Variation in management and follow up of vehicle accident risks</p> <p>6) Variation in completion rates for mandatory training</p> | <p>1a) Implement Clinical Quality Strategy. Implement Service Transformation Programme, ED QG&PA March 17</p> <p>1b) Implement Management portfolio review Dir W&OD, March 17</p> <p>1c) Implement new leadership and management development framework. Dir W&OD Sep 16</p> <p>2a) Implement refined TMG and performance management processes for all service lines. ED QG&PA. Oct 2016</p> <p>2b) Implement IG Work plan 2016/17. EDQG&PA, March 17</p> <p>2c) Implement H&S Work plan 2016/17. EDQG&PA, March 17</p> <p>2d) Implement Security Work plan 2016/17. EDQG&PA, March 17</p> <p>3a) Implement actions arising from CQC mock inspection and continue compliance audit programme and actions arising from this. Dir S&C July 16</p> <p>4b) Implementation and evaluation of Make Ready and Vehicle Preparation pilots CEO, EDoF March 17</p> <p>5a) Implement measures to strengthen vehicle accident investigation and analysis of key learning. EDoF, EDQG&PA. July 16</p> <p>5b) Establish Vehicle Accident Reduction Group and associated work plan. EDoF, EDO. June 16</p> <p>6a) Maintain compliance monitoring process ensuring potential compliance breaches identified and acted on. DW&OD. July 16</p> |

| 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 | | |
| <p>2a. Inability to deliver service transformation and organisational change, including non-delivery of the Cost Improvement Programme</p> <p>CQC Domains:</p> <p>All</p> <p>Executive Director of Quality, Governance and Performance Assurance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p> | 4x5 = 20 | 4x5 = 20 | 4x3 = 12 | <p>1) Programme Management Office function and monitoring process</p> <p>2) Performance management framework and TMG monitoring</p> <p>3) CIP Monitoring Group and progress tracker in place</p> <p>4) CQUINS tracking through IPR reports</p> <p>5) Quality Impact Assessment process in place</p> <p>6) TEG approved staff engagement plan</p> | <p>Monthly IPR monitoring reports including programme dashboard to TMG and assurance reports to Quality Committee, F&IC and Board</p> <p>Internal Audit reports</p> | <p>1) Further work is needed to develop managerial and leadership capability and capacity, engagement and accountability.</p> <p>2) New PMO arrangements need to be fully embedded</p> <p>3) Service line management is not yet fully embedded</p> <p>4) Emerging priorities requiring adjustment of existing Trust plans</p> <p>5) National capital funding limitations potentially impacting on major estate developments</p> <p>6) Employee relations challenges</p> | <p>1a) Embed new director portfolio structure and complete recruitment to TMG roles. CEO/ DW&OD – Sept 2016</p> <p>1b) Implement new management structures in key departments - A&E, Bus Devpt, Estates and Facilities, Workforce and OD. DW&OD, EDO, DBD, EDoF, Dec 2016</p> <p>1c) Establish management and leadership development framework. DW&OD. Sept 2016</p> <p>2a) Complete implementation of PMO and performance management arrangements. EDQG&PA. July 2016.</p> <p>2b) On-going delivery of Cost Improvement Programme, with oversight through CIP management Group. EDoF. March 2017</p> <p>3a) Implement Service Line reporting. EDoF Sept 2016</p> <p>3b) Develop and implement SLAs between support service functions and operational service lines EDoF. Oct 2016</p> <p>4a) Implement urgent care development priorities associated aligned to Vanguard. DP&UC. March 2017</p> <p>5a) Secure approval for Doncaster estate business case. EDoF. Sept 2016</p> <p>5b) Roll out Make Ready/VPS to 2 further stations EDoF. March 2016</p> <p>6a) Implement Employee Engagement Strategy July2016</p> <p>6b) Establish new behavioural framework aligned to findings from cultural audit. DW&OD. Oct 2016</p> <p>6c) Implement planned developments in diversity and inclusion and staff welfare. DW&OD. March 2017</p> <p>6d) Maintain multi-union engagement through JSG and other formal and informal processes. DW&OD. March 2016</p> |

| 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 | Current | 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 2016 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 2016 3a) Complete autoscheduling pilot DP&UC. June 2016 3b) Introduce on line booking app. DP&UC. June 2016 3c) Introduce auto-planning. DP&UC. Sept 2016 3c) Continue fleet modernisation programme. DP&UC. March 2017 4a) Implement agreed CIP programme. DP&UC. March 2017 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 | Targ | | External Assurance | | |
| <p>2c. Failure to learn from patient and staff experience and adverse events within the Trust or externally.</p> <p>CQC domains:</p> <p>Safe, Well Led</p> <p>Executive Director of Quality, Governance and Performance Assurance</p> <p>Executive Director of Operations</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> | 4 x 2 = 8 | 4 x 2 = 8 | 4 x 1 = 4 | <p>1) Involvement in Health Watch and other patient groups</p> <p>2) Incident, complaints and claims reporting policies and lessons learned processes</p> <p>3) Incident review group disseminates learning around lessons learned via clinical updates</p> <p>4) Clinical case review process in place</p> <p>5) Trust has support from an expert patient attending key Committees</p> <p>6) Process for review of external inquiries and reports in place</p> <p>7) Process for learning from Healthcare professional feedback in place (e.g. 111 online feedback form)</p> <p>8) Risk management software systems are in place in support of the learning process</p> <p>1) Clinical Quality Strategy and associated implementation plans signed off by Trust Board</p> <p>2) Clinical supervision and clinical career framework</p> | <p>1) Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups.</p> <p>2) Bi-weekly reports to incident review group</p> <p>Performance reports to Quality Committee 5 times a year</p> <p>1) Quality Committee reports</p> <p>2) Annual Board level service line Quality Review</p> <hr/> <p>1) Internal Audit report on safety alerts, lessons learned, risk management</p> <p>2) Internal audit report into implementation of the clinical leadership framework with a number of recommendations arising</p> <p>3) CQC report and reports on action plan</p> <p>4) Commissioner safety reports</p> | <p>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.</p> <p>2) Capacity in A&E locality and clinical leadership needs to be strengthened</p> | <p>1a) Implement milestones in Sign up to safety programme and Clinical Quality Strategy. EDQG&PA. March 2016</p> <p>1b) Complete implementation of Freedom to Speak Up developments and evaluate effectiveness. EDQG&PA. Oct 2016</p> <p>1c) Implement Risk Management plan in combination with Safety and Risk workplans. EDQG&PA March 17</p> <p>1d) Implement Learning from Internal Audit reports through alignment with risk register and regular review in TMG. EDQG&PA. March 17</p> <p>1e) Deliver CPD programme to address under-performing aspects of ACQIs and CPIs. EMD, March 17</p> <p>2a) Implement new A&E locality and clinical leadership model. EDO. Dec 2016</p> <p>2b) Support A&E locality leadership and clinical supervisors with appropriate training and development relating to learning and quality improvement. EDQG&PA, EMD. March 2016</p> |

| 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 | | |
| <p>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</p> <p>CQC domains:</p> <p>Well Led</p> <p>Executive Director of Operations, Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p> | 5 x 3 = 15 | 5 x 3 = 15 | 5 x 2 = 10 | <p>1) Workforce plan in place.</p> <p>2) Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings.</p> <p>3) Approved and costed Annual Education & Training Plan is in place.</p> <p>4) Agreed clinical career framework</p> | <p>1) Board level monitoring of progress via Integrated Performance Report and Quality Committee.</p> <p>2) TMG monitoring of key post recruitment activity.</p> <p>3) Monitoring via Directorate Programme Management Group with assurance via PMO.</p> <hr/> <p>1) Internal audit reviews -</p> | <p>1) Potential for inadequate candidates of sufficient quality to deliver the required numbers to achieve 100% establishment levels within A&E.</p> <p>2) Local or national industrial action affects the reputation of the Trust as an employer.</p> <p>3) Enhanced abstraction rates required to be monitored in order to ensure levels for training are delivered by the Operations Directorate.</p> <p>4) National Paramedic shortage impacting on recruitment and retention issues and competition for paramedic recruitment from non-ambulance sector organisations</p> | <p>1b) Implement workforce plan and recruitment and training trajectory reflecting demand, ACQI and delivery model changes EDO. March 17</p> <p>2a) maintain positive multi-union relationships via JSG and other forums. DW&OD March 17</p> <p>2b) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. DW&OD - March 17</p> <p>3a) Implement initiatives to improve staff welfare including mental health, and other developments aligned to national CQUIN. DW&OD. March 17</p> <p>3b) Implement improved monitoring and management of short term sickness DW&OD. Oct 16</p> <p>4a) Implement clinical career framework. EDO – Dec 16</p> <p>4b) Maintain and develop education and training programme and CPD provision. EMD. March 17</p> <p>4c) Develop PDR process to support delivery of better quality reviews. DW&OD. Oct 16</p> |

| 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 | | |
| <p>3b. Challenge to delivery of key objectives due to ineffective staff engagement</p> <p>CQC domains:</p> <p>Well Led</p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> | 5 x 3 = 15 | 5 x 3 = 15 | 5 x 1 = 5 | <p>1) Communications and engagement strategy</p> <p>2) Listening Watch programme and other direct Executive and senior management engagement</p> <p>3) Executive teambrief and periodic leadership conferences</p> <p>4) Freedom to Speak Up processes</p> <p>5) Clinical Supervision structure</p> <p>6) Staff-side multi-union agreement</p> | <p>1) Board level monitoring of staff feedback through incident reporting, whistleblowing and Annual Staff Survey</p> <p>2) Joint Steering Group Meeting</p> <hr/> <p>1) Annual Staff survey</p> <p>2) Cultural audit</p> | <p>1) Local or national industrial action affects the reputation of the Trust as an employer.</p> <p>2) There is a need to develop management and staff engagement and accountability</p> <p>3) Inconsistent response to staff raising concerns</p> <p>4) Widely dispersed workforce and significant pace of change</p> <p>5) Level of diversity in workforce not reflective of wider population</p> | <p>1a) Maintain positive on-going local employee relations with key unions. DW&OD, March 17</p> <p>1c) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. DQ&OD, EDO March 17</p> <p>2a) Establish YAS values and behaviours framework aligned to findings from cultural audit. DW&OD. Oct 16</p> <p>2b) Implement milestones in communications and engagement strategy DBD March 17.</p> <p>2c) Establish new management and leadership development framework. DW&OD. Sep 16</p> <p>3a) Complete implementation of Freedom to Speak Up developments and evaluate effectiveness. EDQG&PA. Oct 16</p> <p>4a) Implement YAS TV and further develop use of social media to support timely and effective staff communication. DBD Oct 16</p> <p>5a) Deliver diversity training to all managers DW&OD. March 17</p> <p>5b) Introduce diversity monitoring into recruitment processes and service line performance dashboards. DW&OD. Dec 16</p> |

| 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 | | |
| <p>4a. Impact on delivery of strategic objectives and performance delivery due to external system pressures and changes</p> <p>CQC Domains:</p> <p>Well Led</p> <p>Director of Business Development</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p> | 5 x 3 = 15 | 5 x 3 = 15 | 5 x 12 = 10 | <p>1) Stakeholder engagement plan</p> <p>2) SRG and other formal engagement meetings</p> <p>3) vanguard plan</p> <p>4) Capital plan</p> <p>5) Reconfiguration review process.</p> | <p>1) TMG review, with Quality Committee and Board assurance reports.</p> <p>1) Vanguard governance process</p> <p>2) Contract management Board reports</p> <p>3) Internal audit reviews – partnership governance (including some actions to strengthen arrangements)</p> | <p>1) Lack of clarity in system wide plans</p> <p>2) Challenges in whole system resilience</p> <p>3) Emerging developments in emergency and urgent care – e.g. via Vanguard and STP development</p> <p>4) National and local external funding pressures</p> | <p>1a) Continue to work with commissioners to develop a coherent region-wide strategy and a collaborative approach to system management CEO Oct 16</p> <p>1b) Implement new corporate oversight of partnerships with other organisations DBD – Oct 16</p> <p>1c) Embed processes for engagement in local reconfiguration activity DBD – Sep 16</p> <p>1d) Implement stakeholder relationship manager roles DBD – SEP 16</p> <p>2a) Highlight and manage specific risks to performance and quality arising from hospital turnaround and reconfiguration plans. EDO March 17</p> <p>3a) Continue active engagement through Vanguard and other local health economy programmes and implementation of vanguard priorities. DP&UC March 17</p> <p>3b) Ensure active engagement with new STPs DBD Sep16</p> <p>4a) delivery of cost improvement savings programme</p> <p>4b) Develop internal workforce arrangements to align the Trust to national agency cap requirements. EDoF, DW&OD Dec 16</p> |

STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE

| Strategic Objective 4: Work with partners to provide system leadership and resilience | | | | | | | |
|---|------------|------------|-----------|---|---|---|--|
| Ref No: | Risk Score | | | Key Controls | Internal Assurance | Gaps in Controls and/or Assurances | Action to Address Gaps and Timeframe |
| Principal Risk Ref No: | Initial | Current | Target | | External Assurance | | |
| Exec Lead/Risk Area | | | | | | | |
| <p>4b. Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.</p> <p>CQC domains:</p> <p>Safe</p> <p>Exec Director of Operations</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> | 5 x 2 = 10 | 5 x 2 = 10 | 5 x 1 = 5 | <p>1) Range of risk assessments in support of Resilience plans</p> <p>2) Business Continuity Plans monitored and reviewed annually and exercised periodically</p> <p>3) All MAJAX/Specific resilience plans undergo a testing schedule and effectiveness is monitored</p> <p>4) BC Resilience Board meets regularly to review BC planning</p> | <p>1) Monitoring of business continuity plans in Executive groups.</p> <p>2) Scheduled reports to Quality Committee</p> <p>3) BC sessions delivered to Board Development meetings and reported monthly in IPR</p> <hr/> <p>1) 20 Business Continuity Plans live tested, and deemed efficient.</p> <p>2) Winter plans agreed with NHS England, Trust Development Agency and Clinical Commissioners Groups</p> <p>3) ISO Accreditation Process</p> <p>4) National command training/Jesip benchmarking</p> <p>5) Internal audit review – business continuity</p> | <p>1) All departmental business continuity plans need to be live tested</p> <p>2) Appropriate training programmes not fully completed</p> | <p>1a) maintain programme of testing and ensure reviews of all live BBC events. EDO March 17</p> <p>1b) Secure ISO22301 accreditation in further key functions. EDO. March 17</p> <p>2a) Delivery of relevant training requirements via annual Trust training plan. EDO, March 17</p> |

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: | Risk Score | | | Key Controls | Internal Assurance | Gaps in Controls and/or Assurances | Action to Address Gaps and Timeframe |
|--|------------|------------|-----------|---|---|---|---|
| | Initial | Current | Target | | External Assurance | | |
| <p>5a. Insufficient alignment and responsiveness of corporate services to operational service requirements</p> <p>CQC domains:</p> <p>Effective, Responsive</p> <p>Executive Director of Finance , Director of Estates and Facilities</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p> | 4 x 4 = 16 | 4 x 4 = 16 | 4 x 1 = 4 | <p>1) Procedural documents</p> <p>2) Vehicle and equipment procurement and roll out processes</p> <p>3) Risk management software systems are in place in support of the learning process</p> <p>4) Inspections for Improvement process in place</p> <p>5) Fleet replacement programme</p> <p>6) Hub and Spoke / Make Ready programme</p> <p>7) HR and Finance business partner working model.</p> | <p>1) Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups.</p> <p>2) Estates Management Group monitoring of Capital Fleet and Equipment group</p> <p>3) TMG performance review processes</p> <p>1) Internal audit reviews- ICT strategy, vehicle replacement, HR processes</p> <p>2) External review of medical devices function</p> | <p>1) Systematic engagement process between support services and operational service lines needs further development</p> <p>2) Systems and processes not optimally aligned to support operational effectiveness</p> | <p>1a) Implement revised structures in key support functions to improve governance and compliance. EDoF, DE&F Dec 16</p> <p>1b) develop and implement SLAs between key support functions and operational service lines. EDoF, DE&F Dec 16</p> <p>2a) Develop a cadre of leaders equipped to support lean improvement programme DW&OD, EDQG&PA, DBD. Dec 16</p> <p>2b) Improve efficiency through implementing relevant carter review recommendations EDoF. March 17</p> <p>2c) Undertake lean reviews of recruitment, fleet and internal logistics TBC. March 17</p> <p>2d) Explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. CEO. March 17</p> |

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: | 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 | | |
| <p>5b. Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme.</p> <p>CQC domains:</p> <p>All</p> <p>Executive Director of Finance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p> | 5 x 4 = 20 | 5 x 3 = 15 | 5 x 2 = 10 | <p>1) Procedures regarding levels of sign off and expenditure - organisational cost control are in place</p> <p>2) Monthly budget monitoring between finance, senior and operational managers.</p> <p>3) Authorisation procedures for contractor spend.</p> <p>4) CIP and CQUIN programme management</p> <p>5) Agency cost control processes</p> | <p>1) Monthly review by the Board through Integrated Performance Report and review by TMG</p> <p>2) F&I committee review</p> <p>3) CIP group monitoring led by the CEO</p> <hr/> <p>1) Internal audit reviews - financial reporting and financial systems</p> | <p>2) Requirement for additional staffing to support A&E performance delivery.</p> <p>2) PTS transformation programme still in progress</p> <p>3) Funding for NHS 111/WYUC not agreed at required level</p> <p>4) National financial stretch targets for NHS Trusts and national capital restrictions</p> | <p>1a) Implement new A&E structure and delivery model through A&E transformation programme EDO. March 17</p> <p>2a) Implement PTS transformation plan DP&UC. March 17</p> <p>3a) Continue contract negotiations with commissioners. EDQG&PA, DP&UC July 16</p> <p>3b) Deliver agreed NHS 111 CIP. DP&UC. March 17</p> <p>4a) Delivery of agreed CIP programme EDoF March 17</p> <p>4b) Rigorous programme management of capital plan EDoF. March 17</p> <p>4b) Secure new income through service tenders and other development opportunities. DBD March 17</p> <p>4c) Explore and implement opportunities for cost saving through cross organisational collaboration across the wider health and social care economy. CEO March 17</p> |