



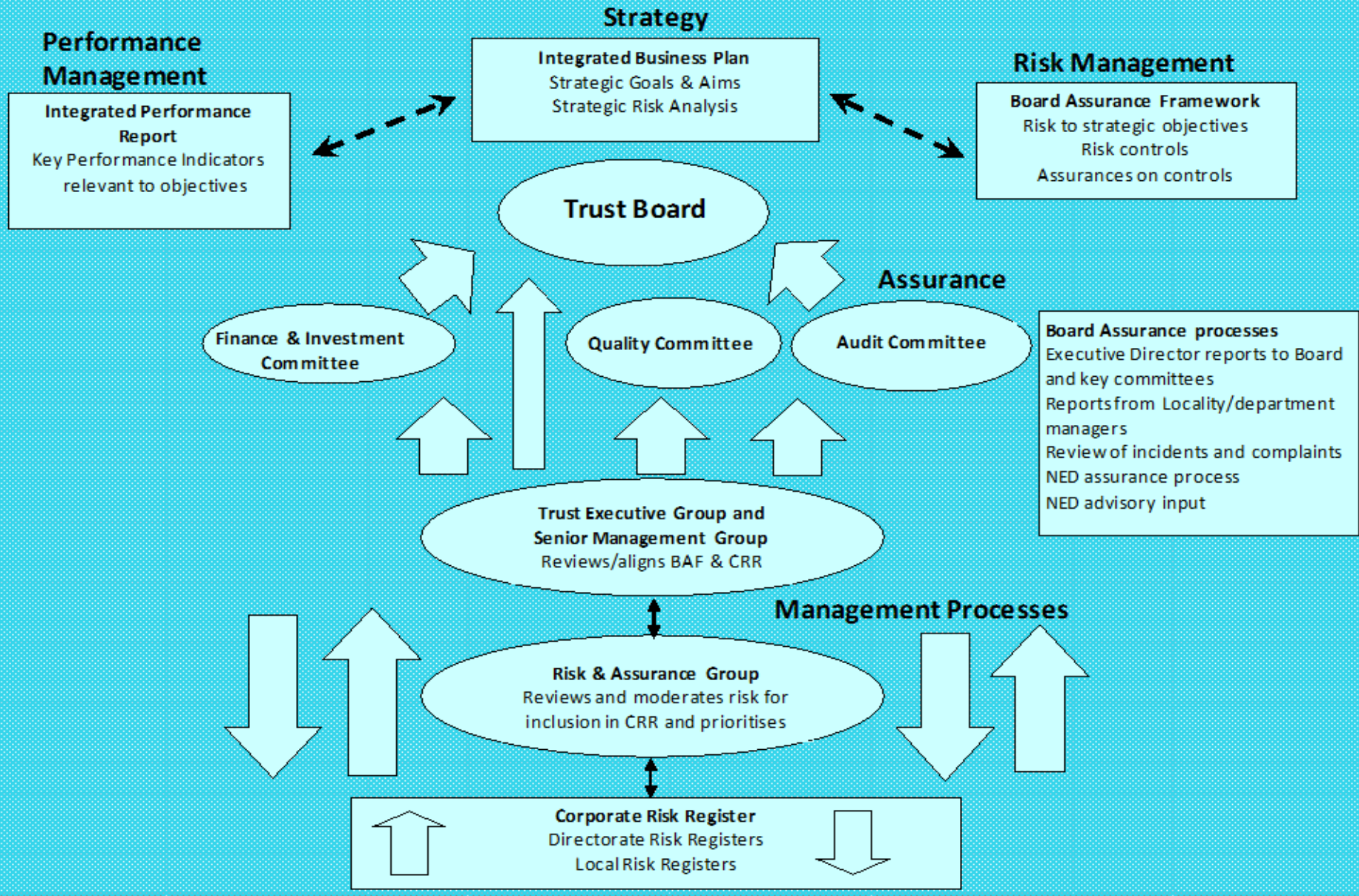
Yorkshire Ambulance Service   
NHS Trust

*An Aspirant Foundation Trust*

# **BOARD ASSURANCE FRAMEWORK**

**MARCH 2013**

# 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 2012/2013. They form the basis of the Trust's Integrated Business Plan 2012-2017 and the Annual Business Plan for 2012-13.

Strategic Goal	Strategic Objective
Continuously Improving Patient Care	1. To improve clinical outcomes for key conditions
	2. To deliver timely emergency and urgent care in the most appropriate setting
High Performing	3. To provide clinically effective services which exceed regulatory and legislative standards
	4. To provide services which exceed patient and commissioner expectations
Always Learning	5. To develop culture, systems and processes to support continuous improvement and innovation
	6. To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future
Value for Money and Provider of Choice	7. To be at the forefront of healthcare resilience and public health
	8. To provide cost-effective services that contribute to the objectives of the wider health economy

STRATEGIC GOAL:										
Ref No:		Strategic Objective: As detailed in the Integrated Business Plan 2012-2017 and the Annual Business Plan 2012-13				Objective Owner: Executive Director				
Principal Risk Reference No:		Risk Score			Key Controls	Assurances on Controls	Gaps in Controls	Action to Address Gaps	Action Lead	Assurance
Exec Lead/Risk Area		Initial	Current	Target		Positive Assurances	Gaps in Assurance			Movement
What could prevent the strategic objective from being achieved?  CRR ref:		This will show the initial, the current (inc movement) and the target risk score. Risk is scored Consequence x Likelihood.			What controls/systems does the Trust have in place to assist in securing delivery of the strategic objective? Grade Strong (s), Moderate (m) to Weak (w)	Where can the Trust gain evidence that the controls/systems on which we are placing reliance are effective?	Where is the Trust failing to put controls/systems in place? Where is the Trust failing to make them effective?	What actions are required to address the gaps? What key actions have been taken? Cross reference should also be made to the Corporate Risk Register and the associated detailed risk treatment plan for mitigating the risk.	Who has Lead responsibility for actions identified	What is the level of assurance?
Who is the Executive Lead/Which area of the Trust does the risk relate to?						What evidence does the Trust have to show that it is managing its risks? Who has provided the assurance?	Where is the Trust failing to gain evidence that its controls/systems on which we place reliance are effective?			Direction of change in assurance level from previous month.

Key Controls	Assurances on Controls
<p>The means by which the principal risk's consequence or likelihood may be reduced. Consideration should be given to the strength of the control in order to determine its effectiveness and impact on risk score. Risk controls are identified through a risk profiling process, as are any gaps in risk control.</p> <p>To assess the strength of controls the following scale is provided as a guide;</p> <p><b>STRONG (s)</b> There is good supporting evidence to demonstrate that the key control is being monitored as effective/compliant with procedural documentation.</p> <p><b>MODERATE (m)</b> There is limited supporting evidence to demonstrate that the key control is being monitored as effective/compliant with procedural documentation.</p> <p><b>WEAK (w)</b> There is no supporting evidence to demonstrate that the key control is being monitored as effective/compliant with procedural documentation.</p>	<p>How the Board is informed that controls are in place and are effectively managing the principal risks to strategic objectives.</p> <p>There are two types of assurance on controls;</p> <ul style="list-style-type: none"> <li>• Assurance – (Internal), provided by executive governance committees, Quality Committee.</li> <li>• Positive Assurance – (Independent) provided by the Audit Committee, Internal and External Auditors, CQC, NHSLA, H&amp;S Executive etc</li> </ul> <p>From assurance reports received the Trust Board supported by the relevant specialists agree the level of assurance on controls that it has received, and this is recorded on the Board Assurance Framework on the following scale;</p> <p><b>GREEN</b> = Full Assurance/No Concerns; Multiple sources of assurance, with at least one item of positive assurance reports from an external regulator or auditor.</p> <p><b>AMBER-GREEN</b> = Significant Assurance/Limited Concerns; including regulatory body concerns and other third party concerns with potential governance implications. Strong sources of independent assurance, including evidence of monitoring compliance with procedural documents.</p> <p><b>AMBER-RED</b> = Negative Assurance/Material Concerns; including major service performance concerns and breaches in regulatory standards. Moderate sources of independent assurance, with limited evidence of monitoring compliance with procedural documents.</p> <p><b>RED</b> = Limited Assurance/Significant Concerns; including significant breaches in service performance, major governance issues emerging from audit/assessment, breaches in regulatory standards and enforcement actions. Limited assurance due to the non-systematic or new nature of system/process, or lack of monitoring evidence base.</p>

STRATEGIC GOAL: CONTINUALLY IMPROVING PATIENT CARE									
Ref No:	Strategic Objective 1: To improve clinical outcomes for key conditions					Objective Owner: Medical Director			
Principal Risk Ref No:	Risk Score			Key Controls	Assurances on Controls	Gaps in Controls	Action to Address Gaps	Action Lead	Assurance
Exec Lead/Risk Area	Initial	Current	Target		Positive Assurance	Gaps in Assurance			Movement
1a. Significant disruption to 999 service provision, leading to adverse impact on clinical outcomes due to the complexity and interface of different IT systems  CRR ref: 22  Exec Director of Finance & performance	4	2	8	4	1	4	1	EDFP	GREEN →
1b. Adverse clinical outcomes due to failure of reusable medical devices and equipment.  CRR ref: 84  Exec Director of Finance & performance	5	2	10	5	1	5	1	EDFP	AMBER GREEN →



STRATEGIC GOAL: HIGH PERFORMING									
Ref No:	Strategic Objective 3: To provide clinically effective services which exceed regulatory and legislative standards					Objective Owner: Director of Standards & Compliance			
Principal Risk Ref No:	Risk Score			Key Controls	Assurances on Controls	Gaps in Controls	Action to Address Gaps	Action Lead	Assurance
Exec Lead/Risk Area	Initial	Current	Target		Positive Assurance	Gaps in Assurance			Movement
3a. Inability to deliver performance targets and clinical quality standards.  CRR Ref: 103	5 x 3 = 15		5 x 2 = 10	1) Major trauma project action log in place which includes training requirements. (s) 2) On-going paramedic recruitment as part of Workforce Strategy and Plan. (s) 3) HEI programmes for paramedic conversion (m) 4) AQIs developed (m) 5) CPIs developed (m) 6) 2012/13 Training Programme (m) 7) 5 year Workforce Plan agreed. (s) 8) YAS Turnaround Group with Non-Executive Director membership (s) Overall Strength of Controls = (m)	1) IPR reports, including workforce KPI's to Trust Board, SMG and other executive groups. 2) Quarterly performance review group established. 3) Board approved performance management strategy and Workforce Plan.	1) Workforce skills and capacity not fully developed. 2) Ability to deliver the training plan due to conflicting operational pressures.	1) Implement Workforce Strategy and Plan. 2) Implement Training Plan. 3) Implement Quality Governance action plan. 4) Develop and monitor early warning indicators. 5) Implement Clinical Leadership Framework. 6) Implement service line management and reporting. 7) Implement processes around notification of staff being released for training. 8) Implement Risk and Safety Team work plan	ED WS	AMBER RED  ↔
Exec Director of Standards & Compliance				1) CQC Registration without conditions 2) Internal Audit review of S&M training rated as substantial assurance. 3) NHSLA Mock assessment identified good workforce policy management.	1) Further work is needed to fully embed governance and performance management arrangements in all business units.				
3b. Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust.  CRR Ref: 94	5 x 2 = 10		5 x 1 = 5	1) Procedural documentation (w) 2) Inspections for Improvement process (s) 3) Project plan for NHSLA accreditation, including mock assessment (s) 4) Clinical Quality Strategy and implementation plan (m)	1) Compliance reports to Trust Board, SMG and other executive committees 2) Internal audit report (SKL121111) re CQC compliance within CBU's. 3) I4I Process positive findings from review	1) There has been a historical under-investment in management and leadership development, particularly in relation to NHS quality requirements.	1) Implement Clinical Quality Strategy and implementation plan. 2) Continue progress to NHSLA Level 2 risk management standards. 3) Implement Risk and Safety Team work plans 4) Maintain and enhance the internal Inspections for improvement programme 5) Maintain the focus on quality and compliance within performance management processes. 6) Implementation of Covalent performance management system. 7) Implementation of Quality Committee work programme. 8) Development and implementation of performance management processes within departments and CBUs.	EDSC	AMBER GREEN  ↔
Exec Director of Standards & Compliance				1) CQC assessment January 2013, without conditions. 2) IG Toolkit Level 2 3) Deloitte Quality Governance Assessment. 4) HSE inspections reports. 5) NHSLA L1 achieved (9/10/12)	1) Further work is continuing to embed quality and compliance monitoring and action at departmental level throughout the Trust.				





STRATEGIC GOAL: ALWAYS LEARNING									
Ref No:	Strategic Objective 5: To develop culture, systems and processes to support continuous improvement and innovation.					Objective Owner: Director of Finance & Performance			
Principal Risk Ref No:	Risk Score			Key Controls	Assurances on Controls	Gaps in Controls	Action to Address Gaps	Action Lead	Assurance
Exec Lead/Risk Area	Initial	Current	Target		Positive Assurance	Gaps in Assurance			Movement
5a. Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes  CRR Ref: 105  Executive Director of Finance & Performance	5 x 4 = 20			1) TEG approved approach to staff engagement (s) 2) Clinical Leadership programme (m) 3) Programme management (m) 4) Quality Impact Assessments. (m) 5) CIP Monitoring Group. (m) 6) Clinical Review Group.(m) 7) CQUINS (s)  Overall Strength of Controls = (m)	1) Monitoring reports to TEG. 2) Performance reports to Quality Committee	1) Further work is needed to develop managerial and leadership capability and capacity. 2) Programme management arrangements are at an early stage and need to be refined and fully embedded 3) There is a need to develop management and staff engagement and accountability  1) Service line management is not yet fully embedded	1) Implement Service Transformation Programme. 2) Implement Cost Improvement Programme management as a key part of overall programme management. 3) Implement Staff Engagement and Communication Plan. 4) Implement service line management. Implement agreed process for Quality Impact Assessment of CIP Programmes. 5) Achieve actions on FT implementation plan within specified timeframes 6) Implement Workforce Strategy and Plan. 7) Implement Training Plan.	EDFP	AMBER RED  ↔
5b. Failure to learn from patient experience and adverse events due to inadequate data management systems for reporting and to identifying learning opportunities.  CRR Ref: 69  Exec Director of Standards & Compliance				1) Involvement in patient groups and LINKs(s) 2) Incident reporting policy. (m) 3) Complaints and claims policy. (m) 4) Incident review group disseminates learning around lessons learned via clinical updates. (m) 5) Clinical audit reviews. (m) 6) Trust has an expert patient. (s)  Overall Strength of Controls = (m)	1) Significant events and lessons learned reports to Trust Board, SMG, Quality Committee and other executive groups. 2) Reports to incident review group.  1) 1) CQC assessment January 2013, registered without conditions. 2) Internal Audit report on Lessons Learned showed significant assurance, July 11	1) Further work is needed to embed learning processes aligned to corporate systems, at departmental level throughout the Trust. 2) Need to develop audit capability 3) Need to enhance investigation process  1) Risk management software systems are inefficient and do not support the learning process. 2) Further work is required to develop the learning and reporting processes within the 111 service	1) Develop patient feedback and engagement in line with the Clinical Quality Strategy. 2) Implement the clinical audit plan. 3) Continue to develop review processes at department level, aligned to existing Trust systems. 4) Implement the risk management data systems project	EDSC	AMBER GREEN  ↔





STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE									
Ref No:	Strategic Objective 8: To provide cost-effective services that contribute to the objectives of the wider health economy.					Objective Owner: Director of Finance & Performance			
Principal Risk Ref No:	Risk Score			Key Controls	Assurances on Controls	Gaps in Controls	Action to Address Gaps	Action Lead	Assurance
Exec Lead/Risk Area	Initial	Current	Target		Positive Assurance	Gaps in Assurance			Movement
8a. Adverse impact on developments in urgent/unscheduled care services in partnership with other providers due to failure to implement 111 service/WYUC provision  CRR ref: 93  Exec Director of Standards & Compliance	5 x 3 = 15			1) Established experienced project management team(s) 2) Support provided by successful bidder (NEAS) (s) 3) Consultancy support provided by BAE Detica (s)  Overall Strength of Controls = (s)	1) The Trust has experience of the commercial process of bidding for contracts on this scale.  1) The 111 Project Board is comprehensively monitoring activity and providing assurance. 2) Positive feedback from Board presentation – Jan13		1) Put in place project management arrangements and targeted resources to support the mobilisation process. 2) Establish defined partnership and Trust governance and management arrangements as outlined in the service bid. 3) Ensure project management to support development and delivery of other service developments if the 111 bid is unsuccessful.  <i>All above actions completed. Going forward the risk will be refocused on delivery of contract and remain on the BAF.</i>	EDFP	GREEN  ➔
8b. Deficit against planned financial outturn due to significant overspending on the provision of Patient Transport Services  CRR ref: 106  Executive Director of Operations	5 x 4 = 20			1) Procedures regarding levels of sign of and expenditure - organisational cost control (m). 2) Monthly budget monitoring between finance, senior and operational managers in PTS (m). 3) Authorisation procedures for contractor spend. (w).	1) Review monthly by the Board through Integrated Performance Report	1) The authorisation procedure for contractor spend, although developed needs to be applied consistently across all areas	1) Managerial sign off required for all sub - contractor spend 2) Hold on all unfilled vacancies in PTS with revised vacancy approval process implemented in PTS - all requests for vacancy recruitment signed off by Associate Director and based on service delivery priority and avoidance of sub-contractor spend only 3) Removal of highest cost sub-contractors from operational deployment 4) Revised financial forecast and identified cost savings agreed with monthly monitoring against compliance 5) Achieve consistent application of the authorisation procedure across all areas.	EDO	AMBER RED  ↔