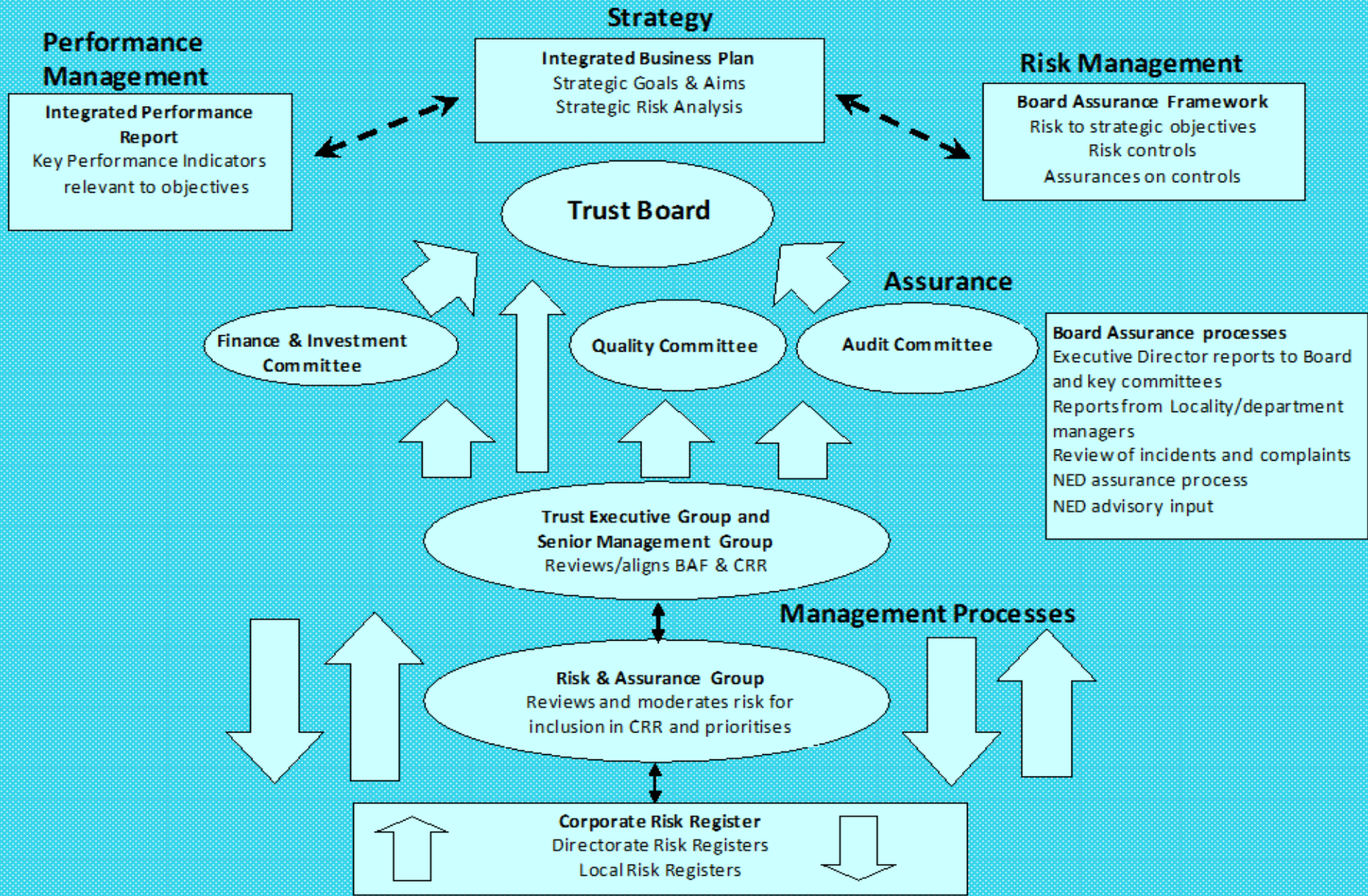




BOARD ASSURANCE FRAMEWORK

2014/2015 – Quarter 2 2014

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 2014/2015. They form the basis of the Trust's Integrated Business Plan 2012-2017 and the Annual Business Plan for 2014/15.

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

Record of changes made October / End of Q2

	Risk description	Change made this iteration
1a	Adverse clinical outcomes due to failure of reusable medical devices and equipment.	Updated: Complete department restructure process. Dir F&P, March 14 Recruitment of Head of Medical Devices not successful. Options appraisal underway, currently continuing with cover from Mid Yorks
2b	Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice	Updated: 1b) Continuous service review in light of ePRF implementation plans. Med Director, Current date for completion Sept 15. To be reviewed in April 15 for 15/16 BAF. Fully establish Clinical Leadership Framework, Dir of Ops, June 14 All initial actions completed but continuing to monitor effectiveness through Quality Assurance processes and feedback.
3a	Inability to deliver performance targets and clinical quality standards.	Updated: Review and implement Clinical Leadership Framework, Dir of Ops June 14 All actions completed but continue to monitor effectiveness through Quality Assurance processes and feedback. Increased focus on early warning indicators, measures of clinical outcome and measurement of safe staffing levels. Dir of Ops Dec 14 Safety Monitoring report produced, Report against planned resource by locality by day produced. PE and workforce model for bands 3,4&5 including scope of practice in development. Further ORH modelling to be undertaken Ensure Operational arrangements and resource allocation on a day to day basis are in line with the plan Ops Dir Sept 14 – actions in plan but further work needed to improve embeddedness – revised date Oct 14 Completed Monitor potential safety implications of poor performance and recommend action to address Med Dir/D S&C Sept 14 Action completed with ongoing monitoring Removed : Refine Locality Plans to ensure full alignment with Trust plan Prog Dir Sept 14 – completed
3b	Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust.	Updated: Review plans for 14/15 and continue Clinical Quality Strategy and implementation plan. Implement Service Transformation Programme, Dir of S&C Completed Service Transformation plan. 2 Year plan on-going with review due Apr 15 Prepare for new system of CQC inspection introduced in Oct 2014 & review once inspection complete Dir S&C Dec 14 on-going for imminent inspection Jan 15 Fully embed performance and risk management processes including consistent application of processes to manage compliance. within departments and CBUs. Dir of Finance & Performance March 15
4a	Loss of income due to inability to secure/retain service contracts, adversely influencing future service commissioning intentions	Updated: Deliver NHS 111 service optimisation programme. Dir S&C, March 15 Pilot of effective referral assessment to commence December 2014 Removed: 2b) Review the risks within the A&E contract. Dir Ops Sept 14 work completed and factored into scheduled meetings for A&E contracting 2c) Review and revise arrangements for commissioner stakeholder engagement. Dir People and Engagement, Dir F&P, Sept 14 closed revised arrangements in place for key contract discussions via systems resilience groups and local reconfiguration groups.
5a	Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	Updated: Implement milestones in the Staff Engagement Plan, Dir P&E, Sept 14 Contractor now appointed to conduct cultural audit. Roll out plan developed and steering group established. Revised date March 15 Local actions being undertaken in response to staff survey results completed. Maintain management of positive Employee relations. Dir of P&E, Dec 14 Unison Agreement – completed Removed: Continue service improvement skills programme as part of the STP, Dir S&C, Sept 14 Completed. Further cohort trained and LEAN training rolled out. TEGT leading. Implement changes to programme management across service transformation programme, CIP and CQUIN programmes, Dir S&C Completed
5b	Failure to learn from patient and staff experience and adverse events within the Trust or externally.	Updated: Implement updated investigation skills training for managers. Dir S&C, Dec 14 Completed Fully embed the clinical leadership framework, Dir of Ops. June 14 All actions completed but continue to monitor effectiveness through Quality Assurance processes and feedback Removed: 1a) Continue to develop review processes for patient and staff experience at department level, aligned to existing Trust systems,

		including the friends and family test CQUIN. Dir S&C Sept 14 completed Review the quality governance plan that includes relevant Francis report/Hard Truths recommendations and implement for 14/15 in light of current learning so far – includes CQC listening event and staff survey, Dir S&C, Med Dir, Sept 14 completed
6a	Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.	Updated: Gap in Assurance resolved Removed : 1a) Implement operational actions required to embed CS framework including issues highlighted in the Internal Audit review. Dir Ops, Sept 14 Completed 1b) Monitor dashboard and staff feedback via TEG and Quality Committee, Dir of Ops, Sept 14 Completed Work has continued on reviewing and refining the Clinical Leadership Framework. In addition, it has been agreed to utilise 2-hours PDR training abstraction at beginning of candidate observations shifts for not only undertaking PDRs but also Clinical Competency discussions and leadership At the onset of this work there was a recommendation to improve the layout and content of the current CLF Dashboard. However, it was soon apparent that the clinical leadership processes and related information that sat behind the Dashboard needed to be improved. Therefore, updating the Dashboard could not take place until the improvement work had been completed.
6b	Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment and training requirements.	None
7a	Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	Update: Implement additional live test of key functions. Dir Ops, Sept 14 – Revised date April 15 Progress made against live testing plan but some key functions still outstanding. EOC loss of accommodation tested with lesson identified. – Jackdaw 1 Executive live test completed – Jackdaw. CAD live testing not yet completed due to risks identified with recent CAD failures. Telecoms live test completed with lessons identified
8a	Failure to maximise opportunities to further develop urgent care services	Updated : Develop clear operating models and business cases for key service developments identified in the Urgent Care development Plan. Dir S&C Dec 14 – completed Engage with local commissioners on key service developments relevant to the challenges of local health economies. Dir S&C Dec 14 Process development complete & monitored through Urgent Care Steering Group. SRG template and Acute Reconfiguration – on-going Develop scope of practice, revised role descriptions and education plans for ECPs and Advanced Paramedic roles. Med Dir, Sept 14 progress made: draft scope of Practice developed. Further revisions will be required when national scope published, which has been delayed. Oct 14 Review Trust training plans and develop additional content as required to support urgent care delivery. Med Dir, March 15 – Director S&C removed from this action due to realignment of portfolios Removed : 2a) Review and revise arrangements for commissioner stakeholder engagement. Dir P&E, Dir F&P, Sept 14 closed revised arrangements for key contract discussions via systems resilience groups and local reconfiguration groups. 2c) Develop further engagement with regional and local clinical networks. Med Dir Sept 14 completed
8b	Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme.	None.

Table 1: showing progress toward Objectives from initial risk grading projected for Q4 end.

	Risk Description	Apr 14	Projected				Movement	Current	Progress Notes
			Q1	Q2	Q3	Q4			
1a	Adverse clinical outcomes due to failure of reusable medical devices and equipment.	8	8	4	4	4	↔	8	Good progress has been made. All actions reviewed during Q1/2 Department restructure not yet complete – Recruitment of Head of Medical Devices still in progress. Risk to remain at 8 until completion of restructure process.
2b	Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice	8	8	8	8	8	↔	8	Temporary staff support & work to improve functionality of the system have been used to mitigate the risk. Medium to long term plans include review of options for scanning & finally progression to electronic records. Assurance provided to Quality Committee regarding processes for reviewing & embedding NIHC guidance.
3a	Inability to deliver performance targets and clinical quality standards.	15	15	15	15	10	↑	25	This risk has been reviewed in light of recent events and increased to reflect current A&E service line performance. The current A&E performance position is significantly below required levels owing to a combination of demand, staffing & efficiency factors. Whilst to-date the evidence to indicate additional potential harm to patients arising from the performance challenges remains limited, potential risks to safety exist & additional monitoring & case review has been instigated to ensure that any impact on patient outcome can be promptly understood & addressed. The urgent work on delivery of the refreshed A&E improvement plan continues.
3b	Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust.	10	10	10	10	5	↔	10	The Trust is now compliant with CQC Outcome 9- Medicines Management, although the final written report had not yet been received from CQC. Additional assurance was provided through the Medicines Management report. An update has also been sent to CQC confirming implementation of the agreed actions in relation to Outcome 14. It is recognised that further work will need to continue over the coming months to maintain the focus on effectiveness of the Clinical Supervisor role in practice.
4a	Loss of income due to inability to secure/retain service contracts, adversely influencing future service commissioning intentions	12	12	12	12	8	↔	12	New issues are evident in the evolving commercial environment, & further mitigating action is continuing in 14/15, including a focus on delivery of the PTS KPI's, attention to risks in A&E contract, ensuring sustainability of the NHS 111 service & anticipating the new national model, development of the West Yorks urgent care Model & delivery of CQUINs across all service lines.
5a	Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	10	10	10	10	10	↔	10	This objective includes the Service Transformation programme & CIP programme & therefore has a 2-year time frame; further mitigating action is required in 2014/15 with this risk likely to be reduced to a residual risk level in 2016. Progress has been made against service improvement skills & leadership development programme. The plan for service transformation has been substantially refined for 2014/15. The CIP process has been strengthened & all CIP's are subject to QIA. Service line management project is continuing in 2014/15.
5b	Failure to learn from patient and staff experience and adverse events within the Trust or externally.	8	8	8	8	4	↔	8	The Corporate clinical audit function has been strengthened. Work includes building capacity & capability to undertake robust investigations of all learning events, & focus on the professional caring culture. Work on safety culture survey & Clinical Leadership framework will be continued including action on recommendations from the Internal audit Review. Enhanced processes for review of safety and quality in the A&E service have been developed & work to manage the risk of staff MSK incidents continues
6a	Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.	8	8	4	4	4	↔	4	An update has been sent to CQC confirming implementation of the agreed actions planned for June 2014. It is recognised that further work will need to continue over the coming months to maintain the focus on effectiveness of the Clinical Supervisor role in practice.
6b	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	15	15	↔	15	Work continues regarding the management of recruitment pressures across service lines ensuring positive employee relations are maintained throughout the period of change. Options being considered by TEG regarding the uptake of the conversion course from technician to Paramedic and for increasing external recruitment.
7a	Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	10	10	5	5	5	↔	10	Further mitigating action was scheduled for early 2014/15 & focused on the review & delivery of relevant training requirements. Additional testing of key resilience plans on-going until April 15
8a	Failure to maximise opportunities to further develop urgent care services	15	15	15	10	10	↔	15	The urgent care agenda is developing through a wide range of local forums & initiatives. Mitigation of this risk includes development of clear delivery models & business cases for the priority service developments, effective stakeholder engagement at national & local levels & the development of internal capacity & capability. Progress has been made in July/August in securing System Resilience group funding to support key urgent care initiatives.
8b	Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme.	15	15	15	10	10	↔	15	Mitigation is dependent on delivery of the PTS transformation programme, A&E operational effectiveness plan & NHS 111 cost improvement plan, & on meeting CQUIN targets. Plans are in place in each of the service lines & programme management arrangements have been agreed for CIP & CQUIN delivery. The current A&E performance position creates an additional challenge and a further review of the risk may be required at end of Q2.

STRATEGIC GOAL: CONTINUALLY IMPROVING PATIENT CARE - Q2 POSITION							
Ref No:	Strategic Objective 1: To improve clinical outcomes for key conditions					Objective Owner: Medical Director	
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. Adverse clinical outcomes due to failure of reusable medical devices and equipment. NHSLA 4: Safe Environment CQC 11: Safety, availability and suitability of equipment Exec Director of Finance & performance	5 x 2 = 10	4 x 2 = 8	4 x 1 = 4	1) Cleric Fleetman records management system 2) Maintenance schedules automated on Cleric 3) Procedural documents (Strategy, Maintenance of Medical Devices Policy and associated procedures) 4) Physical audit of all medical equipment 5) SIP team meeting weekly to review progress including maintenance, staffing and assurance	1) Monitoring of incidents at Vehicle & Equipment Group. 2) Monthly reports to SMG 3) Tracking of KPIs in the IPR 1) Internal Audit progress report to Quality Committee 2) NHSLA L1 Report	1) Robust audit of activity and adherence to maintenance schedules 2) Complete the restructure of the Medical Devices Team and process review	2b) Complete department restructure process. Dir F&P, March 14 Recruitment of Head of Medical Devices not successful. Options appraisal underway, currently continuing with cover from Mid Yorks.

STRATEGIC GOAL: CONTINUALLY IMPROVING PATIENT CARE - Q2 POSITION

Ref No: Strategic Objective 2: To deliver timely emergency and urgent care in the most appropriate setting **Objective Owner: Director of Operations**

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>2b. Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice</p> <p>NHSLA: 2: Learning from Experience 5: Ambulance Services</p> <p>CQC: 1: Respecting and involving people who use services 2: Consent to care and treatment 4: Care and welfare of people who use services 16: Assessing and monitoring the quality of service provision</p> <p>Exec Medical Director</p>	4 x 3 = 12	4 x 2 = 8	4 x 1 = 4	<p>1) Clinical audit procedural documents in place and assessed as Level 1 NHSLA compliant</p> <p>2) Established audit team in place under the leadership of Head of Clinical Effectiveness</p> <p>3) Processes for retrieval, scanning and verification of clinical data and records in place</p> <p>4) Established reporting procedures and mechanism for Clinical Performance Indicators, and Ambulance Quality Indicators</p>	<p>1) Audit reports to NHS England (monthly)</p> <p>2) Monitoring of audit activity by executive committees, SMG, TEG, Board via the IPR at each meeting, and a 6 monthly 'Deep Dive' by the Quality Committee.</p> <hr/> <p>1) Internal Audit annual plan includes monitoring and audit of processes relating to clinical audit</p> <p>2) Positive external audit opinion on audit account as part of the Quality Account</p>	<p>1) Time pressures on audit team to manage effectively</p> <p>2) Functionality of scanning and verification software</p> <p>3) Clinical audit is not embedded in everyday professional practice</p>	<p>1a) Implementation of ePRF project. Director of F&P Sept 15 (NOTE: ePRF is a 2-year out project)</p> <p>1b) Continuous service review in light of ePRF implementation plans. Med Director, Current date for completion Sept 15. To be reviewed in April 15 for 15/16 BAF.</p> <p>2a) Review option to provide service out with YAS until ePRF in place. Med Director, Mar 15</p> <p>3a) Fully establish Clinical Leadership Framework, Dir of Ops, June 14 All initial actions completed but continuing to monitor effectiveness through Quality Assurance processes and feedback.</p> <p>3b) Implement annual clinical audit plan. Med Director, March 15</p> <p>3c) Implement milestones in clinical professional leadership and clinical supervision service transformation plan. Med Director, March 15</p>

STRATEGIC GOAL: HIGH PERFORMING - Q2 POSITION							
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	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
3a. Inability to deliver performance targets and clinical quality standards. NHSLA: 1: Governance CQC: 16: Assessing and monitoring the quality of service provision Exec Director of Standards & Compliance	5 x 3 = 15	5 x 5 = 25	5 x 2 = 10	1) Major trauma project completed and processes in place 2) On-going recruitment, education and training as part of the Workforce Strategy and Plan, 5 year Workforce Plan agreed. 3) AQIs and CPI's developed with national benchmarking 4) 2013/14 Training Programme agreed and established 5) Service Delivery and performance recovery plan in place and monitored 6) NHS 111 service optimisation plan 7) Early warning indicators developed and monitored 8) Establishment of Taskforce lead by external Programme Director	1) Monthly IPR reports, including workforce KPI's to executive groups. 2) Weekly Executive Project Board and risk review established 3) STP dashboard reporting and monitoring in place 4) Quality Committee reports and annual Board level service line Quality Review. 5) Safety Monitoring Reporting in place 1) CQC Registration 2) Internal Audit review of training rated as substantial assurance. 3) NHSLA Level 1 assessment identified good workforce policy management. 4) NHS England positive benchmarking of AQL and CPI	1) Workforce skills and capacity not fully developed. 2) NHS 111 KPI's not fully adhered to. 3) Further work is needed to fully embed governance and performance management arrangements in all business units. Service line performance reviews operational. 4) Existing A&E locality performance improvement plans require further development to provide additional assurance regarding expected outcomes	1) On-going work to implement Workforce Strategy and Training Plan, Dir Workforce & Strategy, March 15 3a) Review and implement 14/15 Quality Governance action plan. Includes actions from TDA quality review. Dir S&C, March 15 3b) Implement 14/15 Risk and Safety Team work plans, Dir S&C, March 15 3c) Continue with Service Transformation Plan, Dir S&C, March 15 3d) Review and implement Clinical Leadership Framework, Dir of Ops June 14 All initial actions completed but continuing to monitor effectiveness through Quality Assurance processes and feedback. 3e) Increased focus on early warning indicators, measures of clinical outcome and measurement of safe staffing levels. Dir of Ops Dec 14 Safety Monitoring report produced, Report against planned resource by locality by day produced. PE and workforce model for bands 3,4&5 including scope of practice in development. Further ORH modelling to be undertaken 4a) Ensure delivery of milestones in the Performance improvement plan. Prog Dir New implementation date March 2015, with interim milestones and trajectories. 4c) Ensure Operational arrangements and resource allocation on a day to day basis are in line with the plan Ops Dir Sept 14 – actions in plan but further work needed to improve embeddedness – revised date Oct 14 Completed 4d) Monitor potential safety implications of poor performance and recommend action to address Med Dir/D S&C Sept 14 Action completed with ongoing monitoring

STRATEGIC GOAL: HIGH PERFORMING – Q2 POSITION							
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	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. Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust.</p> <p>NHSLA: 1: Governance</p> <p>CQC: 16: Assessing and monitoring the quality of service provision</p> <p>Exec Director of Standards & Compliance</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 agreed</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>1) Compliance reports to Trust Board, SMG, and Quality</p> <p>2) I4I Process positive findings from review</p> <hr/> <p>1) Internal audit report (SKL121111) re CQC compliance within CBU's.</p> <p>2) CQC registration</p> <p>3) IG Toolkit approved at Level 2</p> <p>4) Deloitte and Internal Audit Quality Governance Assessment.</p> <p>5) HSE inspection reports.</p> <p>6) NHSLA L1 assessment (9/10/12)</p> <p>7) AACE performance peer review report March 14.</p> <p>8) CSU performance review April 14</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 and compliance monitoring and action at departmental level throughout the Trust.</p>	<p>1a) Review plans for 14/15 and continue Clinical Quality Strategy and implementation plan. Implement Service Transformation Programme, Dir of S&C Completed Service Transformation plan. 2 Year plan on-going with review due Apr 15</p> <p>1b) Implement milestones in the Management and Leadership development service transformation plan, Dir People and Engagement, March 15</p> <p>2a) Implement Risk and Safety Team work plans, Dir S&C, March 15</p> <p>2b) Maintain and enhance the internal Inspections for improvement programme ensuring actions are completed Dir S&C, Mar 15</p> <p>2c) Implementation of Quality Governance action plan including actions arising from CQC inspections Dir S&C March 15.</p> <p>2d) Prepare for new system of CQC inspection introduced in Oct 2014 & review once inspection complete Dir S&C Dec 14 on-going for imminent inspection Jan 15</p> <p>2e) Fully embed performance and risk management processes including consistent application of processes to manage compliance. within departments and CBUs. Dir of Finance & Performance March 15</p> <p>2f) Sustain a robust document management process, Dir S&C Mar 15</p> <p>2g) Implement the Information Governance Work plan 2014/15, Dir S&C Mar 15</p>

STRATEGIC GOAL: HIGH PERFORMING – Q2 POSITION							
Ref No:	Strategic Objective 4: To provide services which exceed patient and commissioner expectations					Objective Owner: Director of Finance & Performance	
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. Loss of income due to inability to secure/retain service contracts, adversely influencing future service commissioning intentions</p> <p>NHSLA: 1: Governance</p> <p>CQC: 16: Assessing and monitoring the quality of service provision</p> <p>Executive Director of Finance & Performance</p>	4 x 4 = 16	4 x 3 = 12	4 x 2 = 8	<p>1) Major tender assurance process</p> <p>2) Weekly Contracting and Commissioning Team meetings</p> <p>3) PTS Transformation Programme</p> <p>4) Corporate Commercial team</p> <p>5) Coordination of Urgent Care Board representation</p> <p>6) Implementation of service line management</p> <p>7) Service Line management implemented in P&E</p> <p>8) Senior Managers contribute to regional and local improvement initiatives via Urgent Care Boards</p>	<p>1) Executive review at TEG and Finance and Investment Committee.</p> <p>2) Contractual KPI's in IPR – reported to TEG and Board.</p> <hr/> <p>1) Feedback from Commissioner meetings</p> <p>2) New business from Urgent Care Boards</p> <p>3) 14/15 contract settlements</p>	<p>1) Further work is needed to develop managerial and leadership capability and capacity</p> <p>2) There is a complex Commissioner landscape undergoing significant change and the Trust needs to ensure active engagement with new commissioners and other stakeholders</p> <p>3) Challenges to delivery of service performance in line with commissioner expectations in A&E, PTS and NHS 111.</p>	<p>1a) Complete the implementation of service line management and reporting in PTS and 111, Dir F&P, Sept 14 Plans for implementation reviewed, refreshed and new date agreed</p> <p>1b) Implement milestones in the Management and leadership development service transformation plan, Dir People and Engagement, March 15</p> <p>2a) Participate in national NHS 111+ pilots and prepare for new service spec Dir S&C Dec 14</p> <p>2d) Further work required to develop account manager role –Dir F&P date TBC</p> <p>3a) Deliver NHS 111 service optimisation programme. Dir S&C, March 15 Pilot of effective referral assessment to commence December 2014</p> <p>3b) Development of West Yorkshire Urgent Care model Dir S&C Further progress made on developing options for discussions with West Yorks Commissioners work continues in liaison with WY Commissioners in line with contract cycle – revised March 15</p> <p>3c) Deliver PTS service transformation plan. Dir F&P, March 15</p> <p>3d) Delivery of CQUINS across service lines. Dir S&C quarterly review with completion Mar 15</p>

STRATEGIC GOAL: ALWAYS LEARNING - Q2 POSITION							
Ref No:	Strategic Objective 5: To develop culture, systems and processes to support continuous improvement and innovation.					Objective Owner: Director of Standards & Compliance	
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>5a. Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes</p> <p>NHSLA: 1: Governance</p> <p>CQC: 16: Assessing and monitoring the quality of service provision</p> <p>Executive Director of Standards & Compliance</p>	5 x 4 = 20	5 x 2 = 10	5 x 2 = 10	<p>1) TEG approved approach to staff engagement</p> <p>2) Clinical Leadership programme agreed</p> <p>3) Programme management of Service Transformation Programme (STP)</p> <p>4) Quality Impact Assessment process in place</p> <p>5) CIP Monitoring Group and progress tracker in place</p> <p>6) CQUINS tracking through STP and IPR reports</p>	<p>1) Monthly IPR monitoring reports to TEG, Quality Committee (STP, dashboards)</p> <hr/> <p>1) Internal Audit report – CQUIN management</p>	<p>1) Further work is needed to develop managerial and leadership capability and capacity</p> <p>2) Programme management arrangements are at an early stage and need to be refined and fully embedded</p> <p>3) There is a need to develop management and staff engagement and accountability</p> <p>4) Service line management is not yet fully embedded</p>	<p>1b) Implement milestones in the Management and leadership development service transformation plan, Dir P&E, March 15</p> <p>2b) Implement milestones in updated Service Transformation Programme. Dir of S&C Mar 16</p> <p>2c) On-going delivery of Cost Improvement Programme, Dir of F&P, Mar 15</p> <p>3a) Implement milestones in the Staff Engagement Plan, Dir P&E, Sept 14 Contractor now appointed to conduct cultural audit. Roll out plan developed and steering group established. Revised date March 15 Local actions being undertaken in response to staff survey results completed.</p> <p>3b) Maintain management of positive Employee relations. Dir of P&E, Dec 14 Unison Agreement – completed</p> <p>4) On-going delivery of SLM and sustain Quality Impact Assessment of CIP Programmes, Dir of Finance & Performance, Mar 15</p>

STRATEGIC GOAL: ALWAYS LEARNING- Q2 POSITION							
Ref No:	Strategic Objective 5: To develop culture, systems and processes to support continuous improvement and innovation.					Objective Owner: Director of Standards & Compliance	
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>5b. Failure to learn from patient and staff experience and adverse events within the Trust or externally.</p> <p>NHSLA: 1: Governance 2: Learning from Experience</p> <p>CQC: 1: Respecting and involving people who use services 4: Care and welfare of people who use services 16: Assessing and monitoring the quality of service provision</p> <p>Exec Director of Standards & Compliance</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 in place.</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) Significant events and lessons learned reports to Trust Board, SMG, Quality Committee and other executive groups.</p> <p>2) Bi-weekly reports to incident review group</p> <hr/> <p>1) CQC assessment January 2013</p> <p>2) Internal Audit report on Lessons Learned showed significant assurance,</p> <p>3) Audit Committee and Board review of Francis report, April/May 13</p> <p>4) Board reports on learning from Hillsborough Independent Panel</p> <p>5) Deloitte quality governance review</p>	<p>1) Further work is needed to embed learning processes aligned to corporate systems, at departmental level throughout the Trust.</p> <p>2) Need to develop clinical audit capability</p> <p>3) Need to enhance investigation process</p> <p>4) Further work needed to support development of a professional caring culture.</p>	<p>1b) Gain assurance around effectiveness of processes Dir S&C March 15</p> <p>2a) Implement milestones in the annual clinical audit plan. Med Dir, March 15</p> <p>3a) Implement updated investigation skills training for managers. Dir S&C, Dec 14 Completed</p> <p>4b) Fully embed the clinical leadership framework, Dir of Ops. June 14 All actions completed but continue to monitor effectiveness through Quality Assurance processes and feedback</p> <p>4c) Implement clinical professional leadership and clinical supervision service transformation programme milestones. Med Dir, March 15</p>

STRATEGIC GOAL: ALWAYS LEARNING - Q2 POSITION							
Ref No:	Strategic Objective 6: To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future.					Objective Owner: Director of People & Engagement	
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>6a. Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.</p> <p>NHSLA: 3: Competent & Capable Workforce</p> <p>CQC 14: Supporting workers</p> <p>16: Assessing and monitoring the quality of service provision</p> <p>Exec Director of Operations</p>	4 x 3 = 12	4 x 1 = 4	4 x 1 = 4	<p>1) Clinical Quality Strategy and associated implementation plans signed off by Trust Board</p> <p>2) Appointment of clinical supervisors by robust process of recruitment and selection.</p> <p>3) Bradford University CL programme in place and staff are attending.</p> <p>4) Action plan developed and monitored via OMG</p>	<p>1) Performance reports to Quality Committee 5 times a year</p> <p>2) Quality Committee reports</p> <p>3) Annual Board level service line Quality Review</p>	<p>1) Lack of positive assurance from dashboard/staff feedback that the CLF is functioning consistently – resolved</p>	All actions completed
					<p>1) Bradford University CL programme evaluation</p> <p>2) Internal audit report into implementation of the clinical leadership framework with a number of recommendations arising</p> <p>3) CQC assessment identifying minor concerns</p>		

STRATEGIC GOAL: ALWAYS LEARNING – Q2 POSITION							
Ref No:	Strategic Objective 6: To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future.					Objective Owner: Director of People & Engagement	
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>6b. Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment and training requirements.</p> <p>NHSLA: 3 Competent & Capable Workforce</p> <p>CQC: 13 Staffing 14 Supporting workers 16 Assessing and monitoring the quality of service provision</p> <p>Executive Director of People & Engagement</p>	5 x 3 = 15	5 x 3 = 15	5 x 1 = 5	<p>1) Clear and prioritised business plan for People & Engagement Directorate to ensure staff focus on the key areas has been agreed.</p> <p>2) Agreed Workforce plan is agreed and in place.</p> <p>3) Continued focus and monitoring of the workforce plan requirements and delivery with UNISON through the Joint Steering Group meetings.</p> <p>4) Approved and costed Annual Education & Training Plan is agreed and in place.</p>	<p>1) Board level monitoring of progress via Integrated Performance Report and Quality Committee. PA</p> <p>2) STP/TEG/SMG monitoring of key post recruitment activity.</p> <p>3) Monitoring via Directorate Management Group.</p> <hr/> <p>1) Positive feedback from NHS employers' observers on value based recruitment process.</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>1a) deliver recruitment plan to fill A&E vacancies, Dir P&E, Continuing with revised timeline – Jan 15</p> <p>1b) Continued delivery of workforce plan managing pressures on recruitment across service lines. Dir P&E March 15</p> <p>2a) Manage on-going local employee relations with key unions. Dir P&E, March 15</p> <p>2b) Maintain positive employee relations during period of significant change both locally and nationally through implementation of milestones in the Staff Engagement Plan, Dir P&E, March 15</p> <p>2c) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. Dir P&E March 15</p> <p>3a) Implement annual agreed annual education and training plan. Dir P&E, March 15</p> <p>3b) Abstraction management and recruitment and training issues controlled on a weekly basis via HR and OE&E attendance at Operations Management Group meeting. Dir P&E March 15</p>

STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE - Q2 POSITION

Ref No:	Strategic Objective 7: To be at the forefront of healthcare resilience and public health.				Objective Owner: Director of Operations		
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>7a. Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.</p> <p>NHSLA: 5: Ambulance Services</p> <p>CQC: 16: Assessing and monitoring the quality of service provision</p> <p>Exec Director of Operations</p>	5 x 3 = 15	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) Monthly IPR to Board</p> <p>3) BC sessions delivered to Board Development meetings and reported monthly in IPR</p>	<p>1) All departmental business continuity plans need to be live tested</p> <p>2) Appropriate training programmes not completed</p>	<p>1a) Implement additional live test of key functions. Dir Ops, Sept 14 – Revised date April 15 Progress made against live testing plan but some key functions still outstanding. EOC loss of accommodation tested with lesson identified. – Jackdaw 1 Executive live test completed – Jackdaw.</p> <p>CAD live testing not yet completed due to risks identified with recent CAD failures.</p> <p>Telecoms live test completed with lessons identified</p> <p>2a) Delivery of relevant training requirements via annual Trust training plan. Dir Ops, March 15</p>

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	Internal Assurance	Action to Address Gaps and Timeframe	
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		Gaps in Controls and/or Assurances
8b. Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme. NHSLA: 1: Governance CQC: 16: Assessing and monitoring the quality of service provision Executive Director of Finance & Performance Executive Director of Standards & Compliance Executive Director of Operations	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) CIP and CQUIN programme management	1) Monthly review by the Board through Integrated Performance Report 2) F&I committee review 3) CIP group monitoring led by the CEO	1) Challenges to delivery of A&E Red performance 2) PTS transformation programme still in progress 3) Funding gap reduced but still significant following financial settlement for NHS 111	1a) Implement refreshed Red delivery and recovery plan Dir of Ops, May 14 work on-going New implementation date March 2015, with interim milestones and trajectories. 2a) Continue with PTS transformation programme and A&E operational effectiveness plan in order to ensure no deficit against financial outturn Dir F&P Mar 15 3a) Deliver NHS 111 cost improvement plan. Dir S&C March 15