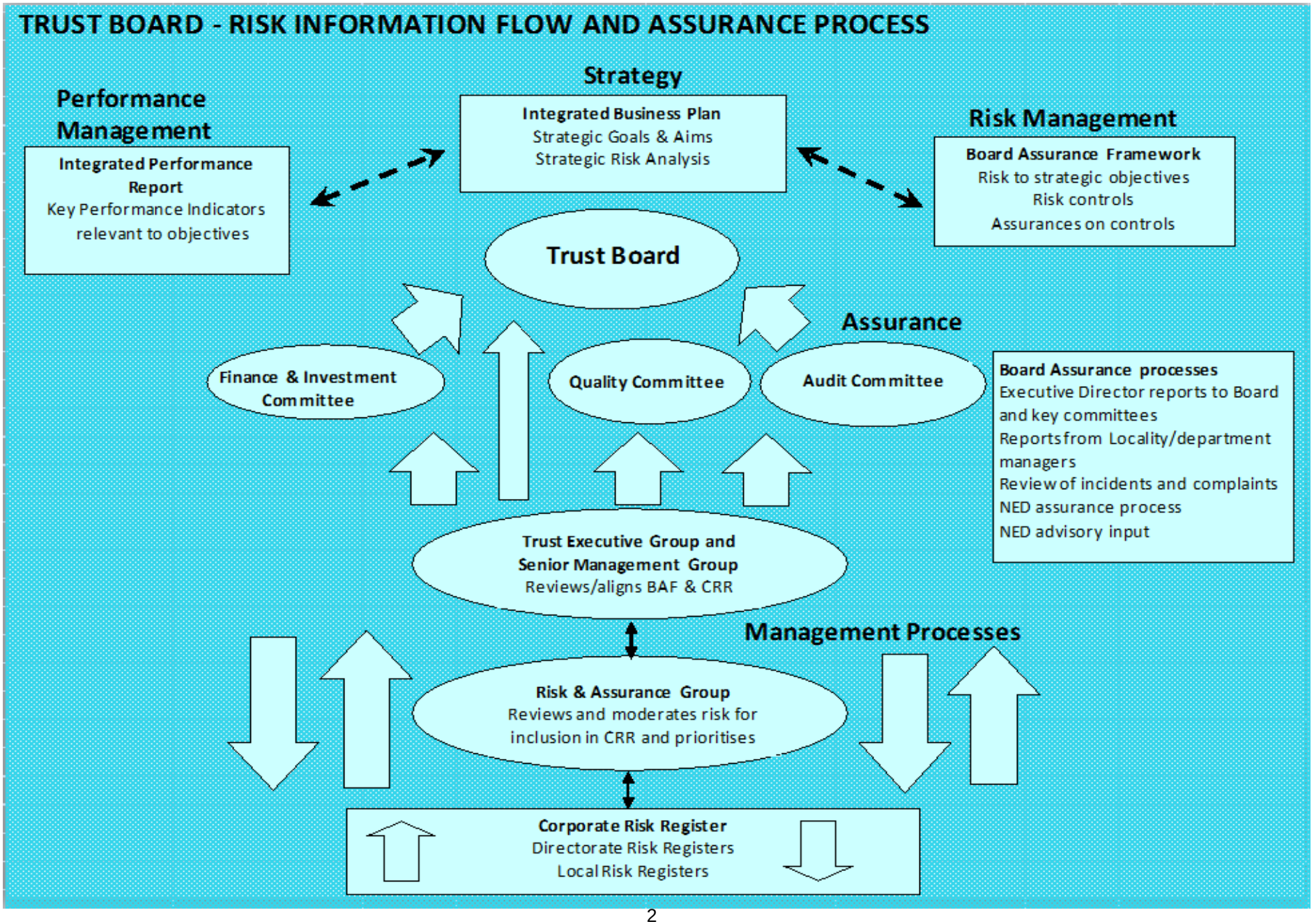
Yorkshire Ambulance Service NHS
NHS Trust
An Aspirant Foundation Trust

BOARD ASSURANCE FRAMEWORK

2014/2015 – March 2015


TRUST BOARD - RISK INFORMATION FLOW AND ASSURANCE PROCESS
Strategy
Integrated Business Plan
Strategic Goals & Aims
Strategic Risk Analysis
Performance Management
Integrated Performance Report
Key Performance Indicators relevant to objectives
Risk Management
Board Assurance Framework
Risk to strategic objectives
Risk controls
Assurances on controls
Trust Board
Assurance
Finance & Investment Committee
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Audit Committee
Board Assurance processes
Executive Director reports to Board and key committees
Reports from Locality/department managers
Review of incidents and complaints
NED assurance process
NED advisory input
Trust Executive Group and Senior Management Group
Reviews/aligns BAF & CRR
Management Processes
Risk & Assurance Group
Reviews and moderates risk for inclusion in CRR and prioritises
Corporate Risk Register
Directorate Risk Registers
Local Risk Registers

STRATEGIC GOALS AND OBJECTIVES

The Yorkshire Ambulance Service NHS Trust Board have identified, agreed and published the following Strategic Goals and Objectives for 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 since January 2015 iteration of the BAF

	Risk description	Change made this iteration
1a	Adverse clinical outcomes due to failure of reusable medical devices and equipment.	
2b	Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice	
3a	Inability to deliver performance targets and clinical quality standards.	**Updated:** 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 **Gap in assurance added 5 – and associated action** **Removed** 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 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
3b	Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust.	**Updated:** 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
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** **Gap in Assurance added 4 and associated action**
5a	Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	**Updated:** Maintain management of positive Employee relations. Dir of P&E, **Dec 14** **Unison Agreement – completed** **Gap in Assurance added 5 – and associated action**
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** **Gap in assurance resolved** 3) Need to enhance investigation process **Removed:** 3a) Implement updated investigation skills training for managers. Dir S&C, **Dec 14** **Completed**
6a	Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.	**Updated:** **Gap in Assurance reviewed and risk re-scored at 8** **New actions added:** 1c) Implement non-clinical support roles in A&E localities to release Clinical Supervisor time **Jan 2015** 1d) Monitor CBU Cs dashboards and implement local actions to ensure consistency of delivery across CBU **March 15** 1e) Complete review of CLF guidance documents **Jan 15**
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	**Update:** Implement additional live test of key functions. Dir Ops, **Sept 14 – Revised date April 15**

	and clinical outcomes due to significant events impacting on business continuity.	
8a	Failure to maximise opportunities to further develop urgent care services	**Updated :** 1b) Establish project plans for implementation of new service developments Medical Director , **Dec 14 Completed** Develop clear operating models and business cases for key service developments identified in the Urgent Care development Plan. Dir S&C **Dec 14 – completed** **1C** Pilot and development work continuing review **March 15** 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. **Dec 14 – revised date** 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 :** 1a) Develop clear operating models and business cases for key service developments identified in the Urgent Care development Plan. Dir S&C **Dec 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. Positive assurance provided to Quality Committee regarding processes for reviewing & embedding NIHCE guidance, and on current position of clinical audit plan.
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 improving but still 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. The national shortage of paramedics is impacting on Trust's abilities to deliver the planned level of qualified staff, with specific pressures in South and ABL CBUs. Adjustments to the workforce plan have been agreed to mitigate this.
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. The report for the January inspection is expected in April 2015.
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 111service & 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, and this will be strengthened for 2015.
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	⇔	8	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. Initial actions are now complete. A number of new supporting actions have been put in place.
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. Further work currently underway to refresh workforce plan for 2015. The national shortage of paramedics is impacting on Trust's abilities to deliver the planned level of qualified staff, with specific pressures in South and ABL CBUs. Adjustments to the workforce plan have been agreed to mitigate this.
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 was made in July/August in securing System Resilience group funding to support key urgent care initiatives and implementation of schemes has been taken forward over Winter 14/15. Discussions are currently ongoing as part of the contract process in relation to longer term support for the Winter developments.
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 will be required at end of Q4 after completion of the current round of contract negotiations.

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	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. Consideration being given to interim management cover

STRATEGIC GOAL: CONTINUALLY IMPROVING PATIENT CARE								
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	
Exec Lead/Risk Area	Initial	Current	Target		External Assurance			
2b. Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice NHSLA: 2: Learning from Experience 5: Ambulance Services 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 Exec Medical Director	4 x 3 = 12	4 x 2 = 8	4 x 1 = 4	1) Clinical audit procedural documents in place and assessed as Level 1 NHSLA compliant 2) Established audit team in place under the leadership of Head of Clinical Effectiveness 3) Processes for retrieval, scanning and verification of clinical data and records in place 4) Established reporting procedures and mechanism for Clinical Performance Indicators, and Ambulance Quality Indicators	1) Audit reports to NHS England (monthly) 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. 1) Internal Audit annual plan includes monitoring and audit of processes relating to clinical audit 2) Positive external audit opinion on audit account as part of the Quality Account	1) Time pressures on audit team to manage effectively 2) Functionality of scanning and verification software 3) Clinical audit is not embedded in everyday professional practice	1a) Implementation of ePRF project. Director of F&P **Sept 15** (NOTE: ePRF is a 2-year out project) 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. 2a) Review option to provide service out with YAS until ePRF in place. Med Director, **Mar 15** 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. 3b) Implement annual clinical audit plan. Med Director, **March 15** 3c) Implement milestones in clinical professional leadership and clinical supervision service transformation plan. Med Director, **March 15**	

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	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 AQI and CPI	1) Workforce skills and capacity not fully developed. 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 5) Risk to delivery of strategic objectives and stakeholder confidence arising from gaps or lack of continuity in composition of executive team	1a) On-going work to implement Workforce Strategy and Training Plan, Dir Workforce & Strategy, **March 15** 1b) revise our workforce plan to ensure that it meets the short to medium terms requirements, as well as being in line with our longer term strategic aspirations. **Dir Workforce & Strategy Feb 15** 1c) ORH have been commissioned to analyse the demand over the last 9 months and to produce indicative modelling for t the new workforce plan Dir ops **March 15** 1d) Additional Management Support to be provided for CBU's with specific pressures **Dir Ops Jan 15** - completed 1e) Agency Paramedics to be deployed in CBU's with specific pressures **Dir Ops Jan 15** - completed 1f) AP to Technician training to commence to train approx. 40 staff **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. 4a) Ensure delivery of milestones in the Performance improvement plan. Prog Dir **New implementation date March 2015, with interim milestones and trajectories.** 5) Internal interim arrangements to ensure continuity of strategic direction Appointment process for substantive position in liaison with TDA Wide engagement with TDA, commissioners and other stakeholders.

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	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
3b. Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSLA) due to inconsistent application across the Trust. NHSLA: 1: Governance CQC: 16: Assessing and monitoring the quality of service provision Exec Director of Standards & Compliance	5 x 2 = 10	5 x 2 = 10	5 x 1 = 5	1) Procedural documentation in place 2) Inspections for Improvement process agreed 3) Clinical Quality Strategy and implementation plan in place 4) Quality Governance plan agreed including review of Francis/Hard Truths recommendations 5) Information Governance plan and network of Information Asset Owners.	1) Compliance reports to Trust Board, SMG, and Quality 2) I4I Process positive findings from review 1) Internal audit report (SKL121111) re CQC compliance within CBU's. 2) CQC registration 3) IG Toolkit approved at Level 2 4) Deloitte and Internal Audit Quality Governance Assessment. 5) HSE inspection reports. 6) NHSLA L1 assessment (9/10/12) 7) AACE performance peer review report March 14. 8) CSU performance review April 14	1) There has been a historical under-investment in management and leadership development, particularly in relation to NHS quality requirements. 2) Further work is continuing to embed quality and compliance monitoring and action at departmental level throughout the Trust.	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 1b) Implement milestones in the Management and leadership development service transformation plan, Dir People and Engagement, **March 15** 2a) Implement Risk and Safety Team work plans, Dir S&C, **March 15** 2b) Maintain and enhance the internal Inspections for improvement programme ensuring actions are completed Dir S&C, **Mar 15** 2c) Implementation of Quality Governance action plan including actions arising from CQC inspections Dir S&C **March 15**. 2d) Prepare for new system of CQC inspection introduced in Oct 2014 & review once inspection complete Dir S&C **Dec 14** completed for Jan inspection 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** 2f) Sustain a robust document management process, Dir S&C **Mar 15 complete but new risk around archiving** 2g) Implement the Information Governance Work plan 2014/15, Dir S&C **Mar 15 complete internal audit reviewing IG toolkit – significant assurance**

STRATEGIC GOAL: HIGH PERFORMING							
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		
4a. Loss of income due to inability to secure/retain service contracts, adversely influencing future service commissioning intentions NHSLA: 1: Governance CQC: 16: Assessing and monitoring the quality of service provision Executive Director of Finance & Performance	4 x 4 = 16	4 x 3 = 12	4 x 2 = 8	1) Major tender assurance process 2) Weekly Contracting and Commissioning Team meetings 3) PTS Transformation Programme 4) Corporate Commercial team 5) Coordination of Urgent Care Board representation 6) Implementation of service line management 7) Service Line management implemented in P&E 8) Senior Managers contribute to regional and local improvement initiatives via Urgent Care Boards	1) Executive review at TEG and Finance and Investment Committee. 2) Contractual KPI's in IPR – reported to TEG and Board. 1) Feedback from Commissioner meetings 2) New business from Urgent Care Boards 3) 14/15 contract settlements	1) Further work is needed to develop managerial and leadership capability and capacity 2) There is a complex Commissioner landscape undergoing significant change and the Trust needs to ensure active engagement with new commissioners and other stakeholders 3) Challenges to delivery of service performance in line with commissioner expectations in A&E, PTS and NHS 111. 4) Risk to delivery of strategic objectives and stakeholder confidence arising from gaps or lack of continuity in composition of executive team	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 **for 15/16 transformation programme** 1b) Implement milestones in the Management and leadership development service transformation plan, Dir People and Engagement, **March 15** 2a) Participate in national NHS 111+ pilots and prepare for new service spec Dir S&C **Dec 14 completed and phase 2 pilots agreed** 2d) Further work required to develop account manager role –Dir F&P date TBC interim arrangements developed to cover key commissioner forums 3a) Deliver NHS 111 service optimisation programme. Dir S&C, **March 15 Pilot of effective referral assessment commenced December 2014 for evaluation prior to year end** 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** 3c) Deliver PTS service transformation plan. Dir F&P, **March 15** 3d) Delivery of CQUINS across service lines. Dir S&C **quarterly review with completion Mar 15** 4) Internal interim arrangements to ensure continuity of strategic direction Appointment process for substantive position in liaison with TDA Wide engagement with TDA, commissioners and other stakeholders. **Mar 15**

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 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		
5a. Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes NHSLA: 1: Governance CQC: 16: Assessing and monitoring the quality of service provision Executive Director of Standards & Compliance	5 x 4 = 20	5 x 2 = 10	5 x 2 = 10	1) TEG approved approach to staff engagement 2) Clinical Leadership programme agreed 3) Programme management of Service Transformation Programme (STP) 4) Quality Impact Assessment process in place 5) CIP Monitoring Group and progress tracker in place 6) CQUINS tracking through STP and IPR reports	1) Monthly IPR monitoring reports to TEG, Quality Committee (STP, dashboards) 1) Internal Audit report – CQUIN management	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 4) Service line management is not yet fully embedded 5) Risk to delivery of strategic objectives and stakeholder confidence arising from gaps or lack of continuity in composition of executive team	1b) Implement milestones in the Management and leadership development service transformation plan, Dir P&E, **March 15** 2b) Implement milestones in updated Service Transformation Programme. Dir of S&C **Mar 16** 2c) On-going delivery of Cost Improvement Programme, Dir of F&P, **Mar 15** 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. 3b) Maintain management of positive Employee relations. Dir of P&E, **Dec 14** **Unison Agreement – completed** **Following decision to move to multi union recognition arrangement work will be undertaken to formalise new consultative arrangements – may 15** 4) On-going delivery of SLM and sustain Quality Impact Assessment of CIP Programmes, Dir of Finance & Performance, **Mar 15** 5) Internal interim arrangements to ensure continuity of strategic direction Appointment process for substantive position in liaison with TDA Wide engagement with TDA, commissioners and other stakeholders. **Mar 15**

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 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		
5b. Failure to learn from patient and staff experience and adverse events within the Trust or externally. NHSLA: 1: Governance 2: Learning from Experience 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 Exec Director of Standards & Compliance	4 x 2 = 8	4 x 2 = 8	4 x 1 = 4	1) Involvement in Health Watch and other patient groups 2) Incident, complaints and claims reporting policies and lessons learned processes in place. 3) Incident review group disseminates learning around lessons learned via clinical updates 4) Clinical case review process in place 5) Trust has support from an expert patient attending key Committees 6) Process for review of external inquiries and reports in place 7) Process for learning from Healthcare professional feedback in place (e.g. 111 online feedback form) 8) Risk management software systems are in place in support of the learning process	1) Significant events and lessons learned reports to Trust Board, SMG, Quality Committee and other executive groups. 2) Bi-weekly **reports** to incident review group 1) CQC assessment January 2013 2) Internal Audit report on Lessons Learned showed significant assurance, 3) Audit Committee and Board review of Francis report, April/May 13 4) Board reports on learning from Hillsborough Independent Panel 5) Deloitte quality governance review	1) Further work is needed to embed learning processes aligned to corporate systems, at departmental level throughout the Trust. 2) Need to develop clinical audit capability 4) Further work needed to support development of a professional caring culture.	1b) Gain assurance around effectiveness of processes Dir S&C March 15 2a) Implement milestones in the annual clinical audit plan. Med Dir, **March 15** 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 4c) Implement clinical professional leadership and clinical supervision service transformation programme milestones. Med Dir, **March 15**

STRATEGIC GOAL: ALWAYS LEARNING							
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		
6a. Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework. NHSLA: 3: Competent & Capable Workforce CQC 14: Supporting workers 16: Assessing and monitoring the quality of service provision Exec Director of Operations	4 x 3 = 12	4 x2 = 8	4 x1= 4	1) Clinical Quality Strategy and associated implementation plans signed off by Trust Board 2) Appointment of clinical supervisors by robust process of recruitment and selection. 3) Bradford University CL programme in place and staff are attending. 4) Action plan developed and monitored via OMG	1) Performance reports to Quality Committee 5 times a year 2) Quality Committee reports 3) Annual Board level service line Quality Review 1) Bradford University CL programme evaluation 2) Internal audit report into implementation of the clinical leadership framework with a number of recommendations arising 3) CQC assessment identifying minor concerns	1) Lack of positive assurance from dashboard/staff feedback that the CLF is functioning consistently – resolved	1c) Implement non-clinical support roles in A&E localities to release Clinical Supervisor time **Jan 2015 Dir Ops. Some roles in place interim/pilot for evaluation** 1d) Monitor CBU CS dashboards and implement local actions to ensure consistency of delivery across CBU **March 15** 1e) Complete review of CLF guidance documents **Jan 15** Dir People and Engagement – draft produced and circulated

STRATEGIC GOAL: ALWAYS LEARNING							
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		
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. NHSLA: 3 Competent & Capable Workforce CQC: 13 Staffing 14 Supporting workers 16 Assessing and monitoring the quality of service provision Executive Director of People & Engagement		5 x 3 = 15	5 x 3 = 15	5 x 1 = 5	1) Clear and prioritised business plan for People & Engagement Directorate to ensure staff focus on the key areas has been agreed. 2) Agreed Workforce plan is agreed and in place. 3) Continued focus and monitoring of the workforce plan requirements and delivery with UNISON through the Joint Steering Group meetings. 4) Approved and costed Annual Education & Training Plan is agreed and in place.	1) Board level monitoring of progress via Integrated Performance Report and Quality Committee. PA 2) STP/TEG/SMG monitoring of key post recruitment activity. 3) Monitoring via Directorate Management Group. 1) Positive feedback from NHS employers' observers on value based recruitment process.	1) Potential for inadequate candidates of sufficient quality to deliver the required numbers to achieve 100% establishment levels within A&E. 2) Local or national industrial action affects the reputation of the Trust as an employer. 3) Enhanced abstraction rates required to be monitored in order to ensure levels for training are delivered by the Operations Directorate.	1a) deliver recruitment plan to fill A&E vacancies, Dir P&E, **Continuing with revised timeline – Jan 15 initial action complete but will need to be revised in line with new workforce plan and ORH report** 1b) Continued delivery of workforce plan managing pressures on recruitment across service lines. Dir P&E **March 15 as above** 2a) Manage on-going local employee relations with key unions. Dir P&E, **March 15 re previous action** 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** 2c) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. Dir P&E **March 15** 3a) Implement annual agreed annual education and training plan. Dir P&E, **March 15** 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**

STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE							
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		
7a. Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity. NHSLA: 5: Ambulance Services CQC: 16: Assessing and monitoring the quality of service provision Exec Director of Operations	5 x 3 = 15	5 x 2 = 10	5 x 1 = 5	1) Range of risk assessments in support of Resilience plans 2) Business Continuity Plans monitored and reviewed annually and exercised periodically 3) All MAJAX/Specific resilience plans undergo a testing schedule and effectiveness is monitored 4) BC Resilience Board meets regularly to review BC planning	1) Monitoring of business continuity plans in Executive groups. 2) Monthly IPR to Board 3) BC sessions delivered to Board Development meetings and reported monthly in IPR 1) 20 Business Continuity Plans live tested, and deemed efficient. (e.g. Osprey) 2) Winter plans agreed with NHS England, Trust Development Agency and Clinical Commissioners Groups 3) ISO Accreditation Process 4) National command training/Jesip benchmarking	1) All departmental business continuity plans need to be live tested 2) Appropriate training programmes not completed	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. CAD live testing not yet completed due to risks identified with recent CAD failures. Telecoms live test completed with lessons identified 2a) Delivery of relevant training requirements via annual Trust training plan. Dir Ops, **March 15**

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	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
8a Failure to maximise opportunities to develop urgent care services NHSLA: 1: Governance 5: Ambulance Services CQC: 16: Assessing and monitoring the quality of service provision Exec Director of Standards & Compliance	5 x 3 = 15	5 x 3= 15	5 x 1 = 5	1) Urgent care development plan in place 2) Urgent care steering group and programme management as part of service transformation programme 3) Business case development for key service developments 4) Support from the Corporate Commercial/Business development team is in place	1) Established contract monitoring arrangements 2) Bi-monthly monitoring by Quality Committee and Finance & Investment Committee 3) Review via TEG (Service Transformation)	1) Urgent care service development plans are still in early stage of development 2) There is a complex Commissioner landscape undergoing significant change and the Trust needs to ensure active engagement with new commissioners and other stakeholders 3) Further work is required to support development of the workforce in line with changing urgent care requirements	1b) Establish project plans for implementation of new service developments Medical Director , **Dec 14 Completed** 1c) Participate in national NHS 111+ pilots and prepare for new service spec Dir S&C **Dec 14** Pilot and development work continuing review **March 15** 2d) Further work required to develop account manager role –Dir F&P date TBC 2b) 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. Engagement through contract negotiations and emerging networks** 3a) Implement agreed milestones in Paramedic Pathfinder plan. Med Dir **March 15** 3b) 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. **Dec 14**

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	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
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**