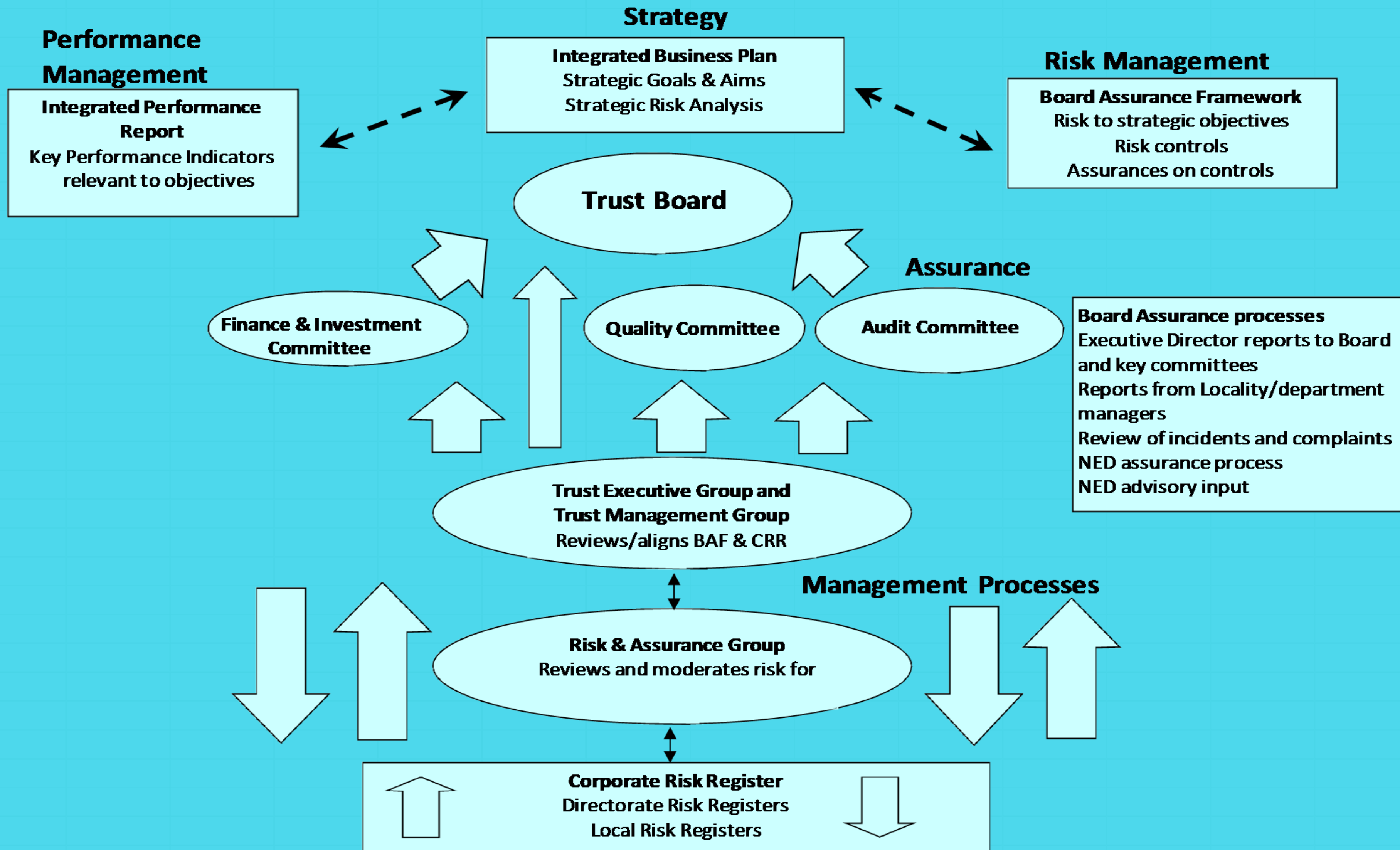
Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

BOARD ASSURANCE FRAMEWORK

2015/2016 – May 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
Quality Committee
Audit Committee
Board Assurance processes
Executive Director reports to Board and key committees
Reports from Locality/department managers
Review of incidents and complaints
NED assurance process
NED advisory input
Trust Executive Group and Trust Management Group
Reviews/aligns BAF & CRR
Management Processes
Risk & Assurance Group
Reviews and moderates risk for
Corporate Risk Register
Directorate Risk Registers
Local Risk Registers

STRATEGIC GOALS AND OBJECTIVES

The Yorkshire Ambulance Service NHS Trust Board have identified, agreed and published the following Strategic Goals and Objectives for 2015/2016. They form the basis of the Trust's Integrated Business Plan 2012-2017 and the Annual Business Plan for 2015/16.

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: 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) Quarterly reports to TMG 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 3) Robust local management processes	1a) Develop current procedural documents specific to the Medical Engineering Department (MED) Dir F&P **September 2015** 1b) Develop new MED Standard Operating Procedures (SOP) Dir F&P **September 2015** 1c) Develop MED management systems and processes Dir F&P **September 2015** 2a) Complete department restructure process. Dir F&P **September 2015** 2b) Develop the competence of all MED staff to meet Trust and regulatory standards Dir F&P **March 2016** 2c) Develop an effective communication process to inform and educate staff Dir F&P **September 2015** 3a) Develop Health & Safety Culture and Practice Dir F&P **September 2015** 3b) Develop local risk management process and practice Dir F&P **July 2015** 3c) Develop performance management framework Dir F&P **September 2015** 3d) Develop an assurance framework Dir F&P **September 2015**

<table>
<tr><th colspan="9">STRATEGIC GOAL: HIGH PERFORMING</th></tr>
<tr><th>Ref No:</th><th colspan="6">Strategic Objective 3: To provide clinically effective services which exceed regulatory and legislative standards</th><th colspan="2">Objective Owner: Director of Standards & Compliance</th></tr>
<tr><th>Principal Risk Ref No:</th><th colspan="3">Risk Score</th><th rowspan="2">Key Controls</th><th>Internal Assurance</th><th rowspan="2">Gaps in Controls and/or Assurances</th><th colspan="2" rowspan="2">Action to Address Gaps and Timeframe</th></tr>
<tr><th>Exec Lead/Risk Area</th><th>Initial</th><th>Current</th><th>Target</th><th>External Assurance</th></tr>
<tr><td rowspan="2">3a. Inability to deliver performance targets and clinical quality standards in A&E Operations

NHSLA:
1: Governance

CQC:
16: Assessing and monitoring the quality of service provision

Exec Director of Operations</td><td rowspan="2">5 x 3 = 15</td><td rowspan="2">5 x 5 = 25</td><td rowspan="2">5 x 2 = 10</td><td rowspan="2">1) Major trauma project completed and processes in place

2) On-going recruitment, education and training as part of the Workforce Strategy and Plan.

3) AQIs and CPI's developed with national benchmarking

4) 2015/16 Training Programme agreed and established

5) Service Delivery and performance recovery plan in place and monitored

6) Spring into Action initiative

7) Early warning indicators developed and monitored

8) Operational improvement plan</td><td>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</td><td rowspan="2">1) Lack of alignment between resources and demand

2) inefficiencies in management of resources

3) workforce staffing and capacity not fully developed in line with service need

4) potential for implementation of further measures to support performance</td><td colspan="2" rowspan="2">1a) 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 June 15

1b) Implement work programme arising from ORH modelling and Trust review Dir Ops March 16

2a) Complete review undertaken by planning forum Dir Ops Sept 15

2b) Implement recommendations to improve planning cycle Dir Ops March 16

3a) On-going work to implement Workforce Strategy and Training Plan, Dir Workforce & Strategy, June 15

3b) 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 P&E June 15

3c) AP to Technician training to commence to train approx. 40 staff Dir Workforce & Strategy May 15

3d) Review and implement Clinical Leadership Framework to include scope of practice for new roles , Dir of Ops, Medical Dir. Tbc following review by Dir Ops

4a) Enhanced NHS 111 clinical intervention to reduce 999 referrals Dir S&C July 2015
4b) Fire co-responder schemes Dir Ops July 2015
4c) Staff responder scheme Dir Ops Dec 2015
4d) Increase number of static defibrillators Dir Ops March 16
4e) Ensure delivery of milestones in the Performance improvement plan. Prog Dir New implementation date June 15, with additional milestones and trajectories.
4f) Continue with Service Transformation Plan, Dir S&C, March 16</td></tr>
<tr><td>1) CQC Registration

2) Internal Audit review of training rated as substantial assurance.

3) NHS England positive benchmarking of AQI and CPI
4) Weekly national benchmarking</td></tr>
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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.	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 15/16 and implement new Clinical Quality Strategy and implementation plan. Implement Service Transformation Programme, Dir of S&C **March 16** 1b) Implement milestones in the Management and leadership development service transformation plan, Dir People and Engagement, **March 16** 2a) Implement Risk and Safety Team work plans and ensure risk management processes are fully embedded in service lines Dir S&C, **March 16** 2b) Maintain and enhance the internal Inspections for improvement programme ensuring actions are completed Dir S&C, **Aug 15** 2c) Implementation of Quality Governance action plan including actions arising from CQC inspections Dir S&C **Dependant on production of report from CQC** 2d) Review and implement refined performance management processes for all service lines Dir of Finance & Performance **July 15** 2e) Sustain a robust document management process, including records management Dir S&C **Dec 15** 2f) Implement the Information Governance Work plan 2015/16, Dir S&C **Mar 16complete internal audit reviewing IG toolkit**

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: / Exec Lead/Risk Area	Risk Score: Initial	Current	Target	Key Controls	Internal Assurance / External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
4a. Loss of income due to inability to secure/retain service contracts, and challenge to the delivery of Trust strategy within the constraints of the wider commissioning system. 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	Internal: 1) Executive review at TEG and Finance and Investment Committee. 2) Contractual KPI's in IPR – reported to TEG and Board. External: 1) Feedback from Commissioner meetings 2) New business from Urgent Care Boards 3) 15/16 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) Further work is required to support development of the workforce in line with changing urgent care requirements	1a) Complete the implementation of service line management and reporting in PTS,111 and A&E - CEO, Plans for implementation reviewed, refreshed and new date agreed **for 15/16 transformation programme March 16** 1b) Implement milestones in the Management and leadership development service transformation plan, Dir People and Engagement, **March 16** 2a) Further work required to develop account manager role –Dir F&P date TBC interim arrangements developed to cover key commissioner forums 2b)Further work with commissioners to develop alignment strategies for urgent and emergency care and ongoing communication and engagement plan - CEO and Commissioners 3a) Deliver NHS 111 service optimisation programme. Dir S&C, **March 16** 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 June 15** 3c) Deliver PTS service transformation plan. Dir F&P, **March 16** 3d) Implement A&E performance improvement plan Dir Ops **Mar 16 (see Risk 3a)** 3e) Delivery of CQUINS across service lines. Dir S&C **quarterly review with completion Mar 16** 4a) Implement agreed milestones in Paramedic Pathfinder plan. Med Dir **March 15** 4b) Develop scope of practice, revised role descriptions and education plans for ECPs and Advanced Paramedic roles based on national guidance. Med Dir, **Sept 15**

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: / Exec Lead/Risk Area	Risk Score			Key Controls	Internal Assurance / External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target				
4b. Inability to implement PTS transformation programme resulting in loss of income due to failure to secure/retain service contracts NHSLA: 1: Governance CQC: 16: Assessing and monitoring the quality of service provision Chief Executive Officer	4 x 4 = 16	4 x 3 = 12	4 x 2 = 8	1) PTS transformation programme management board 2)Programme Darwin 3)Revised PTS Leadership model 4) Revised Financial business case 5) Design of Future Operating Model	Internal: 1) Executive review at TEGT and Finance and Investment Committee. 2) Contractual KPI's in IPR – reported to TEG and Board. External: 1) External consultancy Review 2) Commissioner meetings and contract settlements	1) Further work is needed to develop clarity around leadership capability and capacity 2) Future operating model needs to deliver financial business case to ensure future viability of service 3) Disconnect between outcomes and accountability 4) Lack of technology and specialist skills	1a) Recruitment process for Head of PTS – CEO **July 2015** 1b) Implementation of leadership development programme Dire P&E **March 16** 2a) Implementation of desired service model CEO **March 16** 3a) Implement a performance management framework in line with new structure Dir F&P **March 16** 4a) Identify future leaders and develop capabilities CEO **March 16** 4b) Implement new telematics CEO **July 2016**

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: Exec Lead/Risk Area	Risk Score Initial	Current	Target	Key Controls	Internal Assurance External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
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	4 x 4 = 16	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	1a) Implement initiatives in corporate workstream of STP CEO **March 16** 1b) Implement milestones in the Management and leadership development service transformation plan, Dir P&E, **March 16** 2a) Implement revised STP and ensure resources are targeted at priority areas to support effective programme management. Dir of S&C **Sept 15** 2b) On-going delivery of Cost Improvement Programme, with oversight through CIP management Group Dir of F&P, **Mar 16** 3a) Implement milestones in the Staff Engagement Plan, Dir P&E **Sept 15** 3b) Maintain management of positive Employee relations. Following decision to move to multi union recognition arrangement work will be undertaken to formalise new consultative arrangements Dir P&E **May 15** 3c) Undertake Cultural Audit and implement recommendations to improve employee engagement Dir P&E **Aug 15** 4) Complete delivery of SLM and sustain Quality Impact Assessment of CIP Programmes, Dir of Finance & Performance, **Mar 16**

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: / Exec Lead/Risk Area	Risk Score: Initial	Current	Target	Key Controls	Internal Assurance / External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
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, TMG, Quality Committee and other executive groups. 2) Bi-weekly **reports** to incident review group --- 1) CQC assessment January 2015 (awaiting feedback report) 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, to reflect priorities around service delivery. 2) Need to develop clinical audit capability 3) Further work needed to support development of a professional caring culture. 4) Improvement to complaints response times required to ensure that actions and learning and are implemented in a timely way	1a) Refine performance review meetings to give greater assurance on learning process in service lines Dir S&C, Dir F&P **July 15** 1b) Implement Risk Management plan in combination with Safety and Risk workplans. Dir S&C **March 16** 1c) Implement Learning from Internal Audit reports Dir S&C **March 16** 1d) Build on the Safety Improvement Plan in Sign up to Safety pledges and develop Safety Improvement Fellows to support and disseminate learning Dir S&C **March 16** 2a) Implement milestones in the annual clinical audit plan. Med Dir, **March 16** 3a) Fully embed the clinical leadership framework, Dir of Ops. **TBC following review by Dir Ops** 3b) Implement clinical professional leadership and clinical supervision service transformation programme milestones. Med Dir, **June 15** 4a) Review of KPI's within Patient Relations Dir S&C **May 15** 4b) Response time improvement plan to be implemented Dir S&C **Sept 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: Exec Lead/Risk Area	Risk Score Initial	 Current	 Target	Key Controls	Internal Assurance External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
5c.Insuffient alignment and responsiveness of corporate support services to operational service requirements NHSLA: 1: Governance 4: Safe Environment CQC: 10: Safety and suitability of premises 11: Safety, availability and suitability of equipment 16: Assessing and monitoring the quality of service provision Exec Director of Finance and Performance	4 x 4 = 16	4 x 4 = 8	4 x 1 = 4	1) Procedural documents in place 2) Incident, complaints and claims reporting policies and lessons learned processes in place. 3) Vehicle and equipment procurement and roll out processes in place 4) Risk management software systems are in place in support of the learning process 5) Inspections for Improvement process in place 6) Fleet replacement programme 7) Hub and Spoke / Make Ready programme 8) HR and Finance business partner working model. 9) Service transformation programme	1) Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups. 2) Estates Board monitoring of Capital Fleet and Equipment group --- 1) Assurance gained from Internal Audit findings 2014 whilst recognising the limited assurance of audits into the following • Vehicle Safety and Cleaning • Management of Tenancies • Facilities Management and repairs and maintenance 2) Internal Audit plan 2015/16	1) Systematic engagement process between support services and operational service lines needs further development 2) Fleet and Estates alignment to operational requirements. 3) Monitoring and record keeping in relation to management of tenancies 4) Use of Planet Facilities Management (FM) functionality, routine inspection checks of buildings and quality of works completed, end user feedback.	1a) Implementation of Service Line Management Service Transformation workstream with cross department representation Dir F&P **March 16** 1b) New ways of working to be implemented across Standards and Compliance Directorate to closer align with operational structures Dir S&C **July 2015** 1c) New starter process review being undertaken to identify areas of improved efficiency to support operational services Dir P&E **July 2015** 1d) Workforce planning process underway as co-production with operational services and HR Dir P&E **Sept 2015** 1e) implementation of ICT work streams of transformation plan Dir F&P **March 2016** 2a) Vehicle preparation programme to be implemented Dir Ops **July 2015** 2b) Support services customer survey and follow up action plans to be implemented CEO **Dec 2015** 3) New process for monitoring of tenancies to be implemented Dir F&P **June 2015** 4) New FM processes to be implemented Dir F&P **March 2016**

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: Exec Lead/Risk Area	Risk Score			Key Controls	Internal Assurance External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target				
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	**Internal:** 1) Performance reports to Quality Committee 5 times a year 2) Quality Committee reports 3) Annual Board level service line Quality Review **External:** 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 14/15 – awaiting report from inspection Jan 15	1) Lack of positive assurance from dashboard/staff feedback that the CLF is functioning consistently – resolved Awaiting feedback report from CQC	1a) Implement non-clinical support roles in A&E localities to release Clinical Supervisor time and evaluate effectiveness Dir Ops **Sept 15** 1b) Monitor CBU CS dashboards and implement local actions to ensure consistency of delivery across CBU Dir Ops **March 16** 1c) Complete review of CLF guidance documents following production and circulation of draft Dir P&E **Sept 15** 1d) Review of clinical supervision model Dir Ops **Sept 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		
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) Workforce plan in place. 3) Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings. 4) Approved and costed Annual Education & Training Plan is in place.	1) Board level monitoring of progress via Integrated Performance Report and Quality Committee. PA 2) STP/TEG/TMG 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. 4) National Paramedic shortage impacting on recruitment and retention issues	1a) Deliver recruitment plan in line with workforce plan and ORH report Dir P&E, **Sept 15** 2a) Manage on-going local employee relations with key unions. Dir P&E, **May 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 16** 2c) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. Dir P&E **March 16** 2d) Revised JSG constitution agreed Dir P&E **Aug 15** 3a) Implement annual agreed annual education and training plan. Dir P&E, **March 16** 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 16** 4a) Work with HE and LETB to maximise opportunities to recruit Dir P&E **March 16** 4b) Review of skill mix and creation of new roles in line with workforce plan and staffside engagement Dir P&E **June 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: Exec Lead/Risk Area	Risk Score Initial	 Current	 Target	Key Controls	Internal Assurance External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
6c Challenge to delivery of key objectives due to ineffective staff engagement NHSLA: 3 Competent & Capable Workforce CQC: 13 Staffing 14 Supporting workers Executive Director of People & Engagement	5 x 3 = 15	5 x 3 = 15	5 x 1 = 5	1) Communications systems and processes 2) Listening Watch programme 3) Whistleblowing and raising concerns processes 4) Clinical Leadership framework 5) Staff-side multi-union agreement 6) engagement strategy	1) Board level monitoring of staff feedback through incident reporting, whistleblowing and Annual Staff Survey 2) Joint Steering Group Meeting 1) Annual Staff survey 2) In-depth staff questionnaire and evaluation by Zeal	1) Local or national industrial action affects the reputation of the Trust as an employer. 2) There is a need to develop management and staff engagement and accountability 3) Processes to support 'Freedom to Speak Up'	1a) Manage on-going local employee relations with key unions. Dir P&E, **May 15 re previous action** 1b) 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 16** 1c) Maintain current intelligence on national issues and ensure well-developed business continuity and resilience plans in place. Dir P&E **March 16** 1d) Implement agreed course of training for Managers and Staff side representatives from ACAS. Dir P&E **June 15** 2a) Implement milestones of staff engagement plan Dir P&E **Sept 15** 2b) Review of transformation programme CEO & Dir P&E **Sept 15** 3a) Options appraisal to be reviewed by task and finish group to ensure effective solution for YAS. Dir S&C **Dec 15** 3b) Implement recommendations of task and finish group Dir S&C **March 16**

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, **April 16** 2a) Delivery of relevant training requirements via annual Trust training plan. Dir Ops, **March 16**

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. 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 1) 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 **June 15** 2a) Continue with PTS transformation programme and A&E operational effectiveness plan in order to ensure no deficit against financial outturn Dir Ops & CEO **Mar 16** 3a) Deliver NHS 111 cost improvement plan. Dir S&C **March 16**