



Governance Handbook

Date: April 2019



Governance Handbook

Purpose

This document describes the high level governance arrangements that apply within the Trust. The document should be read in conjunction with the Trust's Standing Orders and Standing Financial Instructions.

The document is intended as a reference guide for directors, managers and other staff of the Trust, and for external stakeholders with an interest in the governance arrangements in place within the Trust. The handbook does not provide an exhaustive record of all governance activity.

Document Control

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This document is for general information both internally and externally.

Distribution:

Unrestricted circulation, including via:

- Intranet
- Internet

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Appendix 1 – Designated statutory lead roles within the Trust

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1. INTRODUCTION

- 1.1 This handbook is a tool to inform and support the board of directors, senior managers and all staff in the application of the Trust's governance arrangements. It brings together a range of corporate governance information to facilitate ease of reference and to provide a clear picture of the interfaces between different elements of the system.
- 1.2 The document describes the current governance arrangements, which have been developed through an annual review process and in response to the national Well Led framework, other emerging national guidance and best practice and the changing health and social care landscape at regional and local level. This process of learning and development will be maintained to ensure that our arrangements are optimised to support the delivery of our strategic goals.

2. PRINCIPLES & VALUES

- 2.1 The NHS Constitution sets out the principles and values that guide how the NHS should act and make decisions.
- 2.2 YAS has also developed its own Purpose, Vision and Values aligned to the NHS Constitution, and refined through extensive consultation with staff. These are summarised in Figure 1 below (further detail of the Trust strategy and associated enabling strategies is available on the Trust intranet☺)

Yorkshire Ambulance Service Strategy

Figure 1 – Overview of Trust strategy



The key priorities in our strategy are to:

1. Deliver the best possible response for each patient, first time

- Development and introduction of the fleet and staffing changes to support the Ambulance Response Programme (ARP)
- Securing the NHS 111/Integrated Urgent Care contract and expansion of clinical advice and direct booking into primary care services
- Non-Emergency Patient Transport Service Strategy for outpatient transport, patient flow and wider total transport agenda
- Development of new enhanced Community First Responder roles
- Roll-out of Making Every Contact Count across frontline staff.

2. Attract, develop and retain a highly skilled, engaged and diverse workforce

- ***Culture and Leadership*** – through effective leadership develop a positive and inclusive culture
- ***Recruitment, Retention and Resourcing*** – attract and retain the right people, to do the right things at the right time
- ***Employee ‘Voice’*** – listen, engage and respond to our staff to make them feel truly valued
- ***Health and Wellbeing*** – create a healthy working environment to enable staff to perform to their best
- ***Education and Learning*** – ensure our staff have the right skills, competencies, attitudes and behaviours.

3. Equip our people with the best tools, technology and environment to support excellent outcomes

- Trust-wide roll-out of ePR
- Access to health care records, Directory of Services and single YAS care record
- Roll-out of handheld devices/video consultation capability
- Hub and Spoke/Ambulance Vehicle Preparation
- Improve efficiency of medicines management and internal logistics
- Use technology to enable back office efficiencies.

4. Embed an ethos of continuous improvement and innovation that has the voice of patients, communities and people at its heart

- Delivery of QI strategy – Expansion of Fellows, QI Community and standardised approach to improvement
- Implementation of Zero Clinical Harm plan
- Learning from events and best practice examples
- Delivery of the research strategy
- Learning from our patients and communities to improve how we engage and provide support.

5. Be a respected and influential system partner, nationally and regionally

- Supporting the development of services and care pathways within Integrated Care Systems and local communities
- Support the reconfiguration of hospital services
- Utilising our system intelligence capabilities to support population health analytics
- Engaging and influencing the development of the Ambulance Improvement Programme
- Participation in national ambulance work programmes led by NHS Improvement and NHS England
- Further collaboration with Northern Ambulance Alliance (NAA) trusts – NEAS, NWS and EMAS.

6. Create a safe and high performing organisation based on openness, ownership and accountability

- Implementation of new performance management and accountability frameworks
- Embed our approach to team-based working across operational areas
- Strengthen our safety culture, through delivery of the Zero Avoidable Clinical Harm workstreams
- Become fully compliant with EPRR governance framework.

7. Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding

- Delivery of a financial surplus – ensure the organisational service lines deliver a financial surplus to reinvest in patient care
- Proactively retain services and identify new opportunities for service delivery.

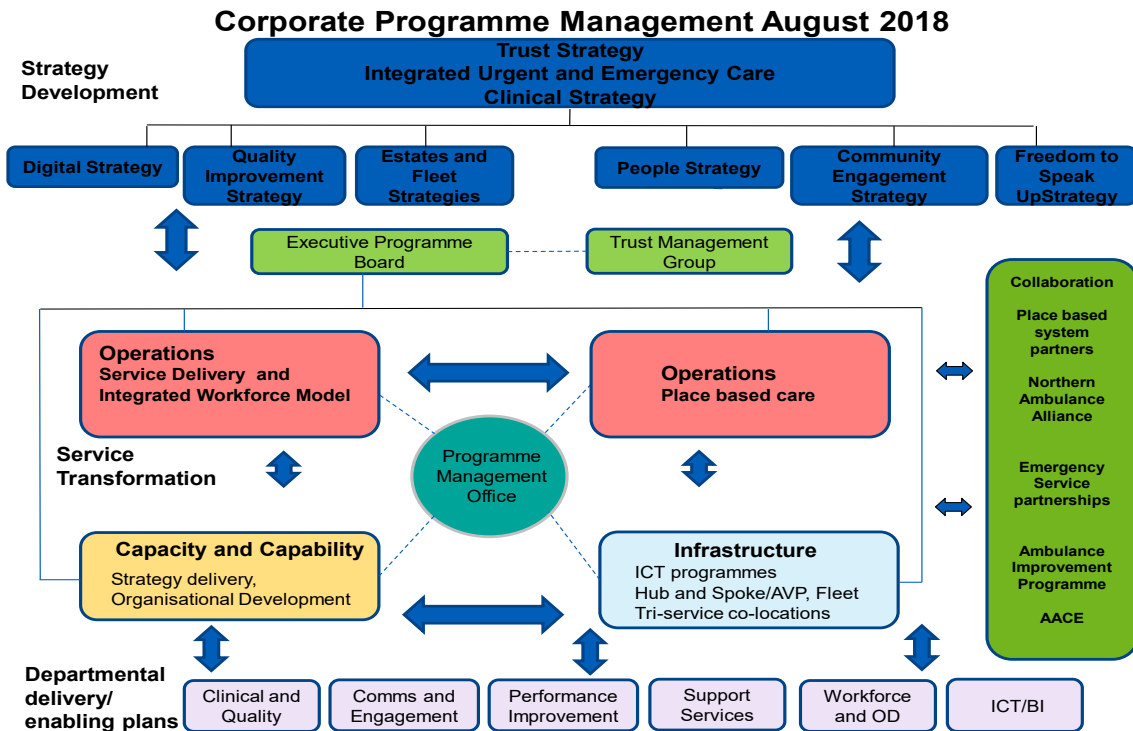
8. Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety

- Enhancing the role of volunteers
- Engage with our communities, including schools and seldom heard groups, to enable them to Choose Well
- Tri-service collaboration
- Supporting plans for Clean Air Zones
- Expand charitable funds to benefit patients and staff.

We intend to achieve these strategic priorities through a Service Transformation Programme which creates a clear focus on partnership working both within the Trust and with external partners to support large scale change, together with rigorous underpinning operational objectives at all levels which are set out in the Trust business plan.

A summary of the main service transformation programme work-streams and governance arrangements is provided in Figure 2 below (see section 5.12 for further detail).

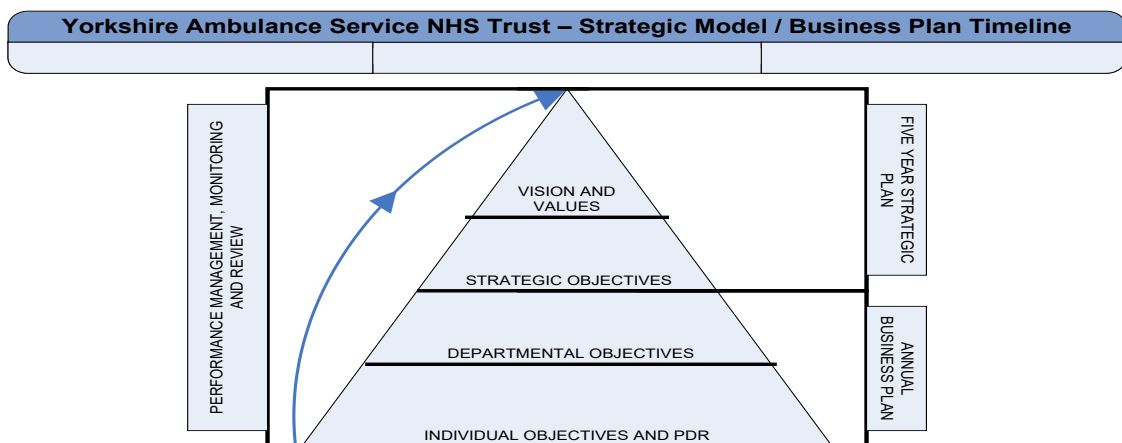
Figure 2 – YAS Service Transformation Programme overview



In addition to the overarching service transformation programme, the strategic objectives of YAS are linked through the Annual Business Plan to the departmental and individual objectives. This provides an organisational blueprint which translates the strategic objectives into operational delivery over the next year.

Figure 3 shows the annual and five year activities linked to the Five Year and the Annual Business Plan. These activities are underpinned by management monitoring and review which should influence the development of the strategic plans for YAS. This link is important in ensuring that all activities at individual patient, staff and executive level, inform progress and strategy development in the future.

Figure 3 Yorkshire Ambulance Service Strategic Model / Business Planning Activities by Five Year and Annual Plan



3. THE EXTERNAL NHS AND SOCIAL CARE LANDSCAPE

3.1 Link to Integrated Care Systems and Sustainability & Transformation Partnerships

YAS is actively engaged in the ongoing development of the four system planning footprints:

1. Humber, Coast & Vale (STP)
2. South Yorkshire and Bassetlaw (ICS)
3. West Yorkshire and Harrogate (ICS)
4. Durham, Darlington, Tees, Hambleton, Richmondshire & Whitby (STP)

YAS shares responsibility for representing the ambulance sector and covering the Humber, Coast and Vale footprint with East Midlands Ambulance Service (EMAS) and for Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby with North East Ambulance Service (NEAS).

3.2 Engagement Activity

YAS is represented at executive level in the three main ICS / STP leadership teams (Humber, Coast & Vale; South Yorkshire and Bassetlaw and West Yorkshire and Harrogate) and there is appropriate engagement with the Durham, Darlington, Tees, Hambleton, Richmondshire & Whitby STP through good working relationships with commissioners and partner ambulance Trusts in the area.

Across all of these sub-regional systems, we have taken steps to secure appropriate involvement in relevant subgroups including but not limited to:

1. Urgent & Emergency Care Networks and Transformation Boards
2. Acute Service Reconfiguration work
3. Primary Care work streams
4. Clinical Forum and Groups
5. Information Management and Technology and Workforce
6. Regional assurance and performance arrangements eg A&E Delivery Boards.
7. Quality and Clinical Governance arrangements

Output from the ICS / STP leadership teams is regularly fed-back into the organisation via these routes, and is used to inform Board level discussion of organisational strategy and operational planning.

- #### **3.3**
- The Trust works with commissioners across 23 Clinical Commissioning Groups. The CCGs are co-ordinated via lead commissioner arrangements for each service line. At strategic level there is a Joint Strategic Partnership Board, involving both commissioners and senior YAS representatives which supports the strategic development of our services. This is underpinned by

Contract Management Boards, a Joint Quality Board and programme working groups where appropriate. There are local contract quality meetings to ensure active engagement with local commissioners and appropriate escalation of local issues to the regional forums. These forums join together discussions about the YAS 999 and NHS111/Integrated Urgent Care services and the new governance requirements associated with the Integrated Urgent Care service will be fulfilled via these mechanisms.

- 3.4 In addition to the extensive engagement across the health and social care system, YAS also works in partnership with other ambulance services through the Northern Ambulance Alliance, and the national Association of Ambulance Chief Executives, with other emergency services and with voluntary services and charitable organisations such as the Yorkshire Air Ambulance and BASICS doctors scheme.

4. THE BOARD OF DIRECTORS, BOARD COMMITTEES AND KEY ROLES

4.1 The Trust’s Standing Orders and Standing Financial Instructions (see the document library on the intranet or Trust website) provide an overarching framework for governance and set out the delegated responsibilities of Committees and individual officers. The role of the Board is described in detail in the document and is summarised below:

ROLE OF THE BOARD OF DIRECTORS

Summary Purpose

To provide active leadership of the Trust within a framework of prudent and effective controls which enables risks to be assessed and managed.

It is responsible for:

- Formulating strategy – vision, values, strategic plans and decisions
- Ensuring accountability – pursuing excellent performance and seeking assurance
- Shaping culture – patient focus, promoting and embedding values
- Engagement with internal and external stakeholders to support delivery of Trust aims and objectives

Structure

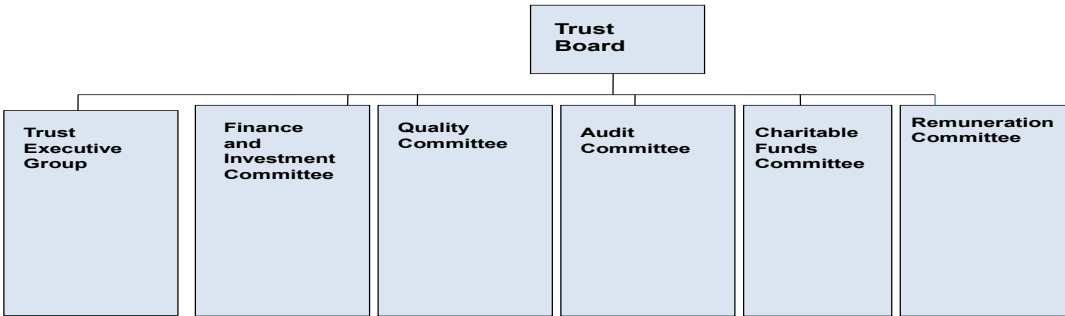
The current composition of the Trust Board is as follows:

- The Chair, and 5 other Non-Executive Directors (NEDs). The Trust also has two Associate NEDs. These are non-voting roles, which support the future recruitment pipeline and broaden the range of expertise and experience available to the Board.
- The Chief Executive, and 5 other Directors (4 voting, 1 non-voting).
- The Board functions are co-ordinated and supported by the Head of Corporate Affairs

Quarterly meetings of the Trust Board are held in public. These are supplemented by meetings held in Private where there is a need to discuss confidential or commercially sensitive matters, and a programme of Board Development Meetings which provide an opportunity for the Board to operate in a less formal environment focused on elements of strategy or on their own effectiveness as a leadership team.

4.2 The Trust Board has the following standing committees:

Figure 4 - Board Committees



4.3 Audit Committee

- The purpose of the Audit Committee is to seek assurance and provide advice to the Board on the adequacy and effective operation of the Trust's internal systems of control and risk management across all areas of Trust business.
- The committee will apply independent and objective scrutiny and challenge to review the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives.
- The committee will review the disclosure statements that flow from Trust assurance processes ahead of their presentation to the Board.
- The Committee comprises all of the Non-Executive Directors, with the exception of the Chair. Members have an extensive knowledge and experience from finance, business, commerce and the public sector, equipping them to effectively scrutinise all areas of Trust activity. The Chair of the Committee is a qualified accountant.
- The Committee has an annual work plan which has been refined in the light of the increased focus on quality governance.
- The Board Assurance Framework is used as a key document to underpin the work plan and focus of the Committee.

4.4 Quality Committee

- The Quality Committee was established following the January 2012 committee review. Membership includes three Non-Executive Directors and key Executive Directors and senior managers.
- The Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. The Committee will also scrutinise and support the Board in gaining assurance on workforce governance, health and safety, and information governance issues.

4.5 Finance and Investment Committee

- The Finance and Investment Committee includes three Non-Executive Directors and key Executive Directors and senior managers.
- The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions. It will review proposals for major business cases and reports on the commercial activities of the Trust, and will also scrutinise the content and delivery of the Trust cost improvement programme.

4.6 Charitable Funds Committee

- The Committee has reviewed its terms of reference in line with Charities Commission guidance. Membership includes Non-Executive and Associate Non-Executive Directors, members of the Executive team, a senior

manager, up to three operational members of staff, a Public Relations Officer, and a representative from the Clinical Directorate.

- On behalf of the Board in its role as Corporate Trustee, the Charitable Funds Committee administers any funds held in trust, either as charitable or non-charitable funds, in accordance with statutory or other legal requirements and best practice required by the Charities Commission.

4.7 Remuneration Committee

- Constituted in line with the requirements of the NHS Codes of Conduct and Accountability, and the Higgs report, the purpose of the Committee is to advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and Very Senior Managers including:
 - i) all aspects of salary (including any performance-related elements/bonuses);
 - ii) provisions for other benefits, including pensions and cars;
 - iii) arrangements for termination of employment and other contractual terms.

Key roles within the Board

4.8 Chair

- The Chair is responsible for the leadership of the Board, chairs all Board meetings when present and facilitates the effective contribution of all Executive and Non-Executive Directors. The Chair, working with the Chief Executive, ensures effective communication on Board related issues with patients, members, clients, staff and other stakeholders.

4.7 Senior Independent Director

- The Board of Directors has appointed one of the independent NEDs to be the senior independent director (SID).
- The senior independent director is available to Directors if they have concerns which have not or cannot be resolved through normal contact with the Trust Chair, the Chief Executive, or the Head of Corporate Affairs, or where such contact is considered to be inappropriate.

4.8 Non-Executive Directors

- The role of Non-Executive directors is to hold the Executive to account for the delivery of the strategy agreed by the board. In particular, non-executive directors:
 - i) Offer purposeful, constructive scrutiny and challenge
 - ii) Participate in, and may chair, committees of the board
 - iii) Actively promote and support a positive culture for the trust and reflect this in their behaviour
 - iv) Provide a safe point of access to the board for whistleblowers

- v) Bring independence, external skills, perspectives and challenge to strategy development
- vi) Appoint and remove the chief executive
- vii) As part of the remuneration committee, determine and approve the remuneration and terms of service of executive directors, and
- viii) Meet annually without the chair being present to review the Chair's performance on the board of directors.

4.9 Chief Executive

- The Chief Executive is accountable to the Chair and Board for the overall performance of the organisation's activities.
- The Chief Executive is the Accountable Officer for the Trust and is responsible for ensuring a sound system of internal control across all areas.
- Those functions of the Trust which are not retained as reserved by the Board or delegated to a Board committee are exercised on behalf of the Trust by the Chief Executive.

The Chief Executive has responsibility for:

- Providing clear vision and strategic direction;
- Overall performance of the executive functions of the Trust;
- Achieving value for money from the resources available to the Trust;
- Ensuring the discharge of obligations under the Financial Directions;
- Ensuring the financial, legal and contractual requirements of the organisation are met.

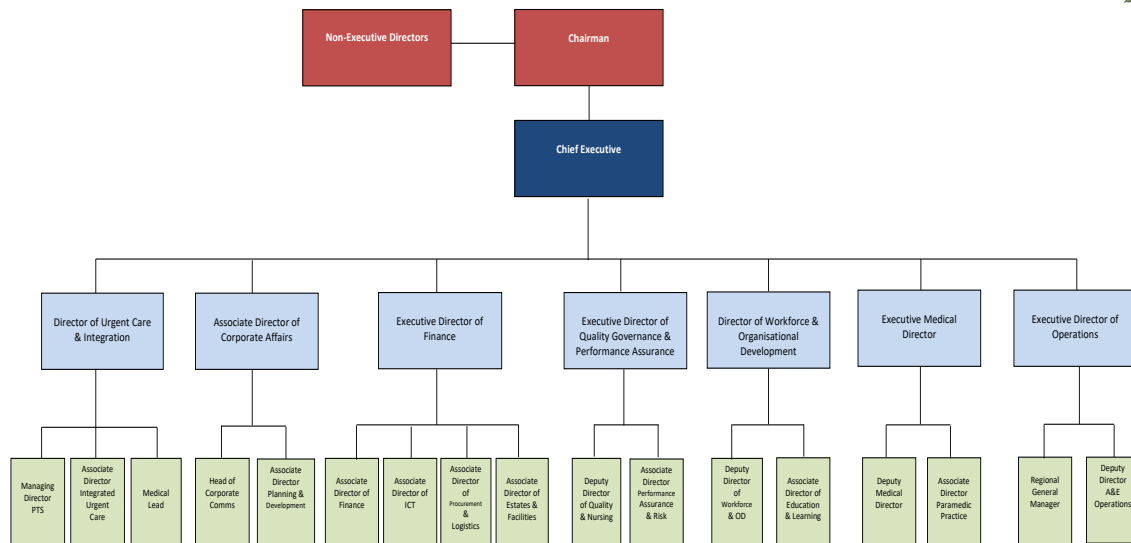
4.10 Executive Director of Finance

The Executive Director of Finance is a professional accountant and is financial adviser to the Board. He is specifically responsible for:

- Financial governance and assurance: 'the system by which the financial aspects of a public body's business are directed and controlled to support the delivery of the organisation's goals' (CIPFA/CadburyReport).
- Ensuring that systems are in place so that the organisation is properly governed in terms of financial transactions, financial reporting, financial performance, financial planning and in securing value for money.
- The Executive Director of Finance must also maintain assurance processes to ensure that internal controls and checks are working properly (e.g. engagement with clinical and non-clinical staff holding delegated financial budgets).

4.11 Executive Directors

- The Executive Director role is to share corporate responsibility and accountability for the leadership and performance of the Trust as part of the Board, and to be responsible for delivery of Trust objectives within a designated portfolio area. (Figure 5 provides an overview of the Executive portfolios):



4.12 Head of Corporate Affairs

- This role reports to the Chief Executive and works with the Chair and Executive Directors, to ensure that the Board has in place robust standards of corporate governance and business conduct and that the Trust complies with the relevant legislation and terms of authorisation issued by NHS Improvement.

4.13 Statutory Executive and Senior Management roles

- In addition to the generic roles outlined above, there are a number of specific Executive and management roles defined in legislation and other regulations. Named individuals are identified as holding these specific responsibilities as part of their portfolio and these are listed in Appendix 2.
- One of the NEDs is appointed as Vice Chair to deputise in the absence of the Trust Chair. Similarly, one of the Executive Directors is appointed as Deputy Chief Executive to deputise in the absence of the Chief Executive.

5. MANAGEMENT GROUPS

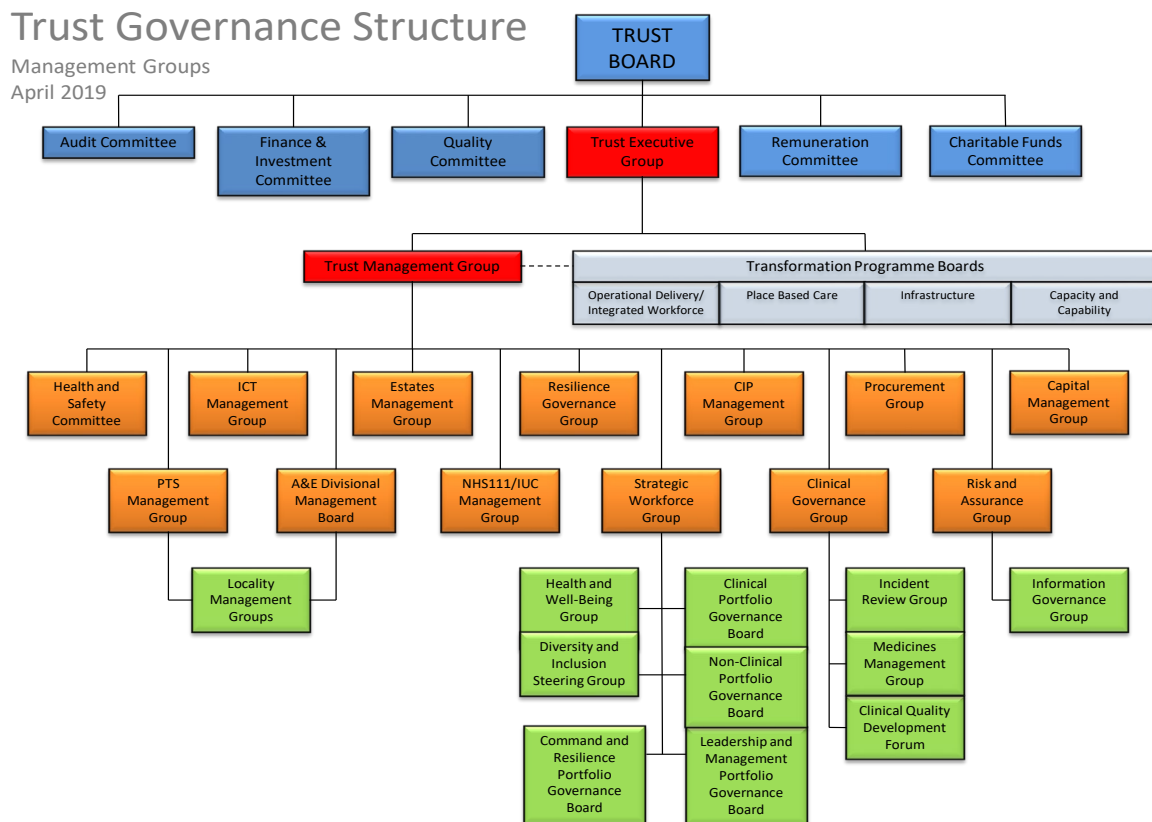
5.1 Trust Executive Group

- Reporting to the Board, the **Trust Executive Group** meets weekly and is accountable for the delivery of objectives set by the Board. It is also the

formal route to support the Chief Executive in effectively discharging his responsibilities as accountable officer. Its functions include:

- i) Horizon scanning
 - ii) Policy development, implementation and interpretation
 - iii) Strategy workup and implementation
 - iv) Management of organisational governance arrangements
 - v) Investment
 - vi) Performance
 - vii) Engagement
- The group also acts as an Executive Programme Board, which oversees delivery of the Trust’s major service transformation programmes. It receives regular assurance reports from the service transformation programme boards
 - A report from the Trust Executive Group is reviewed by the Trust Board at each meeting.
 - The Trust Executive Group is underpinned by management groups to provide effective governance across the whole of the Trust’s activities. The management groups in place are illustrated in figure 4 below:

Figure 6 – Trust Management Groups



Responsibilities of the key management groups are as follows (responsibilities and chairs of all committees and groups are summarised in Appendix 2).

- The aim of the Trust is to ensure that leaders are empowered to make timely decisions at the appropriate level in the organisation. Management groups in the Trust structure have delegated authority for decision making within their terms of reference and the Standing Financial Instructions (SFIs) as they relate to the relevant Executive and Management members. Issues which have significant resource or change implications across departments, or which require a change in Trust policy are referred with recommendations to the Trust Management Group (or as required by SFIs to Trust Board) for decision.

5.2 Trust Management Group

- The group consists of the Executive Directors and Associate Directors and is chaired by an Executive Director.
- Its role is to support the operational management of the Trust and the delivery of objectives set by the Board. The group carries delegated responsibility from the Trust Executive Group for the following areas:
 - To oversee and monitor the operational delivery of the Trust's aims, objectives and contractual requirements and take decisive action / provide leadership to mitigate any risks to delivery;
 - To oversee and monitor delivery of new service developments (supported by a Gate Review process which assesses new service developments);
 - To monitor operational, quality, workforce and financial performance and take decisive action/provide leadership to mitigate risks to delivery;
 - To advise and recommend the prioritisation and allocation of investment and resources
 - To manage the risk profile of Yorkshire Ambulance Service;
 - To provide advice and guidance to the Trust Executive and Board of Directors [the Board] on matters of strategy, governance or as may be required or delegated by the Board;
 - To contribute to development of Trust strategy, business plans, policies and procedures (Trust policies and procedures can be viewed on the intranet document library or via the Trust website);
 - To facilitate effective learning and improvement across Trust functions.

5.3 Clinical Governance Group

- The group is chaired by the Executive Medical Director, with the Executive Director of Quality, Governance and Performance Assurance (Board Nurse)

as vice chair. Its membership includes other Executive Directors and senior managers representing all relevant Trust departments, and patient representative.

- The function of the group is to oversee all aspects of clinical governance and quality of patient care.
- The group agenda has standing agenda items relating to patient safety, clinical effectiveness, patient experience, infection prevention and control and safeguarding and monitors delivery of the work plans relating to each of these areas.
- The group oversees risks relating to clinical care and escalates these via the Trust risk management system to the Trust Management Group and Board as appropriate.
- The Group is underpinned by the Clinical Quality Development Forum, which has wide representation to support the development of clinical governance, policy and practice, and to inform the decisions of the Clinical Governance Group. There is also a fortnightly Incident Review Group which The group reviews and monitors all significant new adverse events, including those arising from incident and near miss reporting, complaints and concerns, claims, coroners' inquests, safeguarding proceedings and internal HR systems.

5.4 Strategic Workforce Group

- This group is chaired by the Director of Workforce and Organisational Development and membership includes other Executive Directors and senior managers from the Workforce and OD team and other directorates.
- The purpose of the group is to oversee the development and delivery of workforce strategy and policy, including that relating to:
 - i) Human Resources policy and practice
 - ii) Staff support and wellbeing
 - iii) Workforce planning
 - iv) Organisational development
 - v) Education and training
 - vi) Diversity and Inclusion
- The Strategic Workforce Group is underpinned by a number of educational and other sub-groups.

5.5 Risk and Assurance Group

- The Trust manages risk operationally through its management structures. Selected representatives from each local business area across the Trust attend the monthly Risk and Assurance Group meeting.
- This group receives reports on all directorate risk registers and specific risk issues from the members, including representatives from all other associated risk management groups. These groups include the Health and Safety Committee, which is a source of internal assurance on non-clinical

risks and the Clinical Governance Committee, which provides internal assurance on clinical risk issues.

- The group also monitors and reviews the operation of risk management processes and advises the Trust Management Group on any issues arising.

5.6 Health and Safety Committee

- The role of the Health and Safety Committee is to ensure effective arrangements for health, safety and security are implemented across the Trust.
- The Committee meets the requirements of the Safety Representatives and Safety Committees Regulations and the Health and Safety (Consultation with Employees) Regulations by having appropriate representatives as members of the Committee from each function within the Trust.
- The Committee is a key mechanism in supporting the partnership working between management and employees of the Trust, to ensure the delivery of a healthy, safe and secure workplace.
- It provides a forum to discuss key health and safety issues, security improvements/concerns, risk assessments pertaining to health and safety matters, controls to be applied and will monitor the resolution of issues identified.

5.7 Operations/ Service Line Management Groups

- The service line Management groups are chaired by the Executive Director of Operations, the Director of Urgent Care and Integration or their deputies as appropriate to the specific clinical area. They include all the operational services senior management teams, together with senior representation from support departments. It is intended that these meeting going forward will become integrated accountability meetings in line with the Trust Wide Accountability Framework proposal, supported by a standardised Trust corporate Business Partner model.
- The remit of these groups is to ensure delivery of Trust strategy and policy through the operational departments, and to manage key risks arising.
- The groups are underpinned by clinical governance, risk management and performance management arrangements with the senior service lead.
- A key role of these groups is the appropriate escalation of key risks to TMG and TEG, while balancing that with an empowered scheme of delegation.

5.8 Cost Improvement Programme Management Group

- This group is chaired by the Executive Director of Finance and is responsible for overseeing the delivery of the Trust CIP programme.

5.9 Joint Steering Group

- The Joint Steering Group consists of management and representatives of the trade unions recognised by the Trust. The role of the group is to support partnership working between the Trust and its staff representatives on issues of Trust policy and other key developments.

5.10 Transformation Programme Boards

- There are 4 Transformation Programme Boards, which report to the Trust Executive. They cover the following areas:
- **Service Delivery and Integrated Workforce:** Largely internal, cross-directorate projects which focuses on strategic developments in the Trust's operational service delivery model. This includes the key developments associated with the implementation of the national Ambulance Response Programme (ARP) standards and Integrated Urgent Care (IUC) strategy, together with the integrated workforce model needed to underpin their delivery.

Place Based Care: Focusses on external engagement and development to support delivery of system benefits associated with IUC and the ARP standards and wider system resilience, including contribution to local urgent care service and workforce models, and realising opportunities for greater community engagement to support innovative care delivery.

The key projects include mental health, care home falls, frailty pathway and maximising use of Urgent Treatment Centres. All of the above will support reducing conveyance to ED through either prevention or full use of ED alternatives.

Infrastructure: Development of Trust infrastructure, to underpin delivery of the corporate objectives. This includes implementation of the Trust strategy for Hub and Spoke and Vehicle Preparation. The programme is fully aligned to underpin delivery of IUC and ARP standards, and to realise quality and productivity benefits across Trust functions and for the wider health system.

The Electronic Patient Record rollout and the digital interfaces with the wider health system also sit within the programme alongside projects focused on paperless process redesign improvement of logistics support functions including electronic stock control solution across the trust.

Capacity and Capability: Ensuring that the Trust has the necessary capacity and capability to deliver its five year strategy and the associated transformation plans. This includes a focus on leadership development and staff engagement and on implementation of the Trust Quality Improvement Strategy.

The programme also focuses on the delivery of value for money and productivity improvements in the operational and corporate and support functions, aligned to the national Lord Carter review.

Key projects within this programme include future Training Delivery options and implementation of a new Trust Accountability Framework.

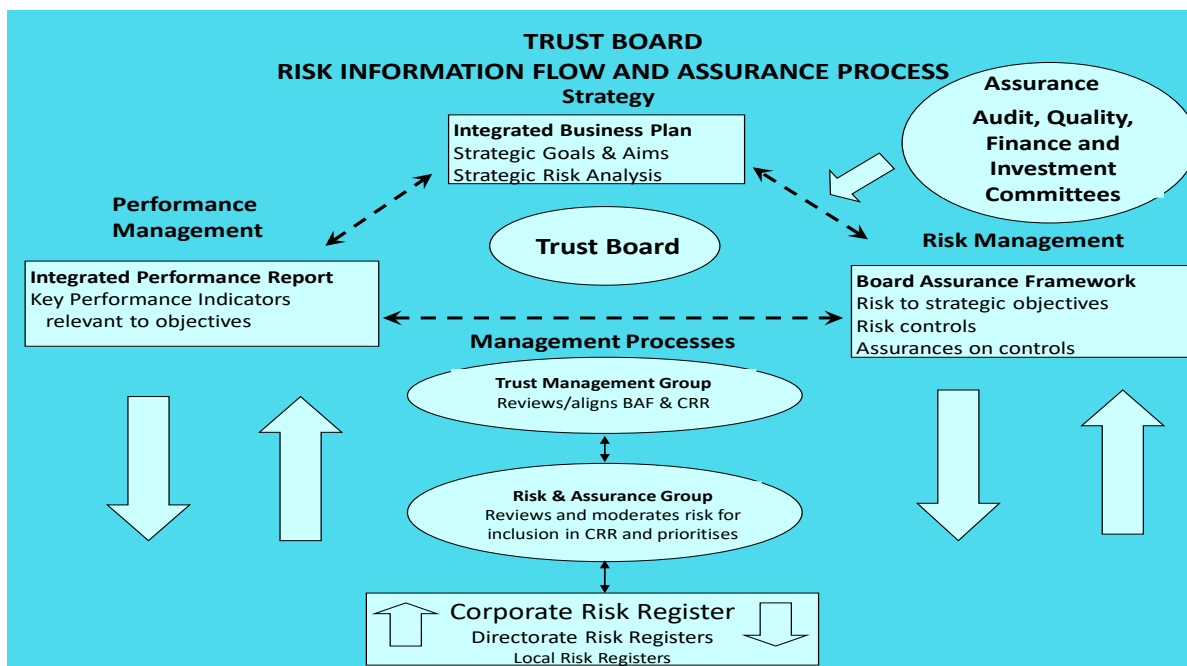
6. RISK MANAGEMENT

- 6.1 The Trust Board is committed to the sustained effective delivery of risk management and this commitment is recorded as a statement of intent within its Risk Management and Assurance Strategy. The Risk Management and Assurance Strategy sets out the risk management agenda and details the systems, processes and responsibilities for the management of risk in the Trust. A Risk Escalation and Reporting Procedure, referenced within the Risk Management and Assurance Strategy describes the process for risks to be systematically assessed and considered at a local management level and escalated to directorate and then corporate level, as appropriate.
- 6.2 Risk management is recognised by the Trust as a key component to the delivery of high quality patient care and that this is central to business planning.
- 6.3 The Trust Board has overall accountability for the risk management framework, systems, procedures and monitors the effectiveness of risk management systems and internal controls across all areas of activity. The Trust Board is supported by key groups as outlined in section 5 above.
- 6.4 As Accounting Officer, the Chief Executive is responsible for maintaining a sound system of internal control that supports the achievement of the Trust's aims and objectives. The system of internal control in place in the Trust is designed to manage risk to the lowest reasonable level.
- 6.5 The Trust has in place a risk management strategy and hierarchy of reporting arrangements to ensure the Board is provided with evidence based assurance on the adequacy of the Trust's processes for managing risk so that objectives can be achieved.
- 6.6 To support the governance and risk management strategy, the Trust has developed a comprehensive Board Assurance Framework and risk register where details of risks and mitigating action are recorded.
- 6.7 Each year the Chief Executive is required to review the effectiveness of the system of internal control and to publish an Annual Governance Statement confirming its effectiveness and identifying any actions required to address gaps.
- 6.8 On behalf of the Trust Board, the Audit Committee fulfils a number of key responsibilities relating to the independent assurance and governance arrangements and the management of risk.

Risk Assurance Framework

- 6.9 Serious threats to the Trust’s strategic objectives are recorded in the Board Assurance Framework, along with mitigating actions and assurances, gaps in controls and assurances, executive and senior management leads and timescales. Figure 7 provides a summary of the information flows relating to the Board Assurance Framework.
- 6.10 The Trust Board receives the Assurance Framework and the Corporate Risk Register on a six-monthly basis as a formal mechanism for considering key risks. The Board also receives reports at each meeting where risks and associated management plans are identified through the Integrated Performance Report.
- 6.11 These regular reports are supplemented by subject specific reports where necessary in relation to key risks.
- 6.12 Figure 7 below identifies the flow of risk and assurance information through to the Trust Board.

Figure 7 – Flow of Risk and Assurance Information



Proactive Risk Management

- 6.13 A proactive approach to risk management is in place, which addresses every element of the organisation’s activities and helps all staff to:
- Improve the quality of care and treatment
 - Protect patients, staff and visitors/contractors from harm
 - Eliminate or reduce unnecessary costs
 - Identify risks to the Trust’s principal objectives

- Assess the effectiveness of controls and assurances
- 6.14 The risk management process encompasses a cycle of risk identification, risk analysis, risk control and action planning, aligned to risk funding through the financial and business planning processes.
- 6.15 Risks may be identified from any source including:
- Formal and informal feedback from clinical practice
 - Feedback from patients, carers and the public
 - Feedback from staff or contractors on safety of the work environment, including buildings and vehicles operated by the Trust
 - Intelligence about changes in the external environment
 - Monitoring and audit of procedures, systems or practices including the Internal and External Audit programmes and annual cycle of Inspections for Improvement
 - Business plans
 - Monitoring of management activities
 - Process analysis
 - Learning from adverse events
 - Review of new legislation, national strategy, policy and guidance and internal monitoring against regulatory standards
 - Feedback from regulators and other external stakeholders on Trust services.
- 6.16 Risk management is disseminated through a wide range of processes including:
- Management groups
 - Staff bulletins
 - Monthly Team Brief exercises
 - Policies and procedures including Risk Management and Assurance Strategy and the Risk Escalation and Reporting Procedure
 - Management and staff training
- 6.17 Risk management processes are implemented by the Senior Managers within their sphere of responsibility and adherence is monitored by the Trust's committees.

External Assurance

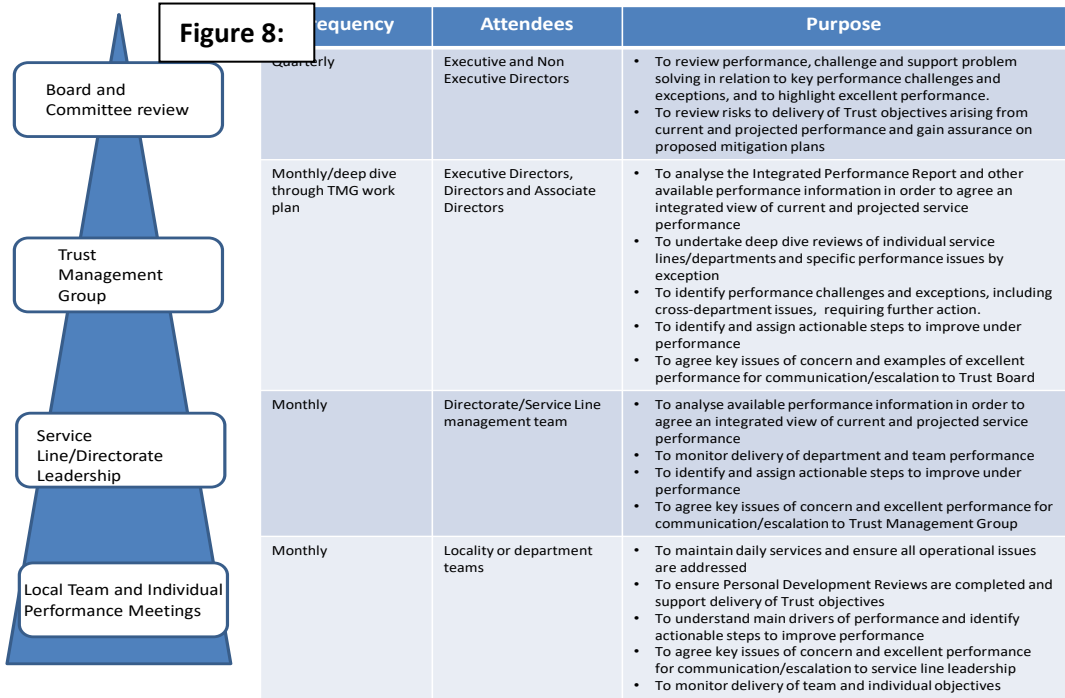
- 6.18 The Trust receives external assurances from independent organisations through inspections and assessment. These include:
- Care Quality Commission reviews
 - Monthly reviews with NHS Improvement
 - Reports from Internal and External Audit
 - Trust commissioned Well Led and other independent reviews.

7. PERFORMANCE MANAGEMENT FRAMEWORK

- 7.1 The requirements of a Well Led NHS provider organisation mean that a robust, integrated accountability and performance management framework is essential. This is to ensure that both the relevant monitoring and management mechanisms are in place to provide the appropriate level of assurance to the Trust Board and that all statutory duties in the terms of authorisation are being met. It is also vital to help ensure that timely, empowered decisions are made at the right level of the organisation.
- 7.2 Our accountability and performance management framework enable the Trust to:
- Assess performance against clear targets and goals
 - Empower our managers and leaders to make decisions
 - Further aligns the trusts support functions to front line patient centred delivery
 - Undertake exception based performance tracking
 - Predict future performance and identify key actions
 - Put in place effective review meeting structures
 - Focus resources and improvement efforts in required areas
- 7.3 The following principles underpin the Trust's Performance Management Strategy:
- **Creating a performance and accountability culture:** these arrangements are intended to support the development of a culture of continuous performance improvement, delivered for the benefit of patients. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the Personal Development Review (PDR) process. At directorate and service-line level the Accountability & Performance Management Framework should also be used as a driver for cultural change and engagement within areas. A key focus here is one of consistency at every level where we are all equally held to account and comfortable with having our views constructively challenged.
 - **Transparency:** The measures and evidence used to assess performance will be clear. Directorate and corporate teams will understand what is required; know how their performance is being assessed and what to expect if their performance falls below expected levels.
 - **Delivery focus:** The performance management approach will be integrated, action oriented and focussed on delivering improved performance.
 - **Proportionality and balance:** Performance management arrangements will seek to ensure that performance management interventions and actions are proportional to the scale of the performance risk and that a balance between challenge and support is maintained.
 - **Accountability:** Performance management arrangements will ensure that all parties are clear where lines of accountability lie.
 - **Empowerment and delegation:** higher performance will earn greater levels delegated authority as the Trust moves towards service line management, with greater levels of performance management intervention in under performing areas

- 7.4 The Accountability and Performance Management framework ensures that there is a 'golden thread' between the organisational strategy and objectives defined by the Board and the work of every individual employee.
- 7.5 Reporting of performance to the Trust Board is detailed in the monthly Integrated Performance Report presented by the Chief Executive and Executive Directors.
- 7.6 The diagram below (figure 8) shows the performance management arrangements for the Trust. This framework incorporates new processes which have been introduced as part of the Performance management Strategy, in order to ensure delivery of the Trust's objectives. Work is continuing in 2019/20 to develop and embed this framework at departmental and individual level throughout the Trust.

Figure 8 - Hierarchy of Performance Management Arrangements



7.7 The following is a brief explanation of how the Trust's current performance management system outlined in Figure 8 works.

Annual Business Plan

7.8 This formal document is a summary of the organisation's work agenda for the year, aligned to the strategic objectives within the Trusts' 5-year Strategy. It is cross referenced to key publications and national NHS guidance and sets out the objectives that the Trust is required to deliver.

- 7.9 The Annual Business Plan contains the Trust's finance and activity plans based on the contract negotiations and agreements with the CCGs. It also sets out plans to deliver key national targets and service improvements.
- 7.10 The plan is based on national, local and Trust priorities from the Trust strategic objectives, requirements of the Single Oversight Framework, Care Quality Commission, NHS England/Improvement Planning Guidance, contract and other relevant guidance.
- 7.11 The annual planning process is used to agree how the objectives are to be delivered and set both on an organisational level and for departments and individual staff. Within the process, clarity is given on responsibilities for delivering individual aspects of the plan.
- 7.12 Delivery of the overall objectives in the plan are reviewed formally on a quarterly basis via Trust Management Group, and are reported to each Trust Board meeting via the Integrated Performance Report and managed on an ongoing basis through established weekly and monthly performance meetings with key operational staff.
- 7.13 Longer term plans (i.e. five years) have been developed through the Integrated Business Plan and Long Term Financial Model.

The Trust Board role in performance management

- 7.14 The Board is responsible for setting out the strategic aims and objectives of the organisation, as outlined in section 2, and for overseeing and scrutinising the delivery of performance across all areas of business.
- 7.15 For the Trust Board, a monthly Integrated Performance Report is prepared, to track delivery against the organisation's strategic objectives. The report highlights the key messages on performance for each of the frameworks we are assessed by, shows performance indicators at risk and provides an exception report on the corrective action from the Executive Team.
- 7.16 Annual reports on key issues are also presented to the Board as part of its work programme, a number of which are set out as statutory requirements for all NHS Trusts.

Performance Review (Discharged corporately via TMG)

- 7.17 The Trust Management Group meets fortnightly and consists of Executive Directors and Associate Directors who have corporate oversight of integrated performance delivery.
- 7.18 A key part of its remit is to review performance in relation to the Trust's objectives using corporate and departmental dashboards as appropriate, to review management of key risks to all aspects of performance and to agree

action as appropriate. This group considers on a monthly basis the Trust Wide Integrated Performance Report which is reviewed annually as a minimum.

- 7.19 Associate Directors attend the meeting to report on performance across the relevant areas of activity looking at workforce, finance, clinical quality and operational performance delivery.
- 7.20 Focused performance reviews are also undertaken via the group or escalated to the Trust Executive Group, where a need is identified through the routine performance review process.
- 7.21 This function will be further enhanced over 2019/20 by the continued development and roll out of a Trust Wide Accountability Framework.

Performance in specific functions and operational services

- 7.22 Performance at corporate level is underpinned by the management arrangements in place at different levels of our operational and support services and through subject-specific arrangements such as those in place for Clinical Governance and staff Health and Safety (see section 5).
- 7.23 Individual Directorates and teams will also have agreed objectives which align to the overall Trust business plan.
- 7.24 At an individual level, the business plan objectives are translated into personal objectives for all members of staff, which should reflect the contribution of all individuals to the delivery of Trust and departmental objectives, together with the support needed from the organisation to enable individuals to achieve this.

8. CLINICAL GOVERNANCE AND QUALITY

Clinical Strategy

- 8.1 A Clinical Strategy sets out the priorities for clinical development aligned to the wider Trust strategy and this is underpinned by implementation plans for each of the key work streams – e.g. the Clinical Audit plan and Zero Avoidable Harm plan.
- 8.2 Ensuring effective clinical leadership and supervision and clinical education for front line staff are key elements of the Trust Clinical Strategy. A new framework for clinical leadership and supervision will be developed during 2019/20.
- 8.3 Clinical Governance and Quality is a central element of all Board meetings. The Integrated Performance report focuses on key quality indicators, and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality.
- 8.4 Patient stories are used in the Board alongside the quantitative data to ensure a clear patient focus and a monthly patient experience survey has now been introduced to add a regular 'real time' view of quality from the patient's perspective.
- 8.5 The Executive team seeks to engage with front line staff on issues of safety and quality through a range of both formal and informal methods including regular visits to operational areas and other departments and engagement of front line staff through Listening Events, monthly Team-brief sessions and increasingly through social media.
- 8.6 The governance and management arrangements below Board focused on operational service delivery, safety, clinical effectiveness and patient experience, and workforce development and support underpin the delivery of safe, high quality care.

Trust Approach to Quality Improvement

- 8.7 Quality Improvement (QI) is a systematic approach to continually improving an organisation by focusing on the organisation's culture. The Board and Senior Managers create the internal climate in which QI can flourish, driven by staff in their own work areas with a strong focus on the experience of patients and other users of the service.
- 8.8 The Trust is implementing a Quality Improvement Strategy with three key aims:

- To continually improve patient care
- To make YAS a great place to work
- To increase efficiency and effectiveness

8.9 The Trust is committed to embedding quality improvement methodology through a number of work-streams:

- A mixed methodology with a focus on The Model for Improvement, supported with service improvement methods such as Lean and Virginia Mason techniques where appropriate.
- Increased capacity and capability for quality improvement via development of QI skills through widespread education and the introduction of Quality Improvement Fellowship, where frontline staff are released to support quality improvement projects in their own area of work and the development of a Quality Improvement Community, which seeks to share and spread QI across the organisation from frontline to Board.
- The YAS “Bright Ideas” process includes a robust staff engagement element where staff are supported to implement their own ideas using quality improvement methodology, supported locally by the QI Fellows.
- Collaborative work with the Yorkshire and Humber Improvement Academy and #Project A, led by NHS Horizons.
- An effective communications plan which provides staff with an opportunity to engage with quality improvement and see for themselves the impact on patient and staff experience.

9. FINANCIAL GOVERNANCE

9.1 The Trust has a financial control framework which is issued to all budget holders to assist them in the discharge of their responsibilities. The framework describes the ground rules within which budgets are to be operated, clarifies roles and responsibilities in respect of budgetary control and ensures that the budgetary processes of the Trust form part of the overall assurance framework.

9.2 The Chief Executive is accountable to the Board for effective control of the overall budget through the Trust Executive Group and financial control framework.

9.3 The Finance Director is the lead Director with responsibility for financial governance and assurance, and is responsible for ensuring that systems are in place for proper governance of financial transactions, financial reporting, financial performance, financial planning and in securing value for money.

9.4 The Trust Board is responsible for signing off the annual report and accounts and the related annual assurance and self certification statements.

9.5 The Trust Management Group and Board monitor the in-year budgetary position through the Integrated Performance Report.

9.6 The Capital Monitoring Group oversees management of the Trust capital programme, reporting to the Trust Management Team.

- 9.7 Cost improvement objectives are agreed with all Directors and senior managers. The Cost Improvement Programme Management Group monitors delivery of the agreed cost improvement programme and reports on progress and emerging risks to the Trust Executive Group/Senior Management Team.
- 9.8 The Finance and Investment Committee (see section 4) is the Board sub-committee responsible for scrutinising the Trust's business and investment plans and provides assurance and recommendations to the Board.
- 9.9 The Audit Committee (see section 4) seeks assurance and provides advice to the Board on the adequacy and effective operation of the Trust's internal systems of financial control and risk management. It is informed by consideration of internal and external audit reports on the Trust financial management systems.

Internal Audit

- 9.10 Internal Audit is provided through the Audit One Consortium, with the overall programme overseen by the Executive Director of Quality, Governance and Performance Assurance. The Internal Audit programme and annual Head of Internal Audit Opinion provide assurance to the Audit Committee and the Trust Board, on internal controls and management of key risks. Additionally, Internal Audit acts as business assurance support reviewing other areas as requested by the Board and Executive team. This includes reviews of elements of the Annual Quality Account and other external standards and areas of concern raised by Directors and/or Senior Managers.
- 9.11 Internal Audit reports carry one of four possible opinions. These give the recipient an indication of the level of assurance that can be taken and that the processes of control within the area audited are adequate. The four opinions are "Substantial", "Good", "Reasonable" and "Limited". A report containing either a "Substantial" or "Good" opinion would generally be seen as satisfactory. Within the reports, individual recommendations are risk rated and implementation of actions is tracked by the Risk Management team and reported to Trust Management Group and Audit Committee to provide apposite assurance that issues have been addressed.

External Audit

- 9.12 External Audit is provided through Ernst and Young. External Audit adds value through national benchmarking exercises and other benchmarking tools provided by the National Audit Office.

10. INFORMATION GOVERNANCE

- 10.1 The Trust currently uses the Data Protection and Security toolkit and NHS Digital guidance toolkit to manage Patient Confidentiality and Information Security. The Trust's Information Governance Group oversees this and reports to the Trust Management Group via the Risk and Assurance Group.
- 10.2 The Trust's security policy, records management policy, data protection and confidentiality policy are available on the Trust's e-Library. Person Identifiable Information flows have been mapped, data encrypted and unencrypted removeable media restricted.
- 10.3 The Trust's Caldicott Guardian is the Executive Medical Director and the Senior Information Risk Owner (SIRO) is the Executive Director of Quality, Governance and Performance Assurance. The Trust manages information risk in line with NHS guidance with an Information Asset Owner (IAO) assigned at department head level to assure the Board, through the SIRO, that Information risks are managed. This role also includes data quality assurance.

Appendix 1 – Designated statutory lead roles within the Trust

Subject	Requirement	Executive Role	Designated person	Management lead role	Designated person
Information governance/ data security	The SIRO should be an Executive or Senior Manager on the Board who is familiar with information risks and the organisation’s response to risk and has the knowledge and skills necessary to provide the required input and support to the Board and to the Accountable Officer.	Senior Information Risk Owner (SIRO)	Steve Page, Executive Director of Quality, Governance and Performance Assurance	Information Governance Manager Data Protection Officer Cyber security lead Information Asset Owners	New postholder TBC Caroline Balfour, Head of Legal services/Trust Solicitor Adrian Wallis, Information Security and Network Specialist Relevant Department Heads
Information governance	Each NHS organisation is required to have a Caldicott Guardian; this was mandated for the NHS by Health Service Circular: HSC 1999/012. The mandate covers all organisations that have access to patient records.	Caldicott Guardian	Julian Mark, Executive Medical Director	Information Governance Manager	New postholder TBC Relevant Department Heads
Information Governance	There should be an Information Asset Owner who is a member of the Board assigned overall responsibility for the organisation’s RA.	Registration Authority Lead	Mark Bradley, Executive Director of Finance	Registration Authority Manager	Ola Zahran, Associate Director of ICT

	The responsibilities of an RA Manager are to assign, sponsor and register RA agents and assist Sponsors in understanding Role Based Access Control (RBAC) and Position Based Access Control (PBAC), by the development of access control positions, and in finding information about applications they sponsor Users for.				
Information Governance	Within the HSCIC Common Assurance Process the Clinical Safety Officer (CSO) is a registered Health Care Professional with suitable risk management experience. The role is to ensure both NHS safety standards are adhered to, and any clinical risks appropriately managed prior to use of an ICT solution.	Clinical safety Board lead	Dr Julian Mark, Executive Medical Director	Clinical Safety Officer	Dr Steven Dykes, Deputy Medical Director
Fire safety	The primary legislation for fire safety is the Regulatory Reform (fire safety) Order 2005. Responsibility for complying with the order rests with the 'responsible person'. I have provided below the definition for this role direct from the Order. The responsible person must put in place the following roles; Nominated Officer, Fire Safety Officer, Duty Officer and Fire Marshalls.	Responsible person Nominated Officer	Rod Barnes, Chief Executive Mark Bradley, Executive Director of Finance	Fire Safety Adviser	Glyn Brown, Fire Safety Adviser

Emergency Planning	The Health and Social Care Act 2012 places upon NHS-funded organisations the duty to have an accountable emergency officer with regard to EPRR (section 46.9). Chief executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisation's governance and its operational delivery programme	Executive Director Non-Executive Director	Nick Smith, Executive Director of Operations Anne Cooper, Non Executive Director	Deputy to Director	Jeevan Gill, Regional General Manager
Security	It is the responsibility of the Chair/Chief Executive of all NHS health bodies to designate an Executive Director or Officer to the role of SMD. The SMD must be a voting member of the trust board and ensure that adequate security management provision is made in their NHS health body, as specified particularly in paragraphs 2 and 7 of the <i>Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006)</i> . It is the responsibility of the Chair/Chief Executive of all NHS health bodies to designate a non-Executive Director or non-officer member to promote and	Security Management Director Designated Non Executive Director for Security	Steve Page, Executive Director of Quality, Governance and Performance assurance Jeremy Pease, Non-Executive Director	Local Security Management Specialist	Dan Jones and Helen Carter, Local Security Management Specialists

	<p>champion security management work.</p> <p>The SMD has overall responsibility for the appointment and management of a suitable individual to the role of LSMS for their NHS health body.</p>				
Counter Fraud	<p>It is the responsibility of the Chair/Chief Executive of all NHS health bodies to designate an Executive Director or Officer to the role of CFD. The CFD has overall responsibility for the appointment and management of a suitable individual to the role of (LCFS) for their NHS health body.</p>	Counter Fraud Director	Mark Bradley, Executive Director of Finance	Local Counter Fraud Specialist	Terry Smith, Head of Counter Fraud
Health and Safety	<p>The Management of Health and Safety at Work Regulations 1999, Regulation 7 requires every employer to appoint one or more competent persons to assist with putting measures in place to ensure legal compliance.</p>	Responsible person Nominated Officer	Rod Barnes, Chief Executive Steve Page, Executive Director of Quality, Governance and Performance Assurance	Competent Person(s)	Shelley Taylor, Health and Safety Manager

Infection prevention and control	A Director of Infection Prevention and Control will be designated within each organisation providing NHS services.	Director of Infection Prevention and Control	Steve Page, Executive Director of Quality, Governance and Performance Assurance	Competent Person(s)	Iffa Settle, Head of Safety/ Infection Prevention and Control Nurse
Controlled drugs	Under the Department of Health legislation governing controlled drugs, all NHS trusts that are designated bodies must appoint an accountable officer to be responsible for the safe management and use of controlled drugs in their organisation.	Controlled Drugs - Accountable Officer.	Dr Julian Mark, Executive Medical Director	Competent Person(s)	Rebecca McClaren, Trust Pharmacist
Medical staff	All doctors employed in NHS organisations must report to a designated Responsible Officer. Trusts must identify a suitably qualified RO, who will oversee the professional revalidation of doctors and any issues relating to professional conduct.	Responsible Officer	Julian Mark, Executive Medical Director		
Safeguarding	A person with sufficient seniority should be identified to champion safeguarding in the organization.	Lead Director	Steve Page, Executive Director of Quality, Governance and Performance Assurance	Competent Person(s) Mental Capacity Act lead	Nikki Gibson, Head of Safeguarding. Named Professionals Suzie Southey, Lead Nurse for Urgent Care

Governance	The NHS Foundation Trust Code of Governance stipulates that the board of directors should appoint one of the independent non-executive directors to be the senior independent director, in consultation with the board of governors. The senior independent director should be available to members and governors if they have concerns which contact through the normal channels of chairman, chief executive or finance director has failed to resolve or for which such contact is inappropriate.	Senior Independent Director	Anne Cooper, Non-Executive Director		
Freedom to Speak Up	National Guidance for Boards on Freedom to Speak Up published by the National Guardian and NHSE sets out the requirement for the CEO to ensure the appointment of a Freedom to Speak Up Guardian and ensuring effective arrangements are in place. To support implementation and monitoring, Trusts are expected to identify both Executive and Non-Executive leads.	Executive Lead Non-Executive Lead	Steve Page, Executive Director of Quality, Governance and Performance Assurance Jeremy Pease, Non-Executive Director	Freedom to Speak Up Guardian Management Lead	Jock Crawford Rebecca Mallinder, Head of Investigations and Learning

APPENDIX 2 – Table of key committees and groups

Name of committee/group	Purpose	Reports to	Chair
Board of Directors	To provide active leadership of the Trust within a framework of prudent and effective controls which enables risks to be assessed and managed.	Council of Governors when established	Trust Chair
Remuneration Committee	Constituted in line with the requirements of the NHS Codes of Conduct and Accountability, and the Higgs report, the purpose of the Committee will be to advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors	Board of Directors	Non-Executive Director
Charitable Funds Committee	In line with its role as a corporate trustee for any funds held in trust, either as charitable or non charitable funds, the Charities Committee administers those funds in accordance with statutory or other legal requirements and best practice required by the Charities Commission.	Board of Directors	Non-Executive Director
Audit Committee	The purpose of the Audit Committee is to seek assurance and provide advice to the Board on the adequacy and effective operation of the Trust's internal systems of control and risk management across all areas of Trust business.	Board of Directors	Non-Executive Director
Finance and Investment Committee	The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions. It will review proposals for major business cases and reports on the commercial activities of the Trust, and will also scrutinise the content and delivery of the Trust cost improvement programme.	Board of Directors	Non-Executive Director
Quality Committee	The Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. The Committee will also scrutinise and support the Board in gaining assurance on workforce governance, health and safety, and information governance issues.	Board of Directors	Non-Executive Director

Trust Executive Group	Accountable for the delivery of objectives set by the Board. The group is also the formal route to support the Chief Executive in effectively discharging his/her responsibilities as accountable officer.	Board of Directors	Chief Executive
Trust Management Group	Supporting the operational management of the Trust and the delivery of objectives set by the Board. The Group carries delegated responsibility from the Trust Executive Group for overseeing and monitoring the operational delivery of the Trust's aims, objectives and contractual requirements and take decisive action / provide leadership to mitigate any risks to delivery; overseeing and monitoring delivery of new service developments; contributing to the development of strategy and policy, monitoring key risks, planning, delivery and monitoring of productivity and cost improvement objectives, ensuring effective management of operational issues and problems, delivering and monitoring effective engagement with the wider YAS management community.	Trust Executive Group	Executive Director
Transformation Programme Boards	The four programme boards oversee the delivery of the Trust service transformation programme - delivery of major projects aligned to the strategy including key element of the cost improvement programme.	Trust Executive Group	Executive Directors
Risk and Assurance Group	The Group receives reports on all directorate risk registers and specific risk issues from the members, including representatives from all other associated risk management groups. It also monitors and reviews the operation of risk management processes and advises the Trust Management Group on any issues arising.	Trust Management Group	Associate Director of Risk and Performance Assurance
Clinical Governance Group	The function of the group is to oversee all aspects of clinical governance and quality. The group agenda has standing agenda items relating to patient safety, clinical effectiveness, patient experience, infection prevention and control and safeguarding and monitors delivery of the workplans relating to each of these areas. The group oversees risks relating to clinical care and escalates these via the Trust risk management system to the Executive Team and Board as appropriate.	Trust Management Group	Executive Medical Director

Incident Review Group	The group reviews all significant new adverse events, including those arising from incident and near miss reporting, complaints and concerns, claims, coroners' inquests, safeguarding proceedings and internal HR systems. It agrees the management and communication plan for serious events and escalates issues to the Trust Executive Group as appropriate.	Clinical Governance Group	Executive Medical Director/Executive Director of Quality, Governance and Performance Assurance
Medicines Management Group	This group oversees the policies and procedures in place to ensure that management of medicines is safe and compliant with relevant legislation and guidance.	Clinical Governance Group	Deputy Medical Director
Clinical Quality Development Forum	The Clinical Quality Development Forum provides brings together wide membership from across Trust functions to support development of clinical governance policy and practice and to inform decisions in the Clinical Governance Group	Clinical Governance Group	Deputy Medical Director
Health and Safety Committee	Oversight of health and safety across the Trust, including delivery of health and safety strategy, compliance with statutory requirements and ensuring effective monitoring of and action on safety risks and issues within the Trust. It is supported by a number of local Committees in operational and support areas.	Trust Management Group	Executive Director of Quality, Governance and Performance Assurance
Strategic Workforce Group	The purpose of the group is to oversee the development and delivery of workforce strategy and policy, including that relating to: <ul style="list-style-type: none"> ○ Human Resources policy and practice ○ Staff support and wellbeing ○ Workforce planning ○ Organisational development ○ Education and training ○ Diversity and Inclusion 	Trust Management Group	Executive Director of Workforce and OD
Education and Training Portfolio Governance Boards	These groups oversee the delivery and quality of education and training plans in specific areas including clinical education, non-clinical education and training, and leadership, including compliance with standards and regulations.	Strategic Workforce Group	Executive Directors

Operational Management Groups	Oversight of activity in the A&E, Integrated Urgent Care/NHS 111 and PTS Operations function, including delivery of all objectives relating to quality, operational delivery and finance. It is underpinned by Locality Boards and other operational department meetings.	Trust Management Group	Executive Director of Operations/Director of Urgent Care and Integration or their deputies relevant to the service line
Trust Procurement Group	The group is responsible for management and monitoring of the Trust procurement programme and for oversight of vehicle and equipment procurement and roll out.	Trust Management Group	Associate Director of Procurement
CIP Management Group	This group oversees the development and delivery of the Trust Cost Improvement Programme.	Trust Management Group	Executive Director of Finance
Capital Management Group	The group agrees recommendations for the annual capital programme	Trust Management Group	Deputy Director of Finance
Estate Management Group	Oversight of activity in the Estate, Fleet and facilities functions, including objectives relating to quality and compliance , operational delivery and finance.	Trust Management Group	Associate Director of Estates, Fleet and Facilities
ICT Management Group	Oversight of activity in the ICT function, including objectives relating to quality and compliance , operational delivery and finance and ICT contribution to key developmental projects..	Trust Management Group	Executive Director of Finance
Joint Steering Group	The group consists of management and representatives of the trade unions recognised by the Trust. The role of the group is to support partnership working between the Trust and its staff representatives on issues of Trust policy and other key developments.	Trust Management Group	Executive Director of Workforce and OD