



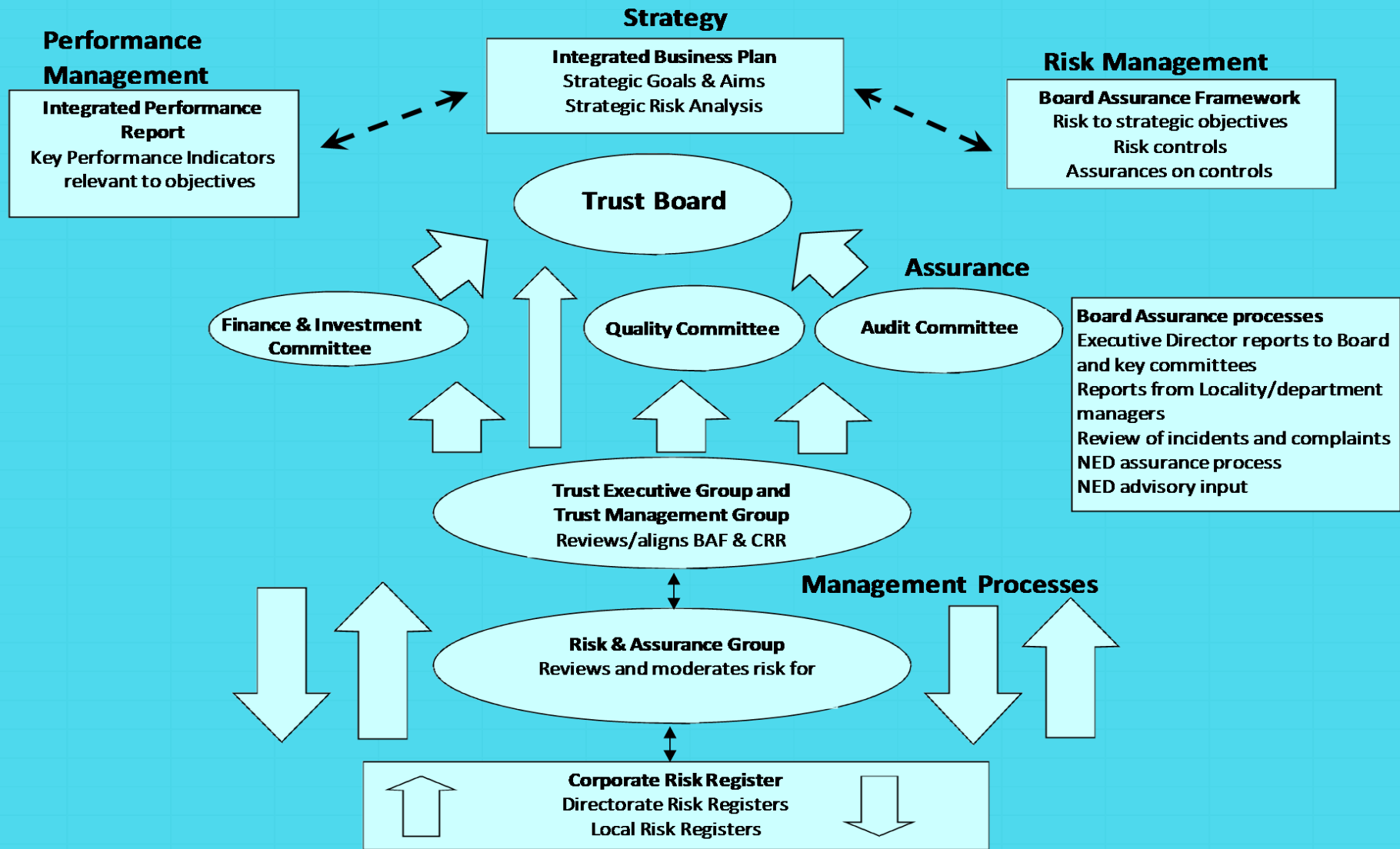
# Board Assurance Framework 2018 – 19

First draft

May 2018	Version 5
----------	-----------

Board Development Meeting	22.02.2018
Trust Management Group	04.04.2018 02.05.2018
Audit Committee	10.04.2018
Trust Board	24.05.2018
Quality Committee	07.06.2018
F&I Committee	07.06.2018

# TRUST BOARD - RISK INFORMATION FLOW AND ASSURANCE PROCESS



## STRATEGIC GOALS AND OBJECTIVES

The Yorkshire Ambulance Service NHS Trust Board have identified, agreed and published the following Strategic Goals and Objectives in 2016/2017. They form the basis of the Trust's Integrated Business Plan and the Annual Operating Plan for 2018/19

Strategic Goal	Strategic Objective
High Performing	1. Deliver excellent health outcomes in urgent and emergency care
Continuously Improving Patient Care	2. Ensure continuous service improvement and innovation
Always Learning	3. Develop and retain a highly skilled, engaged and motivated workforce
Value for Money and Provider of Choice	4. Work with partners to provide system leadership and resilience
	5. Provide a safe and caring service which demonstrates an efficient use of resources.

CEO – Chief Executive Officer

EDF – Executive Director of Finance

ED.QGPA – Executive Director of Quality, Governance and Performance Assurance

D.WF&OD – Director of Workforce and Organisational Development

D.I&UC – Director of Integration and Urgent Care

**Table 1:** showing progress in risk mitigation versus initial risk grading projected for the relevant quarter. *Actual and projected risk level is calculated as Consequence x Likelihood*

Risk Description	Apr 18	projected risk level				Movement	Q1 actual		Progress notes	Deviance from expected quarterly projection for Q1
		Q1	Q2	Q3	Q4					
1a) Ability to deliver National performance targets and clinical quality standards	20	20	20	15	10					
2a) Capacity and capability to deliver and manage change including delivery of CIPs	16	16	16	12	8					
2b) Ability to deliver the plan for integrated patient care services owing to multiple service tenders	16	16	16	12	8					
3a) System-wide availability of workforce and impact of changes to funding streams on provision of education and training	16	16	16	12	8					
3b) Effective strategies promotion of wellbeing	15	15	15	10	10					
3c) Effective strategies for leadership and engagement and a developed organisational culture	20	20	20	15	10					
4a) Impact of external system pressures and changes in wider health economy	20	20	15	15	15					
5a) Efficient joint working between corporate and operational services	16	16	16	12	8					
5b) Financial performance that delivers our Control Total in the context of the financial status of wider health economy and National drivers.	15	15	15	10	10					

STRATEGIC GOAL: HIGH PERFORMING							
Strategic Objective 1: Deliver world class health outcomes in urgent and emergency care							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p><b>1a. Ability to deliver National performance targets and clinical quality standards</b></p> <p><b>CQC Domains: Responsive</b></p> <p>Exec Director of Operations</p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 4 = 20	5 x 4 = 20	5 x 2 = 10	<p>A&amp;E Resource and Capacity team monitoring real-time demand and capacity, capacity planning model, forecasting</p> <p>On-going recruitment and training as part of Directorate workforce plans</p> <p>AQIs and CPI's developed with national benchmarking</p> <p>Training Programme agreed and established</p> <p>Weekly Performance and Quality report</p> <p>A&amp;E Operations Management Group</p> <p>PTS Programme annual plan in place and monitored</p> <p>111 Operational Management Group reporting arrangements</p> <p>Clinical Quality Strategy</p>	<p>Monthly Integrated Performance Report, including workforce KPI's to executive groups.</p> <p>Executive Project Board and risk review</p> <p>Service Line dashboard reporting and monitoring in place</p> <p>Quality Committee reports and annual Board level service line Quality Review.</p> <p>Weekly Safety Monitoring Reporting in place</p> <p>Incident review via IRG</p> <p>CQC Registration / Inspection and Reports</p> <p>Internal Audit review of operational plan and training</p> <p>NHS England benchmarking of AQI and CPI</p> <p>Weekly national benchmarking</p> <p>ARP pilot monitoring and review</p>	<p>1) Impact of ARP and how delivery of ARP is commissioned</p> <p>2) Delivery of NHS111/WYUC and PTS service in context of increasing demand and contractual requirements</p> <p>3) Inefficiencies in management of resources and delivery of CIPs versus staffing requirement and fleet capacity</p> <p>4) Control in wider system of impact of increased hospital handover time</p> <p>5) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards</p>	<p>1a) Negotiation with Commissioners on suitable timeframe and investment for delivery of ARP <b>EDO, EDF Q1</b></p> <p>1b) Implementation of business cases for LAT, RRV to DCA, EOC model re-design and Hear &amp; Treat to support delivery of ARP <b>EDO ongoing monitoring with review date Sept 18</b></p> <p>1c) Implement workstreams for Meal Break management, End of shift overtime and EOC Dispatch Operating model to support delivery of ARP <b>EDO ongoing monitoring with review date Sept 18</b></p> <p>1d) Monitor of ARP performance, quality and safety <b>EDO Ongoing</b></p> <p>1e) Review of rostering alignment and skill mix <b>EDO Sept 18</b></p> <p>2a) Deliver transitional year NHS111/WYUC contract <b>D.I&amp;UC Mar 19</b></p> <p>2b) Detailed analysis and action planning to deliver PTS KPIs aligned to transformational workstreams <b>D.I&amp;UC Mar 2019 with monthly reporting</b></p> <p>2c) Delivery of service transformation workstreams to support implementation of the Integrated &amp; Urgent Care Specification <b>D.I&amp;UC Mar 19 with monthly monitoring</b></p> <p>3a) Monthly monitoring delivery of CIPs through CIPMG and Deep Dives as indicated <b>EDF, EDO, D.I&amp;UC Mar 2019</b></p> <p>4a) Continued focus on handover challenges <b>(See BAF 4a)</b></p> <p>5a) Gain approval of business case for electronic patient record solution (ePR) business case <b>EDF, D.I&amp;UC Jun 18</b></p> <p>5b) Roll out of ePR <b>EDF Mar 19 with quarterly monitoring</b></p> <p>5c) Digital Strategy publication and plan for implementation <b>EDF Mar 19</b></p>

STRATEGIC GOAL: CONTINUALLY IMPROVING PATIENT CARE							
Strategic Objective 2: Ensure continuous service improvement and innovation							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initi	Curr	Tar		External Assurance		
<p><b>2a. Lack of capability to deliver and manage change including delivery of CIPs</b></p> <p><b>CQC Domains: All</b></p> <p>Executive Director of Quality, Governance and Performance Assurance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 2 = 8	<p>Transformation Programme Management boards and PMO monitoring and assurance function</p> <p>Performance management framework and TEG / TMG deep dives</p> <p>CIP Monitoring Group and Financial Performance Management Framework.</p> <p>CQUINS tracking through IPR reports and CQUIN Delivery Group</p> <p>Quality Impact Assessment process in place, reported to Quality Committee</p> <p>TEG approved staff engagement plan</p>	<p>Monthly IPR monitoring reports including programme dashboard to TMG and assurance reports to Quality Committee, F&amp;IC and Board</p> <p>Internal Audit reports</p> <p>NHS Improvement</p> <p>NHSI review of CIP Management processes</p>	<p>1) Further development of managerial and clinical leadership capability and capacity, engagement and accountability.</p> <p>2) Programme and project management capacity to support transformation to be fully embedded</p> <p>3) Embedded approach to Quality Improvement</p> <p>4) Emerging priorities requiring adjustment of existing Trust plans</p>	<p>1a) Ensure provision of robust management information, accessible to lead managers <b>EDF, D.WF&amp;OD, ED.QGPA Q2</b></p> <p>1b) Trustwide alignment of workforce plans with determined skill sets and management capacity underpinned by delivery of Leadership Development programme. <b>EDO, D.I&amp;UC, D.WF&amp;OD Q2</b></p> <p>2a) Continue implementation of PMO Service Improvement offer and Performance Management arrangements, with a focus on CIP and service improvement. <b>ED.QGPA March 19 with monthly monitoring</b></p> <p>2b) Delivery of Quality &amp; Efficiency CIPs with oversight through CIPMG and financial performance escalation framework. <b>ED.QGPA/EDF Mar 19 with monthly monitoring</b></p> <p>3a) Embed organisation-wide approach to Quality Improvement, including establishing a network of skilled QI Fellows <b>ED.QGPA March 19 with quarterly review</b></p> <p>4a) Delivery of service transformation workstreams to support implementation of the Integrated &amp; Urgent Care Specification <b>D.I&amp;UC March 19 with monthly monitoring (See BAF 1a)</b></p> <p>4b) Mobilise PTS contracts. <b>D.I&amp;UC (See BAF 2b)</b></p>

STRATEGIC GOAL: CONTINUALLY IMPROVING							
Strategic Objective 2: Ensure continuous service improvement and innovation					Objective Owner:		
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p><b>2b. Inability to deliver the plan for integrated patient care services owing to multiple service tenders</b></p> <p><b>CQC Domains:</b></p> <p><b>All</b></p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 2 = 8	<p>Integrated Business Planning group, reporting into Trust Management Group</p> <p>Bid Team expertise established and learning from previous bids</p> <p>CIP Management Group</p> <p>NHS111 Operational Management Group</p>	<p>Executive review via TMG Finance and assurance reports to F&amp;IC</p> <p>Contractual KPI's in IPR – reported to TMG and Board</p> <p>PMO Dashboard</p>	<p>1) Management and project capacity and enhanced customer relationships to respond to service tenders</p> <p>2) Lack of technology and specialist skills</p> <p>3) Delivery transitional year NHS111/WYUC contract</p> <p>4) GDPR / Data Security Toolkit compliance to ensure requirement is covered in bids for tenders</p>	<p>1a) Continue development of bid expertise to anticipate and respond to tender activity in context of delivery of transformational change programmes <b>D.I&amp;UC Ongoing</b></p> <p>1b) Active engagement with new STPs and maintain horizon scanning and intelligence gathering <b>D.I&amp;UC March 19 ongoing</b></p> <p>1c) Actively pursue new service tenders in line with 5 year Strategic direction for the organisation. <b>D.I&amp;UC Mar 19 ongoing</b></p> <p>1d) Secure PTS West contract in context of change <b>D.I&amp;UC Q2</b></p> <p>1e) Response to major re-tender of NHS111 service in 2018/19 <b>D.I&amp;UC timescale to be determined</b></p> <p>2a) Implement Digital Road Map priorities <b>EDF Mar 19</b></p> <p>2b) Recruit to specialist technological roles to deliver business plans and support transformational change <b>EDF Q2</b></p> <p>3) Deliver transitional year NHS111/WYUC <b>(see BAF 1a)</b></p> <p>4) Deliver implementation plan for GDPR and Data Security and Protection Toolkit <b>(see BAF 5a)</b></p>
				<p>Internal Audit</p> <p>Commissioner meetings and contract settlements</p> <p>STPs and A&amp;E Delivery Boards, Urgent Care Board</p>			

STRATEGIC GOAL: ALWAYS LEARNING							
Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce							
Principal Risk Ref No:	Risk Score C x L		Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe	
Exec Lead/Risk Area	–	0		+			External Assurance
<p><b>3a. System-wide availability of workforce and impact of changes to funding streams on provision of education and training</b></p> <p><b>CQC domains: Well Led</b></p> <p>Executive Director of Operations, Director of Workforce and OD Director Integration &amp; Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 2 = 8	<p>Workforce plans in place</p> <p>Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings.</p> <p>Agreed clinical career framework</p> <p>Apprenticeship Training status</p>	<p>Board level monitoring of progress via Integrated Performance Report and Quality Committee.</p> <p>TMG monitoring of key post recruitment activity.</p> <p>Monitoring via Directorate Programme Management Group with assurance via PMO.</p> <hr/> <p>Internal audit reviews</p> <p>CQC Inspections and reports</p> <p>Scrutiny of Health Education England and NENAS</p>	<p>1) Implementation of People Strategy</p> <p>2) National shortage of Paramedic staff impacting on recruitment and retention. Competition from non-ambulance sector</p> <p>3) Ongoing need to maintain positive union relationships through period of complex change</p> <p>4) Systematic delivery of training, supervision and PDR</p> <p>5) Delivery of Apprenticeship scheme and utilisation of levy</p> <p>6) Availability of clinical advisors and specialist clinicians to support NHS111, EOC, Clinical Advisory Service (CAS)</p>	<p>1a) Implement People Strategy <b>D.WF&amp;OD Sept 18</b></p> <p>2a) Implement workforce plan, recruitment and training trajectory and manage attrition <b>EMD, D.WF&amp;OD, EDO, D.I&amp;UC Mar 19 with monthly monitoring</b></p> <p>2b) Monitor trajectory to achieve delivery of band 6 Paramedic upskill training <b>D.WF&amp;OD, EDO Mar 19 with quarterly report</b></p> <p>2c) Development of an operational and clinical model for advanced and specialist practitioners <b>D.WF&amp;OD, EDO Mar 19</b></p> <p>2d) Development of multi-professional workforce <b>D.WF&amp;OD, D.I&amp;UC, EDO Mar 19 with quarterly monitoring</b></p> <p>3a) Maintain current intelligence on national workforce issues <b>D.WF&amp;OD ongoing</b></p> <p>3b) Continue engagement through JSG meeting framework/other formal/informal mechanisms. <b>D.WF&amp;OD ongoing</b></p> <p>4a) Continue implementation of clinical career framework. <b>EMD Ongoing</b></p> <p>4b) Implement mandatory TNA for all roles <b>D.WF&amp;OD Aug 18</b></p> <p>4c) Implement PDR process inc Vision, Values and Behavioural Framework. <b>D.WF&amp;OD Sept 18</b></p> <p>5) Implement strategic approach to utilisation of apprenticeship schemes <b>D.WF&amp;OD Sept 18</b></p> <p>6a) Delivery of action plan to maintain levels of clinicians in NHS111 and reduce agency use, incl options for in-house bank <b>D.I&amp;UC, D.WF&amp;OD</b></p> <p>6b) Implement and monitor effectiveness of Nurse Internship Programme <b>ED.QGPA Mar 19 with quarterly reporting</b></p> <p>6c) Implement Phase 2 CAS in line with service transformation workstreams <b>D.I&amp;UC Mar 19</b></p>



**STRATEGIC GOAL: ALWAYS LEARNING**

Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce							
Ref No:	Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce						
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	£	0	1		External Assurance		
<p><b>3b. Effective strategies for promotion of wellbeing</b></p> <p><b>CQC domains:</b></p> <p><b>Well Led</b></p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p>	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	<p>People Strategy</p> <p>Wellbeing Plan aligned with Staff Survey action plan</p> <p>Communications Strategy and Staff Engagement Plan</p> <p>Direct Executive and senior management engagement</p> <p>Staff-side multi-union agreement</p> <p>Workforce KPIs</p> <p>Behaviours Framework</p> <p>Diversity and Inclusion Strategy</p>	<p>Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey</p> <p>Joint Steering Group Meeting</p> <p>Workforce monitoring and reporting, including KPIs</p> <p>Integrated Performance Report</p>	<p>1) There is a need to develop leadership and staff engagement and accountability in wellbeing agenda</p> <p>2) Embedded and effective initiatives to support staff wellbeing</p> <p>3) Ensuring reach of Wellbeing initiatives to widely dispersed workforce</p> <p>4) Ongoing need to maintain positive union relationships through period of complex change</p> <p>5) Implemented D&amp;I action plan</p>	<p>1a) Implement/embed People Strategy <b>D.WF&amp;OD (see BAF 1a)</b></p> <p>1b) Embed Vision &amp; Values and Behaviours framework <b>D.WF&amp;OD (See BAF 3c)</b></p> <p>2) Implement Wellbeing Plan and specific workstreams aligned to staff survey action plan <b>WF&amp;OD Mar 19 with quarterly reporting</b></p> <p>2a) further Mental Health First Aid Training to identified managers <b>D.WF&amp;OD Mar 19</b></p> <p>2b) planned initiatives for prevention of MSK issues <b>D.WF&amp;OD Mar 19 monitored quarterly</b></p> <p>2c) Delivery of Flu campaign resulting in increased uptake for 2018/19 <b>D.WF&amp;OD Jan 19 monitored monthly during planning</b></p> <p>2d) Focus on supportive management of short and long term sickness <b>D.WF&amp;OD Jun 18</b></p> <p>2e) Ensure Occupational Health contract delivers effective provision for staff in line with the Wellbeing plan. <b>D.WF&amp;OD Mar 19</b></p> <p>2f) Monitoring and corrective action to address Workforce KPI's <b>D.WF&amp;OD Mar 19 monthly</b></p> <p>3) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. <b>D.I&amp;UC (See BAF 3c)</b></p> <p>4) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. <b>D.WF&amp;OD (See BAF 3a)</b></p> <p>5) Implement Diversity &amp; Inclusion action plan <b>D.WF&amp;OD Mar 19 with quarterly reporting</b></p>

STRATEGIC GOAL: ALWAYS LEARNING							
Ref No:	Strategic Objective 3: Develop and retain a highly skilled, engaged and motivated workforce						
Principal Risk Ref No:	Risk Score C x L		Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe	
Exec Lead/Risk Area	£	0		External Assurance			
<p><b>3c. Effective strategies for leadership and engagement and a developed organisational culture</b></p> <p><b>CQC domains:</b></p> <p><b>Well Led</b></p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p>	5 x 4 = 20	5 x 4 = 20	5 x 2 = 10	<p>Communications Strategy and Staff Engagement plan</p> <p>Direct Executive and senior management engagement</p> <p>Executive team brief and periodic leadership conferences</p> <p>Clinical Supervision structure</p> <p>Staff-side multi-union agreement</p> <p>Leadership and Management Portfolio Governance Boards</p> <p>Freedom to Speak Up process</p> <p>Multi-faceted social media presence</p> <p>Diversity and Inclusion group and networks</p> <p>Bright Ideas process</p>	<p>Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey</p> <p>Joint Steering Group Meeting</p> <p>Reporting through TMG and Quality Committee</p> <p>Board Well Led Self-Assessment</p> <p>Annual Staff survey</p> <p>Cultural audit</p> <p>Well Led Assessment by externally commissioned partner</p> <p>Review of capability of Board and Executive Team</p>	<p>1) Matured leadership and accountability and embedded Just Culture</p> <p>2) Widely dispersed workforce and challenge of staff engagement with significant pace of change</p> <p>3) Level of diversity in workforce not reflective of wider population</p> <p>4) Plan for implementation of 'Pay and Agenda for Change' reform</p> <p>5) Ongoing need to maintain positive union relationships through period of complex change</p>	<p>1a) Embed Vision &amp; Values and Behaviours framework. <b>D.WF&amp;OD Dec 18</b></p> <p>1b) Embed management &amp; leadership development framework. <b>D.WF&amp;OD Mar 19</b></p> <p>1c) Implement Talent Development model <b>D.WF&amp;OD, EDO, D.I&amp;UC, ED.QGPA Mar 19</b></p> <p>1d) Learning from investigations in the context of a 'Just Culture' <b>D.WF&amp;OD Mar 19 quarterly reports</b></p> <p>2a) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. <b>D.I&amp;UC Mar 19</b></p> <p>2b) Continued development of social media presence to ensure core messages are consistently shared. <b>D.I&amp;UC Mar 19</b></p> <p>2c) Engage front line staff in the Inspections for Improvement process <b>ED.QGPA Dec 18</b></p> <p>3a) Embed Diversity &amp; Inclusion Strategy <b>D.WF&amp;OD June 18</b></p> <p>3b) Introduce equality monitoring into recruitment processes and service line performance dashboards. <b>D.WF&amp;OD June 18</b></p> <p>3c) Embed Equality Impact Assessment <b>D.WF&amp;OD Sept 18</b></p> <p>3d) Community engagement activities to promote inclusivity of workforce <b>D.WF&amp;OD Ongoing</b></p> <p>4) Develop action plan to deliver requirements of Pay and Agenda for change reform <b>D.WF&amp;OD, EDF Mar 19 current national consultation</b></p> <p>5) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. <b>D.WF&amp;OD Ongoing (See BAF 3a)</b></p>

**STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE**

Strategic Objective 4: Work with partners to provide system leadership and resilience							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p><b>4a. Impact of external system pressures and changes in wider health economy</b></p> <p><b>CQC Domains:</b></p> <p><b>Well Led</b></p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 4 = 20	5 x 4 = 20	5 x 3 = 15	<p>Stakeholder engagement plan</p> <p>STPs and other formal engagement meetings</p> <p>Capital plan</p> <p>Reconfiguration review process</p> <p>Strategic Hospital Handover Plan</p> <p>Systematic Reconfiguration evidence based analysis and impact and risk modelling</p>	<p>TMG review, with Quality Committee and Board assurance reports</p> <p>Capital Planning Group review of Capital Programme and risks</p> <p>TEG management of Handover plan</p> <p>Contract management Board reports</p> <p>Internal audit reviews</p>	<p>1) Lack of clarity in system wide plans and emerging developments in emergency and urgent care</p> <p>2) Challenges in whole system resilience and agreement of collaborative action with challenged Trusts</p> <p>3) National and local external funding pressures</p>	<p>1a) Continue to work with commissioners/ other providers to develop a coherent region-wide strategy and collaborative approach to system management <b>CEO, D.I&amp;UC</b></p> <p>1b) Embed approach to oversight of partnerships with other organisations, including STPs, A&amp;E Delivery Boards and Integrated Care System. <b>D.I&amp;UC ongoing Mar 19</b></p> <p>1c) Continue to embed processes for engagement in local reconfiguration activity. <b>D.I&amp;UC ongoing</b></p> <p>2a) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover <b>EDO, ED.QGPA ongoing</b></p> <p>2b) Highlight and manage specific risks to Safety, Quality and Performance arising from reconfiguration plans. <b>D.I&amp;UC, ED.QGPA, EDO ongoing</b></p> <p>2c) Deliver transitional year 111/WYUC contract (<b>see BAF 1a</b>)</p> <p>2d) Develop performance heatmaps to address inconsistencies in achievement of performance across the healthcare system <b>EDF Q1</b></p> <p>3a) Continue development and implementation of efficiency work programmes across the Trust and wider NAA. <b>EDF, CEO Mar 19</b></p> <p>3b) Maintain position on utilisation of agency in line with national cap <b>D.WF&amp;OD Mar 19</b></p>

**STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE**

**Strategic Objective 5: Provide a safe and caring service which demonstrates an efficient use of resources**

Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target		External Assurance		
<p><b>5a. Efficient joint working between corporate and operational services</b></p> <p><b>CQC domains:</b></p> <p><b>Effective, Responsive</b></p> <p>Executive Director of Quality, Governance and Performance Assurance, Executive Director of Finance, Director of Estates and Facilities, Director of Workforce &amp; OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 3 = 16	4 x 2 = 8	<p>Procedural documents</p> <p>Robust vehicle and equipment procurement and roll out processes</p> <p>Risk management software systems support the learning process</p> <p>Inspections for Improvement process</p> <p>Fleet replacement programme</p> <p>Hub and Spoke / vehicle preparation programme</p> <p>Business partner model</p> <p>Quality Improvement process</p> <p>Process Improvement support</p> <p>GDPR action plan with oversight of DPO</p>	<p>Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups.</p> <p>Estates Management Group monitoring of Capital Fleet and Equipment group</p> <p>TMG performance review processes through monthly IPR.</p> <p>TEG &amp; TMG Deep Dives, incl Workforce Directorate</p> <p>Internal audit reviews- ICT strategy, vehicle replacement, HR processes</p> <p>NAA Benchmarking information and collaborative NAA review/work in relation to Corporate Functions.</p>	<p>1) Support services that are fully aligned to meet the needs of operational service lines</p> <p>2) Systems and processes not optimally aligned to support operational effectiveness</p> <p>3) Processes in place to deliver General Data Protection Regulation</p>	<p>1a) Alignment of enabling support services strategies and transformation plans with Trust strategy <b>all EDs Q2-Q3</b></p> <p>1b) Embed the Trust Behaviours framework <b>D.WF&amp;OD (see BAF 3c)</b></p> <p>2a) Embed organisation-wide approach to Quality Improvement, incl. network of skilled QI Fellows <b>ED.QGPA (See BAF 2a)</b></p> <p>2b) Embed approach to Process Improvement <b>ED.QGPA Mar 19 with quarterly monitoring</b></p> <p>2c) Continued focus on internal efficiencies in fleet, estates, internal logistics and corporate support services. <b>EDF, D.WF&amp;OD, ED.QGPA</b></p> <p>2d) Implement Vehicle Accident Reduction policy <b>EDF Jun 18</b></p> <p>2e) Continue to explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. <b>CEO, D.WF&amp;OD, ED.QGPA</b></p> <p>2f) Continue delivery of VFM workstreams at Trust and NAA level aligned to the national ambulance sustainability and Model Ambulance workstreams. <b>CEO ongoing</b></p> <p>3) Deliver plan for compliance with GDPR <b>Mar 19 with quarterly monitoring</b></p>

**STRATEGIC GOAL: VALUE FOR MONEY AND PROVIDER OF CHOICE**

**Strategic Objective 5: Provide a safe and caring service which demonstrates an efficient use of resources**

Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target		External Assurance		
<p><b>5b. Financial performance that delivers our Control Total in the context of the financial status of wider health economy and National drivers.</b></p> <p><b>CQC domains:</b></p> <p><b>All</b></p> <p>Executive Director of Finance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	<p>Procedures regarding levels of sign off and expenditure - organisational cost control are in place</p> <p>Monthly budget monitoring between finance, senior and operational managers.</p> <p>Quality &amp; Efficiency Savings Programme and CQUIN programme management</p> <p>Financial Performance Framework</p> <p>Cost control processes – Vacancy Panel</p> <p>Monthly focussed CIPMG monitoring</p> <p>Deep dive process established</p> <p>Authorisation procedures for contractor spend.</p> <p>Procurement Contracts Monitoring database</p>	<p>Monthly review by the Board through Integrated Performance Report and review by TMG &amp; TEG</p> <p>F&amp;I committee review</p> <p>CIPMG monitoring led by EDF</p> <p>Internal audit reviews - financial reporting and financial systems</p> <p>Internal audit reviews of governance, leadership and partnerships.</p> <p>Delivery of STP CQUIN</p> <p>Monthly NHSI submission and review meetings</p> <p>Single Oversight Framework</p>	<p>1) Financial plan 18/19</p> <p>2) Delivery of national financial stretch targets for NHS Trusts including control total and national funding limitations potentially impacting on major estate developments</p> <p>3) Contract management arrangements for existing and new major contracts</p>	<p>1a) Engage with national Ambulance Sustainability Programme, incl. Model Ambulance, ARP, Carter <b>ED.QGPA, EDF Ongoing.</b></p> <p>1b) Implement 5 year integrated financial plan and strategy aligned to Integrated Business Plan <b>EDF March 19</b></p> <p>2a) Agree and implement Trust financial plan to meet revised control total target. <b>EDF March 19 with rigorous monthly monitoring</b></p> <p>2b) Delivery of agreed Quality and Efficiency Savings Programme (CIPs) <b>EDF, EDO, D.I&amp;UC March 19 with monthly tracking</b></p> <p>2c) Programme management of capital plan <b>EDF Ongoing</b></p> <p>2d) Deliver Hub &amp; Spoke Doncaster <b>EDF Mar 19</b></p> <p>2e) Secure new and existing income through service tenders / other development opportunities. <b>D.I&amp;UC March 19 (See BAF 2a)</b></p> <p>2e) Implement Integrated and Urgent Care Specification within contracted financial envelope <b>D.IUC Mar 19</b></p> <p>2f) Maintain financial position on delivery of national agency cap <b>D.WF&amp;OD, EDF Mar 19</b></p> <p>2g) Implement opportunities for cost saving through cross organisational collaboration as part of NAA and across the wider health and social care economy. <b>CEO, D.I&amp;UC, D.WF&amp;OD</b></p> <p>2h) Realise projected benefits of transformation programmes <b>EDO, D.I&amp;UC Mar 19 with quarterly review</b></p> <p>3) Robust contract management of contracts with major financial value <b>(Occupational Health see BAF 3b) EDF</b></p>