

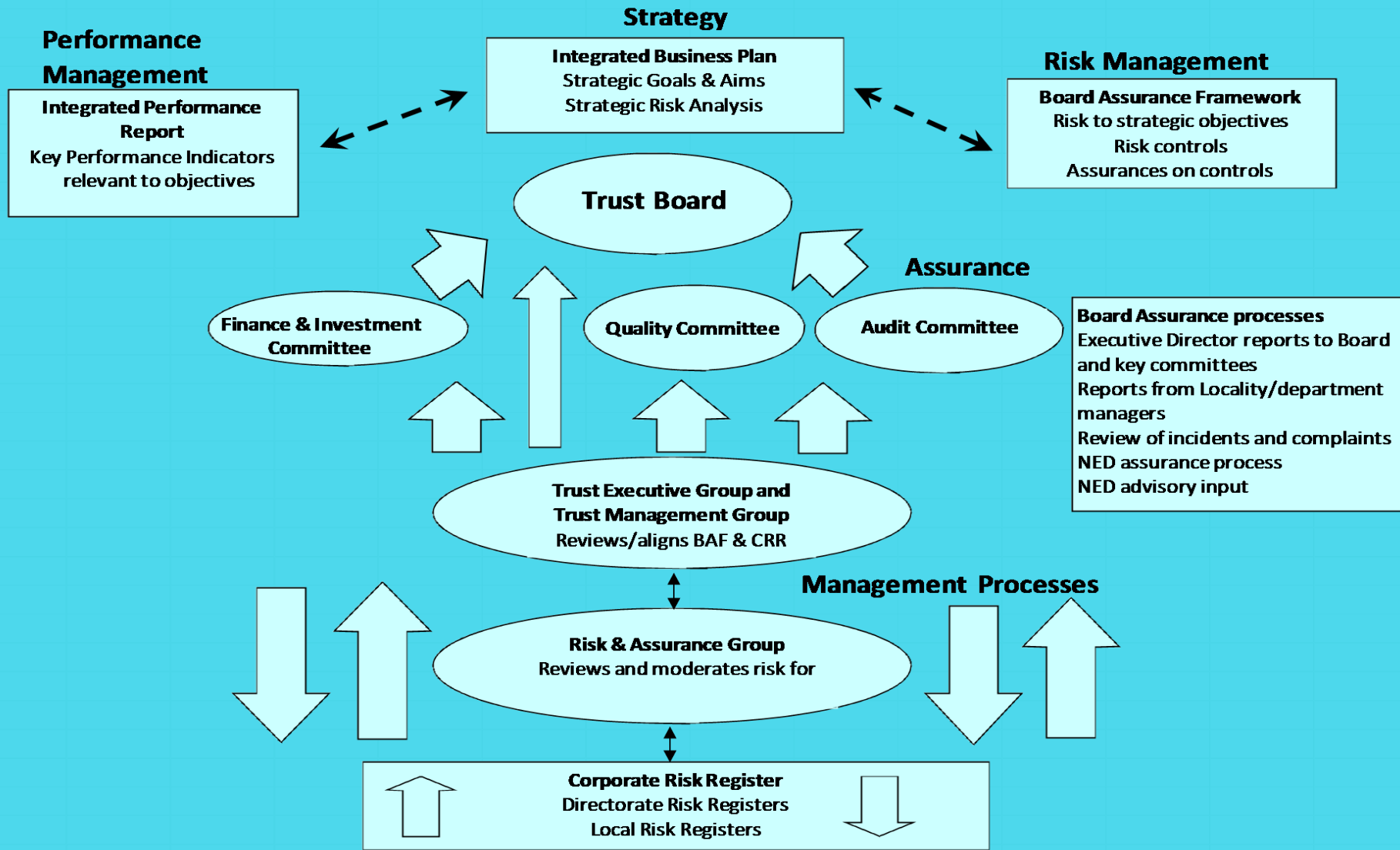


# Board Assurance Framework – Q4 cycle

March 2018	Version 4
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Trust Management Group	<b>24.01.2018</b>
Audit Committee	10.04.2018
Trust Board	22.02.2018 (BDM)
Quality Committee	15.03.2018
F&I Committee	15.03.2018

# 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 for 2016/2017. They form the basis of the Trust's Integrated Business Plan and the Annual Operating Plan for 2017/18

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.

**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 17	*projected risk level				Movement	Actual Q3 *	Actual Q4 *	Progress notes	Indicative end position for Q4 and proposal for re-cast of the BAF to 2018/19
		Q1	Q2	Q3	Q4					
1a) Inability to deliver performance targets and clinical quality standards.	20	20	15	15	10	↔	20	20	<p>June 2017: 1d) East PTS mobilisation completed, south in progress. 3b) Project group established and work plan commenced.</p> <p>August 2017: 1b) Review of A&amp;E staffing and deployment in progress to address weekend pressures</p> <p>September 2017: variable uptake of overtime; TEG agreement to convert a proportion of the overtime budget to substantive staffing. Substantive FTE in post behind are planned levels. 2c) CS's to be deployed operationally over winter period; this was planned. . EOC high attrition and reduction in call performance added to CRR. 5a) ePR project group working with Finance and Resource Planning to develop bid to address training abstraction.</p> <p>Dec 17 – Workforce plans for A&amp;E and 111 progressing to plan. Dialogue continuing with NHSI, higher risk Trusts and relevant commissioners in respect to hospital handover.</p> <p>Feb 18: A&amp;E Ops projected to be at establishment by end of 17/18, Capacity Team in place and working as BAU. Spring review of ARP with lack of clarity on how this will be commissioned. Mar 18 Additionally a response in the form of a number of business plans are being developed as part of our response to the planning guidance.</p>	<p>The deviance reported in Q2 from projection has continued through the year and remains the status for Q4 with the risk rating at 20 due to potential impact of staffing on delivery of performance.</p> <p>EOC high attrition and reduction in call performance remains a Red risk on the CRR, A&amp;E Ops staff reported low uptake of overtime but clinical recruitment is now reported to be in line with trajectory. Excessive hospital handover hours are placing additional pressure on availability of resources.</p> <p><b>Proposal for 2018/19 – Risk should remain on the BAF, recognising national drivers with specific actions to reflect the required implementation of ARP and delivery of the IUC specification</b></p>
2a) Lack of capacity and capability to deliver and manage change including delivery of CIPs	20	20	15	10	10	↔	10	10	<p>June 2017: 1c) Vision, Values and behaviour on track for launch in September Management conference.</p> <p>2b) Positive NHSI review of CIP management</p> <p>July 2017: 3a) Quality Improvement proposal supported by TEG.</p> <p>5c) TOR reviewed for IUEC Programme Group and first meeting scheduled</p> <p>Sept 17: 5a) A&amp;E Transformation Programme resources to manage, oversee and deliver key projects within workstreams. Ongoing recruitment of Project Support Officer and Regional General Manager post</p> <p>Dec 17 – PTS plan review complete. Urgent Care programme review continuing with new Director. New Workforce and OD Director and Director of Urgent Care and Integration in post.</p> <p>Mar 18 – senior appointments made, implementation of Directorate restructures, CIP delivery with NHSI positive review, QI plans at early stage of implementation. Also the Well Led External review has been commissioned with a focus on collective capacity and capability to deliver against the 5 Year Strategy.</p>	<p>No deviance from projected quarterly risk level for Q4 of 2017/18 is reported. Actions detailed are ongoing.</p> <p><b>Proposal for 2018/19 – risk should remain on the BAF as a principal risk to the strategic objectives with challenges relating to delivery of major change programmes and non-recurrent CIPs in 2017/18 which will impact into 2018/19</b></p>
2b) Inability to deliver the plan for integrated patient care services owing to multiple service tenders.	16	16	16	12	8	↓	12	8	<p>June 2017: 1a) restructures in PTS and Workforce Directorate in progress. 2c) New tender process commenced for N Yorks currently under review. Total transport workstream in Leeds initiated. 4) WYUC independent review action plan implementation in progress. Meetings arranged with commissioners to review progress by all parties.</p> <p>September 2017: 1a) PTS restructure agreed and recruitment ongoing. 1c) Tender/bid writing workshop held for PTS management team.</p> <p>Oct 17: 1a) majority of PTS leadership team in post, Programme Manager identified from Directorate resource, Project Manager from Transformation team. Bid writing expertise is engaged.</p> <p>Mar 18 – success in PTS tenders in-year, Horizon scanning and intelligence gathering established in IBPG. The 5 Year Strategic direction for the Trust is agreed via the % Year Strategy, IUC Programme will align with this strategic direction.</p>	<p>No deviance from projected quarterly risk level for Q4 of 2017/18 is reported. Actions detailed are ongoing.</p> <p><b>Proposal for 2018/19 – Risk remains a principal risk with further PTS tenders expected and the NHS111 / IUC major tenders in 2018/19 to reset risk level</b></p>

3a) Availability of clinical workforce impacting ability to deliver the Operational Business plan.	15	15	15	10	10	⇄	10	10	<p>June 2017: 5) Apprenticeship Strategy and implementation plan agreed by TEG. 6b) Internship commenced with staff on first placement in NHS111</p> <p>Oct 17: 4a) Oct 17: Development of Newly Qualified Paramedic Programme includes a defined scope of practice, deployment criteria, arrangements for clinical supervision. 6a) NHS111 homeworking in place, recruitment and retention is stable, trajectory on track, engaged in Clinical recruitment and retention project</p> <p>Dec 17: Recruitment plans in place and on track for operational front line vacancies to minimise risk and fully recruit to FTE and use of targeted overtime, NHS111 clinical workforce remains close to establishment figure. Modular training plan in 111 progressing well and will realise benefits in early 18/19.</p> <p>Feb 18: A&amp;E Ops paramedics currently over-established but challenge relating to attrition. Will be a requirement for a review of skillmix and rostering in A&amp;E Ops following ARP spring review. Development of People Strategy is underway.</p> <p>Education and Learning Team have achieved Apprenticeship Training provider status and plan for utilisation of apprenticeship levy in place. NQP programme in place.</p>	<p>No deviance from projected quarterly risk level for Q4 of 2017/18 is reported. Actions detailed are ongoing.</p> <p><b>Proposal for 2018/19 – Risk should be broadened to reflect the system-wide availability of clinical workforce and the impact of changes to funding streams for training and education.</b></p>
3b) Ineffective strategies for staff engagement	15	15	15	10	10	⇄	10	10	<p>July 2017: 2a) Behaviours framework progressing and launch now scheduled after September management conference 3c) Datix refresh launched in April 2017. 6b) Recruitment to new Wellbeing roles in progress</p> <p>Aug 2017: 3a) Formal review session for FTSU held on 23/8/17</p> <p>Oct 17: 2a) Vision and Values Framework launched at Management Conference in September.</p> <p>Dec 17: 2a) Behaviours Framework launched and plan for implementation is in place. Comms Team plan to assess use of social media as an additional platform for communication and staff engagement</p> <p>Mar 18 Leadership and Management Portfolio Governance Boards being established. Wellbeing roles recruited and work plan in place, review of OH contract commenced, Staff survey results identify key areas of focus for 18/19 and have been reported through TMG, with an action plan now being jointly developed across the Trust in response. This is being led by the Workforce directorate.</p>	<p>No deviance from projected quarterly risk level for Q4 of 2017/18 is reported. Actions detailed are ongoing and progress is noted.</p> <p><b>Proposal for 2018/19 – Risk should be broadened to encompass engagement and wellbeing. A separate risk should be recorded to identify the work required to develop organisational leadership and culture</b></p>
4a) Impact of external system pressures and changes in wider health economy	20	20	15	15	15	⇄	20	20	<p>June 2017: 4b) Overall agency spend reduced to within cap level.</p> <p>Oct 17: 2a) Increased IFTs at MYHT as part of reconfiguration mitigated by use of a PTS vehicle and SJA. Proposed Calderdale/Huddersfield service changes for Winter pressures added to CRR, modelling of impact on performance and clinical pathways is ongoing. Intelligence being gathered on further region-wide changes in relation to HyperAcute Stroke Units and DGH's.</p> <p>Dec 17: MYHT full implementation sept 17: increased incident cycle time and increased numbers of IFT. Capacity is being provided by 4 private crews currently. Discussions continue based on actual demand and the most appropriate operational model to manage the high IFT demand</p> <p>CHFT centralised cardiac/respiratory and frail elderly patients in December 2017 - Modelling completed by ORH recommended an additional 12 unit hours per day (6 WTE) to mitigate impact on patients MYHT – 4 private crews utilised, Low Acuity Tier utilised</p> <p>Regional review of stroke services is underway with impact to be modelled, YAS are engaged in discussions</p> <p>Mar 18 – commissioner intention to decommission IFT ambulance Friarage, Northallerton, QIA completed to identify patient risk. South service redesign in U&amp;EC, maternity, gastro and stroke.</p>	<p>The projection in Q4 was for mitigation of principal risk of impact of external system pressures and changes in wider health economy; this has been assessed as not being reached and risk remains at Q1 level. Hospital reconfigurations have an impact on performance, an increase in IFTs, resource drift and extend patient journey times with potential for risk of adverse patient outcome. Further local and region-wide reconfigurations are expected through 2018/19, risk is not reduced in Q4.</p> <p><b>Proposal for 2018/19 – Risk should remain on the BAF and as through 2017/18 will continue to explicitly focus on external system pressures with the focus on demand and performance captured at 1a.</b></p>

5a) Ineffective joint working between corporate and operational services.	16	16	16	12	8	↔	16	12	<p>Dec 17 – 1a) Workforce Directorate restructure complete and recruitment to vacancies ongoing 1c) Behaviours Framework launched and plan for implementation. 1d) Deep dive reviews of all programmes commenced via TEG. 2b) VARG established and developing SLA with A&amp;E Ops. Focus on aligning vehicle availability to A&amp;E rotas. Progress with procurement of Transport Management system to support effective management of VOR.</p> <p>2d) TEG members have attended the Carter Ambulance Programme launch and are contributing to national workstreams.</p> <p>Feb 18: NAA Collaboration – exploring options in WF&amp;OD for 18/19 around education and staff engagement. Boards committed to exploring joint systems and considering requirement for CIO role.</p> <p>Mar 18 – focus remains on aligning vehicle availability with A&amp;E rotas. Review of vehicle mix underway. Progress being made to approve and implement Driving at Work policy, and procurement of Transport Management System to support effective management of VOR is underway</p>	<p>Focus remains on vehicle availability and aligning to rotas. Risk remains at Q3 level with actions ongoing</p> <p><b>Proposal for 2018/19 – Risk should remain on the BAF and should reflect requirement for delivery of ‘Model Ambulance’ and actions arising from Corporate Services benchmarking exercise</b></p>
5b) Failure to develop and deliver our financial plans and efficiency programme and the impact of financial status of wider health economy.	15	15	15	10	10	↓	15	10	<p>June 2017: 2a) Plan with revised Control Total agreed with NHSI.</p> <p>Sept 2017: delivery of 17/18 plans being monitored by CIPMG and on track, non-recurrent CIPs for 17/18 present a risk going into 18/19</p> <p>Dec 17 – Deep dives completed for higher risk CIP areas. Contract negotiations for A&amp;E and NHS 111 ongoing. Continuing discussions about WYUC transitional year and beyond progressing with commissioners. 2c) rigorous management to address slippage in delivery of capital plan. Non-recurrent CIPs delivered in 17/18 present increased risk going into 18/19.</p> <p>March 18: Control Total on track to be delivered in 17/18.</p>	<p>No deviance from projected quarterly risk level for Q4 of 2017/18 is reported. Actions detailed are ongoing with monitoring through F&amp;I Committee.</p> <p><b>Proposal for 2018/19 – Risk should be re-articulated to capture delivery of financial performance that achieves our Control Total in the context of the financial status of wider health economy and National drivers</b></p>

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. Inability to deliver performance targets and clinical quality standards</b></p> <p><b>CQC Domains: Responsive</b></p> <p>Exec Director of Operations</p> <p>Director of Planned 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 (indicative Q4)	5 x 2 = 10	<p>1) A&amp;E Phase 2 transformation plan and work-streams in place and monitored.</p> <p>2) On-going recruitment, education and training as part of the Workforce Strategy and Plan.</p> <p>3) AQIs and CPI's developed with national benchmarking</p> <p>4) 2017/18 Training Programme agreed and established</p> <p>5) ARP 2 pilot plan and monitoring process</p> <p>6) Hospital turnaround plan</p> <p>7) Weekly Performance and Quality report</p> <p>8) PTS Programme annual plan in place and monitored</p> <p>9) Integrated Urgent and Emergency Care Board</p> <p>10) Clinical Quality Strategy</p>	<p>1) Monthly IPR reports, including workforce KPI's to executive groups.</p> <p>2) Executive Project Board and risk review</p> <p>3) Service Line dashboard reporting and monitoring in place</p> <p>4) Quality Committee reports and annual Board level service line Quality Review.</p> <p>5) Weekly Safety Monitoring Reporting in place</p> <p>6) Incident review via IRG</p>	<p>1) Lack of alignment between resources and demand</p> <p>2) Inefficiencies in management of resources</p> <p>3) workforce staffing and capacity not fully developed in line with service need</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) Resource and Capacity team to implement capacity planning process and monitor /resolve issues of resource and demand <b>EDO. June 2017 – March 2018</b> Sept 17 variable uptake of overtime, TEG agreement to convert a proportion of the overtime budget to substantive staffing. Substantive FTE in post behind planned levels Oct 17: EOC high attrition, reduction in call performance on CRR. <b>Feb 18: A&amp;E Ops will be at establishment by end of March 18. Overtime built into workforce plan for 18/19 so less reliance on overtime. Capacity Team structure in place, now BAU – Complete</b></p> <p>1b) Monitor and review impacts of sustainability work streams as part of Phase 2 A&amp;E transformation plan. <b>EDO. June 2017 - March 2018</b> TEG Deep Dive of Programme completed. Programme Board continues to firm up Phase 2 details. August 17: Review of A&amp;E staffing and deployment in progress to address weekend pressures. <b>Overall programme will now be aligned to the planning guidance and 5 Year Strategy.</b></p> <p>1c) Implement recommendations of WYUC Independent Review in line with Action Plan <b>DP&amp;UC. Dec 2017 – Actions progressing in line with plan. Discussions ongoing in relation to transitional year.</b></p> <p>1d) Implement PTS mobilisation plans in line with contractual requirements <b>DP&amp;UC . Ongoing 2017.</b> June 2017 TEG level Deep Dive completed. Resource conversations underway to mitigate risk of delivery. East PTS mobilisation completed, south in progress.</p> <p>2a) Continue to participate in national ARP <b>EDO. Ongoing. Feb 18: Spring review will finalise details of ARP Mar 18 Suggested plans are now in place to support delivery of the planning guidance.</b></p> <p>2b) Monitor and further develop performance, quality and safety indicators as part of ARP 2.2/2.3 <b>EDO</b> Sept 17 monthly quality and safety report.</p> <p>2c) Embed locality based management structure and clinical supervision model. <b>EDO Oct 2017.</b> Apr 17: CS Framework in place, Sept 17 CS to be operation over winter pressures period; this was planned. Complete</p> <p>3a) Complete full implementation of workforce plan and strategy including Retention. <b>D.WF&amp;OD March 2018</b></p> <p>3b) Implementation and delivery of Trust wide Clinical Recruitment and Retention Plan. <b>D.WF&amp;OD March 2018</b> June 2017: Project group established and work programme commenced.</p> <p>3c) Implement improvements in Clinical Advisor recruitment and retention in NHS111 <b>DP&amp;UC, D.WF&amp;OD Sept 17</b> Corporately sponsored programme underway to improve and support recruitment and retention of Clinical Advisors. Oct 17 - Clinical staffing continuing to improve and close to funded establishment. NHS111 homeworking project</p> <p>4a) Increased focus on addressing handover challenges with commissioners and hospital Trusts both operationally and strategically across the system, inc attendance at STPs. <b>EDO, D.P&amp;D June – November 2017</b> Dec 17 – Dialogue continuing with NHS1, higher risk Trusts and relevant commissioners. <b>Mar 18 Handover Performance heat maps being developed to support Executive team in mitigation.</b></p> <p>5a) Deliver electronic patient record solution <b>DoF Sept 17</b> Sept 17: working with hospital trusts on roll out plan, ePR group working to cost abstraction for training with finance and resource planning <b>Jan 18 Pilot ongoing in South CBU</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>	5 x 4 = 20	5 x 2 = 10	5 x 2 = 10	<p>1) Transformation Programme Management boards and PMO monitoring and assurance function</p> <p>2) Performance management framework and TEG / TMG deep dives</p> <p>3) CIP Monitoring Group and Financial Performance Management Framework.</p> <p>4) CQUINS tracking through IPR reports and CQUIN Delivery Group</p> <p>5) Quality Impact Assessment process in place, reported to Quality Committee</p> <p>6) 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</p>	<p>1) Further work is needed to develop 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>5) Re-cast required of transformation programmes</p> <p>6) Employee relations challenges (see BAF 3b)</p>	<p>1a) Complete appointments to Executive team roles <b>CEO Sept 17 Dec 17 – Workforce and OD Director now in post. Director of Urgent Care and Integration appointed. Mar 18 – senior appointments made.</b></p> <p>1b) Each service has a workforce and recruitment plan aligned to gaps in skill sets and management capacity. <b>EDO, D.P&amp;UC Nov 17. Dec 17 – Workforce plans in place and progressing. Further refresh and Trust-wide alignment required 2018/19</b></p> <p>1c) Implement new Vision and Values framework, supported by a competency framework. <b>D.WF&amp;OD June 17</b> June 2017: will launch at Management Conference. Sept 17 V&amp;V launched. <b>Jan 18 Behaviours framework launched with a detailed plan in place for implementation</b></p> <p>1d) Establish management and leadership development framework. <b>D.WF&amp;OD Jan 2018 –Mar 2018. Mar 18 – in development will be launched in 18/19</b></p> <p>2a) Continue implementation of PMO Service Improvement offer and Performance Management arrangements, with a focus on CIP and CQUIN delivery. <b>ED QGPA Oct 17.</b> Review of PIDs and supporting tools underway to support managers in delivery of CIPs and CQUINS. <b>Mar 18 PIDs now in place with a number of exceptions being managed through EDoF.</b></p> <p>2b) On-going delivery of Quality &amp; Efficiency CIPs with oversight through CIPMG and financial performance escalation framework. <b>ED.QGPA/DoF . Ongoing</b> June 2017: positive NHSI review of CIP management. <b>Dec 17 CIP delivery being monitored Mar 18 – CIP delivery with positive NHSI review.</b></p> <p>3a) Implement a systematic organisation-wide approach to Quality Improvement <b>ED QGPA Dec 17</b> July 17: Quality Improvement proposal supported by TEG and Board. Oct 17: Next steps for baseline assessment and building capability agreed by TEG. <b>Mar 18 – QI plans in early implementation phase, draft strategy now out for wider consultation.</b></p> <p>4a) Monitor implementation of Urgent Care development priorities aligned with National guidance and 9 must do's. <b>ED.QGPA Dec 17. Dec 17 – Urgent Care programme under review with new Director, 4 priority areas have been agreed in the short to medium term, in alignment with the IUC national spec.</b></p> <p>5a) Resource to implement Phase 2 A&amp;E Transformation programme <b>EDO June 17- Mar 18.</b> Sept 17: lack of resources to manage and oversee programme and deliver of key projects within the workstreams. Ongoing recruitment of a Project Support Officer and Regional General Manager post is mitigation. <b>Dec 17 – General manager appointed. Action Complete.</b></p> <p>5b) Mobilise PTS contracts, re-cast transformation programme including action arising from CQC inspection. <b>D.P&amp;UC Sep 17.</b> A revised updated headline plan is in place and requires further population. Oct 17: PTS mobilisation ongoing. <b>Dec 17 – Revised transformation plan in place and progressing.</b></p> <p>5c) Establish new Integrated Urgent and Emergency Care Programme Group and work stream. <b>July 2017 DP&amp;UC, EDQGPA</b> July 17: TOR revised and first meeting scheduled. <b>Dec 17 – Review progressing with new Director, as above.</b></p> <p>5d) PMF / PMO re-establish grip on the re-cast transformational plans <b>ED QGPA June – Aug 17</b> PTS headline plan is in place, TEG Deep Dive completed, corporate support to PTS being firmed up. <b>Dec 17 – Review of plans for PTS complete.</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 Planning and Development</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 2 = 8 (indicative Q4)	4 x 2 = 8	<p>1) Integrated Business Planning group, reporting into Trust Management Group</p> <p>2) Bid Team</p> <p>3) CIP Management Group</p> <p>4) STPs and other formal engagement meetings.</p> <p>5) Integrated Urgent and Emergency Care Board.</p>	<p>1) Executive review via TMG Finance and assurance reports to F&amp;IC</p> <p>2) Contractual KPI's in IPR – reported to TMG and Board.</p> <p>3) PMO Dashboard.</p> <p>4) Internal Audit Programme.</p>	<p>1) Management and project capacity – general and specialist, to respond to service tenders – e.g. in PTS and NHS 111/Urgent Care</p> <p>2) Customer relationships</p> <p>3) Lack of technology and specialist skills</p> <p>4) Independent review of WYUC has identified issues for YAS, LCD and commissioners to support a sustainable service.</p>	<p>1a) Complete restructure in operational and support services <b>DoF, D.P&amp;D, D.P&amp;UC, D.WF&amp;OD</b> June 2017: restructure in PTS and Workforce Directorates is underway. Sept 17: PTS and Workforce structures agreed and recruitment to posts ongoing. Oct 17: majority of PTS leadership team in post, Programme Manager identified from Directorate resource, Project Manager from Transformation team. Bid writing expertise is engaged. <b>Dec 17 – WF&amp;OD restructure complete with recruitment to vacancies ongoing</b></p> <p>1b) Continued implementation of leadership development programme. <b>D.WF&amp;OD Sep 17 – Mar 18.</b> Sept 17: Vision and values launched at Management Conference. <b>Mar 18 – plans in place for 18/19 for Leadership training</b></p> <p>1c) Ensure formal project team established to anticipate and respond to tender activity, which includes all relevant specialist skills and programme/project support. <b>DP&amp;D Sep 17.</b> Sept 17 Workshop held for relevant PTS managers in bid writing, bid writing expertise engaged.</p> <p>2a) Active engagement with new STPs <b>DP&amp;D Aug 17.</b> STPs are attended across the Yorkshire footprint. Governance arrangements around collaborative working and partnership arrangements being embedded. <b>Mar 18 STPs are attended via relevant YAS leads.</b></p> <p>2b) Maintain horizon scanning and intelligence gathering to inform future plans <b>DP&amp;D Sep – 17</b> Evidence based approach is being driven through a specific group lead by Director of Urgent Care &amp; Integration.</p> <p>2c) Actively pursue new service tenders in line with 5 year Strategic direction for the organisation. <b>D.P&amp;D Mar 18</b> June 2017: New PTS tender process commenced for North Yorkshire. Total transport workstream in Leeds initiated. Oct 17: North Yorks tender submitted. Completed.</p> <p>3) Implement Digital Road Map priorities around interoperability <b>DoF Mar 18.</b> <b>Jan/Feb 18 Digital Workshops conducted.</b></p> <p>4) Implement agreed action plan arising from WYUC independent review. <b>March 2018 DP&amp;D</b> June 2017: Action plan implementation in progress. Meetings arranged with Commissioners to review progress by all parties. Dec 17 WYUC demand remains over contracted levels, work ongoing with commissioners to review arrangements <b>Mar 18 – WYUC transitional year contract negotiation ongoing.</b></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. Availability of clinical workforce impacting ability to deliver the Operational Business plan.</b></p> <p><b>CQC domains: Well Led</b></p> <p>Executive Director of Operations, Director of Workforce and OD Director Planned &amp; Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 3 = 15	5 x 2 = 10 (indicative Q4)	5 x 2 = 10	<p>1) Workforce plan in place.</p> <p>2) Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings.</p> <p>3) Agreed clinical career framework</p>	<p>1) Board level monitoring of progress via Integrated Performance Report and Quality Committee.</p> <p>2) TMG monitoring of key post recruitment activity.</p> <p>3) Monitoring via Directorate Programme Management Group with assurance via PMO.</p> <p>1) Internal audit reviews</p> <p>2) CQC Inspections and reports</p>	<p>1) Workforce Strategy requires review</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) Comprehensive abstraction plan in relation to overall training requirements.</p> <p>5) Strategy to reflect requirements of new apprentice levy not fully in place</p> <p>6) Availability of clinical advisors and specialist clinicians to support NHS111, EOC, Clinical Advisory Service (CAS)</p>	<p>1a) Review of <b>People Strategy D.WF&amp;OD Sept 17</b> Jan 18 review of YAS overarching 5-year strategy has commenced. Enabling strategies for business areas to be developed concurrently to align. <b>Mar 18 In draft for consultation.</b></p> <p>1b) Implement initiatives to improve staff welfare incl MH, MSK, and others aligned to national CQUIN. <b>D.WF&amp;OD Mar 18</b> June 17:TMG level review of CQUIN plans complete. CQUINs Delivery Group lead by Head of Performance Improvement to support and track ongoing delivery. <b>Feb 18 H&amp;WB plan in place</b></p> <p>1c) Implement improved monitoring/management of short and long term sickness <b>D.WF&amp;OD Oct 17</b> Tracked through IPR and workforce dashboard. <b>Feb 18: identifying hotspots for detailed focus.</b></p> <p>2a) Implement workforce plan and recruitment and training trajectory reflecting demand, ACQI and delivery model changes <b>EMD, D.WF&amp;OD</b></p> <p>2b) Develop Retention Strategy <b>D.WF&amp;OD Dec 17. Feb 18 will be part of People strategy</b></p> <p>2c) Implement improvements to streamline recruitment process <b>D.WF&amp;OD Oct 17 Feb 18 review underway. Mar 18 – full review to incorporate Values and Behaviours into recruitment</b></p> <p>2d) Work with system partners to deliver flexible workforce plans <b>ED.QPGA Dec 17. Dec 17 – work progressing with TEG/TMG discussion on updated workforce strategy/plans</b></p> <p>3a) Maintain current intelligence on national workforce issues <b>D.WF&amp;OD Ongoing.</b></p> <p>3b) Ensure well managed programme of 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. Oct 17: Development of Newly Qualified Paramedic Programme (NQP) includes scope of practice, deployment criteria &amp; clinical supervision arrangements.</b></p> <p>4b) Maintain and develop education and training programme and CPD provision. <b>D.WF&amp;OD, EMD Mar 18</b></p> <p>4c) Develop &amp; implement TNA for all roles <b>WF&amp;OD July 18. Feb 18:A&amp;E and PTS frontline complete, focus now on Comms Centres, Corporate support services and volunteers</b></p> <p>4d) Develop PDR process to support delivery of better quality reviews and better compliance with target. <b>D.WF&amp;OD Sept 17</b> Sept 17 Vision and values launched <b>Feb 18: review of PDR process which will commence in 18/19 to complete Sept 18</b></p> <p>5) Implement strategic approach to utilisation of apprenticeship schemes <b>D.WF&amp;OD Sept 17</b> June 2017: Apprenticeship strategy and implementation plan agreed by TEG. Dec 17 – Lead and working group established, subcontract in place, application for training status to deliver apprenticeship programme. <b>Feb 18: Training provider status has been achieved.</b></p> <p>6a) implement strategies and focused Trust project group to support clinical recruitment and retention in NHS111 <b>D.P&amp;UC, EDQPGA Sept 17</b> Oct 17: Home working in place, recruitment and retention is stable, trajectory remains on track and monitored closely, engagement in Clinical recruitment and retention project.</p> <p>6b) Implement and monitor effectiveness of Nurse Internship Programme <b>ED.QGPA Mar 18.</b> June 17: Internship programme commenced with staff on first placement in NHS111. Oct 17: Planning for EOC placement almost complete. <b>Dec 17 – EOC placement due to start Jan 18.</b></p> <p>6c) Implement Phase 2 CAS <b>D.P&amp;UC June 17 –Mar 18.</b></p> <p>6d) Options appraisal for in-house staff bank <b>D.WF&amp;OD</b></p> <p>Dec 17 – Consideration of options for in-house bank continuing. <b>Feb 18: now a national project to review clinical &amp; Admin bank options, YAS involved.</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			
<b>3b. Ineffective strategies for staff engagement</b>  <b>CQC domains:</b>  <b>Well Led</b>  Director of Workforce and OD Director of Planning and Development  COMMITTEE ASSURANCE:  QUALITY COMMITTEE	5 x 3 = 15	5 x 2 = 10 (Indicative Q4)	5 x 2 = 10	1) Communications and engagement strategy  2) Direct Executive and senior management engagement  3) Executive team brief and periodic leadership conferences  4) Freedom to Speak Up processes  5) Clinical Supervision structure  6) Staff-side multi-union agreement	1) Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey  2) Joint Steering Group Meeting  3) Communications plan reporting through TMG  1) Annual Staff survey  2) Cultural audit	1) Ongoing need to maintain positive union relationships through period of complex change  2) There is a need to develop management and staff engagement and accountability  3) Inconsistent response to staff raising concerns  4) Widely dispersed workforce and significant pace of change  5) Level of diversity in workforce not reflective of wider population  6) Need to increase focus on initiatives to support staff wellbeing	1a) Maintain current intelligence on national workforce issues <b>D.WF&amp;OD ongoing</b> 1b) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. <b>D.WF&amp;OD Ongoing.</b>  2a) Implement Vision Values,Behaviours framework. <b>D.WF&amp;OD Mar 18</b> June 17: Behavioural framework on track for September launch. Sept 17: Vision & Values launched at Management Conference Dec 17: Behaviours Framework launched, embedding through Q4 and into 18/19  2b) Implement agreed milestones within Communications and Engagement Strategy. <b>D.P&amp;D Mar 18 Ongoing reported quarterly to QC</b>  2c) Establish and embed new management and leadership development framework. <b>D.WF&amp;OD Jan 18 - Mar18. Feb 18 Leadership and Management Portfolio Governance Boards being established</b> 3a) Annual review of effectiveness of Freedom to Speak Up arrangements across the trust. <b>ED.QGPA July 17</b> August 2017: formal review session held on 23/8/17. Complete 3b) Report of Workforce KPI's and learning from investigations to TMG <b>D.WF&amp;OD 6 month reviews. Will report to QC March 18</b>  3c) Implement Datix Incident feedback and evaluate <b>ED.QGPA Apr 18</b> Launched Apr 17, roadshows completed. Feedback process implemented  4a) Develop social media presence to ensure core messages are consistently shared. <b>D.P&amp;D Sep 17. Dec 17 plans for further development of social media presence presented to QC</b> 4b) Engage front line staff in the Inspections for Improvement process <b>ED.QGPA Oct 17.</b> Sept 17 programme of I4I is ongoing, reported to TMG  5a) Implement Diversity and Inclusion Strategy <b>D.WF&amp;OD Sep- Dec 17.</b> Dec 17 Strategy launched. <b>Mar 18 - implementation plan to be delivered through 18/19</b> 5b) Introduce diversity monitoring into recruitment processes and service line performance dashboards. <b>D.WF&amp;OD Dec 17. Mar 18 – review of recruitment in 18/19</b> 6a) Agree new wellbeing plan and implement with quarterly reviews <b>DWF&amp;OD March 18.</b> Plan being developed for 18/19 <b>Feb 18 H&amp;WB plan to TEG this month</b> 6b) Recruit to agreed roles to strengthen the Wellbeing team. <b>DWF&amp;OD Sept 17</b> June 17: recruitment in progress. Oct 17: Recruitment complete.  6c) Review Occupational Health contract to maximise value for Trust staff in line with the Wellbeing plan. <b>DWF&amp;OD Sept 18</b> Sept 17 recruited to OH contract lead to undertake this work. Dec 17 Review commenced

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 Planning and Development</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 4 = 20	5 x 4 = 20 (Indicative Q4)	5 x 3 = 15	<p>1) Stakeholder engagement plan</p> <p>2) STPs and other formal engagement meetings</p> <p>3) Capital plan</p> <p>4) Reconfiguration review process.</p> <p>5) Strategic Hospital Handover Plan</p> <p>6) Systematic Reconfiguration evidence based analysis and monitoring process</p>	<p>1) TMG review, with Quality Committee and Board assurance reports.</p> <p>2) Capital Planning Group review of Capital Programme and risks.</p> <p>1) Contract management Board reports</p> <p>2) Internal audit reviews</p>	<p>1) Lack of clarity in system wide plans</p> <p>2) Challenges in whole system resilience</p> <p>3) Emerging developments in emergency and urgent care – e.g. STP development and emerging national guidance</p> <p>4) National and local external funding pressures</p>	<p>1a) Continue to work with commissioners and other providers to develop a coherent region-wide strategy and a collaborative approach to system management <b>CEO Ongoing</b>. National Launch Event of Ambulance Sustainability Programme attended by CEO, DoF &amp; EDQGPA. Regional Productivity Provider event attended. NAA meetings and plan progresses. Subsequent National, Regional &amp; Local Plan to be developed.</p> <p>1b) Embed approach to oversight of partnerships with other organisations, including STPs, A&amp;E Delivery Boards and Urgent Care Boards. <b>D.P&amp;D June 17- Dec 18</b>. Oct 17 Implementation of Internal Audit recommendations ongoing, Collaborative Working guidance policy developed incorporating a checklist, due diligence requirements, levels of approval and requirement to record on a central register.</p> <p>1c) Continue to embed processes for engagement in local reconfiguration activity. <b>D.P&amp;D June 17- Dec 18</b>. Oct 17: Intelligence gathering ongoing and collation on central register with modelling of impacts <b>Mar 18 Formal process for engagement agreed through TEG</b>.</p> <p>2a) Implement Risk assessment approach highlighting and managing specific risks to performance and quality arising from hospital handover and reconfiguration plans. <b>D.P&amp;D June 17 – Dec 18</b>. Aug 17: Risk relating to reconfiguration of MYHT and A&amp;E Ops mobilisation added to CRR Oct 17: Increased IFTs at MYHT as part of reconfiguration mitigated by use of a PTS vehicle and SJA. Risk added to CRR relating to Calderdale Huddersfield reconfiguration. Dec 17 –progress with review of regional stroke services is being monitored <b>Mar 18 – QIA completed on commissioner decision to decommission IFT ambulance at Friarage, discussion ongoing regarding patient safety impact</b>.</p> <p>2b) Implement recommendations of WYUC Independent review <b>D.P&amp;UC Dec 17</b>. June 17: Implementation of action plan ongoing.</p> <p>3a) Active engagement with new STPs <b>D.P&amp;D Ongoing</b>.</p> <p>3b) Develop Business Plan in line with emerging national guidance. <b>D.P&amp;D Aug 17- Mar 18</b>. <b>Mar 18 Work underway to develop 18/19 Business Plan</b>.</p> <p>4a) Continue development and implementation of efficiency work programmes across the Trust. <b>DoF Aug 17 – Jan 18 for 18/19</b>. DoF has requested headline plans for 18/19 by end of August, including more focus on non-recurrent and transformational pieces. This will be managed through CIPMG.</p> <p>4b) Deliver internal workforce arrangements to align the Trust to national agency cap requirements. <b>D.WF&amp;OD Sep 17</b>. June 17: Overall spend reduced to within cap level. Vacancy Panel process in place.</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			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>5a. Ineffective 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 = 12 (Indicative Q4)	4 x 2 = 8	<p>1) Procedural documents</p> <p>2) Vehicle and equipment procurement and roll out processes</p> <p>3) Risk management software systems are in place in support of the learning process</p> <p>4) Inspections for Improvement process in place</p> <p>5) Fleet replacement programme</p> <p>6) Hub and Spoke / vehicle preparation programme</p> <p>7) HR and Finance business partner working model.</p>	<p>1) Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups.</p> <p>2) Estates Management Group monitoring of Capital Fleet and Equipment group</p> <p>3) TMG performance review processes through updated IPR.</p> <p>4) TEG &amp; TMG Deep Dives, incl Workforce Directorate</p> <hr/> <p>1) Internal audit reviews- ICT strategy, vehicle replacement, HR processes</p> <p>2) NAA Benchmarking information and collaborative NAA review/work in relation to Corporate Functions.</p>	<p>1) Systematic engagement process between support services and operational service lines needs further development</p> <p>2) Systems and processes not optimally aligned to support operational effectiveness</p>	<p>1a) Implement revised structures in key support functions to improve governance and compliance. <b>DoF, DWF&amp;OD. Nov 17.</b> June 17: workforce directorate restructure commenced. Oct 17: workforce restructure progressing. Dec 17 – Workforce restructure complete. <b>Feb 18 recruitment to vacant workforce posts ongoing. Finance review underway.</b></p> <p>1b) Continue to improve compliance across core workforce functions <b>DWF&amp;OD, DOF, ED.QPGA. Ongoing.</b> Datix incident feedback process in place</p> <p>1c) Develop and implement the Trust Behaviours framework <b>D.WF&amp;OD Mar 18</b> July 17: Launch now scheduled for Sept 17 after Management conference. <b>Jan 18 – Framework launched, implementation plan in place.</b></p> <p>1d) Refresh service transformation plans to focus on effective cross-directorate working. Through integrated programme plans. <b>EDQGA July 2017 – Sep 17.</b> June 17: Deep dive reviews of all programmes commenced via TEG. Oct 17: A&amp;E and Urgent Care programme reviews continuing – due for completion Nov 17. Dec 17 – Deep dives complete. <b>Urgent Care Programme is now focussed on 4 short to medium term priorities, and will in time be further refined in line with the 5 Year Strategy.</b></p> <p>2a) Develop and implement a trust wide Quality Improvement Framework, supported by tool kit options to support managers in delivering improvement. <b>ED.QGPA Dec 17.</b> June 17: Initial scoping document in place and tool kit review underway. Oct 17: Plan agreed by Board in July and first phase implementation plan agreed by TEG Oct 17. <b>Feb 18 Leadership &amp; OD involved in QI implementation</b></p> <p>2b) Focus initial internal efficiency efforts on reviews of recruitment, fleet, estates and internal logistics. <b>DoF, D.WF&amp;OD June 17–Dec 17.</b> Dec 17- Vehicle Accident Reduction Group established, developing SLA with A&amp;E Ops, Focus on aligning vehicle availability to A&amp;E rotas. Procurement of Transport Management system to support Fleet in management of VOR for maintenance, safety and compliance checks &amp; assurance reporting. Logistics review commenced <b>Feb 18: review of recruitment ongoing, to complete end March 18</b></p> <p>2c) Continue to explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. <b>CEO. Feb 18: exploring options in WF&amp;OD for 18/19 around education and staff engagement. Boards committed to exploring joint systems and considering requirement for joint CIO role</b></p> <p>2d) Implement value for money workstreams at Trust and NAA level aligned to the national ambulance sustainability workstream. <b>CEO - July-17 – Nov 17.</b> June 17: TEG members have attended Carter ambulance programme launch. Oct 17: NAA VfM workstream reviewed and activities agreed for 17-19. <b>Dec 17 – Trust contributing to national workstream.</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
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p><b>5b. Failure to develop and deliver our financial plans and efficiency programme and the impact of financial status of wider health economy.</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 2 = 10 (Indicative Q4)	5 x 2 = 10	<p>1) Procedures regarding levels of sign off and expenditure - organisational cost control are in place</p> <p>2) Monthly budget monitoring between finance, senior and operational managers.</p> <p>3) Authorisation procedures for contractor spend.</p> <p>4) Quality &amp; Efficiency Savings Programme (QESP) and CQUIN programme management</p> <p>5) Financial Performance Framework.</p> <p>6) Agency cost control processes – Vacancy Panel</p> <p>7) Collaborative working and proactive engagement management with system leaders.</p>	<p>1) Monthly review by the Board through Integrated Performance Report and review by TMG</p> <p>2) F&amp;I committee review</p> <p>3) QESP (CIP) group monitoring led by the CEO</p> <hr/> <p>1) Internal audit reviews - financial reporting and financial systems</p> <p>2) Internal audit reviews of governance, leadership and partnerships.</p> <p>3) Delivery of STP CQUIN.</p>	<p>1) Medium to long term financial plan including best practice models</p> <p>2) Need to deliver national financial stretch targets for NHS Trusts including control total target and to address national capital restrictions</p> <p>- CIP plans incomplete</p> <p>- Agency spend above threshold</p> <p>3) National capital funding limitations potentially impacting on major estate developments</p> <p>5) PTS transformation programme still in progress</p> <p>6) Long term contact and funding for NHS 111 WYUC not yet clear</p>	<p>1a) Engage with national Ambulance Sustainability Programme, incl. Model Ambulance, ARP, Carter <b>ED.QGPA, DoF Ongoing</b>. June 17: TEG members have attended Carter ambulance programme launch. Oct 17: Trust meeting with Carter team held and implementation commenced.</p> <p>1b) Develop 5 year integrated financial plan and strategy aligned to Integrated Business Plan <b>DoF March 18</b>. <b>Feb 18: Draft 1 year and 5 year strategy</b></p> <p>2a) Agree and implement Trust financial plan to meet revised control total target. <b>DoF Plan March 18 with quarterly reviews</b>. June 2017 – plan agreed by TEG with revised Control Total agreed by NHSI - Complete.</p> <p>2b) Delivery of agreed Quality &amp; Efficiency Savings (CIPs) <b>EDoF 17/18 plans agreed by Q1, 18/19 headlines agreed by Q2</b> Sept 17: delivery of 17/18 plans being monitored by CIPMG. <b>Mar 18 CIPs will deliver, some CIPs non-recurrent for 17/18, NHSI positive review</b></p> <p>2c) Rigorous programme management of capital plan <b>EDoF Ongoing</b>. <b>Jan 18- report to F&amp;I Cttee noted slippage in delivery of capital plan with plan in place to reduce risk, Mar 18 – plan is on track to deliver Control Total</b></p> <p>2d) Secure new and existing income through service tenders and other development opportunities. <b>D.P&amp;D March 18 Existing PTS tenders secured throughout 17/18</b>.</p> <p>2e) Deliver internal workforce arrangements to align the Trust to national agency cap requirements. <b>D.WF&amp;OD Dec 17</b>. Vacancy panel process in place and effective.</p> <p>2f) Explore and 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.P&amp;D Ongoing</b>. Board commitment to exploring joint systems and processes</p> <p>3) Understand National capital funding limitations and impact on Hub &amp; Spoke Programme, Estates and Fleet improvement plan <b>EDoF. Oct 17</b>. <b>Feb 18 Successful gateway for Doncaster Hub, next steps to refresh business case for Board approval in March 18</b></p> <p>5) Realise projected benefit of PTS transformation and mobilisation plan. <b>D.P&amp;UC Mar 18</b></p> <p>6a) Continue to work with commissioners to implement recommendations of WYUC Independent Review and to inform the future plans for the service <b>DP&amp;UC Dec 17</b>. <b>Dec 17 – Implementation of action plan continuing and discussions about the transitional year and beyond progressing with commissioners</b>.</p> <p>6b) Deliver agreed NHS 111 Quality and Efficiency Savings Programme <b>D.P&amp;UC March 18</b>.</p>