

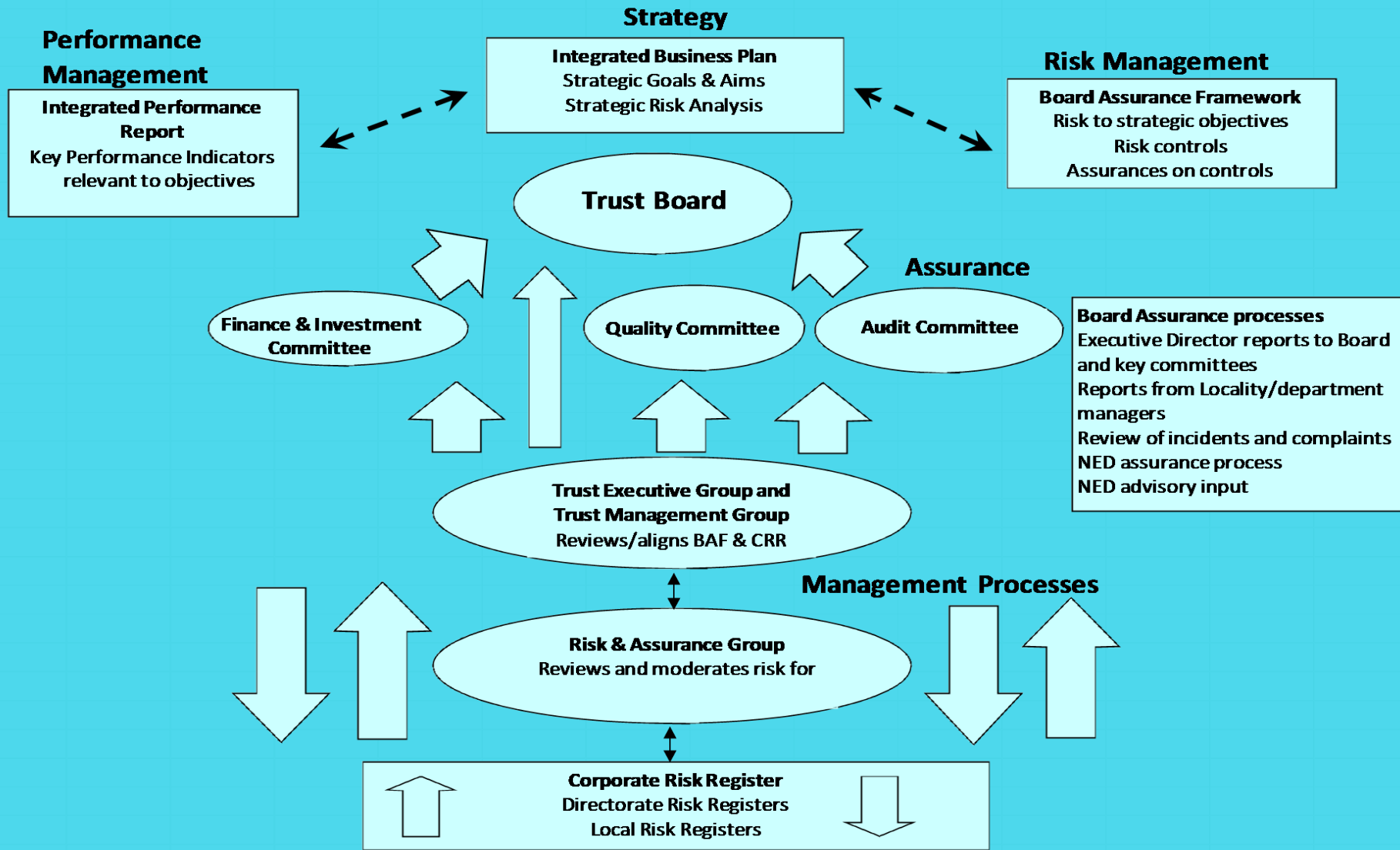


# Board Assurance Framework

October 2017	Version 6
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Quality Committee	14.09.2017
F&I Committee	14.09.2017
Trust Management Group	25.10.2017
Audit Committee	06.11.2017
Trust Board	26.11.2017

# 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 world class 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.**

Risk Description	Apr 17	projected risk level				Movement	Actual Q1	Actual Q2	Progress notes	Deviance from expected quarterly projection for Q2
		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>	Deviance reported from projection for Q2, risk remains at 20 due to potential impact of staffing on delivery of performance. EOC high attrition, reduction in call performance on CRR, A&E Ops staff recruitment this is behind expectations and overtime uptake has only been 5%-6% compared to the 9% requirement.
2a) Lack of capacity and capability to deliver and manage change including delivery of CIPs	20	20	15	10	10	↓	20	15	<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. 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>	No deviance from projected quarterly risk level for Q2 of 2017/18 is reported. Actions detailed are ongoing.
2b) Inability to deliver the plan for integrated patient care services owing to multiple service tenders.	16	16	16	12	8	↔	16	16	<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>	No deviance from projected quarterly risk level for Q2 of 2017/18 is reported. Actions detailed are ongoing.
3a) Availability of clinical workforce impacting ability to deliver the Operational Business plan.	15	15	15	10	10	↔	15	15	<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 a Newly Qualified Paramedic Programme (NQP) includes a defined scope of practice, deployment criteria and arrangements for clinical supervision. 6a) NHS111 homeworking in place, recruitment and retention is stable with trajectory still on track and monitored closely, engagement in Clinical recruitment and retention project</p>	No deviance from projected quarterly risk level for Q2 of 2017/18 is reported. Actions detailed are ongoing.
3b) Ineffective strategies for staff engagement	15	15	15	10	10	↔	15	15	<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</p>	No deviance from projected quarterly risk level for Q2 of 2017/18 is reported. Actions detailed are ongoing.

									23/8/17 Oct 17: 2a) Vision and Values Framework launched at Management Conference in September.	
4a) Impact of external system pressures and changes in wider health economy	20	20	15	15	15	⇄	20	20	June 2017: 4b) Overall agency spend reduced to within cap level. 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.	The projection in Q2 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. The proposed hospital reconfigurations and hospital service changes to address winter pressures have a potential impact on performance, an increase in IFTs, may result in resource drift and extend patient journey times with potential for risk of adverse patient outcome.
5a) Ineffective joint working between corporate and operational services.	16	16	16	12	8	⇄	16	16	1a) Workforce Directorate restructure commenced. 1d) Deep dive reviews of all programmes commenced via TEG. 2d) TEG members have attended the Carter Ambulance Programme launch.	No deviance from projected quarterly risk level for Q2 of 2017/18 is reported. Actions detailed are ongoing.
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	15	June 2017: 2a) Plan with revised Control Total agreed with NHSI. 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	No deviance from projected quarterly risk level for Q2 of 2017/18 is reported. Actions detailed are ongoing.

Actual and projected risk level is calculated as Consequence x Likelihood

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		
<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	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) AQLs 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</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</p> <p>1c) Implement recommendations of WYUC Independent Review in line with Action Plan <b>DP&amp;UC. Dec 2017</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.</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.</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.</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></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</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 4 = 20	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;I 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</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.</b></p> <p>1c) Implement new Vision and Values framework, supported by a competency framework. <b>D.WF&amp;OD June 17 June 2017: on track to launch at Management Conference. Sept 17 V&amp;V launched.</b></p> <p>1d) Establish management and leadership development framework. <b>D.WF&amp;OD Jan 2018 –Mar 2018.</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. Review of PIDs and supporting tools underway to support managers in delivery of CIPs and CQUINs.</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 June 2017: positive NHSI review of CIP management</b></p> <p>3a) Implement a systematic organisation-wide approach to Quality Improvement <b>ED QGPA Dec 17 July 17: Quality Improvement proposal supported by TEG and Board. Oct 17: Next steps for baseline assessment and building capability agreed by TEG.</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.</b></p> <p>5a) Implement Phase 2 A&amp;E Transformation programme <b>EDO June 17-Mar 18. 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></p> <p>5b) Mobilise PTS contracts, re-cast transformation programme including action arising from CQC inspection. <b>D.P&amp;UC Sep 17. A revised updated headline plan is in place and requires further population. Oct 17: PTS mobilisation ongoing,</b></p> <p>5c) Establish new Integrated Urgent and Emergency Care Programme Group and work stream. <b>July 2017 DP&amp;UC, EDQGPA July 17: TOR revised and first meeting scheduled</b></p> <p>5d) PMF / PMO re-establish grip on the re-cast transformational plans <b>ED QGPA June – Aug 17 PTS headline plan is in place, TEG Deep Dive completed, corporate support to PTS being firmed up.</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 4 = 16	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.</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.</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.</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 Planning &amp; Development.</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.</p> <p>3) Implement Digital Road Map priorities around interoperability <b>DoF Mar 18.</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.</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			Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe	
Exec Lead/Risk Area	–	0	1	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 3 = 15	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 Workforce Strategy <b>D.WF&amp;OD Sept 17</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 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></p> <p>1c) Implement improved monitoring/management of short and long term sickness <b>D.WF&amp;OD Oct 17</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.</b></p> <p>2c) Implement improvements to streamline recruitment process <b>D.WF&amp;OD Oct 17</b></p> <p>2d) Work with system partners to deliver flexible workforce plans <b>ED.QPGA Dec 17.</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 a Newly Qualified Paramedic Programme (NQP) includes a defined scope of practice, deployment criteria and arrangements for clinical supervision.</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 and implement TNA for all roles. <b>WF&amp;OD Dec 17.</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 Sept 17 Vision and values launched at management conference.</b></p> <p>5) Implement strategic approach to utilisation of apprenticeship schemes <b>D.WF&amp;OD Sept 17 June 2017: Apprenticeship strategy and implementation plan agreed by TEG.</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 Oct 17: Home working in place. NHS111 homeworking in place, recruitment and retention is stable, trajectory still on track and we continue to monitor closely, engagement in Clinical recruitment and retention project.</b></p> <p>6b) Implement and monitor effectiveness of Nurse Internship Programme <b>ED.QGPA Mar 18. June 17: Internship programme commenced with staff on first placement in NHS111. Oct 17: Planning for EOC placement almost complete.</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 Dec 17</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	1		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 3 = 15	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> <i>June 17: Behavioural framework on track for September launch. Sept 17: Vision &amp; Values launched at Management Conference</i>  2b) Implement agreed milestones within Communications and Engagement Strategy. <b>D.P&amp;D Mar 18</b> <i>Ongoing quarterly reviews</i>  2c) Establish and embed new management and leadership development framework. <b>D.WF&amp;OD Jan 18 - Mar18.</b>  3a) Annual review of effectiveness of Freedom to Speak Up arrangements across the trust. <b>ED.QGPA July 17</b> <i>August 2017: formal review session held on 23/8/17. Complete</i>  3b) Report of Workforce KPI's and learning from investigations to TMG <b>D.WF&amp;OD 6 month reviews.</b>  3c) Implement Datix Incident feedback and evaluate <b>ED.QGPA Apr 18</b> <i>Launched Apr 17, roadshows completed.</i>  4a) Develop social media presence to ensure core messages are consistently shared. <b>D.P&amp;D Sep 17.</b>  4b) Engage front line staff in the Inspections for Improvement process <b>ED.QGPA Oct 17.</b> <i>Sept 17 programme of I4I is ongoing, reported to TMG</i>  5a) Implement Diversity and Inclusion Strategy <b>D.WF&amp;OD Sep- Dec 17.</b> <i>Oct 17: Strategy agreed and launch due Nov 17.</i>  5b) Introduce diversity monitoring into recruitment processes and service line performance dashboards. <b>D.WF&amp;OD Dec 17.</b>  6a) Agree new wellbeing plan and implement with quarterly reviews <b>DWF&amp;OD March 18.</b>  6b) Recruit to agreed roles to strengthen the Wellbeing team. <b>DWF&amp;OD Sept 17</b> <i>June 17: recruitment in progress. Oct 17: Recruitment complete.</i>  6c) Review Occupational Health contract to maximise value for Trust staff in line with the Wellbeing plan. <b>DWF&amp;OD Sept 17</b> <i>Sept 17 recruited to OH contract lead to undertake this work.</i>

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	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; EDQGA. 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</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 service changes for Winter pressures, modelling of impact on performance and clinical pathways is ongoing</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>.</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			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>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 4 = 16	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. June 17: workforce directorate restructure commenced. Oct 17: workforce restructure progressing – due for completion Dec 17.</b></p> <p>1b) Continue to improve compliance across core workforce functions <b>DWF&amp;OD, DOF, ED.QPGA. Ongoing.</b></p> <p>1c) Develop and implement the Trust Behaviours framework <b>D.WF&amp;OD Mar 18 July 17: Launch now scheduled for Sept 17 after Management conference</b></p> <p>1d) Refresh service transformation plans to focus on effective cross-directorate working. Through integrated programme plans. <b>EDQPGA July 2017 – Sep 17. 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.</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. 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></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></p> <p>2c) Continue to explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. <b>CEO.</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. June 17: TEG members have attended Carter ambulance programme launch. Oct 17: NAA VfM workstream reviewed and activities agreed for 17-19.</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
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 3 = 15	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. June 17: TEG members have attended Carter ambulance programme launch. Oct 17: Trust meeting with Carter team held and implementation commenced.</b></p> <p>1b) Develop 5 year integrated financial plan and strategy aligned to Integrated Business Plan <b>DoF March 18.</b></p> <p>2a) Agree and implement Trust financial plan to meet revised control total target. <b>DoF Plan March 18 with quarterly reviews. June 2017 – plan agreed by TEG with revised Control Total agreed by NHSI.</b></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 Sept 17: delivery of 17/18 plans being monitored by CIPMG and on track, non-recurrent CIPs for 17/18</b></p> <p>2c) Rigorous programme management of capital plan <b>EDoF Ongoing.</b></p> <p>2d) Secure new and existing income through service tenders and other development opportunities. <b>D.P&amp;D March 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></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></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></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></p> <p>6b) Deliver agreed NHS 111 Quality and Efficiency Savings Programme <b>D.P&amp;UC March 18.</b></p>