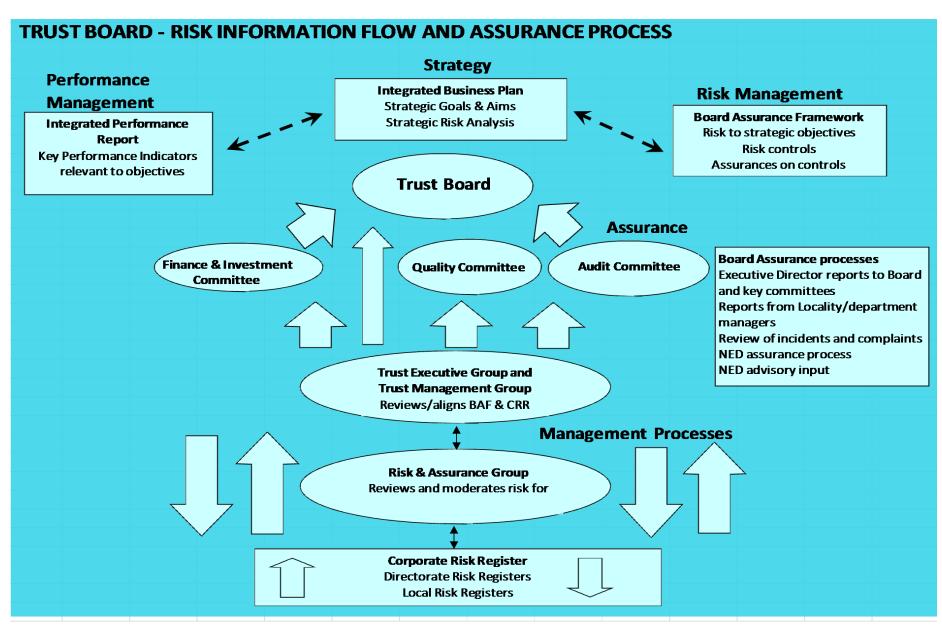




## **Board Assurance Framework 2018 – 19**

August 2018	Version 12
Trust Management Group	06.06.2018
Audit Committee	10.07.2018
Trust Board	30.08.2018
Quality Committee	07.06.2018 06.09.2018
F&I Committee	07.06.2018 06.09.2018



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		pr	ojected	risk lev	/el	Moveme	Q1	Progress notes	Deviance from expected quarterly
	Apr 18	Q1	Q2	Q3	Q4	nt	actual		projection for Q1
Ability to deliver National performance targets and clinical quality standards	20	20	20	15	10	•	20	Established projects for RRV to DCA, LAT, Hear and Treat to support delivery of ARP. Focus on handover challenges at specific Trusts. Distribution of ex-West Mids DCAs to frontline and removal of RRVs. ORH modelling underway.	
2a) Capacity and capability to deliver and manage change including delivery of CIPs	16	16	16	12	8	1	16	CIPMG monitoring with deep dives for risk mitigation. Transformation workstreams in place; Service Delivery and Integrated Workforce Group, Place Based Care Group, Infrastructure Group Capability and Capacity workstream . Revised approach to implementation of PTS Eligibility Criteria in place. QI Fellows in place with projects commenced.	
2b) Ability to deliver the plan for integrated patient care services owing to multiple service tenders	16	16	16	12	8	1	16	Bid Team in place for PTS and NHS111 bids, bid workshops delivered and expertise engaged. Joint bid with EMAS for North Lincs PTS contract ongoing. NHS111 tender successful Selection Questionnaire (SQ) stage, prepared for competitive dialogue process stage. Revised application of PTS eligibility criteria launched.	
3a) System-wide availability of workforce and impact of changes to funding streams on provision of education and training	16	16	16	12	8	1	16	Project Team and project manager in place, Phase 2 projects; Embedding of workforce plan into BAU; Capacity Planning Framework; A&E Management Re-Structure are completed. Paramedic Band 6 upskill self-assessment completed; 211 staff require training. On trajectory for planning and delivery of training. YAS Academy undertaking full mandatory TNA review. Working on training passport for key competencies including IG, Safeguarding. Implementing training via ESR OLM	
3b) Effective strategies promotion of wellbeing	15	15	15	10	10	-	15	Mental Health First Aid Training completed by 105 managers, procurement of training for a further cohort of 120. Back care sessions provided by PhysioMed. ElA guidance approved, implementation ongoing with EIA workshops commenced.  Occupational Health contract out to tender imminently. 12 month Health and Wellbeing in place signed off by TEG, TMG and Board	
3c) Effective strategies for leadership and engagement and a developed organisational culture	20	20	20	15	10	-	20	Diversity and Inclusion Strategy agreed and EIA implementation ongoing. Engagement established through JSG. Leadership In Action programme commenced. Roll out of Behaviours Framework and Vision & Values via the Living our Values Programme Board.	
4a) Impact of external system pressures and changes in wider health economy	20	20	15	15	15	•	20	Focus of handover monitoring at specific hospital Trusts. Ongoing engagement in reconfiguration plans with QIA and modelling established, and in A&E Delivery Boards.  Active engagement with ICS and STP developments in each area.	
5a) Efficient joint working between corporate and operational services	16	16	16	12	8	•	16	Procedures updated in accordance with GDPR/DPA 2018, Publication scheme updated, Lawful basis for processing documented, DPIA implemented. Procurement of new Fleet system to support Fleet and Ops vehicle availability. Process improvement project monitoring forms part of Programme Boards. Pending implementation of Workforce Integration Planning Group.	
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	1	15	Vacancy control process in place. Development of joint EMAS/YAS bid for North Lincs PTS contract.  Tender out for Doncaster hub provision. Four tenders out for Occupational Health provisions.	

t   t			Action to Address Gaps and Timeframe
Exec Lead/Risk Area Current Courtenance Co	Key Controls  External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timename
National Capaci performance targets and clinical capacit	Monthly Integrated Performance Report, including workforce KPI's to executive groups.  Executive Project Board and risk review	Impact of ARP and how delivery of ARP is commissioned	1a) Negotiation with Commissioners on suitable timeframe and investment for delivery of ARP EDO, EDF Q1 Trajectory agreed with commissioners  1b) Implementation of business cases for LAT, RRV to DCA, EOC model re-design and Hear & Treat to support delivery of ARP EDO ongoing monitoring with review date Sept 18 June 18: established project teams for RRV>DCA and workforce plan, exception reporting in place
CQC Domains: Responsive  Exec Director of Operations Director of Integration and Urgent Care  COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE  AND FINANCE AND INVESTMENT COMMITTEE  ASE O Manag  PTS Proplan in monito  111 Op Manag reportir	and risk review  and risk review  Service Line dashboard reporting and monitoring in place  Quality Committee reports and annual Board level service line Quality Review.  Gerformance and report  Performance and report  Perations  Gement Group  CQC Registration / Inspection and Reports  Internal Audit review of	2) Delivery of NHS111/WYUC and PTS service in context of increasing demand and contractual requirements  3) Inefficiencies in management of resources and delivery of CIPs versus staffing requirement and fleet capacity  4) Control in wider system of impact of increased hospital handover time  5) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards	established project teams for RRV-DCA and workforce plan, exception reporting in place  1c) Implement workstreams for Meal Break management, End of shift overtime and EOC Dispatch Operating model to support delivery of ARP EDO ongoing monitoring, review date Sept 18  1d) Monitor of ARP performance, quality and safety EDO Ongoing July 18: Spring Review changes to EOC EMD and triage having positive impact  1e) Review of rostering alignment and skill mix EDO Sept 18 June 18: consultation with CS and RRV to DCA staff  2a) Deliver transitional year NHS111/WYUC D.I&UC Mar 19 June 18: surge and escalation plans reviewed (annually) Senior Team focus on maintaining performance by working on efficiency to maintain financial envelope.  2b) Analysis and action plan to deliver PTS KPIs aligned to transformational workstreams D.I&UC Mar 2019 with monthly reporting Aug 18: revised approach to implementation of eligibility criteria from 30th July.  2c) Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification D.I&UC Mar 19 with monthly monitoring  3a) Monthly monitoring delivery of CIPs through CIPMG and Deep Dives as indicated EDF, EDO, D.I&UC Mar 2019 June 18: deep dives and risk mitigation planning in place  4a) Continued focus on handover challenges June 18: YAS Manager in Scarborough to support handover arrangements  5a) Gain approval of business case for electronic patient record solution (ePR) business case EDF, D.I&UC Jun 18 Approval for roll out Trustwide as a replacement for paper forms  5b) Roll out of ePR EDF Mar 19 with quarterly monitoring June 18: South to roll out further, work ongoing with hospital trusts  5c) Digital Strategy publication and plan for implementation EDF Mar 19 ICT are working with an external partner to progress this work.

Principal Risk Ref No:	Risk C	Sco x L	ore		Internal Assurance	Gaps in Controls and/or	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initi	Curr	Tar	Key Controls	External Assurance	Assurances	Action to Address Gaps and Timename
2a) Lack of capability to deliver and manage change including delivery of CIPs  CQC Domains: All  Executive Director of Quality, Governance and Performance Assurance  COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	4 x 4 = 16	4 x 4 = 16	4×2=8	Transformation Programme Management boards and PMO monitoring and assurance function  Performance management framework and TEG / TMG deep dives  CIP Monitoring Group and Financial Performance Management Framework.  CQUINS tracking through IPR reports and CQUIN Delivery Group  Quality Impact Assessment process in place, reported to Quality Committee  TEG approved staff engagement plan	Monthly IPR monitoring reports including programme dashboard to TMG and assurance reports to Quality Committee, F&IC and Board  Internal Audit reports  NHS Improvement  NHSI review of CIP Management processes	1) Further development of managerial and clinical leadership capability and capacity, engagement and accountability.  2) Programme and project management capacity to support transformation to be fully embedded  3) Embedded approach to Quality Improvement  4) Emerging priorities requiring adjustment of existing Trust plans	1a) Ensure provision of robust management information, accessible to lead managers EDF, D.WF&OD, ED.QGPA Q2 Capacity and Capability Transformation Board are progressing development of Ops dashboards.  1b) Trustwide alignment of workforce plans with determined skill sets and management capacity underpinned by delivery of Leadership Development programme. EDO, D.I&UC, D.WF&OD Q2 Aug 18: Leadership in Action programme commenced  2a) Continue implementation of PMO Service Improvement offer and Performance Management arrangements, with a focus on CIP and service improvement. ED.QGPA March 19 with monthly monitoring July 18: PM arrangements being managed through Capacity and Capability Programme Board with a pilot in A&E. Olik view work has commenced.  2b) Delivery of Quality & Efficiency CIPs with oversight through CIPMG and financial performance escalation framework. ED.QGPA/EDF Mar 19 with monthly monitoring Monthly CIPMG with deep dives and risk mitigation  3a) Embed organisation-wide approach to Quality Improvement, including establishing a network of skilled QI Fellows ED.QGPA March 19 with quarterly review Fellows appointed, project work commenced  4a) Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification D.I&UC March 19 with monthly monitoring June 18: Transformation workstreams in place; Service Delivery and Integrated Workforce Group, Place Based Care Group, Infrastructure Group

Principal Risk Ref No:	-	k Sco C x L	ore		Internal Assurance		
Exec Lead/Risk Area	Initial	Curren	Target	Key Controls	External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
2b) Inability to deliver the plan for integrated patient care services owing to multiple service tenders  CQC Domains:  All  Director of Integration and Urgent Care  COMMITTEE ASSURANCE:  QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	$4 \times 4 = 16$	4 x 4 = 16	4 x 2 = 8	Integrated Business Planning group, reporting into Trust Management Group  Bid Team expertise established and learning from previous bids  CIP Management Group  NHS111 Operational Management Group	Executive review via TMG Finance and assurance reports to F&IC  Contractual KPI's in IPR – reported to TMG and Board  PMO Dashboard  Internal Audit  Commissioner meetings and contract settlements  STPs and A&E Delivery Boards, Urgent Care Board	1) Management and project capacity and enhanced customer relationships to respond to service tenders  2) Lack of technology and specialist skills  3) Delivery transitional year NHS111/WYUC contract  4) GDPR / Data Security Toolkit compliance to ensure requirement is covered in bids for tenders	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> Bid Team in place for PTS, NHS111 bids, bid workshops delivered  1b) Active engagement with new STPs and maintain horizon scanning and intelligence gathering <b>D.I&amp;UC March 19 ongoing</b> 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> 1d) Secure PTS West contract in context of change <b>D.I&amp;UC Q2</b> 1e) Response to major re-tender of NHS111 service in 2018/19 <b>D.I&amp;UC</b> Tender process underway.  2a) Implement Digital Road Map priorities <b>EDF Mar 19</b> Aug 18: continued roll out of ePR in South. National Record Locator Service workstream for Mental Health crisis plans on track to be live by Nov 18.  2b) Recruit to specialist technological roles to deliver business plans and support transformational change <b>EDF Q2</b> 3) Deliver transitional year NHS111/WYUC D.I&UC <b>Mar 19</b> Senior Team focus on maintaining performance by working on efficiency to maintain financial envelope  4) Deliver implementation plan for GDPR and Data Security and Protection Toolkit May 18: policies and procedures updated, fair processing and privacy notices posted. July 18: DSP toolkit review by IG and ICT, leads agreed for assertions. Aug 18: Publication scheme updated on new website.

Exec Lead/Risk Area	
availability of workforce and Continued focus and Performance Report	
impact of changes to funding streams on provision of deducation and training CAC domains: Well Led Executive Director of Operations, Director of Internal actority and Care and OD Director of Vorkforce and Urgent Care  CAC Monitrie Apprenticeship Training status  Apprenticeship Training	ning trajectory JC Mar 19 with loe, Phase 2 amework; A&E Paramedic erly report Aug for planning and el for DO Mar 19 rce issues ayment of voluntary mework/other ework. EMD  OD Aug 18 g on training rk to implement Behavioural chavioural Framework orenticeship ajectory for cians in chouse bank internship corting insformation

Principal Risk Ref No:	Ri	sk Sco C x L		Key Controls	Internal Assurance	Gaps in Controls and/or	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	드 :	(U)	-	ricy controls	External Assurance	Assurances	
3b) Effective strategies for promotion of wellbeing CQC domains: Well Led Director of Workforce and OD COMMITTEE ASSURANCE: QUALITY COMMITTEE	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	People Strategy  Wellbeing Plan aligned with Staff Survey action plan  Communications Strategy and Staff Engagement Plan  Direct Executive and senior management engagement  Staff-side multi-union agreement  Workforce KPIs  Behaviours Framework  Diversity and Inclusion Strategy	Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey  Joint Steering Group Meeting  Workforce monitoring and reporting, including KPIs  Integrated Performance Report  1) NHS annual Staff Survey  2) Staff Friends and Family Test  3) Cultural audit	1) There is a need to develop leadership and staff engagement and accountability in wellbeing agenda  2) Embedded and effective initiatives to support staff wellbeing  3) Ensuring reach of Wellbeing initiatives to widely dispersed workforce  4) Ongoing need to maintain positive union relationships through period of complex change  5) Implemented D&I action plan	1a) Implement/embed People Strategy D.WF&OD Aug 18: draft strategy principles are being consulted on.  1b) Embed Vision & Values and Behaviours framework D.WF&OD Implemented with embedding as part of Leadership portfolio work  2) Implement Wellbeing Plan and specific workstreams aligned to staff survey action plan WF&OD Mar 19 (see 2a,b,c,d below) 12 Month Plan is in place.  2a) further Mental Health First Aid Training to identified managers D.WF&OD Mar 19 Aug 18: 105 managers have completed training, procurement of training for a further cohort of 120 managers  2b) planned initiatives for prevention of MSK issues D.WF&OD Mar 19 monitored quarterly Aug 18: MSK Back care sessions are being provided by Physiomed  2c) Delivery of Flu campaign resulting in increased uptake for 2018/19 D.WF&OD Jan 19 Aug 18: Quad vaccine planned, governance in place for voucher scheme, >100 peer vaccinators identified, training ongoing.  2d) Focus on supportive management of short and long term sickness D.WF&OD Jun 18 Review of absence management policy ongoing Sickness absence project established.  2e) Ensure Occupational Health contract delivers effective provision for staff in line with the Wellbeing plan. D.WF&OD Mar 19 July 18: Tender to go live August 2018. For core Occupational Health Services including Health Surveillance, EAP and trauma support, Physiotherapy and Absence Manager Services.  2f) Monitoring and corrective action to address Workforce KPI's D.WF&OD Mar 19 monthly  3) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. D.I&UC  4) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. D.WF&OD  5) Implement Diversity & Inclusion action plan D.WF&OD Mar 19 with quarterly reporting June 18: EIA guidance approved by TMG, implementation ongoing. July 18: Policy review process updated to include EIA implementation ongoing. July 19: Policy review process updated to include EIA

Principal Risk Ref No:	_	k Sco	re		Internal Assurance	Gaps in Controls and/or	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	_ ∷	ပ :	⊢ (	Key Controls	External Assurance	Assurances	
3c) Effective strategies for leadership and engagement and a developed organisational culture				Communications Strategy and Staff Engagement plan  Direct Executive and senior management engagement	Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey Joint Steering Group	Matured leadership and accountability and embedded Just Culture	1a) Embed Vision & Values and Behaviours framework. D.WF&OD Dec 18     Implemented with embedding as part of Living Our Values Programme Board.  1b) Embed management & leadership development framework.     D.WF&OD Mar 19  1c) Implement Talent Development model D.WF&OD, EDO,     D.I&UC, ED.QGPA Mar 19 Aug 18: draft outline to be presented to Board Development Meeting in September
CQC domains:				Executive team brief and periodic leadership conferences	Meeting  Reporting through TMG and Quality Committee	Widely dispersed	1d) Learning from investigations in the context of a 'Just Culture'  D.WF&OD Mar 19 quarterly reports  2a) Implement agreed milestones within Communications Strategy
Director of Workforce and OD				Clinical Supervision structure  Staff-side multi-union agreement	Board Well Led Self- Assessment  Annual Staff survey	workforce and challenge of staff engagement with significant pace of change	and Staff Engagement Plan. <b>D.I&amp;UC Mar 19</b> 2b) Continued development of social media presence to ensure core messages are consistently shared. <b>D.I&amp;UC Mar 19</b> YAS Twitter champions expanded.
COMMITTEE ASSURANCE: QUALITY COMMITTEE	5 x 4 = 20	$5 \times 4 = 20$	$5 \times 2 = 10$	Leadership and Management Portfolio Governance Boards  Freedom to Speak Up process  Multi-faceted social media presence	Cultural audit  Well Led Assessment by externally commissioned partner  Review of capability of Board and Executive Team	Level of diversity in workforce not reflective of wider population	2c) Engage front line staff in the Inspections for Improvement process ED.QGPA Dec 18 Programme established for 2018/19  3a) Embed Diversity & Inclusion Strategy D.WF&OD June 18  Aug 18: WRES data analysis completed with development of prioritised action plan. Multifaith quiet contemplation room is complete with soft launch planned for September, Internal Mediation Service in place to launch September.  3b) Introduce equality monitoring into recruitment processes and service line performance dashboards. D.WF&OD June 18 Aug 18: A plan for workforce Diversity monitoring, incl recruitment, is in place. Dignity and Respect Policy review is underway
				Diversity and Inclusion group and networks  Bright Ideas process		4) Plan for implementation of 'Pay and Agenda for Change' reform  5) Ongoing need to maintain positive union relationships through period of complex change	3c) Embed Equality Impact Assessment D.WF&OD Sept 18 June 18: ElA guidance and template agreed at TMG. July 18: included in Policy governance, wider work to include in service developments, engaged with Performance Improvement Team. Aug 18: ElA workshops commenced 3d) Community engagement activities to promote inclusivity of workforce D.WF&OD Ongoing Aug 18: engagement with Pride events 4) Develop action plan to deliver requirements of Pay and Agenda for change reform D.WF&OD, EDF Mar 19 Aug 18: risk entered relating to workforce payroll systems ability to be able to handle the overtime option choice of employees 5) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. D.WF&OD Ongoing

Principal Risk Ref No:	_	k Sco	ore		Internal Assurance		
Exec Lead/Risk Area	Initial	Current	Target	Key Controls	External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
4a) Impact of external system pressures and changes in wider health economy  CQC Domains:  Well Led  Director of Integration and Urgent Care  COMMITTEE ASSURANCE:  QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	$5 \times 4 = 20$	$5 \times 4 = 20$	$5 \times 3 = 15$	Stakeholder engagement plan  STPs and other formal engagement meetings  Capital plan  Reconfiguration review process  Strategic Hospital Handover Plan  Systematic Reconfiguration evidence based analysis and impact and risk modelling	TMG review, with Quality Committee and Board assurance reports  Capital Planning Group review of Capital Programme and risks  TEG management of Handover plan  Contract management Board reports  Internal audit reviews	1) Lack of clarity in system wide plans and emerging developments in emergency and urgent care  2) Challenges in whole system resilience and agreement of collaborative action with challenged Trusts  3) National and local external funding pressures	1a) Continue to work with commissioners/ other providers to develop a coherent region-wide strategy and collaborative approach to system management CEO, D.I&UC Ongoing engagement with JSCB and expert panel in relation to ARP business cases.  1b) Embed approach to oversight of partnerships with other organisations, including STPs, A&E Delivery Boards and Integrated Care System. D.I&UC ongoing Mar 19 Positive engagement in South and West with arrangements developing in HCV STP.  1c) Continue to embed processes for engagement in local reconfiguration activity. D.I&UC ongoing  2a) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover EDO, ED.QGPA Ongoing July 18: Manager in Scarborough to support handover. Plan to deliver Qlik View to all managers in A&E Operations and EOC to manage live performance  2b) Highlight and manage specific risks to Safety, Quality and Performance arising from reconfiguration plans. D.I&UC, ED.QGPA, EDO ongoing QlAs completed, modelling of impacts on performance  2c) Deliver transitional year 111/WYUC Senior Team focus on maintaining performance by working on efficiency to maintain financial envelope  2d) Develop performance heatmaps to manage inconsistencies in performance across the healthcare system EDF Q1 ops dashboards are being developed  3a) Continue development and implementation of efficiency work programmes across the Trust and wider NAA. EDF, CEO Mar 19
							3b) Maintain position on utilisation of agency in line with national cap <b>D.WF&amp;OD Mar 19</b> Aug 18: robust Vacancy Control process in place

Principal Risk Ref No:	_	k Sco C x L	ore		Internal Assurance		Asting to Address Organized Timefores
Exec Lead/Risk Area	Initial	Current	Target	Key Controls	External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
5a) Efficient joint working between corporate and operational services  CQC domains:  Effective, Responsive  Executive Director of Quality, Governance and Performance	16	16	8	Procedural documents  Robust vehicle and equipment procurement and roll out processes  Risk management software systems support the learning process  Inspections for Improvement process  Fleet replacement	Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups.  Estates Management Group monitoring of Capital Fleet and Equipment group  TMG performance review processes through monthly IPR.	1) Support services that are fully aligned to meet the needs of operational service lines  2) Systems and processes not optimally aligned to support operational effectiveness	1a) Alignment of enabling support services strategies and transformation plans with Trust strategy all EDs Q2-Q3 Development of enabling strategies is ongoing  1b) Embed the Trust Behaviours framework D.WF&OD (see BAF 3c)  2a) Embed organisation-wide approach to Quality Improvement, incl. network of skilled QI Fellows ED.QGPA (See BAF 2a) Fellows appointed and QI projects commenced  2b) Embed approach to Process Improvement ED.QGPA Mar 19 July 18: Projects form part of monthly Programme Boards  2c) Continued focus on internal efficiencies in fleet, estates, internal logistics and corporate support services. EDF, D.WF&OD,
and Performance Assurance, Executive Director of Finance, Director of Estates and Facilities, Director of Workforce & OD  COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	4 x 4 = 1	$4 \times 3 = 1$	4 x 2 = 8	Hub and Spoke / vehicle preparation programme  Business partner model  Quality Improvement process  Process Improvement support  GDPR action plan with oversight of DPO	TEG & TMG Deep Dives, incl Workforce Directorate  Internal audit reviews-ICT strategy, vehicle replacement, HR processes  NAA Benchmarking information and collaborative NAA review/work in relation to Corporate Functions.	Processes in place to deliver General Data Protection Regulation	ED.QGPA  2d) Implement Vehicle Accident Reduction policy EDF Jun 18 June 18: consultation with staff side via JSG ongoing  2e) Continue to explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. CEO, D.WF&OD, ED.QGPA  2f) Continue delivery of VFM workstreams at Trust and NAA level aligned to the national ambulance sustainability and Model Ambulance workstreams. CEO ongoing  3) Deliver plan for compliance with GDPR Mar 19 with quarterly monitoring May 18: policies and procedures updated, fair processing and privacy notices posted. Aug 18: Publication scheme updated on new website. Lawful basis documented and DPIA implemented. ROPA documented with Information Asset register and Data Flow Mapping commenced through procured software

Principal Risk Ref No:		k Scc C x L	re		Internal Assurance		
Exec Lead/Risk Area	Initial	Current	Target	Key Controls	External Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
5b) Financial performance that delivers our Control Total in the context of the financial status of wider health economy and National drivers.  CQC domains: All  Executive Director of Finance  COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	$5 \times 3 = 15$	5 x 3 = 15	5 x 2 = 10	Procedures regarding levels of sign off and expenditure - organisational cost control are in place  Monthly budget monitoring between finance, senior and operational managers.  Quality & Efficiency Savings Programme and CQUIN programme management  Financial Performance Framework  Cost control processes – Vacancy Panel  Monthly focussed CIPMG monitoring  Deep dive process established  Authorisation procedures for contractor spend.	Monthly review by the Board through Integrated Performance Report and review by TMG & TEG  F&I committee review  CIPMG monitoring led by EDF  Internal audit reviews - financial reporting and financial systems  Internal audit reviews of governance, leadership and partnerships.  Delivery of STP CQUIN  Monthly NHSI submission and review meetings  Single Oversight Framework	2) Delivery of national financial stretch targets for NHS Trusts including control total and national funding limitations potentially impacting on major estate developments	1a) Implement 5 year integrated financial plan and strategy aligned to new Trust strategy once agreed EDF March 19  2a) Agree and implement Trust financial plan to meet revised control total target. EDF March 19 with rigorous monthly monitoring  2b) Delivery of agreed Quality and Efficiency Savings Programme (CIPs) EDF, EDO, D.I&UC March 19 with monthly tracking Monthly monitoring of CIPs via CIPMG.  2c) Programme management of capital plan EDF ongoing through Capital Monitoring Group  2d) Deliver Hub & Spoke Doncaster CEO Mar 19 July 18: Tender out for Doncaster Hub  2e) Engage with national Ambulance Sustainability Programme, incl. Model Ambulance, ARP, Carter ED.QGPA, EDF Ongoing  2f) Secure new and existing income through service tenders / other development opportunities. D.I&UC March 19 July 18: development of joint EMAS/YAS bid for North Lincs PTS contract  2g) Implement Integrated and Urgent Care Specification within contracted financial envelope D.IUC Mar 19  2h) Maintain financial position on delivery of national agency cap D.WF&OD, EDF Mar 19 Aug 18: robust Vacancy Control process in place  2i) Implement opportunities for cost saving through cross organisational collaboration as part of NAA and across the wider health and social care economy. CEO, D.I&UC, D.WF&OD
				Procurement Contracts Monitoring database		Contract management arrangements for existing and new major contracts	2j) Realise projected benefits of transformation programmes EDO, D.I&UC Mar 19 with quarterly review  3) Robust contract management of contracts with major financial value EDF Aug 18: tender for OH services go live w/c 30 July 18.