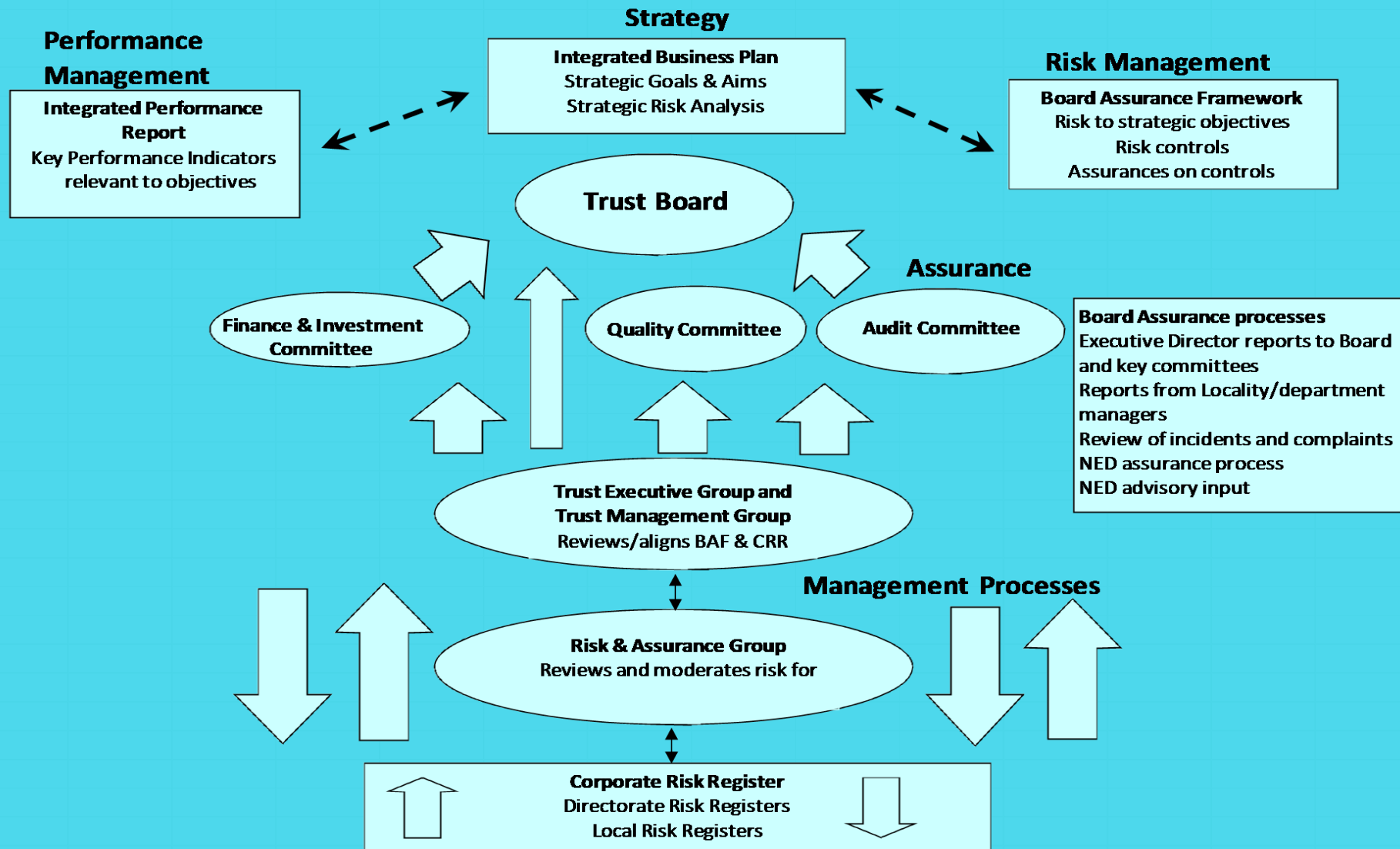




Board Assurance Framework 2018 – 19

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

TRUST BOARD - RISK INFORMATION FLOW AND ASSURANCE PROCESS



CEO – Chief Executive Officer
EDF – Executive Director of Finance
ED.QGPA – Executive Director of Quality, Governance and Performance Assurance
D.WF&OD – Director of Workforce and Organisational Development
D.I&UC – Director of Integration and Urgent Care

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

Risk Description	Apr 18	projected risk level				Movement	Q1 actual		Progress notes	Deviance from expected quarterly projection for Q1
		Q1	Q2	Q3	Q4					
1a) Ability to deliver National performance targets and clinical quality standards	20	20	20	15	10		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		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. Q1 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		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		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. EIA 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		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.	

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		
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 x 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. Qlik 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 4b) Mobilise PTS contracts. D.I&UC Aug 18: revised approach to implementation of eligibility criteria from 30 th July 18.

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		
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 x 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 D.I&UC Ongoing Bid Team in place for PTS, NHS111 bids, bid workshops delivered 1b) Active engagement with new STPs and maintain horizon scanning and intelligence gathering D.I&UC March 19 ongoing 1c) Actively pursue new service tenders in line with 5 year Strategic direction for the organisation. D.I&UC Mar 19 ongoing July 18: joint bid with EMAS for North Lincs PTS contract 1d) Secure PTS West contract in context of change D.I&UC Q2 1e) Response to major re-tender of NHS111 service in 2018/19 D.I&UC Tender process underway. 2a) Implement Digital Road Map priorities EDF Mar 19 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 EDF Q2 3) Deliver transitional year NHS111/WYUC D.I&UC Mar 19 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.

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		
3a) System-wide availability of workforce and impact of changes to funding streams on provision of education and training CQC domains: Well Led Executive Director of Operations, Director of Workforce and OD Director Integration & Urgent Care COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	4 x 4 = 16	4 x 4 = 16	4 x 2 = 8	Workforce plans in place Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings. Agreed clinical career framework Apprenticeship Training status	Board level monitoring of progress via Integrated Performance Report and Quality Committee. TMG monitoring of key post recruitment activity. Monitoring via Directorate Programme Management Group with assurance via PMO. <hr/> Internal audit reviews CQC Inspections and reports Scrutiny of Health Education England and NENAS	1) Implementation of People Strategy 2) National shortage of Paramedic staff impacting on recruitment and retention. Competition from non-ambulance sector 3) Ongoing need to maintain positive union relationships through period of complex change 4) Systematic delivery of training, supervision and PDR 5) Delivery of Apprenticeship scheme and utilisation of levy 6) Availability of clinical advisors and specialist clinicians to support NHS111, EOC, Clinical Advisory Service (CAS)	1a) Implement People Strategy D.WF&OD Sept 18 Aug 18: draft strategy principles are being consulted on. 2a) Implement workforce plan, recruitment and training trajectory and manage attrition EMD, D.WF&OD, EDO, D.I&UC Mar 19 with monthly monitoring 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. 2b) Monitor trajectory to achieve delivery of band 6 Paramedic upskill training D.WF&OD, EDO Mar 19 with quarterly report Aug 18: self-assessment completed, 211 staff require training. On trajectory for planning and delivery milestones. 2c) Development of an operational and clinical model for advanced and specialist practitioners D.WF&OD, EDO Mar 19 3a) Maintain current intelligence on national workforce issues D.WF&OD Aug 18: EOC EMD re-banding, national ETs relating to payment of voluntary and compulsory overtime 3b) Continue engagement through JSG meeting framework/other formal/informal mechanisms. D.WF&OD ongoing 4a) Continue implementation of clinical career framework. EMD Ongoing 4b) Implement mandatory TNA for all roles D.WF&OD Aug 18 Aug 18: YAS Academy undertaking full mandatory TNA review. Working on training passport for key competencies including IG, Safeguarding. Ongoing work to implement training via ESR OLM from October 2018 4c) Implement PDR process inc Vision, Values and Behavioural Framework. D.WF&OD Sept 18 Implemented V&V and Behavioural Framework with embedding as part of Leadership portfolio work. 5) Implement strategic approach to utilisation of apprenticeship schemes D.WF&OD Sept 18 Aug 18: ongoing in line with trajectory for utilisation of scheme 6a) Delivery of action plan to maintain levels of clinicians in NHS111 and reduce agency use, incl options for in-house bank D.I&UC, D.WF&OD 6b) Implement and monitor effectiveness of Nurse Internship Programme ED.QGPA Mar 19 with quarterly reporting Procedure for road based placement now finalised. 6c) Implement Phase 2 CAS in line with service transformation workstreams D.I&UC Mar 19 July 18: Initial discussions regarding merged Clinical Advisor JD for 111 and EOC

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	L	C	L		External Assurance		
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) 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 requirement. Aug 18: EIA workshops commenced

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		
5a) Efficient joint working between corporate and operational services CQC domains: Effective, Responsive Executive Director of Quality, Governance 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 = 16	4 x 3 = 16	4 x 2 = 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 programme Hub and Spoke / vehicle preparation programme Business partner model Quality Improvement process Process Improvement support GDPR action plan with oversight of DPO	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. 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.	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 3) Processes in place to deliver General Data Protection Regulation	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, 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:	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		
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 x 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. Procurement Contracts Monitoring database	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	1) medium term financial plan 2) Delivery of national financial stretch targets for NHS Trusts including control total and national funding limitations potentially impacting on major estate developments 3) Contract management arrangements for existing and new major contracts	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 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.