

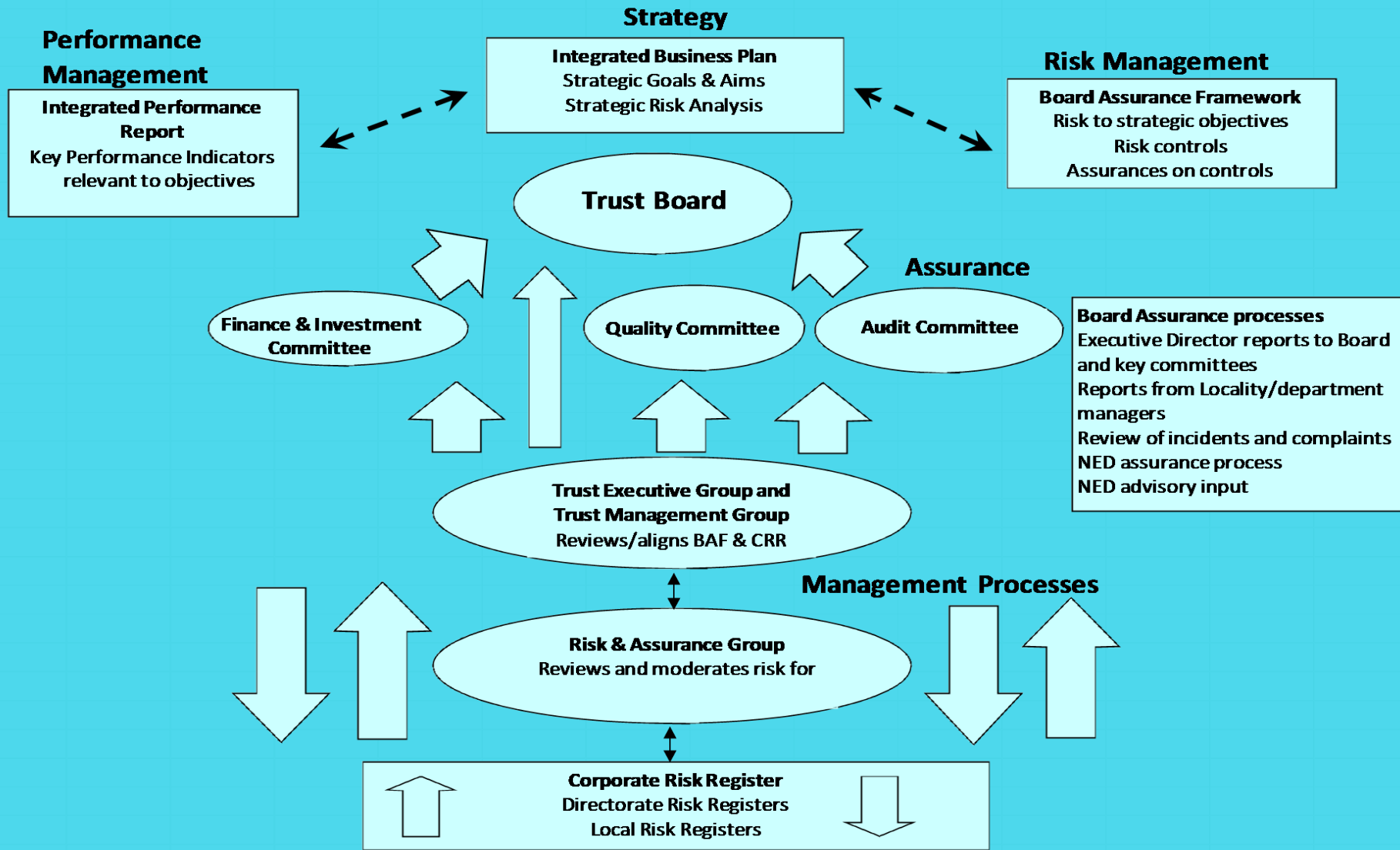


# Board Assurance Framework 2018 – 19

Oct 2018	Version 16
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Trust Management Group	07.11.2018
Audit Committee	08.11.2018
Trust Board	30.08.2018
Quality Committee	06.09.2018
F&I Committee	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	Q2 actual		Progress notes	Deviance from expected quarterly projection
		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. <b>Doncaster A&amp;E Delivery Board winter monies for HALO @ DRI. ECAs with C1 working on LAT. EOC ARP Support Cell established. CS and RRV&gt;DCA consultation complete and alignment to rosters ongoing. Re-engineering of ePR process to mitigate impact on job cycle time</b>	No deviance from quarterly projection for Q2	
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. QI Fellows in place with projects commenced. <b>Support Cell established in EOC to provide capacity to manage mealbreaks, end of shift overtime and to support delivery of ARP. Increased staff in post compared with last year.</b>	No deviance from quarterly projection for Q2	
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. <b>NHS111 deadline for submission extended as financial template adjusted, decision expected at end of November. Dental bid responses collated, TEG discussions re financial template, expect decision mid-December. PTS West - Commissioners have offered a 12 month extension 2019/20; procurement still to be undertaken within 2019/20. YAS concerns over extension re fleet age profile and cost to maintain; YAS have requested an escalation meeting with commissioners. Joint EMAS/YAS N.E Lincs PTS bid is not going ahead. GDPR closure report presented to IGWG for agreement, to present to TMG in December 18. DSP Toolkit action plan in place with named leads for each of the assertions, baseline submission completed.</b>	No deviance from quarterly projection for Q2	
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. <b>People strategy scheduled to Board in November. Slowed down recruitment to ECA roles to allow for delivery of blue light and C1 driver training. B6 paramedic upskill training is ahead of trajectory, Task and Finish Group established to develop PDR process.</b>	No deviance from quarterly projection for Q2	
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. <b>Tracking Flu Campaign at 30% at halfway mark with target of 75% by end Dec. OH tender live closes 7th Nov, PAM not bidding, exit plan being developed with plan for mobilisation. Deep dive review of LTS/sickness management.</b>	No deviance from quarterly projection for Q2	
3c) Effective strategies for leadership and engagement and a	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. <b>Board Development Programme underway. Review of accountability framework</b>	No deviance from quarterly projection for Q2	

developed organisational culture									planned, Staff Engagement Plan with STAR awards agreed, proposal for Talent Development Model for consultation. Leadership in Action Programme being delivered. Agreed principles with staff side for retaining annex 5/moving to section 2. Manual timesheets process in place to pay section 2 for new starters and recruits to new roles, technical solution being developed.	
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. Winter monies agreed by Doncaster A&E Delivery Board allows for HALO @DRI to manage process. EOC Support Cell to support delivery of ARP. Clinical recruitment events to minimise use of agency clinical advisors.	No deviance from quarterly projection for Q2
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. Embedding as part of Leadership portfolio work and Leadership In Action, Task and Finish group for review of PDR process is established.	No deviance from quarterly projection for Q2
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. Tenders out for Occupational Health provisions. Dental bid progressing, expected decision mid-December 18. IUC deadline extended with change to financial template, expected decision end of November. Monthly monitoring of CIPs via CIPMG, planning commenced for 2019/20	No deviance from quarterly projection for Q2

Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target		External Assurance		
<p><b>1a) Ability to deliver National performance targets and clinical quality standards</b></p> <p><b>CQC Domains: Responsive</b></p> <p>Exec Director of Operations</p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 4 = 20	5 x 4 = 20	5 x 2 = 10	<p>A&amp;E Resource and Capacity team monitoring real-time demand and capacity, capacity planning model, forecasting</p> <p>On-going recruitment and training as part of Directorate workforce plans</p> <p>Trajectory model monitored by Directorate Management Board</p> <p>AQIs and CPI's developed with national benchmarking</p> <p>Training Programme agreed and established</p> <p>Weekly Performance and Quality report</p> <p>A&amp;E Operations Management Group</p> <p>PTS Programme annual plan in place and monitored</p> <p>111 Operational Management Group reporting arrangements</p> <p>Clinical Quality Strategy</p>	<p>Monthly Integrated Performance Report, including workforce KPI's to executive groups.</p> <p>Executive Project Board and risk review</p> <p>Service Line dashboard reporting and monitoring in place</p> <p>Quality Committee reports and annual Board level service line Quality Review.</p> <p>Weekly Safety Monitoring Reporting in place</p> <p>Incident review via IRG</p> <p>CQC Registration / Inspection and Reports</p> <p>Internal Audit review of operational plan and training</p> <p>NHS England benchmarking of AQI and CPI</p> <p>Weekly national benchmarking</p> <p>ARP pilot monitoring and review</p>	<p>1) Impact of ARP and how delivery of ARP is commissioned</p> <p>1a) Impact of demand on performance</p> <p>2) Delivery of NHS111/WYUC and PTS service in context of increasing demand and contractual requirements</p> <p>3) Inefficiencies in management of resources and delivery of CIPs versus staffing requirement and fleet capacity</p> <p>4) Control in wider system of impact of increased hospital handover time</p> <p>5) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards</p>	<p>1a) Negotiation with Commissioners on suitable timeframe and investment for delivery of ARP <b>EDO, EDF Q1</b> Trajectory agreed with commissioners <b>Oct 18: discussion for 2019/20 has commenced</b></p> <p>1b) Implementation of business cases for LAT, RRV to DCA, EOC model re-design and Hear &amp; Treat to support delivery of ARP <b>EDO ongoing monitoring with review date Sept 18</b> June 18: established project teams for RRV&gt;DCA and workforce plan, exception reporting in place. <b>Oct 18 using ECAs with C1 on LAT</b></p> <p>1c) Implement workstreams for Meal Break management, End of shift overtime &amp; EOC Dispatch Operating model to support ARP delivery <b>EDO Oct 18: EOC ARP Support Cell established.</b></p> <p>1d) Monitor of ARP performance, quality and safety <b>EDO Ongoing</b> July 18: Spring Review changes to EOC EMD and triage having positive impact. <b>Oct 18: forecasting in place</b></p> <p>1e) Review of rostering alignment and skill mix <b>EDO Sept 18</b> June 18: consultation with CS &amp; RRV to DCA staff. <b>Oct 18: consultation complete, progressing alignment</b></p> <p>2a) Deliver transitional year NHS111/WYUC <b>D.I&amp;UC Mar 19</b> June 18: surge and escalation plans reviewed (annually) Senior Team focus on maintaining performance by working on efficiency to maintain financial envelope.</p> <p>2b) Analysis and action plan to deliver PTS KPIs aligned to transformational workstreams <b>D.I&amp;UC Mar 2019 with monthly reporting</b> Aug 18: revised approach to implementation of eligibility criteria from 30<sup>th</sup> July.</p> <p>2c) Delivery of service transformation workstreams to support implementation of the Integrated &amp; Urgent Care Specification <b>D.I&amp;UC Mar 19 with monthly monitoring</b></p> <p>3a) Monthly monitoring delivery of CIPs through CIPMG and Deep Dives as indicated <b>EDF, EDO, D.I&amp;UC Mar 2019</b> June 18: deep dives and risk mitigation planning in place</p> <p>4a) Continued focus on handover challenges June 18: YAS Manager in Scarborough to support handover arrangements <b>Oct 18: Doncaster A&amp;E Delivery Board approved winter monies for HALO @ DRI</b></p> <p>5a) Gain approval of business case for electronic patient record solution (ePR) business case <b>EDF, D.I&amp;UC Jun 18</b> Approval for roll out Trustwide as a replacement for paper forms</p> <p>5b) Roll out of ePR <b>EDF Mar 19 with quarterly monitoring</b> June 18: South to roll out further. <b>Oct 18: roll out in West progressing, 4 minute impact in job cycle time, re-engineering process to take time out</b></p> <p>5c) Digital Strategy publication and plan for implementation <b>EDF Mar 19</b> ICT are working with an external partner to progress this work.</p>

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		
<p><b>2a) Lack of capability to deliver and manage change including delivery of CIPs</b></p> <p><b>CQC Domains: All</b></p> <p>Executive Director of Quality, Governance and Performance Assurance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 2 = 8	<p>Transformation Programme Management boards and PMO monitoring and assurance function</p> <p>Performance management framework and TEG / TMG and DMB deep dives</p> <p>CIP Monitoring Group and Financial Performance Management Framework.</p> <p>CQUINS tracking through IPR reports and CQUIN Delivery Group</p> <p>Quality Impact Assessment process in place, reported to Quality Committee</p> <p>TEG approved staff engagement plan</p>	<p>Monthly IPR monitoring reports including programme dashboard to TMG and assurance reports to Quality Committee, F&amp;IC and Board</p> <p>Programme Board exception reporting</p> <p>Internal Audit reports</p> <p>NHS Improvement</p> <p>NHSI review of CIP Management processes</p> <p>ORH modelling of ARP structures and EOC restructure proposals</p>	<p>1) Further development of managerial and clinical leadership capability and capacity, engagement and accountability.</p> <p>1c) Capacity in EOC to for end of shift overtime and mealbreak management</p> <p>2) Programme and project management capacity to support transformation to be fully embedded</p> <p>3) Embedded approach to Quality Improvement</p> <p>4) Emerging priorities requiring adjustment of existing Trust plans</p>	<p>1a) Ensure provision of robust management information, accessible to lead managers <b>EDF, D.WF&amp;OD, ED.QGPA Q2 Capacity and Capability Transformation Board</b> are progressing development of Ops dashboards. <b>Oct 18: roll out of Qlik view</b></p> <p>1b) Trustwide alignment of workforce plans with determined skill sets and management capacity underpinned by delivery of Leadership Development programme. <b>EDO, D.I&amp;UC, D.WF&amp;OD Q2 Aug 18: Leadership In Action programme commenced Oct 18: Leadership Summit delivered, Leadership in Action cohorts progressing.</b></p> <p>1c) Management of change in EOC to support ARP <b>EDO Oct 18: EOC re-structure pilot in York commencing Nov 18 to align to refurbishment, EOC ARP Support Cell established</b></p> <p>2a) Continue implementation of PMO Service Improvement offer and Performance Management arrangements, with a focus on CIP and service improvement. <b>ED.QGPA March 19 with monthly monitoring July 18: PM arrangements being managed through Capacity and Capability Programme Board with a pilot in A&amp;E. Qlik view work has commenced.</b></p> <p>2b) Delivery of Quality &amp; Efficiency CIPs with oversight through CIPMG and financial performance escalation framework. <b>ED.QGPA/EDF Mar 19 with monthly monitoring Monthly CIPMG with deep dives and risk mitigation. Oct 18: monitoring of A&amp;E CIPs, take out of O/T</b></p> <p>3a) Embed organisation-wide approach to Quality Improvement, including establishing a network of skilled QI Fellows <b>ED.QGPA March 19 with quarterly review</b> Fellows appointed, project work commenced <b>Oct 18: QI methodology session @ Leadership Summit</b></p> <p>4a) Delivery of service transformation workstreams to support implementation of the Integrated &amp; Urgent Care Specification <b>D.I&amp;UC March 19 with monthly monitoring June 18: Transformation workstreams in place; Service Delivery and Integrated Workforce Group, Place Based Care Group, Infrastructure Group</b></p> <p>4b) Mobilise PTS contracts. <b>D.I&amp;UC Aug 18: revised approach to implementation of eligibility criteria from 30<sup>th</sup> July 18. Oct 18: management of complaints from Eligibility Criteria and development of appeals process.</b></p>



Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target		External Assurance		
<p><b>2b) Inability to deliver the plan for integrated patient care services owing to multiple service tenders</b></p> <p><b>CQC Domains:</b></p> <p><b>All</b></p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 2 = 8	<p>Integrated Business Planning group, reporting into Trust Management Group</p> <p>Bid Team expertise established and learning from previous bids</p> <p>CIP Management Group</p> <p>NHS111 Operational Management Group</p>	<p>Executive review via TMG Finance and assurance reports to F&amp;IC</p> <p>Contractual KPI's in IPR – reported to TMG and Board</p> <p>PMO Dashboard</p> <hr/> <p>Internal Audit</p> <p>Commissioner meetings and contract settlements</p> <p>STPs and A&amp;E Delivery Boards, Urgent Care Board</p>	<p>1) Management and project capacity and enhanced customer relationships to respond to service tenders</p> <p>2) Lack of technology and specialist skills</p> <p>3) Delivery transitional year NHS111/WYUC contract</p> <p>4) GDPR / Data Security Toolkit compliance to ensure requirement is covered in bids for tenders</p>	<p>1a) Continue development of bid expertise to anticipate and respond to tender activity in context of delivery of transformational change programmes <b>D.I&amp;UC Ongoing</b> Bid Team in place for PTS, NHS111 bids, bid workshops delivered</p> <p>1b) Active engagement with new STPs and maintain horizon scanning and intelligence gathering <b>D.I&amp;UC March 19 ongoing</b></p> <p>1c) Actively pursue new service tenders in line with 5 year Strategic direction for the organisation. <b>D.I&amp;UC Mar 19 ongoing</b> July 18: joint bid with EMAS for North Lincs PTS contract – not progressed. <b>Oct 18: Dental bid progressing.</b></p> <p>1d) Secure PTS West contract in context of change <b>D.I&amp;UC Q2</b> <b>Oct 18: Commissioner Commissioners have offered a 12 month extension for April 2019-March 2020; procurement process will still be undertaken within 2019/20. YAS have outlined concerns over 12 month extension as fleet age profile is of concern and costly to maintain; YAS have requested an escalation meeting with commissioners</b></p> <p>1e) Response to major re-tender of NHS111 service in 2018/19 <b>D.I&amp;UC</b> Tender process underway. <b>Oct 18: deadline for submission extended as financial template adjusted. Expect decision at end of November.</b></p> <p>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.</p> <p>2b) Recruit to specialist technological roles to deliver business plans and support transformational change <b>EDF Q2</b> Oct 18: key ICT vacancies remain with recruitment ongoing</p> <p>3) Deliver transitional year NHS111/WYUC <b>D.I&amp;UC Mar 19</b> Senior Team focus on maintaining performance by working on efficiency to maintain financial envelope, <b>Oct 18: ADASTRA licence in place to support system continuity</b></p> <p>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. <b>Oct 18: GDPR closure report presented to IGWG for agreement, to present to TMG in December 18. DSP Toolkit action plan in place with named leads for each of the assertions, baseline submission completed.</b></p>



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
	–	0	+		External Assurance		
<b>3a) System-wide availability of workforce and impact of changes to HEE funding streams on provision of education and training</b>  <b>CQC domains: Well Led</b>  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.  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 <b>D.WF&amp;OD Sept 18</b> Aug 18: draft strategy principles are being consulted on. <b>Oct 18: Strategy scheduled to Board Nov</b>  2a) Implement workforce plan, recruitment and training trajectory and manage attrition <b>EMD, D.WF&amp;OD, EDO, D.I&amp;UC Mar 19 with monthly monitoring</b> 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. <b>Oct 18: slowed down recruitment to ECA roles to allow for delivery of blue light and C1 driver training, all roles offered are being progressed.</b>  2b) Monitor trajectory to achieve delivery of band 6 Paramedic upskill training <b>D.WF&amp;OD, EDO Mar 19 with quarterly report</b> Aug 18: self-assessment completed, 211 staff require training. On trajectory for planning and delivery milestones. <b>Oct 18: 27% training delivered which is ahead of (20%) trajectory</b>  2c) Development of an operational and clinical model for advanced and specialist practitioners <b>D.WF&amp;OD, EDO Mar 19</b>  3a) Maintain current intelligence on national workforce issues <b>D.WF&amp;OD</b> 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. <b>D.WF&amp;OD ongoing</b>  4a) Continue implementation of clinical career framework. <b>EMD Ongoing</b>  4b) Implement mandatory TNA for all roles <b>D.WF&amp;OD Aug 18</b> 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. <b>D.WF&amp;OD Apr 19</b> Implemented V&V and Behavioural Framework with embedding as part of Leadership portfolio work. <b>Oct 18: Task &amp; Finish Group to develop new PDR process</b>  5) Implement strategic approach to utilisation of apprenticeship schemes <b>D.WF&amp;OD Sept 18</b> Aug 18: ongoing in line with trajectory for utilisation of scheme <b>Oct 18: on track for utilisation in line with projected uptake</b>  6a) Delivery of action plan to maintain levels of clinicians in NHS111 and reduce agency use, incl options for in-house bank <b>D.I&amp;UC, D.WF&amp;OD</b> <b>Oct 18: Joint recruitment events planned, last round achieved 7 clinical advisors, agency use is monitored.</b>  6b) Implement and monitor effectiveness of Nurse Internship Programme <b>ED.QGPA Mar 19 with quarterly reporting</b> Procedure for road based placement now finalised.  6c) Implement Phase 2 CAS in line with service transformation workstreams <b>D.I&amp;UC Mar 19</b> 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	£	0		1		
<b>3b) Effective strategies for promotion of wellbeing</b>  <b>CQC domains:</b>  <b>Well Led</b>  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 <b>D.WF&amp;OD</b> Aug 18: draft strategy principles are being consulted on. <b>Oct 18: Strategy scheduled for Board Nov 18</b>  1b) Embed Vision & Values and Behaviours framework <b>D.WF&amp;OD</b> Implemented with embedding as part of Leadership portfolio work and LIA  2) Implement Wellbeing Plan and specific workstreams aligned to staff survey action plan <b>WF&amp;OD Mar 19</b> (see 2a,b,c,d below) 12 Month Plan is in place. <b>Oct 18 National Self-Assessment for H&amp;WB due in January 2019.</b>  2a) further Mental Health First Aid Training to identified managers <b>D.WF&amp;OD Mar 19</b> Aug 18: 105 managers have completed training, procurement of training for a further cohort of 120 managers <b>Oct 18: further roll out ongoing</b>  2b) planned initiatives for prevention of MSK issues <b>D.WF&amp;OD Mar 19 monitored quarterly</b> Aug 18: MSK Back care sessions are being provided by Physiomed  2c) Delivery of Flu campaign resulting in increased uptake for 2018/19 <b>D.WF&amp;OD Jan 19</b> Aug 18: Quad vaccine planned, governance in place for voucher scheme, >100 peer vaccinators identified, training ongoing. <b>Oct 18: TEG tracking delivery</b>  2d) Focus on supportive management of short and long term sickness <b>D.WF&amp;OD Jun 18</b> Review of absence management policy ongoing Sickness absence project established. <b>Oct 18: deep dive review, Strategic Workforce Group &amp; JSG</b>  2e) Ensure Occupational Health contract delivers effective provision for staff in line with the Wellbeing plan. <b>D.WF&amp;OD Mar 19</b> 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. <b>Oct 18: tender live closes 7<sup>th</sup> Nov, PAM not bidding, exit plan being developed with plan for mobilisation.</b>  2f) Monitoring and corrective action to address Workforce KPI's <b>D.WF&amp;OD Mar 19 monthly</b> <b>Oct 18: People strategy will have determined KPIs</b>  3) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. <b>D.I&amp;UC</b> <b>Oct 18: STAR awards planned, Leadership in Action being delivered</b>  4) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. <b>D.WF&amp;OD</b>  5) Implement Diversity & Inclusion Strategy <b>D.WF&amp;OD Mar 19 with quarterly reporting</b> June 18: EIA guidance approved by TMG, implementation ongoing. July 18: Policy review process updated to include EIA requirement. Aug 18: EIA workshops commenced <b>Oct 18: signed off at Board in August, monitored 6-monthly by Board</b>

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	E	C		L		
<b>3c) Effective strategies for leadership and engagement and a developed organisational culture</b>  <b>CQC domains:</b>  <b>Well Led</b>  Director of Workforce and OD  COMMITTEE ASSURANCE:  QUALITY COMMITTEE	5 x 4 = 20	5 x 4 = 20	5 x 2 = 10	Communications Strategy and Staff Engagement plan	Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey	1) Matured leadership and accountability and embedded Just Culture based on clear framework          2) Widely dispersed workforce and challenge of staff engagement with significant pace of change      3) Level of diversity in workforce not reflective of wider population       4) Plan for implementation of 'Pay and Agenda for Change' reform     5) Ongoing need to maintain positive union relationships through period of complex change	1a) Embed Vision & Values and Behaviours framework. <b>D.WF&amp;OD Dec 18</b> Implemented with embedding as part of Living Our Values Programme Board.  1b) Board Development Programme (GGI) for EDs and NEDs <b>Dec 18</b> Oct 18: Board Development Programme to be completed by December  1c) Embed management & leadership development framework. <b>D.WF&amp;OD Mar 19</b>  1d) Implement Talent Development model <b>D.WF&amp;OD, EDO, D.I&amp;UC, ED.QGPA Mar 19</b> Aug 18: draft outline to be presented to Board Development Meeting in September Oct 18: Proposal to TEG Oct, TMG Nov, Board Dec.  1e) Learning from investigations in the context of a 'Just Culture' <b>D.WF&amp;OD Mar 19 quarterly reports</b>  1f) Review Ops Accountability Framework D.Ops <b>Dec 18</b>  2a) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. <b>D.I&amp;UC Mar 19</b> Oct 18: STAR Awards planned, LIA being delivered  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.  2c) Engage front line staff in the Inspections for Improvement process <b>ED.QGPA Dec 18</b> Programme established for 2018/19 LMs engaged  3a) Embed Diversity & Inclusion Strategy <b>D.WF&amp;OD</b> (see 3b)  3b) Introduce equality monitoring into recruitment processes and service line performance dashboards. <b>D.WF&amp;OD June 18</b> Aug 18: A plan for workforce Diversity monitoring, incl recruitment in place. Dignity and Respect Policy review is underway  3c) Embed Equality Impact Assessment <b>D.WF&amp;OD Sept 18</b> June 18: EIA 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: EIA workshops commenced  3d) Community engagement activities to promote inclusivity of workforce <b>D.WF&amp;OD Ongoing</b> Aug 18: engagement with Pride events  4) Deliver requirements of Pay and A4C reform <b>D.WF&amp;OD, EDF Mar 19</b> Aug 18: risk entered relating to workforce payroll systems ability to be able to handle the overtime option choice of employees Oct 18: Agreed principles with staff side for retaining annex 5 and moving over to section 2. Manual timesheets process in place to pay section 2 for new starters and recruits to new roles, technical solution being developed  5) Ensure engagement through JSG meeting framework and other formal/informal mechanisms. <b>D.WF&amp;OD Ongoing</b>
				Direct Executive and senior management engagement	Joint Steering Group Meeting		
				Executive team brief and periodic leadership conferences	Reporting through TMG and Quality Committee		
				Clinical Supervision structure	Board Well Led Self-Assessment		
				Staff-side multi-union agreement	Annual Staff survey		
				Leadership and Management Portfolio Governance Boards	Cultural audit		
				Freedom to Speak Up process	Well Led Assessment by externally commissioned partner		
				Multi-faceted social media presence	Review of capability of Board and Executive Team		
Diversity and Inclusion group and networks							
Bright Ideas process							

Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target		External Assurance		
<b>4a) Impact of external system pressures and changes in wider health economy</b>  <b>CQC Domains:</b>  <b>Well Led</b>  Director of Integration and Urgent Care  COMMITTEE ASSURANCE:  QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 4 = 20	5 x 4 = 20	5 x 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 <b>CEO, D.I&amp;UC</b> 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 ICS. <b>D.I&amp;UC ongoing Mar 19</b> Positive engagement in South and West with arrangements developing in HCV STP.  1c) Continue to embed processes for engagement in local reconfiguration activity. <b>D.I&amp;UC ongoing</b>  2a) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover <b>EDO, ED.QGPA ongoing</b> 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 Oct 18: winter monies agreed by Doncaster A&E Delivery Board allows for HALO @DRI to manage process  2b) Highlight and manage specific risks to Safety, Quality and Performance arising from reconfiguration plans. <b>D.I&amp;UC, ED.QGPA, EDO ongoing</b> QIAs 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 <b>EDF Q1</b> Ops dashboards are being developed  3a) Continue development and implementation of efficiency work programmes across the Trust and wider NAA. <b>EDF, CEO Mar 19</b> Oct 18: CIPMG in place monitoring delivery, planning for 19/20 commenced.  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 Oct 18: joint 111/EOC clinical recruitment events for clinical advisor roles in place, last round delivered 15 CAs split between services.

Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
	Initial	Current	Target		External Assurance		
<b>5a) Efficient joint working between corporate and operational services</b>  <b>CQC domains:</b> <b>Effective, Responsive</b>  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 <b>all EDs Q2-Q3</b> Development of enabling strategies is ongoing <b>Oct 18: Trust strategy launch at Leadership day, development of enabling strategies with support of TMG</b>  1b) Embed the Trust Behaviours framework <b>D.WF&amp;OD</b> (see BAF 3c) <b>Oct 18: embedding as part of Leadership portfolio work and Leadership In Action, task and finish group for review of PDR process is established.</b>  2a) Embed organisation-wide approach to Quality Improvement, incl. network of skilled QI Fellows <b>ED.QGPA (See BAF 2a)</b> Fellows appointed and QI projects commenced  2b) Embed approach to Process Improvement <b>ED.QGPA Mar 19</b> July 18: Projects form part of monthly Programme Boards <b>Process improvement managers working with service lines to support projects</b>  2c) Continued focus on internal efficiencies in fleet, estates, internal logistics and corporate support services. <b>EDF, D.WF&amp;OD, ED.QGPA</b> Supported by QI methodology and Process Improvement Managers  2d) Implement Driving At Work policy <b>EDF Jun 18</b> June 18: consultation with staff side via JSG ongoing. <b>Oct 18: consultation ongoing through PPG/JSG.</b>  2e) Continue to explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. <b>CEO, D.WF&amp;OD, ED.QGPA</b>  2f) Continue delivery of VFM workstreams at Trust and NAA level aligned to the national ambulance sustainability and Model Ambulance workstreams. <b>CEO ongoing</b>  3) Deliver plan for compliance with GDPR <b>Mar 19 with quarterly monitoring</b> Aug 18: Publication scheme updated on new website. Lawful basis documented and DPIA implemented. ROPA documented within Information Asset register and Data Flow Mapping <b>Oct 18: GDPR closure report presented to IGWG for agreement, to present to TMG Dec 18.</b>

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		
<b>5b) Financial performance that delivers our Control Total in the context of the financial status of wider health economy and National drivers.</b>  <b>CQC domains:</b>  <b>All</b>  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.	Monthly review by the Board through Integrated Performance Report and review by TMG & TEG  F&I committee review  CIPMG monitoring led by EDF	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 <b>EDF March 19</b>  2a) Agree and implement Trust financial plan to meet revised control total target. <b>EDF March 19</b> with rigorous monthly monitoring  2b) Delivery of agreed Quality and Efficiency Savings Programme (CIPs) <b>EDF, EDO, D.I&amp;UC March 19 with monthly tracking</b> <b>Oct 18: monthly monitoring of CIPs via CIPMG, planning commenced for 19/20.</b>  2c) Programme management of capital plan <b>EDF</b> Ongoing through Capital Monitoring Group  2d) Deliver Hub & Spoke Doncaster <b>CEO Mar 19</b> 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. <b>D.I&amp;UC March 19</b> July 18: development of joint EMAS/YAS bid for North Lincs PTS contract - not progressed. <b>Oct 18: Dental bid progressing, expected decision mid-December 18. IUC deadline extended with change to financial template, expected decision end of November.</b>  2g) Implement Integrated and Urgent Care Specification within contracted financial envelope <b>D.IUC Mar 19</b>  2h) Maintain financial position on delivery of national agency cap <b>D.WF&amp;OD, EDF Mar 19</b> 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. <b>CEO, D.I&amp;UC, D.WF&amp;OD</b>  2j) Realise projected benefits of transformation programmes <b>EDO, D.I&amp;UC Mar 19 with quarterly review</b>  3) Robust contract management of contracts with major financial value <b>EDF</b> Sep 18: tender for OH services go live during October. <b>Oct 18: OH contract spec out to tender, closes 7 Nov, PAM exit strategy and mobilisation arrangement being put in place.</b>
				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	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		