

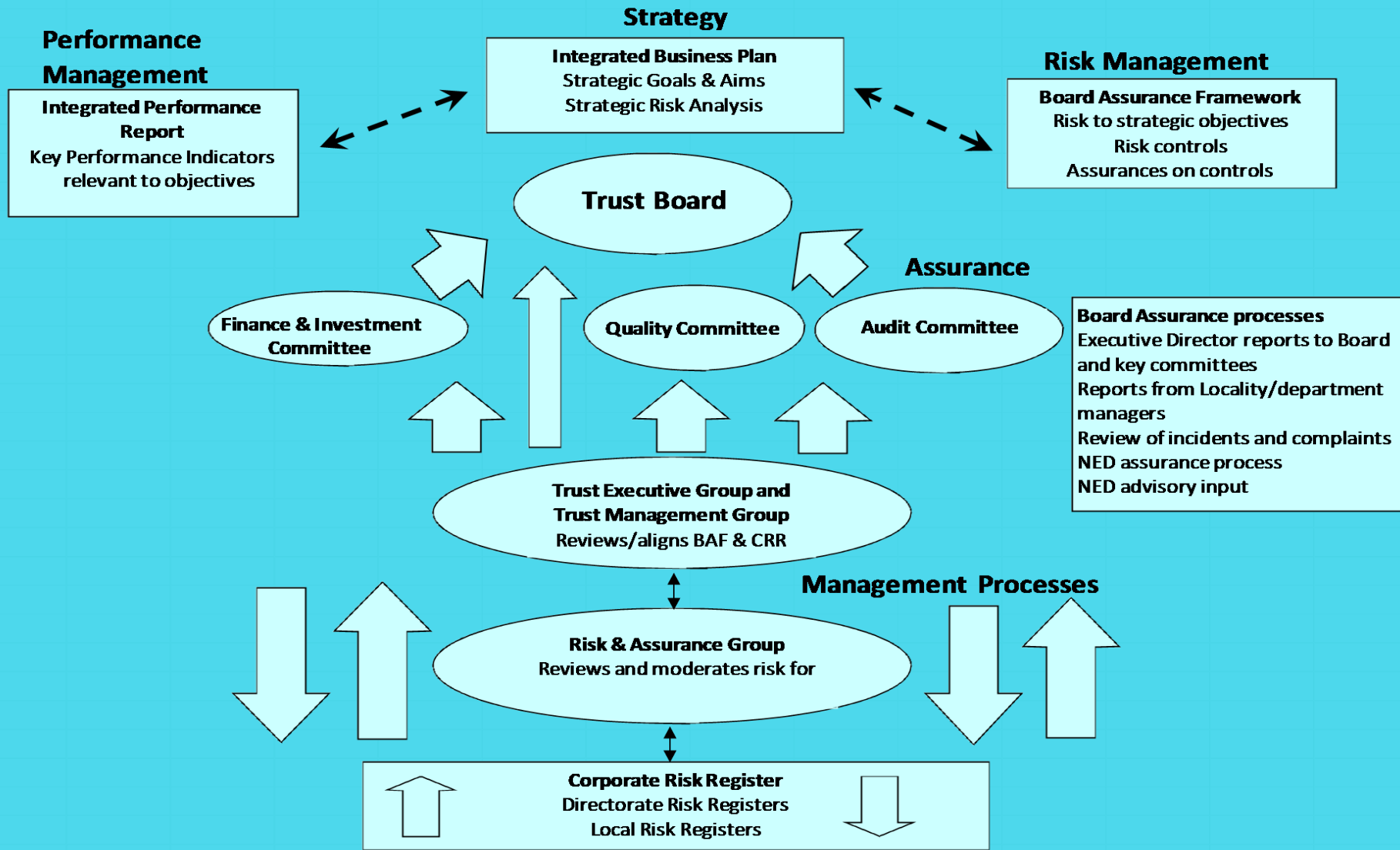


Board Assurance Framework 2018 – 19

March 2019	Version 21
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Trust Management Group	27.02.2019
Audit Committee	08.11.2018
Trust Board	29.11.2018
Quality Committee	14.03.2019
F&I Committee	14.03.2019

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	Q4 actual		Progress notes	Deviance from expected quarterly projection
		Q1	Q2	Q3	Q4					
1a) Inability 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. Doncaster A&E Delivery Board winter monies for HALO @ DRI. ECAs with C1 working on LAT. EOC ARP Support Cell established. CS and RRV>DCA consultation complete and alignment to rosters ongoing. Re-engineering of ePR process to mitigate impact on job cycle time 111 on track for contracted targets in transitional year. IUC mobilisation project commencing, highlight report to Service Delivery and Workforce Integration Transformation Board with oversight of D.WF&OD. Achieving commissioned trajectory for Cat 1 90th centile.	Continued challenges related to delivery of ARP and commencement of IUC mobilisation anticipated to continue through 2018/19 and into 2019/20.
2a) Lack of capacity and capability to deliver and manage change including delivery of CIPs	16	16	16	12	8	↓	8		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. 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. Leadership In Action Tier 1 delivery complete, Tier 2 on module 4, Tier 3 delivery planned for 2019/20. 8 x QI Fellows in cohort 1 will become the QI faculty, established to deliver training and embed QI strategy. Cohort 2 QI fellows are being recruited. IUC Mobilisation Project team established, highlight reporting to Service Delivery and Workforce Integration Transformation Board, lead is D.WF&OD. Major change programmes across all key areas progressing however some leadership gaps. CIP shortfall and non-recurrent basis puts pressure on 2019/20 delivery	No deviance from quarterly projection for Q4
2b) Inability to deliver the plan for integrated patient care services owing to multiple service tenders	16	16	16	12	8	↔	12		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. 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. DSP Toolkit action plan in place with named leads for each of the assertions. Improved management capacity in key areas. Growing experience of success in PTS tenders, all major tenders completed through 2018/19. Successful bid for IUC contract 5 year + 2 year. PTS West contract is an ongoing issue	PTS West tender remains an outstanding issue and has potential to impact on delivery of the strategic ambition to deliver ICS
3a) System-wide lack of 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 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 & Finish Group established to develop appraisal process. Paramedic re-banding track for delivery of key upskill training milestones. Utilisation of Apprenticeship Levy on track. NHS111 and EOC clinical recruitment	NHS111 and EOC clinical recruitment presents ongoing challenge. Further significant recruitment to A&E service is required. Primary care developments with potential for impact on paramedic recruitment and retention. Increasing educational commitments identified through PGBs with potential for impact on abstraction.

									presents ongoing challenge. RRV to DCA complete to deliver ARP model.	
3b) Ineffective strategies promotion of wellbeing	15	15	15	10	10	↓		10	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 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. Further cohort of MH First Aid training planned for 2019/20, Reduction in MSK incidents reported, Diversity and Inclusion strategy launched, OH tender awarded with plan in place for Day One service. Ongoing challenges highlighted in staff survey. Further focus required on management on long term and short term sickness absence. Focus required on delivery of Diversity and Inclusion Strategy.	No deviance from quarterly projection for Q4
3c) Ineffective 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. Board Development Programme underway. Review of accountability framework 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. Embedding of People strategy, leadership development and addressing recruitment and retention challenges remain key risks in the context of changes in primary care.	Further leadership development and Talent Development needs. Continued clinical recruitment and retention challenges focused on NHS111 and EOC and managing the impact of primary care changes. Embedding of the Accountability Framework and performance culture, enabled by robust management information
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. Significant hospital reconfigurations ongoing across the region. Hospital handover pressures remain. IFT demand pressures with uncertainty in relation to ongoing funding. Potential challenges associated with EU Exit on ports and borders, the import/export of medicines and consumables, and impact on wider workforce resulting in impact on service delivery across health and social care sector. Ongoing development of ICS and ICP.	Significant hospital reconfigurations ongoing across the region. Hospital handover pressures remain. IFT demand pressures with uncertainty in relation to ongoing funding. Current and imminent challenges associated with EU Exit including capacity to address regional and national requirements. Ongoing development of ICS and ICP.
5a) Inefficient 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. Significant Process Improvement focus on efficiencies in Estates and Facilities, logistics, Workforce and recruitment. Further alignment required on transformation plans. Challenges around fleet requirements and alignment to ORH modelling. Implementation of Fleet Management System ongoing. VFM/Carter work-streams in progress and in development.	Significant Process Improvement focus on efficiencies in Estates and Facilities, logistics, Workforce and recruitment. Further alignment required on transformation plans. Challenge of provision of robust management information to manage performance and measure efficiencies. Identified current lack of ICT resource for scale and pace of ICT developments.
5b) Financial performance that fails to deliver our Control Total in the context of the financial status of wider health economy and National	15	15	15	10	10	↓		10	Vacancy control process in place. Tenders out for Occupational Health provisions. Dental bid progressing, expected decision 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 Monthly financial monitoring and reporting has identified that due to management	No deviance from quarterly projection for Q4

drivers.	Red	Red	Red	Yellow	Yellow	Grey	Yellow		<p>action and other mitigations, risks have reduced to a level which has allowed the Trust to commit non-recurrent funding, from reserves, alongside delivery of the CTL. Proportion of CIP delivered non-recurrently which gives risk to recurrent pressures for 2019/20. Successful IUC bid. The Trust is significantly below national agency cap and we forecast to maintain this position to year-end.</p>	
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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>1a) Ability to deliver National performance targets and clinical quality standards</p> <p>CQC Domains: Responsive</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&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&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 EDO, EDF Q1 Trajectory agreed with commissioners Oct 18: discussion for 2019/20 has commenced</p> <p>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 June 18: established project teams for RRV>DCA and workforce plan, exception reporting in place. Oct 18 using ECAs with C1 on LAT Jan 19: York remodelling completed, Estates work commencing at Springhill to increase capacity</p> <p>1c) Implement workstreams for Meal Break management, End of shift overtime & EOC Dispatch Operating model to support ARP delivery EDO Oct 18: EOC ARP Support Cell established. Jan 19: SOP is implemented, reviewing impact on EoS</p> <p>1d) Monitor of ARP performance, quality and safety EDO Ongoing July 18: Spring Review changes to EOC EMD and triage having positive impact. Oct 18: forecasting in place Jan 19: achieving commissioner trajectory and national target for Cat 1 90th centile. Reviewing ORH modelling</p> <p>1e) Review of rostering alignment and skill mix EDO Sept 18 June 18: consultation with CS & RRV to DCA staff. Oct 18: consultation complete, progressing alignment</p> <p>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. Jan 19: currently on track for contracted targets</p> <p>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.</p> <p>2c) Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification D.I&UC Mar 19 with monthly monitoring Jan 19: IUC mobilisation project commencing, reporting to D.WF&OD. Highlight reporting established to Service Delivery and Workforce Integration Transformation Board. Current gaps are in resource for mobilisation.</p> <p>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 Jan 19: risk is that CIPs achieved but 3.5M non-recurrent, budget set with Ops</p> <p>4a) Continued focus on handover challenges June 18: YAS Manager in Scarborough to support handover arrangements Oct 18: Doncaster A&E Delivery Board approved winter monies for HALO @ DRI Jan 19: continued focus on handover; NGH, Rotherham, Scarborough/York</p> <p>5a) Roll out of ePR and gain approval of business case EDF, D.I&UC Approval for roll out Trustwide as a replacement for paper forms June 18: South to roll out further. Oct 18: roll out in West progressing, 4 minute impact in job cycle time, re-engineering process to take time out Jan 19 approval to implement NHS Number, involved in LHCRC</p> <p>5b) Digital Strategy publication and implementation plan EDF Mar 19 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>2a) Lack of capability to deliver and manage change including delivery of CIPs</p> <p>CQC Domains: All</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 3 = 12	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&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 EDF, D.WF&OD, ED.QGPA Q2 Capacity and Capability Transformation Board are progressing development of Ops dashboards. Oct 18: roll out of Qlik view Jan 19 Qlik view trial in A&E Ops is under evaluation</p> <p>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 Tier 1 and 2 programme commenced Oct 18: Leadership Summit delivered, Leadership in Action cohorts progressing. Jan 19: Leadership In Action for Tier 3 planned for 2019/20</p> <p>1c) Management of change in EOC to support ARP EDO Oct 18: EOC re-structure pilot in York commencing Nov 18 to align to refurbishment, EOC ARP Support Cell established Jan 19 York remodelling complete, Estates works commencing on EOC Springhill to increase capacity</p> <p>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. Jan 19: fully recruited to Performance Improvement Team, projects aligned to Transformation Boards</p> <p>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. Oct 18: monitoring of A&E CIPs, take out of O/T Jan 19: risk is that CIPs achieved but 3.5M non-recurrent</p> <p>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 Oct 18: QI methodology session @ Leadership Summit Jan 19: 8 x QI Fellows in cohort 1 will become the QI faculty, established to deliver training and embed QI strategy. Cohort 2 QI fellows are being recruited.</p> <p>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 Jan 19: IUC Mobilisation Project team established, highlight reporting to Service Delivery and Workforce Integration Transformation Board, lead is D.WF&OD</p> <p>4b) Mobilise PTS contracts. D.I&UC Aug 18: revised approach to implementation of eligibility criteria from 30th July 18. Oct 18: management of complaints from Eligibility Criteria and development of appeals process. Jan 19: working with CCGs to embed Eligibility Criteria and appeals process.</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>2b) Inability to deliver the plan for integrated patient care services owing to multiple service tenders</p> <p>CQC Domains:</p> <p>All</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 3 = 12	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&IC</p> <p>Contractual KPI's in IPR – reported to TMG and Board</p> <p>PMO Dashboard</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 D.I&UC Ongoing 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 D.I&UC March 19 ongoing</p> <p>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 – not progressed. Oct 18: Dental bid progressing. Jan 19 Dental bid unsuccessful, IUC bid successful.</p> <p>1d) Secure PTS West contract in context of change D.I&UC Q2 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</p> <p>1e) Response to major re-tender of NHS111 service in 2018/19 D.I&UC Tender process underway. Oct 18: deadline for submission extended as financial template adjusted. Expect decision at end of November. Jan 19 Successful tender for IUC contract for further 5 years + 2 yr extension</p> <p>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.</p> <p>2b) Recruit to specialist technological roles to deliver business plans and support transformational change EDF Q2 Oct 18: key ICT vacancies remain with recruitment ongoing</p> <p>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, Oct 18: ADAstra licence in place to support system continuity Jan 19 STW for Adastra for 18/19 and 19/20</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. Oct 18: GDPR closure report presented to IGWG for agreement. DSP Toolkit action plan in place with named leads for each of the assertions, baseline submission completed.</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		
3a) System-wide availability of workforce and impact of changes to HEE 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. 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. Oct 18: Strategy scheduled to Board Nov Launched 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. 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. Jan 19 delivering against capacity plan. H&WB working with 111 to implement Schwartz rounds 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. Oct 18: 27% training delivered which is ahead of (20%) trajectory Feb 19: on trajectory for delivery of required 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 January 2019 Non-Clinical PGB agreement of TNA for statutory and mandatory training, Stat/Mand workbook launch in Nov 18 4c) Implement PDR process inc Vision, Values and Behavioural Framework. D.WF&OD Apr 19 Implemented V&V and Behavioural Framework with embedding as part of Leadership portfolio work. Oct 18: Task & Finish Group to develop new PDR process. Jan 19: review of appraisal process underway 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 Oct 18: on track for utilisation in line with projected uptake Jan 19: Levy utilisation in line with required levels. 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 Oct 18: Joint recruitment events planned, last round achieved 7 clinical advisors, agency use is monitored. Jan 19: Clinical recruitment workshop planned for Q4 6b) Implement and monitor effectiveness of Nurse Internship Programme ED.QGPA Mar 19 with quarterly reporting Procedure for road based placement now finalised. Jan 19: Full evaluation with York university, internal review paper to TMG with Business Case to repeat internship programme in 19/20

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	5	3		15		
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 2 = 10	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. Oct 18: Strategy scheduled for Board Nov 18 1b) Embed Vision & Values and Behaviours framework D.WF&OD Implemented with embedding as part of Leadership portfolio work and LIA Jan 19 LIA Tier 1 delivered, Tier 2 on module 4, Tier 3 planned for 19/20. 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. Oct 18 National Self-Assessment for H&WB due in January 2019. 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 Oct 18: further roll out ongoing Jan 19: further cohort arranged for 19/20 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 Jan 19: reduction in reported MSK injuries compared with previous year, Moving Safely Group and 'Equipment Bag' group established. 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. Oct 18: TEG tracking delivery. Jan 19: final figures reported, <75%. 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. Oct 18: deep dive review, Strategic Workforce Group & JSG 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. Oct 18: tender live closes 7 th Nov, PAM not bidding, exit plan being developed with plan for mobilisation. Jan 19: tenders awarded, plan in place for Day One service. 2f) Monitoring and corrective action to address Workforce KPI's D.WF&OD Mar 19 monthly Oct 18: People strategy will have determined KPIs Jan 19: Workforce KPI BI SOPs in place, reported through IPR. 3) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. D.I&UC Oct 18: STAR awards planned, Leadership in Action being delivered 4) Ensure well managed programme of engagement through JSG meeting framework and other formal/informal mechanisms. D.WF&OD 5) Implement Diversity & Inclusion Strategy 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 Oct 18: signed off at Board in August, monitored 6-monthly by Board Jan 19: Dignity and Respect Policy in consultation, D&I workshop, EIA workshops, Mediation training delivery x 10, recruiting mediators.

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	U	C		L		
3c) Effective strategies for leadership and engagement and a developed organisational culture CQC domains: Well Led 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. D.WF&OD Dec 18 Implemented with embedding as part of Living Our Values Programme Board. 1b) Board Development Programme (GGI) for EDs and NEDs Dec 18 Oct 18: Board Development Programme to be completed by December 1c) Embed management & leadership development framework. D.WF&OD Mar 19 1d) 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 Oct 18: Proposal to TEG Oct, TMG Nov, Board Dec. 1e) Learning from investigations in the context of a 'Just Culture' D.WF&OD Mar 19 quarterly reports Jan 19: Adopted new framework, FTSU Guardian, SI process, developing SI training for new managers. 1f) Review Ops Accountability Framework D.Ops Dec 18 2a) Implement agreed milestones within Communications Strategy and Staff Engagement Plan. D.I&UC Mar 19 Oct 18: STAR Awards planned, LIA being delivered. Jan 19: IUC Mobilisation Plan communication drop-in sessions established. 2b) Continued development of social media presence to ensure core messages are consistently shared. D.I&UC Mar 19 YAS Twitter champions expanded. 2c) Engage front line staff in the Inspections for Improvement process ED.QGPA Dec 18 Programme established for 2018/19 LMs engaged 3a) Embed Diversity & Inclusion Strategy D.WF&OD (see 3b) 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 in place. Dignity and Respect Policy review is underway 3c) Embed Equality Impact Assessment D.WF&OD Sept 18 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 D.WF&OD Ongoing Aug 18: engagement with Pride events 4) Deliver requirements of Pay and A4C 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 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. D.WF&OD Ongoing Feb 19: JSG engagement formally recognised within the Trust's policy governance arrangements and captured in policy
				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		
4a) Impact of external system pressures and changes in wider health economy	5 x 4 = 20	5 x 4 = 20	5 x 3 = 15	Stakeholder engagement plan	TMG review, with Quality Committee and Board assurance reports	1) Lack of clarity in system wide plans and emerging developments in emergency and urgent care	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.
<p>STPs and other formal engagement meetings</p> <p>Capital plan</p> <p>Reconfiguration review process agreed with Commissioners, methodology agreed for costing</p> <p>Strategic Hospital Handover Plan</p> <p>Systematic Reconfiguration evidence based analysis and impact and risk modelling</p> <p>Quality Impact Assessment (QIA) process</p>				<p>Capital Planning Group review of Capital Programme and risks</p> <p>TEG management of Handover plan</p>	<p>2) Challenges in whole system resilience and agreement of collaborative action with challenged Trusts</p> <p>3) National and local external funding pressures</p>		
<p>CQC Domains:</p> <p>Well Led</p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</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		
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 4 = 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 expertise 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 Oct 18: Trust strategy launch at Leadership day, development of enabling strategies with support of TMG 1b) Embed the Trust Behaviours framework D.WF&OD (see BAF 3c) Oct 18: embedding as part of Leadership portfolio work and Leadership In Action, task and finish group for review of PDR process is established. 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. Jan 19: second cohort of QI fellows being recruited, QI faculty being established. 2b) Embed approach to Process Improvement ED.QGPA Mar 19 July 18: Projects form part of monthly Programme Boards Jan 19: training and workshops being delivered by PI Managers 2c) Continued focus on internal efficiencies in fleet, estates, internal logistics and corporate support services. EDF, D.WF&OD, ED.QGPA Jan 19: Significant focus on efficiencies in corporate support services by Process Improvement Managers; Logistics, E&F stock control and management of assets, ePR process improvement focus on on-scene time impacts, Pre-employment checks 2d) Implement Driving At Work policy EDF Jun 18 June 18: consultation with staff side via JSG ongoing. Oct 18: consultation ongoing through PPG/JSG. 2e) Continue to explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. CEO, D.WF&OD, ED.QGPA Jan 19: areas of focus include Fleet management system, Unified Comms, Vehicle Procurement, CAD procurement. NAA Managing Director role advertised. Agreeing benchmarking measures 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 Aug 18: Publication scheme updated on new website. Lawful basis documented and DPIA implemented. ROPA documented within Information Asset register and Data Flow Mapping Oct 18: GDPR closure report presented to IGWG for agreement, to present to TMG Dec 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
	Initial	Current	Target		External Assurance		
<p>5b) Financial performance that delivers our Control Total in the context of the financial status of wider health economy and National drivers.</p> <p>CQC domains:</p> <p>All</p> <p>Executive Director of Finance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	5 x 3 = 15	5 x 2 = 10	5 x 2 = 10	<p>Procedures regarding levels of sign off and expenditure - organisational cost control are in place</p> <p>Monthly budget monitoring between finance, senior and operational managers.</p> <p>Quality & Efficiency Savings Programme and CQUIN programme management</p> <p>Financial Performance Framework</p> <p>Cost control processes – Vacancy Panel</p> <p>Monthly focussed CIPMG monitoring</p> <p>Deep dive process established</p> <p>Authorisation procedures for contractor spend.</p> <p>Procurement Contracts Monitoring database</p>	<p>Monthly review by the Board through Integrated Performance Report and review by TMG & TEG</p> <p>F&I committee review</p> <p>CIPMG monitoring led by EDF</p> <p>Internal audit reviews - financial reporting and financial systems</p> <p>Internal audit reviews of governance, leadership and partnerships.</p> <p>Delivery of STP CQUIN</p> <p>Monthly NHSI submission and review meetings</p> <p>Single Oversight Framework</p> <p>External Audit</p>	<p>1) medium term financial plan</p> <p>2) Delivery of national financial stretch targets for NHS Trusts including control total and national funding limitations potentially impacting on major estate developments</p> <p>3) Contract management arrangements for existing and new major contracts</p>	<p>1a) Implement 5 year integrated financial plan and strategy aligned to new Trust strategy once agreed EDF March 19</p> <p>2a) Agree and implement Trust financial plan to meet revised control total target. EDF March 19 Dec 18: monthly financial monitoring and reporting has identified that due to management action and other mitigations, risks have reduced to a level which has allowed the Trust to commit non-recurrent funding from reserves, alongside delivery of the CTL</p> <p>2b) Delivery of agreed Quality and Efficiency Savings Programme (CIPs) EDF, EDO, D.I&UC March 19 with monthly tracking Oct 18: monthly monitoring of CIPs via CIPMG, planning commenced for 2019/20. Dec 18: proportion of CIP delivered non-recurrently which gives risk to recurrent pressures for 2019/20</p> <p>2c) Programme management of capital plan EDF Ongoing through Capital Monitoring Group</p> <p>2d) Deliver Hub & Spoke Doncaster CEO Mar 19 July 18: Tender out for Doncaster Hub Jan 19: Due for completion by January 2020, on track.</p> <p>2e) Engage with national Ambulance Sustainability Programme, incl. Model Ambulance, ARP, Carter ED.QGPA, EDF Jan 19: Corporate services benchmarking measures</p> <p>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 - not progressed. Oct 18: Dental bid progressing, expected decision December 18. IUC deadline extended with change to financial template, expected decision end of November Dec 18: Successful IUC bid, Dental in standstill period. Jan 19: Dental unsuccessful bid. IUC mobilisation commenced. Issues remain with PTS West contract</p> <p>2g) Implement IUC specification within contracted financial envelope Mar 19</p> <p>2h) Maintain financial position on delivery of national agency cap D.WF&OD, EDF Mar 19 Aug 18: robust Vacancy Control process in place Dec 18: significantly below national agency cap and forecast to maintain this position to year-end</p> <p>2i) Implement opportunities for cost saving through NAA collaboration, and across the wider health and social care economy. CEO, D.I&UC, D.WF&OD Jan 19: areas of focus include Fleet management system, Unified Comms, Vehicle Procurement, CAD procurement. NAA Managing Director role advertised. Agreeing benchmarking measures</p> <p>2j) Realise projected benefits of transformation programmes EDO, D.I&UC Mar 19 with quarterly review</p> <p>3) Robust contract management of contracts with major financial value EDF Sep 18: tender for OH services go live during October. Oct 18: OH contract spec out to tender, closes 7 Nov, PAM exit strategy and mobilisation arrangement being put in place. Dec 18: PTS contract activity higher than contract specification; eligibility criteria not delivering anticipated impact. Jan 19: OH tenders awarded, mobilisation underway</p>