

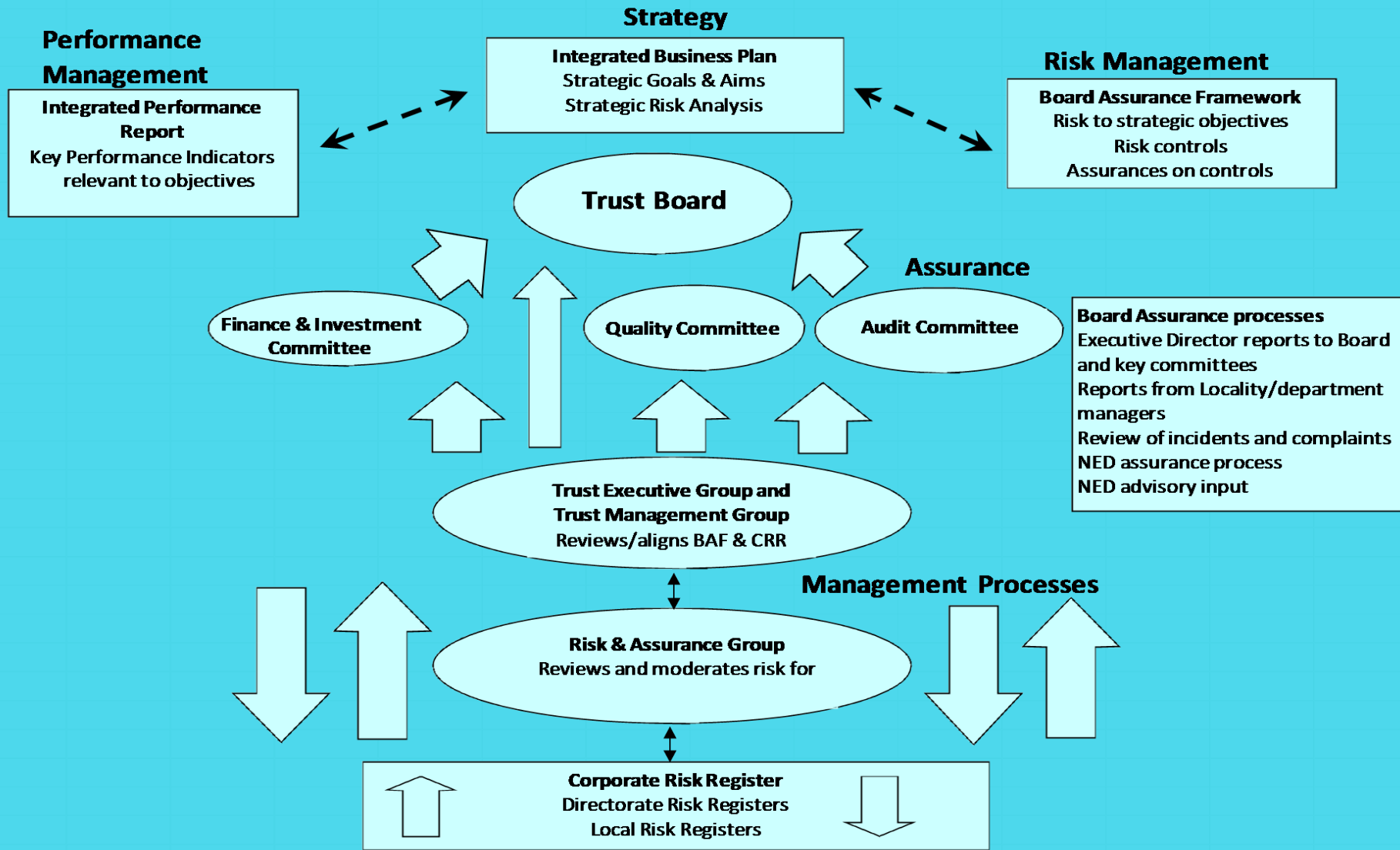


Board Assurance Framework 2019 – 20

May 2019	Version 3
----------	-----------

Trust Management Group	13.03.2019
Audit Committee	
Trust Board	
Quality Committee	
F&I Committee	23.05.2019

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
D.CA – Director of Corporate Affairs

Patients and communities experience fully joined-up care responsive to their needs




Our people feel empowered, valued and engaged to perform at their best

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

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 19	projected risk level				Movement	Q1 actual	Progress notes	Deviance from expected quarterly projection
			Q1	Q2	Q3	Q4				
Patients and communities experience fully joined-up care responsive to their needs	1a) Inability to deliver National Ambulance Response Programme (ARP) and impact on patient outcomes	20	20	20	15	10				
	1b) Inability to deliver IUC performance and impact on patient outcomes	15	15	15	15	10				
	1c) Failure to influence impact of delivery of ICS and ICPs as a system partner	15	15	15	15	10				
	1d) Failure to respond to and influence partnership arrangements in the context of external system reconfigurations	15	15	15	15	10				
	1e) Inability to deliver the plan for Integrated patient Care Services due to PTS West contract future potential tender	12	12	12	12	8				
Our people feel empowered, valued and engaged to perform at their best	2a) System-wide lack of availability of clinical workforce, ineffective retention strategies, and impact of changes to funding streams on provision of education and training to deliver IUC	16	16	16	12	8				
	2b) Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion	15	15	15	10	10				
	2c) Failure to embed strategies for excellence in leadership and a developed organisational culture	15	15	15	15	10				

We achieve excellence in everything we do	3a) Lack of capacity and capability to deliver and manage the required change aligned to our strategy	12	12	12	12	8				
We use resources wisely to invest in and sustain services	4a) Failure to fully align corporate support services to service line delivery through delivery of the Accountability Framework	16	16	16	12	8				
	4b) Inability to robustly manage our finances to deliver financial performance to invest and transform our services in the context of an integrated whole system financial approach	10	10	10	10	10				

Patients and communities experience fully joined-up care responsive to their needs							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p>1a) Inability to deliver National Ambulance Response Programme (ARP) and impact on patient outcomes</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>Clinical Quality Strategy</p> <p>Commander Framework</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 plans</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>National benchmarking</p> <p>ARP pilot monitoring and review</p> <p>ORH modelling</p>	<p>1) Impact of ARP and how delivery of ARP is commissioned</p> <p>1a) Impact of demand on performance</p> <p>2) Inefficiencies in management of resources and delivery of CIPs versus staffing requirement and fleet capacity</p> <p>3) Control in wider system of impact of increased hospital handover time</p> <p>4) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards</p>	<p>1a) Negotiation with Commissioners on ongoing trajectory for delivery of ARP EDO, EDF Q1</p> <p>1b) Implementation of ARP plan for 2019/20 EDO, DW&OD March 20</p> <p>1c) Implementation of full EOC model re-design to support delivery of ARP EDO – June 2019</p> <p>1d) Monitor delivery of Meal Break management, End of shift overtime & EOC Dispatch Operating model EDO - ongoing</p> <p>1e) Implementation of Commander Framework to deliver robust major incident response EDO - March 2019</p> <p>1f) Monitor impact of ARP on quality and safety EDO – ongoing</p> <p>1g) Review of rostering alignment in line with modelling EDO - ongoing</p> <p>1h) Mitigate impacts of EU Exit on operational performance ED.QGPA, EDF, EDO – Sept 2019</p> <p>2a) Monthly monitoring delivery of CIPs through CIPMG and Deep Dives as indicated EDF, EDO, D.IUC - Mar 2020</p> <p>2b) Investment in Fleet DCAs EDF – Mar 2020</p> <p>3) Continued focus on handover challenges incl. HALO - ongoing</p> <p>4a) Roll out of ePR EDF – Sept 2019</p> <p>4b) Digital Strategy implementation EDF - Mar 2020</p>

Patients and communities experience fully joined-up care responsive to their needs							
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		
1b) Inability to deliver IUC performance and impact on patient outcomes CQC Domains: Responsive Exec Director of Operations Director of Integration and Urgent Care COMMITTEE ASSURANCE: QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	Monitoring of demand and capacity, capacity planning and forecasting IUC Mobilisation Project plan aligned to commissioner plans Service Delivery and Integrated Programme Board On-going recruitment and training as part of Directorate workforce plans Weekly Performance and Quality report PTS programme annual plan in place and monitored 111 Operational Management Group Clinical Quality Strategy PTS Private Provider governance framework	Monthly Integrated Performance Report, including workforce KPI's to executive groups. Executive Project Board and risk review Service Line dashboard reporting and monitoring in place Quality Committee reports and annual Board level service line Quality Review. Weekly Safety Monitoring Reporting in place Incident review via IRG CQC Registration / Inspection and Reports Internal Audit review of operational plan and training National benchmarking	1) Delivery of IUC in the context of increasing demand and contractual requirements 2) Clinical Staff recruitment and retention 3) Embedding of PTS Eligibility criteria 4) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards 5) Investment in PTS Fleet	1) Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification D.IUC – Mar 2020 1b) Delivery of IUC mobilisation plan including workstreams for; <ul style="list-style-type: none"> ▪ Establishing corporate governance arrangements ▪ Comms and engagement ▪ Setting up and monitoring of BI/performance KPIs ▪ Contracting and financial management ▪ IM&T infrastructure ▪ Service delivery June 2019 2a) Deliver clinical recruitment trajectory D.IUC – Mar 2020 2b) Develop effective retention strategies D.IUC – March 2020 3) Analysis and action plan to deliver PTS KPIs aligned to transformational workstreams D.IUC - Mar 2020 4a) Digital Strategy implementation EDF - Mar 2020 4b) EOC/111 clinical hub integration options to be considered - Sept 2019 5a) Manage age profile of PTS vehicles EDF – Mar 2020

Patients and communities experience fully joined-up care responsive to their needs							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p>1c) Failure to influence impact of delivery of ICS and ICPs as a system partner</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>	5 x 3= 15	5 x 3 = 15	5 x 2= 10	<p>Stakeholder engagement plan</p> <p>STPs and other formal engagement meetings</p> <p>Capital plan</p> <p>Strategic Hospital Handover Plan</p> <p>Place-based Programme Board</p>	<p>TMG review, with Quality Committee and Board assurance reports</p> <p>Capital Planning Group review of Capital Programme and risks</p> <p>TEG management of Handover plan</p> <p>Contract management Board reports</p> <p>Internal audit reviews</p>	<p>1) Lack of clarity in system wide plans and emerging developments in emergency and urgent care</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>1a) Continue to work with commissioners/ other providers to develop a coherent region-wide strategy and collaborative approach to system management CEO, D.IUC – Mar 2020</p> <p>1b) Embed approach to oversight of partnerships with other organisations, including STPs, A&E Delivery Boards and ICS. D.IUC – Mar 2020</p> <p>1c) Influence system approach to:</p> <ul style="list-style-type: none"> ▪ Falls and frailty pathways ▪ Mental health provision ▪ UTCs provision and accessibility ▪ Tri-service collaboration arrangements ▪ Community engagement including voluntary sector <p>D.IUC - Mar 2020</p> <p>2a) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover EDO, ED.QGPA ongoing</p> <p>3a) Continue development and implementation of efficiency work programmes across the Trust and wider NAA. EDF, CEO - ongoing</p> <p>3b) Maintain position on utilisation of agency in line with national cap D.WF&OD - ongoing</p>

Patients and communities experience fully joined-up care responsive to their needs							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p>1d) Failure to respond to and influence partnership arrangements in the context of external system reconfigurations</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>	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	<p>Stakeholder engagement plan</p> <p>STPs and other formal engagement meetings</p> <p>Capital plan</p> <p>Reconfiguration review process agreed with Commissioners</p> <p>Systematic Reconfiguration evidence based analysis and quality impact and risk modelling</p> <p>Strategic Hospital Handover Plan</p>	<p>TMG review, with Quality Committee and Board assurance reports</p> <p>Capital Planning Group review of Capital Programme and risks</p> <p>TEG management of Handover plan</p> <p>Quality Impact Assessment (QIA)</p> <p>Contract management Board reports</p> <p>Internal audit reviews</p>	<p>1) Lack of clarity in system wide plans and emerging developments in emergency and urgent care</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>1a) Continue to work with commissioners/ other providers to develop a coherent region-wide strategy and collaborative approach to system management - ongoing</p> <p>2a) Identify and propose mitigations to specific risks to Safety, Quality and Performance arising from reconfiguration plans. ED.QGPA, EDO- ongoing</p> <p>2b) Influence system approach to pathways impacted by reconfigurations including vascular/stroke, South Yorkshire Hospitals review, Friarage decommissioning, CHFT reconfiguration - ongoing</p> <p>2c) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover EDO, ED.QGPA - ongoing</p> <p>2d) Develop approach to utilisation of enhanced skills paramedics – Mar 2020</p> <p>2e) Optimise interoperability of YAS resources including development of LAT/Urgent Tier model – Mar 2020</p> <p>3a) Continue development and implementation of efficiency work programmes across the Trust and wider NAA. EDF, CEO - ongoing</p> <p>3b) Maintain position on utilisation of agency in line with national cap D.WF&OD - ongoing</p>

Patients and communities experience fully joined-up care responsive to their needs							
Principal Risk Ref No:	Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p>1e) Inability to deliver the plan for Integrated patient Care Services due to PTS West contract future potential tender</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 3 = 12	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>Internal Audit</p> <p>STPs and A&E Delivery Boards, Urgent Care Board</p>	<p>1) PTS West contract is not secured</p> <p>2) Management and project capacity and enhanced customer relationships to respond to service tenders</p> <p>3) Lack of technology and specialist skills</p>	<p>1a) Secure PTS West contract extension D.IUC - Mar 2019</p> <p>1b) Manage PTS Fleet investment and age profile in context of PTS West contract uncertainty EDF - ongoing</p> <p>1c) Work with stakeholders to develop future options for integrated transport services. D.IUC, EDO, EDOF March 2020</p> <p>2a) Continue development of bid expertise to anticipate and respond to tender activity in context of delivery of transformational change programmes D.IUC - ongoing</p> <p>2b) Actively pursue new service tenders in line with 5 year Strategic direction for the organisation and retain contracts due for renewal. D.IUC – ongoing with quarterly monitoring</p> <p>3a) Implement Digital Road Map priorities EDF - ongoing</p> <p>3b) Recruit to specialist technological roles to deliver business plans and support transformational change EDF – June 2019</p>

Our people feel empowered, valued and engaged to perform at their best							
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	+		External Assurance		
<p>2a) System-wide lack of availability of clinical workforce and ineffective retention strategies to deliver IUC</p> <p>CQC domains: Well Led</p> <p>Executive Director of Operations, Director of Workforce and OD Director Integration & 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>Operational Plan</p> <p>Continued focus and monitoring of the workforce plan requirements and delivery with staff side through the Joint Steering Group meetings.</p> <p>Clinical career framework</p> <p>Apprenticeship Training status</p> <p>Vision, Values and Behavioural Framework</p>	<p>Board level monitoring of progress via Integrated Performance Report and Quality Committee.</p> <p>TMG monitoring of key post recruitment activity.</p> <p>Monitoring via Directorate Programme Management Group with assurance via PMO.</p> <hr/> <p>Internal audit reviews</p> <p>CQC Inspections and reports</p> <p>Scrutiny of Health Education England and NENAS</p> <p>NHSI review of Operational Plan</p>	<p>1) Embedded People Strategy</p> <p>2) National shortage of Paramedics impacting on recruitment and retention. Competition from non-ambulance sector</p> <p>3) Ongoing need to maintain positive union relationships through period of complex change</p> <p>4) Systematic delivery of training, supervision and PDR</p> <p>5) Delivery of initiatives to maintain capacity and capability of workforce</p>	<p>1a) Embed People Strategy and measure core metrics D.WF&OD – Mar 2020</p> <p>2a) Deliver recruitment and training trajectory EMD, D.WF&OD, EDO, D.IUC – Mar 2020 with monthly monitoring</p> <p>2b) Develop and deliver effective strategies for clinical retention D.WF&OD, EDO – Mar 2020</p> <p>2c) Monitor trajectory to deliver of band 6 Paramedic upskill training D.WF&OD - Mar 2020</p> <p>2d) Implement an operational and clinical model for advanced and specialist practitioners to support career progression D.WF&OD, EDO – ongoing Mar 2020</p> <p>3a) Maintain current intelligence on national workforce issues D.WF&OD - ongoing</p> <p>3b) Engagement through JSG framework/other formal/informal mechanisms. D.WF&OD - ongoing</p> <p>4a) Implement clinical career framework. EMD – Mar 2020</p> <p>4b) Implement mandatory TNA for all roles D.WF&OD – June 2019</p> <p>4c) Implement improved appraisal process D.WF&OD - Sept 2019</p> <p>5a) Deliver utilisation of apprenticeship schemes D.WF&OD - Mar 2020</p> <p>5b) Maintain levels of clinicians in NHS111 and reduce agency use, incl options for in-house bank D.IUC, D.WF&OD – Mar 2020</p> <p>5c) Deliver year 2 Nurse Internship Programme ED.QGPA – Mar 2020</p>

Our people feel empowered, valued and engaged to perform at their best

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	10		External Assurance		
2b) Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion CQC domains: Well Led Director of Workforce and OD COMMITTEE ASSURANCE: QUALITY COMMITTEE	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	People Strategy	Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey	1) There is a need to develop leadership and staff engagement and accountability in wellbeing agenda 2) Embed initiatives to support staff wellbeing with a focus on management of short and long term sickness absence 3) Effective, embedded OH contract arrangements 4) Embedded D&I strategy and supporting processes	1a) Embed People Strategy and measure core metrics D.WF&OD – Mar 2020 1b) Embed Vision & Values and Behaviours framework D.WF&OD – Mar 2020 2a) Implement Wellbeing Plan and specific workstreams aligned to staff survey action plan D.WF&OD Mar 2020 2b) Focus on supportive management of short and long term sickness to achieve 1% reduction – Mar 2020 2c) Provide Mental Health First Aid Training to identified managers – Sept 2019 2d) Deliver initiatives for prevention of MSK issues – Mar 2020 2e) Deliver Flu Campaign resulting in increased uptake of flu vaccination – Dec 2019 3) Mobilisation and transition to Occupational Health contract to deliver effective provision for staff in line with the Wellbeing plan. D.WF&OD - June 2019 with monthly monitoring 4a) Embed Diversity & Inclusion Strategy including improvement in core metrics measurements D.WF&OD - Mar 2020 4b) Embed Equality Monitoring arrangements and EIA process D.WF&OD – Mar 2020
				Wellbeing Plan aligned with Staff Survey action plan	Joint Steering Group Meeting		
				Direct Executive and senior management engagement	Workforce monitoring and reporting, including KPIs		
				Staff-side multi-union engagement through JSG	Integrated Performance Report		
				Workforce KPIs			
				Behaviours Framework	2) Staff Friends and Family Test		
				Diversity and Inclusion Strategy	3) Cultural audit		

Our people feel empowered, valued and engaged to perform at their best							
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	H		External Assurance		
<p>2c) Failure to embed strategies for excellence in leadership and a developed organisational culture</p> <p>CQC domains:</p> <p>Well Led</p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p>	5 x 3 = 15	5 x 3 = 15	5 x 2 = 10	<p>Leadership and Management Portfolio Governance Boards</p> <p>Living Our Values Programme Board</p> <p>Freedom to Speak Up process</p> <p>Direct Executive and senior management engagement</p> <p>Executive team brief and periodic leadership conferences</p> <p>Clinical Supervision structure</p> <p>Staff-side multi-union engagement</p> <p>Multi-faceted social media presence</p> <p>Diversity and Inclusion group and networks</p> <p>Bright Ideas process</p> <p>Leadership in Action Programme</p>	<p>Board level monitoring of staff feedback through incident reporting, Freedom to Speak Up and Annual Staff Survey</p> <p>Joint Steering Group Meeting</p> <p>Reporting through TMG and Quality Committee</p> <p>Board Well Led Self-Assessment</p>	<p>1) Matured leadership and accountability and embedded Just Culture based on clear framework</p> <p>2) Widely dispersed workforce and challenge of staff engagement with significant pace of change</p> <p>3) Level of diversity in workforce not reflective of wider population</p>	<p>1a) Embed Vision & Values and Behaviours framework. D.WF&OD – Mar 2020</p> <p>1b) Deliver Board Development Programme - Mar 2020</p> <p>1c) Continue to embed management & leadership development framework. D.WF&OD</p> <p>1d) Implement Talent Development model pilot D.WF&OD – Sept 2019</p> <p>1e) Launch Talent Management Programme D.WF&OD – April 2020</p> <p>1f) Embed Accountability Framework, core workforce policies, processes and training D.WF&OD – Mar 2020</p> <p>2a) Deliver tier 3 Leadership in Action programme D.WF&OD Sept 2019</p> <p>2b) Engage front line staff in the Inspections for Improvement process ED.QGPA – Sept 2019</p> <p>3a) Continue to embed Diversity & Inclusion Strategy D.WF&OD – Mar 2020</p> <p>3b) Continue to embed equality monitoring arrangements D.WF&OD – Mar 2020</p>

We achieve excellence in everything we do

Principal Risk Ref No:		Risk Score C x L			Key Controls	Internal Assurance	Gaps in Controls and/or Assurances	Action to Address Gaps and Timeframe
Exec Lead/Risk Area		Initi	Curr	Tar		External Assurance		
<p>3a) Lack of capacity and capability to deliver and manage the required change aligned to our strategy</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 3 = 12	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>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</p>	<p>1) Further development of managerial and clinical leadership capability and capacity, engagement and accountability.</p> <p>2) Embedded approach to Quality Improvement</p> <p>3) Embedded approach to place-based care</p>	<p>1a) Ensure provision of robust management information, accessible to lead managers EDF, D.WF&OD, ED.QGPA – Sept 2019</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 – Mar 2020</p> <p>1c) Deliver Leadership in Action Programme (Tier 3) D.WF&OD – Sept 2019</p> <p>1d) Launch Talent Management Programme - D.WF&OD – April 2020</p> <p>2a) Embed organisation-wide approach to Quality Improvement, ED.QGPA – Mar 2020</p> <p>3a) Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification D.I&UC - March 2020</p> <p>3b) Development of Place-Based approach – Mar 2020</p>

We use resources wisely to invest in and sustain 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
	Exec Lead/Risk Area	Initial	Current		Target		
<p>4a) Failure to fully align corporate support services to service line delivery through delivery of the Accountability Framework</p> <p>CQC domains:</p> <p>Effective, Responsive</p> <p>Executive Director of Quality, Governance and Performance Assurance, Executive Director of Finance, Director of Estates and Facilities, Director of Workforce & OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 3 = 16	4 x 2 = 8	<p>Accountability Framework</p> <p>Procedural documents</p> <p>Robust procurement processes</p> <p>Risk management software systems to support learning</p> <p>Inspections for Improvement process</p> <p>Fleet replacement programme</p> <p>Hub and Spoke / vehicle preparation programme</p> <p>Business partner model</p> <p>Quality Improvement process</p> <p>Process Improvement support</p>	<p>Significant events and lessons learned reports to Trust Board, TMG, Quality Committee and other executive groups.</p> <p>Estates Management Group monitoring of Capital Fleet and Equipment group</p> <p>TMG performance review processes through monthly IPR.</p> <p>TEG & TMG Deep Dives, incl Workforce Directorate</p> <p>Internal audit reviews- ICT strategy, vehicle replacement, HR processes</p> <p>NAA Benchmarking information and collaborative NAA review/work in relation to Corporate Functions.</p>	<p>1) Support services that are fully aligned to meet the needs of operational service lines</p> <p>2) Systems and processes not optimally aligned to support operational effectiveness</p>	<p>1a) Deliver and monitor the Accountability Framework CEO,ED,OQPA - Mar 2020</p> <p>1b) Continue to embed support services strategies and transformation plans aligned to Trust strategy – Mar 2020</p> <p>1c) Implement recommendations of PWC diagnostic work to support YAS to be more intelligence-led ED.QGPA</p> <p>1d) Embed the Trust Values and Behaviours framework D.WF&OD</p> <p>2a) Embed organisation-wide approach to Quality Improvement, ED.QGPA</p> <p>2b) Embed approach to Process Improvement ED.QGPA - Dec2019</p> <p>2c) Continued focus on internal efficiencies in fleet, estates, internal logistics and corporate support services. EDF, ED.QGPA - Mar 2020 ongoing monitoring</p> <p>2d) Implement Driving At Work policy monitoring EDF – Sept 2019</p> <p>2e) Explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. CEO, D.WF&OD, ED.QGPA - ongoing</p> <p>2f) Continue delivery of VFM workstreams at Trust and NAA level aligned to the national ambulance sustainability and Model Ambulance workstreams. CEO ongoing</p>

We use resources wisely to invest in and sustain 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
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p>4b) Inability to robustly manage our finances to deliver financial performance to invest and transform our services in the context of an integrated whole system approach</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 2 = 10	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 EDF - Mar 2020</p> <p>2a) Agree and implement Trust financial plan to meet CTL EDF – Sept 2019</p> <p>2b) Delivery of agreed Quality and Efficiency Savings (CIPs) EDF, EDO, D.IUC – Mar 2020</p> <p>2c) Programme management of capital plan EDF – Mar 2020 with monthly monitoring</p> <p>2d) Deliver Hub & Spoke Doncaster CEO- Marc 2020</p> <p>2e) Secure new and existing income through service tenders / other development opportunities D.IUC - ongoing</p> <p>2f) Implement IUC specification within contracted financial envelope D.IUC – Mar 2020</p> <p>2g) Maintain financial position on delivery of national agency cap D.WF&OD, EDF – Mar 2020</p> <p>2h) Engage with national Ambulance Sustainability Programme, incl. Model Ambulance, ARP, Carter ED.QGPA, EDF</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 - ongoing</p> <p>2j) Realise projected benefits of transformation programmes EDO, D.I&UC - ongoing</p> <p>3) Robust contract management of contracts with major financial value EDF - ongoing</p>

