

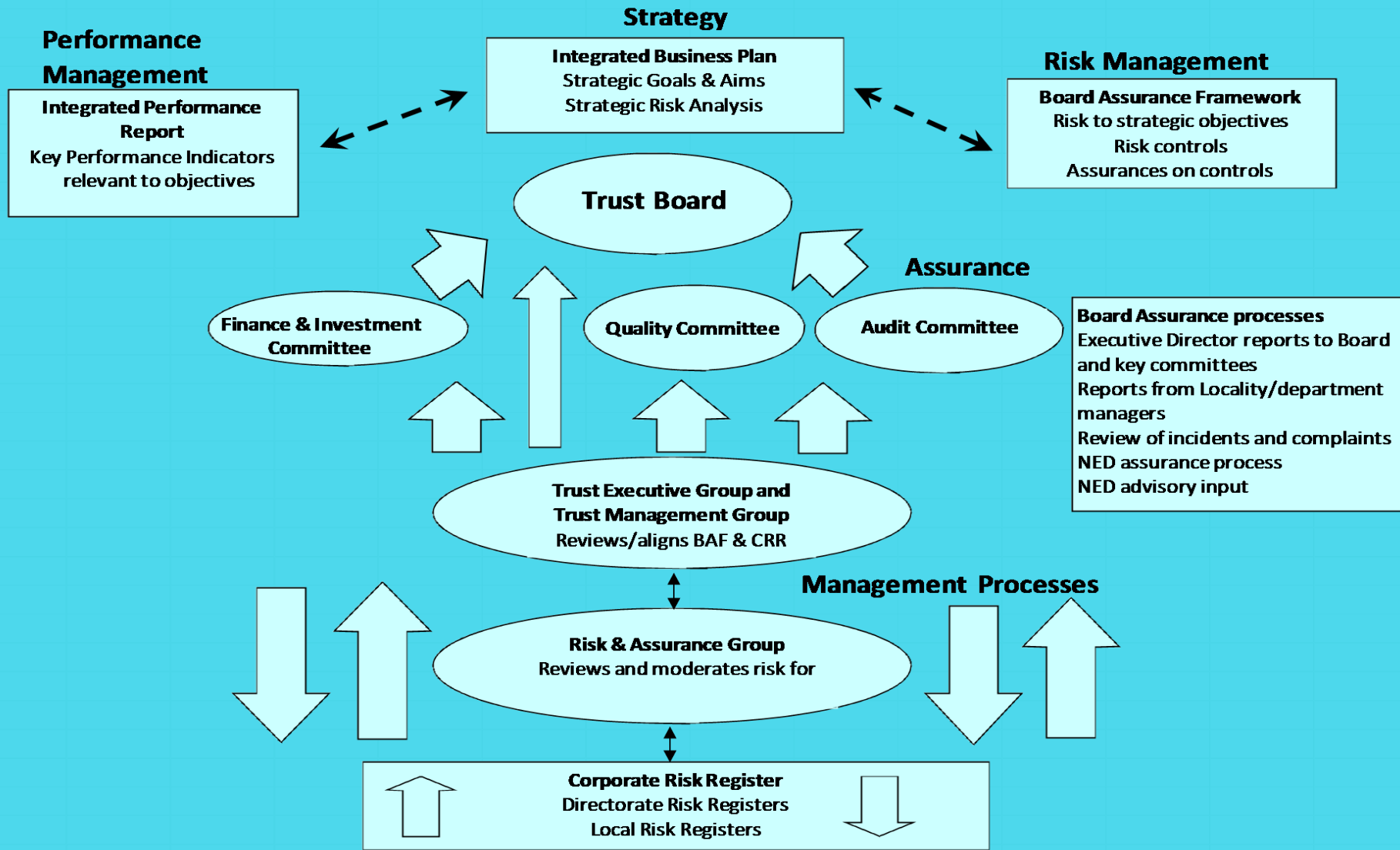


Board Assurance Framework 2019-20

September 2019	Version 4.0
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Trust Management Group	
Audit Committee	
Trust Board	28 November 2019
Quality Committee	
F&I Committee	

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

Strategic Ambitions: One Team, Best Care 2018-23

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 Exposure				Move ment	Q1 actual	Q2 actual	Progress notes	Deviation from 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	↔	20	20	2019/20 contract agreed with commissioners with a clear ARP improvement trajectory. ARP plan is in place and being implemented. Delivery to date is in line with the commissioned trajectory. Monitoring of the impact of ARP on quality and safety demonstrates performance improvements and reductions in risk. Developments around rostering, meal-break management, end of shift overtime and operating models are on track, as are enabling developments relating to technology (e.g. ePR) and investment in fleet	No deviation from quarterly projection
	1b) Inability to deliver IUC performance and impact on patient outcomes	15	15	15	15	10	↔	15	15	Delivery of the IUC mobilisation plan has been completed successfully. The service is embedding and currently operating within its financial envelope. Wider service developments that support the IUC service specification are being progressed, for example through the Place-Based Care transformation programme. Specific work to deliver a more integrated clinical workforce across EOC and IUC is underway. A review of clinical recruitment processes has been carried out, actions now being implemented.	No deviation from quarterly projection
	1c) Failure to influence impact of delivery of ICS and ICPs as a system partner	15	15	15	15	10	↔	15	15	YAS has engaged proactively and constructively with commissioners in order to share and align plans and strategies. Specifically, in response to the NHS long term planning exercise YAS has participated in a series of collaborative engagement events with local ICSs/STPs. YAS is engaged with planning for and responding to local service reconfigurations. The Place-Based Care transformation programme is taking forward engagement with system-wide practice development across multiple services.	No deviation from quarterly projection
	1d) Failure to respond to and influence partnership arrangements in the context of external system reconfigurations	15	15	15	15	10	↔	15	15	YAS has engaged proactively and constructively with commissioners in order to share and align plans and strategies. In response to the NHS long term planning exercise YAS has participated in a series of collaborative engagement events with local ICSs/STPs. YAS is engaged with planning for and responding to local service reconfigurations. Specific plans agreed for Friarage and South Yorkshire (phase one). The Trust is engaged in acute services reviews in Scarborough and Humber. A cross-service reconfiguration group in place, reporting to the Place Based Programme Board.	No deviation from quarterly projection
	1e) Inability to deliver the plan for Integrated patient Care Services due to PTS West contract future potential tender	12	12	12	12	8	↔	12	12	The PTS West contract extension has been completed successfully. Agreed extension of key PTS contracts has enabled the Trust to invest in modernising its PTS fleet. Procurement of the first tranche of 75 vehicles was approved by the Trust Board in July 2019. New vehicles are due to arrive during 2019/20 Q4. Contract bidding expertise continues to be strengthened. The bid for the Hull Non-Emergency Transport contract tender has also been successful.	No deviation from quarterly projection

Risk Description		Apr 19	Projected Risk Exposure				Move ment	Q1 actual	Q2 actual	Progress notes	Deviation from quarterly projection
			Q1	Q2	Q3	Q4					
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	↔	16	16	Multiple workstreams are in progress looking at various aspects of the recruitment, retention, upskilling and career development of clinical staff. This includes the development of apprenticeship schemes as part of the career pathway for A&E Operations staff, a model that supports the career development of staff who aspire to become paramedics, and closer alignment of IUC and EOC roles. A wider work programme to develop an integrated workforce is has been scoped and planned is now underway.	No deviation from quarterly projection
	2b) Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion	15	15	15	10	10	↔	15	15	The Staff Well-Being Plan is being implemented. Specific improvements around mental health, occupational health and absence are underway. Diversity and inclusion work is progressing, including the staff networks, dignity and respect wok, and WRES, DES and Gender Pay action plans	No deviation from quarterly projection
	2c) Failure to embed strategies for excellence in leadership and a developed organisational culture	15	15	15	15	10	↔	15	15	Leadership in Action modules 1-4 are embedded. A new Module 5 - with a focus on staff well-being – commences in the autumn. A new accelerated development programme for aspiring leaders has been developed and launched. Work is ongoing to design and pilot the talent development model	No deviation from quarterly projection
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	↔	12	12	Work is progressing to provide leaders and managers with enhanced MI. The Integrated Performance Report has been reviewed and enhanced, new service-level dashboards have been developed, further developments are planned. An options appraisal has been completed regarding the organisation's future MI/analytics platform, linked to the analytics element of the Digital Strategy. The Quality Improvement strategy is being embedded. Cohort 1 of QI Fellows has completed and Cohort 2 is underway. Initial QI training offer and toolkit is in place, with further enhancements in development. Around 35 projects of varying scale and complexity are currently in progress.	No deviation from quarterly projection
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	↔	16	16	Accountability Framework programme manager is in place. A high-level programme plan has been approved and is being overseen by the Capacity and Capability Transformation Board. The four Programme Boards have continued to make significant progress across a broad range of workstreams. Work will continue to oversee the finalisation and implementation of detailed project plans for priority developments, to continue to scope remaining programme developments, and to clarify resource requirement. Quality Improvement projects are supporting re re-design of elements of corporate support services.	No deviation from quarterly projection
	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	↔	10	10	The Trust's financial plan for 2019/20 was approved by the Trust Board in March 2019 and submitted to NHS Improvement as required. The Trust is forecast to achieve its 2019/20 control total. CIP delivery being monitored and the Trust is currently forecast to deliver its CIP target for the year, albeit with a notable element of non-recurrent savings. Capital investment plans have been reviewed and revised in response to in-year changes to the Trust's capital allocations. A five-year integrated financial plan and strategy has been developed as part of the Trust's submission to the Long-Term Plan process.	No deviation from quarterly projection

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	Initial	Current	Target		External Assurance		
Exec Lead/Risk Area							
<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</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> <hr/> <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>1a) Impact of ARP and how delivery of ARP is commissioned</p> <p>1b) Impact of demand on performance</p>	<p>1a) Negotiation with Commissioners on ongoing trajectory for delivery of ARP EDO, EDF Q1 Negotiations with commissioners completed successfully. 2019/20 contract agreed with clear improvement in ARP trajectory. Positive engagement in longer term planning discussions with STPs and ICSs. Negotiation of 2020/21 settlement now commissioned.</p> <p>1b) Implementation of ARP plan for 2019/20 EDO, DW&OD Mar 20 Implementation of ARP plan in place. Delivery to date is in line with the commissioned trajectory</p> <p>1c) Implementation of full EOC model re-design to support delivery of ARP EDO – June 2019 Physical re-design of the Wakefield EOC was completed in September 2019. Delivery of the wider re-design programme is due to complete in April 2020.</p> <p>1d) Monitor delivery of Meal Break management, End of shift overtime & EOC Dispatch Operating model EDO – ongoing Focussed management of rest breaks has delivered efficiencies and savings for 2019/20. Wider negotiations with trade unions regarding end of shift and rest break arrangements commenced in Oct 2019.</p> <p>1e) Implementation of Commander Framework to deliver robust major incident response EDO - March 2019 Commander Framework training commenced in June 2019.</p> <p>1f) Monitor impact of ARP on quality and safety EDO – ongoing Monitoring of the impact of ARP on quality and safety has demonstrated reductions in risk</p> <p>1g) Review of rostering alignment in line with modelling EDO – ongoing Focused work on roster alignment commenced in April, with Bradford and Doncaster as the initial priority sites. Both of these reviews are due for completion in 2019/20 Q4.</p> <p>1h) Mitigate impacts of EU Exit on operational performance ED.QGPA, EDF, EDO – Sept 2019 EU Exit risks identified and being actively managed. YAS engaged with national, regional and local planning regarding EU Exit arrangements.</p>

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<p>1a) [cont] 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</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>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>2a) Monthly monitoring delivery of CIPs through CIPMG and Deep Dives as indicated EDF, EDO, D.IUC - Mar 2020 CIP delivery being monitored via project highlights reports, a CIP tracker, CIPMG meetings and deep dives. CIPMG now meets quarterly, supplemented with monthly deep dives into areas of exception. Two PTS deep dives were held in August regarding relocation logistics and eligibility thresholds, actions plans to resolve issues are in development. At Month 5 the Trust is forecast to deliver its CIP target for the year (£6.592m). CIPMG will initiate the development of 2020/21 from September onwards.</p> <p>2 (b) Investment in Fleet DCAs EDF – Mar 2020 The approved Capital Plan is funding continued investment in DCAs. This is on track for delivery as planned during 2019/20</p> <p>3) Continued focus on handover challenges incl. HALO -EDO ongoing Continuing to engage with national teleconferences, strengthened internal project team in place, focused discussion with the most challenged hospital trusts with agreed actions</p> <p>4a) Roll out of ePR EDF – Sept 2019 Full deployment of the ePR for patients admitted via Emergency Departments across the Trust has been achieved. The project is now focusing on work to increase compliance rates to 95%.</p> <p>4b) Digital Strategy implementation EDF - Mar 2020 The Digital Strategy has been reviewed at TEG and TMG and was considered by the Board's sub-committees on 12 September. Further review of the strategy was completed in the Trust Board meeting on 26 September.</p>

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Exec Lead/Risk Area							
<p>1b) Inability to deliver IUC performance 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 3 = 15	5 x 3 = 15	5 x 2 = 10	<p>Monitoring of demand and capacity, capacity planning and forecasting</p> <p>IUC Mobilisation Project plan aligned to commissioner plans</p> <p>Service Delivery and Integrated Programme Board</p> <p>On-going recruitment and training as part of Directorate workforce plans</p> <p>Weekly Performance and Quality report</p> <p>PTS programme annual plan in place and monitored</p> <p>111 Operational Management Group</p> <p>Clinical Quality Strategy</p> <p>PTS Private Provider governance 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 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>National benchmarking</p>	<p>1) Delivery of IUC in the context of increasing demand and contractual requirements</p> <p>2) Clinical Staff recruitment and retention</p>	<p>1) Delivery of service transformation work streams to support implementation of the Integrated & Urgent Care specification D.IUC – Mar 2020 Service transformation projects are being delivered through the Place-Based Care transformation programme. Specific work to deliver an integrated clinical workforce across EOC and IUC is underway.</p> <p>1b) Delivery of IUC mobilisation plan including workstreams for;</p> <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 <p>June 2019 Implementation of the mobilisation plan has been completed and close down reported. An end-of-project learning and engagement event with commissioners was held during the summer.</p> <p>2a) Deliver clinical recruitment trajectory D.IUC – Mar 2020 An external Subject Matter Expert has been assigned to review plans, processes and practice regarding clinical recruitment. The report and recommendations are currently being implemented.</p> <p>2b) Develop effective retention strategies D.IUC – March 2020 Actions to improve retention are being rolled-out, including learning obtained from acute Trusts.</p>

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<p>1b) [cont] Inability to deliver IUC performance 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 3 = 15	5 x 3 = 15	5 x 2 = 10	<p>Monitoring of demand and capacity, capacity planning and forecasting</p> <p>IUC Mobilisation Project plan aligned to commissioner plans</p> <p>Service Delivery and Integrated Programme Board</p> <p>On-going recruitment and training as part of Directorate workforce plans</p> <p>Weekly Performance and Quality report</p> <p>PTS programme annual plan in place and monitored</p> <p>111 Operational Management Group</p> <p>Clinical Quality Strategy</p> <p>PTS Private Provider governance 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 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>National benchmarking</p>	<p>3) Embedding of PTS Eligibility criteria</p> <p>4) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards</p> <p>5) Investment in PTS Fleet</p>	<p>3) Analysis and action plan to deliver PTS KPIs aligned to transformational workstreams D.IUC - Mar 2020</p> <p>Plans in place and being implemented regarding eligibility criteria, auto-planning, and logistics. Vale of York and Scarborough and Ryedale CCGs are seeing a reduction in saloon car activity as a result of changes to eligibility criteria, but KPI impact not being fully realised due to T1 mobility and 'on day' bookings being higher than planned levels.</p> <p>4a) Digital Strategy implementation EDF - Mar 2020 The Digital Strategy has been agreed at TEG and TMG and was considered by the Board sub-committees on 12 September. Formal approval and adoption of the strategy took place in the Trust Board meeting on 26 September.</p> <p>4b) EOC/111 clinical hub integration options to be considered - Sept 2019 Work to deliver a more integrated clinical workforce across EOC and IUC is being scoped.</p> <p>5a) Manage age profile of PTS vehicles EDF - Mar 2020 Agreed extension of key PTS contracts has enabled the Trust to invest in modernising its PTS fleet. Procurement of the first tranche of 75 vehicles was approved by the Trust Board in July 2019. New vehicles are due to arrive during 2019/20 Q4. Awaiting order to be approved by YAS Fleet and Finance in order for O&H to commence building PTS fleet (Sept 19).</p>

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Exec Lead/Risk Area							
<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>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 YAS has engaged proactively and constructively with commissioners in order to share and align plans and strategies. Specifically, in response to the NHS long term planning exercise YAS has participated in a series of collaborative engagement events with local ICSs/STPs</p> <p>1b) Embed approach to oversight of partnerships with other organisations, including STPs, A&E Delivery Boards and ICS. D.IUC – Mar 2020 A team is currently being established in urgent care to develop capacity and capability for engagement with partners. This includes three new roles.</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 YAS has engaged proactively and constructively with commissioners in order to share and align plans and strategies. Specifically, in response to the NHS long term planning exercise YAS has participated in a series of collaborative engagement events with local ICSs/STPs. The Place-Based Care transformation programme is taking forward practice development regarding falls, mental health, UTC provision, and community / voluntary sector engagement</p>

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	Exec Lead/Risk Area	Initial	Current		Target		
1c) [cont] Failure to influence impact of delivery of ICS and ICPs as a system partner CQC Domains: Well Led 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	Stakeholder engagement plan	TMG review, with Quality Committee and Board assurance reports	2) Challenges in whole system resilience and agreement of collaborative action with challenged Trusts	2a) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover EDO, ED.QGPA ongoing EDO raising impact on YAS of handover issues at York and Scarborough hospitals as part of a Risk Summit for York Teaching Hospital and subsequent groups. Internal team set up to support improvements across Yorkshire and Humber region.
				STPs and other formal engagement meetings	Capital Planning Group review of Capital Programme and risks		
				Capital plan	Capital Planning Group review of Capital Programme and risks		
				Strategic Hospital Handover Plan	TEG management of Handover plan		3b) Maintain position on utilisation of agency in line with national cap D.WF&OD – ongoing YAS under the national agency cap at Month 5.
				Place-based Programme Board	Contract management Board reports Internal audit reviews		

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<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>1a) Continue to work with commissioners/ other providers to develop a coherent region-wide strategy and collaborative approach to system management – ongoing YAS has engaged proactively and constructively with commissioners in order to share and align plans and strategies. Specifically, in response to the NHS 10-Year Planning exercise YAS has participated in a series of collaborative engagement events with ICSSs/STPs (West Yorkshire; South Yorkshire; Humber, Coast and Vale)</p> <p>2a) Identify and propose mitigations to specific risks to Safety, Quality and Performance arising from reconfiguration plans. ED.QGPA, EDO- ongoing Plan agreed for Friarage. South Yorkshire phase one has gone live. Cross service reconfiguration group in place, reporting to the Place Based Programme Board. The Trust is engaged in acute services reviews in Scarborough and Humber and out of hospital service review in Hull.</p> <p>2b) Influence system approach to pathways impacted by reconfigurations including vascular/stroke, South Yorkshire Hospitals review, Friarage decommissioning, CHFT reconfiguration - ongoing Plan agreed for Friarage. South Yorkshire phase one has gone live. Cross service reconfiguration group in place, reporting to the Place Based Programme Board.</p> <p>2c) Highlight and manage specific risks to Performance, Safety and Quality arising from hospital handover EDO, ED.QGPA – ongoing Plan agreed for Friarage. South Yorkshire phase one has gone live. Cross service reconfiguration group in place, reporting to the Place Based Programme Board.</p> <p>2d) Develop approach to utilisation of enhanced skills paramedics D.WF&OD – Mar 2020 This is being taken forward as part of the integrated workforce programme which has now been fully scoped.</p> <p>2e) Optimise interoperability of YAS resources including development of LAT/Urgent Tier model – Mar 2020 Early scoping work underway to explore future opportunities and models of delivery</p>

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<p>1d) [cont] 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>3) National and local external funding pressures</p>	<p>3a) Continue development and implementation of efficiency work programmes across the Trust and wider NAA. EDF, CEO - ongoing The Transformation Boards and CIPMG oversee the development and implementation of efficiency programmes. Progress is reported to TEG, TMG and the Board via the Transformation Dashboard.</p> <p>3b) Maintain position on utilisation of agency in line with national cap D.WF&OD – ongoing YAS under the national agency cap at Month 5.</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 Progress to Date
	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> <hr/> <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>1a) Secure PTS West contract extension D.IUC - Mar 2019 The PTS West contract extension has been completed successfully.</p> <p>1b) Manage PTS Fleet investment and age profile in context of PTS West contract uncertainty EDF - ongoing Agreed extension of key PTS contracts has enabled the Trust to invest in modernising its PTS fleet. Procurement of the first tranche of 75 vehicles was approved by the Trust Board in July 2019. New vehicles are due to arrive during 2019/20 Q4</p> <p>1c) Work with stakeholders to develop future options for integrated transport services. D.IUC, EDO, EDOF March 2020 options appraisal regarding 'total transport' solutions is underway, reporting in to the Service Delivery and Integration Transformation Board.</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 bid expertise continues to be strengthened as part of business development activity. The bid for the Hull Non-Emergency Transport contract tender was successful.</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 The bid for the Hull Non-Emergency Transport contract tender was successful.</p>

1. 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 Progress to Date
	Exec Lead/Risk Area	Initial	Current		Target		
<p>1e [cont] 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> <hr/> <p>Internal Audit</p> <p>STPs and A&E Delivery Boards, Urgent Care Board</p>	<p>3) Lack of technology and specialist skills</p>	<p>3a) Implement Digital Road Map priorities EDF - ongoing The Digital Strategy has been reviewed at TEG and TMG and was considered by the Board sub-committees on 12 September. Further review of the strategy took place in the Trust Board meeting on 26 September.</p> <p>3b) Recruit to specialist technological roles to deliver business plans and support transformational change EDF – June 2019 Recruitment to a number of specialist technology roles has been completed. The specific risk regarding recruitment to technology role has been reduced but remains on the Corporate Risk Register as at Month 5. An independent review has been commissioned and the report was considered by TEG in October.</p>

2. 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 Progress to Date
	Initial	Current	Target		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: 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>1a) Embed People Strategy and measure core metrics D.WF&OD – Mar 2020 People Strategy launched and being implemented with oversight from the Strategic Workforce Group; delivery milestones are in place and a People Dashboard of core metrics is in development as part of wider work to enhanced corporate business intelligence and reporting.</p> <p>2a) Deliver recruitment and training trajectory EMD, D.WF&OD, EDO, D.IUC – Mar 2020 with monthly monitoring An external Subject Matter Expert has been assigned to review plans, processes and practice regarding clinical recruitment. The report and recommendations are expected in October / November. Winter planning recruitment targets for non-clinical staff have been met</p> <p>2b) Develop and deliver effective strategies for clinical retention D.WF&OD, EDO – Mar 2020 This work is on track, overseen by the Integrated Workforce Group</p> <p>2c) Monitor trajectory to delivery of band 6 Paramedic upskill training D.WF&OD - Mar 2020 Latest milestone was to achieve 80% of training delivered by end of September 2019. At mid-September we were at 80.36%. The final milestone is to achieve 100% by end of March 2020. We are on track to achieve this. Progress is monitored weekly through the YAS Academy compliance function and BI. We report to NHSI on a monthly basis.</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 An evaluation has been completed. A proposed model is being developed via the Integrated Workforce Group.</p> <p>3a) Maintain current intelligence on national workforce issues D.WF&OD – ongoing Ongoing business as usual activity to feed national intelligence into management of Trust business</p> <p>3b) Engagement through JSG framework/other formal/informal mechanisms. D.WF&OD - ongoing Ongoing business as usual activity to ensure appropriate engagement is embedded in the routine management of Trust business</p>

2. 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 Progress to Date
	Initial	Current	Target		External Assurance		
<p>2a) [cont] 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: 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>4) Systematic delivery of training, supervision and PDR</p> <p>5) Delivery of initiatives to maintain capacity and capability of workforce</p>	<p>4a) Implement clinical career framework. EMD – Mar 2020 Wider work to develop a more integrated workforce is underway. Included within this is the ECA to Para model which supports the career development of staff that aspire to become paramedics. Current work is still going on in terms of numbers, but the model and principles have been developed.</p> <p>4b) Implement mandatory TNA for all roles D.WF&OD – June 2019 - Action complete. This is now an integral part of the Training Plan process which involves a number of stakeholder groups and all educational Portfolio Governance Boards. Training Plan 2020/21 process is on track and will go to TMG in Q3 for sign-off</p> <p>4c) Implement improved appraisal process D.WF&OD - Sept 2019 Options for an improved appraisal process are being developed by a task-and-finish group. Proposals to be presented to TEG / TMG in December.</p> <p>5a) Deliver utilisation of apprenticeship schemes D.WF&OD - Mar 2020 Apprenticeship schemes are being taken forward as part of the developing career pathway for A&E Operations staff.</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 A recruitment campaign regarding clinical staff in NHS 111 is now live following the inclusion of the development project.</p> <p>5c) Deliver year 2 Nurse Internship Programme ED.QGPA – Mar 2020 Evaluation report complete and fed into the integrated workforce programme. Positive learning identified from the pilot.</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 Progress to Date
	Exec Lead/Risk Area	Initial	Current		Target		
<p>2b) Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion</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>People Strategy</p> <p>Wellbeing Plan aligned with Staff Survey action plan</p> <p>Direct Executive and senior management engagement</p> <p>Staff-side multi-union engagement through JSG</p> <p>Workforce KPIs</p> <p>Behaviours Framework</p> <p>Diversity and Inclusion Strategy</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>Workforce monitoring and reporting, including KPIs</p> <p>Integrated Performance Report</p> <hr/> <p>1) NHS annual Staff Survey</p> <p>2) Staff Friends and Family Test</p> <p>3) Cultural audit</p>	<p>1) There is a need to develop leadership and staff engagement and accountability in wellbeing agenda</p> <p>2) Embed initiatives to support staff wellbeing with a focus on management of short and long term sickness absence</p>	<p>1a) Embed People Strategy and measure core metrics D.WF&OD – Mar 2020 People Strategy launched and being implemented with oversight from the Strategic Workforce Group; delivery milestones are in place and a People Dashboard of core metrics is in development as part of wider work to enhance corporate business intelligence and reporting.</p> <p>1b) Embed Vision & Values and Behaviours framework D.WF&OD – Mar 2020 Vision, Values and Behaviours Framework developed and implemented. Values and Behaviours being embedded in PDR and recruitment processes and via the Leadership in Action programme. Support offer developed by HR to facilitate implementation of the Values across teams and functions.</p> <p>2a) Implement Wellbeing Plan and specific workstreams aligned to staff survey action plan D.WF&OD Mar 2020 Staff Well-Being Plan developed and implemented, informed by staff survey feedback. A new fifth module of the Leadership in Action programme has been developed and this focuses on staff well being.</p> <p>2b) Focus on supportive management of short and long term sickness to achieve 1% reduction – Mar 2020 Short and Long Term Sickness action plans developed and being implemented, with oversight from the Strategic Workforce Group.</p> <p>2c) Provide Mental Health First Aid Training to identified managers – Sept 2019 Mental Health First Aid Training has been developed and is being rolled-out</p> <p>2d) Deliver initiatives for prevention of MSK issues ED.QGPA – Mar 2020 external review of patient movement and handling training commissioned and Trust-wide QI initiative commenced</p> <p>2e) Deliver Flu Campaign resulting in increased uptake of flu vaccination – Dec 2019 Local plans to deliver the Flu Campaign are in place, timescales are contingent upon dependencies at national level (especially timing and supply-chain issues regarding availability of vaccine)</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 Progress to Date
	Exec Lead/Risk Area	Initial	Current		Target		
<p>2b) [cont] Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion</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>People Strategy</p> <p>Wellbeing Plan aligned with Staff Survey action plan</p> <p>Direct Executive and senior management engagement</p> <p>Staff-side multi-union engagement through JSG</p> <p>Workforce KPIs</p> <p>Behaviours Framework</p> <p>Diversity and Inclusion Strategy</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>Workforce monitoring and reporting, including KPIs</p> <p>Integrated Performance Report</p> <hr/> <p>1) NHS annual Staff Survey</p> <p>2) Staff Friends and Family Test</p> <p>3) Cultural audit</p>	<p>3) Effective, embedded OH contract arrangements</p> <p>4) Embedded D&I strategy and supporting processes</p>	<p>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 New Occupational Health contract finalised, a range of service provision is available to staff, positive feedback regarding the new services.</p> <p>4a) Embed Diversity and Inclusion Strategy including improvement in core metrics measurements D.WF&OD - Mar 2020 Diversity and Inclusion Strategy implementation is ongoing, including via WRES, DES and Gender Pay action plans, through the wider People Strategy, and via the Staff Networks.. Diversity and Inclusion awareness sessions delivered as part of the Corporate Induction programme for all new starters. Work is underway to improve the core metrics via increased coverage and quality of corporate diversity and inclusion data.</p> <p>4b) Embed Equality Monitoring arrangements and EIA process D.WF&OD – Mar 2020 Equalities data captured and reported to key bodies including Strategic Workforce Group, TMG and the Trust Board. All new or updated policies must be accompanied by an Equalities Impact Assessment before being approved by TMG.</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 Progress to Date
	Exec Lead/Risk Area	Initial	Current		Target		
<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>1a) Embed Vision & Values and Behaviours framework.– Mar 2020 Vision, Values and Behaviours Framework developed and implemented. Values and Behaviours being embedded in PDR and recruitment processes and via the Leadership in Action programme. Support offer developed to facilitate implementation of the Values across teams and functions.</p> <p>1b) Deliver Board Development Programme D.WF&OD - Mar 2020 Phase 1 of the Board Development Programme has been delivered. Phase 2 is in development.</p> <p>1c) Continue to embed management & leadership development framework. D.WF&OD Leadership in Action modules 1-4 are embedded, with multiple new cohorts commencing in September. A new Module 5 - with a focus on staff well-being – has been developed. A new accelerated development programme for aspiring leaders has been developed.</p> <p>1d) Implement Talent Development model pilot D.WF&OD – Sept 2019 Work is ongoing to design and pilot the talent development model. The first phase (Accelerated Leadership Programme) was launched on 13 September.</p> <p>1e) Launch Talent Management Programme D.WF&OD – April 2020 Work is ongoing to design and pilot the talent development model. The first phase (Accelerated Leadership Programme) was launched on 13 September.</p> <p>1f) Embed Accountability Framework, core workforce policies, processes and training D.WF&OD – Mar 2020 Workstreams regarding workforce have been scoped as part of the wider work to plan the Accountability Framework implementation. Multiple core workforce policies and processes are undergoing review and update, with a pipeline of updated policies coming through TMG.</p>

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	Exec Lead/Risk Area	Initial	Current		Target		
<p>2c) [cont] 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>Annual Staff survey</p> <p>Cultural audit</p> <p>Well Led Assessment by externally commissioned partner</p> <p>Review of capability of Board and Executive Team</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>2a) Deliver tier 3 Leadership in Action programme D.WF&OD Sept 2019 Leadership in Action modules 1-4 are embedded, with multiple new cohorts commencing in September. A new Module 5 - with a focus on staff well-being – has been developed.</p> <p>2b) Engage front line staff in the Inspections for Improvement process ED.QGPA – Sept 2019 The Inspection for Improvement (I4I) process has been reviewed and updated for 2019-20 to include representation from TMG members and/or supporting departments with the intention of enabling frontline staff the opportunity to engage on station with the I4I team. The I4I process has always relied on direct links with local management teams and frontline teams to inform areas for improvement.</p> <p>3a) Continue to embed Diversity & Inclusion Strategy D.WF&OD – Mar 2020 Diversity and Inclusion Strategy implementation is ongoing, including via WRES, DES and Gender Pay action plans, through the wider People Strategy, and via the Staff Networks. Diversity and Inclusion awareness sessions delivered as part of the Corporate Induction programme for all new starters.</p> <p>3b) Continue to embed equality monitoring arrangements D.WF&OD – Mar 2020 Equalities data captured and reported to key bodies including Strategic Workforce Group, TMG and the Trust Board</p>

3. 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 Progress to Date
	Initial	Current	Target		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>1) Further development of managerial and clinical leadership capability and capacity, engagement and accountability.</p> <p>2) Embedded approach to Quality Improvement</p>	<p>1a) Ensure provision of robust management information, accessible to lead managers EDF, D.WF&OD, ED.QGPA – Sept 2019 Integrated Performance Report has been reviewed and enhanced, further developments are planned. YAS Digital Strategy includes workstream on analytics. Options appraisal underway regarding the organisation’s future MI/analytics platform.</p> <p>1b) Trust-wide 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 This is being delivered via implementation of the Trust’s People Strategy, with oversight from the Strategic Workforce Group.</p> <p>1c) Deliver Leadership in Action Programme (Tier 3) D.WF&OD – Sept 2019 Leadership in Action modules 1-4 are embedded, with multiple new cohorts commencing in September. A new Module 5 - with a focus on staff well-being – has been developed.</p> <p>1d) Launch Talent Management Programme - D.WF&OD – April 2020 Work is ongoing to design and pilot the talent development model</p> <p>2a) Embed organisation-wide approach to Quality Improvement, ED.QGPA – Mar 2020. Quality Improvement strategy launched and being implemented. Cohort 1 of QI Fellows completed, Cohort 2 underway. QI toolkit / resources available via staff intranet. QI training offer in place, with further enhancements in development. Around 35 projects of varying scale and complexity are currently in flight. Benefits of QI projects now being captured and will be reported quarterly. QI report well received by the Board’s Quality Committee on 12 Sept.</p>

3. 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 Progress to Date
	Exec Lead/Risk Area	Initial	Current		Target		
<p>3a) [cont] 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>3) Embedded approach to place-based care</p>	<p>3a) Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification D.I&UC - March 2020 Service transformation projects are being delivered through the Place-Based Care transformation programme. Specific work to deliver an integrated clinical workforce across EOC and IUC is being scoped. Continued work with system partners to develop local clinical advisory service, supported through successful recruitment of liaison officers all now in post</p> <p>3b) Development of Place-Based approach – Mar 2020. The Place-Based Programme Board is overseeing development work across multiple areas of activity, including mental health, frailty and falls, community engagement, urgent treatment centres, care homes, high volume urgent care flows, and community-based paramedics, along with local system priorities and reconfiguration issues.</p>

4. 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 Progress to Date
	Initial	Current	Target		External Assurance		
<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>1a) Deliver and monitor the Accountability Framework CEO, ED.GQPA - Mar 2020. Accountability Framework programme manager in place. High-level programme plan approved and being overseen by the Capacity and Capability Transformation Board, individual projects being scoped and planned.</p> <p>1b) Continue to embed support services strategies and transformation plans aligned to Trust strategy CEO, ED.GQPA – Mar 2020 The four Programme Boards have continued to make significant progress across a broad range of workstreams. Several key workstreams are currently in development plans to be submitted early in Q3 for review. These include: Accountability framework, Clinical Hub Integration, Total Transport solution, Team based working. Work will continue via the Programme Boards and TEG to oversee the finalisation and implementation of detailed project plans for priority developments, to continue to scope remaining programme developments, and to clarify resource requirement.</p> <p>1c) Implement recommendations of PWC diagnostic work to support YAS to be more intelligence-led ED.QGPA Integrated Performance Report has been reviewed and enhanced, further developments regarding the analytical functionality of this report are planned. YAS Digital Strategy includes workstream on analytics. Options appraisal underway regarding the organisation's future MI/analytics platform. Action plan developed to strengthen the governance, management and quality of data.</p> <p>1d) Embed the Trust Values and Behaviours framework D.WF&OD Vision, Values and Behaviours Framework developed and implemented. Values and Behaviours being embedded in PDR and recruitment processes and via the Leadership in Action programme. Support offer developed to facilitate implementation of the Values across teams and functions.</p>

4. 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 Progress to Date
	Initial	Current	Target		External Assurance		
<p>4a) [cont] 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>2a) Embed organisation-wide approach to Quality Improvement, ED.QGPA Dec 2019 QI strategy launched and being implemented. Cohort 1 of QI Fellows completed, Cohort 2 underway. QI toolkit / resources available via staff intranet. QI training offer in place, with further enhancements in development. Around 35 projects of varying scale and complexity are currently in flight. Benefits of QI projects now being captured and will be reported quarterly. QI report well received by the Board's Quality Committee on 12 Sept.</p> <p>2b) Embed approach to Process Improvement ED.QGPA – Dec 2019. Process Improvement methodology (VM Lean) developed as a key component of the overall QI strategy. A programme of Rapid Process Improvement Workshops is underway, and the process improvement approach is being applied to many projects Trust-wide. PMO team members are established as SMEs providing specialist advice and hands-on resource for process improvement work.</p> <p>2c) Continued focus on internal efficiencies in fleet, estates, internal logistics and corporate support services. EDF, ED.QGPA - Mar 2020 ongoing monitoring The Infrastructure Transformation Board has overseen the development of the business plan for a major logistics project (central warehousing). This business case is scheduled for approval during the autumn. Multiple other internal efficiency projects are being managed via CIPMG.</p> <p>2d) Implement Driving At Work policy monitoring EDF – Sept 2019 The Driving At Work policy has been agreed and formally adopted, it is now being implemented.</p> <p>2e) Explore opportunities for cross organisational collaboration via the Northern Ambulance Alliance. CEO, D.WF&OD, ED.QGPA – ongoing HR/OD functions have developed an NAA-wide plan covering key areas of workforce activity. Other areas of NAA collaboration have included fleet management systems, telephony and other digital technologies, and a range of operational matters. An NAA Board review has reaffirmed commitment and identified agreed areas for future development</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 Trust-level VFM work being delivered via the CIP projects and Transformation Boards, with links to NAA and other workstreams.</p>

4. 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 Progress to Date
	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>1a) Implement 5 year integrated financial plan and strategy aligned to new Trust strategy EDF - Mar 2020 The five-year integrated financial plan and strategy has been developed as part of the Trust's submission to the Long-Term Plan process. This will need to be further refined based on the finalised Trust strategy.</p> <p>2a) Agree and implement Trust financial plan to meet CTL EDF – Sept 2019 The Trust's financial plan for 2019/20 was approved by the Trust Board in March 2019 and submitted to NHS Improvement as required. The Trust was forecast to achieve its 2019/20 control total.</p> <p>2b) Delivery of agreed Quality and Efficiency Savings (CIPs) EDF, EDO, D.IUC – Mar 2020 CIP delivery being monitored via project highlights reports, a CIP tracker, CIPMG meetings and deep dives. CIPMG now meets quarterly, supplemented with monthly deep dives into areas of exception. The Trust was forecast to deliver its CIP target for the year (£6.592m)</p> <p>2c) Programme management of capital plan EDF – Mar 2020 with monthly monitoring The Capital Plan for 2019/20 has been developed by the Capital Planning Group and formally approved by the Trust Board. In-year delivery is monitored by Capital Monitoring Group which reports into TMG. Investment plans have been reviewed and revised in response to in-year changes to the Trust's capital allocations.</p> <p>2d) Deliver Hub & Spoke Doncaster CEO- Mar 2020 The plan is on track for Doncaster hub. Further discussions ongoing in relation to the hubs and associated workforce policy.</p>

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<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>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>2e) Secure new and existing income through service tenders / other development opportunities D.IUC – ongoing Hull Non-Emergency Transport contract tender was successful.</p> <p>2f) Implement IUC specification within contracted financial envelope D.IUC – Mar 2020 IUC currently operating within financial envelope</p> <p>2g) Maintain financial position on delivery of national agency cap D.WF&OD, EDF – Mar 2020 YAS under the national agency cap</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 HR/OD functions have developed an NAA-wide plan covering key areas of workforce activity.</p> <p>2j) Realise projected benefits of transformation programmes EDO, D.I&UC – ongoing Benefits in terms of efficiency improvements, cashable savings and enhancements to service performance, quality and patient care are being realised on an ongoing basis as projects progress. Progress and benefits are overseen by Transformation Boards and reported to TEG and the Trust Board via the Transformation Dashboard.</p> <p>3) Robust contract management of contracts with major financial value EDF - ongoing Robust contract management is an ongoing process, achieved by regular attendance at contract management boards and by developing and sustaining close relationships with commissioners.</p>