



Board Assurance Framework 2020-21

January 2021	
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Trust Management Group	27 January 2021
Audit Committee	14 January 2021
Trust Board	28 January 2021
Quality Committee	10 December 2020
F&I Committee	10 December 2020

CEO – Chief Executive Officer
EDF – Executive Director of Finance
ED.QGPA – Executive Director of Quality, Governance and Performance Assurance
ED.Ops – Executive Director of Operations
D.WF&OD – Director of Workforce and Organisational Development
D.IUC – Director of Integration and Urgent Care
EMD – Executive Medical Director
AD.CA – Associate 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*

Areas of Strategic Risk		Apr 20	Projected Risk Exposure				Move ment	Q3 actual	Progress Notes	Deviations from projections
			Q1	Q2	Q3	Q4				
Patients and communities experience fully joined-up care responsive to their needs	1a) Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations	20	20	12	20	16		20		
	1b) Ability to deliver the required performance standards and service developments in Integrated and Urgent Care	16	16	12	20	16		20		
	1c) Ability to deliver the required performance standards and service developments in the Patient Transport Service	16	16	12	12	12		12		
	1d) Ability to influence and respond to system-wide developments in urgent and emergency care	12	12	12	12	12		12		

Areas of Strategic Risk		Apr 20	Projected Risk Exposure				Move ment	Q3 actual	Progress Notes	Deviations from projections
			Q1	Q2	Q3	Q4				
Our people feel empowered, valued and engaged to perform at their best	2a) Ability to ensure provision of sufficient clinical workforce	16	16	16	20	16		20		
	2b) Ability to support the physical and mental health and well-being of staff	16	16	12	16	12		16		
	2c) Ability to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to diversity and inclusion	16	16	16	12	12		12		
	2d) Ability to embed strategies for excellence in leadership, management and organisational culture	12	12	12	12	12		12		

Areas of Strategic Risk	Apr 20	Projected Risk Exposure				Move ment	Q3 actual	Progress Notes	Deviations from projections
		Q1	Q2	Q3	Q4				
We achieve excellence in everything we do	3a) Capacity and capability to deliver and manage planned transformational changes	16	16	16	16	12		16	
	3b) Ability to respond well to specific wider external challenges	16	16	16	16	12		16	
We use resources wisely to invest in and sustain services	4a) Ability to robustly manage Trust finances to deliver the required financial performance	16	16	16	16	12		16	
	4b) Ability to deliver our requirements and ambitions regarding key enabling infrastructure (digital technology, estates)	16	16	16	16	12		16	

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		
<p>1a) Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations</p> <p>CQC Domains: Responsive</p> <p>TEG Lead:</p> <p>Exec Director: Operations</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 5 = 20	4 x 5 = 20	4 x 4 = 16	<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 and SDIW Board</p> <p>QIAs and KPIs 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>Business continuity planning, Winter plan etc.</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>Reports to SDIW Board</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 reviews</p> <p>NHSE/I 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 COVID activity on service performance</p> <p>2) Impact of COVID on demand patterns</p> <p>3) Impact of COVID on ways of working</p> <p>4) Provision of sufficient staffing levels in EOC and 999</p> <p>5) Service developments and change projects</p>	<p>1a) Monitor and mitigate impact of COVID activity on performance ED.Ops Ongoing to March 2021</p> <p>2a) Analyse and respond to new patterns of demand relating to COVID. ED.Ops Ongoing to March 2021</p> <p>2b) Mitigate combined impact on demand of winter pressures and COVID Wave 2. ED.Ops October 2020 to March 2021</p> <p>3a) Monitor and mitigate the impact of COVID restrictions on job cycle time ED.Ops October 2020 to March 2021</p> <p>3b) Monitor and mitigate the impact of COVID social distancing arrangements in stations ED.Ops October 2020 to March 2021</p> <p>4a) Deliver recruitment , retention and training plans to maintain staffing levels. ED.Ops, ED.W&OD, Ongoing to March 2021</p> <p>4b) Manage impact on staffing levels of shielding, self-isolating or other COVID restrictions ED.W&OD, Ongoing to March 2021</p> <p>4c) Apply and maintain mitigations to reduce the likelihood and impact of a COVID outbreak in EOC or in ambulance stations ED.Ops, ED.QGPA, ED.F Ongoing to March 2021</p> <p>5a) Progress the job cycle time project. ED.Ops March 2021</p> <p>5b) Progress Team Based Working ED.Ops, ED.WF&OD, March 2021</p> <p>5c) Implement integrated transport project ED.Ops, D.IUC, XXX2020</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		
<p>1a) [continued] Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations</p> <p>CQC Domains: Responsive</p> <p>TEG Lead:</p> <p>Exec Director: Operations</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 5 = 20	4 x 5 = 20	4 x 4 = 16	<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 and SDIW Board</p> <p>QIAs and KPIs 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>Business continuity planning, Winter plan etc.</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>Reports to SDIW Board</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 reviews</p> <p>NHSE/I benchmarking of AQI and CPI</p> <p>National benchmarking</p> <p>ARP pilot monitoring and review</p> <p>ORH modelling</p>	<p>6) Control in wider system of impact of increased hospital handover time</p> <p>7) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards</p>	<p>6a) Continued focus on handover challenges incl. HALO –ED.Ops Ongoing to March 2021</p> <p>6b) Manage impact of new handover requirements arising from hot and cold sites and the mobilisation of Nightingale hospitals ED.Ops Ongoing to March 2021</p> <p>7a) ePR Phase 3 developments CIO. March 2021</p> <p>7b) Implement relevant elements of the Digital Strategy (e.g. Unified Comms, NAA CAD) CIO various delivery milestones during 2020/21</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
Exec Lead/Risk Area	Initial	Current	Target		External Assurance		
<p>1b) Ability to deliver the required performance standards and service developments in Integrated and Urgent Care</p> <p>CQC Domains: Responsive</p> <p>TEG Lead:</p> <p>Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	<p>Monitoring of demand and capacity, capacity planning and forecasting</p> <p>SDIW Programme Board</p> <p>On-going recruitment and training as part of Directorate workforce plans</p> <p>Weekly Performance and Quality report</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>Reports to SDIW Board</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>National benchmarking</p>	<p>1) Impact of COVID activity on service performance</p> <p>2) Impact of COVID on demand patterns</p> <p>3) Impact of COVID on ways of working</p> <p>4) Provision of sufficient staffing levels 111</p>	<p>1a) Monitor and mitigate the impact of COVID activity on performance D.IUC Ongoing to March 2021</p> <p>2a) Analyse and respond to new patterns of demand relating to COVID D.IUC Ongoing to March 2021</p> <p>2b) Mitigate combined impact on demand of winter pressures and COVID Wave 2 D.IUC October to March 2021</p> <p>3a) Mitigate the impact of COVID restrictions in NHS111 call centres: social distancing, shift patterns D.IUC October to March 2021</p> <p>3b) Develop capacity and capability for greater remote / home working amongst NHS111 staff groups D.IUC October to March 2021</p> <p>4a) Deliver recruitment, training and retention plans to maintain staffing levels D.IUC, ED.W&OD, Ongoing to March 2021</p> <p>4b) Clinical staff recruitment and retention developments D.IUC, ED.W&OD, Ongoing to March 2021</p> <p>4c) Manage impact on staffing levels of shielding, self-isolating or other COVID restrictions ED.W&OD, Ongoing to March 2021</p> <p>4d) Implement mitigations to reduce the likelihood and impact of a COVID outbreak in NHS 111 call handling centres D.IUC, ED.QGPA, ED.F Ongoing to March 2021</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
	Exec Lead/Risk Area	Initial	Current		Target		
<p>1b) [Continued] Ability to deliver the required performance standards and service developments in Integrated and Urgent Care</p> <p>CQC Domains: Responsive</p> <p>TEG Lead: Director of Integration and Urgent Care</p> <p>COMMITTEE ASSURANCE: QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	<p>Monitoring of demand and capacity, capacity planning and forecasting</p> <p>SDIW Programme Board</p> <p>On-going recruitment and training as part of Directorate workforce plans</p> <p>Weekly Performance and Quality report</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>Reports to SDIW Board</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>National benchmarking</p>	<p>4) Service developments and change projects</p> <p>5) Mobilisation of key technologies to support delivery and monitoring of performance and clinical quality standards</p>	<p>4a) Progress the 111 First developments D.IUC December 2020</p> <p>4b) Plan and deliver the integrated CAS model D.IUC tbc</p> <p>4c) Plan and deliver the wider IUEC transformation programme D.IUC to programme plan timescales</p> <p>4d) Respond to national review of IUC provision D.IUC March 2021</p> <p>5a) Implement relevant elements of Digital Strategy (e.g. Unified Comms) CIO, various delivery milestones during 2020/21</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
	Exec Lead/Risk Area	Initial	Current		Target		
1c) Ability to deliver the required performance standards and service developments in the Patient Transport Service CQC Domains: All TEG Lead: Director of Integration and Urgent Care COMMITTEE ASSURANCE: QUALITY COMMITTEE FINANCE AND INVESTMENT COMMITTEE	4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	PTS Management Group PTS Governance Group TMG / TEG CIP Management Group	Executive review via TMG Finance and assurance reports to F&IC Contractual KPI's in IPR – reported to TMG and Board PMO Dashboard	1) Impact of COVID activity on service performance 2) Impact of COVID on demand patterns. (Acute demand and changes planned and reactive care). WYATT and Planned Care Alliance Board 3) Impact of COVID on ways of working	1a) Monitor and mitigate the impact of COVID activity on performance D.IUC Ongoing to March 2021 2a) Analyse (model, forecast, map) and respond to new patterns of demand relating to COVID D.IUC Ongoing to March 2021 2b) Mitigate combined impact on demand of winter pressures and COVID Wave 2 D.IUC October to March 2021 2c) Identify and mitigate the impact of hospital activity levels regarding planned care D.IUC Ongoing to March 2021 3a) Mitigate the impact of social distancing requirements in PTS vehicles D.IUC Ongoing to March 2021 3b) Mitigate the impact of IPC / cleaning requirements in PTS vehicles D.IUC Ongoing to March 2021 3c) Monitor and respond to impact on PTS of increases in on-day discharges D.IUC Ongoing to March 2021 3d) Manage the impact of PTS support for A&E services during peak periods D.IUC Ongoing to March 2021 3e) Expand the use of homeworking in PTS D.IUC Ongoing to March 2021 3f) Develop potential options for introducing cohorting for PTS D.IUC March 2021 3g) Develop proposals for returning from high-cost single patient occupancy to a more financially sustainable operating model D.IUC March 2021
				Internal Audit reviews STPs and A&E Delivery Boards, Urgent Care Board			

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	Exec Lead/Risk Area	Initial	Current		Target		
<p>1d) Ability to influence and respond to system-wide developments in urgent and emergency care</p> <p>CQC Domains:</p> <p>Well Led</p> <p>TEG Leads:</p> <p>Director of Integration and Urgent Care</p> <p>Exec Director of Operations</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	<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>1. Complexity and fluidity in system wide plans and emerging developments in emergency and urgent care</p> <p>2. Clarity and coherence in system wide Covid-19 recovery plans</p> <p>3) National and local external funding pressures</p>	<p>1a) Work with commissioners and providers to maintain a coherent region-wide strategy and collaborative approach to system management D.IUC, ED.Ops, AD.CA ongoing</p> <p>1b) Maintain oversight of partnerships with other organisations, including STPs and A&E Delivery Boards D.IUC, ED.Ops, AD.CA ongoing</p> <p>1c) Identify and mitigate risks (e.g. safety, quality, performance) arising from developments in care pathways and service reconfigurations D.IUC, ED.Ops ongoing</p> <p>1d) Influence system approach to specific areas of provision, including mental health and ageing well D.IUC, AD.CA ongoing</p> <p>1e) Engage with system partners in delivering the IUEC programme D.IUC ongoing, various delivery milestones</p> <p>1f) Work with commissioners and other providers to take forward implementation of the mental health ambulance service development plan D.IUC ongoing</p> <p>2a) Influence system approaches to Covid-19 response activity ED.Ops, EMD, D.IUC ongoing</p> <p>2b) Influence system approaches to Covid-19 recovery activity ED.Ops, EMD, D.IUC ongoing</p> <p>3a) Influence planning arrangements and resource allocations channelled through system partnership structures (e.g. COVID funding via West Yorkshire STP) ED.F ongoing</p> <p>3b) Develop and implement efficiency work programmes across the Trust, local partners and the wider NAA. CEO ongoing</p>
				<p>Contract management Board reports</p> <p>Internal audit reviews</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
	Initial	Current	Target		External Assurance		
<p>2a) Ability to ensure provision of sufficient clinical workforce</p> <p>CQC domains:</p> <p>Well Led</p> <p>TEG Lead:</p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p>	4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	<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> <p>SDIW Board</p> <p>Strategic Workforce Group</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) National shortage of Paramedics impacting on recruitment and retention. Competition from non-ambulance sector</p> <p>2) Availability of clinical workforce for IUEC / 111 First</p> <p>3) Impact of COVID on availability of clinical workforce</p>	<p>1a) Deliver paramedic recruitment trajectory ED.W&OD, ED.Ops, March 2021</p> <p>1b) Develop and deliver effective strategies for clinical retention ED.W&OD, ED.Ops, EMD, March 2021</p> <p>1c) Deliver 2020/21 Trust training plan ED.W&OD March 2021</p> <p>1d) Continue to develop the paramedic career pathway ED.W&OD March 2021</p> <p>1e) Engage with the development of models for rotational paramedics ED.W&OD March 2021</p> <p>1f) Develop proposals for international recruitment ED.W&OD Sept 2020</p> <p>1g) Utilise the apprenticeship model ED.W&OD ongoing</p> <p>1h) Develop proposal for future training model ED.W&OD Sept 2021</p> <p>2a) Clinical staff recruitment and retention ED.W&OD, D.IUC ongoing to March 2021</p> <p>2b) Additional clinical workforce to support expansion of NHS 111 / IUEC provision ED.W&OD, D.IUC December to March 2021</p> <p>3a) Implement mitigations to reduce the likelihood and impact of a COVID outbreak in call handling centres ED.Ops, D.IUC, ED.QGPA, ED.F Ongoing to March 2021</p> <p>3b) Deliver specific strategies to recruit additional clinical capacity to support periods of temporary high-demand (COVID waves) ED.W&OD October to March 2021</p> <p>3c) Manage impact on staffing levels of shielding, self-isolating or other COVID restrictions ED.W&OD, Ongoing to March 2021</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
	Exec Lead/Risk Area	Initial	Current		Target		
<p>2c) Ability to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to diversity and inclusion</p> <p>CQC domains:</p> <p>Well Led</p> <p>TEG Lead:</p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p>	4 x 4 = 16	4 x 3 = 12	4 x 3 = 12	<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>Strategic Workforce Group</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>1) Diversity and inclusion plans and activities</p> <p>2) Impact of COVID on specific groups (e.g. BAME)</p> <p>3) Diversity in the workforce is not reflective of wider population</p> <p>4) Board level representation not reflective of wider population</p>	<p>1a) Continue to embed Vision and Values and Behaviours frameworks. ED.WFOD April 2020 and ongoing</p> <p>1b) Continue to embed delivery of the People Strategy ED.WFOD April 2020 and ongoing</p> <p>1c) Continue to embed specific initiatives (e.g.) Say Yes to Respect ED.WFOD April 2020 and ongoing</p> <p>1d)Further develop the work of the Staff Networks ED.WFOD April 2020 and ongoing</p> <p>2a) Identify, assess and mitigate Covid-related health and well-being risk for specific targeted groups ED.WFOD April 2020 and ongoing</p> <p>3a) Continue to deliver Diversity and Inclusion Strategy ED.WFOD ongoing</p> <p>3b) Continue to embed equality monitoring arrangements ED.WFOD ongoing</p> <p>3c) Monitoring and interventions relating to WRES and DES data ED.WFOD ongoing</p> <p>3d) Monitoring and interventions relating to gender pay ED.WFOD ongoing</p> <p>4a) Establish and make appointment to a new Non-Executive Director position AD.CA, ED.WFOD March 2021</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
	Initial	Current	Target		External Assurance		
<p>2d) Ability to embed strategies for excellence in leadership, management and positive organisational culture</p> <p>CQC domains:</p> <p>Well Led</p> <p>TEG Lead:</p> <p>Director of Workforce and OD</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p>	4 x 3 = 12	4 x 3 = 12	4 x 3 = 12	<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>Strategic Workforce Group</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>1) Matured leadership and accountability</p> <p>2) Management development</p> <p>3) Engagement with widely dispersed workforce and significant pace of change, exacerbated by COVID response and re-set (e.g. homeworking)</p> <p>4) Capacity and change at Executive and non-Executive level</p>	<p>1a) Continue to deliver and embed Vision and Values and Behaviours framework at all levels, including at Executive and non-Executive level. ED.WFOD ongoing</p> <p>1b) Continue to embed delivery of the People Strategy ED.WFOD ongoing</p> <p>1c) Continue to deliver leadership and management elements of the Accountability Framework ED.WFOD ongoing</p> <p>2a) Continue to develop the Talent Management model ED.WFOD ongoing</p> <p>2b) Commence delivery of refreshed Leadership in Action programme ED.WFOD January 2021</p> <p>2c) Commence the Accelerated Leadership Programme ED.WFOD ongoing</p> <p>3a) Deliver staff engagement opportunities as part of Covid-19 recovery and re-set ED.WFOD ongoing</p> <p>3b) Embed cross-organisation culture initiatives and use of cultural information to inform development work (e.g.: Say Yes to Respect, Just Culture, Freedom to Speak Up, Cultural Ambassadors) ED.WFOD, ED.QGPA ongoing</p> <p>3c) Further develop the Staff Networks ED.WFOD ongoing</p> <p>4a) Ensure appropriate capacity, capability and role clarity in Executive and Non-Executive positions CEO, AD.CA, ED.WFOD, ongoing</p> <p>4b) Deliver targeted Board Development opportunities, including induction programme for new Board members CEO, AD.CA, ED.WFOD, Board sessions throughout the year</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
	Initial	Current	Target		External Assurance		
<p>3a) Capacity and capability to deliver and manage planned transformational changes and Trust strategy</p> <p>CQC Domains: All</p> <p>TEG Lead(s): Executive Director of Quality, Governance and Performance Assurance</p> <p>COMMITTEE ASSURANCE: QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	<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>STP Boards</p> <p>Internal Audit reviews</p> <p>AACE / QGARD / NAA</p> <p>NHSE/I</p>	<p>1. Impact of COVID interim financial measures on ability to invest in transformation work</p> <p>2) Embedded approach to planning and delivering transformation, developments and change</p> <p>3) Impact of Covid on delivery of Quality Improvement strategy</p> <p>4) MI, analytics and reporting</p>	<p>1a) Assess and mitigate the impact of Covid financial management arrangements on the availability of investment and transformation budgets ED.F September 2020</p> <p>1b) Assess and mitigate the impact of Covid financial management regulations on the Trust's freedom to invest in transformation developments. ED.F September 2020</p> <p>2a) Re-set Trust transformation programme around key themes: (e.g. IUEC and future organisation) ED.QGPA December 2020</p> <p>2b) Review and refresh programme and project management assurance (PMO) arrangements ED.QGPA October 2020</p> <p>2c) Continue to develop and embed the Gate Review process to control and assure investment business cases AD.CA ongoing</p> <p>2d) Review and re-set Trust strategy and business plan priorities to ensure they remain relevant, affordable and deliverable AD.CA October 2020</p> <p>2e) Ensure the Trust has capacity and capability to deliver business change and transformation CEO, ED.QGPA ongoing</p> <p>3a) Re-set QI delivery to align with COVID related needs and developments (QI Fellows, RPIWs) ED.QGPA ongoing</p> <p>3b) Continue to embed organisation-wide approach to Quality Improvement, ED.QGPA ongoing</p> <p>4a) Deliver next phase enhancement of the Integrated Performance Report CIO November 2020</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
	Exec Lead/Risk Area	Initial	Current		Target		
<p>3b) Ability to respond well to specific wider external challenges</p> <p>CQC Domains: All</p> <p>TEG Lead:</p> <p>Assistant Director Corporate Affairs</p> <p>Executive Director of Operations</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	<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>STP Boards</p> <p>Internal Audit reviews</p> <p>AACE / QGARD / NAA</p> <p>NHSE/I</p>	<p>1. Alignment of Trust recovery and re-set activity and organisational structure with local and national systems</p> <p>2. Business continuity planning, incident management and EPRR</p> <p>3. Impact of EU Exit</p> <p>4. Impact of Climate Change</p>	<p>1a) Ensure alignment of Trust recovery and re-set plans with local system partners and national priorities CEO, AD.CA ongoing</p> <p>1b) Review and re-set Trust business plan priorities to ensure they remain relevant, affordable and deliverable AD.CA October 2020</p> <p>1c) Develop options for the future form of the organisation to support alignment with the wider system CEO, AD.CA March 2021</p> <p>2a) Capture learning from wave one debriefs to inform future approaches to incident management ED.Ops October 2020</p> <p>2b) Review and update Trust business continuity plans ED.Ops March 2021</p> <p>2c) Ensure alignment with the national risk assessment processes and the national risk register ED.Ops March 2021</p> <p>2d) Maintain Trust interface with the wider system through Gold and Silver resilience arrangements and LRFs ED.Ops March 2021</p> <p>2e) Ensure corporate support services are managed and agile in ways that support frontline delivery in periods of peak demand ED.Ops</p> <p>3a) Re-convene EU Exit Co-ordination Planning Group ED.Ops September 2021</p> <p>3b) Review and refresh risk assessment and actions plans relating to impact of EU Exit ED.Ops October 2021</p> <p>4a) Adopt and commence delivery of an approved Sustainable Development Management Plan ED.F December 2020</p> <p>4b) Deliver climate change risk mitigations: adaptation plan, flood risk assessment; supply chain assessment. ED.F December 2020</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
	Initial	Current	Target		External Assurance		
<p>4a) Ability to robustly manage Trust finances to deliver the required financial performance</p> <p>CQC domains: Effective, Responsive</p> <p>TEG Lead: Executive Director of Finance</p> <p>COMMITTEE ASSURANCE: FINANCE AND INVESTMENT COMMITTEE AUDIT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	<p>Financial management processes, controls, delegations etc.</p> <p>Budget monitoring processes.</p> <p>Quality and efficiency savings programme and CQUIN programme</p> <p>Financial Performance Framework</p> <p>Cost control processes – Vacancy Panel</p> <p>CIP plans and processes</p> <p>Deep dive process</p> <p>Authorisation procedures for contractor spend.</p> <p>Procurement Contracts Monitoring database</p> <p>NHSE/I financial frameworks / regime (inc. COVID regime)</p> <p>STP planning and financial management arrangements</p> <p>Professional standards / codes/ regulatory frameworks</p> <p>Reporting and year-end processes</p>	<p>Monthly review by TMG / TEG via IPR and Finance report</p> <p>Trust Board oversight and review</p> <p>F&I committee review</p> <p>Audit Committee</p> <p>CIPMG monitoring</p> <p>Internal Audit reviews</p> <p>External Audit reviews</p> <p>Delivery of STP CQUIN</p> <p>Monthly NHSI/E submission and review meetings</p> <p>Single Oversight Framework</p> <p>NAA Benchmarking information and collaborative reviews.</p> <p>Model Ambulance benchmarking</p> <p>Annual Report and Accounts to NHSE/I</p>	<p>1) Medium term financial planning</p> <p>2) Change and uncertainty in NHS funding: impact of interim financial arrangements on Trust financial plans (and risk of deficit position)</p> <p>3) Internal controls and financial governance</p> <p>4) Effective contract and transaction management arrangements</p>	<p>1a) Implement medium term financial plan aligned to Trust strategy ED.F Ongoing throughout 2020/21 subject to COVID costs and interim NHS financial regime(s)</p> <p>2a) Agree and implement Trust financial plan for 2020/21, including review and update of financial plans in-year in response to COVID-19 arrangements ED.F Ongoing throughout 2020/21</p> <p>2b) Comply with interim financial arrangements associated with COVID arrangements ED.F Ongoing throughout 2020/21</p> <p>2c) Develop and deliver Cost Improvement Plan or equivalent internal savings plan ED.F Ongoing throughout 2020/21</p> <p>2d) Implement additional internal measures to mitigate risk of year-end deficit position ED.F Ongoing throughout 2020/21</p> <p>2e) Develop and deliver the capital plan for 2020/21, adjusting for COVID needs as required ED.F Ongoing throughout 2020/21</p> <p>2f) Maintain financial position on delivery of the national agency cap ED.F Ongoing throughout 2020/21</p> <p>2g) Implement saving opportunities collaboration with partners DoF Ongoing throughout 2020/21</p> <p>2h) Secure income through service tenders / other development opportunities, subject to COVID interim NHS financial regime(s) ED.F Ongoing throughout 2020/21</p> <p>3a) Review and strengthen internal financial management controls, governance, audit, assurance and reporting, including appropriate treatment of assets ED.F, March 2021</p> <p>3b) Review and refresh the financial scheme of delegation as part of the Accountability Framework ED.F March 2021</p> <p>4a) Robust management of contracts and transactions, including transparent contract negotiations and variations ED.F ongoing throughout 2020/21</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
	Initial	Current	Target		External Assurance		
<p>4b) Ability to deliver our requirements and ambitions regarding key enabling infrastructure (digital technology and estates)</p> <p>CQC domains:</p> <p>All</p> <p>TEG Lead(s):</p> <p>Chief Information Officer</p> <p>Executive Director: Finance</p> <p>COMMITTEE ASSURANCE:</p> <p>QUALITY COMMITTEE</p> <p>FINANCE AND INVESTMENT COMMITTEE</p>	4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	<p>Programme / Project Boards</p> <p>Programme / Project Plans</p> <p>DSP Toolkit / GDPR compliance</p> <p>CareCERT Alerts (NHS Digital)</p> <p>NHS Secure Boundary (NHS Digital)</p> <p>Trust policies and procedures</p> <p>Trust Digital Strategy</p> <p>NAA Digital Lead</p> <p>Mandatory training: data security awareness</p> <p>DPIAs</p> <p>Professional Standards (e.g. ITIL, ISO etc)</p>	<p>Digital Management Group</p> <p>Infrastructure Programme Board</p> <p>IG Working Group</p> <p>Reports to management bodies: TEG / TMG</p> <p>Board Committees</p> <p>SIRO processes</p> <p>Internal Audit Reviews</p> <p>System-wide programme boards</p> <p>DSP Toolkit assessment (NHS Digital)</p> <p>External cyber security assessment (NHS Digital)</p> <p>Office of the Information Commissioner</p>	<p>1. Capacity and capability to deliver the Digital Strategy and other technology priorities</p> <p>2. ICT service, equipment and infrastructure demands arising from COVID response</p> <p>3. Delivery of specific high priority digital technology projects</p> <p>4. Cyber security capability</p> <p>5. Ability to deliver estates requirements arising from COVID response</p> <p>6. Future estates capacity and configuration</p>	<p>1a) Recruitment, retention and training strategies to ensure required levels of capacity and capability CIO March 2021</p> <p>1b) Review and refresh of operating model for technology functions CIO March 2021</p> <p>2a) Deliver technology and equipment to support rapid expansion and subsequent consolidation of home working CIO April 2020</p> <p>2b) Deliver digital innovations for frontline care relating to COVID response and recovery (e.g. digital triage) CIO April 2020</p> <p>2c) Deliver technology infrastructure to support estate / office reconfigurations to create safer workplaces CIO ongoing</p> <p>3a) Deliver the Unified Comms implementation project CIO delivery milestones during 2020/21</p> <p>3b) Deliver the N365 implementation project CIO, delivery milestones during 2020/21</p> <p>3c) Deliver the ePR Phase 3 project CIO March 2021</p> <p>4a) Ensure Trust compliance with relevant cyber security standards CIO March 2021</p> <p>5a). Create and maintain safer workplaces in line with national COVID guidance. ED.F June 2020 and ongoing</p> <p>5b) Deliver capacity increases to manage the impact of social distancing models ED.F, ED.QGPA June 2020 and ongoing</p> <p>6a) Deliver short-term capacity increases to meet the needs of service expansion (e.g. NHS 111) ED.F December 2020</p> <p>6b) Develop options for future capacity and configuration of the Trust's estate ED.F March 2021</p>