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Trust Board (held in Public)

2 February 2022 Risk Management Report

Report of the Director of Quality, Governance, and Performance Assurance.

1. PURPOSE / AIM

- 1.1 The purpose of this paper is to:
 - Summarise the key risk exposures faced by the Trust.
 - Report recent material changes to the Corporate Risk Register.
 - Draw attention to identified areas of emerging risk.
 - Report on the Board Assurance Framework.

2. BACKGROUND / CONTEXT

- 2.1 Effective risk management is a cornerstone of the Trust's *One Team, Best Care* strategic priority to *create a safe and high performing organisation based on openness, ownership, and accountability.*
- 2.2 Risk is inherent in all Trust activities. Risk management is everybody's business. Failure to manage risk well could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss, and potential for complaints, litigation, and adverse publicity. Effective risk management is essential at all levels and across all activities of the organisation to support safe and high-quality service delivery and pro-active planning for Trust development.
- 2.3 An important element of the Trust's risk management arrangements is regular reporting to governance bodies and management groups, including the Board and its committees, of current corporate risks, changes in corporate risk exposures, and areas of emerging corporate risk.
- 2.4 The key elements of this report for the attention of the Committee are:

Risk Environment

• Section 3.0: Overview of key risk exposures faced by the Trust

Corporate Risks

- Section 4.2: New corporate risks.
- Section 4.3: Existing corporate risks that have increased in score.
- Section 4.4: Risks reduced but remaining on the Corporate Risk Register
- Section 4.5: Risks de-escalated from the Corporate Risk Register.
- Section 4.6: Corporate risks to be closed.
- Section 4.7: Areas of emerging risk.
- Section 4.8: Industrial action risk.

Related Risk and Assurance Matters

Section 5.0: Board Assurance Framework.

3.0 RISK ENVIRONMENT: OVERVIEW OF KEY RISK FACING THE TRUST

- 3.1 The Trust continues to experience significant risk exposures across many aspects of its activity. Some risk exposures initially eased during the early months of 2022/23, as evidenced by improved performance in some areas. Notably, demand and capacity risk exposures eased sufficiently to allow the Trust to de-escalate from REAP4 to REAP3 during the early autumn. However, challenging demand patterns and other service pressures experienced have since resulted in the Trust returning to REAP4 from early October. Such demand patterns have continued throughout the winter period to date, with an extremely busy December, although demand has eased during January. The development of the Trust's Winter Plan is a Board Assurance Framework mitigation action and is a key mechanism for managing these pressures and the associated risks during this period.
- 3.2 Patient safety risk has been a critical concern across multiple areas of Trust activity for many months. In particular, the risk of patient harm resulting from hospital handover delays remains the greatest individual corporate risk being managed by the Trust (scored as '25'). Recent key factors in handover times have included the challenges to hospital capacity and patient flow caused by delayed discharge to social care. Reducing handover delays is a key BAF mitigation action for the Trust, but the Trust cannot resolve this unilaterally: it requires concerted system-wide prioritisation. Despite mitigations such as national and system-level escalations and tactical measures at individual hospital sites it is proving difficult to deliver sustained improvements to the overall position regarding hospital handover delays. It is important to note that persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust footprint. The most serious delays are generally confined to a small number of specific sites. Nonetheless. the severity of the risk remains high as the impact of significant handover delay on patient safety is potentially catastrophic.
- 3.3 Industrial action in the ambulance service also represents an area of significant risk to service operations and patient safety. The Trust's response to industrial action is being managed as an issue, with appropriate incident management and escalation arrangements in place. Formal risk assessments have been carried out across all areas of Trust operations, including EOC call handling and dispatch, ambulance response, NHS111, and the patient transport service. Despite extensive mitigations, multiple residual risk exposures relating to industrial action remain high (see section 4.8 below). The combined impact of operational winter pressures and industrial action has resulted in an escalation of multiple areas of strategic risk captured by the BAF (see section 5 below).
- 3.4 Other risk factors remain in terms of volatile and unpredictable demand patterns, operational pressures, and staffing capacity, all exacerbated by periodic spikes in levels of COVID-19 infection and rising levels of influenza and other respiratory conditions. Other notable areas of strategic risk include staff well-being and culture, staffing capacity (especially in EOC and IUC), organisational capacity and capability to delivery transformational projects, and estates provision including availability of capital funding, estates master-planning, and net-zero considerations.

3.5 Financial risks for this year have eased significantly from the initial potential deficit of £30m. The Trust is forecasting to operate within its financial plan for 2022/23. As a result, the Trust does not intend to draw down the £9m of non-recurrent additional income made available to it for 2022/23. This funding has been made available to support other system partners in the West Yorkshire ICS area. However, financial pressures are anticipated to be a key risk during planning for 2023/24, in respect of both revenue and capital, and in relation to the delivery of efficiencies.

The Trust's position will become clearer as the planning process develops. NHSE issued planning guidance for 2023/24 during December and the Trust has commenced its planning process in this context.

4. CORPORATE RISKS

4.1 CORPORATE RISK REGISTER

- 4.1.1 The Corporate Risk Register is reviewed by the Risk and Assurance Group (RAG) and the Trust Management Group (TMG) on a monthly basis. It comprises those strategic and operational risks that have a current risk score of **12 or above** (based on the criteria found in the Trust's risk evaluation matrix).
- 4.1.2 Appendix 1 presents an extract of the Corporate Risk Register produced for reporting purposes (a more detailed version of the Corporate Risk Register is maintained for the purposes of managing risks and assuring risk information).
- 4.1.3 Eight new corporate risks have been opened and moderated by RAG, as follows:
 - Risk 522: Trust BPPC Performance NHSE Escalation (see 4.2.1)
 - Risk 521: Ballistic Vest Supply (see 4.2.2)
 - Risk 347: Attending Incidents on or near Water (see 4.2.3)
 - Risk 523: Industrial Action (see 4.2.4 and 4.8)
 - Risk 525: Long term funding arrangements from the ICS (see 4.2.5)
 - Risk 526: Intermittent faults affecting usability of the CORPULS3 device during cardiac arrest scenarios (see 4.2.6)
 - Risk 528: HART CBRN Capability (see 4.2.7)
 - Risk 527: Resource provided to Trust management of serious incidents (see 4.2.8)
- 4.1.4 The greatest individual corporate risk is as follows:
 - Risk 35: Hospital Handover (25, high risk)

It is important to note persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust footprint. The most serious delays are generally confined to a small number of specific sites. Nonetheless, the severity of the risk remains high as the impact of significant handover delay on patient safety is potentially catastrophic. Note that in relation to industrial action (see 4.2.4 below) the patient harm risk exposures on strike-affected days are likely to be comparable to hospital handover in terms of impact (potentially catastrophic), and this risk is likely to be more widespread across the Trust's operations and geographic footprint.

4.1.5 The following sections of the report (sections 4.2 - 4.6) present the most recent material changes to the Corporate Risk Register as moderated by RAG members.

4.2 RISKS ADDED TO THE CORPORATE RISK REGISTER

4.2.1 The Trust has identified a new corporate risk regarding performance and reporting to NHSE in relation to timeliness of payments to suppliers, in accordance with the Better Payments Practice Code (BPCC).

Risk 522 - Trust BPPC Performance NHSE Escalation (12, Moderate Risk) IF the Trust does not turn around payment to suppliers in a timely manner, THEN we will not meet the required target of paying 95% of invoices within 30 days which will RESULT in increased monitoring from NHSI, increased reputational damage and the possibility that critical goods or services required on a day to day be withdrawn.

4.2.2 The Trust has identified a new corporate risk regarding delays affecting the supply of ballistic vests and the impact of this on the Trust's ability to supply staff with personal issue protective equipment.

Risk 521 - Ballistic Vest Supply (16, High Risk)

IF there continues to be a delay with the ordering of Ballistics vests which are already in excess of 12 months from the order request date THEN personal issue ballistic vests cannot be allocated to staff members who require this as part of their substantive posts in order to respond to an untoward incident RESULTING IN increased risk of injury to YAS staff due to poorly sized pooled vests being worn, inability to respond appropriately and a reduction in the Trust's specialist capability response

4.2.3 The Trust has identified a new corporate risk regarding safety of staff attending incidents on or near to water. This risk was previously identified and managed via the health and safety risk register as a moderate risk (scored at '9'). However, a recent review concluded that the risk exposure is now more significant than previously assessed. This is as result of changes in the nature and frequency of water-related incidents being attended by staff.

Risk 347 - Attending Incidents on or near Water (15, High Risk)

IF the Trust does not provide adequate knowledge or training to support staff on or near water working THEN there is a potential for harm to patients and/or staff RESULTING in adverse patient outcome.

4.2.4 The Trust identified a new corporate risk regarding the impact on service provision and patient care of industrial action. A working group has been established to manage the Trust's preparations for and response to industrial action.

Risk 523 - Industrial Action (16, High Risk)

IF the trade unions take industrial action and the Trust does not adequately plan for this THEN the Trust may not be able to meet patient demand RESULTING in potential patient harm and/or reputational damage

Since it was first raised, this risk has increased in severity and materialised as an issue. See section 4.8 below for further discussion of the industrial action risk.

4.2.5 The Trust has identified a corporate risk regarding the long-term funding arrangements from the Integrated Care System (ICS). This risk replaces a previous risk regarding financial uncertainty arising from COVID-19 arrangements (see 4.6.6 below).

Risk 525 - Long term funding arrangements from the ICS (12, Moderate Risk)

IF the funding arrangements expected in the following financial year are not adequate for ensuring that the Trust can provide the level of activity and standard of patient care expected THEN the Trust will face difficulty in providing the level of service required to meet demand and statutory duties RESULT IN an adverse impact on the Trust's financial position and ability to maintain patient safety, which in turn will impact the reputation of the Organisation and require significant dialogue across the ICS.

4.2.6 The Trust has identified a new corporate risk regarding a fault with Corpuls3 defibrillators, resulting in potential failure.

Risk 526 - Intermittent faults affecting usability of the CORPULS3 device during cardiac arrest scenarios (20, High Risk)

IF defibrillators fail THEN there may be a delay in patient care specifically during cardiac arrests RESULTING in a reduced chance of survival and OR adverse patient outcome.

4.2.7 The Trust has identified a new corporate risk regarding the removal of the National Ambulance Resilience Unit confidence testing facility, resulting in staff therefore not being appropriately fit tested with respirators for chemical, biological, radiological and nuclear (CBRN) incidents.

Risk 528 - HART CBRN Capability (15, High Risk)

IF HART Staff do not complete a training session in a Confidence Testing Facility (CTF) with low concentrations of CS Pellets, in order to replicate a CBRN incident, THEN we will be unable to confirm that porta counting on the respirator has been successful and that the emergency procedures are carried out to the required standard RESULTING IN potential for the risk of harm/death of the staff members and patients, and significant damage to the reputation of the Trust.

4.2.8 The Trust has identified a new corporate risk regarding the capacity within the Investigations and Learning team and the management of serious incidents and Duty of Candour.

Risk 527 – Resource provided to Trust management of serious incidents (16, High Risk)

IF the Trust do not manage existing backlog of serious incidents and continue declaring them at current levels THEN the serious incident team and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failure to meet statutory requirements for serious incident

management (SIF2015), increased involvement in complaint handling by external bodies (Media, CQC, Integrated Commissioning Boards, His Majesty's Coroner) therefore risk to reputational damage, financial risk associated with fines and penalties and increased workloads Trust wide. Additionally - delay and backlog hinders the identification of learning further impacting patient safety and impacts on the patient experience for families who are involved in the processes.

4.3 EXISTING CORPORATE RISKS THAT HAVE INCREASED

4.3.1 The Trust has upgraded Risk 433 regarding EOC workforce capacity from 16 to 20. Upon review the current staffing shortfall is now around 50 FTE therefore the risk exposure has increased. Furthermore, the staff attrition rate has reached around 45% which is significantly higher than seen previously. Mitigating actions are ongoing and frequent monitoring of the risk will continue.

Risk 433 - EOC Workforce Capacity (20, High Risk)

IF there are sustained increases in call volume THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to emergency calls with potential for harm to patients.

4.3.2 The Trust has upgraded Risk 105 regarding Operational Performance from 12 to 20. This is as a result of an increase in demand and acuity alongside limited resources to deal with operational pressures. Mitigation actions are supported by the winter plan process and will be continuously monitored.

Risk 105 – Operational Performance (20, High Risk)

IF there is an increase in demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety

- 4.4 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER
 The following risk has reduced in grading however remains on the Corporate
 Risk Register for further risk management.
- 4.4.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 431 regarding worldwide shortage of computer chips has reduced in score from 20 to 12. The overall position has improved and supply timescales for equipment have reduced, therefore reducing the likelihood of risk occurrence.
 - Risk 431 Worldwide Shortage of Computer Chips (12, Moderate Risk)
 IF the worldwide shortage of computer chips continues THEN there is a risk of extended delivery times and issuing/replacement of ICT equipment including, laptops, monitors, phones, printers and servers RESULTING IN workforce not having new/any ICT equipment.
- 4.4.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 472 regarding rollout of the Mobile Data Vehicle Solution (MDVS) has reduced in score from 16 to 12. A mitigating action for this risk has seen the roll out of voice commands via the system within vehicles. EOC can now send any relevant information and the system will 'speak' the information to the crew therefore not requiring the text to be read. This reduces the impact of the risk.

Risk 472 - MDVS: Rollout Delay (12, Moderate Risk)

IF the incident message details/updates are not resolved or suitable workaround THEN this could delay progress of the MDVS rollout and potentially have impact on legacy spares provision RESULTING IN delays to changing from legacy to NMA on front-line vehicles and no spares available to keep vehicles operational.

4.4.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 419 regarding staff compliance with Lateral Flow Testing has reduced in score from 16 to 12. New national guidance regarding testing has reduced the likelihood of non-compliance. Staff are to test if they present symptoms or in the event of an outbreak. High compliance levels are currently evident but ongoing monitoring continues.

Risk 419 – Lateral Flow Testing (12, Moderate Risk)

IF staff are not accessing and complying with Lateral Flow Testing (LFT) requirements THEN there is a potential for a Covid-19 infection outbreak RESULTING IN harm to staff and patients from illness, potential implications on operational activity and therefore demand, financial implications and reputational damage.

4.4.4 Following review by the service area and moderation by the Risk and Assurance Group, Risk 444 regarding staff compliance with Personal Protective Equipment (PPE) has reduced in score from 20 to 12. Audit activity has reported increased levels of compliance regarding staff wearing Level 2 PPE. The Infection Prevention and Control Lead for the Trust continues to audit compliance levels and actions to support staff include guidance documents and roadshows due to be completed over the coming months.

Risk 444 - Staff compliance for wearing Level 2 PPE (12, Moderate Risk) IF staff do not wear full level 2 PPE for all patient contact as a result of the COVID-19 pandemic THEN the Trust is failing to adhere to national requirements outlined by the UK Health Security Agency. RESULTING IN: Risk to staff and patient harm and contravening guidance from regulators such as CQC and HSE.

4.5 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

The following risk has reduced to a level below the threshold of a corporate risk. As a result, this risk has been de-escalated from the Corporate Risk Register. The risk remains open and will be managed via the appropriate local risk register.

4.5.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 384 regarding BT management of the Unified Comms solution has reduced in score from 12 to 6. BT continue to work on an automated report, however in the meantime a weekly service management meeting has been implemented. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 384 - BT proactive management of Unified Comms solution

IF BT are not proactively managing and receiving alerts from the Unified

Communications solution THEN there is a risk of failures in resilient components

going unnoticed RESULTING IN unplanned downtime affecting 111 and PTS telephony.

4.5.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 366 regarding the backlog of C1 driving licence testing has reduced in score from 12 to 9.

The backlog has reduced significantly therefore reducing the likelihood of risk occurrence. The risk has been de-escalated from the Corporate Risk Register and will be managed within the local register.

Risk 366 - C1 Driving License Testing

IF the C1 providers do not prioritise blue light services for driver training and testing and clear the existing backlog, THEN Paramedics appointed without a C1 licence will not be able to drive as part of an incident response RESULTING in detriment to staff welfare where one crew member is driving at all times during a shift.

4.6 RISKS THAT HAVE BEEN CLOSED

4.6.1 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding social distancing within Call Flex has been closed. The requirement for social distancing is no longer required therefore the risk is no longer applicable.

Risk 302 - Social distancing space in Call Flex

IF the lack of space in Call Flex in order to reduce side by side working other than at peak times remains, THEN there will be limited opportunity to space staff without remodelling the ground floor in Call Flex to reduce contact points (welfare facilities etc.). RESULTING IN estates work lasting 4-5 months and the service line and Trust accepting the need to acknowledge the increased periods of side-by-side working remain during these changes.

4.6.2 Following review by the service area and moderation by the Risk and Assurance Group the following risk regarding IUC scanning facilities has been closed. ICT has updated printers with address books at both IUC sites, therefore mitigating the risk.

Risk 470 - Urgent BC Scanning Facility Issues

IF there is a need to scan cases through to external providers during a BC situation without having a pre-populated address book of provider email addresses on the new Konika printer/scanners THEN the only solution would be to manually scan and forward cases to an internal mailbox before sending to the appropriate external provider RESULTING IN a clumsy and time-consuming process due to the potential large number of cases.

4.6.3 Following review by the service area and moderation by the Risk and Assurance Group the risk regarding violent and aggressive incident reporting has been closed. The risk has been mitigated and Datix has been altered to include a security team risk level, completed by the security team utilising a risk assessment toolkit at the time of incident reporting.

Risk 466 - Disparity between severity of harm grading and the risk of threat/ future harm for violence related incidents within the Datix incident module

IF the reporting system for V&A Incidents does not correlate between the severity of harm grading and the threat (intention to cause harm) posed by others THEN adequate controls and measures cannot be analysed and addressed RESULTING IN an increase in the likelihood of significant risk of injury with an escalated risk of potential adverse outcome for staff.

4.6.4 Following review by the service area and moderation by the Risk and Assurance Group, Risk 283 regarding excessive demand in Integrated and Urgent Care has been closed. Upon review the risk is effectively a duplicate of Risk 392 (IUC/NHS111 excessive demand, currently scored as a '15'). Risk 283 has been closed as it references COVID-19 specifically, whereas Risk 392 encompasses demand as a whole, including COVID-19.

Risk 283 - Excessive Demand IUC

IF demand into IUC exceeds assumptions on NHS 111 First and ceiling levels through Covid THEN excess demand will put significant pressure on the service RESULTING IN patient calls being unanswered and patients making alternative arrangements such as phoning 999 or presenting at EDs

4.6.5 Following review by the service area and moderation by the Risk and Assurance Group, Risk 44 regarding external job evaluation has been closed. This risk has closed as the ECA role is not proceeding to external panel, therefore mitigating the risk. Note that a new risk will be recorded and re-scoped regarding job evaluation for the Clinical Supervisor role. This new risk is not expected to meet the conditions of a corporate risk.

Risk 44 - External Job Evaluation

IF the external job evaluation panel (JEG) do not fully understand the Clinical Supervisor role and ECA roles THEN there is a high possibility of roles to be upgraded in banding RESULTING in a significant ongoing financial impact on the Trust.

4.6.6 Following review by the service area and moderation by the Risk and Assurance Group, Risk 104 regarding financial uncertainty due to COVID-19 response measures has been closed. The risk was highlighted during the initial COVID-19 response however the Trust has returned to business as usual and a specific response is no longer appropriate. This risk has been replaced with the new risk 525 regarding longer-term funding (see 4.2.5 above).

Risk 104 – Financial uncertainty arising from Covid response measures in the Trust and nationally.

IF uncertainty remains around recurrent funding for 2022/23 THEN the difficulty in distinguishing between Covid and non-Covid activity (particularly the significant increase in staffing requirements, funded on a non-recurrent basis) remains RESULTING IN an adverse impact on the Trust's financial position, due to the resource committed to meet demand and maintain patient safety.

4.6.7 Following review by the service area and moderation by the Risk and Assurance Group, Risk 516 regarding Duodote replacements has now been closed.

Delivery of stock has been received and fully rolled out to all vehicles, therefore mitigating the risk.

Risk 516 – Duodote Replacement

IF The Trust do not receive the replacement Nerve Agent Antidotes (Duodote) by September 2022 giving us the minimum requirement of 30 days to replace the current stock levels on all MCV's, HEMS, DCA's, RRV's, Team Leader Vehicles and HART Vehicles THEN we will be unable to provide drug counter measures to responders and victims of nerve agent exposure whether accidental or deliberate RESULTING IN potential for the risk of harm/death of staff members and patients, failure to comply with the Department of Health's request to provide drug counter measures for both responders and victims and significant damage to the reputation of the Trust.

4.6.8 Following review by the service area and moderation by the Risk and Assurance Group, Risk 389 regarding a lack of appropriately trained investigators has been closed. As part of the mitigation of this risk colleagues within the Trust are no longer trained and expected to conduct serious incident investigations. The investigations are now completed within the immediate team and specific Serious Incident Investigator roles.

Risk 389 - Lack of appropriately trained investigation colleagues during escalation of the covid pandemic to Trust REAP level 4.

IF the Trust deploys area clinical governance leads to other areas of the business as a result of REAP 4 and escalated pandemic pressures, THEN there will be a risk of reduced support and capacity of the serious incident team to perform its governance function, RESULTING IN poor incident investigation, poor engagement with HM Coroner, families and colleagues at both clinical commissioning groups and care quality commission.

4.7 AREAS OF EMERGING RISK

- 4.7.1 Multiple areas of emerging risk have been identified for further investigation and evaluation:
 - 1. Functionality issues affecting the replacement Adastra system in NHS111 are creating service capacity and performance challenges that present risk of patient harm. The risk is heightened by the need to manage these challenges during the busiest period of the year for the NHS111 service.
 - In the macroeconomic context of fiscal and monetary uncertainty, volatile currency exchange rates against the sterling present a potential risk to the Trust with regards to cost of equipment purchased overseas.
 - 3. There is a risk to the delivery of the net-zero agenda, with potential significant cost implications to the Trust (and wider system) in future years. A broader risk assessment exercise is underway to identify risks and issues relating to net-zero deliverables.
 - 4. As a result of insufficient skilled and experienced project and programme managers, including digital project managers, there is a risk of failing to deliver Trust business plan priorities with the required pace or rigour.
 - 5. Quality Improvement resource capacity to provide the desired level of support throughout the Trust (and for system-wide work).

4.8 INDUSTRIAL ACTION RISK

4.8.1 The Trust originally identified a corporate risk regarding the impact on service provision and patient care of industrial action, as follows:

Risk 523 – Industrial Action (16, High Risk)

IF the trade unions take industrial action and the Trust does not adequately plan for this THEN the Trust may not be able to meet patient demand RESULTING in potential patient harm and/or reputational damage

- 4.8.2 Since it was first raised this risk has increased in severity and materialised as an issue. The initial assessment of this risk was made before the Trust had knowledge of the extent of industrial action or the nature of the derogations negotiated with trade unions. At the time of writing this report the corporate risk as originally raised had not been formally reviewed and re-scored, as the focus of Trust activity has been on managing the issues associated with industrial action. However, risk assessment activity has been carried out across all operational areas in order to understand the nature and level of individual residual risk exposures, taking into account all the controls and mitigation actions that are in place.
- 4.8.3 At the time of writing this report the key areas of risk relating to industrial action had been identified as follows:
 - Staffing capacity
 - Ambulance availability
 - Co-ordination, command and control
 - Staff welfare
 - Increased handover delays
 - Low acuity demand delays
 - Manager availability
 - Commander availability
 - Outstanding demand at the start of industrial action
- 4.8.4 Despite the controls and mitigations in place to manage the above risks, on strike days the level of risk to patients associated with industrial action is likely to be very high and possibly comparable to hospital handover risk (the highest individual corporate risk, scored at '25').
- 4.8.5 Note that the impact of industrial action, and the organisation's handling of this, also brings potential reputational risk to the Trust.

5. BOARD ASSURANCE FRAMEWORK

- 5.1 The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions as set out in its *One Team Best Care* strategy. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these.
- 5.2 The BAF maintains links to the Trust's business plan delivery and transformational change priorities as the main actions to mitigate strategic risks and any related control and assurance gaps.

 This ensures that as far as possible BAF mitigation actions are not separate activities, and instead are embedded in the business plans and transformation

priorities for the Trust. This also helps the Trust to demonstrate a clear link from strategic objectives and strategic risks through to organisational planning, delivery and change priorities.

- 5.3 The BAF has been reviewed by the Trust's internal auditors as part of the work to inform Stages 1 and 2 of the Head of Internal Audit Opinion for 2022/23. Helpful advice from the Trust's internal auditors relating to the format and content of the document has been applied to the updated BAF. This includes:
 - The controls included in the BAF have been separated into 'key controls' and 'other controls.'
 - Details about gaps or developments in the control and assurance frameworks specify whether these apply to controls, to assurance, or to both.
 - Sources of third line assurance have been updated to include recent internal audit reports.
 - Where possible, actions have been framed in a 'SMARTer' way than
 previously, with more specificity around targets and timescales (whilst
 noting that not all risk mitigation actions can be straightforwardly described
 in SMART terms)
 - To encourage greater focus on the key actions that will have the greatest impact, the number of mitigation actions included in the BAF has been reduced. Nonetheless, the Trust is a large and complex organisation operating in the context of multiple significant risks, and so the number of mitigations actions in the BAF reflects this.
- At its meeting on 01 November the Trust Board adopted the updated Board Assurance Framework, subject to a final confirmatory discussion with Non-Executive Directors (which took place in December).
- 5.5 Note, however, that the Trust operates in a dynamic environment in which risk exposures and delivery priorities evolve and change. As a result, the BAF is best regarded as a live document that can flex in response to the Trust's circumstances. With this in mind, and in the context of operational pressures and industrial action, it is expected that some implementation timescales for mitigation actions will now extend beyond the original planned dates and into 2023/24.
- Appendix 2 sets out the full version of the updated Board Assurance Framework 2022/23, with updates on the risk exposures at the start of 2022/23 Q4 and the status of mitigation actions. Despite extensive controls and mitigations in place the combined impact of operational winter pressures and industrial action has resulted in an escalation of strategic risk exposures captured by the BAF. These are as follows:
- 5.6.1 Risk 1a: Ability to deliver high quality care in 999/A&E operations an increase from '20' to '25'.

Operational risk exposures are high as a result of winter pressures, with the Trust in REAP4 since mid-autumn. These risks have been exacerbated by the impact of industrial action, and as result the overall risk exposure has increased. Mitigation actions include the clinical safety plan arrangements, a dynamic winter plan, and co-ordinated response to industrial action via a series of tactical plans. These mitigations have been effective in enabling the Trust to continue to provide a service. Hospital handover delay remains a major risk: pressures

remain, particularly at certain hospitals, despite system-wide escalations and onsite mitigations. Recruitment and retention activity has been impactful although EOC staffing levels are at risk. The Fairfield EOC business continuity project has progressed.

5.6.2 Risk 1b: Ability to deliver high quality care in Integrated and Urgent Care / NHS111 services – an increase from 16 to 20.

Overall risk exposures are high as a result of winter pressures and capacity within the service to meet this demand. These risks have been exacerbated by the impact of industrial action, and as result the overall risk exposure has increased. Staffing capacity remains high risk, particularly clinical staff. Recruitment actions have led to additional staff numbers, although recruitment volumes and retention issues mean capacity remains below target. Legacy issues from the Adastra outage in August impacted adversely on service standards. During late Q3 and into Q4 performance has improved notably and benchmarking data shows the Trust's relative position is more positive. Key change programmes (rota review; Single Virtual Contact Centre) have slipped and are operating to new delivery timetables into 2023/24.

5.6.3 Risk 1c: Ability to deliver high quality care in the Patient Transport Services – an increase from '16' to '20'.

Operational risk exposures are high and have increased as a result of the combination of winter pressures and the disruptive impact of industrial action. However, the early weeks of Q4 have seen demand fall below forecast / BAU levels and well below the volumes experienced towards the end of Q3. The PTS pathfinder project work continues. Refreshed eligibility criteria in line with national guidance has been piloted. Findings and will now be evaluated and an approach for implementation across each ICB area is in development. The signposting and alternative options work is on track to complete its final test stage in early 2023. PTS fleet renewal plans are in development, with a proposed phased delivery over five years, commencing 2023/24.

5.6.4 Risk 2a: Ability to ensure provision of sufficient clinical workforce capacity and capability – an increase from '16' to '20'.

Overall risk exposures remain have increased due to the impact of industrial action. Paramedic workforce supply remains an area of both short-term and longer-term risk. Mitigations include rotational paramedics, international recruitment, and new career pathways, all of which are demonstrating impact. Particular workforce risk includes EOC capacity and clinical roles in IUC. Significant levels of recruitment activity continue in these areas, and while more staff are coming on stream the impact is partly countered by retention issues. Industrial action has put at risk the Trust's ability to provide sufficient workforce on strike days. As a result, the overall risk exposure in this area has increased. Mitigation actions include a co-ordinated response to industrial action via a series of tactical plans and the redeployment of support staff to frontline roles. These mitigations have been effective in enabling the Trust to continue to provide a service.

5.7 Some areas of strategic risk captured by the BAF have remained stable during 2022/23 Q3 and the transition to Q4 but are nonetheless at a higher level than anticipated at the start of the year. These are as follows:

5.7.1 Risk 2b: Ability to support the physical and mental health and well-being of staff.

Overall risk exposures remain high as sickness absence continues to be a concern. Key mitigations include a Health and Well Being Plan with 16 objectives. Delivery is overseen by an internal health and well-being group. The centrally managed work on sickness absence is now complete. However, sickness rates remain high in some areas and non-COVID sickness absence is a high corporate risk. Further mitigations are now being undertaken to manage the high sickness rates in targeted areas across. The mental health and well-being of staff remains a concern for the Trust. Stress, anxiety, and other mental health issues are the largest non-COVID contributors to absence. A series of mental health and well-being initiatives are in place. The Trust is progressing the reprovision of the Occupational Health service.

5.7.2 Risk 2c: Ability to promote and embed positive organisational culture. Overall risk exposures are higher than originally anticipated, partly as a resu

Overall risk exposures are higher than originally anticipated, partly as a result of industrial action. The Trust has appointed strategic partners (Moorhouse) to support a significant programme of organisational development, including workplace culture. This will build on the findings of an internal culture review which commenced earlier in the year. The Trust continues to embed cultural initiatives and the use of cultural information to inform development work (Say Yes to Respect, Just Culture, Freedom to Speak Up, Cultural Ambassadors etc). The NHS Staff Survey responses indicated that more work needs to be done in this area. Work is ongoing to improve the diversity profile of the workforce, with a particular focus on diversity and inclusion in recruitment processes.

5.7.3 Risk 3c Ability to respond well to climate change and other business continuity threats.

Overall risks exposures are higher than initially expected as more is known about the scale of the Net Zero challenge and the availability of sufficient resource at Trust and system level. Implementation of the Trust's 'Green Plan' is ongoing although resource constraints are a key issue for this work. This plan includes specific targets in relation to carbon reduction in estates and fleet, but also a series of sustainability measures across the Trust's functions and activities. The Green Plan supports the Trust's delivery of multiple sustainability plans and requirements both nationally (Greener NHS) and at place (ICS netzero plans), and also in specific sectors (PTS net-zero targets). The Trust has strengthened its business continuity and security arrangements, including improved compliance with EPRR standards.

5.7.4 Risk 4c: Ability to deliver key enabling infrastructure effectively: estates and fleet.

Risk exposures are higher than anticipated at the start of the year. Priority estate work has included Fairfields EOC business continuity project, the central warehouse / logistics hub, and hybrid working facilities at Springhill. Key hub and spoke / AVP developments are ongoing, with priority projects in Hull and Scarborough. The Trust faces medium-term strategic challenges regarding its estate configurations and future accommodation needs, and delivery of Net Zero requirements in respect of estates and fleet. Fleet priorities include the onboarding of new vehicles and the development of sustainable fleet operations, including Net-Zero carbon targets in PTS. Vehicle supply and construction

projects are affected by supply chain risks and issues, inflationary cost pressures, delayed timescales, and energy costs.

6. PROPOSALS / NEXT STEPS

- 6.1 Identification and review of corporate risks and emerging risks will continue via the Risk and Assurance Group membership, with monthly updates to the Trust Management Group and periodic updates to the Trust Board and its committees.
- An internal audit review of Divisional Risk Management is underway. This is a core assurance review that forms part of the approved internal audit plan for 2022/23. The focus of the review is risk management in EOC and A&E Operations, but it will also include an overview of the Trust's risk management arrangements more generally.
- 6.3 Work is underway to develop a risk management improvement plan to be implemented during 2023/34. This will cover some of or all of the following:
 - Risk Management and Assurance Strategic Framework
 - Risk Management Policy
 - Format and content of risk registers and risk reporting
 - Quality and assurance of risk information
 - Potential differentiation between risks and issues
 - Format, content and usage of the Board Assurance Framework
 - Risk management information systems

The plan will also incorporate findings and recommendations from an internal audit review of risk management. Proposals for this plan will be discussed with TEG and brought to TMG. Note that this work is now subject to a longer development and delivery timescale due to constraints on management capacity within the Performance Assurance and Risk business area.

7. RECOMMENDATIONS

- 7.1 It is recommended that the Trust Board note: -
 - 1) the position regarding corporate risks
 - 2) the position regarding the Board Assurance Framework

8. APPENDICES / BACKGROUND INFORMATION

- 8.1 Appendix 1: Corporate Risk Register
- 8.2 Appendix 2: Board Assurance Framework

			Ris	sk Owners	hip		Initial	Curront	Taras	
Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date		Grading	Grading	Actions / Next Steps: Summary
Worldwide Shortage of Computer Chips	IF the worldwide shortage of computer chips continues THEN there is a risk of extended delivery times and issuing/replacement of ICT equipment including, laptops, monitors, phones, printers and servers RESULTING IN workforce not having new/any ICT equipment.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	31/01/2023	12	12	4	Delivery dates has improved for desk top devices in the main, with monitors circa 5-8 weeks. Overall position improving. Ongoing monitoring of the sistuation to continue.
456 Phishing Emails	IF a member of staff responds to a fraudulent phishing message THEN the Trust will have a data breach, or allow malicious software to be deployed on our infrastructure (such as Ransomware) RESULTING IN loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities. These effects work together to cause loss of company value, sometimes with irreparable repercussions.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	31/12/2022	12	12	4	Trust utilises NHSDigital Microsoft Defender with Advanced Threat Protection (ATP) Solution. Approval now received to procure new software. Potentially a 12 month roll out window. Also see Counter Fraud risk (Unsolicited Email)
457 Denial of Service	IF the Trust is subject to a Distributed Denial of Service (DDoS) attack THEN digital services could be disrupted by the infrastructure being overwhelmed with a flood of internet traffic RESULTING IN ; possible impact or shutdown to a number of our online services and websites, temporary and possibly permanent loss of web services, financial loss associated with remediation efforts and damage to the Trust's reputation.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	31/01/2023	12	12		NHSDigital Secure boundary service subscribed and implemented. An internal fire wall is also in place to protect from any internal attacks.
472 MDVS: Rollout Delay	IF the incident message details/updates is not resolved or suitable workaround THEN this could delay progress of the MDVS rollout and potentially have impact on legacy spares provision RESULTING IN delays to changing from legacy to NMA on front-line vehicles and no spares available to keep vehicles operational.		Chief Information Officer	ICT	Ola Zahran	31/01/2023	16	12	4	Roll out of text to voice system in vehicles. Further mitigating actions ongoing.
P106 - ePR Phase 3. 394 Clinical product owner and clinical safety officer role	IF there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer THEN it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off RESULTING in delay or cessation of new functionality release.	Finance and Investment	Chief Information Officer	ICT	Ola Zahran	31/01/2023	16	12	4	Weekly review has been put in place with the Deputy Medical Director as mitigation to provide the clinical steer required. Short term solution, clincial to determine long-term solution.
Long term funding arrangements from the ICS	IF the funding arrangements expected in the following financial year are not adequate for ensuring that the Trust can provide the level of activity and standard of patient care expected THEN the Trust will face difficulty in providing the level of service required to meet demand and statutory duties RESULT IN an adverse impact on the Trust's financial position and ability to maintain patient safety, which in turn will impact the reputation of the Organisation and require significant dialogue across the ICS	Finance and Investment	Finance	Finance	Kathryn Vause	30/04/2023	12	12	6	Finance to submit a plan to the ICS.
Financial uncertainty arising from Covid response measures in the Trust and nationally	IF uncertainty remains around recurrent funding for 2022/23 THEN the difficulty in distinguishing between Covid and non-Covid activity (particularly the significant increase in staffing requirements, funded on a non-recurrent basis) remains RESULTING IN an adverse impact on the Trust's financial position, due to the resource committed to meet demand and maintain patient safety.	Finance and Investment	Finance	Finance	Kathryn Vause	01/10/2022	16	12	$m{ imes}$	Financial planning reports to relevant committees. Awaiting confirmation of recurrent funding arrangements for 22/23.
377 Mandate Fraud	IF fraudsters are able to introduce false information into our procure-to-pay processes THEN funds may be transferred to the wrong bank account RESULTING IN in financial loss.	Finance and Investment	Finance	Finance	Kathryn Vause	01/08/2022	12	12		Multiple processes in place to mitigate against mandate fraud. Additional SOP to be created for supplier set up and amendment requests.

		Risk Ownership					Initial	Current	Taraet	
Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date	Grading	Grading	Grading	Actions / Next Steps: Summary
Trust BPPC Performance NHSE Escalation	IF the Trust does not turn around payment to suppliers in a timely manner, THEN we will not meet the required target of paying 95% of invoices within 30 days which will RESULT in increased monitoring from NHSI, increased reputational damage and the possibility that critical goods or services required on a day to day be withdrawn.	Finance and Investment	Finance	Finance	Kathryn Vause	31/03/2023	12	12		Actions include changes to the purchase to pay system and direct working with Finance and Directors to implement more effective ways of working.
I MINTAL FIGURE -	IF an employee is paid for hours they have not worked or for enhancements they are not due THEN they will receive payments to which they are not entitled and which potentially constitute fraud, RESULTING IN financial loss to the Trust and potential criminal investigations.	Finance and Investment	Finance	Payroll	Kathryn Vause	30/09/2022	15	15	4	Finance to fully review the risk and determine mitigating actions.
Counter Fraud Risk - 504 payment for secondary employment	IF an employee has undeclared and unauthorised secondary employment THEN that employee could continue to work at their secondary employment during a period for which they are being paid by the Trust (eg; sickness, paid absences, suspension, normal working hours) RESULTING in duplication of pay and potential for fraud investigation	Finance and Investment	Finance	Payroll	Kathryn Vause	30/09/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
Counter Fraud Risk - 502 unsolicited and malicious email	IF an employee responds to fraudulent unsolicited emails THEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure RESULTING IN fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	Finance and Investment	Chief Information Officer	ICT	Kathryn Vause	30/09/2022	20	20	4	Finance to fully review the risk and determine mitigating actions.
Counter Fraud Risk -bribery	IF an individual is obtains a contract with the organisation through offering a bribe or colluding with a member of staff involved in the tender process THEN a supplier might illegitimately be awarded contracts, or be enabled to suppy substandard goods or services RESULTING IN loss of contract value / failure to achieve contract benefits and potential financial costs to the Trust	Finance and	Finance	Procurement	Kathryn Vause	30/09/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
Section 172 Road Traffic Act 1988 - Obligations to furnish police with driver details upor demand	IF a driver of any vehicle owned and/or operated by the Trust can't be readily identified at the time of a moving traffic offence THEN the Trust will be guilty of an offence under Section 172 of the Road Traffic Act 1988 RESULTING IN the Chief Executive as responsible officer being summonsed to court for the offence with negative financial and reputational impact for the Trust.	Both	Finance	Fleet	Jeff Gott	19/10/2022	12	15	4	Currently 1250 vehicles in the Trust with no process/ system to determine who is driving. As of September 2022 a trial is underway that utilises QR codes. Ongoing review of more premanantand substantial telematics system used across fleet.
Falsified Medicines Directive legislation	IF the Trust does not implement systems to deliver Falsified Medicines Directive legislation requirements THEN the Trust will not be able to scan medicines on receipt in Procurement RESULTING IN failure to identify falsified drugs and non-adherence to legislation	Both	Finance	Procurement	Matt Barker	27/01/2023	12	12	3	Falsified medicines - scanning system being explored/developed by ICT as part of project. Risk remains outstanding until syste/process is established.
62 Climate Change	IF Climate Change continues to occur THEN extreme weather events (heatwaves, cold waves, flooding, flash floods, droughts) and sea level rise will occur RESULTING IN multiple implications for the Trust.	Both	Finance	Estates and Facilities	Alexis Percival	27/09/2022	15	15	12	Sustainable Development Management Plan. Flood Risk Assessment. Climate Change Adaptation Plan. Assessment of operational and supply-chain business continuity.
511 Availability of EFF Funding for Estates	IF there is insufficient capital & revenue funding to maintain, modernise and/or expand the existing estate THEN all services will struggle to operate out of some sites RESULTING IN not being able to effectively deliver services in some localities.	Both	Finance	Estates and Facilities	Glenn Adams	17/08/2022	15	15	6	Mitigating actions are to be determined by estates.

		Risk Ownership						Current	Target	
Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date		Grading	Grading	Actions / Next Steps: Summary
68 Deep Clean Tablet System	IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to continue to work in accordance with departmental Business Continuity plan RESULTING IN additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance.	Both	Finance	Ancillary	Andrew Hunter	03/10/2022	12	12	2	Electronic system to be explored to mitigate manual data inputting.
290 Fire Doors	IF the fire doors continue to be propped open on ambulance stations THEN in the event of a fire this will be accelerated RESULTING IN potential adverse outcome to premises and staff safety and the Trust at risk of being in contravention of fire safety legislation.	Both	Finance	Estates and Facilities	Stuart Craft	28/09/2022	12	12		Options are currently being reviewed and associated costings to determine appropriate actions.
Clinical Capacity NHS 111/IUC	IF the Trust is unable to recruit and retain sufficient clinical staffing capacity THEN there is a risk to the delivery of clinical advice in appropriate timescales RESULTING IN a risk of not being able to deliver NHS 111 First	Quality	IUC	NHS 111	Andrew Cooke	30/11/2022	12	20		Ongoing recruitment underway. Recruitment and retention as part of IUC long term plan.
Referral to HASU - (Stroke Unit)	IF patients with active stroke symptoms have their CAT 3 disposition revalidated to ED THEN there is a potential they could be sent to a non-HASU site RESULTING IN an increase need for inter-facility transfers and more importantly could have life changing or limiting consequences for patients.	Quality	IUC	NHS 111	Andrew Cooke	25/11/2022	12	12	4	Request has been made to amend the pathway.
58 Culture / retention in NHS	IF the Trust is unable to address the current cultural issues within the NHS 111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	Quality	IUC	NHS 111	Andrew Cooke	31/01/2023	12	12	6	Cultural review in NHS 111. Health and well being initiatives introduced. Environmental improvements planned and started include height adjustable desks, new carpets decoration, new kitchen improvements in the training area.
182 IUC 111 average call handling time	IF the Average Handling Time does not reduce to the contracted funding level of 501 seconds THEN the slower process time affects the call answer performance RESULTING IN a need to increase staffing levels of around 15 to 20 and an impact on the 111 First Programme	Roth	IUC	NHS 111	Andrew Cooke	30/11/2022	16	16	8	Initial BI analysis completed and now further information required from Adastra to break down the AHT to demographics and NHS pathways triage. Contacted NHS England and NHS Pathways for insights into why the call length has increased, could be linked to new Covid pathways.
426 IUC Governance Resource	IF the current service demand pressures continue THEN without sufficient resource the IUC systems and policies currently in place to allow concerns to be raised and for incidents, concerns and complaints to be investigated in a timely manner, cannot be carried out promptly RESULTING IN learning not being shared in a real and meaningful way, leaving the Trust open to criticism and poor safety performance.	Both	IUC	NHS 111	Andrew Cooke	12/12/2022	12	12	3	Unable to handle incidents and complaints investigations in a timely manner. Recruitment in support of team to increase capacity.
367 Unable to recruit Health Advisors	IF the Trust is unable to recruit Health Advisors as per the Business Plan THEN it will not have sufficient staff to meet the demand RESULTING in low performance and poor patient experience	Quality	IUC	NHS 111	Andrew Cooke	31/01/2023	8	20		Ongoing recruitment underway. Recruitment and retention as part of IUC long term plan.

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Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date	Grading	Grading	Grading	Actions / Next Steps: Summary
460 Call Flex Lease	IF Call Flex is deemed not fit for purpose following a space and capacity review being carried out THEN there would be less than a year to find and equip another call centre RESULTING in having no where to operate from as the current owner has expressed a wish to sell the property.	Both	IUC	NHS 111	Andrew Cooke	31/01/2023	12	12		Working group established in support of estates to determine future requirements for IUC in Yorkshire and Humber.
392 IUC/NHS111 Excessive Demand	IF demand into IUC continues to exceed assumptions THEN this excess demand will put significant pressure on the service RESULTING IN patient calls being unanswered and patients making alternative arrangements such as phoning 999 or presenting at EDs	Quality	IUC	NHS 111	Andrew Cooke	11/11/2022	15	15		The service is under significant pressure in line with the Trust, contributory factor is primary care, work underway with support of commissioners.
Lack of effective and timely supervision	IF social distancing requirements and staff absence levels continue at the current rate, THEN supervising and supporting staff across a wider estate will become more difficult, RESULTING IN ineffective and untimely supervision and support of staff.	Quality	IUC	NHS 111	Andrew Cooke	28/02/2023	15	12		Second phase of hybrid working solution pending implementation that will likely mitigate the risk.
Clinical Team Leader Recruitment	IF the continuous recruitment of Clinical Team Leaders (CTL) to the budget of 14FTE fails THEN there will not be sufficient CTL to complete the full range of duties for the role RESULTING in focusing only on managing the Clinical Queue	Quality	IUC	NHS 111	Andrew Cooke	12/12/2022	12	20	6	Ongoing specialist recruitment within IUC underway to fill roles. A review of the current job description is also underway as part of recruitment/retention.
40 Non conveyance decisions	IF there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting, THEN a discharge or acceptance of refusal decision may be made inappropriately RESULTING IN potential for adverse patient outcome	Quality	Medical	Clinical	Steven Dykes	23/02/2023	15	12	8	Safer Right Care Framework is now embedded within the Clinical Refresher and other Academy training. To continue monitoring effectiveness as part of the long-term objectives.
Resuscitation training and competency	IF there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING IN patient harm or death.	Quality	Medical	Clinical	Steven Dykes	23/02/2023	16	12	5	Clinical Refresher programme is now running again, which includes a resus component, along with Stat and Mand training, and AED mode will be introduced from September. Risk will remain open until everyone is compliant.
357 Maternity Care	IF YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and new born babies THEN maternity patients and new born babies may receive poor quality care RESUTLING IN poor outcomes.	Quality	Medical	Clinical	Steven Dykes	23/02/2023	12	12	4	Maternity Strategy to be developed to mitigate gaps.
398 Prescribing Governance	IF the Trust does not have capacity to audit paramedic prescribers, THEN it will be unable to provide assurance around their competency as prescribers, RESULTING IN potential patient harm, prescribers working out of their scope of practice/formulary, and paramedics losing confidence in their prescribing ability	Quality	Medical	Clinical	Steven Dykes	23/02/2023	12	12	4	Trust Pharmacist to develop Prescribing Strategy to mitigate gaps.

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Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date		Grading	Grading	Actions / Next Steps: Summary
404 Clinical Effectiveness	IF the Head of Clinical Effectiveness function is not filled THEN there is a lack of representation at National Clinical Quality Group and a lack of capacity to develop and maintain the clinical audit plan and respond to the emerging needs of the organisation RESULTING IN an inability to influence the development of relevant clinical quality indicators, an inability to provide assurance to the Board and wider stakeholders on the delivery of safe and effective healthcare and an adverse effect on our ability to continuously improve clinical care.	Quality	Medical	Clinical	Steven Dykes	23/02/2023	12	12	3	Risk remains, unable to recruit to position. No mitigating actions identified.
406 Medicines Checks	IF clinicians do not check medicines pouches at the start of shift THEN life-saving medicines may not be available at the point of need RESULTING IN compromised patient care including harm to patients and potential fatalities.	Quality	Medical	Clinical	Steven Dykes	15/11/2022	15	15		POMs pouch roll out commenced. Risk to remain open until fully completed and review conducted ensuring resolution.
Health IT Clinical Safety 508 requirement DCB0129 and DCB016	IF Health IT Clinical Safety requirement DCB0129 and DCB0160 is not implemented and resourced sufficiently THEN the Trust will not be compliant which is mandatory under the Health and Social care Act 2012 RESULTING IN Risk to patient safety and non compliance with statutory requirement.	Quality	Medical	Clinical	Steven Dykes	23/02/2023	12	12	5	This is a legal requirement, options are being explored and solutions to be presented to the Trust.
Intermittent faults affecting usability of the CORPULS3 device during cardiac arrest scenarios	IF defibrillators fail THEN there may be a delay in patient care specifically during cardiac arrests RESULTING in a reduced chance of survival and OR adverse patient outcome.	Quality	Medical	Clinical	Steven Dykes	09/12/2022	20	20	3	Urgent notification to all staff to stop using AED mode. Ongoing investigation with the manufacturers to identify issue and resolution.
Loss of Premises EOC Springhill 2	IF there is a denial of access to EOC at Wakefield for a period of more than one hour THEN demand at York EOC would increase significantly RESULTING IN an inability to manage demand until displaced staff arrive at York or Callflex DR sites.	Quality	Operations	EOC	Claire Lindsay	09/12/2022	8	12	4	Review is underway to increase capacity at alternate sites and explore options within AMPDS Client 0 that would allow remote access.
433 EOC workforce capacity	IF there are sustained increases in call volume THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to emergency calls with potential for harm to patients	Quality	Operations	EOC	Claire Lindsay	06/01/2023	25	20	6	Current figures show a shortfall of around 50FTE/25%. Risk likelihood increased as a result. attrition has risen to around 45% leaving within 12 months, signifiantly higher than previously seen. Ongoing monitoring and actions to increase workforce continues.
EOC Not calling back 436 dropped calls from mobile phone numbers	IF the current call demand continues at the predicted rate and leads to an inability to answer calls THEN the Trust will continue the agreed process of not returning dropped calls from mobile telephone numbers RESULTING IN potential patient harm	Quality	Operations	ECC	Claire Lindsay	13/01/2023	15	15	5	Increase capacity to reduce not returning dropped calls. However during times of high capacity not returning calls is utilised as a tactical response. Long term mitigation to be determined.
No triage system to triage calls for call handlers and clinicians in the event of a cyber attack	IF there was a cyber attack resulting in EOC losing access to systems due to ICT taking all systems down THEN EOC would have to rely on paper management but would not allow full triage and assignment of categories to calls or triage of calls by clinicians (due to the complexities of the triage systems and usually using a stand alone triage system) RESULTING IN an inability to triage patients effectively which could potentially lead to patient harm.	Quality	Operations	EOC	Claire Lindsay	30/11/2022	15	15	5	ICT to explore alternate options as part of risk mitigation.

		Risk Ownership				Initial	Current	Target		
Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date		Grading	Grading	Actions / Next Steps: Summary
509 EOC Duplicate Call Process	IF EOC staff continue to duplicate jobs without sufficient checks to ensure they are true duplicates THEN there is a risk calls may be closed inappropriately meaning patients may be awaiting an ambulance response which has now been closed on the CAD system, RESULTING in increased exposure to patients and potential harm	Quality	Operations	ECC	Claire Lindsay	31/12/2022	15	15	5	Long term mitigation includes CAD function that will provide a system solution to all duplicate calls. This will need development / testing and rolling out.
35 Hospital handover monitoring	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients		Operations	A&E Ops	Jackie Cole	31/10/2022	16	25	4	Increase in frequency and length of time of handovers and patients held on Ambulances outside ED. Work continues with localities and NHSE. YAS to continue monitoring.
105 Operational performance	IF there is an increase in demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	Quality	Operations	A&E Ops	Jackie Cole	30/11/2022	16	20	5	Increase as a result of demand seen, increased acutiy and resources. Actions are supported by the winter planning process, increasing CFR and CR falls services.
471 Operational Compliance - Road Traffic Act (RTA)	IF A&E Operations do not implement protocols/measures to achieve RTA compliance THEN A&E Crews not following these guidelines maybe in breach of the RTA introduced in 2018 RESULTING IN Financial impact and reputational damage	Finance and Investment	Operations	A&E Ops	Jackie Cole	30/09/2022	16	16		Scoping of the risk and gaps is underway and mitigating actions are to be determined. Linked to risk 472 within ICT.
180 A&E Operations Staffing Resource	IF the budgeted number of FTE is not able to be achieved through recruitment THEN there will be a significant shortfall in available resource hours to respond to patients RESULTING IN reduced response times to incidents.	Both	Operations	A&E Ops	Jackie Cole	13/01/2023	20	12		Recruitment ongoing however it is possible the 2022-23 agreed plan for recruitment will not be met.
Computer Aided Dispatch Issue	IF the CAD does not contain up to date information regarding SORT and AIT trained staff THEN EOC may dispatch staff who are not adequately trained or available to respond to an incident in a SORT/AIT capacity RESULTING IN a direct impact on the organisations ability to release and make available AIT within 10 minutes of PLATO being declared in line with core standards, and also a delay in the mobilisation of SORT staff to a CBRN/HAZMAT incident		Operations	A&E Ops	Jackie Cole	16/12/2022	20	16	5	An additional administrator has been recruited into the CARE team with a start date of January 2022. A comprehensive training package will be implemented, to include the ability to upload/maintain SORT operatives skillsets.
National Security Risk Assessment	IF those risks in the National Security Risk Assessment (NSRA) that directly affect the Trust are not reviewed; scrutinised against YAS plans and guidance; and mitigated as much as practicable, THEN the Trust would be failing to undertake its statutory duties as a Category One Responder RESULTING IN potential criminal charges; financial loss; reputational loss; and an adverse impact on the Trust's ability to deliver an effective service.	Both	Operations	A&E Ops	Jackie Cole	19/12/2022	12	12	8	Systematic review completed against the National Security Risk Assessment identifying areas of risk. Recorded individually and mitigations/projects underway.
480 Marauding Terrorist Attack (MTA) Capability	IF MTA vehicles, equipment, PPE, responders and commanders are not sourced, located, trained and equipped in adequate numbers for each region THEN there will be an inadequate response to a potential MTA incident RESULTING risk of further harm to patients, failure to comply with EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all Category 1 Responders, and reputational damage to the Trust.	Both	Operations	A&E Ops	Jackie Cole	09/12/2022	16	16		MTA workplan developed and delivery underway. To include BPPE Dispersal, MTA activation SOP, PPE mitigations.

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Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date	Grading	Grading	Grading	Actions / Next Steps: Summary
Resilience of tactical command rota	IF Tactical commanders are routinely deployed to manage hospital delays THEN they will be unavailable to respond to a major/critical incident RESULTING IN reputational damage, delayed or no response to incidents needing commander input, lack of staff welfare	Both	Operations	A&E Ops	Jackie Cole	19/12/2022	6	12	4	Rota currently under review as part of the department portfolio review. Further actions to be determined.
521 Ballistic Vest Supply	IF there continues to be a delay with the ordering of Ballistics vests which are already in excess of 12 months from the order request date THEN personal issue ballistic vests cannot be allocated to staff members who require this as part of their substantive posts in order to respond to an untoward incident RESULTING IN increased risk of injury to YAS staff due to poorly sized pooled vests being worn, inability to respond appropriately and a reduction in the Trust's specialist capability response	Quality	Operations	A&E Ops	Jackie Cole	09/12/2022	16	16	4	Liasing with supplier and support by NARU regarding the order and cost increase.
528 HART CBRN Capability	IF HART Staff do not complete a training session in a Confidence Testing Facilility (CTF) with low concentrations of CS Pellets, in order to replicate a CBRN incident THEN we will be unable to confirm that portacounting on the respirator has been successful and that the emergency procedures are carried out to the required standard RESULTING IN potential for the risk of harm/death of the staff members and patients, and significant damage to the reputation of the Trust.	Quality	Operations	A&E Ops	Jackie Cole	23/12/2022	15	15	5	Resillience liaising with H&S and external agencies. Long term mitigations to be determined.
Management of paper records within YAS	IF HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations THEN the Trust will not be complaint with Data Protection regulations RESULTING IN the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.		QGPA	Performance Assurance and Risk		31/01/2023	12	12		Progress made with the current supplier OnBase. Awaiting costings for system to be suitable for YAS.
30 Annual data security (IG) training of all staff	IF YAS staff do not complete annual Data Security Awareness (IG) training THEN this is a breach of statutory duties RESULTING IN potential for increased data breaches and non-compliance with the DSP Toolkit mandatory assertion.	Quality	QGPA	Performance Assurance and Risk		31/01/2023	12	16	3	Work with Education and Training Team to launch e-learning on the new ESR/OLM learning platform. Weekly monitoring of uptake of IG training by staff. Staff communications to support completion of IG training.
41 Premises security	IF YAS premises are not adequately protected by an appropriate level of security THEN staff and assets will be vulnerable RESULTING IN the potential for physical harm; financial loss; reputational loss; and an adverse impact on the Trust's ability to deliver an effective service.	Both	QGPA	Performance Assurance and Risk		16/12/2021	12	12	12	Develop a business case for the upgrade/replacement of the Trust's access control and CCTV System. LSMS to complete site security inspections to mitigate risks as far as possible within current arrangments. LSMS to consult with Estates to incorporate into planned refurbishment work.s
42 Violence and aggression	IF YAS fails to be compliant according to the Violence Reduction Standard which provides individual key areas of violence reduction work THEN there is a potential for staff to be seriously injured whilst at work RESULTING IN the potential for physical harm, financial loss, decreasing morale and subsequently wellbeing from an organisational support perspective and organisational reputational risks, which will lead to loss of service provision.	Both	QGPA	Performance Assurance and Risk	Kate Lawrance	05/09/2022	12	12	4	Two gap analysis were completed in August 2021 and January 2022 with a total of 55 standards to achieve. Currently compliant with 14 and partially compliant with 12. Work underway with auditors that should further increase compliance by 12 indicators.
Joint Decision Model (JDM) training in EOC	IF the JDM training is not provided to Dispatch Leaders and Duty Managers within the EOC in a practical timeframe THEN frontline staff are going to feel pressurised to attend locations/ situations that they have dynamically risk assessed as being too much of a safety risk RESULTING IN poor communication between both parties, decrease in morale on both sides and potential for staff to be placed at significant risk of harm.	Quality	QGPA	Performance Assurance and Risk	Kate Lawrance	01/12/2022	12	12	4	JDM training within EOC commenced. Long term solution for new staff to be determined.
187 Cumulative effect of repeate moving and handling	IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury	Quality	QGPA	Health and Safety	Shelley Jackson	31/03/2023	12	15	3	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries.

	Risk Ownership							Curront	Targot	
Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date	Grading	Grading	Grading	Actions / Next Steps: Summary
Health and Safety training for middle managers	IF the Trust's middle management do not receive formal health and safety training, THEN the Trust will be unable to effectively maintain its health and safety management system, RESULTING IN an increase in health and safety incidents and the multifarious potential adverse impacts associated with these	Quality	QGPA	Health and Safety	Shelley Jackson	31/03/2023	12	12	3	Develop non-accredited H&S training for managers not included in the IOSH accredited training. Middle managers (e.g. Locality Managers to be provided with appropriate IOSH* accredited H&S training or equivalent. Review impact of new H&S sentencing guidelines on the Trust.
347 Attending Incidents on or near Water	IF the Trust does not provide adequate knowledge or training to support staff on or near water working THEN there is a potential for harm to patients and/or staff RESULTING in adverse patient outcome.	Quality	QGPA	Health and Safety	Shelley Jackson	31/03/2023	9	15		Work underway with resillience regarding the JOL action. Further mitigating actions to be determined.
419 Lateral Flow Testing	IF staff are not accessing and complying with Lateral Flow Testing (LFT) requirements THEN there is a potential for a Covid-19 infection outbreak RESULTING IN harm to staff and patients from illness, potential implications on operational activity and therefore demand, financial implications and reputational damage.	Quality	QGPA	IP&C	Dave Green/Clare Ashby	2 03/12/2022	16	12	8	New national guidance reducing mandatory testing to only test with symptoms or during an outbreak. Staff compliance with testing requirements, small contained outbreaks seen in comparison to previously. Ongoing monitoring over winter period.
Staff compliance for wearing level 2 PPE	IF staff do not wear full level 2 PPE for all patient contact as a result of the COVID-19 pandemic. THEN the Trust is failing to adhere to national requirements outlined by the UK Health Security Agency. RESULTING IN : Risk to staff and patient harm and contravening guidance from regulators such as CQC and HSE.	Quality	QGPA	IP&C	Dave Green/Clare Ashby	2 01/12/2022	20	12	lacksquare	Audit compliance increased with support of ongoing IP&C actions (Guidance, IP&C Roadshows). Ongoing monitoring.
Resource provided to Trust 527 management of serious incidents	IF the Trust do not manage existing backlog of serious incidents and continue declaring them at current levels THEN the serious incident team and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failure to meet statutory requirements for serious incident management (SIF2015), increased involvement in complaint handling by external bodies (Media, CQC, Integrated Commissioning Boards, His Majesty's Coroner) therefore risk to reputational damage, financial risk associated with fines and penalties and increased workloads Trust wide. Additionally - delay and backlog hinders the identification of learning further impacting patient safety and impacts on the patient experience for families who are involved in the processes.	Quality	QGPA	Investigations & Learning	Dave Green Simon Davies	/ 27/01/2032	16	16	4	Increase in Incidents and Serious Incidents in combination with demand has resulted in a large number of investigations. Capacity within the team is limitied and is therefore impacting patients/familys under Duty of Candour.
432 4C and PALS demand	IF the Trust do not manage existing backlog of 4C and PALs enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally not dealing with cases delays the identification of issues and learning further impacting patient safety.		QGPA	Patient Relations	Dave Green Jacqueline Taylor	/ 31/03/2023	20	16	8	Actions implemented within the PR team that reduces the likelihood of risk occurrence, to remain open as backlog and case load still significant.

			Ri	sk Ownersh			Initial	Current	Target	
Risk ID and Title	Risk Description ('IF THEN RESULTING IN')	Board Committee	Directorate	Business Area	Risk Handler	Review Date		Grading	Grading	Actions / Next Steps: Summary
Domestic Abuse – response to patients and staff	IF the Trust response to domestic abuse is not reviewed to reflect the Domestic Abuse Bill 2021 and to incorporate the learning identified from internal and external review and audit, THEN YAS will be failing in its statutory duty to identify and support victims and perpetrators of domestic abuse. RESULTING IN ongoing patient harm and potential death due to lack of intervention and information sharing. For staff this will result in ongoing harm, potential death, being subject to punitive disciplinary and absence management processes instead of being supported to be safe in the workplace. Furthermore there is a financial impact/business continuity concern for the trust due to staff absence, poor performance in work, attrition for victims of domestic abuse.	Quality	QGPA	Safeguarding	Vicky Maxwell- Hobson	30/12/2022	15	15		Working group established, policy and training to be reviewed as part of mitigation of the risk.
Capacity within the 447 Safeguarding team to deliver core statutory requirements	IF the capacity of the safeguarding team remains as it is and if the increased service demand around statutory reviews, child deaths and social care enquiries for section 42 and section 47 remains THEN potential failure to meet these requirements will exist, RESULTING IN the Trust being unable to give assurance that it is meeting its statutory safeguarding obligations as a provider Trust, and will result in a delay in providing information and professional analysis and opinion to multi agency partners, with potential implications for patient safety and staff wellbeing	Quality	QGPA	Safeguarding	Vicky Maxwell- Hobson	24/04/2023	12	12	4	No mitigating actions determined.
Safeguarding and Prevent 478 Statutory and Mandatory Training Level 1 & 2	IF compliance with Safeguarding and Prevent statutory and mandatory training does not remain consistently high across the workforce (including bank staff and volunteers), THEN the Trust will be failing in its statutory duty to maintain a highly trained and safeguarding skilled workforce, RESULTING IN safeguarding and prevent issues not being identified and escalated and patients and also staff at risk may be seriously harmed or die.	Quality	QGPA	Safeguarding	Vicky Maxwell- Hobson	09/01/2023	12	12	3	Gaps identified. PTS VCS identified of particular concern, support for training to be identified.
Management of Safeguarding Allegations	IF the management of safeguarding allegations against staff is inconsistent due to a lack of a standardised process THEN potential failure to identify and escalate incidents and concerns may exist RESULTING IN the Trust being unable to give assurance to the CCG and CQC that it is meeting its statutory obligations as a provider Trust, and delay in making timely risk assessments and action plans which will affect the safety of staff and patients.	Quality	QGPA	Safeguarding	Vicky Maxwell- Hobson	13/03/2023	12	16	6	Gaps in existing policy/guidance documents and roles within the team. Review of existing policy and process to be completed alongside HR. Mitigating actions to then be determined.
Vulnerable Adult and	IF we are unable to extract data from YAS servers upon contact with children and vulnerable adults THEN YAS cannot share information with multi-agency providers with regards to those patients RESULTING IN potential patient harm, and YAS failing to meet statutory requirements	Quality	QGPA	Safeguarding	Vicky Maxwell- Hobson	07/12/2022	12	15	3	ICT creating new server, unknown timeframe.
36 holiday pay to include regular	IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation	Finance and Investment	Workforce and OD		Suzanne Hartshorne	31/12/2022	16	12	8	Trust has the funds to cover expected costs. Proposal presented October.
	IF Non-Covid related sickness absence continues to rise and is not accurately recorded, managed and reported THEN the Trust may not fully understand interventions required and adequality plan the workforce to meet the demand RESULTING IN impact on service delivery.	Quality	Workforce and OD	Human Resources	Suzanne Hartshorne	31/12/2022	12	16	4	Work continues with key service lines with a taskforce to be created to determine futher mitigating actions.

	Risk ID and Title Risk Description ('IF THEN RESULTING IN')				hip		Initial	Current	Target	
RISKID and little		Board Committee	Directorate	Business Area	Risk Handler	Review Date	Grading	Grading	Grading	Actions / Next Steps: Summary
477 ESR - Combined URPs Non- Compliance	 IF the Trust does not resolve conflicts between User Responsibilities Profiles, be compliant with National URP Allocation Guidance and have a clear separation of duties THEN there is a risk of ghost employees being paid RESULTING in potential fraud and losses to the Trust 	Quality	Workforce and OD	Human Resources	Suzanne Hartshorne	28/02/2023	12	12	4	No mitigating actions determined.
523 Industrial Action	IF the trade unions take industrial action and the Trust does not adequately plan for this THEN the Trust may not be able to meet patient demand RESULTING in potential patient harm and/or reputational damage	Quality	Workforce and OD	Human Resources	Suzanne Hartshorne	11/11/2022	16	16		Working group established and ongoing liason with unions regarding ballots and industrial action.
Immunity screening and 50 vaccination and health surveillance	IF YAS staff are not comprehensively screened and immunised by OH THEN they may contract and spread infectious diseases RESULTING IN potential harm to staff and patients	Quality	Workforce and OD	Human Resources	Claus Madsen	31/03/2023	12	12	4	Send out clinical alert regarding measles outbreak and importance of MMR vaccine. Fleet staff require health surveillance renewed annually. PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required. Review of Occupational Health contract provision.





Board Assurance Framework 2022/23

Trust Board in Public 02/02/2023

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

Document Control	
Document Author	David O'Brien
Responsible Executive Director	Clare Ashby
Responsible Committee	Trust Board
Version	2022/23, Q3 end
Date	02-02-23

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	Key to Rol	Abbreviations							
	CEO	Chief Executive Officer							
	EDOps	Executive Director: Operations							
	DUCI	Director: Urgent Care and Integration							
	EDQGPA	Executive Director: Quality, Governance, Performance Assurance							
	EMD	Executive Medical Director							
	DoF	Executive Director of Finance							
	DPOP	Director of People and Organisational Development							
	CIO	Chief Information Officer							
	ADT	Director of Transition							
	ADCA	Associate Director: Corporate Affairs (post vacant)							
	ADPD	Associate Director: Planning and Development							

Are	Areas of Strategic Risk			2022/23 Projected Risk Exposures				Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from	
		Q1	Q2	Q3	Q4	Q3 Actual	Q4 Actual	nent	rget		projections	
1. Pa	. Patients and communities experience fully joined-up care responsive to their needs											
1a	Ability to deliver high quality care in 999/A&E operations	16	12	16	16	20	25	1	16	Operational risk exposures are high as a result of winter pressures, with the Trust in REAP4 since mid-autumn. These risks have been exacerbated by the impact of industrial action, and as result the overall risk exposure has increased. Mitigation actions include the clinical safety plan arrangements, a dynamic winter plan, and coordinated response to industrial action via a series of tactical plans. These mitigations have been effective in enabling the Trust to continue to provide a service. Hospital handover delay remains a major risk: pressures remain, particularly at certain hospitals, despite system-wide escalations and on-site mitigations. Recruitment and retention activity has been impactful although EOC staffing levels are at risk. The Fairfield EOC business continuity project has progressed.		
1b	Ability to deliver high quality care in Integrated and Urgent Care/NHS111 services	16	12	16	16	16	20	1	16	Overall risk exposures are high as a result of winter pressures and capacity within the service to meet this demand. These risks have been exacerbated by the impact of industrial action, and as result the overall risk exposure has increased. Staffing capacity remains high risk, particularly clinical staff. Recruitment actions have led to additional staff numbers, although recruitment volumes and retention issues mean capacity remains below target. Legacy issues from the Adastra outage in August impacted adversely on service standards. During late Q3 and into Q4 performance has improved notably and benchmarking data shows the Trust's relative position is more positive. Key change programmes (rota review; Single Virtual Contact Centre) have slipped and are operating to new delivery timetables into 2023/24.	Q4 risk exposures higher than original projection	
1c	Ability to deliver high quality care in the Patient Transport Service	12	12	16	12	16	20	1	12	Operational risk exposures are high and have increased as a result of the combination of winter pressures and the disruptive impact of industrial action. However, the early weeks of Q4 have seen demand fall below forecast / BAU levels and well below the volumes experienced towards the end of Q3. The PTS pathfinder project work continues. Refreshed eligibility criteria in line with national guidance has been piloted. Findings and will now be evaluated and an approach for implementation across each ICB area is in development. The signposting and alternative options work is on track to complete its final test stage in early 2023. PTS fleet renewal plans are in development, with a proposed phased delivery over five years, commencing 2023/24.	Q4 risk exposures higher than original projection	

Area	Areas of Strategic Risk		2023/23 Projected Risk Exposures			Q4 Actual Q3 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from	
		Q1	Q2	Q3	Q4	tual	tual	nent	rget		projections
2. Ou	2. Our people feel empowered, valued, and engaged to perform at their best										
2 a	Ability to ensure provision of sufficient clinical workforce capacity and capability	16	16	16	12	16	20	1	12	Overall risk exposures have increased. Paramedic workforce supply remains an area of short-term and longer-term risk. Mitigations include rotational paramedics, international recruitment, and new career pathways, all of which are demonstrating impact. Particular workforce risk includes EOC capacity and clinical roles in IUC. Significant levels of recruitment activity continue in these areas, and while more staff are coming on stream the impact is partly countered by retention issues. Industrial action has put at risk the Trust's ability to provide sufficient workforce on strike days. As a result, the overall risk exposure in this area has increased. Mitigation actions include a co-ordinated response to industrial action via a series of tactical plans and the redeployment of support staff to frontline roles. These mitigations have been effective in enabling the Trust to continue to provide a service.	Q4 risk exposures higher than original projection
2b	Ability to support the physical and mental health and well-being of staff	16	12	16	12	20	20	*	12	Overall risk exposures remain high as sickness absence continues to be a concern. Key mitigations include a Health and Well Being Plan with 16 objectives. Delivery is overseen by an internal health and well-being group. The centrally managed work on sickness absence is now complete. However, sickness rates remain high in some areas and non-COVID sickness absence is a high corporate risk. Further mitigations are now being undertaken to manage the high sickness rates in targeted areas across. The mental health and well-being of staff remains a concern for the Trust. Stress, anxiety, and other mental health issues are the largest non-COVID contributors to absence. A series of mental health and well-being initiatives are in place. The Trust is progressing the reprovision of the Occupational Health service.	Q4 risk exposures higher than original projection
2c	Ability to promote and embed positive organisational culture	12	12	12	12	16	16	+	12	Overall risk exposures are higher than originally anticipated, partly as a result of industrial action. The Trust has appointed strategic partners (Moorhouse) to support a significant programme of organisational development, including workplace culture. This will build on the findings of an internal culture review which commenced earlier in the year. The Trust continues to embed cultural initiatives and the use of cultural information to inform development work (Say Yes to Respect, Just Culture, Freedom to Speak Up, Cultural Ambassadors etc). The NHS Staff Survey responses indicated that more work needs to be done in this area. Work is ongoing to improve the diversity profile of the workforce, with a particular focus on diversity and inclusion in recruitment processes.	Q4 risk exposures higher than original projection

Areas	Areas of Strategic Risk		2023/24 Projected Risk Exposure				Q4 Actua	Movement	Q4 Targe	Commentary: Latest Quarterly Position	Deviations from
		Q1	Q2	Q3	Q4	Q3 Actual	tual	nent	rget		projections
3. We	. We achieve excellence in everything we do										
3a	Capacity and capability to plan and deliver Trust strategy, transformation, and change	16	16	12	12	12	12	+	12	Risk exposures remain moderate. The Trust Business Plan for 2022/23 was developed, approved by the Trust Board, and submitted to system and national partners. Effective assurance and reporting arrangements for business plan delivery are in place. An internal audit review identified areas for improvement in the Trust's business planning processes and actions are being implemented to mitigate these risks and strengthen the planning process for 2023/24. The great majority of key development programmes and projects overseen by the 'TEG+' board have an assured delivery status of green or amber, with escalation arrangements for any 'red' rated work. The Trust has completed a self-assessment and an external evaluation (via NHSE) against the CQC Well-Led Framework.	Q4 risk exposures in line with original projection
3b	Ability to influence and respond to change in the wider health and care system	16	16	12	12	12	12	+	12	Overall risk exposures remain moderate. The system-wide Integrated Commissioning Framework and associated governance and assurance structures with the regional ICBs continues to develop. The Trust is represented in these system-wide arrangements in order to influence strategic and operational developments at system and place level. The Trust has strengthened and reshaped its own leadership and organisational structures to be more aligned with system structures, with new System Leadership Directors and other area leadership roles arrangements now in place. The Trust is progressing system and national priorities, including CQUINS and new developments in patient safety and patient experience, although some the national delivery timescales have moved into 2023/24.	Q4 risk exposures in line with original projection
3c	Ability to respond well to climate change and other business continuity threats	16	12	12	12	16	16	+	12	Overall risks exposures are higher than initially expected as more is known about the scale of the Net Zero challenge and the availability of sufficient resource at Trust and system level. Implementation of the Trust's 'Green Plan' is ongoing although resource constraints are a key issue for this work. This plan includes specific targets in relation to carbon reduction in estates and fleet, but also a series of sustainability measures across the Trust's functions and activities. The Green Plan supports the Trust's delivery of multiple sustainability plans and requirements both nationally (Greener NHS) and at place (ICS net-zero plans), and also in specific sectors (PTS net-zero targets). The Trust has strengthened its business continuity and security arrangements, including improved compliance with EPRR standards.	Q4 risk exposures higher than original projection

Areas of Strategic Risk		2022/23 Projected Risk Exposure			Q3 Actual	Q4 Actual	Movemen	Q4 Target	Commentary: Latest Quarterly Position	Deviations from	
		Q1	Q2	Q3	Q4	tual	tual	nent	rget		projections
4. We	. We use resources wisely to invest in and sustain services										
4a	Ability to plan, manage and control Trust finances effectively	16	12	16	12	12	12	+	12	Risk exposures are moderate. At Month 9 the Trust is forecast to at least breakeven against its 2022/23 financial plan. On this basis the Trust has indicated to the ICB a potential upside risk which would result in a year-end surplus. 2023/24 financial plans (revenue and capital) are being developed / refined by the Trust in line with planning guidance issued by NHSE in December. An organisational efficiency programme has been established to identify and manage efficiency initiatives for 2023/24. These initiatives will be developed in line with the efficiency requirements in the planning guidance, and particular attention will be given to quantifying performance improvement efficiencies and not just cash releasing schemes (for instance, where the Trust is effectively planning to deliver more with less resource.)	Q4 risk exposures in line with original projection
4b	Ability to deliver key technology and cyber security developments effectively	16	16	12	12	12	12	+	12	Risk exposures are moderate. Delivery of key digital projects continues on track, including two-way information sharing with Yorkshire and Humber Care Record, medicines digitisation, and stroke video triage technology. Work to increase usage and benefits of SMART phones and the Electronic Patient Record continues. Significant progress has been made with IG training compliance, in part due to a compliance dashboard being produced using ESR data and sent to all managers. Other outstanding DSP Toolkit audit actions have either been completed or are in the process of completion due to changes in technology. Resilience software has been developed to support NHS 111 following the extended Adastra outage in August 2022. Trust technical teams continue to work with infrastructure suppliers to maintain resilience across all sites, especially the contact centres.	Q4 risk exposures in line with original projection
4c	Ability to deliver key enabling infrastructure effectively: estates and fleet.		12	12	12	16	16	+	12	Risk exposures are higher than anticipated. Priority estate work has included Fairfields EOC business continuity project, the central warehouse / logistics hub, and hybrid working facilities at Springhill. Key hub and spoke / AVP developments are ongoing, with priority projects in Hull and Scarborough. The Trust faces medium-term strategic challenges regarding its estate configurations and future accommodation needs, and delivery of Net Zero requirements in respect of estates and fleet. Fleet priorities include the onboarding of new vehicles and the development of sustainable fleet operations, including Net-Zero carbon targets in PTS. Vehicle supply and construction projects are affected by supply chain risks and issues, inflationary cost pressures, delayed timescales, and energy costs.	Q4 risk exposures higher than original projection

Strategic Ambition	1 Patients and communities experience	ully joined-up care responsive to their needs	joined-up care responsive to their needs				
Strategic Risk	1a Ability to deliver high quality care in 999/A& operations (sheet 1 of 2)	IF the Trust is unable to manage demand and capacity pressures that service performance and quality will be compromised RESUL effectiveness of care, patient experience and organisational reput	TING IN adverse impacts on patient safety,				
Risk Appetite Low Current Target	Corporate Risks (2022/23 Q4) Control Framework	Assurance Framework Key Gaps / Development	KAY Mitigation Actions				
CQC Domains Safe Caring Effective Responsive Well-Led TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Operations Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: A&E Operations Risk 35: Hospital handover (25) Risk 523: Industrial Action (16) Risk 405: Operational Performance (20) Risk 433: EOC workforce capacity (20) Risk 431: CAD issues (16) Risk 528: HART CBRN (15) Risk 436: EOC dropped calls (15) Risk 509: EOC duplicate calls (15) Risk 362: Non-COVID sickness (16) Risk 406: Medicines checks (15) Risk 406: Medicines checks (15) Risk 406: Medicines checks (15) Risk 400: Non-conveyance (12) Ri	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee Ing Ing Inst Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Reporting (IPR, TEG etc) Strategic Command Cell 2nd Line of Defence Transformation Governance: TEG+ IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group A&E Delivery Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit (19/20 – Limited) Clinical Audit (19/20 – Significant) Professional Revalidation (19/20 – Significant) GRS (18/19 - Significant) Managing Attendance (18/19 - Limited) dt 1. Management of and response demand pressures (control) Including: risk of patient harm relation: 1. Call handling Response times • Call handling Response times • Hospital handover • Call handling • Response times • Hospital handover • Call handling • Response times • Hospital handover • Call handling • Response times • Hospital handover • Call handling • Response times • Hospital handover • Call handling • Response times • Hospital handover • Call handling • Response times • Hospital handover • Call handling • Response times • Hospital handover	1.1 Activate, maintain and review REAP arrangements and risk assessment EDOps ongoing to 31/03/23. REAP level reviewed weekly. Trust at REAP 4 in January 2023 with appropriate responses activated. 1.2 Activate, maintain and review a clinical safety plan for EOC and A&E EDOps ongoing to 31/03/23. Clinical Safety Plans actively reviewed, with CSP levels managed dynamically in response to operational circumstances. 1.3 Work with the system to reduce handover delays EDOps ongoing to 31/03/23. System Partnership Directors leading engagement with partners; national and local escalations are in place via ICBs and A&E Delivery Boards, including improvement plans for all acute trusts; structured improvement activity at some hospital sites (Pinderfields, Doncaster). Despite mitigations, risk of patient harm from handover delays remains very high. 1.4 Develop and implement winter plans EDOps 31/10/22. Winter Plan developed and activated, with SRO in place; this is a dynamic plan that represents proactive management of winter risks and pressures.				

Strategic Ambition	1 Patients and com	munities experience fully	joined-up care respons	ive to their needs			
Strategic Risk	1a Ability to deliver hig operations (sheet 2 of	h quality care in 999/A&E	IF the Trust is unable to manage demand and capacity pressures in 999/A&E operations THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.				
Risk Appetite Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains Safe Caring Effective Responsive Well-Led TEG Lead (Responsible for actions unless stated otherwise) Executive Director of Operations Executive Director of Operations Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: A&E Operations Risk 35: Hospital handover (25) Risk 523: Industrial Action (16) Risk 105: Operational Performance (20) Risk 433: EOC workforce capacity (20) Risk 421: CAD issues (16) Risk 528: HART CBRN (15) Risk 528: HART CBRN (15) Risk 500: EOC dropped calls (15) Risk 500: EOC triage (15) Risk 509: EOC duplicate calls (15) Risk 362: Non-COVID sickness (16) Risk 526: Corpuls faults (20) Risk 406: Medicines checks (15) Risk 15: Loss of EOC Springhill 2 (12) Risk 180: A&E Operations staffing (12) Risk 388: Tactical command rota (12) Risk 40: Non-conveyance (12)	Trust Strategy Trust Clinical Strategy System-wide planning and commissioning Trust Financial Plan and Business Plan National / sector performance frameworks Trust Strategic Workforce Plan Regulatory frameworks Professional standards Winter planning and business continuity A&E and EOC improvement programmes Additional Controls Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan National planning guidance	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Reporting (IPR, TEG etc) Strategic Command Cell 2nd Line of Defence Transformation Governance: TEG+ IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group A&E Delivery Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Dispatch / Handover (20/21 - Advisory) Referral Pathways (20/21 - Limited) Clinical Audit (19/20 – Limited) Medical Gases (19/20 – Significant) Professional Revalidation (19/20 – Significant) GRS (18/19 - Significant) Managing Attendance (18/19 - Limited) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) CQC UEC System inspection: West Yorks External Audit	4. Strengthened leadership, culture, and operating models (control) 4. Strengthened leadership, culture, and operating models (control)	 3.1 Develop the Critical Care strategy, including: (a) Develop a plan for improving outcomes from cardiac arrest EMD, 31/03/23. TMG has approved the new resuscitation strategy and plan. This will be implemented during 2023/24. (b) Develop a plan to implement the findings of the strategic maternity review / Ockenden inquiry. EMD, 31/03/23. A maternity plan has been developed and will be taken through governance and approval routes during in Q4 with implementation during 2023/24 4.1 Implement the EOC improvement programme to improve operational processes and management culture within the EOC, EDOps, 31/03/23. Some parts of the programme have been slowed or paused due to winter pressures and industrial action. Progress continues with remote clinical triage, clinical navigators, system enhancements, the York Fairfields business continuity project, and EOC recruitment. Programme status reported as 'Green'. 4.2 Embed the Team Based Working model in A&E Operations. EDOps, 31/03/23. An evaluation of team-based working in A&E Operations is planned to take place in Q4. 4.3 Design and develop Team Based Working within EOC EDOps, 31/03/24. Proposals and business case for EOC team-based working are being developed. Work to implement team-based working in EOC is now expected in 2023/24. 		

Strategic Amb	ition	1	Patients and com	nunities experience fully joined-up care responsive to their needs							
Strategic Risk		1k		h quality care in Integrated services (sheet 1 of 2)	service performance and quality wil	IF the Trust is unable to manage demand and capacity pressures in IUC/111 operations THEN there is a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.					
Risk Appetite Low	Initial Current	3	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions				
CQC Domains Safe Caring Effective Responsive Well-Led TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee	$4 \times 4 = 16$ $4 \times 5 = 20$		Risk 54: Clinical capacity in NHS111/IUC (20) Risk 523: Industrial Action (16) Risk 367: Health Advisor recruitment 20) Risk 182: IUC/111 call handling time 16) Risk 392: Excessive demand on NHS111/IUC (15) Risk 362: Non-COVID sickness (16) Risk 368: Clinical team leader ecruitment (20) Risk 283: COVID excessive demand on NHS111/IUC (12) Risk 432: Effective supervision (12) Risk 58: Culture and retention in NHS111 (12) Risk 399: Referral to HASU (12) Risk 426: IUC governance resource 12) Risk 460: Call Flex lease (12)	Key Controls Trust Strategy Trust Clinical Strategy System-wide planning and commissioning Trust Financial Plan and Business Plan National / sector performance frameworks Trust Strategic Workforce Plan Regulatory frameworks Professional standards IUC improvement programme Additional Controls COVID response and recovery planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme National and sector-wide plans and priorities National policy developments Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell 2nd Line of Defence Transformation Governance: TEG+ IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Referral Pathways (20/21 - Limited) Clinical Audit (19/20 - Limited) Professional Revalidation (19/20 - Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc)	1. Provision of sufficient staffing levels in IUC/111 (control) 2. Service Developments (control)	 1.1 Develop and deliver an increased workforce plan for IUC. DIUC 31/03/23 Workforce plans developed and in place, but recruitment levels are below planned trajectories. Staff capacity risks remain high, especially regarding the clinical establishment. Recruitment, onboarding and training activities continue. 1.2 Complete the rota review in IUC DIUC 31/03/23. Rota review timescales have slipped. IUC capacity planning being taken forward as part of the ORH strategic workforce planning assignment. 1.3 Develop a plan to mitigate the potential impact of industrial action by Trust staff DIUC, DPOD 30/11/22 Strategic and operational response arrangements planned and in place. Tactical plans developed across all service lines and key support functions. Risk assessment carried out, with controls and mitigation actions identified and implemented. 2.1 Understand the impact and risks associated with Single Virtual Contact Centre (SVCC) DIUC 31/03/23. The SVCC programme has a 'Red' status. The original go-live date (October 2022) not achieved due to failure by NHSE to complete national telephony work. The programme has been re-planned with a new soft launch agreed by NEAS and YAS. Work to allow the soft launch is estimated to be complete by the end of March. 				
Audit Committee has oversight of the entire BAF as part of its assurance remit.				Business Continuity plans and processes Winter planning processes National planning guidance	Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) CQC UEC System inspection: West Yorks External Audit						

Strategic Ambition	1 Patients and com	munities experience fully	joined-up care respons	ive to their needs	
Strategic Risk	1b Ability to deliver high quality care in Integrated Urgent Care/NHS111 services (sheet 2 of 2)		IF the Trust is unable to manage demand and capacity pressures in IUC/111 operations THEN there is a risk th service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.		
Risk Appetite Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
Safe Caring Effective Responsive Well-Led TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration 91 = 4 × 7	Corporate Risks: IUC / NHS111 Risk 54: Clinical capacity in NHS111/IUC (20) Risk 523: Industrial Action (16) Risk 367: Health Advisor recruitment (20) Risk 182: IUC/111 call handling time (16) Risk 392: Excessive demand on NHS111/IUC (15) Risk 362: Non-COVID sickness (16) Risk 368: Clinical team leader recruitment (20) Risk 283: COVID excessive demand on NHS111/IUC (12) Risk 432: Effective supervision (12) Risk 58: Culture and retention in NHS111 (12) Risk 399: Referral to HASU (12) Risk 426: IUC governance resource (12) Risk 460: Call Flex lease (12)	Key Controls Trust Strategy Trust Clinical Strategy System-wide planning and commissioning Trust Financial Plan and Business Plan National / sector performance frameworks Trust Strategic Workforce Plan Regulatory frameworks Professional standards IUC improvement programme Additional Controls COVID response and recovery planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme National and sector-wide plans and priorities National policy developments Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Winter planning processes National planning guidance	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell 2nd Line of Defence Transformation Governance: TEG+ IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Referral Pathways (20/21 - Limited) Clinical Audit (19/20 - Limited) Professional Revalidation (19/20 - Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) CQC UEC System inspection: West Yorks External Audit	3. Strengthened leadership, culture, and operating models (control)	3.1 Deliver the planned 2022/23 actions in the IUC improvement programme DIUC 31/03/23 IUC Improvement Programme is delivering a range of initiatives relating to, amongst other things, recruitment, retention, training, and workplace culture. However, staffing capacity remains below target for key roles, particularly clinical roles. Future priorities in this area to be progressed during 2023/24 include: 3.2 Design and develop Team Based Working within IUC 3.3 Strengthen leadership capacity to influence NHS111 national developments. 3.4 Strengthen talent management and succession planning in IUC.

Strategic Ambit	tion	1	Patients and comm	nunities experience fully	joined-up care respons	ive to their needs	
Strategic Risk		1c Ability to deliver high quality care in the Patient Transport Service			IF the Trust is unable to manage demand and capacity pressures in the Patient Transport Service THEN the a risk that service performance and quality will be compromised RESULTING IN adverse impacts on patient safety, effectiveness of care, patient experience, and organisational reputation.		
Risk Low	Initial Current Target		Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Safe Caring Effective		Risk 5	e Risks: PTS 523: Industrial Action (16) 362: Non-COVID sickness (16)	Key Controls Trust Strategy System-wide planning and commissioning	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	Provision of sufficient levels of PTS staffing and volunteers (control)	Develop and deliver the increased workforce plan for PTS DIUC 31/03/23. Training courses delivered and ongoing. Unlikely to reach the establishment FTE target due to
Responsive Well-Led	ı	● Risk [∠]	419: Covid lateral flow testing (12)	Trust Financial Plan and Business Plan National / sector performance frameworks PTS contract standards and requirements NEPTS Pathfinder NEPTS national strategies and plans	1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell		attrition. Deep dive into the PTS demand and capacity modelling completed, with updated / new models now in place. 1.2 Maximise the capacity of PTS volunteers DIUC 31/03/23 Ongoing recruitment and development of PTS volunteers.
TEG Lead (Responsible for actions unless stated otherwise) Director of Urgent Care and Integration	12 20 12			Additional Controls Trust Fleet Strategy COVID response and recovery planning processes Trust policies and procedures Gate Review Process	2 nd Line of Defence Transformation Governance: TEG+ IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Gate Review Group Capital Planning Group Clinical Governance Group		 1.3 Develop a plan to mitigate the potential impact of industrial action by Trust staff DIUC, DPOD 30/11/22 Strategic and operational response arrangements planned and in place. Tactical plans developed across all service lines and key support functions. Risk assessment carried out, with controls and mitigation actions identified and implemented. 2.1 Pilot a refreshed operating model for Patient Transport service in line the national guidance: (a) Develop and implement consistent eligibility criteria across the YAS region DIUC 31/03/23 Refreshed eligibility criteria in line with national guidance; has been piloted. Findings and will now be evaluated and reported to NHSE by the close of Q4; an approach for implementation across each ICB area is in development.
Committee Assurance Primarily the Quality	3×4= 4×5= 3×4=			Transformation programme Programme / project boards COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities	PTS Governance Group Quality Assurance Working Group Incident Review Group Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: PTS Patient Experience (21/22 – Limited)		
Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its				National policy developments Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) PTS contracting processes Procurement processes	PTS Third Party Providers (18/19 – Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit		(b) Develop and implement alternative options for passenger transport and user signposting DIUC 31/03/23. Signposting is on track to complete its final test stage in early 2023. The CVSE workstream continues to engage with providers who have expressed an interest in working with the Trust, although governance checks are an issue for some.
assurance remit.				Business Continuity plans and processes Winter planning processes			2.2 Net-zero: achieve the 2023 target of 50% of PTS fleet being low emission vehicles DoF , 31/03/23 PTS fleet renewal plans are in development, with a proposed phased delivery over five years, commencing 2023/24.

Strategic Ambition	2 Our people fee	r people feel empowered, valued, and engaged to perform at their best				
Strategic Risk	7-3	provision of sufficient clinical ty and capability	workforce capacity and capability v	IF the Trust is unable to recruit, train and retain clinical staff sufficiently THEN there is a risk that clinical workforce capacity and capability will not meet demand RESULTING IN undue pressure on staff and advimpacts on patient safety, effectiveness of care and patient experience.		
Risk Appetite Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-Led TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Workforce Risk 433: EOC staffing capacity (1) Risk 523: Industrial Action (16) Risk 54: Clinical capacity in NHS111/IUC (20) Risk 368: IUC Clinical Team Lead recruitment (20) Risk 367: Health Advisor recruitm (20) Risk 106: Resuscitation training a competency (15) Risk 362: Non-COVID sickness (1) Risk 58: Culture and retention in NHS111 (12) A&E Operations staffing resource	NHS People Plan Recruitment and resource planning processes YAS Training Plan Statutory and Mandatory Training Professional standards Portfolio Governance Boards Trust policies and procedures Additional Controls Living Our Values Programme Trust Vision and Values Freedom to Speak Up	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) YAS Academy Strategic Command Cell 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Portfolio Governance Boards Inspections for Improvement Process 3nd Line of Defence Internal Audit Reviews: Absence Management (21/22 – Limited)) Health and Well-Being (21/22 - Significant) Occupational Health (20/21 – Significant) Professional Revalidation (19/20 – Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit	2. Retention of key staff groups (control) 3. Statutory and Mandatory training compliance (control)	 Develop the Trust's strategic workforce and capacity plan (with ORH) DPOD, 31/03/23 Deliver the Trust's key recruitment targets within the annual recruitment plan DPOD, 31/03/23 Recruitment plans and trajectories in place for key service lines (EOC, A&E, IUC, PTS). International recruitment programme: Deliver two cohorts of A&E paramedics DPDO, 31/08/22 Complete: two cohorts from Australia and New Zealand, totalling 31 paramedics. Programme to run again for 2023/24. Implement a pilot for IUC clinical advisors: DPOD, 31/03/23. Pilot to take place in Q4. Develop clinical career pathways in EOC, A&E and IUC DPOD, 31/03/23. A&E career pathway is in development, includes apprenticeship pilot. IUC career pathway in development with new roles. Progress at least 100 AAPs onto the paramedic apprenticeship programme in 2022/23 DPOD, 31/03/23 100 was an aspirational target, with constraints including capacity of universities to deliver sufficient numbers. Around 70 APPs will progress in 2022/23. Achieve 90% compliance across key components of Statutory and Mandatory training by the end of Q2, DPOD, EDQGPA, 30/09/22 90% compliance achieved by November. However, compliance in IG training has since slipped to 88%, remedial actions in place. The majority of competencies remain at above 90% compliance. 	

Strategic Ambition	2 Our people feel en	npowered, valued, and e	ngaged to perform at the	eir best	
Strategic Risk	2b Ability to support the health and well-being	e physical and mental g of staff (sheet 1 of 2)	IF the Trust is unable to support the physical and mental health of staff well THEN there is a risk that workfor availability and morale will be affected RESULTING IN an adverse impact on staff well-being and workforce capacity and on patient safety, effectiveness of care and patient experience		
Risk Appetite Coursent Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led Safe TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Risk 41: Premises security (12)	Key Controls Staff Health and Well-Being programme, support offer and processes NHS Health and Well-Being framework Trust Strategic Workforce Plan Trust Vision and Values Occupational health processes and procedures Trust policies and procedures Staff-side engagement Violence Prevention and Reduction Standard Additional Controls Portfolio Governance Boards NHS People Plan HR Business Partners Freedom to Speak Up Direct senior management engagement Clinical Supervision structure Staff-side engagement Diversity and inclusion plans Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Simply Do Ideas process Leadership in Action Programme YAS Training Plan Safer Responding Group Statutory and Mandatory Training Professional standards Regulatory frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell Staff Well-Being Group 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Strategic Health & Safety Committee Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Health and Well Being (21/22 - Significant) Absence Management (21/22 - Limited) Occupational Health (20/21 - Significant) Violence and Aggression (20/21 - Significant) Untoward Incidents (18/19 - Significant) Temp Injury Allowance (18/19 - Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit	1. Support for the physical and mental health and well-being of staff (control) 2. Improve staff attendance levels (control))	 Develop an approved Health and Wellbeing Plan for 2022/23 DPOD 30/06/22 Health and Well Being Plan approved, with 16 objectives. Delivery is overseen by an internal health and well-being group. Complete a review and options appraisal of Occupational Health and specialist provision DPOD 31/03/23. Review and options appraisal is complete. A business case for a reprovisioned service has been developed and this will go through governance and approvals processes during Q4. A procurement strategy for the reprovisioning has been developed. Develop an approved Mental Health and Well-Being policy DPOD 28/02/23. Mental Health and Well-Being policy is in development. Implement the Trust sickness absence plan aimed at reducing sickness absence in targeted areas: EOC, A&E, IUC DPOD, 31/03/23 The centrally managed work on sickness absence is now complete. However, sickness rates remain extremely high and non-COVID sickness absence is a high corporate risk. Other workstreams are now being undertaken to manage the high sickness rates in targeted areas across YAS. Implement the new national Infection Prevention and Control guidance EDQGPA, 31/12/22 New IPC Guidance introduced and implemented across the Trust during Q3 Develop a plan to mitigate the potential impact of industrial action by Trust staff EDOps, DIUC, DPOD 30/11/22 Strategic and operational response arrangements planned and in place. Tactical plans developed across all service lines and key support functions. Risk assessment carried out, with controls and mitigation actions identified and implemented.

Strategic Ambition	2 Our people feel empov	Our people feel empowered, valued, and engaged to perform at their best				
Strategic Risk	2b Ability to support the physhealth and well-being of s		IF the Trust is unable to support the physical and mental health of staff well THEN there is a risk that workforce availability and morale will be affected RESULTING IN an adverse impact on staff well-being and workforce capacity and on patient safety, effectiveness of care and patient experience			
Risk Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-Led Safe TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Staff Well-Being Risk 419: Covid lateral flow testing (16) Risk 523: Industrial Action (16) Risk 187: Cumulative effect of repeated moving and handling (15) Risk 441: Response to Domestic Abuse (15) Risk 362: Non-COVID sickness (16) Risk 444: Staff PPE Compliance (20) Risk 454: Safeguarding allegations (16) Risk 347: Incidents near water (15) Risk 521: Ballistic vest supply (16) Risk 42: Violence and aggression (12) Risk 515: JDM training (12) Risk 50: Immunity screening, vaccination, health surveillance (12) Risk 188: Health and Safety training for middle managers (12) Risk 290: Fire doors (12) Risk 466: Threat of harm risk assessment (12) Cultural Staff N	t policies and procedures -side engagement -nce Prevention and Reduction	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell Staff Well-Being Group 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Strategic Health & Safety Committee Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process 3rd Line of Defence Internal Audit Reviews: Health and Well Being (21/22 - Significant) Absence Management (21/22 - Limited) Occupational Health (20/21 - Significant) Violence and Aggression (20/21 - Significant) Health & Safety (19/20 - Significant) Untoward Incidents (18/19 - Significant) Temp Injury Allowance (18/19 - Significant)	4. Compliance with the Violence Prevention and Reduction Standard (control and assurance)	 3.1 Deliver the flu vaccination CQUIN scheme to vaccinate at least 70% of frontline staff DPOD, 28/02/23. Achievement of this target is at risk. As of December 2022, 48% of all Trust staff had received a flu vaccination, and 39% of frontline staff had received a flu vaccination. 3.2 Promote take-up of Covid booster vaccinations for patient-facing staff, DPOD 28/02/23 As of December 2022, 37% of staff had received a COVID-10 booster vaccination. 4.1 Develop a Violence Prevention and Reduction Strategy EDQGPA, 31/01/23. A draft strategy has been developed and circulated internally for stakeholder review. Completion of a finalised strategy is now expected during 2023/24 Q1 4.2 Complete a validated self-assessment against the Violence Prevention and Reduction Standard, EDQGPA, 31/03/23. The Trust has engaged in a peer review self-assessment exercise involving AACE and other ambulance trusts. This found that YAS is in a positive position regarding compliance with the Violence Prevention and Reduction Standard. As of January the Trust is self-assessed as compliant with around 60% of the standard, and partially compliant with the rest. The Trust has no areas of self-assessed non-compliance. 	
	YAS Tr Safer F Statuto Profess	Tership in Action Programme Training Plan r Responding Group story and Mandatory Training sessional standards slatory frameworks	External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit			

Strategic Ambition	2 Our people feel empowered, valued,	ole feel empowered, valued, and engaged to perform at their best				
Strategic Risk	2c Ability to promote and embed a positive a inclusive workplace culture	at all levels will be affected RESUL	IF the Trust is unable to embed a positive and inclusive culture THEN there is a risk that values and behaviou at all levels will be affected RESULTING IN an adverse impact on staff performance, recruitment and retention reputation, and on patient safety, effective of care and patient experience			
Risk Current Target	Corporate Risks (2022/23 Q4) Control Framewor	k Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains Well-Led Caring TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Workplace Culture Risk 454: Safeguarding allegations (16) Risk 523: Industrial Action (16) Risk 58: Culture and retention in NHS1111 (12) Risk 432: Effective supervision (12) Risk 52: Industrial Action Plan NHS Staff Survey Equalities Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff Networks WRES and DES monitoring and requires Impact Assessments Staff	Performance Report (IPR, TEG etc) Staff Networks Joint Steering Group Policy Development Group Accountability Framework Programme YAS Academy 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process Freedom to Speak Up 3rd Line of Defence Internal Audit Reviews: Freedom to Speak Up (19/20 – Significant) Statutory and Mandatory Training Data and KPIs (19/20 – Substantial) Digital Team Culture (21/22 – Advisory) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)	1. Strengthened leadership and management capacity and capability (control) 2. Diversity and Inclusion profile of the workforce (control) 3. Staff engagement and positive workplace culture (control)	 Commission a strategic partner to develop and deliver a programme of cultural and leadership development DPOD, 30/09/22. Strategic partner commissioned (Moorhouse); work programme planned and in delivery. Design and consult on a new leadership structure and roles as part of the new operating model DPOD, 3103/23. Phase 1 completed. Phase 2 to proceed in 2022/23 Q4. Phase 3 to proceed during 2023/24. Complete a training needs analysis of management development basics (Managing to Lead) DPOD, 31/03/23 Training needs analysis complete, to inform training plan. Targeted work (e.g. EOC) to improve the diversity profile of the Trust workforce from the August 2022 position of 6.2%. DPOD, 31/03/23. Work ongoing regarding recruitment. Aspects of this are specifically looking at creating more diverse interview panels and recruitment training for recruiters. Implement a Trust-wide Diversity Census DPOD 31/08/22 Diversity Census completed. Embed the new appraisal process and improve the completion rate to 90% DPOD, 31/03/23 Compliance with the new appraisal process was 69% as of November. Respond to staff on actions from the Staff Survey 2021 (including free text responses) via a 'You Said, Together We Did' campaign. DPOD, 31/10/22 You Said, Together We Did' campaign delivered during Q3. Multiple additional initiatives relating to staff engagement and positive culture, DPOD 31/03/23. Good progress overall, including: Say Yes to Respect Staff Networks Authentic Allyship Cultural Ambassadors Pulse surveys Freedom to Speak Up Restorative approaches Employee recognition / awards schemes Emgagement and cultural elements of the 		

Strategic Ambition	3 We achieve exce	ellence in everything we do	0		
Strategic Risk		bility to plan, govern, and gy and business priorities	IF the Trust has insufficient capacity or capability to plan, govern and deliver strategic and business THEN there is a risk that key developments will not be delivered effectively RESULTING IN an advon organisational structures, systems, and delivery models, and on patient care.		
Risk Appetite Moderate Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Quality, Governance and Performance Assurance (Actions 3 and 4) Assistant Director of Corporate Affairs (Actions 1 and 2) (post not currently filled, appropriate delegations in place) Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Strategy and Transformation Risk 525: Long term funding arrangements from the ICS (12)	Key Controls Trust Strategy Trust Business Plan Trust and system-wide business planning processes Gate Review Process TEG+ Programme Board Programme / project boards Programme / project governance and assurance (via PMO) Additional Controls ICB strategies, plans and priorities Trust policies and procedures Organisational Efficiency Programme National and sector-wide plans and priorities Quality Improvement Strategy Quality Impact Assessments Performance Management Framework Data Management Framework Regulatory frameworks System Oversight Framework CQC frameworks National planning guidance	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Gate Review Group Organisational Efficiency Group 3rd Line of Defence Internal Audit Reviews: Business Planning (22/23 – Limited) Performance Management (20/21 – Advisory), Data Quality and KPIs (21/22 – Limited) Risk Management (21/22 – Significant), Board Assurance Framework (20/21 – Significant) Business Case Management (18/19 – Advisory) Policy Management (21/22 – Significant) Strategic Governance (21/22 – Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) Business Insights Review 2018/19 (PwC) External Audit	1. Plan and deliver of Trust priorities during 2022/23 (control and assurance) 2. Business planning for 2023/24 (control) 3. Capacity and capability to deliver priority projects and programmes (control) 4. Effective Trust planning and governance arrangements (assurance)	 Develop an approved Trust business plan for 2022/23 ADPD, 30/06/22 Trust Business Plan developed, approved by the Trust Board and submitted to system and national partners. Develop reporting and assurance arrangements relating to implementation of the 2022/23 business plan ADPD 30/09/22 Assurance and reporting arrangements for business plan delivery have been developed. Quarterly monitoring and reporting, coordinated by the Planning and Development team, commenced from Q2 onwards. Develop a draft Trust business plan for 2023/24 ADPD 31/03/23 The Trust received NHSE 2023/24 planning guidance in December. A planning group commenced work in January to manage the planning process and produce the plan by 31 March. Apply learning from the internal audit review of business planning to strengthen the planning process for 2023/24 ADPD 31/03/23 The Trust accepted all findings and learning points from the internal audit review (which found limited assurance). Actions will be implemented to agreed timescales, and the learning applied to 2023/24 planning. Recruit key roles to support Trust priority programmes and projects EDQPGA, 31/12/22. Successful recruitment during Q3 by the Trust's PMO means that all priority programmes and projects are resourced. Complete a self-assessment against the CQC Well-Led framework EDQPGA, 31/07/22 Self-assessment completed during Q1/Q2. Undertake an external evaluation against the CQC Well-Led framework EDQPGA, 31/12/22 External evaluation ('supported self-assessment) carried out by NHSE during Q3. Findings shared with the Trust for consideration and action.

Strategic Amb	itio	n	3	We achieve excelle	ence in everything we d	lo		
Strategic Risk			3b	Ability to influence a the wider health and	nd respond to change in care system	IF the Trust does not identify and respond flexibly to changes in the health and care system THEN there is a rist that Trust plans, priorities, operating models, and resource allocations will not align well with those of local, regi and national partners RESULTING IN less Trust influence in the wider system, failure to maximise the benefits integration, and adverse impact on patient care and patient experience		
Risk Appetite Low	Initial	Current		Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led			• Ri	orate Risks: System Developments sk 525: Long term funding rangements from the ICS (12)	Key Controls ICB strategies, plans and priorities Integrated Commissioning Framework	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	Alignment of Trust and system wide development priorities (control)	1.1 Continue to develop and embed the Integrated Commissioning Framework model and processes ADPD, 31/03/23 ICF arrangements continue to operate and mature.
TEG Lead(s) (Responsible for actions unless stated otherwise) Assistant Director of Corporate Affairs (Action 1 (post not currently					Trust and system-wide business planning processes Trust organisational change / new operating model CQC Well-Led Framework Quality Improvement Strategy	1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell	2. Effective Trust planning, governance, and organisational structures (control)	2.1 Establish new ICS-facing leadership model, including appointment to key roles: (a) System Partner Director (b) Consultant Paramedics (c) Quality roles ADT, DPOD, 31/12/22 All roles have been
filled, appropriate delegations in place) Director of People and Organisational Development (Action 2) Executive Director of Quality, Governance and					National Patient Safety Strategy CQUINS Additional Controls Trust Strategy Trust Business Plan	2 nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Gate Review Group		established and appointments made. 2.2 Design and consult on a new leadership structure and roles as part of the Trust's new operating model ADT, DPOD, 31/03/23 Phase 1 (2.1 above) completed. Phase 2 to proceed during Q4. Phase 3 to proceed during 2023/24.
Performance Assurance (Action 3) Committee Assurance Primarily the Quality Committee	x 4 =	$3 \times 4 = 12$ $3 \times 4 = 12$			Gate Review Process TEG+ Programme Board Programme / project boards Programme / project governance and assurance (via PMO)	3 rd Line of Defence Internal Audit Reviews: Serious Incidents (22/23 – Significant)	3. Sector and system developments relating to quality and safety (control)	3.1 Implement the national patient safety strategy EDQPGA , 31/03/23. National timescales changed: shadow implementation by March 2023, full implementation by September 2023.
Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.					Trust policies and procedures Transformation programme National and sector-wide plans and priorities Regulatory frameworks National planning guidance System Oversight Framework Quality Impact Assessments	External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Integrated Commissioning Framework Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit		 3.2 Review the clinical governance process in the Trust. EDQPGA, 31/03/23. Linked to new operating model and devolved structures, delivery moved to 2023/24. 3.3 Implement the new patient experience framework EDQPGA, 31/12/22 Patient experience framework developed and approved. Implementation timescales have changed: implementation expected in Q4. 3.4 Renew the approach to QI implementation across the Trust, ensuring full alignment with organisational priorities and including
								collaboration with the ICF. EDQPGA, 31/03/23. QI methodology settled, with mixed model working well. Future integration in Trust linked to Moorhouse work on organisational development. 3.5 Deliver the agreed CQUINs for 2022/23 EDQPGA, 31/03/23. CQUINs progressing well, although flu jab target will not be met.

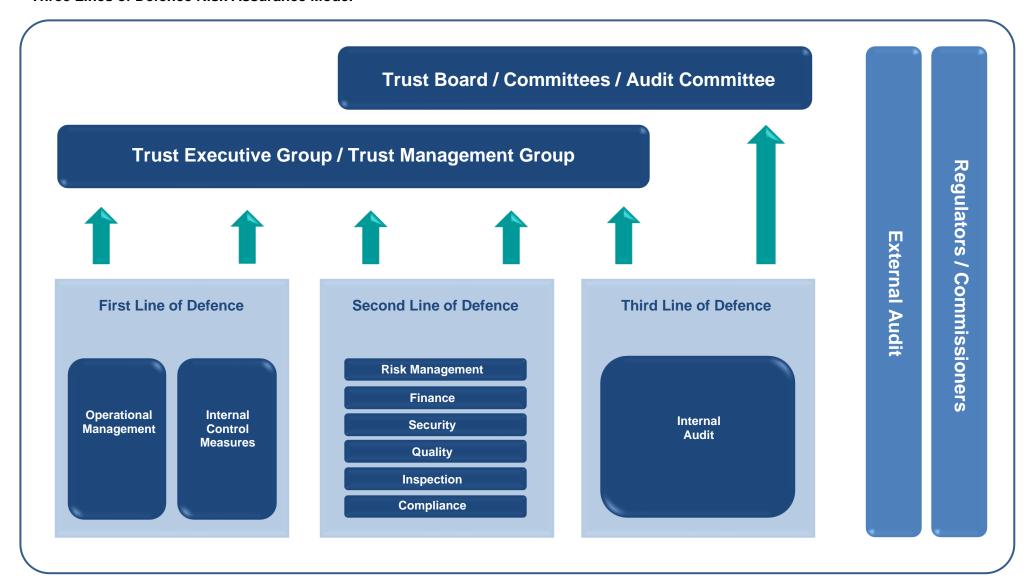
Strategic Ambition	3 We achieve excel	lence in everything we do				
Strategic Risk	57-	Ability to respond well to climate change and other business continuity threats		IF the Trust does not address business continuity threats, including climate change, THEN there is a risk that strategic and tactical plans, developments and responses will be inadequate RESULTING IN failure to comply with policy, regulatory or statutory requirements, more frequent localised or organisation-wide disruptions, loss Trust assets, and adverse impact on staff well-being, patient care, and organisational reputation		
Risk Appetite Low Current Carget	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-Led TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Finance (Actions 1 and 2) Executive Director of Operations (Actions 3 and 4) Committee Assurance Primarily the Quality Committee Enabling elements (ICT, Estates, Fleet etc) also fall within the remit of the Finance and Investment Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Climate Change and Business Continuity Risk 62: Climate change (15) Risk 484: EOC disaster recovery (15) Risk 500: EOC triage – cyber attack (15) Risk 480: Marauding terrorist attack capability (16) Risk 15: Loss of EOC Springhill (12) Risk 288: National Security Risk Assessment (12) Risk 41: Premises security (12)	Key Controls Greener NHS Programme YAS Green Plan Sector-wide net-zero targets (ICBs, PTS etc) Trust climate change risk assessments and plans National security risk assessment processes and risk register Business continuity plans and processes Additional Controls Trust Strategy Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards COVID debrief and lessons identified processes Regional system-wide plans and priorities National and sector-wide plans and priorities: Professional standards Regulatory frameworks Estates strategy Fleet strategy	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Gate Review Group Resilience Governance Groups 3rd Line of Defence Internal Audit Reviews: Risk Management (21/22 – Significant), Policy Management (21/22 – Significant) Business Continuity (21/22 – Advisory) Resilience and Special Services (19/20 – Significant) Waste Management (19/20 – Substantial) Security Management (20/21 – Significant) Business Case Management (18/19 – Advisory) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit	1. Delivery of national, regional and sector sustainability priorities and targets [e.g.Net-Zero] (control) 2. Planning and response to climate-related tactical / operational issues: flood, adverse weather events (control) 3. EPRR compliance and capability (control and assurance) 4. Effective business continuity arrangements (control and assurance)	 1.1 Deliver the YAS Green Plan actions for 2022/23. DoF 31/03/23. Delivery of actions is at risk due to resourcing and capacity issues. Internal delivery structures are being strengthened, and escalation / engagement to system partners is underway. 2.1 Include climate change assessment in business continuity plans. DoF, 31/03/23 Ongoing as part of Green Plan delivery 2.2 Develop the climate change adaptation plan for the Trust DoF, 31/03/23 Ongoing as part of Green Plan delivery. 2.3 Complete a flood risk assessment: properties, staff, patients, and assets DoF, 31/03/23 Ongoing as part of Green Plan delivery. 3.1 EPRR Core Standard: achieve 'substantial compliance' EDOps, 31/03/23 On track to achieve substantial compliance by next self-assessment. 3.2 Test and exercise EPRR capability. EDOps, 31/03/23. Some testing has taken place, but full exercise and testing deferred to September 2023. 4.1 Review of business continuity plans and related processes as learning from Adastra incident ED.Ops, DIUC, CIO 31/12/22 23 Business continuity arrangements have been strengthened, including resilience software to support NHS 111. 4.2 Complete the York Fairfields business continuity project EDOps, 31/03/23 On track for completion to time, although costs have exceeded initial planned budgets. First floor space has been handed over to EOC to commence operations from Fairfields. 4.3 Test and exercise the York Fairfields business continuity arrangements. EDOps, 31/03/23. EOC functions are operating from Fairfields and have been fully tested. 	

	4 We use resources wisely to invest in and sustain services				
Strategic Risk 4a	4a Ability to plan, manage and control Trust finances effectively		IF the Trust is unable to plan, manage and control its finances well THEN there is risk that it will have income to meet operational and strategic priorities, RESULTING IN an adverse impact on investment care and enabling infrastructure, and on reputation and regulatory compliance		
Risk Appetite Low Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led Risen Risen	Risk 503: Counter Fraud: pay and enhancements (15) Risk 502: Counter Fraud: malicious email (20) Risk 377: Mandate fraud (12) Risk 525: ICS long-term funding (12) Risk 526: BPPC performance (12) Risk 36: Holiday pay calculation (12) Risk 505: Counter Fraud: bribery and corruption (12) Risk 504: Counter Fraud: secondary employment (12)	Key Controls National and regional financial planning and management arrangements Trust Financial Plan and planning process Trust SFIs, Scheme of Delegation etc Trust policies and procedures Monthly Finance reporting (TEG, TMG) Trust Capital Plan and planning process Capital Monitoring Process Annual Report and Accounts to NHSE/I Trust Counter Fraud Plan Counter Fraud National Standards Additional Controls F&I Committee Audit Committee Finance Business Partners Gate Review Process Internal Audit External Audit Organisational Efficiency Programme Monthly NHSI/E submission and review meetings Single Oversight Framework NAA Benchmarking information and collaborative reviews. Model Ambulance benchmarking Professional standards (accounting, financial management etc) Regulatory frameworks Contract management processes and frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) 2nd Line of Defence Capital Monitoring Group Transformation Governance: TEG+ Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Gate Review Group Organisational Efficiency Group 3rd Line of Defence Counter Fraud Internal Audit Reviews: Pay Expenditure (21/22 - Limited) Capital Planning (21/22 - Significant) Accounts Payable (21/22 - Significant) General Ledger (21/22 - Significant) Charitable Funds (21/22 - Significant) Expenses Travel Claims (20/21 - Limited) Bank, Treasury, Cashflow (20/21 - Significant) Procurement (20/21 - Limited) Budgetary Control (19/20 - Significant) Fixed Assets (19/20 - Substantial) NHSE Financial Sustainability Audit (22/23) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts	Financial planning and management for 2022/23 (control) 2. Financial planning and management for 2023/24 (control) 3. Assure the delivery of organisational efficiency requirements for 2022/23 (assurance)	 Secure internal and external approval for the Trust's 2022/23 financial plans (revenue and capital) DoF, 31/06/22. The Trust's financial plans for 2022/23 have been developed and approved. Operate within the financial envelope agreed via the 2022/23 financial plan DoF, 31/03/23. The Trust forecast to at least breakeven against the financial plan. At M9 the Trust has indicated to the ICB a potential upside risk which would result in a surplus. Develop the Trust's draft financial plans (revenue and capital) for 2023/24 DoF, 31/03/23. 2023/24 planning guidance was issued by NHSE in December. 2023/24 plans (revenue and capital) are being developed / refined by the Trust in line with the planning guidance. Develop recurrent organisational efficiency initiatives for 2023/24 DoF, EDOps, 31/03/23. An organisational efficiency programme has been established to identify and manage initiatives for 2023/24. These will be further developed in line with the efficiency requirements in the planning guidance. Particular attention will be given to quantifying performance efficiencies (not just cash releasing), i.e. Where the Trust is effectively planning to do more with less resource. Examples include initiatives to reduce sickness and therefore backfill costs, increased Hear and Treat rates etc. Design and implement governance and assurance arrangements relating to the delivery of organisational efficiency initiatives DoF, EDOps, 30/09/22. An organisational efficiency programme has been established, with Executive leadership, and formal governance and assurance arrangements via the Trust's PMO.

Strategic Ambition	4 We use resources	wisely to invest in and s	sustain services		
Strategic Risk		technology and cyber nts effectively (sheet 1 of 2)	IF the Trust is unable to deliver technology and cyber security developments effectively THEN there is a risk that systems and infrastructure will not be fit for purpose RESULTING IN an adverse impact on digital tools for staff, security of systems and data, reputation, regulatory compliance, and patient care		
Risk Appetite Courrent Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Effective Well-Led TEG Lead(s) (Responsible for actions unless stated otherwise) Chief Information Officer Committee Assurance Primarily the Finance and Investment Committee Enabling elements (Workforce, Training, Culture) also fall within the remit of the Quality Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Digital, ICT, Cyber/IG Risk 30: Staff data security training (16) Risk 431: Global shortage of computer chips (12) Risk 28: Management of paper records (12) Risk 456: Phishing emails (12) Risk 457: Denial of Service (12) Risk 472: MDVS Rollout Delay (12) Risk 508: Health IT clinical safety (12)	Key Controls Trust Business Plan Trust Digital Strategy TEG+ Programme Board Programme / project governance and assurance (via PMO) DSP Toolkit GDPR Cyber Security standards Service Management standards (ITIL, ISO) Additional Controls Programme / Project Plans CareCERT Alerts (NHS Digital) NHS Secure Boundary (NHS Digital) Trust policies and procedures Gate review processes Business planning processes NAA Digital Lead Mandatory training compliance: data security awareness Data Protection Impact Assessments Data Sharing Agreements Statutory / designated roles: Data Protection Officer Senior Information Risk Officer Caldicott Guardian Information Asset Owners Regulatory Frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Group Programme / Project Boards Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Compliance Reporting 2nd Line of Defence Information Governance Working Group Transformation Governance: TEG+ PMO Programme Assurance SIRO and DPO Processes Risk and Assurance Group 3rd Line of Defence Internal Audit Reviews: IT Asset Management (22/23 Limited) Data Security Standards (22/23 – Moderate) IT Service Desk (21/22 – Significant) Cyber Security: Phishing (21/22 – Limited) CAD Management (20/21 - Limited) Home Working Security (20/21 – Significant) IM&T Governance (21/20 – Substantial) Active Directory (19/20 – Substantial) Mobile Devices (19/20 – Limited) Server Management (19/20 - Substantial) ePR System Penetration (18/19 – Significant) IT Risk Management (18/19 – Significant) Digital Team Culture (21/22 – Advisory) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc)) DSP Toolkit assessment / audit External cyber security assessment Information Commissioner's Office	1. Delivery of high priority digital change projects (control) 2. Embed and demonstrate usage and benefits realisation from digital technology (assurance))	 Work with the YHCR to launch two-way data sharing to improve the safety and effectiveness of the patient journey through the urgent and emergency care system. CIO,31/03/23 YAS expect to have the ability to launch content from the YHCR by Q3 23/24. Discussions are ongoing with MIS and Adastra about similar functionality for 999/111 clinicians. Potentially the National Record Locator information (replaces Summary Care Record) will also be available later in the year depending on national rollout. Deliver the digitisation of the medicines process CIO, 31/03/23 The first stage pilot of this project has been completed and will launch in January 2023. Embed the usage of personal issue Smart phones for frontline staff. CIO, EDOps, 31/03/23 Front line staff mobile phones have been rolled out successfully. Work to increase usage and benefits is ongoing. Maximise the use of mobile technology to support stroke video triage. CIO, 31/12/22 This has been piloted in South Yorkshire. Full rollout plans are being developed. Maximise utilisation of the Electronic Patient Record CIO, 31/03/23 Current usage is circa 90%. Audit work continues to identify where there is a shortfall in usage. mainly this is private providers with no access to the EPR.

Strategic Ambition	4 We use resources	s wisely to invest in and s	sustain services		
Strategic Risk		technology and cyber nts effectively (sheet 2 of 2)	IF the Trust is unable to deliver technology and cyber security developments effectively THEN there is a risk that systems and infrastructure will not be fit for purpose RESULTING IN an adverse impact on digital tools for staff, security of systems and data, reputation, regulatory compliance, and patient care		
Risk Appetite Current Target	Corporate Risks (2022/23 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
Effective Well-Led TEG Lead(s) (Responsible for actions unless stated otherwise) Chief Information Officer Committee Assurance Primarily the Finance and Investment Committee Enabling elements (Workforce, Training, Culture) also fall within the remit of the Quality Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Digital, ICT, Cyber/IG Risk 30: Staff data security training (16) Risk 431: Global shortage of computer chips (12) Risk 28: Management of paper records (12) Risk 456: Phishing emails (12) Risk 457: Denial of Service (12) Risk 472: MDVS Rollout Delay (12) Risk 508: Health IT clinical safety (12)	Key Controls Trust Business Plan Trust Digital Strategy TEG+ Programme Board Programme / project governance and assurance (via PMO) DSP Toolkit GDPR Cyber Security standards Service Management standards (ITIL, ISO) Additional Controls Programme / Project Plans CareCERT Alerts (NHS Digital) NHS Secure Boundary (NHS Digital) Trust policies and procedures Gate review processes Business planning processes NAA Digital Lead Mandatory training compliance: data security awareness Data Protection Impact Assessments Data Sharing Agreements Statutory / designated roles: Data Protection Officer Senior Information Risk Officer Caldicott Guardian Information Asset Owners Regulatory Frameworks	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Digital Management Group Programme / Project Boards Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Compliance Reporting 2nd Line of Defence Information Governance Working Group Transformation Governance: TEG+ PMO Programme Assurance SIRO and DPO Processes Risk and Assurance Group 3rd Line of Defence Internal Audit Reviews: IT Asset Management (22/23 Limited) Data Security Standards (22/23 – Moderate) IT Service Desk (21/22 – Significant) Cyber Security: Phishing (21/22 – Limited) CAD Management (20/21 - Limited) Home Working Security (20/21 – Substantial) Active Directory (19/20 – Substantial) Mobile Devices (19/20 – Limited) Server Management (19/20 - Substantial) ePR System Penetration (18/19 – Significant) IT Risk Management (18/19 – Significant) Digital Team Culture (21/22 – Advisory) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc)) DSP Toolkit assessment / audit External cyber security assessment Information Commissioner's Office	3. Cyber security / information governance capacity, capability, and compliance (control and assurance)	 3.1 Strengthen overall compliance with the DSP Toolkit standards (implement actions from 360 Assurance DSPT audit). CIO, SIRO 31/03/23 The 2022 DSP toolkit overall rating was moderate assurance. Significant progress has been made with IG training, in part due to a compliance dashboard being produced using ESR data and sent to all managers. Other outstanding audit actions have either been completed or are in the process of completion due to changes in technology. 3.2. Review the resilience, disaster recovery and business continuity plans relating to business critical systems and infrastructure across the Trust CIO, EDOps 31/03/23 Resilience software has been developed to support NHS 111 based on the extended outage in August 2022. The technical teams continue to work with infrastructure suppliers to maintain the required resilience across all sites, especially the three contact centres. 3.3 Review the end of life / end of support technology in use across the Trust CIO, 31/03/23 The refresh of end of life and end of support technology takes place during the annual planning cycle for capital and revenue budget allocation. A number of areas have been identified for 2023/24 including the required upgrade of the Avaya call handling platform, the implementation of the MDVS platform within all trust DCA/RRV, the cessation of the ISDN telephony service to all call centres, the Trust wifi and replacement of other core enterprise hardware and infrastructure. Plans are in progress for their replacement as needed.

Strategic Ambition	We use resources wisely to invest in and sustain services			
Strategic Risk 4c Ability to deliver key enabling infrastructure effectively: estates and fleet		will not be fit for purpose RESULTING IN pren	IF the Trust is unable to deliver key enabling infrastructure effectively THEN there is a risk that estates and fleet will not be fit for purpose RESULTING IN premises locations, configurations and facilities that do not meet organisational needs and a fleet that does not support effective operations and care	
Risk Appetite Courrent Target	Corporate Risks (2022/23 Q4) Control Fram	AWORK ASSIITANCA FRAMAWORK	ols and Assurance: aps / Developments Key Mitigation Actions	
CQC Domains Effective Well-Led TEG Lead(s) (Responsible for actions unless stated otherwise) Executive Director of Finance Committee Assurance Primarily the Finance and Investment Committee Enabling elements (Workforce, Training, Culture) also fall within the remit of the Quality Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.	Corporate Risks: Estates and Fleet Risk 62: Climate change (15) Risk 511: EFF funding for estates (15) Risk 15: Loss of EOC Springhill (12) Risk 236: Percentage of fleet available for AVP (12) Risk 290: Fire doors (12) Risk 68: Deep clean tablet system (12) Additional Controls Programme / Project Plans Trust policies and procedur Business planning process Procurement Group Strategic Health and Safety Health and Safety processe Risk Assessment processe ERIC returns Premises Assurance Mode Hybrid working plans National policies and guida Professional standards Regulatory frameworks	Trust Board Board Committees Audit Committee 1st Line of Defence Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Infrastructure Management Group 2nd Line of Defence Transformation Governance: TEG+ PMO Programme Assurance Hub and Spoke / AVP Boards Inspections for Improvement Process Strategic Health and Safety Committee Capital Monitoring Group 2. Fleet ma (control) 2. Fleet ma (spinificant) Stocks and Stores (20/21 – Limited) Security Management (20/21- Significant) Estates Maintenance (18/19 – Significant)	1.1 Develop an estates and accommodation masterplan DoF 30/09/23 This action will be progressed during 2023/24. 1.2 Deliver the estates reconfiguration to support hybrid working DoF, 31/12/22 Phases 1 and 2 of the hybrid working porgramme are complete, providing two main hybrid working areas with 74 hot-desks and multiple meeting rooms, supported by a booking application and hybrid working guidance. 1.3 Progress key estates projects in line with approved project plans: • York Fairfields redevelopment DoF, 31/03/23. On track for completion to time, although costs have exceeded initial planned budgets. First floor space has been handed over to EOC to commence operations from Fairfields • Scarborough ambulance station and cluster AVP DoF, 31/03/23 Project on track for cost and delivery, benefits will not commence until the station goes live. Project will continue in 2023/24. • Hull hub and spoke model, DoF, 31/03/23 Project on track for cost and delivery, benefits will not commence until the station goes live. Project will continue in 2023/24. 2.1 Deliver the 2022/23 targets in the multi-year fleet replacement plan (64 A&E vehicles per annum over five years). DoF 31/03/23 Progress has been delayed by national issues with design, materials and supply but vehicles are being low emission vehicles DoF, 31/03/23 PTS fleet renewal plans are in development, with a proposed phased delivery over five years, commencing 2023/24.	



Risk Management and Assurance Information Flows

Strategy One Team, Best Care Strategic Objectives Business Plan Priorities **Performance** Risk **Integrated Performance Report Board Assurance Framework** Risks to Strategic Objectives Controls and Assurance **KPIs and Metrics linked to Strategic Objectives Trust Board** Receives assurance from Executive Directors, other senior leaders, and independent sources, directly or via committees Finance and **Audit** Quality **Investment** Committee Committee Committee **Trust Management Group Trust Executive Group** Reviews and aligns the BAF and the Corporate Risk Register Management Management **Risk Assurance Group Processes** Processes **Reviews and moderates corporate risks Escalation / De-Escalation Directorates and Service Teams** Directorate, service, and project / programme risk registers