NHS
Yorkshire
Ambulance Service
NHS Trust

Board Assurance Framework
2022/23

Year-End Position
Trust Board 27/04/2023

The information in this document derives from multiple triangulated sources, including:

- Executive Director and other senior managers
- Business Plan delivery reporting
- Project and Programme reporting ('TEG+')
- Corporate Risk System
- Integrated Performance Report
- Internal Audit Reviews

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, Q4 Board Committees
Date	09-03-23

Key to Role 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

Areas of Strategic Risk	2022/23 Projected Risk Exposures				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
	Q1	Q2	Q3	Q4						
1. 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	⬆	16	Operational risk exposures remained high as a result of winter pressures, exacerbated by the impact of industrial action, although there have been periods of lower demand. The Trust has managed the impact of winter pressures and industrial action well: mitigations have been effective in enabling the Trust to continue to provide a service. Mitigations include the clinical safety plan arrangements, a dynamic winter plan, and co-ordinated response to industrial action via a series of tactical plans. 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 but remains an area of risk. The Fairfields project has progressed with the first floor now operational.	Q4 risk exposures higher than original projection
1b Ability to deliver high quality care in Integrated and Urgent Care/NHS111 services	16	12	16	16	16	20	⬆	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. Some areas of performance have seen improvements, and benchmarking data shows the Trust's relative position is more positive than earlier in 2022/23. Key change programmes (rota review; Single Virtual Contact Centre) have slipped or changed and have new delivery timetables.	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	⬆	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. The PTS pathfinder project work continues. Refreshed eligibility criteria in line with national guidance has been piloted. Findings are now being evaluated and an approach for implementation across each ICB area is in development. The signposting and alternative options work completed its final test stage. PTS fleet renewal plans have been developed and approved, with a proposed phased delivery over five years, commencing 2023/24.	Q4 risk exposures higher than original projection

Areas of Strategic Risk		2023/23 Projected Risk Exposures				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
2. Our people feel empowered, valued, and engaged to perform at their best											
2a	Ability to ensure provision of sufficient clinical workforce capacity and capability	16	16	16	12	16	20	↑	12	Overall risk exposures remain high. 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 put at risk the Trust's ability to provide sufficient workforce on strike days. As a result, the overall risk exposure in this area 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 detailed Health and Well Being Plan with 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). Previous 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 of Strategic Risk		2023/24 Projected Risk Exposure				Q3 Actual	Q4 Actual	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
3. 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 2023/24 has been developed. 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, and the Trust Board has held a session on action-planning relating to this.	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, with new System Leadership Directors and other area leadership roles arrangements now in place. The Phase 2 consultation on new operating model and senior leadership roles has taken place, with further phases to come. The Trust is progressed 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	Movement	Q4 Target	Commentary: Latest Quarterly Position	Deviations from projections
		Q1	Q2	Q3	Q4						
4. 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	16	⬆	12	The Trust operated within its 2022/23 financial envelope and returned some funding to the system. 2023/24 financial plans (revenue and capital) have been developed by the Trust in line with planning guidance issued by NHSE. While the Trust has developed a balanced revenue plan, wider system plans are currently in deficit. The Trust faces significant risk regarding limited availability of capital, and this risk will be built into the Board Assurance Framework in 2023/24. An organisational efficiency programme has been established to identify and manage efficiency initiatives for 2023/24.	Q4 risk exposures higher than 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.	16	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 fully joined-up care responsive to their needs	
Strategic Risk	1a	Ability to deliver high quality care in 999/A&E operations (sheet 1 of 2)	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	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 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.		4 x 4 = 16	5 x 5 = 25	4 x 4 = 16	**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 436: 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 (15) ● 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) ● Risk 532: Clinical Supervisor job evaluation (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 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	**1. Management of and response to demand pressures** (control) Including: risk of patient harm relating to: • Call handling • Response times • Hospital handover **2. Provision of sufficient staffing levels in EOC and 999/A&E Operations** (control)	1.1 Activate, maintain and review REAP arrangements and risk assessment **EDOps ongoing to 31/03/23. Implemented; further equivalent action planned in 2023/24 as required.** REAP levels reviewed weekly. Trust at REAP 4 through much of 22/23 but de-escalated to REAP3 in Q4. 1.2 Activate, maintain and review a clinical safety plan for EOC and A&E **EDOps ongoing to 31/03/23. Implemented; further equivalent action planned in 2023/24 as required.** This is an ongoing and dynamic process. 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. Partially implemented and carrying forward into 23/24.** Improvements achieved in January 2023 were not all sustained throughout Q4. Significant handover concerns in the Humber and North Yorkshire ICB area, with targeted initiatives to address this. System Partnership Directors leading engagement with partners; national and local escalations are in place via ICBs and A&E Delivery Boards. Despite mitigations, risk of patient harm from handover delays remains very high. 1.4 Develop and implement winter plans **EDOps 31/10/22. Implemented; further equivalent action planned in 2023/24,** including enhancements to the plan by implementing recommendations from an external review held in 22/23. 2.1 Develop and deliver the increased workforce plan for A&E and EOC **EDOps, DPOD 31/03/23. . Implemented; further equivalent action planned** to deliver the 2023/24 recruitment trajectories. 2.2 Maximise the potential of the volunteer workforce in A&E provision **EDOps, 31/03/23 Implemented; further equivalent action planned in 2023/24.** CFR training regarding response to non-injury falls patients is now in place and will develop further in 2023/24

Strategic Ambition	1	Patients and communities experience fully joined-up care responsive to their needs	
Strategic Risk	1a	Ability to deliver high quality care in 999/A&E operations (sheet 2 of 2)	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	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 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.		4 x 4 = 16	5 x 5 = 25	4 x 4 = 16	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 436: 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) ● Risk 532: Clinical Supervisor job evaluation (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 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	2. Provision of sufficient staffing levels in EOC and 999/A&E Operations (control) 3. Service Developments (control) 4. Strengthened leadership, culture, and operating models (control)	2.3 Develop a plan to mitigate the potential impact of industrial action by Trust staff EDOps, DPOD 30/11/22 Implemented. Plans in place to mitigate impact in 2022/23 can be actioned again as required in 2023/24. National consultation continues into 2023/24. 3.1 Develop the Critical Care strategy, including: (a) Develop a plan for improving outcomes from cardiac arrest EMD, 31/03/23. Implemented; further equivalent action planned in 2023/24. 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. Implemented; further equivalent action planned in 2023/24. A maternity plan has been developed and will be taken through approval routes 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. Partially implemented, significant progress made but some areas to carry forward into 2023/24. Some parts of the programme have been slowed or paused due to winter pressures and industrial action. 4.2 Embed the Team Based Working model in A&E Operations. EDOps, 31/03/23. Partially implemented, significant progress made but carrying forward into 2023/24. An evaluation of team-based working in A&E Operations has been carried out and recommendations will be implemented in 2023/24 Q1 and Q2. 4.3 Design and develop Team Based Working within EOC EDOps, 31/03/24. Partially implemented, significant progress made but carrying forward into 2023/24. A business case for EOC team-based working has been developed and awaits TEG/TMG approval, with implementation expected to commence during 2023/24.

Strategic Ambition	1	Patients and communities experience fully joined-up care responsive to their needs

Strategic Risk	1b	Ability to deliver high quality care in Integrated Urgent Care/NHS111 services	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	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)
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
 	
Audit Committee has oversight of the entire BAF as part of its assurance remit.
	4 x 4 = 16	4 x 5 = 20	4 x 4 = 16	**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 362: Non-COVID sickness (16)
				
				● 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 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
							1. Provision of sufficient staffing levels in IUC/111 (control)
							
							2. Service Developments (control)
							
							3. Strengthened leadership, culture, and operating models (control)
								1.1 Develop and deliver an increased workforce plan for IUC. **DIUC 31/03**/23 **Partially implemented, equivalent actions to continue in 2023/24.** Workforce plans developed and actioned, but recruitment levels below planned trajectories. Staff capacity risks remain high, especially regarding the clinical establishment.
								
								1.2 Complete the rota review in IUC **DIUC 31/03/23. Partially implemented, to be completed in 2023/34.** 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 Implemented.** Plans in place to mitigate impact in 2022/23 can be actioned again as required in 2023/24. National consultation continues into 2023/24.
								
								2.1 Understand the impact and risks associated with Single Virtual Contact Centre (SVCC) **DIUC 31/03/23. Implemented as far as possible (but now superseded).** The SVCC programme is no longer mandated and further development has been paused pending national decisions.
								
								3.1 Deliver the planned 2022/23 actions in the IUC improvement programme **DIUC 31/03/23 Partially implemented, continues into 2023/24.** IUC Improvement Programme is delivering multiple initiatives on recruitment, retention, training, and workplace culture etc. However, staffing capacity remains below target for key roles, particularly clinical roles.

Strategic Ambition	1	Patients and communities experience fully joined-up care responsive 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 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	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) 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 Audit Committee has oversight of the entire BAF as part of its assurance remit.		3 x 4 = 12	4 x 5 = 20	3 x 4 = 12	**Corporate Risks: PTS** ● Risk 523: Industrial Action (16) ● Risk 362: Non-COVID sickness (16) ● Risk 419: Covid lateral flow testing (12)	**Key Controls** Trust Strategy System-wide planning and commissioning Trust Financial Plan and Business Plan National / sector performance frameworks PTS contract standards and requirements NEPTS Pathfinder NEPTS national strategies and plans Regulatory frameworks **Additional Controls** Trust Fleet Strategy COVID response and recovery planning processes Trust policies and procedures Gate Review Process 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 National policy developments Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) PTS contracting processes Procurement processes Business Continuity plans and processes Winter planning processes	**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 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) 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	**1. Provision of sufficient levels of PTS staffing and volunteers** (control) **2. Service Developments** (control)	1.1 Develop and deliver the increased workforce plan for PTS **DIUC 31/03/23. Partially implemented, equivalent actions to continue in 2023/24** Training courses delivered and ongoing. Unlikely to reach the establishment FTE target due to 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 Implemented, but equivalent actions for 2023/24.** Ongoing recruitment and development of PTS volunteers. 1.3 Develop a plan to mitigate the potential impact of industrial action by Trust staff **DIUC, DPOD 30/11/22 Implemented.** Plans in place to mitigate impact in 2022/23 can be actioned again as required in 2023/24. National consultation continues into 2023/24. 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 Implemented,** undertaking evaluation and closure. (b) Develop and implement alternative options for passenger transport and user signposting **DIUC 31/03/23. Implemented.** Signposting project completed its final test stage. 2.2 Net-zero: achieve the 2023 target of 50% of PTS fleet being low emission vehicles **DoF, 31/03/23 Partially implemented, continues into 2023/24** PTS fleet renewal plans have been developed, with a proposed phased delivery over five years, commencing 2023/24.

Strategic Ambition	2	Our people feel empowered, valued, and engaged to perform at their best

Strategic Risk	2a	Ability to ensure provision of sufficient clinical workforce capacity and capability	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 adverse impacts on patient safety, effectiveness of care and patient experience.

Risk Appetite	Moderate	Initial	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.		4 x 4 = 16	4 x5 = 20	3 x 4 = 12	**Corporate Risks: Workforce** ● Risk 433: EOC staffing capacity (20) ● Risk 523: Industrial Action (16) ● Risk 54: Clinical capacity in NHS111/IUC (20) ● Risk 367: Health Advisor recruitment (20) ● Risk 106: Resuscitation training and competency (15) ● Risk 362: Non-COVID sickness (16) ● Risk 58: Culture and retention in NHS111 (12) ● A&E Operations staffing resource (12)	**Key Controls** Trust Strategic Workforce Plan 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 Direct Executive and senior management engagement Clinical Supervision structure Staff-side engagement Diversity and Inclusion plans and processes Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Just Culture processes Simply Do Ideas process Accountability Framework Leadership in Action Programme 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) 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 **3rd Line of Defence** Internal Audit Reviews: Recruitment (22/23 – tbc) 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	**1. Recruitment to key staff groups** (control) **2. Retention of key staff groups** (control) **3. Statutory and Mandatory training compliance** (control)	1.1 Develop the Trust's strategic workforce and capacity plan (with ORH) **DPOD, 31/03/23. Partially implemented, work continuing into 2023/24** 1.2 Deliver the Trust's key recruitment targets within the annual recruitment plan **DPOD, 31/03/23 Partially implemented, equivalent work carrying forward into 2023/24.** Recruitment trajectories and plans in place for EOC, A&E, IUC, PTS. 1.3 International recruitment programme: ● Deliver two cohorts of A&E paramedics **DPDO, 31/08/22 Implemented.** Two cohorts onboard in 2022/23. Programme to run again for 2023/24. ● Implement a pilot for IUC clinical advisors: **DPOD, 31/03/23. Implemented.** 15 nurses from Kerela in India recruited. 2.1 Develop clinical career pathways in EOC, A&E and IUC **DPOD, 31/03/23. Partially implemented; carrying forward into 2023/24.** A&E career pathway implemented. EOC and IUC career pathways in development. 2.2 Progress at least 100 AAPs onto the paramedic apprenticeship programme in 2022/23 **DPOD, 31/03/23 Partially implemented; carrying forward into 2023/24.** 100 was an aspirational target, with constraints including capacity of universities to deliver sufficient numbers. Around 70 APPs will progress in 2022/23. 3.1: Achieve 90% compliance across key components of Statutory and Mandatory training by the end of Q2, **DPOD, EDQGPA, 30/09/22 Implemented; further equivalent actions planned for 2023/24.** 90% compliance achieved by November. The majority of competencies remain above 90% compliance.

Strategic Ambition	2	Our people feel empowered, valued, and engaged to perform at their best	
Strategic Risk	2b	Ability to support the physical and mental health and well-being 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 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 Appetite — Low	Initial	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.	4 x 4 = 16	5 x 4 = 20	3 x 4 = 12	**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 41: Premises security (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)	**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) Health & Safety (19/20 – 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))	1.1 Develop an approved Health and Wellbeing Plan for 2022/23 **DPOD 30/06/22** 22 **Implemented; further equivalent actions planned for 2023/24** Health and Well Being Plan approved, with 16 objectives. Delivery is overseen by an internal health and well-being group. 1.2 Complete a review and options appraisal of Occupational Health and specialist provision **DPOD 31/03/23.** 22 **Implemented; further actions planned for 2023/24.** Review and options appraisal is complete. A business case and procurement strategy for a reprovisioned service has been developed. 1.3 Develop an approved Mental Health and Well-Being policy **DPOD 28/02/23.** **Not implemented in 2022/23, will be taken forward in 2023/24.** 1 2.1 Implement the Trust sickness absence plan aimed at reducing sickness absence in targeted areas: EOC, A&E, IUC **DPOD, 31/03/23** **Partially implemented.** Work on procurement of absence reporting system/case work management is part complete and continues in 2023/24. New absence policy in draft. New Power BI dashboard allows areas of concern to be targeted. Work continues in 2023/24. 2.2 Implement the new national Infection Prevention and Control guidance **EDQGPA, 31/12/22** **Implemented.** New IPC Guidance introduced and implemented across the Trust during Q3. 2.3 Develop a plan to mitigate the potential impact of industrial action by Trust staff **EDOps, DIUC, DPOD 30/11/22** **Implemented.** Plans in place to mitigate impact in 2022/23 can be actioned again as required in 2023/24. National consultation continues into 23/24.

Strategic Ambition	2	Our people feel empowered, valued, and engaged to perform at their best	
Strategic Risk	2b	Ability to support the physical and mental health and well-being of staff (sheet 2 of 2)	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 Appetite **Low**	Initial	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.	4 x 4 = 16	5 x 4 = 20	3 x 4 = 12	**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 41: Premises security (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)	**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) Health & Safety (19/20 – 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	**3. Improve staff vaccinations uptake** (control) **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. Partially implemented**, with equivalent actions 2023/24 As of Feb 2023 (programme closure date), 51.7% of frontline staff received a flu vaccination. 3.2 Promote take-up of Covid booster vaccinations for patient-facing staff, **DPOD 28/02/23 . Partially implemented**, with equivalent actions 2023/24 As of January 2023 51.2% of staff had received a COVID-19 booster vaccination. 4.1 Develop a Violence Prevention and Reduction Strategy **EDQGPA, 31/01/23. Partially implemented, carrying forward into 2023/24.** 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. Implemented.** 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. 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.

Strategic Ambition	2	Our people feel empowered, valued, and engaged to perform at their best	
Strategic Risk	2c	Ability to promote and embed a positive and inclusive workplace culture	IF the Trust is unable to embed a positive and inclusive culture THEN there is a risk that values and behaviours 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 Appetite	Low	Initial	Current	Target	Corporate Risks (2022/23 Q4)	Control Framework	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.		4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	**Corporate Risks: Workplace Culture** ● Risk 454: Safeguarding allegations (16) ● Risk 523: Industrial Action (16) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 432: Effective supervision (12)	**Key Controls** Diversity and Inclusion Plan NHS Staff Survey Equalities Impact Assessments Staff Networks WRES and DES monitoring and reporting Say Yes to Respect Trust Vision and Values Trust policies and procedures Staff-side engagement **Additional Controls** Portfolio Governance Boards Appraisals Trust Workforce Strategy HR Business Partners NHS People Plan Freedom to Speak Up process Direct senior management engagement Clinical Supervision structure Cultural Ambassadors Just Culture processes Simply Do Ideas process Leadership in Action Programme YAS Training Plan Statutory and Mandatory Training Gender Pay Gap monitoring and reporting 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) 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: Appraisals (22/23 – Significant / Limited) 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) NHS Staff Survey CQC Well Led Framework (Good) External Audit	**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)	1.1 Commission a strategic partner to develop and deliver a programme of cultural and leadership development **DPOD, 30/09/22. Partially implemented, continues in 2023/24.** Partner commissioned (Moorhouse) work programme planned and in delivery. 1.2 Design and consult on a new leadership structure and roles as part of the new operating model **DPOD, 3103/23. Partially implemented, continues in 2023/24.** Phase 1 completed in 2022/23. Phases 2 and beyond to proceed in 2023/24. 1.3 Complete a training needs analysis of management development basics (Managing to Lead) **DPOD, 31/03/23 Implemented.** Training needs analysis complete, to inform training plan. 2.1 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. Partially implemented, continues in 2023/24.** New dashboard complete so areas can be targeted; rollout during 2023/24. Further work on overhaul of recruitment and selection continues during 2023/24 2.2 Implement a Trust-wide Diversity Census **DPOD 31/08/22 Implemented.** Initial Diversity Census completed, but exercise to be repeated during 2023/24. 3.1 Embed the new appraisal process and improve the completion rate to 90% **DPOD, 31/03/23 Partially implemented, continues in 2023/24.** Internal audit review confirmed that the process is robust but uptake needs to improve. 3.2 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 Implemented.** 'You Said, Together We Did' campaign delivered in Q3. 3.3 Multiple additional initiatives relating to staff engagement and positive culture, **DPOD 31/03/23. Implemented, with equivalent actions continuing in 2023/24.**

Strategic Ambition	3	We achieve excellence in everything we do

Strategic Risk	3a	Capacity and capability to plan, govern, and deliver Trust strategy and business priorities	IF the Trust has insufficient capacity or capability to plan, govern and deliver strategic and business priorities well THEN there is a risk that key developments will not be delivered effectively RESULTING IN an adverse impact on organisational structures, systems, and delivery models, and on patient care.

Risk Appetite	High	Initial	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.		4 x 4 = 16	3 x 4 = 12	3 x 4 = 12	**Corporate Risks: Strategy and Transformation** ● Risk 527: Governance: resource for management of serious incidents (16 ● 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)	1.1 Develop an approved Trust business plan for 2022/23 **ADPD, 30/06/22 Implemented**. Trust Business Plan developed, approved by the Trust Board and submitted to system and national partners. 1.2 Develop reporting and assurance arrangements relating to implementation of the 2022/23 business plan **ADPD 30/09/22 Implemented.** Assurance and reporting arrangements for business plan delivery in place. Quarterly monitoring and reporting, co-ordinated by the Planning and Development team, commenced from Q2 onwards. 2.1 Develop a draft Trust business plan for 2023/24 **ADPD 31/03/23 Implemented.** business plan developed for approval by the Trust Board in April. 2.2 Apply learning from the internal audit review of business planning to strengthen the planning process for 2023/24 **ADPD 31/03/23 Partially implemented, continues into 2023/24.** The Trust accepted all findings and learning points from the internal audit review limited assurance). Actions will be implemented to agreed timescales, and the learning applied in full to 2024/25 planning. 3.1 Recruit key roles to support Trust priority programmes and projects **EDQPGA, 31/12/22. Implemented.** Successful recruitment during Q3 by the Trust's PMO means that all priority programmes and projects are resourced. 4.1 Complete a self-assessment against the CQC Well-Led framework **EDQPGA, 31/07/22 Implemented.** Self-assessment completed during 2022/23 Q1/Q2. 4.2 Undertake an external evaluation against the CQC Well-Led framework **EDQPGA, 31/12/22 Implemented.** External evaluation ('supported self-assessment) carried out by NHSE during Q3. Findings shared with the Trust for consideration and action. Actions plans in place with oversight by TEG and Trust Board.

Strategic Ambition	3	We achieve excellence in everything we do

Strategic Risk	3b	Ability to influence and respond to change in the wider health and care system	**IF** the Trust does not identify and respond flexibly to changes in the health and care system **THEN** there is a risk that Trust plans, priorities, operating models, and resource allocations will not align well with those of local, regional, and national partners **RESULTING IN** less Trust influence in the wider system, failure to maximise the benefits of integration, and adverse impact on patient care and patient experience

Risk Appetite	Moderate	Initial	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)
 	
Assistant Director of Corporate Affairs (Action 1 (post not currently filled, appropriate delegations in place)
 	
Director of People and Organisational Development (Action 2)
 	
Executive Director of Quality, Governance and Performance Assurance (Action 3)
 	
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.
		3 x 4 = 12	3 x 4 = 12	3 x 4 = 12	**Corporate Risks: System Developments**
					
					● Risk 525: Long term funding arrangements from the ICS (12)
						Key Controls
						
						ICB strategies, plans and priorities
						
						Integrated Commissioning Framework
						
						Trust and system-wide business planning processes
						
						Trust organisational change / new operating model
						
						CQC Well-Led Framework
						
						Quality Improvement Strategy
						
						National Patient Safety Strategy
						
						CQUINs
						
						Additional Controls
						
						Trust Strategy
						
						Trust Business Plan
						
						Gate Review Process
						
						TEG+ Programme Board
						
						Programme / project boards
						
						Programme / project governance and assurance (via PMO)
						
						Trust policies and procedures
						
						Transformation programme
						
						National and sector-wide plans and priorities
						
						Regulatory frameworks
						
						National planning guidance
						
						System Oversight Framework
						
						Quality Impact Assessments
							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
							
							3rd Line of Defence
							Internal Audit Reviews:
							  Serious Incidents (22/23 – Significant)
							  Business Planning (22/23 – Limited)
							
							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
								1. **Alignment of Trust and system wide development priorities** (control)
								
								2. **Effective Trust planning, governance, and organisational structures** (control)
								
								3. **Sector and system developments relating to quality and safety** (control)
									1.1 Continue to develop and embed the Integrated Commissioning Framework model and processes **ADPD, 31/03/23 Partially implemented, work continues in 2023/24.** ICF arrangements continue to operate and mature.
									
									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 Implemented. All roles have been established and filled.
									
									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 Partially implemented, work continues into 2023/24.** Phase 1 completed. Further phases to proceed 2023/24.
									
									3.1 Implement the national patient safety strategy (PSIRF) **EDQPGA, 31/03/23. Partially implemented:** National timescales changed, full implementation by Sept 2023.
									
									3.2 Review the clinical governance process in the Trust. **EDQPGA, 31/03/23. Partially implemented,** 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 Partially implemented,** continues into 2023/24. Patient experience framework developed and approved, delivery during 2023/24.
									
									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. Partially implemented.** Future QI development linked to Moorhouse work on organisational development.
									
									3.5 Deliver the agreed CQUINs for 2022/23 **EDQPGA, 31/03/23. Implemented** CQUIN programme planned and implemented, but not all targets met (e.g. flu vaccinations).

Strategic Ambition	3	We achieve excellence in everything we do	
Strategic Risk	3c	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 of Trust assets, and adverse impact on staff well-being, patient care, and organisational reputation

Risk Appetite — Low	Initial	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 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.	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	**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 330: Resilience Support Team (20) ● Risk 332: MERIT (20) ● Risk 340: CBRN Exercise (16) ● Risk 15: Loss of EOC Springhill (12) ● Risk 288: National Security Risk Assessment (12) ● Risk 41: Premises security (12) ● Risk 326: ACCS Sites (12) ● Risk 329: Testing On-Call (12) ● Risk 338: IOR Training (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: Green Plan (22/23 – Significant) Business Continuity (22/33 – Advisory) 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** ISO22301 Accreditation 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. Partially implemented, continues into 2023/24** Delivery at risk due to resourcing and capacity issues. Internal delivery structures are being strengthened, and escalation to system partners is underway. 2.1 Include climate change assessment in business continuity plans. **DoF, 31/03/23 Partially implemented, continues into 2023/24** as part of Green Plan delivery. 2.2 Develop the climate change adaptation plan for the Trust **DoF, 31/03/23 Partially implemented, continues into 2023/24** as part of Green Plan delivery. 2.3 Complete a flood risk assessment: properties, staff, patients, and assets **DoF, 31/03/23 Partially implemented, continues into 2023/24** as part of Green Plan delivery. 3.1 EPRR Core Standard: achieve 'substantial compliance' **EDOps, 31/03/23 Implemented**, no further action required. 3.2 Test and exercise EPRR capability. **EDOps, 31/03/23. Partially implemented**; EPPR exercises carried out in Q3 and Q4, with more planned for 2023/24. 4.1 Review of business continuity plans and related processes as learning from Adastra incident **ED.Ops, DIUC, CIO 31/12/22 Implemented.** Trust was re-accredited to ISO22301 in Q4, informed by learning and recommendations from the Adastra incident. 4.2 Complete the York Fairfields business continuity project **EDOps, 31/03/23. Partially implemented**, carries forward into 2023/24. First floor space has been handed over to EOC to commence operations. 4.3 Test and exercise the York Fairfields business continuity arrangements. **EDOps, 31/03/23. Implemented** EOC functions are operating from Fairfields and have been fully tested. Further enhancements in 2023/24.

Strategic Ambition	4	We use resources wisely to invest in and sustain services

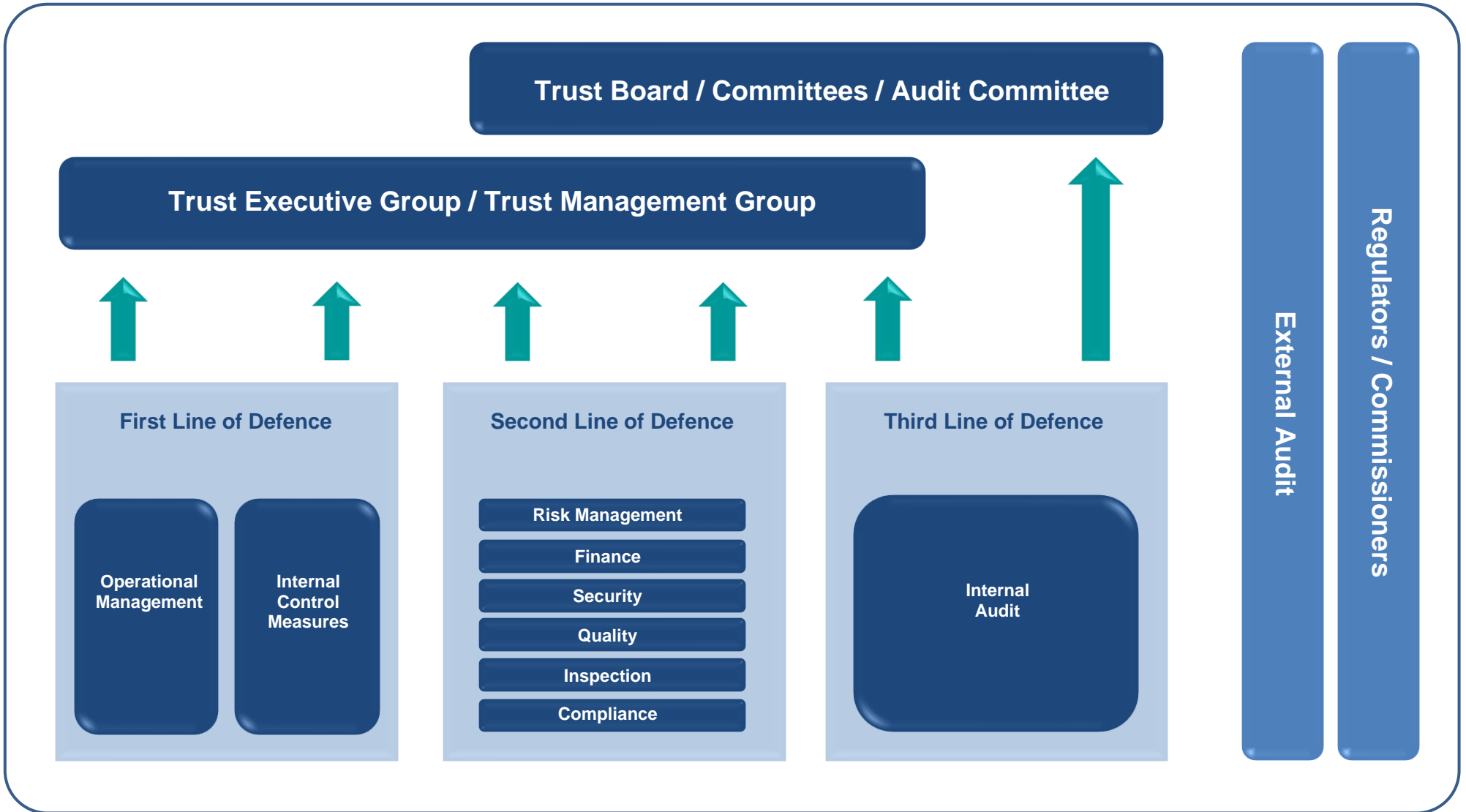| Strategic Risk	4a	Ability to plan, manage and control Trust finances effectively	IF the Trust is unable to plan, manage and control its finances well THEN there is risk that it will have insufficient income to meet operational and strategic priorities, RESULTING IN an adverse impact on investment in frontline care and enabling infrastructure, and on reputation and regulatory compliance

Risk Appetite — Low	Initial	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 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.	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12	**Corporate Risks: Finance** ● Risk 503: Counter Fraud: pay and enhancements (15) ● Risk 502: Counter Fraud: malicious email (20) ● Risk 525 Long-term funding arrangements from the ICS (12) ● Risk 377: Mandate fraud (12) ● Risk 525: ICS long-term funding (12) ● Risk 522: BPPC performance (12) ● Risk 36: Holiday pay calculation (12) ● Risk 44: External job evaluation (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 Procurement 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: Accounts Receivable (22/23 – Significant) 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 and agencies (NHSE/I, CQC etc) National Fraud Initiative (Cabinet Office) External Audit	1. **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)	1.1 Secure internal and external approval for the Trust's 2022/23 financial plans (revenue and capital) **DoF, 31/06/22. Implemented** The Trust's financial plans for 2022/23 were developed and approved as required. 1.2 Operate within the financial envelope agreed via the 2022/23 financial plan **DoF, 31/03/23. Implemented.** The Trust operated within its financial plan for 2022/23. 2.1 Develop the Trust's draft financial plans (revenue and capital) for 2023/24 **DoF, 31/03/23. Implemented.** Draft financial plans have been developed and submitted as required. The Trust has developed a balanced revenue plan, although system plans are in deficit. The Trust has a significant risk regarding the availability of capital. 2.2 Develop recurrent organisational efficiency initiatives for 2023/24 **DoF, EDOps, 31/03/23. Partially implemented.** 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. 3.1 Design and implement governance and assurance arrangements relating to the delivery of organisational efficiency initiatives **DoF, EDOps, 30/09/22. Implemented.** An organisational efficiency programme has been established, with Executive leadership, and formal governance and assurance arrangements co-produced by Finance and the Trust's PMO.

Strategic Ambition	**4**	**We use resources wisely to invest in and sustain services**			
Strategic Risk	**4b**	**Ability to deliver key technology and cyber security developments 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 **Low**	Initial	Current	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.
	4 x 4 = 16	3 x 4 = 12	3 x 4 = 12	**Corporate Risks: Digital, ICT, Cyber/IG**
				
				● Risk 30: Staff data security training (16)
				
				● Risk 534: KCOM ISDN Lines (25)
				
				● 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)
				
				● Risk 538: Clinical Record Data Loss (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 – 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
						  Network Device Security (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)
							
							)
								1.1 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 Partially implemented, work to continue into 2023/24.** User acceptance testing and go-live moved to be later than planned due to technical issues.
								
								1.2 Deliver the digitisation of the medicines process **CIO, 31/03/23 Partially Implemented.** The first stage pilot of this project has been completed and will launch in January 2023.
								
								2.1 Embed the usage of personal issue Smart phones for frontline staff. **CIO, EDOps, 31/03/23 Partially implemented.** Front line staff mobile phones have been rolled out successfully. Work to increase usage and benefits is ongoing.
								
								2.2 Maximise the use of mobile technology to support stroke video triage. **CIO, 31/12/22 Partially implemented.** Stroke triage technology has been piloted in South Yorkshire. Evaluation is underway with potential options for wider rollout.
								
								2.3 Maximise utilisation of the Electronic Patient Record **CIO, 31/03/23 Implemented, but equivalent work continues in 2023/24** Current EPR 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 wisely to invest in and sustain services	
Strategic Risk	**4b**	**Ability to deliver key technology and cyber security developments 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	Low	Initial	Current	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.
		4 x 4 = 16	3 x 4 = 12	3 x 4 = 12	**Corporate Risks: Digital, ICT, Cyber/IG**
					
					● Risk 30: Staff data security training (16)
					
					● Risk 534 KCOM ISDN Lines (25)
					
					● 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)
					
					● Risk 538: Clinical Record Data Loss (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 – 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)
							  Network Device Security (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 Implemented, but with equivalent actions in 2023/24**. The 2022 DSP toolkit overall rating was moderate assurance (the second highest of four available ratings). 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 Implemented, but with equivalent actions in 2023/24** Resilience software has been developed to support NHS 111 based on the extended Adastra outage in August 2022. The technical teams continue to work with infrastructure suppliers to maintain the required resilience across all sites, especially the contact centres. Key risk mitigations implemented regarding KCOM ISDN lines.
									
									3.3 Review the end of life / end of support technology in use across the Trust **CIO, 31/03/23 Implemented, but with equivalent actions in 2023/24 T**he refresh of end of life and end of support technology takes place during the annual planning cycle for capital and revenue budget allocation.

Strategic Ambition	4	We use resources wisely to invest in and sustain services	
Strategic Risk	4c	Ability to deliver key enabling infrastructure effectively: estates and fleet	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 **Low**	Initial	Current	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) 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.	4 x 4 = 16	4 x 4 = 16	4 x 4 = 16	**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 41: Premises security (12) ● Risk 236: Percentage of fleet available for AVP (12) ● Risk 290: Fire doors (12) ● Risk 68: Deep clean tablet system (12)	**Key Controls** Trust Strategy and Business Plan Gate review process Capital Plan Fleet Strategy Estates Strategy Trust hybrid working model / plans YAS Green Plan Sector-wide net-zero targets (ICBs, PTS etc) **Additional Controls** Programme / Project Plans Trust policies and procedures Business planning process Procurement Group Strategic Health and Safety Committee Health and Safety processes Risk Assessment processes ERIC returns Premises Assurance Model Hybrid working plans National policies and guidance 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) 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 **3rd Line of Defence** Internal Audit Reviews: Fleet Management and Maintenance (21/22 - Significant) Stocks and Stores (20/21 – Limited) Security Management (20/21- Significant) Estates Maintenance (18/19 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc)) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Health and Safety Executive	**1. Estates capacity and configuration** (control) **2. Fleet management and maintenance** (control)	1.1 Develop an estates and accommodation masterplan **DoF 30/09/23 Not implemented** This action will be progressed in 2023/24. 1.2 Deliver the estates reconfiguration to support hybrid working DoF, **31/12/22 Implemented.** Phases 1 and 2 of the hybrid working programme are complete, providing two hybrid working areas with 74 hot-desks and multiple meeting rooms, supported by a booking app and hybrid working guidance. 1.3 Progress key estates projects in line with approved project plans: • York Fairfields redevelopment **DoF, 31/03/23. Partially implemented, to complete in 2023/24.** Costs have exceeded initial planned budgets. First floor space has been handed over to EOC to commence operations. • Scarborough ambulance station and cluster AVP **DoF, 31/03/23 Partially implemented, to continue in 2023/24.** Project on track for cost and delivery. Land purchase completed on 16 March. • Hull hub and spoke model, DoF, **31/03/23 Partially implemented, to continue in 2023/24.** Project at 'amber' status with uncertainty about availability of capital funding. 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 Partially implemented, to continue in 2023/24.** Progress has been delayed by national issues with design, materials and supply but vehicles are being received. 2.2 Net-zero: achieve the 2023 target of 50% of PTS fleet being low emission vehicles **DoF, 31/03/23 Partially implemented, to continue in 2023/24.** PTS fleet renewal plans developed, with a proposed phased delivery over five years, commencing 2023/24.

Three Lines of Defence Risk Assurance Model

Trust Board / Committees / Audit Committee

Trust Executive Group / Trust Management Group

First Line of Defence

Operational Management

Internal Control Measures

Second Line of Defence

Risk Management

Finance

Security

Quality

Inspection

Compliance

Third Line of Defence

Internal Audit

External Audit

Regulators / Commissioners

Risk Management and Assurance Information Flows

Strategy
One Team, Best Care
Strategic Objectives
Business Plan Priorities

Performance
Integrated Performance Report
KPIs and Metrics linked to Strategic
Objectives

Risk
Board Assurance Framework
Risks to Strategic Objectives
Controls and Assurance

Trust Board
Receives assurance from Executive Directors, other senior
leaders, and independent sources, directly or via committees

**Finance and
Investment
Committee**

**Audit
Committee**

**Quality
Committee**

Trust Management Group
Trust Executive Group
Reviews and aligns the BAF and the Corporate Risk Register

**Management
Processes**

Risk Assurance Group
Reviews and moderates corporate risks

**Management
Processes**

Escalation / De-Escalation

Directorates and Service Teams
Directorate, service, and project / programme risk registers