



Board Assurance Framework

2023/24 v4.3

Q2: July 2023

Updated to include 2023/24 business plan priorities.

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

- Executive Directors 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	
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Responsible Committee	Trust Board
Version	2023/24 v4.3 (July 2023)
Date	17-07-23

Key to Role Abbreviations	
CEO	Chief Executive Officer
COO	Chief Operating Officer
EDQGPA	Executive Director: Quality, Governance, Performance Assurance
EMD	Executive Medical Director
DOF	Executive Director of Finance
DPOD	Director of People and Organisational Development
CIO	Chief Information Officer

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2023/24 Business Plan Priorities Mapped to BAF Risks

2023/24 Business Plan Priority		Committee Assurance	Executive Lead	BAF Risk(s)
1	Develop and approve five-year strategy for the organisation.	Trust Board	CEO	3a
2	Deliver improvements in Category 2 response times	Finance & Performance	COO	1a
3	Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.	Quality	EMD	1a
4	Develop an integrated clinical assessment service across EOC and IUC	Quality	COO	1a, 1b
5	Implement the national patient safety incident response framework and other patient safety measures.	Quality	EDQGPA	3b
6	Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse.	People	DPOD	2c
7	Deliver and implement an effective organisational operating model.	People	CEO	3a
8	Implement a robust performance management framework.	Finance & Performance	EDQGPA	3a
9	Review, develop and embed our approach to quality improvement; create an academic research unit.	Quality	EDQGPA	3b
10	Deliver recruitment and retention plans across 999, 111 and PTS.	People	COO	1a, 1b, 1c, 2a
11	Improve staff health and wellbeing with a focus on inclusion and flexible and supported employment.	People	DPOD	2b
12	Respond to priorities within the staff survey and focus on improved response rates.	People	DPOD	2c
13	Develop and implement a new leadership development programme.	People	DPOD	2c
14	Understand and utilise data and intelligence to improve patient care and population health.	Finance & Performance	CIO	4b
15	Complete the development of a long-term estates plan and open new facilities for logistics and EOC.	Finance & Performance	DOF	4c
16	Increase the number and variety of volunteering opportunities and develop supporting infrastructure	People	CEO	1a, 1c
17	Develop and embed our approach to system working.	Finance & Performance	CEO	3b
18	Embed rigorous financial oversight to ensure efficient use of resources.	Finance & Performance	DOF	4a

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	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 (2023/24 Q2)		Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Safe Caring Effective Responsive Well-Led					Corporate Risks: A&E Operations <ul style="list-style-type: none"> ● Risk 35: Hospital handover (25) ● Risk 433: EOC workforce capacity (20) ● Risk 180: A&E workforce capacity (16) ● Risk 436: EOC dropped calls (15) ● Risk 500: EOC triage (15) ● Risk 509: EOC duplicate calls (15) ● Risk 406: Medicines checks (15) 		Key Controls 2023/24 Business Plan: <ul style="list-style-type: none"> - Priority 2 - Priority 3 - Priority 4 - Priority 10 Trust Strategy Trust Clinical Strategy System-wide planning and commissioning Trust Financial Plan National / sector performance frameworks Trust Strategic Workforce Plan Regulatory frameworks Professional standards Surge planning and business continuity	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Improvements in Category 2 response times in line with national guidance (controls) 1.1 Hear and Treat rates. 1.2 Handover delays. 1.3 Handover to clear times.	1.1 Increase Hear and Treat rates to 20% by the end of 2023/24 (31/03/24) COO. 1.2 Reduce handover delays by 17mins compared to 2022/23 (31/03/24) COO. 1.3 Reduce handover to clear times by 1min compared to 2022/23 (31/03/24) COO.
								1st Line of Assurance Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Reporting (IPR, TEG etc) Strategic Command Cell		
								2nd Line of Assurance 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		
TEG Lead (Responsible for actions unless stated otherwise) Chief Operating Officer					Committee Assurance Finance and Performance Committee for (1) People Committee for (2) Quality Committee for (3) Audit Committee has oversight of the entire BAF as part of its assurance remit.		Additional Controls 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	3rd Line of Assurance Internal Audit Reviews: A&E/EOC Risk Management (22/23 – Limited) 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)	2. Provision of sufficient staffing levels in EOC and 999/A&E Operations (controls) 2.1 Staff sickness in EOC. 2.2 Staff sickness in A&E. 2.3 Recruitment plans for EOC. 2.4 Recruitment plans for A&E.	2.1 Reduce staff sickness in EOC by 2% compared to 2022/23 (31/03/24) COO. 2.2 Reduce staff sickness in A&E by 1% compared to 2022/23 (31/03/24) COO. 2.3 Achieve EOC recruitment plans: 130 EMDs, 40 Dispatchers; 78 Clinicians (31/03/24) COO. 2.4 Achieve A&E recruitment plans: 240 Ambulance Support Workers, 288 Paramedics, 14 Clinicians (31/03/24) COO 2.5 Increase the numbers and utilisation of volunteer Community First Responders (31/03/24) COO
								External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) CQC UEC System inspection: West Yorks External Audit		
								3. Service Developments (controls) 3.1 Alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E. 3.2 Integrated Clinical Assessment Service (CAS) across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.		3.1 All areas of Yorkshire have urgent community response and same day emergency care coverage with appropriate pathways for EOC, A&E and IUC (31/03/24) EMD. 3.2a Local CAS model for EOC agreed with system partners, with implementation plan developed and approved (31/03/24) COO 3.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO

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 (2023/24 Q2)		Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains		4 x 5 = 20	4 x 4= 16	4 x 3 = 12	Corporate Risks: IUC / NHS111 <ul style="list-style-type: none">● Risk 54: Clinical capacity in NHS111/IUC (20)● Risk 182: IUC/111 call handling time (16)● Risk 367: Health Adviser recruitment (12)● Risk 432: Effective supervision (12)● Risk 58: Culture and retention in NHS111 (12)● Risk 362: Non-COVID sickness (12)	Key Controls2023/24 Business Plan <ul style="list-style-type: none">- Priority 3- Priority 4- Priority 10 Trust StrategyTrust Clinical StrategySystem-wide planning and commissioningTrust Financial PlanNational / sector performance frameworksTrust Strategic Workforce PlanRegulatory frameworksProfessional standardsIUC improvement programmeAdditional ControlsCOVID response and recovery planning processesTrust policies and proceduresGate Review ProcessTransformation programmeProgramme / project boardsIUEC ProgrammeNational and sector-wide plans and prioritiesNational policy developmentsStakeholder engagement plans and processesSystem-wide governance structures and processes (e.g., Integrated Commissioning Framework)Capital planBusiness Continuity plans and processesSurge planning processesNational planning guidance	Board Level Assurance / OversightTrust BoardBoard CommitteesAudit Committee1st Line AssuranceDirectorate Management GroupsTrust Management Bodies: TEG, TMGPerformance Report (IPR, TEG etc)Strategic Command Cell2nd Line AssuranceTransformation Governance: TEG+IUEC Programme BoardPMO Programme AssuranceRisk and Assurance GroupGate Review GroupCapital Planning GroupClinical Governance GroupIncident Review GroupQuality Assurance Working GroupInspections for Improvement Process3rd Line AssuranceInternal Audit Reviews:Referral Pathways (20/21 - Limited)Clinical Audit (19/20 – Limited)Professional Revalidation (19/20 – Significant)External Assurance / OversightSystem-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 YorksExternal Audit	1. Provision of sufficient staffing levels in IUC/111 (controls)1.1 Recruitment plans for 1111.2 Retention plans for 1112. Service Developments (controls)2.1 Mental Health transformational programme implementation2.2 Integrated Clinical Assessment Service (CAS) across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.	1.1a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO.1.1b Achieve 111 recruitment plans: increase Health Advisor establishment to 572 FTE by March 2024 (31/03/24) COO.1.2 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO.2.1 Increased utilisation of Mental Health pathways as a percentage of Category 3 and Category 4 demand (31/03/24) COO.2.2a Local CAS model for IUC agreed with system partners, with implementation plan developed and approved (31/03/24) COO.2.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO.	
SafeCaringEffectiveResponsiveWell-Led										
TEG Lead (Responsible for actions unless stated otherwise) Chief Operating Officer										
Committee Assurance										
People Committee for (1)										
Quality Committee for (2)										
Audit Committee has oversight of the entire BAF as part of its assurance remit.										

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 (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Safe Caring Effective Responsive Well-Led		4 x 3 = 12	4 x 4= 16	4 x 3 = 12	Corporate Risks: PTS ● Risk 559: PTS contracts (12) ● Risk 362: Non-COVID sickness (12)	Key Controls 2023/24 Business Plan - Priority 10 Trust Strategy System-wide planning and commissioning Trust Financial 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 processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) PTS contracting processes Procurement processes Business Continuity plans and processes Surge planning processes	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Provision of sufficient levels of PTS staffing and volunteers (controls) 1.1 Recruitment plans in PTS 1.2 Retention plans in PTS 1.3 Volunteers 2. Service Developments (control) Medium-term management of contract renewal risk	1.1 Achieve PTS recruitment plans: recruit 81.8FTE to PTS (31/03/24) COO. 1.2 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24) COO. 1.3 Increase the number of Trust volunteers (31/03/24) COO. <	

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 (2023/24 Q2)		Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Workforce <ul style="list-style-type: none">● Risk 433: EOC staffing capacity (20)● Risk 180: A&E workforce capacity (16)● Risk 54: Clinical capacity in NHS111/IUC (20)● Risk 58: Culture and retention in NHS111 (12)● Risk 367: Health Adviser recruitment(12)● Risk 362: Non-COVID sickness (12)		Key Controls 2023/24 Business Plan <ul style="list-style-type: none">- Priority 10 Trust StrategyTrust Strategic Workforce PlanNHS People PlanRecruitment and resource planning processesYAS Training PlanStatutory and Mandatory TrainingProfessional standardsPortfolio Governance BoardsTrust policies and procedures		Board Level Assurance / Oversight Trust Board Board Committees Audit Committee		1. Recruitment to key staff groups (control) 1.1 Recruitment plans in EOC. 1.2 Recruitment plans in A&E. 1.3 Recruitment plans in 111. 1.4 Recruitment plans in PTS.	1.1 Achieve EOC recruitment plans: 130 EMDs, 40 Dispatchers; 78 Clinicians (31/03/24) COO. 1.2 Achieve A&E recruitment plans: 240 Ambulance Support Workers, 288 Paramedics, 14 Clinicians (31/03/24) COO. 1.3a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. 1.3b Achieve 111 recruitment plans: increase Health Advisor establishment to 572 FTE by March 2024 (31/03/24) COO. 1.4 Achieve PTS recruitment plans: recruit 81.8FTE to PTS (31/03/24) COO.
TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development Chief Operating Officer							1st Line Assurance Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) YAS Academy Strategic Command Cell					
Committee Assurance People Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.							2nd Line Assurance Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Strategic Workforce Group Portfolio Governance Boards Inspections for Improvement Process					
							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		3rd Line Assurance 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)		2. Retention of key staff groups (control) 2.1 Retention plans in EOC. 2.2 Retention plans in A&E. 2.3 Retention plans in 111. 2.4 Retention plans in PTS.	2.1 Achieve EOC retention plans: attrition targets of 119FTE for EMDs, 14.8FTE for dispatchers and 12.6FTE for clinicians (31/03/24) COO. 2.2 Achieve A&E retention plans: attrition target of 7.2% (31/03/24) COO. 2.3 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO. 2.4 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24)
		External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit										

Strategic Ambition					2	Our people feel empowered, valued, and engaged to perform at their best					
Strategic Risk					2b	Ability to support the physical and mental health and well-being of staff			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 (2023/24 Q2)		Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments		Key Mitigation Actions
CQC Domains		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Staff Well-Being		Key Controls 2023/24 Business Plan - Priority 11 Trust Strategy NHS People Pla 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 HR Business Partners Freedom to Speak Up 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		1. Support for the physical and mental health and well-being of staff (control) 2. Support for improved staff attendance levels (control) 3. Compliance with the Violence Prevention and Reduction Standard (control)	1.1 Annual Health and Well-Being Plan developed and approved (30/06/23) DPOD. 1.2 Annual Health and Well-Being Plan implemented (31/03/24) DPOD. 1.3 New Occupational Health system embedded (31/03/24) DPOD. 2.1 Absence reporting and case management practices implemented (31/03/24) DPOD. 2.2 Sickness absence improvement targets achieved (31/03/24) DPOD. 3.1 Violence Prevention and Reduction Strategy developed and approved by Trust Board (30/11/23). ED.QGPA 3.2 Violence Prevention and Reduction Policy developed and approved (31/01/24) ED.QGPA
Well-Led Safe					1st Line Assurance Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell Staff Well-Being Group						
TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development					2nd Line Assurance 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						
Committee Assurance People Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.					3rd Line Assurance 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						

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 (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-Led Caring		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Workplace Culture ● Risk 454: Safeguarding allegations (16) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 432: Effective supervision (12)	Key Controls 2023/24 Business Plan - Priority 6 - Priority 12 - Priority 13 Trust Strategy NHS People Plan 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 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	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Strengthened leadership and management capacity and capability (control) 2. Positive workplace culture: ‘YAS Together’ (control) 3. Staff engagement (control)	1.1 Develop and launch the Manage2Lead management resource (30/06/23) DPOD. 1.2 Deliver two cohorts of the Aspiring Leaders programme (31/03/24) DPOD. 1.3 Deliver 6 cohorts of the Lead Together programme (31/03/24) DPOD. 2.1 Moorhouse / YAS Together recommendations reviewed and action plan developed (30/09/23) DPOD. 2.2 Organisational Development Strategy developed and approved by the Trust Board (31/03/24) DPOD. 2.3 Accountability Framework developed and approved by the Trust Board (31/03/24) CEO. 3.1 Improve response rates for the NHS Staff Survey from 34% to 50% (30/11/24) DPOD. 3.2 Improve response rates for the quarterly Pulse surveys from 1.7% to 10% (31/03/24) DPOD. 3.3 Publish ‘You Said, We Did’ Staff Survey actions (31/12/23) DPOD.	
TEG Lead (Responsible for actions unless stated otherwise) Director of People and Organisational Development							1st Line Assurance 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			
Committee Assurance People Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.							2nd Line Assurance 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 Assurance 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			

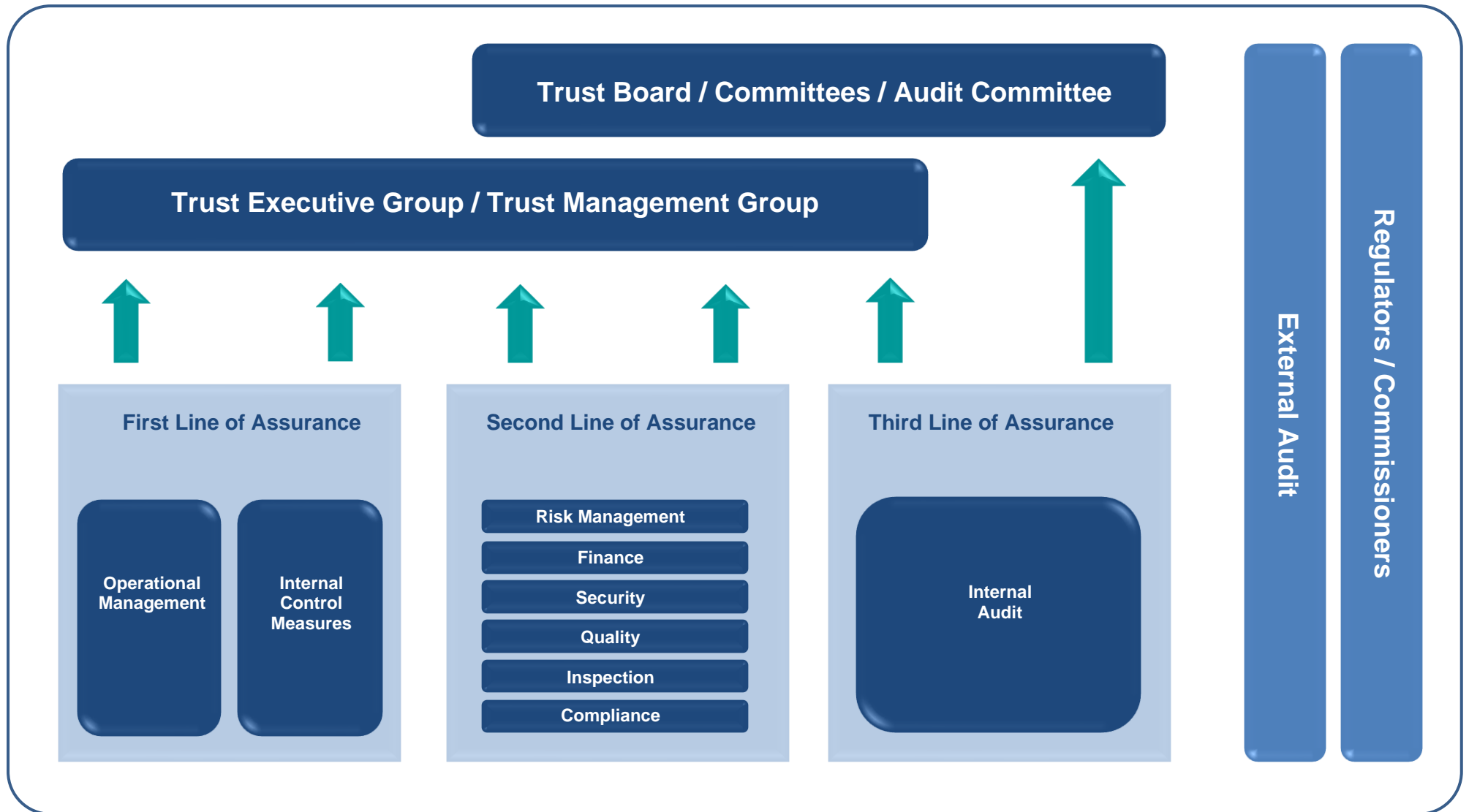
Strategic Ambition					3	We achieve excellence in everything we do					
Strategic Risk					3a	Capacity and capability to plan, govern, and deliver Trust strategy and business priorities	IF the Trust has insufficient capacity or capability to plan, govern and deliver strategic and business priorities 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 (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains	Well-Led	Initial	Current	Target	Corporate Risks: Strategy and Transformation <ul style="list-style-type: none">Risk 527: Governance: resource for management of serious incidents (16)Risk 525 Long term funding arrangements from the ICS (12)	Key Controls <ul style="list-style-type: none">2023/24 Business Plan<ul style="list-style-type: none">Priority 1Priority 7Priority 8Trust StrategyTrust and system-wide business planning processesGate Review ProcessTEG+ Programme BoardProgramme / project boardsProgramme / project governance and assurance (via PMO) Additional Controls <ul style="list-style-type: none">ICB strategies, plans and prioritiesTrust policies and proceduresOrganisational Efficiency ProgrammeNational and sector-wide plans and prioritiesQuality Improvement StrategyQuality Impact AssessmentsPerformance Management FrameworkData Management FrameworkRegulatory frameworksSystem Oversight FrameworkCQC frameworksNational planning guidance	Board Level Assurance / Oversight <ul style="list-style-type: none">Trust BoardBoard CommitteesAudit Committee	1. Trust Strategy (control)	1.1 Trust Strategy 2024-28 finalised for Board approval (30/11/23) CEO.		
TEG Lead(s) (Responsible for actions unless stated otherwise)							1st Line Assurance <ul style="list-style-type: none">Directorate Management GroupsTrust Management Bodies: TEG, TMGPerformance Report (IPR, TEG etc)			2. Trust Operating Model (control)	1.2 Strategy launch programme agreed and implemented (31/01/24) CEO.
Chief Executive Officer							2nd Line Assurance <ul style="list-style-type: none">Transformation Governance: TEG+PMO Programme AssuranceRisk and Assurance GroupDirectorate budget reviews (Finance Business Partners)Gate Review GroupOrganisational Efficiency Group			3. Trust Planning and Performance mechanisms (controls and assurance)	2.1 Develop, consult and recruit to new executive and senior leadership portfolios (31/12/23) CEO.
Committee Assurance	Well-Led	Initial	Current	Target			3rd Line Assurance <ul style="list-style-type: none">Internal Audit Reviews:<ul style="list-style-type: none">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)		2.2 Accountability Framework developed and approved by the Trust Board (31/03/24) CEO.		
Trust Board							External Assurance / Oversight <ul style="list-style-type: none">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			3.1 Trust 2024/25 business plan developed and approved by the Board (31/03/24) CEO.	
Audit Committee has oversight of the entire BAF as part of its assurance remit.									3.2 Performance Management Framework design and implementation plan approved by the Trust Board (30/11/23) ED.QGPA.		

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 (2023/24 Q2)		Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments		Key Mitigation Actions			
CQC Domains		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Climate Change and Business Continuity ● Risk 62: Climate change (15) ● Risk 326: ACCS Sites (12) ● Risk 329: Testing On-Call (12) ● Risk 338: IOR Training (12) ● Risk 548: Tactical command rota (12) ● Risk 556: Major incident exercising (12) ● Risk 557: Major incident continuous improvement (12) ● Risk 360: Manor Mill HART facilities (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 Assurance Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell 2nd Line Assurance Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Gate Review Group Resilience Governance Groups 3rd Line Assurance Internal Audit Reviews: Green NHS Sustainability (22/23 – Significant) Business Continuity (22/23 – Advisory) Divisional Risk Management (22/23 – Limited) 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. Green NHS and Net-Zero (assurance) 2. EPRR compliance and capability (control and assurance) 3. Effective business continuity arrangements (control and assurance)		1.1 Implement the improvement actions arising from the internal audit review of Green NHS and Sustainability (30/06/23) DOF. 2.1 Implement improvement actions arising from the Manchester Arena Inquiry recommendations for ambulance trusts (31/03/24) COO. 3.1 Implement recommendations arising from the advisor review of ISO22301 compliance (31/03/24) COO.	
Well-Led														
TEG Lead(s) (Responsible for actions unless stated otherwise) Director of Finance (1) Chief Operating Officer (2) and (3)														
Committee Assurance Finance and Performance Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.														

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 (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains	4 x 4 = 16	4 x 3 = 12	4 x 3 = 12		Corporate Risks: Digital, ICT, Cyber/IG <ul style="list-style-type: none">Risk 28: Management of paper records (12)Risk 456: Phishing emails (12)Risk 457: Denial of Service (12)Risk 508: Health IT clinical safety (12)Risk 538: Clinical Record Data Loss (12)Risk 534 KCOM ISDN Lines (12)Risk 394: EPR Phase 3 (12)Risk 542: High risk vulnerabilities (12)	Key Controls2023/24 Business Plan <ul style="list-style-type: none">Priority 14 Trust StrategyTrust Digital StrategyTEG+ Programme BoardProgramme / project governance and assurance (via PMO)DSP ToolkitGDPRCyber Security standardsService Management standards (ITIL, ISO) Additional ControlsProgramme / Project PlansCareCERT Alerts (NHS Digital)NHS Secure Boundary (NHS Digital)Trust policies and proceduresGate review processesBusiness planning processesNAA Digital LeadMandatory training compliance: data security awarenessData Protection Impact AssessmentsData Sharing AgreementsStatutory / designated roles: <ul style="list-style-type: none">Data Protection OfficerSenior Information Risk OfficerCaldicott GuardianInformation Asset Owners Regulatory Frameworks	Board Level Assurance / OversightTrust BoardBoard CommitteesAudit Committee	1. Digital Systems Delivery (assurance) 2. Cyber Security and Information Governance (control and assurance) 3. Data and Intelligence (control) Understand and utilise data and intelligence to improve patient care and population health.	1.1 Agree options for common CAD and commence implementation planning for delivery in 2024/25 (31/03/24) CIO. 2.1 Strengthen overall compliance with the Data Security and Protection Toolkit standards (30/06/23) ED.QGPA 2.2. Achieve and maintain the 95% target for staff completion of data security awareness training (31/03/24) ED.QGPA 2.3 Commission and implement two staff email phishing exercises (31/03/24) CIO. 2.4 Plan and deliver recommendations arising from the internal audit review of system resilience and disaster recovery (31/03/24) CIO. 3.1 Deliver integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR and make available to all clinicians by October 2023. (31/10/23) CIO. 3.2 Deliver individual 999 performance and quality reporting to all front line staff and team leaders by December 2023 (subject to successful pilot) (31/12/23) CIO. 3.3 Set up data sharing arrangements to receive outcome data from hospitals to inform research and quality of care improvements (31/13/23) CIO.	
TEG Lead(s) (Responsible for actions unless stated otherwise) Chief Information Officer							1st Line AssuranceDirectorate Management GroupsDigital Management GroupProgramme / Project BoardsTrust Management Bodies: TEG, TMGPerformance Report (IPR, TEG etc)Compliance Reporting			
Committee Assurance Primarily the Finance and Performance Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.							2nd Line AssuranceInformation Governance Working GroupTransformation Governance: TEG+PMO Programme AssuranceSIRO and DPO ProcessesRisk and Assurance Group			
							3rd Line AssuranceInternal Audit Reviews: <ul style="list-style-type: none">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 / OversightSystem-wide (ICBs, NAA, QGARD etc))DSP Toolkit assessment / auditExternal cyber security assessmentInformation Commissioner’s Office			

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 (2023/24 Q2)		Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	Corporate Risks: Estates and Fleet		Key Controls 2023/24 Business Plan - Priority 15 Trust Strategy 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	1. Estates Strategy (control) 	

Three Lines of Assurance Model (formerly known as the 'Three Lines of Defence')



Risk Management and Assurance Information Flows

