



# Board Assurance Framework 2023/24 Q2

Trust Board  
26 October 2023

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 Executive Director	CEO / Deputy CEO
Responsible Committee	Trust Board
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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.	Trust Board	CEO	3b
18	Embed rigorous financial oversight to ensure efficient use of resources.	Finance & Performance	DOF	4a

<b>Strategic Ambition</b>				<b>1</b>	<b>Patients and communities experience fully joined-up care responsive to their needs</b>					
<b>Strategic Risk</b>				<b>1a</b>	<b>Ability to deliver high quality care in 999/A&amp;E operations</b> (sheet 1 of 2)	IF the Trust is unable to manage demand and capacity pressures in 999/A&E operations <b>THEN</b> there is a risk that service performance and quality will be compromised <b>RESULTING IN</b> adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.				
<b>Risk Appetite</b>	<b>Low</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Corporate Risks (2023/24 Q2)</b>	<b>Control Framework</b>	<b>Assurance Framework</b>	<b>Controls and Assurance: Key Gaps / Developments</b>	<b>Key Mitigation Actions</b>	
<b>CQC Domains</b> Safe Caring Effective Responsive Well-Led		<b>5 x 4 = 20</b> <b>5 x 3 = 15</b> <b>5 x 2 = 10</b>	<b>Corporate Risks: A&amp;E Operations</b> <ul style="list-style-type: none"> <li>Risk 35: Hospital handover (25)</li> <li>Risk 433: EOC workforce capacity (20)</li> <li>Risk 180: A&amp;E workforce capacity (16)</li> <li>Risk 436: EOC dropped calls (15)</li> <li>Risk 500: EOC triage (15)</li> <li>Risk 509: EOC duplicate calls (15)</li> <li>Risk 406: Medicines checks (15)</li> </ul>		<b>Key Controls</b> 2023/24 Business Plan: <ul style="list-style-type: none"> <li>Priority 2</li> <li>Priority 3</li> <li>Priority 4</li> <li>Priority 10</li> </ul> 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		<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee		<b>1. Improvements in Category 2 response times in line with national guidance</b> (controls)	
<b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Chief Operating Officer			<ul style="list-style-type: none"> <li>Risk 105: Operational Performance (12)</li> <li>Risk 362: Non-COVID sickness (12)</li> <li>Risk 421: CAD issues (12)</li> <li>Risk 548: Tactical command rota (12)</li> <li>Risk 40: Non-conveyance (12)</li> <li>Risk 564: Right Care, Right Person - demand (12)</li> </ul>		<b>Additional Controls</b> 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		<b>1st Line of Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Reporting (IPR, TEG etc) Strategic Command Cell		1.1 Hear and Treat rates. 1.2 Handover delays. 1.3 Handover to clear times.	
<b>Committee Assurance</b> 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.							<b>2nd Line of Assurance</b> 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		<b>2. Provision of sufficient staffing levels in EOC and 999/A&amp;E Operations</b> (controls)	
						<b>3rd Line of Assurance</b> 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)		2.1 Staff sickness in EOC. 2.2 Staff sickness in A&E. 2.3 Recruitment plans for EOC. 2.4 Recruitment plans for A&E.		
						<b>External Assurance / Oversight</b> 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		2.1 Reduce handover delays by 17mins compared to the 2022/23 position (31/03/24) COO. Progressing: the handover time at Q2 is 18mins, a reduction of 15mins compared to 31/12/22 (33mins). 1.2 Reduce handover to clear times by 1min compared to 2022/23 (31/03/24) COO. Progressing: At Q2 the handover to clear time is 21mins, an increase of 3m. The method of recording was changed in Jan 23 (using EPR). Before this change the handover to clear time was being under-reported. 2.1 Reduce staff sickness in EOC by 2% compared to 2022/23 (31/03/24) COO. On track: the Q2 position is 11.4%, a reduction of 3% (from 14.4%). 2.2 Reduce staff sickness in A&E by 1% compared to 2022/23 (31/03/24) COO. On track Q2 position is 6.1% a reduction of 1.2% (from 7.3%) 2.3 Achieve EOC recruitment plans: 130 EMDs, 40 Dispatchers; 78 Clinicians (31/03/24) COO. End of year forecast position is 149 EMD, 32 Dispatchers and 60 Clinicians. Mitigating action being taken. 2.4 Achieve A&E recruitment plans: 264 Ambulance Support Workers (ASW) and 264 Paramedics (31/03/24) COO End of year forecast position is 232 ASW (mitigations in place) and 283 Paramedics (above plan). 2.5 Increase the numbers and utilisation of volunteer Community First Responders (31/03/24) COO. Q2 position to be confirmed.		

<b>Strategic Ambition</b>				<b>1</b>	<b>Patients and communities experience fully joined-up care responsive to their needs</b>				
<b>Strategic Risk</b>				<b>1a</b>	<b>Ability to deliver high quality care in 999/A&amp;E operations</b> (sheet 2 of 2)	IF the Trust is unable to manage demand and capacity pressures in 999/A&E operations <b>THEN</b> there is a risk that service performance and quality will be compromised <b>RESULTING IN</b> adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.			
<b>Risk Appetite</b>	<b>Low</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Corporate Risks (2023/24 Q2)</b>	<b>Control Framework</b>	<b>Assurance Framework</b>	<b>Controls and Assurance: Key Gaps / Developments</b>	<b>Key Mitigation Actions</b>
<b>CQC Domains</b> Safe Caring Effective Responsive Well-Led					<b>Corporate Risks: A&amp;E Operations</b> <ul style="list-style-type: none"> <li>● Risk 35: Hospital handover (25)</li> <li>● Risk 433: EOC workforce capacity (20)</li> <li>● Risk 180: A&amp;E workforce capacity (16)</li> <li>● Risk 436: EOC dropped calls (15)</li> <li>● Risk 500: EOC triage (15)</li> <li>● Risk 509: EOC duplicate calls (15)</li> <li>● Risk 406: Medicines checks (15)</li> </ul>	<b>Key Controls</b> 2023/24 Business Plan: <ul style="list-style-type: none"> <li>- Priority 2</li> <li>- Priority 3</li> <li>- Priority 4</li> <li>- Priority 10</li> </ul> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee	<b>3. Service Developments (controls)</b> 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. <i>On track, the planned work is progressing.</i> 3.2a Local CAS model for EOC agreed with system partners, with implementation plan developed and approved (31/03/24) COO <i>On track, the planned work is progressing</i> 3.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO. <i>On track, the planned work is work progressing.</i>
<b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Chief Operating Officer					<ul style="list-style-type: none"> <li>● Risk 105: Operational Performance (12)</li> <li>● Risk 362: Non-COVID sickness (12)</li> <li>● Risk 421: CAD issues (12)</li> <li>● Risk 548: Tactical command rota (12)</li> <li>● Risk 40: Non-conveyance (12)</li> <li>● Risk 564: Right Care, Right Person - demand (12)</li> </ul>	<b>Additional Controls</b> 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	<b>1st Line of Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Reporting (IPR, TEG etc) Strategic Command Cell		
<b>Committee Assurance</b> 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.							<b>2nd Line of Assurance</b> 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		
							<b>3rd Line of Assurance</b> 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)		
							<b>External Assurance / Oversight</b> 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		

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		
<b>CQC Domains</b> Safe Caring Effective Responsive Well-Led	<b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Chief Operating Officer	<b>Committee Assurance</b>  People Committee for (1)  Quality Committee for (2)  Audit Committee has oversight of the entire BAF as part of its assurance remit.	<b>4 x 5 = 20</b> <b>4 x 4 = 16</b> <b>4 x 3 = 12</b>	<b>Corporate Risks: IUC / NHS111</b>  <ul style="list-style-type: none"> <li>Risk 54: Clinical capacity in NHS111/IUC (20)</li> <li>Risk 182: IUC/111 call handling time (16)</li> <li>Risk 367: Health Adviser recruitment (12)</li> <li>Risk 432: Effective supervision (12)</li> <li>Risk 58: Culture and retention in NHS111 (12)</li> <li>Risk 362: Non-COVID sickness (12)</li> </ul>	<b>Key Controls</b> 2023/24 Business Plan <ul style="list-style-type: none"> <li>Priority 3</li> <li>Priority 4</li> <li>Priority 10</li> </ul> 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 IUC improvement programme	<b>Additional Controls</b> 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 Surge planning processes National planning guidance	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee	<b>1. Provision of sufficient staffing levels in IUC/111 (controls)</b> 1.1 Recruitment plans for 111 1.2 Retention plans for 111	1.1a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. Complete: 14 international nurses recruited  1.1b Achieve 111 recruitment plans: increase Health Adviser numbers to 572 FTE by March 2024 (31/03/24) COO. At risk: 164 health advisers recruited at Q2, but overall numbers are 410. Forecast at year end to achieve 476 FTE.  1.2 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO. Clinical Adviser turnover at Q2 was 23%. Health Adviser is turnover 55% (50% of new staff recruited via agency leave during the 12-week training programme).		
							<b>1st Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell			<b>2. Service Developments (controls)</b> 2.1 Mental Health transformational programme implementation 2.2 Integrated Clinical Assessment Service (CAS) across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.	2.1 Increased utilisation of Mental Health pathways as a percentage of Category 3 and Category 4 demand (31/03/24) COO. Q2 position to be confirmed.  2.2a Local CAS model for IUC agreed with system partners, with implementation plan developed and approved (31/03/24) COO. On track, the planned work is work progressing.  2.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO. On track, the planned work is work progressing.
							<b>2nd Line Assurance</b> 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			<b>3rd Line Assurance</b> Internal Audit Reviews: Referral Pathways (20/21 - Limited) Clinical Audit (19/20 – Limited) Professional Revalidation (19/20 – Significant)	<b>External Assurance / Oversight</b> 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

<b>Strategic Ambition</b>		<b>1</b>	<b>Patients and communities experience fully joined-up care responsive to their needs</b>						
<b>Strategic Risk</b>		<b>1c</b>	<b>Ability to deliver high quality care in the Patient Transport Service</b>	<b>IF</b> the Trust is unable to manage demand and capacity pressures in the Patient Transport Service <b>THEN</b> there is a risk that service performance and quality will be compromised <b>RESULTING IN</b> 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
<b>CQC Domains</b> Safe Caring Effective Responsive Well-Led					<b>Corporate Risks: PTS</b> <ul style="list-style-type: none"> <li>Risk 559: PTS contracts (12)</li> <li>Risk 362: Non-COVID sickness (12)</li> </ul>	<b>Key Controls</b> 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  <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee  <b>1<sup>st</sup> Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell  <b>2<sup>nd</sup> Line Assurance</b> 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  <b>3<sup>rd</sup> Line Assurance</b> Internal Audit Reviews: PTS Patient Experience (21/22 – Limited) PTS Third Party Providers (18/19 – Significant)  <b>External Assurance / Oversight</b> System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit	<b>1. Provision of sufficient levels of PTS staffing and volunteers (controls)</b> 1.1 Recruitment plans in PTS 1.2 Retention plans in PTS 1.3 Volunteers  <b>2. Service Developments (control)</b> Medium-term management of contract renewal risk	1.1 Achieve PTS recruitment plans: recruit 81.8FTE to PTS (31/03/24) COO. Progressing. Call handler numbers are below the levels required to achieve timely call answering. Approval given for additional call handlers, recruitment has commenced. 1.2 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24) COO. Q2 position to be confirmed. 1.3 Increase the number of Trust volunteers (31/03/24) COO. Q2 position to be confirmed.  2.1 Evaluate and manage risks to PTS contracts (31/03/24) COO. On track, the planned work is progressing in the context of developments in the PTS contracting environment.
<b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Chief Operating Officer									
<b>Committee Assurance</b> People Committee for (1)  Audit Committee has oversight of the entire BAF as part of its assurance remit.									
		4 x 3 = 12	4 x 4 = 16	4 x 3 = 12					



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			
<b>CQC Domains</b> Well-Led					<b>Corporate Risks: Workforce</b> <ul style="list-style-type: none"> <li>Risk 433: EOC staffing capacity (20)</li> <li>Risk 54: Clinical capacity in NHS111/IUC (20)</li> <li>Risk 58: Culture and retention in NHS111 (12)</li> <li>Risk 367: Health Adviser recruitment(12)</li> <li>Risk 362: Non-COVID sickness (12)</li> <li>Risk 180: A&amp;E staffing capacity (12)</li> </ul>	<b>Key Controls</b> 2023/24 Business Plan - Priority 10 Trust Strategy 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee	<b>1. Recruitment to key staff groups (control)</b> 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. Ongoing: year-end forecast is 149 EMD, 32 Dispatchers and 60 Clinicians. Mitigation actions in place  1.2 Achieve A&E recruitment plans: 264 Ambulance Support Workers and 264 Paramedics (31/03/24) COO. Ongoing: year-end forecast is 230 ASW and 274 Paramedics.  1.3a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. Complete: 14 recruited.  1.3b Achieve 111 recruitment plans: increase Health Advisor establishment to 572 FTE by March 2024 (31/03/24) COO. Ongoing: recruited 164 to date. Year-end forecast to achieve 476 FTE  1.4 Achieve PTS recruitment plans: recruit 81.8FTE to PTS (31/03/24) COO. Latest position to be confirmed.			
<b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Director of People and Organisational Development  Chief Operating Officer				<b>Additional Controls</b> 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						<b>1st Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) YAS Academy Strategic Command Cell	<b>2. Retention of key staff groups (control)</b> 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. Latest position to be confirmed.  2.2 Achieve A&E retention plans: attrition target of 7.2% (31/03/24) COO. Ongoing: latest reported position is 6.8%  2.3 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO. Ongoing: latest reported position is 23%  2.4 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24) COO Ongoing: latest reported position is 10.4%
<b>Committee Assurance</b> People 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 3 = 12									

<b>Strategic Ambition</b>				<b>2</b>	<b>Our people feel empowered, valued, and engaged to perform at their best</b>								
<b>Strategic Risk</b>				<b>2b</b>	<b>Ability to support the physical and mental health and well-being of staff</b>	<b>IF</b> the Trust is unable to support the physical and mental health of staff well <b>THEN</b> there is a risk that workforce availability and morale will be affected <b>RESULTING IN</b> 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				
<b>CQC Domains</b> Well-Led Safe					<b>Corporate Risks: Staff Well-Being</b> <ul style="list-style-type: none"> <li>● Risk 187: Cumulative effect of repeated moving and handling (15)</li> <li>● Risk 441: Response to Domestic Abuse (15)</li> <li>● Risk 452: Safeguarding allegations (16)</li> <li>● Risk 347: Incidents near water (15)</li> <li>● Risk 42: Violence and aggression (12)</li> <li>● Risk 515: JDM training (12)</li> <li>● Risk 50: Immunity screening, vaccination, health surveillance (12)</li> <li>● Risk 188: Health and Safety training for middle managers (12)</li> <li>● Risk 195: Health and Safety training for senior leaders (12)</li> <li>● Risk 362: Non-COVID sickness (12)</li> <li>● Risk 338: IOR Training</li> </ul>	<b>Key Controls</b> 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 <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee <b>1<sup>st</sup> Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell Staff Well-Being Group <b>2<sup>nd</sup> Line Assurance</b> 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 <b>3<sup>rd</sup> Line Assurance</b> 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) <b>External Assurance / Oversight</b> 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	<b>1. Support for the physical and mental health and well-being of staff (control)</b>  <b>2. Support for improved staff attendance levels (control)</b>  <b>3. Compliance with the Violence Prevention and Reduction Standard (control)</b>	1.1 Annual Health and Well-Being Plan developed and approved (30/06/23) DPOD. Complete: plan approved by Trust Board in April 1.2 Annual Health and Well-Being Plan implemented (31/03/24) DPOD. Ongoing: Implementation largely on track, assurance via TEG and People Committee. 1.3 New Occupational Health system ready for implementation (31/03/24) DPOD. Ongoing: on track for 01 April commencement. 2.1 Absence reporting and case management practices implemented (31/03/24) DPOD. Ongoing: implementation effective to date 2.2 Sickness absence improvement targets achieved (31/03/24) DPOD. Ongoing: targets for contact centres and overall Trust achieved to date but needs to be sustained through winter. 3.1 Violence Prevention and Reduction Strategy developed and approved by Trust Board (31/01/24). ED.QGPA Ongoing: draft strategy developed, on track to go through governance and approval processes. 3.2 Violence Prevention and Reduction Policy developed and approved (31/03/24) ED.QGPA Ongoing: draft policy developed, on track to go through governance and approval processes				
<b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Director of People and Organisational Development													
<b>Committee Assurance</b>  People Committee  Audit Committee has oversight of the entire BAF as part of its assurance remit.													

<b>Strategic Ambition</b>			<b>2</b>	<b>Our people feel empowered, valued, and engaged to perform at their best</b>					
<b>Strategic Risk</b>			<b>2c</b>	<b>Ability to promote and embed a positive and inclusive workplace culture</b>			<b>IF</b> the Trust is unable to embed a positive and inclusive culture <b>THEN</b> there is a risk that values and behaviours at all levels will be affected <b>RESULTING IN</b> 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
<b>CQC Domains</b> Well-Led Caring  <b>TEG Lead</b> (Responsible for actions unless stated otherwise)  Director of People and Organisational Development  <b>Committee Assurance</b> People Committee  Audit Committee has oversight of the entire BAF as part of its assurance remit.					<b>Corporate Risks: Workplace Culture</b>  <ul style="list-style-type: none"> <li>● Risk 454: Safeguarding allegations (16)</li> <li>● Risk 58: Culture and retention in NHS111 (12)</li> <li>● Risk 432: Effective supervision (12)</li> <li>● Risk 567: Executive Team Stability (12)</li> </ul>	<b>Key Controls</b> 2023/24 Business Plan <ul style="list-style-type: none"> <li>- Priority 6</li> <li>- Priority 12</li> <li>- Priority 13</li> </ul> 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  <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee  <b>1<sup>st</sup> Line Assurance</b> 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  <b>2<sup>nd</sup> Line Assurance</b> 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  <b>3<sup>rd</sup> Line Assurance</b> 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)  <b>External Assurance / Oversight</b> 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	<b>1. Strengthened leadership and management capacity and capability</b> (control)  <b>2. Positive workplace culture: 'YAS Together'</b> (control)  <b>3. Staff engagement</b> (control)	1.1 Develop and launch the Manage2Lead management resource (30/06/23) DPOD. Complete: Manage2Lead launched in June  1.2 Deliver two cohorts of the Aspiring Leaders programme (31/03/24) DPOD. Ongoing: on track - cohort one commences Sept/Oct.  1.3 Deliver two cohorts of the Lead Together programme (31/03/24) DPOD. Ongoing: on track – cohort one commences Sept/Oct.  2.1 Moorhouse / YAS Together recommendations reviewed and action plan developed (30/09/23) DPOD. Complete: YAS Together action plan developed and approved.  2.2 Organisational Development Strategy: alignment of YAS Together with new Trust Strategy(31/03/24) DPOD. Ongoing, new Trust Strategy in development.  3.1 Improve response rates for the NHS Staff Survey from 34% to 50% (30/11/24) DPOD. Staff Survey opened on 02 October.  3.2 Improve response rates for the quarterly Pulse surveys from 1.7% to 10% (31/03/24) DPOD. Complete: July survey response rate was 13.9%.  3.3 Publish 'You Said, We Did' Staff Survey actions (31/12/23) DPOD. Ongoing: on track for publication in October as part of the Staff Survey launch.

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 <b>RESULTING IN</b> 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	
<b>CQC Domains</b> Well-Led					<b>Corporate Risks: Strategy and Transformation</b> <ul style="list-style-type: none"> <li>Risk 527: Governance: resource for management of serious incidents (16)</li> <li>Risk 525 Long term funding arrangements from the ICS (12)</li> </ul>	<b>Key Controls</b> 2023/24 Business Plan <ul style="list-style-type: none"> <li>Priority 1</li> <li>Priority 7</li> <li>Priority 8</li> </ul> Trust Strategy Trust and system-wide business planning processes Gate Review Process TEG+ Programme Board Programme / project boards Programme / project governance and assurance (via PMO) <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee <b>1<sup>st</sup> Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) <b>2<sup>nd</sup> Line Assurance</b> Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Gate Review Group Organisational Efficiency Group <b>3<sup>rd</sup> Line Assurance</b> 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) <b>External Assurance / Oversight</b> 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	<b>1. Trust Strategy</b> (control)  <b>2. Trust Operating Model</b> (control)  <b>3. Trust Planning and Performance mechanisms</b> (controls and assurance)	1.1 Trust Strategy 2024-28 finalised for Board approval (30/11/23) CEO. Not yet due but on track: significant progress in staff and stakeholder engagement and the identification of emerging themes and priorities  1.2 Strategy launch programme agreed and implemented (31/01/24) CEO. Not yet due  2.1 Develop, consult and recruit to new executive and senior leadership portfolios (31/12/23) CEO. On track, key leadership and executive appointments made during September with others on schedule during October and November.  3.1 Trust 2024/25 business plan developed and approved by the Board (31/03/24) CEO. Not yet due but on track: new business plan development processes and timetable in place, as part of a wider business planning cycle.  3.2 Performance Management Framework design and implementation plan approved by the Trust Board (30/11/23) ED.QGPA. On track, key elements designed (e.g. balanced scorecard), new performance assurance committee to be established this autumn.	
<b>TEG Lead(s)</b> (Responsible for actions unless stated otherwise)  Chief Executive Officer										
<b>Committee Assurance</b>  Trust Board  Audit Committee has oversight of the entire BAF as part of its assurance remit.										

4 x 4 = 16

4 x 4 = 16

4 x 3 = 12



<b>Strategic Ambition</b>				<b>3</b>	<b>We achieve excellence in everything we do</b>				
<b>Strategic Risk</b>				<b>3c</b>	<b>Ability to respond well to climate change and other business continuity threats</b>	<b>IF</b> the Trust does not address business continuity threats, including climate change, <b>THEN</b> there is a risk that strategic and tactical plans, developments and responses will be inadequate <b>RESULTING IN</b> 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
<b>CQC Domains</b> Well-Led					<b>Corporate Risks: Climate Change and Business Continuity</b> <ul style="list-style-type: none"> <li>● Risk 62: Climate change (15)</li> <li>● Risk 326: ACCS Sites (12)</li> <li>● Risk 329: Testing On-Call (12)</li> <li>● Risk 338: IOR Training (12)</li> <li>● Risk 548: Tactical command rota (12)</li> <li>● Risk 556: Major incident exercising (12)</li> <li>● Risk 557: Major incident continuous improvement (12)</li> <li>● Risk 360: Manor Mill HART facilities (12)</li> </ul>	<b>Key Controls</b> 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  <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee  <b>1st Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell  <b>2nd Line Assurance</b> Transformation Governance: TEG+ PMO Programme Assurance Risk and Assurance Group Gate Review Group Resilience Governance Groups  <b>3rd Line Assurance</b> 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)  <b>External Assurance / Oversight</b> 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	<b>1. Green NHS and Net-Zero</b> (assurance)  <b>2. EPRR compliance and capability</b> (control and assurance)  <b>3. Effective business continuity arrangements</b> (control and assurance)	1.1 Implement the improvement actions arising from the internal audit review of Green NHS and Sustainability (30/06/23) DOF. One action outstanding relates to the scrutiny of progress against action plans by senior governance groups.  2.1 Implement improvement actions arising from the Manchester Arena Inquiry recommendations for ambulance trusts (31/03/24) COO. On track: At Q2 23 of 54 actions have been completed. The remaining 31 actions require significant investment and will be delivered over a three-year timescale. A business case to was approved by the Trust Board on 28 September.  3.1 Implement recommendations arising from the advisory review of ISO22301 compliance (31/03/24) COO. Internal audit advisory review of ISO22301 Chapter 8 (Operations) completed in September and draft report shared with the Trust. The review recommended two actions relating to decision logs. These actions will be implemented in an appropriate timeframe.
<b>TEG Lead(s)</b> (Responsible for actions unless stated otherwise)  Director of Finance (1)  Chief Operating Officer (2) and (3)									
<b>Committee Assurance</b>  Finance and Performance 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 3 = 12						

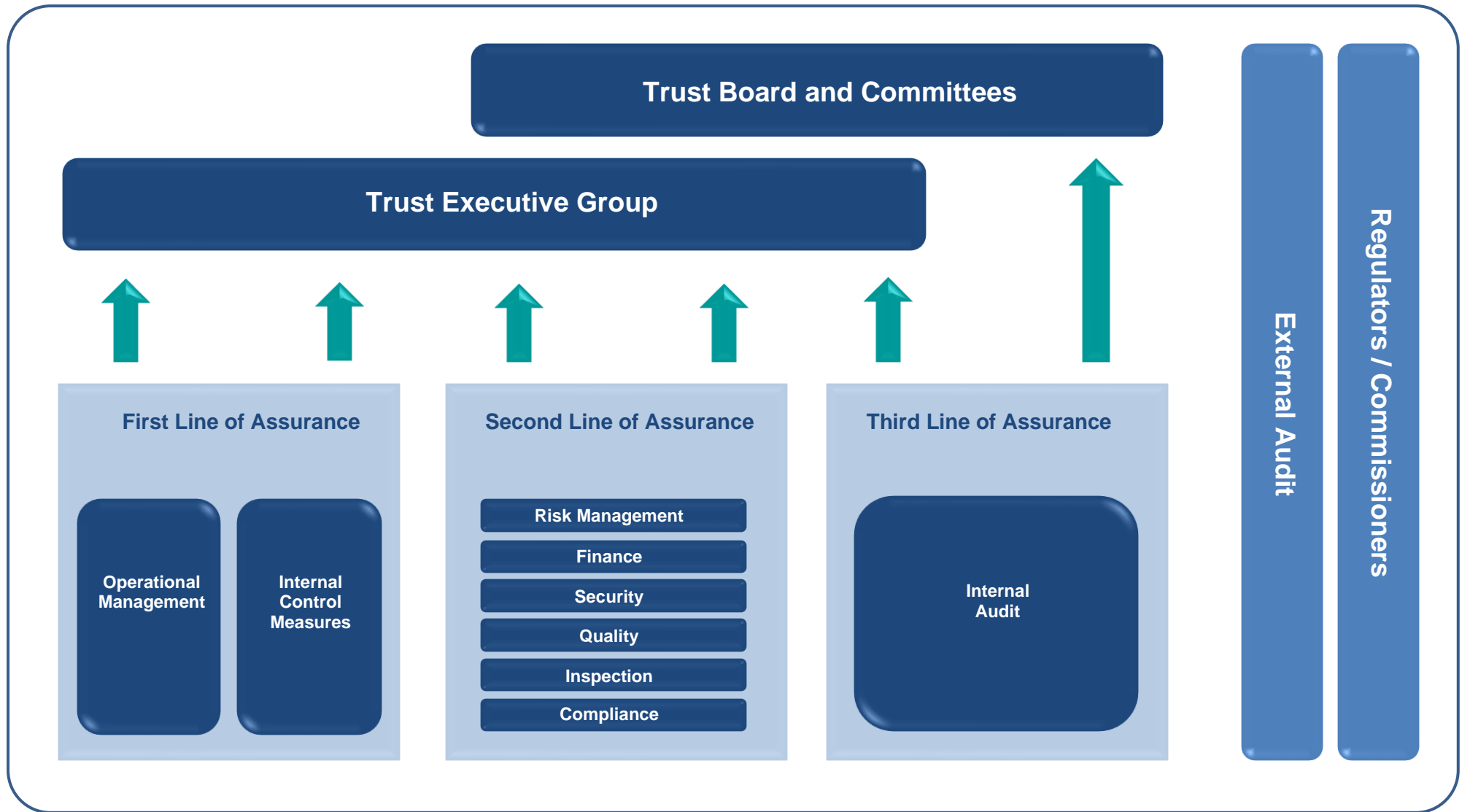


<b>Strategic Ambition</b>				<b>4</b>	<b>We use resources wisely to invest in and sustain services</b>				
<b>Strategic Risk</b>				<b>4b</b>	<b>Ability to deliver key technology and cyber security developments effectively</b>	<b>IF</b> the Trust is unable to deliver technology and cyber security developments effectively <b>THEN</b> there is a risk that systems and infrastructure will not be fit for purpose <b>RESULTING IN</b> an adverse impact on digital tools for staff, security of systems and data, reputation, regulatory compliance, and patient care			
<b>Risk Appetite</b>	<b>Low</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Corporate Risks (2023/24 Q2)</b>	<b>Control Framework</b>	<b>Assurance Framework</b>	<b>Controls and Assurance: Key Gaps / Developments</b>	<b>Key Mitigation Actions</b>
<b>CQC Domains</b> Effective Well-Led  <b>TEG Lead(s)</b> (Responsible for actions unless stated otherwise)  Chief Information Officer  <b>Committee Assurance</b> Primarily the Finance and Performance Committee  Audit Committee has oversight of the entire BAF as part of its assurance remit.					<b>Corporate Risks: Digital, ICT, Cyber/IG</b>  <ul style="list-style-type: none"> <li>Risk 28: Management of paper records (12)</li> <li>Risk 456: Phishing emails (12)</li> <li>Risk 457: Denial of Service (12)</li> <li>Risk 508: Health IT clinical safety (12)</li> <li>Risk 538: Clinical Record Data Loss (12)</li> <li>Risk 534 KCOM ISDN Lines (12)</li> <li>Risk 394: EPR Phase 3 (12)</li> <li>Risk 542: High risk vulnerabilities (12)</li> </ul>	<b>Key Controls</b> 2023/24 Business Plan - Priority 14  Trust Strategy  Trust Digital Strategy  TEG+ Programme Board  Programme / project governance and assurance (via PMO)  DSP Toolkit  GDPR  Cyber Security standards  Service Management standards (ITIL, ISO)  <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee  <b>1st Line Assurance</b> Directorate Management Groups Digital Management Group Programme / Project Boards Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Compliance Reporting  <b>2nd Line Assurance</b> Information Governance Working Group Transformation Governance: TEG+ PMO Programme Assurance SIRO and DPO Processes Risk and Assurance Group  <b>3rd Line Assurance</b> 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)  <b>External Assurance / Oversight</b> System-wide (ICBs, NAA, QGARD etc) DSP Toolkit assessment / audit External cyber security assessment Information Commissioner’s Office	<b>1. Digital Systems Delivery</b> (assurance)  <b>2. Cyber Security and Information Governance</b> (control and assurance)  <b>3. Data and Intelligence</b> (control) Understand and utilise data and intelligence to improve patient care and population health.	1.1 Agree options for NAA common CAD and commence implementation planning for delivery in 2024/25 (31/03/24) CIO. Superseded: NAA has discontinued the common CAD project.  2.1 Strengthen overall compliance with the Data Security and Protection Toolkit standards (30/06/23) ED.QGPA Complete. The Trust achieved a ‘standards fully met’ status for the DSPT, and ‘significant assurance’ for the internal audit review of the DSPT submission.  2.2. Achieve and maintain the 95% target for staff completion of data security awareness training (31/03/24) ED.QGPA On track. 95% target achieved in June (97%). Some slippage to below 93% in September, remedial actions initiated..  2.3 Commission and implement staff email phishing exercise (31/03/24) CIO. Completed. Exercise completed via 360 Assurance. Substantial improvement compared to previous exercises. Internal audit review found ‘significant assurance’.  2.4 Plan and deliver recommendations arising from the internal audit review of system resilience and disaster recovery (31/03/24) CIO. Not due. Audit review ongoing at Q2  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. On track, work progressing as planned.  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. On track, work progressing as planned.  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. On track, work progressing as planned.



<b>Strategic Ambition</b>		<b>4</b>	<b>We use resources wisely to invest in and sustain services</b>						
<b>Strategic Risk</b>		<b>4c</b>	<b>Ability to deliver key enabling infrastructure effectively: estates and fleet</b>		<b>IF</b> the Trust is unable to deliver key enabling infrastructure effectively <b>THEN</b> there is a risk that estates and fleet will not be fit for purpose <b>RESULTING IN</b> premises locations, configurations and facilities that do not meet organisational needs and a fleet that does not support effective operations and care				
<b>Risk Appetite</b>	<b>Low</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Corporate Risks (2023/24 Q2)</b>	<b>Control Framework</b>	<b>Assurance Framework</b>	<b>Controls and Assurance: Key Gaps / Developments</b>	<b>Key Mitigation Actions</b>
<b>CQC Domains</b> Effective Well-Led					<b>Corporate Risks: Estates and Fleet</b> <ul style="list-style-type: none"> <li>● Risk 560: Capital Limits (16)</li> <li>● Risk 561: CDEL timeliness (16)</li> <li>● Risk 62: Climate change (15)</li> <li>● Risk 511: EFF funding for estates (15)</li> <li>● Risk 525 Long-term funding arrangements from the ICS (12)</li> <li>● Risk 290: Fire doors (12)</li> <li>● Risk 68: Deep clean tablet system (12)</li> <li>● Risk 360: Manor Mill HART facilities (12)</li> </ul>	<b>Key Controls</b> 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)  <b>Additional Controls</b> 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	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee  <b>1st Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Infrastructure Management Group  <b>2nd Line Assurance</b> Transformation Governance: TEG+ PMO Programme Assurance Hub and Spoke / AVP Boards Inspections for Improvement Process Strategic Health and Safety Committee Capital Monitoring Group  <b>3rd Line Assurance</b> 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)  <b>External Assurance / Oversight</b> System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Health and Safety Executive	<b>1. Estates Strategy (control)</b>  <b>2. Estates developments (control)</b>	1.1 Develop and secure Board approval of the Estates Strategy, aligned as an enabler of the Trust Strategy (31/03/24) DOF. <i>On track: draft strategy reported to F&amp;P Committee on 05 October and to be approved at Trust Board on 26 October.</i>  2.1 Logistics hub completion, handover and operational (30/09/24) DOF. <i>On track, Logistics hub handed over and being operationalised.</i>  2.2 Completion of EOC facilities, with power supply upgraded for staffing requirements (31/03/24) DOF. <i>On track, EOC facilities operational.</i>
<b>TEG Lead(s)</b> (Responsible for actions unless stated otherwise)  Director of Finance									
<b>Committee Assurance</b> Finance and Performance 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 3 = 12					

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



## Risk Management and Assurance Information Flows

