





## 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					
Document Author / BAF Custodian	David O'Brien				
Responsible Executive Director	CEO / Deputy CEO				
Responsible Committee	Trust Board				
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Key to Role Abbreviations					
CEO	CEO Chief Executive Officer				
C00	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				

Please direct all enquiries regarding this document to the Board Assurance Framework custodian:

### David O'Brien

Director of Corporate Services (Company Secretary) david.o'brien1@nhs.net

## 2023/24 Business Plan Priorities Mapped to BAF Risks

2023	3/24 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

Strategic Amb	Strategic Ambition         1         Patients and communities experience full			nunities experience fully	/ joined-up care respons	ive to their needs	
Strategic Risk			1a	Ability to deliver high operations (sheet 1 c	h quality care in 999/A&E	<b>IF</b> the Trust is unable to manage demand and capacity pre that service performance and quality will be compromised effectiveness of care, patient experience and organisational	
Risk Appetite Low	Initial Current	Target		Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assura Key Gaps / Developn
CQC Domains Safe Caring Effective			• Ris	ate Risks: A&E Operations k 35: Hospital handover (25) k 433: EOC workforce capacity (20)	Key Controls 2023/24 Business Plan: - Priority 2 - Priority 3	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	<ol> <li>Improvements in Category response times in line with na guidance (controls)</li> <li>1.1 Hear and Treat rates.</li> </ol>
Effective Responsive Well-Led		<ul><li>Ris</li><li>Ris</li></ul>	k 180: A&E workforce capacity (16) k 436: EOC dropped calls (15) k 500: EOC triage (15) k 509: EOC duplicate calls (15)	<ul> <li>Priority 4</li> <li>Priority 10</li> <li>Trust Strategy</li> <li>Trust Clinical Strategy</li> <li>System-wide planning and commissioning</li> </ul>	<b>1st Line of Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Reporting (IPR, TEG etc) Strategic Command Cell	<ul><li>1.2 Handover delays.</li><li>1.3 Handover to clear times.</li></ul>	
<b>TEG Lead</b> (Responsible for actions unless stated otherwise) Chief Operating Officer			<ul> <li>Ris (12</li> <li>Ris</li> <li>Ris</li> </ul>	k 406: Medicines checks (15) k 105: Operational Performance ) k 362: Non-COVID sickness (12) k 421: CAD issues (12) k 548: Tactical command rota (12)	Trust Financial Plan National / sector performance frameworks Trust Strategic Workforce Plan Regulatory frameworks Professional standards Surge planning and business continuity	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	2. Draviaian of outflaight staf
	5 x 4 = 20 5 x 3 = 15	x 2 =	• Ris	k 40: Non-conveyance (12) k 564: Right Care, Right Person - nand (12)	Additional Controls Trust policies and procedures Gate Review Process Transformation programme	Incident Review Group Quality Assurance Working Group A&E Delivery Boards Inspections for Improvement Process	<ol> <li>2. Provision of sufficient staff levels in EOC and 999/A&amp;E</li> <li>Operations (controls)</li> <li>2.1 Staff sickness in EOC.</li> <li>2.2 Staff sickness in A&amp;E.</li> </ol>
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					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	<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)	2.3 Recruitment plans for EOC. 2.4 Recruitment plans for A&E.
assurance remit.					Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital Plan National planning guidance	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	

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# sures in 999/A&E operations **THEN** there is a risk **ESULTING IN** adverse impacts on patient safety, reputation.

irance: oments	Key Mitigation Actions
ory 2 national	
	1.1 Increase Hear and Treat rates to 20% by the end of 2023/24 (31/03/24) COO. Not on track: the Q2 position is 7.7%. Mitigating action is being taken.
	1.2 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).
	1.3 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.
taffing	
	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%).
DC. Æ.	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%)
	<ul> <li>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.</li> </ul>
	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.

Strategic Ambition 1 Patients and communities			1 Patients and com	munities experience fully	y joined-up care respons	ive to their needs
Strategic Risk			1aAbility to deliver hig operations (sheet 2 deliver)	h quality care in 999/A&E	<b>IF</b> the Trust is unable to manage demand and capacity pr that service performance and quality will be compromised effectiveness of care, patient experience and organisation	
Risk Appetite	Initial Current	Target	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assura Key Gaps / Developm
CQC Domains         Safe         Caring         Effective         Responsive         Well-Led         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.	5 x 4 = 20 5 x 3 = 15	x 2 = 10	Corporate Risks: A&E Operations 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) Risk 406: Medicines checks (15) Risk 362: Non-COVID sickness (12) Risk 421: CAD issues (12) Risk 548: Tactical command rota (12) Risk 40: Non-conveyance (12) Risk 564: Right Care, Right Person - demand (12)	Key Controls         2023/24 Business Plan:         -       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         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)         National policy developments         Stakeholder engagement plans and processes (e.g., Integrated Commissioning Framework)	Board Level Assurance / Oversight         Trust Board         Board Committees         Audit Committee         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         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)         Professional Revalidation (19/20 – Significant)         GRS (18/19 - Significant)         Managing Attendance (18/19 - Limited)         External	<ul> <li>3. Service Developments (cortage)</li> <li>3.1 Alternative pathways and stresponse to improve access patients and avoid conveyation and avoid conveyation.</li> <li>3.2 Integrated Clinical Assessing Service (CAS) across EOC UC to support contact cent integration to ensure patient are responded to effectively efficiently.</li> </ul>
				National planning guidance	CQC Well-Led Framework (Good) CQC UEC System inspection: West Yorks External Audit	

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# sures in 999/A&E operations **THEN** there is a risk **ESULTING IN** adverse impacts on patient safety, reputation.

irance: pments	Key Mitigation Actions
controls)	
d specialist cess for eyances to	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. On track, the planned work is progressing.
ssment OC and entre tient calls vely and	3.2a Local CAS model for EOC agreed with system partners, with implementation plan developed and approved (31/03/24) COO On track, the planned work is progressing
	3.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO. On track, the planned work is work progressing.

Strategic Ambition	1 Patients and con	nmunities experience fully	/ joined-up care respons	ive to their needs	
Strategic Risk	1b Ability to deliver hi Urgent Care/NHS11	gh quality care in Integrated 1 services	<b>IF</b> the Trust is unable to manage deservice performance and quality with effectiveness of care, patient expension	ill be compromised RESULTING IN	
Risk AppetiteLowInitial Current	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC DomainsCOFSafe Caring Effective Responsive Well-LedIIIITEG Lead (Responsible for actions unless stated otherwise) 	Corporate Risks: IUC / NHS111 • 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-Priority 3-Priority 10Trust 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 processes (e.g., Integrated Commissioning Framework)Capital planBusiness Continuity plans and processesSurge planning processes	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+         IUEC Programme Board         PMO Programme Assurance         Risk and Assurance Group         Gate Review Group         Capital Planning Group         Clinical Governance Group         Incident Review Group         Quality Assurance Working Group         Inspections for Improvement Process         3rd Line Assurance         Internal Audit Reviews:         Referral Pathways (20/21 - Limited)         Clinical Audit (19/20 - Limited)         Professional Revalidation (19/20 - Significant)         External Assurance / Oversight         System-wide (ICBs, NAA, QGARD etc)         Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)         CQC Well-Led Framework (Good)         CQC UEC System inspection: West Yorks         External Audit	1. Provision of sufficient staffing levels in IUC/111 (controls)         1.1 Recruitment plans for 111         1.2 Retention plans for 111         1.2 Retention plans for 111         2. Service Developments (controls)         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.	<ul> <li>1.1a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. Complete: 14 international nurses recruited</li> <li>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.</li> <li>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).</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>

Strategic Ambition			1	Patients and com	munities experience fully	y joined-up care responsive to their needs		
Strategic Risk1cAbility to deliver high qua Transport Service					h quality care in the Patient		quality will be compromised RESU	e Patient Transport Service <b>THEN</b> there is <b>ILTING IN</b> adverse impacts on patient putation.
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			• Ri	rate Risks: PTS sk 559: PTS contracts (12)	Key Controls 2023/24 Business Plan - Priority 10	<b>Board Level Assurance / Oversight</b> Trust Board Board Committees Audit Committee	<ol> <li>Provision of sufficient levels of PTS staffing and volunteers (controls)</li> <li>1.1 Recruitment plans in PTS</li> </ol>	1.1 Achieve PTS recruitment plans: recruit
Responsive Well-Led	• Ris	sk 362: Non-COVID sickness (12)	Trust Strategy System-wide planning and commissioning Trust Financial Plan National / sector performance frameworks	1 <sup>st</sup> Line Assurance Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Strategic Command Cell	1.2 Retention plans in PTS 1.3 Volunteers	<ul> <li>81.8FTE to PTS (31/03/24) COO.</li> <li>Progressing. Call handler numbers are below the levels required to achieve timely call answering. Approval given for additional call handlers, recruitment has commenced.</li> <li>1.2 Achieve PTS retention plans: PTS annualised</li> </ul>		
<b>TEG Lead</b> (Responsible for actions unless stated otherwise) Chief Operating Officer					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	<b>2<sup>nd</sup> Line Assurance</b> Transformation Governance: TEG+ IUEC Programme Board	2. Service Developments (control) Medium-term management of contract renewal risk	<ul> <li>attrition rate is 10.7% (31/03/24) COO. Q2 position to be confirmed.</li> <li>1.3 Increase the number of Trust volunteers (31/03/24) COO. Q2 position to be confirmed.</li> <li>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.</li> </ul>
	x 3 =	4 x 4= 16 4 x 3 = 12				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>Committee Assurance</b> People Committee for (1) Audit Committee has oversight of the entire BAF as part of its assurance remit.					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	3 <sup>rd</sup> Line Assurance Internal Audit Reviews: PTS Patient Experience (21/22 – Limited) PTS Third Party Providers (18/19 – Significant) External Assurance / Oversight System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit		

Strategic Ambition	2 Our people feel e	mpowered, valued, and e	ngaged to perform at the	eir best			
Strategic Risk	2a Ability to ensure pro workforce capacity	ovision of sufficient clinical and capability	workforce capacity and capability will r		n and retain clinical staff sufficiently <b>THEN</b> there is a risk that clinical ill not meet demand <b>RESULTING IN</b> undue pressure on staff and adverse ness of care and patient experience.		
Kisk DuitialModerateCurrent Target	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains         Well-Led         TEG Lead         (Responsible for actions unless stated otherwise)         Director of People and Organisational Development         Chief Operating Officer	<ul> <li>Corporate Risks: Workforce</li> <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>	Key Controls         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	Board Level Assurance / Oversight         Trust Board         Board Committees         Audit Committee         1 <sup>st</sup> Line Assurance         Directorate Management Groups         Trust Management Bodies: TEG, TMG         Performance Report (IPR, TEG etc)         YAS Academy         Strategic Command Cell	<ol> <li>Recruitment to key staff groups (control)</li> <li>1.1 Recruitment plans in EOC.</li> <li>1.2 Recruitment plans in A&amp;E.</li> <li>1.3 Recruitment plans in 111.</li> <li>1.4 Recruitment plans in PTS.</li> </ol>	(control)EMDs, 40 Dispatchers (31/03/24) COO. Ong forecast is 149 EMD, 60 Clinicians. Mitigation1.2 Recruitment plans in A&E.1.2 Achieve A&E recruitment Ambulance Support V Paramedics (31/03/24)1.4 Recruitment plans in PTS.1.2 Achieve A&E recruitment Ambulance Support V Paramedics.1.3 Achieve 111 recruitment international nurses (3 Complete: 14 recruited)	<ul> <li>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</li> <li>1.2 Achieve A&amp;E recruitment plans: 264 Ambulance Support Workers and 264 Paramedics (31/03/24) COO. Ongoing: year-end forecast is 230 ASW and 274 Paramedics.</li> <li>1.3a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. Complete: 14 recruited.</li> <li>1.3b Achieve 111 recruitment plans: increase</li> </ul>	
Committee Assurance       9       1       9       9       1       9       1		Trust policies and procedures Additional Controls Living Our Values Programme Trust Vision and Values Freedom to Speak Up Direct Executive and senior management engagement Clinical Supervision structure Staff-side engagement Diversity and Inclusion plans and processes Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Just Culture processes	<ul> <li>2<sup>nd</sup> Line Assurance         Transformation Governance: TEG+         PMO Programme Assurance         Risk and Assurance Group         Strategic Workforce Group         Portfolio Governance Boards         Inspections for Improvement Process         </li> <li>3<sup>rd</sup> Line Assurance</li> <li>Internal Audit Reviews:</li> <li>Recruitment (22/23 – tbc)</li> <li>Absence Management (21/22 – Limited))</li> <li>Health and Well-Being (21/22 - Significant)</li> <li>Occupational Health (20/21 – Significant)</li> <li>Professional Revalidation (19/20 – Significant)</li> <li>Professional Revalidation (19/20 – Significant)</li> <li>System-wide (ICBs, NAA, QGARD etc)</li> <li>Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)</li> </ul>	<ul> <li><b>2. Retention of key staff groups</b> (control)</li> <li>2.1 Retention plans in EOC.</li> <li>2.2 Retention plans in A&amp;E.</li> <li>2.3 Retention plans in 111.</li> <li>2.4 Retention plans in PTS.</li> </ul>	<ul> <li>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</li> <li>1.4 Achieve PTS recruitment plans: recruit 81.8FTE to PTS (31/03/24) COO. Latest position to be confirmed.</li> <li>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.</li> <li>2.2 Achieve A&amp;E retention plans: attrition target of 7.2% (31/03/24) COO. Ongoing: latest reported position is 6.8%</li> <li>2.3 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO. Ongoing: latest reported position is</li> </ul>		
		Simply Do Ideas process Accountability Framework Leadership in Action Programme Regulatory frameworks	NHS Staff Survey CQC Well Led Framework (Good) External Audit		<ul> <li>23%</li> <li>2.4 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24) COO Ongoing: latest reported position is 10.4%</li> </ul>		

Strategic Ambition	2 Our people feel e	Our people feel empowered, valued, and engaged to perform at their best					
Strategic Risk	2b Ability to support the health and well-bein	e physical and mental ng of staff	availability and morale will be affect	e physical and mental health of staff to ted <b>RESULTING IN</b> an adverse impar- activeness of care and patient experie			
Kisk AppetiteFor Target	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC DomainsWell-Led SafeTEG Lead (Responsible for actions unless stated otherwise)Director of People and Organisational DevelopmentCommittee AssurancePeople CommitteeAudit Committee has oversight of the entire BAF as part of its assurance remit.Pit SuperviseWeil-Led SafeYearImage: Committee has 	<ul> <li>Corporate Risks: Staff Well-Being</li> <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 452: 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>	Key Controls2023/24 Business Plan-Priority 11Trust StrategyNHS People PlaStaff Health and Well-Being programme, support offer and processesNHS Health and Well-Being frameworkTrust Strategic Workforce PlanTrust Vision and ValuesOccupational health processes and proceduresTrust policies and proceduresStaff-side engagementViolence Prevention and Reduction StandardAdditional ControlsPortfolio Governance BoardsHR Business PartnersFreedom to Speak UpStaff-side engagementDiversity and inclusion plansStaff NetworksNHS Staff SurveyCultural AmbassadorsSay Yes to RespectSimply Do Ideas processLeadership in Action ProgrammeYAS Training PlanSafer Responding GroupStatutory and Mandatory TrainingProfessional standardsRegulatory frameworks	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         Staff Well-Being Group         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         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)         Violence and Aggression (20/21 - Significant)         Health & Safety (19/20 - Significant)         Untoward Incidents (18/19 - Significant)         Tolence and Aggression (20/21 - Significant)         Health & Safety (19/20 - Significant)         Health & Safety (19/20 - Significant)         Healt	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)	<ol> <li>Annual Health and Well-Being Plan developed and approved (30/06/23) DPOD. Complete: plan approved by Trust Board in April</li> <li>Annual Health and Well-Being Plan implemented (31/03/24) DPOD. Ongoing: Implementation largely on track, assurance via TEG and People Committee.</li> <li>New Occupational Health system ready for implementation (31/03/24) DPOD. Ongoing: on track for 01 April commencement.</li> <li>Absence reporting and case management practices implemented (31/03/24) DPOD. Ongoing: implementation effective to date</li> <li>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.</li> <li>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.</li> <li>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</li> </ol>		

Strategic Ambition	2 Our people feel empowered, valued, and engaged to perform at their best					
Strategic Risk	2c Ability to promote an inclusive workplace	nd embed a positive and culture	at all levels will be affected RESU		there is a risk that values and behaviours f performance, recruitment and retention, nce	
KiskForVarialCurrentCurrentCurrent	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-Led CaringImage: Comparison of the control CaringImage: Comparison of the control Committee Assurance People CommitteeImage: Committee the control Audit Committee the control BAF as part of its assurance remit.Image: Committee the control Committee the control of the control Committee the control of the control of the control Committee the control of the contr	Corporate Risks: Workplace Culture <ul> <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>	Key Controls2023/24 Business Plan-Priority 6-Priority 12-Priority 13Trust StrategyNHS People PlanDiversity and Inclusion PlanNHS Staff SurveyEqualities Impact AssessmentsStaff NetworksWRES and DES monitoring and reportingSay Yes to RespectTrust vision and ValuesTrust policies and proceduresStaff-side engagementAdditional ControlsPortfolio Governance BoardsAppraisalsHR Business PartnersNHS People PlanFreedom to Speak Up processDirect senior management engagementClinical Supervision structureCultural AmbassadorsJust Culture processesSimply Do Ideas processLeadership in Action ProgrammeYAS Training PlanStatutory and Mandatory TrainingGender Pay Gap monitoring and reportingProfessional standards	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)         Staff Networks         Joint Steering Group         Policy Development Group         Accountability Framework Programme         YAS Academy         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)         Statuory 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	1. Strengthened leadership and management capacity and capability (control)         2. Positive workplace culture: 'YAS Together' (control)         3. Staff engagement (control)	<ol> <li>Develop and launch the Manage2Lead management resource (30/06/23) DPOD. Complete: Manage2Lead launched in June</li> <li>Deliver two cohorts of the Aspiring Leaders programme (31/03/24) DPOD. Ongoing: on track - cohort one commences Sept/Oct.</li> <li>Deliver two cohorts of the Lead Together programme (31/03/24) DPOD. Ongoing: on track – cohort one commences Sept/Oct.</li> <li>Moorhouse / YAS Together recommendations reviewed and action plan developed (30/09/23) DPOD. Complete: YAS Together action plan development Strategy: alignment of YAS Together with new Trust Strategy(31/03/24) DPOD. Ongoing, new Trust Strategy in development.</li> <li>Improve response rates for the NHS Staff Survey from 34% to 50% (30/11/24) DPOD. Staff Survey opened on 02 October.</li> <li>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%.</li> <li>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.</li> </ol>	

Strategic Ambition				3	We achieve excellence in everything we do					
Strategic Risk				3a		ility to plan, govern, and y and business priorities	THEN there is a risk that key devel	ty or capability to plan, govern and deliver strategic and business priorities well lopments will not be delivered effectively <b>RESULTING IN</b> an adverse impact ms, and delivery models, and on patient care.		
Risk Appetite High		Current	Target		Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-Led TEG Lead(s) (Responsible for action unless stated otherwise Chief Executive Officer Chief Executive Officer Trust Board Audit Committee has oversight of the entire BAF as part of its assurance remit.	e (	x 4 = 16 x 4 = 16	= 12	<ul> <li>Ri</li> <li>Ri</li> <li>Ri</li> </ul>	rate Risks: Strategy and ormation	Key Controls         2023/24 Business Plan         -       Priority 1         -       Priority 7         -       Priority 8         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)         Additional Controls       ICB strategies, plans and priorities         Trust policies and procedures       Organisational Efficiency Programme         National and sector-wide plans and priorities       Quality Improvement Strategy         Quality Impact Assessments       Performance Management Framework         Data Management Framework       Regulatory frameworks         System Oversight Framework       CQC frameworks         National planning guidance       Pramework	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)         2nd Line Assurance         Transformation Governance: TEG+         PMO Programme Assurance         Risk and Assurance Group         Directorate budget reviews (Finance         Business Partners)         Gate Review Group         Organisational Efficiency Group         3rd Line Assurance         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)         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	1. Trust Strategy (control) 2. Trust Operating Model (control) 3. Trust Planning and Performance mechanisms (controls and assurance)	<ol> <li>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</li> <li>Strategy launch programme agreed and implemented (31/01/24) CEO. Not yet due</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	

Strategic Ambition				3	We achieve excelle				
Strategic Risk				3b	Ability to influence and respond to change in the wider health and care system		<b>IF</b> the Trust does not identify and respond flexibly to changes in the health and care system <b>THEN</b> there is a risk that Trust plans, priorities, operating models, and resource allocations will not align well with those of local, regional, and national partners <b>RESULTING IN</b> less Trust influence in the wider system, failure to maximise the benefits of integration, and adverse impact on patient care and patient experience		
Risk Appetite Moderate	Initial	Current	Target		Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains         Well-Led         TEG Lead(s)         (Responsible for actions unless stated otherwise)         Chief Executive Officer         Executive Director, QGPA         Committee Assurance         Finance and Performance for (1)         Quality Committee for (2) and (3)         Audit Committee has	x 4 = 12	4 = 12		• Ris	Ate Risks: System Developments (2023/24 Q2) ate Risks: System Developments (325): Long term funding ingements from the ICS (12)	Key Controls         2023/24 Business Plan         -       Priority 1         -       Priority 5         -       Priority 9         -       Priority 17         Trust Strategy       ICB strategies, plans and priorities         Integrated Commissioning Framework         Trust and system-wide business planning processes         Trust organisational change / new operating model         CQC Well-Led Framework         Quality Improvement Strategy         National Patient Safety Strategy         CQUINs         Additional Controls         Trust Strategy         Trust Business Plan         Gate Review Process         TEO: Downword Parent	Board Level Assurance / Oversight       2         Trust Board       Board Committees         Audit Committee       4         1st Line Assurance       1         Directorate Management Groups       1         Trust Management Bodies: TEG, TMG       1         Performance Report (IPR, TEG etc)       1         Strategic Command Cell       2         2nd Line Assurance       1         Transformation Governance: TEG+       1         PMO Programme Assurance       1		<ul> <li>Key Mitigation Actions</li> <li>2.1 2023-28 Quality Improvement Strategy approved and launched (31/12/23) ED.QGPA On track: strategy engagement ongoing through local teams, YAS improvement network, external events and leadership events through Trust strategy work. Clear message that QI needs to be further embedded into the organisation.</li> <li>2.2 Increase partnership QI working across system issues (31/03/24) ED.QGPA. On track: RPIWs with acute trusts have taken place to improve ambulance handover processes. Work is ongoing around health inequalities and deprivation and the links to ambulance conveyance.</li> <li>3.1 Fully Implement the Patient Safety Incident Response Framework (31/03/24) ED.QGPA On track. Patient Safety Incident Response Plan approved by Trust Board in July. Devolved incident management to be in place Trust-wide by end of October.</li> <li>3.2 Critical Care Strategy approved with clear plan for delivery (31/03/24) EMD On track Critical Care Strategic plan approved Embedding Critical Care paramedic response achieved with plans to review critical care coordination in EOC underway.</li> </ul>
Audit Committee has oversight of the entire BAF as part of its assurance remit.				TEG+ Programme Board Programme / project boards Programme / project governance and assurance (via PMO)	Integrated Commissioning Framework Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit		<ul> <li>Yorkshire Air Ambulance review nearing completion - Clinical and operational model agreed, recruitment underway to increase paramedic numbers, Clinical leadership structure agreed and recruitment underway.</li> <li>3.3 Year 1 of the Maternity Improvement Plan delivered (31/03/24) EMD On track. Maternity Improvement Plan approved. Externally approved course in pilot with CPD events agreed, Consultant Midwife business plan will be submitted for 24/25</li> <li>3.4 Year 1 of the Resuscitation Improvement Plan delivered (31/03/24) EMD Resuscitation Improvement Plan approved. YAS an accredited Advanced Life Support provider with courses planned for this year. GoodSAM responder pilot business case approved for go live this year.</li> </ul>		

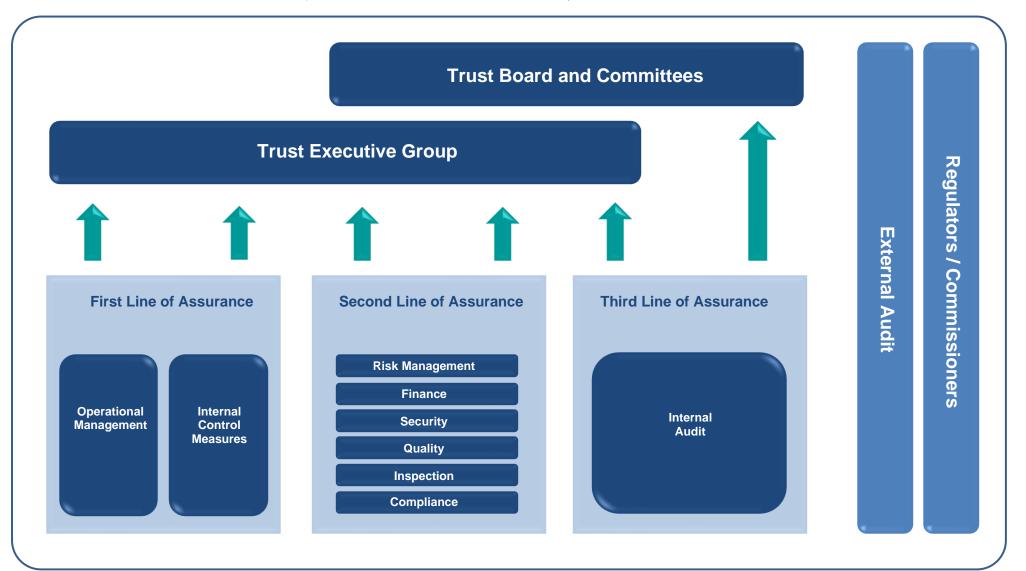
Strategic Ambition	3	We achieve excellence in everything we do					
Strategic Risk	3c	Ability to respond well to climate change and other business continuity threats		IF the Trust does not address business continuity threats, including climate change, <b>THEN</b> there is a risk that strategic and tactical 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 AppetiteFormulaCurrent Target		Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC Domains Well-LedIIIITEG Lead(s) (Responsible for actions unless stated otherwise)IIIIDirector of Finance (1) Chief Operating Officer (2) and (3)91929292Committee Assurance Finance and 	<ul> <li>Busine</li> <li>Ris</li> <li>Ris</li> <li>Ris</li> <li>Ris</li> <li>Ris</li> <li>(12)</li> <li>Ris</li> <li>im</li> </ul>	rate Risks: Climate Change and ess Continuity sk 62: Climate change (15) sk 326: ACCS Sites (12) sk 329: Testing On-Call (12) sk 338: IOR Training (12) sk 548: Tactical command rota (12) sk 556: Major incident exercising 2) sk 557: Major incident continuous provement (12) sk 360: Manor Mill HART facilities	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         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)         Business Continuity (21/22 – Advisory)         Resilience and Special Services (19/20 – Significant)         Business Case Management (18/19 – Advisory)         Resilience 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	<ul> <li>1. Green NHS and Net-Zero (assurance)</li> <li>2. EPRR compliance and capability (control and assurance)</li> <li>3. Effective business continuity arrangements (control and assurance)</li> </ul>	<ul> <li>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.</li> <li>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.</li> <li>3.1 Implement recommendations arising from the advisory review of ISO22301 compliance (31/03/24) COO. Internal audit advisory review of ISO22301 compliance (31/03/24) COO. Internal audit advisory review of ISO22301 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.</li> </ul>	

Strategic Ambition		4 We use resources wisely to invest in and sustain services						
Strategic Risk		4a Ability to plan, mana finances effectively	age and control Trust	IF the Trust is unable to plan, manage and control its finances well <b>THEN</b> there is risk that it will have insufficient income to meet operational and strategic priorities, <b>RESULTING IN</b> an adverse impact on investment in frontline care and enabling infrastructure, and on reputation and regulatory compliance				
Risk Appetite Low	Initial Current Target	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains Well-Led TEG Lead(s) (Responsible for actions		<ul> <li>Corporate Risks: Finance</li> <li>Risk 560: Capital Limits (16)</li> <li>Risk 561: CDEL timeliness (16)</li> <li>Risk 503: Counter Fraud: pay and enhancements (15)</li> </ul>	Key Controls 2023/24 Business Plan - Priority 18 National and regional financial planning	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee  1st Line Assurance Directorate Management Groups	1. Financial planning and management (control)	<ul> <li>1.1 Operate in line with the financial envelope agreed via the 2023/24 financial plan (31/03/24) DOF. At Month 5 the Trust reported a year-to-date underspend of £6.5m, with a break even forecast outturn. The Month 6 position will be reported to the Trust Board on 26 October.</li> </ul>		
Unless stated otherwise)		<ul> <li>Risk 502: Counter Fraud: malicious email (20)</li> </ul>	and management arrangements Trust Financial Plan and planning process Trust SFIs, Scheme of Delegation etc	Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) 2nd Line Assurance Capital Monitoring Group Transformation Governance: TEG+ Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Gate Review Group Organisational Efficiency Group	<ul> <li>Trust Board on 26 October.</li> <li>1.2 Develop the Trust's financial plans (revenue and capital) for 2024/25 in line with national planning guidance and timescales</li> </ul>			
<b>Committee Assurance</b> Finance and Performance Committee Audit Committee has oversight of the entire BAF as part of its assurance remit.		<ul> <li>Risk 525 Long-term funding arrangements from the ICS (12)</li> <li>Risk 377: Mandate fraud (12)</li> <li>Risk 522: BPPC performance (12)</li> <li>Risk 505: Counter Fraud: bribery and corruption (12)</li> <li>Risk 504: Counter Fraud: secondary employment (12)</li> </ul>	Trust policies and procedures Monthly Finance reporting (TEG, TMG) Trust Capital Plan and planning process Capital Monitoring Process Annual Report and Accounts to NHSE/I Trust Counter Fraud Plan Counter Fraud National Standards			<ul> <li>(31/03/24) DOF. Financial planning to align with the Trust's new business plannin cycle. Development of business cases for submission as part of 2024/25 budget planning has commenced.</li> <li>1.3 Plan and deliver recurrent organisational efficiency initiatives required for 2023/24 (31/03/24) DOF. The Trust has an approved programme of 12 schemes with a total value of £15.7m. At Month 5 the Trust reported a year-to date shortfall of £2.4m</li> </ul>		
	5 x 3 = 15 5 x 3 = 15 5 x 2 = 10		Additional Controls F&I Committee Audit Committee Finance Business Partners Gate Review Process Internal Audit External Audit Organisational Efficiency Programme Monthly NHSI/E submission and review meetings Single Oversight Framework NAA Benchmarking information and collaborative reviews. Model Ambulance benchmarking Professional standards (accounting, financial management etc)	3rd Line AssuranceCounter FraudInternal Audit Reviews:Accounts Receivable (22/23 – Significant)Pay Expenditure (21/22 - Limited)Capital Planning (21/22 - Significant)Accounts Payable (21/22 - Significant)General Ledger (21/22 - Significant)Charitable Funds (21/22 - Significant)Expenses Travel Claims (20/21 - Limited)Bank, Treasury, Cashflow (20/21 - Significant)Procurement (20/21 - Limited)Budgetary Control (19/20 - Significant)Fixed Assets (19/20 - Substantial)NHSE Financial Sustainability Audit (22/23)External Assurance / OversightSystem-wide (ICBs, NAA, QGARD etc)	2. Financial Oversight (assurance)	<ul> <li>against the plan, and a forecast year-end shortfall of £3.36m. The Month 6 position will be reported to the Trust Board on 26 October.</li> <li>2.1 Embed rigorous financial oversight to ensure efficient use of resources (31/03/24) DOF. This relates to implementation of actions from the NHSE Finance Sustainability Audit undertaken during 2022/23. Implementation of the action plan is progressing, but some delays have occurred due to the impact of additional work relating to the year-end audit and reporting processes.</li> </ul>		
			financial management etc) Regulatory frameworks Contract management processes and frameworks Procurement processes and frameworks	Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) National Fraud Initiative (Cabinet Office) External Audit				

Strategic Ambition		4	We use resources wisely to invest in and sustain services					
Strategic Risk		4b Ability to deliver key tech security developments e			systems and infrastructure will not I	er technology and cyber security developments effectively <b>THEN</b> there is a risk that I not be fit for purpose <b>RESULTING IN</b> an adverse impact on digital tools for staff, reputation, regulatory compliance, and patient care		
Risk Appetite Low	Target		Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions	
CQC DomainsEffective Well-LedTEG Lead(s) (Responsible for actions unless stated otherwise)Chief Information OfficerChief Information OfficerPrimarily the Finance and Performance CommitteeAudit Committee has oversight of the entire BAF as part of its assurance remit.Primarily the Sinance CommitteeYYXYYY <tr< td=""><td>= 12</td><td><ul> <li>Risl (12)</li> <li>Risl</li> <li>Risl</li> <li>Risl (12)</li> <li>Risl</li> <li>Risl</li> <li>Risl</li> <li>Risl</li> </ul></td><td>k 456: Phishing emails (12) k 457: Denial of Service (12) k 508: Health IT clinical safety (12) k 538: Clinical Record Data Loss</td><td>Key Controls2023/24 Business Plan-Priority 14Trust 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: Data Protection Officer Senior Information Risk Officer Caldicott Guardian Information Asset OwnersRegulatory Frameworks</br></td><td>Board Level Assurance / OversightTrust BoardBoard CommitteesAudit Committee1st Line AssuranceDirectorate Management GroupsDigital Management GroupProgramme / Project BoardsTrust Management Bodies: TEG, TMGPerformance Report (IPR, TEG etc)Compliance Reporting2nd Line AssuranceInformation Governance Working GroupTransformation Governance: TEG+PMO Programme AssuranceSIRO and DPO ProcessesRisk and Assurance Group3rd Line AssuranceInternal 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)Active Directory (19/20 – Substantial)Active Directory (19/20 – Substantial)Mobile Devices (19/20 – Limited)Server Management (18/19 – Significant)IT Risk Management (18/19 – Significant)IR&amp; Davagement (18/19 – Significant)IM&amp;T Governance (21/20 – Substantial)Active Directory (19/20 – Substantial)PR System Penetration (18/19 – Significant)IT Risk Management (18/19 – Significant)IT Risk Management (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</td><td>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.</td><td><ol> <li>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.</li> <li>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.</li> <li>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</li> <li>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'.</li> <li>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</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol></td></tr<>	= 12	<ul> <li>Risl (12)</li> <li>Risl</li> <li>Risl</li> <li>Risl (12)</li> <li>Risl</li> <li>Risl</li> <li>Risl</li> <li>Risl</li> </ul>	k 456: Phishing emails (12) k 457: Denial of Service (12) k 508: Health IT clinical safety (12) k 538: Clinical Record Data Loss	Key Controls2023/24 Business Plan-Priority 14Trust 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 	Board Level Assurance / OversightTrust BoardBoard CommitteesAudit Committee1st Line AssuranceDirectorate Management GroupsDigital Management GroupProgramme / Project BoardsTrust Management Bodies: TEG, TMGPerformance Report (IPR, TEG etc)Compliance Reporting2nd Line AssuranceInformation Governance Working GroupTransformation Governance: TEG+PMO Programme AssuranceSIRO and DPO ProcessesRisk and Assurance Group3rd Line AssuranceInternal 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)Active Directory (19/20 – Substantial)Active Directory (19/20 – Substantial)Mobile Devices (19/20 – Limited)Server Management (18/19 – Significant)IT Risk Management (18/19 – Significant)IR& Davagement (18/19 – Significant)IM&T Governance (21/20 – Substantial)Active Directory (19/20 – Substantial)PR System Penetration (18/19 – Significant)IT Risk Management (18/19 – Significant)IT Risk Management (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	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.	<ol> <li>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.</li> <li>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.</li> <li>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</li> <li>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'.</li> <li>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</li> <li>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.</li> <li>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. 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Strategic Ambition	4 We use resources	We use resources wisely to invest in and sustain services					
Strategic Risk	4c Ability to deliver key effectively: estates a	enabling infrastructure and fleet	<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				
Kisk AppetiteFormationTarget	Corporate Risks (2023/24 Q2)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions		
CQC Domains Effective Well-Led	Corporate Risks: Estates and Fleet <ul> <li>Risk 560: Capital Limits (16)</li> <li>Risk 561: CDEL timeliness (16)</li> <li>Risk 62: Climate change (15)</li> </ul>	Key Controls 2023/24 Business Plan - Priority 15	Board Level Assurance / Oversight Trust Board Board Committees Audit Committee	1. Estates Strategy (control)	1.1 Develop and secure Board approval of the Estates Strategy, aligned as an enabler of the Trust Strategy (31/03/24) DOF. On track: draft strategy reported to F&P Committee on 05 October and to be approved at Trust Board on 26 October.		
TEG Lead(s) (Responsible for actions unless stated otherwise)Director of Finance	<ul> <li>Risk 511: EFF funding for estates (15)</li> <li>Risk 525 Long-term funding arrangements from the ICS (12)</li> </ul>	Trust Strategy Gate review process Capital Plan Fleet Strategy Estates Strategy	<b>1st Line Assurance</b> Directorate Management Groups Trust Management Bodies: TEG, TMG Performance Report (IPR, TEG etc) Infrastructure Management Group	2. Estates developments (control)	<ul> <li>2.1 Logistics hub completion, handover and operational (30/09/24) DOF. On track, Logistics hub handed over and being operationalised.</li> <li>2.2 Completion of EOC facilities, with power supply upgraded for staffing requirements (31/03/24) DOF. On track, EOC facilities operational.</li> </ul>		
Committee Assurance Finance and Performance Committee	<ul> <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>	Trust hybrid working model / plans	<b>2nd Line Assurance</b> Transformation Governance: TEG+ PMO Programme Assurance Hub and Spoke / AVP Boards				
Audit Committee has oversight of the entire BAF as part of its assurance remit.			Inspections for Improvement Process Strategic Health and Safety Committee Capital Monitoring Group				
4 X 4 X 4 X		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	<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)				
		Hybrid working plans National policies and guidance Professional standards Regulatory frameworks	System-wide (ICBs, NAA, QGARD etc)) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Health and Safety Executive				

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



### **Risk Management and Assurance Information Flows**

