

Meeting Title: Board of Directors (Public)
Meeting Date: 28 November 2024
Agenda Item: 3.2



Report Title	Board Assurance Framework
Author (name and title)	David O'Brien, Director of Corporate Services and Company Secretary
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary
Previous committees/groups	People Committee, 19 November Quality Committee, 21 November Finance and Performance Committee, 24 November
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	This paper presents the status of Board Assurance Framework strategic risks. The position reported relates primarily to the close of Q2 and transition into Q3.
Recommendation(s)	The Board: 1. Notes the current position regarding BAF strategic risks 2. Identifies any areas for further investigation or assurance

This paper presents the status of Board Assurance Framework strategic risks. The position reported relates primarily to the close of Q2 and transition into Q3.

Three key messages for the Board regarding strategic risk:

1. Three strategic risks have increased from Q2 to Q3:
 - Risk 1: Response Times (see 5.1 - 5.3)
 - Risk 3: Patient Flow (see 5.4 - 5.5)
 - Risk 12: Revenue Resources (see 5.6 – 5.8)
2. One strategic risk forecast to reduce in Q3 has been kept at its current level:
 - Risk 8: Recruitment and Retention (see 6.1 – 6.3)
3. One strategic risk will be re-assessed to validate the risk exposures:
 - Risk 14: Digital Development and Cyber Security (see 7.1 – 7.4)

All other strategic risk exposures are as forecast for Q3.

Appendix A sets out an 'at a glance' position of all BAF strategic risks Appendix B presents a one-page status report for each BAF strategic risk. Appendix C signposts to other sources of risk assurance found in the agenda items for the Board meetings on 28 November.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	All strategic priorities
	Our People	
	Our Partners	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)		All BAF strategic risks

Board of Directors (in Public)
28 November 2024
Board Assurance Framework
Director of Corporate Services and Company Secretary

1.0 PURPOSE

- 1.1 This paper presents the status of Board Assurance Framework strategic risks.
- 1.2 The position reported relates primarily to the close of Q2 and transition into Q3.

2.0 KEY MESSAGES

- 2.1 This report presents three key messages for the Board regarding strategic risk:
 - 1. Three strategic risks have increased from Q2 to Q3:
 - Risk 1: Response Times (see 5.1 - 5.4)
 - Risk 3: Patient Flow (see 5.5 - 5.7)
 - Risk 12: Revenue Resources (see 5.8 – 5.11)
 - 2. One strategic risk forecast to reduce in Q3 has been kept at its current level:
 - Risk 8: Recruitment and Retention (see 6.1 – 6.4)
 - 3. One strategic risk will be re-assessed to validate the risk exposures:
 - Risk 14: Digital Development and Cyber Security (see 7.1 – 7.4)
- 2.2 All other strategic risk exposures are as forecast for Q3.

3.0 CONTEXT

- 3.1 Risk is inherent in all Trust activities. Risk management is everybody's business. Failure to manage risk well could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss, and potential for complaints, litigation, and adverse publicity.
- 3.2 Effective risk management is essential at all levels and across all activities of the organisation to support safe and high-quality service delivery and pro-active planning for Trust development.
- 3.3 The Board Assurance Framework represents ownership by the Board of the key risks to the achievement of the organisation's strategic objectives.

4.0 BOARD ASSURANCE FRAMEWORK

- 4.1 The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these.
- 4.2 The Trust has adopted a new strategy for the period 2024-29, based around four strategic 'bold ambitions':
- Our Patients
 - Our People
 - Our Partners
 - Our Planet and Pounds
- 4.3 To align with this strategy the Trust has developed a new set of strategic risks based on these four bold ambitions, and, subsequently, a new Board Assurance Framework.
- 4.4 The new strategic risks were approved in principle by the Trust Board at its meeting in Public on 30 May 2024, refined at a Board Strategic Forum session on 20 June 2024, and approved by the Board as part of the new Board Assurance Framework on 25 July 2024. These risks are as follows:

1. Our Patients

- Ability to deliver a timely response to patients.
- Ability to provide patients with access to appropriate care.
- Ability to support patient flow across the healthcare system.
- Ability to strengthen quality governance and medicines management.
- Ability to develop and maintain effective emergency preparedness, resilience, and response arrangements.

2. Our People

- Ability to develop and sustain an open and positive workplace culture.
- Ability to support staff health and well-being effectively.
- Ability to deliver and sustain improvements in recruitment and retention.
- Ability to deliver and sustain improvements in leadership and staff training and development.

3. Our Partners

- Ability to act as a collaborative, integral, and influential system partner.
- Ability to collaborate effectively to improve population health and reduce health inequalities.

4. Our Planet and Pounds

- Ability to secure sufficient revenue resources and use them wisely to ensure value for money.
- Ability to secure sufficient capital resources and use them wisely to ensure value for money.
- Ability to deliver safe and effective digital technology developments and cyber security arrangements.
- Ability to act responsibly and effectively in response to climate change

4.5 The remainder of this report sets out the latest position regarding these strategic risks. Appendix A sets out an 'at a glance' position of all BAF strategic risks. In line with the reporting format agreed by the Trust Board, Appendix B presents a one-page status report for each risk. In respect of the status of mitigation actions, these reports adopt a version of RAG-rating consistent with that adopted by the Trust for reporting on business plan delivery actions. This is as follows:

- Green: on-track (or complete)
- Amber: off-track but within approved tolerances and / or likely to be brought back on track via a recovery plan
- Red: off-track and unlikely to be brought back on track

4.6 Section 5 below provides additional commentary on the three strategic risks that have been increased in score from Q2 to Q3. Section 6 provides additional commentary on the one strategic risk for which the level of exposure has been held at the Q2 level, which is higher than forecast. Section 7 provides additional commentary on selected other strategic risks that are particularly noteworthy.

4.7 Appendix C signposts the Board to agenda items for the meetings on 28 November which provide additional assurance regarding the management and mitigation of the Board Assurance Framework strategic risks.

5.0 RISKS THAT HAVE BEEN INCREASED

Strategic Risk 1. Timely Response

5.1 This remains a high risk and the score has been increased from 16 to 20. Note that this increase is in line with the forecast risk exposure for Q3 as response times were expected to come under pressure during the winter period.

- 5.2 Response time performance has deteriorated. The Trust is unlikely to achieve the Category 2 response time standard for the year of 30 minutes. The deterioration in response times has multiple complex drivers. Key factors include increased demand (the Trust was operating at REAP4 at times during September), increased acuity of demand (more calls from patients in the highest categories of need), and increased hospital handover times.
- 5.3 Progress is being made regarding the mitigation actions. Hear and treat rates have increased to from 13.6% to 16.4%, against the target of 17%. Crew availability has increased although is not on target, and overall fleet availability targets are being met although are coming under pressure. Crew clear times have reduced but are below the target of 20:30.
- 5.4 What Next: focussed work with partner trusts to reduce handover delays, including implementation of protocols relating handover time limits. Continue to progress actions to deliver sustained improvements in hear and treat rates, crew availability, vehicle availability, and crew clear times.

Strategic Risk 3: Patient Flow

- 5.5 This remains a high risk and its score has been increased from 16 to 20: this is now above the forecast risk exposure for Q3. A key element of patient flow is hospital handover times, which have deteriorated and at times during September and October were worse than during the peak winter pressures experienced in December 2023. The handover risk has been focussed on particular hospital sites within the Trust's operational footprint, notably in South Yorkshire and in North and East Yorkshire. However, the position has also started to deteriorate in West Yorkshire, leading to an increase in the risk in that area.
- 5.6 Another element of patient flow is provision of the non-emergency Patient Transport Service. This has a key role in taking non-emergency patients to hospital and, crucially for urgent and emergency care patient flow, supports patient discharge from hospital. Demand for PTS provision, and demand from higher acuity patients, is greater than planned. Higher levels of forecast demand can be met via private providers, but this incurs unplanned costs that have an adverse impact on the Trust's financial position.
- 5.7 What Next: focussed work with partner trusts to reduce handover delays, including implementation of protocols relating handover time limits.

Strategic Risk 12. Revenue Resources

- 5.8 This risk has been increased from 12 to 16. The risk exposure is greater than the level forecast for Q3. The forecast year-end break-even revenue position carries an element of risk. At Month 6 the year-end forecast showed a worst-case scenario of a £6m deficit. The Month 7 finance report shows an improved position (a worst-case scenario of £5m deficit), but also highlights a new risk of £1.1m relating to withdrawal of funding previously allocated to support improvement in ambulance response times.

- 5.9 The risk to the break-even year-end position is caused by multiple factors, including non-delivery of vacancy factors and pay underspends (resulting from high levels of recruitment), slippage and under-achievement of CIP schemes, higher costs for vehicle maintenance, consumables and uniforms, and higher costs relating to increased demand for PTS services (see Strategic Risk 3).
- 5.10 The Trust has introduced a series of 'grip and control' measures and budget reviews to reduce discretionary expenditure in the remainder of 2024/25. The Trust Board will receive assurance about these measures and the latest position regarding financial risk at its meeting on 28 November.
- 5.11 What Next: continued focus on 'grip and control' measures, consideration of other steps required to reduce discretionary expenditure in the remainder of 2024/25.

6. RISK HIGHER THAN FORECAST

Strategic Risk 8. Recruitment and Retention

- 6.1 This risk was forecast for reduction at Q3 based on the planned achievement of recruitment levels and improvements in retention. Overall, the Trust has achieved high levels of recruitment across most service areas, although modest variances have affected some staff groups. The People Committee received assurance reports about recruitment trajectories at its meetings in September and November.
- 6.2 Retention remains more challenging, particularly in NHS111/IUC, and the People Committee advised that it would be premature to reduce the risk at this time. Agency spend has been prominent in NHS111/IUC and although this is being reduced as the year progresses the Trust is forecast to exceed its agency cap. New working arrangements have been introduced to IUC as part of the Case for Change approved by the Board last year. However, some of the new arrangements (for instance, rotas) are not fully implemented or are delayed. The EOC restructure has been approved and is being implemented, with recruitment to the new structure now underway.
- 6.3 The level of achievement against planned recruitment trajectories has presented a financial risk for the Trust. The 2024/25 revenue plan was premised on the recovery of significant vacancy factors from staffing budgets. This recovery has not materialised in full: high recruitment levels have prevented the delivery of the planned vacancy factors in some service areas. In a sense this is the opposite to the risk experienced by the Trust in 2023/24, when under-recruitment generated a budget surplus which was returned to the system under the auspices of an NHSE-led in-year exercise to review and re-set budgets.
- 6.4 What Next: further implementation of the IUC Case for Change measures to support improved retention rates.

7. RISK UNDER REVIEW

Strategic Risk 14. Digital Technology and Cyber Security

- 7.1 This risk remains stable and is within the forecast exposures at Q3. However, this risk is subject to further review and re-assessment in the context of cyber security and information assurance awareness sessions undertaken by the Board, the SIRO and deputy SIROs.
- 7.2 The development of the new Board Assurance Framework identified a gap in governance and assurance arrangements for digital technology developments and cyber security within the Trust. A new Digital Management group has been established, with an executive managerial line into TEG and assurance reporting to the Finance and Performance Committee. The first meeting of this group took place on 13 November. Further work is planned on the governance, assurance and reporting mechanisms for cyber security
- 7.3 The Data Security and Protection Toolkit (DSPT) submission was completed on time in Q1. The associated internal audit review of the DSPT reported 'Moderate' assurance and identified a total of 18 actions (4 medium, 8 low, 6 advisory). The Trust is now preparing for the 'new' DSPT, based on the National Cyber Security Centre's Cyber Assessment Framework.
- 7.4 The Trust is developing a cyber security strategy and action plan. This will include a re-assessment of the Trust's strategic and operational risk exposures relating to cyber security and information assurance. This will also involve the development of a more rigorous model of risk appetite in this area. A session on risk appetite is planned for the Board Strategic Forum in February.

8.0 OTHER RISKS

Strategic Risk 2. Access to Appropriate Care

- 8.1 This risk remains stable and is within the forecast exposures at Q3. One indicator of impact in this area is reduced conveyance to Emergency Departments: the data shows that in September 2024 conveyance had reduced to 52.2% from the baseline of 53.7% (and compared to 56.6% in September 2023).
- 8.2 All milestones and measures for the development of an Integrated Clinical Assessment Service (ICAS) were either on or close to plan at Month 5. Revised plans for ICAS have been developed due to Trust's decision to prioritise the implementation of NHS Pathways implementation prioritisation. The draft proposal is to develop the CAD in IUC to prepare for the joint clinical queue following the 'go live' of NHS Pathways in EOC.

- 8.3 Regarding the development and utilisation of alternative pathways, there is a large amount of differentiated Integrated Care Coordination (ICC) approaches and activity at place level across the Trust's operational footprint. Work has progressed on the Trust's strategic approach to ICCs. Two new ICC hubs in Humber and North Yorkshire are now live, and the Trust Board will receive a briefing on this at its meeting on 28 November. Work is underway to review missed opportunities to support patients to access alternative pathways in South Yorkshire, to inform where we can improve utilisation and patient care. There is now a paramedic embedded in some ICCs in South Yorkshire. Outcomes will be reviewed and shared as this progresses.

Strategic Risk 4. Quality Governance and Medicines Management

- 8.4 This risk remains stable and is within the forecast exposures at Q3. Progress has been in the implementation and embedding of the Patient Safety Incident Response Framework. Improvements in telephony triage and on-scene clinical decision-making are delivering reductions in patient safety incidents. The Quality Improvement Plan has been approved by the Board and is being implemented, and the Clinical Supervision model for frontline crews is being rolled-out.
- 8.5 Significant risk exposures remain in relation to medicines management and compliance with controlled drugs procedures. Progress on this is dependent on the Trust-wide implementation of digital solutions. The Quality Committee is maintaining close oversight of the plans and actions to deliver sustained improvements in these areas.

Strategic Risk 5. Emergency Preparedness, Resilience and Response

- 8.6 The Trust Board received assurance reports on EPRR risk at meetings held in July and September. The Trust has made significant progress on EPRR and has achieved positive positions regarding compliance with the EPRR Core Standards, the EPRR Interoperability Standards, and ISO 22301 relating to Business Continuity. Reported compliance with the EPRR standards is based on self-assessment, and external assurance has now confirmed the self-assessed position of substantial compliance. On this basis the risk exposure is likely to be reduced for Q4 in line with the forecast.
- 8.7 A significant area of EPRR risk relates to the Trust's ability to implement the recommendations arising from the Manchester Arena Inquiry. The Trust is able to implement some aspects of the recommendations from within its own resources. However, full implementation will require significant additional investment from external sources. The funding has not been identified at either national, regional or system/ICB level.

Strategic Risk 6. Open and Positive Workplace Culture

- 8.8 This risk remains stable and is within the forecast exposures at Q3. The YAS Together cultural programme is progressing. Initiatives have completed the pilot stage and are now being implemented more widely across the Trust. The Trust recently received positive external assurance about its People Promise exemplar work via a by NHS England representatives.
- 8.9 The Trust's Equality, Diversity, and Inclusion plan has been approved by the Board and is being delivered. Notably, the Trust has achieved a Gold TIDE Award (Talent Inclusion and Diversity Evaluation) from the Employers Network for Equality and Inclusion in recognition of commitment to and progress on equality, diversity, and inclusion. An element of the EDI Plan relating to an Anti-Racism Framework has been fast-tracked in response to the civil unrest witnessed during the summer.
- 8.10 Progress to embed and implement the Sexual Safety Charter and related processes is on track. Delivery arrangements for the Charter have been reviewed in order to achieve greater consistency and rigour. Senior leaders have undertaken training in order to provide greater internal capacity to lead investigations and hearings.

Strategic Risk 7. Staff Health and Well-Being

- 8.11 This risk remains stable and is within the forecast exposures at Q3. A key outcome indicator of the impact of staff health and well-being measures is the level of staff sickness absence. During Q2 the overall level of staff sickness absence, and the rate of increase, were higher than expected and contrary to previous seasonal norms. The corporate risk regarding staff sickness was put on the 'watch-list' for potential escalation, and it is considered unlikely that the Trust will achieve its target reduction in staff sickness absence.
- 8.12 Progress is being made regarding the violence reduction and prevention element of staff health and well-being. The Trust has now achieved compliance with all 56 indicators within the Violence Prevention and Reduction Standard. The use of bodyworn cameras by frontline crews has received renewed emphasis. The provision of equipment has been reconfigured so that cameras will be available at all stations.

Strategic Risk 11. Collaborate on Population Health and Health Inequalities

- 8.13 This risk remains stable and is within the forecast exposures at Q3. A key focus of this risk is opportunity cost: the Trust potentially has a significant role to play in population health and health inequalities but, arguably, has not fully clarified what this role is and how it is best undertaken. The Trust Board participated in a session on population health and health inequalities session in July, and a further session is planned for 12 December. A key concern for the Board is to clarify the role of the Trust as an anchor organisation that has influence across multiple partner organisation operating at system, place and community level. Workshops with partners have taken place around this theme.

- 8.14 The Trust has undertaken a self-assessment against the AACE Health Inequalities maturity matrix. Compared to the equivalent exercise in 2023 the Trust has improved in three of the four domains: system partnerships, strategic leadership, and data, analysis and intelligence. The Trust's overall position on the maturity matrix has improved by one level, from 'emerging' to 'developing'. The caveat here is that this is a self-assessment and at this stage has not been subject to external verification or assurance.

Strategic Risk 13. Capital Resources

- 8.15 This risk remains stable and is within the forecast exposures at Q3. Within its existing capital limits (purchase and lease) the Trust Board has approved important investments in fleet, estates and digital technology (including the NHS Pathways call-handling and dispatch system). The Trust is also developing a business case for a transformational estates programme centred on a new multi-service ambulance station in Hull.
- 8.16 The main driver of strategic risk captured in the BAF relates to the availability of capital to meet the Trust's current and future needs. The aforementioned investment decisions relating to fleet and technology have pre-committed a proportion of the 2025/26 capital budget. Should the Hull estate scheme proceed – and affordability is a key consideration – this would place further pre-commitments on capital budgets which could present opportunity costs relating to other developments that could not be funded as a result. In addition, there is risk relating to potential slippage in the delivery of the Trust's capital plan for 2024/25, which has dependencies on a timely decision regarding the Hull estates investment.
- 8.17 The Trust faces dilemmas about affordability of critical infrastructure (recall the Board decision in 2023/24 that the Trust could afford either a proposed ambulance replacement programme or a Scarborough estates programme, but not both). The availability of capital is likely to remain a significant risk to the Trust, and one which it has limited ability to control. However, there are signs that greater capital may become available to the health system: for example, trusts are being invited by NHS England to bid for allocations from a capital investment scheme to support digital developments

9. NEXT STEPS

- 9.1 The next versions of this paper will cover the end of Q3 and transition to Q4. This will be reported to the next cycle of assurance committees during January and to the Trust Board in Public on 31 January 2025.

10. RECOMMENDATIONS

The Board of Directors is asked to:

1. Note the current position regarding BAF strategic risks
2. Identify any areas for further investigation or assurance

11. SUPPORTING INFORMATION

Appendices to this Report

Appendix A: Strategic Risk Summary (BAF 'At-A-Glance')

Appendix B: Strategic Risk Status Reports

Appendix C: Strategic Risk Assurance Signpost

Supporting Pack Documents

Full Board Assurance Framework: Q3










Board Assurance Framework Guide

David O'Brien

Director of Corporate Services and Company Secretary

November 2024


APPENDIX A: STRATEGIC RISK SUMMARY


Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q2	Q3	Trend	As Forecast
Our Patients	1	Deliver a timely response to patients	Finance and Performance	16	20		Yes
	2	Provide access to appropriate care	Quality	16	16		Yes
	3	Support patient flow across the urgent and emergency care system	Finance and Performance	16	20		Exceeded
	4	Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.	Quality	16	16		Yes
	5	Develop and maintain effective emergency preparedness, resilience, and response arrangements.	Finance and Performance	15	15		Yes
Our People	6	Develop and sustain an open and positive workplace culture	People	16	16		Yes
	7	Support staff health and well-being effectively	People	12	12		Yes
	8	Deliver and sustain improvements in recruitment and retention.	People	15	15		Yes
	9	Develop and sustain improvements in leadership and staff training and development.	People	12	12		Yes


Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q2	Q3	Trend	As Forecast
Our Partners	10	Act as a collaborative, integral, and influential system partner.	TEG / Board	15	15	↔	Yes
	11	Collaborate effectively to improve population health and reduce health inequalities.	Quality	12	12	↔	Yes
Our Planet and Pounds	12	Secure sufficient revenue resources and use them wisely to ensure value for money.	Finance and Performance	12	16	↑	Exceeded
	13	Secure sufficient capital resources and use them wisely to ensure value for money.	Finance and Performance	16	16	↔	Yes
	14	Deliver safe and effective digital technology developments and cyber security arrangements.	Finance and Performance	12	12	↔	Yes
	15	Act responsibly and effectively in response to climate change.	Finance and Performance	15	15	↔	Yes


APPENDIX B: BAF STRATEGIC RISK STATUS REPORTS (2024/25 Q2-Q3)


BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	1	Timely Response				
Lead Committee	Finance and Performance Committee					
Lead Director	Nick Smith, Chief Operating Officer					
Risk Score	2024/25 Q2	16	2024/25 Q3	20	Trend	↑
WHAT	If the Trust is unable to provide patients with a timely response.					
SO WHAT	It could fail deliver care to patients whenever and wherever they need it.					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Improve demand management – increase Hear and Treat rates					
B	Control: Increase resource capacity – on-shift availability; fleet availability					
C	Control: Increase efficiency and productivity - crew clear times; on-scene times					
Priority Actions			Executive Lead	Due Date	Delivery Status	
A1	Increase Hear and Treat rates from to 17%		Nick Smith	31/03/25	Off track at M6 but within tolerances and / or recovery plans	
B1	Increase on-shift resource availability to 23%		Nick Smith	31/03/25	Off track at M6 but within tolerances and / or recovery plans	
B2	Deliver the fleet availability target of 82% in all geographical areas		Kathryn Vause	31/03/25	On track	
C1	Reduce crew clear times by 10%		Nick Smith	31/03/25	Off track at M6 but within tolerances and / or recovery plans	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	20	16	
	Actual Risk	16	16	20		
Comments	The headline outcome measure related to this risk is Category 2 mean response times. At M7 (and M7) the Trust is not achieving the planned year-to-date position. Key mitigations also include actions relating to hospital handover (see Strategic Risks 3 – Patient Flow)					


BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	2	Access to Appropriate Care				
Lead Committee	Quality Committee					
Lead Director	Nick Smith, Chief Operating Officer; Julian Mark, Executive Medical Director					
Risk Score	2024/25 Q2	16	2024/25 Q3	16	Trend	
WHAT	If the Trust is unable to provide effective triage and care navigation to make best use of alternative care pathways.					
SO WHAT	It could fail to deliver the most clinically appropriate response for every patient, whenever and wherever they need it.					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Develop integrated clinical assessment across 999 and 111.					
B	Control: Increase the availability of alternative care pathways and improve utilisation of these.					
Priority Actions			Executive Lead	Due Date	Delivery Status	
A1	Increase 111 clinical capacity: 34 FTE Clinical Advisors and 39 FTE Senior Clinical Advisors		Nick Smith	31/05/25	On Track	
A2	Develop an integrated clinical assessment service across 999 and 111.		Nick Smith	30/06/24	On Track	
A3	Increase Category 2 Segmentation		Nick Smith	31/03/25	Off track at M6 but within tolerances and / or recovery plans	
B1	Develop new pathways with system partners following a review of pathways and utilisation		Nick Smith Julian Mark	31/12/24	Off track at M6 but within tolerances and / or recovery plans	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	12	
	Actual Risk	16	16	16		
Comments	The Trust Board will receive an update on Category 2 Segmentation at its meeting on 28 November as part of the Clinical and Quality Highlight Report. Development of the integrated clinical assessment service is now following a revised plan as a result of the Trust decision to prioritise NHS Pathways					


BOARD ASSURANCE FRAMEWORK							
Bold Ambition		Our Patients					
Strategic Risk		3	Patient Flow				
Lead Committee		Finance and Performance					
Lead Director		Nick Smith, Chief Operating Officer					
Risk Score		2024/25 Q2	16	2024/25 Q3	20	Trend	
WHAT		If the Trust is unable to support patient flow through the health and care system effectively					
SO WHAT		It could fail to meet the needs of an efficient and productive urgent and emergency care system.					
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Patient flow to hospitals - reduce conveyance to Emergency Departments						
B	Control: Patient flow at hospitals - work with partners to reduce hospital arrival to handover times						
C	Control: Patient flow from hospitals - support timely patient discharge.						
Priority Actions				Owner	Due Date	Delivery Status	
A1	Increase Hear and Treat rates from 13.6% to 17%			Nick Smith	31/03/25	Off track at M6 but within tolerances and / or recovery plans	
A2	Reduce conveyance to Emergency Departments			Nick Smith	31/03/25	On Track	
B1	Reduce arrive to handover times in all five CBU areas			Nick Smith	31/03/25	Off Track	
B2	Reduce overall average arrive to handover time to below 24 mins			Nick Smith	31/03/25	Off Track	
C1	Achieve performance targets to support timely patient discharge.			Nick Smith	31/03/25	tbc	
IMPACT		Timescale	Q1	Q2	Q3	Q4	
		Forecast Risk	16	16	16	12	
		Actual Risk	16	16	20		
Comments		Hospital handover delays are the Trust’s greatest individual corporate risks, and the frequency and length of excessive delays at some sites is an escalating concern.					


BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Patients				
Strategic Risk		4	Quality Governance and Medicines Management			
Lead Committee		Quality Committee				
Lead Director		Dave Green, Executive Director of Quality and Chief Paramedic				
Risk Score		2024/25 Q1	16	2024/25 Q2	16	Trend 
WHAT		If the Trust is unable to strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.				
SO WHAT		It could fail to deliver high standards and continuous improvements in patient safety, effectiveness of care, and patient experience.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Assurance: Embed the Patient Safety Incident Response Framework					
B	Control: Increase the number of staff trained in Quality Improvement methodology					
C	Control: Implement Clinical Supervision for frontline staff					
D	Control and Assurance: Improve governance of (1) out-of-date medicines; (2) controlled drugs					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Reduce patient incidents relating to on-scene decision-making, or EOC/IUC telephony by 5%			Dave Green	31/35/25	Off track at M6 but within tolerances and / or recovery plans
B1	1750 staff to be trained in introduction to QI			Dave Green	31/03/25	Off track at M6 but within tolerances and / or recovery plans
C1	40% of frontline staff offered a Clinical Supervision session by Q4			Dave Green	31/03/25	On Track
D2	Achieve 100% compliance in controlled drugs adherence			Julian Mark	31/03/25	Off Track
D3	Achieve 50% of Clinicians signed declaration on ESR for the Medicines Optimisation Policy			Julian Mark	31/03/25	Off Track
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	16	16	16	12
		Actual Risk	16	16	16	
Comments		Trust-wide improvement in compliance with controlled drugs processes is dependent on the wider roll-out of the medicines management app.				


BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Patients				
Strategic Risk		5	Emergency Preparedness, Resilience and Response			
Lead Committee		Finance and Performance Committee				
Lead Director		Nick Smith, Chief Operating Officer				
Risk Score		2024/25 Q2	15	2024/25 Q3	15	Trend 
WHAT		If the Trust is unable to develop and maintain effective emergency preparedness, resilience and response arrangements.				
SO WHAT		It could fail to ensure the best possible emergency response to the most critical and complex incidents.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Control: Increase compliance with the EPRR Core Standards					
B	Assurance: third-party assurance regarding ISO Business Continuity compliance					
C	Control: Implement the next phase of the Manchester Arena recommendations (subject to resource availability)					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Core Standards: achieve ‘substantial compliance’			Nick Smith	31/12/24	On Track
A2	Interoperability: achieve ‘substantial compliance’			Nick Smith	31/12/24	On Track
A3	Confirm resource allocation			Nick Smith	30/09/24	On Track
B1	Implement actions arising from advisory reviews of ISO compliance			Nick Smith	As Per Report Timescales	On Track
B2	Implement Manchester Arena Inquiry recommendations			Nick Smith	No delivery commitment until resource is identified	
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	20	15	15	12
		Actual Risk	20	15	15	
Comments		Significant progress on the Manchester Arena Inquiry recommendations requires substantial investment (£millions) over multiple years. A business case was approved by the Trust Board during 2023/24 but implementation is dependent on the availability of resource.				


BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	6	Open and Positive Workplace Culture				
Lead Committee	People Committee					
Lead Director	Mandy Wilcock, Director of People and Organisational Development					
Risk Score	2024/25 Q2	16	2024/25 Q3	16	Trend	
WHAT	If the Trust is unable to develop and sustain an open and positive workplace culture					
SO WHAT	It could fail to be a diverse and inclusive organisation where everyone feels valued, included, proud to work and can thrive.					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Deliver the planned YAS Together programme priorities for 2024/25					
B	Control and Assurance: Equality, Diversity, and Inclusion priorities for 2024/25					
C	Control: Strengthen the Trust arrangements regarding sexual safety of staff					
Priority Actions			Executive Lead	Due Date	Delivery Status	
A1	YAS Together programme delivery		Mandy Wilcock	31/03/25	On Track	
A2	Deliver the People Promise Exemplar priorities for 2024/25		Mandy Wilcock	31/03/25	On Track	
B1	Deliver the EDI action plan priorities for 2024/25		Mandy Wilcock	31/03/25	On Track	
B2	Improve the Trust’s rating in the Equality Delivery System (from ‘high developing’ in 23/24)		Mandy Wilcock	31/03/25	Not Due (Jan 25)	
C1	Review and embed the Sexual Safety Charter and associated processes		Mandy Wilcock	31/03/25	On Track	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	12	
	Actual Risk	16	16	16		
Comments	Progress on YAS Together and the Trust’s wider cultural work programme will be reported to the Trust Board on 28 November. The positive outcome of a recent NHSE visit regarding the Trust’s People Promise Exemplar work was reported to the People Committee on 19 November.					


BOARD ASSURANCE FRAMEWORK							
Bold Ambition		Our People					
Strategic Risk		7	Staff Health and Well-Being				
Lead Committee		People Committee					
Lead Director		Mandy Wilcock, Director of People and Organisational Development					
Risk Score		2024/25 Q2	12	2024/25 Q3	12	Trend 	
WHAT		If the Trust is unable to support staff health and well-being effectively					
SO WHAT		It could fail to achieve the sustained improvements in staff well-being and attendance levels required to support high quality services and patient care.					
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Reduce sickness absence levels						
B	Assurance: National Staff Survey - improved results for staff morale						
C	Control: Violence prevention and reduction - embed the use of bodyworn cameras						
Priority Actions				Executive Lead	Due Date	Delivery Status	
A1	Implement and embed the new Occupational Health and specialist services			Mandy Wilcock	31/03/25	On Track	
A2	Reduce Trust-wide staff sickness by 0.5% to 6.08%			Mandy Wilcock	31/03/25	Off Track	
B1	Improve the National Staff Survey results for morale by 0.2 or achieve a statistically significant higher score			Mandy Wilcock	31/03/25	Not Due	
C1	Increase the number of staff trained to use bodyworn cameras by 10%			Dave Green	31/03/25	On Track	
C2	Achieve compliance with the Violence Prevention and Reduction Standard			Dave Green	31/12/24	Complete	
IMPACT		Timescale		Q1	Q2	Q3	Q4
		Forecast Risk		12	12	12	9
		Actual Risk		12	12	12	
Comments		Sickness levels have been higher than anticipated and target reduction for the year is unlikely to be achieved.					


BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our People				
Strategic Risk		8	Recruitment and Retention			
Lead Committee		People Committee				
Lead Director		Nick Smith, Chief Operating Officer				
Risk Score		2024/25 Q2	15	2024/25 Q3	15	Trend 
WHAT		If the Trust is unable to deliver and sustain improvements in recruitment and retention.				
SO WHAT		It could fail to achieve the capacity and capability required in all staff groups to deliver high quality patient care and services.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Control: Deliver the agreed workforce plans for A&E Operations, EOC and IUC					
B	Control: Implement the IUC change programme milestones for 2024/25					
C	Control: Implement the EOC change programme milestones for 2024/25					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Deliver overall A&E workforce trajectories			Nick Smith	31/03/25	On Track
A2	Deliver EOC workforce trajectories			Nick Smith	31/03/25	Off track at M6 but within tolerances and / or recovery
A3	Deliver IUC workforce trajectories			Nick Smith	31/03/25	On Track
B1	New IUC rotas, team-based working, career, and leadership structures all implemented			Nick Smith	31/03/25	Off Track
C1	EOC management restructure completed			Nick Smith	31/12/24	On Track
IMPACT	Timescale		Q1	Q2	Q3	Q4
	Forecast Risk		15	15	10	10
	Actual Risk		15	15	15	
Comments		Recruitment actions have been successful overall. More impact is required in terms of retention. One important driver of improved retention is the IUC Case for Change, and some elements of that have not advanced as far as anticipated (e.g. rotas)				


BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our People				
Strategic Risk		9	Leadership, Staff Training and Development			
Lead Committee		People Committee				
Lead Director		Mandy Wilcock, Director of People and Organisational Development				
Risk Score		2024/25 Q2	12	2024/25 Q3	12	Trend 
WHAT		If the Trust is unable to deliver and sustain improvements in leadership and staff training and development				
SO WHAT		It could fail to develop and retain the skilled and well-led workforce required in all staff groups to deliver high quality patient care and services.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Control: Training, Essential Learning, and Appraisals					
B	Control: Delivery of Leadership Development Programmes					
C	Control: Development of the Trust Training Plan 2025/26					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Achieve 90%+ compliance for essential learning			Mandy Wilcock	31/03/25	On Track
A2	Achieve 90%+ completion of staff appraisals			Mandy Wilcock	31/03/25	Off track at M6 but within tolerances and / or recovery
B1	Commence the Leadership Development Programme for team leaders in IUC			Nick Smith	31/12/24	Off track at M6 but within tolerances and / or recovery
B2	Deliver leadership development programmes (Aspiring Leaders, Leading Together)			Mandy Wilcock	31/03/25	On Track
C1	Develop approved Training Plan for 2025/26			Mandy Wilcock	31/03/25	Not due
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	12	12	12	9
		Actual Risk	12	12	12	
Comments						


BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Partners				
Strategic Risk		10	Influential and Collaborative System Partner			
Lead Committee		Trust Executive Group / Trust Board				
Lead Director		Chief Executive				
Risk Score		2024/25 Q2	15	2024/25 Q3	15	Trend 
WHAT		If the Trust is unable to act as a collaborative, integral, and influential system partner				
SO WHAT		It could fail to work efficiently and effectively with partners to deliver service improvements, increase productivity, mitigate risk, and develop joined-up, patient-centred urgent and emergency care.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Control: Hospital handover: work with system partners to reduce hospital arrival to handover times					
B	Control: Increase the availability of alternative care pathways and improve utilisation of these					
C	Control: Embed the Mental Health and Learning Disabilities Programme					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Reduce arrive to handover times in all areas			Nick Smith	31/03/25	Off Track
B1	Develop new pathways with system partners following a review of pathways and utilisation			Nick Smith Julian Mark	31/12/24	Off track at M6 but within tolerances and / or recovery
C1	Increase specialist mental health response as sole response to mental health incidents to 20%			Dave Green	31/03/25	Off track at M6 but within tolerances and / or recovery
C2	Mental Health Programme: PUSH model implemented in 10 of 10 services			Dave Green	31/03/25	On Track
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	15	15	15	10
		Actual Risk	15	15	15	
Comments		Hospital handover delays are the Trust’s greatest individual corporate risks, and the frequency and length of excessive delays at some sites is an escalating concern.				

BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Partners				
Strategic Risk		11	Collaborate on Population Health and Health Inequalities			
Lead Committee		Quality Committee				
Lead Director		Julian Mark, Executive Medical Director				
Risk Score		2024/25 Q2	12	2024/25 Q3	12	Trend 
WHAT		If the Trust is unable to collaborate effectively to improve population health and reduce health inequalities				
SO WHAT		It could fail to support improved population health by identifying and responding effectively to unwarranted variations.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Control: Health Inequalities Plan					
B	Control: Development of YAS Role in Health Inequalities					
C	Assurance: Health Inequalities Maturity Assessment (AACE)					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Deliver 2024/25 action plan priorities			Julian Mark	31/03/25	On Track
B1	Define YAS role an anchor organisation			Julian Mark	31/03/25	On Track
C1	Complete self-assessment against the AACE health inequalities maturity matrix			Julian Mark	30/09/24	On Track
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	12	12	12	9
		Actual Risk	12	12	12	
Comments		The Trust Board held a session on Health Inequalities in July 2024. A further session is planned for December 2024. A presentation was received by Quality Committee in September and additional documents circulated afterwards to provide assurance regarding this work.				

BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Planet and Pounds				
Strategic Risk		12	Revenue Resources			
Lead Committee		Finance and Performance Committee				
Lead Director		Kathryn Vause, Executive Director of Finance				
Risk Score		2024/25 Q2	12	2024/25 Q3	16	Trend 
WHAT		If the Trust is unable to secure sufficient revenue resources and use them wisely				
SO WHAT		It could fail to use resources productively, achieve value for money, and deliver financially sustainable patient care and services.				
WHAT NEXT		Key mitigation actions to strengthen key controls and / or assurance for this risk:				
A	Control: Financial planning for 2024/25					
B	Control: Financial management during 2024/25					
C	Control and Assurance: Planning and achievement of efficiency savings for 2024/25					
Priority Actions				Executive Lead	Due Date	Delivery Status
A1	Develop an approved balanced financial plan (revenue) for 2024/25			Kathryn Vause	30/06/24	Complete
B1	Ensure the Trust works within its approved financial plan during 2024/25			Kathryn Vause	31/03/24	Off track at M6 but within tolerances and / or recovery
C1	Achieve the overall organisational efficiency targets for 2024/25			Marc Thomas	31/03/24	Off Track
C2	Strengthen the oversight of efficiency and productivity schemes via the Organisational Efficiency group.			Marc Thomas	30/09/24	On Track
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	12	12	12	12
		Actual Risk	12	12	16	
Comments		The financial risk to the break-even year-end position and the under-achievement on efficiency targets (CIP, vacancy factor) at this point in the year suggest that the risk exposures have increased.				

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Planet and Pounds					
Strategic Risk	13	Capital Resources				
Lead Committee	Finance and Performance Committee					
Lead Director	Kathryn Vause, Executive Director of Finance					
Risk Score	2024/25 Q2	16	2024/25 Q3	16	Trend	
WHAT	If the Trust is unable to secure sufficient capital resource and it use it wisely					
SO WHAT	It could fail to invest adequately in safe, effective, and well-equipped environments for staff and patients.					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Capital planning for 2024/25					
B	Control: Key capital investments - Estates					
C	Control: Key capital investments - Fleet					
D1	Control: Key capital investments – ICT/Digital					
Priority Actions			Executive Lead	Due Date	Delivery Status	
A1	Develop and deliver an approved capital plan for 2024/25		Kathryn Vause	30/06/24	On Track	
B1	Estates: Define and achieve Board approval for an affordable Hull estate transformation project		Kathryn Vause	31/12/24	Decision Due: 28 November	
C1	Fleet: Board approval of affordable business cases for new vehicles and place orders for 2025/26		Kathryn Vause	31/03/25	Off track at M6 but within tolerances and / or recovery	
D1	ICT/Digital: approval of an affordable business case to implement NHS Pathways		Kathryn Vause	31/03/25	On Track	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16		
Comments	The risk status for Strategic Risk 13 is driven by the overall lack of capital to meet the Trust’s strategic needs (estates, fleet, technology) but also the uncertainty on delivery of the 2024/25 capital plan pending the Hull investment decision. The business case for the Hull hub project will be presented to the Trust Board on 28 November. .					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Planet and Pounds					
Strategic Risk	14	Digital Technology and Cyber Security				
Lead Committee	Finance and Performance Committee					
Lead Director	Sam Robinson, Chief Digital Information Officer					
Risk Score	2024/25 Q2	12	2024/25 Q3	12	Trend	
WHAT	If the Trust is unable to deliver safe and effective technology and cyber security					
SO WHAT	It could fail to realise the benefits that technology, data and intelligence can bring to decision-making, support services, and patient care.					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control and Assurance: Strengthen the planning and governance of digital technology work					
B	Assurance: DSP Toolkit compliance					
C	Assurance: Board and committee oversight of cyber security / cyber risk					
Priority Actions			Executive Lead	Due Date	Delivery Status	
A1	Develop an enabling plan for digital / technology		Sam Robinson	31/03/25	On Track	
A2	Establish a digital / technology governance body		Sam Robinson	31/03/25	On Track	
B1	Implement actions from the 2023/24 DSP Toolkit audit		Marc Thomas	31/03/25	Off track at M6 but within tolerances and / or recovery	
C1	Strengthen cyber security assurance via the Finance and Performance Committee and Board		Marc Thomas	31/03/25	tbc	
C2	Organise Board-level and SIRO training in cyber security / cyber risk		David O'Brien	31/03/25	On Track	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12		
Comments	Following the Board session on cyber security there is a requirement to review and define the Trust's arrangements for governance and assurance regarding cyber security, and to develop a plan to manage cyber security in future. The overall risk level is subject to re-assessment as part of next steps on cyber security.					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Planet and Pounds					
Strategic Risk	15	Action on Climate Change				
Lead Committee	Finance and Performance Committee					
Lead Director	Kathryn Vause, Executive Director of Finance					
Risk Score	2024/25 Q2	15	2024/25 Q3	15	Trend	
WHAT	If the Trust is unable to act responsibly and effectively on climate change.					
SO WHAT	It could fail to make sufficient progress in reducing the Trust’s environmental impact and in and mitigating the effects of climate change on Trust operations.					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control: Fleet improvements to support environmental sustainability					
B	Assurance: Governance arrangements for environmental sustainability					
Priority Actions			Executive Lead	Due Date	Delivery Status	
A1	Reduce environmental impact via fleet telematics systems: Board approval / contract award		Kathryn Vause	31/03/25	On Track	
A2	Complete the delivery and rollout of PTS electric vehicles		Kathryn Vause	31/03/25	On Track	
B1	Establish a new Trust-wide governance body for environmental sustainability / net zero work		Kathryn Vause	31/12/24	Off track at M6 but within tolerances and / or recovery	
B2	Strengthen Board-level assurance of sustainability work via the Finance and Performance Committee		Kathryn Vause	31/12/24	Off track at M6 but within tolerances and / or recovery	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	15	15	15	10	
	Actual Risk	15	15	15		
Comments	Key actions relate to the Trust’s governance and assurance arrangements regarding net zero work, including the oversight and assurance role of the Finance and Performance Committee. This is due to be progressed during the second half of 2024/25					

APPENDIX C: STRATEGIC RISK ASSURANCE SIGNPOST – Assurance via agenda Items for the Board day on 28 November 2024

Strategic Risk: The Trust is unable to...			Agenda Item (Public meeting unless stated otherwise)
Our Patients	1	Deliver a timely response to patients	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report 3.4 Operational Assurance Report
	2	Provide access to appropriate care	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report 3.4 Operational Assurance Report 3.6 Quality Committee Chair's Report 3.7 Clinical and Quality Highlight Report
	3	Support patient flow across the urgent and emergency care system	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report 3.4 Operational Assurance Report 3.6 Quality Committee Chair's Report 3.7 Clinical and Quality Highlight Report

Strategic Risk: The Trust is unable to...			Agenda Item (Public meeting unless stated otherwise)
Our Patients	4	Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.6 Quality Committee Chair's Report 3.7 Clinical and Quality Highlight Report
	5	Develop and maintain effective emergency preparedness, resilience, and response arrangements.	3.1 Risk Report 3.2 Board Assurance Framework Report 3.4 Operational Assurance Report

Strategic Risk: The Trust is unable to...			Agenda Item (Public meeting unless stated otherwise)
Our People	6	Develop and sustain an open and positive workplace culture	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.8 People Committee Chair's Report 3.9 People and Organisational Development Highlight Report 3.10 YAS Together / Culture Programme Report
	7	Support staff health and well-being effectively	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.8 People Committee Chair's Report 3.9 People and Organisational Development Highlight Report 3.10 YAS Together / Culture Programme Report
	8	Deliver and sustain improvements in recruitment and retention.	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.4 Operational Assurance Report 3.8 People Committee Chair's Report 3.9 People and Organisational Development Highlight Report 3.10 YAS Together / Culture Programme Report 3.11 Workforce Planning and Control Return
	9	Develop and sustain improvements in leadership and staff training and development.	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.8 People Committee Chair's Report 3.9 People and Organisational Development Highlight Report

Strategic Risk: The Trust is unable to...			Agenda Item (Public meeting unless stated otherwise)
Our Partners	10	Act as a collaborative, integral, and influential system partner.	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.4 Operational Assurance Report 3.7 Clinical and Quality Highlight Report Board Strategic Forum: 1. Integrated Care Co-ordination Hubs 2. System Governance: Executive Leadership Board 3. Change NHS 10 Year Health Plan for England
	11	Collaborate effectively to improve population health and reduce health inequalities.	2.1 Business Plan Quarterly Report 3.2 Board Assurance Framework Report 3.7 Clinical and Quality Highlight Report

Strategic Risk: The Trust is unable to...			Agenda Item (Public meeting unless stated otherwise)
Our Planet and Pounds	12	Secure sufficient revenue resources and use them wisely to ensure value for money.	2.1 Business Plan Quarterly Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report 3.4 Finance Report 3.11 Workforce Planning and Control Return 3.12 Audit and Risk Committee Chair's Report Private: Actions to Achieve Break-Even Private: Hull Hub Business Case
	13	Secure sufficient capital resources and use them wisely to ensure value for money.	2.1 Business Plan Quarterly Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report 3.4 Finance Report 3.12 Audit and Risk Committee Chair's Report Private: Actions to Achieve Break-Even Private: Hull Hub Business Case
	14	Deliver safe and effective digital technology developments and cyber security arrangements.	2.1 Business Plan Quarterly Report 3.1 Risk Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report
	15	Act responsibly and effectively in response to climate change.	2.1 Business Plan Quarterly Report 3.2 Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report