

Board of Directors (held in Public)
30 January 2025
Agenda Item: 3.1b



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| Report Title | Board Assurance Framework Report |
| 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 | Trust Executive Group, by email Audit and Risk Committee, 21 January 2025 Quality Committee, 16 January 2025 People Committee, 21 January 2025 Finance and Performance Committee, 19 December 2024 |
| 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 to the close of Q3 and transition into Q4. |
| 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 (BAF) strategic risks. This report presents three key messages regarding the BAF strategic risks:

1. No strategic risks have increased in score from Q3 to Q4
2. One strategic risk has reduced in score from Q3 to Q4, in line with forecast:
 - Risk 5: Emergency Preparedness, Resilience and Response
3. Three strategic risks remain at a level that exceeds the forecast exposure for Q4:
 - Risk 3: Patient Flow
 - Risk 8: Recruitment and Retention
 - Risk 12: Revenue Resources

All other strategic risk exposures are as forecast for Q4.

The paper also reports the outcome of the recent internal audit review of the Board Assurance Framework: the review reported 'significant assurance'.

| | | |
|---|-----------------------|--------------------------|
| 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 |

1.0 PURPOSE

- 1.1 This paper presents the status of the Board Assurance Framework strategic risks at the close of Q3 and transition into Q4.

2.0 KEY MESSAGES

- 2.1 This report presents three key messages regarding the BAF strategic risks:

1. No strategic risks have increased in score from Q3 to Q4
2. One strategic risk has reduced in score from Q3 to Q4, in line with forecast:
 - Risk 5: Emergency Preparedness, Resilience and Response
3. Three strategic risks remain at a level that exceeds the forecast exposure:
 - Risk 3: Patient Flow
 - Risk 8: Recruitment and Retention
 - Risk 12: Revenue Resources

- 2.2 All other strategic risk exposures are as forecast for Q4.

- 2.3 The Q4 risk exposures presented in this report refer to position at the end of Q3 and start of Q4. There will be a further report that captures the position at the end of Q4 ('year-end').

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 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 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 The Board should note that it receives assurance regarding the management of strategic risks from multiple sources, not just this report. Appendix C presents a signpost to other sources of assurance found in the papers for the Board meetings held on 30 January 2025.

5.0 RISKS THAT HAVE BEEN REDUCED

Strategic Risk 5. Emergency Preparedness, Resilience and Response

5.1 This strategic risk has been reduced from 'high' to 'moderate' in line with the forecast risk profile for the year. The Trust has made significant improvement progress on EPRR and has achieved positive positions regarding compliance with the EPRR Core Standards and the EPRR Interoperability Standards. The self-assessed status of 'substantial compliance' with the EPRR standards has now been verified and confirmed externally (NHSE). The Trust has also received favourable third-party assurance regarding ISO 22301 compliance relating to Business Continuity. On this basis the risk exposure is reduced in Q4 in line with the forecast.

5.2 A significant area of remaining EPRR risk relates to the Trust's ability to implement the recommendations arising from the Manchester Arena Inquiry. This is a risk for all ambulance trusts and is not specific to this Trust. 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. The Trust is managing a corporate risk relating to major incident response capabilities. Implementation of the mitigation actions for this risk has resulted in the strengthening of the Trust's capabilities and this risk is forecast to reduce to below the corporate risk threshold during 2024/25.

6.0 RISKS EXCEEDING FORECAST

Strategic Risk 3: Patient Flow

- 6.1 This remains a high risk (20) and is above the forecast risk exposure for Q4. A key element of patient flow is hospital handover times, which deteriorated markedly during Q3. 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, during Q3 the position also deteriorated in West Yorkshire, leading to an increase in the risk in that geographic area.
- 6.2 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 timely 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.
- 6.3 What Next: focussed work with partner trusts to reduce handover delays, including implementation of operational / clinical protocols ('Transfer of Care') relating to handover time limits. Recent implementation of such protocols in at some hospital sites has had a notable positive impact. Response times during the second and third week of January have been much improved, although it is too early to consider this to be a sustained improvement that would support a reduction in the patient flow risk.

Strategic Risk 8. Recruitment and Retention

- 6.4 This risk was forecast for reduction from high risk to moderate risk at Q3, based on the planned achievement of recruitment levels and some improvements in retention. Overall, the Trust has achieved high levels of recruitment across most service areas, although modest variances have affected some staff groups. Retention remains more challenging, particularly in NHS111/IUC, and the People Committee advised in November that it would be premature to reduce the risk during Q3. For the transition to Q4 this is held as a high risk, above forecast.
- 6.5 Agency spend has been prominent in NHS111/IUC and although this has been 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 change programme approved by the Board last year. However, some of the new

arrangements have experienced delayed implementation. The EOC restructure has been approved and is being implemented.

- 6.6 What Next: further implementation of the IUC change programme measures to support improved retention rates, embedding of the EOC change programme.

Strategic Risk 12. Revenue Resources

- 6.7 The forecast year-end break-even revenue position carries an element of risk. During Q3 the monthly finance reporting showed an improving position regarding the risk to year-end break-even. However, during Q3 the Trust also identified significant risks relating to (a) income previously allocated to support improvement in ambulance response times and (b) PTS income.
- 6.8 The Trust has introduced a series of 'grip and control' measures and budget reviews to reduce discretionary expenditure in the remainder of 2024/25, as well as enacting a range of technical adjustments. The Trust Board will receive assurance about these measures and the latest position regarding financial risk at its meeting on 30 January.
- 6.9 What Next: continued focus on 'grip and control' measures, consideration of other steps required to reduce discretionary expenditure in the remainder of 2024/25, further technical adjustments.

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 Q4. 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 the deputy SIROs.

8. INTERNAL AUDIT REVIEW

- 8.1 During Q3 the Trust's internal auditors, 360 Assurance, carried out a review of the Board Assurance Framework. This review was scheduled as part of the Internal Audit Plan for 2024/25.
- 8.2 The review of the Board Assurance Framework considered the following:
- There is a fit for purpose BAF in place which has had been developed with appropriate engagement from the Board
 - There is a clear programme to report the BAF to the Board and its assurance committees during the year which is adhered to
 - The BAF is used as a live tool for managing strategic risks and supports robust discussion at Board and its assurance committees

- The Audit and Risk Committee fulfils its responsibilities in relation to the BAF as set out within its Terms of Reference
- Risks in the BAF reflect those being faced by the organisation and are aligned to the organisation's strategic objectives
- Meaningful actions are taken to mitigate risks which impact on risk scores, controls and assurances.

8.3 The review resulted in a rating of 'significant assurance' and noted that some features of the BAF represent leading practice. Copies of the report are available upon request.

9. NEXT STEPS

- 9.1 The provisional Year-End position will be reported to the Trust Board in Public on 27 March 2025
- 9.2 The Board Strategic Forum on 27 February 2025 will include a session on risk appetite and strategic risks.

10. RECOMMENDATIONS

The Board 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: BAF Strategic Risks - At-A-Glance
 Appendix B: Strategic Risk Status Reports
 Appendix C: Strategic Risk Assurance Signpost

David O'Brien
 Director of Corporate Services and Company Secretary


January 2024


APPENDIX A: STRATEGIC RISKS – AT A GLANCE SUMMARY

| Bold Ambition | Strategic Risk: The Trust is unable to... | | Committee Oversight | Q3 | Q4 (Jan) | Trend | Compared to Forecast |
|---------------|---|---|-------------------------|----|----------|-------|-------------------------|
| Our Patients | 1 | Deliver a timely response to patients | Finance and Performance | 20 | 20 | ↔ | Aligned |
| | 2 | Provide access to appropriate care | Quality | 16 | 16 | ↔ | Aligned |
| | 3 | Support patient flow across the urgent and emergency care system | Finance and Performance | 20 | 20 | ↔ | Exceeded (Forecast 16) |
| | 4 | Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning. | Quality | 16 | 16 | ↔ | Aligned |
| | 5 | Develop and maintain effective emergency preparedness, resilience, and response arrangements. | Finance and Performance | 16 | 12 | ↓ | Aligned |
| Our People | 6 | Develop and sustain an open and positive workplace culture | People | 16 | 16 | ↔ | Aligned |
| | 7 | Support staff health and well-being effectively | People | 12 | 12 | ↔ | Aligned |
| | 8 | Deliver and sustain improvements in recruitment and retention. | People | 15 | 15 | ↔ | Exceeded (Forecast: 10) |
| | 9 | Develop and sustain improvements in leadership and staff training and development. | People | 12 | 12 | ↔ | Aligned |


| Bold Ambition | Strategic Risk: The Trust is unable to... | | Committee Oversight | Q3 | Q4 (Jan) | Trend | Compared to Forecast |
|-----------------------|---|---|-------------------------|----|----------|-------|-------------------------|
| Our Partners | 10 | Act as a collaborative, integral, and influential system partner. | TEG / Board | 15 | 15 | ↔ | Aligned |
| | 11 | Collaborate effectively to improve population health and reduce health inequalities. | Quality | 12 | 12 | ↔ | Aligned |
| Our Planet and Pounds | 12 | Secure sufficient revenue resources and use them wisely to ensure value for money. | Finance and Performance | 16 | 16 | ↔ | Exceeded (Forecast: 12) |
| | 13 | Secure sufficient capital resources and use them wisely to ensure value for money. | Finance and Performance | 16 | 16 | ↔ | Aligned |
| | 14 | Deliver safe and effective digital technology developments and cyber security arrangements. | Finance and Performance | 12 | 12 | ↔ | Aligned |
| | 15 | Act responsibly and effectively in response to climate change. | Finance and Performance | 15 | 15 | ↔ | Aligned |


APPENDIX B: BAF STRATEGIC RISK STATUS REPORTS


| 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 Q3 | 20 | 2024/25 Q4 | 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 13.6% to 17% | | Nick Smith | 31/03/25 | Off track at M9. Within tolerances or recovery plans | |
| B1 | Increase on-shift resource availability to 23% | | Nick Smith | 31/03/25 | Off track at M9. Within tolerances 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 | |
| IMPACT | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 16 | 20 | 16 | 16 | |
| | Actual Risk | 16 | 20 | 20 | | |
| Comments | Response time standards for the year will not be achieved. Improvement work on crew clear times has been adversely affected by REAP4 and winter pressures. Improvement plans have been developed and are being implemented, based on learning from successful work at East Midlands Ambulance Service. An improved position on crew clear times is forecast for year-end. | | | | | |


| 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 Q3 | 16 | 2024/25 Q4 | 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 | 2024/25 plans superseded | Off Track |
| A3 | Increase Category 2 Segmentation | | | Nick Smith | 31/03/25 | tbc |
| B1 | Develop new pathways with system partners following a review of pathways and utilisation | | | Nick Smith Julian Mark | 31/12/24 | Complete |
| IMPACT | | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End |
| | | Forecast Risk | 16 | 16 | 16 | 12 |
| | | Actual Risk | 16 | 16 | 16 | |
| Comments | | Development of the integrated clinical assessment service is now following an implementation revised plan as a result of the Trust decision to prioritise the migration to 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 Q3 | 20 | 2024/25 Q4 | 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 M9. Within tolerances 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 PTS performance targets to support timely patient discharge. | | Nick Smith | 31/03/25 | Off track at M9. Within tolerances or recovery plans | |
| IMPACT | Timescale | | Q2 | Q3 | Q4 (Jan) | Year-End |
| | Forecast Risk | | 16 | 16 | 16 | 12 |
| | Actual Risk | | 16 | 16 | 20 | |
| Comments | | Handover delays in the South operational area and in the North and East operational area are the Trust's highest individual corporate risks, focussed on particular hospital sites. Implementation of the 'Transfer of Care' handover protocols at selected emergency departments has had a positive impact and further implementation is planned. | | | | |


| 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 Q3 | 16 | 2024/25 Q4 | 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 M9. Within tolerances or recovery plans | |
| B1 | 1750 staff to be trained in introduction to Quality Improvement | | Dave Green | 31/03/25 | Off Track | |
| 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 | Original targets superseded. Off track at M9. Within tolerances or recovery plans | |
| D3 | Achieve 50% of Clinicians signed declaration on ESR for the Medicines Optimisation Policy | | Julian Mark | 31/03/25 | | |
| IMPACT | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 16 | 16 | 16 | 12 | |
| | Actual Risk | 16 | 16 | 16 | | |
| Comments | 736 staff have been trained in Quality Improvement. However, the target of 1750 staff will not be achieved. Training activities will be re-focussed to areas of greatest impact. The medicines governance workstream is now making good progress and is forecast to achieve delivery targets by year-end. | | | | | |


| 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 Q3 | 16 | 2024/25 Q4 | 12 | 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 | Complete | |
| A2 | Interoperability: achieve ‘substantial compliance’ | | Nick Smith | 31/12/24 | Complete | |
| A3 | Confirm resource allocation | | Nick Smith | 30/09/24 | Complete | |
| 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 | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 20 | 16 | 12 | 12 | |
| | Actual Risk | 20 | 16 | 12 | | |
| Comments | The trust has delivered notable improvements on EPRR during the last two years, and areas of individual corporate risk are forecast to reduce further during 2025/26. Funding for the Manchester Arena Inquiry recommendations remains an issue across the ambulance service sector. | | | | | |


| 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 Q3 | 16 | 2024/25 Q4 | 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 2023/24) | | Mandy Wilcock | 31/03/25 | On Track | |
| C1 | Review and embed the Sexual Safety Charter and associated processes | | Mandy Wilcock | 31/03/25 | On Track | |
| IMPACT | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 16 | 16 | 16 | 12 | |
| | Actual Risk | 16 | 16 | 16 | | |
| Comments | NHS England has discontinued funding for the People Promise Exemplar programme. However, this area of work remains a Trust priority and internal funding has been repurposed to support the programme through to the end of 2025/26 | | | | | |


| 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 Q3 | 12 | 2024/25 Q4 | 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 | Complete | |
| 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 | Results Due in Q4 | |
| 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 | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 12 | 12 | 12 | 9 | |
| | Actual Risk | 12 | 12 | 12 | | |
| Comments | Sickness levels have been higher than anticipated and the target reduction for the year will not 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 Q3 | 15 | 2024/25 Q4 | 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 M9. Within tolerances or recovery plans | |
| 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 at M9. Within tolerances or recovery plans | |
| C1 | EOC change programme implementation | | Nick Smith | 31/12/24 | On Track | |
| IMPACT | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 15 | 10 | 10 | 10 | |
| | Actual Risk | 15 | 15 | 15 | | |
| Comments | Recruitment trajectories across multiple staff groups have been strong. Retention remains an issue in some areas. Some elements of the IUC change programme have experienced delays. | | | | | |


| 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 Q3 | 12 | 2024/25 Q4 | 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 | Off track at M9. Within tolerances or recovery plans | |
| A2 | Achieve 90%+ completion of staff appraisals | | Mandy Wilcock | 31/03/25 | Off track at M9. Within tolerances or recovery plans | |
| B1 | Commence the Leadership Development Programme for team leaders in IUC | | Nick Smith | 31/12/24 | On Track | |
| 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 | On Track | |
| IMPACT | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 12 | 12 | 12 | 9 | |
| | Actual Risk | 12 | 12 | 12 | | |
| Comments | Compliance rates for essential learning and appraisals are close to target but not yet achieved. The training plan will be ready for approval during Q4 as planned. | | | | | |


| 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 Q3 | 15 | 2024/25 Q4 | 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 | Complete |
| C1 | Increase specialist mental health response as sole response to mental health incidents to 20% | | | Dave Green | 31/03/25 | Off track at M9. Within tolerances or recovery plans |
| C2 | Mental Health Programme: PUSH model implemented in 10 of 10 services | | | Dave Green | 31/03/25 | On Track |
| IMPACT | | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End |
| | | Forecast Risk | 15 | 15 | 15 | 10 |
| | | Actual Risk | 15 | 15 | 15 | |
| Comments | | Handover delays in the South operational area and in the North and East operational area are the Trust's highest individual corporate risks, focussed on particular hospital sites. Implementation of the 'Transfer of Care' handover protocols at selected emergency departments has had a positive impact and further implementation is planned. | | | | |

| 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 Q3 | 12 | 2024/25 Q4 | 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 | Complete | |
| IMPACT | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End | |
| | Forecast Risk | 12 | 12 | 12 | 9 | |
| | Actual Risk | 12 | 12 | 12 | | |
| Comments | Self-assessment against the AACE maturity matrix demonstrates that the Trust is making good progress on health inequalities. | | | | | |

| 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 Q3 | 16 | 2024/25 Q4 | 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 | 30/06/25 | Complete |
| B1 | Ensure the Trust works within its approved financial plan during 2024/25 | | | Kathryn Vause | 31/03/25 | Off track at M9. Within tolerances or recovery plans |
| C1 | Achieve the overall organisational efficiency targets for 2024/25 | | | Marc Thomas | 31/03/25 | Off Track |
| C2 | Strengthen the oversight of efficiency and productivity schemes via the Organisational Efficiency group. | | | Marc Thomas | 30/09/24 | Complete |
| IMPACT | | Timescale | Q2 | Q3 | Q4 (Jan) | Year-End |
| | | Forecast Risk | 12 | 12 | 12 | 12 |
| | | Actual Risk | 12 | 16 | 16 | |
| Comments | | The Trust Board will receive an update on actions to achieve break even at is meetings on 30 January. | | | | |

| 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 Q3 | 16 | 2024/25 Q4 | 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 | Complete | |
| B1 | Estates: Define and achieve Board approval for an affordable Hull estate transformation project | | Kathryn Vause | 31/12/24 | Board Approval Due 30/01/25 | |
| C1 | Fleet: Board approval of affordable business cases for new vehicles and place orders for 2025/26 | | Kathryn Vause | 31/03/25 | Complete | |
| D1 | ICT/Digital: approval of an affordable business case to implement NHS Pathways | | Marc Thomas | 31/03/25 | Complete | |
| IMPACT | Timescale | Q2 | Q3 | Q4 | Year-End | |
| | 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). The Hull Hub full business case is scheduled for approval by the Trust Board on 30 January. | | | | | |

| 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 Q3 | 12 | 2024/25 Q4 | 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 | | Marc Thomas | 31/03/25 | On Track | |
| A2 | Establish a digital / technology governance body | | Marc Thomas | 31/03/25 | Complete | |
| B1 | Implement actions from the 2023/24 DSP Toolkit audit | | Marc Thomas | 31/03/25 | Off track at M9. Within tolerances or recovery plans | |
| C1 | Strengthen cyber security assurance via the Finance and Performance Committee and Board | | Marc Thomas | 31/03/25 | On Track | |
| C2 | Organise Board-level and SIRO training in cyber security / cyber risk | | Marc Thomas | 31/03/25 | Complete | |
| IMPACT | Timescale | Q2 | Q3 | Q4 | Year-End | |
| | Forecast Risk | 12 | 12 | 12 | 12 | |
| | Actual Risk | 12 | 12 | 12 | | |
| Comments | The overall risk level is subject to re-assessment as part of next steps on cyber security. Following the Board session on cyber security there is a requirement to develop a plan to manage cyber security in future. External assurance received during 2024/25 presents a positive position regarding the Trust’s cyber security capabilities. | | | | | |

| 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 Q3 | 15 | 2024/25 Q4 | 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 | Complete |
| 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 | 31/12/25 | On Track |
| B2 | Strengthen Board-level assurance of sustainability work via the Finance and Performance Committee | | | Kathryn Vause | 31/12/24 | Complete |
| IMPACT | | Timescale | Q2 | Q3 | Q4 | Year-End |
| | | Forecast Risk | 15 | 15 | 15 | 10 |
| | | Actual Risk | 15 | 15 | 15 | |
| Comments | | Key actions relate to the Trust's governance and assurance arrangements regarding climate change / 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 – Agenda Items for the Board day on 30 January 2025

| 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 2.2 Transfer of Care 3.1 Corporate Risk and Board Assurance Framework Report 3.2 Finance and Performance Committee Chair's Report 3.3 Operational Assurance Report |
| | 2 | Provide access to appropriate care | 2.1 Business Plan Quarterly Report 3.1 Corporate Risk and Board Assurance Framework Report 3.2 Finance and Performance Committee Chair's Report 3.3 Operational Assurance Report 3.5 Quality Committee Chair's Report 3.6 Clinical and Quality Highlight Report |
| | 3 | Support patient flow across the urgent and emergency care system | 2.1 Business Plan Quarterly Report 2.2 Transfer of Care 3.1 Corporate Risk and Board Assurance Framework Report 3.2 Finance and Performance Committee Chair's Report 3.3 Operational Assurance Report 3.5 Quality Committee Chair's Report 3.6 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 Corporate Risk and Board Assurance Framework Report 3.5 Quality Committee Chair's Report 3.6 Clinical and Quality Highlight Report 3.7 Quality Account Improvement Priorities 3.8 Management of Controlled Drugs Update |
| | 5 | Develop and maintain effective emergency preparedness, resilience, and response arrangements. | 3.1 Corporate Risk and Board Assurance Framework Report 3.3 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 Corporate Risk and Board Assurance Framework Report 3.9 People Committee Chair's Report 3.10 People and Organisational Development Highlight Report |
| | 7 | Support staff health and well-being effectively | 2.1 Business Plan Quarterly Report 3.1 Corporate Risk and Board Assurance Framework Report 3.9 People Committee Chair's Report 3.10 People and Organisational Development Highlight Report |
| | 8 | Deliver and sustain improvements in recruitment and retention. | 2.1 Business Plan Quarterly Report 3.1 Corporate Risk and Board Assurance Framework Report 3.3 Operational Assurance Report 3.9 People Committee Chair's Report 3.10 People and Organisational Development Highlight Report |
| | 9 | Develop and sustain improvements in leadership and staff training and development. | 2.1 Business Plan Quarterly Report 3.1 Corporate Risk and Board Assurance Framework Report 3.9 People Committee Chair's Report 3.10 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 2.2 Transfer of Care 3.1 Corporate Risk and Board Assurance Framework Report 3.3 Operational Assurance Report 3.6 Clinical and Quality Highlight Report |
| | 11 | Collaborate effectively to improve population health and reduce health inequalities. | 2.1 Business Plan Quarterly Report 3.1 Corporate Risk and Board Assurance Framework Report 3.6 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 3.1 Corporate Risk and Board Assurance Framework Report 3.2 Finance and Performance Committee Chair's Report 3.4 Finance Report 3.11 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 3.1 Corporate Risk and Board Assurance Framework Report 3.2 Finance and Performance Committee Chair's Report 3.4 Finance Report 3.11 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 Corporate Risk and 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 3.1 Corporate Risk and Board Assurance Framework Report 3.3 Finance and Performance Committee Chair's Report |