

Report Title	Board Assurance Framework: Quarterly Report	
Author	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 Audit and Risk Committee Quality Committee People Committee Finance and Performance Committee	
Recommended action(s)	Assurance	
Purpose of the paper	This paper presents the status of Board Assurance Framework strategic risks at the end of 2024/25 Q4	
Executive Summary		
<p>This paper presents the status of Board Assurance Framework (BAF) strategic risks at the end of 2024/25 Q4.</p> <p>This report presents three key messages regarding the BAF strategic risks:</p> <p>1. No strategic risks increased in score during 2024/25 Q4</p> <p>2. Two strategic risks were reduced in score during 2024/25 Q4, in line with forecast:</p> <ul style="list-style-type: none">• Risk 1: Timely Response• Risk 3: Patient Flow <p>3. All other strategic risk exposures are as forecast for year-end.</p>		
Recommendation(s)	The Board of Directors is asked to:	
	1. Note position regarding strategic risks at the end of 2024/25 Q4	
	2. Identify any areas for further investigation or assurance	
Link to Board Assurance Framework Risks (board and level 2 committees only)	All BAF strategic risks	

Board of Directors (in Public)
22 May 2025
Board Assurance Framework: Quarterly Report

1.0 PURPOSE

- 1.1 This paper presents the status of the Board Assurance Framework strategic risks at the close of 2024/25 Q4.

2.0 KEY MESSAGES

- 2.1 No strategic risks have increased in score during 2024/25 Q4.
- 2.2 Two strategic risks have reduced in score during 2024/25 Q4, in line with forecast at the end of Q3:
- Risk 1: Timely Response
 - Risk 3: Patient Flow
- 2.3 All other strategic risk exposures at year-end are as forecast at the end of 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.
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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 strategy for the period 2024-29 is based on 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 strategic risks and a Board Assurance Framework based on these four bold ambitions, 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 This report sets out the position regarding these strategic risks at the close of 2024/25 Q4. All risks are at the level forecast at the end of 2024/25 Q3. 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.
- 4.6 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
- 4.7 As part of the business planning process for 2025/26 this reporting methodology has been reviewed. A revised version will be adopted for 2025/26 and this will be applied to Board Assurance Framework mitigation actions as well as business plan delivery actions.
- 4.8 The BAF strategic risks will be reviewed and refreshed at the Board Strategic Forum in June, with new mitigation actions set in line with the Trust's business plan priorities for 2025/26.

5. RISK MOVEMENTS DURING 2024/25 Q4

Strategic Risk 1. Timely Response

- 5.1 This risk has been reduced from 20 to 16.
- 5.2 The delivery of mitigation actions shows a mixed position. Hear and Treat rates have improved compared to the baseline and peaked at above 17% in December but dipped during Q4. Fleet availability fell during Q4, especially in the North and East area (this has been escalated as a high corporate risk). Crew clear times increased rather than decreased compared to the baseline position at the start of 2024/25.
- 5.3. However, other Trust-led initiatives developed during the year (notably the implementation of Transfer of Care procedures) along with reduced demand mean that response times have improved notably during the period January to April. The revised standard for Category 2 mean response times (30 minutes) was achieved in each individual month during Q4.

Strategic Risk 3: Patient Flow

- 5.4 This risk has been reduced from 20 to 16.

- 5.5 Handover delay is the main driver of the patient flow strategic risk. The implementation of Transfer of Care procedures (initially in Hull, but since extended to other sites) has had a demonstrable positive impact on handover delays and, as a result, on ambulance response times. The handover delay corporate risk in North and East has been reduced: for the first time in over three years this is not the greatest individual corporate risk for the Trust.

6. NEXT STEPS

- 6.1 The Board Assurance Framework strategic risk will be reviewed at the Board Strategic Forum in June 2025.

7. RECOMMENDATIONS

The Board of Directors is asked to:

1. Note the position regarding BAF strategic risks at the end of 2024/25 Q4
2. Identify any areas for further investigation or assurance

8. SUPPORTING INFORMATION

Appendices to this Report

Appendix A: BAF Strategic Risks - At-A-Glance: 2024/25 Q4

Appendix B: Strategic Risk Status Reports – 2024/25 Q4

David O'Brien
Director of Corporate Services and Company Secretary


May 2025


APPENDIX A: STRATEGIC RISKS – AT A GLANCE SUMMARY – 2024/25 Q4


Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q4 Jan	Year End	Trend	Compared to Forecast (at end of Q3)
Our Patients	1	Deliver a timely response to patients	Finance and Performance	20	16	↓	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	16	↓	Aligned
	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	12	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	↔	Aligned
	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	Q4 (Jan)	Year-End	Trend	Compared to Forecast (end of Q3)
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	↔	Aligned
	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 – 2024/25 Q4


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 Q4	20	2024/25 End	16	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 16.9%			Nick Smith	31/03/25	Improved: but target not achieved	
B1	Increase on-shift resource availability			Nick Smith	31/03/25	Achieved	
B2	Deliver the fleet availability target of 82% in all geographical areas			Kathryn Vause	31/03/25	Improved: but target not achieved	
C1	Reduce crew clear times by 10%			Nick Smith	31/03/25	Not achieved	
IMPACT		Timescale	Q2	Q3	Q4 (Jan)	Year-End	
		Forecast Risk	16	20	16	16	
		Actual Risk	16	20	20	16	
Comments		<p>Hear and Treat rates have improved compared to the baseline and peaked at above 17% in December but dipped during Q4. Fleet availability fell during Q4, especially in the North and East area (this has been escalated as a high corporate risk). Crew clear times increased compared to the baseline.</p> <p>Other Trust-led developments (notably the implementation of Transfer of Care procedures) along with reduced demand mean that response times improved during Q4. The revised standard for Category 2 mean response times (30 mins) was achieved in each of January, February, and March.</p>					


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 Q4	16	2024/25 End	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	31/03/25	Achieved
A2	Develop an integrated clinical assessment service across 999 and 111.			Nick Smith	2024/25 plans superseded	In-year change of approach. Original targets superseded
A3	Increase Category 2 Segmentation			Nick Smith	31/03/25	Achieved
B1	Develop new pathways with system partners following a review of pathways and utilisation			Nick Smith Julian Mark	31/12/24	Achieved
IMPACT		Timescale	Q2	Q3	Q4 (Jan)	Year-End
		Forecast Risk	16	16	16	16
		Actual Risk	16	16	16	16
Comments		Development of the integrated clinical assessment service across 999 and 111 is now following a revised plan as a result of the Trust decision to prioritise the implementation of 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 Q4	20	2024/25 End	16	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 16.9%			Nick Smith	31/03/25	Improved: but target not achieved	
A2	Reduce conveyance to Emergency Departments			Nick Smith	31/03/25	Achieved	
B1	Reduce arrival to handover times			Nick Smith	31/03/25	Achieved	
B2	Reduce overall average arrive to handover time to below 24 mins			Nick Smith	31/03/25	Achieved	
C1	Achieve PTS performance targets to support timely patient flow.			Nick Smith	31/03/25	Not achieved	
IMPACT		Timescale	Q2	Q3	Q4 (Jan)	Year-End	
		Forecast Risk	16	16	16	16	
		Actual Risk	16	16	20	16	
Comments		Handover delay is the main driver of the patient flow strategic risk. The implementation of Transfer of Care procedures (initially in Hull, but since extended to other sites) has had a demonstrable positive impact on handover delays and, as a result, on ambulance response times. The handover delay corporate risk in North and East has been reduced: for the first time in over three years this is not the greatest individual corporate risk for the Trust.					


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 Q4	16	2024/25 End	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	31/03/25	Achieved	
B1	1750 staff to be trained in introduction to QI		Dave Green	31/03/25	In-year change of approach. Original targets superseded	
C1	40% of frontline staff offered a Clinical Supervision session by Q4		Dave Green	31/03/25	Achieved	
D2	Achieve 100% compliance in controlled drugs adherence		Julian Mark	31/03/25	In-year change of approach. Original targets superseded	
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	16	
	Actual Risk	16	16	16	16	
Comments	<p>The Trust re-set its approach to QI training mid-year.</p> <p>The Trust re-set is approach to controlled drugs and medicines management compliance mid-year. Although the original targets were superseded, assurance reports to the Board and Quality Committee during 2024/25 Q4 indicated progress on this. However, an internal audit re-visit review has confirmed that despite improvements some issues remain to be fully resolved.</p>					


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 Q4	12	2024/25 End	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	Achieved	
A2	Interoperability: achieve ‘substantial compliance’		Nick Smith	31/12/24	Achieved	
A3	Confirm resource allocation		Nick Smith	30/09/24	Achieved	
B1	Implement actions arising from advisory reviews of ISO compliance		Nick Smith	As Per Report Timescales	Achieved	
B2	Implement Manchester Arena Inquiry recommendations		Nick Smith	Delivery commitment contingent on resource availability: risk tolerated		
IMPACT	Timescale	Q2	Q3	Q4 (Jan)	Year-End	
	Forecast Risk	20	16	12	12	
	Actual Risk	20	16	12	12	
Comments	The Trust achieved substantial compliance against the EPRR Core Standards, full compliance and accreditation regarding the ISO standards for business continuity management and has received assurance regarding the delivery of plans that will further reduce corporate risk exposures relating to major incident capability. The outstanding area of significant risk is availability of funding to implement recommendations from the Manchester Arena enquiry.					


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 Q4	16	2024/25 End	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	Achieved	
A2	Deliver the People Promise Exemplar priorities for 2024/25		Mandy Wilcock	31/03/25	Achieved	
B1	Deliver the EDI action plan priorities for 2024/25		Mandy Wilcock	31/03/25		
B2	Improve the Trust’s rating in the Equality Delivery System (from ‘high developing’ in 2023/24)		Mandy Wilcock	31/03/25	Achieved	
C1	Review and embed the Sexual Safety Charter and associated processes		Mandy Wilcock	31/03/25	Achieved	
IMPACT	Timescale	Q2	Q3	Q4 (Jan)	Year-End	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	16	
Comments	Good progress has been made across a range of culture initiatives, especially relating to the People Promise exemplar programme and the Equality Delivery System. However, there is a need to confirm that progress is embedded before reducing the risk level. Implementation of the sexual safety charter has resulted in more cases being raised.					


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 Q4	12	2024/25 End	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	Achieved	
A2	Reduce Trust-wide staff sickness by 0.5% to 6.08%		Mandy Wilcock	31/03/25	Not achieved	
B1	Improve the National Staff Survey results for morale by 0.2 or achieve a statistically significant higher score		Mandy Wilcock	31/03/25	Achieved	
C1	Increase the number of staff trained to use bodyworn cameras by 10%		Dave Green	31/03/25	Achieved	
C2	Achieve compliance with the Violence Prevention and Reduction Standard		Dave Green	31/12/24	Achieved	
IMPACT	Timescale	Q2	Q3	Q4 (Jan)	Year-End	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>Sickness levels have been higher than anticipated and although improvements have been seen during Q4 the target reduction for the year was not achieved.</p> <p>Uptake of flu and Covid vaccinations by Trust staff fell short of the target levels.</p> <p>Despite progress on violence prevention and reduction schemes, the NHS Staff Survey results showed an increase in Trust staff reporting experience of violence or aggression at work.</p>					


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 Q4	15	2024/25 End	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	Achieved	
A2	Deliver EOC workforce trajectories		Nick Smith	31/03/25	Original plans affected by NHS Pathways	
A3	Deliver IUC workforce trajectories		Nick Smith	31/03/25	Achieved	
B1	New IUC rotas, team-based working, career, and leadership structures all implemented		Nick Smith	31/03/25	Achieved	
C1	EOC change programme implementation		Nick Smith	31/12/24	Achieved	
IMPACT	Timescale	Q2	Q3	Q4 (Jan)	Year-End	
	Forecast Risk	15	12	15	15	
	Actual Risk	15	15	15	15	
Comments	Recruitment trajectories for most key operational staff groups have been achieved. Retention has seen a sustained improvement trend during the year: turnover rates for EOC and IUC were lower (better) than the planned levels at year end. However, turnover rates in EOC and IUC remained significantly higher than other parts of the organisation					


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 Q4	12	2024/25 End	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	Not achieved but within tolerance	
A2	Achieve 90%+ completion of staff appraisals		Mandy Wilcock	31/03/25	Not achieved	
B1	Commence the Leadership Development Programme for team leaders in IUC		Nick Smith	31/12/24	Achieved	
B2	Deliver leadership development programmes (Aspiring Leaders, Leading Together)		Mandy Wilcock	31/03/25	Achieved	
C1	Develop approved Training Plan for 2025/26		Mandy Wilcock	31/03/25	Achieved	
IMPACT	Timescale	Q2	Q3	Q4 (Jan)	Year-End	
	Forecast Risk	12	12	12	9	
	Actual Risk	12	12	12	12	
Comments	Training completion compliance at year end was 74.5% Essential Learning compliance at Month 11 was 87.7% but fell every month since the August level of 92.8%) The training plan for 2025/26 has been approved.					


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 Q4	15	2024/25 End	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		Nick Smith	31/03/25	Achieved	
B1	Develop new pathways with system partners following a review of pathways and utilisation		Nick Smith Julian Mark	31/12/24	Achieved	
C1	Increase specialist mental health response as sole response to mental health incidents to 20%		Dave Green	31/03/25	tbc	
C2	Mental Health Programme: PUSH model implemented in 10 of 10 services		Dave Green	31/03/25	Achieved	
IMPACT	Timescale	Q2	Q3	Q4 (Jan)	Year-End	
	Forecast Risk	15	15	15	15	
	Actual Risk	15	15	15	15	
Comments	<p>Handover delay has been a key focus of work with system partners. The implementation of Transfer of Care has had a demonstrable positive impact. However, key aspects of this are not in the control of the Trust, and so significant risk remains.</p> <p>Clear progress and impact have been achieved in relation to mental health response.</p>					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Partners					
Strategic Risk	11	Collaborate on Population Health and Health Inequalities				
Lead Committee	Quality Committee					
Lead Director	Steven Dykes, acting Medical Director					
Risk Score	2024/25 Q4	12	2024/25 End	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		Steven Dykes	31/03/25	Complete	
B1	Define YAS role an anchor organisation		Steven Dykes	31/03/25	Progress made but ongoing	
C1	Complete self-assessment against the AACE health inequalities maturity matrix		Steven Dykes	30/09/24	Complete	
IMPACT	Timescale		Q2	Q3	Q4 (Jan)	Year-End
	Forecast Risk		12	12	12	12
	Actual Risk		12	12	12	12
Comments	<p>The AACE self-assessment indicated that the Trust has made substantial progress on health inequalities. Next steps have been considered by TEG, Quality Committee and Board.</p> <p>An internal audit review found limited assurance regarding the Trust's use of data relating to health inequalities, and there are resource constraints regarding analytical capacity.</p> <p>The Trust will publish a full statement on its progress with health inequalities, and elements of this will also be reported in the Trust's Annual Report for 2024/25.</p>					

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 Q4	16	2024/25 End	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	Achieved
B1	Ensure the Trust works within its approved financial plan during 2024/25			Kathryn Vause	31/03/25	Achieved
C1	Achieve the overall organisational efficiency targets for 2024/25			Marc Thomas	31/03/25	Not achieved
C2	Strengthen the oversight of efficiency and productivity schemes via the Organisational Efficiency group.			Marc Thomas	30/09/24	Achieved
IMPACT		Timescale	Q2	Q3	Q4 (Jan)	Year-End
		Forecast Risk	12	16	16	16
		Actual Risk	12	16	16	16
Comments		Year-end break-even position for 2024/25 was achieved, but not all structural/recurrent cost reductions (via CIPs) were delivered as planned. A balanced revenue plan for 2025/26 has been approved, but unidentified cost reductions to be delivered during the year. Corporate cost reductions required in-year (by NHSE) are yet to be confirmed.				

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 Q4	16	2024/25 End	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	Achieved
B1	Estates: Define and achieve Board approval for an affordable Hull estate transformation project			Kathryn Vause	31/12/24	Achieved
C1	Fleet: Board approval of affordable business cases for new vehicles and place orders for 2025/26			Kathryn Vause	31/03/25	Achieved
D1	ICT/Digital: approval of an affordable business case to implement NHS Pathways			Marc Thomas	31/03/25	Achieved
IMPACT		Timescale	Q2	Q3	Q4	Year-End
		Forecast Risk	16	16	16	16
		Actual Risk	16	16	16	16
Comments		The risk status for Strategic Risk 13 is driven by the overall availability of sufficient capital to meet the Trust's strategic needs (estates, fleet, technology, net zero) The 2025/26 capital position is more positive than initially expected. Capital Plan for 2025/26 was approved by the Board in April.				

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 Q4	12	2024/25 End	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	In development	
A2	Establish a digital / technology governance body		Marc Thomas	31/03/25	Achieved	
B1	Implement actions from the 2023/24 DSP Toolkit audit		Marc Thomas	31/03/25	Achieved	
C1	Strengthen cyber security assurance via the Finance and Performance Committee and Board		Marc Thomas	31/03/25	Achieved	
C2	Organise Board-level and SIRO training in cyber security / cyber risk		Marc Thomas	31/03/25	Achieved	
IMPACT	Timescale	Q2	Q3	Q4	Year-End	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>Risk to be formally re-assessed as part of the BAF / strategic risk re-set for 2025/26.</p> <p>Risk could be increased to 'high risk': not as a result of any reduction in Trust's capability but to reflect the actual level of cyber / digital risk in the health and care system and the sense (to be validated) that the Trust has under-scored this risk previously.</p>					

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		Kathryn Vause	31/03/25	In development	
A2	Complete the delivery and rollout of PTS electric vehicles		Kathryn Vause	31/03/25	Ongoing, not complete	
B1	Establish a new Trust-wide governance body for environmental sustainability / net zero work		Kathryn Vause	31/12/25	Achieved	
B2	Strengthen Board-level assurance of sustainability work via the Finance and Performance Committee		Kathryn Vause	31/12/24	Achieved	
IMPACT	Timescale	Q2	Q3	Q4	Year-End	
	Forecast Risk	15	15	15	15	
	Actual Risk	15	15	15	15	
Comments	Governance and assurance arrangements relating to environmental and sustainability matters have been strengthened during 2024/25. Delivery of some elements of projects fell behind schedule during 2024/25 (telematics and rollout of the PTS electric vehicles) but the position will be retrieved in 2025/26.					