

Board of Directors (in Public)
24 July 2025
Agenda Item: 10.2



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 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 2025/26 Q1		
Executive Summary			
Strategic Risk Status Reports This paper presents the status of Board Assurance Framework (BAF) strategic risks at the end of 2025/26 Q1.			
BAF Revisions As part of an annual refresh of the BAF the Board reviewed the existing set of strategic risks at the Board Strategic Forum held in June 2025. As a result of this session a number of revisions were proposed: These are set out in the paper, and will be fully integrated into the BAF from the start of 2025/26 Q3 onwards			
Cyber Security Risk At the Board Strategic Forum in June the Board agreed to increase the risk score from 12 (moderate) to 15 (high) on the grounds that the potential impact of a cyber-attack (‘potentially catastrophic’) is such that it merits a higher impact score. Note that the likelihood of a catastrophic cyber-attack on the Trust remains unchanged and that multiple sources of assurance indicate that the Trust’s cyber security arrangements are sound			
Recommendation(s)	The committee is asked to: 1. Note position regarding strategic risks at the end of 2025/26 Q1 2. Note the proposed revisions to the BAF as set in 4.5		
Link to Board Assurance Framework Risks (board and level 2 committees only)	All BAF strategic risks		

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 2025/26 Q1.

2.0 KEY MESSAGES

- 2.1 No strategic risks have increased in score during 2025/26 Q1.
- 2.2 One strategic risk has increased in score (Digital Development and Cyber Security) following a discussion at the Board Strategic Forum held in June. This higher score reflects a more realistic assessment of the potential impact of a catastrophic cyber attack and does not mean that the likelihood of a cyber-attack has increased.
- 2.3 Following the Board Strategic Forum held in June a set of revisions to some strategic risks is in progress. The completed revisions will be fully integrated into the BAF from 2025/26 Q3 onwards.

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

Background

- 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 strategic risks captured in the Trust's BAF is 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.

Review of Strategic Risks

- 4.4 The current format for the BAF was developed during 2024/25 Q1 and adopted by the Board in July 2024. An internal audit review of the new BAF and the management and assurance processes that support it reported ‘significant assurance.’
- 4.5 As part of an annual refresh of the BAF the Board reviewed the existing set of strategic risks at the Board Strategic Forum held in June 2025. As a result of this session the following revisions were proposed:

Strategic Risk		Proposed Revision and Rationale
1	Timely Response	This risk current focuses solely on ambulance response times. It is proposed to add an element relating to clinical response via NHS111/IUC
2	Access to Appropriate Care	These two risks have similar content and some areas of duplication. It is proposed to merge these risks into one.
3	Patient Flow	
4	Quality Governance and Medicines Management	This risk currently has insufficient content relating to quality from the patient perspective. It is proposed to retain this risk with a clinical governance / medicines management focus, and develop an additional risk relating to patient safety and patient experience
10	Influential System Partner	This risk currently has a predominantly operational focus. Whilst recognising that a degree of operational focus is valid in that some Trust’s key operational issues require strong system partnership working, it is proposed to develop a more strategic focus for this risk around the Trust’s role across the health and care system as an anchor organisation and how the Trust can frame an offer to system partners around that.

- 4.6 The proposed revisions set out in 4.5 are in development and will be fully integrated into the BAF from the start of 2025/26 Q3 onwards, with initial reporting of this through TEG and committees during September.

Movement in Strategic Risk Levels

4.7 Strategic Risk 14: Digital Developments and Cyber Security

Informal external advice has indicated that the Trust had previously under-scored its risk relating to cyber security, on the basis that the potential impact of a major cyber-attack on either the Trust itself or its key suppliers was underestimated.






4.8 At the Board Strategic Forum in June the Board agreed to increase the risk score from 12 (moderate) to 15 (high) on the grounds that the potential impact of a cyber-attack ('potentially catastrophic') is such that it merits a higher impact score.

4.9 Note that the likelihood of a catastrophic cyber-attack on the Trust remains unchanged and that multiple sources of assurance indicate that the Trust's cyber security arrangements are sound.

BAF Monitoring and Reporting

4.10 The remainder of this report sets out the position regarding the current strategic risks at the close of 2025/26 Q1 and transition to Q2. 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.

4.11 In respect of the delivery status of the success criteria for mitigating the risks, these reports adopt the same model of RAG-rating as that used by the Trust for reporting on business plan delivery actions.

RAG Rating		Delivery Status
	Red	Off track
	Amber / Red	Significant risk
	Amber	At risk but within tolerances
	Amber / Green	Minor risks or delays
	Green	On track

4.12 Most of the 2025/26 BAF actions align with business plan priority workstreams or supporting / enabling plans. For Q1 the reported position is generally positive with most actions assessed as either on track or as subject to only minor delays or minor risks. However, delivery expectations were modest for Q1 with a significant proportion of activity focussed on planning, readiness, and initial mobilisation rather than substantive implementation. The Q2 status reporting is likely to provide stronger assurance about the delivery position of the 2025/26 BAF actions.

5. FINANCIAL IMPLICATIONS

- 5.1 This report has no direct financial implications.

6. RISK

- 6.1 Failure to identify and manage strategic risks in a timely and appropriate manner could prevent the Trust from achieving its strategic objectives.
- 6.2 Failure to demonstrate suitably robust and effective strategic risk management arrangements could have an adverse impact on the Trust's reputation and could attract regulatory attention.

7 NEXT STEPS

- 7.1 The proposed revisions to the BAF will be progressed and integrated into the BAF from the start of 2025/26 Q3.

8. RECOMMENDATIONS

The Board is asked to:

1. Note the position regarding BAF strategic risks at the end of 2025/26 Q1
2. Note the proposed revisions to the BAF as set in 4.5

9. SUPPORTING INFORMATION

Appendices to this Report

Appendix A: BAF Strategic Risks - At-A-Glance: 2025/26 Q1

Appendix B: Strategic Risk Status Reports – 2025/26 Q1

David O'Brien
Director of Corporate Services and Company Secretary





July 2025





APPENDIX A: STRATEGIC RISKS – AT A GLANCE SUMMARY – 2025/26 Q1 to Q2





Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	2025/26 Q1	2025/26 Q2	Trend	Compared to Forecast
Our Patients	1	Deliver a timely response to patients	Finance and Performance	16	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	16	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	2025/26 Q1	2025/26 Q2	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	↔	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	15	↑	Aligned
	15	Act responsibly and effectively in response to climate change.	Finance and Performance	15	15	↔	Aligned


APPENDIX B: BAF STRATEGIC RISK STATUS REPORTS – 2025/26 Q1








BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	1	Timely Response				
Lead Committee	Finance and Performance Committee					
Lead Director	Chief Operating Officer					
Risk Score	2025/26 Q1	16	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Improve productivity and efficiency in A&E operations - rest breaks, handover, crew clear					
B	Control: Improve clinical response times in IUC/111					
Success Criteria			Executive Lead	Due Date	Delivery Status (Q1)	
A1	Complete and implement the revised meal break SOP		COO	31/03/2026	 AMBER/GREEN	
A2	Deliver the Transfer of Care rollout plan as agreed with acute partners		COO	31/03/2026	 GREEN	
A3	Reduce average crew clear times to 20 minutes from November 2025		COO	30/11/2025	 GREEN	
B1	Clinical response times improvement target to be confirmed		COO	31/03/2026	tbc	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	Following discussion at Board Strategic Forum in June the Board proposed to introduce an element relating to response times in IUC/NHS111. Work is ongoing with IUC colleagues to determine the most appropriate indicator to include in the management of this risk.					






BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Patients				
Strategic Risk		2	Access to Appropriate Care			
Lead Committee		Quality Committee				
Lead Director		Chief Operating Officer				
Risk Score		2025/26 Q1	16	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:				
A	Control: Develop integrated clinical assessment across 999 and 111.					
B	Control: Expand remote clinical capacity					
C	Control: Improve the availability and utilisation of alternative care pathways					
Success Criteria				Director Lead	Due Date	Delivery Status (Q1)
A1	Deliver the NHS Pathways implementation milestones on time and to the required standard			COO	31/03/2026	 GREEN
B1	Increase Hear and Treat percentages and volumes to 17.9% / 462 per day across the year			COO	31/03/2026	 AMBER/GREEN
C1	Increase the total number of patients referred to and accepted by alternative providers			COO / MD	31/03/2026	 AMBER/GREEN
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	16	16		
		Actual Risk	16			
Comments		Following discussion at Board Strategic Forum the Board proposed to merge this risk with strategic risk 3 (Patient Flow). A new strategic risk will be developed to take effect from the start of 2025/26 Q3.				






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		2025/26 Q1	16	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Patient flow to hospitals – reduce inappropriate conveyance to Emergency Departments						
B	Control: Patient flow at hospitals – manage hospital arrival to handover times						
C	Control: Patient flow from hospitals - support timely patient discharge.						
Success Criteria				Director Lead	Due Date	Delivery Status (Q1)	
A1	Increase the total number of patients referred to and accepted by alternative providers			COO / MD	31/03/2026	 AMBER/GREEN	
A2	Reduce inappropriate conveyance to Emergency Departments (target confirmed at end of Q2)			COO	31/03/2026	 AMBER/GREEN	
B1	Deliver the Transfer of Care rollout plan as agreed with acute partners			COO	31/03/2026	 GREEN	
C1	Achieve Patient Transport Service performance standards to support timely patient discharge.			COO	31/03/2026		
IMPACT		Timescale	Q1	Q2	Q3	Q4	
		Forecast Risk	16	16			
		Actual Risk	16				
Comments		Following discussion at Board Strategic Forum the Board proposed to merge this risk with strategic risk 2 (Access to Appropriate Care). A new strategic risk will be developed to take effect from the start of 2025/26 Q3.					






BOARD ASSURANCE FRAMEWORK						
Bold Ambition		Our Patients				
Strategic Risk		4	Quality Governance and Medicines Management			
Lead Committee		Quality Committee				
Lead Director(s)		Executive Director of Quality and Chief Paramedic; Medical Director				
Risk Score		2025/26 Q1	16	2025/26 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	Control and assurance: Improve medicines governance and procedural adherence					
B	Control: Commence the clinical audit and effectiveness plan					
C	Control: Improve complaints processes					
Success Criteria				Director Lead	Due Date	Delivery Status (Q1)
A1	Reduce out of date medicines incidents and stock discrepancy incidents by 50%			MD	31/03/2026	 AMBER
A2	Achieve 90%+ compliance with the controlled drugs policy at station level			MD	31/03/2026	 AMBER
B1	Conduct at least five clinical audits and present improvement recommendations to the Patient Safety Learning Group			MD	31/03/2026	 GREEN
C1	Reduce the average complaint response time by 10%			EDQCP	31/03/2026	 GREEN
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	16	16		
		Actual Risk	16			
Comments		Following discussion at Board Strategic Forum the Board proposed develop an additional strategic risk with a greater focus on the patient from a quality perspective: patient safety, patient experience. A new strategic risk will be developed to take effect from the start of 2025/26 Q3.				





BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	5	Emergency Preparedness, Resilience and Response				
Lead Committee	Finance and Performance Committee					
Lead Director	Chief Operating Officer					
Risk Score	2025/26 Q1	12	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Compliance with the EPRR Core Standards					
B	Control: Embed new continuous improvement processes					
C	Control: Implement Manchester Arena recommendations (subject to resource availability)					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Core Standards: achieve 'substantial compliance'		COO	31/12/2025	Not Due	
B1	Implement learning from incidents and exercises		COO	31/03/2026	Not Due	
C1	Deliver the Manchester Arena Inquiry recommendations within the resources available		COO	Delivery commitment contingent on resource availability		
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	A key area of risk relates to the recommendations arising from the Manchester Arena Inquiry. Full implementation of the recommendations requires significant resource that is not available to the Trust (other ambulance services are in a similar position). The Trust will continue to progress those recommendations that can be delivered within the resources currently available.					


BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	6	Open and Positive Workplace Culture				
Lead Committee	People Committee					
Lead Director	Director of People and Organisational Development					
Risk Score	2025/26 Q1	16	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Advance Equality, Diversity and Diversity					
B	Control: Embed the YAS Together culture work					
C	Control: Foster Sexual Safety					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Deliver the EDI action plan priorities for 2025/26		DPOD	31/03/2026	 GREEN	
B1	Deliver the People Promise Exemplar priorities for 2025/26		DPOD	31/03/2026	 GREEN	
B2	Implement measures to improve the People Promise scores in the NHS National Staff Survey		DPOD	31/03/2026	  AMBER/GREEN	
C1	Reduce the number of people being the target of unwanted sexual behaviour in the workplace		DPOD	31/03/2026	 GREEN	
C2	Achieve 90% compliance with the sexual misconduct in the workplace e-learning		DPOD	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	The Board has concluded that for multiple complex factors there are genuine limits regarding the realistic possibility of reducing this risk in the short term. The most likely achievement for now is to prevent the risk from increasing.					





BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	7	Staff Health and Well-Being				
Lead Committee	People Committee					
Lead Director	Director of People and Organisational Development					
Risk Score	2025/26 Q1	12	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Staff Well-Being Plan					
B	Control: Improve Staff Attendance					
C	Assurance: National Staff Survey Scores					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Deliver the Staff Well-Being Plan priorities for 2025/26		DPOD	31/03/2026	 GREEN	
B1	Implement and embed the new absence management reporting system		DPOD	31/03/2026	 GREEN	
B2	Reduce Trust-wide absence by 0.5%, from 7.1% to 6.6%		DPOD	31/03/2026	 AMBER	
C1	Implement measures to improve priority staff wellbeing scores in the NHS National Staff Survey		DPOD	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments						






BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	8	Recruitment and Retention				
Lead Committee	People Committee					
Lead Director(s)	Chief Operating Officer Director of People and Organisational Development					
Risk Score	2025/26 Q1	15	2025/26 Q2	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 and Assurance: Strengthened governance and controls for strategic workforce planning					
B	Control: Recruitment and retention plans					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Establish a new strategic workforce governance body		DCEO	30/09/2025	 GREEN	
B1	Achieve recruitment and retention targets in A&E Operations		COO	31/03/2026	 AMBER/GREEN	
B2	Achieve recruitment and retention targets in Remote Patient Care		COO	31/03/2026	 GREEN	
B3	Achieve recruitment and retention targets in the Patient Transport Service		COO	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	15	15			
	Actual Risk	15				
Comments	<p>High levels of recruitment during 2024/25 and notable improvements in retention have resulted in staffing being above the planned establishment in some areas. This over-achievement of recruitment and retention targets is beneficial from an operational perspective but brings financial pressure in terms of staffing costs being higher than planned.</p> <p>There are a significant amount of vacancies for Emergency Call Handlers in EOC. This was expected due to the move to NHS Pathways and has been mostly mitigated by the pre-planned and commissioned outsourcing of calls to other ambulance services</p>					






BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	9	Leadership, Staff Training and Development				
Lead Committee	People Committee					
Lead Director	Director of People and Organisational Development					
Risk Score	2025/26 Q1	12	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Leadership development					
B	Control: Effectiveness of team leaders / team-based working					
C	Control and assurance: Statutory, mandatory and job-specific training					
D	Control and assurance: Compliance – essential learning and appraisals					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Deliver the Leadership and Organisational Development Plan priorities for 2025/26		DPOD	31/03/2026	 GREEN	
B1	Review team based-working / team leader roles; plan the implementation of recommendations		COO	31/03/2026	 GREEN	
C1	Implement the actions arising from the internal audit review of statutory, mandatory and job-specific training		DPOD	31/12/2026	 AMBER/GREEN	
D1	Achieve compliance of 90%+ for (a) appraisals completion and (b) essential learning		DPOD	31/03/2026	 AMBER	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	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	2025/26 Q1	15	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Collaborative work with partners to improve patient flow across the system					
B	Control: Regional collaboration on Patient Transport Services					
C	Control: Stronger definition of the Trust’s role and ‘offer’ as an anchor organisation					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Increase the total number of patients referred to and accepted by alternative providers		COO / MD	31/03/2026	 AMBER/GREEN	
A2	Deliver the Transfer of Care rollout plan as agreed with acute partners		COO	31/03/2026	 GREEN	
B1	Secure a regional long-term collaborative agreement for Patient Transport Services		COO	31/03/2026	 AMBER/GREEN	
C1	To be developed					
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	15	15			
	Actual Risk	15				
Comments	At the Board Strategic Forum held in June the Board noted the operational focus of the existing arrangements for managing this risk. Whilst recognising that this focus is valid in that some of the Trust’s key operational issues require strong system partnership working, the Board also proposed the development of a more strategic focus for this risk around the Trust’s role across the health and care system as an anchor organisation and how the Trust can frame an offer to system partners around that.					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Partners					
Strategic Risk	11	Collaborate on Population Health and Health Inequalities				
Lead Committee	Quality Committee					
Lead Director	Medical Director					
Risk Score	2025/26 Q1	12	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Health Inequalities Plan					
B	Control: Improve the quality and use of health inequalities data					
C	Assurance: Health Inequalities Maturity Assessment					
D	Control: YAS as an anchor organisation					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Deliver 2025/26 health inequalities action plan priorities		MD	31/03/2026	tbc	
B1	Implement the recommendations of the internal audit review of health inequalities data		MD	31/03/2026	tbc	
C1	Improved status against the AACE health inequalities maturity matrix		MD	31/03/2026	tbc	
D1	Define YAS as an anchor organisation: role in the system and offer to partners		MD	31/03/2026	tbc	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	Supporting information regarding the scope and management of this risk remains in development and will be confirmed during Q2					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Planet and Pounds					
Strategic Risk	12	Revenue Resources				
Lead Committee	Finance and Performance Committee					
Lead Director	Executive Director of Finance					
Risk Score	2025/26 Q1	16	2025/26 Q2	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 mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Financial planning for 2025/26					
B	Control: Financial management during 2025/26					
C	Control and Assurance: Planning and achievement of efficiency savings for 2025/26					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Develop an approved balanced financial plan (revenue) for 2025/26		DoF	30/06/2025	 GREEN	
B1	Ensure the Trust works within its approved financial plan during 2025/26		DoF	31/03/2026	 AMBER/GREEN	
C1	Achieve the Trust's organisational efficiency targets for 2025/26		DoF	31/03/2026	 AMBER	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	A balanced revenue plan for 2025/26 was approved by the Trust Board in April. Risk remains relating to unidentified efficiency savings on which the balanced plan is based and confidence that proposed cost improvement plans will be delivered as planned. Additional risk related to a new requirement to deliver corporate cost reductions, although this has been factored into other efficiency savings targets. There is also risk relating to the receipt of all funding on which the balanced plan for 2025/26 is based.					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Planet and Pounds					
Strategic Risk	13	Capital Resources				
Lead Committee	Finance and Performance Committee					
Lead Director	Executive Director of Finance					
Risk Score	2025/26 Q1	16	2025/26 Q2	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 2025/26					
B	Control: Key capital investments - Estates					
C	Control: Key capital investments - Fleet					
D1	Control: Fleet and estates governance					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Develop and deliver an approved capital plan for 2024/25		DoF	30/06/2025	 GREEN	
B1	Estates: Progress the delivery of new ambulance stations in Hull and Scarborough in line with project timescales		DoF	31/03/2026	 AMBER/GREEN	
C1	Fleet: Implement the fleet plan to sustain vehicle availability of at least 82%		DoF	31/03/2026	 AMBER/GREEN	
D1	Establish new governance arrangements to provide stronger oversight of fleet and estate developments		DoF	31/12/2025	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	<p>The risk status for Strategic Risk 13 is driven by the overall availability of sufficient capital to meet the Trust's strategic infrastructure investment needs (estates, fleet, technology, net zero).</p> <p>The 2025/26 capital position is more positive than initially expected. The capital plan for 2025/26 was approved by the Board in April and includes significant investment in fleet and estates.</p>					

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	Senior Information Risk Owner (SIRO)					
Risk Score	2025/26 Q1	12	2025/26 Q2	15	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: Cyber security / cyber resilience developments					
B	Assurance and Control: Cyber Assessment Framework compliance					
C	Control: Priority digital / ICT developments					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Implement single sign-on integration		CDIO	31/03/2026	 AMBER	
A2	Implement the Zero Trust Network application		CDIO	31/03/2026	 AMBER	
B1	Implement actions from the internal audit review of Cyber Assessment Framework compliance		SIRO / Deputy SIROs	31/03/2026	 GREEN	
C1	Development of an iPad-based ePR application for A&E crews		CDIO	31/03/2026	 AMBER	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	15			
	Actual Risk	15				
Comments	<p>Informal external advice indicated that the Trust had previously under-scored its risk relating to cyber security, on the basis that the potential impact was underestimated.</p> <p>At the Board Strategic Forum in June the Board agreed to increase the risk score, on the grounds that the potential impact ('potentially catastrophic') is such that it merits a higher score. Note that the likelihood of a catastrophic cyber-attack on the Trust remains unchanged and that multiple sources of assurance indicate that the Trust's cyber security arrangements are sound.</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	Executive Director of Finance					
Risk Score	2025/26 Q1	15	2025/26 Q2	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: Green Plan development and delivery					
B	Control: Individual measures					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Development and approval of an updated Green Plan		DoF	31/10/2025	 GREEN	
B1	Implementation of the £1.4m solar panel and batteries scheme		DoF	31/03/2026	 GREEN	
B2	Expansion of the EV charging infrastructure		DoF	31/03/2026	 AMBER/GREEN	
B3	Fleet upgrade: 5 additional EV ambulances; 114 replacement low emission / ECO Air ambulances		DoF	31/03/2026	 AMBER/GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	15	15			
	Actual Risk	15				
Comments						

Key to Lead Director Roles

CEO	Chief Executive Officer
COO	Chief Operating Officer
DCEO	Deputy Chief Executive Officer
MD	Medical Director
EDQCP	Executive Director of Quality and Chief Paramedic
DoF	Executive Director of Finance
DPOD	Director of People and Organisational Development
CDIO	Chief Digital Information Officer
SIRO	Senior Information Risk Owner