



Report Title	Board Assurance Framework
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	TEG: 21 January 2026 People Committee: 20 January 2026 Finance and Performance Committee: 22 January 2026 Quality Committee: 15 January 2026 Audit and Risk Committee: 13 January 2026
Recommended action(s) (assurance, approval, information)	Assurance
Purpose of the paper	This paper presents the status of Board Assurance Framework strategic risks at the end of 2025/26 Q3 and transition into Q4
Executive Summary	
<p>Strategic Risk Status Reports</p> <p>This paper presents the status reports for the Board Assurance Framework (BAF) strategic risks at the end of 2025/26 Q3 and transition into Q4.</p> <p>Movements in Strategic Risk</p> <p>At the end of 2025/26 Q3 and transition into Q4 there is one confirmed movement in strategic risk level:</p> <p>The Trust's revenue position (Strategic Risk 12): during 2024/25 this risk was increased from moderate risk (12) to high risk (16) specifically in response to the risk of the Trust failing to achieve a balanced budget at year-end. That specific area of financial risk is much lower at this stage in 2025/26 and the overall revenue position of the Trust is stronger. As a result, this risk has been reduced from 16 (high risk) to its previous position of 12 (moderate risk)</p>	

Internal Audit Review

The final report of an internal audit review of the Board Assurance Framework was issued by 360 Assurance in December. The review reported 'significant assurance' and identified elements of leading practice.

Summary of Risk Exposures, 2025/26 Q3 to Q4

Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q3	Q4	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	Deliver quality for patients	Quality	16	16	↔	Aligned
	4	Strengthen medicines management	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	↔	Higher (but forecast to reduce)
	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	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	12	↓	Lower (better)
	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	15	15	↔	Aligned
	15	Act responsibly and effectively in response to climate change.	Finance and Performance	15	15	↔	Aligned

Recommendation(s)

1. Note the position regarding strategic risks at the end of 2025/26 Q3 and transition into Q4
2. Identify any areas of strategic risk requiring further information or additional assurance

Link to Board Assurance Framework Risks (board and level 2 committees only)

All BAF strategic risks

Board Assurance Framework

1.0 PURPOSE

- 1.1 This paper presents the status of the Board Assurance Framework strategic risks at the close of 2025/26 Q3 and the transition into Q4.

2.0 KEY MESSAGES

- 2.1 No strategic risks have increased in score during 2025/26 Q3.
- 2.2 Strategic risk 12 relating to revenue resources has been reduced from 16 (high risk) to 12 (moderate risk).
- 2.3 Strategic risk 8 relating to recruitment and retention remains at 16 (high risk) but there is potential to reduce this risk in the near future.
- 2.4 Following the Board Strategic Forum held in June a set of revisions to some strategic risks were approved by the Board in July. These revisions have been integrated into the BAF from 2025/26 Q3 onwards.
- 2.5 The final report of an internal audit review of the Board Assurance Framework was issued by internal audit in December. The review reported 'significant assurance' and identified elements of leading practice.

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 deliver quality for patients.
- Ability to strengthen 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.

BAF Monitoring and Reporting

- 4.4 The Trust's strategic risks are updated at the close of each quarter. Status reports are produced which cover movements in strategic risk exposures and progress on the delivery of key mitigation actions. This reporting is closely aligned with the business plan delivery reports produced by the Trust, as many of the BAF key mitigation actions are also key business plan deliverables.
- 4.5 Information presented in this report covers the position at the close of Q3 and transition into Q4. Appendix A presents an 'at-a-glance' summary of the position for all BAF strategic risks. Appendix B presents individual status reports for each of the fifteen strategic risks..
- 4.6 The Board Assurance Framework and associated strategic risk management processes have been subject to an internal audit review during 2025/26 Q3. The review has concluded: it has reported 'significant assurance' and has identified areas of leading practice. The internal audit report was received by the Audit and Risk Committee at its meeting on 13 January 2026.

Movement in Strategic Risk Levels

- 4.7 At the end of 2025/26 Q3 and transition into Q4 there is a confirmed reduction in one strategic risk (Strategic Risk 12, Revenue Resources). All other strategic risk exposures remain unchanged, bearing in mind that these are broad risks operating at a strategic level and so movement in the risk exposures is less frequent than equivalent movements associated with lower-level corporate and operational risks. The overall position compares favourably to the Trust's position in the equivalent period in 2024/25. At that time, two of the 'Our Patients' strategic risks were at '20' and trending upwards, and risk exposures relating to response times, patient flow, and finance were higher than the forecast levels.
- 4.8 Strategic Risk 12, regarding revenue resources, has been reduced from 16 (high risk) to its previous position of 12 (moderate risk). During 2024/25 this risk was increased from moderate risk (12) to high risk (16) specifically in response to the risk of the Trust failing to achieve a balanced budget at year-end. That specific area of financial risk is much lower at this stage in 2025/26 and the overall in-year revenue position of the Trust is demonstrably stronger. For instance, at Month 9 the Trust has formally reported a forecast year end surplus of £2.5m. In part the improved position for this strategic risk is the result of developments in financial management within the Trust. These developments include various 'grip and control' measures introduced during 2024/25, greater focus on efficiency and productivity measures, and a stronger culture of financial management and control amongst budget holders.
- 4.9 There is potential in the near future to reduce the strategic risk relating to Recruitment and Retention (Strategic Risk 8). This risk was increased from 12 (moderate risk) to 16 (high risk) in mid-2024 in response to significant staffing shortfalls caused by insufficient recruitment and onboarding levels and high turnover in some areas (particularly in Integrated Urgent Care). Compared to

that historic position the current scenario is much improved. There are strong recruitment pipelines in most service areas, improved retention levels, and overall staffing numbers are good. These improvements result from planned mitigation activity, such as the IUC Case for Change (which addressed issues relating to recruitment, shift patterns, managerial structures, and retention) and developments in recruitment pipelines and career pathways in 999 Operations. In addition, as part of the BAF mitigation actions for 2025/26 a strategic workforce planning group has been established, with a reporting line to the Trust Executive Group, which has strengthened the Trust's governance and control around workforce planning and recruitment.

- 4.10 Strategic Risk 8 has one risk hotspot relating to recruitment of Emergency Operations Centre (EOC) staff, which is below the planned level. The causes of the recruitment issues in EOC are understood and mitigation plans are being implemented, although the planned staffing levels are unlikely to be achieved during the remainder of 2025/26. When the EOC recruitment risk is reduced and stable then, other things being equal, the strategic risk level could come down.
- 4.11 Potential changes in strategic risk exposures will be reviewed during Q4 ahead of year-end. However, generally speaking, lower strategic risk levels are confirmed only when there is sufficient assurance that the controls and mitigations that have reduced the risk are embedded and stable. This is so that the Trust can have confidence that the reduced risk level represents a genuine strengthening of the Trust's control framework and is not a short-term effect.

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 Potential changes in strategic risk exposures will be considered as part of the 2025/26 year-end reporting and the transition to 2026/27.

8. RECOMMENDATIONS

The Board is asked to:

1. Note the position regarding BAF strategic risks at the end of 2025/26 Q3 and transition into Q4.
2. Identify any areas that require further information or additional assurance

9. SUPPORTING INFORMATION

Appendices to this Report

Appendix A: BAF Strategic Risks - At-A-Glance: 2025/26 Q3 to Q4

Appendix B: Strategic Risk Status Reports – 2025/26 Q3 to Q4

David O'Brien
Director of Corporate Services and Company Secretary







January 2026






APPENDIX A: STRATEGIC RISKS – AT A GLANCE SUMMARY – 2025/26 Q3 to Q4







Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q3	Q4	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	Deliver quality for patients	Quality	16	16	↔	Aligned
	4	Strengthen medicines management	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	↔	Higher (but forecast to reduce)
	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	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	12	↓	Lower (better)
	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	15	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 Q3 to Q4






BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	1	Timely Response				
Lead Committee	Finance and Performance Committee					
Lead Director	Deputy Chief Executive & Chief Operating Officer					
Risk Score	2025/26 Q3	16	2025/26 Q4	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: Response time performance targets					
Success Criteria			Executive Lead	Due Date	Delivery Status (Q3)	
A1	Complete and implement the revised rest break SOP		DCEO&COO	31/03/2026	 RED	
A2	Deliver the Transfer of Care rollout plan as agreed with acute partners		DCEO&COO	31/12/2025	 GREEN	
A3	Reduce average crew clear times to 20 minutes (from November 2025)		DCEO&COO	31/03/2026	 AMBER	
B1	Achieve targets for 999 Category 2 mean response time (30mins)		DCEO&COO	31/03/2026	 GREEN	
B2	Achieve targets for NHS111 call abandonment rates (<3%)		DCEO&COO	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	16	
Comments	<p>During the equivalent period in 2024/25 this risk was increasing and was at '20'. Although this risk remains high, this year the exposures are lower and appear to be better controlled.</p> <p>Rest break models have been developed but as yet none of these would deliver the required improvements in efficiency / productivity. Transfer of Care has been rolled out to all acute trusts. Year to date average handover times are more than eleven minutes quicker than in December 2024. Category 2 mean response time performance is ahead of the planned trajectory and the required target. The 20-minute crew clear time target was not met although performance is better than in 2024/25. Crew clear times were 21:39 in November and 21:20 in December.</p>					




BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	2	Access to Appropriate Care				
Lead Committee	Quality Committee					
Lead Director	Deputy Chief Executive & Chief Operating Officer					
Risk Score	2025/26 Q3	16	2025/26 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 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 (Q3)	
A1	Deliver the NHS Pathways implementation milestones on time and to the required standard		DCEO&COO	31/03/2026	 AMBER/GREEN	
B1	Increase Hear and Treat percentages and volumes to 17.9% / 462 per day across the year		DCEO&COO	31/03/2026	 AMBER/RED	
C1	Reduce inappropriate conveyance to Emergency Departments		DCEO&COO	31/03/2026	 AMBER	
C2	Increase the total number of patients referred to and accepted by alternative providers		DCEO&COO EMD	31/03/2026	 AMBER/GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	16	
Comments	<p>NHS Pathways implementation is on track: the Board received an assurance report about this in September. All calls are now being handled via NHS Pathways.</p> <p>Hear and Treat rates are below target due to multiple factors some of which are associated with NHS Pathways implementation. The Quality Committee received an assurance report and mitigation plan regarding Hear and Treat rates at its meeting in November 2025.</p> <p>Work is ongoing to identify challenges in accessing and utilising alternative pathways. System wide resource and capacity issues present risk regarding provision of alternative pathways.</p>					






BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	3	Quality for Patients				
Lead Committee	Quality Committee					
Lead Director	Executive Director of Quality and Chief Paramedic					
Risk Score	2025/26 Q3	16	2025/26 Q4	16	Trend	
WHAT	If the Trust is unable to deliver high quality provision					
SO WHAT	It could fail to meet the clinical needs and service expectations of patients and fail to achieve optimum outcomes for patients					
WHAT NEXT	Key mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Improve patient experience and involvement					
B	Control: Develop clinical supervision					
C	Control: Learning from patient safety incidents					
D	Control: Clinical audit and effectiveness					
E	Control: Develop and embed Quality Improvement approaches across the Trust					
Success Criteria			Director Lead	Due Date	Delivery Status (Q3)	
A1	Deliver the 2025/26 action plan priorities for the Patient Experience and Involvement Framework		EDQCP	31/03/2026	 AMBER	
B1	Deliver the 2025/26 priorities for clinical supervision		EDQCP	31/03/2026	 GREEN	
C1	Deliver the Patient Safety and Incident Response Plan priorities for 2025/26		EDQCP	31/03/2026	 GREEN	
D1	Conduct at least five clinical audits and present improvement recommendations		EMD	31/03/2026	 GREEN	
E1	Deliver the Quality Improvement Enabling Plan priorities for 2025/26		EDQCP	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	N/A	N/A	N/A	16	
	Actual Risk	N/A	N/A	16	16	
Comments	The planned actions associated with this risk are largely on track and assurance regarding these is received via Quality Committee agenda items. However, two internal audit reviews that reported in Q2 have identified issues with controls and assurance relating to (a) the Patient Safety Incident Response Framework and (b) Patient Experience and Complaints. The Quality Committee will receive assurance regarding the delivery of improvement actions arising from these internal audit reviews.					






BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	4	Medicines Management				
Lead Committee	Quality Committee					
Lead Director(s)	Executive Medical Director					
Risk Score	2025/26 Q3	16	2025/26 Q4	16	Trend	
WHAT	If the Trust is unable to strengthen medicines management and controlled drugs compliance to develop a culture of improvement and safety					
SO WHAT	It could fail to deliver the required professional standards, regulatory compliance, and continuous improvement					
WHAT NEXT	Key mitigation actions to strengthen key controls and / or assurance for this risk:					
A	Control and assurance: medicines management compliance					
B	Control and assurance: controlled drugs process and compliance					
Success Criteria			Director Lead	Due Date	Delivery Status (Q3)	
A1	Reduce out of date medicines incidents by 50%		EMD	31/03/2026	 AMBER	
A2	Reduce stock discrepancy incidents by 50%		EMD	31/03/2026	 AMBER	
B1	Complete the implementation of actions arising from the Controlled Drugs revisit audit		EMD	31/01/2026	 AMBER/GREEN	
B2	Achieve 90%+ compliance with the controlled drugs policy at station level		EMD	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	N/A	N/A	N/A	16	
	Actual Risk	N/A	N/A	16	16	
Comments	<p>Following recommendations from the Board and the Quality Committee this risk has been refined and now focuses on medicines management and controlled drugs.</p> <p>The key control regarding controlled drugs is the implementation of the medicines management app. This app is now live in all stations plus other functions such as HART, MERIT and the private and events team. Compliance with controlled drugs processes is above 90% in all areas (from a baseline of 65% at the start of the year).</p> <p>A business case is being developed for investment in Prescription-Only Medicines pouches which would be a further enabler of improved medicines management compliance.</p>					





BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Patients					
Strategic Risk	5	Emergency Preparedness, Resilience and Response				
Lead Committee	Finance and Performance Committee					
Lead Director	Deputy Chief Executive & Chief Operating Officer					
Risk Score	2025/26 Q3	12	2025/26 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 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 (Q3)	
A1	Core Standards: achieve ‘substantial compliance’		DCEO&COO	31/12/2025	Completed (on time)	
B1	Implement learning from incidents and exercises		DCEO&COO	31/03/2026	 GREEN	
C1	Deliver the Manchester Arena Inquiry recommendations within the resources available		DCEO&COO	Delivery commitment contingent on resource availability		
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	NHSE has confirmed the Trust’s status as having achieved substantial compliance against the EPRR Core Standards (and also against the Interoperability Standards, which cover Hazardous Area Response, Special Operations Response etc.) 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 actions 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 Q3	16	2025/26 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 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 (Q3)	
A1	Deliver the EDI action plan priorities for 2025/26		DPOD	31/03/2026	 AMBER/GREEN	
B1	Deliver the People Promise Exemplar priorities for 2025/26		DPOD	31/03/2026	 AMBER/GREEN	
B2	Improve the People Promise scores in the NHS National Staff Survey		DPOD	31/03/2026	Annual indicator due in Q4	
C1	Reduce the number of people being the target of unwanted sexual behaviour in the workplace		DPOD	31/03/2026	 AMBER	
C2	Achieve 90% compliance with the sexual misconduct in the workplace e-learning		DPOD	31/03/2026	 AMBER/GREEN	
IMPACT	Timescale		Q1	Q2	Q3	Q4
	Forecast Risk		16	16	16	16
	Actual Risk		16	16	16	16
Comments	<p>The Board has concluded that for multiple complex factors there are genuine limits regarding the realistic possibility of reducing this risk score in the short term.</p> <p>Key indicators of progress and impact are received via the National Staff Survey results which become available in Q4.</p>					





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 Q3	12	2025/26 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 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 (Q3)	
A1	Deliver the Staff Well-Being Plan priorities for 2025/26		DPOD	31/03/2026	 AMBER/GREEN	
B1	Implement and embed the new absence management reporting system		DPOD	31/03/2026	Completed (on time)	
B2	Reduce Trust-wide absence by 0.5%, from 7.1% to 6.6%		DPOD	31/03/2026	 RED	
C1	Improve priority staff wellbeing scores in the NHS National Staff Survey		DPOD	31/03/2026	Annual indicator due in Q4	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>The new absence management reporting system has been implemented as planned (August).</p> <p>The individual corporate risk relating to sickness absence was increased from 12 (moderate risk) to 16 (high risk) in September. A sickness absence reduction plan was presented to the People Committee for assurance at its November meeting. A further assurance report on this plan will be received by the committee at its January meeting.</p> <p>An assurance report regarding the Health and Well-Being Plan was received by the People Committee at its January meeting.</p>					





BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	8	Recruitment and Retention				
Lead Committee	People Committee					
Lead Director(s)	Deputy Chief Executive & Chief Operating Officer Director of People and Organisational Development					
Risk Score	2025/26 Q3	15	2025/26 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 and Assurance: Strengthened governance and controls for strategic workforce planning					
B	Control: Recruitment and retention plans					
Success Criteria			Director Lead	Due Date	Delivery Status (Q3)	
A1	Establish a new strategic workforce governance body		DCEO&COO	30/09/2025	Completed (on time)	
B1	Achieve recruitment and retention targets in 999 Operations		DCEO&COO	31/03/2026	 GREEN	
B2	Achieve recruitment and retention targets in EOC		DCEO&COO	31/03/2026	 AMBER/RED	
B3	Achieve recruitment and retention targets in Remote Patient Care		DCEO&COO	31/03/2026	 GREEN	
B4	Achieve recruitment and retention targets in the Patient Transport Service		DCEO&COO	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	15	15	15	12	
	Actual Risk	15	15	15	15	
Comments	<p>High levels of recruitment and notable improvements in retention are evident in most areas of 999 Operations, Remote Patient Care, and the Patient Transport Service.</p> <p>One area of focus is the Emergency Operations Centre where recruitment levels are lower than planned. The causes of this are understood and mitigation plans are being implemented. Capacity is forecast to improve during Q4 and if that improvement materialises the risk level could be reduced. At its January meeting the People Committee received assurance reports about recruitment trajectories and longer-term workforce planning.</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 Q3	12	2025/26 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 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 (Q3)	
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		DCEO&COO	31/03/2026	 GREEN	
C1	Implement the actions arising from the internal audit review of statutory, mandatory, and job-specific training		DPOD	31/03/2026	 AMBER	
D1	Achieve compliance of 90%+ for (a) appraisals completion and (b) essential learning		DPOD	31/03/2026	 AMBER/GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>All scheduled leadership development training delivered during Q3 with numbers of leaders accessing training on track for year end. The review of team-based working has progressed well and options are in development.</p> <p>Appraisals compliance (78.6%) is below the 90% target. Compliance amongst the senior leadership community is 86.2%. An internal audit review of appraisals has identified areas for improvements in controls and assurance. Essential learning compliance was 90.1% in December (target 90%).</p>					

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 Q3	15	2025/26 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 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 (Q3)
A1	Increase the total number of patients referred to and accepted by alternative providers			DCEO&COO EMD	31/03/2026	 AMBER/GREEN
A2	Deliver the Transfer of Care rollout plan as agreed with acute partners			DCEO&COO	31/03/2026	 GREEN
B1	Secure a regional long-term collaborative agreement for Patient Transport Services			DCEO&COO	31/03/2026	 AMBER
C1	To be developed as part of Trust response to 10 Year Health Plan, Neighbourhoods etc					
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	15	15	15	15
		Actual Risk	15	15	15	15
Comments		This risk currently has a predominantly operational focus. Some operational focus is valid in that key operational issues require strong system partnership working. Nonetheless 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. The re-framing of this risk is part of the Trust’s positioning in relation to the 10 Year Health Plan, including the development of ‘neighbourhood’ models. This remains work in progress and is the subject of Board strategy discussions. The Trust is also mapping the partnership governance bodies in which it is involved and reviewing how best to engage with these.				

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 Q3	16	2025/26 Q4	12	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 (Q3)	
A1	Develop an approved balanced financial plan (revenue) for 2025/26		DoF	30/06/2025	Completed (on time)	
B1	Ensure the Trust works within its approved financial plan during 2025/26		DoF	31/03/2026	 GREEN	
C1	Achieve the Trust's organisational efficiency targets for 2025/26		DoF	31/03/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	12	
Comments	<p>The M9 revenue position was positive compared to the equivalent position last year. At M9 the Trust has formally reported a forecast year-end surplus of £2.5m.</p> <p>During 2024/25 this risk was increased from moderate (12) to high (16) specifically in response to the significant risk of the Trust failing to achieve a balanced budget at year-end. That specific area of financial risk is materially lower at this stage in 2025/26, due in part to 'grip and control' measures introduced during 2024/25. Given the reported M9 revenue position and the year-end forecast there is sufficient justification to return the risk to its previous level (12, moderate risk).</p>					

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 Q3	16	2025/26 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 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 (Q3)	
A1	Develop and deliver an approved capital plan for 2025/26		DoF	30/06/2025	Completed (on time)	
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 replacement plan to sustain vehicle availability of at least 82%		DoF	31/03/2026	 GREEN	
D1	Establish new governance arrangements to provide stronger oversight of fleet and estate developments		DoF	31/12/2025	 AMBER	
IMPACT	Timescale		Q1	Q2	Q3	Q4
	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 infrastructure investment needs (estates, fleet, technology, net zero). Delivery of key individual capital projects within the control of the Trust are not considered to be high risk.					






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 Q3	15	2025/26 Q4	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 (Q3)	
A1	Implement single sign-on integration and Zero Trust Network application (Zscaler)			CDIO	31/03/2026	 RED	
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	15	15	
		Actual Risk	15	15	15	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 2025 the Board agreed to increase the risk score, on the grounds that the potential impact 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 Q3	15	2025/26 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: Green Plan development and delivery					
B	Control: Individual measures					
Success Criteria				Director Lead	Due Date	Delivery Status (Q3)
A1	Development and approval of an updated Green Plan			DoF	31/03/2026 (revised)	 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	data tbc
B3	Fleet upgrade: 5 additional EV ambulances; 114 replacement low emission / ECO Air ambulances			DoF	31/03/2026	 GREEN
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	15	15	15	15
		Actual Risk	15	15	15	15
Comments		<p>During Q2 TEG approved a new approach to developing an updated Green Plan: this included revised delivery timelines – approval of the Green Plan is now scheduled for Q4.</p> <p>At its meeting in October the Board approved the scheme for solar panels and batteries.</p> <p>At is meeting in October the Finance and Performance Committee received assurance regarding the fleet upgrade, including electric vehicles.</p>				

BAF: Key to Lead Director Roles

CEO	Chief Executive Officer
DCEO&COO	Deputy Chief Executive & Officer Chief Operating Officer
EMD	Executive 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

Actions / Success Criteria Status:

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
Complete (on time)	Darker blue	Action completed on time
Complete (not on time)	Lighter blue	Action completed, but not on time