

Board of Directors (in Public)
21 May 2026



Report Title	Board Assurance Framework: Quarterly Report
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Accountable Director	David O'Brien Director of Corporate Services and Company Secretary
Previous committees/groups	Audit and Risk Committee, 14 April 2026 People Committee: 05 May 2026 Finance and Performance Committee: 14 May 2026 Quality Committee: 07 May 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 and transition into 2026/27.

Executive Summary

This paper presents the status reports for the Board Assurance Framework (BAF) strategic risks at the end of 2025/26 Q4 and transition into 2026/27.

Headlines / Key Messages

No strategic risks have increased in score during 2025/26 Q4. All risks will be reviewed as part of an annual refresh of the Board Assurance Framework in June 2026.

A number of strategic risks are identified as candidates for reduction in score, as follows:

Strategic Risk 8 relating to recruitment and retention had been a candidate for risk reduction, but challenges with call-handler capacity in the Emergency Operations Centre required continued attention and so the risk score remained at its existing level during Q4 (16, high risk).

Strategic Risk 15 relating to action on climate will be proposed for reduction in risk score (currently 16, high risk) following the adoption by the Trust of a new Green Plan and strengthened governance, reporting and assurance arrangements associated with this.

Strategic Risk 3 relating to quality for patients will be proposed for reduction in risk score (currently 16, high risk) following strong delivery of the Quality Account improvement priorities for 2025/26 and the implementation of recommendations from internal audit reviews of both complaints and the Patient Safety Incident Response Framework.

Strategic Risk 4 relating to medicines management received a full review during Q4. The outcome of that review is to retain the existing risk level (16, high risk) during 2026/27 Q1.

Strategic Risk 11 relating to health inequalities and population health requires re-framing in response to the Trust re-thinking its approach to health inequalities and the risks and opportunities associates with this.

What Next

A BAF strategic risk refresh and re-set session at the Board Strategic Forum on 25 June.

Summary of BAF Risk Exposures, 2025/26 Year End

Bold Ambition	Strategic Risk: The Trust is unable to...	Committee Oversight	Q3	Q4	Movement	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
	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	Movement	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)	<ol style="list-style-type: none"> Note the position regarding strategic risks at the end of 2025/26 and transition into 2026/27. Identify any areas of strategic risk requiring further information or additional assurance
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Link to Board Assurance Framework Risks (board and level 2 committees only)	All BAF strategic risks
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Board Assurance Framework Quarterly Report

1.0 PURPOSE

- 1.1 This paper presents the provisional year-end status of the Board Assurance Framework strategic risks at the close of 2025/26.

2.0 KEY MESSAGES

- 2.1 No strategic risks have increased in score during 2025/26 Q4.
- 2.2 All risks will be reviewed as part of an annual refresh of the Board Assurance Framework in June 2026. A number of strategic risks are identified as candidates for reduction in score, as follows:
- 2.3 Strategic Risk 8 relating to recruitment and retention had been a candidate for risk reduction, but challenges with call-handler capacity in the Emergency Operations Centre required continued attention and so the risk score remained at its existing level during Q4 (16, high risk).
- 2.4 Strategic Risk 15 relating to action on climate will be proposed for reduction in risk score (currently 16, high risk) following the adoption by the Trust of a new Green Plan and strengthened governance, reporting and assurance arrangements associated with this.
- 2.5 Strategic Risk 3 relating to quality for patients will be proposed for reduction in risk score (currently 16, high risk) following strong delivery of the Quality Account improvement priorities for 2025/26 and the implementation of recommendations from internal audit reviews of both complaints and the Patient Safety Incident Response Framework.
- 2.6 Strategic Risk 4 relating to medicines management received a full review during Q4. The outcome of that review is to retain the existing risk level (16, high risk) during 2026/27 Q1.
- 2.7 Strategic Risk 11 relating to health inequalities and population health requires re-framing in response to the Trust re-thinking its approach to health inequalities and the risks and opportunities associates with this.

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 provisional year-end. Appendix A presents an 'at-a-glance' summary of the position for all BAF strategic risks at 2025/26 year-end and transition into 2026/27. Appendix B presents individual status reports for each of the fifteen strategic risks..

Movement in Strategic Risk Levels

- 4.6 At the start of Q4 there was a confirmed reduction in one strategic risk (Strategic Risk 12, Revenue Resources). Since then all other strategic risk exposures have remained 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 at the end of 2024/25.
- 4.7 Potential changes in all strategic risk exposures are being reviewed as part of the annual review and re-set of the BAF. This will be presented at the Board Strategic Forum on 25 June. 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. Potential changes to some risk exposures are as follows:

Strategic Risk 8: Recruitment and Retention

- 4.8 There is potential 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 and sustained 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.
- 4.9 However, during 2025/26 Strategic Risk 8 had a persistent risk hotspot relating to recruitment of call-handling staff, especially in the Emergency Operations Centre (EOC), which was below the planned level. When the EOC recruitment risk is reduced and stable then, other things being equal, the strategic risk level could come down.

Strategic Risk 15: Action on Climate Change

- 4.10 Strategic Risk 15 (Action on Climate Change) will receive a full review with a view to reducing the risk score. The Trust has recently adopted an updated Green Plan and this has significantly strengthened the governance, control, and assurance mechanisms associated with this risk. The new Green Plan represents a comprehensive approach to action on climate change, including strategic objectives and operational deliverables plus a comprehensive baseline technical assessment, updated governance and reporting arrangements, and a set of delivery plans threaded throughout the organisation. This, along with individual developments related to environmental sustainability in fleet and estates, presents a strong case to reduce the risk score.

Strategic Risk 3: Quality for Patients

- 4.11 This strategic risk was introduced to the BAF during 2025/26 (from Q3 onwards) to provide greater focus on quality for patients. The risk covers the established three dimensions of quality: patient safety, effectiveness of care, and patient experience. It also includes the Quality Account priorities, clinical audit and effectiveness, and delivery of the Trust's Quality Improvement enabling plan.
- 4.12 Most of the 2025/26 mitigations and associated success criteria for this strategic risk have been delivered well: the progress is good and the Quality Committee has received regular assurance reporting to confirm this. However, internal audit reports issued during 2025/26 provided only limited assurance regarding the effectiveness of governance, control, and assurance arrangements in two key areas central to this strategic risk (a) Patient Experience and Complaints, and (b) the Patient Safety Incident Response Framework. As a result, and despite the good progress with the original planned mitigations and success criteria, this strategic risk remained high during 2025/26 Q4. However, all of the highest priority (medium risk) improvement actions arising from these internal audit reviews have now been completed and closed by internal audit. As a result, given the positive achievements in the wider mitigations for this risk, it is proposed to review this risk view to reducing the score.

Strategic Risk 4: Medicines Management

- 4.13 Strategic Risk 4 (Medicines Management) has been fully reviewed at the request of Quality Committee, which considered that recent improvements in controls and assurance arrangements associated with this risk could justify a reduction in risk score. The risk review recognised the clear improvements in controls, compliance, and assurance for controlled drugs and medicines management achieved during 2025/26. However, the review also recognised that some work on strengthening the controls remains outstanding and there had been a recent up-tick in medicines management incidents. As a result, the agreed approach is to retain the current risk rating for 2026/27 Q1.

Strategic Risk 11: Health Inequalities and Population Health

- 4.14 Regarding Strategic Risk 11, in some respects the Trust has not fully developed either its strategic thinking or priority actions regarding the strategic risks and opportunities in the area of health inequalities and population health. Greater clarity is needed regarding the most appropriate role for the ambulance sector in health inequalities and population health. The Trust needs to consider its own position in this terrain and how best to make a meaningful and sustainable impact. As part of this, the Trust needs to consider the extent to which its existing services and processes already contribute to health inequalities work, for example in terms of equitable access to the Trust's services for hard-to-reach groups.
- 4.15 Given these considerations, the current framing of this strategic risk and the mitigation actions associated with it now represent a 'holding' position pending the Trust re-thinking its approach to its role in population health and health inequalities. This will be the focus of a Board Strategic Forum item on 04 June 2026, following which this risk will be reviewed and reframed.

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 are reviewed quarterly and will be considered as part of the annual refresh of the BAF. The output of this will be presented at the Board Strategic Forum on 25 June.

8. RECOMMENDATIONS

The Committee is asked to:

1. Note the position regarding BAF strategic risks at the end of 2025/26 and transition to 2026/27.
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: Q4 (2025/26 Year-End)

Appendix B: Strategic Risk Status Reports: Q4 (2025/26 Year-End)

David O'Brien
Director of Corporate Services and Company Secretary

May 2026


APPENDIX A: STRATEGIC RISKS – AT A GLANCE SUMMARY – Q4 (2025/26 Year-End)


Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q3	Q4	Movement	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
	9	Develop and sustain improvements in leadership and staff training and development.	People	12	12	↔	Aligned


APPENDIX A (continued): STRATEGIC RISKS – AT A GLANCE SUMMARY – Q4 (2025/26 Year-End)


Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	Q3	Q4	Movement	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 – Q4 2025/26 (Year-End)

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	Movement	
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 (Q4)		
A1	Complete and implement the revised rest break SOP	DCEO&COO	31/03/2026	Not achieved		
A2	Deliver the Transfer of Care rollout plan as agreed with acute partners	DCEO&COO	31/12/2025	Completed (on time)		
A3	Reduce average crew clear times to 20 minutes (from November 2025)	DCEO&COO	31/03/2026	Not achieved		
B1	Achieve targets for 999 Category 2 mean response time (30mins)	DCEO&COO	31/03/2026	Completed (on time)		
B2	Achieve targets for NHS111 call abandonment rates (<3%)	DCEO&COO	31/03/2026	Completed (on time)		
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	16	
Comments	<p>Rest break models are included in wider work on resource availability and productivity. This is a priority workstream for 2026/27.</p> <p>The Transfer of Care protocols and procedures have been rolled out to all acute trusts. Average handover times were much improved in 2025/26 as a result. Category 2 mean response time performance achieved the required target. The 20-minute crew clear time target was not met although performance was better than in 2024/25.</p> <p>The NHS111 call abandonment met the target for the year as a whole but did see a spike increase during Q4.</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	Movement	
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 (Q4)	
A1	Deliver the NHS Pathways implementation milestones on time and to the required standard		DCEO&COO	31/03/2026	Completed (on time)	
B1	Increase Hear and Treat percentages and volumes to 17.9% / 462 per day across the year		DCEO&COO	31/03/2026	Not achieved	
C1	Reduce inappropriate conveyance to Emergency Departments		DCEO&COO	31/03/2026	Conveyance rates not reduced as planned	
C2	Increase the total number of patients referred to and accepted by alternative providers		DCEO&COO EMD	31/03/2026		
IMPACT	Timescale	Q1	Q2	Q3	Year End	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	16	
Comments	<p>Levels of inappropriate conveyance to emergency departments have remained higher than planned. A reduction of 1.7% in conveyance to emergency departments is a key element of the of the Trust's business plan priorities for 2026/27.</p> <p>Hear and Treat rates were below target due to multiple factors some of which are associated with NHS Pathways implementation. Improvement in Hear and Treat rates is a core element of the Trust's business plan priorities for 2026/27.</p> <p>Work is ongoing to identify challenges in accessing and utilising alternative pathways. The Trust is dependent on partners for delivery in this area, and 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	Movement	
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 (Q4)	
A1	Deliver the 2025/26 action plan priorities for the Patient Experience and Involvement Framework		EDQCP	31/03/2026	All but one part completed	
B1	Deliver the 2025/26 priorities for clinical supervision		EDQCP	31/03/2026	Completed (on time)	
C1	Deliver the Patient Safety and Incident Response Plan priorities for 2025/26		EDQCP	31/03/2026	Completed (on time)	
D1	Conduct at least five clinical audits and present improvement recommendations		EMD	31/03/2026	Completed (on time)	
E1	Deliver the Quality Improvement Enabling Plan priorities for 2025/26		EDQCP	31/03/2026	Most elements completed	
IMPACT	Timescale	Q1	Q2	Q3	Year End	
	Forecast Risk	N/A	N/A	N/A	16	
	Actual Risk	N/A	N/A	16	16	
Comments	<p>The only element of the Patient Experience and Involvement Framework Plan not delivered during 2025.26 related to training for frontline staff. This training requirement had not been built into the Trust's training plan for 2025/26 and so capacity had not been allocated to deliver it.</p> <p>The QI Enabling Plan priorities were largely delivered, with some outstanding work relating to Board member training / engagement and the development of a QI improvement hub/space.</p>					


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	Movement	
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 (Q4)	
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	Some actions outstanding	
B2	Achieve 90%+ compliance with the controlled drugs policy at station level		EMD	31/03/2026	Completed (on time)	
IMPACT	Timescale	Q1	Q2	Q3	Year End	
	Forecast Risk	N/A	N/A	N/A	16	
	Actual Risk	N/A	N/A	16	16	
Comments	<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 2025/26).</p> <p>This risk has been reviewed fully ahead of 2026/27. Improvements in controls and assurance for controlled drugs and medicines management are evident. Further work is outstanding and there has been an uptick in incidents. The risk will remain at its current level for 2026/27 Q1 with a view to reducing it thereafter.</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	Movement	
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 (Q4)	
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	<p>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.)</p> <p>A key area of risk relates to the recommendations arising from the Manchester Arena Inquiry (MAI). Full implementation of the recommendations requires significant resource that is not available to the Trust (other ambulance services are in a similar position).</p> <p>An internal audit report on the Trust's Business Continuity arrangements was issued during February 2026: the review reported 'significant assurance'.</p>					

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	Movement	
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 (Q4)	
A1	Deliver the EDI action plan priorities for 2025/26		DPOD	31/03/2026	 AMBER/GREEN	
B1	Deliver the YAS Together / People Promise Exemplar priorities for 2025/26		DPOD	31/03/2026	Completed (on time)	
B2	Improve the People Promise scores in the NHS National Staff Survey		DPOD	31/03/2026	Completed (on time)	
C1	Reduce the number of people being the target of unwanted sexual behaviour in the workplace		DPOD	31/03/2026	Completed (on time)	
C2	Achieve 90% compliance with the sexual misconduct in the workplace e-learning		DPOD	31/03/2026	Completed (on time)	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	16	
Comments	<p>The 2025 Staff Survey results showed clear progress on workplace culture, with the Trust top in sector for seven of the nine People Promise themes.</p> <p>Some elements of the EDI Plan were not delivered as initially planned due to staffing capacity constraints; however progress was made in all the priority workstreams in the plan.</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	Movement	
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 (Q4)	
A1	Deliver the Staff Well-Being Plan priorities for 2025/26		DPOD	31/03/2026	Completed (on time)	
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	Not achieved	
C1	Improve key staff wellbeing and morale scores in the NHS National Staff Survey		DPOD	31/03/2026	Completed (on time)	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>The Trust did not achieve its planned reduction in staff absence in 2025/26. An absence reduction plan is in place for 2026/27, and this is a business plan priority for the Trust.</p> <p>A closure report regarding the Health and Well-Being Plan received by the Board on 26 March indicated that seven out of eight priorities for 2025/26 had been delivered with a 'green' status, with just one area rated as amber (relating to staff sickness)</p> <p>NHS Staff Survey results show YAS to be top in sector for well-being and morale scores, and top in sector for seven of the nine People Promise themes.</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	Movement	
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 (Q4)	
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	Completed (on time)	
B2	Achieve recruitment and retention targets in EOC		DCEO&COO	31/03/2026	Not achieved	
B3	Achieve recruitment and retention targets in Remote Patient Care		DCEO&COO	31/03/2026	Completed (on time)	
B4	Achieve recruitment and retention targets in the Patient Transport Service		DCEO&COO	31/03/2026	Completed (on time)	
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>During 2025/26 Emergency Operations Centre staffing levels have been lower than planned and this has been a hotspot that has affected the overall strategic risk position. The causes of the shortfalls are understood and mitigation plans implemented. Capacity has improved during Q4 and if that improvement is sustained this risk level could be reduced. The Board received an assurance item on Call Handling Recovery at the strategic forum on 23 April.</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	Movement	
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 (Q4)		
A1	Deliver the Leadership and Organisational Development Plan priorities for 2025/26	DPOD	31/03/2026	Completed (on time)		
B1	Review team based-working / team leader roles; plan the implementation of recommendations	DCEO&COO	31/03/2026	Completed (on time)		
C1	Implement the actions arising from the internal audit review of statutory, mandatory, and job-specific training	DPOD	31/03/2026	Some actions outstanding		
D1	Achieve compliance of 90%+ for appraisals completion	DPOD	31/03/2026	Completed (on time)		
D2	Achieve compliance of 90%+ essential learning	DPOD	31/03/2026	Completed (on time)		
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>Appraisals compliance for the year was 89%, close to the 90% target. However, when the appraisals completion in EOC is removed (as agreed, relating to the impact of NHS Pathways implementation) the compliance for the rest of the organisation did achieve the target (93%)</p> <p>Essential learning achieved the target level overall (90%). However, on 17 March People Committee heard there are pockets of essential learning non-compliance, including longstanding historical non-compliance, which should be addressed.</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	Movement	
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 (Q4)	
A1	Increase the total number of patients referred to and accepted by alternative providers		DCEO&COO EMD	31/03/2026	Conveyance rates not reduced as planned	
A2	Reduce inappropriate conveyance to Emergency Departments		DCEO&COO	31/03/2026		
A3	Deliver the Transfer of Care rollout plan as agreed with acute partners		DCEO&COO	31/03/2026	Completed (on time)	
B1	Secure a regional long-term collaborative agreement for Patient Transport Services		DCEO&COO	31/03/2026	Completed (on time)	
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 Partners					
Strategic Risk	1 1	Collaborate on Population Health and Health Inequalities [Placeholder]				
Lead Committee	Quality Committee					
Lead Director	Executive Medical Director					
Risk Score	2025/26 Q3	12	2025/26 Q4	12	Movement	
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	Assurance: Organisational maturity assessment					
B	Control: Targeted, intelligence-led improvement programmes					
C	Assurance: Understanding of the Trust's impact regarding social value					
D	Control: Training and development					
Success Criteria		Director Lead	Due Date	Delivery Status (Q4)		
A1	Continue to develop organisational maturity level in relation to reducing health inequalities	EMD	31/12/2025	Completed (on time)		
B1	Scope and develop focussed programmes of work for identified priority conditions/population groups	EMD	31/03/2026	 AMBER/GREEN		
C1	Develop organisational understanding of how the Trust builds and measures its impact on social value	EMD	31/12/2025	 AMBER/RED		
D1	Scope and develop opportunities for staff and volunteers to access health inequalities training, education, and support	EMD	31/03/2026	 GREEN		
IMPACT	Timescale	Q1	Q2	Q3	Year End	
	Forecast Risk	12	12	12	12	
	Actual Risk	12	12	12	12	
Comments	<p>The Trust has completed a maturity assessment for 2025/26. This showed improvement in data and analytics, but a less good position regarding system partnerships. Overall the Trust's maturity level remained the same as in 2024/25.</p> <p>The above are 'holding' actions (taken from the Health Inequalities Action Plan 2025/26) pending the Trust re-thinking its approach to population health and health inequalities. The Trust's approach to health inequalities will be reviewed at the Board Strategic Forum on 04 June 2026, following which this risk will be reviewed and reframed.</p>					

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	Movement	
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 (Q4)	
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	Completed (on time)	
C1	Achieve the Trust's organisational efficiency targets for 2025/26		DoF	31/03/2026	Completed (on time)	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	12	
Comments	<p>Year-end outturn position was positive, with a modest surplus in addition to the previously reported surplus of £2.5m.</p> <p>During 2024/25 this risk was increased from moderate (12) to high (16) in response to the significant risk of the Trust failing to achieve a balanced budget at year-end. That risk is materially lower in 2025/26, due in part to 'grip and control' measures introduced during 2024/25. The risk was reduced at the start of Q4 accordingly.</p> <p>The Trust Board approved a balanced revenue plan submission for 2026/27 at its meeting on 10 February. This has been formalised further as detailed revenue plan for 2026/27 approved by the Board on 26 March.</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	Movement	
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 (Q4)	
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	On track	
C1	Fleet: Implement the fleet replacement plan to sustain vehicle availability of at least 82%		DoF	31/03/2026	Completed (on time)	
D1	Establish new governance arrangements to provide stronger oversight of fleet and estate developments		DoF	31/12/2025	Not completed	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16	16	16	
	Actual Risk	16	16	16	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>Risks to the Trust's capital investment regarding DCA vehicles resulting from financial challenges faced by the Trust's contracted converters been mitigated via a new contract with an alternative converter.</p> <p>The Board approved a capital planning submission for 2026/27 at its meeting on 10 February. This has been formalised further as detailed revenue plan for 2026/27 approved by the Board on 26 March.</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	Chief Digital Information Officer & Senior Information Risk Owner (SIRO)					
Risk Score	2025/26 Q3	15	2025/26 Q4	15	Movement	
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 (Q4)	
A1	Implement single sign-on integration and Zero Trust Network application (Zscaler)		CDIO&SIRO	31/03/2026	Not completed	
B1	Implement actions from the internal audit review of Cyber Assessment Framework compliance		CDIO&SIRO / Deputy SIROs	31/03/2026	Completed (on time)	
C1	Development of an iPad-based ePR application for A&E crews		CDIO&SIRO	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. 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> <p>As reported to the Board in January, during Q3 issues emerged with the testing of the Zscaler cyber security application. These issues are not within the Trust's control to resolve as it requires a supplier solution. This is being actioned but will not complete to time and scope in year. An individual corporate risk relating to the replacement of cyber security system infrastructure has been mitigated and de-escalated from the corporate risk register.</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	Movement	
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 (Q4)	
A1	Development and approval of an updated Green Plan		DoF	31/03/2026 (revised)	Completed (on time)	
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	GREEN	
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	The Trust Board adopted a new Green Plan at its meeting on 26 March 2026. The plan, and the supporting delivery, governance, assurance, and reporting arrangements, significantly strengthen the controls in this area and the risk will be reviewed with a view to reducing the score. This will be reflected in the review and re-set of the BAF at the Board Strategic Forum on 25 June.					

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
Completed (on time)	Darker blue	Action completed on time
Completed (not on time)	Lighter blue	Action completed, but not on time
Not complete		Action not completed
Other		Bespoke status update