

Board of Directors (in Public)
24 September 2026



Report Title	Board Assurance Framework: Quarterly Report
Author	David O'Brien
Accountable Director	Director of Corporate Services and Company Secretary
Lead Board Committee	Board of Directors
Previous groups	People Committee Quality Committee Finance and Performance Committee Trust Executive Group
Recommended action	Assurance
Purpose of the paper	To provide a quarterly update on material changes to strategic risks in the Board Assurance Framework
Executive Summary	

KEY MESSAGES

Mitigation actions and success criteria for all strategic risks have been refreshed to reflect the Trust's business plan priorities for 2026/27 as well as other key plans, workstreams, or regulatory requirements for the year. In addition, the risks relating to health inequalities and climate change have been revised to focus on updated delivery priorities approved by the Board.

No strategic risks increased in score during 2026/27 Q1. All risk scores are aligned to the forecast.

Strategic Risk 3 relating to quality for patients has been reduced from high risk (16) to moderate risk (12). This follows strong delivery of the Quality Account improvement priorities in 2025/26 and the implementation of recommendations from internal audit reviews of patient experience and patient safety. The Quality Committee has supported this change in risk score.

Strategic Risk 8 relating to recruitment and retention against planned workforce trajectories has been reduced from high risk (15) to moderate risk (10). Some risk remains concerning sufficient staffing establishment in the Emergency Operations Centre and this will be monitored closely. The People Committee has supported this change in risk score.

Strategic Risk 15 relating to responsible action on climate change has been reframed and reduced in score from high risk (15) to moderate risk (10). This follows the adoption by the Trust of a new Green Plan and strengthened governance, reporting, and assurance arrangements associated with this. The Finance and Performance Committee has supported this change in risk score.

Strategic Risk 11 relating to health inequalities and population health has been re-framed in response to the Board adopting a new approach to health inequalities and approving a specific set of delivery priorities to support this. The Quality Committee has supported the re-framing of this risk.

NEXT STEPS

An internal audit review of the Board Assurance Framework will take place during 2026/27 Q3.

The 2026/27 Q2 position will be reported to the Board meeting in November

At the February Board Strategic Forum there will be a full review of the BAF risks in readiness for 2027/28

SUPPORTING MATERIAL

Note that the 'full' Board Assurance Framework document and associated User Guide will be circulated to Board members separately during September.

Recommendation(s)	1. The Board adopts the revised strategic risks for 2026/27 2. The Board notes the position regarding strategic risks and identifies any areas for further information and assurance
Link to Board Assurance Framework Risks (board and board assurance committees only)	All Board Assurance Framework Risks

Board Assurance Framework Quarterly Report

1.0 PURPOSE

- 1.1 This paper presents the status of the Board Assurance Framework strategic risks at the close of 2026/27 Q1.
- 1.2 The paper also presents revisions to the Board Assurance Framework resulting from a light touch review and refresh during 2026/27 Q1.

2.0 KEY MESSAGES

- 2.1 No strategic risks have increased in score during 2026/27 Q1. All risk scores are aligned to the forecast.
- 2.2 Strategic Risk 3 relating to quality for patients has been reduced from high risk (16) to moderate risk (12). This follows strong delivery of the Quality Account improvement priorities for 2025/26 and the implementation of recommendations from internal audit reviews that have strengthened the controls and assurance relating to patient experience and patient safety. The Quality Committee has supported this change in risk score.
- 2.3 Strategic Risk 8 relating to recruitment and retention against planned workforce trajectories has been reduced from high risk (15) to moderate risk (10). Some risk remains concerning sufficient staffing establishment in the Emergency Operations Centre and this will be monitored closely. The People Committee has supported this change in risk score.
- 2.4 Strategic Risk 15 relating to responsible action on climate change has been reframed and reduced in score from high risk (15) to moderate risk (10). This follows the adoption by the Trust of a new Green Plan and strengthened governance, reporting, and assurance arrangements associated with this. The Finance and Performance Committee has supported this change in risk score.
- 2.5 Strategic Risk 11 relating to health inequalities and population health has been re-framed in response to the Board adopting a new approach to health inequalities and approving a specific set of delivery priorities to support this. The Quality Committee has supported the re-framing of this risk.

3.0 CONTEXT

- 3.1 Risk is inherent in all Trust activities. Risk management is everybody's business. Failure to manage risk well could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss, and potential for complaints, litigation, and adverse publicity.
- 3.2 Effective risk management is essential at all levels and across all activities of the organisation to support safe and high-quality service delivery and pro-active planning for Trust development.
- 3.3 The Board Assurance Framework represents ownership by the Board of the key risks to the achievement of the organisation's strategic objectives.

4.0 BOARD ASSURANCE FRAMEWORK

- 4.1 The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these.
- 4.2 The Trust 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 the required trajectories for staffing, 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 meet responsibilities 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 Appendix A presents an 'at-a-glance' summary of the position for all BAF strategic risks at the close of 2026/27 Q1. Appendix B presents Q1 status reports for each of the fifteen strategic risks. In pursuit of timely assurance some of the supporting metrics and narrative commentary presented in Appendix B includes information for Month 4 (July 2026) and Month 5 (August 2026).
- 4.6 As suggested by Non-Executive Board members, two enhancements have been introduced to the BAF reporting for 2026/27. First, the 'at-a-glance' summary (Appendix A) now includes historic risk scores for the preceding four quarters, this is to provide a view of the relative movement or stasis in strategic risk exposures. Second, the status reports (Appendix B) now include a yellow marker to denote which, if any, of the success criteria is likely to have most impact on controlling the risk exposure.

Movement in Strategic Risk Levels: 2026/27 Q1

- 4.7 All strategic risk exposures are reviewed each quarter and assurance reports about this are received by committees. 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.

Strategic Risk 3: Quality for Patients

- 4.8 This strategic risk has been reduced in score from high (16) to moderate (12). The mitigations for this risk cover the well-established three dimensions of quality: patient safety, effectiveness of care, and patient experience. They also include the Quality Account priorities and delivery of the Trust's Quality Improvement enabling plan. During 2025/26 good progress was made in the areas of the patient safety incident response framework, patient experience, clinical supervision, and Quality Improvement. In addition to the BAF actions, the timely implementation of internal audit actions relating to patient safety and patient complaints strengthened the governance, control, and assurance in this area. On this basis the Quality Committee supported a reduction in this risk score.

Strategic Risk 8: Recruitment and Retention

- 4.9 The wording of this risk has been slightly amended to refer to ability 'to deliver and sustain the required trajectories for staffing, recruitment, and retention'. This strategic risk has been reduced in score from high (15) to moderate (10). The key mitigation actions for this risk are to deliver and sustain the planned staffing numbers in each of the four key operational service areas: 999 Operations, the Emergency Operations Centre (EOC), Integrated Urgent Care (including NHS111), and the Patient Transport Service. Throughout the second half of 2025/26 the potential to reduce this risk score was highlighted, with the main barrier being a shortfall in planned staffing levels in the Emergency Operations Centre (EOC). This shortfall against plan has been eliminated and at the end of Q1 all four main operational service areas were in a good position regarding their planned staffing trajectories. On this basis the People Committee supported a reduction in this risk score. There is residual risk relating to the sufficiency of the EOC workforce plan and this will be monitored closely.

Strategic Risk 15: Action on Climate Change

- 4.10 This strategic risk has been reduced in score from 15 (high) to 10 (moderate). Note that this risk relates to the Trust's ability to respond to climate change within the boundaries of activities the Trust can control. The key development in 2025/26 was to develop and approve a refreshed Green Plan. This plan, along with associated technical baselines, metrics and targets, deliverables, and governance arrangements significantly strengthened the Trust's controls and assurance in this area. On this basis the Finance and Performance Committee supported a reduction in this risk score.

Revisions to Strategic Risks for 2026/27

- 4.11 Mitigation actions and success criteria for all strategic risks have been refreshed to reflect the Trust's business plan priorities for 2026/27 as well as other key plans, workstreams, or regulatory requirements for the year. In addition, the following strategic risks have been notably re-framed:

Strategic Risk 11: Health Inequalities and Population Health

- 4.12 At meetings in June 2026 the Board adopted a new approach to health inequalities with a clearer focus on how the Trust can enhance its own core business to reduce health inequalities and improve population health. As a result, this strategic risk been revised to refer to risk that the Trust is 'unable to meet its responsibilities to improve population health and reduce health inequalities.' At its meeting on 25 June the Board approved three priorities for health inequalities and population health for 2026/27, and these form the key areas of control and mitigation for this strategic risk, as follows:
- Access to services for patients whose first language is not English: deliver improved translation services for frontline ambulance staff.
 - Patient ethnicity: improve the completeness and accuracy of patient ethnicity data fields in the electronic patient record (ePR) and improve training and education on the importance of ethnicity considerations in safe and effective clinical care.
 - Long-term conditions: increase the proportion of chronic obstructive pulmonary disease (COPD) cases managed in the community and at neighbourhood level.

Strategic Risk 15: Response to Climate Change

- 4.13 For 2026/27 the mitigation of this strategic risk focuses on Green Plan delivery, with a new set of mitigations aligned to Green plan priorities, as follows:
- Progress the work to decarbonise the estate through renewable energy and low-carbon infrastructure,
 - Reduce travel and transport emissions,
 - Further embed sustainability considerations in procurement, waste, and operational practice,
 - Improve how sustainability is considered in Trust governance, planning, and decision-making.

5.0 NEXT STEPS

- 5.1 Note that the 'full' Board Assurance Framework document and associated User Guide will be circulated to Board members separately during September.
- 5.2 An internal audit review of the Board Assurance Framework will take place during 2026/27 Q3.
- 5.3 The 2026/27 Q2 position will be reported to the Board meeting in November.
- 5.4 At the February Board Strategic Forum there will be a full review of the BAF risks in readiness for 2027/28

6. FINANCIAL IMPLICATIONS

6.1 This report has no direct financial implications.

7. EQUALITIES IMPLICATIONS

7.1 This report has no direct equalities implications.

8. QUALITY IMPLICATIONS

8.1 This report has no direct quality implications.

9. RISK

9.1 Failure to identify and manage strategic risks in a timely and appropriate manner could prevent the Trust from achieving its strategic objectives.

9.2 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.

10. RECOMMENDATIONS

1. The Board adopts the revised strategic risks for 2026/27.

2. The Board notes the position regarding strategic risks and identifies any areas for further information and assurance.

11. SUPPORTING INFORMATION

Appendices to this Report

Appendix A: BAF Strategic Risks - At-A-Glance: 2026/27 Q1

Appendix B: Strategic Risk Status Reports: 2026/27 Q2

Circulated Separately during September

Board Assurance Framework 2026/27: Full Version

Board Assurance Framework User Guide

David O'Brien
Director of Corporate Services and Company Secretary

September 2026

APPENDIX A: STRATEGIC RISKS – AT A GLANCE SUMMARY – 2026/27 Q1

Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	2025/26				2026/27	Change	Compared to Forecast
				Q1	Q2	Q1	Q4	Q1		
Our Patients	1	Deliver a timely response to patients	Finance and Performance	16	16	16	16	16	↔	Aligned
	2	Provide access to appropriate care	Quality	16	16	16	16	16	↔	Aligned
	3	Deliver quality for patients	Quality	16	16	16	16	12	↓	Aligned
	4	Strengthen medicines management	Quality	16	16	16	16	16	↔	Aligned
	5	Maintain effective emergency preparedness, resilience, and response arrangements.	Finance and Performance	12	12	12	12	12	↔	Aligned
Our People	6	Develop and sustain an open and positive workplace culture	People	16	16	16	6	16	↔	Aligned
	7	Support staff health and well-being effectively	People	12	12	12	12	12	↔	Aligned
	8	Deliver and sustain the required trajectories for staffing, recruitment, and retention'.	People	15	15	15	15	10	↓	Aligned
	9	Develop and sustain improvements in leadership and staff training and development.	People	12	12	12	12	12	↔	Aligned

APPENDIX A (continued): STRATEGIC RISKS – AT A GLANCE SUMMARY – 2026/27 Q1

Bold Ambition	Strategic Risk: The Trust is unable to...		Committee Oversight	2025/26				2026/27	Movement	Compared to Forecast
				Q1	Q2	Q3	Q4	Q1		
Our Partners	10	Act as a collaborative, integral, and influential system partner	TEG/Board	16	16	16	16	16	↔	Aligned
	11	Meet its responsibilities to improve population health and reduce health inequalities.	Quality	12	12	12	12	12	↔	Aligned
Our Planet and Pounds	12	Secure sufficient revenue resources and use them wisely to ensure value for money.	Finance and Performance	16	16	16	12	12	↔	Aligned
	13	Secure sufficient capital resources and use them wisely to ensure value for money.	Finance and Performance	16	16	16	16	16	↔	Aligned
	14	Deliver safe and effective digital technology developments and cyber security arrangements.	Finance and Performance	15	16	16	16	15	↔	Aligned
	15	Act responsibly and effectively in response to climate change.	Finance and Performance	15	15	15	15	10	↓	Aligned

APPENDIX B: BAF STRATEGIC RISK STATUS REPORTS – 2026/27 Q1

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 Q4	16	2026/27 Q1	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 operational productivity and performance					
B	Control and Assurance: Response time performance targets					
Success Criteria			Executive Lead	Due Date	Delivery Status	
A1	999 Operations: Better matching of resource to demand (Business Plan Priority Workstream)		DCEO&COO	31/03/2027	 AMBER/RED	
A2	Improvements to crew clear times		DCEO&COO	31/12/2027	 AMBER/RED	
B1	Achieve the target for 999 mean call answer times		DCEO&COO	31/03/2027	 AMBER/RED	
B2	Achieve target for 999 Category 2 mean response time		DCEO&COO	31/03/2027	 AMBER/GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	Category 2 response remains a key focus for this risk, with key actions being the broader productivity and efficiency work to optimise resource availability and to reduce unwarranted variation in this. This work did not progress to plan during Q1: detail about this was presented to the Board in the Q1 Business Plan report in July. The Category 2 mean response time for July was ahead of the planned trajectory for the month, but achievement of the year-end target carries some risk. Crew clear times have not achieved the planned target in any month so far in 2026/27. 999 call handling is not meeting performance targets, with a mean of 15 seconds in both June and July against planned target of 4 seconds. Details about these performance metrics are presented in the Operational Performance report to this meeting.					

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 Q4	16	2026/27 Q1	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: Expand remote clinical capacity					
B	Control: Develop integrated clinical assessment across 999 and 111					
C	Control: Improve the availability and utilisation of alternative care pathways					
D	Assurance: Increased Hear and Treat rates; lower Emergency Department conveyance rates					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Expand EOC clinical capacity (remotely, in EOC, and via SPUC/SPMH utilisation)		DCEO&COO	31/03/2027	 AMBER/GREEN	
B1	Optimise 999 and 111 integration: clinical queue, iCAS Phase 2, and joint CAD		DCEO&COO	31/03/2027	 AMBER	
C1	Improve access and availability of appropriate care pathways in EOC and on scene		DCEO&COO	31/03/2027	 AMBER/GREEN	
D1	Increase Hear and Treat to 15.4% and reduce ED conveyances by 1.3%		DCEO&COO EMD	31/03/2027	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	The above mitigations and controls are all business plan priority workstreams for 2026/27 and the Q1 position was reported to the Board in July. The 2026/27 business plan sets a target to increase Hear and Treat rates to 15.4% and to reduce inappropriate conveyance to emergency departments by 1.3%. This was agreed with NHSE as part of the 2026/27 planning process. At Month 4 the Hear and Treat rate was 13.8%, better than the planned trajectory of 13.5%. It is important to recognise that progress on key elements of this risk (alternative pathways, hear and treat) is dependent on delivery by system and neighbourhood partners. These are system-wide matters that require a multi-partner, system response and are not the sole preserve of ambulance services.					

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 Q4	16	2026/27 Q1	12	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: Clinical response model					
C	Control: Develop clinical supervision					
D	Control: Embed Quality Improvement approaches across the Trust					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Enhanced patient experience feedback		EDQCP	31/03/2027	 GREEN	
B1	Strengthened Clinical Effectiveness: Clinical Response Model		EDQCP	31/03/2027	  AMBER/GREEN	
C1	Embed a Consistent Clinical Supervision Framework		EDQCP	31/03/2027	 GREEN	
D1	Embed a Culture of Continuous Quality Improvement		EDQCP	31/03/2027	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	All mitigations and controls are demonstrating good progress. More detailed assurance regarding the above mitigations and controls was reported in the following items to the September meeting of the Quality Committee: - Quality Account: Priorities for Improvement Q1 Report - Clinical Response Model: Deep Dive - Quality Improvement Enabling Plan: Update					

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 Q4	16	2026/27 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	
A1	Success measures for medicines management compliance under review		EMD		n/a	
EMD				n/a		
B1	Complete the implementation of actions arising from the Controlled Drugs revisit audit		EMD	31/09/2026	 AMBER	
B2	Achieve 90%+ compliance with the controlled drugs policy at station level		EMD	31/03/2027	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	This strategic risk was subject to a detailed review in 2025/26 Q4. That review recognised the clear improvements in controls, compliance and assurance for controlled drugs and medicines management. The review also recognised that some work on strengthening the controls remains outstanding and there had been an up-tick in medicines management incidents. The agreed approach was to retain the current risk rating into 2026/27 and to review the risk again thereafter. Success measures for medicines management compliance are under review. The outstanding audit actions relating to Controlled Drugs policy and process are expected to be completed in September.					

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 Q4	12	2026/27 Q1	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 standards					
B	Control and Assurance: National Risk Register					
C	Control: Implement Manchester Arena recommendations (subject to resource availability)					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	EPRR Core Standards: achieve 'substantial compliance'		DCEO&COO	31/12/2026	Not due	
B1	Compliance with the National Risk Register requirements		DCEO&COO	31/03/2027	 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			
	Actual Risk	12				
Comments	Key mitigations for this risk are compliance with the EPRR core standards, the EPRR interoperability standards, and compliance with requirements relating to the National Risk Register. The Board will receive an assurance report about this during 2026/27 Q3. A key area of risk relates to the recommendations arising from the Manchester Arena Inquiry (MAI). Full implementation of the recommendations requires resource that is not available to the Trust (other ambulance services are in a similar position).					

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 Q4	16	2026/27 Q1	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: YAS Together Culture Programme					
B	Control: Equality, Diversity, and Inclusion Plan					
C	Control: Sexual Safety Programme					
D	Assurance: Staff Survey Results					
Success Criteria				Director Lead	Due Date	Delivery Status (Q1)
A1	Deliver the YAS Together Culture Programme key projects for 2026/27			DPOD	31/03/2027	 GREEN
B1	Deliver the Equality, Diversity, and Inclusion action plan priorities for 2026/27			DPOD	31/03/2027	 AMBER/GREEN
C1	Deliver the Sexual Safety Programme priorities for 2026/27			DPOD	31/03/2027	 GREEN
D1	Improve the People Promise domain scores in the National Staff Survey			DPOD	31/03/2027	Reported Annually in Q4
IMPACT		Timescale	Q1	Q2	Q3	Q4
		Forecast Risk	16	16		
		Actual Risk	16			
Comments		YAS Together Culture Programme key projects for 2026/27 are: Flexible Working; Inclusive Talent Development; Inclusive Recruitment; and the Behavioural Framework Call to Action. The People Committee received an assurance report about this at its meeting on 01 September. Equality, Diversity, and Inclusion action plan priorities for 2026/27 are: Inclusive Recruitment and Selection; Inclusive and Compassionate Culture; and, Staff Voice and Engagement, including the Anti-Racism Charter. A Sexual Safety programme update report was received by the People Committee on 07 July.				

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 Q4	12	2026/27 Q1	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 and Assurance: Staff Attendance					
C	Assurance: National Staff Survey Scores					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Deliver the Staff Well-Being Plan priorities for 2026/27		DPOD	31/03/2027	 GREEN	
B1	Deliver the Staff Absence Reduction Plan priorities for 2026/27		DPOD	31/03/2027	 AMBER	
B2	Reduce Trust-wide absence by 0.5% (from 7.6% to 7.1%) by 31 March 2027		DPOD	31/03/2027	 AMBER/RED	
C1	Improve key staff wellbeing and morale scores in the NHS National Staff Survey		DPOD	31/03/2027	Reported Annually in Q4	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	Staff Well-Being Plan priorities for 2026/27 are: Immunisation Programme; Occupational Health Service Business Case; Musculoskeletal Injury Awareness; and Interventions to Prevent and Reduce Staff Absence. Absence Reduction Plan priorities for 2026/27 are: Prevention and Recovery Pathway; Alternative Duties Framework; and Reasonable Adjustments. The business plan reporting shows that the Q1 status of all three priorities is amber. This remained the reported position at the end of Month 4. At the end of July the absence rate was 7.9% and achievement of the 2026/27 target is at risk					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	8	Staffing, Recruitment, and Retention				
Lead Committee	People Committee					
Lead Director(s)	Deputy Chief Executive & Chief Operating Officer					
Risk Score	2025/26 Q4	15	2026/27 Q1	10	Movement	
WHAT	If the Trust is unable to deliver and sustain the required trajectories for staffing levels, 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: Recruitment and retention plans					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Achieve and sustain the planned staffing trajectories in 999 Operations		DCEO&COO	31/03/2027	 GREEN	
A2	Achieve and sustain the planned staffing trajectories in the Emergency Operations Centre		DCEO&COO	31/03/2027	 GREEN	
A3	Achieve and sustain the planned staffing trajectories in Remote Patient Care		DCEO&COO	31/03/2027	 GREEN	
A4	Achieve and sustain the planned staffing trajectories in the Patient Transport Service		DCEO&COO	31/03/2027	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	10	10			
	Actual Risk	10				
Comments	At the end of Q1 all four main service lines were well placed in terms of recruitment, retention, and staffing levels against agreed plans. Compared to two years ago, when this risk was increased to high risk, the Trust's staffing position is much improved.					
	There is some risk relating to EOC call handling capacity. This partly relates to the adequacy of approved the staffing establishment (rather than trajectory in meeting that establishment), but other important factors include the efficiency and productivity of EOC staffing. Improvements in EOC call handling performance is an agenda item for the Board Strategic Forum in October.					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our People					
Strategic Risk	9	Leadership, Training and Development				
Lead Committee	People Committee					
Lead Director	Director of People and Organisational Development					
Risk Score	2025/26 Q4	12	2026/27 Q1	12	Movement	
WHAT	If the Trust is unable to deliver and sustain improvements in leadership, 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: Effectiveness of team leadership models					
B	Control: Statutory, mandatory, and job-specific training governance and control					
C	Control and assurance: Essential learning and appraisals					
Success Criteria			Director Lead	Due Date	Delivery Status (Q1)	
A1	Implement the first phase of recommendations from the review of team leadership in 999 Operations		DCEO&COO	31/03/2027	 GREEN	
B1	Complete the remaining actions from the internal audit review of statutory, mandatory, and job-specific training		DPOD	31/09/2026	 AMBER	
C1	Achieve compliance of 90%+ for appraisals completion		DPOD	31/03/2027	 AMBER/GREEN	
C2	Achieve compliance of 90%+ essential learning		DPOD	31/03/2027	 AMBER/GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	Implementation of the first phase of recommendations from the review of team leadership in 999 Operations has been approved by TEG. The Board received a briefing on this in June and will receive a further update on 24 September. A small number of actions remain outstanding from the internal audit review of statutory, mandatory, and job-specific training. Revised completion dates for these have been agreed with internal audit. Data to 31 July shows an essential learning compliance rate of 85.8% and an appraisal completion rate of 86.8%. The target for both is 90%.					

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 Q4	15	2026/27 Q1	16	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: Partnership and stakeholder governance					
C	Control: 10 Year Health Plan implementation					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Work with partners to improve availability and uptake of appropriate alternative care pathways		DCEO&COO	31/03/2027	tbc	
B1	Develop a stakeholder and partnership engagement framework		DCEO&COO	30/09/2026	 GREEN	
B2	Work with the NHSE regional office to develop an Advanced Foundation Trust application		CEO / DCSCS	31/03/2027	 GREEN	
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			
	Actual Risk	15				
Comments	The focus of this risk is how well the Trust engages and influences partners across the health and care system. Part of this concerns collaboration on operational matters with direct patient impact. For the Trust, a key area is provision of alternatives to emergency department conveyance. This will support improvements in Hear and Treat rates and reduction in inappropriate conveyance and is likely to be better for patients. Part of this concerns how the Trust manages relationships and partnerships, and the development of a framework to support this is a priority for this year.					

BOARD ASSURANCE FRAMEWORK						
Bold Ambition	Our Partners					
Strategic Risk	11	Population Health and Health Inequalities				
Lead Committee	Quality Committee					
Lead Director	Executive Medical Director					
Risk Score	2025/26 Q4	12	2026/27 Q1	12	Movement	
WHAT	If the Trust is unable to meet its responsibilities to improve population health and reduce health inequalities					
SO WHAT	It could fail to support improved population health by identifying and responding effectively to unwarranted variations.					
WHAT NEXT	Key mitigations to strengthen key controls and / or assurance for this risk:					
A	Control: Access for patients for whom English is not their first language					
B	Control: Capture and application of patient ethnicity data					
C	Control: Long-term conditions: Chronic Obstructive Pulmonary Disease (COPD) patients					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Deliver improved translation services for frontline ambulance staff		EMD	31/03/2027	Reports from Q2 onwards	
B1	Improve the completeness and accuracy of patient ethnicity data fields in ePR		EMD	31/03/2027	Reports from Q2 onwards	
B2	Improve training and education on the importance of ethnicity factors in safe and effective clinical care		EMD	31/03/2027	Reports from Q2 onwards	
C1	Increase the proportion of COPD cases managed in the community and at neighbourhood level		EMD	31/03/2027	Reports from Q2 onwards	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	At meetings in June the Board adopted a new approach to health inequalities with a clearer focus on how the Trust can enhance its core business to reduce health inequalities and improve population health. The Board approved three priorities for 2026/27, and these form the key areas of control and mitigation for this strategic risk: 1. Access to services for patients whose first language is not English: deliver improved translation services for frontline ambulance staff. 2. Patient ethnicity: improve the patient ethnicity data fields in ePR and improve training and education on the importance of ethnicity considerations in safe and effective clinical care. 3. Long-term conditions: increase the proportion of COPD cases managed in the community and at neighbourhood level. The delivery status of these priorities will be set out in the Q2 report to Quality Committee (October) and Board (November)					

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 Q4	12	2026/27 Q1	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 2026/27					
B	Control: Financial management during 2026/27					
C	Control and Assurance: Planning and achievement of efficiency savings for 2026/27					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Develop an approved balanced financial plan (revenue) for 2026/27		DoF	30/06/2026	Completed	
B1	Ensure the Trust works within its approved financial plan during 2026/27		DoF	31/03/2027	 GREEN	
C1	Establish enhanced oversight and assurance mechanisms for productivity and efficiency work		DoF	30/06/2067	 GREEN	
C2	Achieve the Trust's efficiency targets for 2026/27 (£18.8m total)		DoF	31/03/2027	 AMBER/GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	12	12			
	Actual Risk	12				
Comments	The focus of this risk is the Trust's ability to set a balanced financial plan and work within that plan to achieve year-end balance (or modest surplus). The first part of this, to set a balanced plan, has been achieved. At Month 4 the Trust was forecasting a break-even year-end position, the Month 5 forecast will be reported to the September Board meeting The Trust is forecast to achieve its overall efficiency target of £18.8m for 2026/27, but there is risk of under-delivery of some planned corporate efficiencies and of operational productivity improvements. Recurrent efficiency savings are below the level required to reduce the underlying deficit.					

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 Q4	16	2026/27 Q1	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 2026/27					
B	Control and Assurance: Key capital investments - Estates					
C	Control and Assurance: Key capital investments - Fleet					
D1	Control: Fleet and estates governance					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Develop an approved capital plan for 2026/27		DoF	30/06/2026	Completed	
A2	Ensure the Trust delivers the capital plan schemes for 2026/27 (or alternative schemes as may be required)		DoF	31/03/2027	 GREEN	
B1	Estates: Progress the hub projects in Hull and Sheffield in line with project timescales		DoF	30/09/2026	 GREEN	
C1	Fleet: Progress planned the delivery of DCAs under the contract with the Trust's new vehicle converters		DoF	31/03/2027	 GREEN	
D1	Establish new governance arrangements to provide stronger oversight of fleet and estate developments		DoF	31/12/2026	 AMBER	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	16	16			
	Actual Risk	16				
Comments	For 2026/27 the mitigations for this risk are to set and deliver the capital plan, and to make progress on high priority / high impact capital schemes: the Hull and Sheffield estates schemes and the DCA fleet procurement. There is also an action to establish a governance group to provide Trust-wide oversight and assurance of proposed investments in fleet and estates (this action is carried forward from 2025/26). The business case for the Sheffield project is likely to bring capital risks. These are not yet included in the BAF risk profiling. The Outline Business Case for the Sheffield project will be brought to Board for approval on 24 September.					

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 Q4	15	2026/27 Q1	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: DSPT / Cyber Assessment Framework compliance					
C	Control: Cyber security and information governance training					
D	Control: Key digital implementation projects					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Implement single sign-on integration and the Zero Trust Network (Zscaler Project Phase1 – PCs and Laptops)		CDIO&SIRO	31/03/2027	Completed	
B1	Achieve 'standards met' for the DSPT / Cyber Assessment Framework		CDIO&SIRO / DCSCS	31/03/2026	Completed	
C1	Achieve 90% compliance for the staff training module on information governance and data awareness		DCSCS / DPOD	31/03/2027	 AMBER	
D1	Complete the initial deployment of iPads and IOS ePR		CDIO&SIRO	31/07/2026	 GREEN	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	15	15			
	Actual Risk	15				
Comments	Key mitigation actions for this risk include the work to implement a zero-trust environment and the annual work to achieve compliance with the Data Security and Protection Toolkit / Cyber Assessment Framework ('standards met' confirmed for 2026/27) and to implement the improvement actions arising from that. For 2026/27 mitigations include improvement to staff training compliance regarding information governance and data awareness. At Month 5 this was 86% against a target of 90%: an improvement plan will be reported to Finance and Performance Committee in October.					

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 Q4	15	2026/27 Q1	10	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 deliverables					
B	Control: Governance and assurance					
Success Criteria			Director Lead	Due Date	Delivery Status	
A1	Decarbonise the estate through renewable energy and low-carbon infrastructure		DoF	31/03/2027	Reports from Q2 onwards	
A2	Reduce travel and transport emissions		DoF	31/03/2027	Reports from Q2 onwards	
A3	Embed sustainability considerations in procurement, waste, and operational practice		DoF	31/03/2027	Reports from Q2 onwards	
B1	Improve how sustainability is considered in Trust governance, planning and decision-making		DoF	31/03/2027	Reports from Q2 onwards	
IMPACT	Timescale	Q1	Q2	Q3	Q4	
	Forecast Risk	10	10			
	Actual Risk	10				
Comments	For 2026/27 the mitigation of this strategic risk switches to Green Plan delivery. The delivery priorities for 2026/27 are to progress the work to decarbonise the estate through renewable energy and low-carbon infrastructure, reduce travel and transport emissions, further embed sustainability considerations in procurement, waste, and operational practice, and to improve how sustainability is considered in Trust governance, planning, and decision-making. The delivery status of these priorities will be set out in the Q2 report to Finance and Performance Committee (October) and Board (November)					

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