Bradford District Care NHS
NHS Foundation Trust

Appendix 1: Board Assurance Framework (Quarter 4 – January to March 2017)

Strategic Aim 1: Consolidation of Market Share : being great in our patch	**Strategic Risk 1.1: If demand for services exceeds capacity, then service quality, safety and performance could deteriorate**	
Lead Director: Debra Gilderdale	**Original Risk Score: 12**	**Current Score: 12**
Positive Controls (what are we currently doing about the risk?) • Trust Board Integrated Performance Report (IPR) • Q&SC and MHLC dashboards • Business Unit presentations to Q&SC • Risk Management Framework • Directors' Business and Transformation Governance meetings • Confirmation of pharmacy staff issue now addressed • DAU Peer review (addressed recurrently from 2017/18 via £500k funding plus a further £139k 2018/19)	**Positive assurances (how do we know if things are having the desired effect?)** • Q&SC reports on Incident Management, Complaints and Concerns, Serious Incidents • Q&SC presentations on Lightning Review (CAMHS), Children's / Adult Physical Health performance, Inpatient vacancies • MHLC compliance report on CQC MHA inspections • MHLC 6 monthly review, Section 17 leave report • Inpatient bed occupancy	
Gaps in controls (what additional controls are required or assurances should we seek?)	**Gaps in assurance / Further actions required** • Local Authority Budget – 2017/18 and 2018/19 (potential mitigation but no local system agreement as yet re recent notification of BMDC share of £2bn social care) • Reliance on temporary staffing on acute inpatient wards regularly exceeding safer staffing levels • Intense week for MH acute and community services • 'Outstanding Care' plan for adult and community nursing	
Commentary on Quarter 4		
The Quality and Safety Committee has met twice in this quarter. No significant quality or performance issues were escalated to Trust Board. There were some **localised capacity issues** in the Patient Experience team which will result in a 6 month delay to the Triangle of Care work; and there was an upward trend in the number of serious incidents relating to suicides. The Specialist Inpatients, Dental and Admin services presentation highlighted that no further investment in **psychological therapies** had been agreed with commissioners but re-design work was underway; and that management were keeping the **SPA call data** under review. The Acute and Community Mental Health services presentation highlighted the Trust was no longer an outlier on AWOL, self-referrals for the Well Being College were increasing and the smoke free strategy had been re-launched. The **intense week** with staff from the mental health acute and community services to review new models of care, with a focus on recovery and prevention, the Wellbeing College and wellness centres has progressed well, aligned to the MH work within the Annual Plan.		

<table>
<tr><td>Strategic Aim 1: Consolidation of Market Share : being great in our patch</td><td colspan="2">Strategic Risk 1.2: If services are not transformed effectively and on time then planned improvements to quality or finances could be lost</td></tr>
<tr><td>Lead Director: Debra Gilderdale</td><td>Original Risk Score 15</td><td>Current Score: 12</td></tr>
<tr><td>Positive Controls (what are we currently doing about the risk?)
Directors' Business and Transformation Governance meetings
Change Programme dashboard
Regular reports to FBIC
Quality Strategy
Annual Plan</td><td colspan="2">Positive assurances (how do we know if things are having the desired effect?)
Update report to FBIC on red/amber risks (Jan and March)
Implementation of E-rostering Staff Bank proposals (October)
Brought forward Bradford Children's estate re-design (completed Q4)
CMHT and IHTT staffing pressure management from 2017/18 – assurance from MHACS BUPM March 2017</td></tr>
<tr><td>Gaps in controls (what additional controls are required or assurances should we seek?)
Further actions setting out how red and blue rated transformation projects will achieve objectives (EMT and reporting into FBIC)</td><td colspan="2">Gaps in assurance / Further actions required
Agile savings / WorkSmart project being developed
IMT telephony (further paper to FBIC in Q1)
Number of 'blue' rated CIPs including mothballing and 2 shift system – deliverability unconfirmed / full plans not yet developed & not yet passed QIA
Inpatient temporary staffing reductions not being achieved
Psychological Therapies waiting list (transformation underway)</td></tr>
<tr><td colspan="3">Commentary on Quarter 4</td></tr>
<tr><td colspan="3">The key focus of discussion at FBIC has been red rated projects. The Agile project resources have concluded at the end March 2017 and corporate support is being mainstreamed. The agile project to date has exceeded its forecasted benefits to date however forecasting shortfall in staffing reductions for 2017/18 and was rated as red during quarter 4. Telephony CIP savings will not achieve the in-year savings plan but are forecast to exceed the long-term. The confirmed 2017/18 Transformation programmes are set out to achieve £7,973k savings targets. The Committee was assured that there was now a sufficient management grip across the Informatics Department.</td></tr>
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<tr><td>Strategic Aim 1: Consolidation of Market Share : being great in our patch</td><td colspan="2">Strategic Risk 1.3: If regulatory standards or local expectations for excellent services are not met then we may experience intervention or damage to our reputation and relationships</td></tr>
<tr><td>Lead Director: Andy McElligott</td><td>Original Risk Score: 8</td><td>Current Score: 8</td></tr>
<tr><td>Positive Controls (what are we currently doing about the risk?)
Quality Strategy in place
Self-assessment against CQC rating of ‘Good’
Quality report and quality goals
Trust Board Integrated Performance Report (IPR)
Q&SC and MHLC dashboards
Quality and Safety Board Walkabouts
Mortality data and review of suicide cases</td><td colspan="2">Positive assurances (how do we know if things are having the desired effect?)
Regular meetings with Commissioners through CMB and QPG meetings
Review of Well-led Framework
MHLC compliance report on QCQ MHA inspections
Monitoring of Q&SC dashboard</td></tr>
<tr><td>Gaps in controls (what additional controls are required or assurances should we seek?)
None identified</td><td colspan="2">Gaps in assurance / Further actions required
Further internal assessment against CQC registration planned (May 2017)
Value for money criterion (linked to agency reliance and overhead benchmarking)
Staff Survey and ‘well-led’ criterion
High agency user (NHSI benchmarking reports)</td></tr>
<tr><td colspan="3">Commentary on Quarter 4</td></tr>
<tr><td colspan="3">The Quality and Safety Committee has met twice in this quarter. Both the Board and Q&SC dashboards continue to report good performance against all non-financial targets. Positive assurance was received on the proactive approach the Trust is taking to review mortality data. The external review of suicide deaths between January 2014 and July 2016 has provided positive assurance and a Suicide Prevention Group is taking forward the actions agreed in the report. Positive assurance on quality and safety walkabouts (remaining at quarterly reporting).</td></tr>
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<tr><td>Strategic Aim 1: Consolidation of Market Share : being great in our patch</td><td colspan="2">Strategic Risk 1.4: If Public Sector finances tighten then our financial position could deteriorate</td></tr>
<tr><td>Lead Director: Liz Romaniak</td><td>Original Risk Score: 20</td><td>Current Score: 20</td></tr>
<tr><td>Positive Controls (what are we currently doing about the risk?)
Regular financial reports to both Board and FBIC
CIP programme reviews productivity and efficiency
Financial dashboard
EMT level development and weekly oversight of financial mitigation plans and favourable comparison against NHSI checklist including recurrent opportunities via asset lives review</td><td colspan="2">Positive assurances (how do we know if things are having the desired effect?)
Robust Board level risk and financial assessment linked to Annual plan review and control total response
CQUIN cost and delivery risk assessment
March 2017 Board Development Session to agree CIP opportunities scoping and agree timeline for Overhead Benchmarking action plan
Withdrawal of CDS procurement by NHS England and 18 month contract extension
Forecast positions for months 10 and 11 achieved (slightly ahead) and run rate positions improved via Recovery actions
Recovery plan best case upside</td></tr>
<tr><td>Gaps in controls (what additional controls are required or assurances should we seek?)
Formal response to LA budget consultation
Review of phasing of all financial plans for 2017/18 and 2018/19 with a view to bring forward actions to mitigate back end phasing risks that would be near impossible to manage
Blue rated CIPs for back end loaded programmes – risk unable to mitigate if do not rapidly develop and agree/QIA
Not all plans QIA’d prior to 1 April, risk may not be approved</td><td colspan="2">Gaps in assurance / Further actions required
Re-forecast at Q3 2016/17, with recovery actions monitored by EMT, FBIC and into Board and NHSI
Little to no balance sheet flexibility
Failure to develop an Operating plan that demonstrates achievement of 2018/19 control total and despite accepting 2017/18 control total, material level of CIPs rated RED/BLUE and CIPs and CQUIN income phased in months 7 – 12.
Deteriorating position linked to worse than expected impacts via LA budget consultation, 2018/19 particularly problematic
Uncertainty over re-tendering of Children’s services, known de-commissioning of SMS/dual diagnosis
National public sector cost pressures exacerbating impact on bottom line efficiency requirement c 1% (apprenticeships levy, CQC, salary sacrifice, CNST, employers’ pension admin fee)</td></tr>
<tr><td colspan="3">Commentary on Quarter 4</td></tr>
<tr><td colspan="3">The Board has discussed and developed a shared understanding of Contracting and Operating Plan risks, contingencies and mitigations as part of NHSI re-submission of 2 year plan and control total response in March 2017. After regular Q3 dialogue with NHS Improvement informing</td></tr>
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Regional Directors on key challenges and exploring Control Total risks the Board made a plan re-submission in March and accepted a Control Total of £826k for 2017/18 but rejected the 2018/19 Control Total due to the level of un-scoped CIP already required and residual contract uncertainty in that year regarding CDS (part year) and Bradford Community Services (commissioning intentions full year). Board approved plans require 5.7% cost improvements in 2017/18 with more delivery in Q3 and 4. The Trust will not now face re-segmentation, secures STP level access to CQUIN 0.5% risk reserve funding and organisation access to transformation funding. Whilst a deteriorating in-year financial position and £0.5m residual risk led to a re-forecast to NHSI at the Quarter 3 submission in January 2017, the Trust developed a robust risk and mitigation plan encompassing new Recovery Plan actions. The Trust is currently finalising the outcome of this work including recurrent benefits from a strategic review of asset valuations and lives that will reduce capital charges.

Strategic Aim 1: Consolidation of Market Share : being great in our patch	**Strategic Risk 1.5: If productivity, efficiency and value for money are not improved then we may gradually lose contracts to more competitive providers and could become unviable**	
Lead Director: Liz Romaniak	**Original Risk Score: 16**	**Current Score: 16**
Positive Controls (what are we currently doing about the risk?) • Financial reports to FBIC • Review of Quarterly returns to NHS Improvement • Submission of Annual Plan • Annual Plan processes include more challenging CIP targets for corporate and estates functions	**Positive assurances (how do we know if things are having the desired effect?)** • Paper on Service Line Management and Re-basing (October FBIC) • CCG and LA Commissioner contract rebasing, NHS England pricing review materially reducing cross subsidy • Wakefield Tender award, potential contribution and opportunities for re-design/additional income stream • Health partners actively discussing shared accommodation possibilities / Trust pursuing stairway planning to facilitate increased occupancy at New Mill • Estates performance ‘green’ rated	
Gaps in controls (what additional controls are required or assurances should we seek?) • Develop SLR balanced scorecard reporting and discuss routinely at BUPMs • LA VFM challenge and procurement/budget cuts risk	**Gaps in assurance / Further actions required** • Degree of ‘RED’ and ‘BLUE’ risk in 2017/18 and 2018/19 financial plans and profile of savings weighted more heavily to Quarters 3 and 4 make delivery of efficiencies very challenging • Notice already served for contracts and implications of ongoing Children’s service reviews/procurement and budget cuts	

• NHSI agency team visit to support reduction in use of medical and nurse agency staff and switch to bank • Quarter 1 Overhead reduction plan for Corporate Functions • EMT and Board endorsed review of wider efficiency opportunities including further overhead and productivity items	• Inpatient and CMHT lower than average productivity and efficiency highlighted in benchmarking information – to be addressed via proposed bed reductions and CMHT transformation • Trust highlighted as high agency staff user despite success in reducing costs and increasing bank staff during 2016/17 more actions are needed including corporate and estates functions and to 'shift' the culture / custom and practice • Agile working efficiencies for 2017/18 and 2018/19 lower than the 120 minutes anticipated – review conducted by FBIC • NHS Improvement and NHS Benchmarking Club Corporate Overhead reports – Trust outlier on i) costs relative to turnover and ii) in some areas on costs compared against similar sized Trusts • Need to develop service model / re-design UDC and CDS in period of engagement with NHS England and before formal procurement
Commentary on Quarter 4	
Wakefield Contract due diligence, mobilisation and contract signatures, with assurance paper to Board and potential risk, contributions / re-design opportunities clearly outlined and discussed. **Corporate benchmarking reports** published in March 2017, both sources suggesting Trust a material outlier (except estates) compared to lower quartile costs per £100m turnover. Trust size provides turnover denominator challenge especially in relation to lower quartile. Need 2-staged short term approach, i) compare benchmark reports with similar sized partners and develop plan to reduce to peers via internal or collective 'contract' actions ii) look outside Trust to develop partnerships/responses at scale.	

Strategic Aim 1: Consolidation of Market Share : being great in our patch	**Strategic Risk 1.6: If commissioners reduce the value of service contracts then we may not be able to cover fixed costs, with adverse consequences for our financial sustainability**
Lead Director: Liz Romaniak	**Original Risk Score: 12** **Current Score: 20**
Positive Controls (what are we currently doing about the risk?) • SLR paper agreed by October 2016 FBIC confirming Trust's approach to managing service line income and expenditure imbalances • Service Line rebasing agreed for Public Health Grant contracts and finalised during 2016/17 for CCG Contracts • Overhead reductions of 12% already targeted for each of 2016/17 and 2017/18 for corporate functions (although impact on benchmarking / similar responses of other providers unknown) • Estates ERIC lower quartile (best) performance to be targeted during 2017/18 • National Benchmarking exercise of back office costs coordinated by NHSI for the first time during 2016/17 providing useful outlier analysis and timely to optimise for e.g. SBS contracting and workforce re-design in-year	**Positive assurances (how do we know if things are having the desired effect?)** • Contract negotiations with NHS England secured increased local prices and volume of activity commissioned and temporary suspension of activity floor (achieves better alignment of income compared to cost over 2 years; by April 2018). • CDS procurement and 25% resource envelope reduction withdrawn pending NHS England engagement. • Contract negotiations with CCG secured DAU safer staffing and MH / demographic contributions • Wakefield Contract award provides some contribution to Trust overheads that may mitigate once contracts are negotiated/ services are fully integrated • One Public Estates meetings established and led by LA Corporate Director to pursue Estates Rationalisation at 'place' level and CCG discussions regarding Headquartering • West Yorkshire OSC reports on General Dental Services supported Trust view (in response to NHS England for CDS procurement) of deficit in GDS access for Bradford
Gaps in controls (what additional controls are required or assurances should we seek?) • Trust size means overheads will be proportionately higher so will need to target lower quartile cost • National choice of benchmark being turnover signals need to look outside organisation boundaries for corporate function provision	**Gaps in assurance / Further actions required** • Public Health Grant contract reductions have potential to impact the Trust's financial position materially given proposals understood to be being progressed for Children's service over the next 4 years • Trust needs to explore more creative partnerships e.g. VCS and others not tied to AFC and shared back office functions • CIP requirement 5.7% 2017/18 (5% to break even), 5% 2018/19

Commentary on Quarter 4
National Benchmarking exercise outcome delayed from January but published March 2017 – Trust an outlier see risk 1.5. Contracts negotiated closing anticipated contracting gap materially for health but with adverse potential Public Health Grant funded impacts and more acute in 2018/19. **Wakefield Contract** signed following relevant assurances to Board during Q4 (approved 22 March 2017).

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<tr><td colspan="2">Strategic Aim 2 : Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services</td><td colspan="2">Strategic Risk 2.1: If local health and care leaders do not develop a plan for sustainable health provision then individual organisations may fail with potential to destabilise the whole system</td></tr>
<tr><td colspan="2">Lead Director: Nicola Lees & Andy McElligott</td><td>Original Risk Score: 15</td><td>Current Score: 12</td></tr>
<tr><td colspan="2">Positive Controls (what are we currently doing about the risk?)
ICB and Accountable Care Boards established
Structures in place to consider new Diabetes pathway
West Yorkshire/Local STP approved by Provider Boards
West Yorkshire STP Governance arrangements now in place</td><td colspan="2">Positive assurances (how do we know if things are having the desired effect?)
Board paper on development of STP (November)
BDD Discussion on progress made by Bradford and AWC Provider Alliances (December)
2 year contract agreed with CCGs
Monthly report to Board from Chief Executive (private meeting)</td></tr>
<tr><td colspan="2">Gaps in controls (what additional controls are required or assurances should we seek?)
Aspirational Local STP requires further detailed implementation plans approved by partners
Formal governance arrangements for local STP delivery yet to be agreed</td><td colspan="2">Gaps in assurance / Further actions required
Uncertainty over scale and pace of introducing new integrated models (e.g. complex care, community integrated teams)
Proposed LA contract value significantly below expectations</td></tr>
<tr><td colspan="4">Commentary on Quarter 4</td></tr>
<tr><td colspan="4">Accountable Care Boards continue to meet with high level objectives agreed to deliver the local STP although the relationship between the ICB and ACBs is not yet determined. Discussions about the Bradford Memorandum of Understanding and Alliance Agreement have progressed with approval at provider Board’s expected in April (although the Local Authority has further work with elected members before it can sign either document). Work now starting to focus on discussions around complex care arrangements. Commissioners launched the new district-wide mental wellbeing strategy in January 2017.</td></tr>
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Strategic Aim 2 : Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	**Strategic Risk 2.2: If we and local partners do not implement more cost effective out of hospital services at the necessary scale and pace then population demand will exceed available resource**	
Lead Director: Andy McElligott	**Original Risk Score: 12**	**Current Score: 16**
Positive Controls (what are we currently doing about the risk?) • Membership of Bradford and AWC provider Alliances • Out of Hospital Programme Board • West Yorkshire is now an Urgent Care Accelerator Zone	**Positive assurances (how do we know if things are having the desired effect?)** • Local delayed transfer of care levels remain very low compared with the national average	
Gaps in controls (what additional controls are required or assurances should we seek?) • Current scale and pace of 'out of hospital' redesign unlikely to deliver required shifts of activity to community settings in required timescale	**Gaps in assurance / Further actions required** • Local 4-hour A&E performance remains significantly below target in Quarter 4	
Commentary on Quarter 4		
Bradford CCGs currently considering options for an **'out of hospital' structured collaboration** process with further discussions being arranged with local providers. Further movement towards a single, integrated, digital care record which is seen as a key enabler of cost effective out-of-hospital services.		

<table>
<tr><td colspan="2">Strategic Aim 2 : Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services</td><td>Strategic Risk 2.3: If we and West Yorkshire Vanguard partners fail to deliver at scale and pace then we will not secure associated funding, expected efficiencies or services improvements</td></tr>
<tr><td>Lead Director: Nicola Lees</td><td>Original Risk Score: 20</td><td>Current Score: 16</td></tr>
<tr><td colspan="2">Positive Controls (what are we currently doing about the risk?)
Healthy futures Leadership group meet monthly
STP programme steering group in place
PMO in place at a West Yorkshire level with appropriate governance arrangements
UEC Vanguard leadership group in place and monitoring progress against the vanguard submission
NHSE and NHSI have formed part of the governance arrangements and staff have been aligned to the STP
WY wide MH vanguard steering group meets monthly and has CCG representation (on behalf of West Yorkshire)</td><td>Positive assurances (how do we know if things are having the desired effect?)
A mental Health CEO and DOF meeting has been established to monitor progress through Programme Director reports on behalf of individual projects. This is a monthly meeting.
Executive teams from the three MH trusts will meet in February to agree timescale to move to standardised operating procedures
Trust Board paper mapping progress against MH 5 Year Forward View at May Board meeting</td></tr>
<tr><td colspan="2">Gaps in controls (what additional controls are required or assurances should we seek?)
Lack of clarity if access to STF affects the whole of the West Yorkshire STP or just those organisations who have not agreed to control totals for 2017/18 and 2018/19 – awaiting NHSI communication
Capacity in each project is an issue – this will be considered by the system wide steering group in February</td><td>Gaps in assurance / Further actions required
The finances in the STP do not reflect those in place based contracts – a comparison across West Yorkshire is being prepared for the February Leadership meeting. MH did not get the uplift agreed to deliver the 5YFV in the STP
There is not yet a performance report for the programme – This is currently being developed
Lack of clarity of commissioning proposals for the STP on a West Yorkshire basis – a group has been set up to examine this but this is moving slowly due to potential CCG rec-configuration in Leeds</td></tr>
<tr><td colspan="3">Commentary on Quarter 4</td></tr>
<tr><td colspan="3">A number of updates have been submitted to Trust Board and Committees including the formal West Yorkshire STP submission in November 2016 and regular updates in the Chief Executive’s report. A further STP update will be presented to the May Board meeting.</td></tr>
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Strategic Aim 3: Secure Funding for new or expanded services	**Strategic Risk 3.1: If we do not secure contracts for new or expanded services then there may be insufficient income to cover our fixed overhead costs**	
Lead Director: Sandra Knight	**Original Risk Score: 16**	**Current Score: 16**
Positive Controls (what are we currently doing about the risk?) • Established team to review tender opportunities • Regular market development reports to Directors' Business and Transformation Governance / FBIC meetings • Market Development Plan approved by Trust Board • Access to and funding of credible external expertise to support bids and tenders • Conclusion of a national corporate benchmarking review by NHS Improvement on BDCFT commitment to bring costs in line with the lower quartile performance.	**Positive assurances (how do we know if things are having the desired effect?)** • Continuation of successful award of tenders in 2017/18 – Wakefield Vaccination & Immunisation • Extension of community dental contract till September 2018 which provides increased certainty but (plans for procurement still live) • iCare programme launched with staff in March 2017 and stream of potential ideas are beginning to come through • Greater focus on collaboration with partners, accountable care organisations and alliances (diabetes, out of hospital services, forensic services) Improved certainty regarding long term ongoing appropriate level of non-pay funding to bring in external expertise	
Gaps in controls (what additional controls are required or assurances should we seek?) • Lack of expertise and knowledge in social enterprise models/vehicles for income sustainability in the future	**Gaps in assurance / Further actions required** • Delays/uncertainty with some tenders but maintaining vigilance with commissioners and adopting proactive engagement processes • Understanding better the risks of cuts in local authority funding on our ambition to bid for local authority contracts in Bradford and the state of current contractual relationships	
Commentary on Quarter 4		
The FBIC has met twice in this quarter with an additional extra ordinary meeting and continues to closely monitor new tender opportunities, decisions to submit bids against an agreed commercial criteria and where bids have been successful/rejected. The Committee has discussed the pause of the **community dental service commissioning** and continued collaborative discussions, the impact winning new business in Wakefield to build the profile of BDCFT and the need for developing partnerships on a more proactive basis in a range of community and mental health service areas. Awareness of iCare is being built up across a range of Trust functions with a plan to promote the programme at a range of staff networks, forums and team meetings and embed this as a key cultural change programme.		

Strategic Aim 3: Secure Funding for new or expanded services	**Strategic Risk 3.2: If we do not provide innovative, responsive and commercial services then we may be unsuccessful in securing necessary contract growth**
Lead Director: Sandra Knight	**Original Risk Score: 16** | **Current Score: 16**
Positive Controls (what are we currently doing about the risk?) • Annual Plan (now published) • Mental Wellbeing Strategy • Market Development Plan • Significant assurance following business development audit	**Positive assurances (how do we know if things are having the desired effect?)** • Redesign of Children's Services in Bradford and the lessons learned were influential in being successful with Wakefield 0-19 tender • Increased focus on collaboration and partnership working to support sustainability of potential contracts over the long term • Agreement with partner mental health trust to consider new models of care funding • Formalising a West Yorkshire Forensic Providers network is well underway in collaboration with NHS England • BDCFT is part of AWC Accountable Care Organisation design and implementation process that will deliver new care system contracts from 2019 • iCare has been launched and is steadily building up its profile • More collaboration and partnership working to support sustainability of potential contracts over the long term (complex care in AWC, diabetes pathway commissioning in Bradford, partnership engagement process for forthcoming community dental services tender) • 2017/18 and 2018/19 draft contracts for low secure services agreed with NHSE following successful arbitration process
Gaps in controls (what additional controls are required or assurances should we seek?) • Integrated approach to service redesign of multiple services and sharing and application of learning from innovation across service areas • No current Intellectual Property (IP) policy in place to exploit commercial opportunities arising from IP and no defined IP	**Gaps in assurance / Further actions required** • Lack of commissioner clarity/assurances over significant programme of delivery (Dental contract extended - new tender specification discussions expected May 2018)

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<tr><td>business support provider – gap in the Trust
• Need for more proactive partnership work within the community pathway especially as it relates to service redesign
• Revisiting SWOT analysis of services at Trust Board level to inform continued innovation</td><td></td></tr>
<tr><td colspan="2">Commentary on Quarter 4</td></tr>
<tr><td colspan="2">Progress is being made on developing a strong partnership and collaboration appetite within the Trust. BDCFT is proactively exploring grant funding opportunities (Welcome Trust, Health Foundation and others) to test new innovations in service delivery in partnership with VCS organisations and other Trust bodies where appropriate. Expectation of new models of care funding for CAMHS tier 4 and secure services to be released in April 2017 that will be pursued in partnership with mental health trusts and providers at West Yorkshire STP level.</td></tr>
<tr><td>Strategic Aim 3: Secure Funding for new or expanded services</td><td>Strategic Risk 3.3: If we cannot develop a compelling vision then we may fail to secure investment to re-design community and inpatient services and to improve parity of esteem:</td></tr>
<tr><td>Lead Director: Debra Gilderdale</td><td>Original Risk score: 9 | Current Score: 9</td></tr>
<tr><td>Positive Controls (what are we currently doing about the risk?)
• 5YFV response to mental health
• New mental wellbeing strategy sets framework of mental health provision in next 5 years
• Good performance on CQUIN providing physical health checks for those with mental health diagnosis
• MH UEC Vanguard for West Yorkshire
• Board development discussion in January identified timetable to progress Trust’s contribution to Mental Wellbeing Strategy</td><td>Positive assurances (how do we know if things are having the desired effect?)
• Introduction of innovative mental health services such as First Response, Sanctuary, Haven and Safer Space
• Increased engagement with emergency services demonstrating ability to think differently around mental health
• Recent deep dive presentations at Q&SC (e.g. Safer Space)
• Market development plan reports
• Programme for ‘outstanding’ community services</td></tr>
<tr><td>Gaps in controls (what additional controls are required or assurances should we seek?)
• Uncertainty over LA budget implications on mental health services linked to stakeholder partners in voluntary and community sector</td><td>Gaps in assurance / Further actions required
• Ongoing discussions with local commissioners about MH funding linked to new strategy (recurrent vs non-recurrent basis)</td></tr>
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Commentary on Quarter 4
The Trust has been heavily involved in the production of the **new Mental Wellbeing Strategy** launched in January 2017 and continues to promote parity of esteem with stakeholders (commissioners, private sector employers and services users). The Chief Executive and other Directors have a leading role in a number of strategic mental health decision-making forums (e.g. West Yorkshire Mental health Vanguard). The Board is reviewing its own impact set against the recent update publication of the **Mental Health 5 Year Forward View Next Steps** report. The Trust has confirmed the CCG investment in mental health will deliver the required transformation set out in the 5 Year Forward View.