

Board Assurance Framework (BAF) 2016/17

October 2016 (Quarter 2 reporting period)

Key:



Current Positive assurances



Current Positive control measures



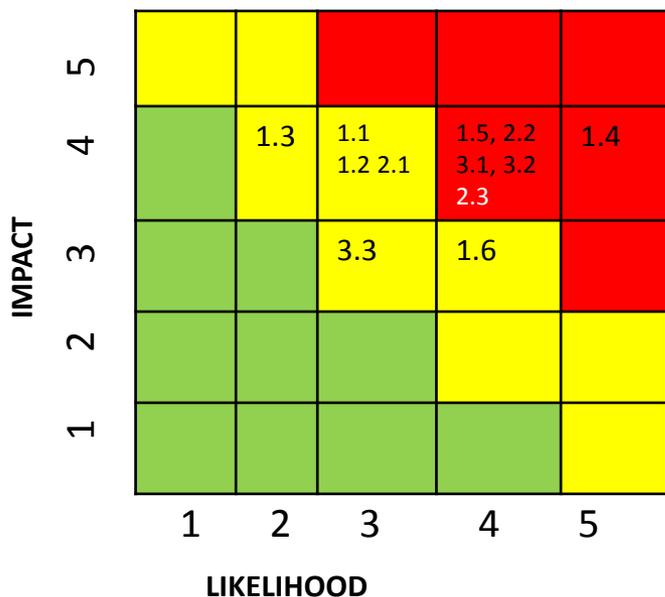
Gaps in control



Gaps in assurance

The risk rating for each risk has been assessed utilising the Trust risk assessment matrix, the risks have then been mapped on to a ‘heat map’ which allows the Board to focus on those risks with a red or amber rating in line with the Trusts agreed moderate risk tolerance. Should any BAF risks fall into the green category these would be managed by EMT rather than Board. Board members are invited to consider whether any risks should be reduced or increased in score. It is proposed that strategic risk 2.3 is reduced from a score of 20 to 16.

Overall risk position



Trust Board is invited to :

- Discuss the overall risk position in the BAF since the last report in July (further detail on following slides); and
- seek further clarification from Executive Directors.

Strategic Aim : Consolidation of Market Share : being great in our patch

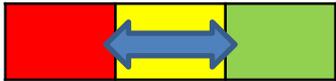
Strategic Risk 1.1 : If demand for services exceeds capacity, then service quality, safety and performance could deteriorate

Lead Director : Debra Gilderdale, Interim Director of Nursing

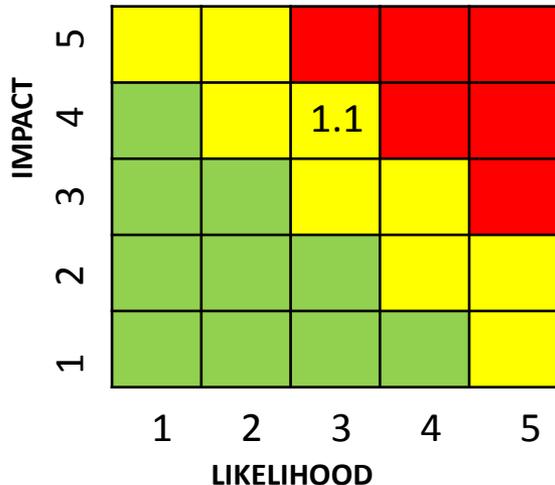
Key Update/Mitigation since last report : The Q&S Committee has held two meetings this quarter. August quality dashboard presented a generally positive picture; Acute/Community BU reporting continuing pressures on recruiting registered nursing staff, but with plans in place to mitigate identified risks; assurances provided about different services (including acute care pathway, safety huddles and IAPT services); Specialist Inpatient BU reporting some demand pressures in OPMH inpatient services; management-commissioned report into DAU staffing levels and review of specialising by Meridian; review of psychological therapies reported to July Board with final report due in December 2016; positive presentation around Children’s Service BU. September meeting received positive deep dive on pressure ulcers; followed up mitigations on CRR risk relating to recruitment of nursing staff. Trust continues to perform well against national quality targets in IPR. Some capacity issues identified, but not sufficiently material to warrant change in score as mitigations are in place for majority of issues.

Risk Movement

Evidence presented suggests this risk has remained at the same level as Quarter 1. Q&S Committee to continue to monitor capacity/demand issues through quality dashboard, BU performance reports and deeper dives.



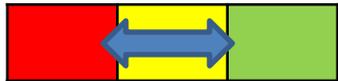
Risk Position



-  Contracting arrangements through CMB
-  IPR and Q&SC current dashboard performance
-  Recruitment/retention of registered nursing staff - ongoing
-  Psychological therapies final report – December 2016
-  Results of specialising review by Meridian
-  Uncertainty around timescales for re-tendering of some LA services

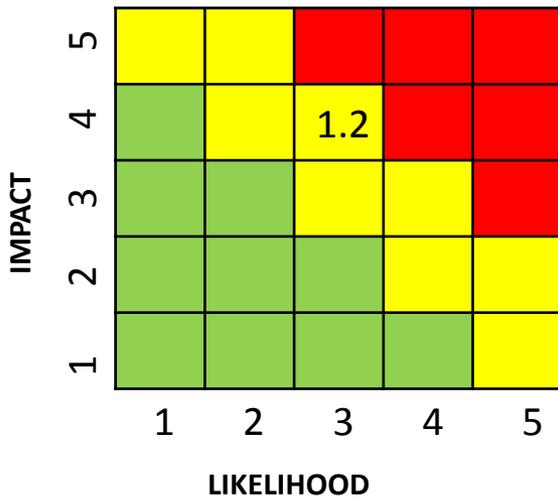
Strategic Aim : Consolidation of Market Share : being great in our patch
Strategic Risk 1.2 : If services are not transformed effectively and on time then planned improvements to quality or finances could be lost
Lead Director : Debra Gilderdale, Interim Director of Nursing
Key Update/Mitigation since last report : Change Programme Board KPIs continue to be submitted to Trust Board as part of the IPR, with some benefits realisation KPIs currently at amber. Annual Planning process agreed by Board to ensure delivery of 2-year plans requested by NHS Improvement. Number of significant reports received by Board recently that provide context of future service transformation. Further work to be undertaken on local and West Yorkshire STP and Vanguard, which could impact on wider transformation agenda, which are being taken forward through BDD discussions.

Risk Movement



Evidence presented suggests this risk has remained at the same level as Quarter 1.
 PMO/Change Programme Board/FBIC to maintain oversight of transformational projects.

Risk Position



-  CPB and IPR reports to FBIC and Board
-  Annual planning process agreed by Trust Board in September
-  MH Commissioning strategy
-  Recent discussion about IMT services as an enabler for transformation
-  Further clarification around delivery of some transformational plans
-  STPs will require further detailed modelling

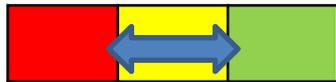
Strategic Aim : Consolidation of Market Share : being great in our patch

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

Lead Director : Andy McElligott, Medical Director

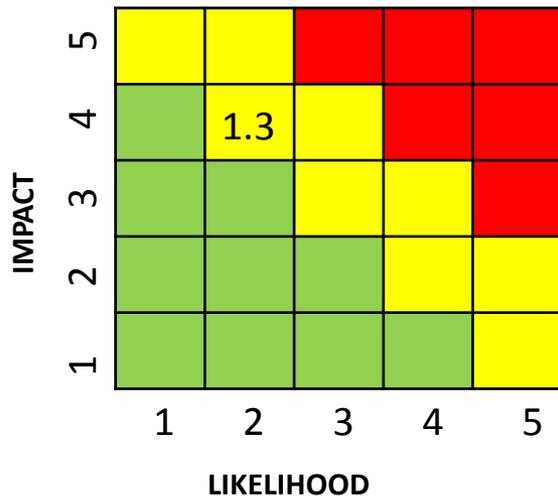
Key Update/Mitigation since last report : The Trust continues to perform well against national quality targets; FBIC has detailed oversight of submissions to NHS Improvement which will be discussed at October Board meeting. Regular meetings with commissioners through CMB/QPG highlight any issues headline issues around quality of services. Internal well-led review highlighted positive performance with further work identified against four domains.

Risk Movement



Evidence presented suggests this risk has remained at the same level as Quarter 1.

Risk Position



-  Self assessment against CQC registration (June Board)
-  CQC rating confirmed as 'Good' across all 5 domains
-  Regular Committee reports on quality (Q&SC) and finance (FBIC)
-  Implications of Single Oversight Framework to be reviewed by the Board
-  Further work underway through EMT/SMB to address financial risk rating as described in IPR / quarterly return to NHS Improvement (October Board)

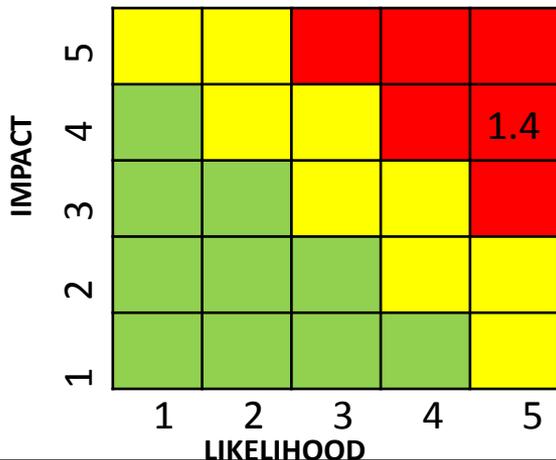
Strategic Aim : Consolidation of Market Share : being great in our patch
Strategic Risk 1.4 : If Public Sector finances tighten then our financial position could deteriorate
Lead Director : Liz Romaniak, Director of Finance, Contracting and Estates
Key Update/Mitigation since last report : Over the last three months further work has been done to review and populate financial sections of the local and West Yorkshire STPs; discussions on LA and PH budgets are continuing and proposed LA budget is expected to be published for consultation in November 2016; the Trust Board has discussed and agreed plans for capital expenditure programme (September BDD); and both FBIC and Board are reviewing financial position at each meeting.

Risk Movement



Evidence presented suggests this risk has remained at the same level as Quarter 1. It is suggested that the Board maintain oversight of this risk through FBIC and discuss LA budget implications once they are known.

Risk Position



-  Shared planning assumptions within both local and West Yorkshire STP
-  Local CCGs agreed planning assumptions for City Demographic & MH Uplifts
-  Implications of Single Oversight Framework to be reviewed by the Board
-  Confirmation of any capital control total yet to be received from NHSI
-  Uncertain implications of known LA budget / PH grant reductions targeted
-  Currently developing plans to address 2-year STF and financial control totals received from NHSI (November & December deadlines)

Strategic Aim : 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, Director of Finance, Contracting and Estates

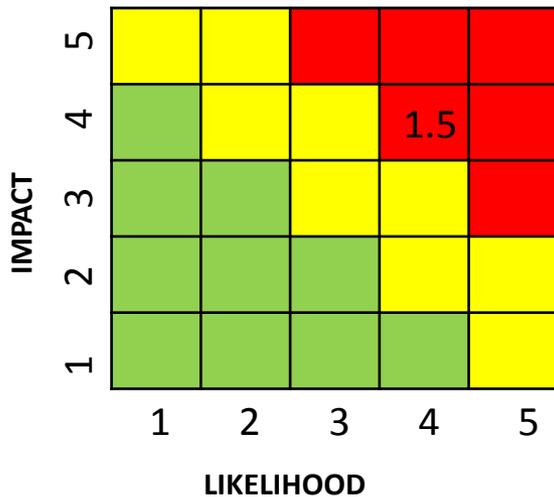
Key Update/Mitigation since last report : FBIC continues to review productivity and efficiency through Committee dashboard, including CIP programme and required substitutions. Committee oversees a programme of work to focus on targeting overhead cost efficiency / improvements during 2016/17 in recognition of the number of procurements expected in the future and is reviewing strategic implications of service line reporting and e-rostering at October meeting.

Risk Movement



Evidence presented suggests this risk has remained at the same level as Quarter 1.

Risk Position



- FBIC has supported a programme of targeted corporate/estates cost benchmarking, CIP scoping and rebasing of CCG and LA contract values (income = cost)
- ⊕ CPB, EMT, FBIC and Board monitor CIP programme and any necessary substitutions
- Board has agreed its Annual Planning process to submit plans 2017/18 - 19
- Work continuing on detailed 2017/18 agile workforce plan

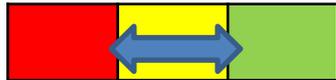
Strategic Aim : Consolidation of Market Share : being great in our patch

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, Director of Finance, Contracting and Estates

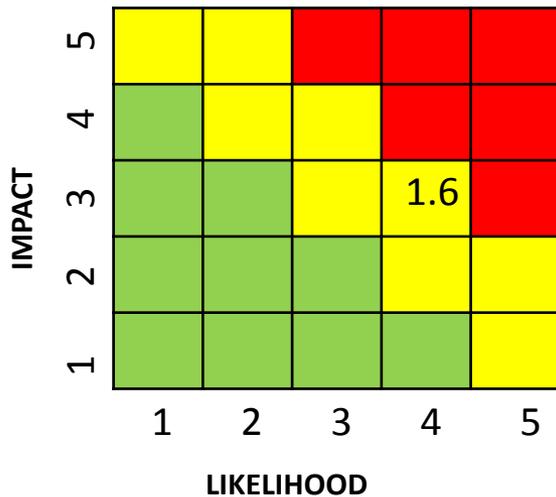
Key Update/Mitigation since last report : Position remains unchanged with the expectation of reduced public sector funding and future challenges from Commissioners (LA, CCG and NHSE) to manage i) within fixed resources ii) reduced cash envelopes or iii) face re-procurement. Key areas of immediate challenge remain around LA SMS procurement, LA potential School Nursing and potential future HV/FNP procurements. Market Development Plan submitted to October Board.

Risk Movement



Evidence presented suggests this risk has remained at the same level as Quarter 1 – FBIC and EMT to continue to assess financial impact of any proposed contract changes as part of 2-year annual plan submission/contract negotiations.

Risk Position



- Contract extension for HV/FNP
- Redesign of children’s services and positive relationships/recommendation to Executive from PH
- Overheads work programme progressing via FBIC
- School nursing procurement yet to be decided by LA
- Uncertainty against longer term HV/FNP procurement

Strategic Aim : 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 2.1 : 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

Lead Director : Andy McElligott, Medical Director & Nicola Lees, Interim Chief Executive

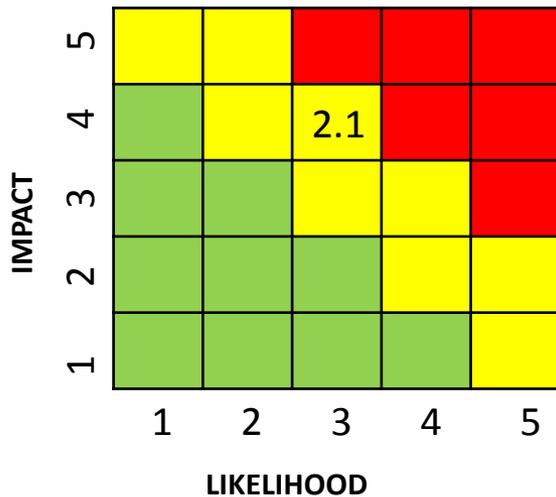
Key Update/Mitigation since last report : Over the last three months there has been considerable discussion both locally and across West Yorkshire to develop the STP in line with NHS England deadlines. The Board has been appraised regularly about progress through the CEO report and BDD sessions. Work is progressing across Provider Alliances, with governance options being explored across Bradford, in relation to Diabetes.

Risk Movement

Evidence presented suggests this risk has remained at the same level as Quarter 1. Submission of STPs now provides a reference point for future work and Board discussions.



Risk Position



-  ICB updates to Board through CEO report
-  Active senior representation at all relevant strategic forums
-  Local and WY STPs shared with Boards and submitted October 2016
-  Potential changes to commissioning, payment and operational performance through new governance structures may increase risk
-  Further work on financial modelling and governance arrangements on STP

Strategic Aim : 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, Medical Director

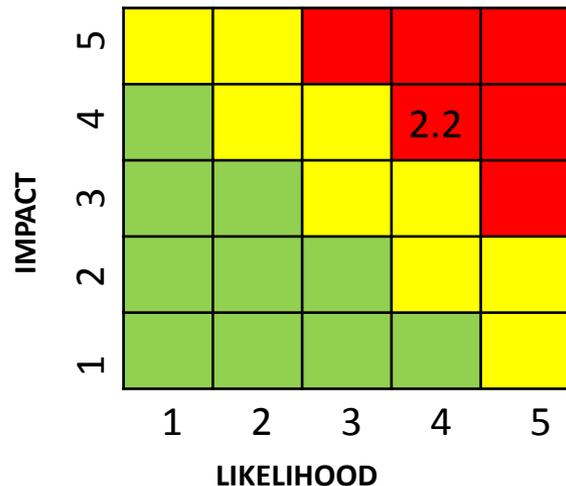
Key Update/Mitigation since last report : Further work to be done on how integrated care pathways will develop within two separate ACSs. Launch of Bradford's Out of Hospital structured collaboration took place in September. Work closely linked to the development of the local and West Yorkshire STP.

Risk Movement



Evidence presented suggests this risk has remained at the same level as Quarter 1.

Risk Position



- Involved in provider discussions across both Bradford and AWC
- Member of both AWC and Bradford provider alliances
- Capacity of clinical leadership across local patch
- Clarity over ACS governance arrangements and capitation budget arrangements still required

Strategic Aim : 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 2.3 : 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

Lead Director : Nicola Lees, Interim Chief Executive

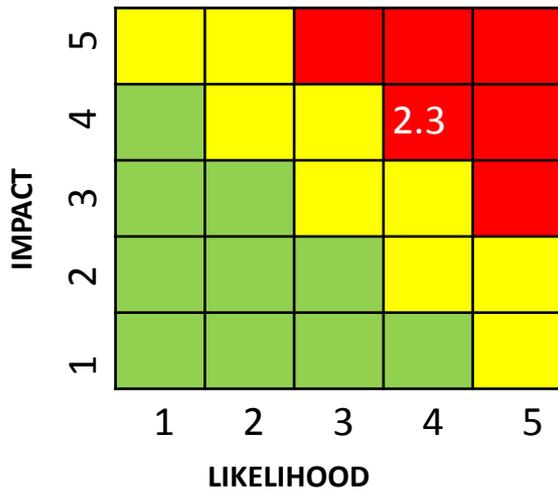
Key Update/Mitigation since last report : Update received through last month's CEO report agreed to progress joint working on a number of mental health initiatives across West Yorkshire through regular meetings between Chairs/CEO/NED. Vanguard work factored into draft STPs.

Risk Movement

Board to consider whether recent discussions between the three MH Trusts warrants a reduction in this risk (from 20 to 16) even though this still remains a considerable challenge.



Risk Position



-  CEO reports to Board on progress of the Vanguard programme/STPs (Sept 2016)
-  MH Commissioning Strategy will feed into local STP/WY Vanguard
-  STP reflects high level Vanguard plans

Strategic Aim : 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, Director of HR/OD

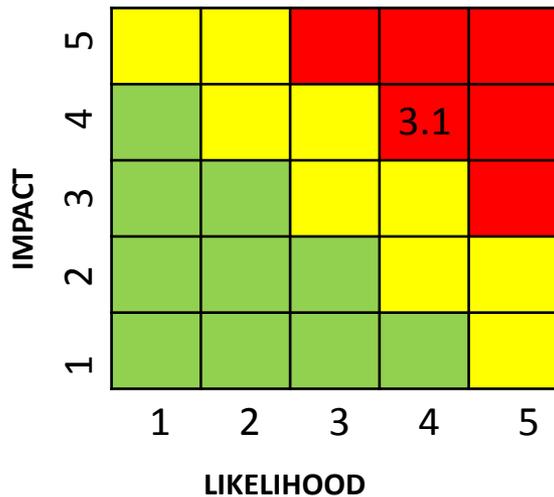
Key Update/Mitigation since last report : FBIC continues to review market opportunities with some successes reported (e.g. podiatry services in AWC). New tender opportunities continue to be assessed by PMO and relevant Directors against agreed matrix. More commissioners now seeking radical re-design of services rather than like-for-like replacement. Market Development Plan (subject to Board approval) will provide strategic framework for future tender opportunities.

Risk Movement

Market Development Plan articulates a medium/longer term plan - it is suggested that this risk remains at the same level as Quarter 1 with FBIC to regularly monitor progress.



Risk Position



-  New business development team established & tendering matrix in place
-  Bid and tender pipe line reports to Directors' meeting and FBIC
-  Market Development Plan endorsed by FBIC (Sept) and submitted to Board (Oct)
-  Internal capacity at service/clinical level to support and prioritise tender opportunities

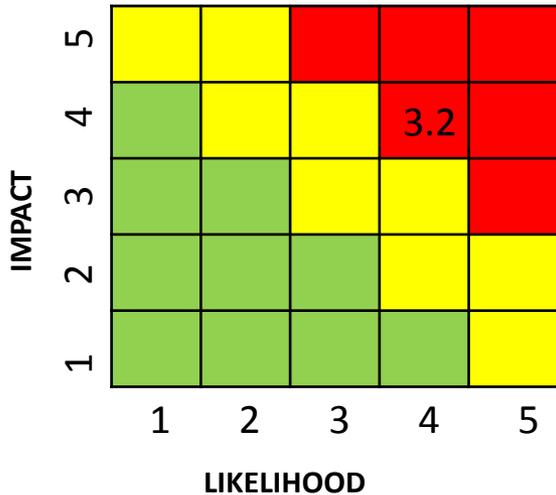
Strategic Aim : Secure Funding for new or expanded services
 Strategic Risk 3.2 : If we do not provide innovative, responsive and commercial services then we may be unsuccessful in securing necessary contract growth
 Lead Director : Sandra Knight, Director of HR/OD
 Key Update/Mitigation since last report : Progress similar to Strategic Risk 3.1 – related to Market Development Plan.

Risk Movement

Evidence presented suggests this risk has remained at the same level as Quarter 1.



Risk Position



-  Local and national innovation across MH services
-  Track record of winning new business (non-recurrent monies)
-  Regular tender bid pipeline reports to FBIC/Directors' meetings
-  Market Development Plan to Trust Board (October)
-  Internal capacity at service/clinical level to support and prioritise tender opportunities

Strategic Aim : Secure Funding for new or expanded services

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

Lead Director : Debra Gilderdale, Interim Director of Nursing

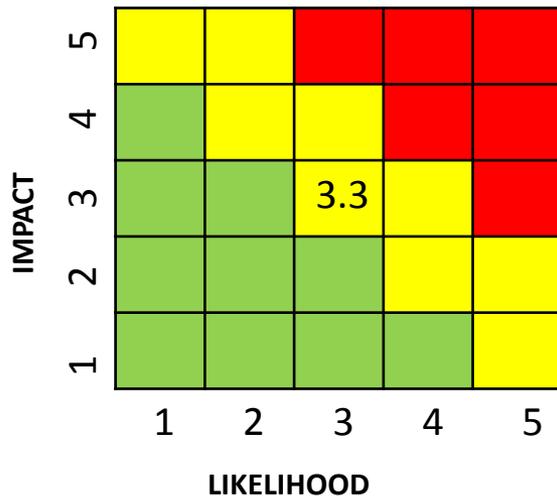
Key Update/Mitigation since last report : Board members actively contributed to MH Commissioning Strategy – which is consistent with Trust’s own strategic direction – to be discussed at October Board and November HWB. Further work underway across services to re-design a number of pathways including diabetes, children’s services, complex care, and CMHTs. Greater focus on development of community services. Inpatient acute care pathway recently recognised nationally at Positive Practice awards.

Risk Movement

Evidence presented suggests this risk has remained at the same level as Quarter 1.



Risk Position



- Mental Health Commissioning strategy completed and awaiting approval
- F2E workshop to develop local 5YFV for MH services
- Market Development Plan to Trust Board (October)
- Whole system financial pressures may mean net new investment is unaffordable

Recommendations

That the Board:

- Consider the updates on each element of the BAF, seeking clarification from lead Directors where appropriate;
- Review the risk scores; and
- Agree any further work relating to the gaps in controls or gaps in assurance that require further action by the Board, its Committees or EMT.