Executive Summary:

The 2017/18 BAF, as at January 2018, is presented for discussion on a quarterly basis with a particular focus on the key risks, mitigations, proposed actions and timescales.

Recommendations:

That the Board:
- consider the risk scores, any gaps in assurance or further actions required; and
- identifies any new areas that warrant addition to the BAF.
Governance/Audit Trail:

Meeting where this item has previously been discussed (please mark with an X):

<table>
<thead>
<tr>
<th>Audit Committee</th>
<th>Quality &amp; Safety Committee</th>
<th>Remuneration Committee</th>
<th>Finance, Business &amp; Investment Committee</th>
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</thead>
<tbody>
<tr>
<td>Executive Management Team</td>
<td>Directors</td>
<td>Chair of Committee Meetings</td>
<td>Mental Health Legislation Committee</td>
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<tr>
<td>Council of Governors</td>
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This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):

| Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce. | ✓ |
| Integration and Partnerships: to be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate H&CP | ✓ |
| Sustainability and growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities | ✓ |

This report supports the achievement of the following Regulatory Requirements:

| Safe: People who use our services are protected from abuse and avoidable harm | |
| Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect | |
| Responsive: Services are organised to meet the needs of people who use our services | |
| Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence. | |
| Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture. | ✓ |

NHSI Single Oversight Framework

Equality Impact Assessment:
Not applicable.

Freedom of Information:
Publication Under Freedom of Information Act
This paper has been made available under the Freedom of Information Act.
Board Assurance Framework (BAF) 2017/18

1. Background and Context

The Board currently reviews the BAF on a quarterly basis and through these discussions identifies whether further assurance/scrutiny is required at either a Board Committee, Forward 2 Excellence session or Board development meeting.

2. Current risks on the BAF

There are 16 risks currently on the BAF (allocated a risk number on Safeguard) linked to the three strategic objectives. Lead Directors have reviewed their BAF risks with updates summarised in italics. No risk scores have changed and no new risks have been added to or removed from the BAF since the last submission in October 2017. The revised BAF is attached at Appendix A.

(a) Quality and Workforce:

- Risk 1964: If demand exceeds capacity then service quality, safety and performance could deteriorate;
- Risk 1973: If regulatory standards are not met then we may experience intervention from regulators or damage to our reputation. The Trust will need to respond to any recommendations made by the CQC following its inspection in October/November 2017. The Trust is putting in place arrangements that will support the annual inspection regime that is expected under the new CQC framework;
- Risk 1974: If we do not provide a positive service user/carer experience then we may not be responsive to local communities or commissioners’ needs. Quarterly briefings with staff have been completed where draft Quality Goals were discussed and the results are being used to inform final proposals. A refresh of the Trust Wide Involvement Group will help improve wider feedback mechanisms from service users and carers;
- Risk 1975: If we fail to recruit and retain a diverse workforce then the quality of our services may deteriorate and our agency costs increase. Board paper in January providing update on BME diversity data and a new broader Equality, Diversity and Inclusion Strategy also being presented;
- Risk 1976: If we do not develop an engaged and motivated workforce then the quality of our services may deteriorate. Update on 2016 Staff Survey actions discussed by Board in November. 2017 results will be available in Quarter 4 with further discussion by Board; and
- Risk 1977: If we fail to develop an innovative learning culture with staff then we may not exploit new opportunities that emerge. Business case approved for procurement of crowdsourcing provider, expected to be in place by February.

(b) Integration and Partnerships

- Risk 1978: If partners (including BDCFT) fail to deliver a robust West Yorkshire and Harrogate STP then there could be financial and quality implications for the wider health economy. Further paper scheduled for Board discussion in March/April to approve MoU for West Yorkshire MH Trusts;
• Risk 1979: If partners (including BDCFT) fail to deliver a robust Bradford and Craven STP then there could be financial and quality implications for the local health economy;
• Risk 1965: If partners (including BDCFT) fail to develop a robust and sustainable ACS across AWC then there will not be the system-wide change needed to manage resources vs demand. AWC Provider Alliance Group meetings are now attended by GP Federation members with externally facilitated discussions about draft MoU requirements scheduled for January 2018; and
• Risk 1980: If partners (including BDCFT) fail to develop a robust and sustainable ACS in Bradford then there will not be the system-wide change needed to manage resources vs demand. Executive Directors continue to take an active leadership role in both Bradford and AWC ACS discussions.

(c) Sustainability and Growth

• Risk 1981: If we are unable to facilitate a dynamic culture of innovation then we are unlikely to meet future quality and financial challenges which threaten our performance and sustainability in the market place. Business case approved for procurement of crowdsourcing provider, expected to be in place by February;
• Risk 1982: If we do not have a clear and viable vision for business growth we will not be able to respond confidently and creatively to opportunities. Discussions on the Trust’s organisational strategy – December 2017 and January 2018;
• Risk 1983: If we do not create resilience and invest capacity within the organisation to support transformation and transition we will stifle innovation, create disengagement and not achieve our vision for sustainability and growth. Plans for transformation and CIP programme continue to be presented at FBIC;
• Risk 1984: If public sector finances tighten then our financial position could deteriorate. FBIC continue to review CIP programme, requirements for 2018/19 operational plan and implications of LA budget reductions;
• Risk 1985: If productivity and VfM are not improved then we may gradually lose contracts to more competitive providers and become unviable. Benchmarking targets continue to be discussed at FBIC; and
• Risk 1986: If commissioners reduce the value of contracts then we may not be able to cover fixed costs with adverse consequences to our financial viability. FBIC continue to review CIP programme, requirements for 2018/19 operational plan and implications of LA budget reductions. Trust Board has responded to NHS Community Dental Services procurement.

In addition, to support assurances under (a), the Quality and Safety Committee has review progress against a number of quality-related issues including complaints, incident management, serious incidents, safeguarding, medicines management and mortality data. In support of (b), the Finance, Business and Investment Committee has considered, in detail, progress against the current capital programme and operational plan and approved the new Cyber Security and revised Estates strategies.

3. Implications

3.1 Legal and Constitutional
The BAF is a key assurance process that allows the Board to monitor high level risks that might prevent the delivery of the Trust’s strategic objectives. It provides assurance to our auditors and regulators that we have robust governance controls in place and helps to inform our annual governance statement.

3.2 Resource

The population of the BAF continues to be through Lead Directors, coordinated by the Director of Corporate Affairs, with support from the Risk Management team.

4. Risk Issues Identified

There are no specific risks to highlight not already included in the BAF.

5. Monitoring and review

It is proposed that the Board will continue to discuss the BAF quarterly at public Board meetings and have more in-depth discussions every 6 months in the private part of the Board meetings (alongside a review of the strategic priorities). This is on the agenda for the private Board meeting.