Executive Summary:
The 2018/19 BAF, as at July 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;
- highlight any gaps in assurance or further actions required;
- identify any new areas that warrant addition to the BAF;
Governance/Audit Trail:

**Meetings 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>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Management Team</td>
<td>Directors</td>
<td>Chair of Committee Meetings</td>
<td>Mental Health Legislation Committee</td>
</tr>
<tr>
<td>Council of Governors</td>
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<td></td>
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</tr>
</tbody>
</table>

**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) 2018/19

1. Background and Context and new reporting process

The process for reviewing the BAF and CRR involves a monthly 30-minute discussion at EMT, with Directors highlighting changes made in month. On a quarterly basis, the Board reviews the BAF and CRR with changes recorded in that quarter.

Through these quarterly discussions, the Board identifies whether further assurance/scrutiny is required at either a Board Committee, Forward 2 Excellence session or Board development meetings.

2. Changes since April 2018

2.1 Risks archived

There has been one risk archived on the BAF since April 2018.

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. This was archived on 9th July 2018 as it duplicated risk 1980.

2.2 Current risks on the BAF

There are currently 15 live risks on the BAF (allocated a risk number on Safeguard) linked to the three strategic objectives. Lead Directors have reviewed their BAF risks and the current position for each risk can be seen at appendix 1. No risk scores have changed and no new risks have been added to BAF since the last submission in April 2018 but some risks have been re-allocated across EMT.

(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.
- 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.
- 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.
- Risk 1976: If we do not develop an engaged and motivated workforce then the quality of our services may deteriorate.
- Risk 1977: If we fail to develop an innovative learning culture with staff then we may not exploit new opportunities that emerge.

(b) Integration and Partnerships

- Risk 1978: If partners (including BDCFT) fail to deliver a robust West Yorkshire and Harrogate STP then there will not be the system-wide changes needed to meet the 'triple aim'.
- Risk 1979: If partners (including BDCFT) fail to deliver a robust Bradford and Craven STP then there will not be the system-wide changes needed to meet the 'triple aim'.


Risk 1980: If partners (including BDCFT) fail to develop a robust and sustainable ACS in Bradford then there will not be the system-wide changes needed to meet the 'triple aim'.

(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.
- 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 to grow and develop our services.
- 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.
- Risk 1984: If public sector finances tighten then our financial position could deteriorate.
- Risk 1985: If productivity and VfM are not improved then we may gradually lose contracts to more competitive providers and become unviable.
- 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.

At the private Board meeting in June, Board members reviewed the summary of strategic priorities and agreed that there were a number of areas that required further attention by the Board or its Committees during 2018/19 which should be consolidated into the BAF or CRR. A ‘plan on a page’ was requested to update the document. Some of these priority areas had already been addressed but are summarised below (noting that the red/amber/green key relates more to the level of discussion required at Board/Committee rather than any deficiency in planned actions):

- Community services strategy – from amber to red;
- Workforce strategy – from amber to red;
- IMT stabilisation – from green to red, given the forthcoming transfer of MH services onto SystmOne;
- Community Dental Services procurement – from amber to red, in anticipation of new procurement guidance issued by NHS England;
- Maintaining quality – from amber to red, in the light of the CQC report;
- Substance misuse services – from green to red; and
- Outstanding Care strategy – moved to red to reflect the work being down on the refreshed organisational strategy and quality improvement methodologies.

5. Implications

5.1 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.

5.2 Resource
The population of the BAF continues to be through Lead Directors, coordinated by the Director of Corporate Affairs, with support from the Safety, Risk and Resilience team.

6. Risk Issues Identified

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

7. Monitoring and review

It is proposed that the EMT will discuss the BAF monthly and 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).
**Appendix 1**

<table>
<thead>
<tr>
<th>Risk number:</th>
<th>1964</th>
<th>Lead Director:</th>
<th>Debra Gilderdale</th>
<th>Review Date:</th>
<th>31/07/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring Group:</td>
<td>QSC</td>
<td></td>
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</tbody>
</table>

|----------------------|----|---------------------|----|-----------------------|---|

**Strategic Objective:** Quality & Workforce

To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce.

**Risk description:**

If demand exceeds capacity then service quality, safety and performance could deteriorate. Linked to CRR 1819, 1825 & 1826.

<table>
<thead>
<tr>
<th>Key controls:</th>
<th>Internal &amp; External Assurance:</th>
<th>Gaps in assurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IPR &amp; Committee dashboards</td>
<td>- Recent IPR reports to Board (Q1)</td>
<td></td>
</tr>
<tr>
<td>- BU performance meetings</td>
<td>- Q&amp;SC / MHLC reports and BU presentations (Q1)</td>
<td></td>
</tr>
<tr>
<td>- Directors’ &amp; Transformation meetings</td>
<td>- Reports to Outstanding Care Steering Group (Q1)</td>
<td></td>
</tr>
<tr>
<td>- Risk Management Framework</td>
<td>- Available through staff intranet</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gap in control/Action:</th>
<th>Open actions:</th>
<th>Most recent action update:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of LA budget - potential mitigation but no local system agreement to LA share of £2bn social care</td>
<td>1 Possible Board Development session on population demand</td>
<td>Date Entered: 03/04/2018 09:01</td>
</tr>
</tbody>
</table>

Demand and capacity is a complex area which needs breaking down into more than one discussion. Board has provisionally agreed to try to gain a deeper understanding at two separate Board Development sessions 1. Dynamics of public health populations (keep the purpose quite simple: what do we know about likely patterns of future mental health and community health needs, of different types and intensities, given population dynamics, expressed in age cohort, and socio-economic circumstances, and ethnicity groups) & 2. Organisational response.
**Risk number:** 1073  **Lead Director:** Andy McElligott  **Review Date:** 16/09/2018

**Monitoring Group:** QSC

<table>
<thead>
<tr>
<th>Initial Risk Rating:</th>
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<th>Residual Risk Rating:</th>
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<tbody>
<tr>
<td>12</td>
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</tbody>
</table>

**Strategic Objective:** Quality & Workforce

To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce.

**Risk description:**

If regulatory standards are not met we may experience intervention from regulators or damage to our reputation.

<table>
<thead>
<tr>
<th>Key controls</th>
<th>Internal &amp; External Assurance</th>
<th>Gaps in assurance</th>
</tr>
</thead>
</table>
| - Quality strategy  
- Q&SC & MHLG reports  
- Q&S walkabouts | - Regular meetings with commissioners and regulators  
- Outstanding Care Board papers/review of well-led framework  
- Compliance reports on CQC MHA inspections | |

<table>
<thead>
<tr>
<th>Gap in control/Action</th>
<th>Open actions</th>
<th>Most recent action update</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Action plan in response to CQC report</td>
<td>New 'themed' action plan developed which incorporates all 'should do' actions in addition to 'must do' actions. Progress being made against many actions with a number already complete. Date Entered: 31/05/2018 08:58 Entered By: Andy McElligott</td>
<td></td>
</tr>
<tr>
<td>Will require resourcing 3 Explore adoption of formal Quality Improvement (QI) methodology in order to take a more proactive and evidence-based approach to improving quality throughout the trust.</td>
<td>Visits to other Trusts complete. External consultant with QI expertise engaged to help develop options / next steps appraisal in time for Board development in July. Date Entered: 31/05/2018 08:59 Entered By: Andy McElligott</td>
<td></td>
</tr>
<tr>
<td>4 Participation in 'Moving to Good' programme</td>
<td>Moving to Good is a free to join, NHS Improvement-led, national programme designed to support trusts to achieve a 'Good' or 'Outstanding' rating at their next CQC inspection. It is co-ordinated and delivered through regional teams.</td>
<td></td>
</tr>
<tr>
<td>Gap in control/Action:</td>
<td>Open actions:</td>
<td>Most recent action update:</td>
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<tr>
<td>------------------------</td>
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<tr>
<td></td>
<td></td>
<td>2018/19 ten trusts from the North, including BDCFT, are participating in the programme which will run until March 2019. The launch event took place on 4th June and was attended by Andy McElliott, Debra Gilkerdale, Simon Long, Margaret Waugh, Jo Gottard and Julia Elliot. Following presentations by two trusts who moved to “Good”, after participating in last year’s programme (North Tees and Barnsley), each organisation worked to identify a small number of objectives. Ours are around improving our understanding of use of data, adopting a formal QI methodology and taking our staff involvement to a new level. We are expecting a half-day site visit from NHSLI during July and, following on from this, will have a co-designed programme of support available, which could include: Expert-led, practically focussed workshops on specific topics On-site specialist consultations on defined topics, including production of supporting documentation An opportunity to pair with and visit other trusts in the region Interactive learning and talks Dedicated regional programme team and access to ongoing support</td>
</tr>
<tr>
<td>Risk number:</td>
<td>1974</td>
<td>Lead Director:</td>
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<tr>
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</tr>
<tr>
<td>Monitoring Group:</td>
<td>QSC</td>
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</tbody>
</table>

**Strategic Objective:** Quality & Workforce

To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce.

**Risk description:**

If we do not provide a positive service user/carer experience, then we may not be responsive to local communities or commissioners' needs. Linked to CRR 1819.

<table>
<thead>
<tr>
<th>Key controls:</th>
<th>Internal &amp; External Assurance:</th>
<th>Gaps in assurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- You and Your Care Strategy</td>
<td>- Patient experience report to Q&amp;SC (Feb 2017)</td>
<td>- Your and Your Care SRG to meet in July to discuss refresh of engagement strategy</td>
</tr>
<tr>
<td>- Existing service user governance &amp; involvement groups</td>
<td>- Updates from service users at key governance meetings</td>
<td>- capacity issues around increasing volunteering support above existing levels</td>
</tr>
<tr>
<td></td>
<td>- Patient experience report to Q&amp;SC in August</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Improved patient experience data gathering linked to FFT requirements</td>
<td></td>
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<tr>
<td>Refreshed TVIG model and supporting groups (e.g. i2i)</td>
<td></td>
<td></td>
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<tr>
<td>Carers hub programme of activities</td>
<td></td>
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<tr>
<td>70+ CTSW activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health patient experience survey</td>
<td>Positive results from MH patient experience survey</td>
<td></td>
</tr>
</tbody>
</table>
**Monitoring Group:** FBIC

**Initial Risk Rating:** 16  **Current Risk Rating:** 16  **Residual Risk Rating:** 12

**Strategic Objective:** Quality & Workforce

To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce

**Risk description:**

If we fail to recruit and retain a diverse workforce then the quality of our services may deteriorate and our agency costs increase. Linked to CRR 1631.

### Key controls:

- Workforce strategy
- Equality, Diversity and Inclusion strategy
- Workforce data in IPR & FBIC dashboard

### Internal & External Assurance:

- Committee deep dive reports to FBIC
- Equality, Diversity and Inclusion strategy and action plan

### Gaps in assurance:

- The link between the Workforce Transformation Steering Group responsible for monitoring progress of actions and EMT requires strengthening. Despite progressing a range of actions to mitigate the risks, the national shortage of qualified staff, increase in workload and demands with limited resources means the risks cannot be fully mitigated.

### Gap in control/Action:

- Progress on delivering representative workforce target by 2020

### Open actions:

1. Workforce strategy refresh

**Most recent action update:**

Refresh strategy taken to April FBIC.

New workforce strategy will need to be drafted in 2018/19 once the new Trust Corporate strategy has been agreed.

Date Entered: 18/06/2018 14:20
Entered By: Fiona Sherburn
<table>
<thead>
<tr>
<th>Key controls:</th>
<th>Internal &amp; External Assurance:</th>
<th>Gaps in assurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Annual Staff Survey results &amp; Board paper</td>
<td>- Results of Q1, Q2 and Q3 EMT briefings</td>
<td>- Business Unit monthly performance meetings do not currently encompass progress of staff survey actions.</td>
</tr>
<tr>
<td>- Workforce Strategy</td>
<td>- Results of 2017 staff survey</td>
<td></td>
</tr>
<tr>
<td>- Staff engagement plan</td>
<td>- CQC report</td>
<td></td>
</tr>
<tr>
<td>- Workforce KPIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- LTO</td>
<td></td>
<td></td>
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<tr>
<td>- Sickness absence and appraisal stats</td>
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</table>

<table>
<thead>
<tr>
<th>Gap in control/Action:</th>
<th>Open actions:</th>
<th>Most recent action update:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of oversight of local engagement and actions to address local staff survey results</td>
<td>2  Staff Survey results 2017 Board paper and action plan</td>
<td>Progress in communicating local staff survey results and agreeing actions with staff now monitored at BUPMs. Paper received at June Trust Board to agree the focus at committee level on 4 key areas including talent management/succession planning and leadership development which influence motivation and engagement. Date Entered : 29/06/2018 11:13 Entered By : Greg Sawiuk</td>
</tr>
<tr>
<td>3  Embedding crowdsourcing partner to support extensive staff engagement</td>
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<td></td>
</tr>
</tbody>
</table>
## Risk number: 1977  Lead Director: Sandra Knight  Review Date: 31/07/2016

### Monitoring Group: FBIC

### Initial Risk Rating: 9  Current Risk Rating: 9  Residual Risk Rating: 4

### Strategic Objective: Quality & Workforce

To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce

### Risk description:

If we fail to develop an innovative learning culture for staff. Then we may not exploit new opportunities that emerge. Linked to CRR 1330.

### Key controls:

- iCare programme introduced
- IPR supporting data triangulation
- Quality and learning network
- Worksmart strategy
- Staff Survey results
- TRIPS Programme
- Staff Forums
- Development Programme
- Sharing and Learning Events e.g. Conference in Applied Research
- Library Strategy and Resources/support
- Medics Learning Forums, education and development

### Internal & External Assurance:

- FBIC deep dive reports
- Recognition through regional awards YASA
- EMT paper on crowdsourcing
- CQC reports

### Gaps in assurance:

### Gap in control/Action:

Currently no systematic approach to quality improvement across that is not supportive of a culture of continuous learning, and development or widespread staff engagement

### Open actions:

2 Quality Improvement Methodologies being investigated with a view to identifying the Trust’s preferred approach

### Most recent action update:

Currently the Medical Director and Director of Nursing and Ops are investigating other organisations’ approaches and linking with NHSI to deliver in house workshops

Data Entered: 04/04/2018 10:48
Entered By: Sandra Knight

I-Care is a new initiative that is currently unevaluated

### Open actions:

3 Review I-Care one year on

I-Care celebrations event showcased some of the 40 ideas received, feedback very positive, iCare brand extended to encompass Quality Improvement, Staff Engagement and Service Transformation. Further work being progressed on a small number of ideas including the therapeutic café that have the potential to be supported by a social enterprise model for a planned early 2019 pilot
**Risk number:** 1978  
**Lead Director:** Liz Romaniak  
**Review Date:** 15/10/2018  
**Monitoring Group:** Trust Board  

<table>
<thead>
<tr>
<th>Initial Risk Rating</th>
<th>Current Risk Rating</th>
<th>Residual Risk Rating</th>
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<tr>
<td>12</td>
<td>12</td>
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</table>

### Strategic Objective: Integration & Partnerships
To be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP

### Risk Description:
If partners (including BDCFT) fail to deliver a robust and sustainable West Yorkshire and Harrogate Health and Care Partnership, then there will not be the system-wide changes needed to meet the 'triple aim'.

#### Key Controls:
- Approved HCP Plan
- HCP expression of Interest as ICS approved
- HCP (Place) and WY&H governance in place
- WY&H PMO and lead CEO and SROs in place
- NHSE & NHSI part of governance arrangements

#### Internal & External Assurance:
- Regular updates through CEO reports and central WY&H
  - HCP approved as one of 4 new ICS Q1 2018/19

#### Gaps in Assurance:

<table>
<thead>
<tr>
<th>Gap in control/Action</th>
<th>Open actions</th>
<th>Most recent action update</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td>An MOU was being developed as the WYHCP moved towards becoming an accountable care system. With the WY&amp;H HCP approval as one of 4 new ICS this has needed to evolve to become a WY&amp;H ICS MOU, including a requirement for detailed LA / councilor engagement</td>
<td>March 2016 Trust Board considered MoU with the original intention of considering formally in April 2016. Subsequently the HCP’s expression of interest to become and ICS progressed rapidly. The final approval of a HCP MoU was paused and work initiated to ensure wide engagement with WY&amp;H Health and Wellbeing Boards and then to develop an ICS MoU. To ensure safe passage of the MoU through local authorities / accommodating necessary councilor engagement, the WY&amp;H SLEG agreed to target end September 18 for formal approvals. July 18 BDCFT private board discussion scheduled for draft MoU final public Board discussion to follow in September (all WY partner organisations will schedule in Sep).</td>
</tr>
<tr>
<td>Gap in control/Action:</td>
<td>Open actions:</td>
<td>Most recent action update:</td>
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</tbody>
</table>
| WY&H ICS will need to negotiate deliverables (KPIs for the system and e.g. Control Total) and offer from the national bodies (support, capital, transformation funding, regulatory freedoms) informed by SLEG discussion during 2018/19. | 3 WY&H Leadership engagement with NHSE and NHSI during 2018/19 to agree an ICS compact with the regulators | June 2018 SLEG - NHSE and NHSI attended to outline process for negotiation of an ICS compact between the ICS and 2 national bodies.
June 2018 - King's Fund Prof Chris Ham and Don Berwick attended SLEG ICS development session.
July 2018 SLEG considered key next steps for ICS negotiation / priorities for 2018/19 £8.75m non recurrent funding (to have maximum ICS impact) / consider place peer review processes / discuss processes to agree WY&H MoU by end Sept. |

Date Entered: 17/07/2018 16:51
Entered By: Liz Romaniak
**Risk number:** 1976  **Lead Director:** Andy McElligott  **Review Date:** 14/09/2018

**Monitoring Group:** TrustBoard

<table>
<thead>
<tr>
<th>Initial Risk Rating: 12</th>
<th>Current Risk Rating: 12</th>
<th>Residual Risk Rating: 12</th>
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</table>

**Strategic Objective:** Integration & Partnerships

To be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP

**Risk description:**

If partners (including BDCFT) fail to deliver a robust and sustainable Bradford Health and Care Partnership then there will not be the system-wide changes needed to meet the 'triple aim'.

<table>
<thead>
<tr>
<th>Key controls:</th>
<th>Internal &amp; External Assurance:</th>
<th>Gaps in assurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ICB structure in place - active engagement by Executive Directors - Accountable care programmes boards in place - Regular DoF’s meeting in place</td>
<td>- Regular updates through CEO reports (Q1) - Regular updates through ICB - Updates through the STP leadership team meetings</td>
<td>- Not fully quantified how the financial gap will be bridged</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gap in control/Action:</th>
<th>Open actions:</th>
<th>Most recent action update:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Health &amp; Care Partnership Board overseeing development of a Partnership Framework</td>
<td>Partnership framework steering group established. Medical Director represents BDCFT. Date Entered: 10/07/2018 15:26 Entered By: Andy McElligott</td>
</tr>
</tbody>
</table>
**Strategic Objective:** Integration & Partnerships

To be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP

**Risk description:**
If partners (including BDCFT) fail to develop a robust and sustainable Airedale, Wharfedale and Craven Health and Care Partnership Then there will not be the system-wide changes needed to meet the 'triple aim'.

<table>
<thead>
<tr>
<th>Key controls</th>
<th>Internal &amp; External Assurance</th>
<th>Gaps in assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ICB &amp; Accountable Care Boards established</td>
<td>- Regular updates through CEO reports (Q1)</td>
<td></td>
</tr>
<tr>
<td>- MCU and Alliance Agreement approved</td>
<td>- MCU and Alliance Agreement signed (June 2017)</td>
<td></td>
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<tr>
<td>- Out of hospital structural collaboration launched</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gap in control/Action:</th>
<th>Open actions:</th>
<th>Most recent action update:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Health &amp; Care Partnership Board overseeing development of a Partnership Framework</td>
<td>Draft partnership framework currently out for consultation with member organisations</td>
</tr>
</tbody>
</table>

**Date Entered:** 16/07/2018 15:33
**Entered By:** Andy McEligott
Risk number: 1981  
Lead Director: Sandra Knight  
Review Date: 31/08/2018  

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<thead>
<tr>
<th>Monitoring Group:</th>
<th>FBIC</th>
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<td>Initial Risk Rating:</td>
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<tr>
<td>Current Risk Rating:</td>
<td>12</td>
</tr>
<tr>
<td>Residual Risk Rating:</td>
<td>9</td>
</tr>
</tbody>
</table>

**Strategic Objective:** Sustainability & Growth  
To maintain our financial viability whilst actively seeking appropriate new business opportunities

**Risk description:**  
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. Linked to CRR 1827.

<table>
<thead>
<tr>
<th>Key controls:</th>
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<th>Gaps in assurance:</th>
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| - Market development plan to FBIC  
- iCare programme | - FBIC reports (April, June, July 2017) | - Market Development Plan impacted by greater focus on structured collaboration and reduction in corporate functions. |

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| 1 Business case on option for crowd sourcing | Clever Together Selected as Crowdsourcing provider and discussion taking place to link this to the i-Care programme and brand | Date Entered: 04/04/2018 10:58  
Entered By: Sandra Knight |
**Risk number:** 1982  
**Lead Director:** Debra Gilderdale  
**Review Date:** 31/07/2018

**Monitoring Group:** TrustBoard

**Initial Risk Rating:** 12  
**Current Risk Rating:** 12  
**Residual Risk Rating:** 12

**Strategic Objective:** Sustainability & Growth

To maintain our financial viability whilst actively seeking appropriate new business opportunities.

**Risk description:**
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 to grow and develop our services. Linked to CRR 1827 & 1828.

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| - Operational Plan and response to SYFV for MH  
- Mental Wellbeing strategy sets framework for locally  
- MH UEC Vanguard for West Yorkshire | - Board discussion on wellbeing strategy (June 2017) | |

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| - Ongoing discussions with local commissioners about MH funding linked to new strategy (ongoing)  
- Uncertainty over LA budget implications on MH services linked to VCS (ongoing) | 1 SWOT analysis and wider re-fresh of organisational strategy, following Board workshop | In September 2017 a Board Paper was presented in the Private part of the Board, agreed to refresh the production of the Operational Strategy  
Date Entered: 24/10/2017 14:02  
Entered By: Debra Gilderdale |
**Risk number:** 1983  
**Lead Director:** Sandra Knight  
**Monitoring Group:** FBIC  
**Review Date:** 27/06/2018

**Initial Risk Rating:** 12  
**Current Risk Rating:** 12  
**Residual Risk Rating:** 9

**Strategic Objective:** Sustainability & Growth

To maintain our financial viability whilst actively seeking appropriate new business opportunities

**Risk description:**

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. Linked to CRR 1820.

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| - Workforce strategy  
- EME employment strategy  
- Workforce data in IPR & FBIC dashboard  
- iCare  
- Workforce Strategy Market Development Plan  | - Digital strategy to FBIC (June 2017)  
- Workforce Strategy (April 2017)  
- September annual update to FBIC  
- EMT review of opportunities and investment | - Impact of corporate benchmarking on resilience/ability to respond to opportunities |

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| 1 Actions identified following FZE Resilience Workshop. | New leadership diagnostic implemented for the Senior Leadership Team and Board (Lumina Spark), raising collective as well as individual awareness of behaviour and impact and creating conversations about leveraging strengths and addressing development areas. July Board workshop will enable the Board to consider the potential contribution of the diagnostic to support strengthened leadership capability and delivery of the organisation strategy.  
Date Entered: 29/06/2018 11:19  
Entered By: Greg Sawiuk | |
| 2 Transformational plan costings to FBIC | Draft plans currently being reviewed following QIAs  
Date Entered: 04/04/2018 11:03  
Entered By: Sandra Knight | |
**Risk number:** 1984  |  **Lead Director:** Liz Romanik |  **Review Date:** 15/10/2018

**Monitoring Group:** FBIC | **Initial Risk Rating:** 20 | **Current Risk Rating:** 20 | **Residual Risk Rating:** 16

**Strategic Objective:** Sustainability & Growth

To maintain our financial viability whilst actively seeking appropriate new business opportunities

**Risk description:**

If public sector finances tighten, then our financial position could deteriorate. Linked to CRR 1821.

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| - Regular finance reports to Board/FBIC  
- CIP programme performance and substitutions reviewed monthly  
- FBIC/EMT oversight of financial plans  
- Financial dashboards to BUPM, Board and FBIC including FBIC risk and mitigation assessment  
- Utilise local accountable care arrangements to ensure joint impact assessment of partner financial plans and budget reductions | - Corporate benchmarks action plan reporting into FBIC  
- Bradford and Airedaleplace based financial plan to be finalised incorporating health and social care assumptions as part of work to develop a West Yorkshire and Harrogate STP plan | - Identification of recurrent CIPs sufficient to deliver 2018/19 plan requirement  
- National relaxation of public sector pay cap could if unfunded, materially impact the Trusts finances  
- Local Authority budget consultation not developed through partners or involving joint risk assessments in previous financial years |

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| Residual plan uncertainties relating to contract negotiations, pay award negotiations and provider funding for, degree of CIP stretch and value of Red RAG rated CIPs | 3 Planning guidance issued early February 2018 accompanied by revised Control Total (reduced) requires Board endorsed draft and final plan submissions on 8 March 18 and 30 April 18. | Trust has been modeling the pay award impact on behalf of NHS trusts with a select few national organisations. Confirmation has been received that A4C pay award will be funded in 2018/19 and 1% initial pay deal covers incremental drift. Residual risks relate to funding of consequential Agency staff increases, Senior Managers pay deal and Medical staff pay deal.  

Date Entered: 06/07/2018 17:13  
Entered By: Neil Crook |

Tender approach is Competitive Dialogue meaning specification (to be released mid-July) is likely to be lacking some detail on | 4 Local Authority have consulted and subsequently issued a Prior Information Notice on intention to tender | Service Leads have engaged with LA and are working on options for a new model to meet the indicative specification/
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<tr>
<td>cutbacks / outcomes asking for innovation from interested parties to draw up a final specification to bid against by 3rd Dec for final award end Jan. Trust will need to be assured that new model is deliverable within budget and that transitional costs (including stranded costs) can be managed</td>
<td>for the redesign of 0-19 Children's Services with a significant reduction in financial envelope. Trust needs to determine whether a viable submission can be made and the risks associated with success / failure of contract award.</td>
<td>envelope. Stranded/transitional costs are being reviewed to support draft business case to FBIC September in advance of tender submission end of October.</td>
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Date Entered: 06/07/2018 17:32
Entered By: Neil Cook
**Risk number:** 1985  
**Lead Director:** Liz Romaniak  
**Review Date:** 15/10/2018

**Monitoring Group:** FBIC

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<th>Initial Risk Rating:</th>
<th>Current Risk Rating:</th>
<th>Residual Risk Rating:</th>
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**Strategic Objective:** Sustainability & Growth

To maintain our financial viability whilst actively seeking appropriate new business opportunities

**Risk description:**

If productivity and VIM are not improved then we may gradually lose contracts to more competitive providers and could become uneconomic. Linked to CRR 1821 & 1822.

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| - Regular CIP reporting to Board / FBIC  
- Development plan agreed for SLR and Costing Transformation  
- Differential Corporate CIP and additional Corporate Benchmarking actions in train during 2017/18 and 2018/19 | Actions on Corporate benchmarking work plan reported at each FBIC | Lack of robust national productivity measures for community and mental health services / scale of efficiency being required by NHSE and Public Health Commissioners requires new approaches to corporate functions |

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| 1 Initial Scoping of scope for IM&T cost reductions to be completed | | Tim Rycroft has contacted ELFT to discuss benchmarking. Benchmarking information for corporate functions provides updates view on potential compared to peers. Concerns escalated in relation to IM&T issues (connectivity, network, Cyber, kpi) require a review of overall resourcing and effectiveness. EMT and DBT July 2016 agreed new framework for review of corporate functions commencing July/August and incorporating 4 quality strands via workshop style.  
Date Entered: 17/07/2018 17:12  
Entered By: Liz Romaniak |
| 2 NHS Corporate Benchmarking Club return to be populated. When issued, benchmarking results to be used to assess improvement / deterioration in benchmarked performance | 2016/17 benchmarking output has been updated to 2018/19 cost base reflecting adjustments for CIPs delivered since submission and signed off with Department Heads. An approach to reviewing opportunities for improved efficiency / CIP has been agreed with Execs to enable opportunities for further reduction | CIP reductions to be identified and agreed in advance of 2019/20 budget setting.  
Date Entered: 06/07/2018 17:43  
Entered By: Neil Cook |
**Risk number:** 1986  
**Lead Director:** Liz Romaniak  
**Review Date:** 15/10/2018

**Monitoring Group:** FBIC

**Initial Risk Rating:** 16  
**Current Risk Rating:** 16  
**Residual Risk Rating:** 12

**Strategic Objective:** Sustainability & Growth  
To maintain our financial viability whilst actively seeking appropriate new business opportunities

**Risk description:**
If commissioners reduce the value of contracts, then we may not be able to cover fixed costs with adverse consequences to our financial viability. Linked to CRR 1821.

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| - Outcomes from 2017/18 and 2018/19 Contracts with NHSE (Low Secure uplift) and CCGs (NH and demographic uplift)  
- Wakefield 0-19s contract contribution to mitigate impact of Bradford 0-19s contract cuts (overhead contribution / re-design)  
- Development Plan agreed for SLR and Costing  
- CIPs targeting more cost efficient back office and estates functions | Actions on Corporate benchmarking work plan reported at each FBIC  
National Reference Costs suggest overall relative cost efficiency, but some outlier higher/lower than average costs require further review | Public Health funded contracts face large cash reductions in 2018/19 exacerbated by OMS de-commissioning, unfunded inflation and any impact from unfunded relaxation of public sector pay cap.  
CDS Procurement funding envelope unknown - previous tender exercise (halted following provider appeal to NHSE and via NHS) assumed a substantial reduction from year 1. Implications beyond 2018/19 unclear |

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| 1 Trust agreed to target differential overhead CIPs during 2017/18 and 2018/19 | Corporate Overhead response reviewed by EMT/DBT meetings in July and targeting additional scoping workshops July-Dec 18.  
Date Entered: 17/07/2018 17:22  
Entered By: Liz Romaniak | |
| 4 Trust collaborating with CDS providers in anticipation of NHSE CDS Re-procurement in 2018/19 | NHSE advised tender update would be provided in June 2018. No progress update provided. Meeting now arranged for August 2018. Key concerns remain i) funding attached to lots 2) scope of lots 3) estates parameters 4) workforce implications 5) theatre access/costs and 6) mobilization period to effect any transformation  
Date Entered: 17/07/2018 17:24  
Entered By: Liz Romaniak | |
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<td>There is presently cross subsidy between</td>
<td>5 The Trust has agreed to work with CCG Commissioners to rebase the contracts</td>
<td>Trust is working towards sharing rebasing output with CCGs from the SLR system in July for</td>
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<tr>
<td>Commissioners including CCG, NHSE and LA</td>
<td>across Commissioners to more accurately reflect the cost / price of service</td>
<td>query to enable a final agreement to be reached in advance of the 2019/20 financial year</td>
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<td>contracts. The Trust risks having stranded</td>
<td>delivery within contracts (the historic apportionment of the contract from</td>
<td>on movement of funds between contract baselines. July Costing and Transformation Project</td>
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<tr>
<td>costs in the event that services are re-</td>
<td>the disaggregation of the PCT across CCG baselines was built on indicative</td>
<td>Board will consider the tactical approach to be taken with Commissioners.</td>
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<td>tendered/withdrawn.</td>
<td>information). The Trust is in the process of implementing a ServiceLine</td>
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<td>Reporting tool / Patient Level Costing System which will support this work.</td>
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