

Risk number:	1964	Lead Director:	Debra Gilderdale	Review Date:	12/02/20
Monitoring Group:	QSC				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	9
<p>Strategic Objective: Quality & Workforce</p> <p>To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</p> <p>Risk description:</p> <p>If demand exceeds capacity. Then service quality, safety and performance could deteriorate. Linked to CRR 1819, 1825 & 1826.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - IPR & Committee dashboards - BU performance meetings - Directors' & Transformation meetings - Risk Management Framework 		<ul style="list-style-type: none"> - Recent IPR reports to Board (Q1) - Q&SC / MHLC reports and BU presentations (Q1) - Reports to Outstanding Care Steering Group (Q1) - Available through staff intranet 			
Gap in control/Action:		Open actions:		Most recent action update:	
Impact of LA budget - potential mitigation but no local system agreement to LA share of £2bn social care		1 Possible Board Development session on population demand		<p>Focused deep dive on demand and capacity across mental health and community nursing teams, to be presented at EMT.</p> <p>Date Entered : 14/08/2018 13:15 Entered By : Debra Gilderdale</p>	

Risk number:	1973	Lead Director:	Andy McElligott	Review Date:	20/02/20
Monitoring Group:	QSC				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	6
<p>Strategic Objective: Quality & Workforce</p> <p>To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</p> <p>Risk description:</p> <p>If regulatory standards are not met. We may experience intervention from regulators or damage to our reputation.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Quality strategy - Q&SC & MHLC reports - Q&S walkabouts 		<ul style="list-style-type: none"> - Regular meetings with commissioners and regulators - Outstanding Care Board papers/review of well-led framework - Compliance reports on CQC MHA inspections 			
Gap in control/Action:		Open actions:		Most recent action update:	
		2 Action plan in response to CQC report		<p>Action plan further updated. Now moving into peer review phase to assess if improvements sustained.</p> <p>Date Entered : 06/12/2018 17:35 Entered By : Andy McElligott</p>	
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.		<p>Board has now formally approved implementation of a Lean-based QI System (cf. Virginia Mason-type approach). Trust is now seeking support from an NHS partner with experience of successful implementation. Expect to start appointing to Kaizen Promotion Office (KPO) soon and to start Certified Leader Training for senior leadership team in next two months.</p> <p>Date Entered : 09/11/2018 09:12 Entered By : Andy McElligott</p>	
		4 Participation in 'Moving to Good' programme		<p>First site visit 16th July.</p> <p>Agreed objectives:</p> <p>1) Review (& where required) improve how we collate, analyze</p>	

Gap in control/Action:	Open actions:	Most recent action update:
		<p>and use data to improve quality</p> <p>NHSI agreed to help us with a masterclass on the use of SPC and measurement for improvement and have also paired us with Northumberland, Tyne and Wear FT who have expertise in this area</p> <p>2) Introduce a formal QI methodology</p> <p>NHSI have offered one/ two days consultancy around the new QI Strategy</p> <p>3) Using a variety of tools , drive meaningful improvements in staff engagement so that staff feel valued, included & listened to</p> <p>NHSI have offered to support a staff engagement workshop</p> <p>In addition to the above, BDCFT has been 'buddied' with Cumbria Partnership Trust which is also on the M2G programme and NHSI have offered some sessions of executive coaching which have been taken up by the Director of Nursing and Ops</p> <p>Date Entered : 14/08/2018 15:44 Entered By : Andy McElligott</p>
	<p>5 Preparation for 2019 CQC inspection</p>	<p>PIR received and governance team co-ordinating response which is due in by 20/12. Sign-off overseen by Medical and Nurse Directors</p> <p>Date Entered : 06/12/2018 17:38 Entered By : Andy McElligott</p>

Risk number:	1974	Lead Director:	Paul Hogg	Review Date:	28/02/20
Monitoring Group:	QSC				
Initial Risk Rating:	9	Current Risk Rating:	9	Residual Risk Rating:	9
<p>Strategic Objective: Quality & Workforce</p> <p>To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</p> <p>Risk description:</p> <p>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.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - You and Your Care Strategy - Existing service user governance & involvement groups 		<ul style="list-style-type: none"> - Updates from service users at key governance meetings - Patient experience report to Q&SC in August 2018 - improved patient experience data gathering linked to FFT requirements 		<ul style="list-style-type: none"> - Your and Your Care SRG to meet in July to discuss refresh of engagement strategy - capacity issues around increasing volunteering support above existing levels 	
Refreshed TWIG model and supporting groups (e.g. i2i)					
Carers hub programme of activities					
70+ CTSW activities					
Mental health patient experience survey		Positive results from MH patient experience survey			
Y&YCSRG discussion in October 2018 about work priorities linked to organizational strategy		Internal meeting minutes & papers			
Gap in control/Action:		Open actions:		Most recent action update:	
		4 Y&YCSRG meeting to be arranged February 2019			

Risk number:	1975	Lead Director:	Sandra Knight	Review Date:	26/03/20
Monitoring Group:	FBIC				
Initial Risk Rating:	16	Current Risk Rating:	16	Residual Risk Rating:	12
<p>Strategic Objective: Quality & Workforce</p> <p>To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</p> <p>Risk description:</p> <p>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 1831.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Workforce strategy - Equality, Diversity and Inclusion strategy - Workforce data in IPR & FBIC dashboard - four new priorities agreed with the board around talent, recruitment and selection, leadership and system wide workforce issues 		<ul style="list-style-type: none"> - Committee deep dive reports to FBIC - Equality, Diversity and Inclusion strategy and action plan 		<ul style="list-style-type: none"> - 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:		Open actions:		Most recent action update:	
<ul style="list-style-type: none"> - Progress on delivering representative workforce target by 2020 		<p>1 Workforce strategy refresh</p>		<p>SK - new Equality Diversity and Inclusion Steering Group established to oversee the delivery of a Strategy and Action Plan with representative membership from across the Trust.</p> <p>Board Workshop took place in Sept 2018 with the National WRES Team (Dr Habib) resulting in identification of further areas of good practice.</p> <p>Date Entered 2.10.2018</p> <p>Date Entered : 02/10/2018 15:50 Entered By : Sandra Knight</p>	

Risk number:	1976	Lead Director:	Sandra Knight	Review Date:	22/02/20
Monitoring Group:	FBIC				
Initial Risk Rating:	12	Current Risk Rating:	16	Residual Risk Rating:	8
<p>Strategic Objective: Quality & Workforce</p> <p>To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</p> <p>Risk description:</p> <p>If we do not develop an engaged and motivated workforce. Then the quality of our service may deteriorate. Linked to CRR 1831.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Annual Staff Survey results & Board paper - Workforce Strategy - Staff engagement plan -Workforce KPIs -LTO -Sickness absence and appraisal stats - use of crowdsourcing technology 		<ul style="list-style-type: none"> - Results of Q1, Q2 and Q3 EMT briefings - Results of 2017 staff survey - CQC report - feedback from crowdsourcing campaigns 		<ul style="list-style-type: none"> - Business Unit monthly performance meetings do not currently encompass progress of staff survey actions. 	
Gap in control/Action:		Open actions:		Most recent action update:	
Lack of oversight of local engagement and actions to address local staff survey results		2 Staff Survey results 2017 Board paper and action plan		<p>3.1.19 - first cut Trust wide of staff survey results to be discussed at the January private Board. Results for the staff engagement score being highlighted and actions at corporate and local level will reinforce existing initiatives. Nationally benchmarked results available late Feb early March, paper will go to Trust Board in March 2019 latest. Entered by D Daniel</p> <p>Date Entered : 03/01/2019 12:02 Entered By : Debbie Daniel</p>	
		3 Embedding crowdsourcing partner to support extensive staff engagement		<p>3.1.19 - Draft still being refined. Plan to go for final ratification to the Board in Jan 2019. Following which the enabling strategies including Workforce will be developed. Staff survey results using Clever Together now available and disseminated across the Trust. Small group of staff trained to be able to use the Crowdsourcing platform for future campaigns.</p>	

Gap in control/Action:	Open actions:	Most recent action update:
		Entered by D Daniel Date Entered : 03/01/2019 11:59 Entered By : Debbie Daniel

Risk number:	1977	Lead Director:	Sandra Knight	Review Date:	29/05/20
Monitoring Group:	FBIC				
Initial Risk Rating:	9	Current Risk Rating:	9	Residual Risk Rating:	4
<p>Strategic Objective: Quality & Workforce</p> <p>To provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</p> <p>Risk description:</p> <p>If we fail to develop an innovative learning culture for staff. Then we may not exploit new opportunities that emerge. Linked to CRR 1830.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - 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 		<ul style="list-style-type: none"> - FBIC deep dive reports - Recognition through regional awards/YASA - EMT paper on crowdsourcing - CQC reports 			
Gap in control/Action:		Open actions:		Most recent action update:	
<p>Currently no systematic approach to quality improvement across that is not supportive of a culture of continuous learning, and development or widespread staff engagement</p>		<p>2 Quality Improvement Methodologies being investigated with a view to identifying the Trust's preferred approach</p>		<p>Following a review of different QI methodologies a paper will be going to September Trust Board advocating the use of lean. Following this the next steps in terms of procurement etc. will be mapped out through the Exec Team.</p> <p>Entered by Sandra Knight on 28.08.2018</p> <p>Date Entered : 28/08/2018 11:31 Entered By : Sandra Knight</p>	
<p>I-Care is a new initiative that is currently unevaluated</p>		<p>3 Review I-Care one year on</p>		<p>3.1.19 - iCare brand to be extended to encompass improvement, innovation and growth. The model and interdependencies currently being developed. Entered by D. Daniel</p>	

Gap in control/Action:	Open actions:	Most recent action update:
		Date Entered : 03/01/2019 12:04 Entered By : Debbie Daniel

Risk number:	1978	Lead Director:	Brent Kilmurray	Review Date:	15/10/20
Monitoring Group:	Trust Board				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	8
<p>Strategic Objective: Intergration & Partnerships</p> <p>To be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP</p> <p>Risk description:</p> <p>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'.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - 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 		<ul style="list-style-type: none"> - Regular updates through CEO reports and central WY&H comms HCP approved as one of 4 new ICS Q1 2018/19 			
Gap in control/Action:		Open actions:		Most recent action update:	
<p>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.</p>		<p>3 WY&H Leadership engagement with NHSE and NHSI during 2018/19 to agree an ICS compact with the regulators</p>		<p>June 2018 SLEG - NHSE and NHSI attended to outline process for negotiation of an ICS compact between the ICS and 2 national bodies.</p> <p>June 2018 - King's Fund Prof Chris Ham and Don Berwick attended SLEG ICS development session</p> <p>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.</p> <p>Date Entered : 17/07/2018 16:51 Entered By : Liz Romaniak</p>	

Risk number:	1979	Lead Director:	Andy McElligott	Review Date:	04/02/20
Monitoring Group:	Trust Board				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	8
<p>Strategic Objective: Intergration & Partnerships</p> <p>To be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP</p> <p>Risk description:</p> <p>If partners (including BDCFT) fail to delivery a robust and sustainable Bradford Health and Care Partnership Then there will not be the system-wide changes needed to meet the 'triple aim'.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - ICB structure in place - active engagement by Executive Directors - Accountable care programme boards in place - Regular DoF's meeting in place 		<ul style="list-style-type: none"> - Regular updates through CEO reports (Q1) - Regular updates through ICB - Updates through the STP leadership team meetings 		<ul style="list-style-type: none"> - Not fully quantified how the financial gap will be bridged 	
Gap in control/Action:		Open actions:		Most recent action update:	
		<p>2 Health & Care Partnership Board overseeing development of a Partnership Framework</p>		<p>Now agreed to develop a single Strategic Partnering Agreement across the whole district. Regular meetings taking place to test the straw man. Expected Board sign off of final product in March2019.</p> <p>Date Entered : 06/12/2018 17:41 Entered By : Andy McElligott</p>	

Risk number:	1980	Lead Director:	Andy McElligott	Review Date:	04/02/20
Monitoring Group:	Trust Board				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	8
<p>Strategic Objective: Intergration & Partnerships</p> <p>To be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP</p> <p>Risk description:</p> <p>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'.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - ICB & Accountable Care Boards established - MoU and Alliance Agreement approved - Out of hospital structural collaboration launched 		<ul style="list-style-type: none"> - Regular updates through CEO reports (Q1) - MOU and Alliance Agreement signed (June 2017) 			
Gap in control/Action:		Open actions:		Most recent action update:	
		<p>2 Health & Care Partnership Board overseeing development of a Partnership Framework</p>		<p>Now agreed to develop a single Strategic Partnering Agreement across the whole district. Regular meetings taking place to test the straw man. Expected Board sign off of final product in March 2019.</p> <p>Date Entered : 06/12/2018 17:42 Entered By : Andy McElligott</p>	

Risk number:	1981	Lead Director:	Sandra Knight	Review Date:	25/02/20
Monitoring Group:	FBIC				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	9
<p>Strategic Objective: Sustainability & Growth</p> <p>To maintain our financial viability whilst actively seeking appropriate new business opportunities</p> <p>Risk description:</p> <p>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.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Market development plan to FBIC - iCare programme 		<ul style="list-style-type: none"> - FBIC reports (April, June, July 2017) 		<ul style="list-style-type: none"> - Market Development Plan impacted by greater focus on structured collaboration and reduction in corporate functions. 	
Gap in control/Action:		Open actions:		Most recent action update:	
		<p>1 Business case on option for crowd sourcing</p>		<p>SK - Following the conclusion of the Crowdsourcing campaign to refresh the organisation's strategy the document itself is now being developed which will map out the areas of innovation and development that will form the blue print of the organisation for the coming five years.</p> <p>Date entered 2.10.2018</p> <p>Date Entered : 02/10/2018 16:06 Entered By : Sandra Knight</p>	
		<p>2 The Trust needs to ensure it's Organisational SWOT is updated and links to the new five year organisational Strategy refresh in order to remain competitive and responsive to opportunities, risks and threats.</p>		<p>As part of the organisation Strategy refresh work at the outset the Senior Leadership Team undertook a high level organisational SWOT, this will be revisited once the organisation and stakeholder crowdsourcing conversations are concluded and the revised strategy fleshed out.</p> <p>Date Entered : 29/08/2018 09:04 Entered By : Greg Sawiuk</p>	

Risk number:	1982	Lead Director:	Debra Gilderdale	Review Date:	12/02/20
Monitoring Group:	Trust Board				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	12
<p>Strategic Objective: Sustainability & Growth</p> <p>To maintain our financial viability whilst actively seeking appropriate new business opportunities</p> <p>Risk description:</p> <p>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.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Operational Plan and response to 5YFV for MH - Mental Wellbeing strategy sets framework for locally - MH UEC Vanguard for West Yorkshire 		<ul style="list-style-type: none"> - Board discussion on wellbeing strategy (June 2017) 			
Gap in control/Action:		Open actions:		Most recent action update:	
<ul style="list-style-type: none"> - 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) 		<ol style="list-style-type: none"> 1 SWOT analysis and wider re-refresh of organisational strategy, following Board workshop) 		<p>As part of the transformation of Community Mental Health Services and care closer to home, planning has commenced with voluntary care services to explore the role of VCS within CMHT.</p> <p>Date Entered : 28/08/2018 11:58 Entered By : Debra Gilderdale</p>	

Risk number:	1983	Lead Director:	Sandra Knight	Review Date:	14/02/20
Monitoring Group:	FBIC				
Initial Risk Rating:	12	Current Risk Rating:	12	Residual Risk Rating:	9
<p>Strategic Objective: Sustainability & Growth</p> <p>To maintain our financial viability whilst actively seeking appropriate new business opportunities</p> <p>Risk description:</p> <p>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 1829.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Workforce strategy - BME employment strategy - Workforce data in IPR & FBIC dashboard - iCare - Workforce Strategy Market Development Plan 		<ul style="list-style-type: none"> - Digital strategy to FBIC (June 2017) - Workforce Strategy (April 2017) - September annual update to FBIC. - EMT review of opportunities and investment 		<ul style="list-style-type: none"> - Impact of corporate benchmarking on resilience/ability to respond to opportunities 	
Gap in control/Action:		Open actions:		Most recent action update:	
		1 Actions identified following F2E Resilience Workshop.		<p>SK - New Chief Executive with the senior leadership team has streamlined ways of working including meetings in order to ensure a strong integrated senior leadership team working together to meet short, medium and longer term challenges.</p> <p>Date entered 2.10.2018</p> <p>Date Entered : 02/10/2018 16:11 Entered By : Sandra Knight</p>	
		2 Transformational plan costings to FBIC		<p>3.1.19 - Business Planning workshops continue in late Jan 2019, with a final plan being finalised Feb/Mar 2019. Entered by D Daniel</p> <p>Date Entered : 03/01/2019 12:09 Entered By : Debbie Daniel</p>	

Risk number:	1984	Lead Director:	Liz Romaniak	Review Date:	27/12/20
Monitoring Group:	FBIC				
Initial Risk Rating:	20	Current Risk Rating:	20	Residual Risk Rating:	20
<p>Strategic Objective: Sustainability & Growth</p> <p>To maintain our financial viability whilst actively seeking appropriate new business opportunities</p> <p>Risk description:</p> <p>If public sector finances tighten. Then our financial position could deteriorate. Linked to CRR 1821.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - 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 -Rigorous business case approval process including FBIC/Board for key decisions 		<ul style="list-style-type: none"> - Corporate benchmarks action plan reporting into FBIC 		<ul style="list-style-type: none"> - Deteriorating underlying position including material inpatient cost pressures - Identification of recurrent CIPs sufficient to deliver plan requirement - National relaxation of public sector pay cap could if unfunded, materially impact the Trusts finances 	
<ul style="list-style-type: none"> - Utilise local accountable care arrangements to ensure joint impact assessment of partner financial plans and budget reductions 		Bradford and Airedale place 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		Local Authority budget consultation not developed through partners or involving joint risk assessments in previous financial years Early Years procurement process introducing material financial and contractual risks	
Gap in control/Action:		Open actions:		Most recent action update:	
Residual plan uncertainties relating to contract negotiations, pay award negotiations and recurrent provider funding for, degree of CIP stretch level of NR and Red RAG rated CIPs		3 Planning guidance for 2018/19 issued early February 2018 accompanied by revised Control Total (reduced) required Board endorsed draft and final plan submissions on 8 March 18 and 30 April 18. Now need to confirm recurrent mechanism for funding of AFC pay deal.		NR funding for AFC pay deal provided directly to Trusts however recurrent mechanism remains unclear. Despite lobbying NHS Improvement regional director advised extremely unlikely that public health contract funding will be ring-fenced or provided beyond the current financial year (likeliest route via tariff).	
Tender approach was unexpectedly changed with no		4 Local Authority have consulted and subsequently		PIN for an open procurement was issued at the end of August	
Date Entered : 28/09/2018 09:21 Entered By : Liz Romaniak					

Gap in control/Action:	Open actions:	Most recent action update:
<p>notice from a Competitive Dialogue (with specification due to be released mid July) to an Open Procurement (specification issued end of August). Tender submissions brought forward from 3rd Dec (for final award end Jan) to submission by 12th Oct (an award mid Nov). Trust will need to be assured that new model is deliverable within budget and that transitional costs and cost improvements (including stranded costs) can be managed. Mobilisation by the successful bidder will need to conclude for contract start on 1 April 2019.</p>	<p>issued a Prior Information Notice on intention to tender 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.</p>	<p>18, at odds with previously communicated competitive dialogue process. Reduced financial envelope exacerbated by VCS requirement, reduced mobilization period and onerous Ts and Cs. Exec Director lead agreed 4th Sept (LR) and timescales for developing draft business case for EMT (14th Sept) and for Board review (27th Sept) agreed. EMT reviewed 18th and QIA conducted 24th Sept prior to Board discussion. Legal advice sought on Ts and Cs and queries submitted via procurement portal. Board agreed 'red lines' beyond which the Trust could not proceed further than a tender submission without further Board consideration and dialogue. The speed and scale of mobilization and additional Ts and Cs risk remain a key concern. Tender documentation development being supported by Excellence in Business and now in 'amber' review stage. Red review stage due to commence 5th October to support submission by 12th October.</p> <p>Date Entered : 28/09/2018 09:35 Entered By : Liz Romaniak</p>

Risk number:	1985	Lead Director:	Liz Romaniak	Review Date:	18/03/20
Monitoring Group:	FBIC				
Initial Risk Rating:	20	Current Risk Rating:	16	Residual Risk Rating:	20
<p>Strategic Objective: Sustainability & Growth</p> <p>To maintain our financial viability whilst actively seeking appropriate new business opportunities</p> <p>Risk description:</p> <p>If productivity and VfM are not improved. Then we may gradually lose contracts to more competitive providers and could become unviable. Linked to CRR 1821 & 1822.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> -Regular CIP reporting to Board / FBIC -Development plan agreed for SLR and Costing Transformation -Differential Corporate CIP and additional Corporate Benchmarking actions in train including Corporate CIP workshops 		<p>Actions on Corporate benchmarking work plan reported at each FBIC</p>		<p>Trust turnover/size means fixed costs disproportionate, need to clarify business growth strategy and more transformational schemes for corporate, admin and estates functions</p> <p>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</p>	
Gap in control/Action:		Open actions:		Most recent action update:	
		<p>1 Initial Scoping of IM&T cost reductions to be completed</p>		<p>External Partner sourced to support an initial review of IM&T function / infrastructure and to assist with Virtual Organisation planning. Presentations from Robotics expert arranged for Senior Leadership group to support broader thinking in support of Corporate Overhead Challenge. 2017/18 benchmarking outputs less helpful as focus solely on transactional costs and suggest less scope for efficiency (due to narrower scope). External partner to support review of existing investment and 'value'. Timescales to be agreed by January.</p> <p>Date Entered : 18/12/2018 07:57 Entered By : Liz Romaniak</p>	

Gap in control/Action:	Open actions:	Most recent action update:
<p>Capacity / lead time to develop plans at sufficient scale</p>	<p>2 Implications of 0-19 tender and Trust's current overhead percentage indicate that more Transformational schemes are now required. Senior leader CIP scoping workshop proposed 5 key strands of which 4 directly support corporate cost efficiency 1. workforce 2. estates 3. business growth 4. technology and IM&T (5. is Other schemes)</p> <p>NHS Corporate Benchmarking Club return submitted and will be used to assess improvement / deterioration in benchmarked performance</p>	<p>Business Planning launch event in November used to progress Estates, Workforce/IM&T aspects of Sustainability Challenge and to provide financial / planning context to 65 senior leaders group. Outcomes included agreement of worker profiles to support estates rationalization. Next steps to be progressed via WorkSmart. CEO/FD one to one sessions with Sustainability work programme leads to confirm potential scope/timing of savings and review resource requirements. External partners sourced to support Virtual Organisation and Estates Strategy programmes. Trust Board decision to withdraw from 0-19s Tender communicated to LA. Staff briefings held. LA decision on next steps to be confirmed by January at the earliest but likeliest outcome is in house service rather than further renegotiation. Plans to demobilize therefore in train. 10/12s stranded costs anticipated, with business plan to take this into account. Forward to Excellence business planning event on 13th December to review revised Sustainability Challenge and scope to optimize current and new efficiency plans discussed in workshops with 60 senior leaders. De-mobilization planning sessions penciled in with Council for January, subject to their formal decision being confirmed. Key focus now on underlying efficiency challenge. NHSI alerted.</p> <p>Date Entered : 18/12/2018 07:53 Entered By : Liz Romaniak</p>

Risk number:	1986	Lead Director:	Liz Romaniak	Review Date:	18/03/20
Monitoring Group:	FBIC				
Initial Risk Rating:	16	Current Risk Rating:	20	Residual Risk Rating:	20
<p>Strategic Objective: Sustainability & Growth</p> <p>To maintain our financial viability whilst actively seeking appropriate new business opportunities</p> <p>Risk description:</p> <p>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.</p>					
Key controls:		Internal & External Assurance:		Gaps in assurance:	
<ul style="list-style-type: none"> - Outcomes from 2017/18 and 2018/19 Contracts with NHSE (Low Secure uplift) and CCGs (MH and demographic uplifts) - 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 		<p>Corporate CIP workshops coordinated by interim FD August 2018</p> <p>Differential Support function CIPs targeted and achieved in last 3 financial years</p> <p>Actions on Corporate benchmarking work plan reported at each FBIC</p> <p>National Reference Costs suggest overall relative cost efficiency, but some outlier higher/lower than average costs require further review</p>		<p>Public Health funded contracts face further large cash reductions exacerbated by SMS de-commissioning, VCS contract requirements, unfunded inflation and unfunded AFC pay deal impacts.</p> <p>CDS Procurement funding envelope unknown - previous tender exercise (halted following provider appeal to NHSE and via NHSI) assumed a substantial reduction from year 1. Implications beyond 2018/19 unclear.</p>	
Gap in control/Action:		Open actions:		Most recent action update:	
		<p>1 The Trust has agreed to target differential overhead CIPs</p>		<p>CEO/FD met 5 work stream leads to discuss resource requirements to progress / optimize savings. Business Planning events in November and December used to share financial context and engaged 60+ leaders in developing detailed plans. December particular focus on Sustainability challenge including optimizing Virtual Organisation, Workforce and Care Closer to Home efficiencies and new ideas generation. Estates targets of £600k agreed. Corporate targets to be scoped during December/January.</p> <p>Date Entered : 18/12/2018 08:13 Entered By : Liz Romaniak</p>	

Gap in control/Action:	Open actions:	Most recent action update:
	<p>4 The Trust has been collaborating closely with CDS providers in anticipation of NHSE CDS re-procurement during 2018/19. Regional NHSE corresponded with providers of CDS to advise of a 5 year contract extension, however unfavourable specification and conditions precedent have been proposed. These require urgent clarification before the proposal can be assessed.</p>	<p>Trust telecom with NHSE regional dental team to discuss detailed conditions precedent and to secure written 'comfort' statement that conditions were aspirations and could not be imposed or actioned without Trust discussion and agreement. Draft 5 year contract received. Further discussions underway to ensure status of conditions precedent is clear before documents returned. Trust has discussed at Costing Transformation Programme Board and requested NHSE reflect a better set of KPIs and metrics that better reflect the activities within the service specification they have requested and also utilize existing NHS benchmarking outputs. This is being progressed positively.</p> <p>0-19 tender withdrawal means stranded costs are expected to require 10/12s management, subject to council decision on arrangements for provision in January 2019. Business Planning assuming worst case impact requires mitigation. Prospect of a deficit plan may now need to be considered. Planning work streams now being prioritized for December/January.</p> <p>Date Entered : 18/12/2018 08:08 Entered By : Liz Romaniak</p>
<p>There is presently cross subsidization between Commissioners including CCG, NHSE and LA contracts. The Trust risks having stranded costs in the event that services are re-tendered / withdrawn.</p>	<p>5 The Trust has agreed to work with CCG Commissioners to rebase the contracts across Commissioners to more accurately reflect the cost / price of service delivery within contracts (the historic apportionment of the contract from the disaggregation of the PCT across CCG baselines was built on indicative information). The Trust is in the process of implementing</p>	<p>0-19 tender withdrawal means stranded costs are expected to require 10/12s management, subject to council decision on arrangements for provision in January 2019. Business Planning assuming worst case impact requires mitigation. Prospect of a deficit plan may now need to be considered. Planning work streams now being prioritized for December/January.</p> <p>NHSE price review meeting</p>

Gap in control/Action:	Open actions:	Most recent action update:
	<p>a Costing Transformation Programme which will support this work.</p>	<p>scheduled for w/c 17 December 2018.</p> <p>Trust raised differential 'left shift' investment in community and mental health services and requested discussion focused on difference in CCG programme expenditure compared to national averages. In principle agreement to differentially invest (growth funding) in primary, community and mental health for 2019/20, noting that this will be subject to national planning requirements.</p> <p>Date Entered : 18/12/2018 08:10 Entered By : Liz Romaniak</p>