

Risk number:	1964	Lead Director:	Patrick Scott	Review Date:	20/08/20
Monitoring Group:	QSC				
Initial Risk Rating:	12	Current Risk Rating:	20	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 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"> - Senior Leadership Group - Directors' & Transformation meetings - Risk Management Framework - IPR and dashboards - Mental Health Partnership Board - Q&S 		<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 			
twice daily operational updates are being instigated to manage patient flow					
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>Business developments opportunities and growth areas to explore was presented at the Senior Leadership Group on 28th January 2019, detailed SWOT analysis presented comprising of 4 key areas, Bids, tenders and Care delivery, Income generation business to business, partnership development and I care.</p> <p>key priorities identified, this will be presented back at SLG in March 2019</p> <p>Through the BDCFT organizational strategy and planning for 19/20 demand and capacity areas are being monitored. Key performance indicators reported to Board</p> <p>Through the MH Partnership Board demand, pressures and capacity across the system is a key focus with strong</p>	

Gap in control/Action:	Open actions:	Most recent action update:
		representation from BDCFT to secure investment. Date Entered : 29/01/2019 11:17 Entered By : Debra Gilderdale

Risk number:	1973	Lead Director:	Debra Gilderdale	Review Date:	22/06/20
Monitoring Group:	QSC				
Initial Risk Rating:	12	Current Risk Rating:	20	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:	
Actions not previously followed up in timely way		2 Action plan in response to CQC report		<p>target date revised as actions will be expected from 2019 report. Shorter deadline to be applied</p> <p>Date Entered : 23/04/2019 07:55 Entered By : Louise Hussain</p>	

Risk number:	1974	Lead Director:	Paul Hogg	Review Date:	30/09/20
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			
Meeting with Governors and PE team on 18 February to consider refresh of PE and membership strategies.					
Gap in control/Action:		Open actions:		Most recent action update:	
		4 Y&YCSRG meeting to be arranged February 2019		Further discussion with Chair and CEO about future of Y&YCSRG once strategy has been approved	
				Date Entered : 18/07/2019 08:57 Entered By : Paul Hogg	
Sporadic attendance at Carer's Hub, Skipton.		5 Discussions with Patient Experience Lead on reviewing programme of activities at Carer's Hubs.		Review status of Carer Hubs as part of Your Voice Matter involvement strategy	

Gap in control/Action:	Open actions:	Most recent action update:
		Date Entered : 18/07/2019 08:56 Entered By : Paul Hogg
	6 new Participation and Involvement Strategy identified as a Strategic Breakthrough project for 2019/10 - Board approval expected July 2019 with launch in September 2019.	BDD workshop confirmed for 25 July; discussion at AMM on 10 September; launch of strategy will be planned for October Date Entered : 18/07/2019 09:01 Entered By : Paul Hogg
	7 Review local arrangements for new FFT format with services	

Risk number:	1975	Lead Director:	Sandra Knight	Review Date:	09/09/20
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 		<ul style="list-style-type: none"> 1 Workforce strategy refresh 		<ul style="list-style-type: none"> 5.6.19 - Update paper received at April Board. Board agreed to support a version of reverse mentoring to become ambassadors undertaking blogs and for current senior level post recruitment to have reflective interview panels. Posted by D. Daniel Date Entered : 05/06/2019 16:10 Entered By : Debbie Daniel 	

Risk number:	1976	Lead Director:	Sandra Knight	Review Date:	07/10/20
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 - QI Strategy - Staff engagement plan - Solution focussed coaching plan - Workforce KPIs - LTO - Sick absence and appraisal stats - use of crowdsourcing technology 		<ul style="list-style-type: none"> - Results of Q1, Q2 and Q3 EMT briefings - Results of 2018 staff survey - CQC report - feedback from crowdsourcing campaigns - oversight of QI, coaching and project alignment work by the Cultural Transformation Guiding Team 		<ul style="list-style-type: none"> - Local actions to address staff survey service level results. Not currently captured / discussed corporately. 	
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 Local services capturing and reporting the key themes and actions for their service areas agreed with staff to support creation of a discussion paper at SLG		2.5.19 - Trust 2018 Staff Survey received at March Public Board. Focus for action agreed linking to existing corporate initiatives. Cultural Transformation Guiding Team established April 2019. Entered by D. Daniel Date Entered : 02/05/2019 16:43 Entered By : Debbie Daniel	
		3 Embedding crowdsourcing partner to support extensive staff engagement		5.6.19 - Outcome of best place to work campaign to be communicated back to the workforce by July 2019 using the most appropriate methodology. Outcome to inform the revised Workforce Strategy. Posted by D. Daniel Date Entered : 05/06/2019 16:14 Entered By : Debbie Daniel	

Risk number:	1977	Lead Director:	Sandra Knight	Review Date:	08/08/20
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 - Education Strategy 		<ul style="list-style-type: none"> - FBIC deep dive reports - Recognition through regional awards/YASA and monthly staff recognition awards - CQC reports - Education Group reporting into Workforce Transformation Steering Group 			
Gap in control/Action:		Open actions:		Most recent action update:	
Currently no systematic approach to quality improvement across that is not supportive of a culture of continuous learning, and development or widespread staff engagement		2 Quality Improvement Methodologies being investigated with a view to identifying the Trust's preferred approach		2.5.19 - Work taking place to bring together QI, solution focussed coaching methodologies and project alignment work into The Care Trust Way Date Entered : 02/05/2019 16:48 Entered By : Debbie Daniel	
I-Care is a new initiative that is currently unevaluated		3 Review I-Care one year on		2.5.19 - 12 certified QI leaders trained and RPIW's agreed for the year. Cultural Transformation Guiding Team established. 15 coaches recruited. Date Entered : 02/05/2019 16:50 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 <p>HCP approved as one of 4 new ICS Q1 2018/19</p>			
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:	28/05/20
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 	

Risk number:	1980	Lead Director:	Andy McElligott	Review Date:	28/05/20
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) 			

Risk number:	1981	Lead Director:	Sandra Knight	Review Date:	22/08/20
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 oversight at FBIC - iCare programme 		<ul style="list-style-type: none"> - FBIC (2 monthly) 		<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:	
		<ol style="list-style-type: none"> 1 Business case on option for crowd sourcing 		<p>2.5.19 - Business Development plan to be developed.</p> <p>Date Entered : 02/05/2019 16:53 Entered By : Debbie Daniel</p>	
		<ol style="list-style-type: none"> 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>2.5.19 - Board Development Session now likely to take place in Autumn 2019</p> <p>Date Entered : 02/05/2019 16:54 Entered By : Debbie Daniel</p>	

Risk number:	1982	Lead Director:	Debra Gilderdale	Review Date:	02/04/20
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) 		<p>1 SWOT analysis and wider re-refresh of organisational strategy, following Board workshop)</p>		<p>Confirmation that Mental Health and C/YP Investment to rise in 19/20</p> <p>Date Entered : 29/01/2019 10:15 Entered By : Debra Gilderdale</p>	

Risk number:	1983	Lead Director:	Sandra Knight	Review Date:	22/08/20
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 - Market Development Plan 		<ul style="list-style-type: none"> - Digital strategy to FBIC - Workforce Strategy - Annual update to FBIC. - SLG 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.		2.5.19 - action closed Date Entered : 02/05/2019 16:59 Entered By : Debbie Daniel	
		2 Transformational plan costings to FBIC		2.5.19 - Operating Plan being finalised for submission May 2019 Date Entered : 02/05/2019 17:04 Entered By : Debbie Daniel	
		3 Actions planned to bring together QI, solution focussed coaching and project alignment to the Trust's vision		2.5.19 Cultural Transformation Guiding Team in place. 12 certified QI leaders trained. RPIWs identified. 15 coaches trained. breakthrough projects identified with the Exec Team for 2019/20. Date Entered : 02/05/2019 17:03 Entered By : Debbie Daniel	

Risk number:	1984	Lead Director:	Liz Romaniak	Review Date:	28/07/20
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 		<p>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</p>		<p>Local Authority budget consultation not developed through partners or involving joint risk assessments in previous financial years</p> <p>Early Years procurement process introducing material financial and contractual risks</p>	
Gap in control/Action:		Open actions:		Most recent action update:	
<p>Residual plan uncertainties relate to NHS Employers' pensions contributions and recurrent provider funding for, degree of CIP stretch level of NR and Red RAG rated CIPs</p>		<p>3 Planning guidance accompanied by Control Total required Board endorsed draft and final plan submissions. Now need to confirm recovery plan to address underlying position linked to funding gap on tariff uplift for AFC pay deal and 0-19s / RICS.</p>		<p>Final pay budget setting settled pay inflation funding gap at £1.99m, taking into account funding non-rostered vacancies towards bottom of scale (from mid). NHS Pensions recurrent funding remains of concern for 2020/21 although statements have been provided for 2019/20 that the employers' contributions increase will be funded from a £1.25bn provision nationally the allocation methodology/route is not known. NHS Improvement have updated that they do not now expect the methodology to be piloted with Trusts (the trust</p>	

Gap in control/Action:	Open actions:	Most recent action update:
		<p>had volunteered to pilot). This transfers as the key residual plan uncertainty into 2019/20. 2018/19 and 2019/20 financial positions are being impacted by revised NHS Pensions final pay controls equivalent to £0.9m (charges for staff receiving pay increases in the 3 years before retirement). There is no basis for challenging the charges which represent non recurrent charges. The 2018/19 charge has been incorporated into the forecast outturn position but leaves little room for adverse outturn variation.</p> <p>Date Entered : 04/04/2019 08:43 Entered By : Liz Romaniak</p>
<p>Tender approach was unexpectedly changed with no 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>4 Local Authority have consulted and subsequently 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>Trust awaiting final 0-19 contract with Oral Health indicator revision. Chased 29.4.19 for final documentation.</p> <p>Date Entered : 29/04/2019 08:47 Entered By : Liz Romaniak</p>

Risk number:	1985	Lead Director:	Liz Romaniak	Review Date:	06/10/20
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>Virtual Workers / Digital work programme scheduled for SLT discussion 8.7.19. Following feedback from staff through Best Place to Work campaign (Clever Together platform) rescheduled for 29 July SLT development session.</p> <p>Date Entered : 08/07/2019 13:17 Entered By : Liz Romaniak</p>	
<p>Capacity / lead time to develop plans at sufficient scale means the Trust now needs to establish a Sustainability Board.</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</p>		<p>Sustainability Board established 3 June 2019 and has met twice. Dual focus on delivering 2019/20 financial position with an ambition to over achieve in-year, and to develop 5 year financial plan linked to systems recovery planning (local place). First meetings have clarified underlying financial position, key service line risks and CIP/in-year areas for delivery focus. Actions</p>	

Gap in control/Action:	Open actions:	Most recent action update:
	<p>Other schemes)</p> <p>NHS Corporate Benchmarking Club return submitted and will be used to assess improvement / deterioration in benchmarked performance</p>	<p>underway include agreeing MH Partnership Board investment in core MH services - key area of focus for July. Key next steps are to develop recovery plan.</p> <p>Date Entered : 08/07/2019 13:14 Entered By : Liz Romaniak</p>

Risk number:	1986	Lead Director:	Liz Romaniak	Review Date:	03/07/20
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>Sustainability challenge of £10m increased by £2m AFC tariff funding gap as a result of national 2019/20 operational plan/tariff guidance. This was mitigated recurrently by £2.884m CCG funding towards underlying cost pressures, and non-recurrently by £2.998m national support PSF/FRF funding. Subject to delivering 2019/20 financial plans the Trust has 12 months headroom within which to identify develop and move to implement a financial recovery plan to deliver a break even plan from April 2020. Trust now targeting development of a draft 2020/21 recovery plan by end June / final by end September.</p>	

Gap in control/Action:	Open actions:	Most recent action update:
		<p>Date Entered : 04/04/2019 12:23 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 a Costing Transformation Programme which will support this work.</p>	<p>0-19 tender award to the Trust after Competitive Dialogue removes the larger stranded overhead risk but leaves a residual unfunded pay inflation and unidentified CIP (mobilisation costs / overheads) gap, this has been partially mitigated by deferred contract award to August. The Trust's financial recovery work will need to keep the service line position for the contract under close review linked to ongoing uncertainty in relation to NHS Employers' pensions contribution funding.</p> <p>NHSE low secure price review secured additional £270k contract income (£255k targeted) which levels up prices to be comparative to WY MH OBD rates. A net residual service line deficit (plan) now needs to be the focus of activity for the financial recovery programme, but noting the less financially efficient ave 11 bed per ward design compromise.</p> <p>Trust secured £8m CCG uplift inclusive of £2.5m tariff and £2.884m underlying cost pressures, a positive contract outcome. Key point of discussion for 2020/21 contract during 2019/20 will be the financing of the AFC funding gap on the CCG contract.</p> <p>Date Entered : 04/04/2019 12:18 Entered By : Liz Romaniak</p>