

Board of Directors

30 January 2020

Paper title:	Board Assurance Framework	Agenda item 11
Presented by:	Paul Hogg, Director of Corporate Affairs	
Prepared by:	Paula Reilly, Risk and Safety Manager	

Purpose of the report		
The 2019/20 BAF is presented to the Board.	For approval	X
	For discussion	X
	For information	

Executive summary		
<p>The 2019/20 BAF comprises of 12 strategic risks, as shown below. Since the last report, there have been no BAF risks added or removed, and there have been three risk scores change in response to proposed scores/mitigations.</p> <p>Risk 2.1 has seen a score change since the last report to Board. The previous current and target scores were 20 and 6. They now stand at 15 (current) and 4 (target).</p> <p>Risk 5.1 has seen a score change since the last report to Board. The previous target score was 20, this now stands at 16.</p> <p>Risk 5.2 has seen a score change since the last report to Board. The previous current and target scores were 20 and 20. They now stand at 12 (current) and 12 (target).</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>That Board:</p> <ul style="list-style-type: none"> Consider the controls and assurances in place, the gaps in controls and the actions identified in mitigation

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X	X	X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
				X

Relationship to the Board Assurance Framework (BAF)	<p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> • All BAF risks
Links to the Corporate Risk Register (CRR)	<p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> • 2042 • 2046 • 2207 • 1831 • 1826 • 1827 • 1821 • 2164 • 2102
Compliance and regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • None

Strategic Objective: 1: To provide seamless access to the best care

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
1.1. If demand exceeds capacity, then service quality, safety and performance could deteriorate.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	5 Almost Certain	20	4 Major (Red)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Q&SC and MHLC -Senior Leadership team meetings -IPR and Committee dashboards -Risk Management Framework -Mental Health Partnership Board discussions - Work at ICS level on collective Mental Health priorities and potential new models of working -DLM processes linked to CQC action plan -Themed quality and safety walkabouts -Contract Management Board discussions - Refresh of the Trusts strategic priorities and focussed deployment of Care Trust Way methodology to assist work on service re-design and demand management -Alignment of recommendations of CQC re-inspection report into CQQ action plan (December 2019) 	<ul style="list-style-type: none"> -FFT data/feedback - Q&SC (August 2019) -Care group escalation reports - Q&SC (Every QSC meeting) -Business planning programme 2020/21 - SLT - Has identified work in many areas of service under most significant pressure -Strategic priorities programme addressing key capacity area (eg CAMHS, AMH community and inpatient and Older Peoples Mental Health) - SLT -CQC re-inspection draft report on acute inpatient services received - October 2019 -CQQ action plan (December 2019) 	<ul style="list-style-type: none"> 2 Finalise revised Committee dashboards to reflect key areas of performance by December 2019. 3 Roll-out of DLM across Care Groups and revise quality and safety governance arrangements (April 2020)

Review Comments Since Report: This action has been briefly reviewed at Mental Health Legislation committee today and will be presented to committee in March for a DeepDive			
Executive Lead: Patrick Scott	Board / Committee: Q&SC & MHLC	Link to CRR: 1825, 1827, 2164	Review Date: 23/03/2020

Strategic Objective: 1: To provide seamless access to the best care

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
1.2 If we fail to recognise and adopt advances in digital technology in the design and support of business and clinical services, then our ability to remain competitive, sustainable and deliver quality, safe and effective care will be affected.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	2 Unlikely	6	2 Minor (Yellow)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Board level CIO -Finance, Business & Investment Committee -Senior Leadership Team meetings -Informatics Board -Information Governance Group (for cyber) -Bradford & Craven Digital Group -Gartner Executive subscription -Clinical systems governance group (New) -Digital strategy group (New) 	<ul style="list-style-type: none"> -Informatics programme report - FBIC (June 2019) -Cyber security paper - FBIC (June 2019) -IT update paper - FBIC (July 2019) -S1 paper - Board (July 2019) -WAN performance dashboard - SLT (weekly) -Digital strategy annual review - FBIC (September 2019) -CC10 identified and participating in digital discussions 	<p>3 Review of Gartner executive programme digital engagement plan to SLT by December 2019</p>

Review Comments Since Report: No action updates since previous report.

Executive Lead: Tim Rycroft	Board / Committee: FBIC	Link to CRR: 2042, 2046, 2207	Review Date: 15/01/2020
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Strategic Objective: 2: To provide excellent quality services

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our public confidence	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	3 Moderate	5 Almost Certain	15	4 Major (Red)
	Target Risk:	2 Minor	2 Unlikely	4	2 Minor (Yellow)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -CQC action plan to Board and Committees -Senior Leadership Team meetings -Compliance Group/patient safety group -Daily Lean Management processes -MHA CQC report inspections -NHSI quarterly meetings -Professional Council governance arrangements -Alignment of recommendations of CQC re-inspection report into CQC action plan (December 2019) 	<ul style="list-style-type: none"> -CQC activity report - Board (May 2019) -CQC action plan - Q&SC (August and September 2019) -CQC action plan - MHLC (July and September 2019) -Joint Q&SC and MHLC meeting (August 2019) -Deep dive charter - Q&SC (September 2019) -Update on well-led action plan approved by Board (September 2019) - CQC re-inspection report on acute inpatient services (October 2019) - CQC action plan (December 2019) 	<p>3 Completion of all Phase 1 actions on CQC action plan by 31 March 2020.</p>

Review Comments Since Report: Action 5: Completed 06/01/20 - Alignment of recommendations of CQC re-inspection report into CQC action plan (December 2019) - Action comments: Recommendations aligned and action plan updated and signed off by Board.			
Executive Lead: Phillipa Hubbard	Board / Committee: Q&SC & MHLC	Link to CRR: 2102, 2164	Review Date: 31/03/2020

Strategic Objective: 2: To provide excellent quality services

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate and our agency costs increase.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	4 Likely	16	4 Major (Red)
	Target Risk:	4 Major	3 Possible	12	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Workforce and Equality Committee -Finance, Business and Investment Committee -Senior Leadership Team meetings -Workforce Transformation Steering Group -Equality Diversity and Inclusion Strategy -Workforce Data in IPR and FBIC -Workforce Committee dashboard -Recruitment and Retention Action Plan - RPIW on recruitment and retention 30, 60 & 90 follow up (Nov 2019) 	<ul style="list-style-type: none"> -Survey update - FBIC (Board update Nov 2019) -Apprenticeship presentation - SLT (July 2019) -DLM report outs on workforce metrics and agency spend -Committee deep dive reports / action plans -People development strategy - FBIC (September 2019) -Workforce deep dive - FBIC (September 2019) -RPIW on starters/leavers process - FBIC (September 2019) -People Strategy approved at Board (October 2019) - Confirmation of RPIW taken place 	<ul style="list-style-type: none"> 2 Development of preceptorship programme, career workshops, stay conversations and transfer processes (March 2020). 3 Implementation of refreshed process for meeting with new starters to understand their experiences by February 2020.

Review Comments Since Report: Action 4: Completed 19/12/19 - RPIW on recruitment and retention 30, 60 & 90 follow up (Nov 2019).
 Action 2: Stay conversations need to be re-launched and embedded into day to day processes. The transfer policy needs to be piloted within a service to test out processes.
 Action 3: Process in place but changes in leadership requires a review.

Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1831	Review Date: 09/03/2020
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Strategic Objective: 2: To provide excellent quality services

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
2.3 If we fail to fully implement and embed the Care Trust Way (QI), then we may not see the projected improvements in quality.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Senior Leadership Team -Kaizen Promotion Office (KPO) -Cultural Transformation Guiding Team CTGT) -Master coaching programme - Roll out of Quality Improvement work to support delivery of Strategic priorities programme 	<ul style="list-style-type: none"> -KPO Comms Cell and DLM reports (weekly) -KPO performance reports (monthly) -Staff Survey results (annual) -CQC rating (annual) -RPIWs held on IT kit (July 2019) -Recruitment and retention (August 2019) - Improvement in performance reporting of key service aligned to strategic priorities 	<p>2 Development and delivery of Care Trust Way initial training programme for all BDCFT staff - expected to be complete by March 2020.</p>

Review Comments Since Report: New risk on BAF for 2019/20 as introduction of Care Trust Way is one of the key enablers of the new organisational strategy.			
Executive Lead: Patrick Scott	Board / Committee: Trust Board	Link to CRR: None	Review Date: 31/03/2020

Strategic Objective: 3: To provide our staff with the best place to work

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	4 Likely	16	4 Major (Red)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee -Senior Leadership Team meetings -Annual Staff Survey -Best Place to Work campaign -EMT quarterly briefings -Care Trust Way programme / RPIWs -Daily Lean Management processes -New workforce committee will be in place in 2020 to provide oversight and assurance to workforce risks 	<ul style="list-style-type: none"> -Best Place to work campaign and results - SLT (May, June & July 2019) -FTSUG Annual Report - Q&SC (May 2019) and Board (July 2019) -Leadership development diagonal slice - Board (July 2019) 	<ul style="list-style-type: none"> 2 Undertake Pulse survey with staff in June 2020. 4 Consider how new Trust Charity and activities can help better engage workforce by March 2020.

Review Comments Since Report: Action 2: Staff survey results for 2019 are due to be released in January/February 2020. Pulse survey will be planned for mid 2020. During Spring 2020 we will be receiving and analysing the national NHS Staff Survey 2019 results. Then at the end of March we will be issuing the first of quarterly pulse checks, using the Staff Friends and Family Test as a basis, and with the addition of a few questions that will enable tracking against key areas in the Staff Survey. We are also considering introducing a simple App during 2020 that will enable gathering of real time data throughout the year.

Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1831	Review Date: 09/03/2020
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Strategic Objective: 3: To provide our staff with the best place to work

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
3.2 If we fail to attract a diverse workforce, then we will not reflect our local population and effectively understand their needs potentially impacting on patient experience and outcomes.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	3 Possible	9	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Equality, Diversity and Inclusion Strategy -Workforce data in IPR -Talent Management Strategy -NHS EDS Framework -NHS EDS Steering Group Equality Diversity and Inclusion -Strategy and Action Plan progress -Staff Survey Results -Equality, diversity and inclusion steering group -WRES, DWES, and Gender Pay Gap standards and performance reporting -Local equality, diversity and inclusion SMART objectives - Workforce Committee 	<ul style="list-style-type: none"> -Best Place to work campaign and results - SLT (May, June & July 2019) -Leadership development diagonal slice - Board (July 2019) Progress on delivering representative workforce target by 2020 -WRES and WDES Board paper (September 2019) - Future workforce committee minutes 	<ul style="list-style-type: none"> 1 Improvement in local ownership and leadership gaps in representation and attendance at the EDI Steering Group by March 2020. 2 Staff Networks not all established and supporting/aligned to work to ensure achievement of our ambitions - delivery date (February 2020). 3 Further WRES and WDES paper to Board (March 2020)

<p>Review Comments Since Report: Action 4: Completed 19/12/19 - Decision on establishing a workforce committee required (November 2019). Action comments - Workforce committee will be established in 2020.</p> <p>Action 2: Some work has been undertaken to re-establish the staff networks and meetings with the staff network chairs have been undertaken. The aspiring cultures network have agreed priorities to support the WRES results & the delivery plan has been developed. A new chair is in place for the LGBT staff network and they have been delivering the training for the Rainbow scheme. So staff were trained before Christmas 2019. A focus group for staff with disabilities and long term health conditions was held in Dec 2019 to discuss the WDES results and the Trust's proposed priorities.</p>			
Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1831	Review Date: 28/02/2020

Strategic Objective: 3: To provide our staff with the best place to work

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
3.3 If we fail to facilitate a dynamic culture of innovation, then we are unlikely to meet the challenges which threaten our position in the marketplace.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	3 Possible	9	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee -Senior Leadership Team meetings -Market Development Plan -iCare programme - Business development strategy 	<ul style="list-style-type: none"> -Carter efficiency guidance presentation - SLT (April 2019) -Business case to NHS England re YOT service - SLT (May 2019) -Business case re Resilience Passport - SLT (June 2019) -Market Development Plan updates - FBIC & SLT (September 2019) - SLT & FBIC received and agreed business development strategy (January 2020) 	

Review Comments Since Report: Action 2: Completed 07/01/20 - Delivery of individual projects within the iCare programme. Action comments: Action closed - programmes ongoing.			
Action 1: Completed 09/01/20 - Board development discussion on new business opportunities scheduled for October 2019. Completed paper to SLT/FBIC now required (January 2020). Action comments SLT & FBIC received the paper and agreed the direction of travel set out. Action completed			
Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1826, 1827	Review Date: 02/01/2020

Strategic Objective: 4: To support people to live their fullest potential, to be as healthy as possible

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
4.1 If we do not reduce variation in outcome and experience, across the Place H&CP and WH&H H&CP, then we may not be responsive to individuals' needs.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -WYMHSC MoU signed --New WYMHSC Director appointed Committee-in-Committee governance arrangements -Strategic Partnering Agreement signed -Integration & Change Board -Place-based H&CPs x2 -Directors of Finance meetings 	<ul style="list-style-type: none"> -Chief Executive reports - private Board (each meeting) -Committee-in-Common minutes - Board (quarterly) -WYMHSG meetings of NEDs and Governors (6-monthly) -AWC HCP refreshed MoU - Board (May 2019) -Board development discussion on WHMHSC strategy (September 2019) -Board paper on WY&HHCP draft strategy (September 2019) 	<ol style="list-style-type: none"> 1 Board development discussion on wider system working across WY&H HCP and local Place-based H&CPs, date (tbc). 2 Approval of WYMHSC Strategy by x4 provider Boards (December 2019) 3 Further discussions required on financial implications of ICS/WY&H HCP workstreams (ongoing). 4 Executive capacity to attend required systems meetings (ongoing).

Review Comments Since Report: Action 4: B Kilmurray advised currently nothing happening to mitigate. Extended date to April 2020

Executive Lead: Brent Kilmurray	Board / Committee: Trust Board	Link to CRR: 1826, 1827	Review Date: 02/01/2020
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Strategic Objective: 4: To support people to live their fullest potential, to be as healthy as possible

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	3 Possible	9	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Quality & Safety Committee -Senior Leadership Team meetings -Friends and Family Test feedback -Trust-wide Involvement Group -Carers Hub programme of activities -Mental health patient experience survey -Champions Show the Way programme 	-Patient Experience report - Q&SC (August 2019)	2 Triangle of Care Phase 2 accreditation in March 2020
	-Your Voice Matters consultation process and discussion at AMM (September 2019)	3 Review of support for carers through hub and spoke model by March 2020.
	-CSTW performance reports to Commissioners (April 2019)	4 Implementation of new FFT requirements locally by March 2020.
	-FFT national guidance published and internal review underway.	5 MH patient survey action plan report to Q&SC (February 2020)
	-Your Voice Matters Involvement Strategy approved at Board (October 2019)	

Review Comments Since Report: Action 5: Verbal update presented to Q&SC in December. Paper on action plan to be presented to Compliance Group by Director of Nursing in February 2020.

Executive Lead: Paul Hogg	Board / Committee: Q&SC	Link to CRR: None	Review Date: 29/11/2019
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Strategic Objective: 5: To deliver a financially sustainable organisation

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services.	Risk On Identification:	5 Catastrophic	4 Likely	20	4 Major (Red)
	Current Risk:	5 Catastrophic	4 Likely	20	4 Major (Red)
	Target Risk:	4 Major	4 Likely	16	4 Major (Red)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee -SFIs and Scheme of Delegation -Senior Leadership Team meetings -Sustainability Board -Capital Programme Investment Group -Place-based HCPs -Directors of Finance meetings -Formal Commissioner meetings (CCGs, LA, NHSE) -Quarterly reporting to NHS Improvement 	<ul style="list-style-type: none"> -2019/20 Operational Plan (including CIP programme - Board (May 2019) -Integrated Performance Report - Board (July and Sept 2019) -Financial dashboard now includes estates and IM&T metrics - FBIC (July and Sept 2019) -Reference costs paper - FBIC (July 2019) -Sustainability Board papers (bi-monthly meetings) -Report to SLT on 2020/2021 business planning process (Sept 2019) 	<ol style="list-style-type: none"> 1 Development and delivery of level of CIPs necessary to deliver Trust Control Total (19/20) and Financial Improvement Trajectories; or FITs (20/21 onwards) (March 2020 review date). 2 Lack of clarity regarding changes to national NHS financial regime including implications of HCP/ICSS planning footprints. Impacts for revenue and capital funding (March 2020 review date). 3 Confirmation of future recurrent pay funding arrangements for Agenda for Change (including specifically for underfunded health contracts and unfunded public health contracts) and for increased employer NHS Pensions contributions. (March 2020 review date)

Review Comments Since Report: Action 1: Trust 19/20 Control Total risk of IRO £1.1m flagged consistently to NHSI/E and ICS partners following elevated inpatient cost pressures and OOA placements. £2.1m recurrent CCG investment agreed (£0.9m 19/20 and £1.2m 20/21) but elevated risk level for Q3 & 4 reflects: high ward occupancy / OOA placements continued and SU physical frailty / acuity / challenging behaviours, failure to increase numbers of bank shifts actually worked. Some success in last 2 months in reducing acute OOA placements however position for ATU and DAU remains especially challenging. Model rosters being tracked on a daily and weekly basis to support visibility of required Trust and ward 'group' staffing levels with a focus on improving quality to reduce costs. Trust to discuss potential MEA asset valuation with external auditors Q4.

Trust FIT for 20/21 expected to require a CIP IRO 4.5% of £7.4m of which approx. 50% presently identified. Key aspects of further work to include: i) resolution of 0-19s year 2 contract reduction £1m, ii) National confirmation of funding route for AFC (public health) and NHS Pensions (all Trust staff) iii) CCG contract discussions/despecification relating to unfunded MH/community AFC and community matron FYEs iv) business planning activities to consolidate inpatient financial plan assumptions including CCtH phase 2.

National plan guidance due 13 Jan 20 and Trust Business Planning event 20 Jan 20 will provide further information.

CCtH business case deferred from Dec 19 into Jan 20.

Action 2: Trusts advised Control Totals to be replaced by 4-year Financial Improvement Trajectories (FITs), to gradually reduce deficits where providers in deficit and/or return organisations to breakeven over the period. FITs determined by regulators and ICS based plan submissions required in Q3 to demonstrate system level variation from this. Trust FIT requires a 0.5% reduction in the planned deficit per annum. Key risks relate to management of inpatient cost pressures/care closer to home, AFC funding gap, Public Health contract decommissioning/budget reductions/unfunded inflation.

Operational plan guidance and details of revised capital regime now awaited. Health Infrastructure Plan issued end Sep 19 signalled streamlined capital applications

process/national funding route consolidation/additional business case support - details anticipated through Jan 20 publication of planning guidance. Key potential implications for LMH SOC capital resource cover / capital financing route.

Action 3: Operational Planning Guidance originally expected Dec19 but deferred due to General Election. Now expected 13 Jan 20 and anticipate AFC and Pensions funding impacts to be confirmed. Risk that funding for Public Health contracts will not be identified / tagged as being provided for within council inflationary uplifts. CCG AFC contract funding gap reduced by applying a level of contractual cost pressure funding for MH. By contrast, CCG Community AFC pressure unfunded. Key driver of residual recurrent funding gap.

Executive Lead: Liz Romaniak	Board / Committee: FBIC	Link to CRR: 1821, 1826, 1827	Review Date: 28/01/2020
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Strategic Objective: 5: To deliver a financially sustainable organisation

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
5.2 If we do not collaborate to deliver system-wide efficiencies, then our financial position (and that of the Place H&CPs and the WY&H HCPs) will be undermined.	Risk On Identification:	4 Major	4 Likely	16	4 Major (Red)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	4 Major	3 Possible	12	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee plan oversight -Sustainability Board overseeing plan consolidation -Place-based HCPs and Place Finance & Performance Committee -Programme workstreams identified at Place and leads nominated / New Programme Lead recruited from Q3 -WY&H Directors of Finance meetings 	<ul style="list-style-type: none"> -Chief Executive reports about wider WY&H HCP and Place-based HCP funding issues - Board (each meeting) -Reporting to SLT on Business planning process/progress via finance themed meetings -Place and WY&H consolidated financial plan submission for 2020/21 -Place and WY&H consolidated monthly financial forecast and risk assessment for 2019/20, including options to bridge gaps via over achievement / link to future year CCG surplus draw down 	<ol style="list-style-type: none"> 1 Board development discussion on wider system working across WY&H HCP and local Place-based H&CPs, date (tbc). 2 Board discussion on provision of LD ATU services across West Yorkshire . 3 Board to discuss financial implications of ICS/HCP workstreams including current and next year delivery risks at organisation & system level (ongoing).

Review Comments Since Report: Action 2: WY&H Committee in Common originally expected to review business case for proposed future ATU service model in September. First draft business case reviewed by FDs/COOs who agreed additional financial risk analysis and a review of contracting/staffing model should be undertaken. Due to potential impacts for local populations WY&H HOSC has confirmed their expectation of a consultation - plan for this to be submitted Feb 20. Potential (minimal) capital requirements factored into respective provider plans for 20/21.

Further Board update expected early 2020.

Action 3: Private Board briefing as part of CEO update Sept 19 Board meeting provided an assessment of the impacts for the Trust and ICS of Financial Improvement Trajectories (replace control totals). Jan 20 FBIC & Board to receive Trust, Place and ICS financial update for 19/20 and 20/21 draft plan submission.

Executive Lead: Liz Romaniak	Board / Committee: FBIC	Link to CRR: 1821, 1826, 1827	Review Date: 28/01/2020
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Board Assurance Framework 2019/20			Risk rating					
BAF Ref:	Strategic Goals	Strategic risk	Original score	Current score	Target score	Exec Lead	Lead Committee	Links to CRR
2293	1. To provide seamless access to the best care	1.1. If demand exceeds capacity, then service quality, safety and performance could deteriorate	12	20	8	PS	Q&SC & MHLC	1826, 1827, 2164
2294		1.2 If we fail to recognise and adopt advances in digital technology in the design and support of business and clinical services, then our ability to remain competitive, sustainable and deliver quality, safe and effective care will be affected.	12	12	6	TR	FBIC	2042, 2046, 2207
2295	2. To provide excellent quality services	2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our reputation	12	15	4	PH	Q&SC & MHLC	2102, 2164
2296		2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate and our agency costs increase	12	16	12	SK	FBIC	1831
2297		2.3 If we fail to fully implement and embed the Care Trust Way (QI), then we may not see the projected improvements in quality	12	12	8	PS	Board	None
2298	3. To provide our staff with the best places to work	3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate	12	16	8	SK	FBIC	1831
2299		3.2 If we fail to attract a diverse workforce, then we will not reflect our local population and effectively understand their needs potentially impacting on patient experience and outcomes.	12	12	9	SK	FBIC	1831
2300		3.3 If we fail to facilitate a dynamic culture of innovation, then we are unlikely to meet the challenges which threaten our position in the marketplace	12	12	9	SK	FBIC	1826, 1827
2301	4. To support people to live to their fullest potential, to be as healthy as possible	4.1 If we do not reduce variation in outcome and experience, across the Place H&CP and WH&H H&CP, then we may not be responsive to individuals' needs	12	12	8	BK	Board	1826, 1827
2302		4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements	12	12	9	PH	Q&SC	None
2303	5. To deliver a financially sustainable organisation	5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services	20	20	16	LR	FBIC	1821, 1826, 1827
2304		5.2 If we do not collaborate to deliver system-wide efficiencies, then our financial position (and that of the Place H&CPs and the WY&H HCPs) will be undermined	16	12	12	LR	FBIC	1821, 1826, 1827