

Board Assurance Framework Summary – August 2021

Strategic objective		Key risk to achieving the objective					Risk Appetite	Initial Risk Score	Current Risk Score 29/4/21	Target Risk Score	Lead Committee	Lead Executive
STRATEGIC PRIORITY: BEST PLACE TO WORK												
SO2: To prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated		Risk 2: If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing.					5 – significant (people)	4-3 (12)	4-3(12)	3-2 (6)	Workforce and Equality Committee	Sandra Knight, Director of Workforce and OD
M-12	M-11	M-10	M-9	M-8	M-7	M-6	M-5	M-4	M-3	M-2	Last month	
									12	12	12	
STRATEGIC PRIORITY: HEALTHY AS POSSIBLE												
SO4: To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity		Risk 4: If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.					4 – seek (quality)	4-4 (16)	4-4(16)	3-2 (6)	Workforce and Equality Committee	Sandra Knight, Director of Workforce and OD
M-12	M-11	M-10	M-9	M-8	M-7	M-6	M-5	M-4	M-3	M-2	Last month	
									16	16	16	
STRATEGIC PRIORITY: HEALTHY AS POSSIBLE												
SO3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)		Risk 3: If we do not equip people to deliver quality improvement locally, we will be unable to identify and embed organisational learning and this will have a negative impact on the quality of care					4 – seek (quality)	4-4 (16)	4-3 (12)	3-2 (6)	Quality & Safety Committee	Phillipa Hubbard, Director of Nursing, Professions and Clinical Standards, DIPC
M-12	M-11	M-10	M-9	M-8	M-7	M-6	M-5	M-4	M-3	M-2	Last month	
									16	16	12	
STRATEGIC PRIORITY: BEST QUALITY CARE												
SO1: To engage with our patients and service users, ensuring they are equal partners in care delivery		Risk 1: If we do not engage effectively with our service users this will adversely affect our reputation and the quality of services. Service users will be unable to be active partners in their own care.					4 – seek (quality / reputation)	4-3 (12)	4-3 (12)	3-1 (3)	Quality & Safety Committee	Dr David Sims, Medical Director
M-12	M-11	M-10	M-9	M-8	M-7	M-6	M-5	M-4	M-3	M-2	Last month	
									12	12	12	
STRATEGIC PRIORITY: SEAMLESS ACCESS												
SO6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable		Risk 6: If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services					3- open (regulatory / financial)				Finance, Business & Investment Committee	Mike Woodhead, Director of Finance, Estates and Contracting
M-12	M-11	M-10	M-9	M-8	M-7	M-6	M-5	M-4	M-3	M-2	Last month	
									20	20	20	
STRATEGIC PRIORITY: SEAMLESS ACCESS												
SO5: To value partnership ensuring that we collaborate to deliver maximum impact on health inequalities		Risk 5: If we do not develop effective partnerships across place, ICS and beyond we will be unable to support the voice of our service users and communities being heard in the planning and delivery of care. We will lose the opportunities to deliver the right care in the right place at the right time to address the full range of people's needs.					4 – seek (quality / reputation)	4-4 (16)	4-4 (16)	3-3 (9)	Quality & Safety Committee	Patrick Scott, Chief Operating Officer
M-12	M-11	M-10	M-9	M-8	M-7	M-6	M-5	M-4	M-3	M-2	Last month	
									16	16	16	

Strategic Priority: Best Quality Care		Strategic Objective 1: To engage with our patients and service users, ensuring they are equal partners in care delivery		Lead Committee: Quality and Safety Committee Executive Lead: Medical Director		
Risk to Objective	Risk 1: If we do not engage effectively with our service users this will adversely affect our reputation and the quality of service and service users will be unable to be active partners in their own care.			Initial risk	Current	Target
				4-3 (12)	4-3 (12)	3-1 (3)
	Cause of Risk Lack of involvement opportunities or awareness of opportunities by service users/carers. Culture of involvement not 'mainstreamed' across services.			Impact / consequence of risk Lack of involvement may lead to limited insight and feedback on quality of services. Increased scrutiny from commissioners and regulators on areas such as FFT.		
Management of Risk	What controls are in place to manage the risk? Your Voice Matters involvement strategy and action plan Procurement of new FFT provider (Captive Health) and introduction of wider range of feedback mechanisms with the new system Introduction to Involvement (i2i) training Involvement governance structures (P&IRG, TWIG, Carers Group etc.) Involvement Partner involvement in strategic programmes Introduction of online involvement mechanisms Routine audit of care plans/risk plans to demonstrate engagement of service users, patients and cares in their own care			What gaps in controls are there? Collection of FFT data across all services and benchmarking of carer FFT data to identify any gap – by end September. Uncertainty over national accrediting body for Triangle of Care Phase 2 assessment. Impact of digital exclusion during and post-pandemic on range of service user feedback and level of health inequalities – linked to Digital Strategy. Volunteering strategy – to be presented for approval by Trust Board on 9 September.		
	Sources of Assurance			Gaps in Assurance		
Assurance of effectiveness of controls	Level 1: Operational oversight	FFT data recorded; local service involvement groups; DLM Participation and Involvement Strategic Group reports (meets 6 times a year) including P&ISG dashboard AAA Report to SLT (every 2 months)		Level 1: Operational oversight		
	Level 2: Reports / metrics overseen by Board / Committee	Quality & Safety Committee reports (every 6 months) Your Voice Matters strategy FFT data in IPR		Level 2: Reports / metrics overseen by Board / Committee Routine audits to be reviewed by Clinical Board		

	Level 3: Sources of external oversight / scrutiny	FFT data submission to NHSE Local CSTW reports to CCG Narrative within Annual Report and Quality Report	Triangle of Care Accreditation Phase 2 – collection of data impacted by COVID-19 and lack of clarity in national body with oversight of ToC programme
Mitigating Actions to address gaps in control and assurance	Actions		Progress
	<p>FFT – Discussions underway with services using new provider – standing item at P&ISG.</p> <p>ToC – standing item at P&ISG – accreditation planned for September 2021.</p> <p>Carers hub and spoke model – review to be undertaken post COVID-19 and reported to P&ISG.</p> <p>CSTW – re-branding exercise underway and expected to report back by to P&ISG by September 2021.</p>	<p>The Trust has successfully procured a new FFT provider that commenced in April 2020, providing additional functionality to enable greater engagement with services on their FFT data. Volunteering continues to progress well, despite COVID-19, with appointments made to the two inpatient volunteer coordinator roles. Work is underway to re-brand the Champions Show the Way service to reflect learning from the blended approach undertake during COVID-19 aligned to wider volunteering strategy.</p>	

Ambition: Our patients and service users are engaged and are equal partners in care delivery

	0 – None	1 – Minimal	2 – Cautious	3 – Open	4 – Seek	5 - Significant
Quality	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	We prefer risk avoidance. But, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable taking decisions that may expose us to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes

Linked Operational Risks	Comments on management of linked risks

Strategic Priority: Best Place to Work		Strategic Objective 2: To prioritise our people, ensuring they have the right skills, suitable workspaces and feel valued and motivated		Lead Committee: Workforce and Equality Committee Executive Lead: Director of Workforce and OD		
Risk to Objective	Risk 2: If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit / retain staff and on the quality of care. If staff do not have the ability to carry out their work in an appropriate setting, this will impact on the quality of care and staff morale and wellbeing.			Initial risk	Current	Target
				4-3 (12)	4-3 (12)	3-2 (6)
	Cause of Risk Failure to recruit and retain the right number of people at the right level, with the right skill mix year by year. The Pandemic has seen retirement remain as a leading reason for staff turnover Staff fatigue/burnout during the pandemic whether delivering and managing care or providing support services. Stress, anxiety and depression remains a top reason for long term sickness absence. Some staff who are homeworkers reporting isolation/deterioration in mental health Lack of certainty around future ways of working and work environments and concerns around individual needs being considered in decision making Shortage of key professionals and occupations in specific roles No succession planning to mitigate risks when key staff leave and encourage staff retention. Staff dissatisfaction with the level of engagement, involvement and communication with team leaders and senior leadership leading to low motivation, drop in productivity Poor levels of engagement and motivation which are correlated with lower patient satisfaction and outcomes			Impact / consequence of risk Costs of bank, agency and contract staff to fill any gaps in the workforce Deterioration in quality of service/patient experience linked to lack of continuity of care/staffing High labour turnover and sickness absence putting pressure on remaining staff and impacting on staff health and wellbeing, patient satisfaction, staff satisfaction with implications for quality of care and achievement of objectives Poor Trust reputation impacting on ability to recruit as well as retain staff		
Management of Risk	What controls are in place to manage the risk? Board and Workforce Committee Dashboards reporting against People Development Strategy and action plans and EDI Strategy and action plan and key workforce metrics Workforce data in IPR and FBIC DLM reports on workforce metric and agency spend EDI strategy Staff Survey, Pulse Surveys, Care Trust Way RPIWs, Recruitment & Retention Plan RPIW 30,60,90 (11/19) Zero vacancies HCSW NHSE/I programme Best Place to Work AGG and enabling programmes in place with escalation/assurance to PPI SLT New ways of working group in place engaging with workforce to create a plan for type of worker/ways of working/estate and digital to support. NWW Group to report into PPI SLT and WEC on actions to support staff to work differently in a hybrid model through and beyond the pandemic developing a short medium and longer term plan that delivers workforce, estates and financial benefits.			What gaps in controls are there? Process for picking up and addressing wherever possible dissatisfaction in new starters before they decide to leave Systematic programme for ensuring the development and support for newly qualified nurses when they join the Trust Systematic process throughout the Trust to support staff development, and career progression (Talent Management) Embedded processes for medium and longer term workforce planning mechanisms with links to transformation Plan and processes to support new ways of working post pandemic/as we exit lockdown Managing WTD breaches and management of rosters		

	Extensive HWB programme including Salary Finance scheme and Staff Support Fund and Staff Support and Therapy Service Fast track access to Physio Med Reward and Recognition Schemes		
Assurance of effectiveness of controls	Sources of Assurance		Gaps in Assurance
	Level 1: Operational oversight	QUOPs provide local ownership and oversight of workforce pressures, metrics and staff survey results Best Place to Work Accountability and Governance Group reporting into the People Plan and Innovation SLT Senior level succession plan	Care Group and Corporate Directorate Medium and Longer Term Workforce Plans including talent management and succession plan Plan to support staff to work in new ways post pandemic
	Level 2: Reports / metrics overseen by Board / Committee	Monitoring by W&EC (9/20 4/21), deep dive reports; FBIC People Development Strategy approved (9/19), Workforce deep dive (9/19), sickness deep dive April 21 WEC, Brexit assurance, Preceptorship progress, assurance re apprenticeship targets RPIW on starters & leavers process (9/19); zero HCSW target update WEC (4/21) Staff Survey reports and action update (11/19, 1/20, 3/20, 5/20; 3/21 Quarterly staff pulse surveys Freedom to Speak Up Guardian Board Reports – 6 monthly and annually Group commenced April 21, presentation made on outcome of group discussions to SLT in April, terms of reference to be established Regular meetings for new starters with a member of the Executive team, for nursing and AHP this is with the Director of Nursing and Professions (or Deputy)	Trust Medium and Longer Term Workforce Plan and Talent Management Plan Trust Plan to support staff to work in new ways post pandemic
	Level 3: Sources of external oversight / scrutiny	Place Integrated People Board Place System Planning Group and Trust One Year Workforce Plan	None currently
Mitigating Actions to address gaps in control and assurance	Actions		Progress
	Design and implementation of a systematic approach to Talent Management Development of preceptorship programme, career workshops, stay conversations and transfer process		Talent Management process developed, and appraisal paperwork redesigned to support Talent Management conversations. Pilots of the process planned in Older Peoples Mental Health and Payroll Services. Pilots on hold through the pandemic. Talent management pilots will be confirmed as part of the next steps recovery plan. Appraisal paperwork now launched and in use across organisation. Comprehensive 12-month preceptorship programme in place for newly qualified nurses. Career workshops in place.

	<p>Implementation of refreshed process for understanding new starters experiences</p> <p>Clear processes for workforce planning beyond one year, linked to business and financial planning cycles. Workforce Plans in place to support transformation in Care Groups and Corporate Directorates, with associated apprenticeship programme and career pathway for HCSWs and embedding of Advanced Clinical Practitioners/NAs/new and blended roles.</p> <p>Recruitment and Retention established and participation in the NHSE/I zero HSCW vacancies programme</p> <p>Establish a new ways of working/hybrid working strategic programme</p>	<p>Timetable of director meetings with new starters now commenced. Business case/paper drafted for EMT on resources required to support Workforce Planning function.</p> <p>Workforce planning group now established with cross section of operational, HR and professional leads. First meeting held June 2021. The group's aim is to establish a systematic approach and templates to guide the development of medium and long term workforce plans and associated recruitment and training schedules. Check in meeting scheduled for 5 August 2021 to ensure planning is on track.</p> <p>Recruitment & retention practices under review following requirements set out in NHS people Plan. Plans to W&EC (9/20) for feedback on progress</p> <p>Working group now in place chaired by DDo Estates and DDoHR/OD, ToR agreed, fieldwork commenced. Group reports into strategic SLT. Request for project management and support resources submitted to the executive management team as part of the sustainability work.</p>
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Ambition: We prioritise our people, they have the right skills, suitable workspaces and feel valued and motivated						
	0 – None	1 – Minimal	2 – Cautious	3 - Open	4 – Seek	5 - Significant
People	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment / retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve their skills /capabilities. We recognise innovation is likely to cause short term disruption with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.

Linked Operational Risks	Comments on management of linked risks
2435	Vaccination programme, current risk rating of 2-4 (8)

Strategic Priority: Healthy as Possible		Strategic Objective 3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning through the Care Trust Way		Lead Committee: Quality and Safety Committee Executive Lead: Director Nursing, Professions and Clinical Standards		
Risk to Objective	Risk 3: If we do not equip people to deliver quality improvement locally, we will be unable to identify and embed organisational learning and this will have a negative impact on the quality of care			Initial risk	Current	Target
				4-4	4-3	3-2
	Cause of Risk Resources in quality improvement training and engagement in initiatives due to competing demands on the KPO resource and inability to prioritise. High number of reactive quality issues leading to delays in the delivery of programmed quality improvement activity aligned to strategic objectives. Management of the pandemic impacting on the delivery of services and services' ability to meet waiting list targets and see and treat has led to redeployment of KPO staff to support operational activity and reduced the opportunity of staff to be involved in improvement activity or take part in training.			Impact / consequence of risk Inability to deliver safe, effective, well led services, high quality services. Inability to demonstrate that risks are managed effectively, learning and improvements are delayed, poor clinical outcomes, leading to a difficulty in recruitment and retention of staff, poor service user satisfaction, enforcement action, prosecution, financial penalties causing reputational damage, loss of confidence.		
Management of Risk	What controls are in place to manage the risk? Robust governance of risk management processes and systems in place as part of the Risk Management Strategy Integrated Governance Guide to support corporate governance and action in management of key committees and Board Risk and compliance group Patient Safety and Learning Group Quality and Safety Committee Mental Health Legislation Committee Senior Leadership Team Meeting Integrated performance report and committee dashboards – including mental health and community care group priorities Daily Lean Management processes embedded Bradford Leadership Management Programme Care Trust Way (CTW) Accountability and Guiding Group overseeing embedding of the quality improvement methodology, and delivery of training			What gaps in controls are there? Early development of assurance templates – with use of quality indicators Embedding of all CQC actions in must and should dos within local and trust-level quality improvement plans Gaps in evidencing that lessons and changes in practice are embedded following incidents, complaints, serious incidents and claims. The early implementation of the revised serious incident investigation processes and systems		
	Assurance of effectiveness of controls	Sources of Assurance Level 1: Operational oversight Monthly oversight of care group performance against waiting lists and other key performance and quality performance metrics reported to Senior Leadership Team (SLT) Meeting (Business Performance and Planning and Quality, Safety & Governance) Rapid improvement events led by the KPO office to enhance system development - feedback to Care Group Quality & Operational Meetings and SLT on progress and impact.			Gaps in Assurance	

		Learning from deaths, incidents and complaints process established with weekly Mortality and Duty of Candour meetings established. Quality Summits across Bradford Place base		
	Level 2: Reports / metrics overseen by Board / Committee	Weekly SI panel and joint learning events attended by Senior Leadership and Executives Revision of investigation quality standards in progress Patient Safety and Learning Group established – reports into Quality & Safety Committee Report of Serious Incidents, Duty of Candour and Learning from Deaths summary provided to Board on a monthly basis Learning from Deaths and incidents reporting established for Quality and Safety Committee – quality data pack and reports from Care Groups Mental Health Legislation Committee – oversees quality and improvement with regards to the Mental Health Act and Mental Capacity Act requirements Compliance and Risk Group established with revised Terms of Reference which reports into Board Board receives updates on the implementation of the Care Trust way in line with reporting on other strategic enabling programmes Reporting Framework for Serious Incident investigations and patient safety and learning continues to be revised in light of changes to internal standards	Robust reporting and oversight of implementation of the strategic enabling programmes and their impact.	
	Level 3: Sources of external oversight / scrutiny	System Quality Committee established Learning from deaths workstream at System Quality Committee Review of joint programmes of learning and quality dashboards Quality Summits – share learning from incidents involving acute providers Joint reporting Ethics Committee established Feedback from CQC and the CCG on quality and learning	Level 3:	
Mitigating Actions to address gaps in control and assurance	Actions		Progress	
	Business continuity plans revised to establish key metrics and priorities for services including quality metrics Key lines of enquiry and establishment of a quality assurance framework (QAF)		These were reviewed by the board in March 2020 and October 2020 and continue to be reviewed via Quality and Operational Care group meetings and on a risk-based approach through Silver Command and SLT meetings. Review of SLT governance completed 25 June 2020. Draft report published and out for consultation with the Board and Senior Leaders, self assessment against QAF due to be completed by end of June 2021. QAF dashboard developed, but population currently in progress therefore completion date moved to end of October 2021	

	<p>KPO support provided to teams to ensure care trust way is facilitated and RPIW re-commenced</p> <p>Develop Human Factors training for staff and Board Members.</p> <p>Review Serious Incident management process in line with future change to new response framework</p>	<p>Re-established programme of work for RPIW and Care Trust Way Training</p> <p>Board development session (human factors) being planned. Staff survey (HF) being trialled to inform training needs.</p> <p>Learning site live with links to Patient Safety Strategy and PSIRF. Content development in progress.</p> <p>Planning for Serious Incident investigators development programme in progress.</p> <p>Patient Safety Strategy outline being presented to QSC in July 2021</p> <p>Revision of investigation quality standards completed in draft</p>
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Ambition: Our people have the tools and coaching to support innovation, quality improvement and organisational learning through the Care Trust way

	0 – None	1 – Minimal	2 – Cautious	3 - Open	4 – Seek	5 – Significant
Quality	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	We prefer risk avoidance. But, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.

Linked Operational Risks	Comments on management of linked risks
2417 2197	CQC Investigations, current risk rating of 3-4 (12) Management of at risk children, current rating of 4-4 (16)

Strategic Priority: Best Place to Work	Strategic Objective 4: To empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity		Lead Committee: Workforce and Equality Committee Executive Lead: Director of Workforce and OD		
Risk to Objective	Risk 4: If we do not have leaders at all levels in the organisation, staff and patient experience will be negatively impacted. If we do not value and support inclusivity, we lose the opportunity to benefit from the full range of views, opinions and experiences when supporting staff and delivering care.		Initial risk	Current	Target
			4-4 (16)	4-4 (16)	3-2 (6)
	Cause of Risk Failure to attract, retain and develop a diverse leadership. A culture that perpetuates the current inequalities through a lack of understanding of privilege and how this manifests in recruitment, talent management and succession planning processes. Failure to address the persisting inequalities across all protected characteristic groups of staff in terms of access to promotion, career progression and promotion, and over-representation of staff from minority ethnic groups in formal HR processes Staff uptake of the vaccine during Covid and being impacted by the virus is worst amongst staff from a minority ethnic background Belief system based on leadership as being invested in positional power rather than personal power Leadership styles that do not reflect the Trust's values and behaviours around listening, inclusivity and engagement Failure to embed and model the values and behaviours of the Trust consistently and create confidence in speaking up culture and processes		Impact / consequence of risk Workforce especially at senior levels will not reflect diverse nature of local community and any specific needs and cultural issues which may impact on staff, patient experience and outcomes Turnover and sickness absence will remain above target Staff will not raise concerns reducing the opportunity to improve quality and staff and patient experience and with attendant risks around staff motivation, morale and productivity. The Trust's reputation will be compromised impacting on recruitment and retention		
Management of Risk	What controls are in place to manage the risk? Board and Workforce Committee Dashboards reporting against People Development Strategy and action plans and EDI Strategy and action plan and key workforce metrics Staff Survey, Pulse Surveys Strategic EDI Staff Partnership Staff Networks Best Place to Work AGG and enabling programmes in place with escalation/assurance to PPI SLT Freedom to Speak Up Guardian and processes Triangulation of data Care Trust Way methodology including coaching and icare programme		What gaps in controls are there? Diagonal slice leadership reporting into Board suspended during the pandemic Systematic approach to talent management and succession planning (see risk to strategic objective 2) Embedding of Trust Values consistently at every level and within all key systems and processes Group of Care Group and Corporate directorate EDI Champions to ensure agreement and local ownership of EDI objectives to create a diverse workforce, leadership and inclusive culture		

		Sources of Assurance	Gaps in Assurance
Assurance of effectiveness of controls	Level 1: Operational oversight	Staff Survey and Pulse Survey Results Workforce data on leadership profile Participation in leadership development programmes WRES, DWES, EDS Frameworks and Gender Pay Gap reporting Moving Forward Plus minority ethnic staff Leadership Programme Just R contract and agreed targeted recruitment campaigns and retention actions including exit interviews to create a diverse workforce through a strategic approach to recruitment	Plan to ensure a values-based culture is embedded consistently across all areas of the Care Group/Corporate Directorate Talent Management and Succession Plans
	Level 2: Reports / metrics overseen by Board / Committee	Leadership and Management Development Passport Suite of Modular Programmes and evaluation data re access and quality Staff Survey and Pulse Survey results Workforce data on leadership profile	Plan to ensure a values-based culture is embedded consistently across all areas of the Trust Trust Talent Management and Succession Plan
	Level 3: Sources of external oversight / scrutiny	Integrated People Board Bradford, Airedale and Craven Equalities Group	None currently
Mitigating Actions to address gaps in control and assurance	Actions		Progress
	<p>Implement new Fair and Compassionate Culture programme including roll out of toolkit</p> <p>Commence Talent Management pilots</p> <p>EDI Strategy refresh to strengthen links to national People Plan priorities and ensuring a sense of belonging</p> <p>Continue Pulse Survey with staff monthly, until the move to national quarterly pulse checks as currently proposed</p> <p>Review and re-commence the Diagonal Slice Leadership Group – NED and ED led</p> <p>Creation of EDI Champions Group fostering the development and local ownership of EDI objectives to create a diverse organisation and senior leadership.</p>		<p>Materials in place, programme to commence in August in line with reset/recovery plans. Roll out of support and toolkit to support conversations in teams across the Trust Development of the Beyond Words Campaign</p> <p>see strategic objective 2</p> <p>Work has commenced and relaunch will link to launch of CEO Pledge. Engagement work currently ongoing and further validation of outputs planned via crowd sourcing platform with the aim of launching the refreshed strategy in early Autumn. The outcome will be a new Belonging and Inclusion Plan</p> <p>the NHS People Pulse quarterly staff survey has now commenced based on the annual staff survey 9 engagement questions, plus the health and wellbeing question from the previous monthly People Pulse survey focused on pandemic handling</p> <p>Membership and structure in place, review and re-start in line with reset/recovery plans</p> <p>Jobshare postholder to the Head of EDI in place to progress this work</p>

Ambition: All staff are empowered to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity						
	0 – None	1 – Minimal	2 – Cautious	3 - Open	4 – Seek	5 - Significant
Quality	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	We prefer risk avoidance. But, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.

Linked Operational Risks	Comments on management of linked risks
	Links closely with Risks linked to Strategic Objective 2 around talent management/succession planning, and strategic objective 3 linked to the Care Trust Way and coaching methodologies to support creative and empowering conversations in teams to progress an inclusive and compassionate culture

Strategic Priority: Best Quality Care		Strategic Objective 5: To value partnership ensuring that we collaborate to deliver maximum impact on health inequalities		Lead Committee: Quality and Safety Committee Executive Lead: Chief Operating Officer		
Risk to Objective	Risk 5: If we do not develop effective partnerships across place, ICS and beyond we will be unable to support the voice of our service users and communities being heard in the planning and delivery of care. We will lose the opportunities to deliver the right care in the right place at the right time to address the full range of people's needs.			Initial risk	Current	Target
				4-4 (16)	4-4 (16)	3-3 (9)
	Cause of Risk			Impact / consequence of risk		
EMT and Board unaware of issues relating to the performance of partnerships. Short term planning for partnerships impacted by Covid-19. Inability of partners to agree priorities and so necessary resource and investment not in place.			Trust may not be able to deliver system wide efficiencies which may lead to the Trusts financial position and that of the Place H&CPs and the WY&H HCPs, being undermined. Health inequalities continue and worsen			
Management of Risk	What controls are in place to manage the risk?			What gaps in controls are there?		
	Place based HCPs and associated Governance under the Act as One Banner. Transitional Strategic Partnering Agreement (SPA) Place and WY&H consolidated plan submissions and monthly forecast and risk assessments, including options to bridge gaps via over achievement (link to future year CCG surplus drawdown).			Do not yet have a 'Load Bearing' SPA in place		
Assurance of effectiveness of controls	Sources of Assurance			Gaps in Assurance		
	Level 1: Operational oversight	SLT System and Trust Strategy and Business Plan Performance meetings to oversee plan; reporting on business planning process/ progress via finance themed meetings		Need to strengthen understanding of and associated metrics relating to Health Inequalities linked to our services		
	Level 2: Reports / metrics overseen by Board / Committee	FBIC: oversight. Board: CE reports on wider WY&H HCP and Place based funding issues at each meeting and progress of system transition to Integrated Care Partnership COO presents integrated performance report to Board Trust Chair is a member, along with CEO, and current Chair of the ICS Provider Collaborative, which includes a Triple-A report to Public Board from each quarterly meeting from Committees in Common (CinC) for West Yorkshire & Harrogate for MH,LD&A		Need to strengthen understanding of and associated metrics relating to Health Inequalities linked to our services		

	<p>Level 3: Sources of external oversight / scrutiny</p>	<p>Place Finance & Performance Committee. WY&H Committee in Common MH; Directors of Finance meetings and SLEG</p> <p>CEO and Trust Chair are members of the ICS Partnership Board, attending quarterly meetings and reporting back via Public Board reporting</p> <p>Trust Chair is on the ICP non-executive advisory group for the place 'load-bearing' SPA and ICP statutory arrangement, with future reporting from Chair to Board</p> <p>Trust Chair is Co-Chair of the ICS Reference Group to advise on future statutory ICS arrangements with reporting from Chair to Board and CinC.</p>	<p>Need to strengthen understanding of and associated metrics relating to Health Inequalities linked to our services</p>	
<p>Mitigating Actions to address gaps in control and assurance</p>	<p>Actions</p>		<p>Progress</p>	
	<p>Board development discussion on wider system working across WY&H HCP and principally WH&Y MH provider collaborative/ Trust Strategy.</p> <p>Board to discuss financial implications of Place based HCP workstreams</p> <p>To agree position of Board members and senior leaders in key system Governance forums to ensure we have influence in emerging system and Integrated Care Partnership and System developments</p>		<p>Board development sessions to refresh the Trust's strategic framework. First session completed 29/4/21. Update to Board on WY&H provider collaboratives March 2021, focusing on Assessment and Treatment Unit (ATU) reconfiguration and financial due diligence. May 2021 FBIC considered progress on Tier 4 CAMHS, adult secure services and ATU provider collaborative contracts, risks and mitigations, recommendations agreed at Board in June 2021.</p> <p>Board approved updated Act as One Strategic Partnering Agreement (SPA) in April 2021. By Oct 2021, SPA to be developed to support ICP operating in shadow form and 'load bearing' by April 2022 (capable of taking responsibility for maximum delegation from ICS). 2021/22 Q1 - prioritisation of mental health investment as part of 2021/22 planning process, to be agreed jointly with CCG. Update due July 2021.</p> <p>Board development sessions to refresh the Trust's strategic framework. First session completed 29/4/21 We have engaged Place Transformation leads through conversations and through engagement through our SLT strategy meeting to ensure alignment of our priorities with those of the system and to strengthen our influence. Initial SLT discussion took place 28/4/21. Appointed colleague through the ICS Fellowship Programme to provide programme leadership for our strategic programme with the primary care network, start date 1/7/21. Appointed Head of Transformation to lead on the transformation programme for adult Mental Health and Learning Disability services in partnership with the Local Authority.</p>	

	Engage with public health leads and Trust performance team to ensure we have strengthening understanding of Health inequalities	Trust business intelligence team developing ability to report all core metrics through health inequality lenses. Agreed as part of 'reset' week (w/c 7/6/21) to embed a health inequalities matrix across the organisation, and to engage Population Health Management Leads within the system to support intelligence gathering to help shape our plans. Timescales agreed with EDI Leads to embed health inequalities matrix. Launch due Sept 2021 – roll out by April 2022.
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Ambition: We value partnership, ensuring that we collaborate to deliver maximum impact on health inequalities						
	0 – None	1 – Minimal	2 - Cautious	3 - Open	4 - Seek	5 - Significant
Quality	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	We prefer risk avoidance. But, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable taking decisions that may expose us to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes

Linked Operational Risks	Comments on management of linked risks
1826 1825	MH Investment, current risk rating of 4-4 (16) Care Home Sector & LA budgets, current risk rating of 3-3 (9) <i>(NB to be checked and updated)</i>

Strategic Priority: Seamless Access		Strategic Objective 6: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable		Lead Committee: Finance, Business & Investment Committee Executive Lead: Director of Finance, Contracting and Estates		
Risk to Objective	Risk 6: If we do not make effective use of our resources this may result in regulatory interventions, as well as impacts on quality of services			Initial risk	Current	Target
	Cause of Risk			Impact / consequence of risk		
	<ul style="list-style-type: none"> - Underfunding - Uncertainty around future funding envelopes and financial regime - Potential under-achievement of recurrent efficiency targets - Increasing financial pressures, especially in relation to: <ul style="list-style-type: none"> o Impact of COVID on IPC, and on volume and acuity of demand o Competing priorities across the ICP and ICS o Out of area placements o Impact of workforce constraints on band and agency spend o Under-funding of pay awards. 			<ul style="list-style-type: none"> - Regulatory intervention - Merger with/ acquisition by other organisation - Adverse impact on the quality and range of services that the Trust can deliver - Poorer mental and physical health outcomes for our population - Lack of resources to meet local and national targets - Knock-on adverse impact on ICP and ICS partners' <ul style="list-style-type: none"> o Financial performance o Performance targets o Health outcomes 		
Management of Risk	What controls are in place to manage the risk?			What gaps in controls are there?		
	<ul style="list-style-type: none"> - 2021/22 H1 Trust financial plans - Existing contracts - Contract negotiations - ICS and ICP plans and agreed priorities - Existing programme (Act as One, Strategic Programmes and CIP) - Budget setting and monitoring processes in place - Contract performance management and reporting in place - Workforce plans, controls and monitoring in place - Green plan approved by Board 			<ul style="list-style-type: none"> - 2021/22 H2 Trust financial plan - 3 year Trust financial plan - ICP/ICS financial plans for H2 and beyond - Financial and contracting envelopes and frameworks for H2 and beyond - Provider collaborative contracting arrangement not finalised - Agreed efficiency programme for H2 and beyond - Data and business intelligence quality improvements 		
Assurance of effectiveness of controls	Sources of Assurance			Gaps in Assurance		
	Level 1: Operational oversight	<ul style="list-style-type: none"> - EMT - SLTTWICS (Together we Improve, Create, Sustain) programme governance agreed - TWICS programme Board 		Efficiency programme governance agreed		
	Level 2: Reports / metrics overseen by Board / Committee	<ul style="list-style-type: none"> - Board - FBIC - Workforce committee - Audit committee - Quality & Safety Committee 		None currently		

	Level 3: Sources of external oversight / scrutiny	- ICP and ICS meetings	Lack of operating framework at ICP/ICS
Mitigating Actions to address gaps in control and assurance	Actions		Progress
	<ol style="list-style-type: none"> 1. Finalise H1 financial plans 2. Approval of H2 financial plans 3. Approval of 3 year financial plans 4. Finalisation of Non-NHS high value contracts 5. Finalisation of NHS high value contracts 6. Engage external partner to support initial efficiency work 7. Identify long list of opportunities 8. Agree short list of opportunities 9. Agree implementation plan (resourcing, timescales, targets and governance) 10. Board approval for programme 11. Conclusion of community estates review 12. Trust estates plan updated 13. Digital strategy approved 14. Workforce strategy revised/approved 15. Finalisation of MH collaborative risk/benefit shares 	<p>Complete April 21 Due Quarter 3 21/22 Due Quarter 4 21/22 Due May 21 - ongoing No longer expected in 2021/22 – anticipated for April 2021 Complete April 21 – external partners (Deloitte) now supporting actions 7&8</p> <p>Complete June 21 Complete June 21 Due June 21 - ongoing</p> <p>Complete July 21 – Broad programme approved by FBIC, which identified the strategic opportunities for detailed work up under the TWICS programme</p> <p>Due Oct 21 Due Dec 21 Actions 13 and 14 are key enablers in the TWICS programme</p> <p>Due Oct 21</p>	

Ambition: To make effective use of our resources to ensure that services are clinically, environmentally, and financially sustainable						
	0 – None	1 – Minimal	2 - Cautious	3 – Open	4 - Seek	5 - Significant
Finance	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk. SK	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
Regulatory	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks. SK	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.

Linked Operational Risks	Comments on management of linked risks
2536	In year financial pressures (1821) and impact of Covid-19 on financial stability (2382) consolidated into one risk, current rating of 4-4 (16)