

Board Assurance Framework Summary – MAY 2022

Strategic objective		Key risk to achieving the objective					Risk Appetite	Initial Risk Score	Current Risk Score 01/12/21	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	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	12	12	12	12	12	12	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	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	16	16	16	16	16	16	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)	4-2 (8)	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	12	8	8	8	8	8	6	6	6	
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	12	12	12	12	9	9	9	9	9	
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	20	20	20	20	20	20	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)	4-3 (12)	3-3 (9)	Quality & Safety Committee	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	16	16	12	12	12	12	12	12	12	

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)	3-3 (9)	3-1 (3)
	Cause of Risk			Impact / consequence of risk		
Lack of involvement opportunities or awareness of opportunities by service users/carers. Culture of involvement not 'mainstreamed' across services.			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?			What gaps in controls are there?		
	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, patient's and cares in their own care Volunteering strategy – approved by Trust Board September 2021 Introduction of service user (expert by experience) and Co-Chair of TWIG Young Dynamo's Young People's research group			Collection of FFT data across all services and benchmarking of carer FFT data to identify any gap – by end October. Attendance at QUOPS Leadership meeting 22/10/21. Covid restrictions having a detrimental effect on face to face involvement activity Your Voice Matters Strategy requires review to reflect covid limitations and reset objectives		
Assurance of effectiveness of controls	Sources of Assurance			Gaps in Assurance		
	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) Triangle of Care Accreditation Phase 2		Level 1: Some Operational oversight gaps linked to lack of informed FFT trajectories across all services		
	Level 2: Reports / metrics overseen by Board / Committee	Quality & Safety Committee reports (every 6 months) Your Voice Matters strategy Volunteering Strategy FFT data in IPR and Quality Dashboard Volunteering Strategy (presented to Board Sept 2021) Digital Strategy approved 9 December 2021 supporting plan to reduce digital exclusion		Level 2: Some gaps in Reports / metrics overseen by Board / Committee and Routine audits to be reviewed by Clinical Board associated with the above gap. This is in part related to the impact of reduced face to face opportunities and capacity to promote FFT Consideration of Patient Director role on BDCFT 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 Phase 3 – future assessment due 2023
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 for phase achieved December 2021. Prepare for phase 3 in 2023</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 complete – Well Together Service presented to P&ISG in August 2021 and launched in 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. P&ISG monitoring progress on FFT data collection.</p> <p>PE team will work with MH services to increase Carer Awareness training compliance</p> <p>Mapping and stakeholder work to be developed following agreement at QSC to align with system wide carer strategy.</p> <p>Well Together Service - complete</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	Current Score	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	<p>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.</p>		Initial risk	Current	Target
			4-3 (12)	4-3 (12)	3-2 (6)
	<p>Cause of Risk</p> <p>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</p>		<p>Impact / consequence of risk</p> <p>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</p>		
Management of Risk	<p>What controls are in place to manage the risk?</p> <p>Board and Workforce and Equality Committee (WEC) Dashboards reporting against People Development Strategy, action plans and KPI's and the Belonging and Inclusion Plan and Delivery Plan supporting it. DLM reports on workforce metrics, temporary staff usage, and agency spend. Regular meetings between the bank and rostering leads and service manager to review performance and improvements. Annual Staff Survey, Quarterly 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 through to WEC and Board where indicated. Smarter Working group in place engaging with workforce to create a plan for type of worker/ways of working/alongside estate and digital plans to support. Smarter Working Group reporting 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.</p>		<p>What gaps in controls are there?</p> <p>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 Near completion of work to deliver new ways of working / smarter working, during and post pandemic/as we exit lockdown – scoping impact of risks for phase 2 (implementation in community services) ongoing currently Managing WTD breaches and management of rosters Clinical Workforce Strategy and Corporate Workforce Strategy to be developed that will overarch existing and new Professions Strategies. Medical workforce Strategy to be developed</p>		

	<p>Workforce Planning process/annual cycle with a five year time horizon (to deliver short, medium and longer terms plans) 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 Process for picking up and addressing wherever possible dissatisfaction in new starters before they decide to leave in place Comprehensive nurse preceptorship (local pathways and InsideOut programme) established and embedded. Meetings of the Director of Nursing and Professions/Deputy with newly qualified nurses on joining the Trust. Practice Educator role (pilot) for newly qualified nurses in Mental Health (visible role picking up pastoral and education needs)</p>		
<p>Assurance of effectiveness of controls</p>	<p>Sources of Assurance</p>	<p>Gaps in Assurance</p>	
	<p>Level 1: Operational oversight</p>	<p>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</p>	<p>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</p>
	<p>Level 2: Reports / metrics overseen by Board / Committee</p>	<p>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, 10/9) Quarterly staff pulse surveys Freedom to Speak Up Guardian Board / WEC Committee Reports – 6 monthly and annually 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) Deep dive into sickness absence being presented to joint committee 16/12/21 Full Internal Audit opinion given on the Workforce Planning processes to deliver a 5 year plan aligned to People Development Strategy</p>	<p>Trust Medium and Longer Term Workforce Plan and Talent Management Plan Trust Plan to support staff to work in new ways post pandemic in accordance with the expectations of the NHS People Plan</p>

	Level 3: Sources of external oversight / scrutiny	Place Integrated People Board and Integrated People Plan Place System Planning Group and Trust One Year Workforce Plan	Review being undertaken of the governance arrangements for Workforce at Place with work being undertaken to establish a Workforce Committee, establish ongoing resourcing for this workstream and streamline the governance below Committee level.
Mitigating Actions to address gaps in control and assurance	Actions		Progress
	<p>Design and implementation of a systematic approach to Talent Management</p> <p>Development of preceptorship programme, career workshops, stay conversations and transfer process</p> <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 recruitment, training and apprenticeship programmes and career pathways 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>Talent Management process developed, and appraisal paperwork redesigned to support Talent Management conversations. Pilot of the process complete in IT Services, further work planned in Older Peoples Mental Health and Payroll Services. Latter pilots on hold through the pandemic. Further talent management pilots will be confirmed as part of the next steps recovery plan. Appraisal paperwork now launched and in use across organisation. Non recurring funding being sought for time limited consultancy to identify next steps in roll out of talent systems development.</p> <p>Comprehensive 12-month preceptorship Inside Out programme in place for newly qualified nurses. Career workshops in place.</p> <p>Timetable of director meetings with new starters now in place. Business case/paper drafted for EMT on HR/OD function resourcing needs - level of funding required not available, some investment and non recurring investment made in fixed term posts whilst options for delivering and strengthening the HROD Directorate are explored. New Exit Questionnaire based on the People Promise available in ESR Self Service functionality from Oct 21</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 took place 5 August 2021 to ensure planning was on track and project plan with timeline in place received at FBIC and WEC to deliver 5 year workforce plans for 1 April 22 Progress reported to 2/3/22 at PPI SLT and work is on track.</p> <p>Clinical Workforce Strategy approved at PPI SLT 2/3/22 and will be presented to WEC for ratification in April.</p> <p>Recruitment & retention practices under review following requirements set out in NHS people Plan.</p>	

	Establish a new ways of working/hybrid working strategic programme	<p>Plans to W&EC (9/20) for feedback on progress. Longer term recruitment and retention strategy being developed alongside a refreshed Recruitment and Retention Plan. Recruitment and Resourcing HR business partner in place in addition, separate Corporate directorate/workforce Business Partner in place.</p> <p>Working group now in place chaired by DDo Estates and DDoHR/OD, ToR agreed, fieldwork for corporate and administrative services commenced. Group reports into strategic SLT. Project management and support resources agreed as part of the sustainability work. Plans signed off and being implemented for non-clinical corporate staff. Next phase clinical workforce and staff who work in support in clinical services</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	Current Score	Comments on management of linked risks
2435	CIP requirements pre covid across adult services	2-4 (8)
		Archived (2020) having reached target score and revised CIP delivered within plan.

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 4-4(16)	Current 3-2(6)	Target 3-2(6)
	Cause of Risk	Impact / consequence of risk			
	<p>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.</p> <p>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.</p>	<p>Inability to deliver safe, effective, well led services, high quality services.</p> <p>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.</p>			
Management of Risk	What controls are in place to manage the risk?		What gaps in controls are there?		
	<p>Robust governance of risk management processes and systems in place as part of the Risk Management Strategy</p> <p>Integrated Governance Guide to support corporate governance and action in management of key committees and Board</p> <p>Risk and compliance group</p> <p>Embedded change in practice from patient safety incidents discussed at Patient Safety and Learning Group</p> <p>Quality and Safety Committee</p> <p>Mental Health Legislation Committee</p> <p>Senior Leadership Team Meeting</p> <p>Integrated performance report and committee dashboards – including mental health and community care group priorities</p> <p>Daily Lean Management processes embedded</p> <p>Bradford Leadership Management Programme</p> <p>Care Trust Way (CTW) Accountability and Guiding Group overseeing embedding of the quality improvement methodology, and delivery of training</p> <p>Care Group/Service Quality Improvement plans developed which include CQC actions (must and should dos) with oversight from Compliance and Risk Group (CRG), SLT and respective committees</p> <p>CRG has oversight of all organisational risks on a bi-monthly basis and any actions are implemented and monitored via QUOPS</p> <p>The early implementation of the revised serious incident investigation processes and systems – moving to a systems based learning approach from RCA in line with national strategy</p> <p>Go See Framework embedded with a range of proactive and reactive visits including quality and safety visits and exec/director visits</p>		<p>Ongoing improvements to ensure that learning and changes in practice are fully embedded following incidents, complaints, serious incidents and claims.</p>		

	<p>Timetable for Go See visit established.</p> <p>Quality Assurance Framework templates developed –quality indicators used in January 2022 in 0-19 services. Workplan being developed for other services over 2022</p> <p>standard operating procedure developed to support the Go See Framework which will identify key learning and opportunities for quality improvement programmes</p>		
Assurance of effectiveness of controls	Sources of Assurance		Gaps in Assurance
	<p>Level 1: Operational oversight</p>	<p>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)</p> <p>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. Learning from deaths, incidents and complaints process established with weekly Mortality and Duty of Candour meetings established.</p> <p>Patient Safety Specialist working group as a Place based approach</p> <p>Process in place to report Category 4 Pressure Ulcers via STEIS where the SI criteria has been met monitored via MDCRG and 6 monthly report to QSC established</p>	<p>Establish a governance process for following up actions from quality improvement programmes, serious incident investigations, complaints, staff network feedback and Go See visits</p> <p>Gaps in fully embedded professional curiosity approach within investigations Discussion at Clinical Board May 2022</p> <p>Duty of Candour needs to be enhanced and further articulated in templates, process and a stand alone policy</p>
	<p>Level 2: Reports / metrics overseen by Board / Committee</p>	<p>Weekly Executive Patient Safety Approval panel and joint learning events attended by Senior Leadership and Executives</p> <p>Key quality and safety issues discussed at exec to exec meetings (LA, other NHS providers)</p> <p>Revision of investigation quality standards in progress</p> <p>Patient Safety and Learning Group established – reports into Quality & Safety Committee</p> <p>Report of Serious Incidents, Duty of Candour and Learning from Deaths summary provided to Board on a monthly basis</p> <p>Learning from Deaths and incidents reporting established for Quality and Safety Committee – quality data pack and reports from Care Groups</p>	<p>Further developments needed in the reporting and oversight of internal core metrics and learning relating to complaints</p>

		<p>Mental Health Legislation Committee – oversees quality and improvement with regards to the Mental Health Act and Mental Capacity Act requirements</p> <p>Compliance and Risk Group established with revised Terms of Reference which reports into Board</p> <p>Board receives updates on the implementation of the Care Trust way in line with reporting on other strategic enabling programmes</p> <p>Reporting Framework for Serious Incident investigations and patient safety and learning continues to be revised in light of changes to internal standards</p> <p>Monthly Quality dashboard to QUOPS and Committees</p> <p>Monthly reporting of safer staffing levels to Board and relevant committees</p>	
	<p>Level 3: Sources of external oversight / scrutiny</p>	<p>System Quality Committee established</p> <p>Learning from deaths workstream at System Quality Committee</p> <p>Review of joint programmes of learning and quality dashboards</p> <p>Quality Summits – share learning from incidents involving acute providers</p> <p>Joint reporting</p> <p>Ethics Committee established</p> <p>Feedback from CQC and the CCG on quality and learning</p> <p>Established relationship with Coroner’s office with Medical and Nursing Directors</p>	<p>Level 3: Establish joint training with Coroner’s Office and progress discussions about the future direction of patient safety. Further embed and develop collaborative working.</p>
<p>Mitigating Actions to address gaps in control and assurance</p>	Actions		Progress
	<p>Business continuity plans revised to establish key metrics and priorities for services including quality metrics</p>		<p>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.</p> <p>Complete</p>
	<p>Key lines of enquiry and establishment of a quality assurance framework (QAF)</p>		<p>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. Reviewed with General Managers November 2021. First pilot QAF undertaken 8 Feb 2022 and workplan in place.</p> <p>Complete</p>
	<p>KPO support provided to teams to ensure care trust way is facilitated and RPIW re-commenced</p>		<p>Re-established programme of work for RPIW and Care Trust Way Training</p> <p>Complete</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>Board development session (human factors) undertaken October 2021. Staff survey (HF) being trialled to inform training needs. HF training pilot session for clinical managers complete November 2021. Evaluation of training complete. Roll out plan to be established – delayed due to HR staffing changes</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. complete</p> <p>Patient Safety Strategy outline presented to QSC in September 2021 and now published complete</p> <p>Revision of investigation quality standards completed</p> <p>Development of a clinical strategy to enhance the strategic approach to professional practice. Outline presented to Board October 2021. Ratified 2 March 2022. Complete</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	Current Score	Comments on management of linked risks
2197 Management of at risk children	4-4 (16)	Archived (June 2021) having reached target score and full service risk assessment completed.
2417 Ability to meeting regulatory requirements	3-3 (9)	A review of the SI framework and patient safety incident process undertaken following thematic review. Training and preparation work commenced for implementation of new framework in 2022 Review of current CQC inspection report undertaken in September 2021 for core and well led creation and development of management actions in place 28/3/22 CQC risk score reduced due to progress on actions: Management actions now undertaken (ongoing monitoring and escalation via relevant committees, QSC and board) PSIRF transition plans underway in preparation for framework publication anticipated June 2022

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	<p>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.</p>		Initial risk	Current	Target
			4-4 (16)	4-4 (16)	3-2 (6)
	<p>Cause of Risk</p> <p>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.</p> <p>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</p> <p>Staff uptake of the vaccine during Covid and being impacted by the virus is worst amongst staff from a minority ethnic background</p> <p>Belief system based on leadership as being invested in positional power rather than personal power</p> <p>Leadership styles that do not reflect the Trust's values and behaviours around listening, inclusivity and engagement</p> <p>Failure to embed and model the values and behaviours of the Trust consistently and create confidence in speaking up culture and processes</p>		<p>Impact / consequence of risk</p> <p>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</p> <p>Turnover and sickness absence will remain above target</p> <p>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.</p> <p>The Trust's reputation will be compromised impacting on recruitment and retention</p>		
Management of Risk	<p>What controls are in place to manage the risk?</p> <p>Board and Workforce and Equality Committee Dashboards reporting against People Development Strategy, and action plans/KPIs and Belonging and Inclusion Plan and underpinning delivery plan. and key workforce metrics Staff Survey, Quarterly 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</p>		<p>What gaps in controls are there?</p> <p>Diagonal slice leadership reporting into Board suspended during the pandemic Lack of 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</p>		

		Sources of Assurance	Gaps in Assurance
Assurance of effectiveness of controls	Level 1: Operational oversight	Staff Survey and Quarterly 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 Senior leaders accessing the ICS BAME Fellowship Programme Values based recruitment approach in place People development strategy actions and KPI's agreed at November PPI SLT – for formal approval at WEC Feb 2022	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 Quarterly Pulse Survey results Workforce data on leadership profile WEC Dashboard including Gender Pay Gap Reporting Workforce Race Equality Standard reporting and Disability Workforce Equality Reporting Belonging and Inclusion Plan approved	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 Health and Social Care Economic Partnership Board Bradford, Airedale, Wharfedale and Craven Equalities Group	None currently
Mitigating Actions to address gaps in control and assurance	Actions		Progress
	Implement new Fair and Compassionate Culture programme including roll out of toolkit Commence Talent Management pilots Launch and Embedding of the Belonging and Inclusion Plan and delivery plan 2021-25to	Materials in place, programme to commence 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 2 Anti-racist toolkit launched Trust has invested in a relationship with 'Be Kind' organisation which will provide toolkit resources supporting the move to an empathetic, compassionate and appreciative culture. SLT workshop delivered in April 2022. see strategic objective 2	

<p>strengthen links to national People Plan priorities, Chief Executive Pledges and ensuring a sense of belonging</p> <p>Identification of Belonging and Inclusion Champions</p> <p>Implementation of the Equality Assessment Matrix and identification of service level priority objectives for improvement</p> <p>Implementation of quarterly pulse/staff surveys Review and re-commence the Diagonal Slice Leadership Group – NED and ED led</p> <p>Creation of Belonging and Inclusion Group fostering the development and local ownership of EDI objectives to create a diverse organisation and senior leadership.</p> <p>Roll out of the Equality Assessment Matrix to support identification of service level EDI objectives.</p>	<p>Crowdsourcing engagement work and workshops have concluded, new Belonging and Inclusion Plan and Delivery plan discussed at the EDI Strategic Staff Partnership in November having been received at SLT and approved at November Board. Plan received at WEC</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>Initial staff survey results for 2021 show improved performance has been maintained. Chief Execs report to contain initial feedback received at Jan 22 Board. Next level results received at PPI SLT 3/2/22. Results received at WEC in Feb 2022 and full Board report due in April 2022. Meetings being booked by services with staff to discuss local results and action planning.</p> <p>Membership and structure in place, review and re-start in line with reset/recovery plans Jobshare postholder to the Head of EDI in place to progress this work and band 6 vacancy recruited to.</p>
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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	Current Score	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)	4-3 (12)	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		
	Level 3: Sources of external oversight / scrutiny	Place Finance & Performance Committee. WY&H Committee in Common MH; Directors of Finance meetings and SLEG CEO and Trust Chair are members of the ICS Partnership Board, attending quarterly meetings and reporting back via Public Board reporting		Need to strengthen understanding of and associated metrics relating to Health Inequalities linked to our services		

		<p>Trust Chair is on the PLACE non-executive advisory group for the place 'load-bearing' SPA and PLACE 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>	
Mitigating Actions to address gaps in control and assurance	Actions	Progress	
	<p>Board development discussion on wider system working across WY&H HCP and principally WY&H 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</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>From August 2021 BDCT has taken on Lead Provider role for ATU collaborative. Update provided to board on strategic partnering workstream progress to date. We will encourage the generation of shared learning from each of the Provider collaboratives through our executive representation and leadership on each of the programme Boards and through formal quality improvement and lessons learned workshops and activity reporting periodically through the ICS committees in common. Further Board discussions have taken place in relation to emerging ICS arrangements. Board also reviewing the make up of the executive to ensure this supports the development of working at Place and ICS. Internal provider collaborative oversight group established, chaired by COO.</p> <p>Board approved updated Act as One Strategic Partnering Agreement (SPA) in April 2021. By Oct 2021, SPA to be developed to support PLACE 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. Shared priorities agreed with CCG and presented to SLT. Strategic oversight group established - TWICS (Together We, Improve, Create and Sustain) which supports the development of the strategic programmes and financial sustainability. Workshop held 20/10/21 to redefine and repurpose Trust strategic programmes to ensure coherent governance arrangements are in place and full alignment to system strategic priority workstreams. Update to TWICS Board received in November. Monthly progress updates provided.</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. Head of Transformation now in post to lead on the transformation programme for adult Mental Health and Learning Disability services in partnership with the Local Authority. Draft transformation plan to be presented to September meeting of MH, LD and Neurodiversity Health Care Partnership Board. Discussion at Board in October with members of care coordination leadership cell regarding next steps.</p>	

<p>and Integrated Care Partnership and System developments</p> <p>Engage with public health leads and Trust performance team to ensure we have strengthening understanding of Health inequalities</p>	<p>Continuing roll out of exec to exec meetings with system partner organisations System executive considering potential to develop a broad ranging strategic programme for community services, with potential for BDCFT to take on key leadership role</p> <p>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.</p> <p>All metrics on ethnicity, gender age, deprivation are now all being reported on. The next phase of development will include sexual orientation, language and religion. Phase three will look at disabilities. Staff/patient story being introduced into the SLT agenda items relating to examples of addressing health inequalities</p> <p style="background-color: yellow;">Objective reviewed – progress now reliant on BDCFT overall BAF review (May 2022) and the commencement of integration work to review how SO5 interlinks with the ICS</p>
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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		Current Score	Comments on management of linked risks
1826	Provider Collaborative arrangements	3-3 (9)	Archived (Aug 2021) - CRR level closed, risk de-escalated to Directorate, any relevant detail reflected in new SO6 risks
1825	Capacity and Demand	3-3 (9)	Archived (Aug 2021) - CRR level closed, de-escalated to Directorate, any relevant detail reflected in new SO6 risks
2370	Continuity of service delivery during COVID-19 Pandemic	4-5 (20)	Monitoring of staffing levels continues through Daily Lean Management, Command structures and Committees

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
				5:4 (20)	5:4 (20)	4:3 (12)
	Cause of Risk			Impact / consequence of risk		
	<ul style="list-style-type: none"> - Potential under-achievement of recurrent efficiency targets - Ongoing 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 PLACE and ICS o Shared system risk resulting from evolution of ICS governance and financial frameworks o Out of area placements o Impact of workforce constraints on bank and agency spend o Under-funding of pay awards o Loss of contract (0-19 service Wakefield) o Potential procurement of 0 -19 service Bradford 			<ul style="list-style-type: none"> - Regulatory intervention - Merger with / acquisition by other organisations - 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 PLACE 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"> - 2022/23 Trust financial and operational plans in place - Existing contracts - Contract negotiations - ICS and PLACE 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 - Provider collaborative contracts agreed - 			<ul style="list-style-type: none"> - 3 year Trust financial plan (revenue and capital) - PLACE/ICS financial plans for 2022/23 and beyond - Final codification of risk sharing arrangements and ICS governance and frameworks - Data and business intelligence quality improvements - 2022/23 contracts still being negotiated 		
Assurance of effectiveness of controls	Sources of Assurance			Gaps in Assurance		
	Level 1: Operational oversight	<ul style="list-style-type: none"> - EMT - SLT - TWICS Programme Board - Provider collaborative contract management groups - CPIG - QuOps 		None currently		

	Level 2: Reports / metrics overseen by Board / Committee	<ul style="list-style-type: none"> - Board - FBIC - Workforce committee - Audit committee - Quality & Safety Committee - Provider collaborative joint committees 	None currently
	Level 3: Sources of external oversight / scrutiny	<ul style="list-style-type: none"> - PLACE and ICS meetings - Committees in common 	Evolving operating framework at PLACE/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. Agree Governance arrangements for TWICS programme 12. Agree resourcing of TWICS programme 13. Develop and sign off TWICS Project Initiation Documentation 14. Conclusion of community estates review 15. Trust estates plan updated 16. Digital strategy approved 17. Workforce strategy revised/approved 18. Finalisation of MH collaborative risk/benefit shares 	<ol style="list-style-type: none"> 1. Complete April 2021 2. Complete November 2021 3. National 2022/2023 plans due on 26 April 2022 (submitted to ICS on 21 April 2022); internal 3 year plan due Q1 2022/23 4. Complete November 21 – non-recurrent funding of pay award for 21/22 to be secured recurrently 5. NHS Contracts to be finalised 13 May 2022 6. Complete June 2021 7. Complete June 2021 8. Complete June 2021 9. Complete July 2021 – ongoing work through TWICS programme, reporting to FBIC 10. Complete July 2021 – Broad programme approved by FBIC, which identified the strategic opportunities for detailed work up under the TWICS programme 11. Governance agreed and in place; first programme meeting August 2021; monthly thereafter 12. Resourcing of core team agreed and in place - Process underway to revise and agree support and resourcing for TWICS moving forward 13. Core team are in progress with developing PID's, regular updates to EMT and programme board 14. Initial phase complete Nov 2021, Further work agreed and final workshop took place 4 March 2022, final report received and presented to AGG 21 April 2022 15. Due Q4 2021/2022 16. Digital Strategy approved 9 December 2021 17. Ongoing 18. Complete September 	

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	Current Score	Comments on management of linked risks
2536 Financial Performance & Sustainability	2-2 (4)	7 actions within the operation risk remain active and are being managed Planning guidance for 2022/23 has been published (awaiting technical guidance) on 24th December, along with 1 year ICB allocations. COVID allocations have reduced by 57% (c£4m reduction for BDCFT). During January and February Trust level allocations will be agreed to inform planning submissions to meet the timescales of: Draft Plan - mid March 2022 - Final Plan - end of April 2022 Risk score reduced from 9 to 4
2553 Re-procurement of Wakefield 0-19 contract	5-3 (15)	Loss of £70million contract, loss of staff via TUPE, reputational risk Notification received of loss of tender for Trust December 2021.