Board Assurance Framework Risk Mitigation Summary Sheet – MARCH 2023

SO1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)

Ambition / risk	Executive Lead: Medical Director	M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
1.1: Valuing lived experience, supporting the voice of under-represented groups / Your Voice Matters does not respond		Review and revision of Strategic Objectives		Population and risk score assessment	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-4 (16)	4-4 (16)	4-4 (16)	4-3 (12)	4-3 (12)	3-1 (3)
1.2: Roles for people with lived experience across all areas of Trust activity / unable to demonstrate achievement					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-1 (3)
1.3: Increase number and diversity of volunteers / lack of capacity to deliver volunteering strategy					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-1 (3)
1.4: Supporting patients to be partners in their own care / fail to maximise relationships between professionals & SU					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-1 (3)

SO2: Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)

Ambition / risk	Executive Lead: Chief People Officer	M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
2.1: Embedding a compassionate and inclusive culture / lack may result in higher levels of staff disengagement and increased turnover		Review and revision of Strategic Objectives		Population and risk score assessment	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	2-2 (4)
2.2: Recognising & rewarding staff, sharing learning / reduction in morale, negative impact on discretionary effort, increased turnover					3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	2-2 (4)
2.3: Ensuring staff have a voice that counts / lack of thriving networks, inability to demonstrate compliance with WRES and WDES standards					3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	2-2 (4)
2.4: Staff are safe and healthy / increased staff absence and negative consequences for patient care					3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	2-2 (4)

SO3: Maximising the potential of services to deliver outstanding care to our communities (QSC)

Ambition / risk	Executive Lead: Director of Nursing, Professions and Care Standards	M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
3.1: Enabling every service to move towards its own excellence / targets are not sufficiently sensitive to recognise progress		Review and revision of Strategic Objectives		Population and risk score assessment	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-2 (6)
3.2: Enhancing our approach to organisational learning / data quality and maturity is insufficient to support learning					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-2 (6)
3.3: Maximise opportunities to learn from best practice & research / lack of capacity due to operational pressures					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-2 (6)
3.4: Understand support needed for people to prevent harm whilst waiting for services / insufficient place-based offer					4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-4(16)	4-4(16)	4-4 (16)

SO4: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)

Ambition / risk	Executive Lead: Director of Integration & Transformation	M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
4.1, 4.2, 4.3, 4.4: Working across place / ICS to develop a sustainable workforce; embed a culture of continuous improvement; transform services to reduce health inequalities and build community resilience; embed system leadership behaviours / insufficient capacity to develop strong relationships leading to lack of shared purpose, clarity, and misalignment of priorities		Review and revision of Strategic Objectives		Population and risk score assessment	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-2 (6)

SO5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)

Ambition / risk	Executive Lead: Director of Finance, Estates and Contracting	M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
5.1: Maximising internal/external opportunities to enable delivery of in-year & longer-term financial plans; best use of ICS £ / inability to maximise opportunities may result in regulatory interventions, reputational damage, and reduced quality of services		Review and revision of Strategic Objectives		Population and risk score assessment	4-4 (16)	4-4 (16)	4-4 (16)	4-4 (16)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-3 (12)
5.2: Embedding environmental sustainability to support ultimate ambition to be a carbon net zero organisation / inability to meet targets impact negatively on finances, quality of estates, wellbeing of our population and workforce and reputation					4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	2-2 (4)

SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

Ambition / risk	Executive Lead: Chief Information Officer	M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
6.1: Strengthen our insights by improving data quality and understanding needs / do not fully understand data needs		Review and revision of Strategic Objectives		Population and risk score assessment	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)
6.2 Clinical Systems Transformation / lack of organisational readiness					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)
6.3: Patient Engagement / Digitally enabled care / increased health inequalities caused by inequity of access					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)
6.4: Digitally enabled workforce / training and education needs or workforce not being understood, barriers to capability					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)
6.5: Strengthen our digital foundation / will not have the tools / confidence of stakeholders to deliver our ambitions					4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)

| **Strategic Objective 1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery | | **Lead Committee:** Quality and Safety Committee
Executive Lead : Medical Director | |

In year ambition	**Key risk to achieving the ambition**	better lives, together	Links to other objectives	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
1.1 We will have an increased focus on embedding a curious practice in relation to lived experience and proactively seek out opportunities to make it easier for under-represented groups to influence decisions across our organisation, aligned to place and ICS involvement objectives	There is a risk that Your Voice Matters does not adequately respond to our post-COVID learning and digital ambitions, and is not enacted in a timely manner	Best Quality Care	SO6:6.2		Director of Nursing, Professions & Care Standards

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Review and revision of Strategic Objectives			3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	4 – 4 (16)	4 – 4 (16)	4 – 4 (16)	3-4 (12)	3-4 (12)	3-1 (3)

	Cause of Risk	**Impact / consequence of risk**
Management of Risk	Culture of involvement not 'mainstreamed' across services, including a lack of a common understanding of what involvement means. Lack of relationships across the Trust with under-represented groups mean their voices are seldom heard We do not currently maximise our relationships with the voluntary sector and organisations such as Health-Watch to understand how best to hear the voices of seldom heard groups	Lack of involvement may lead to limited insight and feedback on quality of services, worsening health inequalities and inadvertent exclusion of high need groups from services.
	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 Involvement governance structures (P&IRG, TWIG, Carers Group etc.) Introduction of online involvement mechanisms Introduction of service user (expert by experience) and Co-Chair of TWIG Young Dynamo's Young People's research group	Your Voice Matters Strategy requires review to reflect covid limitations and reset objectives Review required on how FFT data collection is perceived by staff and aligned to other available data sources Covid restrictions having a detrimental effect on face-to-face involvement activity Lack of strategic direction in developing relationships with Health Watch and the VCS in order to engage with seldom heard communities Lack of engagement with involvement services across Bradford District & Craven Lack of comprehensive structures to support involvement – (see progress for mitigating actions)

		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) Triangle of Care Accreditation Phase 2 Your Voice Matters and carer Development Groups Involvement and Participation Strategy Group		**Level 1:** Some potential gaps in FFT data presentation – undergoing review Your Voice Matters delivery group has not met and ToR requires refresh
	Level 2: Reports / metrics overseen by Board / Committee	FFT data in IPR and Quality Dashboard Quality & Safety Committee reports (every 6 months) Your Voice Matters strategy 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 No formal oversight metrics in place for Involvement (not FFT)
	Level 3: Sources of external oversight / scrutiny	FFT data presented to NHSE Narrative within Annual Report and Quality Report		**Level 3:** Triangle of Care Phase 3 – future assessment due 2023 Potential gap in embeddedness of involvement & participation in transformation programmes – undergoing review

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	1. Work to transfer PEIT team to the Nursing directorate to allow better alignment with the Patient Advice and Complaints Team 2. Establish objectives for PEIT and PACS team 3. Strengthen links with place based structured for engagement and gathering intelligence from service users and communities 4. Review the focus of the Involvement and Participation Strategy Group to ensure alignment with recently updated strategic priorities 5. Systematic review required of patient involvement functions 6. Re-establish the Involvement Delivery Group	1. June 2022 – underway. Transferred from Director of Corporate Affairs. Feb 2023 – formal consultation re restructure of DoN completed 24.02.23. One outcome will be to bring the PCEIT and PACs teams under one line management structure. Process unlikely to be complete until August 23. 2. Update Feb 23 – objectives for PCEIT team currently being worked through in line with revised involvement framework and aligned to strategic priorities. Significant focus on hearing the voice of experience (assurance of quality / experience) and service user leadership – especially in the transformation space. 3. Deputy Director of PS, C&R member of place involvement steering group. Individual PEIT team members aligned to different place workstreams 4. Refocus of IPSG completed.

	5. Model of involvement tested locally, currently being tested with wider services and service users. Support structures and accountability structures part way through development – end point is end of March 2023. Agreed that Carer Development Group can continue without revision as is fit for purpose. Separate delivery oversight group for YVM to be developed by end of March – current oversight is through tight daily grip and control of transformation work and resetting of priorities for delivery.

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

	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

| **Strategic Objective 1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery | | **Lead Committee:** Quality and Safety Committee
Executive Lead : Medical Director | |

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
1.2 We will create a variety of roles for people with lived experience (including young people) at all levels within the trust ensuring this important voice is considered in areas such as recruitment, transformation, service redesign and delivery, and quality improvement. We will play an active role in wider service user and Carer involvement plans across place/ICS.	There is a risk that we can only demonstrate a limited impact in achieving our ambitions.	Best Quality Care	SO6:6.2		Medical Director

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Review and revision of Strategic Objectives			3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-1 (3)

Management of Risk	**Cause of Risk**	**Impact / consequence of risk**
	This is an area of significant complexity with many influencing programmes of working both internal and external to the trust.	Lack of demonstrable progress may lead to disengagement from stakeholders, with an attendant reputational risk
	What controls are in place to manage the risk?	**What gaps in controls are there?**
	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 Introduction of service user (expert by experience) and Co-Chair of TWIG Young Dynamo's Young People's research group	Oversight of work progressing at place, and how we are engaging with this Utilisation of Council of Governors to support different ways of involving and engaging people with lived experience at all levels within the Trust Oversight of work with KPO team and transformation team to ensure people with lived experience are at the centre of change

Assurance of effectiveness of controls	**Sources of Assurance**		**Gaps in Assurance**
	Level 1: Operational oversight	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:** No specific metrics looking at the role and number of involvement opportunities Your Voice Matters Delivery Group has not met therefore no oversight of operational delivery of involvement
	Level 2: Reports / metrics overseen by Board / Committee	Quality & Safety Committee reports (every 6 months) Your Voice Matters strategy Digital Strategy approved 9 December 2021supporting plan to reduce digital exclusion	**Level 2:** No formal mechanism for understanding the satisfaction of involvement partners combined with relevant questions on FFT. Currently no strategy to review the possibility of creating a Patient Director role on BDCFT Board
	Level 3: Sources of external oversight / scrutiny	FFT data presented to NHSE Narrative within Annual Report and Quality Report	**Level 3:** Triangle of Care Phase 3 – future assessment due 2023 External progress reports on place based engagement strategies

Mitigating Actions to address gaps in control and assurance	**Actions**	**Progress**
	- Strengthen links with place based oversight of service user and community involvement	- Nov 22: Deputy Director of PS, C&R member of place involvement steering group. Individual PEIT team members aligned to different place workstreams
	- Review if we need more involvement partners within core services or we need to be better at supporting how we hear the voice of people who use our services	- Review underway of current patient/carer involvement in key transformational programmes. Draft model has been shared and is now been tested more widely with brief guides being developed to support staff, alongside clear accountability structures. Case for investment in apprentice Involvement Enabler roles to be considered as part of wider operational planning discussions.
	- Consideration of implementation of Patient Director Role by April 2024	- Agreed not in position to progress this as yet. However paid roles currently in development (Involvement enablers) to be aligned to the sub care groups and discussions with corporate governance about potential alternatives eg NED roles?
	- Review opportunities for the creation of a Youth Board (or similar) at Place to support a joined up approach to youth involvement	- Discussions being held at place and within the trust to inform potential models of youth involvement – commenced Oct 22– consideration of alignment with apprenticeship work ongoing at place
	- Strengthen links between PEIT and KPO teams	- Joint role developed and in place to work between PEIT and KPO teams. Purpose of this to be reviewed and consideration of whether this is a priority in light of developments to do with new roles and funding constraints. This role is in place until July 2023

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	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

| Strategic Objective 1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery | | | | | | | | | Lead Committee: Quality and Safety Committee
Executive Lead : Medical Director | | | | |

In year ambition				Key risk to achieving the ambition			better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)				Lead Executive
1.3 We will increase the number of volunteers and the diversity of their roles across the organisation. We will do this by making volunteering opportunities more accessible and attractive, including by developing pathways leading from volunteering and peer support roles to paid employment and opportunities to engage in professional career pathways.				There is a risk that we will not have the capacity to deliver the key objectives of the volunteering strategy.			Best Place to Work	SO2:2.1	2652 – Conflict and Breakaway training for volunteers insufficient Conflict and breakaway training available to volunteers resulting in significant delays in volunteers starting in role				Director of Nursing, Professions & Care Standards

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Review and revision of Strategic Objectives			3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-1 (3)

Management of Risk

Cause of Risk	Impact / consequence of risk
Due to operational capacity and demand and the ongoing impact of COVID pressures, capacity is constrained in both the volunteering team and in the clinical teams to design and support delivery of volunteering opportunities. Impact of COVID reducing and more volunteer opportunities being developed. Volunteer To Career – current funding ends in March 23, currently looking to secure funding for the clinical lead beyond April. NHS Cadets – current programme ends in March – national sustainability and local capacity for future delivery an issue	Little or no progress is made in broadening the role and impact of volunteers across the trust, leading to lack of engagement with stakeholders, potential reputational consequences and loss of opportunities relating to the positive impacts of volunteers.

What controls are in place to manage the risk?	What gaps in controls are there?
Volunteering strategy – approved by Trust Board September 2021 Strategy supports embedding volunteering as part of recovery, both through the provision of meaningful activity to support recovery and enabling individuals to volunteer as part of their recovery journey.	Linked oversight with the activities of the HR recruitment team, the apprenticeship team and LEND team to ensure a coordinated approach to pathways for volunteers Linked oversight with clinical recovery and discharge pathways to ensure a coordinated approach to enabling patients and service users to volunteer to support recovery.

Assurance of effectiveness of controls

	Sources of Assurance	Gaps in Assurance
Level 1: Operational oversight	Volunteer Governance Group (meets 6 times a year) Participation and Involvement Strategic Group reports (meets 4 times a year) including P&ISG dashboard AAA Report to SLT (every 2 months) Growth within staff team over 18months means capacity to deliver strategy now established Recruitment of volunteers into post no longer impacted by COVID and returned to business as usual	Metrics to be developed associated with new roles and development pathways
Level 2: Reports / metrics overseen by Board / Committee	Quality & Safety Committee reports (every 6 months) Volunteering Strategy	
Level 3: Sources of external oversight / scrutiny	Narrative within Annual Report and Quality Report System Quality Committee Reports	

Mitigating Actions to address gaps in control and assurance

Actions	Progress
- Work to develop links between volunteering strategy, HR, LEND team and apprenticeship team - Work to develop oversight arrangements of new pathways and opportunities - Work to strength pathways and processes to enable volunteering as part of recovery	- Volunteer to Career programme supporting the ongoing development of career pathways. - Therapeutic Volunteering programme developing recovery focused volunteer opportunities - Children's Services Volunteer Coordinator in post to grow and embed volunteering across children's services. - new Volunteer Coordinator post to support Volunteering across smaller trust services including corporate based volunteer roles. - 62 active vols and 52 in recruitment process across Trust Services, 127 active volunteers with Well Together. The Volunteer to Career pathway has attracted national attention and positive recognition through Helpforce article. The Trust has worked alongside services and successfully achieved 5 volunteers who have achieved a care certificate and been recruited into permanent positions across the health economy. The service continues to grow and is part of the strategic plan to develop the workforce - Clinical Leads within the Nursing and Quality Directorate have worked alongside the nursing, Social Work and AHP teams to develop career pathways from entry level Band 2 to apprenticeships in Occupational Therapy, Social Work and in discussions to support a Peer Support Apprenticeship programme

| | | - | The rapid growth/model of the Volunteer Service has gained national recognition through an NHSEI event and Helpforce article. |

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

	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.
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 recognize 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.

Strategic Objective 1: Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery	**Lead Committee:** Quality and Safety Committee **Executive Lead :** Medical Director

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
1.4 We will continue to focus on supporting patients and carers to be equal partners in their own care, focusing on areas such as patient-led care planning and shared decision making. We will ensure all parties to decisions have the right information on which to base those decisions and that our clinical systems and processes support our staff to embed this approach.	There is a risk that we fail to maximise the relationship between professionals and people we are working with resulting in patients and carers not being involved in their own care.	Best Quality Care	SO6:6.2		Medical Director

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-4 (12)	3-1 (3)

	Cause of Risk	**Impact / consequence of risk**
	Inconsistent understanding of the meaning of equal partnership with service users ad constraints on professionals ability/capacity to drive meaningful conversations about the holistic needs and wants of service users when cooperatively agreeing and reviewing treatment and support packages The move from CPA approach to new model of collaborative care planning	Patients become dissatisfied with the treatment they receive and/or the treatment fails to meet the entirety of need for the patient, resulting in increased non-compliance and/or missed opportunities for meaningful support and associated clinical risk. There is an increase in incidents and complaints and outcomes for patients are not as good as they should be. There is an increased risk of regulatory scrutiny due to failings in care. Potential for workforce to be not fully trained in new model of collaborative care planning

Management of Risk	**What controls are in place to manage the risk?**	**What gaps in controls are there?**
	Routine audit of care plans/risk plans to demonstrate engagement of service users, patient's and cares in their own care Oversight at relevant Professional Councils, including maximising the leadership of the Clinical Director for Patient Safety and the Clinical Director for Quality	Engagement with education providers about ongoing professional development in this area No definitive agreement on new model of care planning and subsequent training requirements

Assurance of effectiveness of controls		**Sources of Assurance**	**Gaps in Assurance**
	Level 1: Operational oversight	Audit reports to Clinical Board CTW report outs to SLT meetings Outcome of FFT Triangle of Care reports	Oversight of professional education relevant to this specific area Your Voice Matters Delivery Group has not met therefore no oversight of operational delivery of involvement
	Level 2: Reports / metrics overseen by Board / Committee	Audit outcomes to quality & Safety Committee and Board as part of the IPR Outcome of FFT reported to Board and Committee	
	Level 3: Sources of external oversight / scrutiny	Outcomes of MHA visits by CQC	

Mitigating Actions to address gaps in control and assurance	**Actions**	**Progress**
	1. Replace CPA by April 2023 - Explore national exemplars of models which could replace CPA 2. Training plan to be in place by January 2023 3. Audit plan to be considered and developed once model and training decisions finalised	1. CMHT Transformation group currently visiting external organisations to see models in place with a view to assessing benefits for BDCFT and compatibility with clinical systems (SystemOne) Visit completed September 2022 decision making oct/noc 2022 implementation jan-mar 2023

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	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.

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	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.

| **Strategic Objective 2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive | | | | | **Lead Committee:** Workforce & Equality Committee
Executive Lead: Chief People Officer | | |

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
2.1 We will focus on embedding a compassionate and inclusive culture with accessible staff development programmes, a focus on talent management and ensuring staff are appropriately skilled and empowered to make decisions	If we don't embed a compassionate and inclusive culture, we may experience higher levels of staff disengagement, which may lead to increased turnover.	Best Place to Work	SO1:1.3		Chief People Officer

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	2-2 (4)

Cause of Risk	**Impact / consequence 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	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?**	**What gaps in controls are there?**
	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	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

Assurance of effectiveness of controls		**Sources of Assurance**	**Gaps in Assurance**
	Level 1: Operational oversight	Staff Survey and Quarterly Pulse Survey Results Workforce data on leadership profile Participation in leadership development programmes WRES, WDES, 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**
	1. Implement new Fair and Compassionate Culture programme including roll out of toolkit	1. 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. Complete (Aug 2022)
	2. Commence Talent Management pilots	2. see strategic objective 2
	3. Launch and Embedding of the Belonging and Inclusion Plan and delivery plan 2021-25 to strengthen links to national People Plan priorities, Chief Executive Pledges and ensuring a sense of belonging	3. 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 2021 Board. Plan received at WEC. Complete (Aug 2022)
	4. Identification of Belonging and Inclusion Champions	4. Launch of EDI Influencers programme (new name) due October 2022 but delayed due to workforce capacity
	5. Implementation of the Equality Assessment Matrix and identification of service level priority objectives for improvement	5. a/w update
	6. Implementation of quarterly pulse/staff surveys	6. The NHS People Pulse quarterly staff survey is now implemented. Complete – BAU as quarterly survey . Outcomes to WEC.
	7. Review and re-commence the Diagonal Slice Leadership Group – NED and ED led	7. Leadership event planned and delivered 6 October 2022. Complete.
	8. Creation of Belonging and Inclusion Group fostering the development and local ownership of EDI objectives to create a diverse organisation and senior leadership.	8. Strategic Staff EDI Partnership established. Meets bi-monthly, reports to WEC.
	9. Roll out of the Equality Assessment Matrix to support identification of service level EDI objectives.	9. Job share postholder to the Head of EDI leaving organisation further work on skill mix and functional leadership underway

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)					
	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 recognize 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.
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.

| Strategic Objective 2: Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive | | | | | | | | | Lead Committee: Workforce & Equality Committee
Executive Lead: Chief People Officer | | | | |

In year ambition				Key risk to achieving the ambition			better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)				Lead Executive
2.2 We will continue to ensure staff are recognised and rewarded, sharing learning, celebrating success and supporting staff to share best practice				If we do not acknowledge, reward and celebrate achievements, we may see a subsequent reduction in morale and a negative impact on discretionary effort and increased turnover.			Best Place to Work	SO3:3.2					Chief People Officer

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	2-2 (4)

	Cause of Risk	Impact / consequence 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	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

	What controls are in place to manage the risk?	What gaps in controls are there?
Management of Risk	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. 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)	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

	Sources of Assurance		Gaps in Assurance
Assurance of effectiveness of controls	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, 10/9 Quarterly staff pulse surveys	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

		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	
	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**
	1. Design and implementation of a systematic approach to Talent Management 2. Development of preceptorship programme, career workshops, stay conversations and transfer process 3. Implementation of refreshed process for understanding new starters experiences 4. 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. 5. Recruitment and Retention established and participation in the NHSE/I zero HSCW vacancies programme 6. Establish a new ways of working/hybrid working strategic programme	1. 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. Complete (Aug 2022) 2. Comprehensive 12-month preceptorship Inside Out programme in place for newly qualified nurses. Career workshops in place. Complete (Aug 2022) 3. Timetable of director meetings with new starters now in place. Complete (Aug 2022) 4. 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. Complete (Aug 2022) Revision of HR OD directorate establishment and funding to be concluded by end September 2022. Business case for revised establishment to EMT Cost pressures session March 2023. 5. New Exit Questionnaire based on the People Promise available in ESR Self Service functionality from Oct 21 Complete (Aug 2022) 6. 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. Complete (Aug 2022) Clinical Workforce Strategy approved at PPI SLT 2/3/22 and will be presented to WEC for ratification in April 2022. Complete (Aug 2022) Recruitment & retention practices under review following requirements set out in NHS people Plan. 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. Complete (Aug 2022) 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. Smarter Working phase 1 (corporate) completed (Aug 2022) Next phase (Clinical) 'Smarter Places' commenced July 2022 – updates on progress through Strategic Service Transformation AGG

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
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Quaity	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.

| **Strategic Objective 2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive | | | | **Lead Committee:** Workforce & Equality Committee
 Executive Lead: Chief People Officer | | | | |

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
2.3 We will continue to ensure staff have a voice that counts, and feel part of a team supporting people to be leaders in their own sphere through embedding of the Care Trust Way, encouraging engagement in formal and informal networks and strengthening our engagement between front line delivery of services and Board	If we do not support speaking out and inclusion, we will not have thriving staff networks and the Trust will not be able to demonstrate compliance with WRES and WDES standards.	Best Place to Work	SO3:3.1		Chief People Officer

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
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Cause of Risk	**Impact / consequence of risk**
Reluctance of staff to speak up and speak out, based on mistrust, fear of reprisals and lack of confidence that concerns or ideas will be listened to and acted upon. Bank have little /no routes to speak out. Very few have access to Trust laptops and therefore Trust Connect pages (bank are given Trust emails but rarely use them as they can only be accessed with a Trust laptop) Volunteers as a cohort are also without a direct route to speak up or any access to much of the Trust comms. BDCT training is not always made easily accessible to bank workers, nor is any e-learning training paid for. Career pathways / internal jobs are not regularly communicated to bank workers/ volunteers and so opportunities are missed to recruit via this route Lack of specific Line manager training especially with operational skills i.e attendance management etc which impacts on staff feeling unsupported by managers and this impacting on morale, attendance and conduct. Lack of robust system to support with job matching/ consistency checks leading to staff queries/ concerns Missed opportunities of training/ supervision / 121's and appraisals due to clinical pressures. Our appraisal compliance shows that staff investment this may be lower on the agenda than we would like and by having regular 121's supervision this can support problems at an early stage and mitigate escalation Managers not encouraging feedback, suggestions and ideas from their teams Staffing pressures resulting in teams having limited resources to set up staff engagement activities Staffing pressures resulting in staff struggling to attend engagement activities	Concerns go unreported and lead to lowering of quality standards and potentially patient safety. Staff feel unsupported by managers and this may impact on morale, attendance and conduct. Staff disengage from general communications. Workers without an easy and known pathway to voice opinions often feel marginalised and do not feel part of a cultivated shared purpose. Shared learning of experiences and understanding opportunities may be missed. Temporary workers are rarely promoted into leadership roles because they are not employees of the Trust and there is no current structure or budget in place to offer career guidance/pathway support or to train/retrain these workers. In short, we are missing a large potential talent pool. Wellbeing is diminished. Less shifts are filled as workers feel disengaged and not part of the wider organisation Lower retention of staff. Managers feel vulnerable if not trained / equipped to do their job. Staff feel equally vulnerable and lack confidence in their line manager. Staff feel disengaged and not listened to which impacts morale.

Management of Risk	**What controls are in place to manage the risk?**	**What gaps in controls are there?**
	Freedom to Speak Up Guardian well-publicised, with emphasis on confidentiality. Reinforce confidentiality of pulse and annual staff surveys. Temporary workers are contacted regularly by the staff bank team (each has a dedicated team member) with the aim to provide Line Management, pastoral support and build an open and honest relationship. This requires a huge amount of resource to maintain This year we have initiated a project to offer bank workers the chance to train and become FTSU ambassadors in the hope this will not only bring an increased understanding of their needs and issues, but also provide a line of support potentially more readily available and accessible to bank workers. Creation of a monthly newsletter for bank workers. Scoping out of an electronic system to manage JE so decisions are auditable and transparent. Consistency checks can then ensue. Better use/ advertising of staff networks First line manage training has been developed in association with OD/HR teams to support the learning gaps in newly appointed managers Staff Networks and support from EMT, Kindness into action project, Bullying and harassment officers, Fair and Compassionate Culture, Board walkabouts – Go See visits, Reward and recognition schemes – You're A Star Awards, Thanks a Bunch, Living the Values, Long Service Awards, Care Trust Way training and promotion, Leadership and management training	A better understanding of why bank workers are leaving and what we can do to mitigate – i.e. a better, well-structured off-boarding process and leavers interview for all temporary workers. Drop-in sessions for temporary workers so they can speak with their manager face to face or have the opportunity to air their grievances in person. There is currently no considered robust route to manage concerns. A comprehensive overhaul of the contacts page on Bank Staff is needed so that personal emails are the primary email. This would mean that bank workers will see all of the communications that are sent out by the Trust. This would alleviate a lot of the risks identified. Bank workers do not have personal worker agreements as part of the Smarter Working project. No current system to manage JE so currently no robust auditable process. Exec sponsor at board level for Appraisal compliance review of supervision and audit (Bob will explain this in an email!)

Assurance of effectiveness of controls	**Sources of Assurance**		**Gaps in Assurance**
	Level 1: Operational oversight	WRES/ WDES annual report Staff survey (and pulse surveys) Bank reports such as not worked report/spreadsheet reporting ER tracker to highlight trends in complaints Periodic compliance reports for appraisal compliance and other people associated KPI's QUOPS 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	

Level 2: Reports / metrics overseen by Board / Committee	Monitoring by W&EC deep dive reports; FBIC People Development Strategy approved Workforce deep dive (9/19), sickness deep dive April 21 WEC, Brexit assurance, Preceptorship progress Assurance re apprenticeship targets Staff Survey reports and action plans 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	
Level 3: Sources of external oversight / scrutiny	WRES/WDES for HEE Deputy Director Forum / HRD forums Place Integrated People Board and Integrated People Plan Place System Planning Group and Trust One Year Workforce Plan	

Mitigating Actions to address gaps in control and assurance	**Actions**	**Progress**
	1. Staff from across the Trust to be trained to deliver the Kindness into action workshops 2. Consultation with wide range of staff across the Trust in the development of the Belonging and Inclusion Plan involving attendance at team meetings, staff networks and consultation via the crowd sourcing portal. 3. Strengthening and promotion of the staff networks	1. Recruitment of staff to undertake train the trainer programme so they can deliver the kindness into action workshops. Complete – train the trainer programme now BaU 2. Production of the Belonging and Inclusion Plan (completed) 3. The staff networks are regularly featured in the weekly Executive broadcasts and through other communication channels e.g. Yammer, e-update, vlogs etc. Staff networks represented at Strategic Staff EDI forum (bi-monthly see ambition 2.2)

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

	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 recognize 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.
Quality	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

Strategic Objective 2: Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders within a culture that is open, compassionate, improvement-focused and inclusive					Lead Committee: Workforce & Equality Committee				
					Executive Lead: Chief People Officer				

In year ambition			Key risk to achieving the ambition		better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)		Lead Executive
2.4 We will ensure our staff are safe and healthy, by continuing to strengthen our staff wellbeing offer, ensuring we provide and maintain safe working environments and that staff have the appropriate skills and training to work safely and effectively in a complex care environment.			If we do not support our staff to be safe and healthy, we may suffer from increased staff sickness absence and the negative impact that will have on service user care.		Healthy as Possible	SO3:3.1			Chief People Officer

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	2-2 (4)

	Cause of Risk	Impact / consequence of risk
Management of Risk	Pressure of workload High acuity of patients Higher use of agency workers Target driven culture Less than optimal work environments, as in aging estate Lack of access to skills development Lack of access to meal breaks and rest periods Lack of management skills in supporting staff	Burn out, sickness absence and early leaving from organisation. Revise establishments to manage increased acuity of care and quality. Higher operating costs and inconsistency of care. Lowering morale. Staff incidents and accidents and near misses. Lowering of quality of care and career progression prospects High turnover.

	What controls are in place to manage the risk?	What gaps in controls are there?
	Comprehensive health and wellbeing offer delivered by Wellbeing@Work Staff Support and Therapy Service now permanently funded Health and Safety input re safe working environment Ongoing monitoring of mandatory and role specific training compliance Planning of all mandatory and role specific training to meet demand Occupational health service Safer Staffing Group Safe working environment Mandatory training M&H risk assessments for individual patients Policies – risk assessments, moving and handling, Smarter Spaces project Infection prevention controls Health and wellbeing room Multi faith rooms Lively up yourself programme	Lack of compliance with mandatory training Accessibility Workload pressures reducing opportunities to participate Policies not being followed Managers not attending management development and leadership training

		Sources of Assurance	Gaps in Assurance
Assurance of effectiveness of controls	**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 Compliance reports for mandatory training and appraisal produced monthly Health and Safety Group Meetings Management information from Occupational Health Service Management information from Employee Assistance Programme (EAP)	
	Level 2: Reports / metrics overseen by Board / Committee	Monitoring by W&EC deep dive reports; FBIC People Development Strategy approved Preceptorship progress Staff Survey reports and action plans 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) Wellbeing Guardian ?? Have we one now? Safer Staffing Reports – where do they go?	

	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	

Mitigating Actions to address gaps in control and assurance	**Actions**	**Progress**
	1. Regular review of the staff health and wellbeing offer to ensure it meets the needs of staff. This involves liaison and involvement at a local, regional and national level.	1. Membership of Pillar 1 – at PLACE. Attendance at regional NHSE/I events as well as NHS Employers events around health and wellbeing. CPO now elected as Y&H representative on National Staff Council
	2. Establishment and opening of the staff health and wellbeing room at Moorlands View, Lynfield Mount Hospital	2. Installation of sink and furniture completed. Securing of equipment to be carried out by Estates prior to opening. Complete.
	3. Involvement with initiatives funded on a regional basis e.g. Men in Health project funded by the West Yorkshire Mental Wellbeing Hub	3. Men in Health group have met with various male staff in various departments e.g. Estates, acute wards etc.
	4. Ongoing recruitment of wellbeing champions to ensure representation across the Trust	4. Regular communications to wellbeing champions and ongoing promotion of the role. Discussion underway regarding Non Executive role of Wellbeing Guardian.
	5. Attendance at face to face team development events	5. Ongoing attendance a face to face events to promote the staff health and wellbeing offer, the role of health and wellbeing champions and to gather feedback from staff on the offer and any suggestions around health and wellbeing offers they would like to see in place.
	6. Identification of any hot spot areas in relation to sickness absence and low scores with regard to health and wellbeing in the staff survey	
		6. Review to be conducted by 31/03/23

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

	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 recognize 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.
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	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.

Strategic Objective 3: Maximising the potential of services to deliver outstanding care to our communities	**Lead Committee:** Quality & Safety Committee
	Executive Lead: Director of Nursing, Professions and Care Standards

In year ambition	Key risk to achieving the ambition	better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)	Lead Executive
3.1 We will continue to focus on innovation to improve our services where this is the right thing to do. Using the techniques and approaches of the Care Trust Way, we will facilitate every part of the organisation to move towards its own excellence, ensuring that we develop 'communities of care' around services on their improvement journey	There is a risk that targets are not sufficiently sensitive to recognise the progress made by individual services recognising their capacity to deliver change	Best Quality Care	SO6:6.1		Director of Nursing, Professions & Care Standards

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-2 (6)

	Cause of Risk	**Impact / consequence of risk**
	Data quality of our clinical systems can limit the information that is collected and can be used to scrutinise quality improvement. Capacity within quality governance teams to review and inspect in order to identify key intelligence is constrained	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.

	What controls are in place to manage the risk?	**What gaps in controls are there?**
Management of Risk	• 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 • Go See Framework embedded with a range of proactive and reactive visits including quality and safety visits and exec/director visits • Timetable for Go See visit established. • Quality Assurance Framework templates developed –quality indicators used in January 2022 in 0-19 services. Workplan being developed for other services over 2022 • standard operating procedure developed to support the Go See Framework which will identify key learning and opportunities for quality improvement programmes • oversight of action plans from complaints/incidents by SLT	Ongoing improvements to ensure that learning, innovation and changes in practice are fully embedded

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	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. Patient Safety Specialist working group as a Place based approach Reports on delivery of actions plans monthly into SLT Triangulation of quality/safety data through DLM structures, PSLG, Safer Staffing group Assurance visit schedule planned to explore issue of closed cultures Consideration of closed cultures during reviews of patient safety intelligence	
	Level 2: Reports / metrics overseen by Board / Committee	Quality and Safety Committee receive reports from QAF reviews Quality and safety information as part of Board and Committee IPR Triangulation of quality/safety data through Compliance and Risk, Learning report Links between WEC and QSC on quality data FTSU reporting and open house sessions in place	Process for self-assessment of well led Triangulation of data from Q&S visits and Clinical Audit programme
	Level 3: Sources of external oversight / scrutiny	CQC inspections External quality awards and reviews	Peer reviews by other organisations External accreditation scheme outcomes Unfamiliarity with new CQC inspection process due to be embedded 2023/23 (Postponed by CQC)

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	- Reviewing learning from initial QAF assessments to determine capacity to deliver - Reviewing clinical leadership structure to determine how to strengthen and align more closely to Nursing Directorate priorities around quality and safety - Review Go See Framework to align with QAF and ensure triangulation with other intelligence - Develop well led self-assessment framework	Quality Assurance Framework pilot completed and a plan agreed for 2023 to implement a quarterly full Quality Assurance Framework. (QAF) across the services with Heads of Nursing. The implementation of a bi-monthly mini QAF. The service is identified through the weekly/ monthly data received at weekly report outs. This intelligence is used to identify any variations outside of normal range, and a short QAF to understand d the reason ns for the variation n along with recommendations, which are monitored through QUOPs. Closed Cultures visits identified the need for unannounced night visits to also take place. A quarterly plan for 2023 has been generated and agreed. Well led self-assessment document in development & board development session completed October 2022 Internal Audit plan for Well-Led Assessment Framework in Q3.

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)					
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.
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	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.

Strategic Objective 3: Maximising the potential of services to deliver outstanding care to our communities	Lead Committee: Quality & Safety Committee
	Executive Lead: Director of Nursing, Professions and Care Standards

In year ambition	Key risk to achieving the ambition	better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)	Lead Executive
3.2 We will continue to focus on enhancing our approach to organisational learning, maximising our utilisation of data and intelligence, including staff and service user feedback, external (e.g. regulatory) feedback, learning from national guidance and enquiries, patient safety information, clinical outcomes and population health metrics to support decision making and shared learning	There is a risk that the data quality and maturity is insufficient to provide meaningful intelligence to support organisational learning	Best Quality Care	SO1:1.2 SO5:5.5 SO6:6.2 SO6:6.3		Director of Nursing, Professions & Care Standards

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Review and revision of Strategic Objectives			4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-2 (6)

	Cause of Risk	Impact / consequence of risk
	Data quality of our clinical systems can limit the information that is collected and can be used to scrutinise quality improvement. Capacity within quality governance teams to review and inspect in order to identify key intelligence is constrained and there are inconsistent links with forums to identify national learning Media interest and coverage of poor quality care in some organisations has increased attention and awareness of closed cultures	Service fail to improve to their maximum extent and time is wasted 'reinventing the wheel', resulting in avoidable lapses in quality across the organisation. Safety may become avoidably compromised with the attendant regulatory and reputational risks. Staff will become demoralised, impacting on the ability to provide a good working environment If closed cultures aren't identified and addressed quality of care will deteriorate

	What controls are in place to manage the risk?	What gaps in controls are there?
Management of 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 Embedded change in practice from patient safety incidents discussed at 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 CRG has oversight of all organisational risks on a bi-monthly basis and any actions are implemented and monitored via QUOPS 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	Agreed and adaptable methods for sharing learning from quality and safety activity that are informed and developed by service need Controls in place – but continuous improvement ongoing to review the process and system for the Senior Leadership meetings, including workplans, to support Committees

		Sources of Assurance	Gaps in Assurance
Assurance of effectiveness of controls	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) 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 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 Stand alone duty of candour policy developed and ratified Exploration of the application of professional curiosity now in standard ToR for PSII's	Establish a governance process for following up actions from quality improvement programmes, serious incident investigations, complaints, staff network feedback and Go See visits Duty of Candour needs to be further articulated in templates Establish a governance process for following up actions from quality improvement programmes, serious incident investigations, complaints, staff network feedback and Go See visits Gaps in fully embedded professional curiosity approach within services Discussion at Clinical Board May 2022
	Level 2: Reports / metrics overseen by Board / Committee	Report of Serious Incidents, Duty of Candour and Learning from Deaths summary provided to QSC on a monthly basis, with AAA escalation report to Board Report of complaints activity to QSC on a monthly basis, with AAA escalation report to Board 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 Monthly Quality dashboard to QUOPS and Committees Monthly reporting of safer staffing levels to Board and relevant committees	Further developments needed in the reporting and oversight of internal core metrics and learning relating to complaints Confidence that the correct assurance is being received and reviewed at the correct committees - Review of committees reporting structures underway to ensure correct level of overview and scrutiny

	Level 3: Sources of external oversight / scrutiny	System Quality Committee established Ethics Committee established Feedback from CQC and the CCG on quality and learning Established relationship with Coroner's office with Medical and Nursing Directors Trust Strategy review to commence	**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. Sustain strong relationships during changes within CQC inspection and relationship management
Mitigating Actions to address gaps in control and assurance		**Actions**	**Progress**
		1. Business continuity plans revised to establish key metrics and priorities for services including quality metrics	1. 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. Complete
		2. Key lines of enquiry and establishment of a quality assurance framework (QAF)	2. 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. Complete
		3. KPO support provided to teams to ensure care trust way is facilitated and RPIW re-commenced	3. Re-established programme of work for RPIW and Care Trust Way Training. Complete monthly CTW guidance group re-established from Sept 2022 to drive programme forward
		4. Review of the Trusts Risk appetite and tolerance	
		5. Review the BAF presentation and commentary received at Board	4. Review underway – Board session complete October 2022 and January 2023. Work to be progressed by 31/03/23
		6. Deliver enhanced quality assurance framework in response to recent media highlight on MH in-patient care	
		7. Regular night visit schedule to be developed to maintain the assurance visits	5. BAF cover paper now includes specific reference to changes in risk scoring for approval at committees complete
		8. Patient Safety & Learning Group to be reviewed following Directorate re-structure	6. Schedule of assurance visits undertaken to review safety and quality of inpatient services -complete
			7. Schedule of visits to be presented to QSC in December

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

	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

Strategic Objective 3: Maximising the potential of services to deliver outstanding care to our communities	Lead Committee: Quality & Safety Committee Executive Lead: Director of Nursing, Professions and Care Standards

In year ambition	Key risk to achieving the ambition	better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)	Lead Executive
3.3 We will continue to maximise opportunities to learn from and embed best practice, including benchmarking ourselves against other high performing organisations, maximising opportunities to undertake research and put this into practice and engaging in local and national collaboratives with the intention of improving the care we deliver.	There is a risk that operational pressures result in a lack of capacity to engage in and embed a culture of proactive learning across services	Best Quality Care	SO4:4.4		Director of Nursing, Professions & Care Standards

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	3-2 (6)

Management of Risk	Cause of Risk	Impact / consequence of risk
	Continues pressures due to capacity and demand limit the availability of clinical staff to engage in proactive learning.	Learning is not widely disseminated, and a culture of 'blame' is able to persist as a result of this lack of shift in culture
	What controls are in place to manage the risk?	**What gaps in controls are there?**
	participation in the 'Learn Together' PSII research study	

Assurance of effectiveness of controls		Sources of Assurance	Gaps in Assurance
	Level 1: Operational oversight	Learning from deaths, incidents and complaints process established with weekly Mortality and Duty of Candour meetings established. Mortality and DoC improvement post in Place October 2022 Complaints Assurance and Review Panel established (fortnightly) Monthly complaints report to Board developed Patient Safety Specialist working group as a Place based approach Human Factors training for clinical managers commissioned and produced Learning site live with links to Patient Safety Strategy and PSIRF. NHSE Patient Safety training modules established on ESR	Roll out programme for Human Factors Training to all Clinical Managers to be agreed Expansion of Learning site ongoing and embedding wider use Network of Patient Safety Allies (PS strategy goal) in development
	Level 2: Reports / metrics overseen by Board / Committee	Weekly Executive Patient Safety Approval panel and joint learning events attended by Senior Leadership and Executives Key quality and safety issues discussed at exec to exec meetings (LA, other NHS providers) Revision of investigation quality standards in progress Patient Safety and Learning Group established – reports into Quality & Safety Committee Reporting Framework for Serious Incident investigations and patient safety and learning continues to be revised in light of changes to internal standards Implementation Group established for the transition to PSIRF BDCFT Patient Safety Strategy published	Controls in place – but continuous improvement ongoing to review the process and systems for how joint learning events are held, how deep dive explorations are developed, PSIRF Implementation group established, workstreams developed and T&F groups underway to address transition requirements
	Level 3: Sources of external oversight / scrutiny	Patient safety collaboratives 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 Feedback from CQC and CCG on learning LfD audit report 2022 – significant assurance	Network of Patient Safety Partners to be established and recruited at Place – current challenges in recruiting

Mitigating Actions to address gaps in control and assurance	Actions	Progress
	1. Agree programme of delivery on Human Factors training for staff and Board Members to support E-Learning already available	1. tbc
	2. Develop network of Patient Safety Allies to support the Patient Safety Lead and PSLG workplan	2. work ongoing with peer organisation review of safety champion models. Comms and launch of PS alliance for PS Ally's (champions) complete September 2022 – recruitment and development ongoing
	3. Progress the preparation for PSIRF through the Implementation Group and develop transition plan for National framework publication	3. implementation group established. PSIRF published 16 August 2022 PSIRF implementation Task and finish groups established and commenced

4. Work with Place based Patient Safety Specialists, and internal partners to progress the development of the Patient Safety Partner role 5. LfD action plan – minor recommendations made 6. Prepare organisation systems for transition from NRLS to LFPSE	4. model discussed at PSS meetings current challenges in recruiting via ICB 5. all actions now complete, new Mortality and DoC improvement post successfully recruited to 6. Risk Management team engaged in national discussions and plans

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	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

Strategic Objective 3: Maximising the potential of services to deliver outstanding care to our communities					**Lead Committee:** Quality & Safety Committee	
					Executive Lead: Director of Nursing, Professions and Care Standards	

In year ambition		**Key risk to achieving the ambition**		better lives, together	Links to other objectives	**Linked operational risks (ref and brief descriptor)**		**Lead Executive**
3.4 Recognising the increased demand for services, we will work with our communities to understand the support people need to prevent further harm whilst waiting for services and to deliver this in partnership with organisations across 'place'.		There is a risk that there is an insufficient offer across place to prevent harm for people waiting for services		Best Quality Care	SO1:1.1 SO1:1.2 SO4:4.1 SO4:4.3			Chief Operating Officer

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Review and revision of Strategic Objectives			4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-4(16)	4-4(16)	4-4 (16)

	Cause of Risk	**Impact / consequence of risk**
	Failure to respond to the increased demand for services following the Covid-19 pandemic including increased acuity. Services have reported demand has doubled in many areas compounded by staff recruitment and retention challenges.	Quality and wellbeing of services users. Receiving timely access to right care and support. Impact on staff wellbeing

	What controls are in place to manage the risk?	**What gaps in controls are there?**
Management of Risk	Robust Covid – 19 reporting and monitoring across all services The Trust has enhanced the governance arrangements in place for emergency planning including updated on call arrangements. Services recovery planning including demand and capacity, review of all waiting lists and QIA completed. Risk and compliance group Quality and Safety Committee Senior Leadership Team Meeting Integrated performance report and committee dashboards – including mental health and community care group priorities Daily Lean Management processes embedded Care Trust Way (CTW) Accountability and Guiding Group overseeing embedding of the quality improvement methodology, and delivery of training Business continuity plans – prioritise activity & revalidation Monitoring of 'deferred' activity Clinical assessment of need of those awaiting intervention/support, accompanied by standardised approach (by service) to prioritisation where appropriate Communication to individuals regarding waits for support to include how to seek support should their situation change, signposting to appropriate support services, support that can be offered whilst waiting Standardized approach to maintaining contact to those waiting Identification and mobilisation of waiting list initiatives to include outsourcing, commissioned support whilst waiting (VCSE led) Recruitment and retention – revising skill mix and models of delivery, recruiting and retaining staff in the right number and skills and competence to reduce waits Transforming services to deliver differently across a transformed workforce – links to all strategic programmes Digitally enabling the workforce and clinical pathways to increase capacity and deliver effectively	Ineffective recovery planning and the availability of appropriate resources including workforce. Demand and capacity across all services including QIA. Assurance needed to ensure actions for controls are fully in place across all services where there are waits for support. Where there is a link to other BAF SO there are clear connections of actions and levels of priority agreed to mitigate waits in those service areas identified with greatest risk.

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**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. Daily lean management – monitoring & responding to emerging fluctuations.	Lack of reporting/visibility of any inequalities in access and waits.
	Level 2: Reports / metrics overseen by Board / Committee	Quality and Safety Committee – quality data pack and reports from Care Groups. 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. Monthly Quality dashboard to QUOPS and Committees.	Lack of reporting/visibility of any inequalities in access and waits. Lack of visibility of internal waits for Allied Health Professionals Robust performance metrics from Rapid improvement events led by the KPO office to enhance system development require developing for QSC/Board

		Monthly reporting of safer staffing levels to Board and relevant committees.	Performance Dashboard not reflective of all activity – review underway
		Integrated performance report to Board.	
		Robust review of waiting lists as part of mental health and community planned recovery plans complete and to be discussed at EMT 31/08/22 then present at QSC and Board	
		Reporting of progress and impact of strategic programmes reporting into Board and appropriate committees	
	Level 3: Sources of external oversight / scrutiny	System Quality Committee established.	Lack of reporting/visibility of any inequalities in access and waits.
		Bradford and Craven Finance and Performance Committee – access, waiting lists and waiting times.	
		NHSE/BDCFT review of out of are placements complete August 2022	

Mitigating Actions to address gaps in control and assurance	**Actions**	**Progress**
	Strategic Programmes and workstreams to link to operational planning for 23/24 to ensure alignment to actions addressing waits and managing future modelled demand to include focus on reducing inequalities in access	Strategic Programmes underway with revised oversight, governance and reporting now commenced
	Expansion of health inequalities data (e.g. ethnicity, deprivation, gender) for core metrics including access and waits to support services in understanding service access inequalities and then establish priority areas and associated actions as part of operational planning 23/24 and linked to strategic programmes.	Workforce plans in development – supported by HR workforce planning role. Deputy Director for Integration and Change now in post to support delivery of transformation and create greater opportunities for integration and system innovation
		Service recovery plans for services with waiting list are being completed including having QIA completed and will be a priority for delivery within Operational plan 23/24
	Quality Improvement Initiatives both internal and external to be utilised to support addressing waits and delivering future models to address demand; to include Royal College of Psychiatry national initiative commencing January 23	Data dashboards and oversight of waits continues to develop to include work with external consultancy company to look at modelling tools within MH Inpatients & 0-19 services
	Scoping opportunities to deliver services across place or WY footprint where it improves outcomes and waits for individuals	Improvement trajectories on target to reduce waits within psychological therapies by March 23 WY
	Development of robust of long term workforce plans to include recruitment, retention & wellbeing aligned to operational plans and strategic programmes	Partnership delivery model designed and now being mobilised to deliver Adult Autism Assessment and Diagnosis in partnership with SWYFT to reduce waits to target trajectory by July 2023
	Community Mental Health Transformation Programme underway	Continued increase in demand into certain pathways, most significantly within Children & Young Peoples Services

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	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

| **Strategic Objective 4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions | | **Lead Committee:** Board of Directors
Executive Lead: Director of Integration & Transformation | |

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
4.1 We will work across place and ICS to support a sustainable workforce by creating new roles and opportunities across pathways in partnership with other health and social care organisations	Effective partnerships founded on strong relationships are the key to successful collaboration. There is a risk that without sufficient capacity to develop strong relationships, differences in the maturity of partnerships may result in lack of shared purpose, lack of clarity of communication and a misalignment of priorities.	Best Place to Work	SO2:2.3		Director of Integration / Chief People Officer
4.2 We will work with partners across the Bradford and Craven place to develop and embed a culture of continuous improvement, supported by recognised quality improvement methodologies, across all our care pathways. We will use this approach to contribute to the emerging CQC assurance process for integrated care systems and places.		Best Quality Care	SO3:3.1 SO3:3.2 SO3:3.3		Medical Director
4.3 We will continue to transform our services from the perspective of Community Partnerships and/or early help and prevention in localities. We will do this in collaboration with partners at place / ICS to reduce health inequalities and build community resilience in line with local and national strategies.		Healthy as Possible	SO1:1.2; SO2:2.3 SO3:3.1; SO3:3.2 SO3:3.3 ;SO3:3.4		Director of Integration
4.4 We will proactively seek opportunities to lead, collaborate and learn in order to support the embedding of system leadership behaviours across place bringing place partners together, sharing insights and national best practice, listening to people's voices and promoting Act as One.		Best Quality Care			Director of Integration (and All)

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-3 (9)	3-2 (6)

	Cause of Risk	**Impact / consequence of risk**
	Failure to invest appropriately in strategic relationships or in system transformation programmes. This is investment both in terms of specific posts to lead projects and programmes but also investment of our staff and manager's time in these programmes to build on-going ownership and partnerships. Lack of strategic and operational discussion and agreement on shared priorities between partners leads to unequal investment of time and resources. Delays to the redistribution of system staff to the newly agreed system priorities, including mental health transformation and community health and care integration leads to programme delays Failures of leadership elsewhere in the system impact progress and relationships on specific shared programmes. Failure to embed and model the values and behaviours of the Trust consistently and create confidence in speaking up culture and processes. Failure to achieve planned financial savings associated with transformation	Our workforce and those of our partners will not be invested in the success of system transformation programmes and patients and their families will not benefit from these. Partners will start to question the partnership arrangements and equity of investment, leading to delays in progress, cessation of programmes or failure to imbed these as 'business as usual'. The initiation of formal programmes of work may be delayed until partnership staffing issues are resolved appropriately using HR policies and procedures Relationships and shared endeavours will be damaged to the detriment of patients and the public. The Trust's reputation will be compromised impacting on recruitment and retention. Overspend for the Trust requiring mitigation elsewhere

	What controls are in place to manage the risk?	**What gaps in controls are there?**
Management of Risk	Trust investment in transformation programme resources. Joint Director of Integration post with the local authority, linked to the wider system partnership Place based partnership meetings, forums, committees and boards Regular programme and project level meetings between participating partners Documented programme and project plans and strategic priorities agreed by partners Exec Management Team meetings to give the opportunity to raise issues with senior leaders Transformation team resources increased to match system partners' ambitions Escalation of system staffing risks raised at Partnership Leadership Executive Planned organisational development approach with front-line teams and managers Financial plans now integrated with transformation plans – with the links understood	Full governance processes not yet fully understood, so the opportunity for risks to be lost Disconnect between the Trust's savings plans and transformation programme now made but operational plans to be finalised Ensure communications in place to keep ALL system partners appraised of progress Section 75 funding agreements need renewal between the council and NHS partners Transformation resources within the former CCG not yet redistributed to match system priorities Need a baseline of business processes and protocols to change-manage from

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	AGG Groups Project and programme documentation Involvement in all system boards and committees Ops and transformation senior management meetings	Overall Trust transformation strategy not in place – those direction of travel understood Dependencies between programmes not yet fully mapped
	Level 2: Reports / metrics overseen by Board / Committee	Strategic transformation work overseen directly by Trust Board Programme docs to be owned by Deputy Director of Integration and Transformation Joint outcome measure KPIs to be developed as part of the transformation Evaluation criteria developed for each agreed transformation project	Outcome measures still to be identified Transformation plan for community health still to be completed

	Level 3: Sources of external oversight / scrutiny	Narrative within Annual Report and Quality Report Partnership oversight by relevant Partnership Boards and PLE CQC narrative and inspection including system review System Finance and Performance Committee	Assurance mechanism for ICS' not yet known
Mitigating Actions to address gaps in control and assurance		**Actions** System governance processes to be signed off at Partnership Leadership Exec New transformation team being recruited to within Trust Section 75 arrangement under review as part of Better Care Fund planning Former CCG staffing review complete and staffing resources around the partnership match priorities Operational transformation meetings now convened including wider system colleagues	**Progress** Transformation resources agreed and recruitment underway Officer now recruited to complete Section 75 work CCG staffing reviewed and line management agreed Core models for MH workshopped in w/b 28/11 and now being finalised

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

	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

Strategic Objective 5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient	**Lead Committee:** Finance, Business & Investment Committee **Executive Lead:** Director of Finance, Estates and Contracting

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
5.1 We will maximise our internal and external opportunities for efficiency through transformation and reduction of waste to deliver against our in-year and longer term financial plans; working with operational services to manage and contain cost pressures and demand; working alongside partners across system and place to ensure delivery of services that are value for money and make best use of the 'ICS pound'	If we do not maximise our opportunities to make effective use of our resources this may result in regulatory interventions, reputational damage and impacts on quality of services	Best Quality Care	SO2:2.3 SO4:4.3 SO4:4.4 SO6:6.1	2553: Re-procurement of Wakefield 0-19 contract 5-5(15) 2672: Lynfield Mount Hospital Estate 4-5(20)	Director of Finance, Contracting and Estates

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			4-4 (16)	4-4 (16)	4-4 (16)	4-4 (16)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-3(12)

Cause of Risk	**Impact / consequence of risk**
- Potential under-achievement of recurrent efficiency targets - Ongoing financial pressures and risks, especially in relation to: 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 Anticipated pressures on Local Authority budgets and potential for services to be cut o Increasing political and economic uncertainty and likelihood of a return to public sector austerity o Out of area placements o Impact of workforce constraints on bank and agency spend and on out of area placements o Under-funding of pay awards o Loss of contract (0-19 service Wakefield) o Potential procurement of 0 -19 service Bradford (in 2023) o Continued lack of strategic capital funding	- 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 including risk of patient harm - Adverse effect on staff wellbeing in turn exacerbating recruitment, retention and sickness issues - Lack of resources to meet local and national targets - Knock-on adverse impact on PLACE and ICS partners' o Financial performance o Performance targets o Health outcomes - Inability to address serious failings in physical estate especially in relation to the proposed rebuild of Lynfield Mount Hospital, leading to significant ongoing financial pressures and quality concerns

Management of Risk	**What controls are in place to manage the risk?**	**What gaps in controls are there?**
	- 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 - Provider collaborative contracts agreed - Workshops with Bradford council to align planning assumptions	- 5-year Trust financial plan (revenue and capital) - Final codification of risk sharing arrangements and ICS governance and frameworks - Data and business intelligence quality improvements - Lack of detailed measurable plans and deliverables for some TWICS programmes - Awaiting clarity on planning guidance for 2023/34 onwards - Awaiting outcome from Trusts expression of interest funding bid for LMH

Assurance of effectiveness of controls		**Sources of Assurance**	**Gaps in Assurance**
	Level 1: Operational oversight	- EMT - SLT - TWICS Programme Board - Provider collaborative contract management groups - CPIG - QuOps - AGG's - Lynfield Mount Project Board	None currently
	Level 2: Reports / metrics overseen by Board / Committee	- Board - FBIC - Workforce committee - Audit committee - Quality & Safety Committee - Provider collaborative joint committees	None currently

Level 3: Sources of external oversight / scrutiny	- PLACE and ICS meetings - Committees in common	Evolving operating framework at PLACE/ICS

Mitigating Actions to address gaps in control and assurance	Actions	Progress
	1. Finalise 2022/2023 financial plans	1. Complete May 2022
	2. Approval of 5 year financial plans	2. National timetable for 5 year plans published; plans due Summer 2023.
	3. Approval of detailed deliverables and implementation plans for all TWICS programmes	3. Updated in September 2022 – work ongoing
	4. Implementation of community estates plan	4. Final draft plan to FBIC in July 2022 and Shipley implementation sub-group established
	5. Workforce strategy revised/approved	5. Ongoing
	6. Roll out appointment/booking data quality tool across all relevant teams	6. Presented to FBIC November 2022; roll out to rest of Trust by Summer 2023.
	7. Development of integrated reporting and planning tool	7. Q2 – Q4 Handover of proof of concept tool completed early Feb 2023. Next steps to operationalise the tool.
	8. Implementation of business partnering and corporate services review	8. Q2 – Q4 Interim business partnering solutions in place during 2023/24 planning round
	9. outline business case and designs	9. Complete
	10. submitted funding bid to DHSC	10. Complete
	11. Continued lobbying activity with external bodies, influencers and decision makers in relation to the Lynfield Mount Hospital Estate	11. ongoing

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	0 - None	1 - Minimal	2 - Cautious	3 - Open	4 - Seek	5 - Significant
Financial	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.	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	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.

| **Strategic Objective 5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient | | | | | **Lead Committee:** Finance, Business & Investment Committee
Executive Lead: Director of Finance, Estates and Contracting | | | |

In year ambition		**Key risk to achieving the ambition**		better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)		**Lead Executive**
5.2 We will embed environmental sustainability in everything we do to support the delivery of our Green Plan targets and ultimate ambition to be a carbon net zero organisation		If we do not maximise our opportunities to make effective use of our resources this may result in significant negative impact on our finances, quality of estates, wellbeing of our population and workforce and reputational damage		Best Place to Work	SO6:6.1			Director of Finance, Contracting and Estates

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	4-5 (20)	2-2(4)

	Cause of Risk	**Impact / consequence of risk**
Management of Risk	- Potential under achievement of internal carbon reduction targets making it harder to meet NHSE targets as detailed in the Green Plan. - Potential to not complete environmental requirements of the NHS Standard Contract (which are transposed into the Green Plan). - Impact of Covid and IPC requirements to reduce our environmental impacts, e.g. increased ventilation & heating use, volume of PPE, restrictions on car-sharing. - Competing priorities across the PLACE and ICS - Lack of resource to achieve the targets	- Adverse impact on the environment - Lack of resources to meet local and national targets - Adverse impact on ICS partners' and delivery of the ICS Green Plan - Increase in consumption of gas and electricity to ventilate and heat buildings Larger utility bills - Realistic estimates of reduction will not help to achieve our goals, meaning more radical intervention will be needed, which will challenge the status quo.

	What controls are in place to manage the risk?	**What gaps in controls are there?**
	- Green Plan approved by Board and regularly reviewed - Heat decarbonisation review completed, actions to be progressed - Carbon Literacy training available to all staff – completed by majority of SLT - Sustainability team action planning - Community Estates Review - TWICS and KPO projects (sustainable quality improvement) - Carbon Reduction Plan in place	- Completion of Heat Decarbonisation actions - Take up of carbon literacy or internal green champion training has been low in clinical teams and Board members (expect to be due to conflicting demands and time pressure rather than lack of interest).

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	- SLT - TWICS - Facilities Management Team	None currently
	Level 2: Reports / metrics overseen by Board / Committee	- Board - FBIC - Green Strategy Group	None currently
	Level 3: Sources of external oversight / scrutiny	- ICS operational climate change meetings - ICS Sustainable Procurement Group meetings	Embryonic ICS team

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	1. Annual review of Green Plan 2. Finalise carbon reduction plan 3. 100 staff members complete Carbon Literacy training 4. The Community Estates Strategy (reduction in footprint) with progress as "5 year plan 2022-2027" 5. Director of Finance to lobby Board members to take up carbon literacy training 6. Green Strategy Group to work up options for wider training programme including potential mandatory modules	1. Completed March 2022 – next review due by March 2023 2. Completed in August 2022 3. Complete by March 2023 4. Annual progress as per the 5-year plan 5. To be picked up by Director of Finance February 2023 6. Carbon literacy (2 hour) training module (2 hour) developed and ready to deliver to wider audience (than just execs) audience once dates set Paper to support training as mandatory presented to Clinical Board December 2022

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	0 - None	1 - Minimal	2 - Cautious	3 - Open	4 - Seek	5 - Significant
Financial	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.	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	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.

| **Strategic Objective 6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS | | | | | **Lead Committee:** Finance Business & Investment
Executive Lead: Chief Information Officer | |

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
6.1 Data & Analytics: 1. To provide high quality data that is understood and can be confidently used and shared to support care delivery across our Place and the West Yorkshire Region. 2. Use the same high-quality data to deliver self-service analytics and capabilities that are tailored to user roles and support decision making, performance management, quality improvement and a better understanding of our population.	Data quality is a key enabler to support the Trust towards improved decision making, performance management and quality improvement. The primary risk for data and analytics services is to ensure that the continued collaboration with the Trusts clinical and business stakeholders is maintained to drive effective and scalable data quality initiatives forward. There is also a degree of dependency in relation to SO6:6.2 Clinical systems Transformation	Best Quality Care	SO3:3.2 SO5:5.1 SO6:6.2	To be identified	Chief Information Officer

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)

	Cause of Risk	**Impact / consequence of risk**
Management of Risk	• Data entry: Inaccurate / completeness, due to staff shortages, workload, connectivity, rationale, purpose of data. • Application limitations due to ineffective design and or in-built system capabilities • Ability to record timely data in community to improve accuracy (application and process) • Inconsistent pathway processes in conflict with existing system design • Absence of an agreed data quality framework to support data quality maturity and oversight	• Potential for patient safety implications • Financial / activity loss • Inaccurate or incomplete data affecting optimal care provision • Suboptimal service planning due to informational gaps • Reputational risk Failure to meet professional GMC/NMC and IG obligations re record keeping, CQC
	What controls are in place to manage the risk?	**What gaps in controls are there?**
	• Training & support available at individual service level to enable accurate timely information recording. • Identified Information Asset Owners (IAO's)	• Data quality framework (to be implemented) • Visualisation of data quality have been progressed for a handful of services, not yet fully rolled out • Specific data quality roles and accountability to be defined Disconnection between clinical processes system usage and training

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	• QUOPS Mental Health • QUOPS Community Services • SLT • Digital and Data AGG	
	Level 2: Reports / metrics overseen by Board / Committee	• Innovation & Improvement Group • FBIC	
	Level 3: Sources of external oversight / scrutiny	• Bi-lateral discussions between BDCFT and Local Authority Digital Teams • Gartner (Advisory)	• Digital and Data not fully aligned at ICS levels •

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	• To establish a task and finish group to define a work programme to deliver a data quality framework and approach. (February 2023)	• Data quality reports generated for five services • Initial identification of key data items requiring intervention (missing appointment status, missing contact method) • New SIM devices laptop equipment to support contemporary data entry in the community • Ongoing improvements to SystmOne across care groups

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)					
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

| **Strategic Objective 6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS | | | | | **Lead Committee:** Finance Business & Investment
Executive Lead: Chief Information Officer | |

In year ambition	**Key risk to achieving the ambition**	better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)	Lead Executive
6.2 Clinical Systems Transformation: 1. To improve the overall user experience and maturity of the Trusts primary clinical information system (SystmOne) 2. To achieve the minimum digital foundations (MDF) as set out by the national standards for EPR maturity.	• Absence of a strategic and operational vision for SystmOne architecture design across care groups and services. • Agreeing a framework for prioritisation and oversight (clinically led) Ongoing investment	Best Quality Care Seamless Access	SO3:3.3 SO3:3.4 SO5:5.2		Chief Information Officer

M-12 Apr 2022	M-11 May 2022	M-10 Jun 2022	M-9 Jul 2022	M-8 Aug 2022	M-7 Sep 2022	M-6 Oct 2022	M-5 Nov 2022	M-4 Dec 2022	M-3 Jan 2023	M-2 Feb 2023	M-1 Mar 2023	Target
Review and revision of Strategic Objectives			4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-3 (12)	4-2 (8)

	Cause of Risk	**Impact / consequence of risk**
Management of Risk	• SystmOne Community is over a decade old, and the overall design is reflective of this. Multiple services changes leading to inconsistent and inefficient system design, functionality, and capabilities, resulting in a poor user experience. • SystmOne Mental Health is relativity new (4 years) and suffered from poor initial process design which has led to inconsistencies, duplication, deferring standards and ongoing ownership. • Reliability of change management control has led to localised changes impacting on wider system functionality and standardisation. • Availability and capacity of specialist roles to support system developments	• A further reduction in user confidence and morale that will have a direct impact on our ability to transform and delivery digitally enabled services. • Patient safety and quality of care • Reduced productivity • Retention of staff (Clinical / Administrative and Developers)

	What controls are in place to manage the risk?	**What gaps in controls are there?**
Management of Risk	• Established Clinical Information Systems Governance Group • Change Management process in place for system developments • Identified Strategic Programmes across Mental Health and Community which require optimisation and transformational activities across SystmOne. • National funding allocated to enable the minimum digital foundation to be delivered. • A focus on data quality to help drive system improvements. •	• Straightforward means for clinicians to identify clinical systems problems • Development of more breadth in clinical information officers and liaison/champions • Change management controls at a clinical level

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	• Technology Group • SystmOne User Group • Clinical Systems Governance Group • Tasking and Sharing Steering Group • Information Governance Group / Information Asset Owners Group • Digital AGG	• Absence of a Clinical Safety Officer is impacting on ensuring that change will consider all the patient safety requirements.
	Level 2: Reports / metrics overseen by Board / Committee	• SLT • FBIC • Digital Steering group	
	Level 3: Sources of external oversight / scrutiny	• Gartner • ActAsOne – active participation to the DSU, Development and Standards Unit	

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	• Review and agree the investment cases for CMHT and Community (Digital AGG January 2023) • Identify and recruit key resources to act as the core team to oversee digital transformation activities (Q4) • Address the prioritisation of the overall digital work programme (Digital AGG / IIG) (Q4)	• Engaged with an external SystmOne implementation partner to scope out the work programme for Mental Health Community Transformation. Complete – no further action. • Key resources identified – affordability still to be determined • Outcome and recommendation report for Community Services • On going business as usual change activity across care groups and specific services.

	• Allocated NHSE national funding to support the deliver of minimum digital foundations across EPR • Initiated engagement work with key stakeholders with regards to the re procurement of the Trust EPR

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	0 - None	1 - Minimal	2 - Cautious	3 - Open	4 - Seek	5 - Significant
Financial	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.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
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.

Strategic Objective 6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS	**Lead Committee:** Finance Business & Investment **Executive Lead: C**hief Information Officer

In year ambition	**Key risk to achieving the ambition**	**better lives, together**	**Links to other objectives**	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
6.3 Patient Engagement & Digitally Enabled Care: To introduce inclusive digital solutions that empower people who use our services to care for themselves and to prevent ill health. Develop a digital service offer where virtual care solutions operate seamlessly with face-to-face care in a way that is appropriate to the needs of people who use our services.	Failure to engage with services and service users in the design and adoption of potential digital service offers which may lead to increased health inequalities caused by inequity of access	Best Quality Care Seamless Access	SO3:3.3 SO3:3.4 SO5:5.2		Chief Information Officer

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Cause of Risk	**Impact / consequence of risk**
• Defining the service delivery ambition and the need and placement for digital products and services • Potential for digital fatigue and the need to resume pre pandemic service deliver models of care • Potential for a clinical presence rather than patient need in the adoption of digital technologies to support care • Population factors, variability in access to virtual care • Design and investment may require external collaboration with ICP/ICS level	• Postcode lottery access to care • Differential virtual offers for different services, within the Trust and within the wider community • Inability to monitor long-term conditions in community, reduced wasted staff time, reduced traveling benefiting economic, environmental, wellbeing

Management of Risk

What controls are in place to manage the risk?	**What gaps in controls are there?**
• The principle of User Centred Design • Access to Patient and Involvement Partners • Considerations around digital inclusion/exclusion at Act as One level • Strategic Programmes and Operational priorities Interim video-consultation solutions in place funded and managed regionally requiring extension or replacement	• Community based access/joint approaches with LA, CCG to enable access to virtual services • Engagement with Voluntary sector organisations and their access to appropriate patient record systems • No agreed common patient engagement platform(s) across healthcare and social care

Assurance of effectiveness of controls

Sources of Assurance		**Gaps in Assurance**
Level 1: Operational oversight	• Digital AGG • Digital Strategy Group	
Level 2: Reports / metrics overseen by Board / Committee	• Clinical Board • SLT • Innovation & Improvement Group • FBIC	
Level 3: Sources of external oversight / scrutiny	• BD&C Digital Programme Gartner	

Mitigating Actions to address gaps in control and assurance

Actions	**Progress**
• Patient Communication Project Initiation and Business Case (Q4) • A review to identify where digital enabled care is being utilised and where the opportunities exist.	• Supplier demonstration sessions and draft specification, original business case drafted to support Patient Communications ambition. • Video-consultation trial at Place level to support a solution post March 2023.

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	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 recognize 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.

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.

Strategic Objective 6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS	**Lead Committee:** Finance Business & Investment **Executive Lead:** Chief Information Officer

In year ambition	**Key risk to achieving the ambition**	better lives, together	Links to other objectives	**Linked operational risks (ref and brief descriptor)**	**Lead Executive**
6.4 Digital Workforce/Workplace: (Employee Experience) a) To create a competent digital workforce (organisational level) by developing digital skills training, embedding the use of digital champions, and planning long term education strategies, such as Topol Review and supporting the Workforce strategy b) To provide the tools and capabilities to support a digital workplace and workforce requirements c) To harness develop and retain a digital and data workforce to support the organisation	Failure to engage with staff may result in the training and education needs or the workforce being misunderstood, leading to barriers to digital literacy and capability. Absence of sufficient financial investment to support our digital workforce, workplace ambitions.	Best Place to Work Best Quality Care	SO4:4.1		Chief Information Officer

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	Cause of Risk	**Impact / consequence of risk**
Management of Risk	• Staff reluctant to make time for non-mandatory training due to pressure of workload • Failure to communicate relevance of improving digital skills- real-world skills, recognised transferable qualifications? • Variation in uptake by different staff groups, variation in needs of each. • Appropriate levels of investment to support digital services and staff development and retention • Low uptake of automation technologies	• Unable to meet our vision for digitally enabled services • Low digital skills maturity may impact on best place to work and associated recruitment and retention • Reduced productivity and efficiency gains.
	What controls are in place to manage the risk?	**What gaps in controls are there?**
	• The objectives and deliverables of this ambition are linked to the Digital AGG, Digital Strategy Group and Workforce Strategy • Continued expansion of digital training offering for all staff • Digital & Data Staff, British Computer Society Membership • Improved Digital Service Support (Hornbill) and further adoption/expansion to other services	• Identification and enrolment of Digital champions • Staff recruitment processes and job descriptions to support Digital skills requirements • Office365 Group – Agile group with no formal Terms of Reference but ensure engagement of interested parties on common Office365 concerns/configurations/usage • Connect Group no longer formally meeting since transfer to new Office365 platform, but on-going improvement managed within Business as Usual and Continuous Improvement processes • Digital Skills workstream not fully established, may also focus on Digital staff rather than digital skills of staff within organisations

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	• Office365 Group • Connect Group • Technology Group • Smarter Working / Smarter Places Programme	
	Level 2: Reports / metrics overseen by Board / Committee	• Digital Strategy Group • Digital AGG	• Further HR and OD involvement may help strengthen the engagement from recruitment to on-boarding
	Level 3: Sources of external oversight / scrutiny	TBC	

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	• HR reviewing the new starter process – Perfect start – which may be an opportunity to align the digital assessment and training offering for new starters based on their competencies and help identifying champions • Recruitment of a Lead Digital Nurse to support the Digital Strategy	• a/w update • JD developed – linked to the resourcing approval requirements

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)						
	0 - None	1 - Minimal	2 - Cautious	3 - Open	4 - Seek	5 - Significant
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	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
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

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In year ambition			Key risk to achieving the ambition			better lives, together	Links to other objectives	Linked operational risks (ref and brief descriptor)			Lead Executive
6.5 Digital Infrastructure and Security: We will strengthen our digital foundations by optimising and maintaining our digital infrastructure and security			Ongoing investment / Infrastructure, tools and capabilities and people.			Best Quality Care Seamless Access	SO1:1.4 SO4:4.3				Chief Information Officer

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	Cause of Risk	**Impact / consequence of risk**
Management of Risk	• Increased cyber threats due to the global and economic disruption • Continued and sustained investment in the supporting infrastructure • Shift from capital expenditure to revenue across digital services Recruitment and retention of digital and data resources	• Staff unable to perform due high levels of remote and agile working and the heavy reliance on the supporting infrastructure • Reduced digital and data services due to under investment • Disruption of clinical and business services in case of cyber incident

	What controls are in place to manage the risk?	**What gaps in controls are there?**
	• National compliance level and expectations on cyber risk management • Cybersecurity monitoring and response to changing global risk • Progression of sharing processes in collaboration with local partners • Engagement with YHWARP (Yorkshire & Humber Warning, Alert and Reporting Point) • Capital investment plan	• Monitoring automated tools funded non-recurrently • Lack of Cyber tools which may limit Trust ability to quickly respond to threat or breach • ActAsOne – Cyber and Resilience workstream to be fully established • Shortages of cyber security skills and expertise in the region (impacting on our resources being asked to support others)

		Sources of Assurance	**Gaps in Assurance**
Assurance of effectiveness of controls	**Level 1:** Operational oversight	• Digital AGG • Technology Group • Information Governance Group • Digital Steering group • Clinical Systems Governance Group	
	Level 2: Reports / metrics overseen by Board / Committee	• SLT • FBIC	
	Level 3: Sources of external oversight / scrutiny	• Gartner • ActAsOne – Cyber and Resilience workstream	

	Actions	**Progress**
Mitigating Actions to address gaps in control and assurance	Completion of the Digital Maturity Assessment (Feb 2023)	• NHSE release delayed so assessment now due March 2023

Risk appetite (key areas of risk to be considered when assessing management of risk from Financial risk; Regulatory risk; Quality risks; Reputational risks and People risks)

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