# Board Assurance Framework Risk Mitigation Summary Sheet – August 2022

**NHS Bradford District Care NHS Foundation Trust**

## 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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.1: Valuing lived experience, supporting the voice of under-represented groups / Your Voice Matters does not respond | | | | | | | | | | | | 4-3 (12) | 4-3 (12) | 3-1 (1) |
| 1.2: Roles for people with lived experience across all areas of Trust activity / unable to demonstrate achievement | | | | | | | | | | | | 4-3 (12) | 4-3 (12) | 3-1 (1) |
| 1.3: Increase number and diversity of volunteers / lack of capacity to deliver volunteering strategy | | | | | | | | | | | | 4-3 (12) | 4-3 (12) | 3-1 (1) |
| 1.4: Supporting patients to be partners in their own care / fail to maximise relationships between professionals & SU | | | | | | | | | | | | 4-3 (12) | 4-3 (12) | 3-1 (1) |

## 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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1: Embedding a compassionate and inclusive culture / lack may result in higher levels of staff disengagement and increased turnover | | | | | | | | | | | | 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) | 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) | 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) | 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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.1: Enabling every service to move towards its own excellence / targets are not sufficiently sensitive to recognise progress | | | | | | | | | | | | 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) | 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) | 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) | 4-4 (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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | 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 | | | | | | | | | | | | 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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | 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 | | | | | | | | | | | | 4-4 (16) | 4-4 (16) | 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) | 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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6.1: Strengthen our insights by improving data quality and understanding needs / do not fully understand data needs | | | | | | | | | | | | 4-3 (12) | 4-3 (12) | 4-2 (8) |
| 6.2: Embedding virtualisation of care / increased health inequalities caused by inequity of access | | | | | | | | | | | | 4-3 (12) | 4-3 (12) | 4-2 (8) |
| 6.3: Create a digital workforce / training and education needs or workforce not being understood, barriers to capability | | | | | | | | | | | | Tbc | Tbc | Tbc |
| 6.4: strengthen our digital foundation / will not have the tools / confidence of stakeholders to deliver our ambitions | | | | | | | | | | | | 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<br>**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 | |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  | 3-4 (12) | 3-4 (12) | 3-1 (3) |

| | Cause of Risk | Impact / consequence of risk |
|---|---|---|
| | Culture of involvement not 'mainstreamed' across services, including a lack of a common understanding of what involvement means.<br>Lack of relationships across the Trust with under-represented groups mean their voices are seldom heard<br>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. |
| **Management of Risk** | **What controls are in place to manage the risk?**<br>Your Voice Matters involvement strategy and action plan<br>Procurement of new FFT provider (Captive Health) and introduction of wider range of feedback mechanisms with the new system<br>Involvement governance structures (P&IRG, TWIG, Carers Group etc.)<br>Introduction of online involvement mechanisms<br>Introduction of service user (expert by experience) and Co-Chair of TWIG<br>Young Dynamo's Young People's research group | **What gaps in controls are there?**<br>Your Voice Matters Strategy requires review to reflect covid limitations and reset objectives<br>Review required on how FFT data collection is perceived by staff and aligned to other available data sources<br>Covid restrictions having a detrimental effect on face to face involvement activity<br>Lack of strategic direction in developing relationships with Health Watch and the VCS in order to engage with seldom heard communities |

| | | Sources of Assurance | Gaps in Assurance |
|---|---|---|---|
| **Assurance of effectiveness of controls** | **Level 1:**<br>Operational oversight | FFT data recorded; local service involvement groups; DLM<br>Participation and Involvement Strategic Group reports (meets 6 times a year) including P&ISG dashboard<br>AAA Report to SLT (every 2 months)<br>Triangle of Care Accreditation Phase 2 | **Level 1:** |
| | **Level 2:**<br>Reports / metrics overseen by Board / Committee | FFT data in IPR and Quality Dashboard<br>Quality & Safety Committee reports (every 6 months)<br>Your Voice Matters strategy<br>Digital Strategy approved 9 December 2021 supporting plan to reduce digital exclusion | **Level 2:**<br>Consideration of Patient Director role on BDCFT Board<br>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 |
| | **Level 3:**<br>Sources of external oversight / scrutiny | FFT data presented to NHSE<br>Narrative within Annual Report and Quality Report | **Level 3:**<br>Triangle of Care Phase 3 – future assessment due 2023 |

| | Actions | Progress |
|---|---|---|
| **Mitigating Actions to address gaps in control and assurance** | - Work to transfer PEIT team to the Nursing directorate to allow better alignment with the Patient Advice and Complaints Team<br>- Establish objectives for PEIT and PACS team<br>- Strengthen links with place based structured for engagement and gathering intelligence from service users and communities | - June 2022 – underway. Transferred from Director of Corporate Affairs. |

| 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 |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 3-4 (12) | 3-4 (12) | 3-1 (3) |

| | 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 |

| **Management of Risk** | What controls are in place to manage the risk? | What gaps in controls are there? |
|---|---|---|
| | Introduction to Involvement (i2i) training<br>Involvement governance structures (P&IRG, TWIG, Carers Group etc.)<br>Involvement Partner involvement in strategic programmes<br>Introduction of online involvement mechanisms<br>Introduction of service user (expert by experience) and Co-Chair of TWIG<br>Young Dynamo's Young People's research group | Covid restrictions having a detrimental effect on face to face involvement activity<br>Oversight of work progressing at place, and how we are engaging with this<br>Utilisation of Council of Governors to support different ways of involving and engaging people with lived experience at all levels within the Trust<br>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:<br>Operational oversight | Participation and Involvement Strategic Group reports (meets 6 times a year) including P&ISG dashboard<br>AAA Report to SLT (every 2 months)<br>Triangle of Care Accreditation Phase 2 | Level 1: | |
| | Level 2:<br>Reports / metrics overseen by Board / Committee | Quality & Safety Committee reports (every 6 months)<br>Your Voice Matters strategy<br>Digital Strategy approved 9 December 2021 supporting plan to reduce digital exclusion | Level 2:<br>Consideration of Patient Director role on BDCFT Board | |
| | Level 3:<br>Sources of external oversight / scrutiny | FFT data presented to NHSE<br>Narrative within Annual Report and Quality Report | Level 3:<br>Triangle of Care Phase 3 – future assessment due 2023<br>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 | - Underway. This is one element of the refreshed system governance and is a key priority for System Quality Committee |

| 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<br>**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 | | Director of Nursing, Professions & Care Standards |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 3-4 (12) | 3-4 (12) | 3-1 (3) |

| | **Cause of Risk** | **Impact / consequence of risk** |
|---|---|---|
| **Management 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. | 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 | Linked oversight with the activities of the apprenticeship team and LEND team to ensure a coordinated approach to pathways for volunteers |

| | | **Sources of Assurance** | **Gaps in Assurance** |
|---|---|---|---|
| Assurance of effectiveness of controls | **Level 1:** Operational oversight | Participation and Involvement Strategic Group reports (meets 6 times a year) including P&ISG dashboard<br>AAA Report to SLT (every 2 months) | 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)<br>Volunteering Strategy | |
| | **Level 3:** Sources of external oversight / scrutiny | Narrative within Annual Report and Quality Report<br>System Quality Committee Reports | |

| | **Actions** | **Progress** |
|---|---|---|
| **Mitigating Actions to address gaps in control and assurance** | - Work to develop links between volunteering strategy, LEND team and apprenticeship team<br>- Work to develop oversight arrangements of new pathways an opportunities | - Initial scoping has begun |

| **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<br>**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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 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 | 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.<br><br>There is an increase in incidents and complaints and outcomes for patients are not as good as they should be.<br><br>There is an increased risk of regulatory scrutiny due to failings in care. |

| | | What controls are in place to manage the risk? | What gaps in controls are there? |
|---|---|---|---|
| **Management of Risk** | | Routine audit of care plans/risk plans to demonstrate engagement of service users, patient's and cares in their own care<br>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 |

| | | Sources of Assurance | Gaps in Assurance |
|---|---|---|---|
| Assurance of effectiveness of controls | **Level 1:** Operational oversight | Audit reports to Clinical Board<br>CTW report outs to SLT meetings<br>Outcome of FFT | Oversight of professional education relevant to this specific area |
| | **Level 2:** Reports / metrics overseen by Board / Committee | Audit outcomes to quality & Safety Committee and Board as part of the IPR<br>Outcome of FFT reported to Board and Committee | |
| | **Level 3:** Sources of external oversight / scrutiny | Outcomes of MHA visits by CQC | |

| | Actions | Progress |
|---|---|---|
| **Mitigating Actions to address gaps in control and assurance** | | |

| 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. |

![NHS Bradford District Care NHS Foundation Trust]

| 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<br>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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 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.<br><br>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<br><br>Staff uptake of the vaccine during Covid and being impacted by the virus is worst amongst staff from a minority ethnic background<br><br>Belief system based on leadership as being invested in positional power rather than personal power<br><br>Leadership styles that do not reflect the Trust's values and behaviours around listening, inclusivity and engagement<br><br>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<br><br>Turnover and sickness absence will remain above target<br><br>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.<br><br>The Trust's reputation will be compromised impacting on recruitment and retention |

| | What controls are in place to manage the risk? | What gaps in controls are there? |
|---|---|---|
| **Management of Risk** | 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<br>Staff Survey, Quarterly Pulse Surveys<br>Strategic EDI Staff Partnership<br>Staff Networks<br>Best Place to Work AGG and enabling programmes in place with escalation/assurance to PPI SLT<br>Freedom to Speak Up Guardian and processes<br>Triangulation of data<br>Care Trust Way methodology including coaching and icare programme | Diagonal slice leadership reporting into Board suspended during the pandemic<br>Lack of systematic approach to talent management and succession planning<br>(see risk to strategic objective 2)<br>Embedding of Trust Values consistently at every level and within all key systems and processes<br>Group of Care Group and Corporate directorate EDI Champions to ensure agreement and local ownership of EDI objectives to create a diverse workforce, leadership and inclusive culture |

| | | Sources of Assurance | Gaps in Assurance |
|---|---|---|---|
| **Assurance of effectiveness of controls** | Level 1:<br>Operational oversight | Staff Survey and Quarterly Pulse Survey Results<br>Workforce data on leadership profile<br>Participation in leadership development programmes<br>WRES, WDES, EDS Frameworks and Gender Pay Gap reporting<br>Moving Forward Plus minority ethnic staff Leadership Programme<br>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<br>Senior leaders accessing the ICS BAME Fellowship Programme<br>Values based recruitment approach in place<br>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<br>Talent Management and Succession Plans |
| | Level 2:<br>Reports / metrics overseen by Board / Committee | Leadership and Management Development Passport Suite of Modular Programmes and evaluation data re access and quality<br>Staff Survey and Quarterly Pulse Survey results<br>Workforce data on leadership profile<br>WEC Dashboard including Gender Pay Gap Reporting<br>Workforce Race Equality Standard reporting and Disability Workforce Equality Reporting | Plan to ensure a values-based culture is embedded consistently across all areas of the Trust<br><br>Trust Talent Management and Succession Plan |

| | | Belonging and Inclusion Plan approved | |
|---|---|---|---|
| | **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. |
| | 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 Board. Plan received at WEC |
| | 4. Identification of Belonging and Inclusion Champions | 4. Launch of EDI Influencers programme (new name) 10 October 2022 |
| | 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 implemented |
| | 7. Review and re-commence the Diagonal Slice Leadership Group – NED and ED led | 7. Leadership event planned October 2022, more information to follow |
| | 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. Membership and structure in place, review and re-start in line with reset/recovery plans |
| | 9. Roll out of the Equality Assessment Matrix to support identification of service level EDI objectives. | 9. Jobshare postholder to the Head of EDI in place to progress this work and band 6 vacancy recruited to. |

| 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<br>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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 3-3 (9) | 3-3 (9) | 2-2 (4) |

| | | |
|---|---|---|
| | **Cause of Risk** | **Impact / consequence of risk** |
| **Management of Risk** | Failure to recruit and retain the right number of people at the right level, with the right skill mix year by year.<br>The Pandemic has seen retirement remain as a leading reason for staff turnover<br>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.<br>Some staff who are homeworkers reporting isolation/deterioration in mental health<br>Lack of certainty around future ways of working and work environments and concerns around individual needs being considered in decision making<br>Shortage of key professionals and occupations in specific roles<br>No succession planning to mitigate risks when key staff leave and encourage staff retention.<br>Staff dissatisfaction with the level of engagement, involvement and communication with team leaders and senior leadership leading to low motivation, drop in productivity<br>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<br><br>Deterioration in quality of service/patient experience linked to lack of continuity of care/staffing<br><br>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<br><br>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?** |
| | 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.<br>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.<br>Annual Staff Survey, Quarterly Pulse Surveys, Care Trust Way RPIWs,<br>Recruitment & Retention Plan RPIW 30,60,90 (11/19) Zero vacancies HCSW NHSE/I programme<br>Best Place to Work AGG and enabling programmes in place with escalation/assurance to PPI SLT through to WEC and Board where indicated.<br>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.<br>Workforce Planning process/annual cycle with a five year time horizon (to deliver short, medium and longer terms plans)<br>Extensive HWB programme including Salary Finance scheme and Staff Support Fund and Staff Support and Therapy Service<br>Fast track access to Physio Med<br>Reward and Recognition Schemes<br>Process for picking up and addressing wherever possible dissatisfaction in new starters before they decide to leave in place<br>Comprehensive nurse preceptorship (local pathways and InsideOut programme) established and embedded.<br>Meetings of the Director of Nursing and Professions/Deputy with newly qualified nurses on joining the Trust.<br>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)<br><br>Embedded processes for medium and longer term workforce planning mechanisms with links to transformation<br><br>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<br><br>Managing WTD breaches and management of rosters<br><br>Clinical Workforce Strategy and Corporate Workforce Strategy to be developed that will overarch existing and new Professions Strategies.<br><br>Medical workforce Strategy to be developed |

| | | | |
|---|---|---|---|
| | | **Sources of Assurance** | **Gaps in Assurance** |
| **Assurance of effectiveness of controls** | **Level 1:**<br>Operational oversight | QUOPs provide local ownership and oversight of workforce pressures, metrics and staff survey results<br>Best Place to Work Accountability and Governance Group reporting into the People Plan and Innovation SLT<br><br>Senior level succession plan | Care Group and Corporate Directorate Medium and Longer Term Workforce Plans including talent management and succession plan<br><br>Plan to support staff to work in new ways post pandemic |
| | **Level 2:**<br>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<br>RPIW on starters & leavers process (9/19); zero HCSW target update WEC (4/21)<br>Staff Survey reports and action update (11/19, 1/20, 3/20, 5/20, 3/21, 10/9<br>Quarterly staff pulse surveys | Trust Medium and Longer Term Workforce Plan and Talent Management Plan<br><br>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<br>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)<br>Deep dive into sickness absence being presented to joint committee 16/12/21<br>Full Internal Audit opinion given on the Workforce Planning processes to deliver a 5 year plan aligned to People Development Strategy | |
| | **Level 3:**<br>Sources of external oversight / scrutiny | Place Integrated People Board and Integrated People Plan<br>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 | 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.<br>Further talent management pilots will be confirmed as part of the next steps recovery plan.<br>Appraisal paperwork now launched and in use across organisation.<br>Non recurring funding being sought for time limited consultancy to identify next steps in roll out of talent systems development. |
| | 2. Development of preceptorship programme, career workshops, stay conversations and transfer process | 2. Comprehensive 12-month preceptorship Inside Out programme in place for newly qualified nurses. Career workshops in place. |
| | 3. Implementation of refreshed process for understanding new starters experiences | 3. Timetable of director meetings with new starters now in place. |
| | 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. | 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. |
| | 5. Recruitment and Retention established and participation in the NHSE/I zero HSCW vacancies programme | 5. New Exit Questionnaire based on the People Promise available in ESR Self Service functionality from Oct 21 |
| | 6. Establish a new ways of working/hybrid working strategic programme | 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.<br><br>Clinical Workforce Strategy approved at PPI SLT 2/3/22 and will be presented to WEC for ratification in April.<br><br>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.<br>Recruitment and Resourcing HR business partner in place in addition, separate Corporate directorate/workforce Business Partner in place.<br><br>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 |

**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<br>**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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 3-3 (9) | 3-3 (9) | 2-2 (4) |

| | Cause of Risk | Impact / consequence of risk |
|---|---|---|
| **Management of Risk** | **For population August 2022** | |
| | **What controls are in place to manage the risk?** | **What gaps in controls are there?** |
| | | |
| **Assurance of effectiveness of controls** | **Sources of Assurance** | **Gaps in Assurance** |
| | **Level 1:** Operational oversight | |
| | **Level 2:** Reports / metrics overseen by Board / Committee | |
| | **Level 3:** Sources of external oversight / scrutiny | |
| **Mitigating Actions to address gaps in control and assurance** | **Actions** | **Progress** |
| | | |

| **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<br>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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 3-3 (9) | 3-3 (9) | 2-2 (4) |

| Management of Risk | Cause of Risk | | Impact / consequence of risk |
|---|---|---|---|
| | For population August 2022 | | |
| | What controls are in place to manage the risk? | | What gaps in controls are there? |
| | | | |

| Assurance of effectiveness of controls | Sources of Assurance | | Gaps in Assurance |
|---|---|---|---|
| | Level 1: Operational oversight | | |
| | Level 2: Reports / metrics overseen by Board / Committee | | |
| | Level 3: Sources of external oversight / scrutiny | | |

| Mitigating Actions to address gaps in control and assurance | Actions | | Progress |
|---|---|---|---|
| | | | |

| 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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 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.<br><br>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<br>• Go See Framework embedded with a range of proactive and reactive visits including quality and safety visits and exec/director visits<br>• Timetable for Go See visit established.<br>• Quality Assurance Framework templates developed –quality indicators used in January 2022 in 0-19 services. Workplan being developed for other services over 2022<br>• standard operating procedure developed to support the Go See Framework which will identify key learning and opportunities for quality improvement programmes<br>• 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.<br>Patient Safety Specialist working group as a Place based approach<br>Reports on delivery of actions plans monthly into SLT<br>Triangulation of quality/safety data through DLM structures, PSLG, Safer Staffing group | |
| | Level 2: Reports / metrics overseen by Board / Committee | Quality and Safety Committee receive reports from QAF reviews<br>Quality and safety information as part of Board and Committee IPR<br>Triangulation of quality/safety data through Compliance and Risk, Learning report<br>Links between WEC and QSC on quality data | |
| | Level 3: Sources of external oversight / scrutiny | CQC inspections<br>External quality awards and reviews | Peer reviews by other organisations<br>External accreditation scheme outcomes |

| | Actions | Progress |
|---|---|---|
| Mitigating Actions to address gaps in control and assurance | - Reviewing learning from initial QAF assessments to determine capacity to deliver<br>- Reviewing clinical leadership structure to determine how to strengthen and align more closely to Nursing Directorate priorities around quality and safety<br>- Review Go See Framework to align with QAF and ensure triangulation with other intelligence | 2 pilots completed, review of learning underway<br>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 |
| 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<br>**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 (eg 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<br>SO5:5.5<br>SO6:6.2<br>SO6:6.3 | | | Director of Nursing, Professions & Care Standards |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 3-2 (6) | | | | | | | | 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 | Service fail to improve to their maximum extent and time is wasted 'reinventing the wheel', resulting in avoidable lapses in quality across the organisation.<br>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 |

| | **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<br>Integrated Governance Guide to support corporate governance and action in management of key committees and Board Risk and compliance group<br>Embedded change in practice from patient safety incidents discussed at Patient Safety and Learning Group<br>Quality and Safety Committee<br>Mental Health Legislation Committee<br>Senior Leadership Team Meeting<br>Integrated performance report and committee dashboards – including mental health and community care group priorities<br>Daily Lean Management processes embedded<br>Bradford Leadership Management Programme<br><br>CRG has oversight of all organisational risks on a bi-monthly basis and any actions are implemented and monitored via QUOPS<br>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<br><br>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:**<br>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)<br>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<br>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 | Establish a governance process for following up actions from quality improvement programmes, serious incident investigations, complaints, staff network feedback and Go See visits<br><br>Duty of Candour needs to be enhanced and further articulated in templates, process and a stand alone policy<br><br>Establish a governance process for following up actions from quality improvement programmes, serious incident investigations, complaints, staff network feedback and Go See visits<br><br>Gaps in fully embedded professional curiosity approach within investigations<br>Discussion at Clinical Board May 2022 |
| | **Level 2:**<br>Reports / metrics overseen by Board / Committee | Report of Serious Incidents, Duty of Candour and Learning from Deaths summary provided to Board on a monthly basis<br>Learning from Deaths and incidents reporting established for Quality and Safety Committee – quality data pack and reports from Care Groups<br>Mental Health Legislation Committee – oversees quality and improvement with regards to the Mental Health Act and Mental Capacity Act requirements<br>Compliance and Risk Group established with revised Terms of Reference which reports into Board<br>Monthly Quality dashboard to QUOPS and Committees<br>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 |

| Level 3:<br>Sources of external oversight / scrutiny | System Quality Committee established<br>Ethics Committee established<br>Feedback from CQC and the CCG on quality and learning<br>Established relationship with Coroner's office with Medical and Nursing Directors | Level 3:<br>Establish joint training with Coroner's Office and progress discussions about the future direction of patient safety. Further embed and develop collaborative working. |
|---|---|---|

| 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 |
| | 4. Review of the Trusts Risk appetite and tolerance | 4. tbc |
| | 5. Review the BAF presentation and commentary received at Board | 5. tbc |

| 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<br>**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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-3 (12) | 4-3 (12) | 3-2 (6) |

| | **Cause of Risk** | **Impact / consequence of risk** |
|---|---|---|
| **Management 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 | |

| | | **Sources of Assurance** | **Gaps in Assurance** |
|---|---|---|---|
| **Assurance of effectiveness of controls** | **Level 1:** Operational oversight | Learning from deaths, incidents and complaints process established with weekly Mortality and Duty of Candour meetings established.<br>Patient Safety Specialist working group as a Place based approach<br>Human Factors training for clinical managers commissioned and produced<br>Learning site live with links to Patient Safety Strategy and PSIRF.<br>NHSE Patient Safety training modules established on ESR | Roll out programme for Human Factors Training to all Clinical Managers to be agreed<br>Expansion of Learning site ongoing and embedding wider use<br>Network of Patient Safety Champions (PS strategy goal) to be developed |
| | **Level 2:** Reports / metrics overseen by Board / Committee | Weekly Executive Patient Safety Approval panel and joint learning events attended by Senior Leadership and Executives<br>Key quality and safety issues discussed at exec to exec meetings (LA, other NHS providers)<br>Revision of investigation quality standards in progress<br>Patient Safety and Learning Group established – reports into Quality & Safety Committee<br>Reporting Framework for Serious Incident investigations and patient safety and learning continues to be revised in light of changes to internal standards<br>Implementation Group established for the transition to PSIRF<br>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,<br><br>PSIRF Implementation group established, but workstreams need developing to address transition requirements |
| | **Level 3:** Sources of external oversight / scrutiny | Patient safety collaboratives<br>Learning from deaths workstream at System Quality Committee<br>Review of joint programmes of learning and quality dashboards<br>Quality Summits – share learning from incidents involving acute providers<br>Joint reporting<br>Feedback from CQC and CCG on learning | Network of Patient Safety Partners to be established and recruited at Place |

| **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 Champions to support the Patient Safety Lead and PSLG workplan | 2. work ongoing with peer organisation review of safety champion models |
| | 3. Progress the preparation for PSIRF through the Implementation Group and develop transition plan for National framework publication | 3. implementation group 11 August 2022, framework due for publication early August |
| | 4. Work with Place based Patient Safety Specialists, and internal partners to progress the development of the Patient Safety Partner role | 4. model to be discussed at next place PSS meeting September 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 |
| 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 |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-5 (20) | 4-5 (20) | 4-4 (16) |

| | Cause of Risk | Impact / consequence of risk |
|---|---|---|
| **Management 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? |
|---|---|---|
| | 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. Recovery plans focusing on demand, capacity and waiting times recovery trajectories. |
| | 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 Recovery plans focusing on demand, capacity and waiting times recovery trajectories. 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.<br><br>Integrated performance report to Board. | |
|---|---|---|---|
| | **Level 3:**<br>Sources of external oversight / scrutiny | System Quality Committee established.<br><br>Bradford and Craven Finance and Performance Committee – access, waiting lists and waiting times. | Lack of reporting/visibility of any inequalities in access and waits.<br><br>Recovery plans focusing on demand, capacity and waiting times recovery trajectories. |

| **Mitigating Actions to address gaps in control and assurance** | **Actions** | **Progress** |
|---|---|---|
| | Workforce plans established across the adult physical health sub care group<br>System SEND action plans to support Speech and Language Therapy waiting list<br>Community Transformation Programme established to align community services with the NHS long terms plan and respond to increased demand & reduced capacity.<br>Expansion of health inequalities data (e.g. ethnicity, deprivation, gender) for core metrics including access and waits.<br>Work with services to review inequalities data to understand if and where there are disparities, and then establish the appropriate next steps.<br>Service recovery plans to be completed for all services with waiting list. | Workforce plans in development – supported by HR workforce planning role.<br>SALT 'workstream' established<br>Service recovery plans for services with waiting list are being completed including having QIA completed.<br>Work underway to complete reports regarding service waits |

**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<br>**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<br>SO3:3.2<br>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<br>SO3:3.1; SO3:3.2<br>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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 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.<br><br>Lack of strategic and operational discussion and agreement on shared priorities between partners leads to unequal investment of time and resources.<br><br>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<br><br>Failures of leadership elsewhere in the system impact progress and relationships on specific shared programmes.<br><br>Failure to embed and model the values and behaviours of the Trust consistently and create confidence in speaking up culture and processes. | 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.<br><br>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'.<br><br>The initiation of formal programmes of work may be delayed until partnership staffing issues are resolved appropriately using HR policies and procedures<br><br>Relationships and shared endeavours will be damaged to the detriment of patients and the public.<br><br>The Trust's reputation will be compromised impacting on recruitment and retention. |

| | What controls are in place to manage the risk? | What gaps in controls are there? |
|---|---|---|
| **Management of Risk** | Trust investment in transformation programme resources.<br>Joint Director of Integration post with the local authority, linked to the wider system partnership<br>Place based partnership meetings, forums, committees and boards<br>Regular programme and project level meetings between participating partners<br>Documented programme and project plans and strategic priorities agreed by partners<br>TWICS level meetings to give the opportunity to raise issues with senior leaders<br>Transformation team resources increased to match system partners' ambitions<br>Escalation of system staffing risks raised at Partnership Leadership Executive<br>Planned organisational development approach with front-line teams and managers | Full governance processes not yet fully understood, so the opportunity for risks to be lost<br>Ensure communications in place to keep ALL system partners appraised of progress<br>Section 75 funding agreements need renewal between the council and NHS partners<br>Transformation resources within the former CCG not yet redistributed to match system priorities<br>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:**<br>Operational oversight | TWICS Board<br>TWICS project and programme documentation<br>Involvement in all system boards and committees | Overall system transformation strategy not in place – those direction of travel understood<br>Dependencies between programmes not yet fully mapped |
| | **Level 2:**<br>Reports / metrics overseen by Board / Committee | Strategic transformation work overseen directly by Trust Board<br>TWICS programme docs to be owned by Deputy Director of Integration and Transformation<br>Joint outcome measure KPIs to be developed as part of the transformation<br>Evaluation criteria developed for each agreed transformation project | Consider a specific NED to champion transformation |

| | Level 3: Sources of external oversight / scrutiny | Narrative within Annual Report and Quality Report<br>Partnership oversight by relevant Partnership Boards and PLE<br>CQC narrative and inspection including system review | |
|---|---|---|---|
| **Mitigating Actions to address gaps in control and assurance** | | **Actions** | **Progress** |
| | | System governance processes to be signed off at Partnership Leadership Exec<br>New transformation team being recruited to within Trust<br>Section 75 arrangement under review as part of Better Care Fund planning<br>Former CCG staffing review underway to redistribute staffing resources around the partnership to match priorities | |

## 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<br>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<br>SO4:4.3<br>SO4:4.4<br>SO6:6.1 | 2553: Re-procurement of Wakefield 0-19 contract 5-5(15) | | Director of Finance, Contracting and Estates | |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-4 (16) | 4-4 (16) | 4-3(12) |

| | Cause of Risk | Impact / consequence of risk |
|---|---|---|
| **Management of Risk** | - Potential under-achievement of recurrent efficiency targets<br>- Ongoing financial pressures and risks, especially in relation to:<br>  o Impact of COVID on IPC, and on volume and acuity of demand<br>  o Competing priorities across the PLACE and ICS<br>  o Shared system risk resulting from evolution of ICS governance and financial frameworks<br>  o Out of area placements<br>  o Impact of workforce constraints on bank and agency spend<br>  o Under-funding of pay awards<br>  o Loss of contract (0-19 service Wakefield)<br>  o Potential procurement of 0 -19 service Bradford (in 2023) | - Regulatory intervention<br>- Merger with / acquisition by other organisations<br>- Adverse impact on the quality and range of services that the Trust can deliver<br>- Poorer mental and physical health outcomes for our population<br>- Lack of resources to meet local and national targets<br>- Knock-on adverse impact on PLACE and ICS partners'<br>  o financial performance<br>  o Performance targets<br>Health outcomes |

| | What controls are in place to manage the risk? | What gaps in controls are there? |
|---|---|---|
| | - 2022/23 Trust financial and operational plans in place<br>- Existing contracts<br>- Contract negotiations<br>- ICS and PLACE plans and agreed priorities<br>- Existing programme (Act as One, Strategic Programmes and CIP)<br>- Budget setting and monitoring processes in place<br>- Contract performance management and reporting in place<br>- Workforce plans, controls, and monitoring in place<br>- Provider collaborative contracts agreed | - 5-year Trust financial plan (revenue and capital)<br>- Final codification of risk sharing arrangements and ICS governance and frameworks<br>- Data and business intelligence quality improvements<br>- Lack of detailed measurable plans and deliverables for some TWICS programmes |

| | | Sources of Assurance | Gaps in Assurance |
|---|---|---|---|
| **Assurance of effectiveness of controls** | **Level 1:** Operational oversight | - EMT<br>- SLT<br>- TWICS Programme Board<br>- Provider collaborative contract management groups<br>- CPIG<br>- QuOps<br>- AGG's | None currently |
| | **Level 2:** Reports / metrics overseen by Board / Committee | - Board<br>- FBIC<br>- Workforce committee<br>- Audit committee<br>- Quality & Safety Committee<br>- Provider collaborative joint committees | None currently |
| | **Level 3:** Sources of external oversight / scrutiny | - PLACE and ICS meetings<br>- Committees in common | Evolving operating framework at PLACE/ICS |

| Actions | Progress |
|---|---|
| | |

| Mitigating Actions to address gaps in control and assurance | 1. Finalise 2022/2023 financial plans | 1. Complete May 2022 |
| --- | --- | --- |
| | 2. Approval of 5 year financial plans | 2. National timetable for 5 year plans expected imminently – assuming submission date of October 2022 |
| | 3. Approval of detailed deliverables and implementation plans for all TWICS programmes | 3. Update in September 2022 |
| | 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. Update September 2022 |
| | 7. Development of integrated reporting and planning tool | 7. Q2 – Q4 |
| | 8. Implementation of business partnering and corporate services review | 8. Q2 – Q4 |

| 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<br>**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-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-5 (20) | 4-5 (20) | 2-2(4) |

| **Management of Risk** | **Cause of Risk** | **Impact / consequence of risk** |
|---|---|---|
| | - Potential under achievement of internal carbon reduction targets making it harder to meet NHSE targets as detailed in the Green Plan.<br>- Potential to not complete environmental requirements of the NHS Standard Contract (which are transposed into the Green Plan).<br>- Impact of Covid and IPC requirements to reduce our environmental impacts, e.g. increased ventilation & heating use, volume of PPE, restrictions on car-sharing.<br>- Competing priorities across the PLACE and ICS<br>- Lack of resource to achieve the targets | - Adverse impact on the environment<br>- Lack of resources to meet local and national targets<br>- Adverse impact on ICS partners' and delivery of the ICS Green Plan<br>- Increase in consumption of gas and electricity to ventilate and heat buildings Larger utility bills<br>- 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<br>- Heat decarbonisation review completed, actions to be progressed<br>- Carbon Literacy training available to all staff – completed by majority of SLT<br>- Sustainability team action planning<br>- Community Estates Review<br>- TWICS and KPO projects (sustainable quality improvement) | - Carbon Reduction Plan not yet complete<br>- Completion of Heat Decarbonisation actions<br>- 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). |

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

| **Mitigating Actions to address gaps in control and assurance** | **Actions** | **Progress** |
|---|---|---|
| | 1. Annual review of Green Plan<br>2. Finalise carbon reduction plan<br>3. 100 staff members complete Carbon Literacy training<br>4. The Community Estates Strategy (reduction in footprint) with progress as "5 year plan 2022-2027"<br>5. Chair of Audit Committee to lobby Board members to take up carbon literacy training<br>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<br>2. Complete by September 2022<br>3. Complete by March 2023<br>4. Annual progress as per the 5-year plan |

**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. |

**NHS Bradford District Care NHS Foundation Trust**

| **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 <br> **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 We will strengthen our insights from data and analytics through improving our data quality and understanding our data needs | | Failure to engage with clinical services will mean we do not fully understand the data needs of our organisation | Best Quality Care | SO3:3.2 <br> SO5:5.1 | | | Chief Information Officer |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-3 (12) | 4-3 (12) | 4-2 (8) |

| **Cause of Risk** | **Impact / consequence of risk** |
|---|---|
| • Inaccurate data entered (link with staff shortages, staff workload, connectivity, training) <br> • Application limitations <br> Ability to record timely data in community to improve accuracy | • Inaccurate data affecting optimal care provision <br> • Suboptimal service planning due to informational gaps <br> • Reputational risk <br> Failure to meet professional GMC/NMC and IG obligations re record keeping, CQC |

**Management of Risk**

| **What controls are in place to manage the risk?** | **What gaps in controls are there?** |
|---|---|
| Training & support at individual service level to enable accurate timely information recording. | To be identified |

**Assurance of effectiveness of controls**

| **Sources of Assurance** | | **Gaps in Assurance** |
|---|---|---|
| **Level 1:** Operational oversight | • MH QUOPS <br> • SLT | To be identified |
| **Level 2:** Reports / metrics overseen by Board / Committee | FBIC | |
| **Level 3:** Sources of external oversight / scrutiny | | |

**Mitigating Actions to address gaps in control and assurance**

| **Actions** | **Progress** |
|---|---|
| | |

| **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<br>**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 |
|---|---|---|---|---|---|---|---|---|---|
| 6.2 We will make progress in embedding virtualization of care where most appropriate by building on lessons from covid to plan digital access to care whilst ensuring digital inclusion | | Failure to engage with services and service users may lead to increased health inequalities caused by inequity of access | | Best Quality Care Seamless Access | SO3:3.3<br>SO3:3.4<br>SO5:5.2 | | | | Chief Information Officer |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-3 (12) | 4-3 (12) | 4-2 (8) |

| | Cause of Risk | Impact / consequence of risk |
|---|---|---|
| **Management of Risk** | • Population factors, variability in access to virtual care<br>• Data availability to ensure most appropriate measures for this Trust identified to progress<br>Acceptability to staff and recipients | • Postcode lottery access to care,<br>• differential virtual offers for different services as appropriate<br>Improved monitoring of long-term conditions in community, reduced wasted staff time, reduced traveling benefiting economic, environmental, wellbeing |
| | **What controls are in place to manage the risk?** | **What gaps in controls are there?** |
| | • The principle of User Centred Design<br>Access to Patient and Involvement Partners | Community based access/joint approaches with LA, CCG to enable access to virtual services |

| | | Sources of Assurance | Gaps in Assurance |
|---|---|---|---|
| **Assurance of effectiveness of controls** | **Level 1:** Operational oversight | To be determined | |
| | **Level 2:** Reports / metrics overseen by Board / Committee | To be determined | |
| | **Level 3:** Sources of external oversight / scrutiny | | |

| | Actions | Progress |
|---|---|---|
| **Mitigating Actions to address gaps in control and assurance** | | |

| **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<br>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 |
|---|---|---|---|---|---|---|---|---|
| 6.3 We will create a digital workforce by developing digital skills training, embedding the use of digital champions and planning long term education strategies | | 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 | | Best Place to Work Best Quality Care | SO4:4.1 | | | Chief Information Officer |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Tbc | Tbc | Tbc |

| Management of Risk | Cause of Risk | Impact / consequence of risk |
|---|---|---|
| | • Staff reluctant to make time for non-mandatory training due to pressure of workload<br>• Failure to communicate relevance of improving digital skills - real-world skills, recognised transferable qualifications?<br>• Variation in uptake by different staff groups, variation in needs of each. | • Staff disengaged from Digital Strategy<br>Unable to meet our vision for digitally enabled services |
| | **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 | To be identified |

| Assurance of effectiveness of controls | Sources of Assurance | | Gaps in Assurance |
|---|---|---|---|
| | Level 1: Operational oversight | Digital AGG | To be identified |
| | Level 2: Reports / metrics overseen by Board / Committee | | To be identified |
| | Level 3: Sources of external oversight / scrutiny | | To be identified |

| Mitigating Actions to address gaps in control and assurance | Actions | Progress |
|---|---|---|
| | | |

| 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 where 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<br>**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 We will strengthen our digital foundations by optimising our clinical systems, improving sharing of care records and data flow and maintaining our digital infrastructure and security | If we fail to enable and maintain our digital foundations, we will not have the tools or the confidence of our stakeholders to deliver our digital ambitions | Best Quality Care Seamless Access | SO1:1.4<br>SO4:4.3 | | Chief Information Officer |

| M-11 | M-10 | M-9 | M-8 | M-7 | M-6 | M-5 | M-4 | M-3 | M-2 | M-1 | Current month | Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 4-3 (12) | 4-3 (12) | 4-2 (8) |

| | **Cause of Risk** | **Impact / consequence of risk** |
|---|---|---|
| | **Clinical Systems**<br>• Poor understanding of gaps in our clinical systems need good engagement with staff groups to understand the issues<br>• Poor data quality<br>• Insufficient systems ownership and training<br>• Accessibility<br><br>**Sharing**<br>• Unable to share information due to technical, operational and governance insight<br>• Poor communication between services – increased clinical risk, IG risks from poorly managed information sharing<br><br>**Infrastructure and Security**<br>• Cybersecurity monitoring and response to changing global risk | • Reduced user confidence and morale will have a direct impact on our ability to transform and delivery digitally enabled services. |

| | **What controls are in place to manage the risk?** | **What gaps in controls are there?** |
|---|---|---|
| **Management of Risk** | • Progression of sharing processes in collaboration with partners<br>• Clinical Systems Governance Group<br>• Information Governance and Data Quality Group<br>Digital AGG and the associated activity to optimise SystmOne Community and Mental Health products. | • Straightforward means for clinicians to identify clinical systems problems<br>Development of more breadth in clinical information officers and liaison/champions |

| | | **Sources of Assurance** | **Gaps in Assurance** |
|---|---|---|---|
| **Assurance of effectiveness of controls** | **Level 1:**<br>Operational oversight | • Digital AGG<br>• Technology Group<br>• Information Governance Group<br>• Digital Steering group<br>Clinical Systems Governance Group | |
| | **Level 2:**<br>Reports / metrics overseen by Board / Committee | • SLT<br>FBIC | |
| | **Level 3:**<br>Sources of external oversight / scrutiny | Gartner | |

| | **Actions** | **Progress** |
|---|---|---|
| **Mitigating Actions to address gaps in control and assurance** | | |

| **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 |