

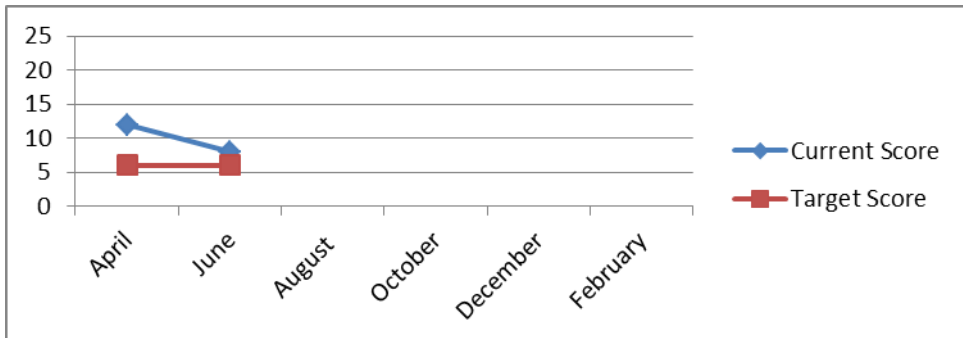
## Board Assurance Framework – Summary of Strategic Risks

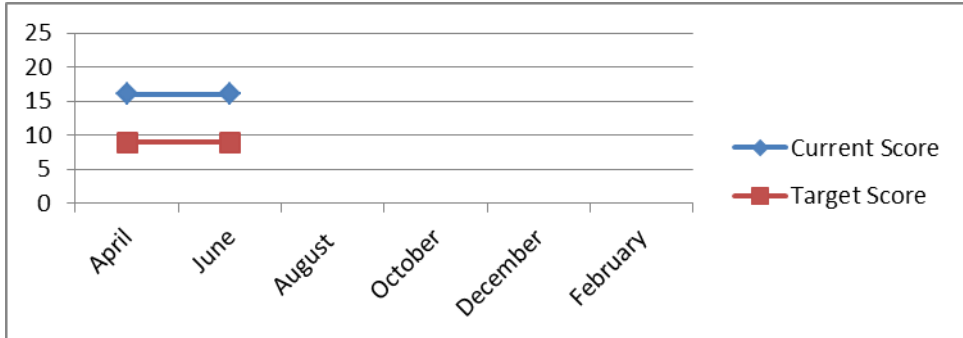
Ref	Strategic Risks	Current Score & Direction of travel	Target Score	Executive Lead	Commentary (e.g. change in risk score, completed actions, reasons for any delays in actions)
Strategic Objective 1 - To provide outstanding care for our patients, delivered with kindness Assuring Academy: Quality & Patient Safety Risk appetite: Open – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward					Overall Assurance Level 2022/23:
					Q1Q2Q3Q4
1.1	If we fail to understand the needs of our population, then we won’t be able to deliver appropriate services that address those needs, resulting in worsening health inequalities	8	6	Chief Nurse / Chief Medical Officer	Risk score reduced from 12 to 8. Community engagement group re started with wider membership. Visiting restrictions lifted enabling greater communication with families. More face to face meetings and engagement. Positive relationship with Health Watch and MVP.
1.2	If we don’t have the right staff in the right place with the right knowledge, skills and expertise, then we won’t be able to deliver effective services, resulting in unsafe care, poor patient experience and outcomes	16	9	Chief Nurse / Chief Medical Officer	Staffing across areas remains closely managed. Nurse staffing vacancies peak in summer months and holidays often see limited availability of temporary staff to mitigate. Higher than expected sickness absence levels continue. Additional services for elective on board with continued pressure of non-elective demand
1.3	If we fail to maintain and develop our care environment, then we may not be able to deliver modern, outstanding care for our patients, resulting in poor patient experience and outcomes and limited ability to deliver services	9	12	Chief Nurse / Chief Medical Officer	Risk score reduced from 16 to 9. Maternity theatres now commissioned with improved infrastructure and major risk now fully mitigated.
Strategic Objective 2a – To deliver our financial plan Assuring Academy: Finance & Performance Risk appetite: Open – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward					Overall Assurance Level 2022/23:
					Q1Q2Q3Q4
2a.1	If we continue to face financial challenges associated with cost inflation, increased demand for services and System/Place affordability, then we may fail to maintain financial stability and sustainability, resulting in reduced opportunities to meet demand and to improve the quality of care, potential regulatory action, and a negative impact on the Trust’s reputation.	12	8	Director of Finance	No changes to note
2a.2	If we fail to manage Income & Expenditure within planned parameters, then we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate, resulting in an impact on operational decisions, and capital investment.	8	8	Director of Finance	No changes to note
2a.3	If the capital funding allocation from the ICS is not sufficient to meet our requirements, then we may not be able to make the capital investments required to maintain safe and sustainable services, resulting in a negative impact on the quality of care, potential regulatory action, and a negative impact on the Trust’s reputation.	12	8	Director of Finance	No changes to note
Strategic Objective 2b – To deliver our key performance targets Assuring Academy: Finance & Performance Risk appetite: Cautious - We have a preference for safe delivery options that have a low degree of residual risk and only a limited reward potential					Overall Assurance Level 2022/23:
					Q1Q2Q3Q4
2b.1	If the Trust is unable to transform its services, then we may not be able to deliver resilient services that are fit for the future, resulting in a loss of staff, and a negative impact on patient safety, experience and outcomes	16	9	Chief Operating Officer	No change to risk score actions progressing as planned
2b.2	If the Trust continues to be impacted by COVID-19 and/or is unable to manage the backlogs caused by previous waves, then we may not be able to deliver our key performance targets, resulting in an adverse impact on patient safety, patient experience and potential regulatory action	20	12	Chief Operating Officer	No change to risk score actions progressing as planned
Strategic Objective 3 – To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion Assuring Academy: People Risk appetite: Seek - We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)					Overall Assurance Level 2022/23:
					Q1Q2Q3Q4
3.1	If we are unable to recruit to our vacancies, then our current staff will be placed under additional pressure and we may be unable to provide safe staffing levels, resulting in an adverse impact on patient safety and experience, staff experience and wellbeing, and an increase in staff turnover	16	9	Director of HR	No change to overall risk score
3.2	If we are unable to maintain a healthy workforce, then we will be unable to reduce sickness absence and turnover rates, resulting in an adverse impact on patient safety and experience, and staff experience and wellbeing	12	9	Director of HR	No change to overall risk score
3.3	If we are unable to recruit, retain and develop a workforce at all levels that is representative of the population we serve , then we may have low levels of staff engagement and morale, resulting in an adverse impact on patient safety and experience, staff experience and wellbeing, and a failure to attract staff to work for our Trust	9	6	Director of HR	No change to overall risk score
Strategic Objective 4 – To be a continually learning organisation and recognised as leaders in research, education and innovation Assuring Academy: Quality & Patient Safety Risk appetite: Open – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward					Overall Assurance Level 2022/23:
					Q1Q2Q3Q4
4.1	If it is not possible to fill rota gaps or provide experienced trainers, then we may fail to provide an appropriate learning experience for trainees, resulting in an adverse impact on our reputation and potential withdrawal of the Trust’s training accreditation status	12	6	Chief Medical Officer	Risk score reduced from 16 to 12. Hot spots continue but student feedback in some areas is positive. Practice educators back on site delivering additional support to non-medical trainees. Elective surgical numbers vastly improved enabling more varied learning environments.
4.2	If we fail to attract research funding and researchers to BIHR, then our research capacity and capability will be negatively impacted, resulting in a negative impact on patient care and population wellbeing, and the Trust’s reputation as a leader in research	9	6	Chief Medical Officer	No changes to note
4.3	If we do not have robust processes for incident identification, escalation and learning then we may fail to learn from incidents, resulting in gaps in safe clinical care	12	8	Chief Medical Officer	Risk score reduced from 15 to 12. Corporate governance processes are becoming more embedded as part of restart of services. Safety Events Group repurposed and working well. Clear evidence of robust learning in relation to maternity and neonatal events.
Strategic Objective 5 – To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals Assuring Academy: N/A - Board Risk appetite: Seek - We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)					Overall Assurance Level 2022/23:
					Q1Q2Q3Q4
5.1	If we do not effectively identify, develop and implement opportunities for collaboration and alignment across the ICS, then we may fail to deliver seamless, integrated care for the people of West Yorkshire, resulting in poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities.	9	6	Director of Strategy & Integration	Updated to reflect the publication of the new Corporate Strategy
5.2	If we do not effectively influence implementation of the Strategic Partnering Agreement and other elements of system integration in our Bradford District & Craven place, then we may fail to deliver seamless, integrated care for the people of Bradford District and Craven, resulting in poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities.	9	6	Director of Strategy & Integration	Updated to reflect the publication of the new Corporate Strategy

# Heat Map

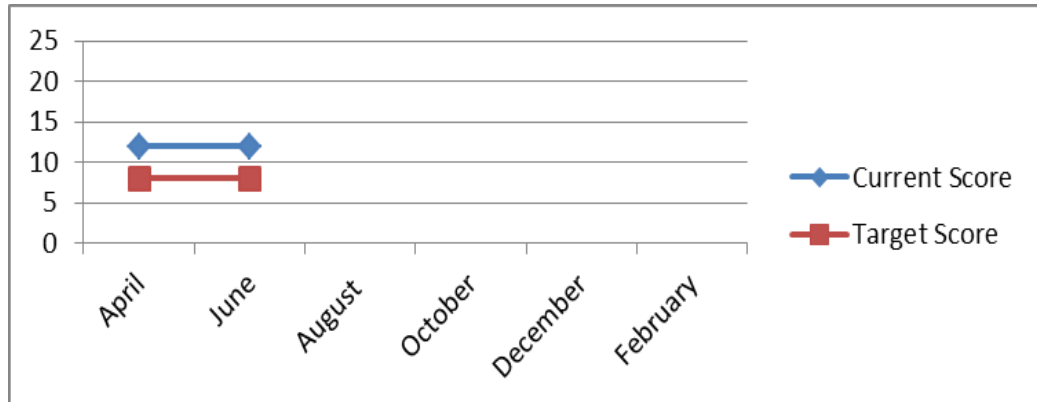
○ = current score

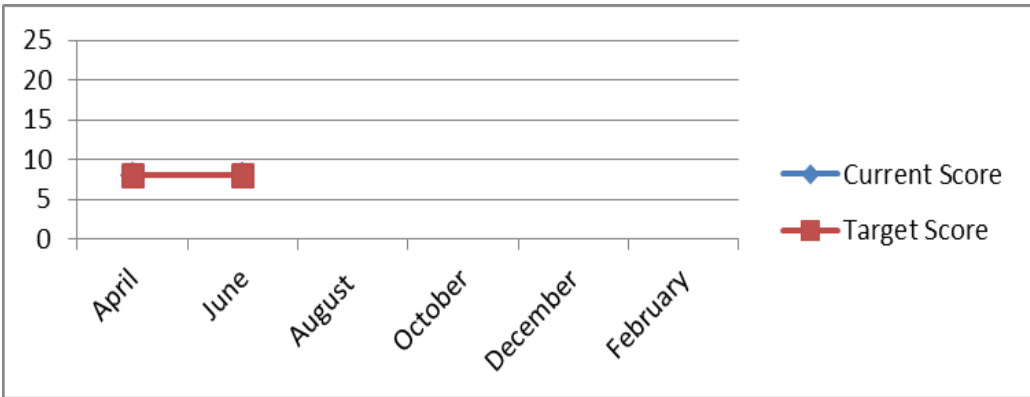
LIKELIHOOD	CONSEQUENCE				
	Negligible (1)	Low (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)					
Likely (4)		2a.2	2a.1 2a.3 3.2	1.2 3.1 2b.1	2b.2
Possible (3)			3.3 4.2 5.1 5.2 1.3	4.1 4.3	
Unlikely (2)				1.1	
Extremely unlikely (1)					

Strategic Objective 1 - To provide outstanding care for our patients, delivered with kindness																										
Ref: 1.1	Strategic Risk: If we fail to understand the needs of our population, then we won't be able to deliver appropriate services that address those needs, resulting in worsening health inequalities																									
<b>Risk Appetite: Open</b> – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	<div>Movement in score 2022-23</div>  <table><caption>Score Movement Data</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><tr><td>April</td><td>12</td><td>6</td></tr><tr><td>June</td><td>8</td><td>6</td></tr><tr><td>August</td><td></td><td></td></tr><tr><td>October</td><td></td><td></td></tr><tr><td>December</td><td></td><td></td></tr><tr><td>February</td><td></td><td></td></tr></tbody></table>			Month	Current Score	Target Score	April	12	6	June	8	6	August			October			December			February			Initial Score (CxL): 4x3=12	
Month				Current Score	Target Score																					
April				12	6																					
June	8	6																								
August																										
October																										
December																										
February																										
<b>Date added:</b> 1 April 2022	Current Score (CxL): 4x2=8																									
<b>Date of last review:</b> 1 July 2022																										
<b>Lead Director:</b> Karen Dawber, Chief Nurse / Ray Smith, Chief Medical Officer			Target Score (CxL): 3x2=6																							
<b>Key controls (what are we doing about the risk?)</b>	<b>Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)</b>		<b>Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)</b>		<b>Actions to address gaps in controls or assurance</b>																					
<ul style="list-style-type: none"><li>• Community Engagement Meetings - monthly</li><li>• Patient Experience team gathers insights and shares with teams as appropriate</li><li>• Patient and public engagement undertaken as part of Act as One programmes</li><li>• Membership Plan - objective to increase engagement with members</li><li>• Work with third sector e.g. Maternity Voices Partnership</li><li>• Patient and Public Engagement Officer in post</li><li>• Quality Improvement Programmes</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Patient Experience six monthly report (inc. complaints, compliments, PALS, FFT) – latest June 2022</li><li>• Monthly Maternity Services Update – latest June 2022</li></ul> <b>Negative:</b> N/A	<b>Independent Positive:</b> <ul style="list-style-type: none"><li>• Internal Audit reports:<ul style="list-style-type: none"><li>➤ End of Life Care – Patients with LDs – Significant assurance (October 2021)</li><li>➤ Quality Improvement &amp; Oversight – High assurance (May 2022)</li></ul></li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• Internal Audit reports:<ul style="list-style-type: none"><li>➤ Consent – Limited assurance (January 2022)</li><li>➤ ReSPECT – Limited assurance (January 2022)</li></ul></li></ul>	<b>Gaps in control</b>  N/A		<b>Action</b>	<b>Timescale</b>																				
			<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>• Quality &amp; Patient Safety Dashboard is out of date</li></ul>		•Dashboard to be updated	TBC																				
<b>Related risks on the high level risk register (operational risks)</b>	<ul style="list-style-type: none"><li>• <b>3598</b> - There is a risk that CYP admitted to children and adult wards in mental health crisis have variation in their practice/care (current score: 20)</li><li>• <b>3473</b> - Increasing demands overall on Child Development Service are impacting on all areas of work, with large numbers of children waiting for assessment leading to delay in RTT (current score: 15)</li></ul>																									

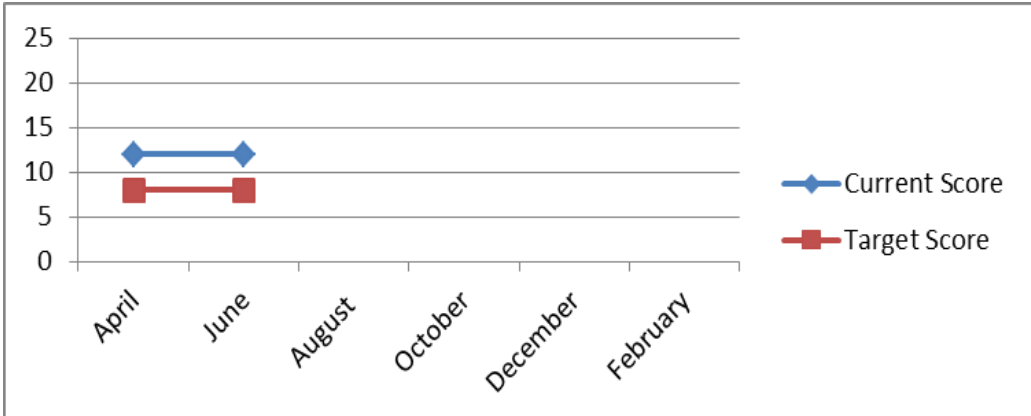
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Month				Current Score	Target Score																					
April				16	9																					
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<b>Date added:</b> 1 April 2022	Current Score (CxL): 4x4=16																									
<b>Date of last review:</b> 1 July 2022																										
<b>Lead Director:</b> Karen Dawber, Chief Nurse / Ray Smith, Chief Medical Officer			Target Score (CxL): 3x3=9																							
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)																						
<ul style="list-style-type: none"><li>Adherence to national guidance documents for all professions</li><li>Twice yearly strategic nursing and midwifery review of safe staffing levels (skill mix, specialist requirements)</li><li>Adherence to GIRFT / Model Hospital Guidance on clinical services</li><li>Electronic roster (Allocate) linked to acuity score of patient (Safe Care)</li><li>Operational oversight daily: Silver / Gold</li><li>Outstanding Maternity Services and Outstanding Theatres programmes</li><li>Workforce planning submission in line with NHSEI Planning Guidance</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Nursing Recruitment &amp; Retention Plan – latest report February 2022</li><li>Nursing &amp; Midwifery Staffing Review – April 2022</li><li>Nurse Staffing Board Assurance Framework - latest April 2022</li></ul> <b>Negative:</b> N/A	<b>Independent Positive:</b> <ul style="list-style-type: none"><li>Inpatient survey 2020 – highest scoring areas: admission to hospital, the hospital &amp; ward, care &amp; treatment, Doctors, leaving hospital.</li><li>Urgent &amp; Emergency Care Survey 2020 – number of improved areas e.g. confidence in clinicians, cleanliness.</li><li>Internal Audit reports:<ul style="list-style-type: none"><li>Nursing Assessment and Care Plans Follow Up – Significant assurance (April 2022)</li><li>Healthcare Support Worker; Recruitment &amp; Development – Significant assurance (May 2022)</li></ul></li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>Inpatient survey 2020 – key areas where BTHFT performed worse: pain, food, communication, discharge planning.</li><li>Urgent &amp; Emergency Care Survey 2020 – clear theme re: better communication required.</li></ul>	Gaps in control N/A		Actions to address gaps in controls or assurance																					
			Gaps in assurance N/A		<b>Action</b>	<b>Timescale</b>																				
Related risks on the high level risk register (operational risks)		• 3730 / 3732 / 3744 – Inability to maintain safe staffing levels (current score: 20 (3732 reduced to 16))																								

Strategic Objective 1 – To provide outstanding care for our patients, delivered with kindness																											
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Month	Current Score				Target Score																						
April	15				12																						
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Lead Director: Karen Dawber, Chief Nurse / Ray Smith, Chief Medical Officer				Target Score (CxL): 4x3=12																							
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance																					
<ul style="list-style-type: none"><li>Bid submitted under New Hospital Programme alongside partners in Bradford District &amp; Craven</li><li>Virtual Royal Infirmary (VRI) Project</li><li>Infection Prevention &amp; Control policy and processes in place, oversight through IPC Committee and Quality &amp; Patient Safety Academy</li><li>Quality Improvement Programmes</li><li>Action plans in place to address findings of e.g. Inpatient Survey and Urgent &amp; Emergency Care Survey</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Estates &amp; Facilities Quarterly Service Report – latest June 2022</li><li>IPC Quarterly Report – latest June 2022</li><li>IPC Board Assurance Framework – latest report as at May 2022</li></ul> <b>Negative:</b> N/A		<b>Independent Positive:</b> <ul style="list-style-type: none"><li>Meeting National Cleaning Standards</li><li>Meeting National Food Standards</li><li>Inpatient survey 2020 – highest scoring area: the hospital &amp; ward.</li><li>Urgent &amp; Emergency Care Survey 2020 – number of improved areas e.g. cleanliness.</li><li>Internal Audit reports:<ul style="list-style-type: none"><li>Infection Control – PPE Availability &amp; Compliance – High assurance (July 2021)</li><li>Estates Planned Preventative Maintenance (PPM) Compliance – Significant assurance (September 2021)</li><li>Hospital Acquired Infections – Significant assurance (December 2021)</li><li>Pressure Ulcers – Significant assurance (December 2021)</li><li>Health &amp; Safety inc RIDDOR – Significant assurance (March 2022)</li></ul></li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>Inpatient survey 2020 –areas where BTHFT performed worse: food.</li><li>Internal Audit reports:<ul style="list-style-type: none"><li>Nutrition &amp; hydration – Limited assurance (January 2022)</li></ul></li></ul>		Gaps in control  N/A		Action	Timescale																		
						Gaps in assurance  N/A																					
Related risks on the high level risk register (operational risks)		<ul style="list-style-type: none"><li>3627 – Backlog maintenance and critical infrastructure risk (current score: 20)</li><li>3686 – Risk that Antenatal Clinic waiting area not fit for current and future purpose (current score: 15)</li><li>3748 – Renal services capacity (current score: 16)</li><li>3779 - Risk of the Hysteroscopy service being significantly reduced due to equipment failure (current score: 16)</li></ul>		<ul style="list-style-type: none"><li>3591 – Non compliance with ventilations requirements (current score: 15)</li><li>3696 – Risks due to age and condition of pharmacy aseptic unit (current score: 16)</li></ul>																							

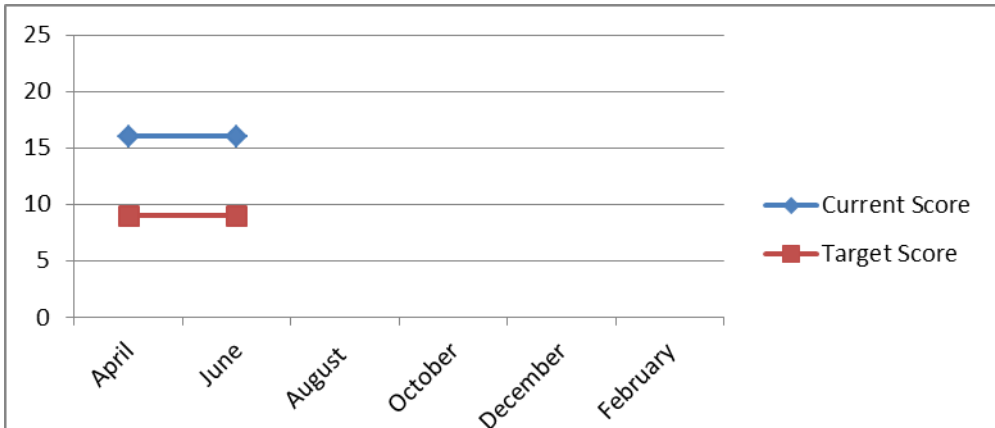
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Ref: 2a.1	Strategic Risk: If we continue to face financial challenges associated with cost inflation, increased demand for services and System/Place affordability, then we may fail to maintain financial stability and sustainability, resulting in reduced opportunities to meet demand and to improve the quality of care, potential regulatory action, and a negative impact on the Trust’s reputation.										
<b>Risk Appetite: Open</b> – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward		<div>Movement in score 2022-23</div> 			Initial Score (CxL): 3x4=12						
Date added: 1 April 2022					Current Score (CxL): 3x4=12						
Date of last review: 16 June 2022											
Lead Director: Director of Finance											
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance					
<ul style="list-style-type: none"><li>Continued evolution of the Clinical Business Unit financial management arrangements and framework, with associated accountability and performance management framework (inclusive of updated budgetary management &amp; service development guidance/principles).</li><li>Establishment of a financial improvement process linked to the Delivering Operational Excellence Programme.</li><li>Scheme of Delegation, internal financial control environment.</li><li>Reinstatement of financial governance and control arrangements.</li><li>Quality Impact and Financial Impact Assessment processes.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Monthly Finance Report, latest as at May 2022</li><li>Monthly F&amp;P Academy Dashboard, latest as at May 2022</li><li>Quarterly Capital Report, latest as at May 2022</li><li>Bi-Annual Treasury Management Report, latest May 2022</li><li>Bi-Annual report on Pathology Joint Venture financial position, latest May 2022 (verbal update)</li><li>Quarterly Place and System Financial Update Report, latest as at April 2022 (presented to Board on 12 May 2022)</li></ul> <b>Negative:</b>  N/A		<b>Independent Positive:</b> <ul style="list-style-type: none"><li>Future Focused Finance Level 1 Accreditation</li></ul> <b>Negative:</b>  N/A		<b>Gaps in control</b>  The focus on operational pressures to provide care throughout the pandemic has impacted on the capacity and capability to establish a financial improvement plan that would sustainably secure the financial breakeven target for 2022/23		<b>Action</b>  With the reintroduction of normal financial management arrangements, attention must turn to identifying recurrent and sustainable run rate improvements for 2022/23		<b>Timescale</b>  Commencing April 22 and on-going throughout the year	
						<b>Gaps in assurance</b>  Regular financial reporting arrangements will recommence during quarter 1, following conclusion of the budget setting process that aligns to the financial plan submitted to NHSE/I on 28 April 2022					
Related risks on the high level risk register (operational risks)		N/A									

Strategic Objective 2a – To deliver our financial plan											
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<b>Risk Appetite: Open</b> – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward		<div>Movement in score 2022-23</div> 			Initial Score (CxL): 2x4 = 8						
<b>Date added:</b> 1 April 2022					Current Score (CxL):2x4 = 8						
<b>Date of last review:</b> 16 June 2022					Target Score (CxL): 2x4 = 8						
<b>Lead Director:</b> Director of Finance											
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance					
<ul style="list-style-type: none"><li>• The cash &amp; liquidity position is managed and monitored by the Cash Committee with updates provided to the Finance &amp; Performance Academy.</li><li>• Continued sourcing of cash releasing efficiencies.</li><li>• Additional measures taken to improve financial control in the immediate and longer term, for example the curtailment of planned investments in the Capital Programme.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Monthly Finance Report , latest as at May 2022</li><li>• Monthly F&amp;P Academy Dashboard, latest as at May 2022</li><li>• Bi-Annual Treasury Management Report, latest May 2022</li></ul> <b>Negative:</b> N/A		<b>Independent Positive:</b> <ul style="list-style-type: none"><li>• Internal audit reports:<ul style="list-style-type: none"><li>➤ PLICS – High assurance (March 2022)</li><li>➤ Effective Procurement – High assurance (March 2022)</li><li>➤ Financial transactions – Significant assurance (April 2022)</li><li>➤ Payroll – Significant assurance (May 2022)</li></ul></li></ul>		<b>Gaps in control</b>  The focus on operational pressures to provide care throughout the pandemic has impacted on the capacity and capability to establish a financial improvement plan that would sustainably secure the financial breakeven target for 2022/23		<b>Action</b>  With the reintroduction of normal financial management arrangements, attention must turn to identifying recurrent and sustainable run rate improvements for 2022/23		<b>Timescale</b>  Commencing April 2022, and on-going throughout the year	
				<b>Negative:</b> N/A		<b>Gaps in assurance</b>  Regular financial reporting arrangements will recommence during quarter 1, following conclusion of the budget setting process that aligns to the financial plan submitted to NHSE/I on 28 April 2022					
Related risks on the high level risk register (operational risks)		N/A									

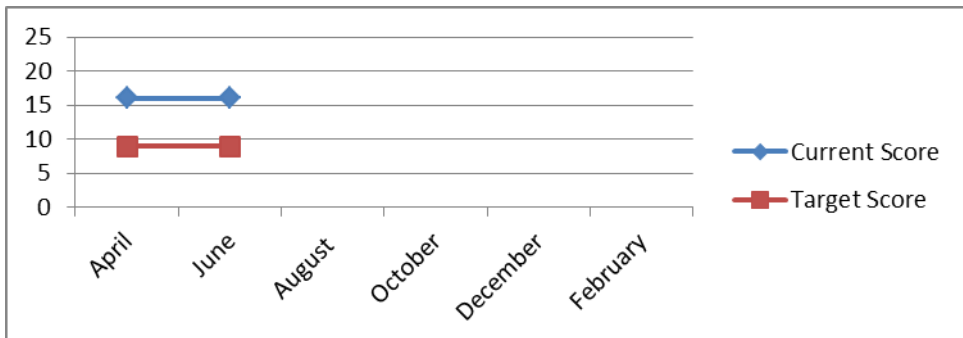


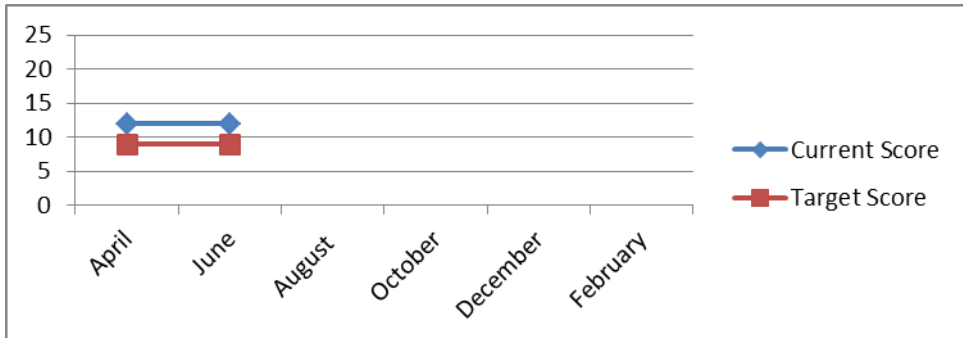
Strategic Objective 2a – To deliver our financial plan							
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<b>Risk Appetite: Open</b> – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	<div>Movement in score 2022-23</div> 				Initial Score (CxL): 4x4 = 16		
<b>Date added:</b> 1 April 2022					Current Score (CxL): 3X4 = 12		
<b>Date of last review:</b> 16 June 2022					Target Score (CxL): 2X4 = 8		
<b>Lead Director:</b> Director of Finance							
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance	
<ul style="list-style-type: none"><li>• Pre planning and visibility on high risk investment requirements.</li><li>• List of risk stratified prioritised long list of investment requirements has been established.</li><li>• Intensified oversight and governance of the capital programme.</li><li>• Project or project phasing deferral to manage affordability.</li><li>• Re-purpose existing capital allocations elsewhere in overall programme to support risk.</li><li>• Look to source alternative income flows to support the investment plan that do not impact on CDEL (eg charitable donations).</li><li>• Seek support from ICS to repurpose overall ICS envelope. Initial approach has secured £5m additional allocation to BTHFT.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Monthly Finance Report , latest as at May 2022</li><li>• Monthly F&amp;P Academy Dashboard, latest as at May 2022</li><li>• Bi-Annual Treasury Management Report, latest May 2022</li></ul> <b>Negative:</b> N/A		<b>Independent Positive:</b> Internal Audit reports: <ul style="list-style-type: none"><li>➤ Capital Projects – Significant assurance (May 2022)</li></ul> <b>Negative:</b> N/A		<b>Gaps in control</b> As at 29.4.22, the final capital allocation has been agreed. The allocation of the quantum on a risk prioritisation basis is yet to be confirmed.  The delay in agreeing the allocation may pose a challenge to spending the full allocation in year, particularly for any build schemes, given the current economic and supply chain environment.	
						<b>Gaps in assurance</b> N/A	
Related risks on the high level risk register (operational risks)		N/A					

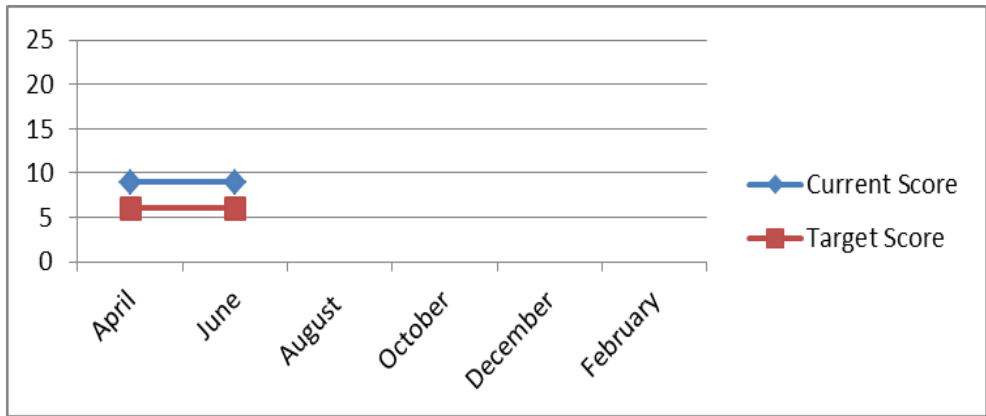


Strategic Objective 2b – To deliver our key performance targets							
Ref: 2b.1	Strategic Risk: If the Trust is unable to transform its services, <b>then</b> we may not be able to deliver resilient services that are fit for the future, <b>resulting in</b> a loss of staff, and a negative impact on patient safety, experience and outcomes						
<b>Risk Appetite:</b> <b>Cautious:</b> We have a preference for safe delivery options that have a low degree of residual risk and only a limited reward potential		<div>Movement in score 2022-23</div> 			Initial Score (CxL): 4x4 = 16		
<b>Date added:</b> 1 April 2022					Current Score (CxL): 4x4 = 16		
<b>Date of last review:</b> 22 June 2022							
<b>Lead Director:</b> Chief Operating Officer					Target Score (CxL): 3x3 = 9		
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance	
<ul style="list-style-type: none"><li>• Service planning</li><li>• Operational Improvement Plan</li><li>• Act as One Programmes</li><li>• Acute collaboration with Airedale</li><li>• WYAAT – Fragile services workstream</li><li>• To address workforce gaps – dedicated recruitment (national and international), regional rota</li><li>• Outstanding work programmes (Outstanding Theatres Services (OTS), Outstanding Maternity Services (OMS) Outstanding Decision Making (ODM))</li><li>• Exec to CBU meetings</li><li>• Hospital Management Group</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Act as One Updates to F&amp;P Academy – latest June 2022</li><li>• Partnerships Dashboard – latest as at March 2022</li><li>• WYAAT ICS Programme Updates – latest April 2022</li><li>• Exec to CBU scorecard / rating</li><li>• OMS update to Quality Academy – latest April 2022</li><li>• Operational Improvement Plan to F&amp;P academy – latest June 2022</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• WYAAT reports (e.g. Non-Surgical Oncology)</li></ul>	<b>Independent Positive:</b> <ul style="list-style-type: none"><li>• GIRFT reports</li><li>• Royal Colleges reports</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• SSNAP (Stroke Audit Programme) – Quarter 3 (Oct – Dec 2021) Overall ‘C’ Rating</li><li>• GIRFT Reports</li></ul>	<b>Gaps in control</b> <ul style="list-style-type: none"><li>• Workforce gaps in some service areas (e.g. VIR, NVIR,NSO) resulting in inability to maintain service provision in the longer term</li><li>• Fragile services e.g. Stroke, Haematology, NVIR, VIR</li></ul>		<b>Action</b> <ul style="list-style-type: none"><li>• BTHFT / CHFT / AGH group of clinical leads and managers established to work through sustainable NVIR service model</li><li>• Locum agency / international search for suitable VIR candidates</li><li>• WYH Cancer Alliance / NSO steering group input to deliver recommended sector model.</li><li>• Work with COO / MD counterparts at AGH to develop service resilience plans at place.</li><li>• Haematology service review across WYAAT</li></ul>	<b>Timescale</b> September 2022  Ongoing  April 2023  Ongoing (Haematology workshop April 2022)  November 2022
				<b>Gaps in assurance</b>  N/A			
				Related risks on the high level risk register (operational risks)		N/A	

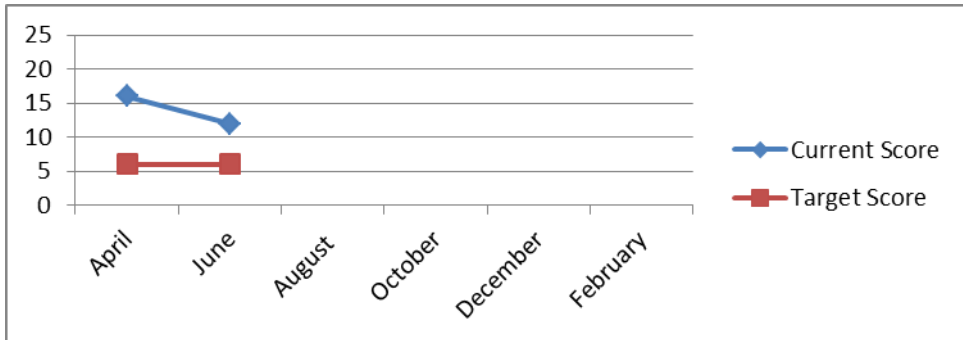
Strategic Objective 2b – To deliver our key performance targets																										
Ref: 2b.2	Strategic Risk: If the Trust continues to be impacted by COVID-19 and/or is unable to manage the backlogs caused by previous waves, <b>then</b> we may not be able to deliver our key performance targets, <b>resulting in</b> an adverse impact on patient safety, patient experience and potential regulatory action																									
<b>Risk Appetite:</b> Cautious: We have a preference for safe delivery options that have a low degree of residual risk and only a limited reward potential	<div>Movement in score 2022-23</div> <table><caption>Movement in score 2022-23 Data</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><tr><td>April</td><td>20</td><td>12</td></tr><tr><td>June</td><td>20</td><td>12</td></tr><tr><td>August</td><td>20</td><td>12</td></tr><tr><td>October</td><td>20</td><td>12</td></tr><tr><td>December</td><td>20</td><td>12</td></tr><tr><td>February</td><td>20</td><td>12</td></tr></tbody></table>			Month	Current Score	Target Score	April	20	12	June	20	12	August	20	12	October	20	12	December	20	12	February	20	12	Initial Score (CxL): 5x4 = 20	
Month				Current Score	Target Score																					
April				20	12																					
June	20	12																								
August	20	12																								
October	20	12																								
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February	20	12																								
Date added: 1 April 2022	Current Score (CxL): 5x4 = 20																									
Date of last review: 22 June 2022																										
Lead Director: Chief Operating Officer			Target Score (CxL): 4x3 = 12																							
Key controls (what are we doing about the risk?)	Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)	Actions to address gaps in controls or assurance																						
<ul style="list-style-type: none"><li>Service Planning process</li><li>Ward Escalation Plan</li><li>Operational Improvement Plan</li><li>Command and Control structure (Gold, Silver, Bronze)</li><li>Clinical Reference Group</li><li>CBU to Executive conversations</li><li>Command Centre and day-to-day capacity management</li><li>Engagement with regulators (CQC inspection manager)</li><li>Use of Independent Sector</li><li>Operational planning (in line with planning guidance)</li><li>Bid made under TIF to create dedicated day case theatres at St Luke’s Hospital (SLH) (due to be confirmed by mid-April)</li><li>Weekly operational restart and recovery meeting</li></ul>	<b>Internal</b> <ul style="list-style-type: none"><li>Finance &amp; Performance Academy Dashboard – monthly, latest as at May 2022</li><li>Operational Performance Highlight Report, latest as at 25 May 2022</li><li>Performance Report – monthly, latest as at May 2022</li><li>Deep-dive into 3 areas (unplanned, planned care and cancer) on quarterly basis against Op. Improvement Plan</li></ul> <b>Positive (areas meeting or exceeding plan):</b> <ul style="list-style-type: none"><li>Cancer 2 Week Wait</li><li>Cancer 28 Day Faster Diagnosis</li></ul> <b>Negative (areas not meeting plan):</b> <ul style="list-style-type: none"><li>Elective Ordinary Spells</li><li>Day Case Spells</li><li>Completed RTT Admitted Pathways</li><li>Total Outpatient Activity</li><li>Completed RTT Non-Admitted Pathways</li><li>4 Hour Emergency Care Standard</li><li>% of Patients &gt;12 Hours LoS in ED</li><li>ED Decision to Admit to Admission</li><li>Length of Stay ≥21days</li><li>Cancer 62 Day First Treatment</li><li>18 Week Referral To Treatment</li><li>52 Week Referral To Treatment</li><li>104 Week Referral To Treatment</li><li>Ambulance Handover 30-60mins</li><li>Ambulance Handover 60+mins</li><li>Diagnostics Waiting Times</li></ul> <b>Green = improving</b> <b>Black = no change</b> <b>Red = deteriorating</b>	<b>Independent</b> <b>Positive:</b> <ul style="list-style-type: none"><li>Benchmarked performance data from NHSE</li><li>NHSE Quarterly place-based assurance visits for Bradford</li><li>Internal audit reports:<ul style="list-style-type: none"><li>Management of Patient Flow – Significant assurance (December 2021)</li><li>Asset Utilisation – Endoscopy (follow up) (December 2021)</li><li>EPRR – Significant assurance (January 2022)</li><li>Centralised Patient Booking Service – Significant assurance (March 2022)</li><li>Recovery of Cancer Services – Significant assurance (April 2022)</li><li>Recovery of Elective Services – Significant assurance (May 2022)</li></ul></li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>Benchmarked performance data from NHSE</li></ul>	<b>Gaps in control</b> <ul style="list-style-type: none"><li>Lack of up-to-date operational, financial and workforce plans to deliver appropriate level of activity due to uncertainty around funding allocations and national priorities for future years</li><li>Lack of ring-fenced ultra green elective offsite facility</li></ul>	<b>Action</b> <ul style="list-style-type: none"><li>Working with national and regional partners to influence and input into reviews of services</li><li>If TIF bid is successful, implementation of dedicated day case theatres at SLH</li></ul>	<b>Timescale</b> Ongoing  Spring 2023																					
					<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>Lack of assurance about longer term capacity of independent sector to support reset and recovery of elective services</li></ul>	<ul style="list-style-type: none"><li>Ongoing work with independent sector</li></ul>	Ongoing																			
Related risks on the high level risk register (operational risks)	<ul style="list-style-type: none"><li>3671 - There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures (current score: 20)</li></ul>																									

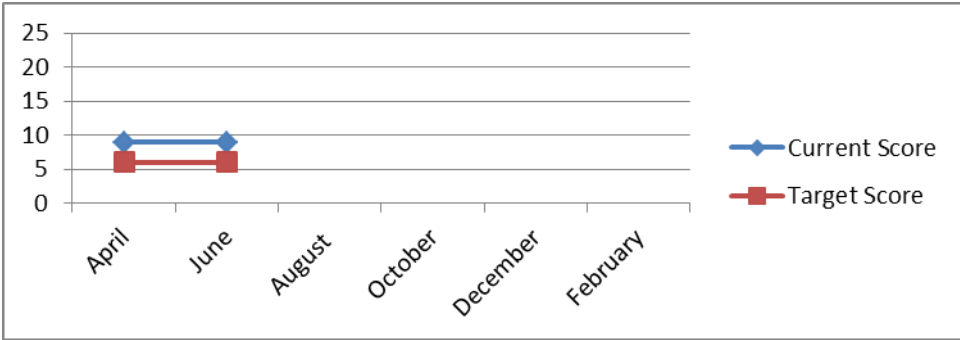
Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					
Ref: 3.1	Strategic Risk: If we are unable to recruit to our vacancies, then our current staff will be placed under additional pressure and we may be unable to provide safe staffing levels, resulting in an adverse impact on patient safety and experience, staff experience and wellbeing, and an increase in staff turnover				
<b>Risk Appetite:</b> <b>Seek:</b> We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	<div>Movement in score 2022-23</div> 			Initial Score (CxL): 4x4 =16	
<b>Date added:</b> 1 April 2022				Current Score (CxL): 4x4 = 16	
<b>Date of last review:</b> 27 June 2022					
<b>Lead Director:</b> Director of HR				Target Score (CxL): 3x3 = 9	
<b>Key controls (what are we doing about the risk?)</b>	<b>Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)</b>		<b>Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)</b>	<b>Actions to address gaps in controls or assurance</b>	
<ul style="list-style-type: none"><li>Recruitment plans – domestic and international</li><li>Recruitment Open Days</li><li>Engagement of marketing company to market HCA/RN vacancies</li><li>Widening participation programme of work</li><li>Development programmes for managers</li><li>Links with further and higher education institutions</li><li>Development of Thrive</li><li>Place based ‘Growing for the Future’ workstream</li><li>WYAAT Fragile services workstream and joint recruitment plans</li><li>Apprenticeship workplan</li><li>Implementation of TRAC</li><li>Workforce planning processes</li><li>Development/expansion of new roles i.e. Medical Support Worker, Physicians Associates</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Workforce report – recruitment data – latest June2022</li><li>Junior doctor August fill rates</li><li>People Dashboard – number of apprenticeships – latest June2022</li><li>CBU to Executive meetings re: recruitment activity</li><li>Nursing recruitment and retention plan</li><li>Nursing &amp; Midwifery Staffing Review – April 2022</li><li>Nurse Staffing Board Assurance Framework - latest April 2022</li><li>Workforce planning submission – Board 14 April 2022</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>People Dashboard: staff sickness rates and turnover rates – latest June2022</li><li>Bank/agency fill rates</li><li>HCA turnover rates</li><li>Workforce Report</li></ul>	<b>Independent Positive:</b> <ul style="list-style-type: none"><li>Internal audit reports:<ul style="list-style-type: none"><li>Temporary Workforce – Bank staff - Significant assurance (September 2021)</li><li>Attendance controls for locum doctors – Significant assurance (October 2021)</li><li>Healthcare Support Worker; Recruitment &amp; Development – Significant assurance (May 2022)</li><li>Recruitment &amp; Retention; NHS People Plan – Significant assurance (May 2022)</li></ul></li><li>Model Hospital benchmarking data e.g. agency usage</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>Internal audit reports:<ul style="list-style-type: none"><li>Fixed Term Contracts - Limited assurance (January 2022)</li></ul></li><li>Model Hospital benchmarking data e.g. sickness absence</li></ul>	<b>Gaps in control</b> <ul style="list-style-type: none"><li>Onboarding system implementation</li></ul>	<b>Action</b> <ul style="list-style-type: none"><li>Procurement of TRAC agreed</li></ul>	<b>Timescale</b> September 2022
			<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>People dashboard</li><li>Lack of assurance re: workforce supply with gaps in some service areas</li></ul>	<ul style="list-style-type: none"><li>New metrics agreed</li></ul>	May 2022
<b>Related risks on the high level risk register (operational risks)</b>	<ul style="list-style-type: none"><li><b>3630</b> – Staffing shortages in Children’s community team (current score: 16) + <b>3481</b> - Paediatric staffing (current score: 16)</li><li><b>3404</b> – Risk of not achieving optimal staffing levels within maternity services (current score: 15)</li><li><b>3157</b> – Non compliance with Neonatal Critical Care Service Specification, including nurse staffing levels (current score: 15)</li><li><b>3309</b> – Vacancies within Histopathology department (current score: 20)</li><li><b>3411</b> – Risk to oncology service: consultant vacancies (current score 16)</li></ul>				

Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion						
Ref: 3.2	Strategic Risk: If we are unable to maintain a healthy workforce, <b>then</b> we will be unable to reduce sickness absence and turnover rates, <b>resulting in</b> an adverse impact on patient safety and experience, and staff experience and wellbeing					
<b>Risk Appetite: Seek:</b> We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	<div>Movement in score 2022-23</div> 			Initial Score (CxL): 3x4 = 12		
<b>Date added:</b> 1 April 2022  <b>Date of last review:</b> 27 June 2022				Current Score (CxL): 3x4= 12		
<b>Lead Director:</b> Director of HR				Target Score (CxL): 3x3 = 9		
<b>Key controls (what are we doing about the risk?)</b>		<b>Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)</b>		<b>Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)</b>		
<ul style="list-style-type: none"><li>• Thrive programme – to support improved wellbeing</li><li>• HR policies and wellbeing support offers</li><li>• Occupational Health Service</li><li>• EAP provision</li><li>• New exit interview process (face to face and ESR)</li><li>• ‘Stay’ interviews</li><li>• Application of absence management policy</li><li>• Staff networks</li><li>• Staff survey action plan</li><li>• Civility at Work programme</li><li>• Freedom to Speak Up (FTSU) policy and processes</li><li>• Guardian of Safe Working processes</li><li>• Mediation and Staff Advocacy services</li><li>• Looking after our People Trust and Place level delivery groups in place</li><li>• People Promise Exemplar site</li><li>• Leadership pathway development</li><li>• Wellbeing conversations</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• People Dashboard and Workforce Report – latest May 2022</li><li>• FTSU cases</li><li>• Occupational Health / Psychological support referrals (management referrals, limited data on self referrals)</li><li>• Staff Survey action plan update 2020</li><li>• FTSU Annual report</li><li>• 2021 Staff Survey action plan</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• Sickness absence rates</li><li>• Appraisal rates</li><li>• Occupational health waiting times</li></ul>	<b>Independent Positive:</b> <ul style="list-style-type: none"><li>• Staff survey results – slightly above average for learning, average for recognition/reward, voice that counts, staff engagement, morale.</li><li>• Quarterly pulse surveys</li><li>• Model Hospital benchmarking</li><li>• Internal audit reports:<ul style="list-style-type: none"><li>➤ FTSU – Significant assurance (September 2021)</li><li>➤ Junior Doctor E-Rostering</li></ul></li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• Staff survey results – slightly below average for compassion and inclusion, safe and healthy, working flexibly, team.</li><li>• Model hospital benchmarking</li></ul>	<b>Gaps in control</b> <ul style="list-style-type: none"><li>• Method of measuring and managing short term sickness needs review</li><li>• Insight into reasons why staff stay at BTHFT / what makes a good staff experience</li><li>• Temperature checks of the general ‘mood’</li></ul>		<b>Action</b> <ul style="list-style-type: none"><li>• Review sickness absence policy</li><li>• Review/extend ‘stay’ interviews</li><li>• Review as part of staff survey action plan</li></ul>	<b>Timescale</b> Summer 2022  Summer 2022  TBC when action plan finalised.
			<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>• Measurement of staff stability/tenure</li></ul>		<ul style="list-style-type: none"><li>• Include staff stability in People Dashboard</li></ul>	May 2022 complete
<b>Related risks on the high level risk register (operational risks)</b>		<b>3767:</b> Maternity staff: access to lone worker devices (current score: 16)				

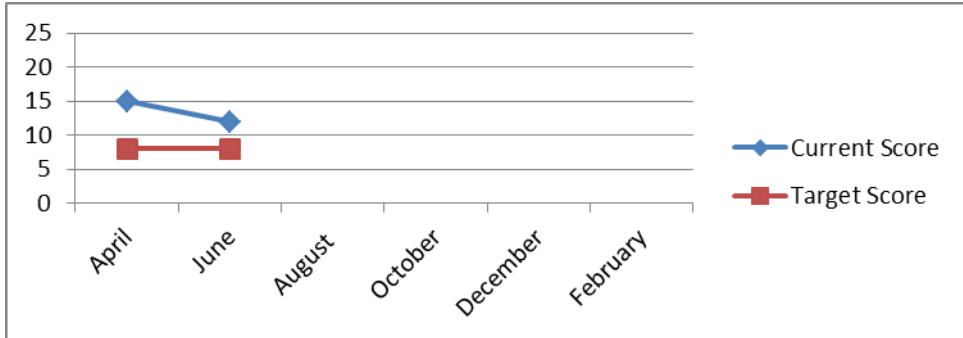
Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion											
Ref: 3.3		Strategic Risk: If we are unable to recruit, retain and develop a workforce at all levels that is representative of the population we serve , then we may have low levels of staff engagement and morale, resulting in an adverse impact on patient safety and experience, staff experience and wellbeing, and a failure to attract staff to work for our Trust									
<b>Risk Appetite:</b> <b>Seek:</b> We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)		<div>Movement in score 2022-23</div> 			Initial Score (CxL): 3x3 = 9						
Date added: 1 April 2022  Date of last review: 27 June 2022					Current Score (CxL): 3x3=9						
Lead Director: Director of HR					Target Score (CxL): 3x2=6						
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance					
<ul style="list-style-type: none"><li>Implementation of WRES / WDES / Gender Pay Gap action plans</li><li>Equality &amp; Diversity Council</li><li>Staff networks</li><li>Gender Equality Reference Group</li><li>Recruitment and selection training programme</li><li>Development programmes for managers including Fellowship programmes</li><li>Head of Equality, Diversity &amp; Inclusion and team in post</li><li>Reciprocal mentoring programme</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>People Dashboard: BAME overall workforce – latest as at May 2022</li><li>Report to Board: disciplinary processes – latest as at 31 March 2022</li><li>Annual report to Board re disciplinary processes - May 2022</li><li>WRES/WDES/EDI Update report - May 2022</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>Disability declaration rate</li><li>People Dashboard: BAME representation at senior level– latest as at May 2022</li></ul>		<b>Independent Positive:</b> <ul style="list-style-type: none"><li>WRES/WDES benchmarking reports: positive</li><li>NHS Staff survey outcomes: positive</li><li>Gender pay gap benchmarking reports [to confirm if positive or negative after publication]</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>WRES/WDES benchmarking reports</li><li>NHS Staff survey outcomes: negative</li><li>Gender pay gap</li></ul>		<b>Gaps in control</b> <ul style="list-style-type: none"><li>EDI Strategy</li><li>EDI training for managers</li><li>Disability Equality training</li><li>Remaining improvements to Recruitment &amp; Selection from an EDI perspective (e.g. finalisation of managers toolkit)</li><li>Meaningful equality impact assessments resulting in service improvements</li></ul>		<b>Action</b> <ul style="list-style-type: none"><li>In development</li><li>Due to be reviewed and relaunched</li><li>Due to be reviewed and relaunched</li><li>In development</li><li>To continue to roll out the equality impact assessment guidance and proforma</li></ul>		<b>Timescale</b> <ul style="list-style-type: none"><li>Summer 2022</li><li>Autumn 2022</li><li>Autumn 2022</li><li>Summer 2022</li><li>Ongoing</li></ul>	
						<b>Gaps in assurance</b>  N/A					
Related risks on the high level risk register (operational risks)		N/A									

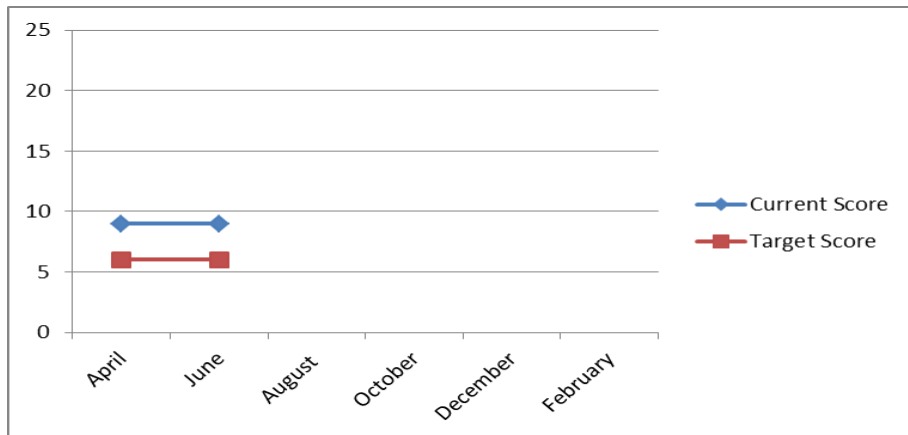


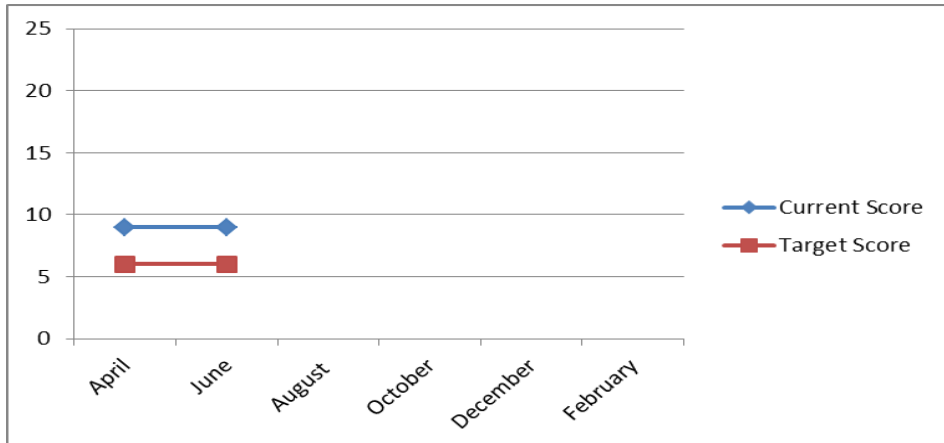
Strategic Objective 4 - To be a continually learning organisation and recognised as leaders in research, education and innovation														
Ref: 4.1	Strategic Risk: If it is not possible to fill rota gaps or provide experienced trainers, then we may fail to provide an appropriate learning experience for trainees, resulting in an adverse impact on our reputation and potential withdrawal of the Trust’s training accreditation status													
<b>Risk Appetite: Open</b> – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward	<div>Movement in score 2022-23</div>  <table><caption>Score Movement Data</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><tr><td>April</td><td>16</td><td>6</td></tr><tr><td>June</td><td>12</td><td>6</td></tr></tbody></table>			Month	Current Score	Target Score	April	16	6	June	12	6	Initial Score (CxL): 4x4=16	
Month				Current Score	Target Score									
April				16	6									
June	12	6												
Date added: 1 April 2022	Current Score (CxL): 4x3=12													
Date of last review: 1 July 2022			Target Score (CxL): 3x2=6											
Lead Director: Chief Medical Officer / Chief Nurse														
Key controls (what are we doing about the risk?)	Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)	Actions to address gaps in controls or assurance										
<ul style="list-style-type: none"><li>Internal training and network support for appraisers.</li><li>Guardian of Safe Working Hours process.</li><li>Identification of missed training opportunities and taking action where appropriate.</li><li>Training and support for education supervision.</li><li>Training facilities.</li><li>Simulation and clinical skills laboratories with funded time for consultant supervision.</li><li>Junior Dr rota co-ordinator in place who works with the Flexible Workforce team to ensure gaps are covered.</li><li>Junior Dr representative on JNCC.</li><li>Junior Drs forum.</li><li>Education Strategy.</li><li>Education Quality Meeting – Bi-Monthly.</li><li>Ongoing recruitment of non trainee medical staff to fill gaps in rotas.</li><li>Appointment of an SAS Advocate role.</li><li>Appointment of a Chief Registrar to feedback and input into clinical training and education.</li><li>Physician Associate Pilot Project.</li><li>Development of Education Services Dashboard.</li><li>Increasing numbers of trained assessors/supervisors by provision of online supervisor and assessor training.</li><li>Piloting new models of supervision in maternity and adult placements areas.</li><li>Implementation of student led clinics in physiotherapy.</li><li>Providing additional opportunities for students/trainees to provide feedback via formal and informal methods.</li><li>Recruitment of legacy supervisors in maternity and a plan to implement in nursing.</li><li>Recruitment and retention plan being implemented for nursing/midwifery and AHPs.</li><li>Provision of development opportunities related to retention of staff.</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Guardian of Safe Working Hours – quarterly reports – latest report Q4 21/22 (May 2022).</li><li>Appraisal &amp; Revalidation Annual Report – latest report 20/21 (June 2021).</li><li>Appraisal Quality Assurance Group – annual review of appraisal quality.</li><li>Results of appraisal feedback questionnaires.</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>Guardian of Safe Working Exception reports re: missed educational opportunities or additional hours.</li></ul>	<b>Independent Positive:</b> <ul style="list-style-type: none"><li>Annual General Medical Council (GMC) Survey (national) – July 2021.</li><li>HEE Yorkshire and the Humber Quality Interventions: Trust Update Report – June 2021 – no Enhanced Monitoring Cases, two requirements closed following improvements being made.</li><li>HEE National Education &amp; Training Survey (NETS) – June 2021 – improvements in Bullying &amp; Undermining, induction, and teaching and learning compared to 2020.</li><li>University of Leeds Medical School MPET Report (Annual) – October 2021 – improved scores in e.g. overall placement rating, learning environment and support.</li><li>University of Leeds Medical School MPET Report (Interim) – March 2022 – overall placement rating improved, other positives e.g. welcoming and friendly staff, clinical skills teaching.</li><li>Internal audit reports:<ul style="list-style-type: none"><li>➤ Medical Education – Significant assurance (April 2022)</li><li>➤ E-Rostering – Junior Doctors – Significant assurance (June 2022)</li></ul></li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>HEE Yorkshire and the Humber Quality Interventions: Trust Update Report – June 2021 –two open requirements (both category 1 (minor)) re: understaffing and workforce behaviours.</li><li>HEE National Education &amp; Training Survey (NETS) – June 2021 – decline in 2021 results for facilities, overall experience and workload. Higher workload pressures reported by trainees and students.</li><li>University of Leeds Medical School MPET Report (Annual) – October 2021 – lower scoring area was facilities. Areas for improvement e.g. induction, contingency for when placement leads are away/unavailable.</li><li>University of Leeds Medical School MPET Report (Interim) – March 2022 – areas for improvement e.g. overcrowding, no provision for supervisors being on leave, induction/orientation.</li></ul>	<b>Gaps in control</b>  N/A	Action	Timescale									
			<b>Gaps in assurance</b>  Development of Education Services Dashboard.											
Related risks on the high level risk register (operational risks)	N/A													

Strategic Objective 4 - To be a continually learning organisation and recognised as leaders in research, education and innovation																											
Ref: 4.2	Strategic Risk: If we fail to attract research funding and researchers to <i>the Trust</i> , then our research capacity and capability will be negatively impacted, resulting in a negative impact on patient care and population wellbeing, and the Trust’s reputation as a leader in research																										
Risk Appetite: Open – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward		<div>Movement in score 2022-23</div>  <table><caption>Score Data from Graph</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><tr><td>April</td><td>10</td><td>10</td></tr><tr><td>June</td><td>10</td><td>10</td></tr><tr><td>August</td><td>5</td><td>5</td></tr><tr><td>October</td><td>5</td><td>5</td></tr><tr><td>December</td><td>5</td><td>5</td></tr><tr><td>February</td><td>5</td><td>5</td></tr></tbody></table>			Month	Current Score	Target Score	April	10	10	June	10	10	August	5	5	October	5	5	December	5	5	February	5	5	Initial Score (CxL): 3x3=9	
Month	Current Score				Target Score																						
April	10				10																						
June	10	10																									
August	5	5																									
October	5	5																									
December	5	5																									
February	5	5																									
Date added: 1 April 2022		Current Score (CxL): 3x3=9																									
Date of last review: 1 July 2022																											
Lead Director: Chief Medical Officer				Target Score (CxL): 3x2=6																							
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance																					
<ul style="list-style-type: none"><li>Ensure research activity and involvement encouraged by providing infrastructure and support for research; this is being done in a number of ways including:</li><li>Research infrastructure – Bradford Institute for Health Research, NIHR Patient Recruitment Centre, Wolfson Centre for Applied Health Research.</li><li>Research Governance and Management Structure in place within the Trust, i.e. Director of Research, R&amp;D Office, financial management of research, etc, which provide advice, support and leadership and oversee activity and performance.</li><li>Trust Research Strategy and Trust policy on conducting research in the Trust.</li><li>Trust Research Committee and reporting to Quality &amp; Patient Safety Academy and Trust Board.</li><li>Strong research reputation particularly in the fields of applied health research and these teams are continually applying for grant funding.</li><li>Raising awareness of research, publicity of research successes, part of Trust induction.</li><li>All research teams have research targets and performance reports sent to them along with relevant CBU on a quarterly basis and CBUs sign off capacity and capability that can conduct new research.</li></ul>		<p><b>Internal Positive:</b></p> <ul style="list-style-type: none"><li>Quarterly Research Activity reports to Quality &amp; Patient Safety Academy– latest June 2022.</li><li>Quarterly Research reports and presentations on research projects to Board – latest May 2022.</li><li>Research Performance Reports for Research teams sent out on quarterly basis.</li><li>Internal annual review with each research team.</li><li>Internal audit of research.</li></ul> <p><b>Negative:</b></p> <ul style="list-style-type: none"><li>Unclear how the CBUs use the research performance reports to manage research activity.</li><li>Some teams are not achieving targets due to lack of clinician input due to interest/ time.</li><li>Lack of awareness that research is core business for Trust - survey 2021 conducted by R&amp;D office.</li></ul>		<p><b>Independent Positive:</b></p> <ul style="list-style-type: none"><li>Annual reports and reviews for projects where we are the lead organisation, e.g. NIHR programme grants, NIHR RCF annual reporting.</li><li>External Performance review meetings and annual reports for NIHR Patient Recruitment Centre, etc.</li><li>Annual review meeting with Yorkshire and Humber Clinical Research Network.</li><li>Various research finance audits.</li><li>Participant Research Experience Survey ‘PRES’ – positive responses.</li><li>NIHR quarterly ‘Performance in Initiating and Delivering Clinical Research’ submission ‘PID submission’.</li></ul> <p><b>Negative:</b></p> <ul style="list-style-type: none"><li>PRES- need to promote PRES completion more to ensure Trust meets its return target.</li><li>Some research areas not meeting targets in terms of PID.</li></ul>		<p><b>Gaps in control</b></p> <ul style="list-style-type: none"><li>Promotion of research activity and raise awareness that research is a core business for Trust.</li><li>How research is promoted and managed within CBUs as Core Business.</li></ul>		<p><b>Action</b></p> <ul style="list-style-type: none"><li>Trust Research Strategy and associated action plan.</li><li>CBUs’ research activity to be part of the formal Trust Performance Framework</li></ul>		<p><b>Timescale</b></p> <p>June 2022 and ongoing</p> <p>TBC</p>																	
						<p><b>Gaps in assurance</b></p> <ul style="list-style-type: none"><li>Better research information to allow real time reporting and improved research activity management by CBUs and research teams.</li></ul>		<ul style="list-style-type: none"><li>Production of research dashboard that can be accessed by Trust staff.</li></ul>		<p>Summer 2022</p>																	
Related risks on the high level risk register (operational risks)		N/A																									



Strategic Objective 4 - To be a continually learning organisation and recognised as leaders in research, education and innovation																											
Ref: 4.3	Strategic Risk: If we do not have robust processes for incident identification, escalation and learning then we may fail to learn from incidents, resulting in gaps in safe clinical care																										
<b>Risk Appetite: Open</b> – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward		<div>Movement in score 2022-23</div>  <table><caption>Score Movement Data</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><tr><td>April</td><td>15</td><td>8</td></tr><tr><td>June</td><td>12</td><td>8</td></tr><tr><td>August</td><td>12</td><td>8</td></tr><tr><td>October</td><td>12</td><td>8</td></tr><tr><td>December</td><td>12</td><td>8</td></tr><tr><td>February</td><td>12</td><td>8</td></tr></tbody></table>			Month	Current Score	Target Score	April	15	8	June	12	8	August	12	8	October	12	8	December	12	8	February	12	8	Initial Score (CxL): 5x3=15	
Month	Current Score				Target Score																						
April	15				8																						
June	12	8																									
August	12	8																									
October	12	8																									
December	12	8																									
February	12	8																									
Date added: 1 April 2022		Current Score (CxL): 4x3=12																									
Date of last review: 1 July 2022																											
Lead Director: Chief Medical Officer																											
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance																					
<ul style="list-style-type: none"><li>• Exec led weekly Quality of Care (QuOC) Panel.</li><li>• Daily Trust Safety Event Huddles led by Quality Governance Team.</li><li>• Weekly Safety Event Group.</li><li>• Monthly Patient Safety Group.</li><li>• Quality Governance framework to be embedded once operational re-structure complete to support all aspects of governance.</li><li>• Support CSU triumvirates in developing narrative in quality quadrant within performance balance score card.</li><li>• New roles developed to support Quality Governance Framework: Quality and Patient Safety Facilitators aligned to new CSUs.</li><li>• Assessment of Trust’s readiness for the transition to new Patient Safety Incident Management System replacing the NRLS and STEIS.</li><li>• Development of Datix Risk Management System to Cloud based system to support transition.</li><li>• Full-time Patient Safety Specialist in post supported by 4 senior leads.</li><li>• Gap analysis complete for National Patient Safety Strategy identifying key work streams for transition to Patient Safety Incident Response Framework (PSIRF) by April 2023.</li><li>• Continue with QI tests of change to support incident reporting.</li><li>• Develop intranet pages for clinical negligence claims / coroner cases, Incident reporting, Risk management and Learning from Deaths.</li><li>• Develop bite size training modules to support understanding of above.</li><li>• Just Culture and Civility work streams / Freedom to Speak Up supported by People Academy.</li><li>• Develop learning framework.</li><li>• Being Open / Duty of Candour Policy updated 2021.</li><li>• Incident Reporting &amp; Investigation Policy to be reviewed to align to PSIRF.</li><li>• Participation in the West Yorkshire Association of Acute Trusts Learning Forum.</li><li>• Commissioner membership of Quality and Patient Safety Academy.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Quality Oversight &amp; Assurance Profile – monthly – latest report May 2022.</li><li>• CLIP (Complaints, Litigation, Incidents, Patient Experience) report – quarterly – latest report April 2022.</li><li>• Tracking of actions from safety events overseen by Patient Safety Group.</li><li>• Ward / department quality accreditation programme.</li></ul> <b>Negative:</b> Assurance programme to be re-started.		<b>Independent Positive:</b> <ul style="list-style-type: none"><li>• Internal audit reports:<ul style="list-style-type: none"><li>➢ Incident reporting – Significant assurance (December 2021)</li><li>➢ Quality &amp; Patient Safety Academy – Significant assurance (January 2022)</li><li>➢ Quality Improvement &amp; Oversight – High assurance (May 2022)</li></ul></li><li>• Commissioner review of incident investigation reports that meet the criteria under the current SI Framework.</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• External bodies feedback e.g. CQC, Coroner PFD Regulation 28</li></ul>		<b>Gaps in control</b> <ul style="list-style-type: none"><li>• Quality Governance Framework required to be embedded to ensure robust and standardised CSU governance processes.</li><li>• Strong lines of governance accountability through CSU, Service group.</li><li>• Datix development and administration of the system to ensure timely learning from reporting and completed actions.</li></ul>		<b>Action</b> <ul style="list-style-type: none"><li>•Quality Governance Framework to be implemented.</li><li>•Quality Strategy to be developed.</li><li>•Quality and Patient Safety Academy membership to be reviewed.</li><li>•Implementation of PSIRF.</li><li>•Recruitment to vacant posts to support assurance processes.</li></ul>		<b>Timescale</b> <ul style="list-style-type: none"><li>• End of September 2022</li><li>• End of June 2022</li><li>• April 2023</li><li>• September 2022</li></ul>																	
						<b>Gaps in assurance</b>  N/A																					
Related risks on the high level risk register (operational risks)		N/A																									

Strategic Objective 5 – To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					
Ref: 5.1	Strategic Risk: If we do not effectively identify, develop and implement opportunities for collaboration and alignment across the ICS, <b>then</b> we may fail to deliver seamless, integrated care for the people of West Yorkshire, <b>resulting in</b> poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities.				
<b>Risk Appetite:</b> <b>Seek:</b> We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	<div>Movement in score 2022-23</div> 			Initial Score (CxL): 3x3 = 9	
<b>Date added:</b> 1 April 2022  <b>Date of last review:</b> 28 June 2022				Current Score (CxL): 3x3 = 9	
<b>Lead Director:</b> Director of Strategy & Integration				Target Score (CxL): 3x2 = 6	
Key controls (what are we doing about the risk?)	Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance
<ul style="list-style-type: none"><li>Supporting work across the ICS to ensure arrangements are in place to be able implement the requirements of the Health and Social Care Act when it is anticipated to come into effect in July 2022, through the WY Health &amp; Care Partnership (HCP – i.e. integrated care system) and WYAAT (WY association of acute trusts).</li><li>Implementation of BTHFT’s Corporate Strategy 2022-2027 with CBU service development and ETM - collaborative working is a regular feature of Exec/CBU discussions.</li><li>Cross system participation in:<ul style="list-style-type: none"><li>ICS System Leadership Exec Group; System Oversight &amp; Assurance Group; Partnership Board</li><li>WYAAT Programme Exec (CEOs); Committee in Common (BTHFT Chair &amp; CEO); Exec Directors’ groups (e.g. Finance, Med Directors, HR Directors, COOs, Strategy Directors)</li><li>development of clinical networks and collaborative solutions e.g. for non-surgical oncology, pathology</li></ul></li><li>CEO involvement in and leadership of ICS and WYAAT programmes e.g. critical care</li><li>Director of Strategy &amp; Integration involvement in WY Health Inequalities Academy; newly constituted “Alliance for Life Chances” etc.</li></ul>	<b>Internal</b>  <b>Positive:</b> <ul style="list-style-type: none"><li>Partnerships Dashboard has consistently shown “green/amber” rating (<i>e.g. Bo.3.22.19 – March 2022</i>)</li><li>CEO and Chair reports to Board consistently highlight positive examples of collaborative working (<i>e.g. minutes at Bo.3.22.4 record CEO update from Jan 2022 Bo.1.22.6</i>)</li><li>Updates to Board on BTHFT input to ICS developments (<i>e.g. pharmacy aseptic collaboration Bc.11.21.5 – Nov 2021</i>)</li></ul> <b>Negative:</b>  N/A	<b>Independent</b>  <b>Positive:</b> <ul style="list-style-type: none"><li>WYAAT &amp; WYHCP programme update reports and position summary to every Board of Directors meeting demonstrate BTHFT input (<i>e.g. Bc.3.22.11 – March 2022</i>)</li></ul> <b>Negative:</b>  N/A	<b>Gaps in control</b>  N/A	<b>Action</b>	<b>Timescale</b>
			<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>We do not currently have a simple credible metric to demonstrate the degree of collaboration/integration and measure progress. In the November 2020 “Integrating Care” document, NHSE/I stated that “Next year we will introduce new measures and metrics to support ... [stronger system working]... including an “integration index” for use by all systems”. Further updates are awaited (Apr 2022)</li><li>There is no discrete Committee or Academy for Strategic Objective 5, which includes health inequalities, so we are reliant on this being covered in general discussion in Academies, Board, and associated bodies to assess our progress. This can work very well but need to maintain discipline to ensure the theme does not get “lost in the mix” or timed out at the end of meetings.</li></ul>	<ul style="list-style-type: none"><li>Revise existing Partnerships Dashboard to capture activity/progress in a more meaningful/accessible way</li><li>Ensure that inequalities component of all our work is recognised at every opportunity e.g. in all three Academies and in broader Board discussions</li></ul>	<ul style="list-style-type: none"><li>Revised dashboard has been developed and is submitted - with recently updated entries - to Board for information in May 2022</li><li>Ongoing – Board dashboard will refer to instances where inequalities have been the focus of BTHFT activity</li></ul>
Related risks on the high level risk register (operational risks)	N/A				

Strategic Objective 5 – To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals											
Ref: 5.2	Strategic Risk: If we do not effectively influence implementation of the Strategic Partnering Agreement and other elements of system integration in our Bradford District & Craven place, <b>then</b> we may fail to deliver seamless, integrated care for the people of Bradford District and Craven, <b>resulting in</b> poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities.										
<b>Risk Appetite:</b> <b>Seek:</b> We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)		<div>Movement in score 2022-23</div> 			Initial Score (CxL): 3x3 = 9						
Date added: 1 April 2022	Date of last review: 28 June 2022				Current Score (CxL): 3x3 = 9						
Lead Director: Director of Strategy & Integration					Target Score (CxL): 3x2 = 6						
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance					
<ul style="list-style-type: none"><li>• Since the onset of the Covid 19 pandemic, health &amp; care partners have worked together on joint planning and to align decision making, for example through the council’s Advisory Board (“Gold”).</li><li>• The Act as One AAO) programme has created 7 transformation programmes on behalf of the whole “place”, 3 of them led by BTHFT Execs (access, diabetes, respiratory) and reporting to Bradford H&amp;C Partnership Board (chaired by BTHFT CEO).</li><li>• We will increasingly work with the AAO Population Health programme - a source of detailed local data to support identification of inequalities – to better target our work.</li><li>• Our recently published Corporate Strategy “Patients People Partners &amp; Place” (June 2022) is closely aligned to new Place-based strategy and emphatically reinforces our commitment to BD&amp;C Health &amp; Care Partnership.</li><li>• BTHFT is actively involved in:<ul style="list-style-type: none"><li>• revising the Strategic Partnering Agreement (SPA),</li><li>• submission of joint 2022/23 plans to NHSE (via ICS),</li><li>• place based committees (e.g. Finance, Quality) and</li><li>• operational matters like COVID-19 vaccination programmes. Our CEO is the Place Lead.</li></ul></li><li>• Extensive collaboration between BTHFT clinicians and system partners for example with AFT in multiple specialties and with Primary Care in VRI work.</li><li>• Director of Strategy &amp; Integration involvement in BD&amp;C Inequalities Alliance; newly constituted “Alliance for Life Chances” etc.</li><li>• Cross system participation in:<ul style="list-style-type: none"><li>➤ Bradford &amp; District Wellbeing Board</li><li>➤ Bradford District &amp; Craven H&amp;CP Executive which oversees Bradford Health &amp; Care Partnerships Board (programme board for place-based integrated care)</li><li>➤ Development of integrated bid for strategic capital investment (new hospitals)</li></ul></li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Updates to Board on BTHFT input to Place developments (<i>e.g. pharmacy aseptic collaboration Bc.11.21.5 – Nov 2021</i>)</li><li>• CEO and Chair reports to Board (<i>e.g. CEO update from Jan 2022 Bo.1.22.6</i>)</li><li>• Partnerships Dashboard has consistently shown “green/amber” rating (<i>e.g. Bo.3.22.19 – March 2022</i>)</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• N/A</li></ul>		<b>Independent Positive:</b> <ul style="list-style-type: none"><li>• Act as One programme updates, reporting to Health &amp; Care Partnership Boards (<i>e.g. March 2022 dashboards for diabetes respiratory &amp; access</i>)</li></ul> <b>Negative:</b> N/A		Gaps in control  N/A		Action		Timescale	
						Gaps in assurance <ul style="list-style-type: none"><li>• We do not currently have a simple credible metric to demonstrate the degree of collaboration/integration and measure progress. In the November 2020 “Integrating Care” document, NHSE/I stated that “Next year we will introduce new measures and metrics to support ... [stronger system working]... including an “integration index” for use by all systems”. Further updates are awaited (Apr 2022)</li><li>• Work on Health Inequalities (HIs) is distributed across the Trust but has not previously been recorded or consistently measured. Steps are being taken to coordinate our HI response but this work is still in the early stages.</li><li>• There is no discrete Committee or Academy for Strategic Objective 5, which includes health inequalities, so we are reliant on this being covered in general discussion in Academies, Board, and associated bodies to assess our progress. This can work very well but need to maintain discipline to ensure the theme does not get “lost in the mix” or timed out at the end of meetings.</li></ul>		• Revise existing Partnerships Dashboard to capture activity/progress in a more meaningful/accessible way		• Revised dashboard has been developed and is submitted - with recently updated entries - to Board for information in May 2022	
						• Programme of work led by Director of S&I to co-ordinate and highlight Trust activity on HIs. Regular updates to the Equality & Diversity Council. Includes mapping of current activity across all CBUs and production of an action plan				• Updates to E&DC on 9 June & 30 Sep 2022	
						• Ensure that inequalities component of all our work is recognised at every opportunity e.g. in all three Academies and in broader Board discussions				• Ongoing – Board dashboard will refer to instances where inequalities have been the focus of BTHFT activity	
Related risks on the high level risk register (operational risks)		N/A									