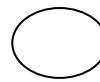


## Board Assurance Framework – Summary of Strategic Risks

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					Overall Assurance Level 2022/23:			
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					Q1	Q2	Q3	Q4
1.1	If we fail to understand the needs of our population, <b>then</b> we won't be able to deliver appropriate services that address those needs, <b>resulting in</b> worsening health inequalities	8	↔	6	Chief Nurse / Chief Medical Officer	Work underway to understand our waiting list and the impact of health inequalities on timely access to treatment.		
1.3	If we fail to maintain and develop our care environment, <b>then</b> we may not be able to deliver modern, outstanding care for our patients, <b>resulting in</b> poor patient experience and outcomes and limited ability to deliver services	12	↔	12	Chief Nurse / Chief Medical Officer	Score increased to 12 to reflect ongoing pressures and demand which our estate is not designed for e.g. high ED attendances, requirement for side rooms etc.		
3.1	If we are unable to recruit to our vacancies, <b>then</b> our current staff will be placed under additional pressure and we may be unable to provide safe staffing levels, <b>resulting in</b> an adverse impact on patient safety and experience, staff experience and wellbeing, and an increase in staff turnover <b>NB This risk is also linked to 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</b>	16	↔	9	Director of HR / Chief Medical Officer / Chief Nurse	No change to overall risk score. Staffing across areas remains closely managed. Nurse staffing vacancies continue to be high. Higher sickness absence levels continue compared to pre-Covid. Additional services for elective on board with continued pressure of non-elective demand. Rolling domestic and international recruitment campaigns remain ongoing.		
Strategic Objective 2a – To deliver our financial plan					Overall Assurance Level 2022/23:			
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					Q1	Q2	Q3	Q4
2a.1	If we continue to face financial challenges associated with cost inflation, increased demand for services and System/Place affordability, <b>then</b> we may fail to maintain financial stability and sustainability, <b>resulting in</b> 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	The Foundation Trust remains on plan for Income and Expenditure for Q3 and is forecasting a balanced position for Q4 and the year end. Operational planning guidance for 23/24 has been published and indicative allocations shared. It is clear that 23/24 will much more challenging than the current financial year. The exact parameters are not yet known, given the uncertainty around a number of key variables and in particular the Elective Recovery Fund but it is not anticipated that the financial improvement target will be below 5%. <b>It is predicted that the score associated with the risk of delivering the 2023/24 income and expenditure plan will, as a minimum start the year at a 20.</b>		
2a.2	If we fail to manage Income & Expenditure within planned parameters, <b>then</b> we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate, <b>resulting in</b> an impact on operational decisions, and capital investment.	12	↔	8	Director of Finance	Income and Expenditure run rate remains on plan at the end of Q3, but the rating remains at a 12 given underlying run rate and the projected financial challenges in the Medium Term as outlined above, and their potential impact on I&E. <b>It is predicted that the score associated with the risk of delivering the 2023/24 income and expenditure plan will, as a minimum start the year at a 16.</b>		
2a.3	If the capital funding allocation from the ICS is not sufficient to meet our requirements and/or we are unable to deliver our capital programme in full by the end of the financial year, <b>then</b> we may not be able to make the capital investments required to maintain safe and sustainable services, <b>resulting in</b> a negative impact on the quality of care, potential regulatory action, and a negative impact on the Trust's reputation.	16	↔	8	Director of Finance	Final 2022/23 Programme approved at July meeting of Board of Directors. Risks remain to the delivery of the plan which are monitored via the Capital Strategy Group and F&P Academy. Therefore overall assurance level reduced from green to amber.		
Strategic Objective 2b – To deliver our key performance targets					Overall Assurance Level 2022/23:			
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					Q1	Q2	Q3	Q4
2b.1	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	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 and the continued increase in demand, <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	16	↔	12	Chief Operating Officer	Backlogs as a result of Covid and non elective demand continues to impact on operational delivery however continued improvement noted across a number of areas e.g. RTT 104, 78 week waits and cancer treatments. Board approval of circa £16m to deliver Covid recovery for 22/23. Currently working through operational planning and priorities guidance 23/24.		
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					Overall Assurance Level 2022/23:			
Assuring Academy: People								
Risk appetite: Seek - We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)					Q1	Q2	Q3	Q4
3.1	If we are unable to recruit to our vacancies, <b>then</b> our current staff will be placed under additional pressure and we may be unable to provide safe staffing levels, <b>resulting in</b> an adverse impact on patient safety and experience, staff experience and wellbeing, and an increase in staff turnover <b>NB This risk is also linked to Strategic Objective 1 - To provide outstanding care for our patients, delivered with kindness</b>	16	↔	9	Director of HR / Chief Medical Officer / Chief Nurse	No change to overall risk score. Staffing across areas remains closely managed. Nurse staffing vacancies continue to be high. Higher sickness absence levels continue compared to pre-Covid. Additional services for elective on board with continued pressure of non-elective demand. Rolling domestic and international recruitment campaigns remain ongoing.		
3.2	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	12	↔	9	Director of HR	No change to overall risk score despite a small improvement in the sickness absence and turnover positions.		
3.3	If we are unable to recruit, retain and develop a workforce at all levels that is representative of the population we serve, <b>then</b> we may have low levels of staff engagement and morale, <b>resulting in</b> 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. Improved overall workforce position from ethnicity perspective, smaller improvement at Band 8A +.		
Strategic Objective 4 – To be a continually learning organisation and recognised as leaders in research, education and innovation					Overall Assurance Level 2022/23:			
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					Q1	Q2	Q3	Q4
4.1	If it is not possible to fill rota gaps or provide experienced trainers, <b>then</b> we may fail to provide an appropriate learning experience for trainees, <b>resulting in</b> an adverse impact on our reputation and potential withdrawal of the Trust's training accreditation status	12	↔	6	Chief Medical Officer	No change in score. Action plans in place to address the training issues associated with the pandemic. Recognition from HEE of work done to improve the experience of learners during the pandemic. Improved GMC training survey results compared to last year. Continued staffing vacancies still compromising the delivery of the best training experience.		
4.2	If we fail to attract research funding and researchers to BIHR, <b>then</b> our research capacity and capability will be negatively impacted, <b>resulting in</b> a negative impact on patient care and population wellbeing, and the Trust's reputation as a leader in research	6	↔	6	Chief Medical Officer	No change in score. Further successful research funding secured.		
4.3	If we do not have robust processes for incident identification, escalation and learning <b>then</b> we may fail to learn from incidents, <b>resulting in</b> gaps in safe clinical care	12	↔	8	Chief Medical Officer	New PSIRF now released and implementation process begun. Learning from deaths processes well-established. Well established Trust Governance processes in place. New operational structure launched. Patient safety facilitators aligned to every CSU.		
Strategic Objective 5 – To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					Overall Assurance Level 2022/23:			
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)					Q1	Q2	Q3	Q4
5.1	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.	9	↔	6	Director of Strategy & Integration	No change in score. Continuing engagement on a range of WYHCP and WYAAT issues including refreshed WYHCP strategy, and a range of clinical and clinical support services		
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, <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.	9	↔	6	Director of Strategy & Integration	No change in score. Working with partners to embed new governance and operating arrangements based on 5 strategic priorities.		

# Heat Map

 = current score

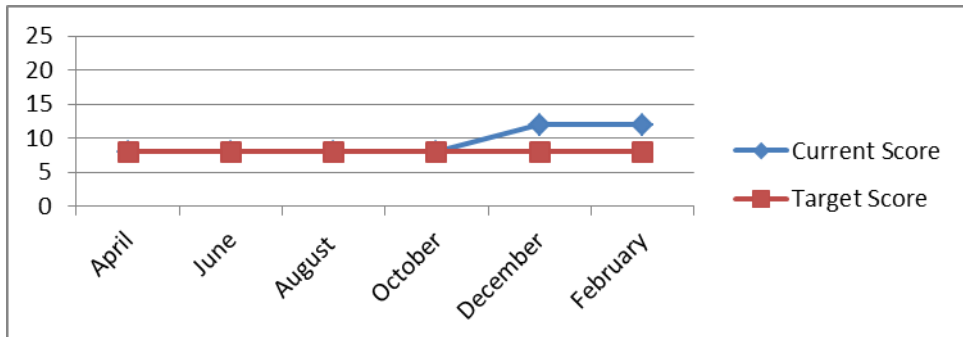
LIKELIHOOD	CONSEQUENCE				
	Negligible (1)	Low (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)					
Likely (4)			3.2	3.1 2b.1 2b.2 2a.3	
Possible (3)			3.3 5.1 5.2	4.1 4.3 2a.1 1.3 2a.2	
Unlikely (2)			4.2	1.1	
Extremely unlikely (1)					

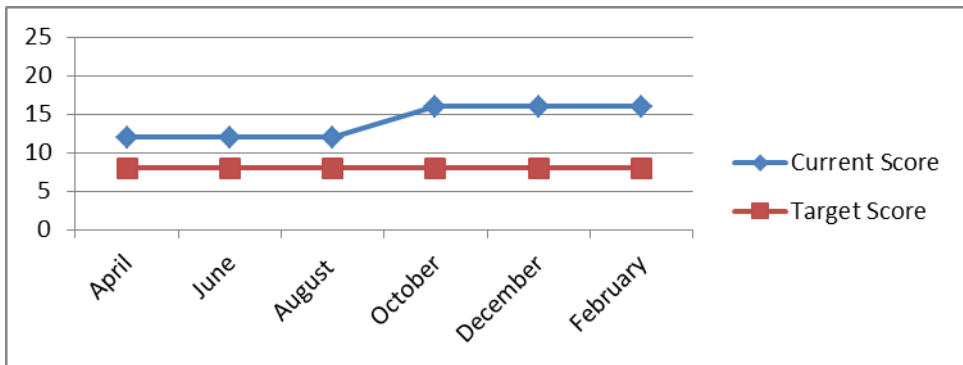
Strategic Objective 1 - To provide outstanding care for our patients, delivered with kindness																											
Ref: 1.1		Strategic Risk: If we fail to understand the needs of our population, then we won't be able to deliver appropriate services that address those needs, resulting in worsening health inequalities																									
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 Movement Data (2022-23)</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>8</td><td>6</td></tr><tr><td>October</td><td>8</td><td>6</td></tr><tr><td>December</td><td>8</td><td>6</td></tr><tr><td>February</td><td>8</td><td>6</td></tr></tbody></table>			Month	Current Score	Target Score	April	12	6	June	8	6	August	8	6	October	8	6	December	8	6	February	8	6	Initial Score (CxL): 4x3=12	
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Date added: 1 April 2022		Current Score (CxL): 4x2=8																									
Date of last review: 27 January 2023																											
Lead Director: Karen Dawber, Chief Nurse / Ray Smith, 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?)																							
<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><li>Strategic Equality &amp; Diversity Council</li><li>Community Contact Programme (wellbeing outreach to community venues identifying indicators of poor health)</li><li>Patient Experience Survey for surgical patients (part of OTS)</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Patient Experience Annual Report 2021/22 (inc. complaints, compliments, PALS, FFT)</li><li>Patient Experience 6 monthly update – November 2022</li><li>Patient Experience Group Update – latest November 2022</li><li>Monthly Maternity Services Update – latest as at December 2022</li><li>CLIP Report – latest as at Q2 22/23</li><li>SI Report – latest as at January 2023</li><li>Quality Dashboard – latest as at December 2022</li><li>LeDeR Annual Report</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>CLIP Report – latest as at Q2 22/23</li><li>SI Report – latest as at January 2023</li><li>Quality Dashboard – latest as at December 2022</li></ul>		<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><li>Safeguarding – Domestic Violence – Significant assurance (January 2023)</li></ul></li><li>GIRFT Litigation Report – timeliness of responses</li><li>Inpatient survey 2021 – highest scoring areas: staff explaining reason for ward changes during night, support after leaving hospital from health and social care, being able to take medication brought from home when needed, hospital staff explaining who to contact if worried about condition following discharge, confidence and trust in doctors.</li><li>Urgent &amp; Emergency Care Survey 2020 – number of improved areas e.g. confidence in clinicians, cleanliness.</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><li>GIRFT Litigation Report</li><li>Inpatient survey 2021 – discharge advice &amp; planning, communication, bed waits &amp; patient flow, help with meals and feeding.</li><li>Urgent &amp; Emergency Care Survey 2020 – clear theme re: better communication required.</li></ul>		Gaps in control  N/A		Action  Timescale																			
				<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																					
Related risks on the high level risk register (operational risks)		• 3598 - 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)																									

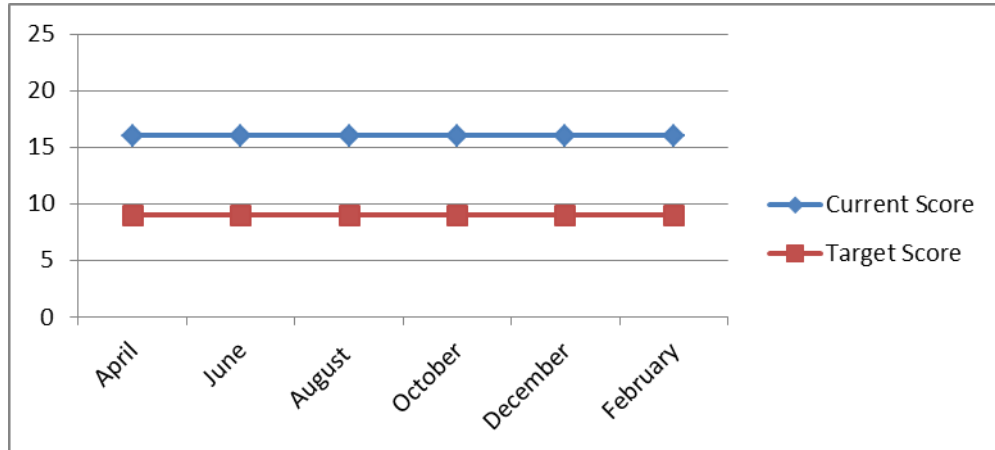
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Month				Current Score	Target Score																					
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Key controls (what are we doing about the risk?)	Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		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><li>Funding secured for twin day case theatres on SLH site.</li><li>Plans for improvement of IPC compliant patient accommodation developed and funded.</li><li>IPC Awareness Day – took place on 24 November 2022</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Estates &amp; Facilities Quarterly Service Report – latest Q3 2022/23</li><li>IPC Quarterly Report – latest September 2022</li><li>IPC Board Assurance Framework – latest report as at December 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><li>IPC Board Assurance Framework – Significant assurance (July 2022)</li><li>Catering – Significant assurance (September 2022)</li><li>Pharmacy &amp; Medicine Management; Controlled Drugs – Significant assurance (October 2022)</li><li>Medical Devices – Significant assurance (January 2023)</li><li>Ionising Radiation – Significant assurance (January 2023)</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>	<b>Gaps in control</b> <ul style="list-style-type: none"><li>Some areas are not compliant with ventilation standards, including Ward 7 (Covid-19 ward)</li><li>Lack of suitable side rooms to isolate infectious patients</li><li>Lack of negative pressure isolation rooms</li><li>No formal lead allocated for anti-microbial stewardship (AMS)</li></ul>	<b>Action</b> <ul style="list-style-type: none"><li>Identification of areas/units to have air scrubbers to minimise the risk of respiratory diseases</li><li>Ward 7 risk assessment revised with mitigating measures in place</li><li>Daily review of potential patients for de-isolation</li><li>A business case is being prepared for another anti-microbial clinical pharmacist</li></ul>	<b>Timescale</b>  Ongoing  Complete  Ongoing  TBC																					
			<b>Gaps in assurance</b>  N/A																							
			Related risks on the high level risk register (operational risks)	<ul style="list-style-type: none"><li><b>3627</b> – Backlog maintenance and critical infrastructure risk (current score: 20)</li><li><b>3748</b> – Renal services capacity (current score: 16)</li></ul>		<ul style="list-style-type: none"><li><b>3696</b> – Risks due to age and condition of pharmacy aseptic unit (current score: 16)</li><li><b>3823</b> - Mortuary refrigeration and freezer storage facilities (current score: 16)</li></ul>																				

Strategic Objective 2a – To deliver our financial plan																											
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.																										
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Date added: 1 April 2022		Current Score (CxL): 4x3=12																									
Date of last review: 6 February 2023		NB The above score reflects the position for 2022/23. It is predicted that the score associated with the risk of delivering the 2023/24 income and expenditure plan will, as a minimum start the year at a 20.																									
Lead Director: Director of Finance		Target Score (CxL): 4x2=8																									
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>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 (revised February 2023).</li><li>Reinstatement of financial governance and control arrangements.</li><li>Quality Impact and Financial Impact Assessment processes.</li><li>Revised Budgetary Management Framework (presented and approved at Executive Team and September Finance and Performance Academy)</li><li>September update to Procurement strategy, risk register and work plan (presented to Finance &amp; Performance Academy)</li></ul>		<div>Internal Positive:</div> <ul style="list-style-type: none"><li>Extended Monthly Finance Report, latest as at December 2022 (ongoing improvement s to content to improve understanding and reflect performance management BAU activities)</li><li>Monthly F&amp;P Academy Dashboard, latest as at December 2022</li><li>Quarterly Capital Report, latest as at December 2022</li><li>Bi-Annual Treasury Management Report, latest November 2022</li><li>Bi-Annual report on Pathology Joint Venture financial position, latest October 2022</li><li>Quarterly Place and System Financial Update Report, latest as at October 2022</li><li>Gateway 3 of Financial Improvement target delivery broadly on target (85% v 100% target), with other non recurrent measures addressing the gap</li></ul> <div>Negative:</div> <div>N/A</div>		<div>Independent Positive:</div> <ul style="list-style-type: none"><li>Future Focused Finance Level 1 Accreditation</li><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><li>Improving NHS Financial Sustainability - no opinion given (November 2022)</li><li>Financial Planning &amp; Budget Setting – High assurance (December 2022)</li><li>IFRS 16 Effectiveness &amp; Risk Management - High Assurance (January 2023)</li></ul></li></ul> <div>Negative:</div> <div>N/A</div>		<div>Gaps in control</div> <p>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.</p> <p>Delivery of Financial Improvement targets is heavily weighted toward non recurrent measures (eg vacancies and non-pay underspend associated with lower than planned activity). Steps need to be taken to convert non-recurrent measures into recurrent plans to improve underlying 2022/23 exit run rate, to avoid increasing challenge in 2023/24.</p>		<div>Action</div> <p>With the reintroduction of normal financial management arrangements, attention must turn to identifying recurrent and sustainable run rate improvements for 2022/23</p> <p>CSUs and Support Departments to source, develop and implement recurrent sustainable run rate improvements</p>		<div>Timescale</div> <p>Commencing April 22, and on-going throughout the year</p> <p>1 April 2023</p>																	
						<div>Gaps in assurance</div> <p>The Medium Term financial outlook will be more challenging than the current financial year. The Operational Planning Guidance has been produced albeit there is uncertainty around exact allocations. At this stage, with the underlying recurrent run rate being a key factor, it is not anticipated that the financial improvement target will be below 5%.</p>		<div>Business Planning for 2023/24</div>		<div>March 2023</div>																	
Related risks on the high level risk register (operational risks)		<ul style="list-style-type: none"><li>3800 - Significant Increase in the cost of Trust’s gas and power from the 1st April 2024 (current score: 20)</li></ul>																									

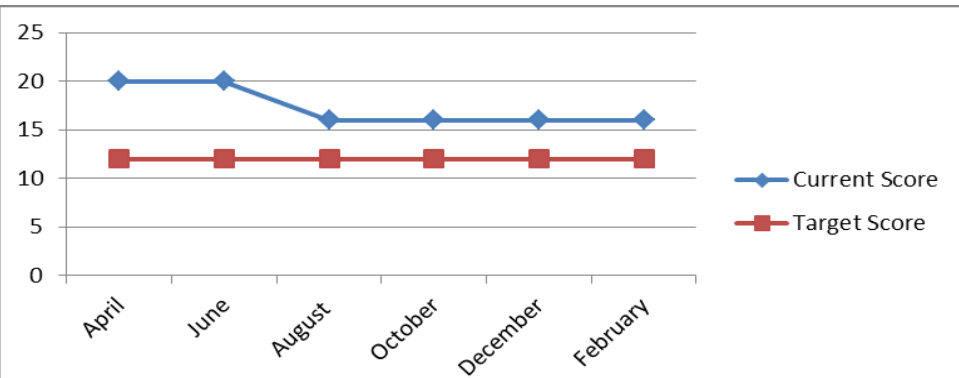


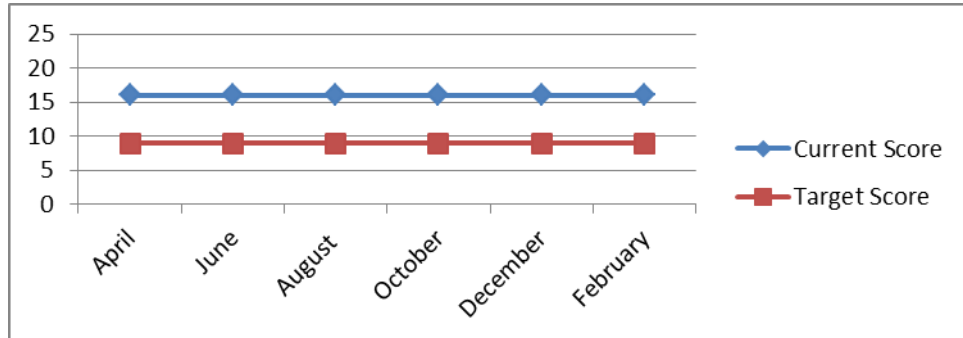
Strategic Objective 2a – To deliver our financial plan																											
Ref: 2a.2	Strategic Risk: If we fail to manage Income & Expenditure within planned parameters, <b>then</b> we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate, <b>resulting in</b> an impact on operational decisions, and capital investment.																										
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>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>8</td><td>8</td></tr><tr><td>June</td><td>8</td><td>8</td></tr><tr><td>August</td><td>8</td><td>8</td></tr><tr><td>October</td><td>8</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	8	8	June	8	8	August	8	8	October	8	8	December	12	8	February	12	8	Initial Score (CxL): 4x2 = 8	
Month					Current Score	Target Score																					
April					8	8																					
June	8	8																									
August	8	8																									
October	8	8																									
December	12	8																									
February	12	8																									
Date added: 1 April 2022  Date of last review: 6 February 2023	Current Score (CxL): 4x3 = 12  NB The above score reflects the position for 2022/23. It is predicted that the score associated with the risk of delivering the 2023/24 income and expenditure plan will, as a minimum start the year at a 16.																										
Lead Director: Director of Finance					Target Score (CxL): 4x2 = 8																						
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 December 2022</li><li>Monthly F&amp;P Academy Dashboard, latest as at December 2022</li><li>Bi-Annual Treasury Management Report, latest November 2022</li></ul> Gateway 3 of Financial Improvement target delivery broadly on target (85% v 100% target), with other non recurrent measures addressing the gap  <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><li>➤ Expenditure with Independent Sector – Significant assurance (November 2022)</li><li>➤ Improving NHS Financial Sustainability - no opinion given (November 2022)</li><li>➤ Financial Planning &amp; Budget Setting – High assurance (December 2022)</li><li>➤ IFRS 16 Effectiveness &amp; Risk Management - High Assurance (Jan 2023)</li></ul></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.  Delivery of Financial Improvement targets is heavily weighted toward non recurrent measures (eg vacancies and non-pay underspend associated with lower than planned activity). Steps need to be taken to convert non-recurrent measures into recurrent plans to improve underlying 2022/23 exit run rate, to avoid increasing challenge in 2023/24.	<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  CSUs and Support Departments to source, develop and implement recurrent sustainable run rate improvements	<b>Timescale</b> Commencing April 22 and on-going throughout the year  1 April 2023																						
			<b>Gaps in assurance</b>  The Medium Term financial outlook will be more challenging than the current financial year. The Operational Planning Guidance has been produced albeit there is uncertainty around exact allocations. At this stage, with the underlying recurrent run rate being a key factor, it is not anticipated that the financial improvement target will be below 5%.	Business Planning for 2023/24	March 2023																						
Related risks on the high level risk register (operational risks)	N/A																										

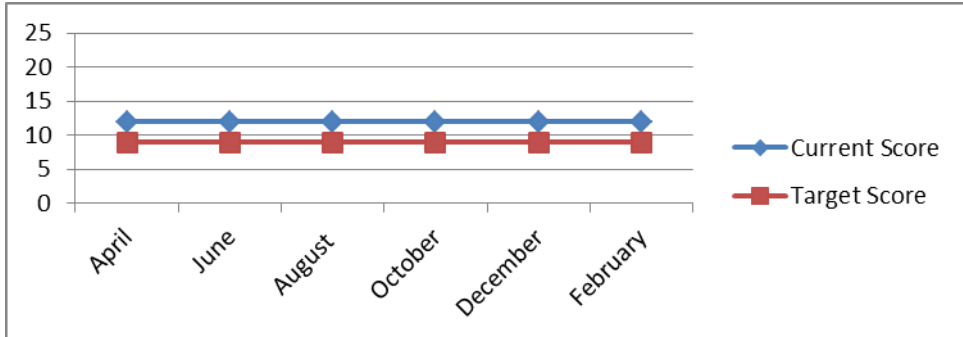
Strategic Objective 2a – To deliver our financial plan																										
Ref: 2a.3	Strategic Risk: If the capital funding allocation from the ICS is not sufficient to meet our requirements and/or we are unable to deliver our capital programme in full by the end of the financial year, <b>then</b> we may not be able to make the capital investments required to maintain safe and sustainable services, <b>resulting in</b> a negative impact on the quality of care, potential regulatory action, and a negative impact on the Trust’s reputation.																									
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>Movement in score 2022-23</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>8</td></tr><tr><td>June</td><td>11</td><td>8</td></tr><tr><td>August</td><td>11</td><td>8</td></tr><tr><td>October</td><td>16</td><td>8</td></tr><tr><td>December</td><td>16</td><td>8</td></tr><tr><td>February</td><td>16</td><td>8</td></tr></tbody></table>			Month	Current Score	Target Score	April	12	8	June	11	8	August	11	8	October	16	8	December	16	8	February	16	8	Initial Score (CxL): 4x4 = 16	
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<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 via Capital Strategy Group and Capital Operational Group.</li><li>• Project phasing or the bringing forward of projects to manage the overall quantum.</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>• Small contingency retained for emergency capital requirements.</li><li>• On-going discussions with NHSE to defer all the Eccleshill Community Diagnostic funding into 2023/24 due to delays in building works required.</li><li>• On-going discussions with NHSE to defer virtually all the TIF Daycase Unit at St Lukes Hospital funding into 2023/24 due to delays in building works required.</li></ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Monthly Finance Report , latest as at December 2022</li><li>• Monthly F&amp;P Academy Dashboard, latest as at December 2022</li><li>• Bi-Annual Treasury Management Report, latest November 2022</li><li>• Capital Plan approved by 2022/2023 – Board of Directors July 2022</li><li>• Capital report to F&amp;P Academy forecasting that the internal CDEL allocation will be broadly on line with plan</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• Quarterly capital reports to F&amp;P Academy, latest as at December 2023 - a number of capital schemes will not be completed by 31.3.23, which will impact on the available capital for new and replacement items in 2023/24. The value of any slippage required to complete the schemes will need to be top sliced from the Trust’s allocation.</li></ul>	<b>Independent Positive:</b> Internal Audit reports: <ul style="list-style-type: none"><li>➤ Capital Projects – Significant assurance (May 2022)</li><li>➤ Improving NHS Financial Sustainability - no opinion given (November 2022)</li><li>➤ Financial Planning &amp; Budget Setting – High assurance (December 2022)</li></ul> <b>Negative:</b> N/A	<b>Gaps in control</b> 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.  Capital Plan revised in August but ongoing risks remain around delivery.		<b>Action</b> Risk stratification of ‘need’ and subsequent profiling of plan to determine if items can be safely deferred to 2023/24  Regular review at Capital Strategy Group and Finance & Performance Academy	<b>Timescale</b> Ongoing throughout year  Ongoing																				
			<b>Gaps in assurance</b>  N/A																							
Related risks on the high level risk register (operational risks)		N/A																								

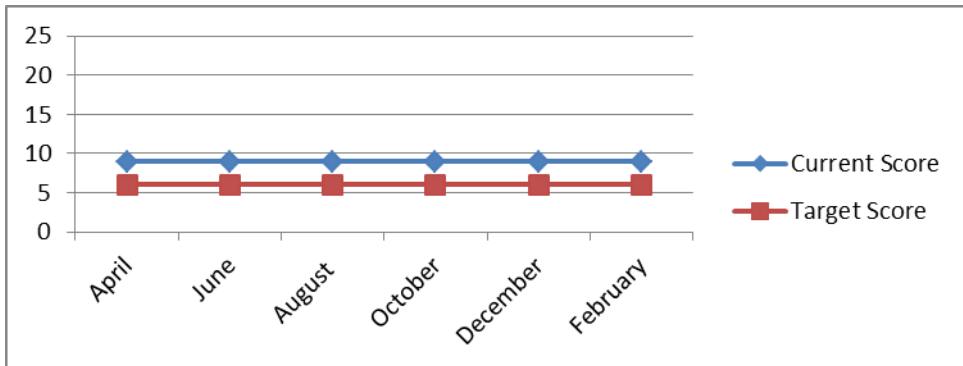
Strategic Objective 2b – To deliver our key performance targets											
Ref: 2b.1		Strategic Risk: If the Trust is unable to transform its services, <b>then</b> we may not be able to deliver resilient services that are fit for the future, <b>resulting in</b> a loss of staff, and a negative impact 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						
Date added: 1 April 2022					Current Score (CxL): 4x4 = 16						
Date of last review: 27 January 2023					Target Score (CxL): 3x3 = 9						
Lead Director: Chief Operating 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>• Service planning</li><li>• Operational Improvement Plan (Delivering Operational Excellence)</li><li>• Act as One Programmes</li><li>• Acute collaboration with Airedale</li><li>• WYAAT – Transformation Programmes, 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), Outstanding Pharmacy Services (OPS))</li><li>• Exec to CBU meetings</li><li>• Hospital Management Group</li><li>• NSO North Sector Programme Director role appointed.</li><li>• CSU Restructure implemented (Delivering Clinical Excellence)</li><li>• Creation of operational, financial and workforce plans to achieve operational planning guidance expectations 23/24.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Act as One Updates to F&amp;P Academy – latest January 2023</li><li>• Partnerships Dashboard – latest as at October 2022</li><li>• WYAAT ICS Programme Updates – latest November 2022 – e.g. WYVAS second arterial centre</li><li>• Exec to CBU scorecard / rating</li><li>• Outstanding Maternity Services update to Quality Academy – latest November 2022</li><li>• Outstanding Theatres Programme update to Quality Academy – latest January 2023</li><li>• Cancer Performance Improvement Plan to F&amp;P Academy – latest November 2022</li><li>• RTT Improvement Plan to F&amp;P Academy – latest October 2022</li><li>• Urgent &amp; Emergency Care Improvement Plan to F&amp;P Academy – latest January 2023</li><li>• Winter Response Plan – F&amp;P Academy and Board – October/November 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><li>• Exit from Maternity Support Programme confirmed January 2023</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>➤ 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>• SSNAP (Stroke Audit Programme) – Quarter 4 (Jan-Mar 2022) Overall ‘D’ Rating – deteriorated position</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 and shorter term gaps associated with industrial action</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>• Appointment of VIR candidate – awaiting formal start date</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 Agreement on model, now moved to implementation Q4 22-23 (March 2023)  March 2023   Ongoing  April 2023  Ongoing (Haematology workshop April 2022)  April 2023	
						<b>Gaps in assurance</b>  N/A					
Related risks on the high level risk register (operational risks)		• <b>3808</b> – Industrial Action (current score: 15)									



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 and the continued increase in demand, 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																									
<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>16</td><td>12</td></tr><tr><td>October</td><td>16</td><td>12</td></tr><tr><td>December</td><td>16</td><td>12</td></tr><tr><td>February</td><td>16</td><td>12</td></tr></tbody></table>			Month	Current Score	Target Score	April	20	12	June	20	12	August	16	12	October	16	12	December	16	12	February	16	12	Initial Score (CxL): 5x4 = 20	
Month	Current Score				Target Score																						
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<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) - approved subject to conditions moving to implementation phase</li><li>Weekly operational restart and recovery meeting</li><li>Board approval for elective recovery (circa £16m) – approved July 2022</li><li>Winter Response Plan</li><li>Ring fenced elective wards and capacity (at BRI site)</li><li>Creation of operational, financial and workforce plans to achieve operational planning guidance expectations 23/24</li><li>Expression of Interest submitted for endoscopy unit.</li></ul>		<b>Internal</b> <ul style="list-style-type: none"><li>Finance &amp; Performance Academy Dashboard – monthly, latest as at December 2022</li><li>Operational Performance Highlight Report, latest as at December 2022</li><li>Performance Report – monthly, latest as at December 2022</li><li>Cancer Performance Improvement Plan to F&amp;P Academy – latest November 2022</li><li>RTT Improvement Plan to F&amp;P Academy – latest October 2022</li><li>Urgent &amp; Emergency Care Improvement Plan to F&amp;P Academy – latest January 2023</li><li>EPRR self assessment core standards – substantial compliance (59 of 64 standards compliant)</li></ul> <b>Positive (areas meeting or exceeding plan):</b> <ul style="list-style-type: none"><li>Cancer 28 Day Faster Diagnosis</li><li>52 Week Waits (RTT)</li><li>104 Week Waits (RTT)</li><li>78 Week Waits (RTT)</li><li>Follow Up Outpatient Attendances</li><li>Cancer 2 Week Wait</li></ul> <b>Negative (areas not meeting plan):</b> <ul style="list-style-type: none"><li>Diagnostics Waiting Times</li><li>Elective Ordinary Spells</li><li>Day Case Spells</li><li>First Outpatient Attendances</li><li>Completed RTT Admitted Pathways</li><li>Completed RTT Non-Admitted Pathways</li><li>RTT Incomplete</li><li>18 Week Waits (RTT)</li><li>4 Hour Emergency Care Standard</li><li>Length of Stay ≥21days</li><li>Cancer 62 Day First Treatment</li><li>Ambulance Handover 30-60mins</li><li>Ambulance Handover 60+mins</li><li>% of Patients &gt;12 hours LoS in ED</li><li>ED Decision to Admit to Admission</li><li>Sentinel Stroke National Audit Programme (SSNAP) - D</li></ul> <p>Green = improving Black = no change Red = deteriorating</p>		<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><li>JAG accreditation not achieved, lack of physical capacity</li></ul> <b>Gaps in assurance</b> <ul style="list-style-type: none"><li>Lack of assurance about longer term capacity of independent sector and ongoing funding to support reset and recovery of elective services</li><li>Lack of data/insight to predict Covid community transmission rates due to change in testing regimes.</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>Following successful TIF bid, implementation of dedicated day case theatres at SLH</li><li>Development of short form business case to NHSE for consideration of new endoscopy unit at BRI</li><li>Ongoing work with independent sector</li><li>Close monitoring and reporting of inpatient Covid numbers</li></ul>		<b>Timescale</b> Ongoing  October 2023  March 2023 (for submission of business case)  Ongoing  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 1 – To provide outstanding care for our patients, delivered with kindness					
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)	<b>Movement in score 2022-23</b> 			<b>Initial Score (CxL): 4x4 =16</b>	
<b>Date added:</b> 1 April 2022  <b>Date of last review:</b> 7 February 2023				<b>Current Score (CxL): 4x4 = 16</b>	
<b>Lead Director:</b> Director of HR / Chief Medical Officer / Chief Nurse				<b>Target Score (CxL): 3x3 = 9</b>	
<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> <li>People Promise Exemplar Site</li> <li>Business case agreed for Specialist Recruitment Adviser and increases to recruitment team</li> <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, Outstanding Theatres and Outstanding Pharmacy Services programmes</li> </ul>	<b>Internal Positive:</b> <ul style="list-style-type: none"> <li>Workforce report – recruitment data – latest as at December 2022</li> <li>Junior doctor August fill rates</li> <li>People Dashboard – number of apprenticeships – latest as at December 2022</li> <li>CSU to Executive meetings re: recruitment activity</li> <li>Nursing recruitment and retention plan- September 2022</li> <li>Nursing &amp; Midwifery Staffing Review – November 2022</li> <li>Nursing &amp; Midwifery Staffing Data Publication – December 2022</li> <li>Nurse Staffing Board Assurance Framework - latest October 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 as at December 2022. Still not meeting plan but an improved position.</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> <li>Safer Staffing Assurance Framework – High assurance (August 2022)</li> <li>Recruitment Practice &amp; Process – High assurance (September 2022)</li> </ul> </li> <li>Model Hospital benchmarking data e.g. agency usage</li> <li>Growing Our Workforce highlight report – BD&amp;C Workforce Committee – December 2022</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>Vacancies within Recruitment Team impacting on recruitment timescales</li> <li>New recruitment system introduced which needs to be embedded</li> <li>National pay dispute – industrial action</li> </ul> <b>Gaps in assurance</b> <ul style="list-style-type: none"> <li>Lack of assurance re: workforce supply with gaps in some service areas</li> </ul>	<b>Action</b> <ul style="list-style-type: none"> <li>Recruitment to vacancies</li> <li>Embedding of new system</li> <li>Operational plans to manage.</li> <li>Local and national issue – actions ongoing within the Trust and at place and national levels</li> </ul>	<b>Timescale</b> <ul style="list-style-type: none"> <li>Ongoing</li> <li>End December 2022 – complete.</li> <li>Ongoing</li> </ul>
<b>Related risks on the high level risk register (operational risks)</b>	<ul style="list-style-type: none"> <li><b>3732</b> – Inability to maintain safe staffing levels (current score: 20)</li> <li><b>3630</b> - Staffing shortages are compromising the ability of the Children's community team to provide the level of respite care that has been agreed with commissioners (current score: 16)</li> <li><b>3481</b> - There is a risk that at times the qualified nurse staffing levels on the wards are not to planned staffing numbers, reducing the staff ability to care for sick children and volume of children (current score: 16)</li> <li><b>3404</b> - There is a risk that Optimal staffing levels within all areas of the maternity services not achieved due to vacancies, maternity leave, Covid isolation rules and long/short term sickness levels (current score: 15)</li> <li><b>3808</b> – Impact of industrial action (current score: 15)</li> <li><b>3660</b> - Rapid increase in number of attendances to Paediatric ED and CCDA (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>  <table><caption>Movement in score 2022-23</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>9</td></tr><tr><td>June</td><td>12</td><td>9</td></tr><tr><td>August</td><td>12</td><td>9</td></tr><tr><td>October</td><td>12</td><td>9</td></tr><tr><td>December</td><td>12</td><td>9</td></tr><tr><td>February</td><td>12</td><td>9</td></tr></tbody></table>			Month	Current Score	Target Score	April	12	9	June	12	9	August	12	9	October	12	9	December	12	9	February	12	9	Initial Score (CxL): 3x4 = 12	
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<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><li>• Quarterly Pulse surveys in place</li><li>• Psychology staff support offer</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• People Dashboard and Workforce Report – latest as at December 2022</li><li>• FTSU cases</li><li>• Occupational Health / Psychological support referrals (management referrals, limited data on self referrals)</li><li>• FTSU Annual report and Quarterly Report – latest as at Q2 2022/23</li><li>• 2021 Staff Survey action plan</li><li>• Guardian of Safe Working Quarterly Report – latest as at Q2 2022/23</li><li>• Psychology staff support offer - clinically and statistically significant improvement for staff in individual, occupational and social functioning – presentation to People Academy September 2022</li></ul> <b>Negative:</b> <ul style="list-style-type: none"><li>• Sickness absence rates – behind plan but improving position.</li><li>• Appraisal rates</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>• GMC Survey 2022 – excellent feedback for Anaesthetics (core trainees), Emergency Medicine, GP trainees in Emergency Medicine, GP placements in FY2, and Internal Medicine stage 1 trainees.</li><li>• Internal audit reports:<ul style="list-style-type: none"><li>➢ FTSU – Significant assurance (September 2021)</li><li>➢ Junior Doctor E-Rostering – Significant assurance (June 2021)</li><li>➢ Non Clinical Appraisal – Significant assurance (November 2022)</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><li>• GMC Survey - BTHFT is ranked 226<sup>th</sup> out of 236 UK acute and mental health Trusts for workload, and 63<sup>rd</sup> out of 63 North acute and mental health Trusts. Negative assurance on Obs &amp; gynae but presentation given to People Academy on actions taken in response.</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>• Listening strategy to be developed as part of staff survey action plan</li></ul>	<b>Timescale</b> Q4 22/23  Q4 22/23  Q4 22/23																				
				<b>Gaps in assurance</b> N/A																						
Related risks on the high level risk register (operational risks)		3767: Maternity staff: access to lone worker devices (current score: 16)																								

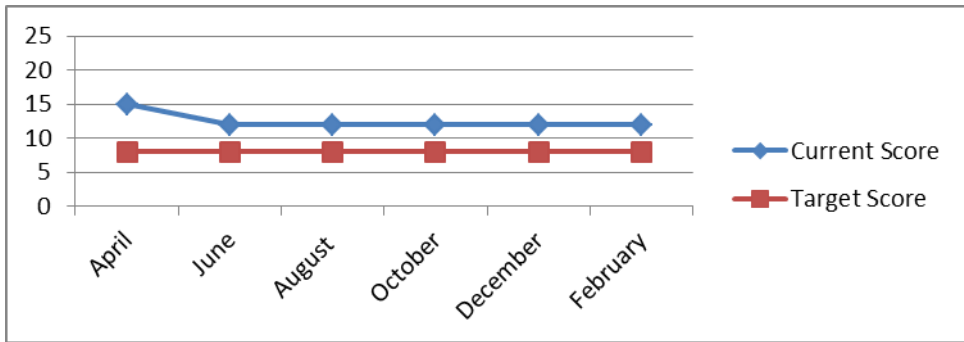
Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion																											
Ref: 3.3	Strategic Risk: If we are unable to recruit, retain and develop a workforce at all levels that is representative 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																										
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<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><li>WDES Innovation Fund and development of video</li><li>Updated EDI Policy</li><li>Participation in NHS Employers Diversity in Health and Care Partners Programme</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>People Dashboard: BAME overall workforce – latest as at September 2022</li><li>Gender Pay Gap – improving position – latest as at March 2021</li><li>Report to Board: disciplinary processes – latest as at 31 December 2022</li><li>Annual report to Board re disciplinary processes - May 2022</li><li>WRES/WDES/EDI Update report - - October 2022 (People Academy), November 2022 (Board)</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 September 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><li>Inclusion &amp; Belonging highlight report – BD&amp;C Workforce Committee – December 2022</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 (to include 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>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>March 2023</li><li>March 2023</li><li>April 2023</li><li>Ongoing</li></ul>																				
				<b>Gaps in assurance</b> N/A																							
Related risks on the high level risk register (operational risks)		N/A																									

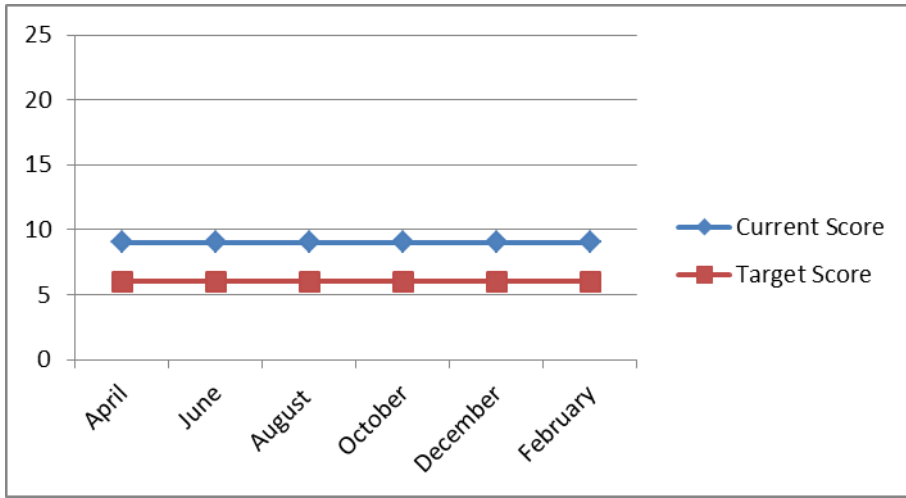


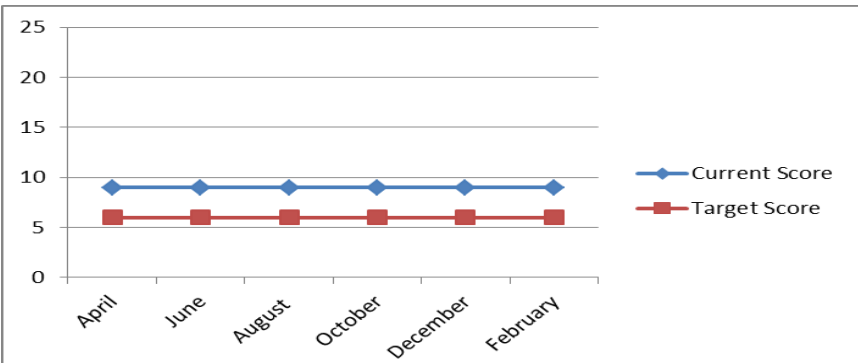
Strategic Objective 4 - To be a continually learning organisation and recognised as leaders in research, education and innovation																											
Ref: 4.1	Strategic Risk: If it is not possible to fill rota gaps or provide experienced trainers, then we may fail to provide an appropriate learning experience for trainees, resulting in an adverse impact on our reputation and potential withdrawal of the Trust’s training accreditation status																										
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>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>17</td><td>7</td></tr><tr><td>June</td><td>12</td><td>7</td></tr><tr><td>August</td><td>12</td><td>7</td></tr><tr><td>October</td><td>12</td><td>7</td></tr><tr><td>December</td><td>12</td><td>7</td></tr><tr><td>February</td><td>12</td><td>7</td></tr></tbody></table>				Month	Current Score	Target Score	April	17	7	June	12	7	August	12	7	October	12	7	December	12	7	February	12	7	Initial Score (CxL): 4x4=16	
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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>Appointment of Lead Physician Associate.</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><li>Preceptorship programme in place for Newly Qualified Nurses, Midwives and AHP’s.</li><li>Multi – Professional student forums offered on monthly basis.</li><li>HEE National Education &amp; Training Survey (NETS) is actively promoted to all learners on placement.</li><li>Quarterly meetings with GMC Employment Liaison Advisor.</li><li>Maximising recruitment of short term doctors to fill rota gaps – annual programme of recruitment.</li><li>Signed up to Medical Support Worker Programme funded by NHSE.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Guardian of Safe Working Hours – quarterly reports – latest report Q2 22/23 (People Academy - October 2022).</li><li>Appraisal &amp; Revalidation Annual Report – latest report 21/22 (People Academy - October 2022).</li><li>Annual Board Compliance Report re: Appraisal and Revalidation (Board – November 2022)</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 2022 – 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>GMC National Training Survey (July 22) identified many areas of good practice</li><li>PARE 2022 Feedback for Nursing and Midwifery show high scores and good practice relating to clinical handover.</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><li>➤ Medical Revalidation – Significant assurance (August 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 (Interim) – March 2022 – areas for improvement e.g. overcrowding, no provision for supervisors being on leave, induction/orientation.</li><li>GMC National Training Survey (July 22) identified some poorly performing areas and some that had deteriorated.</li><li>PARE 2022 Student feedback for Nursing and Midwifery placements identified some areas of concern regarding Trust staff behaviours and values. Some reports of belittling or racist behaviour towards students.</li></ul>		Gaps in control		Action		Timescale																	
						Numbers of junior doctors on rotas		Lobby Deanery to increase trainee numbers		Ongoing																	
				Development of Hospital at Night project.		December 2023																					
				Gaps in assurance																							
				Development of Education Services Dashboard.		Dashboard to be developed.		March 2023																			
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 the Trust, <b>then</b> our research capacity and capability will be negatively impacted, <b>resulting in</b> a negative impact on patient care and population wellbeing, and the Trust’s reputation as a leader in research																										
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<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 CSU on a quarterly basis and CSUs sign off capacity and capability that can conduct new research.</li><li>New Research Strategy document completed.</li><li>City of Research Framework Document circulated for approval by partners.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Quarterly Research Activity reports to Quality &amp; Patient Safety Academy– latest November 2022.</li><li>Quarterly Research reports and presentations on research projects to Board – latest January 2023.</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> <b>Negative:</b> <ul style="list-style-type: none"><li>Unclear how the CSUs 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>		<b>Independent Positive:</b> <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><li>£5.8M NIHR funding secured for continuation of the Patient Safety Research Centre.</li><li>£5M Health Determinants Research Collaboration (HDRC) funding secured.</li><li>Success in securing funding for a full business case to develop a secure data environment. (Total grant funding available 10 million).</li></ul> <b>Negative:</b> <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>		<b>Gaps in control</b> <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 CSUs as Core Business.</li></ul>		<b>Action</b> <ul style="list-style-type: none"><li>Trust Research Strategy and associated action plan.</li><li>CSUs’ research activity to be part of the formal Trust Performance Framework</li></ul>		<b>Timescale</b> Strategy approved September 2022; implementation started April 2023																	
						<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>Better research information to allow real time reporting and improved research activity management by CSUs 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>		Delayed; originally scheduled to be June 2022 but anticipating that will be early 2023.																	
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																									
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 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: 27 January 2023																											
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>• 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>• 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><li>• Quality Account and identification of priority areas.</li><li>• Quality &amp; Patient Safety Academy – meetings split between assurance and learning/improvement focus.</li><li>• Development of Datix Risk Management System to Cloud based system to support transition.</li><li>• Communications with Datix has resumed to support required upgrade to facilitate transition to LFPSE (replacing NRLS). Deadline for transition is October 2023 we are on track to do this. CLIP report has been introduced which triangulates, complaints, litigation, incidents and patient experience data to establish further opportunities for learning.</li><li>• Continue to be part of the ‘Learning Together’ research programme.</li><li>• Monthly Quality and Safety meetings have commenced in all CSUs, most are using standardised Quality Governance Framework. The Associate Director of Quality is planning on attending in each CSU to evaluate how well embedded this is over the coming weeks.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>• Quality Oversight &amp; Assurance Profile – monthly – latest report as at January 2023.</li><li>• Serious Incident Report – latest January 2023.</li><li>• CLIP (Complaints, Litigation, Incidents, Patient Experience) report – quarterly – latest report September 2022 (covering the period 2021/22).</li><li>• Tracking of actions from safety events overseen by Patient Safety Group.</li><li>• Ward / department quality accreditation programme.</li><li>• Quality Account – progress on priority areas – Quality Academy (November 2022)</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>•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 March 2023</li><li>• End of March 2023</li><li>• April 2023</li><li>• March 2023</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>  <table border="1"><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>9</td><td>6</td></tr><tr><td>June</td><td>9</td><td>6</td></tr><tr><td>August</td><td>9</td><td>6</td></tr><tr><td>October</td><td>9</td><td>6</td></tr><tr><td>December</td><td>9</td><td>6</td></tr><tr><td>February</td><td>9</td><td>6</td></tr></tbody></table>			Month	Current Score	Target Score	April	9	6	June	9	6	August	9	6	October	9	6	December	9	6	February	9	6	Initial Score (CxL): 3x3 = 9	
Month	Current Score				Target Score																						
April	9				6																						
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December	9	6																									
February	9	6																									
Date added: 1 April 2022		Current Score (CxL): 3x3 = 9																									
Date of last review: 7 February 2023																											
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?)																							
<ul style="list-style-type: none"><li>Supporting ongoing work across the ICS to implement the requirements of the Health and Social Care Act 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 through service development with new CSU structure and ETM – collaborative working is a regular feature of Exec/CSU discussions.</li><li>Cross system participation in:<ul style="list-style-type: none"><li>WYHCP Partnership Board and ICB</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, aseptics, LIMS replacement.</li></ul></li><li>CEO involvement in and leadership of WYHCP and WYAAT programmes e.g. critical care</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.11.22.24 – November 2022</i>)</li><li>CEO and Chair reports to Board consistently highlight positive examples of collaborative working (<i>e.g. minutes at Bo.11.22.4 record CEO update from Sept 2022</i>)</li><li>Updates to Board on BTHFT input to WYHCP developments (<i>e.g. Bo.9.22.14 – Sept 2022 - covers CQC wider system review of West Yorks urgent &amp; emergency care</i>)</li><li>There is a Health Inequalities workstream in place at BTHFT providing regular reports to the Equality &amp; Diversity Council.</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.11.22.10 – November 2022</i>)</li></ul> <b>Negative:</b>  N/A		Gaps in control  N/A																					
						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 (December 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>																					
						Action																					
						Timescale																					
						Revised Partnerships dashboard has been developed (May 2022) and is submitted with updated entries to Board																					
						Ongoing – Board dashboard includes Reducing Inequalities update (eg Bo.11.22.24 – November 2022)																					
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)				Initial Score (CxL): 3x3 = 9			
Date added: 1 April 2022				Current Score (CxL): 3x3 = 9			
Date of last review: 7 February 2023				Target Score (CxL): 3x2 = 6			
Lead Director: Director of Strategy & Integration							
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 revised governance of our BD&amp;C H&amp;CP involves oversight by a Partnership Board of a Leadership Exec (PLE) – BTHFT is represented on both.</li><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>BTHFT is involved in all of the BD&amp;C HCP revised priority areas: Access to Care; Communities; Children, Young People and Families; Mental Health, and Workforce. The previous 7 transformation programmes have moved into the new priorities and will continue to operate in the short-medium term. Respiratory, diabetes and healthy hearts have moved into the Access to Care priority area to form a long term conditions stream along with cancer care. The Access to Care Programme Board is chaired by BTHFT’s Chief Operating Officer.</li><li>We will increasingly work with the 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>the Strategic Partnering Agreement (SPA),</li><li>joint 2022/23 plans to NHSE (via WYHCP),</li><li>place based committees (e.g. Finance, Quality) and</li><li>operational matters like COVID-19 vaccination programmes, Squire Lane project, and “enabling” programmes in support of revised priority areas. 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></ul></li><li>Development of integrated bid for strategic capital investment (new hospitals).</li><li>Exploring the potential to work collaboratively across the BD&amp;C Health &amp; Care Partnership for specific innovations that are part of the NHS Clinical Entrepreneur Programme.</li><li>Developing a BD&amp;C Health and Care Partnership approach to virtual ward delivery as part of the VRI Programme.</li><li>Inequalities to be featured as a key component within the EDI strategy.</li><li>Working with Quality to explore how HIs can be included within CSUs service development/quality improvement work.</li></ul>		<b>Internal Positive:</b> <ul style="list-style-type: none"><li>Partnerships Dashboard has consistently shown “green/amber” rating (<i>e.g. Bo.11.22.24 – November 2022</i>)</li><li>CEO and Chair reports to Board consistently highlight positive examples of collaborative working (<i>e.g. minutes at Bo.11.22.4 record CEO update from September 2022</i>)</li><li>Updates to Board on BTHFT input to BD&amp;C HCP developments (<i>e.g. Procurement Strategy Bo.5.22.10 – May 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 revised priority Boards s)</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 (Aug 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.</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>Programme of work led by Director of S&amp;I to co-ordinate and highlight Trust activity on HIs. Regular updates to the Equality &amp; Diversity Council and inclusion in forthcoming EDI Strategy. Includes mapping of current activity across all CSUs and production of an action plan.</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 November 2022</li><li>Update to E&amp;DC on 14 October; outline Strategy discussed at EDC 8 Dec 2022.</li><li>Draft EDI Strategy due to be presented to Board in March 2023.</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					