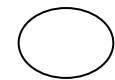


Board Assurance Framework – Summary of Strategic Risks

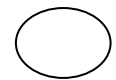
| Ref | Strategic Risks | Current Score & Direction of travel | Target Score | Executive Lead | Commentary (e.g. change in risk score, completed actions, reasons for any delays in actions) |
|---|--|---|--------------|--|--|
| Strategic Objective 1 - To provide outstanding care for our patients, delivered with kindness | | Assuring Academy: Quality & Patient Safety | | | Overall Assurance Level 2023/24: |
| 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 and address the needs of our population, then we won't be able to deliver appropriate services, resulting in worsening health inequalities | 12 ↑ | 8 | Chief Nurse / Chief Medical Officer | Work underway to understand our waiting list and the impact of health inequalities on timely access to treatment. Score amended to reflect current pressure on waiting times, particularly following the impact of on-going industrial action. |
| 1.2 | If we fail to maintain and develop our care environment, then we may not be able to deliver modern, outstanding care for our patients, resulting in poor patient experience and outcomes and limited ability to deliver services | 12 ↔ | 8 | Chief Nurse / Chief Medical Officer | Score previously 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, 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 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 | 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 | | Assuring Academy: Finance & Performance | | | Overall Assurance Level 2023/24: |
| 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, then we may fail to maintain financial stability and sustainability, resulting in reduced opportunities to meet demand and to maintain/improve the quality of care, an increased likelihood of system intervention, potential regulatory action, and a negative impact on the Trust's reputation. | 20 ↑ | 8 | Director of Finance | The Trust faces a significant financial risk when comparing the underlying run rate and known pressures (including inflation) to the income allocation. The Trust has set a stretching waste reduction target value of £25m, which currently results in a £6m planned deficit. Work is underway to address the target but the Trust currently does not have the full value identified (as at 31 March 2023). |
| 2a.2 | If we fail to manage Income & Expenditure within planned parameters, then we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate, resulting in an impact on operational and capital investment decisions, reduced opportunities to meet demand and to maintain/improve the quality of care, an increased likelihood of system intervention, potential regulatory action, and a negative impact on the Trust's reputation. | 20 ↑ | 8 | Director of Finance | The Trust faces a significant financial risk when comparing the underlying run rate and known pressures (including inflation) to the income allocation. The Trust has set a stretching waste reduction target value of £25m, which currently results in a £6m planned deficit. Work is underway to address the target but the Trust currently does not have the full value identified (as at 31 March 2023). |
| 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, then we may not be able to make the capital investments required to maintain safe and sustainable services, resulting in a negative impact on the quality of care, the capacity available to treat patients in a safe environment and a negative impact on the Trust's reputation. | 16 ↔ | 8 | Director of Finance | The Trust has a capital plan of £49m for 2023/24 which includes the St Lukes Daycase Unit and Community Diagnostic Centre which are externally funded schemes. Operational Capital (internal capital) totals £25.6m, which has been allocated on a risk based approach. The full value of the operational capital has been allocated with no contingency for new risks. If new risks materialise they will need to be risk stratified against the existing schemes, which may need to be removed or deferred if schemes with a higher risk are identified. |
| Strategic Objective 2b – To deliver our key performance targets | | Assuring Academy: Finance & Performance | | | Overall Assurance Level 2023/24: |
| 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 |
| 2b.1 | If the Trust is unable to transform its services, then we may not be able to deliver resilient services that are fit for the future, resulting in a loss of staff, and a negative impact on patient safety, experience and outcomes | 16 ↔ | 9 | Chief Operating Officer | Although projects progressing, no overall change to risk score due to ongoing fragility in certain specialties. |
| 2b.2 | If the Trust is unable to recover the backlogs created by COVID-19, combined with the 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 | 16 ↔ | 8 | Chief Operating Officer | Backlog created as a result of Covid and non-elective demand, in addition to industrial action, continues to impact on operational delivery and threatens the ability to maintain the activity levels. Board approval for roll over of insourcing for six-months in 23/24. Draft operational plan and priorities plan submitted to ICB in line with the operational planning guidance. |
| Strategic Objective 3 – To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion | | Assuring Academy: People | | | Overall Assurance Level 2023/24: |
| 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, 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 NB This risk is also linked to Strategic Objective 1 - To provide outstanding care for our patients, delivered with kindness | 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 and engaged workforce, then we will be unable to reduce sickness absence and turnover rates, resulting in an adverse impact on patient safety and experience, and staff experience, wellbeing and morale. | 9 ↓ | 6 | Director of HR | Reduction in risk score from 12 to 9. Due to improved staff survey results, absence rates and staff turnover. |
| 3.3 | If we are unable to recruit, retain and develop a workforce at all levels that is representative of the population we serve , then we may have low levels of staff engagement and morale, resulting in an adverse impact on patient safety and experience, staff experience and wellbeing, and a failure to attract staff to work for our Trust | 9 ↔ | 6 | Director of HR | No change to overall risk score. 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 | | Assuring Academy: Quality & Patient Safety | | | Overall Assurance Level 2023/24: |
| 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, then we may fail to provide an appropriate learning experience for trainees, resulting in an adverse impact on our reputation and potential withdrawal of the Trust's training accreditation status | 12 ↔ | 6 | Chief Medical Officer | No change in score. Improved GMC training survey results compared to last year. Continued staffing vacancies still compromising the delivery of the best training experience. FY1 Doctors, particularly in Surgery reported a poor experience, as reported in the GMC and NETs survey. Junior Doctors in Medicine remain on Covid surge rotas – due for review in April 2023. |
| 4.2 | If we fail to attract research funding and researchers to BIHR, then our research capacity and capability will be negatively impacted, resulting in a negative impact on patient care and population wellbeing, and the Trust's reputation as a leader in research | 6 ↔ | 6 | Chief Medical Officer | No change in score. Continued success at securing research grants. New five year research strategy to be launched in April 2023. |
| 4.3 | If we do not have robust processes for incident identification, escalation and learning then we may fail to learn from incidents, resulting in gaps in safe clinical care | 12 ↔ | 8 | Chief Medical Officer | 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. A PSIRF training needs analysis will be submitted to the Executive Team for review in early April 2023 and training will be delivered to the Board in due course. |
| Strategic Objective 5 – To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals | | Assuring Academy: N/A - Board | | | Overall Assurance Level 2023/24: |
| 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, then we may fail to deliver seamless, integrated care for the people of West Yorkshire, resulting in poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities. | 9 ↔ | 6 | Director of Strategy & Integration | No changes to note. |
| 5.2 | If we do not effectively influence implementation of the Strategic Partnering Agreement and other elements of system integration in our Bradford District & Craven place, then we may fail to deliver seamless, integrated care for the people of Bradford District and Craven, resulting in poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities. | 9 ↔ | 6 | Director of Strategy & Integration | Inequalities now featured as a key component within the EDI strategy as approved by the Board in March 2023. |

Heat Map – April 2023

 = current score

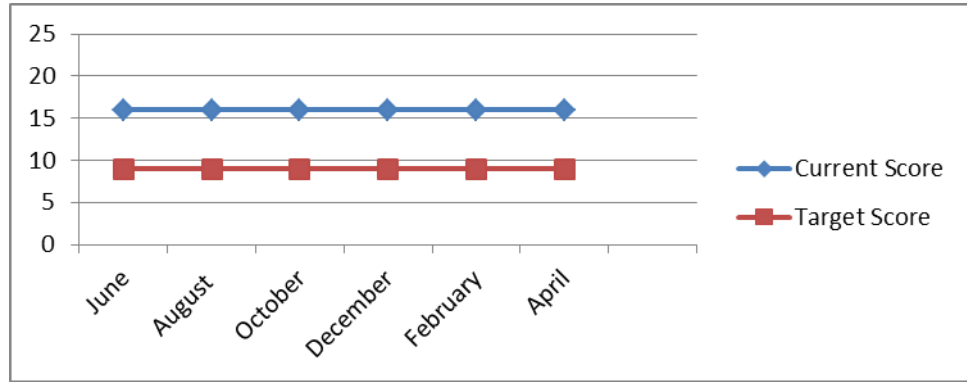
| LIKELIHOOD | CONSEQUENCE | | | | |
|------------------------|----------------|---------|---|--|---------------------------------|
| | Negligible (1) | Low (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Almost Certain (5) | | | | | |
| Likely (4) | | | | <div>3.1</div> <div>2b.1</div> <div>2b.2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

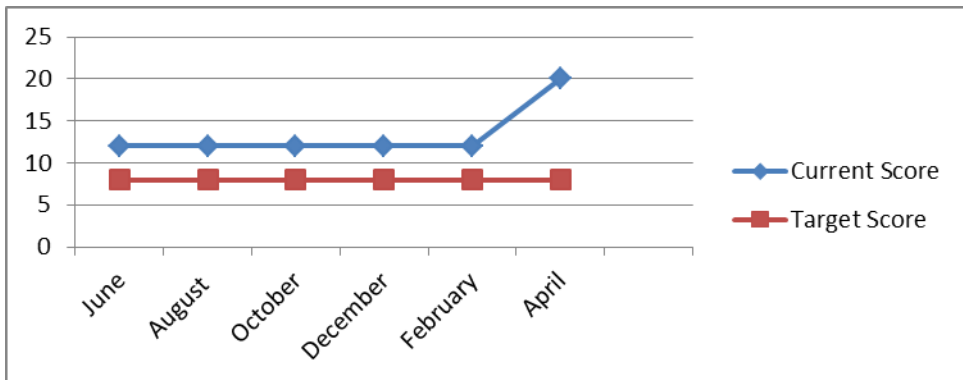
Heat Map – April 2022 – for comparison

 = current score

| LIKELIHOOD | CONSEQUENCE | | | | |
|------------------------|----------------|---------|--------------------|-----------------|------------------|
| | Negligible (1) | Low (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Almost Certain (5) | | | | | |
| Likely (4) | | 2a.2 | 2a.1 2a.3 2b.1 3.2 | 1.2 1.3 3.1 4.1 | 2b.2 |
| Possible (3) | | | 3.3 4.2 5.1 5.2 | 1.1 | 4.3 |
| Unlikely (2) | | | | | |
| 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 and address the needs of our population, then we won't be able to deliver appropriate services, 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 June 2022 – April 2023</div> <table><caption>Movement in score June 2022 – April 2023</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><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><tr><td>April</td><td>12</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 8 | 6 | August | 8 | 6 | October | 8 | 6 | December | 8 | 6 | February | 8 | 6 | April | 12 | 8 | Initial Score (CxL): 4x3=12 | |
| Month | Current Score | | | | Target Score | | | | | | | | | | | | | | | | | | | | | | |
| June | 8 | | | | 6 | | | | | | | | | | | | | | | | | | | | | | |
| August | 8 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 8 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 8 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 8 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | | Current Score (CxL): 4x3=12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 27 March 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">Community Engagement Meetings - monthlyPatient Experience team gathers insights and shares with teams as appropriatePatient and public engagement undertaken as part of Act as One programmesMembership Plan - objective to increase engagement with membersWork with third sector e.g. Maternity Voices PartnershipPatient and Public Engagement Officer in postQuality Improvement ProgrammesStrategic Equality & Diversity CouncilCommunity Contact Programme (wellbeing outreach to community venues identifying indicators of poor health)Patient Experience Survey for surgical patients (part of OTS)EDI StrategyHealth Inequalities & Waiting List AnalysisBorn in Bradford BIHR programmeAge of Wonder BIHR programmeRef: Strategic Risk 3.3 – controls in place to ensure our workforce is representative of our population | | <div>Internal Positive:</div> <ul style="list-style-type: none">Patient Experience Annual Report 2021/22 (inc. complaints, compliments, PALS, FFT)Patient Experience 6 monthly update – November 2022Patient Experience Group Update – latest February 2023Monthly Maternity Services Update – latest as at February 2023CLIP Report – latest as at Q3 22/23SI Report – latest as at February 2023Quality Dashboard – latest as at March 2023LeDeR Annual ReportHealth Inequalities & Waiting List Analysis Report – Board February 2023Quality Account 21/22 <div>Negative:</div> <ul style="list-style-type: none">CLIP Report – latest as at Q3 22/23SI Report – latest as at February 2023Quality Dashboard – latest as at March 2023 | | <div>Independent Positive:</div> <ul style="list-style-type: none">Internal Audit reports:<ul style="list-style-type: none">End of Life Care – Patients with LDs – Significant assurance (October 2021)Quality Improvement & Oversight – High assurance (May 2022)Safeguarding – Domestic Violence – Significant assurance (January 2023)Complaints – Significant Assurance (March 2023)GIRFT Litigation Report – timeliness of responsesAnnual Inpatient SurveyUrgent & Emergency Care Survey 2020 – number of improved areas e.g. confidence in clinicians, cleanliness.WRES/WDES ReportAnnual Maternity SurveyNational Audit for Care at the End of Life (NACEL) – reported within the Palliative Care Annual Report at Quality and Patient Safety Academy January 2023. <div>Negative:</div> <ul style="list-style-type: none">Internal Audit reports:<ul style="list-style-type: none">Consent – Limited assurance (January 2022)ReSPECT – Limited assurance (January 2022)GIRFT Litigation ReportAnnual Inpatient SurveyUrgent & Emergency Care Survey 2020 – clear theme re: better communication required. | | Gaps in control | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Gaps in assurance | | | | | | | | | | | | | | | | | | | | | |
| | | • Inequalities in access to our services | | • Waiting list analysis work and actions to address findings | | | | | | | | | | | | | | | | | | | | | | | |
| | | • Quality & Patient Safety Dashboard is not fit for purpose | | • Dashboard to be updated | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | |

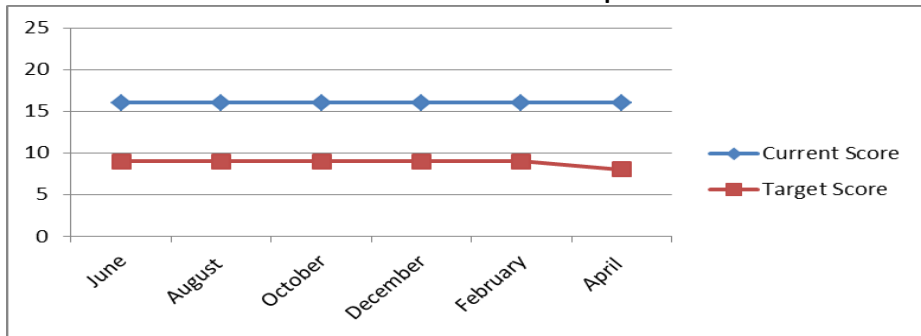
| Strategic Objective 1 – To provide outstanding care for our patients, delivered with kindness | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|--------------|------|----|---|--------|----|---|---------|----|---|----------|----|---|----------|----|---|-------|----|---|-----------------------------|--|--|
| Ref: 1.2 | Strategic Risk: If we fail to maintain and develop our care environment, then we may not be able to deliver modern, outstanding care for our patients, resulting in poor patient experience and outcomes and limited ability to deliver services | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 June 2022 – April 2023</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>June</td><td>16</td><td>8</td></tr><tr><td>August</td><td>16</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><tr><td>April</td><td>16</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 16 | 8 | August | 16 | 8 | October | 16 | 8 | December | 16 | 8 | February | 16 | 8 | April | 16 | 8 | Initial Score (CxL): 4x4=16 | | |
| Month | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | |
| August | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | Current Score (CxL): 4x3=12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 27 March 2023 | Target Score (CxL): 4x2=8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?) | Actions to address gaps in controls or assurance | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">• Bid submitted under New Hospital Programme alongside partners in Bradford District & Craven• Virtual Royal Infirmary (VRI) Project• Infection Prevention & Control policy and processes in place, oversight through IPC Committee and Quality & Patient Safety Academy• Quality Improvement Programmes• Action plans in place to address findings of e.g. Inpatient Survey and Urgent & Emergency Care Survey• Funding secured for twin day case theatres on SLH site.• Plans for improvement of IPC compliant patient accommodation developed and funded.• IPC Awareness Day – took place on 24 November 2022• Embedding Kindness and Civility Programme• Worries and Concerns Pilot• Bid submitted for Endoscopy suite | Internal Positive: <ul style="list-style-type: none">• Estates & Facilities Quarterly Service Report – latest Q3 2022/23• IPC Quarterly Report – latest September 2022• IPC Board Assurance Framework – latest report as at December 2022 Negative: N/A | Independent Positive: <ul style="list-style-type: none">• Meeting National Cleaning Standards• Meeting National Food Standards• Annual Inpatient Survey• Urgent & Emergency Care Survey 2020 – number of improved areas e.g. cleanliness.• Internal Audit reports:<ul style="list-style-type: none">➤ Infection Control – PPE Availability & Compliance – High assurance (July 2021)➤ Estates Planned Preventative Maintenance (PPM) Compliance – Significant assurance (September 2021)➤ Hospital Acquired Infections – Significant assurance (December 2021)➤ Pressure Ulcers – Significant assurance (December 2021)➤ Health & Safety inc RIDDOR – Significant assurance (March 2022)➤ IPC Board Assurance Framework – Significant assurance (July 2022)➤ Catering – Significant assurance (September 2022)➤ Pharmacy & Medicine Management; Controlled Drugs – Significant assurance (October 2022)➤ Medical Devices – Significant assurance (January 2023)➤ Ionising Radiation – Significant assurance (January 2023)➤ Ward Accreditation internal audit – Significant assurance (April 2023)➤ Visiting Internal Audit – High assurance (April 2023)• HTA inspection March 2023 Negative: <ul style="list-style-type: none">• Annual Inpatient Survey• Internal Audit reports:<ul style="list-style-type: none">➤ Nutrition & hydration – Limited assurance (January January 2022) | Gaps in control <ul style="list-style-type: none">• Some areas are not compliant with ventilation standards, including Ward 7 (Covid-19 ward)• Lack of suitable side rooms to isolate infectious patients• Lack of negative pressure isolation rooms• No formal lead allocated for anti-microbial stewardship (AMS) Gaps in assurance N/A | Action <ul style="list-style-type: none">• Identification of areas/units to have air scrubbers to minimise the risk of respiratory diseases• Ward 7 risk assessment revised with mitigating measures in place• Daily review of potential patients for de-isolation• A business case is being prepared for another anti-microbial clinical pharmacist | Timescale Ongoing Complete Ongoing TBC | | | | | | | | | | | | | | | | | | | | | | |
| Related risks on the high level risk register (operational risks) | <ul style="list-style-type: none">• 3627 – Backlog maintenance and critical infrastructure risk (current score: 20)• 3748 – Renal services capacity (current score: 16) | | | | | | | | | | | | | | | | | | | | | | | | | | |

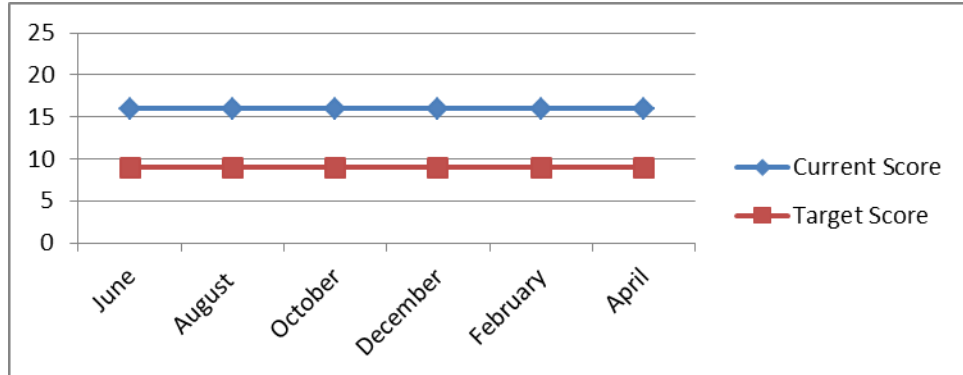
| Strategic Objective 2a – To deliver our financial plan | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|--------------|------|----|---|--------|----|---|---------|----|---|----------|----|---|----------|----|---|-------|----|---|-----------------------------|--|
| Ref: 2a.1 | 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 maintain/improve the quality of care, an increased likelihood of system intervention, 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 June 2022 – April 2023</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>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><tr><td>April</td><td>20</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 12 | 8 | August | 12 | 8 | October | 12 | 8 | December | 12 | 8 | February | 12 | 8 | April | 20 | 8 | Initial Score (CxL): 5x4=20 | |
| Month | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | |
| June | | | | 12 | 8 | | | | | | | | | | | | | | | | | | | | | |
| August | | | | 12 | 8 | | | | | | | | | | | | | | | | | | | | | |
| October | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 20 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | Current Score (CxL): 5x4=20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 21 March 2023 | Target Score (CxL): 4x2=8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Director: Director of Finance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key controls (what are we doing about the risk?) | Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?) | | Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?) | | Actions to address gaps in controls or assurance | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Continued evolution of the Clinical Business Unit financial management arrangements and framework, with associated accountability and performance management frameworkPerformance management and reporting of Waste Reduction plansScheme of Delegation, internal financial control environment (revised February 2023).Financial governance and control arrangements.Quality Impact and Financial Impact Assessment processes.Revised Budgetary Management Framework (presented and approved at Executive Team and September 2022 Finance and Performance Academy)September 2022 update to Procurement strategy, risk register and work plan (presented to Finance & Performance Academy) – with periodic updates provided (eg March 2023 F&P Academy) | Internal Positive: <ul style="list-style-type: none">Extended Monthly Finance Report, latest as at February 2023 (ongoing improvement s to content to improve understanding and reflect performance management BAU activities)Monthly F&P Academy Dashboard, latest as at March2023Quarterly Capital Report, latest as at March 2023Bi-Annual Treasury Management Report, latest November 2022Bi-Annual report on Pathology Joint Venture financial position, latest October 2022Quarterly Place and System Financial Update Report, latest as at January 2022 Negative: N/A | | Independent Positive: <ul style="list-style-type: none">Future Focused Finance Level 1 AccreditationInternal audit reports:<ul style="list-style-type: none">➤ PLICS – High assurance (March 2022)➤ Effective Procurement – High assurance (March 2022)➤ Financial transactions – Significant assurance (April 2022)➤ Payroll – Significant assurance (May 2022)➤ Improving NHS Financial Sustainability - no opinion given (November 2022)➤ Financial Planning & Budget Setting – High assurance (December 2022)➤ IFRS 16 Effectiveness & Risk Management - High Assurance (January 2023)➤ Financial Transactions – High Assurance (April 2023) Negative: N/A | | Gaps in control The focus on operational pressures to provide safe care throughout winter and the periods of industrial actions have impacted on the capacity and capability to establish a waste reduction plan that would sustainably secure the financial target for 2023/24. | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Gaps in assurance CSU’s and Support Departments have not identified the full value of their waste reduction targets | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Action Maintaining equilibrium across the balanced scorecard requires the commitment to apply normal financial management arrangements. Attention must turn to identifying recurrent and sustainable run rate improvements for 2023/24.CSUs and Support Departments to source, develop and implement recurrent, sustainable run rate improvements | | | | | | | | | | | | | | | | | | | | | |
| | | | | Timescale On-going throughout 2022/23 and into 2023/24 Qtr 1 2023/24 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Qtr 1 2023/24 | | | | | | | | | | | | | | | | | | | | | | |
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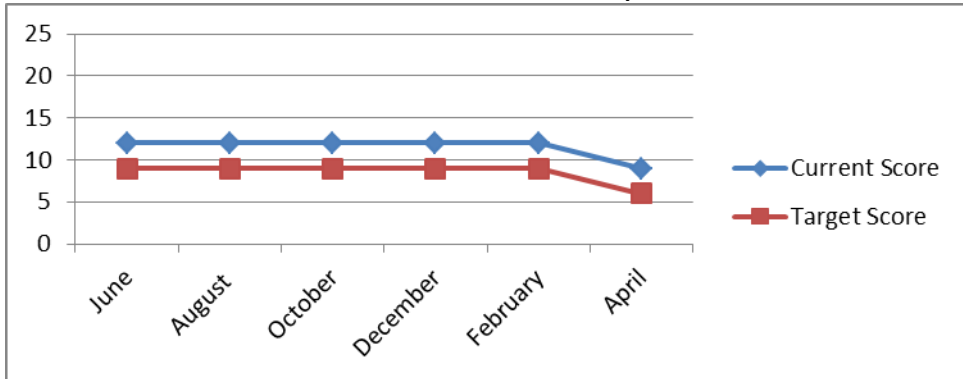
| Strategic Objective 2a – To deliver our financial plan | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--------------|------|---|---|--------|---|---|---------|---|---|----------|----|---|----------|----|---|-------|----|---|-------------------------------|--|
| Ref: 2a.2 | Strategic Risk: If we fail to manage Income & Expenditure within planned parameters, then we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate, resulting in an impact on operational and capital investment decisions, reduced opportunities to meet demand and to maintain/improve the quality of care, an increased likelihood of system intervention, 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 June 2022 – April 2023</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>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><tr><td>April</td><td>20</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 8 | 8 | August | 8 | 8 | October | 8 | 8 | December | 12 | 8 | February | 12 | 8 | April | 20 | 8 | Initial Score (CxL): 5x4 = 20 | |
| Month | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | |
| June | | | | 8 | 8 | | | | | | | | | | | | | | | | | | | | | |
| August | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 20 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | Current Score (CxL): 5x4 = 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 21 March 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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">The cash & liquidity position is managed and monitored by the Cash Committee with updates provided to the Finance & Performance Academy via the monthly Finance Report and the periodic Treasury Management Report.Continued sourcing of cash releasing efficiencies.Additional measures taken to improve financial control in the immediate and longer term, for example the curtailment of planned investments in the Capital Programme.Scheme of Delegation, internal financial control environment (revised February 2023). | Internal Positive: <ul style="list-style-type: none">Monthly Finance Report , latest as at March 2023Monthly F&P Academy Dashboard, latest as at March 2023Bi-Annual Treasury Management Report, latest November 2022 Negative: N/A | Independent Positive: <ul style="list-style-type: none">Internal audit reports:<ul style="list-style-type: none">➤ PLICS – High assurance (March 2022)➤ Effective Procurement – High assurance (March 2022)➤ Financial transactions – Significant assurance (April 2022)➤ Payroll – Significant assurance (May 2022)➤ Expenditure with Independent Sector – Significant assurance (November 2022)➤ Improving NHS Financial Sustainability - no opinion given (November 2022)➤ Financial Planning & Budget Setting – High assurance (December 2022)➤ IFRS 16 Effectiveness & Risk Management - High Assurance (Jan 2023)➤ Financial Transactions – High Assurance (April 2023) Negative: N/A | Gaps in control The focus on operational pressures to provide care throughout winter and the periods of industrial actions has impacted on the capacity and capability to establish a waste reduction plan that would sustainably secure the financial target for 2023/24. | Action Maintaining equilibrium across the balanced scorecard requires the commitment to apply normal financial management arrangements. Attention must turn to identifying recurrent and sustainable run rate improvements for 2023/24.CSUs and Support Departments to source, develop and implement recurrent, sustainable run rate improvements | Timescale On-going throughout 2022/23 and into 2023/24 Qtr 1 2023/24 | | | | | | | | | | | | | | | | | | | | | |
| | | | Gaps in assurance CSU’s and Support Departments have not identified the full value of their waste reduction targets | Increased focus required on the identification and implementation to waste reduction plans supported by business partners and the governance arrangements established to support identification, implementation and delivery | Qtr 1 2023/24 | | | | | | | | | | | | | | | | | | | | | |
| Related risks on the high level risk register (operational risks) | N/A | | | | | | | | | | | | | | | | | | | | | | | | | |

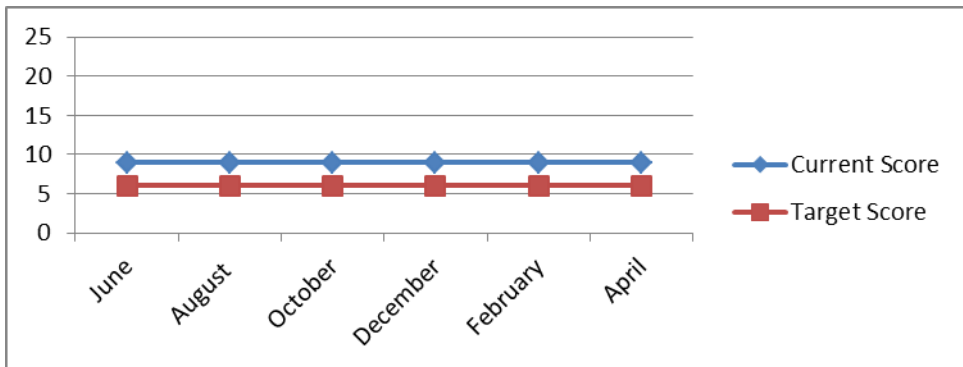
| Strategic Objective 2a – To deliver our financial plan | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------|--|--------------|---|----|---|--------|----|---|---------|----|---|----------|----|---|----------|----|---|-------|----|---|-------------------------------|--|
| 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, then we may not be able to make the capital investments required to maintain safe and sustainable services, resulting in a negative impact on the quality of care, the capacity available to treat patients in a safe environment 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 June 2022 – April 2023</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>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>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><tr><td>April</td><td>16</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 12 | 8 | August | 12 | 8 | October | 16 | 8 | December | 16 | 8 | February | 16 | 8 | April | 16 | 8 | Initial Score (CxL): 4x4 = 16 | |
| Month | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | |
| June | | | | 12 | 8 | | | | | | | | | | | | | | | | | | | | | |
| August | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | Current Score (CxL): 4x4 = 16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 21 March 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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">• Pre planning and visibility on high risk investment requirements.• List of risk stratified prioritised long list of investment requirements has been established.• Intensified oversight and governance of the capital programme via Capital Strategy Group and Capital Operational Group.• Project phasing or the bringing forward of projects to manage the overall quantum.• Re-purpose existing capital allocations elsewhere in overall programme to support risk.• Look to source alternative income flows to support the investment plan that do not impact on CDEL (eg charitable donations).• Small contingency retained for emergency capital requirements. | Internal Positive: <ul style="list-style-type: none">• Monthly Finance Report , latest as at March 2023• Monthly F&P Academy Dashboard, latest as at March 2023• Bi-Annual Treasury Management Report, latest November 2022• Capital Plan approved by 2023/2024 – Board of Directors March 2023 and F&P Academy March 2023• Capital report to F&P Academy | Independent Positive: Internal Audit reports: <ul style="list-style-type: none">➤ Capital Projects – Significant assurance (May 2022)➤ Improving NHS Financial Sustainability - no opinion given (November 2022)➤ Financial Planning & Budget Setting – High assurance (December 2022) Negative: N/A | Gaps in control There are no material gaps in control, with the programme managed and monitored through the Capital Strategy Group and Capital Operational Group. The scoring of the risk is reflective in the operational capital allocation which is an externally determined value and as such limits the value that can be invested into capital on an annual basis. | | Action Closely monitor delivery of the Programme and ensure the full value of the programme is delivered | | Timescale On-going on a monthly basis | | | | | | | | | | | | | | | | | | | |
| | | | Gaps in assurance The assurance that the Trust has sufficient resource/ support in place to deliver a programme of almost £50m in 2023/24. | | To establish a delivery trajectory against which delivery can be monitored and appropriate action taken | | April 2023 | | | | | | | | | | | | | | | | | | | |
| | | | | | To continually monitor ongoing delivery with early identification of risk | | On-going on a monthly basis | | | | | | | | | | | | | | | | | | | |
| Related risks on the high level risk register (operational risks) | | N/A | | | | | | | | | | | | | | | | | | | | | | | | |

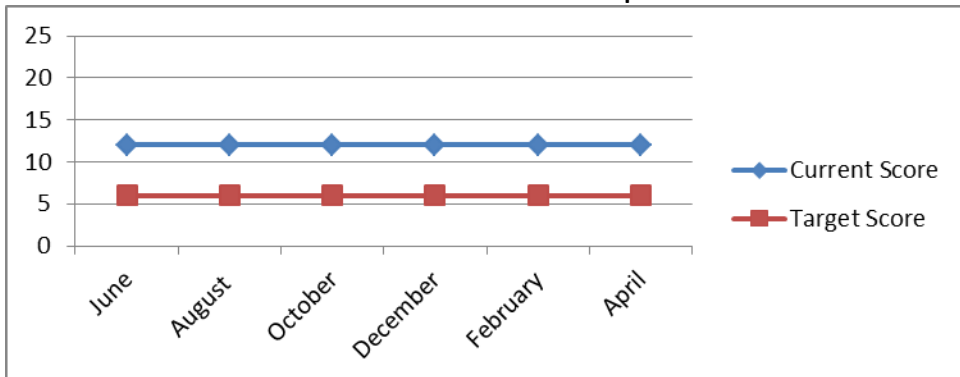
| Strategic Objective 2b – To deliver our key performance targets | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--------------|------|----|----|--------|----|----|---------|----|----|----------|----|----|----------|----|----|-------|----|----|-------------------------------|--|
| Ref: 2b.1 | Strategic Risk: If the Trust is unable to transform its services, then we may not be able to deliver resilient services that are fit for the future, resulting in a loss of staff, and a negative impact on patient safety, experience and outcomes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 June 2022 – April 2023</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>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><tr><td>April</td><td>16</td><td>12</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 20 | 12 | August | 16 | 12 | October | 16 | 12 | December | 16 | 12 | February | 16 | 12 | April | 16 | 12 | Initial Score (CxL): 4x4 = 16 | |
| Month | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | |
| June | | | | 20 | 12 | | | | | | | | | | | | | | | | | | | | | |
| August | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | Current Score (CxL): 4x4 = 16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 27 March 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Director: Chief Operating Officer | | | Target Score (CxL): 3x3 = 9 | | | | | | | | | | | | | | | | | | | | | | | |
| Key controls (what are we doing about the risk?) | Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?) | | Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?) | | Actions to address gaps in controls or assurance | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Service planningOperational Improvement Plan (Delivering Operational Excellence)Act as One ProgrammesAcute collaboration with AiredaleWYAAT – Transformation Programmes, Fragile services workstreamTo address workforce gaps – dedicated recruitment (national and international), regional rotaOutstanding work programmes (Outstanding Theatres Services (OTS), Outstanding Maternity Services (OMS) Outstanding Decision Making (ODM), Outstanding Pharmacy Services (OPS))Exec to CSU meetingsHospital Management GroupNSO North Sector Programme Director role appointed.CSU Restructure implemented (Delivering Clinical Excellence)Creation of operational, financial and workforce plans to achieve operational planning guidance expectations 23/24.Capital investments such as MRI scanner and a bid application submitted and approved for St Luke’s Day Case Unit and Community Diagnostic Centre.Bid submitted for Endoscopy Unit (£24m)Virtual Royal Infirmary programme | Internal Positive: <ul style="list-style-type: none">Act as One Updates to F&P Academy – latest March 2023Partnerships Dashboard – latest as at January 2023WYAAT ICS Programme Updates – latest March 2023 – e.g. WYVAS second arterial centreExec to CSU scorecard / ratingOutstanding Maternity Services update to Quality Academy – latest March 2023Outstanding Theatres Programme update to Quality Academy – latest January 2023Cancer Performance Improvement Plan to F&P Academy – latest March 2023RTT Improvement Plan to F&P Academy – latest February 2023Urgent & Emergency Care Improvement Plan to F&P Academy – latest January 2023Winter Response Plan – F&P Academy and Board – October/November 2022Endoscopy Business Case report to F&P March 2023Approval of capital investments for St Luke’s Day Case Unit and Community Diagnostic HubPerformance Report to F&P March 2023 Negative: <ul style="list-style-type: none">WYAAT reports (e.g. Non-Surgical Oncology) | Independent Positive: <ul style="list-style-type: none">GIRFT reportsRoyal Colleges reportsExit from Maternity Support Programme confirmed January 2023Benchmarking of recovery position compared to other Trusts (Performance Report to F&P Academy, latest March 2023)Internal audit reports:<ul style="list-style-type: none">Management of Patient Flow – Significant assurance (December 2021)Asset Utilisation – Endoscopy (follow up) (December 2021)Centralised Patient Booking Service – Significant assurance (March 2022)Recovery of Cancer Services – Significant assurance (April 2022)Recovery of Elective Services – Significant assurance (May 2022) Negative: <ul style="list-style-type: none">SSNAP (Stroke Audit Programme) – Quarter 4 (Jan-Mar 2022) Overall ‘D’ Rating – deteriorated positionGIRFT Reports | Gaps in control <ul style="list-style-type: none">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 actionFragile services e.g. Stroke, Haematology, NVIR, VIR <ul style="list-style-type: none">Financial challenges for 2023/24 resulting in less resources to develop and transform services | Action <ul style="list-style-type: none">BTHFT / CHFT / AGH group of clinical leads and managers established to work through sustainable NVIR service modelAppointment of VIR candidate – awaiting formal start dateLocum agency / international search for suitable VIR candidatesWYH Cancer Alliance / NSO steering group input to deliver recommended sector model. Local stakeholder group at to be established.Work with COO / MD counterparts at AGH to develop service resilience plans at place. The Acute Provider Collaborative to establish a formal working relationship.Haematology service review across WYAATWork with CSUs in order to have robust CIPs in place ensure we are able to invest in transforming our services | Timescale September 2022 Agreement on model, now moved to implementation Q1 23/24 (June 2023) April 2023 Ongoing April 2023 Ongoing (Haematology workshop April 2022) April 2023 TBC | | | | | | | | | | | | | | | | | | | | | |
| Related risks on the high level risk register (operational risks) | <ul style="list-style-type: none">3808 – Industrial Action (current score: 15) | | | | | | | | | | | | | | | | | | | | | | | | | |

| Strategic Objective 2b – To deliver our key performance targets | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--------------|--|--------------|---|--|---|--------|----|---|---------|----|---|----------|----|---|----------|----|---|-------|----|---|-------------------------------|--|
| Ref: 2b.2 | Strategic Risk: If the Trust is unable to recover the backlogs created by COVID-19, combined with the 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 June 2022 – April 2023</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>June</td><td>16</td><td>9</td></tr><tr><td>August</td><td>16</td><td>9</td></tr><tr><td>October</td><td>16</td><td>9</td></tr><tr><td>December</td><td>16</td><td>9</td></tr><tr><td>February</td><td>16</td><td>9</td></tr><tr><td>April</td><td>16</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 16 | 9 | August | 16 | 9 | October | 16 | 9 | December | 16 | 9 | February | 16 | 9 | April | 16 | 8 | Initial Score (CxL): 5x4 = 20 | |
| Month | Current Score | | | | Target Score | | | | | | | | | | | | | | | | | | | | | | |
| June | 16 | | | | 9 | | | | | | | | | | | | | | | | | | | | | | |
| August | 16 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 16 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 16 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 16 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | | Current Score (CxL): 4x4 = 16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 27 March 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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">Service Planning processWard Escalation PlanOperational Improvement PlanCommand and Control structure (Gold, Silver, Bronze)Clinical Reference GroupCBU to Executive conversationsCommand Centre and day-to-day capacity managementEngagement with regulators (CQC inspection manager)Use of Independent SectorOperational planning (in line with planning guidance)Bid made under TIF to create dedicated day case theatres at St Luke’s Hospital (SLH) - approved subject to conditions moving to implementation phaseWeekly operational restart and recovery meetingBoard approval for continued insourcing for 6 months in 23/24Winter Response PlanRing fenced elective wards and capacity (at BRI site)Creation of operational, financial and workforce plans to achieve operational planning guidance expectations 23/24Endoscopy unit - expression of interest supported at regional level, short form business case submitted to national team. | | Internal <ul style="list-style-type: none">Finance & Performance Academy Dashboard – monthly, latest as at February 2023Operational Performance Highlight Report, latest as at March 2023Performance Report – monthly, latest as at March 2023Cancer Performance Improvement Plan to F&P Academy – latest March 2023RTT Improvement Plan to F&P Academy – latest February 2023Urgent & Emergency Care Improvement Plan to F&P Academy – latest January 2023EPRR self assessment core standards – substantial compliance (59 of 64 standards compliant) | | Independent Positive: <ul style="list-style-type: none">Benchmarked performance data from NHSENHSE Quarterly place-based assurance visits for BradfordInternal audit reports:<ul style="list-style-type: none">Management of Patient Flow – Significant assurance (December 2021)Asset Utilisation – Endoscopy (follow up) (December 2021)EPRR – Significant assurance (January 2022)Centralised Patient Booking Service – Significant assurance (March 2022)Recovery of Cancer Services – Significant assurance (April 2022)Recovery of Elective Services – Significant assurance (May 2022) Negative: <ul style="list-style-type: none">Benchmarked performance data from NHSE. | | Gaps in control <ul style="list-style-type: none">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 yearsLack of ring-fenced ultra-green elective offsite facilityJAG accreditation not achieved, lack of physical capacityImpact from industrial action | | Action <ul style="list-style-type: none">Working with national and regional partners to influence and input into reviews of services | Timescale Ongoing | | | | | | | | | | | | | | | | | | |
| | | Positive (areas meeting or exceeding plan): <ul style="list-style-type: none">Cancer 28 Day Faster Diagnosis52 Week Waits (RTT)104 Week Waits (RTT)78 Week Waits (RTT)Follow Up Outpatient AttendancesCancer 2 Week Wait Negative (areas not meeting plan): <ul style="list-style-type: none">Diagnostics Waiting TimesElective Ordinary SpellsDay Case SpellsFirst Outpatient AttendancesCompleted RTT Admitted PathwaysCompleted RTT Non-Admitted PathwaysRTT Incomplete18 Week Waits (RTT)4 Hour Emergency Care StandardLength of Stay ≥21daysCancer 62 Day First TreatmentAmbulance Handover 30-60minsAmbulance Handover 60+mins% of Patients >12 hours LoS in EDED Decision to Admit to AdmissionSentinel Stroke National Audit Programme (SSNAP) - D Green = improving Black = no change Red = deteriorating | | | | Gaps in assurance <ul style="list-style-type: none">Lack of assurance about longer term capacity of independent sector and ongoing funding to support reset and recovery of elective servicesLack of data/insight to predict Covid community transmission rates due to change in testing regimes. | | <ul style="list-style-type: none">Following successful TIF bid, implementation of dedicated day case theatres at SLHDevelopment of short form business case to NHSE for consideration of new endoscopy unit at BRIIndustrial action response plan and working with areas to minimise patient impact | October 2023 March 2023 (for submission of business case) Awaiting outcome Ongoing | | | | | | | | | | | | | | | | | | |
| | | | | | | | | <ul style="list-style-type: none">Ongoing work with independent sectorClose monitoring and reporting of inpatient Covid numbers | Ongoing Ongoing | | | | | | | | | | | | | | | | | | |
| | | | | | | Related risks on the high level risk register (operational risks) | | 3671 - There is a risk of Major or Catastrophic harm to patients due to COVID driven operational pressures (current score: 20) | | | | | | | | | | | | | | | | | | | |

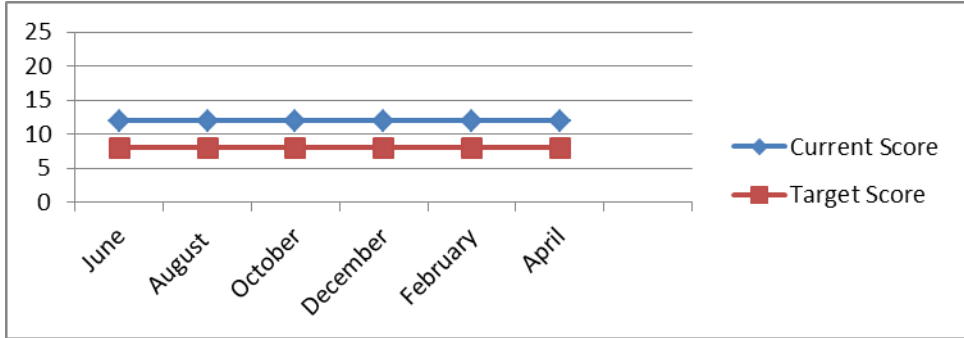
| | | | | | |
|---|---|---|---|---|---|
| Strategic Objective 1 – To provide outstanding care for our patients, delivered with kindness | | | | | |
| Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and 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 | | | | |
| Risk Appetite: Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk) | Movement in score June 2022 – April 2023  | | | Initial Score (CxL): 4x4 =16 | |
| Date added: 1 April 2022 Date of last review: 7 February 2023 | | | | Current Score (CxL): 4x4 = 16 | |
| Lead Director: Director of HR / Chief Medical Officer / Chief Nurse | | | | Target Score (CxL): 3x3 = 9 | |
| Key controls (what are we doing about the risk?) | Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?) | | Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?) | Actions to address gaps in controls or assurance | |
| <ul style="list-style-type: none"> Recruitment plans – domestic and international Recruitment Open Days Engagement of marketing company to market HCA/RN vacancies Widening participation programme of work Development programmes for managers Links with further and higher education institutions Development of Thrive Place based 'Growing for the Future' workstream WYAAT Fragile services workstream and joint recruitment plans Apprenticeship workplan Optimise the use of the TRAC system Workforce planning processes Development/expansion of new roles i.e. Medical Support Worker, Physicians Associates People Promise Exemplar Site Business case agreed for Specialist Recruitment Adviser and increases to recruitment team Adherence to national guidance documents for all professions Twice yearly strategic nursing and midwifery review of safe staffing levels (skill mix, specialist requirements) Adherence to GIRFT / Model Hospital Guidance on clinical services Electronic roster (Allocate) linked to acuity score of patient (Safe Care) Operational oversight daily: Silver / Gold Outstanding Maternity Services, Outstanding Theatres and Outstanding Pharmacy Services programmes | Internal Positive: <ul style="list-style-type: none"> Workforce report – recruitment data – latest as at December 2022 Junior doctor August fill rates People Dashboard – number of apprenticeships – latest as at December 2022 CSU to Executive meetings re: recruitment activity Nursing recruitment and retention plan- September 2022 Nursing & Midwifery Staffing Review – November 2022 Nursing & Midwifery Staffing Data Publication – December 2022 Nurse Staffing Board Assurance Framework - latest October 2022 Workforce planning submission – Board 14 April 2022 Negative: <ul style="list-style-type: none"> People Dashboard: staff sickness rates and turnover rates – latest as at December 2022. Still not meeting plan but an improved position. Bank/agency fill rates HCA turnover rates Workforce Report | Independent Positive: <ul style="list-style-type: none"> Internal audit reports: <ul style="list-style-type: none"> Temporary Workforce – Bank staff - Significant assurance (September 2021) Attendance controls for locum doctors – Significant assurance (October 2021) Healthcare Support Worker; Recruitment & Development – Significant assurance (May 2022) Recruitment & Retention; NHS People Plan – Significant assurance (May 2022) Safer Staffing Assurance Framework – High assurance (August 2022) Recruitment Practice & Process – High assurance (September 2022) Model Hospital benchmarking data e.g. agency usage Growing Our Workforce highlight report – BD&C Workforce Committee – December 2022 Negative: <ul style="list-style-type: none"> Internal audit reports: <ul style="list-style-type: none"> Fixed Term Contracts - Limited assurance (January 2022) Model Hospital benchmarking data e.g. sickness absence | Gaps in control <ul style="list-style-type: none"> Business case approved for increase in resource/staffing in Recruitment Team New recruitment system introduced which needs to be embedded National pay dispute – industrial action Gaps in assurance <ul style="list-style-type: none"> Lack of assurance re: workforce supply with gaps in some service areas | Action <ul style="list-style-type: none"> Recruitment to vacancies Embedding of new system Operational plans to manage. Local and national issue – actions ongoing within the Trust and at place and national levels | Timescale <ul style="list-style-type: none"> End June 2023 End December 2022 – complete. Ongoing Ongoing |
| Related risks on the high level risk register (operational risks) | <ul style="list-style-type: none"> 3732 – Inability to maintain safe staffing levels (current score: 20) 3630 - 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) 3481 - 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) 3404 - 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) 3808 – Impact of industrial action (current score: 15) 3660 - Rapid increase in number of attendances to Paediatric ED and CCDA (current score: 16) | | | | |

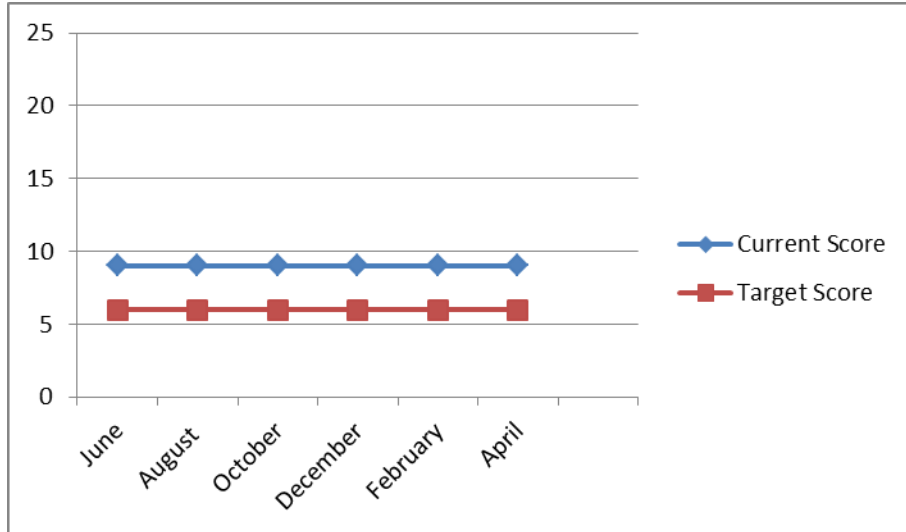
| Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|---------------|---|------|---|---|--|----|---|---------|----|---|----------|----|---|----------|----|---|-------|---|---|-------------------------------|--|
| Ref: 3.2 | Strategic Risk: If we are unable to maintain a healthy and engaged workforce, then we will be unable to reduce sickness absence and turnover rates, resulting in an adverse impact on patient safety and experience, and staff experience, wellbeing and morale. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Appetite: Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk) | <div>Movement in score June 2022 – April 2023</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>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><tr><td>April</td><td>9</td><td>6</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 12 | 9 | August | 12 | 9 | October | 12 | 9 | December | 12 | 9 | February | 12 | 9 | April | 9 | 6 | Initial Score (CxL): 3x4 = 12 | |
| Month | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | |
| June | | | | 12 | 9 | | | | | | | | | | | | | | | | | | | | | |
| August | | | | 12 | 9 | | | | | | | | | | | | | | | | | | | | | |
| October | 12 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 12 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 12 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 9 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | Current Score (CxL): 3x3= 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 7 February 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Director: Director of HR | Target Score (CxL): 2x3 = 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">• Thrive programme – to support improved wellbeing• HR policies and wellbeing support offers• Occupational Health Service• EAP provision• Exit interview process (face to face and ESR)• ‘Stay’ interviews• Application of absence management policy• Staff networks• Staff survey action plan• Civility at Work programme• Freedom to Speak Up (FTSU) policy and processes• Guardian of Safe Working processes• Mediation and Staff Advocacy services• Looking after our People Trust and Place level delivery groups in place• People Promise Exemplar site• Leadership pathway development• Wellbeing conversations• Quarterly Pulse surveys in place• Psychology staff support offer | | Internal Positive: <ul style="list-style-type: none">• People Dashboard and Workforce Report – latest as at December 2022• FTSU cases• Occupational Health / Psychological support referrals (management referrals, limited data on self referrals)• FTSU Annual report and Quarterly Report – latest as at Q2 2022/23• 2021 Staff Survey action plan• Guardian of Safe Working Quarterly Report – latest as at Q2 2022/23• Psychology staff support offer - clinically and statistically significant improvement for staff in individual, occupational and social functioning – presentation to People Academy September 2022 Negative: <ul style="list-style-type: none">• Sickness absence rates – behind plan but improving position.• Appraisal rates | | Independent Positive: <ul style="list-style-type: none">• Staff survey results – slightly above average for compassion and inclusion, recognition/reward, voice that counts, for learning, working flexibly, team working, staff engagement and morale. On par nationally for safe and healthy.• Quarterly pulse surveys• Model Hospital benchmarking• 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.• Internal audit reports:<ul style="list-style-type: none">➢ FTSU – Significant assurance (September 2021)➢ Junior Doctor E-Rostering – Significant assurance (June 2021)➢ Non Clinical Appraisal – Significant assurance (November 2022) Negative: <ul style="list-style-type: none">• Model hospital benchmarking• GMC Survey - BTHFT is ranked 226th out of 236 UK acute and mental health Trusts for workload, and 63rd out of 63 North acute and mental health Trusts. Negative assurance on Obs & gynae but presentation given to People Academy on actions taken in response. | | Gaps in control <ul style="list-style-type: none">• Method of measuring and managing short term sickness needs review• Insight into reasons why staff stay at BTHFT / what makes a good staff experience• Temperature checks of the general ‘mood’ | | Action <ul style="list-style-type: none">• Review sickness absence policy• Review/extend ‘stay’ interviews• Listening strategy to be developed as part of staff survey action plan | | Timescale Q2 23/24 Q1 23/24 Q4 22/23 | | | | | | | | | | | | | | | | |
| | | | | | | Gaps in assurance N/A | | | | | | | | | | | | | | | | | | | | |
| Related risks on the high level risk register (operational risks) | | 3767: Maternity staff: access to lone worker devices (current score: 16) | | | | | | | | | | | | | | | | | | | | | | | | |

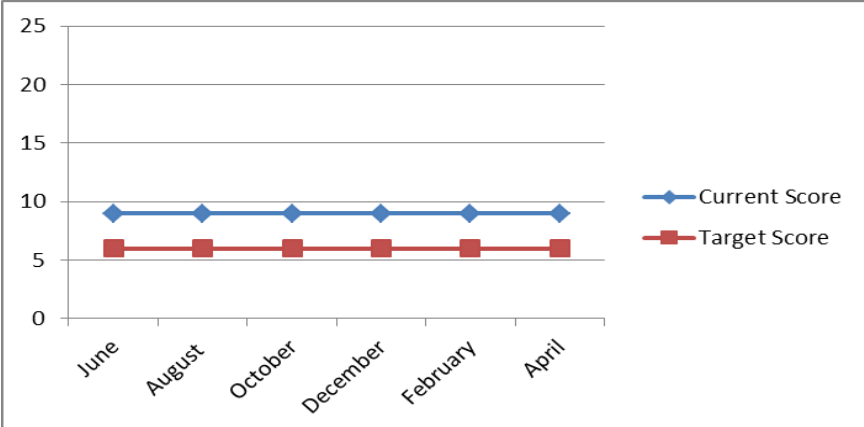
| Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---------------|--|--------------|---|---|---|--------|---|---|---------|---|---|----------|---|---|----------|---|---|-------|---|---|------------------------------|--|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Appetite: Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk) | <div>Movement in score June 2022 – April 2023</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>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><tr><td>April</td><td>9</td><td>6</td></tr></tbody></table> | | | | Month | Current Score | Target Score | June | 9 | 6 | August | 9 | 6 | October | 9 | 6 | December | 9 | 6 | February | 9 | 6 | April | 9 | 6 | Initial Score (CxL): 3x3 = 9 | |
| Month | | | | | Current Score | Target Score | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | 9 | 6 | | | | | | | | | | | | | | | | | | | | | |
| August | 9 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 9 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 9 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 9 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 9 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 Date of last review: 7 February 2023 | Current Score (CxL): 3x3=9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Director: Director of HR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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">Implementation of WRES / WDES / Gender Pay Gap action plansEquality & Diversity CouncilStaff networksGender Equality Reference GroupRecruitment and selection training programmeDevelopment programmes for managers including Fellowship programmesHead of Equality, Diversity & Inclusion and team in postReciprocal mentoring programmeWDES Innovation Fund and development of videoUpdated EDI StrategyParticipation in NHS Employers Diversity in Health and Care Partners Programme | | Internal Positive: <ul style="list-style-type: none">People Dashboard: BAME overall workforce – latest as at September 2022Gender Pay Gap – improving position – latest as at March 2021Annual report to Board re disciplinary processes - May 2022WRES/WDES/EDI Update report - - October 2022 (People Academy), November 2022 (Board) Negative: <ul style="list-style-type: none">Disability declaration ratePeople Dashboard: BAME representation at senior level– latest as at September 2022Report to Board: disciplinary processes – latest as at 31 March 2023 | Independent Positive: <ul style="list-style-type: none">WRES/WDES benchmarking reports: positiveNHS Staff survey outcomes: positiveGender pay gap benchmarking reports [to confirm if positive or negative after publication]Inclusion & Belonging highlight report – BD&C Workforce Committee – December 2022 Negative: <ul style="list-style-type: none">WRES/WDES benchmarking reportsNHS Staff survey outcomes: negativeGender pay gap | Gaps in control <ul style="list-style-type: none">EDI StrategyEDI training for managers (to include Disability Equality training)Remaining improvements to Recruitment & Selection from an EDI perspective (e.g. finalisation of managers toolkit)Meaningful equality impact assessments resulting in service improvements | | Action <ul style="list-style-type: none">In developmentDue to be reviewed and relaunchedIn developmentTo continue to roll out the equality impact assessment guidance and proforma | | Timescale Complete March 2023 April 2023 Ongoing | | | | | | | | | | | | | | | | | | | |
| | | | | Gaps in assurance 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 June 2022 – April 2023</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>June</td><td>12</td><td>6</td></tr><tr><td>August</td><td>12</td><td>6</td></tr><tr><td>October</td><td>12</td><td>6</td></tr><tr><td>December</td><td>12</td><td>6</td></tr><tr><td>February</td><td>12</td><td>6</td></tr><tr><td>April</td><td>12</td><td>6</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 12 | 6 | August | 12 | 6 | October | 12 | 6 | December | 12 | 6 | February | 12 | 6 | April | 12 | 6 | Initial Score (CxL): 4x4=16 | |
| Month | Current Score | | | | Target Score | | | | | | | | | | | | | | | | | | | | | | |
| June | 12 | | | | 6 | | | | | | | | | | | | | | | | | | | | | | |
| August | 12 | | | | 6 | | | | | | | | | | | | | | | | | | | | | | |
| October | 12 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 12 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 12 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 12 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | | Current Score (CxL): 4x3=12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 22 March 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Director: Chief Medical Officer / Chief Nurse | | Target Score (CxL): 3x2=6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key controls (what are we doing about the risk?) | | Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?) | | Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?) | | Actions to address gaps in controls or assurance | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Internal training and network support for appraisers.Guardian of Safe Working Hours process.Identification of missed training opportunities and taking action where appropriate.Training and support for education supervision.Training facilities.Simulation and clinical skills laboratories with funded time for consultant supervision.Junior Dr rota co-ordinator in place who works with the Flexible Workforce team to ensure gaps are covered.Junior Dr representative on JNCC.Junior Drs forum.Education Strategy.Education Quality Meeting – Bi-Monthly.Ongoing recruitment of non trainee medical staff to fill gaps in rotas.Appointment of an SAS Advocate role.Appointment of a Chief Registrar to feedback and input into clinical training and education.Physician Associate Pilot Project.Appointment of Lead Physician Associate.Development of Education Services Dashboard.Increasing numbers of trained assessors/supervisors by provision of online supervisor and assessor training.Piloting new models of supervision in maternity and adult placements areas.Implementation of student led clinics in physiotherapy.Providing additional opportunities for students/trainees to provide feedback via formal and informal methods.Recruitment of legacy supervisors in maternity and a plan to implement in nursing.Recruitment and retention plan being implemented for nursing/midwifery and AHPs.Provision of development opportunities related to retention of staff.Preceptorship programme in place for Newly Qualified Nurses, Midwives and AHP’s.Multi – Professional student forums offered on monthly basis.HEE National Education & Training Survey (NETS) is actively promoted to all learners on placement.Quarterly meetings with GMC Employment Liaison Advisor.Maximising recruitment of short term doctors to fill rota gaps – annual programme of recruitment.Signed up to Medical Support Worker Programme funded by NHSE.Hospital at Night Project – Pilot project underway. | | Internal Positive: <ul style="list-style-type: none">Guardian of Safe Working Hours – quarterly reports – latest report Q3 22/23 (People Academy – February 2023).Appraisal & Revalidation Annual Report – latest report 21/22 (People Academy - October 2022).Annual Board Compliance Report re: Appraisal and Revalidation (Board – November 2022)Appraisal Quality Assurance Group – annual review of appraisal quality.Results of appraisal feedback questionnaires. Negative: <ul style="list-style-type: none">Guardian of Safe Working Exception reports re: missed educational opportunities or additional hours. | | Independent Positive: <ul style="list-style-type: none">HEE Yorkshire and the Humber Quality Interventions: Trust Update Report – 2022 – no Enhanced Monitoring Cases, two requirements closed following improvements being made.HEE National Education & Training Survey (NETS) – January 2023. Positive outliers for every domain.University of Leeds Medical School MPET Report (Annual) – October 2022 – improved scores in e.g. overall placement rating, learning environment and support.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.GMC National Training Survey (July 22) identified many areas of good practicePARE 2022 Feedback for Nursing and Midwifery show high scores and good practice relating to clinical handover. Internal audit reports: <ul style="list-style-type: none">Medical Education – Significant assurance (April 2022)E-Rostering – Junior Doctors – Significant assurance (June 2022)Medical Revalidation – Significant assurance (August 2022) Negative: <ul style="list-style-type: none">HEE Yorkshire and the Humber Quality Interventions: Trust Update Report – 2022 –two open requirements (both category 1 (minor)) re: understaffing and workforce behaviours.HEE National Education & Training Survey (NETS) – January 2023 – FY1 doctors in Surgery were negative outliers.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.GMC National Training Survey (July 22) identified some poorly performing areas and some that had deteriorated.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. | | Gaps in control <ul style="list-style-type: none">Numbers of junior doctors on rotas | | Action <ul style="list-style-type: none">Lobby Deanery to increase trainee numbersDevelopment of Hospital at Night project. | | Timescale <p>Ongoing</p> <p>December 2023</p> | | | | | | | | | | | | | | | | | |
| | | | | | | Gaps in assurance <ul style="list-style-type: none">Development of Education Services Dashboard. | | <ul style="list-style-type: none">Dashboard developed and in the final stages. | | April 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, then our research capacity and capability will be negatively impacted, resulting in a negative impact on patient care and population wellbeing, and the Trust’s reputation as a leader in research | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Appetite: Open – We are willing to consider all potential delivery options and choose while also providing an acceptable level of reward | | <div>Movement in score June 2022 – April 2023</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>June</td><td>10</td><td>6</td></tr><tr><td>August</td><td>7</td><td>6</td></tr><tr><td>October</td><td>7</td><td>6</td></tr><tr><td>December</td><td>7</td><td>6</td></tr><tr><td>February</td><td>7</td><td>6</td></tr><tr><td>April</td><td>7</td><td>6</td></tr></tbody></table> | | Month | Current Score | Target Score | June | 10 | 6 | August | 7 | 6 | October | 7 | 6 | December | 7 | 6 | February | 7 | 6 | April | 7 | 6 | Initial Score (CxL): 3x3=9 | |
| Month | Current Score | | | Target Score | | | | | | | | | | | | | | | | | | | | | | |
| June | 10 | | | 6 | | | | | | | | | | | | | | | | | | | | | | |
| August | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 7 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | | Current Score (CxL): 3x2=6 | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 22 March 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?) | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Ensure research activity and involvement encouraged by providing infrastructure and support for research; this is being done in a number of ways including:Research infrastructure – Bradford Institute for Health Research, NIHR Patient Recruitment Centre, Wolfson Centre for Applied Health Research.Research Governance and Management Structure in place within the Trust, i.e. Director of Research, R&D Office, financial management of research, etc, which provide advice, support and leadership and oversee activity and performance.Trust Research Strategy and Trust policy on conducting research in the Trust.Trust Research Committee and reporting to Quality & Patient Safety Academy and Trust Board.Strong research reputation particularly in the fields of applied health research and these teams are continually applying for grant funding.Raising awareness of research, publicity of research successes, part of Trust induction.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.New Research Strategy document completed.City of Research Framework Document circulated for approval by partners. | | <div>Internal Positive:</div> <ul style="list-style-type: none">Quarterly Research Activity reports to Quality & Patient Safety Academy– latest March 2023.Quarterly Research reports and presentations on research projects to Board – latest January 2023.Research Performance Reports for Research teams sent out on quarterly basis.Internal annual review with each research team.Internal audit of research. <div>Negative:</div> <ul style="list-style-type: none">Unclear how the CSUs use the research performance reports to manage research activity.Some teams are not achieving targets due to lack of clinician input due to interest/ time.Lack of awareness that research is core business for Trust - survey 2021 conducted by R&D office. | | <div>Gaps in control</div> <ul style="list-style-type: none">Promotion of research activity and raise awareness that research is a core business for Trust.How research is promoted and managed within CSUs as Core Business. | | <div>Action</div> <ul style="list-style-type: none">Trust Research Strategy and associated action plan.CSUs’ research activity to be part of the formal Trust Performance Framework | | <div>Timescale</div> <p>Strategy approved September 2022; implementation started April 2023</p> | | | | | | | | | | | | | | | | | | |
| | | | | <div>Gaps in assurance</div> <ul style="list-style-type: none">Better research information to allow real time reporting and improved research activity management by CSUs and research teams. | | <ul style="list-style-type: none">Production of research dashboard that can be accessed by Trust staff. | | <p>Delayed; originally scheduled to be June 2022 but anticipating that will be 2023.</p> | | | | | | | | | | | | | | | | | | |
| Related risks on the high level risk register (operational risks) | | N/A | | | | | | | | | | | | | | | | | | | | | | | | |

| Strategic Objective 4 - To be a continually learning organisation and recognised as leaders in research, education and innovation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|---|--|--|--------------|---|--------------|--|----|---|--------|----|---|---------|----|---|----------|----|---|----------|----|---|-------|----|---|-----------------------------|--|
| Ref: 4.3 | | Strategic Risk: If we do not have robust processes for incident identification, escalation and learning then we may fail to learn from incidents, resulting in gaps in safe clinical care | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 June 2022 – April 2023</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>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><tr><td>April</td><td>12</td><td>8</td></tr></tbody></table> | | | Month | Current Score | Target Score | June | 12 | 8 | August | 12 | 8 | October | 12 | 8 | December | 12 | 8 | February | 12 | 8 | April | 12 | 8 | Initial Score (CxL): 5x3=15 | |
| Month | Current Score | | | | Target Score | | | | | | | | | | | | | | | | | | | | | | |
| June | 12 | | | | 8 | | | | | | | | | | | | | | | | | | | | | | |
| August | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date added: 1 April 2022 | | Current Score (CxL): 4x3=12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last review: 22 March 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">• Exec led weekly Quality of Care (QuOC) Panel.• Daily Trust Safety Event Huddles led by Quality Governance Team.• Weekly Safety Event Group.• Monthly Patient Safety Group.• Support CSU triumvirates in developing narrative in quality quadrant within performance balance score card.• New roles developed to support Quality Governance Framework: Quality and Patient Safety Facilitators aligned to new CSUs.• Assessment of Trust’s readiness for the transition to new Patient Safety Incident Management System replacing the NRLS and STEIS.• Full-time Patient Safety Specialist in post supported by 4 senior leads.• Gap analysis complete for National Patient Safety Strategy identifying key work streams for transition to Patient Safety Incident Response Framework (PSIRF) by April 2023.• Continue with QI tests of change to support incident reporting.• Develop intranet pages for clinical negligence claims / coroner cases, Incident reporting, Risk management and Learning from Deaths.• Develop bite size training modules to support understanding of above.• Just Culture and Civility work streams / Freedom to Speak Up supported by People Academy.• Develop learning framework.• Being Open / Duty of Candour Policy updated 2021.• Incident Reporting & Investigation Policy to be reviewed to align to PSIRF.• Participation in the West Yorkshire Association of Acute Trusts Learning Forum.• Commissioner membership of Quality and Patient Safety Academy.• Quality Account and identification of priority areas.• Quality & Patient Safety Academy – meetings split between assurance and learning/improvement focus.• Development of Datix Risk Management System to Cloud based system to support transition.• 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.• Continue to be part of the ‘Learning Together’ research programme.• 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.• Role of Medical Examiner who has scrutinised 100% of deaths since October 2021.• Learning from Deaths work. | | Internal Positive: <ul style="list-style-type: none">• Quality Oversight & Assurance Profile – monthly – latest report as at January 2023.• Serious Incident Report – latest as at February 2023.• CLIP (Complaints, Litigation, Incidents, Patient Experience) report – quarterly – latest report February 2022 (covering Q3 22/23).• Tracking of actions from safety events overseen by Patient Safety Group.• Ward / department quality accreditation programme.• Quality Account – progress on priority areas – Quality Academy (March 2023)• Medical Examiner has scrutinised 100% of deaths since October 2021.• Learning from Deaths – latest report March 2023. Negative: Assurance programme to be re-started. | | Independent Positive: <ul style="list-style-type: none">• Internal audit reports:<ul style="list-style-type: none">➢ Incident reporting – Significant assurance (December 2021)➢ Quality & Patient Safety Academy – Significant assurance (January 2022)➢ Quality Improvement & Oversight – High assurance (May 2022)• Commissioner review of incident investigation reports that meet the criteria under the current SI Framework. Negative: <ul style="list-style-type: none">• External bodies feedback e.g. CQC, Coroner PFD Regulation 28• Internal audit reports:<ul style="list-style-type: none">➢ Safer Procedures; NatSSIPs - Limited assurance (March 2023) | | Gaps in control <ul style="list-style-type: none">• Quality Governance Framework required to be embedded to ensure robust and standardised CSU governance processes.• Strong lines of governance accountability through CSU, Service group.• Datix development and administration of the system to ensure timely learning from reporting and completed actions.• Current Datix license to expire in early 2023. | | Action <ul style="list-style-type: none">• Quality Governance Framework to be implemented.• Quality Strategy to be developed.• Implementation of PSIRF.• Recruitment to vacant posts to support assurance processes.• Renew/replace | | Timescale <ul style="list-style-type: none">• Complete• May 2023• October 2023• Complete• September 2023 | | | | | | | | | | | | | | | | | |
| | | | | | | Gaps in assurance 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, then we may fail to deliver seamless, integrated care for the people of West Yorkshire, resulting in poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities. | | | | | |
| <div>Risk Appetite: Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)</div> <div>Date added: 1 April 2022</div> <div>Date of last review: 6 April 2023</div> <div>Lead Director: Director of Strategy & Integration</div> | | <div>Movement in score June 2022 – April 2023</div> <div></div> | | <div>Initial Score (CxL): 3x3 = 9</div> <div>Current Score (CxL): 3x3 = 9</div> <div>Target Score (CxL): 3x2 = 6</div> | | | |
| 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?) | | | |
| <div>Supporting ongoing work across the ICS to implement the requirements of the Health and Social Care Act through the WY Health & Care Partnership (HCP – i.e. integrated care system) and WYAAT (WY association of acute trusts).</div> <div>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.</div> <div>Cross system participation in:<div><div>WYHCP Partnership Board and ICB</div><div>WYAAT Programme Exec (CEOs); Committee in Common (BTHFT Chair & CEO); Exec Directors’ groups (e.g. Finance, Med Directors, HR Directors, COOs, Strategy Directors)</div><div>development of clinical networks and collaborative solutions e.g. for non-surgical oncology, pathology, aseptics, LIMS replacement.</div></div></div> <div>CEO involvement in and leadership of WYHCP and WYAAT programmes e.g. critical care</div> | | <div>Internal</div> <div>Positive:</div> <div><div>Partnerships Dashboard has consistently shown “green/amber” rating (e.g. Bo.3.23.21 – March 2023)</div><div>CEO and Chair reports to Board consistently highlight positive examples of collaborative working (e.g. CEO report Bo.3.23.7 – March 2023)</div><div>Updates to Board on BTHFT input to WYHCP developments (e.g. Bo.9.22.14 – Sept 2022 - covers CQC wider system review of West Yorks urgent & emergency care)</div><div>There is a Health Inequalities workstream in place at BTHFT providing regular reports to the Equality & Diversity Council.</div></div> <div>Negative:</div> <div>N/A</div> | | <div>Independent</div> <div>Positive:</div> <div>WYAAT & WYHCP programme update reports and position summary to every Board of Directors meeting demonstrate BTHFT input (e.g. Bc.3.23.14 – March 2023)</div> <div>Negative:</div> <div>N/A</div> | | Gaps in control | |
| | | | | | | N/A | |
| | | | | Gaps in assurance | | | |
| | | | | <div>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 (April 2023).</div> <div>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.</div> | | | |
| | | | | <div>Revise existing Partnerships Dashboard to capture activity/progress in a more meaningful/accessible way</div> <div>Ensure that inequalities component of all our work is recognised at every opportunity e.g. in all three Academies and in broader Board discussions. In July 2022 the Board received a comprehensive analysis of waiting lists – Bo.7.22.14, and a further update in March 2023 – Bo.3.23.10.</div> | | | |
| | | | | <div>Revised Partnerships dashboard has been developed (May 2022) and is now submitted to each Board with updated entries to provide relevant and timely information</div> <div>Ongoing – Board dashboard includes Reducing Inequalities update (e.g. Bo.3.23.21 – March 2023)</div> | | | |
| 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, then we may fail to deliver seamless, integrated care for the people of Bradford District and Craven, resulting in poor patient and staff experience, poor outcomes for patients, and missed opportunities to address health inequalities. | | | | |
| Risk Appetite: Seek: We are eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk) | Movement in score June 2022 – April 2023  | | Initial Score (CxL): 3x3 = 9 | | |
| Date added: 1 April 2022 Date of last review: 6 April 2023 | | | Current Score (CxL): 3x3 = 9 | | |
| Lead Director: Director of Strategy & Integration | | | Target Score (CxL): 3x2 = 6 | | |
| Key controls (what are we doing about the risk?) | | Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?) | | Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?) | |
| <ul style="list-style-type: none"> The revised governance of our BD&C H&CP involves oversight by a Partnership Board of a Leadership Exec (PLE) – BTHFT is represented on both. Since the onset of the Covid 19 pandemic, health & care partners have worked together on joint planning and to align decision making, for example through the council’s Advisory Board (“Gold”). BTHFT is involved in all of the BD&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. 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. Our refreshed Corporate Strategy “Patients, People, Partners & Place” (June 2022) is closely aligned to new Place-based strategy and emphatically reinforces our commitment to BD&C Health & Care Partnership. BTHFT is actively involved in: <ul style="list-style-type: none"> the Strategic Partnering Agreement (SPA), joint 2022/23 plans to NHSE (via WYHCP), place based committees (e.g. Finance, Quality) and 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. Extensive collaboration between BTHFT clinicians and system partners for example with AFT in multiple specialties and with Primary Care in VRI work. Director of Strategy & Integration involvement in BD&C Inequalities Alliance; “Alliance for Life Chances” etc. Cross system participation in: <ul style="list-style-type: none"> Bradford & District Wellbeing Board Bradford District & Craven H&CP Executive which oversees Bradford Health & Care Partnerships Board (programme board for place-based integrated care) Development of integrated bid for strategic capital investment (new hospitals). Exploring the potential to work collaboratively across the BD&C Health & Care Partnership for specific innovations that are part of the NHS Clinical Entrepreneur Programme. Developing a BD&C Health and Care Partnership approach to virtual ward delivery as part of the VRI Programme. Inequalities now featured as a key component within the EDI strategy. Working with Quality colleagues to explore how HIs can be included within CSUs service development/quality improvement work. | | Internal Positive: <ul style="list-style-type: none"> Partnerships Dashboard has consistently shown “green/amber” rating (e.g. Bo.3.23.21 – March 2023) CEO and Chair reports to Board consistently highlight positive examples of collaborative working (e.g. CEO report Bo.3.23.7 – March 2023) Updates to Board on BTHFT input to BD&C HCP developments (e.g. Procurement Strategy Bo.5.22.10 – May 2022) Negative: <ul style="list-style-type: none"> N/A | | Gaps in control N/A | |
| | | Independent Positive: <ul style="list-style-type: none"> Act as One programme updates, reporting to revised priority Boards s) Negative: N/A | | Gaps in assurance <ul style="list-style-type: none"> 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) 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. 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. | |
| | | | | Action <ul style="list-style-type: none"> Revise existing Partnerships Dashboard to capture activity/progress in a more meaningful/accessible way. Programme of work led by Director of S&I to co-ordinate and highlight Trust activity on HIs. Regular updates to the Equality & Diversity Council and inclusion in forthcoming EDI Strategy. Includes mapping of current activity across all CSUs and production of an action plan. Ensure that inequalities component of all our work is recognised at every opportunity e.g. in all three Academies and in broader Board discussions. In July 2022 the Board received a comprehensive analysis of waiting lists – Bo.7.22.14, and a further update in March 2023 – Bo.3.23.10. | Timescale <ul style="list-style-type: none"> Revised dashboard has been developed and is submitted - with recently updated entries - to Board for information e.g. Bo.3.23.21 in March 2023. Draft EDI Strategy presented to Board in March 2023 - Complete Ongoing – Board dashboard will refer to instances where inequalities have been the focus of BTHFT activity |
| Related risks on the high level risk register (operational risks) | | N/A | | | |