


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 previously amended to reflect current pressure on waiting times, particularly following the impact of on-going industrial action. No further change in score for this period.
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 has targeted a balanced financial plan for 2023/24. This includes a very stretching waste reduction requirement of £29m. The gap is created by an underlying run rate inclusive of projected inflationary uplift that is in excess of the income allocation. The waste reduction target is forecast to be delivered from a range of measures with a focus on productivity improvements that will reduce the Trust's reliance on outsourcing and insourcing, together with the allocation of improvement targets across all CSUs and corporate departments and the deployment of non recurrent measures. To facilitate delivery, the Trust has established a waste reduction group and a clinical services improvement group with a view to triangulating various sources of data/ information that signpost potential improvement opportunities. Delivery of the target will be managed and monitored through the existing performance management governance arrangements, with further support and assurance provided by the Waste Reduction Group and the Clinical Services Improvement Group.
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	See 2a.1 above
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 £54m for 2023/24 which includes the St Luke's Day Case Unit, the endoscopy development and the 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 a small contingency for prioritised risks that materialise in year. If new risks materialise (depending on values) 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. A reserve list has been identified should the Trust experience slippage on the existing approved schemes.
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	12 ↓	9	Chief Operating Officer	Overall score reduced from 16 to 12. Likelihood reduced from 4 to 3 due to ongoing work across a number of areas e.g. NSO, haematology, NVIR, VIR. Although progress is being made the risk is not fully mitigated, therefore the assurance level remains at amber.
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. Elective Task and Finish Group established to deliver sustainable in house capacity to reduce reliance on insourcing/outourcing. Operational plan and priorities plan submitted to ICB in line with the operational planning guidance, this has been updated to reflect the impact of industrial action.
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	No change to overall risk score. Industrial action continues to impact.
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 +.

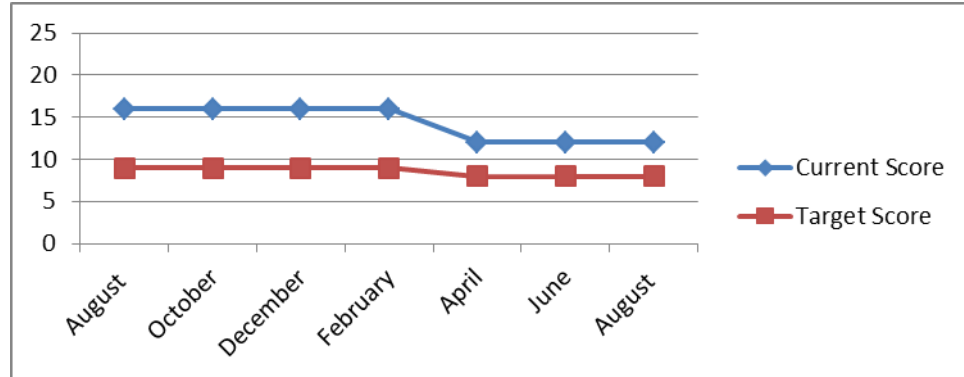
Ref	Strategic Risks	Current Score & Direction	Target Score	Executive Lead	Commentary (e.g. change in risk score, completed actions, reasons for any delays in actions)
Strategic Objective 4 – To be a continually learning organisation and recognised as leaders in research, education and innovation		Assuring 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	9 ↓	6	Chief Medical Officer	Score reduced from 12 to 9. Improved GMC training survey results compared to last year. Some previous areas of concern e.g. plastic surgery and obstetrics have shown improvement across the board. We are not an outlier in any particular domain.
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 was launched in April 2023. Development of a research dashboard is almost complete. Successful bid for £8m funding for Secure Data Environment (SDE) developments.
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 was submitted to the Executive Team for review in early April 2023 and training will be delivered to the Board in October. InPhase commissioned as our new system to support incident and risk management.
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	Chief Executive	No changes to note. Board Discussion (May 2023) agreed Partnership Dashboard was pessimistic and proposed a moderated rating of “green”
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	Chief Executive	Inequalities now featured as a key component within the EDI strategy as approved by the Board in March 2023, and reported to Q&PS Academy in May 2023 (QA.5.23.5).

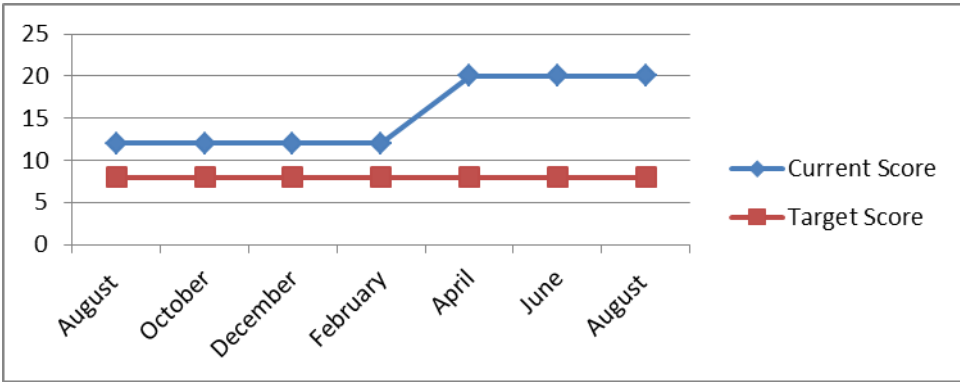
Heat Map – August

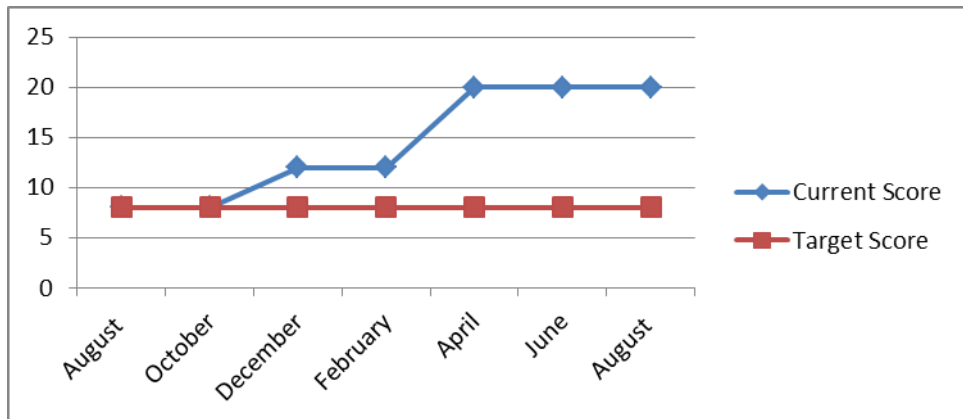
 = current score

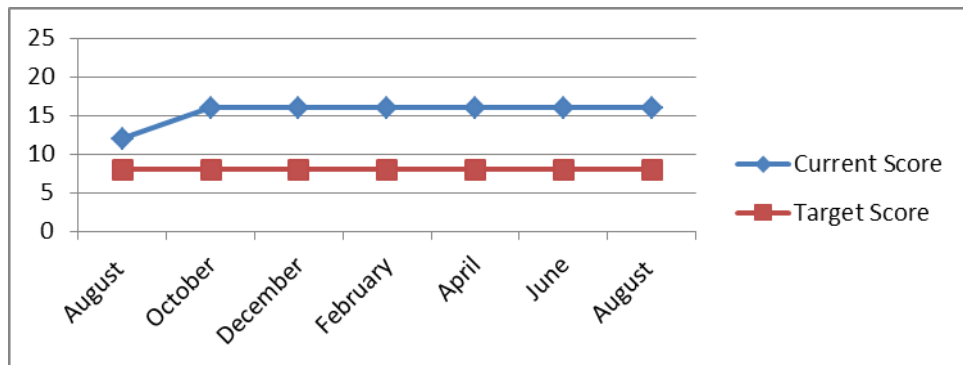
LIKELIHOOD	CONSEQUENCE				
	Negligible (1)	Low (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)					
Likely (4)				<div>3.12b.22a.3</div>	<div>2a.12a.2</div>
Possible (3)			<div>3.35.15.23.24.1</div>	<div>2b.14.31.11.2</div>	
Unlikely (2)			<div>4.2</div>		
Extremely unlikely (1)					

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 August 2022 – August 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>August</td><td>8</td><td>6</td></tr><tr><td>October</td><td>6</td><td>5</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><tr><td>June</td><td>12</td><td>8</td></tr><tr><td>August</td><td>12</td><td>8</td></tr></tbody></table>				Month	Current Score	Target Score	August	8	6	October	6	5	December	8	6	February	8	6	April	12	8	June	12	8	August	12	8	Initial Score (CxL): 4x3=12	
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Date of last review: 9 August 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">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 populationQuality Strategy in development		Internal Positive: <ul style="list-style-type: none">Patient Experience Annual Report 2021/22 (inc. complaints, compliments, PALS, FFT)Patient Experience 6 monthly update – May 2023Patient Experience Group Update – latest July 2023Monthly Maternity Services Update – latest as at June 2023CLIP Report – latest as at Q4 22/23SI Report – latest as at July 2023Quality Dashboard – latest as at June 2023LeDeR Annual ReportHealth Inequalities & Waiting List Analysis Report – Board February 2023Quality Account 22/23 Negative: <ul style="list-style-type: none">CLIP Report – latest as at Q4 22/23SI Report – latest as at July 2023Quality Dashboard – latest as at June 2023		Independent Positive: <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. Negative: <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)NatSSIPs – Limited assurance (April 2023)GIRFT Litigation ReportAnnual Inpatient SurveyUrgent & Emergency Care Survey 2020 – clear theme re: better communication required.		Gaps in control <ul style="list-style-type: none">Inequalities in access to our servicesImpact of industrial action – increased waiting list could worsen health inequalities		Action <ul style="list-style-type: none">Waiting list analysis work and actions to address findingsOperational plans to manage industrial action		Timescale <p>Ongoing</p> <p>Current position: Agreed approach has successfully prioritised patients with LD and this process will continue with oversight within the RTT Access meetings as business as usual. Waiting list analysis routinely considers Index of Multiple Deprivation (IMD), ethnicity and age alongside referral priority and treatment function, allowing us to monitor the impact of elective recovery efforts in line with national guidance. A focus on reducing DNA rates is part of operational plans for the current year as we have evidenced that this reduces the wait time for patients who historically have poorer health outcomes.</p> <p>Ongoing</p>																					
						Gaps in assurance <ul style="list-style-type: none">Quality & Patient Safety Dashboard is not fit for purpose		<ul style="list-style-type: none">Dashboard to be updated.		<p>TBC</p> <p>Current position: New sepsis dashboard is live, access to be widened. BI self serve provides increased autonomy. Discussions ongoing with Deputy CDIO.</p>																					
						Related risks on the high level risk register (operational risks)		N/A																							

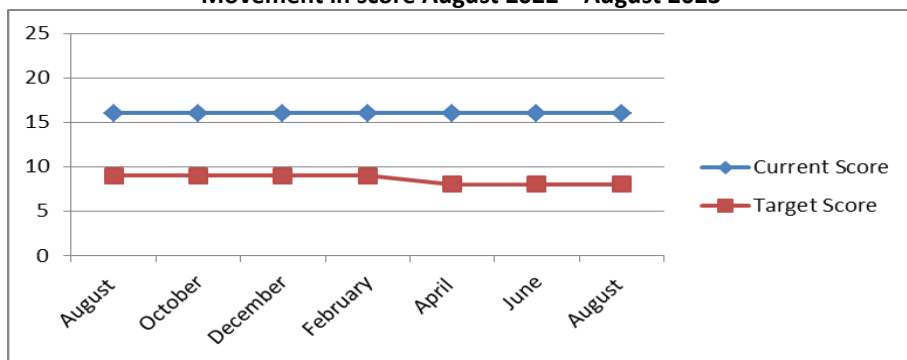
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<ul style="list-style-type: none">Virtual Royal Infirmary (VRI) ProjectInfection Prevention & Control policy and processes in place, oversight through IPC Committee and Quality & Patient Safety AcademyQuality Improvement ProgrammesAction plans in place to address findings of e.g. Inpatient Survey and Urgent & Emergency Care SurveyFunding secured for twin day case theatres on SLH site – build started.Plans for improvement of IPC compliant patient accommodation developed and funded.IPC Awareness Day – took place on 24 November 2022Embedding Kindness and Civility ProgrammeWorries and Concerns Pilot£25m successful bid for endoscopy unit, will include regional immersion training centre.Sepsis dashboard went live in August 2023.Work being done to improve theatre environment – including anaesthetic rooms, pre-waiting areas, reception, changing areas.Development of outdoor areas, e.g. gardens.	Internal Positive: <ul style="list-style-type: none">Estates & Facilities Quarterly Service Report – latest Q3 2022/23IPC Quarterly Report – latest September 2022IPC Board Assurance Framework – latest report as at December 2022 Negative: N/A	Independent Positive: <ul style="list-style-type: none">Meeting National Cleaning StandardsMeeting National Food StandardsAnnual Inpatient SurveyUrgent & 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)Infection Prevention and Control; Bloodstream infections – High assurance (August 2023)HTA inspection March 2023 Negative: <ul style="list-style-type: none">Annual Inpatient SurveyInternal 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 suitable for airborne infectionsLack of negative pressure isolation roomsNo formal lead allocated for anti-microbial stewardship (AMS) Gaps in assurance N/A	Action <ul style="list-style-type: none">Manage patient flow according to side room specificationsDaily review of potential patients for de-isolation.A business case is being prepared for another anti-microbial clinical pharmacist	Timescale Ongoing Ongoing. Work on ward 1 is nearing completion. Ongoing. Current position: A risk assessment and gap analysis would be undertaken to support the development of the business case.																									
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)																													

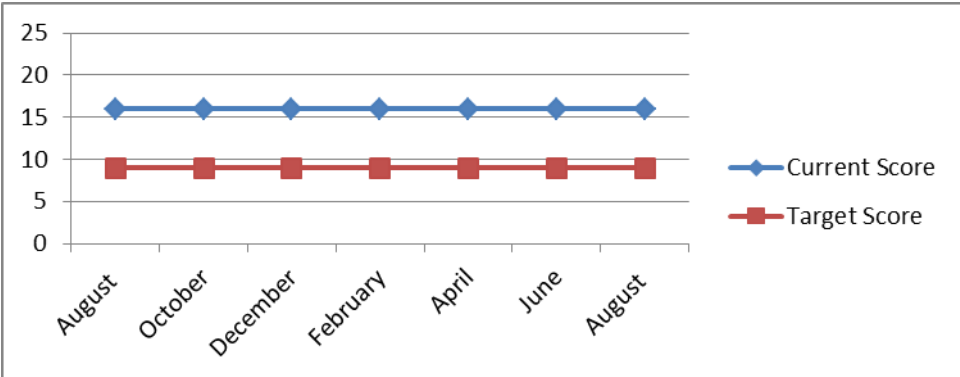
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<ul style="list-style-type: none">Continued evolution of the Clinical Service Unit financial management arrangements and framework, with associated accountability and performance management frameworkPerformance management and reporting of Waste Reduction plansCreation of the Waste Reduction Group with a view to monitoring and supporting deliveryScheme 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)Update to Procurement strategy, risk register and work planEstablishment of a Waste Reduction Group and task and finish groups focussing on specific workstreams to improve the run rate (targeting known hot spots, overspending cost lines – e.g. Elective Recovery and the reduction of in and outsourcing, Junior Doctor rota overspends & general e-roster controls and management).		Internal Positive: <ul style="list-style-type: none">Extended Monthly Finance Report to F&P Academy, latest as at June 2023 (ongoing improvements to content to improve understanding and reflect performance management BAU activities)Extended CSU Monthly Finance reports to improve understanding of underlying and projected performanceMonthly F&P Academy Dashboard, latest as at June 2023Quarterly Capital Report, latest as at June 2023Bi-Annual Treasury Management Report, latest May 2023Bi-Annual report on Pathology Joint Venture financial position, latest May 2023Quarterly Place and System Financial Update Report, latest as at June2023Waste Reduction Group updates to the F&P Academy (Monthly)September 2022 update to Procurement strategy, risk register and work plan (presented to Finance & Performance Academy) – with periodic updates provided (e.g. March 2023 F&P Academy) 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)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 CSUs and support departments have not identified the full value of their waste reduction targets. The CSUs and corporate departments have been set a Q1 target date for identification of Waste reduction plans. Q1 delivery will be dependent on known and live schemes together with the deployment of non-recurrent measures.																								
				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 2 2023/24																										
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Related risks on the high level risk register (operational risks)		• 3800 - Significant Increase in the cost of Trust’s gas and power from the 1st April 2024 (current score: 20)																												

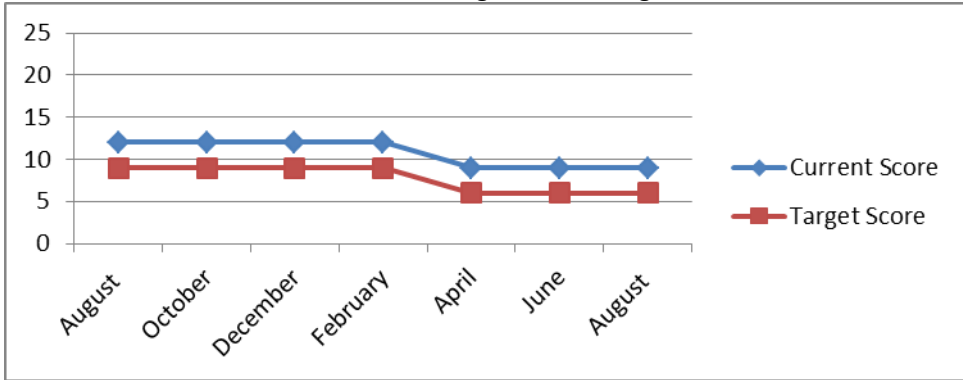
Strategic Objective 2a – To deliver our financial plan																													
Ref: 2a.2	Strategic Risk: If we fail to manage Income & Expenditure within planned parameters, then we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run 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 August 2022 – August 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>August</td><td>8</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>20</td><td>8</td></tr><tr><td>April</td><td>20</td><td>8</td></tr><tr><td>June</td><td>20</td><td>8</td></tr><tr><td>August</td><td>20</td><td>8</td></tr></tbody></table>			Month	Current Score	Target Score	August	8	8	October	12	8	December	12	8	February	20	8	April	20	8	June	20	8	August	20	8	Initial Score (CxL): 5x4 = 20	
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Key controls (what are we doing about the risk?)	Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance																								
<ul style="list-style-type: none">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).Adoption of appropriate financial controls (extending beyond those already in place) to manage the run rate, as proposed by the Region & ICB when reviewing the operational plan and the current status of the system financial position.	Internal Positive: <ul style="list-style-type: none">Monthly Finance Report , latest as at June 2023Monthly F&P Academy Dashboard, latest as at June 2023Bi-Annual Treasury Management Report, latest May 2023 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 – High assurance (April 2023)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 2 2023/24																							
			Gaps in assurance CSUs and Support Departments have not identified the full value of their waste reduction targets. The CSUs and corporate departments have been set a Q1 target date for identification of Waste reduction plans. Q1 delivery will be dependent on known and live schemes together with the deployment of non recurrent measures.		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 2 2023/24																						
Related risks on the high level risk register (operational risks)	N/A																												

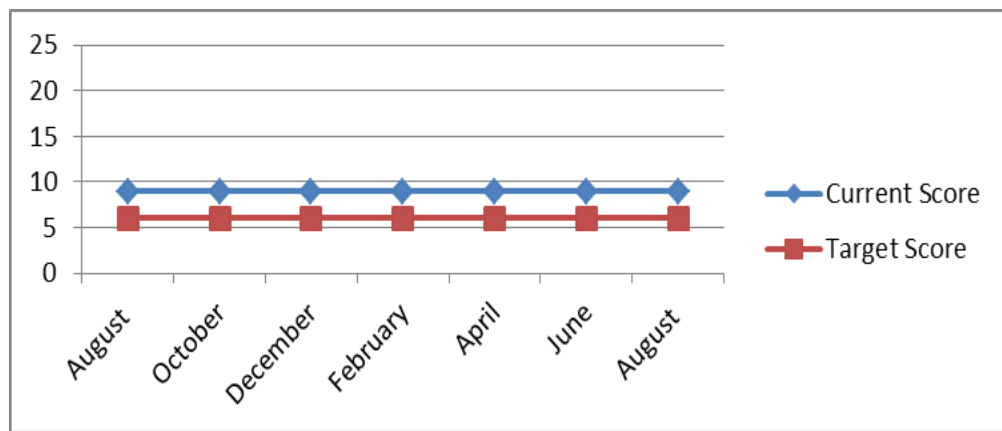
Strategic Objective 2a – To deliver our financial plan								
Ref: 2a.3	Strategic Risk: If the capital funding allocation from the ICS is not sufficient to meet our requirements and/or we are unable to deliver our capital programme in full by the end of the financial year, then we may not be able to 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 August 2022 – August 2023</div> 			Initial Score (CxL): 4x4 = 16				
Date added: 1 April 2022				Current Score (CxL): 4x4 = 16				
Date of last review: 4 August 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">• 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.• Creation of a reserve list to draw from, should the approved schemes project a shortfall on their annual allocation – to ensure the full allocation is spent in year.	Internal Positive: <ul style="list-style-type: none">• Monthly Finance Report , latest as at June 2023• Monthly F&P Academy Dashboard, latest as at June 2023• Bi-Annual Treasury Management Report, latest May 2023• Capital Plan approved by 2023/2024 – Board of Directors March 2023 and F&P Academy March 2023• Capital report to F&P Academy, latest June 2023	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 of: <ol style="list-style-type: none">1. 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.2. The ability to deliver a £59m programme from an external supply chain perspective, with extended lead times on delivery experienced across all aspects of the capital programme. This includes Estates schemes where the development, design and procurement timeline is in excess of 6 months.		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 £59m in 2023/24.		To continually monitor ongoing delivery with early identification of risk Undertake a review of the resource within the estates capital team to understand scale of risk and potential production of a business case to address any gaps		On-going on a monthly basis Q2 2023/24	
Related risks on the high level risk register (operational risks)		3627 – Capital resource to reduce identified backlog maintenance (current score: 20)						

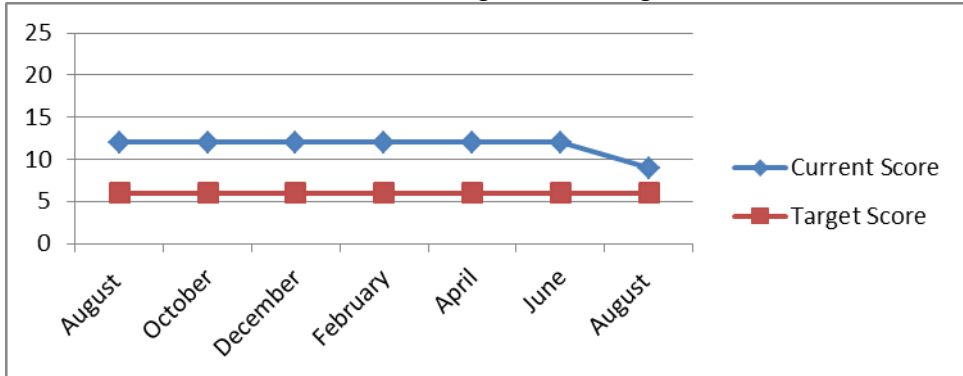
Strategic Objective 2b – To deliver our key performance targets																													
Ref: 2b.1	Strategic Risk: If the Trust is unable to transform its services, then we may not be able to deliver resilient services that are fit for the future, resulting in a loss of staff, and a negative impact 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 August 2022 – August 2023</div> <table><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><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><tr><td>June</td><td>16</td><td>9</td></tr><tr><td>August</td><td>12</td><td>9</td></tr></tbody></table>			Month	Current Score	Target Score	August	16	12	October	16	12	December	16	12	February	16	12	April	16	12	June	16	9	August	12	9	Initial Score (CxL): 4x4 = 16	
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<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 Pharmacy Services (OPS))Exec to CSU meetingsHospital Management GroupNSO North Sector Programme Director role appointed and workshops establishedCSU 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 and approved for Endoscopy Unit (£24m)Virtual Royal Infirmary programmeElective Task and Finish Group established to deliver sustainable in house capacity to reduce reliance on insourcing/outsourcing	Internal Positive: <ul style="list-style-type: none">Act as One Updates to F&P Academy – latest July 2023Partnerships Dashboard – latest as at March 2023WYAAT ICS Programme Updates – latest July 2023 – e.g. WYVAS second arterial centreExec to CSU scorecard / ratingOutstanding Maternity Services update to Quality Academy – latest July 2023Outstanding Theatres Programme update to Quality Academy – latest May 2023Outstanding Pharmacy Programme update to People Academy – May 2023Cancer Performance Improvement Plan to F&P Academy – latest July2023RTT Improvement Plan to F&P Academy – latest May 2023Urgent & Emergency Care Improvement Plan to F&P Academy – latest April 2023Winter Response Plan – F&P Academy and Board – October/November 2022Endoscopy Business Case report to F&P March 2023. Formal confirmation of approval from NHS team received.Approval of capital investments for St Luke’s Day Case Unit and Community Diagnostic HubPerformance Report to F&P July 2023Operational Improvement Plan - 22/23 Progress Update & ambitions for 23/24 – F&P Academy June 2023 Negative: <ul style="list-style-type: none">WYAAT reports (e.g. Non-Surgical Oncology)	Independent Positive: <ul style="list-style-type: none">GIRFT reportsCQC Maternity Report – ‘well led’ improved to Good and overall BRI site now rated GoodRoyal 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)SSNAP (Stroke Audit Programme) – Quarter 4 (Jan-Mar23) Overall ‘C’ Rating – improved position.Internal audit reports:<ul style="list-style-type: none">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)Recovery of services post Covid-19 – Significant assurance (May 2023)Patient Safety; National Standards for Cancer Patients - Significant Assurance(May 2023)Management of Patient Flow – Command Centre – High assurance (July 2023)Demand Management – Significant assurance (June 2023)Human Tissue Act assessment Negative: <ul style="list-style-type: none">GIRFT ReportsJoint venture – loss of UKAS accreditation	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, HistopathologyFinancial challenges for 2023/24 resulting in less resources to develop and transform services Gaps in assurance N/A	Action <ul style="list-style-type: none">BTHFT / CHFT / AGH group of clinical leads and managers established to work through sustainable NVIR service model. NVIR service being delivered, ongoing discussion between WYAAT COOs and CMOs.Locum agency / international search for suitable VIR candidatesWYH Cancer Alliance / NSO steering group input to deliver recommended sector model. NSO North Sector Group – 5 sessions held and target operating model being developed.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 WYAAT. First meeting taken place and subsequent meetings planned. Subsequent work plan for on call rota being worked through.Work with CSUs in order to have robust CIPs in place ensure we are able to invest in transforming our services. Waste Reduction Group established.	Timescale <p>Agreement on model, now moved to implementation Q1 23/24 (June 2023)</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>																								
Related risks on the high level risk register (operational risks)	<ul style="list-style-type: none">3808 – Industrial Action (current score: 20)																												

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 August 2022 – August 2023</div> 			Initial Score (CxL): 5x4 = 20						
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Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)		Actions to address gaps in controls or assurance					
<ul style="list-style-type: none">• Service Planning process• Ward Escalation Plan• Operational Improvement Plan• Command and Control structure (Gold, Silver, Bronze)• Clinical Reference Group• CSU to Executive conversations• Command Centre and day-to-day capacity management• Engagement with regulators (CQC inspection manager)• Use of Independent Sector• Operational planning (in line with planning guidance)• Bid made under TIF to create dedicated day case theatres at St Luke’s Hospital (SLH) – contractor approved and onsite• Weekly operational restart and recovery meeting• Board approval for continued insourcing for 6 months in 23/24.• Elective Task and Finish Group established to deliver sustainable in house capacity to reduce reliance on insourcing/outsourcing• Winter Response Plan• Ring fenced elective wards and capacity (at BRI site)• Creation of operational, financial and workforce plans to achieve operational planning guidance expectations 23/24• Endoscopy unit - business case submitted to national team has been approved.		Internal <ul style="list-style-type: none">• Finance & Performance Academy Dashboard – monthly, latest as at June 2023• Operational Performance Highlight Report, latest as at June 2023• Performance Report – monthly, latest as at June 2023• Cancer Performance Improvement Plan to F&P Academy – latest July 2023• RTT Improvement Plan to F&P Academy – latest May 2023• Urgent & Emergency Care Improvement Plan to F&P Academy – latest April 2023• EPRR self assessment core standards – substantial compliance (59 of 64 standards compliant)		Independent Positive: <ul style="list-style-type: none">• Benchmarked performance data from NHSE• NHSE Quarterly place-based assurance visits for Bradford• COVID-19 no longer classified as a national level 3 incident• SSNAP (Stroke Audit Programme) – Quarter 4 (Jan-Mar23) Overall ‘C’ Rating – improved position.• Internal 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)➢ Recovery of services post Covid-19 – Significant assurance (May 2023)➢ Patient Safety; National Standards for Cancer Patients - Significant Assurance(May 2023)➢ Management of Patient Flow – Command Centre – High assurance (July 2023)➢ Demand Management – Significant assurance (June 2023) 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 years• Lack of ring-fenced ultra-green elective offsite facility• JAG accreditation not achieved, lack of physical capacity• Impact from industrial action		Action <ul style="list-style-type: none">• Working with national and regional partners to influence and input into reviews of services• Following successful TIF bid, implementation of dedicated day case theatres at SLH. Expected to be completed April 2024.• Development of new endoscopy unit at BRI.• Industrial action response plan and working with areas to minimise patient impact		Timescale Ongoing	
		Positive (areas meeting or exceeding plan): <ul style="list-style-type: none">• Cancer 28 Day Faster Diagnosis• 104 Week Waits (RTT)• 78 Week Waits (RTT)• Cancer 2 Week Wait• Emergency Care Standard Green = improving Black = no change Red = deteriorating		Negative (areas not meeting plan): <ul style="list-style-type: none">• Diagnostics Waiting Times• RTT Incomplete• 18 Week Waits (RTT)• 52 Week Waits (RTT)• Length of Stay ≥21days• Cancer 62 Day First Treatment• Ambulance Handover 30-60mins• Ambulance Handover 60+mins		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 services• Lack of data/insight to predict Covid community transmission rates due to change in testing regimes.		<ul style="list-style-type: none">• Ongoing work with independent sector and our internal task and finish group to reduce the reliance on independent section• Close monitoring and reporting of inpatient Covid numbers		Ongoing	
		Related risks on the high level risk register (operational risks)		• 3877: If we are unable to manage ongoing operational pressures due to high demand and Covid backlogs, then there may be delays to treatment, resulting in harm to patients and/or poor patient experience (current score: 16) • 3808 – Industrial Action (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)	<div>Movement in score August 2022 – August 2023</div>  <table border="1"><caption>Score Movement Data</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><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>9</td></tr><tr><td>June</td><td>16</td><td>9</td></tr><tr><td>August</td><td>16</td><td>9</td></tr></tbody></table>				Month	Current Score	Target Score	August	16	9	October	16	9	December	16	9	February	16	9	April	16	9	June	16	9	August	16	9	Initial Score (CxL): 4x4 =16	
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Lead Director: Director of HR / Chief Medical Officer / Chief Nurse	Target Score (CxL): 3x3 = 9																													
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<ul style="list-style-type: none">Recruitment plans – domestic and international. Significant number of international nurses due to start in Autumn 2023.Recruitment Open Days – including for St Luke’s Day Case UnitEngagement of marketing company to market HCA/RN vacanciesWidening participation programme of workDevelopment programmes for managersLinks with further and higher education institutionsDevelopment of ThrivePlace based ‘Growing for the Future’ workstreamWYAAT Fragile services workstream and joint recruitment plansApprenticeship workplanOptimise the use of the TRAC systemWorkforce planning processesDevelopment/expansion of new roles i.e. Medical Support Worker, Physicians Associates (Lead Physician Associate starts in Sept 2023)People Promise Exemplar SiteBusiness case agreed for Specialist Recruitment Adviser and increases to recruitment team – additional resource being recruited following business caseAdherence to national guidance documents for all professionsTwice yearly strategic nursing and midwifery review of safe staffing levels (skill mix, specialist requirements)Adherence to GIRFT / Model Hospital Guidance on clinical servicesElectronic roster (Allocate) linked to acuity score of patient (Safe Care)Operational oversight daily: Silver / GoldOutstanding Maternity Services, Outstanding Theatres and Outstanding Pharmacy Services programmesDevelopment of facilities within theatres e.g. changing areasDevelopment of outdoor spaces e.g. gardensLink Medics – recruited an additional 8 FY1 doctors.Chief Registrar role.ETM approval to bid for NHSE Clinical Leadership Fellow.Approval for two Clinical Support Workers to work at night as part of the Hospital at Night project.		Internal Positive: <ul style="list-style-type: none">Workforce report – recruitment data – latest as at June 2023Junior doctor August rotation fill ratesPeople Dashboard – number of apprenticeships – latest as at December 2022CSU to Executive meetings re: recruitment activityNursing recruitment and retention plan- February 2023Nursing & Midwifery Staffing Review – May 2023Nursing & Midwifery Staffing Data Publication – July 2023Nurse Staffing Board Assurance Framework - latest April 2023Workforce planning submission – People Academy March 2023 Negative: <ul style="list-style-type: none">People Dashboard: staff sickness rates and turnover rates – latest as at June 2023. Still not meeting plan but an improved position.Agency fill rates		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 usageGrowing Our Workforce highlight report – BD&C Workforce Committee – April 2023 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">Recruitment team – turnover and vacanciesIndustrial action (Junior doctors and consultants) – no indications of negotiations to resolve		Action <ul style="list-style-type: none">Recruitment to vacancies and use of bank staff.Operational plans to manage.		Timescale Ongoing Ongoing																				
						Gaps in assurance <ul style="list-style-type: none">Lack of assurance re: workforce supply with gaps in some service areas		<ul style="list-style-type: none">Local and national issue – actions ongoing within the Trust and at place and national levels		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)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: 20)3660 - Rapid increase in number of attendances to Paediatric ED and CCDA (current score: 16)																												

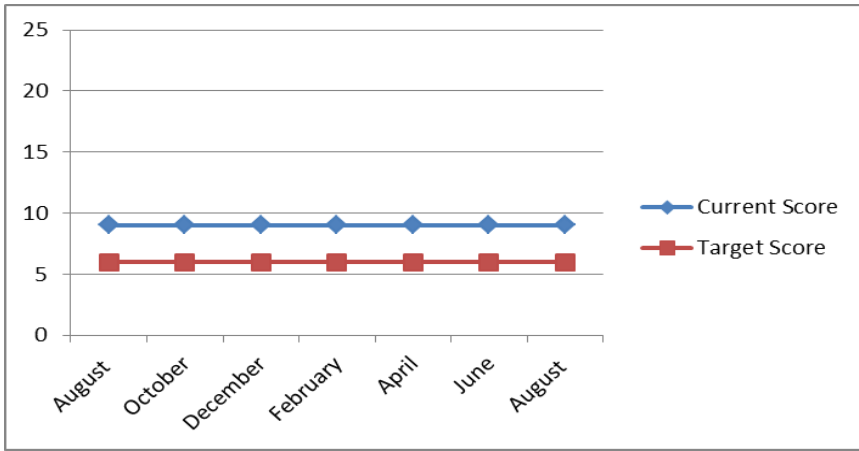
Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion																														
Ref: 3.2	Strategic Risk: If we are unable to maintain a healthy and engaged workforce, then we will be unable to reduce sickness absence and turnover rates, resulting in an adverse impact on patient safety and experience, and staff experience, wellbeing and morale.																													
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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">• Thrive programme – to support improved wellbeing – including Leadership Conference• 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• Drama based civility training	Internal Positive: <ul style="list-style-type: none">• People Dashboard and Workforce Report – June 2023• FTSU cases• Occupational Health / Psychological support referrals (management referrals, limited data on self referrals)• FTSU Annual report and Quarterly Report – latest as at Q1 2023/24• 2022 Staff Survey action plan – People Academy June 2023• Guardian of Safe Working Quarterly Report – latest as at Q4 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 and turnover rates – behind plan but improving position – June 2023• 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• Improved GMC training survey results for 2023 compared to 2022. Some previous areas of concern e.g. plastic surgery and obstetrics have shown improvement across the board. We are not an outlier in any particular domain.• 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	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’• Occupational Health Service pressures• Industrial action (Junior doctors and consultants) – no indications of negotiations to resolve	Action <ul style="list-style-type: none">• Review sickness absence policy• Review/extend ‘stay’ interviews. Pilot underway in Education services, further areas being considered.• Listening strategy to be developed as part of staff survey action plan• Recruitment of agency OH nurse advisors and recruitment to vacancies• Operational plans to manage.	Timescale <p>Q2 23/24</p> <p>Q2 23/24</p> <p>Q4 22/23</p> <p>End August 2023</p> <p>Ongoing</p>																									
			Gaps in assurance <p>N/A</p>																											
Related risks on the high level risk register (operational risks)	<ul style="list-style-type: none">• 3767 - Maternity staff: access to lone worker devices (current score: 16)• 3808 – Impact of industrial action (current score: 20)																													

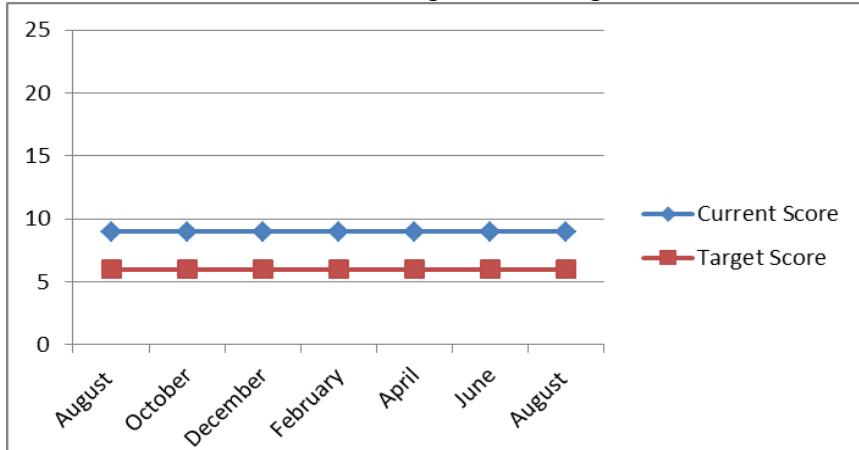
Strategic Objective 3 - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion																													
Ref: 3.3	Strategic Risk: If we are unable to recruit, retain and develop a workforce at all levels that is representative 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 August 2022 – August 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>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><tr><td>June</td><td>9</td><td>6</td></tr><tr><td>August</td><td>9</td><td>6</td></tr></tbody></table>			Month	Current Score	Target Score	August	9	6	October	9	6	December	9	6	February	9	6	April	9	6	June	9	6	August	9	6	Initial Score (CxL): 3x3 = 9	
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April	9	6																											
June	9	6																											
August	9	6																											
Date added: 1 April 2022	Current Score (CxL): 3x3=9																												
Date of last review: 4 August 2023																													
Lead Director: Director of HR			Target Score (CxL): 3x2=6																										
Key controls (what are we doing about the risk?)		Assurance (+ve or –ve) (how do we know if the things we are doing are having an impact?)		Gaps in controls or assurance (what more should we be doing and what additional assurance do we need?)																									
<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 Leadership programmesHead of Equality, Diversity & Inclusion and team in postReciprocal mentoring programme3 year EDI Strategy in place with refreshed EDI objectives and implementation planNHS Improvement plan – 6 high impact actionsImplementation of Equality Delivery System 2022 (EDS)EDI training for managers in place (including EDI related case studies, with specific focus on disability, race and LGBT+ equality and ensuring compassionate and inclusive leadership)		Internal Positive: <ul style="list-style-type: none">People Dashboard: BAME overall workforce – latest as at March 2023Gender Pay Gap – improving position – latest as at March 2023Annual report to Board re disciplinary processes - May 2023WRES/WDES/EDI Update report - May 2023 (People Academy) Negative: <ul style="list-style-type: none">Disability declaration ratePeople Dashboard: BAME representation at senior level– latest as at March 2023Report 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 – April 2023Internal audit reports:<ul style="list-style-type: none">NHS People Plan; Belonging in the NHS (February 2023) – Significant assurance 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">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 developmentTo continue to roll out the equality impact assessment guidance and proforma	Timescale December 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 August 2022 – August 2023</div> 			Initial Score (CxL): 4x4=16		
Date added: 1 April 2022					Current Score (CxL): 3x3=9		
Date of last review: 9 August 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 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 AHPs.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.Hospital at Night Project – pilot complete, full business case under consideration.Link Medics – recruitment of 8 additional FY1 doctors.ETM approved recruitment of 3.4 WTE Clinical Fellows.ETM approval to bid for NHSE Clinical Leadership Fellow.Medical rota re-written to increase Junior Doctor presence in daytime hours and reduce out of hours working.		Internal Positive: <ul style="list-style-type: none">Guardian of Safe Working Hours – quarterly reports – latest report Q4 22/23 (People Academy – May 2023).Appraisal & Revalidation Annual Report – latest report 22/23 (People Academy – 5 July 2023).Appraisal Quality Assurance Group – annual review of appraisal quality.Results of appraisal feedback questionnaires.Annual Medical Appraisal Report / Board compliance statement June 2023 Negative: <ul style="list-style-type: none">Guardian of Safe Working Exception reports re: missed educational opportunities or additional hours.GOSW hours annual report (May 2023)	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.PARE 2022 Feedback for Nursing and Midwifery show high scores and good practice relating to clinical handover.Improved GMC training survey results for 2023 compared to 2022. Some previous areas of concern e.g. plastic surgery and obstetrics have shown improvement across the board. We are not an outlier in any particular domain.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.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 Ongoing December 2023 Phase 1 – Clinical Support Workers (Oct 23)	
				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.	Complete	
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 August 2022 – August 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>August</td><td>6</td><td>6</td></tr><tr><td>October</td><td>6</td><td>6</td></tr><tr><td>December</td><td>6</td><td>6</td></tr><tr><td>February</td><td>6</td><td>6</td></tr><tr><td>April</td><td>6</td><td>6</td></tr><tr><td>June</td><td>6</td><td>6</td></tr><tr><td>August</td><td>6</td><td>6</td></tr></tbody></table>			Month	Current Score	Target Score	August	6	6	October	6	6	December	6	6	February	6	6	April	6	6	June	6	6	August	6	6	Initial Score (CxL): 3x3=9	
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<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.New BIHR main entrance – out to tender, to be completed by March.Research Matron, now responsible for management of Research Nurses.Research bus – funded by NIHR – to take research into communities.BIHR - successful £8m bid for Secure Data Environment (SDE).£5.8M NIHR funding secured for continuation of the Patient Safety Research Centre.£5M Health Determinants Research Collaboration (HDRC) funding secured.	<p>Internal Positive:</p> <ul style="list-style-type: none">Quarterly Research Activity reports to Quality & Patient Safety Academy– latest May 2023.Quarterly Research reports and presentations on research projects to Board – latest May 2023.Research Performance Reports for Research teams sent out on quarterly basis.Internal annual review with each research team.Internal audit of research. <p>Negative:</p> <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.	<p>Independent Positive:</p> <ul style="list-style-type: none">Annual reports and reviews for projects where we are the lead organisation, e.g. NIHR programme grants, NIHR RCF annual reporting.External Performance review meetings and annual reports for NIHR Patient Recruitment Centre, etc.Annual review meeting with Yorkshire and Humber Clinical Research Network.Various research finance audits.Participant Research Experience Survey ‘PRES’ – positive responses.NIHR quarterly ‘Performance in Initiating and Delivering Clinical Research’ submission ‘PID submission’. <p>Negative:</p> <ul style="list-style-type: none">PRES- need to promote PRES completion more to ensure Trust meets its return target.Some research areas not meeting targets in terms of PID.	<p>Gaps in control</p> <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.	<p>Action</p> <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	<p>Timescale</p> <p>Strategy approved September 2022; implementation started</p> <p>Ongoing</p>																								
			<p>Gaps in assurance</p> <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 August 2022 – August 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>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><tr><td>June</td><td>12</td><td>8</td></tr><tr><td>August</td><td>12</td><td>8</td></tr></tbody></table>				Month	Current Score	Target Score	August	12	8	October	12	8	December	12	8	February	12	8	April	12	8	June	12	8	August	12	8	Initial Score (CxL): 5x3=15	
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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). Implementation meetings held and training undertaken for those managing incidents and investigators.• 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.• 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.• InPhase commissioned as our new system to support incident and risk management.• QI training for consultants.• ‘Worry and concerns’ pilot.• NatSSIPs handbook updated and lead reinstated.		Internal Positive: <ul style="list-style-type: none">• Quality Oversight & Assurance Profile – monthly – latest report as at July 2023.• Serious Incident Report – latest as at July 2023.• CLIP (Complaints, Litigation, Incidents, Patient Experience) report – quarterly – latest report June 2023 (covering 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 May 2023.• Deep dive review of SHMI May 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)➢ Serious Incidents – Significant assurance (May 2023)➢ CSU Governance Structures – Significant assurance (July 2023)• 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">• Strong lines of governance accountability through CSU, Service group.• Current Datix license to expire in early 2023.	Action <ul style="list-style-type: none">• Quality Strategy to be developed.• Implementation of PSIRF.• Renew/replace – InPhase commissioned.	Timescale September 2023 October 2023 Autumn 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.																												
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 August 2022 – August 2023</div>  <table><caption>Data for Movement in score August 2022 – August 2023</caption><thead><tr><th>Month</th><th>Current Score</th><th>Target Score</th></tr></thead><tbody><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><tr><td>June</td><td>9</td><td>6</td></tr><tr><td>August</td><td>9</td><td>6</td></tr></tbody></table>			Month	Current Score	Target Score	August	9	6	October	9	6	December	9	6	February	9	6	April	9	6	June	9	6	August	9	6	Initial Score (CxL): 3x3 = 9	
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Date of last review: 28 July 2023																													
Lead Director: Chief Executive																													
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">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).Implementation of BTHFT’s Corporate Strategy 2022-2027 through service development; collaborative working is a regular feature of Exec/CSU discussions.Cross system participation in:<ul style="list-style-type: none">WYHCP Partnership Board and ICBWYAAT Programme Exec (CEOs); Committee in Common (BTHFT Chair & CEO); Exec Directors’ groups (e.g. Finance, Med Directors, HR Directors, COOs, Strategy Directors)Development of clinical networks and collaborative solutions e.g. for non-surgical oncology, pathology, aseptics, LIMS replacement.Development of a clinical strategy for West Yorkshire as part of our WYAAT (acute trust) programme.CEO involvement in and leadership of WYHCP and WYAAT programmes e.g. critical care	Internal Positive: <ul style="list-style-type: none">Partnerships Dashboard has consistently shown “green/amber” rating (e.g. Bo.5.23.17 – May 2023) and Board has encouraged a more positive report based on current position, so Dashboard is predominantly Green from Sept 2023CEO and Chair reports to Board consistently highlight positive examples of collaborative working (e.g. CEO report Bo.7.23.7 – July 2023)Updates to Board on BTHFT input to WYHCP developments (e.g Board Development session 9th February 2023 to discuss WYAAT strategy led by Lucy Cole – WYAAT Programme Director)There is a Health Inequalities workstream in place at BTHFT providing regular reports to the Equality & Diversity Council. Negative: N/A	Independent Positive: <ul style="list-style-type: none">WYAAT & WYHCP programme update reports and position summary to every Board of Directors meeting demonstrate BTHFT input (e.g. Bc.7.23.12 – July 2023) Negative: N/A	Gaps in control N/A	Action	Timescale																								
			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 (as at July 2023).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.	<ul style="list-style-type: none">Revise existing Partnerships Dashboard to capture activity/progress in a more meaningful/accessible wayEnsure 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.	<ul style="list-style-type: none">Revised Partnerships dashboard has been developed (May 2022) and is now submitted to each Board with updated entries to provide relevant and timely informationOngoing – Board dashboard includes Reducing Inequalities update (e.g. Bo.7.23.19 – July 2023)Since May 2023 Health Inequalities is reported at the “Learning and Improvement” sessions of the Quality & Patient Safety Academy (QA.5.23.5).																								
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)		<div>Movement in score August 2022 – August 2023</div> 			Initial Score (CxL): 3x3 = 9						
Date added: 1 April 2022					Current Score (CxL): 3x3 = 9						
Date of last review: 28 July 2023					Target Score (CxL): 3x2 = 6						
Lead Director: Chief Executive											
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 revised governance of our BD&C H&CP involves oversight by a Partnership Board and a Leadership Exec (PLE) – BTHFT is represented on both.• 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 2023/24 plans to NHSE (via WYHCP), including the new Joint Forward Plan➢ place based committees (e.g. Finance, Quality) and➢ operational matters like COVID-19 vaccination programmes, 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 (e.g. stroke) and with Primary Care in VRI work. AFT and BTHFT are re-establishing an acute collaboration programme with a clearer focus on a few specialties than previous initiatives• Director of Strategy & Integration involvement in BD&C Inequalities Alliance; “Alliance for Life Chances” etc.<ul style="list-style-type: none">➢ Cross system participation in Bradford & District Wellbeing Board• 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 Trust’s EDI strategy.• Working with Quality colleagues to explore how HIs can be included within CSUs’ service development/quality improvement work. (supported by Patient Safety Facilitators).		Internal Positive: <ul style="list-style-type: none">• Partnerships Dashboard has consistently shown “green/amber” rating (<i>e.g. Bo.5.23.17 – May 2023</i>) and Board has encouraged a more positive report based on current position, so Dashboard is predominantly Green from Sept 2023• CEO and Chair reports to Board consistently highlight positive examples of collaborative working (<i>e.g. CEO report Bo.7.23.7 – July 2023</i>)• Updates to Board on BTHFT input to BD&C HCP developments (<i>e.g. Procurement Strategy Bo.5.22.10 – May 2022</i>) Negative: 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 control N/A		Action		Timescale	
						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 (July 2023)• 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.		• Revise existing Partnerships Dashboard to capture activity/progress in a more meaningful/accessible way.		• Revised dashboard has been developed and is submitted - with recently updated entries - to Board for information e.g. Bo.3.23.21 in March 2023.	
						• 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.		• Ongoing – Board dashboard includes Reducing Inequalities update (e.g. Bo.7.23.19 – July 2023) • Since May 2023 Health Inequalities is reported at the “Learning and Improvement” session of the Quality & Patient Safety Academy (QA.5.23.5)			
Related risks on the high level risk register (operational risks)		N/A									