

Board of Directors

SUMMARY REPORT

Meeting Date: 26 July 2023

Agenda Item: 26

Report Title:	Board Assurance Framework 2023/24	
Author(s):	Deborah Lawrenson, Director of Corporate Governance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	27 June and 18 July - Audit and Risk Committee 11 June and 13 July – Finance and Performance Committee 14 June and 13 July – Quality Assurance Committee 9 May and 11 July – People Committee 28 June – Board of Directors workshop/development day
	Date:	As above
Key Points recommendations to or previously agreed at:	The Board Assurance Framework (BAF) was last received at the board assurance committees in June. It has since been received at Audit and Risk Committee and discussed at the June Board workshop/development day to support planned updating for the 2023/24 BAF. This discussion informed updating the document for 2023/24 for receipt through the July assurance committees before onward reporting to Audit and Risk Committee and Board of Directors. The Audit and Risk Committee discussed the BAF and recommended the changes presented for onward approval at the Board of Directors.	

Summary of key points in report

The BAF has been updated to reflect proposed risks for 2023/24 and is presented for approval.

Updates reflect feedback from the board discussion at the June workshop which included agreement that some of the risks would benefit from simplification of risk descriptions; and that risk appetite had not changed. The BAF for 2023/24 has been through Board Assurance Committees and additions requested reflected.

The template has been updated to make correlation with gaps and actions clearer and to reduce repetition particularly around controls. It is expected further refinement will take place after submission of the full BAF for 2023/24 to the Board of Directors in July pending any feedback received. BAF risks have also been updated in terms of confirming scores, risk appetite (no change) updating of gaps, assurances, actions and milestones to reaching target scores.

At the Audit and Risk Committee a request was made to give further consideration to reflection of potential strategic risks around inclusivity. It was noted this is currently covered by the note on each BAF extract that provides cross reference to BAF risks which are relevant to the issue of inclusivity however Board is **asked to reflect and comment on this observation.**

Changes to Finance and Performance Committee BAF risks

- There is a potential gap in the BAF on overall sustainability issues – Finance and Performance Committee have agreed consideration will be given to inclusion of a BAF risk on this alongside reporting on sustainability planned for January 2024.
- The People Committee asked Finance and Performance Committee to consider if there is a potential question around whether digital capability of staff is sufficiently reflected in digital risks overseen at FPC. FPC have agreed this issue will be taken forward in discussions around digital risks by the Executive lead and any proposed changes will be reflected in BAF reports in September. Note there is also an action around this issue in year two of the People Plan overseen at People Committee.
- BAF risk 0021B risk related to Cyber is overseen at Audit and Risk Committee and was provided to FPC for information – no changes to scoring, risk appetite or level of assurance – Controls/gaps have been updated and updates to milestones. Audit and Risk Committee agreed to changes for onward **recommendation to approve by the Board of Directors.**
- BAF risk 0022 – the descriptor has been updated and was agreed at FPC **for recommendation to approve by the Board of Directors:** There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5 year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

Financial impact of 5 was considered by the Executive Lead to be potentially too high but it was noted is currently scored in line with Risk Management Strategy – to be reviewed aligned with the updated Risk Management Strategy in due course as work is underway to look at our scoring.

In the discussion about a corresponding risk on the Corporate Risk Register scored at 4 x 4. FPC discussed whether the impact should or should not reduce from 5 to 4. It was agreed the likelihood score should move from 4 (probable) to 3 (possible) in terms of delivery of the CIP programme this position being supported by internal audit assurance on the way in which the cost improvement programme has been set up for 2023/24. This BAF risk is already scored as 3 for likelihood and therefore is currently unchanged.

- BAF risk 0026 – the descriptor has been updated and was agreed at FPC **for recommendation to approve by the Board of Directors:** There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or lack of availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.

Changes to Quality Assurance Committee BAF risks

- BAF risk 0023 has been de-escalated by the committee following discussion at the board workshop and has been removed from the BAF 2023/24. It has met its target score and the national threat in respect of COVID-19 has reduced.
- BAF risk 0024 – the descriptor has been updated and was agreed at QAC **for recommendation to approve by the Board of Directors:** Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.
- BAF risk 0025a – the descriptor has been updated and was agreed at QAC **for recommendation to approve by the Board of Directors:** There is a risk to patient safety caused by failing to effectively

deliver essential environmental improvements for the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings

Changes to People Committee BAF risks

- **BAF Risk 0013** – the descriptor has been updated and was agreed at QAC **for recommendation to approve by Board of Directors**: Risk the Trust does not have the right things in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care.

The Committee asked that consideration be given to the wording in terms of use of the phrase ‘*right things*’ in the updated risk description. The Director of Corporate Governance suggests rewording to ‘*appropriate measures and mechanisms*’. Board is asked to approve this change.

- **BAF Risk 0014** – the descriptor has been updated and was agreed at QAC **for recommendation to approve by the Board of Directors**: There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.

The Committee asked that when the milestones are next reviewed that inclusion of reference to the timing for plans for the professions be included.

- **BAF Risk 0020** – the descriptor has been updated and was agreed at QAC **for recommendation to approve by the Board of Directors**: Risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service and user experience.

The Committee asked that in the next review cross referencing be made to the closed culture work taking place as part of the work overseen at Quality Assurance Committee covered under BAF risk 0024.

The Board is asked for views on reporting cycle for the BAF and to consider moving to a quarterly reporting approach as follows – the Corporate Risk Register would continue to be received at each Assurance Committee meeting:

Quarter 1	Quarter 3	Quarter 4	Quarter 1 (new financial year)
<p>July</p> <ul style="list-style-type: none"> • Received at Board (with Corporate Risk Register) <p>September</p> <ul style="list-style-type: none"> • Received at Quality Assurance Committee, Finance and Performance Committee and People Committee 	<p>October</p> <ul style="list-style-type: none"> • Received at Mental Health Legislation Committee (if relevant) and Audit and Risk Committee <p>November</p> <ul style="list-style-type: none"> • Received at Board (with Corporate Risk Register) 	<p>January</p> <ul style="list-style-type: none"> • Received at Audit and Risk Committee and Board (with Corporate Risk Register) <p>March</p> <ul style="list-style-type: none"> • Received at Quality Assurance Committee, Finance and Performance Committee, People Committee and Mental Health Legislation Committee (if relevant) and at Board to close off the BAF for 2023/24 	<p>April</p> <ul style="list-style-type: none"> • Received at Board (approval of 2024/25 BAF) (with Corporate Risk Register) <p>May</p> <ul style="list-style-type: none"> • Received at Audit and Risk Committee and People Committee <p>June</p> <ul style="list-style-type: none"> • Received at Quality Assurance Committee, Finance and Performance Committee

Appendices

- Appendix 1 - Summary BAF 2023/24 update – **attached**
- Appendix 2 – BAF risks overseen at Finance and Performance Committee

Appendix 3 – BAF risks overseen at Quality Assurance Committee
 Appendix 4 – BAF risks overseen at People Committee

Appendices 2 - 4 available on IBABs and on Google Drive and on request for members of the public

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	
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The Board of Directors is asked to receive for assurance and approve the BAF 2023/24 post discussion at the assurance committees and to discuss and agree the future reporting cycle.

Please identify which strategic priorities will be impacted by this report:

Recover Services and improve efficiency	Yes	X	No	
Continuous Quality Improvement	Yes		No	X
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission Fundamental Standards	Yes	X	No		“Systems and processes must be established to ensure compliance with the fundamental standards”
Data Security and Protection Toolkit	Yes	X	No		Potentially in relation to risks overseen at FPC in terms of digital capability and cross referral from People Committee
Any other specific standard	Yes		No	X	

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
 If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	X	No		Specific detail is covered within the BAF
Financial (revenue & capital)	Yes	X	No		
Organisational Development/Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Environmental Sustainability	Yes	X	No		

Appendix 1 – BAF SUMMARY UPDATE TO BOARD OF DIRECTORS 2023/24 – JULY 2023

BAF risks overseen at Finance and Performance Committee – note 0021B is also overseen at Audit and Risk Committee					
<p>BAF Risk 0021a – There is a risk of failure to ensure digital systems are in place to meet current and future business needs by failing to effectively address inadequate legacy systems and technology caused by complex historic system issues requiring on-going maintenance, inadequate system monitoring, testing and maintenance, delays in procurement and roll out of new systems resulting in negative impact on patient safety and clinical effectiveness due to loss of access to key systems and processes</p>					
Assurance rating	Amber	Risk movement since last discussed at committee - ↔	Risk Appetite – Moderate (digital) (unchanged)	Score – 4 x 3 = 12 (unchanged)	Target score – 3 x 3 = 9 (unchanged)
<p>Milestones</p> <ul style="list-style-type: none"> • Full retirement of Insight has moved from the end of Q2 to end November 2023 transitioning to business as usual (phased roll out from June 2023) • The target score was changed to meet risk appetite in June and reported to Board. • Need to consider how we are scoring digital risk in terms of impact on services [and to be clear in the risk management strategy, when updated, on how this is being measured]. <p>Following a referral from People Committee consideration will be given as to whether digital capability more broadly is sufficiently reflected in BAF or corporate risks at the suggestion of People Committee to FPC. FPC asked that the Executive lead discuss with teams and advise.</p>					
<p>BAF Risk 0021B – There is a risk that adequate arrangements are not in place to sufficiently mitigate increased cyber security and data protection incidents. This has been compounded by low Information Governance mandatory training levels across the Trust, unawareness of Phishing attacks as well as legacy core systems that may not meet current security standards and so remain vulnerable to cyber-attack. An attack may compromise or disable key systems and prevent their operation until we either have confirmation that is safe to do so following the application of software security patches or alternatively the system in its entirety is no longer deemed fit for purpose and removed from active service.</p>					
Assurance rating	Amber	Green	Risk movement since last discussed at committee - ↔	Risk Appetite – Low (cyber) (unchanged)	Score – 4 x 3 = 12 (unchanged) Target score – 4 x 2 8 (unchanged)
<p>Milestones</p> <ul style="list-style-type: none"> • DSTP compliance aligned with all DTSP work – June 2024 • Progress to be expected to be seen from December 2023. 					

BAF Risk 0022 – proposed update to risk descriptor agreed at FPC **for approval by the Board of Directors** - There is a risk that we fail to deliver the break-even position in the medium term caused by factors including non-delivery of the financial plans, lack of 2 – 5-year financial plans including developed CIP programmes and increased cost pressures resulting in a threat to both our financial sustainability and delivery of our statutory financial duties.

Assurance rating	Amber	Risk movement since last discussed at committee - ↔	Risk Appetite – Low (unchanged)	Score – 5 x 3 = 15 (unchanged) Target score – 4 x 2 = 8 (unchanged)
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Financial impact was considered by the Executive Lead to be potentially too high but is currently scored in line with Risk Management Strategy – to be reviewed aligned with the updated Risk Management Strategy.

In the discussion about a corresponding risk on the Corporate Risk Register currently scored at 4 x 4. FPC discussed whether the impact should or should not reduce from 5 to 4. It was agreed the likelihood score should move from 4 (probable) to 3 (possible) in terms of delivery of the CIP programme this position being supported by internal audit assurance on the way in which the cost improvement programme has been set up for 2023/24. This BAF risk is already scored as 3 for likelihood and therefore is currently unchanged unless it is agreed the impact score should reduce to 4.

Milestones

- Agreeing a revised financial plan with CIP targets in March 2023.
- Revised financial plan due for receipt at May 2023 confidential Board – received
- Scope out and review CIP schemes and identify the opportunity for CIP e.g .overhead benchmarking, organisational structure, capacity and demand – by the end of April 2023. Achieved

BAF Risk 0026 - proposed update to risk descriptor agreed at FPC **for approval by the Board of Directors** - There is a risk of slippage or failure in projects comprising our transformation plans caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity to deliver within the timeframes agreed or **lack of** availability of capital funds resulting in service quality and safety being compromised by the non-delivery of key strategic projects.

Assurance rating	Amber	Green	Risk movement since last discussed at committee - ↔	Risk Appetite – Moderate (unchanged)	Score – 4 x 4 = 16 (unchanged) Target score – 3 x 2 = 6 (unchanged)
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Milestones

- Therapeutic Environments – will impact on OOA and CIP delivery – end of June 2024 Maple should be re-opening at this point and so contracted out of area will cease.
- EPR by December 2023
- Community Facilities – St Georges, Assertive Outreach and Community Forensic team to move by the end of August 2023.
- The fixed Ligature Anchor points work (other than other acute wards) should be by the end of 2024/25 to include Dovedale 1 and Forest Lodge
- The fixed Ligature Anchor points work for acute wards will be completed by June 2024
- HBOS, Stannage and Maple to be completed by June 2024
- Fullwood capital received in Q 4 2023/24

- CMHT and LD – dates being confirmed

BAF Risk 0027 - There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

Assurance rating	Amber	Risk movement since last discussed at committee - ↔	Risk Appetite – Moderate (unchanged)	Score – 4 x 3 = 12 (unchanged) Target score – 4 x 3 = 12 (unchanged)
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Discussion will need to take place on whether the target score should change or continue to be tolerated. It was set as the same as the current score throughout 2022/23 recognising there will be system movement in 2023/24

Milestones

- Work on shared priorities and the ICB forward plan received at March 2023 board
- Mother and baby and associated perinatal service development – by the end of 2023/24
- Forensic inpatient beds and community forensic team tender – by the end of 2023/24
- Agreeing South Yorkshire integrated approach to access for Health Based Place of Safety – by the end of 2023/24
- Eating disorder service co-located with VSCE – by the end of 2023/24
- Substance misuse service safe transition to new provider – August 2023
- Staff bank enhanced with students from Sheffield Universities – by the end of 2023/24
- Note – as previously reported additional BAF risks will need to be added to reflect system BAF risks when developed and we will in turn have to escalated Risk to those BAFs where appropriate- The Corporate Governance leads have met to have initial discussion on development of a system BAF – expecting to receive draft BAFs coming through processes across the Summer of 2023.

BAF risks overseen at Quality Assurance Committee


BAF Risk 0023 There is a risk that service users and staff are exposed to an avoidable spread of infectious diseases caused by a failure to consistently maintain appropriate Infection Prevention Control arrangements and safe working practices.

Assurance rating	Green	Risk movement since last discussed at committee - ↔	Risk Appetite – Moderate (unchanged)	Score – 3 x 3 = 9 (unchanged) Target score – 3 x 3 = 9 (unchanged)
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This risk has been agreed for de-escalation at QAC for de-escalation following discussion at the Board workshop and has been removed from the BAF 2023/24 received at the Board. It has met its target score and the national risk around COVID-19 has reduced.

BAF Risk 0024 – Proposed update to risk descriptor agreed at QAC **for approval by the Board of Directors**– Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams

Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services *which could result in* regulatory action. **This risk could be associated with the failure to detect closed cultures within clinical teams.**

Assurance rating	Amber	Green	Risk movement since last discussed at committee - 	Risk Appetite – Low (unchanged)	Score – 4 x 3 = 12 (unchanged) Target score – 4 x 2 = 8 (unchanged)
Milestones <ul style="list-style-type: none"> To achieve the recruitment/turnover rate of 10%. Completion of the Ligature Anchor Point programme Completion of the Back to Good programme Whilst there is reference on the People BAF risks to closed cultures there will be additional consideration needed on this BAF risk to references required. This will be taken forward in updating over August. 					

BAF Risk 0025A - proposed update to risk descriptor agreed at QAC **for approval by the Board of Directors** -There is a risk to patient safety caused by **failing to** effectively deliver essential environmental improvements for the reduction of ligature anchor points / improvements in therapeutic space in inpatient settings

Assurance rating	Red	Risk movement since last discussed at committee - 	Risk Appetite – Low (unchanged)	Score – 4 x 4 = 16 (unchanged) Target score – 3 x 2 = 6 (unchanged)
Milestones <ul style="list-style-type: none"> Completion of phase 3 Ligature Anchor Point works - by June 2024 (for adult services – DD1 will be in 2024/25) New clinical risk assessment tool in place with 80% compliance – timing to be confirmed Robust assurance of monitoring of the clinical risk assessment tool – timing to be confirmed 				

BAF Risk 0025B There is a risk of failure to deliver the therapeutics environment programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in more restrictive care and a poor staff and service user experience and unacceptable service user safety risks

Assurance rating	Red	Risk movement since last	Risk Appetite – Moderate	Score – 4 x 4 = 16 (unchanged)
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	discussed at committee -	(unchanged)	Target score – 3 x 2 = 6 (unchanged)
Milestones <ul style="list-style-type: none"> • 136 Build - August 2023 – slippage to September 2023 • Stanage refurbishment – August 2023 • Maple Ward relocation to Michael Carlisle Centre – October 2023 • Maple Completion – March 2024 • Dovedale 1 feasibility and design – December 2023 • Dovedale 1 estate work – January 2023 • Completion – June 2024. – likely October 24 for Dovedale 1 			

BAF Risk 0029 There is a risk of a delay in people accessing the right community care at the right time caused by, issues with models of care, contractual issues and the impact of practice changes during Covid resulting in poor experience of care and potential harm to service users.

Assurance rating	Red	Risk movement since last discussed at committee - ↔	Risk Appetite – Low (unchanged)	Score – 4 x 4 = 16 (unchanged) Target score – 4 x 2 = 8 (unchanged)
Milestones <ul style="list-style-type: none"> • Investments to support waiting list reduction will be agreed as part of the ICB planning round in Quarter 1 23/24 – Received further investment in relation to peri natal and recovery team waits. Milestone partially met. Funding confirmation awaited for SAANs and Memory services. • Gender service investment to be negotiated by end of Quarter 1 23/24 – no movement as yet • Phase one of community recovery team transformation to begin August 23 and phase 2 in Q4 23/24 • Phase 3 of primary care community mental health, which forms part of reconfiguration of SPA and EWS is expected to be deliver in October 23 – slippage December 2023 				

BAF risks overseen at People Committee					
<p>BAF Risk 0013 Proposed update to risk descriptor agreed at People Committee for approval by the Board of Directors: Risk the Trust does not have the right things in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care.</p> <p>However the committee asked that the phrase ‘right things’ be changed. The recommended wording is ‘appropriate measures and mechanisms’ – Board to discuss and approve.</p>					
Assurance	Amber	Green	Risk movement since last	Risk Appetite – Low (unchanged)	Score – 3 x 4 = 12 (unchanged)



rating – improved			discussed at committee -		Target score – 3 x 2 = 6 (unchanged)
Milestones <ul style="list-style-type: none"> • Staff side Recognition agreement – September 2023 • Establish core requirements for all management/leadership roles – December 2023 • Absence reduction plan implementation – Commencing April 2023 – plan to be fully delivered by March 2024 • Menopause accreditation achievement – by the end of March 2024 • Dedicated Wellbeing champion roles in place – June 2023 – 6 in post, planned increase in numbers by December 2023 • Structure for support to manage wellbeing improved and in place September 2023 • New Health and Wellbeing guardian in place – from April 23 Board role in place • Complete diagnostic self-assessment of the health and well-being self-assessment (7 key areas) – underway and due to complete by the end of September 2023 					
<p>BAF Risk 0014 Proposed update to risk descriptor agreed at People Committee for approval by the Board of Directors: There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.</p>					
Assurance rating			Risk movement since last discussed at committee - 	Risk Appetite – Moderate (unchanged)	Score – 4 x 3 = 12 (unchanged) Target score – 3 x 3 = 9 (unchanged)
Milestones <ul style="list-style-type: none"> • Workforce Dashboard implementation from April 2023. (Full roll out by June 23) officially launched on 3 July 2023 • Capture improved Diversity data for workforce planning and reporting as appropriate August 2023 • Service-led 3-year workforce plan in place – draft by September August 2023 • New role development integrated into workforce planning (such as Physician Associates and Peer Support workers – looking at skill mix in workforce planning and looking at flex approach/risks and potential other options available) – August 2023 will commence in July. • SHSC recruitment plan (derived from the three-year workforce plan – how we do it) – October 2023 • Deliver recruitment process improvement plan (transactional – better campaigns, experience for new recruits and onboarding) – July 2023 in place and being delivered • Review of local review and benefits offer – December 2023 • Review retirement and flexible working policies – by September 2023. <p>People Committee asked Finance and Performance committee to discuss whether digital capability of our staff is sufficiently reflected in Digital risk or increased risk of loss of roles – and potential cross referral to Finance and Performance Committee on this issue. It was agreed at FPC that the Executive Lead will take this for discussion with the team and advise. To note - digital will be in the People Plan activities for year 2.</p>					

The Committee asked that when the milestones are next reviewed that inclusion of reference to the timing for plans for the professions be included.

BAF Risk 0020 Proposed update to risk descriptor agreed at People Committee **for approval by the Board of Directors:** Risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience.

Assurance rating	Amber	Green	Risk movement since last discussed at committee - ↔	Risk Appetite – Moderate (unchanged)	Score – 4 x 3 = 12 (unchanged) Target score – 3 x 3 = 9 (unchanged)
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Milestones

- Values into behaviours consultation and launch of outcomes – April to December 2023
- Expectations of SHSC Managers and Leaders – consultation on expectations of managers and leaders will be part of our values into behaviours consultation. Outcomes will define our leadership and management development offers – April to December 2023
- SHSC Manager Development offer – new offer defined and launched - February 2024.
- EDI milestones around diversity and inclusion – progress as outlined in WRES and WDES – July 2023 People Committee and Board

The Committee asked that in the next review cross referencing be made to the closed culture work taking place as part of the work overseen at Quality Assurance Committee covered under BAF risk 0024.

AIM 4: ENSURE SERVICES ARE INCLUSIVE	STRATEGIC OBJECTIVE: Transformation: Changing things that will make a difference and Partnership Working (PLACE (equality) addressing deprivation, Provider Alliance (forensic and specialist services) ICS and University (improving outcome measures)
RISK REF: No specific risks identified at this time	<p>Cross References to risks which cover inclusivity –</p> <ul style="list-style-type: none"> • Aim 1 - Deliver Outstanding care BAF risks 0023, 0024, 0025, 0029 • Aim 2 - Create Great Place to Work BAF risks 0013,0014,0020 • Aim 3 - Effective Use of Resources BAF risks 0027 <p>The Audit and Risk Committee asked that consideration be given as to whether a specific BAF risk is required around inclusivity of services.</p>