

# Board of Directors

## SUMMARY REPORT

Meeting Date: 26 January 2024

Agenda Item: 22

<b>Report Title:</b>	<b>Board Assurance Framework 2023/24</b>	
<b>Author(s):</b>	Deborah Lawrenson, Director of Corporate Governance	
<b>Accountable Director:</b>	Deborah Lawrenson, Director of Corporate Governance	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Executive Management Team (EMT) Board Assurance Committees Board of Directors
	<b>Date:</b>	27 September 2023 Board 17 October 2023 (ARC) 7 December 2023 (EMT) 9 January 2024 People 10 January 2024 (QAC) 16 January 2024 (ARC)
<b>Key Points recommendations to or previously agreed at:</b>	The latest changes to the full BAF document are presented in blue text or strikethrough following feedback from EMT members and updates provided through review by the Director of Corporate Governance and the Executive leads for BAF risks.	

### Summary of key points in report

The BAF was received at EMT in December 2023 and has since been updated by Executive Leads and the Director of Corporate Governance for final submission through Assurance Committees.

The full BAF has been updated to reflect new strategic aims and priorities and includes cross reference to associated corporate risks.

The Board will review the BAF risks in more detail at the February strategy session to support finalisation of the BAF for 2024/25. Audit and Risk Committee have asked that in developing this that further consideration take place as to whether the risks, gaps and actions are sufficiently strategic in focus or if they are sufficiently covered through the Corporate Risk Register.

#### BAF extract received at FPC

An additional BAF risk has been added in respect of Environmental Sustainability which the FPC **received and approved** for onward sharing with ARC and Board. There was some concern about the readiness of the organisation in respect of delivery of the 2030 requirement around net zero.

Appended is the summary update on movement on the BAF risks overseen by FPC **Appendix 1**.

BAF extract received at QAC

Appended is the summary update on movement on the BAF risks overseen by QAC **Appendix 2**. With the exception of BAF risk 24 the BAF risks overseen at this committee all have assurance ratings of red. Updates have been provided on actions and progress with milestones with detail provided on slippage.

BAF extract received at People

Appended is the summary update on movement on the BAF risks overseen by People Committee in **Appendix 3**.

Summary

The Board is asked to advise if any further changes are required to the full BAF extracts attached at **appendix 4**. The paper received at the Board of Directors will reflect any changes requested by the assurance committees (which will be confirmed verbally at ARC).

**Appendices**

Appendix 1 – Extract BAF risks overseen at Finance and Performance Committee (and those specifically overseen at ARC)

Appendix 2 – Extract BAF risks overseen at Quality Assurance Committee

Appendix 3 – Extract BAF risks overseen at People Committee

Appendix 4 – Detailed BAF – available on IBABs and Google drive for members of the Board and on request

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>		<b>Approval</b>	<b>X</b>	<b>Assurance</b>	<b>X</b>	<b>Information</b>	
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The committee is asked to receive for **assurance and approval** the update BAF risks overseen at the assurance committees post receipt at EMT and prior to Board of Directors in January 2024

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

Effective Use of Resources	Yes	<b>X</b>	No	
Deliver Outstanding Care	Yes	<b>X</b>	No	
Great Place to Work	Yes	<b>X</b>	No	
Ensuring our services are inclusive	Yes	<b>X</b>	No	

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

Care Quality Commission Fundamental Standards	Yes	<b>X</b>	No		Potentially in relation to risks overseen at QAC in relation to fundamental standards of care.
Data Security and Protection Toolkit	Yes	<b>X</b>	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	<b>X</b>	

**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	<b>X</b>	No		Specific detail is covered within the BAF
Financial (revenue & capital)	Yes	<b>X</b>	No		
Organisational Development/Workforce	Yes	<b>X</b>	No		

Equality, Diversity & Inclusion	Yes	X	No	
Legal	Yes	X	No	
Environmental Sustainability	Yes	X	No	

## Appendix 1

### Changes to Finance and Performance Committee BAF risks

Work has taken place to develop a BAF risk around environmental sustainability presented for approval in advance of ARC and Board.

BAF risk 0021A (current score unchanged – 12)	Latest update
<p><b>Strategic Priority:</b> Transformation: Changing things that will make a difference</p> <p><b>DETAILS:</b> 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>	<p>Risk appetite unchanged.</p> <p>Risk score currently unchanged 4 x 3 = 12.</p> <p>The EPR revised implementation timescales were agreed as go live dates 30 October and 27 November. The first was delivered and the second has been delayed. A new implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.</p> <p>Update strategic aims and priorities are reflected and corresponding corporate risks have been referenced.</p> <p>Consideration will be given by the Executive Lead as to whether staff digital capability and training more broadly is sufficiently reflected in BAF or corporate risks at the suggestion of People Committee to FPC. This is reflected in the work to develop the roadmap for delivery of the digital strategy in view of delays caused by EPR slippage.</p> <p>The assurance rating remains Amber. This is because it is based on failure specifically to address legacy systems rather than on EPR as such. RIO and the new EPR is the solution to mitigate the current risk/system is still in use and Tranche 1 has not made the position on that worse nor has it materially improved the position.</p> <ul style="list-style-type: none"> <li>• Milestone for moving to the target score: Full retirement of Insight has moved from November 2023 to Q1 2024 transitioning to business as usual (phased roll out from October 2023) it is recognised there may be further slippage on this timeframe.</li> </ul> <p>As noted previously sources of assurance and actions are unlikely to change until the full retirement of Insight has taken place.</p> <p>The Executive lead has confirmed that the DPST</p>

	internal audit has been sufficiently reflected in the CRR and the BAF (with the exception of those which are low risk) see page 2/3 of the BAF (this was an action previously reported to the committee as in train in terms of review).
<b>BAF risk 0021B</b> (current score unchanged – 12)	<b>Latest update</b>
<p><b>Strategic priority:</b> Transformation: Changing things that will make a difference</p> <p><b>DETAILS:</b> 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>	<p>This risk is overseen at Audit and Risk Committee and is provided to FPC for information.</p> <p>Risk appetite unchanged</p> <p>Score currently unchanged as <math>4 \times 3 = 12</math></p> <p>Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.</p> <p>Controls, gaps and actions to be updated.</p> <p>As noted previously sources of assurance and actions are unlikely to change until Q3 2022/23 on the retirement of Insight – likely delayed until Q1 2024.</p> <p>The implementation of Rio/EPR has been delayed; a revised plan was developed and agreed in August 2023 with launch of Tranche 1 taking place at the end of October and the planned implementation of Tranche 2 at the end of November currently delayed. The new implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.</p> <p>Milestones to achieving the target score:</p> <p><b>DSTP compliance aligned with all DTSP work</b> – due by June 2024 with progress to be expected to be seen from December 2023.</p> <p>Assurance rating remains Amber/Green.</p>
<b>BAF risk 0022</b> (current score unchanged - 15)	<b>Latest update</b>
<p><b>Strategic Priority:</b> Transformation: Changing things that will make a difference and Recover Services and Improve Efficiency</p> <p><b>DETAILS:</b> 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.</p>	<p>Risk appetite unchanged.</p> <p>The risk score was changed and reported to the November Board post FPC as <math>4 \times 4 = 16</math>.</p> <p>Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.</p> <p>Risk description, internal and external assurance, gaps in controls and assurances and actions updated.</p> <p>Board discussion has taken place on statutory /financial risk to break even and variability to sustainability.</p>

	<p>Detailed discussion on CIP has taken place at FPC and Board – with detailed bi-weekly discussion having been in place at EMT from September and increased in November with the addition of weekly executive grip meetings being established. An additional real time data update was provided to FPC members in advance of their formal meeting (on 5 January 2024).</p> <p>Financial plans approved at May 2023 Board.</p> <p>Initial milestones to achieving the target score are:</p> <p><b>Agreeing a revised financial plan with CIP targets in March 2023 – achieved</b></p> <p><b>Revised financial plan due for receipt at May 2023 confidential Board – received</b></p> <p><b>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</b></p> <p><b>Review residual risk score post completion of the revised Risk Management Framework – December 2023 completed.</b></p> <p><b>Review of CIP delivery, financial plan delivery post Q2-</b> updated reports to be received at EMT, FPC and Board December 2023 with ongoing monitoring in place.</p> <p><b>Development of medium-term financial planning as part of 2024/25 financial plan development – updates received at FPC and Board and planned for the remainder of the financial year to support approval of the plans in March 2024.</b></p>
<p><b>BAF risk 0026</b> (current score unchanged – 16)</p>	<p><b>Latest update</b></p>
<p><b>Strategic priority:</b> Transformation: Changing things that will make a difference</p> <p><b>DETAILS:</b> 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.</p>	<p><b>Assurance rating – has reduced from Amber/Green to Amber-due to some additional slippage and this is being kept under close review.</b></p> <p>Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.</p> <p>This BAF risk will move to the Director of Strategy after the January Board meeting.</p> <p>The score has remained unchanged at 4 x 4 =16 because of the likelihood of delays and the impact on CIP.</p> <p>Risk appetite unchanged.</p>

	<p>Gaps updated – closed gaps agreed in July removed.</p> <p>Risk controls, actions and milestones updated.</p> <p>Milestones to target score:</p> <p><b>Therapeutic Environments</b> – will impact on OOA and CIP delivery – due to delays in completing the Maple ward improvements this could be impacted up to August 2024.</p> <p><b>EPR by end of November 2023</b> – Phase 1 launched. Timing for phase 2 to be confirmed as November deadline has slipped. Implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.</p> <p><b>Community Facilities</b> – St Georges, Assertive Outreach and Community Forensic team to move by the end of November <del>August</del> 2023 due to structural improvements required to the site which are taking place. This will now be February 2024.</p> <p><b>The fixed Ligature Anchor points work (other than other acute wards) should be by the end of 2024/25</b> to include Dovedale 1 and Forest Lodge</p> <p><b>The fixed Ligature Anchor points work for acute wards will be completed by August <del>June</del> 2024</b> we intend to decant Maple by March 2024 to address fixed ligature anchor point risks.</p> <p><b>HBOS, Stanage and Maple to be completed by November 2023.</b> HBOS first week December. Maple is outstanding. We are aiming for Maple to be completed by June 2024 however there is a risk of slippage. The critical path for constituent parts is being reviewed by the new Director of Strategy.</p> <p><b>Fullwood capital received in Q 4 2023/24</b> – this has not yet been received and was expected prior to Q4. This is due to a delay in the buyers submitting their planning application which resulted in the timeframe required to receive the funds at the planned time not being met. An update on Fulwood was received at FPC and Board in December 2023. FPC and the Board are being kept updated with approval of next steps expected to take place in confidential board in February.</p> <p><b>CMHT delivery January 2024 and LD delivery March 2024</b> (estimated)</p> <p><b>EPR</b> - There is a need to be clearer about the financial risk gap for EPR. EPR Tranche 2 launch delayed - implementation date is to be agreed and is subject to on-going discussions through EPR programme Board, EMT, FPC and the Board.</p>
<p><b>BAF risk 0027</b> (current score unchanged -12)</p>	<p><b>Latest update</b></p>

**Strategic priority:** Transformation: Changing things that will make a difference

**DETAILS:** 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.**

Updated strategic aims and priorities are reflected and corresponding corporate risks have been referenced.

BAF risk will move to the new Director of Strategy from January 2024

Score to remain  $4 \times 3 = 12$

Discussion will be required on the target score which has remained the same as residual risk score throughout 2022/23. To confirm if this tolerated position.

Risk appetite unchanged  
Controls, assurances, gaps, actions and template updated

Risk appetite unchanged

Milestones to target score:

**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** – originally expected to take place potentially 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 achieved.

**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. Development of the MHLDA provider collaborative gaps in control and actions to be added in as some proposals are under development following discussion at Chair and CEO meetings in August and planned for the Collaborative Committee in Common in September.

Progress:

	<ul style="list-style-type: none"> <li>• Sheffield Health and Care Partnership regularly attended by Chair and CEO and other Executives linking into appropriate delivery groups.</li> <li>• SHSC CEO was the CEO lead of the MHLDA Collaborative during 2022/23 and this has now moved to another CEO.</li> <li>• SHSC Chair has taken on lead Chair role for the MHLDA Collaborative from July 2023</li> <li>• We have improved and strengthened reporting via a new paper to the Board on systems and partnerships.</li> </ul>
<p><b>NEW BAF 0030</b></p> <p>There is a risk of failure to maintain and deliver on the SHSC Green Plan, ensure Trust resilience to climate change and provide a safe environment for staff and service users, in line with statutory duties, national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (80% reduction in emissions by 2030 respectively, and net zero carbon by 2040). Failure could lead to poor patient outcomes, worsening of existing health inequalities, poor service delivery, disruption to services, inefficient use of resources and energy/higher operating costs, legal and regulatory action, missed opportunities for innovation, reputational damage, reduced productivity and increased environmental impact.</p> <p>[Statutory duties brought in by the Health &amp; Care Act 2022 s.68 require NHS foundation trusts to have regard to relevant guidance published by NHS England and the need to contribute towards compliance with section 1 of the Climate Change Act 2008 (UK net zero emissions target), section 5 of the Environment Act 2021 (environmental targets) and adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008]</p>	<p>Initial score 3 x 4 = 12  Risk appetite – Low  Assurance – Amber</p> <p>See the full BAF risk for detail as this is a NEW BAF risk.</p>

## Appendix 2

### Changes to Quality Assurance Committee BAF risks

<b>BAF risk 0024</b> (current	<b>Latest update</b>
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score unchanged – 12)	
<p><b>Strategic priority:</b> Continuous Quality Improvement</p> <p><b>DETAILS:</b> 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 <i>which could result in</i> regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.</p>	<p><b>Assurance rating remains Amber/Green</b></p> <ul style="list-style-type: none"> <li>• Strategic aims and priorities updated and corporate risk references included.</li> <li>• Cross Ref to FPC BAF risk 0020 received at People Committee</li> <li>• ‘Back to Good’ meeting took place in August 2023 with outstanding actions picked up in the new Quality Assurance Report and business as usual assurance reporting through committees.</li> <li>• No proposed change to risk scores and remain 4 x 3 = 12</li> <li>• Actions have been updated. Controls around fundamental standards and culture and quality visits reflected in People BAF risks.</li> </ul> <p><u>Progress against the milestones to achieving the target score:</u></p> <p><b>To achieve the turnover rate of 10% - timeframe to be confirmed</b> – whilst turnover has slowed down we are not yet achieving target – we are capturing reasons for departure – it is suggested a focus takes place on outlier areas to have a better understanding of hotspots and supports triangulation of indicators including absence. Will reflect in the next People Plan report to People Committee and Board (March 2024).</p> <p>Audit and Risk Committee have asked that further clarity be provided on when actions in this area will have an impact on the BAF risk.</p> <p><b>Completion of the Fixed Ligature Anchor Point programme for acute adult services</b> will be between June and August 2024 however exposure to fixed ligature anchor points will be removed early in 2024 due to the decant of service users from Maple Ward to allow the final works to take place (at the point we close that ward for refurbishment) – the milestone has been updated to March 2024 for a further progress update.</p> <p><b>Completion of the Back to Good programme</b> – the last meeting was held in August 2023 with a closure report received at November Board. A small number of outstanding elements, which do not impact on fundamental standards, are being picked up through BAU reporting at assurance committees such as training and supervision compliance levels and updates will be provided in the Quality Assurance Report going forward.</p>
<p><b>BAF risk 0025a</b> (current score unchanged – 16)</p>	<p><b>Latest update</b></p>
<p><b>Strategic priority:</b> Continuous Quality Improvement and Transformation - Changing things that will make a difference</p> <p><b>DETAILS:</b> 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</p>	<p><b>Assurance rating red</b></p> <ul style="list-style-type: none"> <li>• Risk appetite for LAP confirmed by the Board – remains LOW</li> <li>• It is proposed that there are no changes to the score and it remains 4 x 4 = 16.</li> <li>• This BAF risk will move to the new Director of Strategy after the January 2024 Board.</li> <li>• Strategic aims and priorities have been updated and corporate risk references included.</li> <li>• Cross references with BAF.0026 overseen at FPC</li> <li>• Actions to address gaps have been updated.</li> <li>• With regard to the Maple Business Case - approval to fund the design phase went through FPC in June. This went through committees during the summer (the clinical model was received at QAC in August - all scenarios require decant to Stanage) – the Full Business Case, including design details was then due to go through</li> </ul>

<p>therapeutic space in inpatient settings</p>	<p>Committees and Board in December 2023 and will now be received in March 2024 post EMT and Business Planning Group.</p> <p><u>Progress against the milestones to achieving the target score:</u></p> <p><b>Completion of phase 3 Ligature Anchor Point works</b> - by June 2024 (for adult services – DD1 will be in 2024/25) – expected to be completed between June – August 2024</p> <p><b>New clinical environment risk assessment tool in place with 80% compliance</b> – achieved.</p> <p><b>Robust assurance of monitoring of the assessment tool</b> – monitored through the Clinical environment risk group which meets monthly.</p> <p>Plan to temporarily close Maple through decanting to the Michael Carlise Centre to take place no later than the middle of March 2024. In order to achieve this we need to do a series of ward moves in the coming months.</p>
<p><b>BAF risk 0025b</b> (current score unchanged – 16)</p>	<p><b>Latest update</b></p>
<p><b>Strategic priorities:</b> Continuous Quality Improvement and Transformation - Changing things that will make a difference.</p> <p><b>DETAILS:</b> 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 unacceptable service user safety, more restrictive care and a poor staff and service user experience</p>	<p><b>Assurance rating red.</b></p> <ul style="list-style-type: none"> <li>• Risk appetite for Therapeutic Environments was agreed as MEDIUM/Moderate by the Board</li> <li>• This BAF risk will move to the new Director of Strategy after the January 2024 Board.</li> <li>• Cross reference with BAF.0026 overseen at FPC</li> <li>• Strategic aims and priorities updated and cross referral to corporate risks added.</li> <li>• Actions to address gaps have been updated, template has been updated.</li> <li>• It is proposed that there are no changes to the score and it remains 4 x 4 = 16 with target score and appetite rating unchanged.</li> </ul> <p><u>Progress against the milestones to achieving the target score:</u></p> <p><b>136 Build</b> - August 2023 – slippage – completion in first week of December – will now open in January 2024</p> <p><b>Stanage refurbishment</b> – August 2023 – slippage - completion – November 2023. Need to address a water system issue which was not identified as part of the design scope will be resolved early in Q4</p> <p><b>Maple Ward relocation to Michael Carlisle Centre</b> – slippage from October – now expected no later than March 2024</p> <p><b>Maple Completion</b> — slippage to between June and August 2024</p> <ul style="list-style-type: none"> <li>○ Dovedale 1 feasibility and design — slippage from December 2023 to March 2024 for feasibility</li> <li>○ Dovedale 1 estate work – January 2023 – to be prioritised in the Capital plan for 2024/25 due to CDEL limits</li> <li>○ Completion – June 2024. –for Dovedale 1 – for acute adults between June and August 2024 and Dovedale 1 to be confirmed in 2024/25</li> </ul> <p>The refurbishment works on Burbage ward were extended due to unplanned but necessary roof works. Relocation successfully took place in November 2022. As part of this programme of</p>

	<p>works Stange dormitories have been eradicated, completed on 3 December 2021.</p> <p>Phase 3 works undertaken on a closed ward and will target items such as en- suites, ceilings and a new de-escalation room. Gaps in controls amended as 1) Dovedale 2 war was reopened for admissions, and 2) the Trust now has a Board approved Estates Strategy. Exec Dir of Operations see new assurances on business cases.</p> <p>As noted above we have slippage identified – there is a medium level of confidence in the revised dates.</p>
<p><b>BAF risk 0029</b> (current score unchanged – 16)</p>	<p><b>Latest update</b></p>
<p><b>Strategic priorities:</b> Recover services and improve efficiency <i>and Transformation: Changing things that will make a difference</i></p> <p><b>DETAILS:</b> 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</p>	<p><b>Assurance rating red</b></p> <ul style="list-style-type: none"> <li>• Updates made to controls, assurances gaps and actions.</li> <li>• Strategic aims and priorities updated and cross referral to corporate risks added</li> <li>• It is proposed that there are no changes to the score and it remains 4 x 4 = 16 target score and appetite rating unchanged.</li> <li>• Cross reference BAF.0014</li> <li>• A number of gaps and actions have been closed. This is still marked as ‘at risk’ due to continuing working on reducing on the waits.</li> <li>• The wording of this risk will be reviewed given Covid and the impact of it, is not now a main risk</li> </ul> <p>Progress against the milestones to achieving target score:</p> <p><b>Investments to support waiting list reduction</b> 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.</p> <p>Funding confirmation awaited for SAANs and Memory services. PC MH plan in place, Recovery teams are mobilizing plan to be in place by January 2024 (recovery plans are received at QAC) and doing joint work with the ICB on transforming the SAANs service particularly in respect of people with suspected ADHD. Action and Gap closed.</p> <p><b>Gender service investment to be negotiated by end of Quarter 1 23/24</b> – no movement as yet around investment and continuing to engage with partners. No change.</p> <p><b>Phase one of community recovery team transformation</b> to begin August 23 and phase 2 in Q4 23/24 on target to commence phase 2 January 2024</p> <p><b>Phase 3 of primary care community mental health</b>, which forms part of reconfiguration of SPA and EWS is expected to be deliver in October 23 – slippage to March 2024</p> <p>Update</p> <ul style="list-style-type: none"> <li>• We are assertively following up with our strategic planners about resolving this very outstanding issue in relation to commissioning specification re waiting lists. A paper on how we are supporting people on waiting lists received at FPC in August and received at QAC in September. The</li> </ul>

	<p>Director of Finance and Director of Operations will be escalating this to the ICB.</p> <p>As part of workforce planning we are identifying new ways of working by looking at alternative staffing groups for filling vacancies. We can work differently in many of our community services due to the abolition of the care programme approach which means that we can use peer support workers, recovery workers and the VCSE to support service delivery. By the end of the financial year (March 2024)</p>
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### Appendix 3

#### Changes to People Committee BAF risks

BAF risk 0013 (current score unchanged – 12)	Latest update
<p><b>Strategic priorities:</b> Transformation – Changing things that will make a difference.</p> <p><b>DETAILS:</b> Risk the Trust does not have appropriate measures and mechanisms 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><b>Assurance rating Amber/Green.</b></p> <p>Strategic aims and priorities updated and cross referral to corporate risks added.</p> <p>The current risk score remains 3 x 4 = 12 ( but should have read 4 x 3).</p> <p>We are expecting a reduction in score after progress has been made on sexual safety and violence and aggression.</p> <p>The 2024/25 plan is focusing on prevention.</p> <p>The Wellbeing report in November is supporting identification of additional milestones.</p> <p>There is focused work which has commenced around health inequalities in our staffing groups (2-5) against deprivation indices - and how we might better support them. We are expecting to see further trajectories on impact around prevention captured through the new roles put in place.</p> <p>Consideration will be given to merging the Organisational Development and Health and Wellbeing Tier III groups – which sit beneath the Health and Wellbeing assurance group (reporting into People committee). To support developing recommendations around this reflection is taking place on assurance required and the approach used.</p> <p>The ICS have established a wellbeing roadmap and there are three elements in this around people, prevention and partnerships [the Trust has nominated a lead to work alongside colleagues to influence the development of this]</p> <p>The risk descriptor updated, gaps, actions and assurances updated and template refreshed and a number of actions have been closed.</p> <p>Milestones to support reaching target score:</p>

	<p><b>Staff side Recognition agreement</b> – September - December 2023 – progressing – a meeting took place with staff side regional reps. Additional meeting with them and with managers in January 2024. It has taken longer time than anticipated to gather the right people to these meetings but this is moving forward.</p> <p><b>Establish core requirements for all management/leadership roles</b> – December 2023 – work in progress linked to core requirements linked across into the values and behaviours work and management development programmes – expecting this to be finalised by the end of the financial year.</p> <p><b>Absence reduction plan implementation</b> – Review of progress Sept 2023. Focused period ends March 2024 – remains on track. Have revised the milestones within the plan and links with agency reduction programme.</p> <p><b>Menopause accreditation achievement</b> – Achieved August 2023</p> <p><b>Dedicated Wellbeing champion roles in place – June 2023</b> – 6 in post, planned increase in numbers by December 2023 – SB needs to check. There have been roadshows so expecting this will have increased in terms of expressions of interest.</p> <p><b>Structure for support to manage wellbeing improved and in place</b> -September 2023 Achieved August 2023</p> <p><b>New Health and Wellbeing guardian in place</b> – from April 23 Board role in place – Achieved</p> <p><b>Complete diagnostic self-assessment of the health and well-being self-assessment</b> (7 key areas) – underway and due to complete by the end of September/October 2023 – achieved (submitted with health and wellbeing report) – it’s a dynamic tool. At the last Health and Wellbeing meeting it was recognised there are things being taken forward across the organisation which are not formally reflected and learned from through the health and wellbeing work. The lead will be capturing this.</p>
<p><b>BAF risk 0014</b> (current score unchanged – 12)</p>	<p><b>Latest update</b></p>
<p><b>Strategic priorities:</b> Transformation – Changing things that will make a difference</p> <p><b>DETAILS:</b> 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>	<p><b>Assurance rating Amber/Green.</b></p> <p>Strategic aims and priorities updated and cross referral to corporate risks added.</p> <p>Recommended to remain moderate risk appetite as we need to be open to innovation</p> <p>Current score proposed to remain at 4x3 = 12 due to progress made particularly around workforce data and reporting, links with ICS, improvements with KPI’s supported by a strengthened workforce team</p> <p>Workforce and operational planning for the ICS is supporting development of our plans and making best use of ESR and reporting on establishment. There is ongoing significant focus on use of ESR as a single source of establishment data. There is a major dependency on Finance, People and IMST colleagues working together on this.</p> <p>There is a financial risk around the data warehouse hosting and cost implications as IMST have not yet picked up hosting given EPR delay – this has resulted in financial implication for</p>

	<p>the next financial year as this is not currently deliverable in house.</p> <p>Risk descriptor updated, gaps, actions and assurances updated and template refreshed and a number of actions closed or mitigated.</p> <p>We are currently expected to reach target score by the end of the financial year</p> <p>One of the corporate risks impacting on this strategic risk around the apprenticeship levy is being reviewed to reflect a new business appropriate focus – the risk has been updated on the CRR where it remains with an updated rating and areas of action identified to mitigate the risk.</p> <p>Milestones to support reaching the target score:</p> <p><b>Workforce Dashboard implementation from April 2023.</b> (Full roll out by June 23) officially launched on 3 July 2023 – achieved</p> <p><b>Capture improved Diversity data for workforce planning and reporting as appropriate August 2023</b>– achieved</p> <p><b>Service-led 3-year workforce plan in place</b> – draft by September 2023 – this is going to take longer to finalise draft expected currently by December 2023 – drafts are being developed – engagement has been challenging - will be in place by April 2024</p> <p><b>New role development integrated into workforce planning</b> (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 – achieved</p> <p><b>SHSC recruitment plan</b> (derived from the three-year workforce plan – how we do it) – October 2023 – delayed until workforce plans are in place.</p> <p><b>Deliver recruitment process improvement plan</b> (transactional – better campaigns, experience for new recruits and onboarding) – July 2023 in place and being delivered - – achieved</p> <p><b>Review of local reward and benefits offer</b> – December 2023 – should read March 2024.</p> <p><b>Review retirement and flexible working policies</b> – by September 2023 – retirement policy has been reviewed, the flexible working policy was reviewed in October 2022 and due next for review in October 2024.</p> <p><b>Executive Director of Nursing, Professions and Quality, to advise on timing for any outstanding for the professions plans to come on the forward plan.</b> AHP plan coming to People committee in January and Psychology in progress.</p> <p><b>July 2023 referral from People Committee to Finance and Performance committee</b> around whether digital capability of our staff is sufficiently reflected in Digital risk or increased risk of loss of roles. To note - digital will be in the People Plan activities for year 2.</p>
<p><b>BAF risk 0020</b> (current score unchanged – 12)</p>	<p><b>Latest update</b></p>
<p><b>Strategic priorities:</b> Transformation – Changing things that will make a difference</p>	<p><b>Assurance rating Amber/Green.</b></p> <p>Strategic aims and priorities updated and cross referral to corporate risks added.</p>

**DETAILS:** 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.

The Head of Leadership and OD has reviewed and edited the detail under this risk to reflect current practice.

Current risk score remains  $4 \times 3 = 12$

Risk descriptor updated, gaps, actions and assurances updated.

Milestones to support reaching target score:

**Values into behaviours consultation and launch of outcomes** – April to December 2023. Pause on activity August 2023 as Chief exec has engaged external consultants to contribute to the communications structures and this work - a revised approach has been developed to ensure a larger number of the workforce are engaged through this programme of work. Proposal reviewed at EMT away time December 2023 work will commence thereafter.

**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. As above.

**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 – achieved

**Annual Equality and Human Rights report** to be received through EMT, QAC, People committee and Board by November 2023. Received and published. Easy read version under development and referenced in the December staff cascade.

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. This has been addressed.