

Strategic Objective: 1: To provide seamless access to the best care

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
1.1. If demand exceeds capacity, then service quality, safety and performance could deteriorate.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	5 Almost Certain	20	4 Major (Red)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Q&SC and MHLC -Senior Leadership team meetings -IPR and Committee dashboards -Risk Management Framework -Mental Health Partnership Board discussions - Work at ICS level on collective Mental Health priorities and potential new models of working -DLM processes linked to CQC action plan -Themed quality and safety walkabouts -Contract Management Board discussions - Refresh of the Trusts strategic priorities and focussed deployment of Care Trust Way methodology to assist work on service re-design and demand management 	<ul style="list-style-type: none"> -FFT data/feedback - Q&SC (August 2019) -Care group escalation reports - Q&SC (Every QSC meeting) -Business planning programme 2020/21 - SLT - Has identified work in many areas of service under most significant pressure -Strategic priorities programme addressing key capacity area (eg CAMHS, AMH community and inpatient and Older Peoples Mental Health) - SLT -CQC re-inspection draft report on acute inpatient services received - October 2019 	<ol style="list-style-type: none"> 1 Outstanding Board development session on capacity and demand 2 Finalise revised Committee dashboards to reflect key areas of performance by December 2019. 3 Roll-out of DLM across Care Groups and revise quality and safety governance arrangements by October 2019.

Review Comments Since Report: Capacity and demand continues to be an (increasing) risk to almost all services. Monitoring of services is now focused on rolling out Daily Lean Management processes across Care Groups, a programme of RPIWs to tackle blockages and regular quality and safety governance meetings to identify and escalate further risk.

Executive Lead: Patrick Scott	Board / Committee: Q&SC & MHLC	Link to CRR: 1825, 1827, 2164	Review Date: 29/01/2020
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Strategic Objective: 1: To provide seamless access to the best care

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
1.2 If we fail to recognise and adopt advances in digital technology in the design and support of business and clinical services, then our ability to remain competitive, sustainable and deliver quality, safe and effective care will be affected.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	2 Unlikely	6	2 Minor (Yellow)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Board level CIO -Finance, Business & Investment Committee -Senior Leadership Team meetings -Informatics Board -Information Governance Group (for cyber) -Bradford & Craven Digital Group -Gartner Executive subscription -Clinical systems governance group (New) -Digital strategy group (New) 	<ul style="list-style-type: none"> -Informatics programme report - FBIC (June 2019) -Cyber security paper - FBIC (June 2019) -IT update paper - FBIC (July 2019) -S1 paper - Board (July 2019) -WAN performance dashboard - SLT (weekly) -Digital strategy annual review - FBIC (September 2019) -CC10 identified and participating in digital discussions 	3 Review of Gartner executive programme digital engagement plan to SLT by December 2019

Review Comments Since Report: New risk on BAF for 2019/20 as a result of triangulating various key IT enablers (S1, cyber, AI, robotics.) Since July the senior IM&T team have revised governance reporting arrangements resulting in a digital strategy group established and chaired by the CEO.

Executive Lead: Tim Rycroft	Board / Committee: FBIC	Link to CRR: 2042, 2046, 2207	Review Date: 17/03/2020
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Strategic Objective: 2: To provide excellent quality services

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our reputation.	Risk On Identification: Current Risk: Target Risk:	4 Major 4 Major 3 Moderate	3 Possible 5 Almost Certain 2 Unlikely	12 20 6	3 Moderate (Amber) 4 Major (Red) 2 Minor (Yellow)
Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)			
-CQC action plan to Board and Committees -Senior Leadership Team meetings -Compliance Group/patient safety group -Daily Lean Management processes -MHA CQC report inspections -NHSI quarterly meetings -Professional Council governance arrangements	-CQC activity report - Board (May 2019) -CQC action plan - Q&SC (August and September 2019) -CQC action plan - MHLC (July and September 2019) -Joint Q&SC and MHLC meeting (August 2019) -Deep dive charter - Q&SC (September 2019) -Update on well-led action plan approved by Board (September 2019) - CQC re-inspection report on acute inpatient services (October 2019)	3 Completion of all Phase 1 actions on CQC action plan by 31 March 2020. 5 Allignment of recommendations of CQC re-inspection report into CQC action plan (December 2019)			
Review Comments Since Report: The CQC action plan is now reviewed as a standing item at Q&SC and MHLC. There are key milestones for delivery between now and March 2020. Daily Lean Management and the introduction of an integrated governance guide for staff are part of the actions addressing the Section 29a letter and recent core inspection report. Senior Leadership Team reviewed progress on the updated plan 20 November which will be submitted to CQC on 9 December.					
Executive Lead: Phillipa Hubbard	Board / Committee: Q&SC & MHLC	Link to CRR: 2102, 2164		Review Date: 20/01/2020	

Strategic Objective: 2: To provide excellent quality services

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate and our agency costs increase.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	4 Likely	16	4 Major (Red)
	Target Risk:	4 Major	3 Possible	12	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business and Investment Committee -Senior Leadership Team meetings -Workforce Transformation Steering Group -Equality Diversity and Inclusion Strategy -Workforce Data in IPR and FBIC -Workforce Committee dashboard -Recruitment and Retention Action Plan 	<ul style="list-style-type: none"> -Survey update - FBIC (July 2019) -Apprenticeship presentation - SLT (July 2019) -DLM report outs on workforce metrics and agency spend -Committee deep dive reports / action plans -People development strategy - FBIC (September 2019) -Workforce deep dive - FBIC (September 2019) -RPIW on starters/leavers process - FBIC (September 2019) -People Strategy approved at Board (October 2019) 	<ul style="list-style-type: none"> 2 Development of preceptorship programme, career workshops, stay conversations and transfer processes (tbc). 3 Implementation of refreshed process for meeting with new starters to understand their experiences by September 2019. 4 RPIW on recruitment and retention 30, 60 & 90 follow up (Nov 2019)

Review Comments Since Report: With annual turnover levels at around 13%, recruitment and retention remain a significant risk, particularly across nursing, specialist therapy and medical roles. People development strategy 2019-2024 submitted to FBIC on September focus on 5 strategic goals (retention; motivation of staff; engagement of staff; talent management; diversity and culture; and leadership development).

Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1831	Review Date: 02/01/2020
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Strategic Objective: 2: To provide excellent quality services

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
2.3 If we fail to fully implement and embed the Care Trust Way (QI), then we may not see the projected improvements in quality.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Senior Leadership Team -Kaizen Promotion Office (KPO) -Cultural Transformation Guiding Team CTGT) -Master coaching programme - Roll out of Quality Improvement work to support delivery of Strategic priorities programme 	<ul style="list-style-type: none"> -KPO Comms Cell and DLM reports (weekly) -KPO performance reports (monthly) -Staff Survey results (annual) -CQC rating (annual) -RPIWs held on IT kit (July 2019) -Recruitment and retention (August 2019) - Improvement in performance reporting of key service aligned to strategic priorities 	2 Development and delivery of Care Trust Way initial training programme for all BDCFT staff - expected to be complete by March 2020.

Review Comments Since Report: New risk on BAF for 2019/20 as introduction of Care Trust Way is one of the key enablers of the new organisational strategy.

Executive Lead: Patrick Scott	Board / Committee: Trust Board	Link to CRR: None	Review Date: 31/03/2020
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Strategic Objective: 3: To provide our staff with the best place to work

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	4 Likely	16	4 Major (Red)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee -Senior Leadership Team meetings -Annual Staff Survey -Best Place to Work campaign -EMT quarterly briefings -Care Trust Way programme / RPIWs -Daily Lean Management processes 	<ul style="list-style-type: none"> -Best Place to work campaign and results - SLT (May, June & July 2019) -FTSUG Annual Report - Q&SC (May 2019) and Board (July 2019) -Leadership development diagonal slice - Board (July 2019) 	<ul style="list-style-type: none"> 2 Undertake Pulse survey with staff in October 2019. 4 Consider how new Trust Charity and activities can help better engage workforce by March 2020.

Review Comments Since Report: The key areas of work that have helped to engage specific areas of the workforce have been the DLM processes in mental health acute services, RPIWs in CAMHS and IT, and the wider Best Place to Work campaign. Board paper on update of staff survey action plans to be presented to Board in November 2019.

Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1831	Review Date: 02/01/2020
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Strategic Objective: 3: To provide our staff with the best place to work

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
3.2 If we fail to attract a diverse workforce, then we will not reflect our local population and effectively understand their needs potentially impacting on patient experience and outcomes.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	3 Possible	9	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Equality, Diversity and Inclusion Strategy -Workforce data in IPR -Talent Management Strategy -NHS EDS Framework -NHS EDS Steering Group Equality Diversity and Inclusion -Strategy and Action Plan progress -Staff Survey Results -Equality, diversity and inclusion steering group -WRES, DWES, and Gender Pay Gap standards and performance reporting -Local equality, diversity and inclusion SMART objectives 	<ul style="list-style-type: none"> -Best Place to work campaign and results - SLT (May, June & July 2019) -Leadership development diagonal slice - Board (July 2019) Progress on delivering representative workforce target by 2020 -WRES and WDES Board paper (September 2019) 	<ul style="list-style-type: none"> 1 Improvement in local ownership and leadership gaps in representation and attendance at the EDS Steering Group by March 2020. 2 Staff Networks not all established and supporting/aligned to work to ensure achievement of our ambitions - delivery date (tbc). 3 Further WRES and WDES paper to Board (March 2020) 4 Decision on establishing a workforce culture required (November 2019)

Review Comments Since Report: Renewed focus on specific good practice initiatives identified by the National WRES and progressing leadership and management diagonal slice discussions with staff. Board paper on WRES/WDES and draft people development strategy have highlighted areas of development.

Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1831	Review Date: 02/01/2020
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Strategic Objective: 3: To provide our staff with the best place to work

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
3.3 If we fail to facilitate a dynamic culture of innovation, then we are unlikely to meet the challenges which threaten our position in the marketplace.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	3 Possible	9	3 Moderate (Amber)
Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)			
-Finance, Business & Investment Committee -Senior Leadership Team meetings -Market Development Plan -iCare programme	-Carter efficiency guidance presentation - SLT (April 2019) -Business case to NHS England re YOT service - SLT (May 2019) -Business case re Resilience Passport - SLT (June 2019) -Market Development Plan updates - FBIC & SLT (September 2019)	1 Board development discussion on new business opportunities scheduled for October 2019. Completed paper to SLT/FBIC now required (December 2019) 2 Delivery of individual projects within the iCare programme (ongoing).			
Review Comments Since Report: The Board development discussion on business opportunities has slipped from March 2019 due to diary availability of senior leaders. Two successful iCare socials have been held which have further promoted opportunities with staff and showcased successful projects, with a further one scheduled in October.					
Executive Lead: Sandra Knight	Board / Committee: FBIC	Link to CRR: 1826, 1827			Review Date: 02/01/2020

Strategic Objective: 4: To support people to live their fullest potential, to be as healthy as possible

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
4.1 If we do not reduce variation in outcome and experience, across the Place H&CP and WH&H H&CP, then we may not be responsive to individuals' needs.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	4 Major	2 Unlikely	8	3 Moderate (Amber)
Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)			
-WYMHSC MoU signed -New WYMHSC Director appointed -Committee-in-Committee governance arrangements -Strategic Partnering Agreement signed -Integration & Change Board -Place-based H&CPs x2 -Directors of Finance meetings	-Chief Executive reports - private Board (each meeting) -Committee-in-Common minutes - Board (quarterly) -WYMHSG meetings of NEDs and Governors (6-monthly) -AWC HCP refreshed MoU - Board (May 2019) -Board development discussion on WHMHSC strategy (September 2019) -Board paper on WY&HHCP draft strategy (September 2019)	1 Board development discussion on wider system working across WY&H HCP and local Place-based H&CPs, date (tbc). 2 Approval of WYMHSC Strategy by x4 provider Boards (December 2019) 3 Further discussions required on financial implications of ICS/WY&H HCP workstreams (ongoing). 4 Executive capacity to attend required systems meetings (ongoing).			
Review Comments Since Report: Discussions at both West Yorkshire and Place level continue. Key strategy papers developed and presented at Trust Board in September 2019 - now awaiting final draft of strategy for approval.					
Executive Lead: Brent Kilmurray	Board / Committee: Trust Board	Link to CRR: 1826, 1827			Review Date: 02/01/2020

Strategic Objective: 4: To support people to live their fullest potential, to be as healthy as possible

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements.	Risk On Identification:	4 Major	3 Possible	12	3 Moderate (Amber)
	Current Risk:	4 Major	3 Possible	12	3 Moderate (Amber)
	Target Risk:	3 Moderate	3 Possible	9	3 Moderate (Amber)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Quality & Safety Committee -Senior Leadership Team meetings -Friends and Family Test feedback -Trust-wide Involvement Group -Carers Hub programme of activities -Mental health patient experience survey -Champions Show the Way programme 	-Patient Experience report - Q&SC (August 2019)	2 Triangle of Care Phase 2 accreditation in March 2020
	-Your Voice Matters consultation process and discussion at AMM (September 2019)	3 Review of support for carers through hub and spoke model by March 2020.
	-CSTW performance reports to Commissioners (April 2019)	4 Implementation of new FFT requirements locally by March 2020.
	-FFT national guidance published and internal review underway.	5 MH patient survey action plan report to Q&SC (December 2019)
	-Your Voice Matters Involvement Strategy approved at Board (October 2019)	

Review Comments Since Report: New participation and investment strategy presented for approval to Board in October 2019. Bi-annual report to Q&SC in August provided positive assurance on FFT results, levels of involvement training, recruitment and selection and progress on triangled care metrics. Review of FFT questions will provide further opportunities to review coverage of feedback across all services.

Executive Lead: Paul Hogg	Board / Committee: Q&SC	Link to CRR: None	Review Date: 29/11/2019
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Strategic Objective: 5: To deliver a financially sustainable organisation

BAFRisk	Risk Rating	Impact	Likelihood	Score	Rating
5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services.	Risk On Identification:	5 Catastrophic	4 Likely	20	4 Major (Red)
	Current Risk:	5 Catastrophic	4 Likely	20	4 Major (Red)
	Target Risk:	5 Catastrophic	4 Likely	20	4 Major (Red)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee -SFIs and Scheme of Delegation -Senior Leadership Team meetings -Sustainability Board -Capital Programme Investment Group -Place-based HCPs -Directors of Finance meetings -Formal Commissioner meetings (CCGs, LA, NHSE) -Quarterly reporting to NHS Improvement 	<ul style="list-style-type: none"> -2019/20 Operational Plan (including CIP programme - Board (May 2019) -Integrated Performance Report - Board (July and Sept 2019) -Financial dashboard now includes estates and IM&T metrics - FBIC (July and Sept 2019) -Reference costs paper - FBIC (July 2019) -Sustainability Board papers (bi-monthly meetings) -Report to SLT on 2020/2021 business planning process (Sept 2019) 	<ul style="list-style-type: none"> 1 Development and delivery of remaining CIPs during 2019/20 (ongoing). 2 Lack of clarity regarding financial implications of WY&H HCP and Place-based HCPs (ongoing). 3 Future national pay agreements for Agenda for Change (ongoing).

Review Comments Since Report: Quarter One and Two reviews continue to highlight material in-year delivery risk, principally relating to inpatient occupancy, staffing and OOA risks. CRR updates provide more detailed review. Recovery actions are a key focus for quarters three and four. All teams asked to consider and develop responses by early November. Wrap around inpatient team support from corporate finance, bank/rostering, business support and workforce teams to provide necessary information and support. NHSI, FBIC and Board sighted on elevated risk levels. 2020/21 plan risk currently £7.2m to achieve £2.2m deficit control total. Equivalent 4.7% CIP. AFC continued funding uncertainty and inequity compounded by similar IRO NHS Pensions uplift and IFRS16 - FBIC sighted and Business planning activities now in train.

Executive Lead: Liz Romaniak	Board / Committee: FBIC	Link to CRR: 1821, 1826, 1827	Review Date: 28/01/2020
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Strategic Objective: 5: To deliver a financially sustainable organisation

BAF Risk	Risk Rating	Impact	Likelihood	Score	Rating
5.2 If we do not collaborate to deliver system-wide efficiencies, then our financial position (and that of the Place H&CPs and the WY&H HCPs) will be undermined.	Risk On Identification:	4 Major	4 Likely	16	4 Major (Red)
	Current Risk:	5 Catastrophic	4 Likely	20	4 Major (Red)
	Target Risk:	5 Catastrophic	4 Likely	20	4 Major (Red)

Controls & Mitigation: (what are we currently doing about this risk)	Assurances / Evidence (how do we know we are making an impact)	Gaps in controls / assurance (actions to achieve target risk score)
<ul style="list-style-type: none"> -Finance, Business & Investment Committee -SFIs and Scheme of Delegation -Senior Leadership Team meetings -Sustainability Board -Capital Programme Investment Group -Place-based HCPs -Directors of Finance meetings 	<ul style="list-style-type: none"> -Integrated Performance Report - Board (July and Sept 2019) -Financial dashboard - FBIC (July and Sept 2019) -Chief Executive reports about wider WY&H HCP and Place-based CHP funding issues - Board (each meeting) -Report to SLT on 2020/2021 Business planning process (Sept 2019) 	<ol style="list-style-type: none"> 1 Board development discussion on wider system working across WY&H HCP and local Place-based H&CPs, date (tbc). 2 Board development discussion on provision of LD and ATU services across West Yorkshire, scheduled for September 2019. 3 Further discussions required on financial implications of ICS/WY&H HCP workstreams (ongoing).

Review Comments Since Report: Place based LTP submission for Bradford system reflects significant 2019/20 financial risk and a plan gap compared to new system 'improvement trajectories' which are replacing control totals for 2020/21. CCG gap IRO £5m currently, AHGT gap IRO £4m. BDCFT and BTHFT reflecting significant CIP requirements to achieve plan targets. Significant plan uncertainties IRO AFC and NHS Pensions uplift funding / IFRS16 impacts. Capital funding Regime is of concern.

Executive Lead: Liz Romaniak	Board / Committee: FBIC	Link to CRR: 1821, 1826, 1827	Review Date: 28/01/2020
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Appendix 2

Board Assurance Framework 2019/20			Risk rating					
BAF Ref:	Strategic Goals	Strategic risk	Original score	Current score	Residual score	Exec Lead	Lead Committee	Links to CRR
2293	1. To provide seamless access to the best care	1.1. If demand exceeds capacity, then service quality, safety and performance could deteriorate	12	20	8	PS	Q&SC & MHLC	1826, 1827, 2164
2294		1.2 If we fail to recognise and adopt advances in digital technology in the design and support of business and clinical services, then our ability to remain competitive, sustainable and deliver quality, safe and effective care will be affected.	12	12	6	TR	FBIC	2042, 2046, 2207
2295	2. To provide excellent quality services	2.1 If regulatory standards are not met, then we will experience intervention from regulators and/or damage our reputation	12	20	6	DG	Q&SC & MHLC	2102, 2164
2296		2.2 If we fail to recruit and retain a skilled workforce, then the quality of our services may deteriorate and our agency costs increase	12	16	12	SK	FBIC	1831
2297		2.3 If we fail to fully implement and embed the Care Trust Way (QI), then we may not see the projected improvements in quality	12	12	8	PS	Board	None
2298	3. To provide our staff with the best places to work	3.1 If we do not develop an engaged and motivated workforce, then the quality of our services may deteriorate	12	16	8	SK	FBIC	1831
2299		3.2 If we fail to attract a diverse workforce, then we will not reflect our local population and effectively understand their needs potentially impacting on patient experience and outcomes.	12	12	9	SK	FBIC	1831
2300		3.3 If we fail to facilitate a dynamic culture of innovation, then we are unlikely to meet the challenges which threaten our position in the marketplace	12	12	9	SK	FBIC	1826, 1827
2301	4. To support people to live to their fullest potential, to be as healthy as possible	4.1 If we do not reduce variation in outcome and experience, across the Place H&CP and WH&H H&CP, then we may not be responsive to individuals' needs	12	12	8	BK	Board	1826, 1827
2302		4.2 If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements	12	12	9	PH	Q&SC	None
2303	5. To deliver a financially sustainable organisation	5.1 If we do not meet financial objectives, then we will not be able to provide sustainable services	20	20	20	LR	FBIC	1821, 1826, 1827
2304		5.2 If we do not collaborate to deliver system-wide efficiencies, then our financial position (and that of the Place H&CPs and the WY&H HCPs) will be undermined	16	20	20	LR	FBIC	1821, 1826, 1827