



Leicestershire Partnership
NHS Trust

Board Assurance Framework

May 2024

www.leicspart.nhs.uk

LPT BAF 2024/25 Quick Guide

1. The BAF enables the Board to identify and understand the principal risks to achieving its strategic objectives. Our 'Step up to Great' strategy is structured around four key goals, these are mapped against each of the risks on the BAF.



2. Aligning controls and assurances

The format presents the controls, assurances, gaps and actions together. This means that we can provide assurance over whether existing controls are working. Where they are not, we can be clear about the action required to resolve this. We are also able to clearly identify where additional controls and assurances are required and what actions we need to include.

3. Three lines of assurance model

The Trust uses the three lines of assurance model. The assurance provided on the BAF is split by each of the three lines so that we can be clear which part of the organisation is providing assurance and undertaking mitigating action. This also helps us to identify and rectify any gaps.

4. Cause, Risk and Effect

The cause, risk and effect format allows us to see controls, assurances and actions by the cause and effect of each risk, so that we can be sighted on how we are reducing the likelihood and the consequence. Risk descriptors are written using the cause, risk, and effect model to help shape the way we present risk on the BAF.

LPT BAF 2024/25 Quick Guide

5. Clarity over scoring stages

Scoring terminology is defined as;

- Inherent Score. This is the score of a risk based on there being no controls in place. This would apply if the BAF were to identify that current controls are not working effectively.
- Current score. This is the score considering the controls currently in place, assuming that they are working. This can also be termed as residual risk by some organisations, due to this, we are avoiding the use of this term.
- Target score. This is the score once any new mitigating controls have been put in place; this will need to be within our target appetite or will need to be tolerated and justified as such in the covering risk report.

6. 5x5 multiplication methodology

The Trust uses the 5x5 multiplication scoring methodology.


7. Risk Appetite - Open

The Trust Board has applied an open appetite for each category of risk for 2024/25. This means that we have a willingness to make decisions which may impact on our current business as usual for longer term reward and improvement if appropriate controls are in place. This will require a focus on assurance over the strength of our existing internal control framework, as well as identifying and embedding any new controls.

Appetite	None	Minimal	Cautious	Open	Eager
Appetite tolerance	0-3	4-8	9-12	13-16	17-25

LPT BAF 2024/25 Summary May 2024

BAF No.	Slide No.	Risk Title	Current Score/ Direction
01	5	Without timely access to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	20 --
02	6	If we do not engage in research and innovation , we will not drive quality improvement which will impact on the quality and design of our services.	12 --
03	7	Inadequate control, reporting and management of the Trust's 2024/25 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).	20 --
04	8	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality environment for staff and patients.	20 --
05	9	If we do not have appropriate emergency preparedness , resilience and response controls in place, there is a risk that external factors will impact on the Trust, affecting our ability to maintain continuity of services.	12 --
06	10	If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	20 --
07	11	If we do not lead with compassion, we will not promote an inclusive culture , resulting in unwanted behaviours and closed cultures.	12 --
08	12	If we do not work closely with our community, will not provide sustainable place-based services , which will impact on our ability to contribute to social value, and provide the right care, at the right time in the right place.	12 --
09	13	If we do not strengthen partnerships and build new ones, we will not deliver joined up services which will impact on our ability to reduce health inequalities across our health economy.	12 --

BAF 01 April 2024	Without timely access to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	GREAT OUTCOMES We will improve access to our services for our local population.		Initial Risk	5	5	25
System Risk	Demand and Capacity (LLR ICB BAF 3 score 12 / UHL score 20)		Current Risk	5	4	20
Corporate Risk	Corporate risk register 1,2,3,4,5 (demand and capacity risks – high scoring)		Target Risk	5	3	15
Governance	Quality and Safety Committee (Accountability Framework and Strategic Executive Board) Trust Board					
Context	Timely access to high quality safe care for the best clinical outcomes. Access and treatment, safeguarding, PSIRF and PCREF, good mental and physical health outcomes. Joined up person centred care. Quality and safety at the heart.					


Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
---------	--------------	----------------------	----------------	---------	----------

Cause: timeliness of access to services


<ul style="list-style-type: none"> Access Policy Performance Management Framework Urgent and Emergency Care Framework Medical Workforce Plan LLR ICB 5-year strategy and LPT strategy / Annual Plan 	<ul style="list-style-type: none"> Capacity and resources 24/25 access priorities to be agreed Industrial action Global shortage of ADHD medication Digital Strategy 	1st Line: Directorate attendance at Access Group and AFM WL trajectories and initiatives by service Operational risk profile AFM / EMB	Clarity over policy compliance measures and rates	<ul style="list-style-type: none"> Policy refresh and compliance Interim Director of Nursing. May 2024 Approval of access priorities for 24/25 Managing Director May 2024 Digital Strategy Director of Strategy August 2024 	Policy review date extended to Oct 24
		2nd Line: <ul style="list-style-type: none"> Access Group with AAA to AFM / EMB 	Access policy refresh and alignment to system Assurance from Access Group		
		3rd Line: <ul style="list-style-type: none"> Internal Audit – Patient Observations 24/25 significant assurance Internal Audit – Remote Consultations March 2023 significant assurance CQC feedback and ratings 			

Effect: Clinical Outcomes

<ul style="list-style-type: none"> Reducing Harm Whilst Waiting Policy Clinical Outcome performance measures PSIRF Incident reporting 	<ul style="list-style-type: none"> Full implementation of PSIRF 	1st Line Directorate attendance at Access Group and AFM for escalation	Clarity over policy compliance measures and rates	<ul style="list-style-type: none"> Review of policy Compliance measures Interim Director of Nursing. May 2024 Completion of quality dashboard Interim Director of Nursing. May 2024 Implementation of PSIRF Interim Director of Nursing. 2024/25 Prioritise waiting times review for internal audit plan 2025/26 Director of Corporate Governance March 2025 	IA plan 25/26 discussed at ARC March 2024 and recorded by internal audit.
		2nd Line <ul style="list-style-type: none"> Monthly performance report with clinical outcomes measures to Quality and Safety Committee and AFM 	Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting		
		3rd Line Internal audit patient experience August 2022 significant assurance Coroner feedback	External review of waiting times on patient safety		

BAF 02 April 2024	If we do not engage in research and innovation, we will not drive quality improvement which will impact on the quality and design of our services.			Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined	
Strategic Link	GREAT OUTCOMES We will ensure that our services are safe, delivered in partnership with others and continue to innovate to deliver great outcomes for LLR				Initial Risk	4	4	16	
System Risk	Quality improvement (LLR ICB BAF 5 score 16)				Current Risk	4	3	12	
Corporate Risk	No associated risk on the corporate risk register / Group JWG register 001 (attract staff and facilitate research activity score 6) 007 Quality Improvement acceleration score 60				Target Risk	4	2	8	
Governance	Quality and Safety Committee (Joint Working Group and Strategic Executive Board) Trust Board								
Context	Driving quality improvement through evidence-based care, research and innovation. Quality improvement capability, clinical review, recruitment attraction, influence and reputation								
Control		Control Gaps	Sources of Assurance		Assurance gaps	Actions		Progress	
Cause: Not engaging in research and innovation									
<ul style="list-style-type: none"> Group Programme University Hospitals Teaching Status Leicestershire Academic Health Partners Board (LAHP) Health Innovation East Midlands ICB Research Strategy Group 		<ul style="list-style-type: none"> Research Strategy and delivery plan Funding for academic posts Clarity over remit for Group roles 		1st Line: Participant Research Experience Survey (PRES) Research activity and income 2nd Line: Joint Working Group oversight of Group research and innovation programme Research programme to Quality and Safety Committee Local clinical research network Oversight of LAHP papers at SEB 3rd Line: University Led Non-Executive Director		Assurance over uptake and PRES survey outcomes Assurance over success rate for attracting high quality commercial trials		<ul style="list-style-type: none"> Oversight of research participant recruitment numbers and funding allocations. Group Joint Roles with clinical / AHP research element – ‘Principal Investigators’ Medical Director Sept 24 LPT integration with system and LAHP research governance. Work together in the Group model to recruit the best talent as a joint Head of the Innovation research function. Comms / engagement campaign Director of Strategy / Director of Governance Sept 24 	
Effect: Quality and Design of Services									
<ul style="list-style-type: none"> QI programme 		<ul style="list-style-type: none"> Transformation programme Directorate objectives aligned to strategy Innovation strategy Success measures 		1st Line QI programme uptake and feedback Learning boards 2nd Line QI and Transformation Committee AAA report to Finance and Performance Committee and the Strategic Executive Board 3rd Line CQC inspection feedback and ratings		Evidence of changes made due to learning and improvement Impact of learning from research into service redesign		Innovation strategy Director of Strategy July 24 Transformation Plan for 24/25 Director of Governance May 24 Directorate objectives aligned to strategy – Director of Strategy and Operational Directors May 24	

BAF 03 April 2024	Inadequate control, reporting and management of the Trust's 2024/25 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).				Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined	
Strategic Link	GREAT CARE We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation					Initial Risk	4	5	20	
						Current Risk	4	3	12	
System Risk	Finance (LLR ICB BAF 4 score 20 / UHL financial process score 8, capital funding score 20, challenge score 20)									
Corporate Risk	No associated risk on the corporate risk register / Group JWG register 008 (value in healthcare score 4)									
Governance	Finance and Performance Committee [Accountability Framework Meeting, Strategic Executive Board] Trust Board									
Context	Delivery within available financial resources. Use of resources, productivity and value for money, capital funding. Performance measures, constitutional and legal requirements.									
Control		Control Gaps	Sources of Assurance			Assurance gaps	Actions			Progress
Cause: Inadequate Internal Control										
<ul style="list-style-type: none"> SFIs / SORD Treasury Mgt policy Scheme of delegation Code of conduct Declarations of interest 		None	1st Line: 2nd Line: Accounting policies / SFIs and SORD [Audit and Risk Committee] 3rd Line: External Audit 2022/23 annual accounts unqualified opinion			Policy compliance 23/24 audit report	<ul style="list-style-type: none"> Policy compliance audit and oversight Director of Finance and Performance. June 2024 360 Review Q4 23/24 External audit of 23/24 accounts 			
Cause: Inadequate reporting and management										
<ul style="list-style-type: none"> Monthly Reports with exec level oversight Value Programme to deliver local efficiencies 		CIP programme	1st Line: Directorate finance reports 2nd Line: Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting Sharing value programme good practice across the Group 3rd Line: Annual Internal Audit – scheduled Q3			Beacon Unit viability Material non recurrent CIP planned	CIP – operational CIP programme Deep dive reporting Enhancing value programme			
Effect: Breach of Statutory Duty										
<ul style="list-style-type: none"> National guidance 		None	1st Line 2nd Line 3rd Line KPMG annual accounts and VFM conclusion			Approval of medium term recovery plan	<ul style="list-style-type: none"> Develop medium term recovery plan, using value in healthcare approach Sharon Murphy, DoF / June 2024 			In progress. Full update in monthly report.
Effect: Non achievement of financial strategy (LPT and System)										
<ul style="list-style-type: none"> National planning guidance LPT financial strategy and delivery plan LLR ICB capital and financial strategy 		<ul style="list-style-type: none"> LLR ICB medium term capital strategy LLR ICB revenue strategy 	1st Line: System wide internal audit of financial systems 2nd line: 3rd line: Internal Audit – System wide financial controls System finance control – submissions to NHSE			Audit outturn	<ul style="list-style-type: none"> Contribute to LLR ICB capital & financial strategy development Revise LPT medium term capital & financial strategy to ensure alignment with ICS strategy Continued monitoring and mgt of the Trust's delivery of 2024/25 financial plan DoF / March 25 			In progress.

BAF 04 April 2024	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality environment for staff and patients.	Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	GREAT CARE We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation		Initial Risk	4	5	20
			Current Risk	4	5	20
System Risk	Facilities and infrastructure UHL score 16		Target Risk	4	3	12
Corporate Risk	Corporate risk register 18 (estates infrastructure score 12) Group JWG register 006 (estates strategic planning score 6)					
Governance	Finance and Performance Committee [Estates and Medical Equipment Committee, Strategic Executive Board] Trust Board					
Context	Providing the right environment for delivering the best care. Fit for purpose estate to meet staff need, and a therapeutic environment which patients need, agile working. Aging estate					

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
Cause: Unable to maintain and improve our estate					
<ul style="list-style-type: none"> Estates Strategy and Delivery Plan Group strategic estates plan 	<ul style="list-style-type: none"> Lack of capital funding Aging estate with limited options for improvement Recruitment of FM staff / recruitment pipeline / application process. 	1st Line:		<ul style="list-style-type: none"> Committee effectiveness review May 24 Identify alternative sources of capital if bid unsuccessful Stakeholder management and engagement Engagement internal to prioritise estates safety Chief Finance Officer 	
		2nd Line: Estates and medical equipment committee	Effectiveness of the committee		
		3rd Line: System estates groups Capital prioritisation criteria CQC engagement meetings and inspection feedback			
Cause: Unable to respond to maintenance requests in a timely way					
<ul style="list-style-type: none"> Maintenance logging system 	<ul style="list-style-type: none"> Capacity Finance 	1st Line: Feedback and use of the logging system			
		2nd Line:			
		3rd Line:			
Effect: Poor quality environment					
<ul style="list-style-type: none"> Environmental checklist Operational risk management 	<ul style="list-style-type: none"> Escalation of all quality and risk issues relating to environment Oversight of estates risks on Ulysses 	1st Line Directorate Management Teams for escalation and oversight of risk	Adherence to systems and processes for identifying and logging environmental concerns		
		2nd Line Estates and Medical Equipment Committee Estates log			
		3rd Line CQC feedback			

BAF 05 April 2024	If we do not have appropriate emergency preparedness, resilience and response controls in place, there is a risk that external factors will impact on the Trust, affecting our ability to maintain continuity of services.	Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	GREAT CARE We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation		Initial Risk	4	5	20
System Risk	EPRR (LLR ICB BAF 6 score 8 / UHL score 9) Cyber (LLR ICB BAF 7 score 12) Group JWG register 005 (financial leadership 6)		Current Risk	4	3	12
Corporate Risk	No associated risk on the corporate risk register		Target Risk	4	2	8
Governance	Finance and Performance Committee [Audit and Risk Committee, Health and Safety Committee, Strategic Executive Board]TB					
Context	Maintain organisational resilience. External factors, social, environmental and economic impact, cyber-attack, EPRR					


Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
---------	--------------	----------------------	----------------	---------	----------

Cause: A lack of Emergency Preparedness, Resilience and Response Controls

<ul style="list-style-type: none"> EPRR Policy EPRR Group Collaborative EPRR business continuity workplan including co-production of response plans for cyber risks 	Increase in NHS cyber threats seen affecting suppliers that the NHS uses / cyber-attack at Leicester City Council	1st Line:	EPRR policy compliance	<ul style="list-style-type: none"> Review of EPRR standards 24/25 Strengthen EPRR Group Collaborative Managing Director March 2025 Support delivery of the IA 	NA
		2nd Line: <ul style="list-style-type: none"> Oversight at Audit and Risk Committee and the Finance and Performance Committee LPT Business Continuity Management System (BCMS) Audit Post Incident /Exercise Reports 			
		3rd Line: <ul style="list-style-type: none"> ICB and system assessment against NHS England EPRR Core Standards DSPT submission – standards met 22/23 IA audit 24/25 DSPT submissions 24/25 LHIS re-accreditation of secure email system [ISO27000] and Cyber Essentials Consultancy 			

Effect: Continuity of Services

<ul style="list-style-type: none"> Business continuity plans Disaster recovery exercises Industrial Action plans Director on Call arrangements Training of strategic, tactical and operational responders 	<ul style="list-style-type: none"> System wide countermeasure and mass casualty plans ICC assurance flow. 	1st Line	Completeness and robustness of trust wide continuity plans	<ul style="list-style-type: none"> Agree system wide countermeasure and mass casualty plans Managing Director March 2025 Review of the Trust’s continuity plans Managing Director March 2025 ICC assurance flow Director of Governance April 2024
		2nd Line Training oversight and management -		
		3rd Line <ul style="list-style-type: none"> Internal Audit – Business Continuity August 2022 Significant Assurance NHSE Board level cyber training provided by external provider Feb 2024 		

BAF 06 April 2024	If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	GREAT PLACE TO WORK To support our staff to deliver high quality compassionate care and well-being		Initial Risk	5	5	25
System Risk	Workforce (LLR ICB BAF 8 score 12 / UHL score 20)		Current Risk	5	4	20
Corporate Risk	Corporate risk register 14 (agency usage score 20),15 (onboarding staff 20),16 (recruitment challenges 16)		Target Risk	5	3	15
Governance	People and Culture Committee [Strategic Workforce Group, Strategic Executive Board] Trust Board					

Context Utilising workforce strategies, Workforce recruitment, retention and representation, reducing agency usage, growing our own workforce. Inclusive place to work, reduce impact of external factors on staff wellbeing

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
---------	--------------	----------------------	----------------	---------	----------

Cause: Not utilising workforce resourcing strategies

<ul style="list-style-type: none"> National and local People Plan Recruitment Pipeline Management Medical Workforce Plan Recruitment and retention premium scheme for medical workforce International recruitment 	<ul style="list-style-type: none"> High vacancies with supply issues Vacancy Control Link to transformation planning Structure of NHS pay award 	1st Line: Operational risk profile for staffing – oversight at AFM and EMB		<ul style="list-style-type: none"> Physician Associate Recruitment Plan Medical Director 2024/25 Directorate Objectives and Planning linked to workforce plan. Operational Directors 2024/25 	
		2nd Line: SWC , Directorate Workforce groups , retention working group Strike Action Group including organisational debriefs			
		3rd Line:			

Effect: High Agency Usage

<ul style="list-style-type: none"> Agency Reduction Plan 	None	1st Line EQIAs DRA and break glass criteria to stop deployment of Thornbury HCA			
		2nd Line Agency reduction group AAA to Strategic Workforce Group			
		3rd Line <ul style="list-style-type: none"> LLR People Programme Delivery Group Internal Audit Agency Staffing April 2023 Advisory (no high-risk actions) Internal Audit Supporting Timely Recruitment April 2023 Limited Assurance 			

BAF 07 April 2024	If we do not lead with compassion, we will not promote an inclusive culture, resulting in unwanted behaviours and closed cultures.		Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	GREAT PLACE TO WORK To support our staff to deliver high quality compassionate care and well-being			Initial Risk	4	4	16
System Risk	Closed cultures (UHL score 12)			Current Risk	4	3	12
Corporate Risk	Corporate Risk Register 17 (racist behaviour score 20) / Group JWG register R002 (anti-racism score 6) R003 (talent mgt 6) 004 (exemplary leadership 6)			Target Risk	4	2	8
Governance	People and Culture Committee [Strategic Workforce Group, Strategic Executive Board] Trust Board						
Context	Leading with compassion and promoting an inclusive culture. Inclusive culture, Together Against Racism, compassionate leadership. Culture of flexibility, wellbeing, training, career development, grow our own.						

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
---------	--------------	----------------------	----------------	---------	----------

Cause: Not leading with compassion

<ul style="list-style-type: none"> Accountability Framework EDI policy People Plan WRES and WDES Cultural competency programme Group TAR programme 	None	1st Line: Appraisals with wellbeing element, speak up process, sickness management	Audit Outturn 24/25	<ul style="list-style-type: none"> Review of Group programme oversight at SEB Director of Governance May 2024 	
		2nd Line: <ul style="list-style-type: none"> F2SU Guardian, NED F2SU role Learning from speaking up and sickness review Strategic Workforce Group and People and Culture Committee 			
		3rd Line: <ul style="list-style-type: none"> Internal Audit Freedom To Speak Up October 2023 significant assurance Internal Audit Fit and Proper Persons Test due Q2 2024/25 NHSI wellbeing initiatives 			

Effect: Unwanted behaviours and closed cultures.

<ul style="list-style-type: none"> Our Future Our Way Leadership Behaviours Framework Wellbeing, sickness management policy Counselling service Anti bullying harassment and advice service Occupational health service wellbeing strategy 	<ul style="list-style-type: none"> Training on leadership and culture on induction Closed cultures training 	1st Line <ul style="list-style-type: none"> Annual staff survey results Deloitte staff survey and focus group feedback 	Audit outturn 24/25 CQC reports	<ul style="list-style-type: none"> Delivery of recommendations from quality and safety review. Interim Director of Nursing 2024/25 Review training offer to cover culture including closed cultures. Interim Director of Nursing 2024/25 	
		2nd Line <ul style="list-style-type: none"> Mental health and Wellbeing Hub Health and wellbeing champions and wellbeing NED role Health and Wellbeing Lead / People Promise Manager Strategic Workforce Group and People and Culture Committee 			
		<ul style="list-style-type: none"> 3rd Line IA Health and Wellbeing CQC inspection findings System mental health HWB hub 			

BAF 08 April 2024	If we do not work closely with our community, will not provide sustainable place-based services, which will impact on our ability to contribute to social value, and provide the right care, at the right time in the right place.	Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	PART OF THE COMMUNITY We will strengthen our existing partnerships and build new ones so we can deliver more joined up services to people in our communities.		Initial Risk	4	5	20
System Risk	Collaboration (LLR ICB BAF 1 score 12)		Current Risk	4	3	12
Corporate Risk	No associated risk on the corporate risk register		Target Risk	4	2	8
Governance	Finance and Performance Committee [Collaborative & Commissioning Delivery Group, Strategic Executive Board] Trust Board					
Context	Working with our partners and communities to deliver place-based services. Right Care, Right Place, Right Time. Net-zero, VCSE engagement, place delivery, social value, co-production, collaborative working, partnerships, integrated health					

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
---------	--------------	----------------------	----------------	---------	----------

Cause: **Not working closely with our community**

Organisational monitoring of system meetings Named executive leads attending place based meetings	None	1 st Line: Discussions in Strategic Executive Board and other internal LPT formal meetings	Self-assessment / gap analysis SMART actions / KPIs Success reporting (longer term)	Monthly discussions at SEB and in other meetings Regular attendance by executive directors at place based meetings Collaborative working with partners at place	Regular meetings in place and programmes of work to continue to develop a place are happening.
		2 nd Line: Assurance and discussions in the integrated care board meetings, in our system quarterly review meetings with NHS England and the outcomes from the collaboratives we are involved with			
		3 rd Line: Feedback from our well-led review, the CQC and other organisations			

Effect: **Limited contribution to social value, and providing place-based care**

<ul style="list-style-type: none"> Social Value Charter LLR Green Plan People Plan 	<ul style="list-style-type: none"> Trust Wide Reaching Out Delivery Plan Evidencing the impact of learning Evidencing the impact of the social value charter 	1 st Line : Individual programmes of work identified to support new workforce into the organisation, health inequalities actions and the development of training through greater partnerships with our universities.	Self-assessment / gap analysis SMART actions / KPIs Success reporting (longer term)	Social Value Round Table discussions – Q1 24/25 Comms and engagement – Q2 24/25 Self-assessment / gap analysis – Q2/3 24/25 SMART action plan and KPIs Q3 24/25 Success reporting (longer term) Q4 24/25 Executive Director of Strategy and Partnerships	First social value round table discussion held 12/04/24 with agreement on way forward as detailed in actions.
		2 nd Line Group social value programme in place with development meetings. Reporting into our annual report. Updates at Strategic Executive Board and the Joint Working Group.			
		3 rd Line LLR Health Inequalities Meetings			

BAF 09 April 2024	If we do not strengthen partnerships and build new ones, we will not deliver joined up services which will impact on our ability to reduce health inequalities across our health economy.	Date Revised: 9 May 24	Score	Consequence	Likelihood	Combined
Strategic Link	PART OF THE COMMUNITY We will strengthen our existing partnerships and build new ones so we can deliver more joined up services to people in our communities.		Initial Risk	4	5	20
System Risk	Health inequalities (LLR ICB BAF 2 score 20)		Current Risk	4	3	12
Corporate Risk	No associated risk on the corporate risk register		Target Risk	4	2	8
Governance	Finance and Performance Committee [Collaborative & Commissioning Delivery Group, Strategic Executive Board] Trust Board					
Context	Delivering equitable co-produced services to reduce health inequalities and be a learning organisation. Engagement, health inequalities, co-production, learning and improvement.					

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
---------	--------------	----------------------	----------------	---------	----------

Cause: We do not strengthen partnerships and build new ones

<ul style="list-style-type: none"> • LLR ICB and ICS • East Midlands Alliance • Learning Disability and Autism Collaborative • Better Mental Health for All plan • National Provider Collaborative Innovator 	Dependent on how services are commissioned	1st Line: Leadership support within Collaboratives / DMT oversight Directorate delivery plans	Effectiveness of Collaborative and Commissioning Delivery Group	Annual review of effectiveness for the Collaborative and Commissioning Delivery Group	Strong progress in LDA, and Mental Health through our collaboratives. Good engagement and emerging LPT leadership support to CYP, including SEND. Strong engagement in system working in UEC.
		2nd Line: Collaborative and Commissioning Delivery Group Transformation Plan and oversight at Transformation Committee Director level engagement in formal ICB meetings with feedback into the Strategic Executive Board.			
		3rd Line: Engagement meetings with CQC, NHS England, ICB Regional and national recognition of effective joint working across the Trusts			

Effect: Not reducing health inequalities

<ul style="list-style-type: none"> • NHSE national policy on integrated care • Social value charter • LLR ICB 5-year strategy • LPT strategy • Co-production programme 	<ul style="list-style-type: none"> • Directorate delivery plans for 24/25 • Transformation plan for 24/25 	1st Line Directorate Management Teams and individual programmes to develop	<ul style="list-style-type: none"> • Alignment of directorate delivery plans and the Trust transformation programme with the ICB 5-year strategy. 	Individual work programmes operating in every directorate developing enquiring minds. LPT is also supporting the system work to reduce inequalities.
		2nd Line Collaborative and Commissioning Delivery Group Director level engagement in formal ICB meetings with feedback into the Strategic Executive Board. Oversight of delivery of strategic objectives, including risks on the BAF		
		3rd Line Engagement meetings with CQC, NHS England, ICB Engagement with local partners in the community including the charity sector. Voice at the Board.		