

## Trust Board 30 July 2024

### Board Assurance Framework

#### Purpose of the report

The Board Assurance Framework (BAF) contains strategic risks that may prevent us from achieving our objectives. It is presented as part of a continuing risk review process.

#### Analysis of the issue

An effective BAF supports the understanding and discussions around delivery of the Trust’s strategic objectives by identifying the principal risks that may threaten the achievement of those objectives. The BAF is presented by each of the four strategic goals within the Trust’s ‘Step Up To Great’ strategy;



Following the addition of a new risk around capital funding, there are now ten strategic risks on the BAF, of which four are high risk (access, estates, workforce and capital funding). The risks are presented in summary below, and in detail in the appended slide pack.

#### Great Outcomes

For everyone in every community across Leicester, Leicestershire and Rutland (LLR) we intend to contribute to the tackling of health inequalities, working together to ensure there are safe, healthy places for people to live and work are important elements of the integrated care we can provide with others.

Strategic Objective	Strategic Risk	Current Score	Target (Residual) score
We will improve access to our services for our local population	Without <b>timely access</b> to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes (BAF01).	20	15
We will ensure that our services are safe, delivered in partnership with others and continue to innovate to deliver great outcomes for LLR	If we do not engage in <b>research and innovation</b> , we will not drive quality improvement which will impact on the quality and design of our services (BAF02).	12	8

We will measure the delivery of this part of our strategy through our health inequalities work, our quality improvement and transformation programmes that ensure safe, high standards of care and through the governance and oversight of our services. We will continue to work with our university partners and other innovators to undertake research and to implement new ways of working that deliver great outcomes. The largest area of risk to delivery of this goal is the timeliness of access to our services. There is an Access Delivery Group in place, reporting into the Accountability Framework meeting where directorate waiting times are monitored. Progress is reported into the Quality and Safety Committee.

## Great Care

We want every service user and their family to have great care, we are playing our role in that by improving on the areas we know we need to improve on and seeking feedback and learning from our communities on other changes and improvements we can make.

Strategic Objective	Strategic Risk	Current Score	Target (Residual) score
We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation	Inadequate control, reporting and management of the Trust's 2024/25 <b>financial position</b> 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) (BAF03).	12	8
We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation	Inadequate <b>capital funding</b> for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2024/25 and in the medium term (BAF10)	20	10
We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation	If we cannot maintain and improve our <b>estate</b> , 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 (BAF04).	20	12
We will ensure our organisation delivers great care through careful use of our financial resources, great environments and a resilient organisation	If we do not have appropriate <b>emergency preparedness, resilience and response</b> controls in place, there is a risk that external factors will impact on the Trust, affecting our ability to maintain continuity of services (BAF05).	12	8

We will measure the delivery of this part of our strategy through patient experience and involvement, through our People's Council, our work on co-production. Our financial planning and reporting, the delivery of our estates, digital, financial and value plans. The largest area of risk for delivery of Great Care is our estate, both in terms of maintenance and improvement of our current buildings. There is an estates transformation programme for this year which is monitored at the Estates and Medical Equipment Committee and the Finance and Performance Committee. There is also an enhancing value programme which includes oversight of cost improvement and value-added programmes.

## Great Place to Work

Our 6,500 staff and volunteers provide services through over 100 inpatient and community settings, as well as in people's homes, across Leicester, Leicestershire and Rutland. We want to continue to develop LPT to be a great place to work and be an employer of choice. Having a great place to work helps us all to keep improving the quality of care we can provide.

Strategic Objective	Strategic Risk	Current Score	Target (Residual) score
To support our staff to deliver high quality compassionate care and well-being	If we do not adequately utilise <b>workforce resourcing strategies</b> , we will have poor recruitment, retention and representation, resulting in high agency usage (BAF06).	20	15
To support our staff to deliver high quality compassionate care and well-being	If we do not lead with compassion, we will not promote an inclusive culture, resulting in unwanted behaviours and closed cultures (BAF07).	12	8

We will measure this through the delivery of Our Future Our Way, through our group priorities, together against racism, leadership and organisation development. We will ensure that our focus on retention, development, recruitment and innovation supports our people to deliver. The largest area of risk for the delivery of Great Place to Work is around our strategies for recruitment, retention and representation, and our reliance on high agency usage. There is an Agency Reduction programme in place, overseen by the Strategic Workforce Group and the People and Culture Committee.

### Part of the Community

With over 76,000 health and care employees in LLR we play an important role in our communities. The actions we take along with other providers, local authorities, universities etc. have a real influence on how we develop our communities. Through our strategy we are committing to think more about the impact on our communities and the decisions we can make to benefit them.

Strategic Objective	Strategic Risk	Current Score	Target (Residual) score
We will strengthen our existing partnerships and build new ones so we can deliver more joined up services to people in our communities.	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 (BAF08).	12	8
We will strengthen our existing partnerships and build new ones so we can deliver more joined up services to people in our communities.	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 (BAF09).	12	8

We will measure Part of our Community through our social value charter (including our work with the voluntary and community sector), our net zero plan, our recruitment and development (e.g. sector based work academy programme, workforce race equality standard, workforce disability equality standard, WeCitizen etc), the work of our collaboratives and partnerships, our transformation & improvement programme. There is a medium risk profile for the delivery of this part of our strategy.

## Proposal

Ongoing development and embedding of the BAF, including monthly executive director oversight and update of strategic risk.

## Decision required

Trust board is assured by the risk management process and that board remains sighted on key strategic risks relevant to the Trust.

## Governance Table

<b>For Board and Board Committees:</b>	Trust Board 30 July 2024	
<b>Paper sponsored by:</b>	Kate Dyer, Director of Governance and Risk	
<b>Paper authored by:</b>	Kate Dyer, Director of Governance and Risk	
<b>Date submitted:</b>		
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	Strategic Executive Board	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	n/a	
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	Routine board report	
<b>STEP up to GREAT strategic alignment*:</b>	Great Outcomes	All
	Great Care	
	Great Place to Work	
	Part of the Community	
<b>Board Assurance Framework considerations:</b>	List risk number and title of risk	
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	None	



Leicestershire Partnership  
NHS Trust

# Board Assurance Framework

July 2024

[www.leicspart.nhs.uk](http://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 June 2024


BAF No.	Slide No.	Risk Title	Current Score/ Direction
01	5	Without <b>timely access</b> 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 <b>research and innovation</b> , 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 <b>financial position</b> 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 <b>poor-quality environment</b> for staff and patients.	20 --
05	9	If we do not have appropriate <b>emergency preparedness</b> , 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 <b>workforce</b> 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 <b>inclusive culture</b> , resulting in unwanted behaviours and closed cultures.	12 --
08	12	If we do not work closely with our community, will not provide <b>sustainable place-based services</b> , 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 <b>health inequalities</b> across our health economy.	12 --
10	8	Inadequate capital funding for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2024/25 and in the medium term	20 --




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: 4 July 2024	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
<b>Cause: timeliness of access to services</b>					
<ul style="list-style-type: none"> <li>Access Policy</li> <li>Performance Management Framework</li> <li>Urgent and Emergency Care Framework</li> <li>Medical Workforce Plan</li> <li>LLR ICB 5-year strategy and LPT strategy / Annual Plan</li> </ul>	<ul style="list-style-type: none"> <li>Capacity and resources</li> <li>24/25 access priorities to be agreed</li> <li>Industrial action</li> <li>Global shortage of ADHD medication</li> <li>Digital Strategy</li> </ul>	<b>1<sup>st</sup> Line:</b> 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"> <li>Policy refresh and compliance <b>Interim Director of Nursing. May 2024 – extended to Oct 24</b></li> <li>Approval of access priorities for 24/25 <b>Managing Director August 2024</b></li> <li>Digital Strategy <b>Director of Strategy August 2024</b></li> </ul>	Policy review date extended to Oct 24  Access Priorities - Joint Workshop planned for August 24
		<b>2<sup>nd</sup> Line:</b> <ul style="list-style-type: none"> <li>Access Group with AAA to AFM / EMB</li> </ul>	Access policy refresh and alignment to system Assurance from Access Group		
		<b>3<sup>rd</sup> Line:</b> <ul style="list-style-type: none"> <li>Internal Audit – Patient Observations 24/25 significant assurance</li> <li>Internal Audit – Remote Consultations March 2023 significant assurance</li> <li>CQC feedback and ratings</li> </ul>			
<b>Effect: Clinical Outcomes</b>					
<ul style="list-style-type: none"> <li>Reducing Harm Whilst Waiting Policy</li> <li>Clinical Outcome performance measures</li> <li>PSIRF</li> <li>Incident reporting</li> </ul>	<ul style="list-style-type: none"> <li>Full implementation of PSIRF</li> </ul>	<b>1<sup>st</sup> Line</b> Directorate attendance at Access Group and AFM for escalation	Clarity over policy compliance measures and rates	<ul style="list-style-type: none"> <li>Review of policy Compliance measures <b>Interim Director of Nursing. May 2024 – extended to Oct 24</b></li> <li>Completion of quality dashboard for testing <b>Interim Director of Nursing. September 2024</b></li> <li>Implementation of PSIRF <b>Interim Director of Nursing. 2024/25</b></li> <li>Prioritise waiting times review for internal audit plan 2025/26 <b>Director of Corporate Governance March 2025</b></li> </ul>	IA plan 25/26 discussed at ARC March 2024 and recorded by internal audit. Quality dashboard delivery framework developed (3-year programme); informatics testing of digital systems ongoing; project delivery group meeting & scoping metrics with focus on safety/inpatients/crisis
		<b>2<sup>nd</sup> Line</b> <ul style="list-style-type: none"> <li>Monthly performance report with clinical outcomes measures to Quality and Safety Committee and AFM</li> </ul>	Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting		
		<b>3<sup>rd</sup> Line</b> 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: 4 July 2024	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"> <li>Group Programme</li> <li>University Hospitals Teaching Status</li> <li>Leicestershire Academic Health Partners Board (LAHP)</li> <li>Health Innovation East Midlands</li> <li>ICB Research Strategy Group</li> <li>Nursing &amp; Midwifery AHP&amp;P Cabinet</li> </ul>		<ul style="list-style-type: none"> <li>Research Strategy and delivery plan</li> <li>Funding for academic posts</li> <li>Clarity over remit for Group roles</li> </ul>	<p><b>1<sup>st</sup> Line:</b> Participant Research Experience Survey (PRES) Research activity and income</p> <p><b>2<sup>nd</sup> Line:</b> 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</p> <p><b>3<sup>rd</sup> Line:</b> University Led Non-Executive Director</p>	<p>Assurance over uptake and PRES survey outcomes</p> <p>Assurance over success rate for attracting high quality commercial trials</p>	<ul style="list-style-type: none"> <li>Oversight of research participant recruitment numbers and funding allocations.</li> <li>Group Joint Roles with clinical / AHP research element – ‘Principal Investigators’ <b>Medical Director Sept 24</b></li> <li>LPT integration with system and LAHP research governance.</li> <li>Work together in the Group model to recruit the best talent as a joint Head of the Innovation research function.</li> <li>Comms / engagement campaign <b>Director of Strategy / Director of Governance Sept 24</b></li> </ul>			
Effect: Quality and Design of Services								
<ul style="list-style-type: none"> <li>QI programme</li> </ul>		<ul style="list-style-type: none"> <li>Transformation programme</li> <li>Directorate objectives aligned to strategy</li> <li>Innovation strategy</li> <li>Success measures</li> </ul>	<p><b>1<sup>st</sup> Line</b> QI programme uptake and feedback Learning boards</p> <p><b>2<sup>nd</sup> Line</b> QI and Transformation Committee AAA report to Finance and Performance Committee and the Strategic Executive Board</p> <p><b>3<sup>rd</sup> Line</b> CQC inspection feedback and ratings</p>	<p>Evidence of changes made due to learning and improvement</p> <p>Impact of learning from research into service redesign</p>	<p>Innovation strategy Medical Director &amp; <b>Director of Strategy</b> August 24</p> <p>Transformation Plan for 24/25 <b>Director of Governance May 24 – approved</b> Directorate objectives aligned to strategy – <b>Director of Strategy and Operational Directors May 24 - complete – see progress update</b></p>			<p>Transformation 24/25 Plan approved SEB June 24</p> <p>SUTG Annual Plan – agreed and signed off May 2024 Trust Board</p>

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: 18 July 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	Finance (LLR ICB BAF 4 score 20 / UHL financial process score 8, challenge score 20)					Current Risk	4	3	12	
Corporate Risk	No associated risk on the corporate risk register / Group JWG register 008 (value in healthcare score 4)					Target Risk	4	2	8	
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–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"> <li>SFIs / SORD</li> <li>Treasury Mgt policy</li> <li>Scheme of delegation</li> <li>Code of conduct</li> <li>Declarations of interest</li> </ul>		None	1 <sup>st</sup> Line:			Policy compliance	<ul style="list-style-type: none"> <li>Policy compliance audit and oversight <b>Director of Finance and Performance</b></li> <li>360 Review Q4 23/24</li> <li>External audit of 23/24 accounts</li> </ul>		Complete	
			2 <sup>nd</sup> Line: Accounting policies / SFIs and SORD [Audit and Risk Committee]						23/24 audit report	Complete
			3 <sup>rd</sup> Line: External Audit 2022/23 annual accounts unqualified opinion							Complete – unqualified opinion given
Cause: Inadequate reporting and management										
<ul style="list-style-type: none"> <li>Monthly Reports with exec level oversight</li> <li>Value Programme to deliver local efficiencies</li> </ul>		CIP programme	1 <sup>st</sup> Line: Directorate finance reports			Beacon Unit viability Material non recurrent CIP planned	CIP – operational CIP programme Deep dive reporting Enhancing value programme			
			2 <sup>nd</sup> Line: Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting Sharing value programme good practice across the Group							
			3 <sup>rd</sup> Line: Annual Internal Audit – scheduled Q3							
Effect: Breach of Statutory Duty										
<ul style="list-style-type: none"> <li>National guidance</li> </ul>		None	1 <sup>st</sup> Line			Approval of medium term recovery plan	<ul style="list-style-type: none"> <li>Develop medium term recovery plan, using value in healthcare approach <b>Sharon Murphy, DoF / October-2024</b></li> </ul>		In progress. Full update in monthly report.	
			2 <sup>nd</sup> Line							
			3 <sup>rd</sup> Line KPMG 2024/25 annual accounts and VFM conclusion							
Effect: Non achievement of financial strategy (LPT and System)										
<ul style="list-style-type: none"> <li>National planning guidance</li> <li>LPT financial strategy and delivery plan</li> <li>Potential ICS entry into</li> </ul>		<ul style="list-style-type: none"> <li>LLR ICB revenue strategy</li> <li>Month 3 variance from plan in partner organisations</li> </ul>	1 <sup>st</sup> Line: System wide internal audit of financial systems			In year plan delivery of partner organisations	<ul style="list-style-type: none"> <li>Contribute to LLR ICS financial strategy development</li> <li>Revise LPT medium term financial strategy to ensure alignment with ICS strategy</li> <li>Continued monitoring and mgt of the Trust's</li> </ul>		In progress.	
			2 <sup>nd</sup> line:							

BAF 10 June 2024	<b>Inadequate capital funding for LLR system will impact on LPT’s ability to manage financial, quality &amp; safety risks related to estates and digital investment in 2024/25 and in the medium term</b>				Date Revised: 18 July 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	5	4	20
System Risk	Finance (LLR ICB BAF 4 score x / UHL financial process score x , capital funding score x , challenge score x )					Current Risk	5	4	20
Corporate Risk	No associated risk on the corporate risk register					Target Risk	5	2	10
Governance	Finance and Performance Committee [Accountability Framework Meeting, Strategic Executive Board] Trust Board								
Context	Delivery within available capital resources. Estates, digital regulatory, constitutional and legal requirements.								
Control		Control Gaps	Sources of Assurance		Assurance gaps	Actions			Progress
<b>Cause: Inadequate Internal Control</b>									
<ul style="list-style-type: none"> <li>SFIs / SORD</li> <li>Scheme of delegation</li> <li>Capital bid approval process</li> </ul>		None	<b>1<sup>st</sup> Line:</b> <b>2<sup>nd</sup> Line:</b> Accounting policies / SFIs and SORD [Audit and Risk Committee] <b>3<sup>rd</sup> Line:</b> External Audit 2022/23 annual accounts unqualified opinion		Policy compliance 23/24 audit report	<ul style="list-style-type: none"> <li>Policy compliance audit and oversight <b>Director of Finance and Performance.</b></li> <li>External audit of 23/24 accounts</li> </ul>			Complete – unqualified opinion given
<b>Cause: Inadequate reporting and management</b>									
<ul style="list-style-type: none"> <li>Monthly finance report with exec level oversight</li> <li>Capital management committee triple A report</li> <li>LLR ICS capital committee</li> </ul>			<b>1<sup>st</sup> Line:</b> Capital management committee triple A report <b>2<sup>nd</sup> Line:</b> Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting & system capital committee <b>3<sup>rd</sup> Line:</b> Potential 2024/25 system wide capital audit			Ensure transparency of reprioritised capital plan movements Appropriate escalation of specific LPT risks			Capital Management Committee working on reprioritised plan & consequent risks – will report to Trust board  ICS capital committee reviewing increased system risk following capital reduction
<b>Effect: Breach of Statutory Duty (CDEL)</b>									
<ul style="list-style-type: none"> <li>National guidance</li> </ul>		None	<b>1<sup>st</sup> Line</b> <b>2<sup>nd</sup> Line</b> <b>3<sup>rd</sup> Line</b> KPMG 2024/25 annual accounts and VFM conclusion		Approval of medium term capital plan	<ul style="list-style-type: none"> <li>Develop medium term capital plan, aligned to ICS plan <b>Sharon Murphy, DoF / October 2024</b></li> </ul>			In progress. Full update in monthly report.
<b>Effect: Non achievement of capital strategy (LPT and System)</b>									
<ul style="list-style-type: none"> <li>National planning guidance</li> </ul>		<ul style="list-style-type: none"> <li>LLR ICB medium term capital strategy</li> </ul>	<b>1<sup>st</sup> Line:</b>			<ul style="list-style-type: none"> <li>Contribute to LLR ICS capital strategy development</li> <li>Revise LPT medium term capital strategy to ensure</li> </ul>			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: 11 July 2024	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
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**Cause: Unable to maintain and improve our estate**

<ul style="list-style-type: none"> <li>Estates Strategy and Delivery Plan</li> <li>Group strategic estates plan</li> </ul>	<ul style="list-style-type: none"> <li>Lack of capital funding</li> <li>Aging estate with limited options for improvement</li> <li>Recruitment of FM staff / recruitment pipeline / application process.</li> </ul>	<b>1<sup>st</sup> Line:</b> 		<ul style="list-style-type: none"> <li>Identify alternative sources of capital Engagement internal to prioritise estates safety</li> <li>Chief Finance Officer</li> <li>Statutory Compliance continues to be maintained during 24-25</li> <li>Annual Estates Plan – in development now capital position is clear</li> <li>Multi-year Estates Plan to be developed</li> </ul>	Estates Annual Plan through EMB August, FPC Sept 24
		<b>2<sup>nd</sup> Line:</b> Estates and medical equipment group			
		<b>3<sup>rd</sup> Line:</b> 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"> <li>Maintenance logging system</li> </ul>	<ul style="list-style-type: none"> <li>Capacity</li> <li>Finance</li> </ul>	<b>1<sup>st</sup> Line:</b> Feedback and use of the logging system		<ul style="list-style-type: none"> <li>Jobs logged monitored &amp; tracked monthly – monthly reports to DMTs breaking down outstanding jobs</li> </ul>	No of open jobs continues to fall
		<b>2<sup>nd</sup> Line:</b> KPIs in place for soft FM			KPIs for soft FM introduced
		<b>3<sup>rd</sup> Line:</b> CQC feedback			

**Effect: Poor quality environment**

<ul style="list-style-type: none"> <li>Environmental checklist</li> <li>Operational risk management</li> </ul>	<ul style="list-style-type: none"> <li>Escalation of all quality and risk issues relating to environment</li> <li>Oversight of estates risks on Ulysses</li> </ul>	<b>1<sup>st</sup> Line</b> Directorate Management Teams for escalation and oversight of risk	Adherence to systems and processes for identifying and logging environmental concerns	<ul style="list-style-type: none"> <li>Governance route escalations</li> <li>EMEG – review risks &amp; escalate</li> <li>AFM clarified escalation process</li> <li>Annual Estates Plan approved</li> </ul>	Estates Annual Plan through EMB August, FPC Sept 24	
		<b>2<sup>nd</sup> Line</b> Estates and Medical Equipment Committee Estates log				
		<b>3<sup>rd</sup> Line</b> 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: 4 July 2024	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
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**Cause: A lack of Emergency Preparedness, Resilience and Response Controls**

<ul style="list-style-type: none"> <li>EPRR Policy</li> <li>EPRR Group Collaborative</li> <li>EPRR business continuity workplan including co-production of response plans for cyber risks</li> </ul>	Increase in NHS cyber threats seen affecting suppliers that the NHS uses / cyber-attack at Leicester City Council	<b>1<sup>st</sup> Line:</b>	EPRR policy compliance	<ul style="list-style-type: none"> <li>Review of EPRR standards 24/25</li> <li>Strengthen EPRR Group Collaborative <b>Managing Director March 2025</b></li> <li>Support delivery of the IA</li> <li>Implement cyber-attack response plan – August 2024</li> <li>Regular planned testing exercises in year to stress test</li> </ul>	
		<b>2<sup>nd</sup> Line:</b> <ul style="list-style-type: none"> <li>Oversight at Audit and Risk Committee and the Finance and Performance Committee</li> <li>LPT Business Continuity Management System (BCMS) Audit</li> <li>Post Incident /Exercise Reports</li> </ul>			
		<b>3<sup>rd</sup> Line:</b> <ul style="list-style-type: none"> <li>ICB and system assessment against NHS England EPRR Core Standards</li> <li>DSPT submission – standards met 22/23</li> <li>IA audit 24/25</li> <li>DSPT submissions 24/25</li> <li>LHIS re-accreditation of secure email system [ISO27000] and Cyber Essentials Consultancy</li> </ul>			

**Effect: Continuity of Services**

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



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: 8 July 2024	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
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**Cause: Not utilising workforce resourcing strategies**

<ul style="list-style-type: none"> <li>National and local People Plan</li> <li>Recruitment Pipeline Management</li> <li>Medical Workforce Plan</li> <li>Recruitment and retention premium scheme for medical workforce</li> <li>International recruitment</li> <li>Nursing Recruitment &amp; Retention High Impact Actions</li> <li>LLR AHP faculty &amp; Council</li> </ul>	<ul style="list-style-type: none"> <li>High vacancies with supply issues</li> <li>Vacancy Control</li> <li>Link to transformation planning</li> <li>Structure of NHS pay award</li> </ul>	<b>1<sup>st</sup> Line:</b> Operational risk profile for staffing – oversight at AFM and EMB		<ul style="list-style-type: none"> <li>Additional workstreams within the Medical Workforce Plan <b>Medical Director 2024/25</b></li> <li>Directorate Objectives and Planning linked to workforce plan. <b>Operational Directors 2024/25</b></li> <li><b>Delivery of the workforce and agency reduction plan 24/25</b></li> <li>Staff Survey actions – to support retention</li> <li>ToR of PCC revised to extend its remit from August 2024</li> </ul>	
		<b>2<sup>nd</sup> Line:</b> SWC , Directorate Workforce groups , retention working group Strike Action Group including organisational debriefs			
		<b>3<sup>rd</sup> Line:</b> <b>Quality &amp; Safety Committee</b>			

**Effect: High Agency Usage**

<ul style="list-style-type: none"> <li>Agency Reduction Plan</li> </ul>	None	<b>1<sup>st</sup> Line</b> EQIAs DRA and break glass criteria to stop deployment of Thornbury HCA		<ul style="list-style-type: none"> <li><b>Delivery of the workforce and agency reduction plan 24/25</b></li> </ul>	
		<b>2<sup>nd</sup> Line</b> Agency reduction group AAA to Strategic Workforce Group			
		<b>3<sup>rd</sup> Line</b> <ul style="list-style-type: none"> <li>LLR People Programme Delivery Group</li> <li>Internal Audit Agency Staffing April 2023 Advisory (no high-risk actions)</li> <li>Internal Audit Supporting Timely Recruitment April 2023 Limited Assurance</li> </ul>			



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: 3 July 2024	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
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**Cause: Not leading with compassion**

<ul style="list-style-type: none"> <li>Accountability Framework</li> <li>EDI policy</li> <li>People Plan</li> <li>WRES and WDES</li> <li>Cultural competency programme</li> <li>Group TAR programme (including PCREF)</li> <li>Culture of Care</li> <li>Staff Safety in the workplace</li> </ul>	None	<b>1<sup>st</sup> Line:</b> Appraisals with wellbeing element, speak up process, sickness management		<ul style="list-style-type: none"> <li>Review of Group programme oversight at SEB <b>Director of Governance 2024/2025</b> – to SEB as standard</li> <li>Health &amp; Wellbeing 360 Audit – diagnostic tool audit Q2 24/25</li> <li>Delivery of the Our Future Our way Programme of work &amp; 4 priorities &amp; leadership behaviours embeddedness</li> <li>Campaign to embed leadership behaviours commenced 2.7.24 – to run throughout 24/25</li> <li>Leadership Development Conferences – focussed on middle managers – 24/25 programme</li> <li>Staff Survey 24-25 – actions &amp; implementation of priority areas</li> <li>Development of reasonable adjustments framework – Maple &amp; ND Staff Networks</li> </ul>	Group programme reporting to SEB every month for oversight
		<b>2<sup>nd</sup> Line:</b> <ul style="list-style-type: none"> <li>F2SU Guardian, NED F2SU role</li> <li>Learning from speaking up and sickness review</li> <li>Strategic Workforce Group and People and Culture Committee</li> <li>Schwartz Rounds</li> </ul>			
		<b>3<sup>rd</sup> Line:</b> <ul style="list-style-type: none"> <li>Internal Audit Freedom To Speak Up October 2023 significant assurance</li> <li>Internal Audit Fit and Proper Persons Test due Q2 2024/25</li> <li>NHSI wellbeing initiatives</li> </ul>	Audit Outturn 24/25		

**Effect: Unwanted behaviours and closed cultures.**

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

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: 22 July 2024	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
<b>Cause: Not working closely with our community</b>					
Organisational monitoring of system meetings Named executive leads attending place based meetings	None	1 <sup>st</sup> Line: Discussions in Strategic Executive Board and other internal LPT formal meetings 2 <sup>nd</sup> 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 <sup>rd</sup> Line: Feedback from our well-led review, the CQC and other organisations	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.
<b>Effect: Limited contribution to social value, and providing place-based care</b>					
<ul style="list-style-type: none"> <li>Social Value Charter</li> <li>LLR Green Plan</li> <li>People Plan</li> </ul>	<ul style="list-style-type: none"> <li>Trust Wide Reaching Out Delivery Plan</li> <li>Evidencing the impact of learning</li> <li>Evidencing the impact of the social value charter</li> </ul>	<b>1<sup>st</sup> Line :</b> 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. <b>2<sup>nd</sup> Line</b> Group social value programme in place with development meetings. Reporting into our annual report. Updates at Strategic Executive Board and the Joint Working Group. <b>3<sup>rd</sup> Line</b> LLR Health Inequalities Meetings	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 <b>Executive Director of Strategy and Partnerships</b>	First social value round table discussion held 12/04/24 with agreement on way forward as detailed in actions.

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: 4 July 2024	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
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**Cause: We do not strengthen partnerships and build new ones**

<ul style="list-style-type: none"> <li>• LLR ICB and ICS</li> <li>• East Midlands Alliance</li> <li>• Learning Disability and Autism Collaborative</li> <li>• Better Mental Health for All plan</li> <li>• National Provider Collaborative Innovator</li> </ul>	Dependent on how services are commissioned	<b>1<sup>st</sup> Line:</b> Leadership support within Collaboratives / DMT oversight Directorate delivery plans	Effectiveness of Collaborative and Commissioning Delivery Group	<ul style="list-style-type: none"> <li>• Annual review of effectiveness for the Collaborative and Commissioning Delivery Group</li> <li>• Dedicated workstreams focussing on health inequalities being delivered through the Shadow Mental Health Collaborative</li> </ul>	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.
		<b>2<sup>nd</sup> Line:</b> 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.			
		<b>3<sup>rd</sup> Line:</b> 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"> <li>• NHSE national policy on integrated care</li> <li>• Social value charter</li> <li>• LLR ICB 5-year strategy</li> <li>• LPT strategy</li> <li>• Co-production programme</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate delivery plans for 24/25</li> <li>• Transformation plan for 24/25</li> </ul>	<b>1<sup>st</sup> Line</b> Directorate Management Teams and individual programmes to develop	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.
		<b>2<sup>nd</sup> Line</b> 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		
		<b>3<sup>rd</sup> Line</b> Engagement meetings with CQC, NHS England, ICB Engagement with local partners in the community including the charity sector. Voice at the Board.		