



Leicestershire Partnership  
NHS Trust

# Board Assurance Framework

September 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 September 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.	9 ↓
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).	12 --
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.	9 ↓
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	14	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	20 --
11	15	If we do not continue to review and improve our systems and processes for <b>patient safety</b> , we may not be able to provide the best experience and clinical outcomes for our patients and their families.	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 29 August 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		
Cause: timeliness of access to services										
<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  <b>2<sup>nd</sup> Line:</b> <ul style="list-style-type: none"> <li>Access Group with AAA to AFM / EMB</li> </ul> <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>		Clarity over policy compliance measures and rates  Access policy refresh and alignment to system Assurance from Access Group		<ul style="list-style-type: none"> <li>Policy refresh and compliance <b>Interim Director of Nursing - Oct 24</b></li> <li>Approval of access priorities for 24/25 <b>Managing Director August 2024 - complete</b></li> <li>Digital Strategy <b>Director of Strategy August 2024</b></li> <li>RRP Scheme in place in areas of high need</li> </ul>		Policy review date extended to Oct 24  Access Priorities - Joint Workshop took place on 20 <sup>th</sup> August 24
Effect: Clinical Outcomes										
<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  <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> <b>3<sup>rd</sup> Line</b> Internal audit patient experience August 2022 significant assurance Coroner feedback		Clarity over policy compliance measures and rates  Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting  External review of waiting times on patient safety		<ul style="list-style-type: none"> <li>Review of policy Compliance measures <b>Interim Director of Nursing, 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

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: 14 August 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	3	3	9
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
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**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>	<b>1<sup>st</sup> Line:</b> Participant Research Experience Survey (PRES) Research activity and income	Assurance over uptake and PRES survey outcomes	<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 – DW</li> <li>Comms / engagement to promote this area <b>Director of Strategy / Director of Governance Sept 24</b></li> </ul>	Following quarterly research report presented at QSC on 21/8/2024, it was agreed that the risk could be reduced as NIHT portfolio studies targets met.  Presentation at LAHP – LPT research & innovation – Aug 24
		<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	Assurance over success rate for attracting high quality commercial trials		
		<b>3<sup>rd</sup> Line:</b> University Led Non-Executive Director			

**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>	<b>1<sup>st</sup> Line</b> QI programme uptake and feedback Learning boards	Evidence of changes made due to learning and improvement	Innovation Strategy <b>Medical Director &amp; Director of Strategy</b> October 24  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>	DMD post advertised – innovation, R&D & QI in portfolio (23.8.24 interviews) Transformation 24/25 Plan approved SEB June 24 SUTG Annual Plan – agreed and signed off May 2024 Trust Board
		<b>2<sup>nd</sup> Line</b> QI and Transformation Committee AAA report to Finance and Performance Committee and the Strategic Executive Board	Impact of learning from research into service redesign		
		<b>3<sup>rd</sup> Line</b> CQC inspection feedback and ratings			

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:16 August 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	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: Expenditure control forms for all relevant non pay spend over £150; vacancy control process; DRA agency approval process; No PO no pay policy; segregation of duties in finance teams				<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]			Policy compliance		Complete		
		3 <sup>rd</sup> Line: External Audit 2023/24 annual accounts unqualified opinion			24/25 audit report		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; bi monthly DoF service level run rate reviews; Enhancing value CIP delivery review;				<ul style="list-style-type: none"> <li>CIP – operational CIP programme</li> <li>Deep dive reporting</li> <li>Enhancing value programme</li> <li>EMB deep dive, including difficult decisions list refresh</li> <li>Develop recovery plan</li> </ul>	September EMB		
		2 <sup>nd</sup> Line: Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting <b>Sharing value programme good practice across the Group</b>			Beacon Unit viability Material non recurrent CIP planned; In year overspends				
		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 monthly finance report assurance on break even delivery year to date & forecast			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 formal NHSE turnaround</li> </ul>	<ul style="list-style-type: none"> <li>LLR ICB revenue strategy</li> <li>Month 4 variance from plan in partner organisations</li> </ul>	1 <sup>st</sup> Line: Organisational reports to ICS Finance Committee			In year plan delivery of partner org's	<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 delivery of 2024/25 financial plan <b>DoF / March 25</b></li> <li>Work with ICS partners to mitigate financial delivery, including through new Recovery &amp; Sustainability Committee</li> </ul>	In progress.		
		2 <sup>nd</sup> line: System wide internal audit of financial systems							
		3 <sup>rd</sup> line: Internal Audit – System wide financial controls System finance control – submissions to NHSE			Audit outturn				



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
System Risk	Facilities and infrastructure UHL score 16		Current Risk	4	5	20
Corporate Risk	Corporate risk register 18 (estates infrastructure score 12) Group JWG register 006 (estates strategic planning score 6)		Target Risk	4	3	12
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> <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		<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
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**Cause: Unable to respond to maintenance requests in a timely way**

Maintenance logging system	Capacity Finance	<b>1<sup>st</sup> Line:</b> Feedback and use of the logging system		Jobs logged monitored & tracked monthly – monthly reports to DMTs breaking down outstanding jobs	No of open jobs continues to fall
		<b>2<sup>nd</sup> Line:</b> KPIs in place for soft FM			
		<b>3<sup>rd</sup> Line:</b> CQC feedback			

**Effect: Poor quality environment**

Environmental checklist Operational risk management	Escalation of all quality and risk issues relating to environment Oversight of estates risks on Ulysses	<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	Governance route escalations EMEG – review risks & escalate AFM clarified escalation process Annual Estates Plan approved	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: 8 August 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	<p><b>1<sup>st</sup> Line:</b> Task letter return logs &amp; actions</p> <p><b>2<sup>nd</sup> Line:</b></p> <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> <p><b>3<sup>rd</sup> Line:</b></p> <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>	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>	
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**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>	<p><b>1<sup>st</sup> Line</b></p> <p><b>2<sup>nd</sup> Line</b> Training oversight and management</p> <p><b>3<sup>rd</sup> Line</b></p> <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>	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 September 2024 (SEB)</b></li> </ul>	
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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: 12 Sept 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	4	25
System Risk	Workforce (LLR ICB BAF risk archived April 2024 / 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 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/SEB; Recruitment weekly Gold Calls; Agency reduction Group	<ul style="list-style-type: none"> <li>Vacancies</li> </ul>	<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 – complete</li> <li>Benchmarking against workforce metrics to be reviewed in PCC 30<sup>th</sup> October 2024</li> <li>Jobtrain/time to recruit monitoring &amp; user satisfaction to be reviewed</li> <li>Band 2/3 HCA workstream impacts analysis work</li> </ul>	Physician Associate trainee & apprenticeships paused currently after extensive discussions with directorates.  PCC ToR Signed off 11.9.24 at 1 <sup>st</sup> meeting with wider remit
		<b>2<sup>nd</sup> Line:</b> Directorate Workforce groups, HCA Retention Working Group Strike Action Group (as required) including organisational debriefs; People & Culture Committee	<ul style="list-style-type: none"> <li>Vacancies</li> </ul>		
		<b>3<sup>rd</sup> Line:</b> <b>System people and culture board</b> <b>System CPO meetings</b>	<ul style="list-style-type: none"> <li>Vacancies</li> </ul>		

**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	Agency spend	<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	Agency spend		
		<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>	Agency spend		

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: 12 Sept 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 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	Civil unrest	<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> <li>Wellbeing conference arranged through MAC for September 2024</li> <li>Developing a medical leadership programme</li> <li>Anti racism listening events / TAR actions</li> <li>Thematic review of employee relation cases (including NMC Culture review)</li> </ul>	Group programme reporting to SEB every month for oversight Junior Drs Induction session – strengthened focus on wellbeing in the workplace  Anti racism listening events FAQs following civil unrest/racist riots & Islamophobia
		<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>People and Culture Committee</li> <li>Schwartz Rounds</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey Oct 24</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>	<ul style="list-style-type: none"> <li>Audit Outturn 24/25</li> </ul>		

**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> <li>Leadership Conferences – focussed on psychological safety &amp; speaking up within the 24/25 programme</li> <li>Focussed events during Oct 24 Speaking Up month</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</li> <li>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: 14 Aug 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	3	3	9
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	<b>1<sup>st</sup> Line:</b> 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.
		<b>2<sup>nd</sup> Line:</b> 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			
		<b>3<sup>rd</sup> Line:</b> Feedback from our well-led review, the CQC and other organisations			
<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.	Self-assessment / gap analysis SMART actions / KPIs Success reporting (longer term)	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. First Community of Practice meeting held. Well attended by corporate colleagues. Self-assessment and gap analysis to commence shortly.
		<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			

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: 14 Aug 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	Regular updates in LPT meetings	<ul style="list-style-type: none"> <li>• Regular agenda items in SEB to share updates</li> <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> <li>• Shared learning opportunity within East &amp; West Midlands – out of area placements</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.	Effectiveness of Collaborative and Commissioning Delivery Group		
		<b>3<sup>rd</sup> Line:</b> Engagement meetings with CQC, NHS England, ICB Regional & national recognition of effective joint working			


**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	Ensuring all services are focussed on health inequalities	<ul style="list-style-type: none"> <li>• Alignment of directorate delivery plans and the Trust transformation programme with the ICB 5-year strategy.</li> <li>• Promoting the value to patients &amp; the organisation of improving health inequalities</li> </ul>	Individual work programmes operating in every directorate developing enquiring minds. LPT is also supporting the system work to reduce inequalities. Board development session planned for early September. Action Plan being developed to progress the roll out of Inequalities App across all Directorates.
		<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	Demonstrating the value to patients & the organisation of improving health inequalities		
		<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.			

BAF 10 July 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: 16 August 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	5	4	20
System Risk	UHL 06-Finance - insufficient capital funding score 16				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> Capital management committee management of capital plan; Clear capital bid approval process; SEB & Board approval of capital opening plan & subsequent revisions	Ensure adequate senior clinical representation in prioritisation meetings	<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> <li>To provide medical representation for prioritisation meetings: <b>Medical Director</b></li> </ul>	Complete – unqualified opinion given
		<b>2<sup>nd</sup> Line:</b> Accounting policies / SFIs and SORD [Audit and Risk Committee]	Policy compliance		
		<b>3<sup>rd</sup> Line:</b> External Audit 2023/24 annual accounts unqualified opinion	24/25 audit report		
<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		Ensure transparency of reprioritised capital plan movements Appropriate escalation of specific LPT risks	Capital Management Committee has reprioritised plan & consequent risks – will report to Trust board  ICS capital committee reviewing increased system risk following capital reduction
		<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			
<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> monthly finance report assurance on CDEL delivery year to date & forecast	Approval of medium term capital plan	Develop medium term capital plan, aligned to ICS plan <b>Sharon Murphy, DoF / October 2024</b>	In progress. Full update in monthly report.
		<b>2<sup>nd</sup> Line</b>			
		<b>3<sup>rd</sup> Line</b> KPMG 2024/25 annual accounts and VFM conclusion			
<b>Effect: Non achievement of capital strategy (LPT and System)</b>					
<ul style="list-style-type: none"> <li>National planning guidance</li> <li>LPT capital delivery plan</li> <li>LLR ICS capital strategy</li> </ul>	<ul style="list-style-type: none"> <li>LLR ICB medium term capital strategy</li> </ul>	<b>1<sup>st</sup> Line:</b> ICS Capital committee reviews organisational delivery & reports into ICS Finance committee as required		<ul style="list-style-type: none"> <li>Contribute to LLR ICS capital strategy development</li> <li>Revise LPT medium term capital strategy to ensure alignment with ICS strategy</li> <li>Continued monitoring and mgt of the Trust’s delivery of 2024/25 capital plan <b>DoF / March 25</b></li> <li>Escalate capital risk to ICS system executive</li> </ul>	In progress.
		<b>2<sup>nd</sup> line:</b>			
		<b>3<sup>rd</sup> line:</b> Potential 2024/25 system wide capital audit			



BAF 11 August 2024	If we do not continue to review and improve our systems and processes for patient safety, we may not be able to provide the best experience and clinical outcomes for our patients and their families.	Date Revised: 13 Sept 2024	Score	Consequence	Likelihood	Combined
Strategic Link	Great Care & 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	5	5	25
System Risk	--		Current Risk	5	4	20
Corporate Risk	CRR 19		Target Risk	5	2	10
Governance	Rapid Improvement Programme Board/SEB/Q&S Committee					
Context	Rapid Improvement Board implemented in response to Key safety events and receipt of Prevention of Future Deaths reports by Coroner.					

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
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**Cause: Gaps in patient safety systems, processes and governance**

<ul style="list-style-type: none"> <li>Quality account</li> <li>Standard Operating Procedures</li> <li>Policies</li> <li>External validation</li> </ul>		1 <sup>st</sup> Line: Rapid Improvement Programme Board	Systems Process & governance under review	<ul style="list-style-type: none"> <li>Rapid Improvement Programme Board</li> <li>Consistent use of PSIRF templates &amp; methodology</li> <li>Review of quality, safety &amp; directorate governance</li> </ul>	Weekly programme Board in place with key actions for Executive Directors.
		2 <sup>nd</sup> Line: SEB/Q&S Committee			
		3 <sup>rd</sup> Line: External reporting (ICB)			

**Effect: Poor outcomes for patients, carers, families**

<ul style="list-style-type: none"> <li>Incident reporting</li> <li>PSIRF</li> <li>Access &amp; patient flow</li> <li>Patient experience</li> <li>Reputational risk</li> </ul>		1 <sup>st</sup> Line Directorate oversight of local quality & safety systems and processes		<ul style="list-style-type: none"> <li>Implement IRM quarterly audit</li> </ul>	
		2 <sup>nd</sup> Line Rapid Improvement Programme Board			
		3 <sup>rd</sup> Line Coronial feedback/NHSE oversight			