



Leicestershire Partnership  
NHS Trust

# Board Assurance Framework

January 2025

[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.

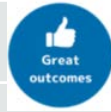
### 7. Risk Appetite - Open

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 January 2025

BAF No.	Slide No.	Risk Title	Current Score
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).	16
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.	8
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
12	16	If we do not continue to engage in <b>digital transformation</b> , we will not be digitally mature. This will affect our ability to deliver safe care to our service users.	16 (+)

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 10 Jan 2025	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 BAF 02 score 20)				Current Risk	5	4	20			
Corporate Risk	CRR 01 & CRR 02				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: <b>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>Collective Action by GPs 1<sup>st</sup> Aug 2024</li> <li>Global shortage of ADHD medication</li> <li>Digital Strategy – approved Sept 24</li> <li>National strategy for neurodiversity demand</li> <li>Local commissioning plans for addressing significant increases in neurodiversity demand</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>		Clarity over policy compliance measures and rates  Assurance from Access Group  ADHD Solutions closure – reduction in support across LLR  Significant increase in NHS111/2 activity since Oct 2024		<ul style="list-style-type: none"> <li>Digital Strategy <b>Director of Strategy August 2024 - complete</b></li> <li>RRP Scheme in place in areas of high need</li> <li>Refreshed remit &amp; ToR of Access Group to support better assurance – August 24</li> <li>Health Inequalities work to support Access Group actions – DW</li> <li>Raising awareness of neurodiversity demand at system level through System Execs and regionally through regional MH oversight group (RMHOG) and through Quarterly system review meetings (QSRM)</li> <li>Keeping Safe Whilst Waiting meeting taking place Jan 25 DoN &amp; MD</li> <li>Close monitoring NHS!!!/2 activity and performance in directorate and shadow MH collaborative meetings</li> </ul>		Digital Strategy approved by SEB & FPC Multi Professional Working of CMHTs review in progress – paper to SEB 14.1.25 Business case for children's neurodiversity waits and adult ADHD waits for assessment and treatment completed	
Effect: <b>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  <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>		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 RHWW policy Compliance measures <b>Interim Director of Nursing</b> – review to ADG March 25.</li> <li>Development of quality dashboard for testing <b>Interim Director of Nursing</b> – in progress</li> <li>Implementation of PSIRF <b>Interim Director of Nursing, 2024/25</b></li> <li>Consider waiting times review for internal audit plan 2025/26 <b>Director of Corporate</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: 31 Dec 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> <li>Research Policy – hosting conducting &amp; collaborating</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’</li> <li>LPT integration with system and LAHP research governance – DW</li> <li>Comms/engagement to promote this area</li> <li>Developing Research/priorities paper approved by EMB 1.10.24 &amp; QSC Q Report presented December 2024</li> <li>KPIs for Research discussed at AFM Dec 24</li> <li>Research Team to present on governance of research at TB development session.</li> <li>System working – projects with UoL &amp; BRC</li> </ul>	Generation of New Knowledge Workstream – 1 <sup>st</sup> meet 25.9.2; 2 <sup>nd</sup> meet 18.10.24 (NHFT, UoL Partners)  LAHP partnership working ongoing
		<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> <li>Transformation Programme</li> <li>Directorate objectives aligned to strategy</li> <li>Deputy Medical Director for R&amp;D</li> </ul>	<ul style="list-style-type: none"> <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 due to learning and improvement	<ul style="list-style-type: none"> <li>Innovation Strategy <b>Medical Director &amp; Director of Strategy</b> October 24</li> <li>Innovation paper approved by SEB Dec 24 – to be submitted to operational planning round 25-26</li> </ul>	DMD for R&D recruited Sept 24  Ongoing discussions with Health Innovation East Midlands re translating national projects to local needs.
		<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 13.01.25	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 BAF 07 (20))					Current Risk	4	4	16
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		Belvoir decant costs & ability to control costs at private provider	<ul style="list-style-type: none"> <li>DMH to manage private provider costs</li> <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>		Ongoing 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	
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		Month 7-12 increased CIP; Directorate overspends	CIP – operational CIP programme Deep dive reporting EMB deep dive Develop additional recovery plan actions Work with ICB to resolve funding issues  DoF/service financial escalation meetings Implement agreed I & I improvement actions		Recovery plan approach agreed	
			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		Beacon Unit viability; non recurrent CIP; In year overspends & funding gaps; worsening underlying deficit			Ongoing	
			3 <sup>rd</sup> Line: Annual Internal Audit – scheduled Q3; I & I final report					As required Draft I & I report received	
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>Medium term recovery plan, using value in healthcare approach <b>Sharon Murphy, DoF / March 25</b></li> </ul>		Presented to December SEB, update to board in January	
			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>LPT financial strategy &amp; plan</li> <li>NHSE level 4 escalation</li> </ul>		<ul style="list-style-type: none"> <li>LLR ICB revenue strategy</li> <li>Month 6 variance</li> </ul>	1 <sup>st</sup> Line: Organisational reports to ICS Finance Committee		In year LLR plan delivery materially off plan	<ul style="list-style-type: none"> <li>LLR ICS financial strategy</li> <li>Manage delivery of 2024/25 financial plan <b>DoF / March 25</b></li> <li>Mitigate ICS financial delivery</li> </ul>		In progress.	
			2 <sup>nd</sup> line: System wide internal audit of financial systems					Recovery & Sustainability Committee in place	
			3 <sup>rd</sup> line: Internal Audit – System wide financial controls & NHSE submissions		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: 15.1. 2025	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	Estates & Facilities UHL BAF 09 <span style="color: red;">16</span>				Current Risk	4	5	20		
Corporate Risk	CRR 21 & CRR 26 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
Cause: <b>Unable to maintain and improve our estate</b>										
<ul style="list-style-type: none"> <li>Estates Strategy and Delivery Plan</li> <li>Group Strategic Estates Plan</li> <li>Accommodation &amp; Space Policy</li> <li>Estates Annual Plan 24-25</li> <li>Statutory Compliance continues to be maintained during 24-25</li> </ul>		<ul style="list-style-type: none"> <li>Lack of capital funding</li> <li>Aging estate with limited options for improvement</li> </ul>		<b>1<sup>st</sup> Line:</b> Capital Prioritisation process		<b>Adherence to process for minor works or capital prioritisation</b>		<ul style="list-style-type: none"> <li>Identify alternative sources of capital Engagement internal to prioritise estates safety</li> <li>Multi-year Estates Plan to be developed</li> <li>Senior Clinical Representation at SPG &amp; CMG from Oct 24</li> </ul>		Space Utilisation Study started Sept 24 – part complete Dec 24 – Feb 25 full completion
				<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: <b>Unable to respond to maintenance requests in a timely way</b>										
<ul style="list-style-type: none"> <li>Maintenance Logging System</li> <li>Performance monitoring (soft &amp; hard FM) data (12 months)</li> <li>Jobs logged monitored &amp; tracked monthly – monthly reports to DMTs breaking down outstanding jobs</li> </ul>		<ul style="list-style-type: none"> <li>Financial constraints – capital and revenue</li> </ul>		<b>1<sup>st</sup> Line:</b> Feedback and use of the maintenance logging system						<ul style="list-style-type: none"> <li>No of open jobs continues to fall</li> <li>KPIs for soft FM all positive</li> <li>AFM Oct 24 KPIs agreed – tracking through AFM</li> </ul>
				<b>2<sup>nd</sup> Line:</b> KPIs in place for soft FM						
				<b>3<sup>rd</sup> Line:</b> CQC feedback						
Effect: <b>Poor quality environment</b>										
<ul style="list-style-type: none"> <li>Environmental checklist</li> <li>Operational risk management</li> <li>Environmental checklist</li> <li>Operational risk management</li> <li>Health &amp; Safety inspections</li> <li>Estates Annual Plan</li> </ul>		<ul style="list-style-type: none"> <li>Governance oversight of all quality and risk issues relating to environment</li> <li>Regulatory standards for buildings</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> <li>Escalation of Health &amp; Safety issues</li> <li>Oversight of estates risks on Ulysses</li> <li>Review building compliance standards with DoN</li> </ul>		Ongoing CRR/ directorate risk reviews taking place
				<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: 16 Dec 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
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> Task letter return logs & actions  <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>	EPRR policy compliance	<ul style="list-style-type: none"> <li>Review of EPRR standards 24/25 – agreed – Report to TB Jan 25</li> <li>Strengthen EPRR Group Collaborative – agreed at EMB 3.12.24</li> </ul> <b>Managing Director March 2025</b> <ul style="list-style-type: none"> <li>Support delivery of the IA</li> <li>Regular planned testing exercises in year to stress test</li> <li>To develop an LPT winter plan 24/25 – part of System plan – agreed by NHSE – complete Oct 24</li> </ul>			NHSE feedback for EPRR standards 24/25 – expecting full compliance – full compliance from ICB confirmed. Cyber Attack Response Plan in place Testing & Exercising ongoing  <ul style="list-style-type: none"> <li>Completed 1<sup>st</sup> draft of additional actions by Directorate for winter preparedness</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> <li>ICC assurance flow via</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> Business Continuity plans reviewed & agreed within EPRR Group Operational Hub  <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>	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> – complete Oct 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: 2 Jan 2025	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 9 (12) / UHL BAF 10 score 20)		Current Risk	5	4	20
Corporate Risk	CRR 14 & CRR 16		Target Risk	5	3	15
Governance	Workforce Development Group, 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> <li>L2 Committee Workforce Development Group in place</li> <li>Benchmarking against workforce metrics</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 updated 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>Delivery of the workforce and agency reduction plan 24/25</li> <li>Staff Survey actions – to support retention</li> <li>Benchmarking against workforce metrics to be reviewed in PCC 30<sup>th</sup> October 2024 - complete</li> <li>Jobtrain/time to recruit monitoring &amp; user satisfaction to be reviewed – benefits realisation to report to AFM EMB WDG &amp; PCC Aug 25</li> <li>WDG to monitor time to hire from Jan 25</li> <li>Directorate level time to hire reports starting Dec 24</li> <li>Band 2/3 HCA workstream impacts analysis work ongoing</li> </ul>	121s with substantive PA in light of new GMC regulation Dec 24  EMA meetings to develop ways of working (MPAC) Dec 24
		<b>2<sup>nd</sup> Line:</b> Workforce Development Group; 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> System people and culture board System CPO meetings	<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>Delivery of the workforce and agency reduction plan 24/25</li> </ul>	<ul style="list-style-type: none"> <li>No off-framework usage outside of break glass</li> <li>THP numbers reducing</li> </ul>
		<b>2<sup>nd</sup> Line</b> Agency reduction group AAA to People & Culture Committee	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	<b>If we do not lead with compassion, we will not promote an inclusive culture, resulting in unwanted behaviours and closed cultures.</b>	Date Revised: 10 Jan 2025	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	NA		Current Risk	4	3	12
Corporate Risk	CRR 17 Group JWG register R002 (anti-racism score 6) R003 (talent mgt 6) 004 (exemplary leadership 6)		Target Risk	4	2	8
Governance	Workforce Development Group, 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> <li>L2 Workforce Development Group</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>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>Drop-in sessions to support Drs’ wellbeing run daily Aug 24 during the civil unrest/racist riots</li> <li>Thematic review of employee relation cases (including NMC Culture review)</li> <li>L2 Committee – Workforce Development Group – starting Nov 24 – commenced</li> <li>Reasonable adjustment clinics &amp; meetings established</li> </ul>	Anti racism listening events & FAQs following civil unrest/racist riots Workplace Safety & Security Sessions planned in Medical Trainees Inductions December 24 Leadership Programme for medics - planning underway Team Time Out year 2 launched
		<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>Workforce Development Group; People and Culture Committee</li> <li>Schwartz Rounds</li> <li>Group programme reporting to SEB every month for oversight</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> <li>Health &amp; Wellbeing 360 Audit – diagnostic tool audit Q2 24/25 – rated significant assurance</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>Closed cultures to be covered in staff inductions – ongoing - <b>Interim Director of Nursing / Director of HR &amp; OD 2025/26</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> <li>DMH bespoke OD leadership support (B7 &amp; 8a)</li> <li>Reverse Mentoring cohort 6 launch Jan 25</li> </ul>	<ul style="list-style-type: none"> <li>4 Leadership Conferences taken place during 2024</li> <li>Jan 25 Team Leadership Conference</li> <li>DHM Bespoke OD leadership support sessions taking place</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>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, we 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: 21 Jan 2025	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	Partnership (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
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**Cause: Not working closely with our community**

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	Consistent feedback from system meetings	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	Self-assessment / gap analysis SMART actions / KPIs Success reporting (longer term)		
		<b>3<sup>rd</sup> Line:</b> Feedback from our well-led review, the CQC and other organisations; Shadow Mental Health Collaborative Joint Project			

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

<ul style="list-style-type: none"> <li>Social Value Charter</li> <li>LLR Green Plan</li> <li>People Plan</li> <li>Social Value Community of Practice</li> </ul>	<ul style="list-style-type: none"> <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.		Social Value Round Table Jan 25 Health Inequalities Round Table March 25 University of Manchester Feedback on social value expected March 25	Social value round table completed & ongoing regular meetings taking place
		<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.	Success reporting (longer term)		
		<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: 21 Jan 2025	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	2	8
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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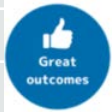
**Cause: We do not strengthen partnerships and build new ones**

<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, Commissioning and Contracting Delivery Group	<ul style="list-style-type: none"> <li>Regular agenda items in SEB to share updates</li> <li>Relaunch of the Collaborative, Commissioning &amp; Contracting Delivery Group – 1<sup>st</sup> meeting 20.1.25</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> <li>Road map for University status approved</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 & national recognition of effective joint working 3 <sup>rd</sup> Line: Feedback from our well-led review, the CQC and other organisations; Shadow Mental Health Collaborative Joint Project			

**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 developing enquiring minds. Supporting system work to reduce inequalities. 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	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			Date Revised: 13.01.25	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 BAF 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		
Cause: Inadequate Internal Control										
<ul style="list-style-type: none"> <li>SFIs / SORD</li> <li>Scheme of delegation</li> <li>Capital bid approval process</li> </ul>		<ul style="list-style-type: none"> <li>None</li> </ul>		<ul style="list-style-type: none"> <li><b>1<sup>st</sup> Line:</b> Capital management committee management of capital plan; Clear capital bid approval process; SEB &amp; Board approval of capital opening plan &amp; subsequent revisions</li> </ul>		<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>Provide medical representation for prioritisation meetings: <b>Medical Director</b></li> </ul>		Month 8 assurance to NHSE that LPT will deliver CDEL in 2024/25  Complete – unqualified opinion		
				<ul style="list-style-type: none"> <li><b>2<sup>nd</sup> Line:</b> Accounting policies / SFIs and SORD [Audit and Risk Committee]</li> </ul>					Policy compliance	
				<ul style="list-style-type: none"> <li><b>3<sup>rd</sup> Line:</b> External Audit 2023/24 annual accounts unqualified opinion</li> </ul>					24/25 audit report	
Cause: Inadequate reporting and management										
<ul style="list-style-type: none"> <li>Monthly finance report with exec level oversight</li> <li>Capital management committee 3A report</li> <li>ICS capital Committee</li> </ul>				<ul style="list-style-type: none"> <li><b>1<sup>st</sup> Line:</b> Capital management committee triple A report</li> </ul>		Appropriate escalation of specific LPT risks		In progress		
				<ul style="list-style-type: none"> <li><b>2<sup>nd</sup> Line:</b> Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting &amp; system capital committee</li> </ul>						
				<ul style="list-style-type: none"> <li><b>3<sup>rd</sup> Line:</b> 2024/25 system wide capital audit</li> </ul>					System wide audit scope to be agreed by DoFs	
Effect: Breach of Statutory Duty (CDEL)										
<ul style="list-style-type: none"> <li>National guidance</li> </ul>		<ul style="list-style-type: none"> <li>None</li> </ul>		<ul style="list-style-type: none"> <li><b>1<sup>st</sup> Line</b> monthly finance report assurance on CDEL delivery year to date &amp; forecast</li> </ul>		Approval of medium-term capital plan		Develop 25/26 & medium term capital plan, aligned to ICS plan <b>Sharon Murphy, DoF / March 25</b>	In progress.	
				<ul style="list-style-type: none"> <li><b>2<sup>nd</sup> Line</b></li> </ul>						
				<ul style="list-style-type: none"> <li><b>3<sup>rd</sup> Line</b> KPMG 2024/25 annual accounts and VFM conclusion</li> </ul>						
Effect: Non achievement of capital strategy (LPT and System)										
<ul style="list-style-type: none"> <li>National planning guidance – LPT &amp; ICS delivery plan</li> </ul>		<ul style="list-style-type: none"> <li>LLR ICB medium term capital strategy</li> </ul>		<ul style="list-style-type: none"> <li><b>1<sup>st</sup> Line:</b> ICS Capital committee reviews organisational delivery &amp; ICS Finance committee</li> </ul>				<ul style="list-style-type: none"> <li>LLR infrastructure 10 year, ; LPT 25/26 &amp; 5 year plan</li> <li>Manage Trust’s capital plan <b>DoF / March 25</b></li> </ul>	In progress	
				<ul style="list-style-type: none"> <li><b>2<sup>nd</sup> line:</b></li> </ul>						
				<ul style="list-style-type: none"> <li><b>3<sup>rd</sup> line:</b> Potential 2024/25 system wide capital audit</li> </ul>						Audit outturn

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 Jan 2025	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	LLR ICB BAF 5 quality and safety risk (16) UHL BAF 01 Quality Governance				Current Risk	5	4	20	
Corporate Risk	CRR 19, CRR 22 & CRR 27					Target Risk	5	2	10
Governance	Patient Safety Improvement Programme/SEB/Q&S Committee								
Context	Patient Safety Improvement Programme 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: Patient safety systems, processes and governance improvement & learning, CQC outcomes

<ul style="list-style-type: none"> <li>Quality Account</li> <li>Standard Operating Procedures</li> <li>Policies</li> <li>External validation</li> <li>Service safety checks/huddles &amp; escalation</li> <li>CQC mock inspections &amp; quality visits</li> </ul>	<ul style="list-style-type: none"> <li>Workforce disruption (Safeguarding Team)</li> </ul>	<b>1<sup>st</sup> Line:</b> Patient Safety Improvement Programme – phase 2 of RIPB; Executive Service Visits & feedback; NED Board Walks; Compliance Team visits	Systems & processes	<ul style="list-style-type: none"> <li>Consistent use of PSIRF templates &amp; methodology</li> <li>Review of quality, safety &amp; directorate governance. Safety Forum proposal – SEB 20.11.24</li> <li>Patient Safety Improvement Programme</li> <li>Patient Safety Improvement lead roles x 3 being recruited</li> <li>Suicide prevention work &amp; training</li> <li>CMHTs governance arrangements review – SEB Jan 25 (MD)</li> <li>Models of care working across directorates under review – SEB 25 (MD)</li> </ul>	<ul style="list-style-type: none"> <li>Monthly PSIP in place.</li> <li>Quality Forum review – focus on organisational quality</li> <li>Safety Forum development – clear oversight of organisational safety</li> <li>Staff booked onto STORM training</li> </ul>
		<b>2<sup>nd</sup> Line:</b> SEB/Q&S Committee, Safety Forum	Policy Compliance		
		<b>3<sup>rd</sup> Line:</b> External reporting (ICB); HOSCs; CQC Visits & outcomes; MHA Visits & reports	Quality & Safety Governance		

Effect: Poor outcomes for patients, carers, families

<ul style="list-style-type: none"> <li>Incident reporting systems &amp; processes</li> <li>PSIRF</li> <li>Access &amp; patient flow</li> <li>Patient experience</li> <li>Reputational risk</li> <li>Patient Safety Team</li> <li>Quality/CQC Compliance/IPC monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Consistency in incident reporting</li> <li>Trust wide Discharge Policy</li> </ul>	<b>1<sup>st</sup> Line:</b> Directorate oversight of local quality & safety systems and processes.	Policy Compliance	<ul style="list-style-type: none"> <li>Implement IRM quarterly audit</li> <li>Reg 28 Reports – sharing &amp; embedding thematic learning through directorate governance &amp; compliance &amp; quality visits</li> <li>Family Liaison Officer recruited (27.1.25 start)</li> <li>Notts HC Section 48 - sharing &amp; embedding learning improvements via directorate governance &amp; T&amp;F Group</li> <li>Quality Dashboard development</li> </ul>	<ul style="list-style-type: none"> <li>Notts HC Section 48 T&amp;F Group set up in progress</li> </ul>
		<b>2<sup>nd</sup> Line:</b> Patient Safety Improvement Programme	Clinical processes		
		<b>3<sup>rd</sup> Line:</b> Coronial feedback/NHSE oversight; HOSCs			

BAF 12 October 2024	If we do not continue to engage in digital transformation, we will not be digitally mature. This will affect our ability to deliver safe care to our service users.		Date Revised: 21 Jan 2025	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	5	20
System Risk	UHL BAF 08 - Digital			Current Risk	4	4	16
Corporate Risk	CRR 9, CRR 10, CRR 11 & CRR 12			Target Risk	4	2	8
Governance	IM&T Committee / Finance and Performance Committee						
Context	Deliver the technology and support for staff and our communities to access services digitally that improves care. Staff have the information they need to do their job safely and efficiently at the point of care. Recruitment attraction. Innovation. Accessible, modern, reliable, sustainable, flexible, secure and inclusive services.						

Control	Control Gaps	Sources of Assurance	Assurance gaps	Actions	Progress
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Cause: Lack of capacity and resources to support all Trust Digital needs

<ul style="list-style-type: none"> <li>LPT Digital plan</li> <li>National Digital plan</li> <li>Digital maturity assessment</li> <li>Digital Prioritisation Process</li> <li>ICB Digital plan/Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Lack of capital funding for Digital</li> <li>Capacity and resources</li> <li>Ability to recruit and retain Digital workforce.</li> <li>Digital not always seen as an organisational priority</li> <li>Effectively supporting digital reasonable adjustments for staff</li> </ul>	<p><b>1<sup>st</sup> Line:</b> The capital planning committee decides the level of digital capital spending by evaluating investments in technology infrastructure and initiatives, such as new equipment and system upgrades, alongside other non-digital capital programs. The committee ensures that this capital spending is aligned with the Trust's long-term strategic goals and system partners.</p>	LPT/NHFT Digital Transformation Group	<ul style="list-style-type: none"> <li>Establish LPT/NHFT Group digital transformation</li> <li>Continue implementation of SNOMED</li> <li>A joint LPT Digital lead and LLR ICB CIO appointed</li> </ul>	<ul style="list-style-type: none"> <li>DMD CClO in post</li> <li>Dates in diaries for digital transformation first meeting Jan 25</li> <li>Starts 1 Jan 2025</li> </ul>
		<p><b>2<sup>nd</sup> Line:</b> The Information Management &amp; Technology Committee ensures the relevance of the Digital Plan on behalf of the Trust Finance &amp; Performance Committee in line with the Trust's strategic priorities and system partners. The Committee ensures that mechanisms are in place to assure the operational delivery of the Digital Plan for the Trust through robust reporting and monitoring arrangements. The Committee provides the strategic approval of IM&amp;T systems, projects, and work programmes to which Trust resources (financial and staffing) are to be committed.</p>	Additional capacity to further develop the LPT digital strategy		
		<p><b>3<sup>rd</sup> Line:</b> The Finance and Performance Committee are provided with a copy of the Digital Plan and the LHMIS annual report to offer assurance on the strategic direction and execution of digital initiatives. By receiving these documents, the committee can assess whether digital investments align with organisational goals, are delivered within budget, and have achieved the expected results. This oversight allows the committee to provide feedback, ensure accountability, and confirm that digital initiatives contribute to the organisation's long-term objectives</p>	Governance process for the new group needs to be built into the existing governance structure for the Trust/group to report into the Group Value Programme		

Effect: Unable to support service transformation.

<ul style="list-style-type: none"> <li>Digital transformation programme.</li> <li>Digital Prioritisation Process</li> </ul>	<ul style="list-style-type: none"> <li>Finance</li> <li>Capacity</li> <li>Digital engagement</li> </ul>	<p><b>1<sup>st</sup> Line</b> The digital prioritisation Process will ensure that the most impactful initiatives receive the focus and resources required. This process is owned by the Trust's PMO (Project Management Office), which works closely with the various directorates to score and evaluate digital projects based on factors such as local and national strategic alignment. By collaborating with the directorates, the PMO ensures that priorities reflect organisational goals and the directorate's needs.</p>	Prioritisation process to undertake retrospective scoring & become BAU	A joint LPT Digital lead and LLR ICB CIO appointed	Starts 1 Jan 2025
		<p><b>2<sup>nd</sup> Line</b> The scored digital prioritisation will be regularly reported to the Transformation Committee to provide oversight and ensure that the Trust can make informed decisions, monitor progress, and adjust priorities to keep Digital transformation on track</p>	NA		
		<p><b>3<sup>rd</sup> Line</b> Clinical Focus and Engagement: The Trust considers clinical engagement and involvement in decisions to be an essential element of its governance arrangements. As such, the Trust's integrated governance approach aims to mainstream clinical governance into all planning, decision-making, and monitoring activities.</p>	Lack of clinical leadership		